

# AGENDA

**Meeting:** Health and Wellbeing Board  
**Place:** Council Chamber - Council Offices, Monkton Park,  
Chippenham, SN15 1ER  
**Date:** Thursday 31 March 2022  
**Time:** 9.30 am

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## **Voting Membership:**

Alan Mitchell

Cllr Richard Clewer

Dr Edd Rendell

Christina Button

Cllr Ian Blair-Pilling

Cllr Jane Davies

Dr Sam Dominey

Cllr Gordon King

Cllr Laura Mayes

Chair of Healthwatch Wiltshire

Leader of the Council and Cabinet Member for MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing and Interim Cabinet Member responsible for Finance & Procurement, Commissioning

Co-Chair Wiltshire Locality Chair, BSW CCG

NHS England

Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

Cabinet Member for Adult Social Care, SEND, Transition and Inclusion

Wiltshire Locality Healthcare Professional, BSW CCG

Opposition Group Representative

Deputy Leader and Cabinet Member for Children's Services, Education and Skills

Dr Nick Ware	Wiltshire Professional,	Locality BSW CCG	Healthcare
Dr Catrinel Wright	Wiltshire Professional,	Locality BSW CCG	Healthcare
Philip Wilkinson	Police and Crime Commissioner		

**Non-Voting Membership:**

Kate Blackburn	Director- Public Health
Dr Gareth Bryant	Wessex Local Medical Committee
Tracey Cox	Chief Officer/Chief Finance Officer - CCG
Elizabeth Disney	Wiltshire Locality Chief Operating Officer
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Nicola Hazle	Clinical Director
Terence Herbert	Chief Executive
Stacey Hunter	Chief Executive or Chairman Bath RUH
Stephen Ladyman/Douglas Blair	Wiltshire Health and Care
Kevin Mcnamara	Chief Executive or Chairman Great Western Hospital
Clare O'Farrell	Interim Director of Commissioning
Kier Pritchard	Wiltshire Police Chief Constable
Alison Ryan	RUH Bath NHS Foundation Trust
Val Scrase	Managing Director, Virgin Care
Lucy Townsend	Corporate Director People
Clare Edgar	Director Wholelife Pathway/ DASS
Marc House	Dorset and Wiltshire Fire & Rescue Service - Area Manager Swindon and Wiltshire

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Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult [Part 4 of the council's constitution](#).

The full constitution can be found at [this link](#).

For assistance on these and other matters please contact the officer named above for details

# AGENDA

## 1 **Chairman's Welcome, Introduction and Announcements**

The Chairman will welcome those present to the meeting.

## 2 **Apologies for Absence**

To receive any apologies for absence.

## 3 **Minutes** (Pages 7 - 18)

To confirm the minutes of the meeting held on 2 December 2022.

## 4 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

## 5 **Public Participation**

The Council welcomes contributions from members of the public.

### Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

### Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Thursday 24 March 2022** in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on **Tuesday 29 March 2022**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

## 6 **Inequality Workshop Feedback & Alliance Work Programme Update**

To receive an update on the feedback from the Inequality Workshop as well as the Alliance Programme. – Please note that a report for this item will be published as a later agenda supplement.

7 **Board Membership & ICS Developments - Including Health and Social Care Integration White Paper**

To receive an update on the Board Membership as well as ICS Developments. – Please note that a report for this item will be published as a later agenda supplement.

8 **Wiltshire Community Safety Partnership (CSP) Draft Strategy**

To receive a presentation on the Wiltshire Community Safety Partnership (CSP) Draft Strategy from Assistant Chief Constable Mark Cooper, Chair of the Wiltshire Community Safety Partnership. – Please note that a report for this item will be published as a later agenda supplement.

9 **Wiltshire Pharmaceutical Needs Assessment Development and Consultation** (Pages 19 - 116)

To receive a presentation on the Wiltshire Pharmaceutical Needs Assessment from Sammer Tang (Specialist Registrar in Public Health).

10 **Date of Next Meeting**

The next meeting is being held on 16 June 2022, starting at 9.30am.

11 **Urgent Items**

Any other items of business which the Chairman agrees to consider as a matter of urgency.

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### Health and Wellbeing Board

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#### MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 2 DECEMBER 2021 AT ONLINE.

##### **Present:**

Cllr Richard Clewer (Co-Chair), Gillian Leake, Stephen Ladyman, Dr Nick Ware, Dr Edward Rendell (Co-Chair), Alison Ryan, Dr Catrinel Wright, Cllr Laura Mayes, Cllr Gordon King, Kier Pritchard, Lucy Townsend, Dr Sam Dominey, Cllr Jane Davies, Philip Wilkinson

##### **Also Present:**

Kate Blackburn, Melanie Nicolau, Mark Gurrey, Stacey Sims, Sara James, Joe Sutton, Emma Legg, Marc House, Ceri Williams, Jane Clarke, Nicola Hazle, Zoe Millington, Claire Edgar

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#### 24 **Chairman's Welcome, Introduction and Announcements**

Dr Edward Rendell, Co-Chair of the Board welcomed everybody to the meeting.

Before the meeting began each Member of the Board, other Councillors and officers who would be contributing to the meeting were given the opportunity to confirm their attendance for those watching the live stream of the meeting.

Dr Rendell provided the following Chairman's Announcements:

- Wiltshire Pharmaceutical Needs Assessment

#### 25 **Apologies for Absence**

Apologies for absence were received from Elizabeth Disney, Stacey Hunter, Stephanie Elsy, Andrew Girdher, Kieran Kilgallen, Gareth Bryant, Tony Fox, Kevin McNamara, Cllr Ashley O'Neill, Douglas Blair and Laura Nicholas.

#### 26 **Minutes**

The minutes of the meeting held on 8 July 2021 were presented for consideration.

**Decision - The minutes of the meeting held on 8 July 2021 were agreed as a correct record.**

#### 27 **Declarations of Interest**

There were no declarations of interest.

28 **Public Participation**

There were no questions raised by members of the Public to be answered at this meeting.

29 **ICS Update and Agreement of New Meeting Format**

The Board received an update and report from Lucy Townsend (Corporate Director of People, Wiltshire Council). The update covered the following matters:

- It was explained that the reason for bringing the report to the Health and Wellbeing Board was due to the changing governance across BSW regarding developments of the ICS and ICA. Therefore a series of activities have taken place, which included consideration of how the Health and Wellbeing Board should operate in the future.
- The report featured a number of recommendations with consideration of how the Health and Wellbeing Board would link to the placed based partnership, the Alliance. Additionally, there is an MOU and Terms of Reference agreement of the proposed statutory structures, which will be submitted to the NHS Partnership Board as well as the Wiltshire Council Cabinet in December; once signed off from both it will be suitable to go live in April 2022.
- Regarding main considerations, there is emphasis on the new system, that the Health and Wellbeing Board will be the owner of the strategy for the all age population of health for those in Wiltshire. With a collective delivery and accountability, rather than solely individual accountability.
- Regarding the workshops that have taken place, there have been positive statements regarding the values and behaviours that would be expected from partners with Terms of Reference taking in to account emerging membership on other place boards.
- It was also noted that Healthwatch Wiltshire engages with the wider VCS in undertaking of this work, with an awareness that this may not be sufficient on its own, with consideration required on other mechanisms used to engage with partners.
- Regarding meetings, there is a desire for less of a “show and tell” approach, with papers published in advanced to allow adequate time for challenge and support. Papers must also have a clear link to the joint Health and Wellbeing Strategy priorities.

In addition, the Board noted comments on the following matters:

- It was queried what was meant by Healthwatch engaging with the wider VCS, as it was stated that this something that is already taking place and could result in resource implications if different is expected. It was clarified that the report was aware of what Healthwatch is currently doing regarding engagement with the wider VCS, and wanted to formalise links with the voluntary and community sectors.



- It was queried whether the report is solely linking the public voice to the VCS rather than the wider care system. Clarity was provided that the intention is for public voice to be linked broader than solely the community sector and that public voice will be maximised to develop and deliver priorities.
- It was stated that the Joint Strategic Needs Assessment needs to be refreshed and though the Public Health Team lead on this, active participation will be required from partners in order to make the end product more valuable.
- It was queried within the proposal what was meant by “Informal meetings should focus on professional development”. Clarity was provided that this related to feedback provided in workshops and the principles of operating as a collective approach rather than as individual organisations. It was acknowledged that working together in a complex way isn’t simple and therefore continual professional development must be recognised from relationships and the way the Health and Wellbeing Board works together. Understanding is required in order to achieve being able to successfully work together, which can be described as professional development.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

- i) 3 formal meetings are scheduled for next year as well as three informal meetings.**
- ii) Formal meetings should focus on agreeing the JSNA and PNA, JHWS refresh as well as the safeguarding, safety and Healthwatch Wiltshire annual reports.**
- iii) Formal meetings should also provide opportunities for enquiry on the collective delivery of JHWS priorities that form the relevant part of the Alliance Work Programme (which will also include required programmes from NHSE and government); receive periodic progress reports on the relevant parts of the Alliance Work Programme; be consulted on the Healthwatch Wiltshire work programme and have the opportunity to influence through the Chair of the Alliance any ICS system developments with implications for Wiltshire.**
- iv) Healthwatch Wiltshire be asked to engage with the wider VCS in undertaking its activity and periodically present findings from its work to Wiltshire partners, with the Alliance tasked to formally report back in response to any Healthwatch findings. The Professional Leadership Network offers an additional vehicle for wider community and professional engagement in strategy and delivery.**
- v) Informal meetings should focus on professional development and single topics of population need and how they can be addressed, with wider input from other partners as appropriate and clear commitment to action emerging, with Alliance reports to formal meetings to follow.**
- vi) New terms of reference for the HWB be considered for recommendation and ratification by full council (in line with any new statutory obligations) in the new year.**

**vii) The JSNA be refreshed and a new JHWS be developed on the back of that, taking into account and informing emerging ICS strategy.**

30 **Public Health Workforce Campaign**

The Board received a paper on a Public Health Workforce Campaign, presented by Kate Blackburn (Director of Public Health). The presentation covered the following matters:

- It was acknowledged that the role of the Health and Wellbeing Board is to bring together the political, clinical and professional leaders across the healthcare system to reduce health inequalities and improve the health of the wider population.
- The majority of the collective of staff live within the boundaries of Wiltshire, therefore presenting an opportunity to improve staff health as a starting point, before expanding to improve the health of the wider population.
- The paper provides all organisations within the Health and Wellbeing Board an evidence-based approach to improving workforce health collectively. It is known that good health and wellbeing is essential for successful and sustainable work places.
- Based on the population data of Wiltshire, risk factors commonly relate to areas such as smoking, drinking and cancer; however it is acknowledged that if there isn't good mental health, physical interventions will not succeed. The first stage has therefore been recognised as improving health and wellbeing.
- It was acknowledged that though individual workplaces will have policies, more work needs to be done with the organisations of the Health and Wellbeing Board coming together.
- It was outlined that Step 1 focuses on emotional wellbeing and resilience, with Step 2 then focusing on lifestyle factors and interventions. There are a range of interventions and indicators that can be used to track progress, ultimately seeing how this links to the wider work and principles of the ICS and ICA.
- As one of the key BSW ICS tools, the Public Health team and Kevin McNamara are producing training in relation to making every contact count.

In addition, the Board noted comments on the following matters:

- The Chairman noted that though apologies had been received on behalf of Kevin McNamara; Kevin had stated that having read the paper the Great Western Hospital can commit to recommendations 1-3. Additionally, the Great Western Hospital has a Board endorsed Healthy and Wellbeing Strategy, which was agreed earlier in the year.
- Kier Pritchard endorsed and signed up to each recommendation from the Wiltshire Police perspective. It was stressed that for the Police, mental health and wellbeing is critical, with the Police constantly making use of staff surveys to evaluate workforce. Having seen increases in anxiety in

the past 12 months, Wiltshire Police have signed up to a national Blue Light Together programme to help to preserve and increase mental health and wellbeing.

- Stephen Ladyman stated that Wiltshire Health and Care were happy to sign up to the recommendations, however noted that there is a need to make sure reporting is light touch. Kate Blackburn agreed that the reporting should be light and meaningful, whilst allowing the collective effort to be greater than an individually.
- Councillor Richard Clewer added that there is benefit to monitoring and reporting back, with reporting critical to handling any issues the Health and Wellbeing Board is looking to address. Councillor Clewer agreed that this should be done in a targeted way rather than onerous way, that gives a good set of data for granularity.
- Nicola Hazle added that AWP would be happy to commit to recommendations 1-3 and would feedback recommendation 4 to the organisation. Nicola updated that a number of pieces of work had been completed by AWP in relation to Health and Wellbeing including work on the AWP health and wellbeing strategy, production by leads of a trauma informed compassionate leadership guide and a trust-wide health and wellbeing group. Additionally, future wellbeing webinars and training sessions have been planned.
- Alison Ryan agreed that the Royal United Hospital would sign up to all of the recommendations, also citing that the RUH has a raft of support measures in place to support staff. Additionally, research is being conducted at Bath University to evaluate mental state and how to make improvements to it. Alison stressed that what makes the collective strong is having enough staff to do the job as otherwise staff are overstressed and overstretched. There is also an awareness of health inequalities in Bath, which needs to be understood.
- Lucy Townsend accepted the recommendations from a Wiltshire Council perspective, noting that everything is in place for recommendations 1 and 2 for the Public Health team to deliver next year.
- Gillian Leake noted that as a small organisation, Healthwatch would sign up to these recommendations; noting that though small organisations don't have a large amount of resources, they offer line management, which didn't seem to have been mentioned in this report. It was clarified that in the Local Authority line management is critical and key, which is most likely the reason why it wasn't referenced.
- The Chairman stated that the BSW CCG would be happy to sign up to recommendations 1-3 and would actively encourage recommendation 4.
- It was agreed that this item would be added to a future agenda in order to monitor progress being made.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

**i) Each organisation agrees to collectively enable a healthy workforce through improved wellbeing and increased resilience.**

- ii) Each organisation to implement a suitable and targeted intervention that addresses health and wellbeing in their workforce.
- iii) Each organisation to monitor and report back on progress in 12 months' time.
- iv) Each organisation, and the Health and Wellbeing Board itself, to sign up to the Prevention Concordat for Better Mental Health, a shared commitment by signatories to work together to prevent mental health problems and promote good mental health.

It was also agreed that in order to progress this agenda further, organisational leads on workforce wellbeing would be collated, performance indicators would be agreed at a future meeting and the Integrated Care Alliance would support organisations with the development of action on this agenda.

### 31 **Safeguarding Vulnerable People Partnership Annual Report**

The Board received a presentation and report from Mark Gurrey (Independent Chair of the Safeguarding Vulnerable People Partnership). The presentation covered the following matters:

#### **Background of the Safeguarding Vulnerable People Partnership**

- A background of the SVPP was provided, with the formation of the SVPP taking place in February 2019, following the Sir Alan Wood Review (2016) and Working Together Report (2018).
- The SVPP replaced the Local Safeguarding Children Board (LSCB) and brings together the leads of Wiltshire's services to develop a shared and equal responsibility for safeguarding arrangements.

#### **An overview of the past year**

- A Pan-Wiltshire Exploitation Sub-group was established in order to further support the response to exploitation and the contextual safeguarding approach.
- A review and restructure of the Safeguarding Adult Board as well as the Community Safety Partnership took place for improvement.
- A partnership approach was established for both statutory and non-statutory case reviews.
- The SVPP responded to the pandemic by using demand modelling to provide estimates on future demand to support response and future planning; a Covid-19 Safeguarding Review, which was a system-wide review of practice; as well as supporting frontline staff.
- The SVPP led the response to the Everyone's Invited website.
- Practice was embedded in relation to rapid reviews on children who had died or been seriously harmed through abuse or neglect, with the National Child Safeguarding Practice Review Panel providing positive feedback.

#### **Case Reviews relating to children**

- Since June 2018, the SVPP have made 10 notifications to the Child Safeguarding Practice Reviews national panel. Consequently 8 Rapid

Reviews have taken place, including 6 featuring Under 1s, which is in line with national statistics.

- Additionally, a Thematic Review into the Significant Physical Abuse in Under 1s has taken place.

### **Priorities and next steps**

- Work is being conducted in relation to safeguarding Under 1s and in an effort to streamline work, it has been agreed that the best lead for this work is the CCG across their own footprint. An Under 1s sub-group is therefore going to be developed to look at both local and national cases.
- Domestic Abuse (being led under the Community Safety Partnership), is a major safeguarding theme and there is a need to respond to the new Domestic Abuse Act.
- Exploitation and contextual safeguarding work will continue to progress having started in the past year.
- Regarding adult safeguarding, work is being done around mental health and learning disabilities, and the extent to which these needs are recognised and responded to.
- The SVPP wants to look at the leadership and cultures within partner organisations in order to consider the current systems under which safeguarding work is conducted.

### **Wider Developments**

- New requirements have been put in place to define and develop the independent scrutiny in a robust and widespread manner of the SVPP.
- The DFE has provided funding for a post in order to develop a new approach to the collation and analysis of intelligence of data.
- The SVPP is seeking to continue with its partnership approach to practice reviews and to then embed the impact of learning.
- The SVPP is identified that it would like to improve its website along with wider communication.

In addition, the Board noted comments on the following matters:

- Praise was given to the SVPP system for being more accountable than the previous LSCB model and reassurance was given to Health and Wellbeing Board members that work is being done to ensure that Wiltshire people are safeguarded.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

- i) Notes the publication of the SVPP Annual Report.**
- ii) Agrees to support the work of the SVPP.**

## 32 **Healthwatch Wiltshire Update**

The Board received a report and update from Stacey Sims (Manager, Healthwatch Wiltshire) Zoe Millington (Wiltshire CIL) and Amanda Attwood (Mental Health Forum). The item covered the following matters:

### **Work around Autism spectrum conditions**

- Joint work was conducted with the Wiltshire Service Users Network (WSUN) in late 2020/2021, with 2 surveys ran for people with Autism spectrum conditions and then one for their carers. The surveys gained feedback from 102 people, which included the experiences of service users, highlighting that people had felt that they didn't get enough support in terms of their condition. Potential solutions to improve experiences were suggested, such as an easy-to-read directory of services offered as well as site maps and additional staff training.

### **Wiltshire Mental Health Open Forum**

- The Forum was established in July 2020, ran jointly between Healthwatch Wiltshire, mental health service users and the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). The Forum runs monthly and offers a space for service users as well as those who support them, to speak directly to those running mental health services, allowing them to get involved in the designing of services whilst identifying potential gaps. The Forum also created a resources list which having been downloaded over 400 times, sharing information about the local support available.
- Over the past year, the Forum has met 12 times with a guest speaker each time, averaging an attendance of 25 people, which with the feedback provided has helped to shape 4 services.

### **The future of mental health support**

- Healthwatch Wiltshire has hosted workshops with the Wiltshire Centre for Independent Living (CIL) as well as the Wiltshire Parent Council; with 3 sessions were held online, in Banes, Swindon and Wiltshire. The workshops identified prevention as a key theme; a need for local communities to utilise local assets; for support to be provided on a variety of platforms in a timely, realistic and sustainable manner; with support provided co-produced and strengths based.
- Since the workshops, a number of recommendations have been identified and a number of organisations have reached out to share experiences through a workshop specifically for organisations. The feedback provided was similar to what was presented from those with lived experiences and a report is now being produced.

### **Evaluation of Wiltshire Council's Advice and Contact Service**

- A survey was sent out by the Advice and Contact team to callers, as well as the completion of telephone interviews. A mystery shopping exercise was also completed, with volunteers making calls to the Advice and

Contact team based on 5 differing scenarios. In total the survey received feedback from 44 people.

- Overall 63% of those surveyed were very satisfied or satisfied with the service, however some were dissatisfied in follow up support or the advice and information given.
- As a result Healthwatch have since worked with the team to produce a checklist to add consistency to calls.

In addition, the Board noted comments on the following matters:

- It was clarified that in regard to the Forum, there is no limit to who can attend, with positive engagement from partners to work with those with lived experiences.
- Reassurance was provided that the Forum concept could potentially work in areas other than mental health.
- The Wiltshire Centre for Independent Living has a contract for youth engagement and over the past 6 months a project has taken place looking at themed areas. A report is due to be released in early 2022, with their being an opportunity for the Health and Wellbeing Board to pose questions.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

**i) Notes the key messages from the report.**

**ii) Confirms its commitment to listening to the voice of local people to influence commissioning and service provision.**

### **33 Child and Youth Voice Mental Health Consultation**

The Board received a report from Sara James (Service Manager for Quality Outcomes Children and Families) and Joe Sutton (Youth Voice Lead Worker). The item covered the following matters:

- It was outlined that 175 young people had taken part in a survey regarding what they thought of the services available to them, which was then presented to leaders of Wiltshire Council before agreeing which actions need to be taken forward. The survey aim was to ensure that the voices of young people are listened to, seeking to improve access around the delivery and access of mental health wellbeing services for young people.
- In summary, the feedback presented that young people would like an accessible, coordinated and joined up approach from services, so that they don't have to wait. Additionally, there was desire for the availability of drop-in centres in local communities to support mental health, as well as providing an opportunity to meet others for peer-to-peer support. Young people voiced that there is a need for a need for access to timely mental health support as well as for a reduction in waiting times.

In addition, the Board noted comments on the following matters:

- It was stressed that there is an importance of the Health and Wellbeing Board being aware of what can and cannot be delivered in order to avoid making empty promises.
- It was questioned whether young people, had raised any concerns about physical exercise, as it is known physical exercise can increase mental wellbeing. Joe Sutton responded that one of the best recognised support mechanisms by young people was music and that when young people seek support, they feel as though they have gone past the point of such things as exercise.
- Lucy Townsend asked whether mental health could potentially be taken further through ICA ownership as a priority.
- Councillor Richard Clewer agreed that there is a need to understand priorities, as well as capacity and the critical issues that need to be addressed before reaching the conclusion of priorities. Empirical and anecdotal evidence is needed in order to understand what should be prioritised.
- Councillor Gordon King spoke in agreement with Lucy Townsend that mental health is a subject that the ICA should take leadership on, to ensure that resources are in place and that the health and wellbeing of the population is future proofed.
- Gillian Leake raised that a list of easily accessible mental health support is available on the Young Healthwatch website.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

**i) To hear the voice of children and young people and give consideration to their concerns and ideas for improvement regarding access, delivery and outcomes of services for mental health and wellbeing. Additionally, to develop an action plan.**

34 **BCF Better Care fund for Agreement**

The Board received a report from Helen Jones (Director of Procurement and Commissioning, Wiltshire Council) and Melanie Nicolau (Programme Lead for Adult Commissioning, Wiltshire Council). The item covered the following matters:

- A joint plan from Wiltshire Council and the BaNES, Swindon and Wiltshire CCG, for a pooled budget was presented, under the name of the Better Care Fund.
- It was outlined that the focus of the plan is to enable people to remain independently well at home and then in the event of hospital admission allowing for a return home as soon as possible.
- It was acknowledged that though the plan has been signed off by the Chairs of the Health and Wellbeing Board, it was brought to the meeting for any further information and questions.



- The plan is a demonstration of the work that has taken place across the health and wellbeing system over the past 18-months, including continued investment in out of hospital services, significant investment in home first reablement as well as the development of a new service, the Wiltshire Support at Home Team.

In addition, the Board noted comments on the following matters:

- Concern was raised regarding no mention of the public voice within the report. Though it is referenced that the development of services is evidenced based, it was queried whether local people have been asked whether these are the best outcomes for them. It was clarified that in all service development conducted, there has been focus on the needs of individual needs of service users, with inclusion of co-production as well as the voice of the user. An example was provided of the Reablement Team, who consistently receive feedback to enable them to improve the service offered.
- It was acknowledged that this is the first time that Better Care Fund has been used in the way that it has for work in mental health and learning disabilities. Additionally, a piece of co-production is taking place with the Wiltshire CIL and the Wiltshire Parent Carer Council regarding the voice of the person, transitions and how it feels to move through services.
- Feedback from the Royal United Hospital was provided, that their experience of Wiltshire using the Better Care Fund has been proactive and agile, especially when dealing with pinch points.
- Reassurance was provided in regard to the Wiltshire Council reablement service, that every person and their family who goes through the service are asked about their experiences, with quality-of-life measures used to evidence impact with approval scores above 90%.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

**i) Approves the BCF plan.**

**35 Date of Next Meeting**

The date of the next meeting is 10 February 2022 at 10:00am.

**36 Urgent Items**

It was observed that there was little comment or question regarding the Safeguarding Vulnerable People Partnership (SVPP) Annual Report item. Partners in attendance were therefore asked to ensure that they are confident in the safeguarding within the organisations that they're representing, as well as whether the SVPP is sufficiently addressing areas of concern that they are seeing.

(Duration of meeting: 09:30am – 11:35am)

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# Wiltshire Pharmaceutical Needs Assessment

2022 - 2025

**Pharmaceutical Needs Assessment prepared by:**

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[www.wiltshire.gov.uk/public-health](http://www.wiltshire.gov.uk/public-health)

Further information and data about Wiltshire Public Health can be accessed on the  
Wiltshire Intelligence Network website at: [www.wiltshireintelligence.org.uk](http://www.wiltshireintelligence.org.uk)

## Executive Summary

### Background

This document describes Wiltshire Health and Wellbeing Board's Pharmaceutical Needs Assessment (PNA), which is developed and updated according to the requirements set out in the Health and Social Care Act 2012. The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The Pharmaceutical Needs Assessment is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. The Pharmaceutical Needs Assessment maps current pharmacy provision assesses local need and identifies any gaps in provision.

### Development of the PNA in Wiltshire

The development of the PNA in Wiltshire has been led by a Wiltshire Pharmaceutical Services Steering Group. Various methods were used to develop the document, including drawing on a range of other information sources, public survey using questionnaires and consultation with the public and a range of key stakeholders.

The information gathered from the various sources has been synthesized to provide a comprehensive picture of the population of Wiltshire, their current and future needs and how pharmaceutical services can meet these needs and support future improvements in the health and wellbeing of our population.

### Health Needs in Wiltshire

Wiltshire is a large, predominantly rural county with a 2020 mid-year population estimate of 504,070 which is expected to increase to 534,697 in 2032. Almost half of the population resides in towns and villages with fewer than 5,000 people and over a quarter live in villages of fewer than 1,000 people. The population in the South West

England has a higher life expectancy than England as a whole and people in Wiltshire live longer than the general population in the South West England.

The two major causes of premature death nationally, and in Wiltshire, are cancer and circulatory disease (including coronary heart disease and stroke). Overall mortality from causes considered preventable in the under 75 year age group has remained at a similar level in Wiltshire in recent years, lower than both the South West and England (excluding data in 2020-21 due to COVID-19 pandemic).

The Wiltshire Joint Strategic Needs Assessment (JSNA) has been used to provide a comprehensive account of the wider diseases and conditions which cause mortality and morbidity in Wiltshire. A selection of relevant JSNA indicators are included in this needs assessment to highlight key strategic priorities for improving health and wellbeing in Wiltshire, including improving life expectancy and reducing health inequalities.

As well as considering the wider health needs of the population of Wiltshire, the needs of specific groups are described within the PNA.

### **Current Provision and Use of Pharmaceutical Services in Wiltshire**

Wiltshire has a total of 69 pharmacies of which 2 are registered as distance selling pharmacies. This equals to 13.3 community pharmacies per 100,000 population in Wiltshire. In addition, there are 18 Dispensing General Practices, which serve the more rural parts of the county.

Pharmacy opening hours in Wiltshire vary, with a range of daytime, evening and weekend opening provided. Seven community pharmacies provide a 100-hour service, twenty-three are open at least one late evening (after 1800hrs) per week and sixteen open on Sundays.

There is a range of local provision of Advanced and Enhanced Pharmacy Services in Wiltshire intending to meet the needs of various specific diseases, different

populations and lifestyle choices. Further detail of which is provided within the Wiltshire PNA.

## Regulations

Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs. They require Health and Wellbeing Boards (HWBs) as a minimum to make statements on the following:

- Current provision of necessary services (both within the HWB locality area and nearby areas outside the locality)
- Gaps in the current provision in terms of necessary services
- Current provision of other relevant services
- Gaps in the current provision of services that would secure improvements and better access to pharmaceutical services
- Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service
- How the assessment was carried out.

The regulations also require the PNA to include a map identifying the premises at which pharmaceutical services are provided in the HWB area.

### **Current provision of necessary service and gaps in provision:**

Wiltshire currently has 67 community pharmacies, 18 Dispensing General Practices, and two distance selling pharmacies. All pharmacies are required to deliver and comply with specifications for all essential services, and as evidenced in this document, the HWB believes that the current number, location and opening times/days of pharmacies is sufficient for a supplying a necessary service with no gaps.

### **Current provision of other relevant services and gaps in provision:**

The provision of other relevant and/or advanced services provided through community pharmacies in Wiltshire are evidenced in this document and have secured

improvements in access to services such as Community Pharmacy Consultation Service (CPCS), needle and syringe exchange, and supervised consumption services etc. The PNA has not identified any gaps in provision of other relevant services which would secure improvements or better access to pharmaceutical services.

Other NHS services: The provision of other NHS services arranged by the Local Authority is detailed in this document and the HWB has identified the level of this service to be sufficient with no gaps.

The process of conducting the PNA is detailed in the report. The process and consultation were carried out in accordance with the regulations.

Map of provision: A map which identifies the premises at which pharmaceutical services are provided in the area of the HWB is included in this document in addition to maps which detail the premises at which pharmaceutical services are provided within each community area in Wiltshire.

## Conclusion

Taking into account local demography and the provision of pharmaceutical services in Wiltshire, it is evident that there is adequate provision of such facilities. Services are accessible in a range of locations and in a variety of set ups.

Each locality area has at least one community pharmacy within it, and the opening hours of these pharmacies generally reflect the population density. Although there is no requirement in the regulations around future service needs, there are some potential population changes anticipated during the lifetime of the PNA in regard to the relocation of military personnel and family, changes in primary care provision (actual and potential) and anticipated population changes due to housing expansion in Wiltshire and South Swindon.

There is variation in the range of enhanced services provided across Wiltshire and within community areas. This provision is reflective of need, with specific enhanced



services being delivered in areas where disease and lifestyle factors suggest they are required. There is scope for further development in relation to the provision of enhanced services, integration of work between community pharmacies, primary care, acute and community hospitals in Wiltshire.

Although current provision is deemed reflective of population need, future provision maybe required in line with the NHS (pharmaceutical services and local pharmacy services) regulations 2013. The reader should bear these regulations in mind when deciding future pharmacy provision as a result of demographic or population size changes or changes in the health and wellbeing needs of the local populations. The actual/potential changes in primary care services (including general practices, urgent care centres etc.) may or may not cause gaps in local pharmaceutical services but requests from pharmacies to change location or hours of business may cause gaps.

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## Introduction

This document describes the Pharmaceutical Needs Assessment (PNA) for Wiltshire's Health and Wellbeing Board. It has been written to meet the requirements set out in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to health and wellbeing boards (HWBs) from Primary Care Trusts (PCTs). The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, and can be found at:

[www.legislation.gov.uk/ukxi/2013/349/contents/made](http://www.legislation.gov.uk/ukxi/2013/349/contents/made)

The regulations required HWBs to have prepared and published their first PNA by 1st April 2015. After this time HWBs are required to publish a revised assessment within three years of publication of their first assessment; and will be required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA. The current PNA was originally due to be renewed in April 2021. However, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNA was suspended until October 2022.

## Definition of pharmaceutical services

Pharmaceutical services included in this PNAs are Essential Services, Advanced Services and Enhanced Services commissioned via NHS England and NHS Improvement under the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).

### Essential Services

Essential services are services are activities which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service including but not limited to:

- the dispensing of medicines
- the disposal of unwanted medicines returned to the pharmacy by someone
- promotion of healthy lifestyles
- signposting people who require advice, treatment or support that the pharmacy cannot provide
- support for self-care
- the new discharge medicines service which was introduced in 2021.

### Advanced services

Advanced services are services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary. The current list of advanced services include:

- New Medicines Service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service
- Appliance Use Reviews and the Stoma Customisation Service for community pharmacists and dispensing appliance contractors

In early 2022 a stop-smoking service will be introduced for patients who started their stop-smoking journey in hospital.

As of October 2021, the community pharmacy COVID-19 lateral flow device distribution service and community pharmacy COVID-19 medicines delivery service was also commissioned from community pharmacies. These are likely to be amended when the pharmaceutical needs assessment is being drafted or published.

### Enhanced Services

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHS England and NHS Improvement. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and

Enhanced Services) (England) Directions 2013 (as amended) which can be found in the Drug Tariff.

Currently NHS England and NHS Improvement commissions a rota arrangement as a Directed Enhanced Service to ensure provision of pharmaceutical services on bank holidays. This is the only known enhanced service in Wiltshire before the COVID-19 pandemic.

Such services commissioned from pharmacies by NHS Bath and North East Somerset, Swindon and Wiltshire CCG or Wiltshire Council are referred to as Locally Commissioned Services. These, as well as services provided privately, are relevant to the PNA, but as not defined as 'pharmaceutical services' within it.

Community pharmacies are offering an ever-expanding range of clinical services and are involved in roles to support the safe use of medicines, promote the health and wellbeing of individuals and communities and reduce health inequalities.

The PNA provides a coherent account of the commissioning environment for pharmaceutical services in Wiltshire. This presents a local picture covering demographics, the balance of health needs, strategic goals which emerged from these findings and current service needs.

A system of commissioning based on the PNA will enable Wiltshire HWB to target specific local needs and focus decisions on local priorities. Over time, this should help reduce variation in service delivery and make local services more reflective of local needs.

There are three key stages to this:

- Assess needs
- Map existing services
- Identify what needs to change

This document will enable Wiltshire HWB and key stakeholders to:

- Understand the pharmaceutical needs of the local population
- Gain a clear picture of community pharmacy services currently provided
- Make appropriate recommendations regarding applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Consider the potential of community pharmacies in contributing to the redesign of health services

This document sets out a revision of the first PNA, which we have prepared to meet the legal and regulatory requirements set out in the Health and Social Care Act 2012 and The Pharmaceutical Services and Local Pharmaceutical Services Regulations (NHS, 2013).

It should be noted that the information contained within this PNA was correct and accurate at the time of writing (January 2022).



## Policy Context

The 2006 Pharmaceutical Services Act places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

The Health and Social Care Act 2012 established HWBs and transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013. Commissioning activities within the NHS drive the delivery of better health and wellbeing for all. HWBs are uniquely positioned to develop and produce the PNA acting in their capacity as local leaders to join up commissioning and services across the NHS, social care, public health and voluntary sector to benefit the health and wellbeing of local people.

Under the terms of the NHS Act 2006, as amended by the Health and Social Care Act 2012, pharmaceutical services may only be commissioned by NHS England and NHS Improvement. This means that pharmaceutical services (Essential, Advanced or Enhanced) can only be commissioned by NHS England and NHS Improvement. However, the commissioning responsibilities of pharmaceutical service is likely to be transfer to the newly formed integrated care systems after July 2022.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. These additional services could be commissioned by:

- Local Authorities (e.g. Public Health services)
- NHS Clinical Commissioning Groups (CCGs)
- Other providers and organisations (e.g. NHS acute trusts/DHSC)

The NHS Five Year Forward View (NHS England, 2014) states that a 'radical upgrade in prevention' is needed to achieve financial stability for the NHS. It sets out how the NHS could improve the way it promotes wellbeing and prevents health conditions. Options include making greater use of pharmacies in preventing ill health, support for healthy living, supporting self-care for minor ailments and long-term conditions, medication review in care homes, and as part of more integrated local care models. A system of commissioning based on the PNA will help the HWB to target specific local needs and focus subsequent commissioning on local priorities.

HWBs now have a statutory duty to publish their revised PNA on or before 1 October 2022. Regulations require HWBs to consult on the contents of their PNA at least once during the process of developing the PNA, that there is a minimum period of 60 days for consultation responses; and those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version. (Regulation 8).

The DHSC (2021) Pharmaceutical needs assessment: information pack for local authority health and wellbeing board clearly state that the PNA is to inform the submission of application for inclusion in a pharmaceutical list, and subsequent determination of such applications including:

- To grant applications for new pharmacies
- To grant applications to change the premises from which a listed pharmacy business is allowed to provide pharmaceutical services
- To change the pharmaceutical services that a listed pharmacy business provides

Taking into account the above confirms why it is important that changes in need for pharmaceutical services relating to the movement of pharmacies but also the

movement/merger of GP practice premises and the development of primary care networks (PCNs).

## Definitions and Scope

Pharmaceutical services is a collective term for a range of services commissioned by NHS England and NHS Improvement to supply drugs, medicines and listed appliances ordered via NHS prescriptions to individuals. Pharmaceutical services can include dispensing practices, dispensing appliance contractors, distance selling pharmacies and community pharmacies.

Dispensing practices are GP surgeries who have been approved to dispense medicines to specific patients on their lists. These patients live in an area that has been designated as controlled by NHS England and NHS Improvement. Dispensing doctors offer a valuable service in providing dispensing services in rural areas where a pharmacy may not sustain sufficient commercial business to be viable. For the purposes of the PNA, Wiltshire HWB is concerned with whether patients have adequate access to dispensing services, which might include dispensing by GPs, but is not concerned with other services dispensing GPs may provide.

The PNA makes no assessment of the need for pharmaceutical services in acute settings. However, Wiltshire HWB is concerned to ensure that patients moving in and out of these care settings have a pharmaceutical service that ensures the continuity of support around medicines, through the development of more integrated working between community pharmacy, community hospitals and acute hospitals. With the growing development of pharmacists based-in and being employed directly by GP practices, the PNA also recognises the need to build on and develop the more integrated working between community pharmacy and primary care practices.

The contractual framework for community pharmacy is divided into three service levels: Essential, Advanced and Enhanced services.

Essential services are provided by all pharmacy contractors. Advanced services can be provided by contractors once accreditation requirements are met. Enhanced

services can be commissioned locally in response to the need of the Wiltshire population. Funding levels for the essential and advanced services are nationally determined.

There remains significant scope for commissioning community pharmaceutical services locally, via the Enhanced Service route and through direct commissioning by CCG, Local Authorities and others. A review of enhanced and other locally commissioned service is included in the scope of the PNA.

The PNA regulations require that Wiltshire HWB divides the area it commissions services for into localities. These are then used as a basis for structuring the assessment. Twenty existing Community Areas in Wiltshire are being utilised for this PNA (Figure 1). In most parts of the county, the Community Areas include a market town and its surrounding villages. Although the boundaries of the twenty community areas were updated in 2021, for the purposes of the PNA, consideration has been given to the needs and provision in each of these old community areas to ensure consistency in indicators reporting and allow comparison with previous version of PNA. It is our intention to use the new 2021 Community Areas in the next version of the Wiltshire PNA when more indicators are available at the new Community Areas level.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: Regulation 8: states that HWBs must consult the bodies listed below at least once during the process of developing the PNA:

- The Local Pharmaceutical Committee,
- The Local Medical Committee,
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board,
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any,
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area,

- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of pharmaceutical services,
- Any NHS trust or NHS foundation trust in the health and wellbeing board's area,
- NHS England and NHS Improvement, and
- Any neighbouring health and wellbeing boards

Wiltshire HWB shares borders with eight Health and Wellbeing Boards: Bath and North East Somerset, West Berkshire, Hampshire, Gloucestershire, South Gloucestershire, Somerset, Dorset, Swindon and Oxfordshire.

The PNA takes account of cross border provision in terms of access to a community pharmacy but does not review access in terms of outside core opening hours or enhanced services.

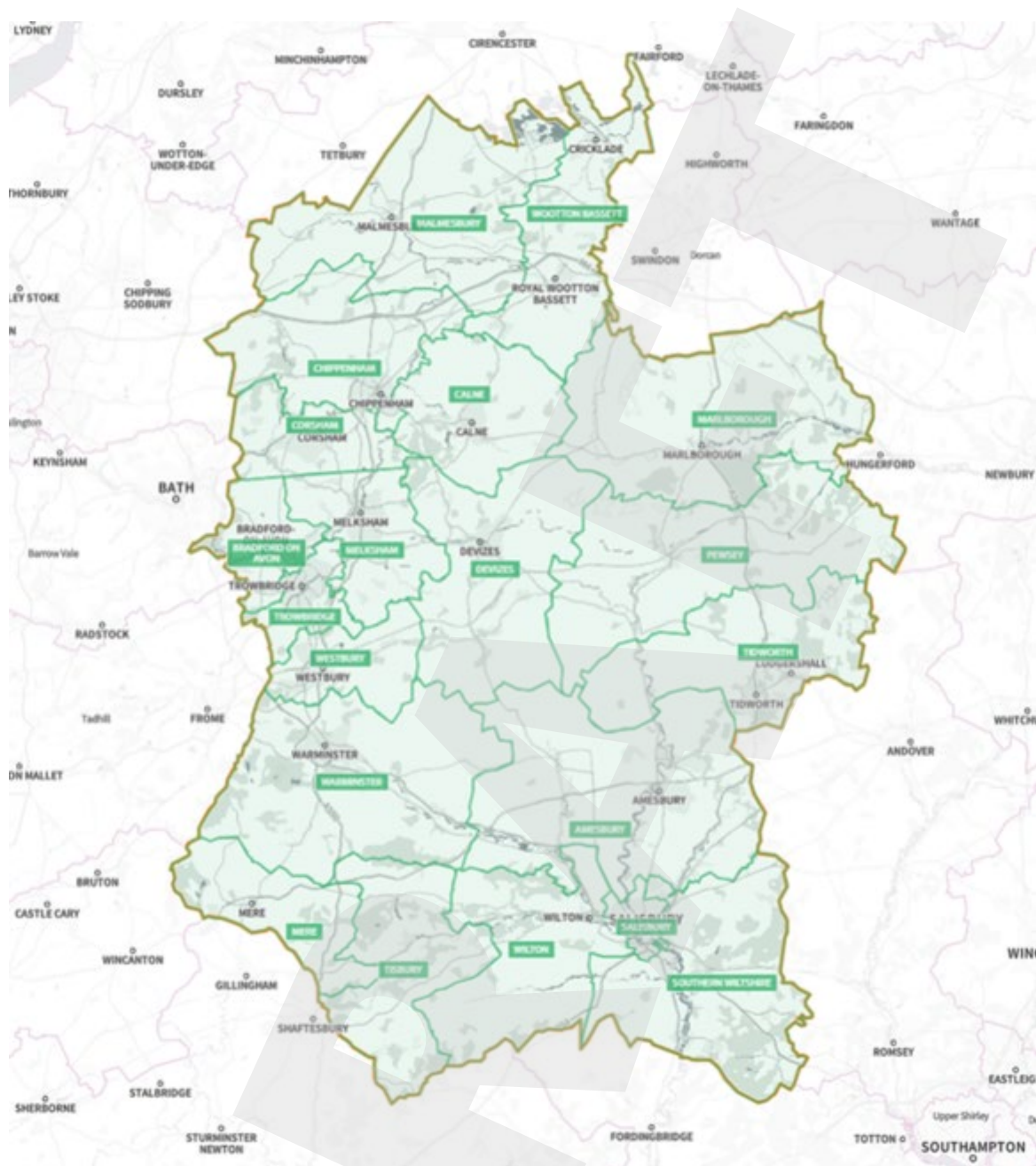


Figure 1: Map of Wiltshire community areas (pre May 2021)

## Development of the PNA in Wiltshire

A Pharmaceutical Services Steering Group (PSSG) was created in late 2021 to identify the strategic and developmental agenda for pharmaceutical services including the creation of a PNA. The steering group membership was drawn from the public health department of Wiltshire Council, medicines management from the Clinical Commissioning Group, commissioning from the NHS England and NHS Improvement, and also includes representatives from the Local Medical Committee, Local Pharmaceutical Committee, Healthwatch and Clinical Chair for Wiltshire locality at BSW CCG HWB as strategic lead.

Wiltshire's PNA has been developed using a mixture of methods, drawing on a range of information sources and reinforced through consultation with the public. These sources are:

- The Wiltshire Joint Strategic Needs Assessment (JSNA) and Community Area JSNAs
- Responses to resident surveys in Wiltshire
- NHS England and NHS Improvement database for pharmaceutical services in Wiltshire
- Data from commissioners of locally commissioned services for community pharmacies in Wiltshire
- Synthesis from national datasets and statistics

The JSNA is how the HWB and Local Authority describe the future health, care and well-being needs of the local population and the strategic direction of service delivery to meet those needs.

The information contained in the Wiltshire JSNA and local community area JSNAs have been used extensively in the development of the PNA, however data at Local Authority, regional and national levels have been updated for some indicators where more recent data has since become available.

This information was combined to provide a comprehensive picture of the population, their current and future needs and how the pharmacy network could support the health and social care system to improve the health and wellbeing of our population.

With this in mind, the Pharmaceutical Services Steering Group decided that it was important to survey the general population of Wiltshire to determine current and future need and how this may have changed during the pandemic. The survey was open for 4 weeks and 465 responses were received (both online and in writing) which contributed to the development of a comprehensive picture of the existing usage, preferences and expectations of pharmaceutical service across Wiltshire.

Wiltshire HWB consulted formally on the draft PNA from xxxxxxxxxxxx. The consultation closed xxxxxxxxxxxx and feedback was reviewed and incorporated into the final PNA document which is scheduled for the Wiltshire HWB in September 2022 for approval prior to publication.



## Overview of Wiltshire

Wiltshire is a large, predominantly rural county with a 2020 mid-year population estimate of 504,070 which is expected to increase to 534,697 in 2032. A significant proportion of this growth will be in the 65 and over age group. In 2011, Wiltshire's ethnic minority groups made up 3.4% of the population.

Almost half (47.6%) of the population resides in towns and villages with less than 5,000 people and over a quarter (27.9%) live in villages of fewer than 1,000 people.

It is also important to note that Wiltshire's Core Strategy sets out Wiltshire Council's spatial vision, key objectives and overall principles for development in the county. Housing figures for new development are incorporated within the core strategy for each community area in Wiltshire. These figures are based upon sites with permission, or that have been allocated to date and therefore these figures may be subject to change as time progresses.

The anticipated increase in each community area over the next three-year period until 2025/26 would not have a significant impact on provision of, or access to pharmaceutical services. Wiltshire HWB will ensure that as part of the ongoing planning through the core strategy the provision of pharmaceutical services will be reviewed on an ongoing basis and supplementary statements to this PNA will be issued when necessary.

In addition, the neighbouring authority Swindon Borough's Local Plan will increase housing by approximately 16,000 more dwellings by 2026. A proportion of these houses will be delivered close to the border of North-East Wiltshire. The Swindon HWB PNA states that Swindon HWB will monitor the development of major housing sites along its boundary with other Local Authorities to ensure that relevant Local Authorities can produce supplementary statements to their PNAs if deemed necessary.

## Health Needs in Wiltshire

This section presents an overview of the health needs of the population which may influence on the population demand of pharmaceutical service in Wiltshire.

### Overview of population health in Wiltshire

People in Wiltshire live longer than the general population in the South West. Life expectancy in Wiltshire for 2018 to 2020 was 80.9 years for males and 84.5 years for females. Females in Wiltshire can expect to live 66.9 years in favourable health and males can expect to live 66.8 years in favourable health. This is a slight improvement from 66.8 for females and 64.8 years for males since the last PNA was conducted

In 2020, there were 1,391 deaths under in persons aged under 75 years. The two major causes of premature death nationally, and in Wiltshire, are cancers and circulatory disease (including coronary heart disease and stroke).

Deprivation is an important determinant of health and well-being for individuals and communities. Higher levels of deprivation are consistently associated with poorer health outcomes across a range of measures representing a major cause of inequalities in health and wellbeing. Wiltshire overall is a wealthy and prosperous county but does have pockets of deprivation throughout the county (Figure 2). Wiltshire is split into 20 community areas and the deprivation per community area is defined in the later section.

Wiltshire is ranked as the 233rd most deprived out of 317 district and unitary authorities in England in the 2019 Indices of Multiple Deprivation.

83.8% of the population in Wiltshire reported their general health as either 'Very good' or 'Good' in 2011.

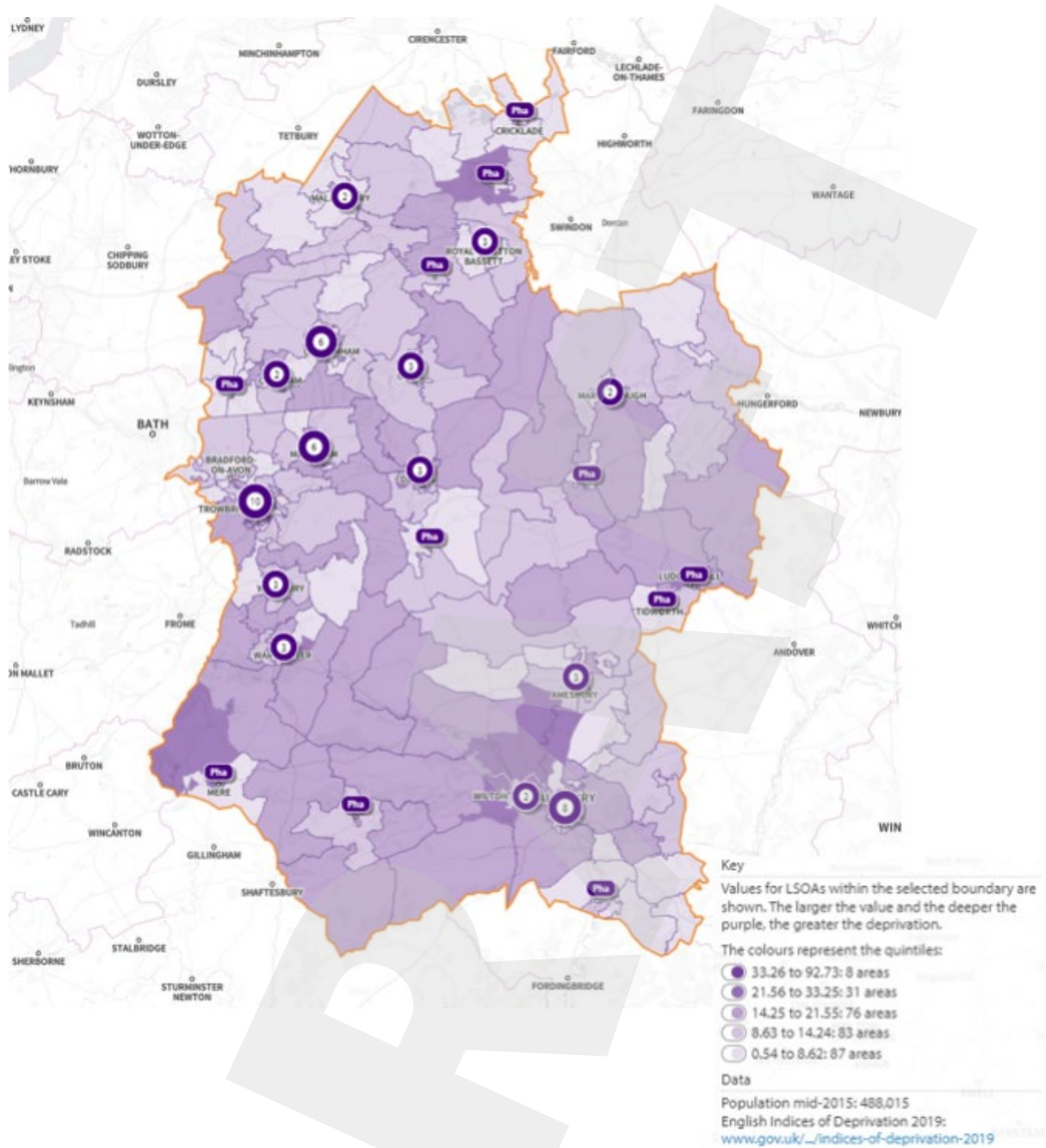


Figure 2: Location of community pharmacies in Wiltshire including deprivation quintiles

The numbers shown on the map denote the number of community pharmacies in that location (i.e. where there are too many sites to show separately in a small geographical area)

## Specific diseases

In order to commission appropriate and relevant services, it is essential to understand which diseases and conditions are causing mortality and morbidity in Wiltshire.

### Cardiovascular disease

Cardiovascular disease (CVD) describes the group of diseases affecting the circulatory system, including coronary heart disease (CHD) and stroke. Premature mortality is defined as deaths occurring before the age of 75, age-standardised premature deaths from CVD in Wiltshire having increased from 53 per 100,000 population in 2013-2015 to 55 per 100,000 population in 2017-19.

### Diabetes

Diabetes is a chronic and progressive disease that is associated with an increased risk of certain complications, including CVD and chronic kidney disease.

In 2015/16, there were 23,516 people aged 17 or over living with diabetes (type 1 or 2) in Wiltshire, which has increased to 29,094 in 2019/20. The true prevalence (including those living with undiagnosed diabetes) in Wiltshire is estimated to be 8.6%.

### Respiratory diseases

Between 2018 and 2020, 10.7% of deaths in Wiltshire were due to respiratory conditions. Smoking is the main risk factor for respiratory disease.

Chronic Obstructive Pulmonary Disease (COPD) is the collective term for a range of conditions that result in long-term damage to the lungs. The most common forms of COPD are bronchitis and emphysema. COPD is largely preventable; particularly as its main cause is smoking. Standardised rates of mortality from COPD in Wiltshire are lower than in England as a whole for both men and women.

Asthma is a more common condition than COPD and affects many children as well as adults. There has been an increase in the number of emergency admissions for asthma in Wiltshire over the last 4 years from 381 in 2015/16 to 573 in 2018/19.

## Specific populations and potential implications on health needs

### Older people

In 2021, the number of older people (aged 65 years or over) living in Wiltshire was estimated as 110,358. Population projections are important for the planning of all community services to ensure that the needs of the local population are met.

The projected population figures show a steep increase in older people with the population in Wiltshire aged 65 or over reaching an estimated 143,380 by 2032. This represents a 30% increase in the number of people aged 65 or over in Wiltshire since 2018. The number of Wiltshire's residents aged over 85 years is projected to increase from around 15,175 in 2021 to approximately 23,397 by 2032.

Population growth, coupled with the growing ageing population, will be key drivers for potentially expanding pharmacy provision. The increase in the population of older people will place a greater demand on community pharmacies to provide prescription collection and delivery services for people who find it difficult to leave their home.

### Life Limiting Long Term Illness

The 2011 Census asked people whether they had a limiting long-term illness (LLTI). The number of Wiltshire residents with an LLTI in 2011 according to the census was 31,408, which equates to 6.7% of the population.

The predicted rates of LLTI in elderly people (aged 65 and over) show that Wiltshire, on average, has a higher predicted rates of LLTI than England.

### Ethnic minorities

At 3.4% of the population, Wiltshire has a low proportion of ethnic minorities. There are well documented links between ethnic origin and health, where people from different ethnic communities have higher levels of illness for some diseases compared to the general population. In addition, differences in cultural background, language skills and residence time in the new country may impact on the access and utilisation of health care services. The county is a largely white and rural area and people in

minority groups are often not present in sufficient numbers to form coherent groups. This can result in an unknown demand for services and potentially unmet need.

### Disabilities

Defining the specific number of individuals with some form of physical disability is problematic, due to the range and type of conditions that may be considered a 'physical disability'. In Wiltshire, in 2020, it was forecast that there would be 15,116 people aged 18-64 who have a moderate or serious care disability. It is estimated that by 2030 the figures will have increased by 0.5% to 15,198.

### People with learning difficulties

People with learning disabilities are one of the most vulnerable groups in society. They are known to experience inequalities in health and as a result suffer poorer health outcomes compared to the general population. Estimates would currently suggest that there could be approximately 11,144 people (including adult and children at all ages) with a learning disability living in Wiltshire.

Community teams for people with learning disabilities currently provide health or social care support to around 1,134 individuals with a learning disability in Wiltshire. The majority of people known to specialist services will have a severe learning disability.

It is predicted that by 2035 the number of adults with learning disabilities, needing support aged over 18, will increase by 8.7%. Many people who have a mild learning disability may never have cause to use Community Services, other than the mainstream services within their community.

### Military population

Military personnel in Wiltshire presently constitute around 3.3% of the total population and including dependants the total is estimated to be around 34,000. There is a high military presence in, Amesbury (Larkhill and Bulford), Tidworth and Warminster community areas. Additional locations with military presence include Chippenham

(Hullavington), Corsham (Colerne), Pewsey (Upavon) and Royal Wootton Bassett and Cricklade (Lyneham) community areas.

The Army re-basing programme was completed in 2020 and it brought an additional 4,000 uniformed personnel and an estimated 3,200 dependants to live and work in Wiltshire over recent years. The Defence Infrastructure Organisation is providing Service Family Accommodation (SFA) of some 900 new dwellings at Bulford, Ludgershall and Larkhill in addition to purchasing 100 homes at Tidworth.

The Section 106 agreement negotiated to grant planning permission for the totality of the SFA, granted in the Autumn of 2016, provides funding for 1,125 new school places and 90 early years places. This also provides contributions for other infrastructure necessitated by the programme. There are also new buildings and extensions to existing facilities in its establishments at Perham Down, Larkhill, Bulford and Tidworth to provide additional training, living, mess and technical capacity.

It is not anticipated that there will be a significant change in the number of military personnel to be based in the Wiltshire in the next 3-5 years even though there may be a change in the different regiments based in Wiltshire due to the current “future soldier” transformational plan.

### Prisoners

People in prison are more likely to experience multiple, sometimes more complex physical and/ or mental health conditions compared with the overall population. These issues are often further complicated by wider health determinants such as homelessness, unemployment, financial problems or insecurity, social isolation and poor access to health services appropriate to their needs.

Wiltshire is home to HMP Erlestoke, a Category C establishment holding adult male sentenced offenders with an operational capacity of 524 men. Since July 2018, the prison has been dual registered and now also accepts up to thirty young adults. HMP Erlestoke accepts all Category C prisoners, however, offenders are primarily serving sentences of four years or more. The focus of the establishment is to reduce

reoffending by preparing offenders for their release through accredited intervention programmes, skill and vocational based training and education in a pro-social environment. Whilst the prison provides health care services, it does not have inpatient facilities.

Pharmaceutical services to HMP Erlestoke are commissioned and provided separately to community pharmacy services. Prescribers at the prison may provide an NHS prescription to an offender upon release which can be dispensed at any community pharmacy, such NHS prescriptions are exempt from prescription charges.

### Gypsies and Travellers

According to the 2011 Census, 757 people in Wiltshire identified themselves as being of Gypsy or Irish Traveller ethnicity equivalent to 0.2% of the population. In 2020 Wiltshire had approximate 200 children in primary or secondary schools whose ethnic group was Gypsy/Roma according to the January 2021 school census. As of 2022, the Canals and Rivers Trust indicated that there are in the range of 400 "continuous cruisers" or boats without moorings on the Kennet and Avon Canal at any one time between Devizes and Bath.

As of January 2021, Wiltshire Council own and manage three residential Gypsy and Traveller sites that are located in Chippenham, Westbury and Salisbury community area. These sites provide permanent accommodation in the form of "family pitches" on which a building is provided to facilitate cooking, washing and bathing. The families occupy under licence conditions and are subject to pay a number of charges including utilities, rent and council tax. Families provide their own sleeping accommodation in the form of a caravan/mobile home.

### Homeless

Homeless people have a significantly lower life expectancy compared with the rest of the population and experience poorer health generally, with particular issues around social isolation, poor access to services, mental health and substance misuse.



During 2020/21 Wiltshire delivered 556 new affordable homes. Over the same time period, 498 households were deemed homeless and required assistance from the Local Authority to secure settled accommodation (relief duty). A further 945 households at risk of becoming homeless also required help from the Local Authority to prevent them from becoming homeless over the same time frame (prevention duty).

DRAFT

## Summary from PNA public survey

In December 2021, a Pharmaceutical Needs Assessment public survey was launched in Wiltshire. It was promoted through press releases, social media, posters and individual communications to residents in Wiltshire with assistance from colleagues in BSW CCG, Community Pharmacy Swindon and Wiltshire (Local Pharmaceutical Committee), Wessex Medical Committee (Local Medical Committee) and Healthwatch Wiltshire.

The survey was available on the Wiltshire PNA homepage and paper copies were available in libraries and main Wiltshire Council hubs. In total 465 responses were received with the majority of responses (98%) received online.

## Pharmacy usage reported by respondents

Over half (59%) of the respondents used a pharmacy at least once a month in January to December 2021. The top 3 reasons to visit/use pharmaceutical services are:

- collecting a prescription for myself (415);
- collecting a prescription for someone else (283)
- to buy medicines for myself (253)

In terms of usage of other services provided by pharmacies, the COVID-19 pandemic has significantly changed the pattern of usage. Collecting COVID-19 home testing kits accounted for 37% of all reported services used by respondents while seasonal flu vaccinations (25%) and COVID-19 vaccinations (16%) accounted over 40%.

Additionally, 66% of respondents had spoken to or had a consultation with a pharmacist. The main reasons for this were:

- “to ask the pharmacist for some help or advice”
- “for healthcare advice so that I didn’t need to visit my GP surgery”
- “to check how I was getting on with my medicines”.

### Choosing a pharmacy

Over 90% of respondents choose the pharmacy they used and only less than 3% of respondents suggested that they don't feel/know that they have a choice.

Around 60% of respondents use the same pharmacy all the time and about a third of the respondents indicated that there is a pharmacy they chose not to use. The top 3 priorities rated by our respondents in choosing to use a pharmacy are:

- their physical location
- their opening hours
- the ease of parking (onsite/ nearby)

### Travel time to and from a pharmacy

Residents in Wiltshire were asked the question "How far are you prepared to travel to pharmacy that is open?" in three separated scenarios:

- "For regular/repeat medicines or stock medicines cabinet"
- "To start a new medicine or buy something for current symptoms – including on a bank holiday"
- "To receive a planned service (e.g., flu vaccination)"

#### For regular/repeat medicine or stock medicines cabinet

9% of respondents would like to have their medicines delivered to their chosen address with only 14% of respondents are prepared to travel more than 5 miles or 10 minutes to a pharmacy that is open.

#### To start a new medicine or buy something for current symptoms – including on a bank holiday

5% of the respondents would like to have their medicines delivered to their chosen address. A larger proportion of the respondents (33%) are prepared to travel more than 5 miles or 10 minutes to a pharmacy that is open.

### To receive a planned service (e.g. flu vaccination)

3% of respondents would like the service to be delivered at their chosen address. With 36% of the respondents are prepared to travel over 5 miles or 10 minutes to a pharmacy that is open for a planned service.

It is worth noting that 42% of the respondents usually walk or cycle to the pharmacy which may limit their willingness/abilities to travel further to access pharmaceutical services.

### Opening hours

Respondents were asked “When is the most convenient time for you to use a pharmacy?” and were asked to choose all the options that is convenient to them.

Based on the preferences of respondents, the core demand of pharmaceutical services appear to be between 0900hrs to 2000hrs during the weekdays and between 0900-1700hrs on Saturday and Sunday. It also suggests that the demand of pharmaceutical services before 0900hrs and after 2000hrs is extremely low for all days of the week (i.e. less than 10%).

### Key characteristics for the respondents

The majority of respondents (91%) are aged 45 years or older and females accounted for 67% of total respondents. 96% of all respondents to the survey identified themselves as White British.

In terms of employment status, a high proportion of respondents are retired (60%), followed by those in full time (19%) and part time (11%) employment. 24% of respondents have to pay for NHS prescription charges.

In relation to health status, 38% of respondents deemed themselves to be in good or very good health over the last 12 months with 19% of respondents stating that they do not have any long-term illnesses, health problems or disabilities.

## Current Provision and Use of Pharmaceutical Services in Wiltshire

### Number of pharmacies and type of provision

Wiltshire has a total of 69 pharmacies of which 2 are registered as distance selling pharmacies (Figure 3). This equals to 13.3 community pharmacies per 100,000 population. Given the rural nature of Wiltshire a mixture of pharmacies and dispensing GP practices ensure that there is access in all communities to dispensing services. Patients living in rural areas can, and do, access community pharmacies in locations where they access other services, such as shops.

It is recognised that many of the most sparsely populated rural areas need to travel further to access community pharmacies. General Practitioners in controlled localities, (areas determined by the NHS England and NHS Improvement to be rural in character), may dispense medication on prescription produced at the practice, to those registered patients who live within the controlled locality but at a distance of more than 1.6km from a community pharmacy. In addition, NHS England and NHS Improvement may grant dispensing rights for a practice to dispense to registered patients living outside the controlled area but who have serious difficulty accessing a community pharmacy service.

There are 18 Dispensing General Practices serving the rural parts of Wiltshire (Figure 3). Therefore, whilst there may not be convenient access to the full range of pharmaceutical services in rural areas, patients living in rural areas are able to access dispensing services as required.

Dispensing Appliance Contractors (DACs) are a specific sub-set of NHS Pharmacy contractors specialising in the supply (on prescription) of appliances, notably stoma and incontinence appliances. Fittleworth Medical (Salisbury) is the only noted DAC in Wiltshire.

The Local Pharmaceutical Service (LPS) allows areas to commission community pharmaceutical services tailored to specific local requirements. The LPS complements the national contractual framework for community pharmacies but is an important local

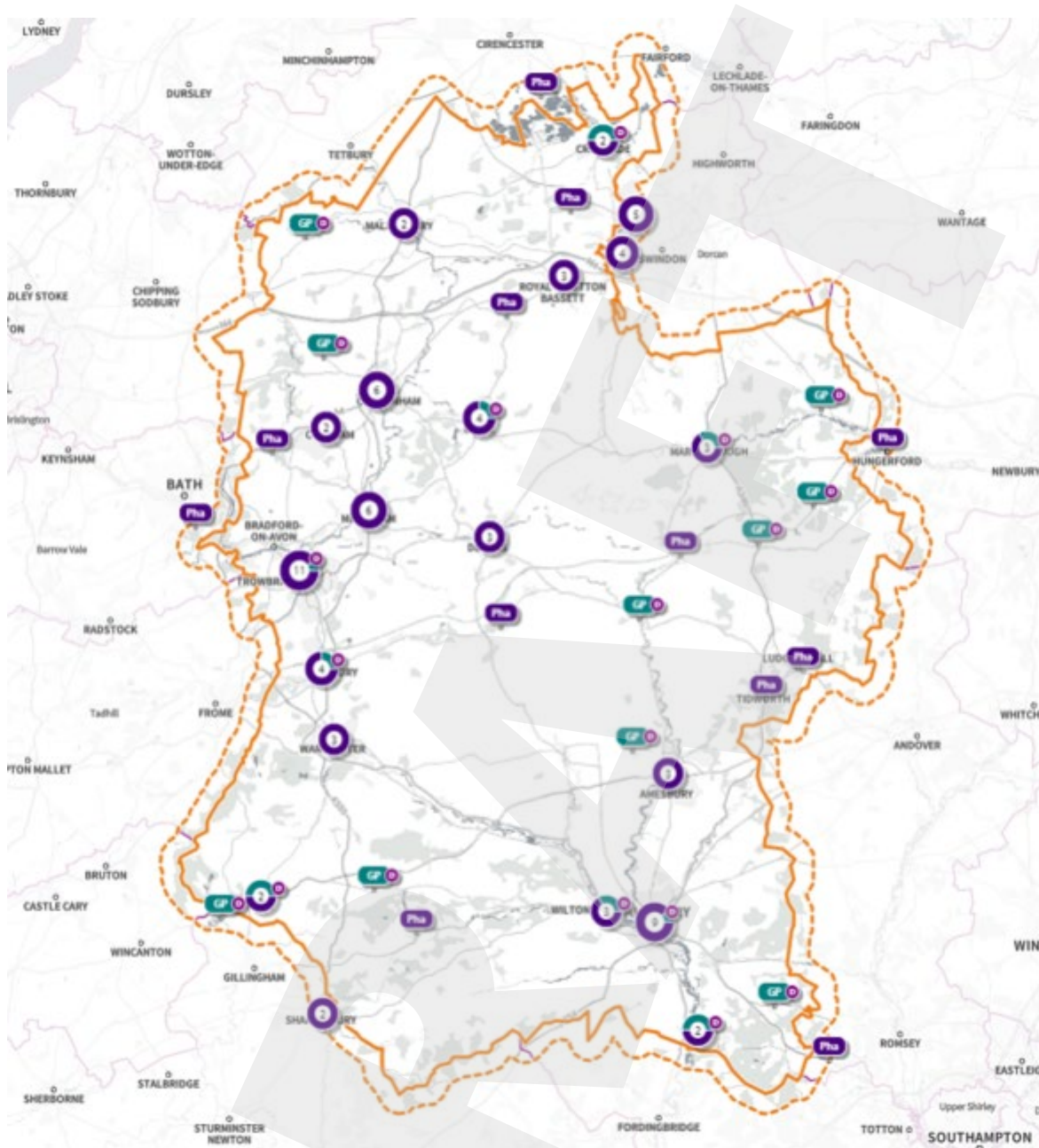


Figure 3: Location of community pharmacies and dispensing GP practices in Wiltshire including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

This map shows the location of community pharmacies and dispensing GP practices including those that lie within a 1.6 km (1 mile) distance of the Wiltshire Local Authority area border. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a (D) icon. The bold orange line represents the Wiltshire Local Authority border. The dotted orange line represents the 1.6 km (1 mile) buffer border around the Wiltshire Local Authority area border.

commissioning tool in its own right. The LPS provides flexibility to include within a single local contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under national pharmacy arrangements. There are no LPS pharmacies in Wiltshire.

In Wiltshire, there is now a NHS BSW CCG commissioned Emergency Access to Medicine Scheme to ensure prompt access to certain prescription-only emergency medicines including palliative care medicines. There are currently 9 community pharmacies delivering this service in Wiltshire. Details of this service and participating pharmacies in Wiltshire can be found at the following link: [www.bswccg.nhs.uk/docs-reports/678-emergency-access-to-medicine-scheme-info-for-website-bsw-update-040520-2](http://www.bswccg.nhs.uk/docs-reports/678-emergency-access-to-medicine-scheme-info-for-website-bsw-update-040520-2)

### Other relevant services

Pharmacies may choose whether to provide advanced services or not. If they choose to provide one or more of the advanced/enhanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

- Influenza vaccination service – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake. This service has not been included within the definition of ‘necessary services’ because, if it were not provided by pharmacies, an equivalent service would be available from GP surgeries.
- Urgent medicines supply service – To provide, at NHS expense, urgent supplies of repeat medicines and appliances for patients referred by NHS 111, in order to reduce demand on the urgent care system, particularly GP out of hours providers. This service has not been included within the definition of ‘necessary services’ because:
  - it is currently a pilot and it is currently not certain whether this will continue to be commissioned
  - if it were not provided as an advanced service, patients could obtain an urgent supply as a private service from a pharmacy.

The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one. NHS England may choose to commission enhanced services from all or selected pharmacies to

meet specific health needs, in which case it may develop an appropriate service specification.

NHS England and NHS Improvement currently commissions one Directed Enhanced Service in Wiltshire. This is an arrangement to ensure access to pharmaceutical services on days when there would otherwise be no service available (e.g. bank holidays). In Wiltshire, a rota has been determined for special bank holidays (Christmas Day, New Year's Day and Easter Sunday). The availability of contracted hours on Sundays and late opening has not required Enhanced Service commissioning to secure Sunday or evening access.

Locally Commissioned Services are commissioned locally in response to the needs of the local population. A range of Locally Commissioned Services may be offered by community pharmacies in Wiltshire:

- Community pharmacy emergency supply services
- Community pharmacy PGD/Independent prescribing services
- Needle and syringe exchange
- Sexual health services (No Worries!)
- Supervised Consumption
- Take home naloxone

With the continuous development of new model of working across the NHS, there are several advanced pharmacy services in development such as Community Pharmacy Consultation Service (CPCS) which allows NHS 111 and GP practices to refer patients with minor ailments suitable for treatment with over-the-counter medications to be managed in community pharmacy.

### Opening hours

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However, pharmacies could apply to open for longer and these hours are referred to as supplementary opening hours. Pharmacies could change their supplementary hours by submitting a formal application to NHS England and NHS Improvement.



Consideration has been given to accessing pharmaceutical services outside Monday - Friday, 0900hrs - 1800hrs. Opening after 1800hrs is considered to be 'late opening'. NHS England and NHS Improvement holds the following information relating to this provision:

- Seven community pharmacies operate as 100-hour pharmacies
- Twenty-three community pharmacies are open at least one evening per week (i.e. after 1800hrs) but the number of community pharmacies that remain open after 1830hrs significantly reduces to twelve
- Fifty-Four community pharmacies open on Saturday and sixteen open on Sunday

Pharmacies are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct contractor(s) to open on one or more of these days to ensure adequate access.

### **Travel time to a brick-and-mortar pharmacy**

According to the 2011 census data, a high proportion of Wiltshire households (85.2%) have access to at least one car/van. As a result, travel time analysis will focus on average travel times by car to pharmaceutical service providers. 93.8% of Wiltshire population reside within 10 minutes drive time from their nearest community pharmacy and/or dispensing general practice. The coverage increases to 99.6% if the travel time by car extended to within 15 minutes. Less than 0.1% of the Wiltshire population will have to travel more than 20 minutes to a pharmacy and/or dispensing general practice (Figure 4).

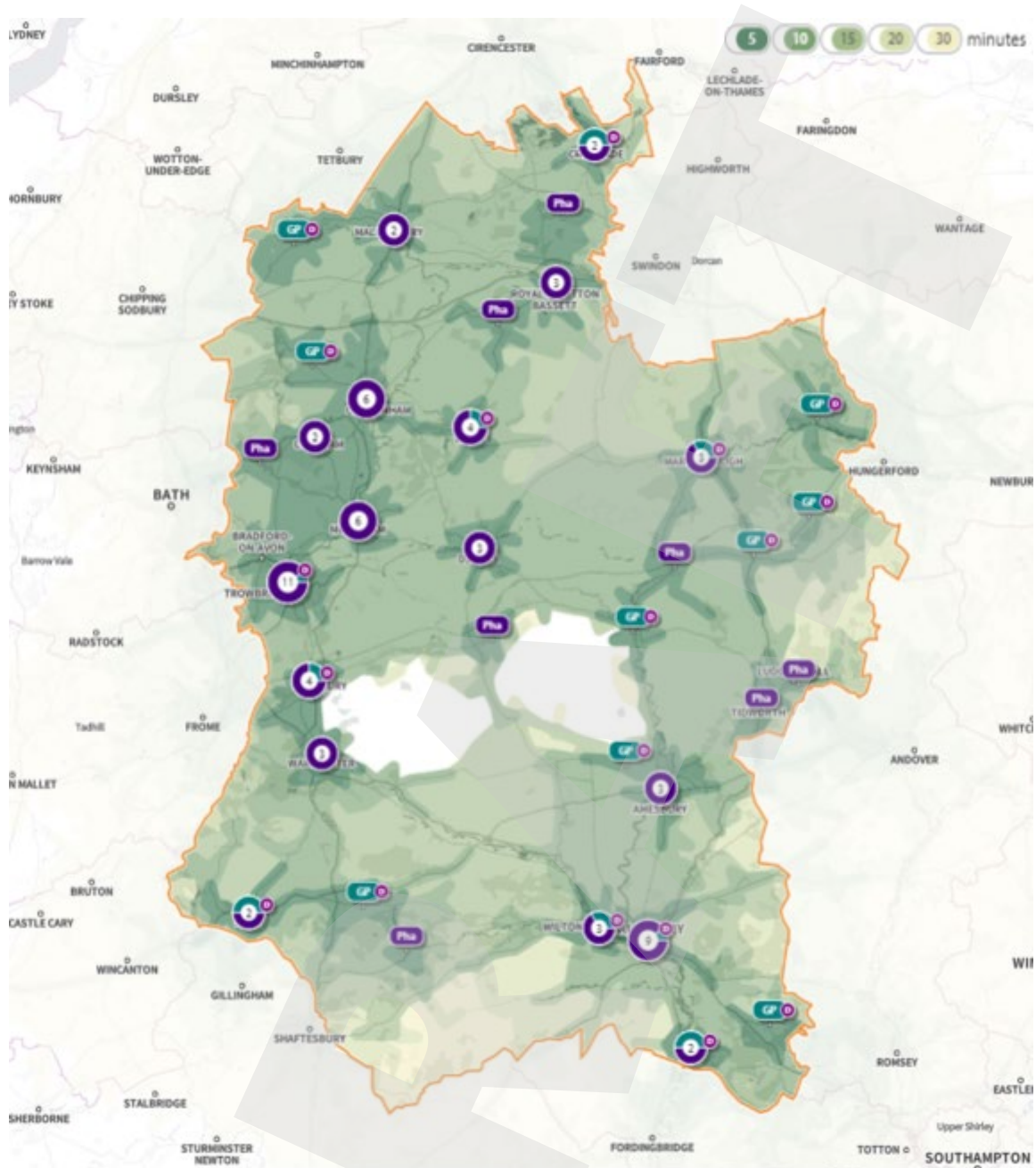


Figure 4: Travel time by car analysis to community pharmacies and dispensing GP practices

This map shows the location of community pharmacies and dispensing GP practices. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a (D) icon. The numbers shown on the map denote the combined number of community pharmacies and dispensing GP practices in that location (i.e. where there are too many sites to show separately in a small geographical area)

In terms of accessing a pharmacy on a weekday evening, 89.0% of the Wiltshire population reside within 10 minutes drive time to a pharmacy that is open late (i.e. later than 1800hrs at least once a week. The coverage increases to 96.9% if the travel time by car extended to within 15 minutes. Less than 0.1% of the Wiltshire population will have to travel more than 20 minutes to a pharmacy and/or a dispensing general practice.

It is worth noting that a significant number of pharmacies are closed after 1830hrs with only 12 community pharmacies remaining open after this time at least once a week.. The proportion of the Wiltshire population that reside within 15 minutes travel time by car to these pharmacies that are open later than 1830hrs is much lower at 59.6%. Coverage increases to 76.1% if the travel time by car is extended to within 20 minutes. 5.8% of the Wiltshire population will have to travel more than 30 minutes to a pharmacy that is open after 1830hrs on a weekday (Figure 5).

In terms of accessing a pharmacy on Sunday, 79.1% of Wiltshire population reside within 15 minutes drive time to a pharmacy that is open on Sunday. Coverage increases to 94.1% if the travel time by car is extended to within 20 minutes. Less than 0.1% of the Wiltshire population will have to travel more than 30 minutes to a pharmacy that is open on a Sunday (Figure 6).

(Please note that the travel time analysis detailed above does not consider accessing pharmaceutical service outside Wiltshire County Boundary)

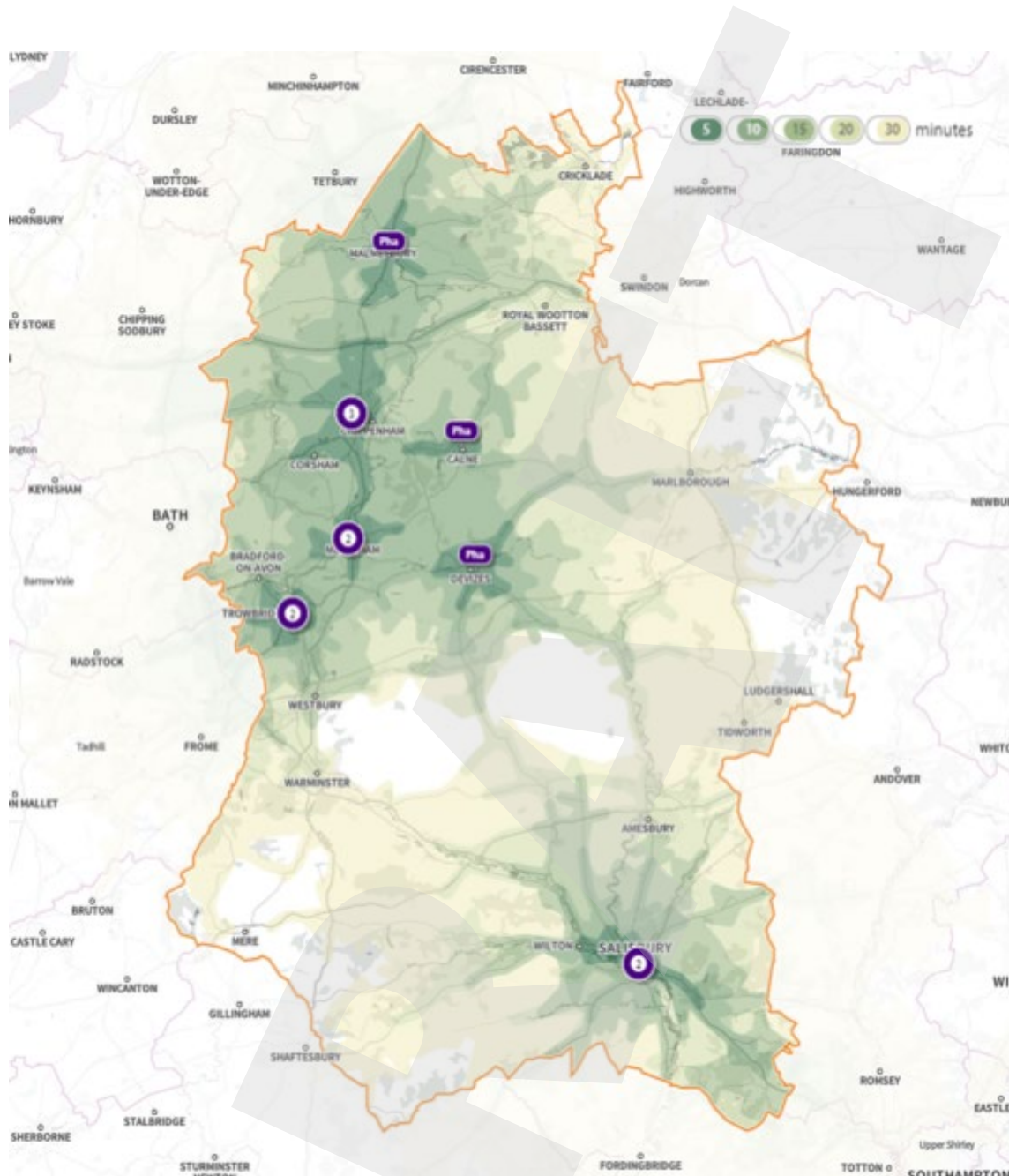


Figure 5: Travel time by car analysis to community pharmacies open later than 18:30 hrs at least once a week

This map shows the location of community pharmacies that are open later than 18:30 hrs at least once a week. The numbers on the map denote the number of community pharmacies with these opening hours in that location (i.e. where there are too many sites to show separately in a small geographical area)

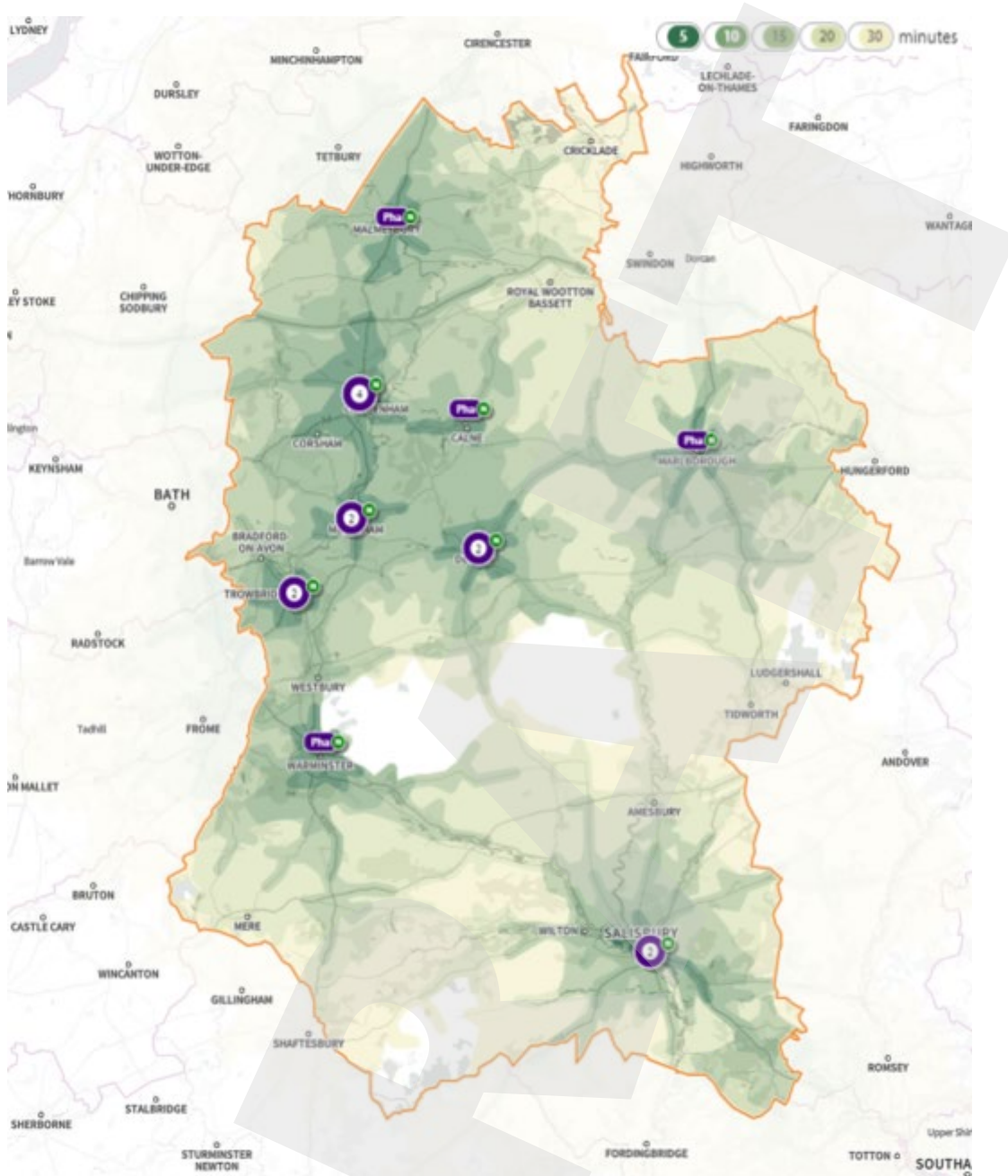


Figure 6: Travel time by car analysis to community pharmacies open on Sundays

This map shows the location of community pharmacies with Sunday opening hours. The numbers on the map denote the number of community pharmacies with these opening hours in that location (i.e. where there are too many sites to show separately in a small geographical area)

## Accessing pharmaceutical services in neighbouring counties

In the survey conducted as part of this needs assessment, Wiltshire residents reported the physical location of the pharmacy is one of the top three priorities in choosing to use a pharmacy. Depending on travelling patterns, it is likely that a proportion of Wiltshire residents would choose to use pharmaceutical services in neighbouring counties.

From reviewing the dispensing activities from 2020-21, the majority (90.8%) of the prescriptions issued by Wiltshire general practice are dispensed by a community pharmacy or dispensing practice within Wiltshire, with the remaining largely dispensed by community pharmacies in neighbouring counties including Bath and North East Somerset, Dorset, Hampshire, Gloucestershire, Swindon and West Berkshire.

## Choice

As part of the PNA, Wiltshire Health and Wellbeing board is required to consider the benefits of having reasonable choice with regard to obtaining pharmaceutical services.

In the more urban community areas there are a variety of providers. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in these areas. In the more rural areas, with the population spread across large areas with some more populated villages and market towns, it is less easy to state that patients have easy access to a variety of providers.

It was reported by the Pharmaceutical Journal (2021) that the online pharmacy dispensing volume increased by 45% in 2020 during the COVID-19 pandemic. Residents in Wiltshire could choose to use any one of the 372 online/distance selling pharmacies in England within their opening hours and have their medicines delivered to their chosen address. A list of online/distance-selling pharmacies is available at [www.nhs.uk/service-search/pharmacies/InternetPharmacies](http://www.nhs.uk/service-search/pharmacies/InternetPharmacies)

## Pharmacy services in Acute Hospital Trusts

Wiltshire has one NHS acute hospital trust within its footprint, Salisbury Foundation Hospital Trust (SFT). About two thirds of Wiltshire's population will access acute hospital care outside of the county in Bath or Swindon. Although the pharmacy services provided by acute trusts is out of the scope of this review, transfer of care is an important issue and with three different systems in the acute settings this is worthy of note.

Hospital pharmacies deal with more complex clinical medication management issues when compared with community pharmacies, who often have more complex business and customer relations issues. Hospital pharmacies stock a larger range of medications (including more specialised medications), than would be feasible in the community setting. Hospital pharmacies typically provide medications for hospitalised patients only. Pharmacies at Salisbury District Hospital and Royal United Hospital, Bath sell non-prescription medicines to patients and the public but do not hold a community pharmacy contract. Great Western Hospital in Swindon has outsourced outpatient dispensing to Boots who have a pharmacy separate to the hospital pharmacy within the hospital. Although it dispenses outpatient medications and sells over the counter medicines to patients and visitors it does not hold a community pharmacy dispensing contract.

Health and social care providers should ensure that patients moving in and out of these care settings have a pharmaceutical service that ensures the continuity of support around medicines, through the development of more integrated working between community pharmacy, community hospitals and acute hospitals.

In a bid for integrated working between community pharmacies and acute settings, all three of the local acute trusts now refer into the Discharge Medicines Service provided by community pharmacy, using an IT system called PharmOutcomes. Salisbury Foundation Trust currently refer patients with monitored dosage systems, Great Western Hospital also refer these patients and an additional cohort of patients on anticoagulant medications and Royal United Hospital refer all patients seen and consented by the pharmacy team on discharge.

## Meeting the needs of specific populations

### Ethnic minorities

All pharmacies in Wiltshire have access to the NHS interpretation and translation services. The Local Pharmaceutical Committee has published the information on how to access the service via their local contractor on their Community Pharmacy Swindon and Wiltshire contractor contact directory.

### Disabilities

All pharmacies are required to be compliant with the Equalities Act. There are no specifically commissioned pharmaceutical services for people with learning difficulties in Wiltshire.

### Military

Military personnel and their dependents (entitled persons who reside within two miles of the military primary care centre) would have a choice of using the MOD primary care (including dispensing) services or choose to register with the local GP surgery. Military personnel and dependents who are registered with an MOD primary care service would have access to pharmaceutical services via their dispensing surgeries and/or outsourcing contract with a private pharmacy provider.

### Prisoners

Pharmaceutical services to HMP Erlestoke are commissioned and provided separately to community pharmacy services to supply medications directly.

### Gypsies and Travellers

All registered sites in Wiltshire are within three miles of a community pharmacy. The majority of sites are within a 15 minute walking distance of a community pharmacy.

### Homeless

Homeless people can register with a General Practice and then access community pharmacies for dispensing medication. In addition, anybody who is homeless can also access advice and support from a community pharmacy without GP registration or the need to provide an address.



## Addressing specific health and lifestyle needs

A range of public health services are commissioned by Wiltshire Council to be delivered in the community to address specific health and lifestyle needs of Wiltshire residents.

### Nicotine replacement therapy (supply only)

Smoking cessation services in community pharmacies were ceased in April 2021 due to low levels of use. Wiltshire Council Public Health Team is working with BSW CCG colleagues to explore the nicotine replacement therapy (supply only) services across the wider CCG footprint. It is likely that the nicotine replacement therapy (supply only) service will be delivered via community pharmacies in the near future.

### Sexual health- No Worries! Service

Wiltshire Council commission the “No Worries!” young people’s sexual health service for Wiltshire residents aged 13-24 years. It is a programme designed to reduce teenage conceptions and increase access to emergency hormonal contraception, sexual health information and advice, swift and easy access to Chlamydia testing and treatment. Free condoms and condom demonstration are also available.

Fifteen community pharmacies are commissioned to deliver the “No Worries!” service in Wiltshire. Emergency hormonal contraception and Chlamydia treatment is supplied from community pharmacy stock through a patient group direction for patients aged 13-24 years at risk of unwanted pregnancy.

### Substance misuse

Needle and syringe exchange services, “to take home naloxone” and supervised methadone consumption are commissioned and delivered as locally commissioned services in community pharmacies in Wiltshire.

Forty-two community pharmacies in Wiltshire currently offer needle exchange services and forty-one pharmacies also provide “to take home naloxone” services. Supervised methadone consumption is commissioned in forty-seven community pharmacies locally.

## Conclusion

Taking into account the range of information considered within this needs assessment, including current provision of services across the largely rural county and the results of the public survey, it can be concluded that there is appropriate provision of pharmaceutical services in Wiltshire.

Wiltshire HWB has taken into account both the current provision of pharmaceutical services (as defined in the legislation as necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services) in the county and the identified and expressed needs of the local population. In order to assess the provision of pharmaceutical services in a county as large as Wiltshire, the needs assessment has been undertaken on both a county wide and community area level to provide detailed information to inform decisions on changes to pharmaceutical services in the future.

There is at least one community pharmacy in every community area in Wiltshire. It is recognised that in rural areas patients do not always have access to a community pharmacy within 10 minutes travel. However, these residents in rural areas are likely to have access to dispensing services provided by their General Practices. These residents could also access community pharmacies in larger villages or towns, along with pharmacies in neighbour counties and distance selling pharmacies services. A significant proportion of community pharmacies operate with later evening opening hour (i.e. after 1800hrs) on weekdays and at the weekends. The pattern of these opening hours is generally reflective of population density, particularly with regard to Sunday opening times where there is a basic coverage of opening especially in areas of high population density.

The anticipated increase in housing developments in each community area over the next three-year period until 2025/26 will not have a significant impact on the provision of, or access to pharmaceutical services and at present it is not anticipated that additional pharmacy facilities will be required. Wiltshire HWB will ensure that as part of the ongoing planning through the core strategy the provision of pharmaceutical services will be reviewed on an ongoing basis and supplementary statements to this

PNA will be issued when necessary. The availability of Locally Commissioned Services is an important element of community pharmacy provision, as these services provide opportunities to manage and prevent ill health at a local level relevant to the local population. There is variation in the range of Locally Commissioned Services in each of the community areas in Wiltshire, which is generally reflective of need. Further exploration with partners across the health and social care service would be required to establish the exact need for these services at a local level and the ability of services to deliver. This provision would have to be commissioned upon the basis of health need and Wiltshire HWB will continue to work with local providers to take this forward, based upon the range of sources of information described in this document and changes in service provision or population demographics in the future.

Wiltshire HWB recognises that a range of provision is necessary in a county the size and nature of Wiltshire where the population characteristics can vary greatly between community areas. Therefore, Wiltshire HWB will continue to support the development of pharmaceutical services across the county using the best evidence available and in line with the strategic direction set at a national level. This will be done in conjunction with existing providers, in order to ensure the highest standards of quality and the optimum range of services are delivered.

Future commissioning decisions relating to the provision of pharmaceutical services will be informed by the evidence presented within this needs assessment and align with the continued development of health and social care provisions. Considerations in terms of access (including co-location with other healthcare services) should be given to any changes or new pharmaceutical services within the county.

Finally, consultation with Wiltshire residents as part of the partnership working with Healthwatch Wiltshire as well as changing demographics will be undertaken and reviewed on an ongoing basis.

## ANNEX 1: Community Area Details

The following tables provide detailed information (correct as of January 2022) for each of the twenty localities in Wiltshire covering:

- Demographics
- Health Profile
- Health Services (including pharmacy) Provision
- Bordering Area

The information has been taken from a range of sources, including the Wiltshire JSNA, NHS England and NHS Improvement Community Pharmacy Dataset and other publicly available data. These tables should be read in conjunction with information contained throughout the PNA.

For each community area, a map has been produced which plots the community pharmacies and dispensing practices within that area. The tables within this annex describe what is available by Community Area only and do not describe what services are provided in neighbouring Community Areas. Instead, reference should be made to the detailed descriptions for neighbouring areas, which can be seen clearly highlighted on the map.

### **Community Area Level Maps for 2022 PNA - Extracted from the UKHSA Strategic Health Asset Planning and Evaluation (SHAPE) Atlas Tool within Annex 1**

- These maps show the location of community pharmacies and dispensing GP practices including those that lie within a 1.6 km (1 mile) distance outside of the Wiltshire Local Authority border
- Community pharmacy information is denoted in purple and dispensing GP practice information is denoted in green with a (D) icon
- The bold orange line represents the Wiltshire Local Authority border
- The dotted orange line represents the 1.6 km (1 mile) buffer border around the Wiltshire Local Authority area border
- The numbers shown on the map denote the combined number of community pharmacies and dispensing GP practices in that location (i.e. where there are too many sites to show separately in a small geographical area)

### Annex 1A: Amesbury

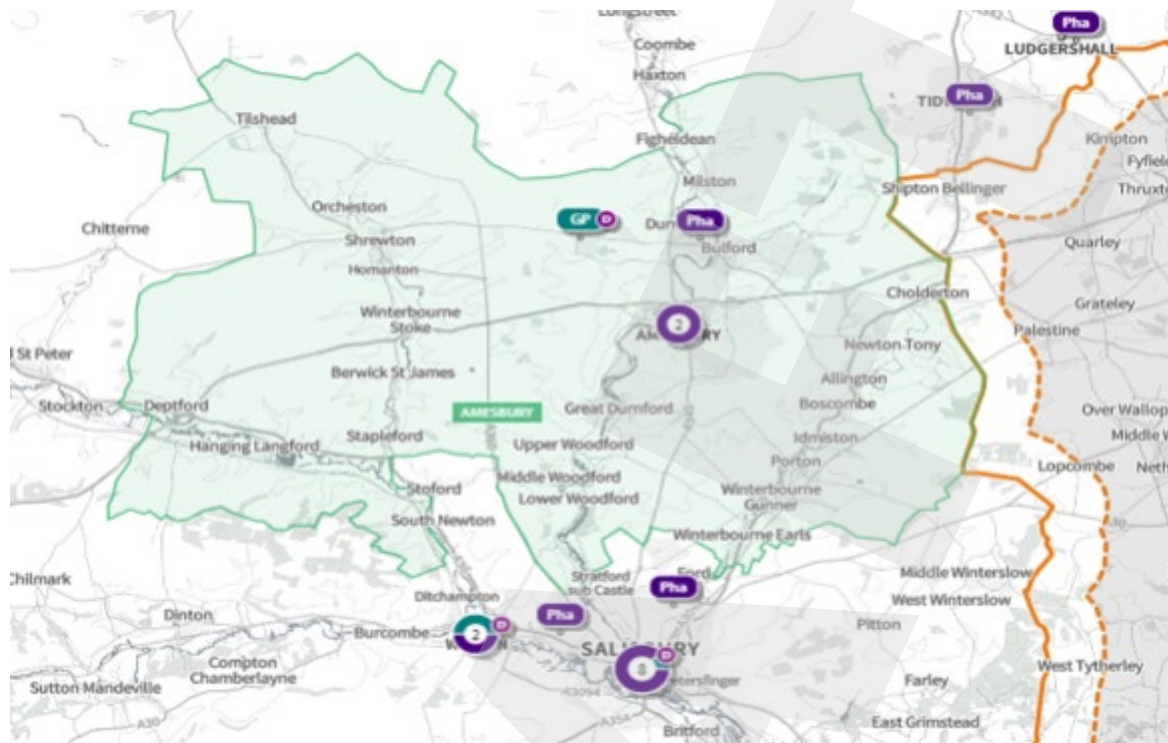


Figure 7: Amesbury Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

#### Summary of characteristics for Amesbury

Area Name	Amesbury
<b>Demographics</b>	
Total Population	37,318
Population Aged 65+ Years	6,170
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	55.4
Diabetes in Persons Aged 17+ Years (%)	6.7%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Salisbury Plain, Sarum North, Sarum West, Sarum Trinity
Number of GP Surgeries	7
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	3
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The "Supervised Consumption" Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	2
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Amesbury: Tidworth, Pewsey, Devizes, Warminster, Wilton, Salisbury, Southern Wiltshire</p> <p>There are also pharmaceutical services available across the border in neighbouring Hampshire although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1B: Bradford on Avon

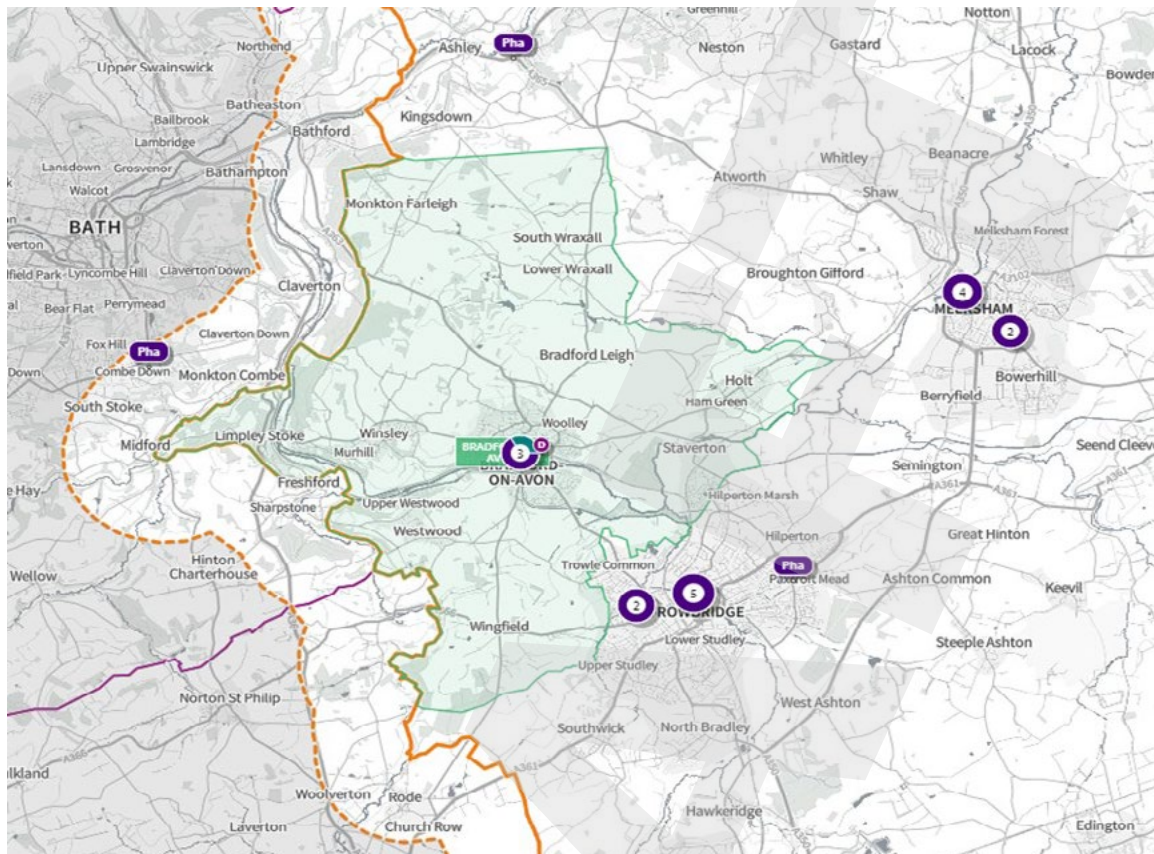


Figure 8: Bradford on Avon: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire LA border

#### Summary of characteristics for Bradford on Avon

Area Name	Bradford on Avon
<b>Demographics</b>	
Total Population	18,501
Population Aged 65+ Years	5,292
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	41.2
Diabetes in Persons Aged 17+ Years	6.5%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Melksham and Bradford on Avon
Number of GP Surgeries	3
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	2
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	2
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Bradford on Avon: Trowbridge, Melksham, Corsham</p> <p>There are also pharmaceutical services available across the border in Bath and North East Somerset, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	



### Annex 1C: Calne

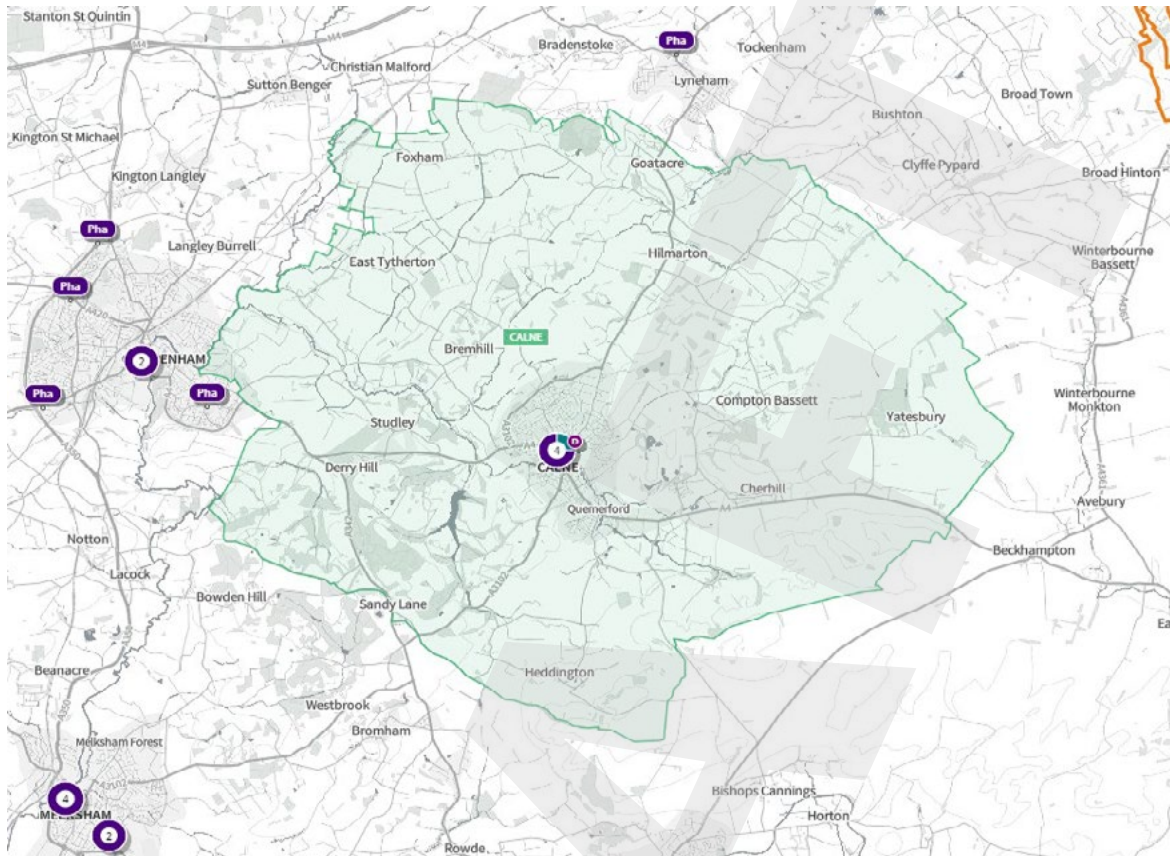


Figure 9: Calne: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Calne

Area Name	Calne
<b>Demographics</b>	
Total Population	24,982
Population Aged 65+ Years	5,145
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	61.3
Diabetes in Persons Aged 17+ Years	7.4%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Calne
Number of GP Surgeries	3
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	Reduction of 1 Community Pharmacy
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	1
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	2
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
The following localities in Wiltshire border Calne: Devizes, Corsham, Chippenham, Marlborough Royal Wootton Bassett and Cricklade	

### Annex 1D: Chippenham

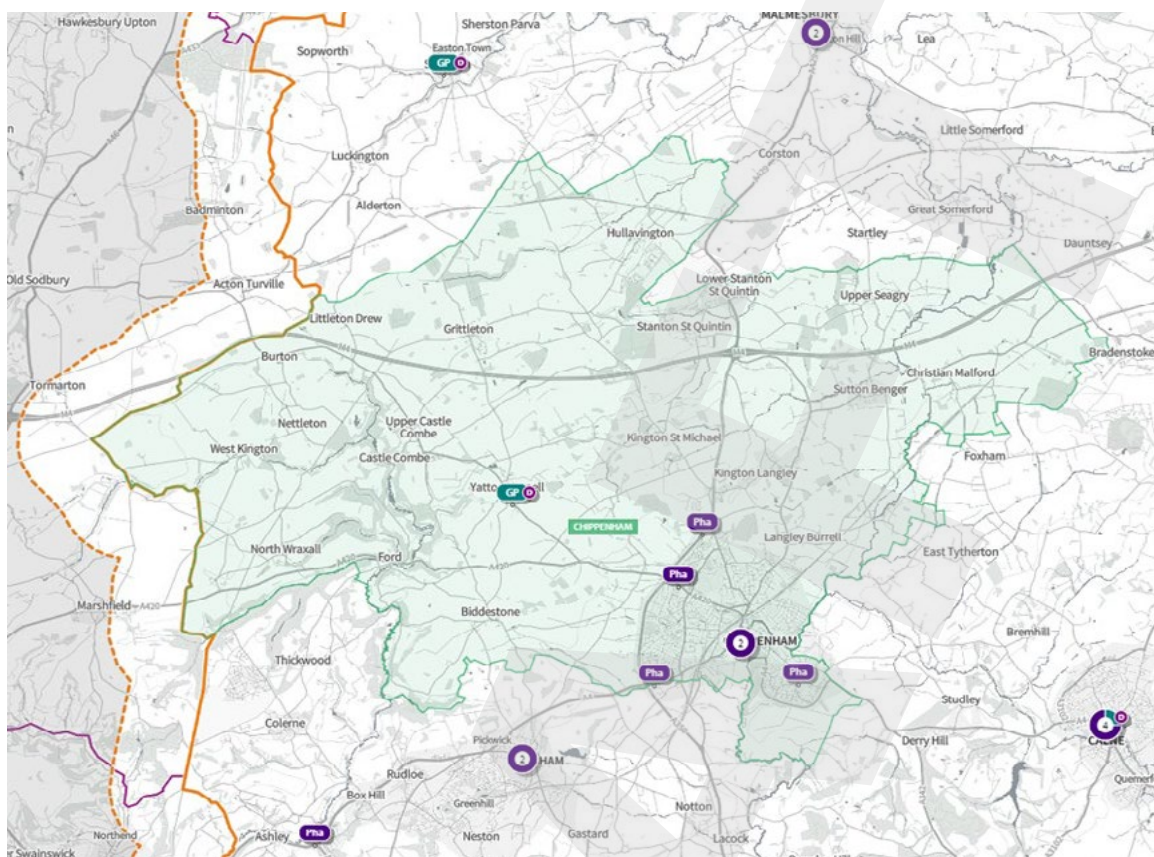


Figure 10: Chippenham Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Chippenham

Area Name	Chippenham
<b>Demographics</b>	
Total Population	45,241
Population Aged 65+ Years	8,863
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	1
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	67.7
Diabetes in Persons Aged 17+ Years	6.7%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Chippenham, Corsham and Box, Calne
Number of GP Surgeries	6
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	6
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	3
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	3
Number of Community Pharmacies Open on Saturdays	5
Number of Community Pharmacies Open on Sundays	4
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	6
Number of Community Pharmacies That Provide Needle and Syringe Exchange	3
Number of Community Pharmacies That Provide The Supervised Consumption Service	4
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Chippenham: Malmesbury, Calne, Corsham</p> <p>There are also pharmaceutical services available across the border in neighbouring South Gloucestershire although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1E: Corsham

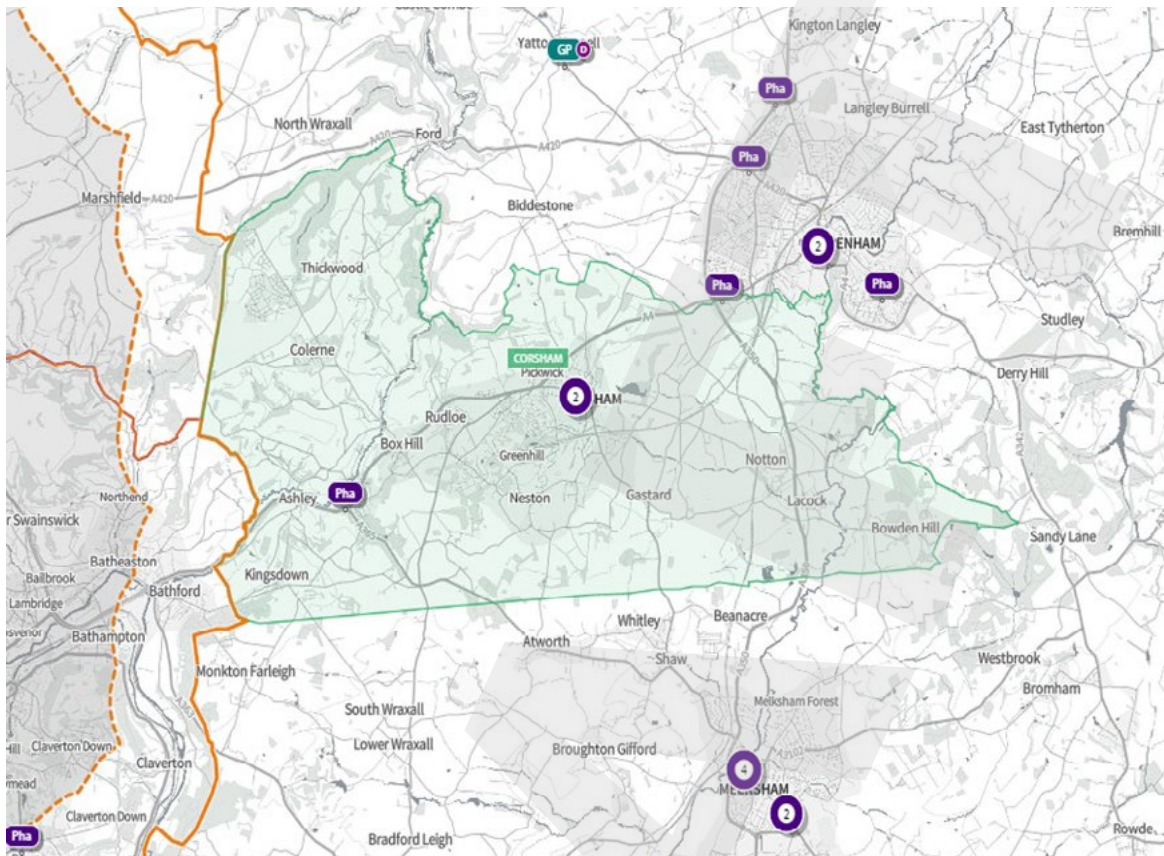


Figure 11: Corsham Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Corsham

Area Name	Corsham
<b>Demographics</b>	
Total Population	21,614
Population Aged 65+ Years	4,797
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	44.1
Diabetes in Persons Aged 17+ Years	6.5%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Chippenham, Corsham and Box
Number of GP Surgeries	4
Number of Dispensing GP Practices	0 (1*) (1*) Three Shires Medical Practice Colerne is a branch surgery located within the Wiltshire Area boundary (Corsham) and it is part of the Three Shires Medical Practice. This is a dispensing practice and is commissioned by NHS Bristol, North Somerset and South Gloucestershire CCG
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	4
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	3
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Corsham: Chippenham, Calne, Melksham, Bradford on Avon, Devizes</p> <p>There are also pharmaceutical services available across the border in neighbouring South Gloucestershire and Bath and North East Somerset, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1F: Devizes



Figure 12: Devizes: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Devizes

Area Name	Devizes
<b>Demographics</b>	
Total Population	32,963
Population Aged 65+ Years	8,049
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	50.8
Diabetes in Persons Aged 17+ Years	7.2%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Devizes, Sarum West
Number of GP Surgeries	6
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	4
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	1
Number of Community Pharmacies Open on Saturdays	4
Number of Community Pharmacies Open on Sundays	2
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	4
Number of Community Pharmacies That Provide Needle and Syringe Exchange	3
Number of Community Pharmacies That Provide The Supervised Consumption Service	3
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
The following localities in Wiltshire border Devizes: Calne, Marlborough, Pewsey, Amesbury, Westbury, Melksham, Warminster, Corsham	



### Annex 1G: Malmesbury

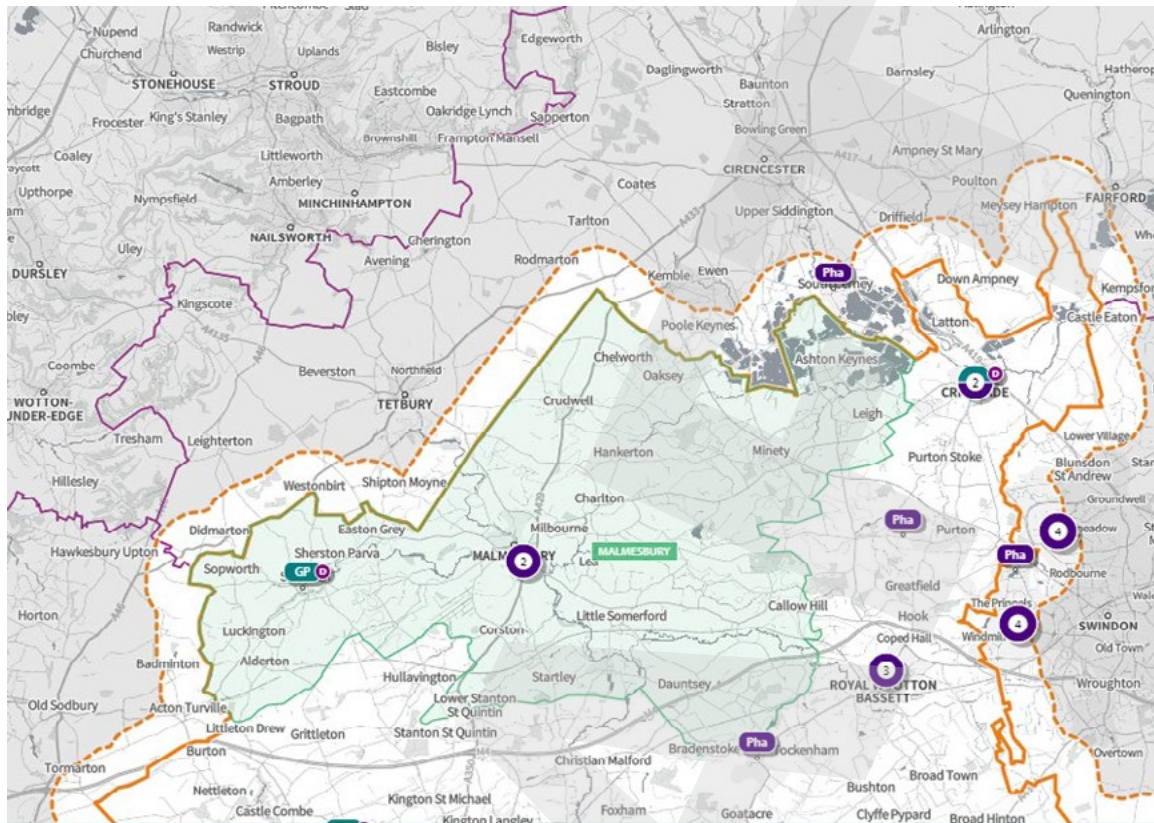


Figure 13: Malmesbury Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Malmesbury

Area Name	Malmesbury
<b>Demographics</b>	
Total Population	20,313
Population Aged 65+ Years	4,885
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	30.2
Diabetes in Persons Aged 17+ Years	6.0%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	North Wiltshire Border
Number of GP Surgeries	3
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	2
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	Reduction of 1 Community Pharmacy
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	1
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	2
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Malmesbury: Chippenham, Royal Wootton Bassett and Cricklade</p> <p>There are also pharmaceutical services available across the border in neighbouring Gloucestershire, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1H: Marlborough

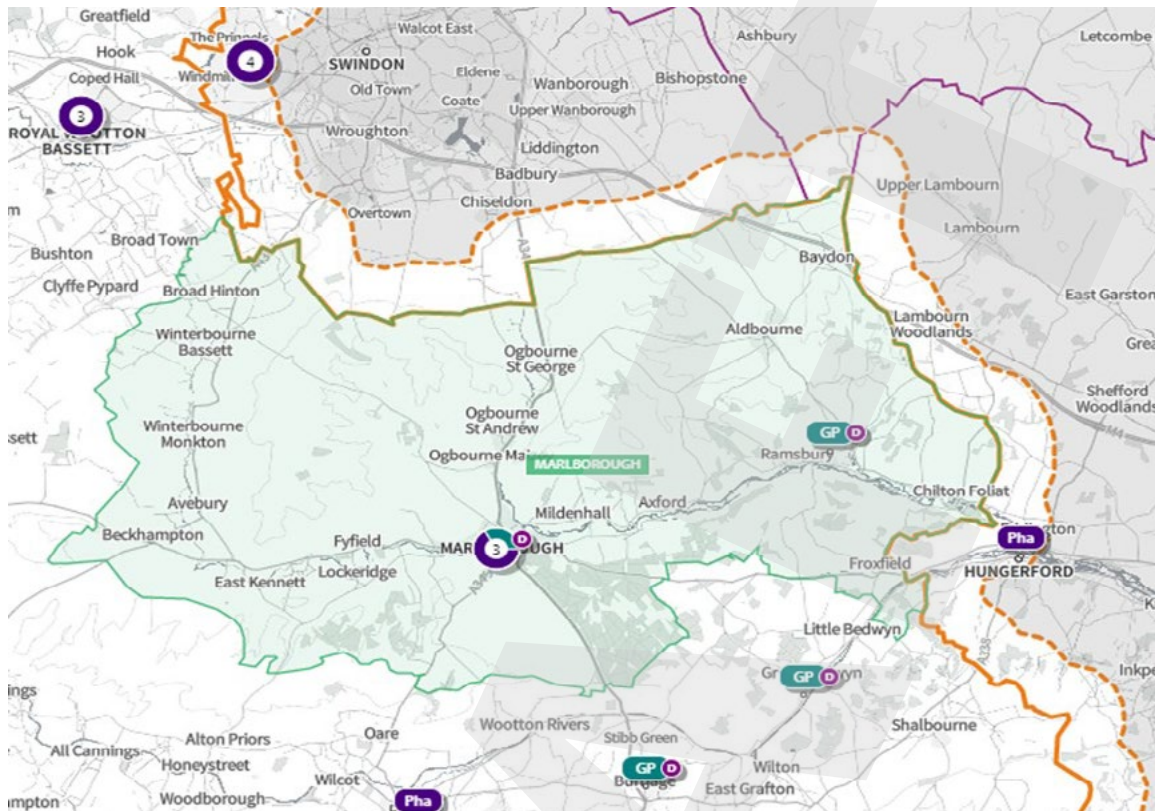


Figure 14: Marlborough: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Marlborough

Area Name	Marlborough
<b>Demographics</b>	
Total Population	18,097
Population Aged 65+ Years	4,618
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	35.4
Diabetes in Persons Aged 17+ Years	5.9%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	East Kennet
Number of GP Surgeries	2
Number of Dispensing GP Practices	2
<b>Community Pharmacies</b>	
Number of Community Pharmacies	2
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Marlborough: Royal Wootton Bassett and Cricklade, Calne, Devizes, Pewsey</p> <p>There are also pharmaceutical services available across the border in neighbouring West Berkshire, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1J: Melksham

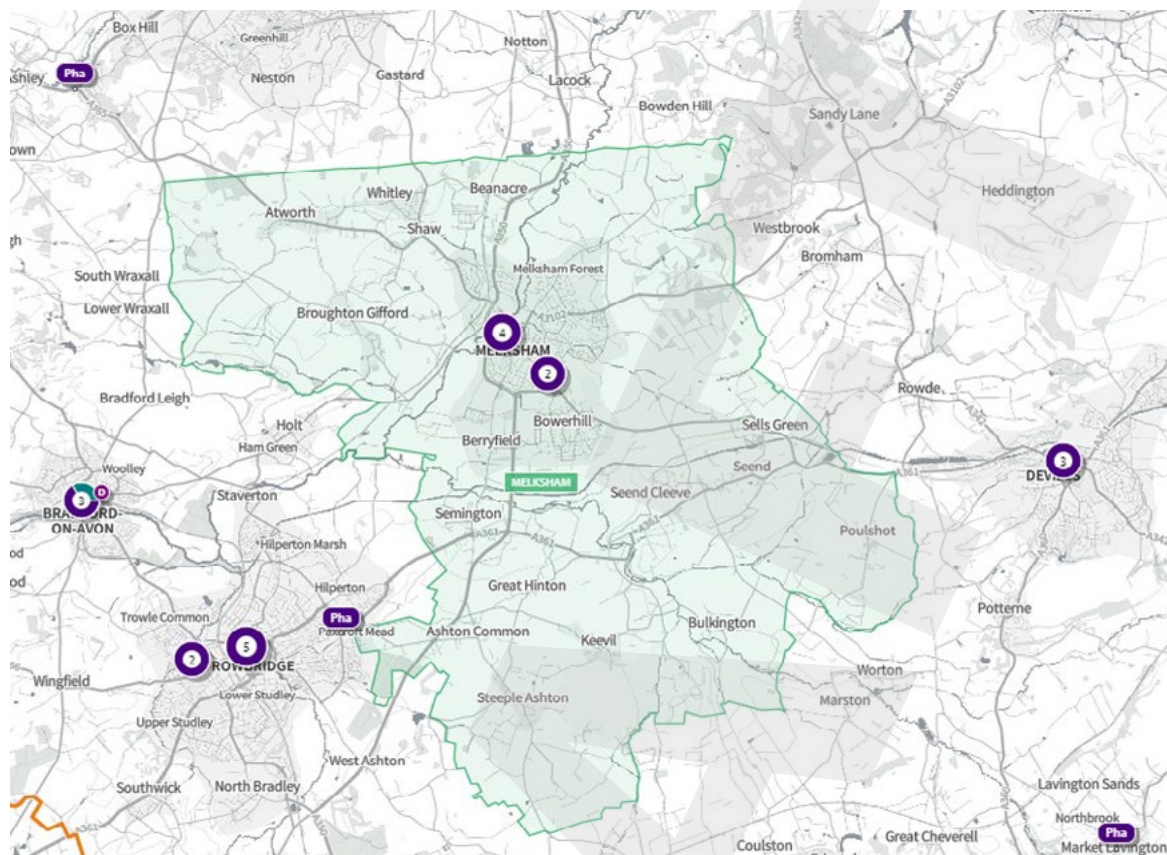


Figure 15: Melksham: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Melksham

Area Name	Melksham
<b>Demographics</b>	
Total Population	30,912
Population Aged 65+ Years	7,239
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	2
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	57.6
Diabetes in Persons Aged 17+ Years	7.6%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Melksham and Bradford on Avon
Number of GP Surgeries	2
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	6
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	4
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	2
Number of Community Pharmacies Open on Saturdays	5
Number of Community Pharmacies Open on Sundays	2
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	5
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	5
Number of Community Pharmacies That Provide The 'No Worries!' Service	2
<b>Bordering Areas</b>	
The following localities in Wiltshire border Melksham: Bradford on Avon, Trowbridge, Westbury, Devizes, Corsham	

### Annex 1K: Mere

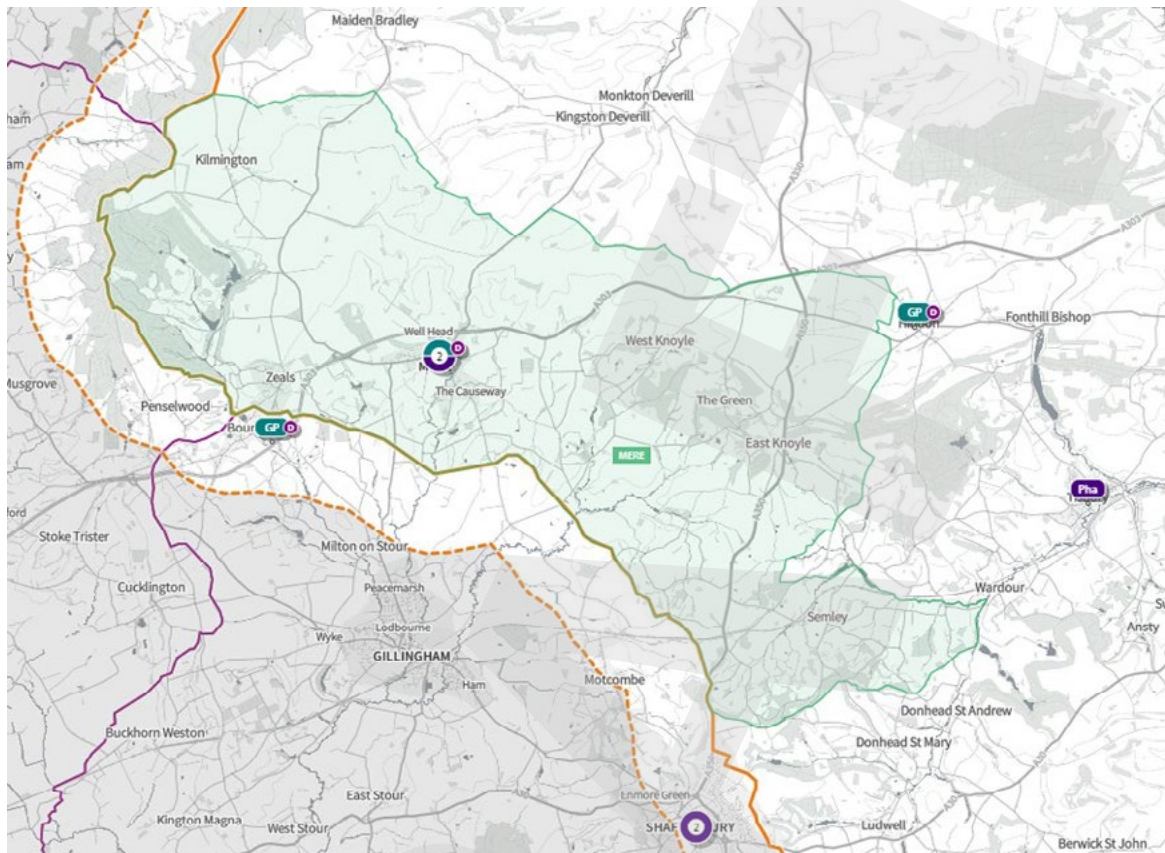


Figure 16: Mere: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Mere

Area Name	Mere
<b>Demographics</b>	
Total Population	5,782
Population Aged 65+ Years	1,946
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	46.0
Diabetes in Persons Aged 17+ Years	7.1%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum West
Number of GP Surgeries	1
Number of Dispensing GP Practices	1 (2*) (2*) Silton Surgery is a dispensing GP Practice located just over the Wiltshire border in Dorset, although it is within the administrative remit of NHS Bath and North East Somerset, Swindon and Wiltshire CCG
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Mere: Warminster, Tisbury</p> <p>There are also pharmaceutical services available across the border in neighbouring South Somerset and Dorset, two of which are within a mile (1.6 km) from the Wiltshire Local Authority border</p>	



### Annex 1L: Pewsey

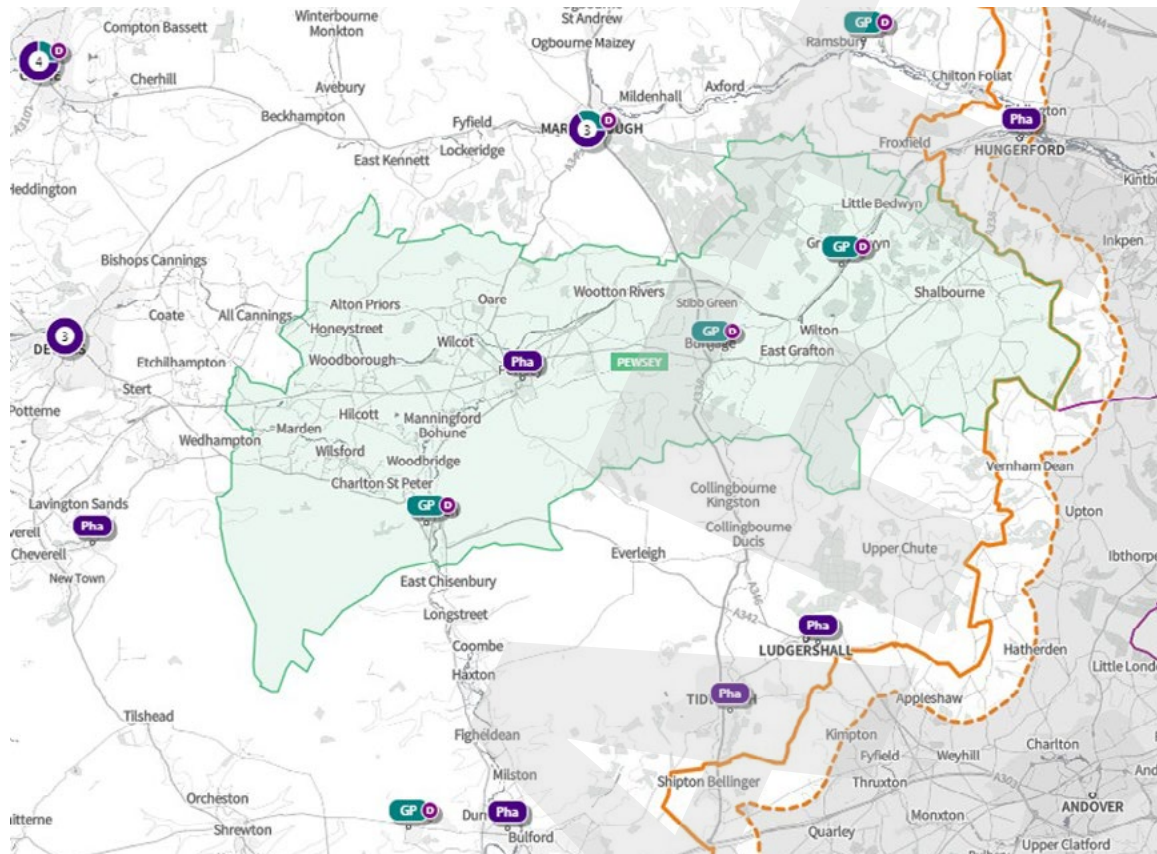


Figure 17: Pewsey: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around Wiltshire Local Authority border

### Summary of characteristics for Pewsey

Area Name	Pewsey
<b>Demographics</b>	
Total Population	14,262
Population Aged 65+ Years	3,625
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0

<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	43.8
Diabetes in Persons Aged 17+ Years	6.3%
<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Salisbury Plain, East Kennet
Number of GP Surgeries	4
Number of Dispensing GP Practices	3
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Pewsey: Marlborough, Devizes, Amesbury, Tidworth</p> <p>There are also pharmaceutical services available across the border in neighbouring West Berkshire and Hampshire, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1M: Royal Wootton Bassett and Cricklade

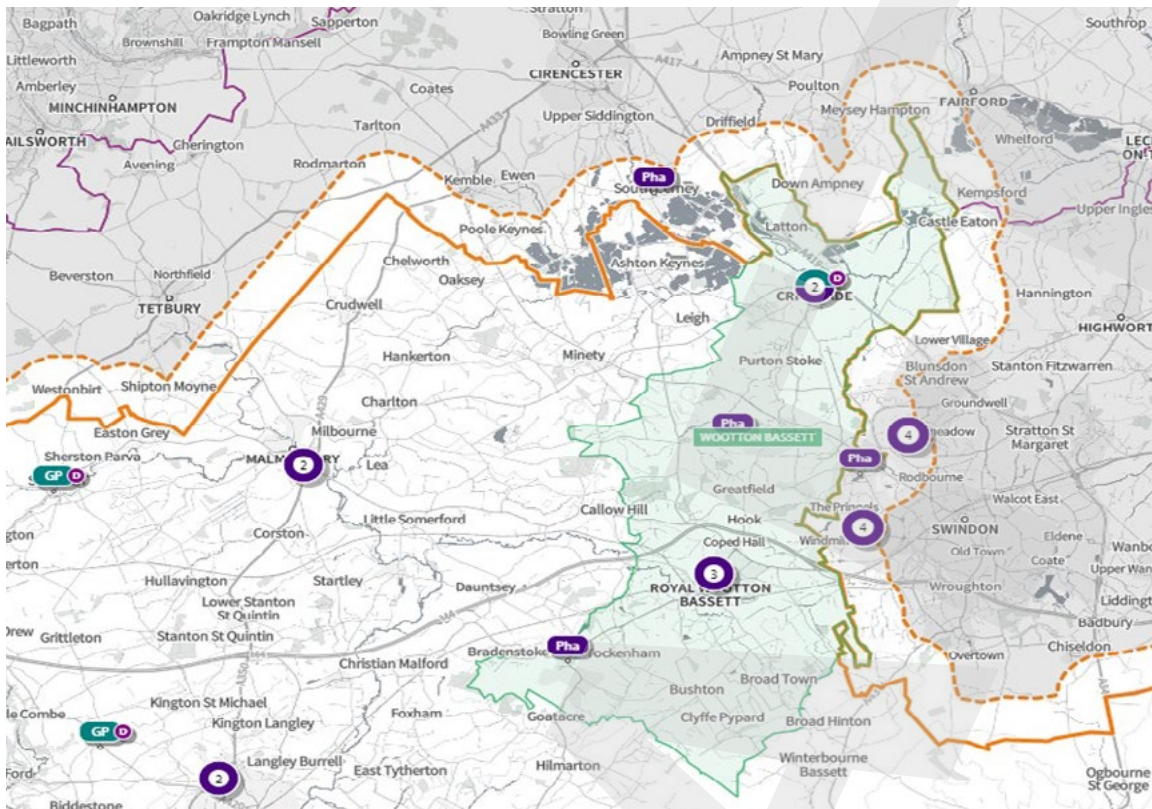


Figure 18: Royal Wootton Bassett and Cricklade Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

#### Summary of characteristics for Royal Wootton Bassett and Cricklade

Area Name	Royal Wootton Bassett and Cricklade
<b>Demographics</b>	
Total Population	33,317
Population Aged 65+ Years	6,946
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	61.9
Diabetes in Persons Aged 17+ Years	7.6%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	North Wiltshire Border
Number of GP Surgeries	5
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	6
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	3
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	5
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	6
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Royal Wootton Bassett and Cricklade: Malmesbury, Chippenham, Calne, Marlborough</p> <p>There are also pharmaceutical services available across the border in neighbouring Swindon and Gloucestershire, ten of which are within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1N: Salisbury

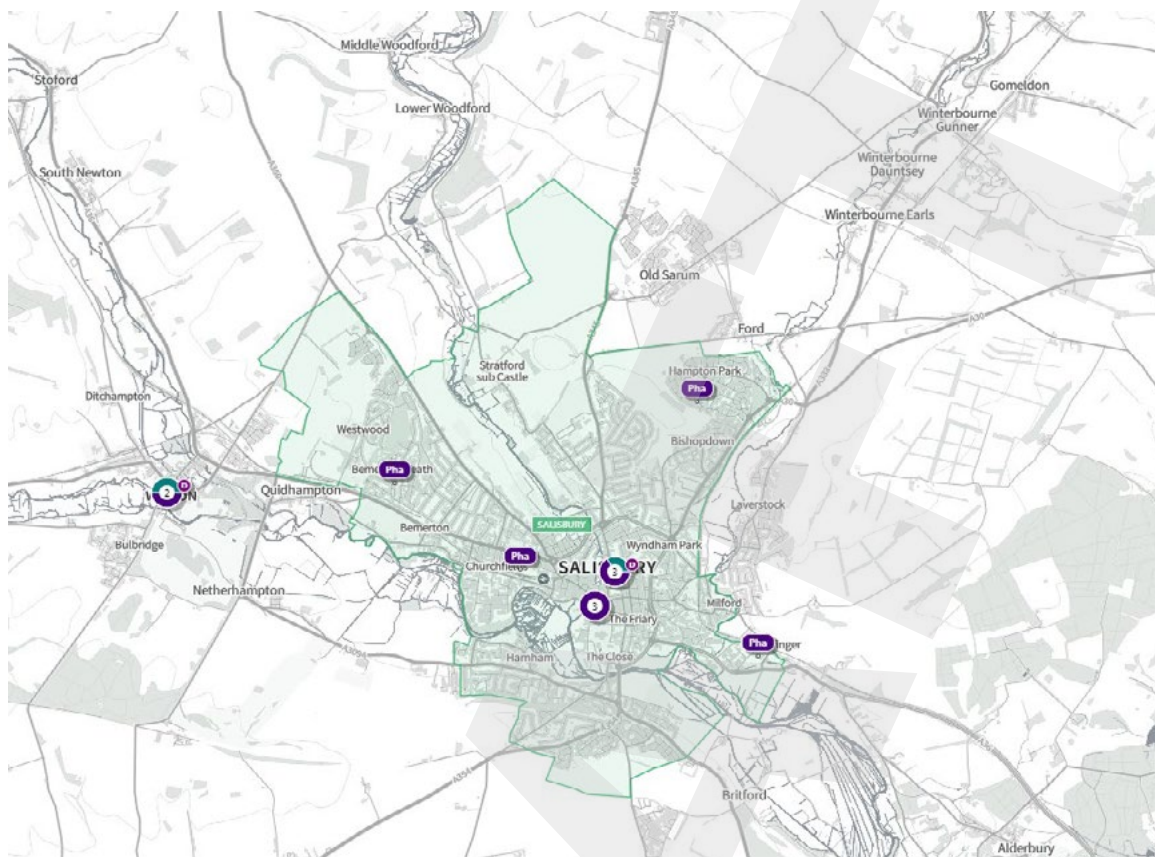


Figure 19: Salisbury Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Salisbury

Area Name	Salisbury
<b>Demographics</b>	
Total Population	43,269
Population Aged 65+ Years	9,430
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	3
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	67.5
Diabetes in Persons Aged 17+ Years	6.3%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum Cathedral, Sarum Trinity
Number of GP Surgeries	6
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	9
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	Reduction of 2 Community Pharmacies
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	2
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	2
Number of Community Pharmacies Open on Saturdays	6
Number of Community Pharmacies Open on Sundays	2
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	7
Number of Community Pharmacies That Provide Needle and Syringe Exchange	4
Number of Community Pharmacies That Provide The Supervised Consumption Service	5
Number of Community Pharmacies That Provide The 'No Worries!' Service	2
<b>Bordering Areas</b>	
The following localities in Wiltshire border Salisbury: Amesbury, Wilton, Southern Wiltshire	

### Annex 1P: Southern Wiltshire

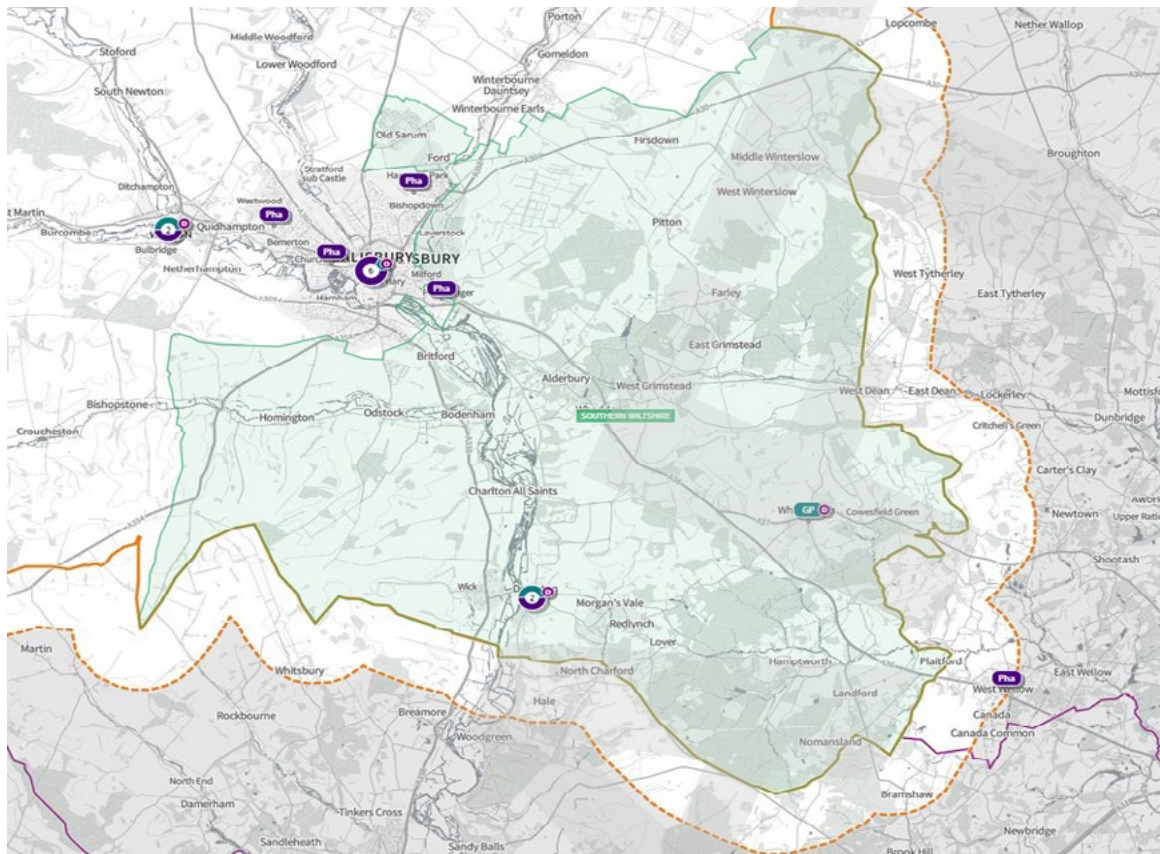


Figure 20: Southern: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Southern Wiltshire

Area Name	Southern Wiltshire
<b>Demographics</b>	
Total Population	24,777
Population Aged 65+ Years	6,231
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	39.6
Diabetes in Persons Aged 17+ Years	6.1%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum Trinity
Number of GP Surgeries	3
Number of Dispensing GP Practices	2
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Southern Wiltshire: Wilton, Salisbury, Amesbury</p> <p>There are also pharmaceutical services available across the border in neighbouring Hampshire, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	



### Annex 1Q: Tidworth

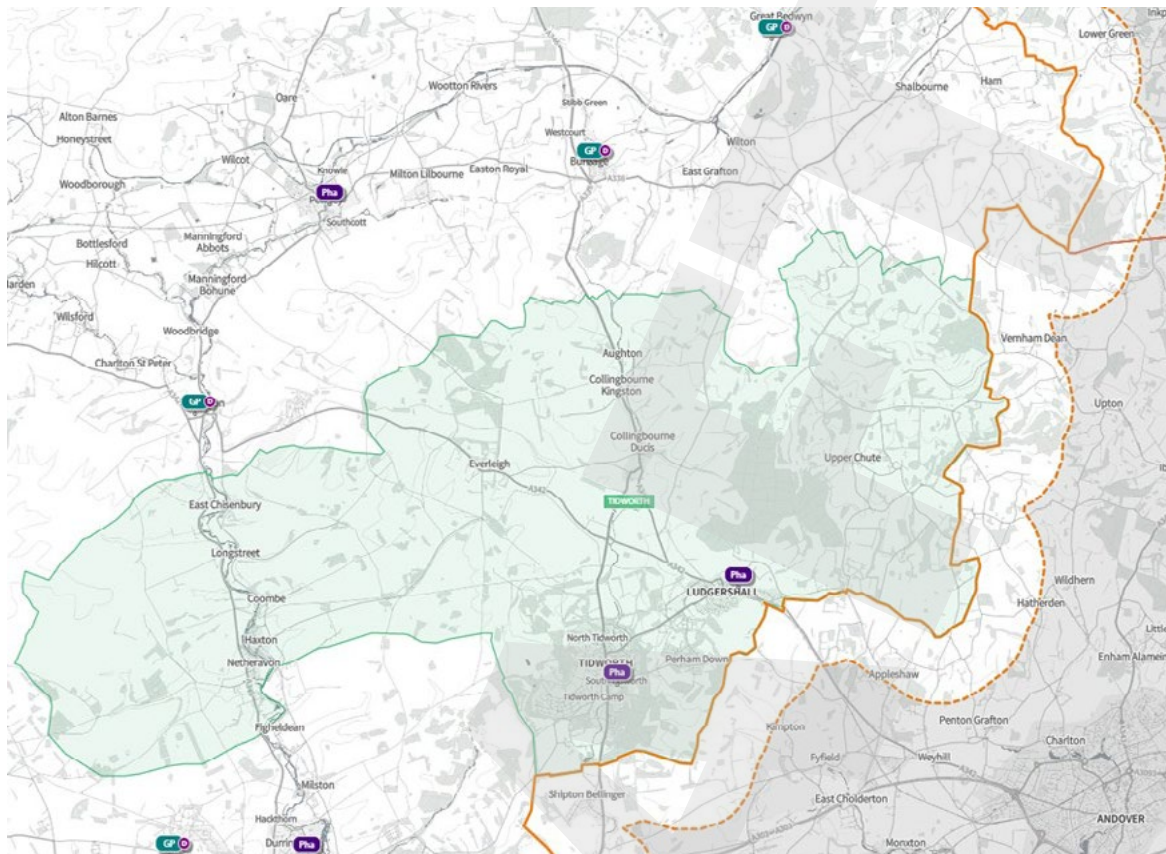


Figure 21: Tidworth: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Tidworth

Area Name	Tidworth
<b>Demographics</b>	
Total Population	23,587
Population Aged 65+ Years	2,169
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	84.9
Diabetes in Persons Aged 17+ Years	6.7%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum North
Number of GP Surgeries	2
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	2
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	2
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	0
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Tidworth: Pewsey, Amesbury</p> <p>There are also pharmaceutical services available across the border in neighbouring Hampshire although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1R: Tisbury

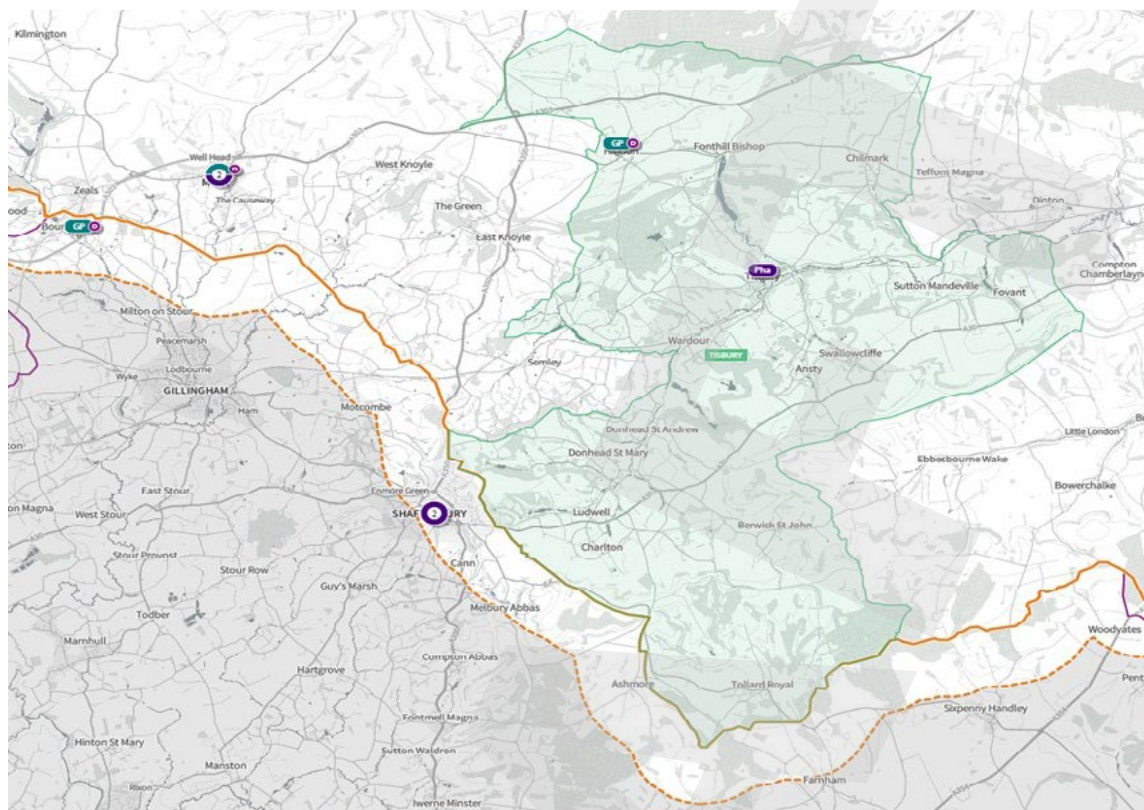


Figure 22: Tisbury: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Tisbury

Area Name	Tisbury
<b>Demographics</b>	
Total Population	7,532
Population Aged 65+ Years	2,302
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	59.3
Diabetes in Persons Aged 17+ Years	5.9%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum West
Number of GP Surgeries	3
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Tisbury: Mere, Warminster, Wilton</p> <p>There are also pharmaceutical services available across the border in neighbouring Dorset, two of which are within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1S: Trowbridge

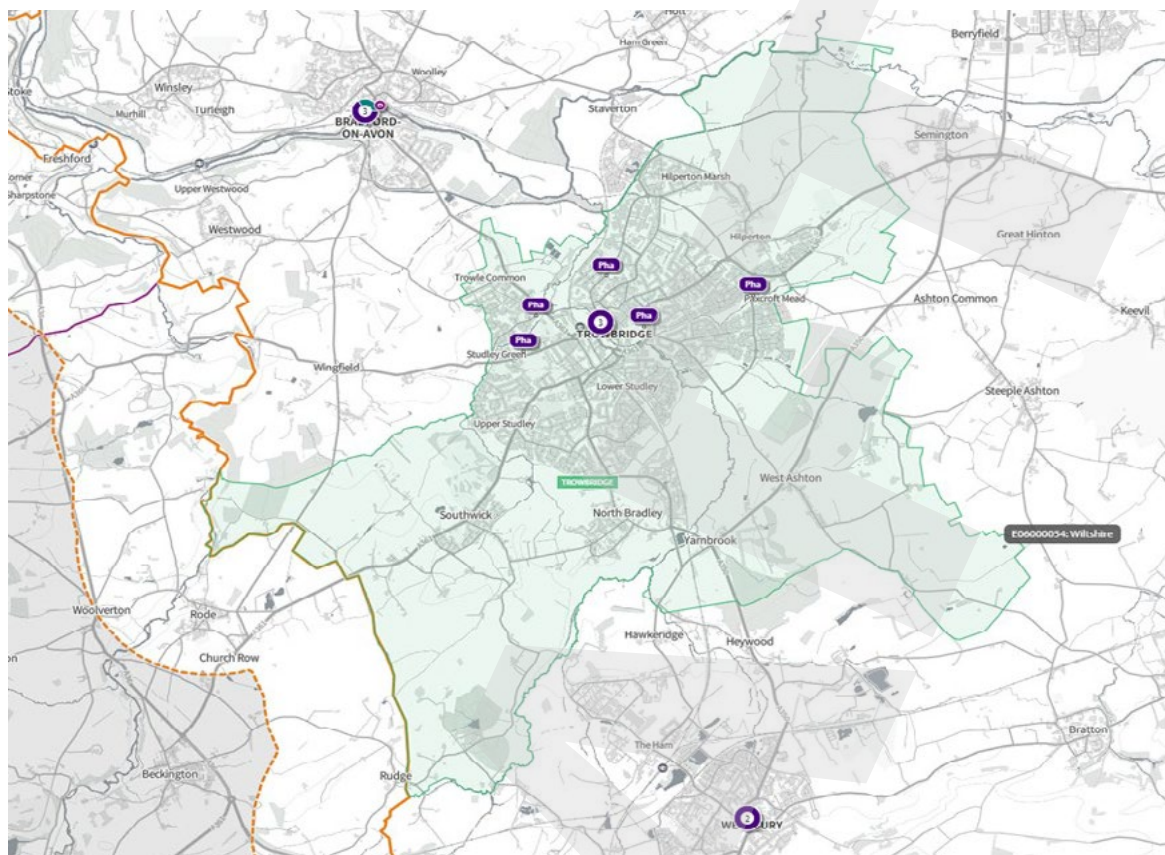


Figure 23: Trowbridge: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Trowbridge

Area Name	Trowbridge
<b>Demographics</b>	
Total Population	46,037
Population Aged 65+ Years	9,009
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	2
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	51.6
Diabetes in Persons Aged 17+ Years	6.9%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Trowbridge
Number of GP Surgeries	3
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	8
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	3
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	2
Number of Community Pharmacies Open on Saturdays	6
Number of Community Pharmacies Open on Sundays	2
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	6
Number of Community Pharmacies That Provide Needle and Syringe Exchange	6
Number of Community Pharmacies That Provide The Supervised Consumption Service	8
Number of Community Pharmacies That Provide The 'No Worries!' Service	2
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Trowbridge: Bradford on Avon, Melksham, Westbury</p> <p>There are also pharmaceutical services available across the border in neighbouring Somerset, although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1T: Warminster

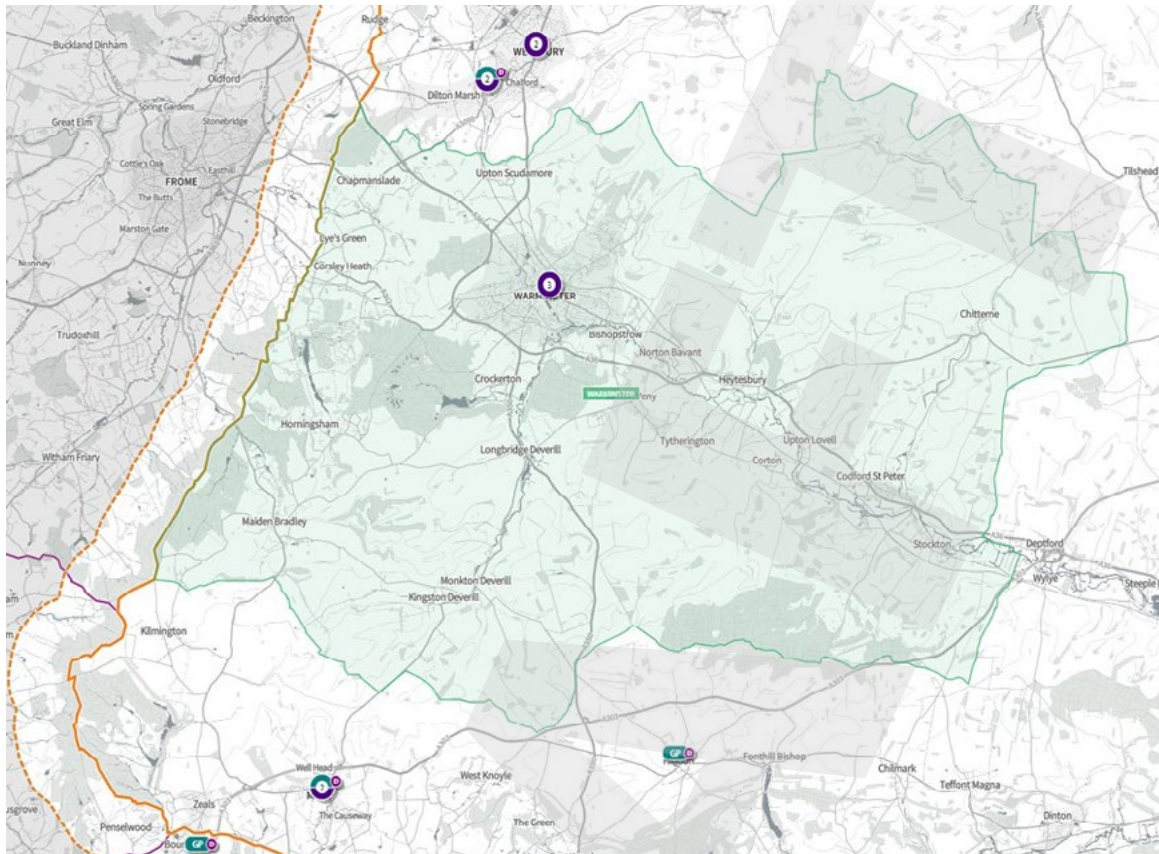


Figure 24: Warminster: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Warminster

Area Name	Warminster
<b>Demographics</b>	
Total Population	25,119
Population Aged 65+ Years	6,576
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	52.6
Diabetes in Persons Aged 17+ Years	8.0%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Westbury and Warminster, Sarum West
Number of GP Surgeries	3
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	3
Number of Community Pharmacies That Provide Needle and Syringe Exchange	3
Number of Community Pharmacies That Provide The Supervised Consumption Service	3
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Warminster: Westbury, Devizes, Amesbury, Tisbury, Mere</p> <p>There are also pharmaceutical services available across the border in neighbouring Somerset, although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	



## Annex 1U: Westbury

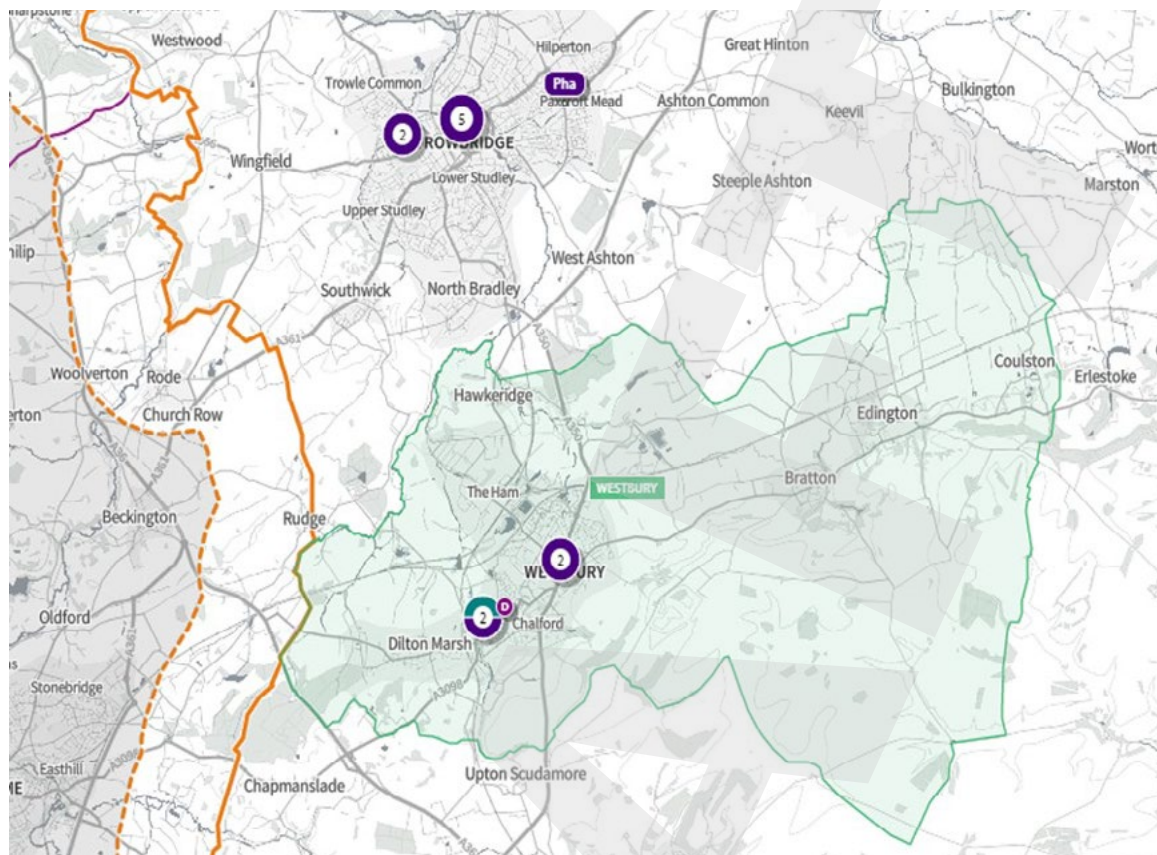


Figure 25: Westbury: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Westbury

Area Name	Westbury
<b>Demographics</b>	
Total Population	20,654
Population Aged 65+ Years	4,467
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	73.0
Diabetes in Persons Aged 17+ Years	7.0%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Westbury and Warminster
Number of GP Surgeries	2
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	3
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Westbury: Trowbridge, Melksham, Devizes, Warminster</p> <p>There are also pharmaceutical services available across the border in neighbouring Somerset, although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1V: Wilton

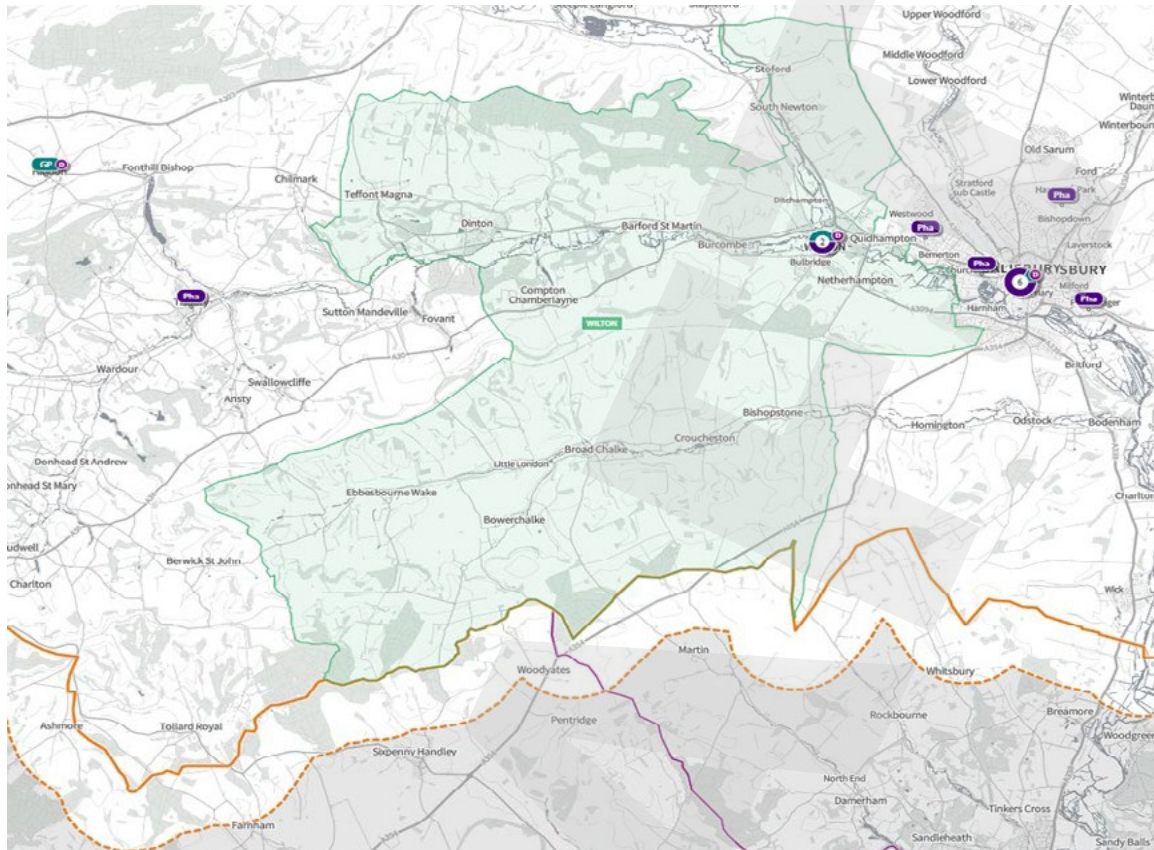


Figure 26: Wilton: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Wilton

Area Name	Wilton
<b>Demographics</b>	
Total Population	9,793
Population Aged 65+ Years	2,598
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	64.3
Diabetes in Persons Aged 17+ Years	6.3%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum Cathedral, Sarum West
Number of GP Surgeries	3
Number of Dispensing GP Practices	1 (2*) (2*) Sixpenny Handley Broadchalke Surgery is a branch surgery located within the Wiltshire Area boundary (Wilton). It is part of the Sixpenny Handley Practice, a dispensing practice located just over the Wiltshire border in Dorset although it is within the administrative remit of NHS Bath and North East Somerset, Swindon and Wiltshire CCG
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The "Supervised Consumption" Service	0
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Wilton: Southern Wiltshire, Salisbury, Amesbury, Tisbury Warminster</p> <p>There are also pharmaceutical services available across the border in neighbouring Dorset and Hampshire, although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

# Wiltshire Pharmaceutical Needs Assessment 2022-2025

DRAFT

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## Wiltshire Pharmaceutical Needs Assessment 2022-25

# Background

- The Health and Wellbeing Board (HWB) has a statutory responsibility to develop and update pharmaceutical needs assessment (PNA) as mandated by the Health and Social Care Act 2012.
- The PNA is a key tool for identifying what is needed at a local level
  - To support the commissioning intentions for pharmaceutical services
  - To form the basis for determining market entry to the local NHS England and NHS Improvement pharmaceutical list
- The current Wiltshire PNA was approved by the Wiltshire HWB in January 2018
  - Update to be published by 1<sup>st</sup> October 2022
- The commissioning of community pharmaceutical services is going to move from NHS England & NHS Improvement to the BSW Integrated Care System (ICS) in the next 12- 18 months.



# Wiltshire Pharmaceutical Steering Group

- The Wiltshire Pharmaceutical Services Steering Group was set up to guide the development of the Wiltshire PNA 2022
- Membership includes:
  - BANES, Swindon and Wiltshire CCG/ICS
  - Community Pharmacy Swindon and Wiltshire (Local Pharmaceutical Committee)
  - Healthwatch Wiltshire
  - NHS England and NHS Improvement
  - Wessex Local Medical Committees
  - Wiltshire Council

# Process

- Draft PNA document was signed off by the Steering Group on 17<sup>th</sup> Feb 2022
- Wiltshire HWB is asked to endorse this draft document for the statutory consultation process
- Statutory consultation is scheduled to start from April 2022 for 60 days
- The Steering Group will review comments from statutory consultation and amend the PNA as appropriate
- The final PNA is scheduled to return to Wiltshire HWB to final sign off and PNA 2022-25 will be published in September 2022

# Key findings of the PNA

- There is adequate provision of pharmaceutical services in Wiltshire
  - Each locality area has at least one community pharmacy within it, and the opening hours of these pharmacies generally reflect the population density
- There is a range of enhanced services provided across Wiltshire which are sufficient to our residents' current needs
- Future changes in demographic, the health and wellbeing needs of the local populations and actual/potential changes in primary care services may or may not cause gaps in local pharmaceutical services

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