



WOKINGHAM
BOROUGH COUNCIL



DRAFT Pharmaceutical Needs Assessment 2025

Wokingham Borough
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Wokingham Borough Council. The production has been overseen by the PNA Steering Group for Wokingham Borough Health and Wellbeing Board with authoring support from Soar Beyond Ltd. All information contained in this PNA is based on data available at the time of writing in April 2025.

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Abbreviations

AS – Advanced Service

AUR – Appliance Use Review

BOB – Buckinghamshire, Oxfordshire and Berkshire West

CCG - Clinical Commissioning Groups

CP – Community Pharmacy

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CPE – Community Pharmacy England

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

Disp – Dispensing GP Practices

DMS – Discharge Medicines Service

DRUMs – Dispensing Review of Use of Medicines

DSP – Distance Selling Pharmacy

DSQS – Dispensing Services Quality Scheme

ES – Essential Service

GP – General Practitioner

HLP – Healthy Living Pharmacy

HWB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care System

IMD – Index of Multiple Deprivation

JHWS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Need Assessment

LCS – Locally-Commissioned Service

LFD – Lateral Flow Device

LPC – Local Pharmaceutical Committee

LPS – Local Pharmaceutical Service

LTP – Long Term Plan

LSOA – Lower-layer Super Output Area
NES – National Enhanced Service
NHS – National Health Service
NHSE – NHS England
NMS – New Medicine Service
NPA – National Pharmacy Association
ONS – Office for National Statistics
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
PCN – Primary Care Networks
PCS – Pharmacy Contraception Service
PCT – Primary Care Trust
PGD – Patient Group Direction
PLPS – Pharmaceutical and Local Pharmaceutical Services
QOF – Quality and Outcomes Framework
SAC – Stoma Appliance Customisation
SCS – Smoking Cessation Service

Executive summary

Introduction

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. The last PNA for Wokingham Borough was published in September 2022 and has been kept up to date with supplementary statements reflecting changes in provision. This 2025 PNA meets the regulatory requirement by being published within three years.

This mapping of pharmaceutical services against local health needs provides a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This PNA has been produced through a Steering Group on behalf of Wokingham HWB by Wokingham Borough Council (the Council) with authoring support from Soar Beyond Ltd.

National Health Service (NHS) pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). Types of providers are:

- [Community pharmacy contractors](#) (CP), including [Distance Selling Pharmacies](#) (DSPs)
- [Local Pharmaceutical Service](#) (LPS) providers
- [Dispensing Appliance Contractors](#) (DACs)
- [Dispensing GP practices](#)

Pharmaceutical service providers in Wokingham Borough

Wokingham Borough has 20 community pharmacies (as of March 2025), for a population of around 185,147¹. In addition to the 20 community pharmacies, there is one dispensing appliance contractor, and three dispensing GP practices providing pharmaceutical services from a total of five sites, making a total of 26 pharmaceutical providers.

¹ The rebase of the 2020 Office for National Statistics (ONS) population predictions will not match 2023 mid-year estimates.

Conclusions

NHS pharmaceutical services are well distributed across Wokingham Borough, serving all the main population centres. There is adequate access to a range of NHS services commissioned from pharmaceutical service providers. As part of this assessment no gaps have been identified in provision either now or in the next three years for pharmaceutical services deemed necessary by the Wokingham Borough HWB.

Section 1: Introduction

1.1 Background and context

The Health Act 2009, implemented in April 2010, mandated Primary Care Trusts (PCTs) in England to undertake and publish Pharmaceutical Needs Assessments (PNAs) within specific timeframes. These PNAs:

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHS England (NHSE), local authorities, and Integrated Care Boards (ICBs) make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy lifestyles, and improving access to services for people at greater risk of poor health outcomes.
- Help plan for future pharmaceutical service provision, ensuring the area's needs are met as the population grows or change by assessing upcoming developments such as housing projects or demographic changes.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). PNAs are a statutory requirement, and they must be published in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services (PLPS)) Regulations 2013 (hereafter referred to as the PLPS Regulations 2013).

The PLPS Regulations 2013 (SI 2013/349)², came into force on 1 April 2013.

The initial PNAs were published in 2011 (see Table 1 for timelines)

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The PLPS Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during COVID-19 pandemic and PNAs were published by October 2022

² UK Statutory Instruments. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed April 2025] <https://www.legislation.gov.uk/ukSI/2013/349/contents>

This document should be revised within three years of its previous publication. The last PNA for Wokingham Borough HWB was published in September 2022. This PNA fulfils this regulatory requirement.

1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)

- **Update to the PLPS Regulations 2013 in May 2023** which in the main was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week
 - Local arrangements with ICBs for the temporary reduction in hours
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **ICBs** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)³ and Healthwatch England⁴. Both highlighted the current rate of **store closures** for 2024 was higher than previous years mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year⁵.
- **Pharmacy First Service**⁶ – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.

³ InPharmacy NPA warns that pharmacy closures are at record high levels. May 2024. [Accessed April 2025] <https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels/>

⁴ Healthwatch. Pharmacy closures in England. September 2024. [Accessed April 2025] <https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england>

⁵ Economic Analysis of NHS Pharmaceutical Services in England. March 2025 [Accessed April 2025] <https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf>

⁶ Community Pharmacy England (CPE). Pharmacy First Service. March 2025 [Accessed April 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

- **Hypertension Case-Finding Service**⁷ requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.

1.3 Key upcoming changes

An announcement was made in March 2025 which included changes to some of the services and changes to the PLPS Regulations. Some of the key changes are listed below:

- PLPS Regulations amendments: These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified.
- Funding and fees:
 - Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.
- Service developments:
 - From October 2025 the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.
 - New Medicine Service will be expanded to include depression from October 2025.
 - Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

1.4 Purpose of the PNA

The ICB through their delegated responsibility from NHSE is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. The ICB must consider any applications for entry to the pharmaceutical list. The PLPS Regulations 2013 require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

⁷ CPE. Hypertension Case-Finding service. March 2025. [Accessed April 2025]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

The PNA is the basis for the ICB to make determinations on such applications. It is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed to NHS Resolution, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside other Joint Strategic Needs Assessment (JSNA) products. The JSNA is available on the Council website⁸, and is updated regularly. The JSNA informs Wokingham Borough's Joint Health and Wellbeing Strategy (JHWS).

The PNA will assess how pharmaceutical services meet needs identified in the JSNA, both now and in the future. By informing decisions made by the local authority and the ICB, these documents work together to improve the health and wellbeing of the local population and reduce inequalities.

For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'NHS pharmaceutical services'.

1.5 Scope of the PNA

The PLPS Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

Necessary Services – The PLPS Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations, and the HWB therefore has complete freedom in the matter.

⁸ Wokingham Borough Council. Wokingham Borough Observatory. [Accessed April 2025] <https://wokingham.berkshireobservatory.co.uk/>

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services.

To appreciate the definition of ‘pharmaceutical services’ as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by the ICB on behalf of NHSE. They are:

- Pharmacy contractors
 - Community Pharmacies (CPs)
 - Local Pharmaceutical Service (LPS) providers
 - Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Dispensing GP practices

For the purposes of this PNA, ‘pharmaceutical services’ has been defined as those services that are/may be commissioned under the provider’s contract with NHSE. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE, is set out below.

1.5.1 Pharmacy contractors

Pharmacy contractors comprise both those located within the Wokingham Borough HWB areas as listed in Appendix A, those in neighbouring HWB areas, and remote suppliers such as DSPs.

There are 10,407 community pharmacies in England in March 2025 at the time of writing (this includes DSPs).⁹ This number has decreased from 11,071 community pharmacies since 2022.

1.5.1.1 Community Pharmacies (CPs)

CPs are the most common type of pharmacy that allows the public to access their medications and advice about their health. Traditionally these were known as a chemist.

The NHS is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours, or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications for the amendment of hours are required to be considered and outcomes determined within 60 days, and if approved may be implemented 30 days after approval.¹⁰ This is due to change as mentioned in [Section 1.3](#).

⁹ NHS Business Services Authority (NHS BSA). Pharmacy Openings and Closures. March 2025. [Accessed April 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

¹⁰ CPE. Changing Core Opening Hours. June 2024. [Accessed April 2025] <https://cpe.org.uk/changing-core-opening-hours/>

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The PLPS Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. This is due to change as mentioned in [Section 1.3](#).

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within Wokingham Borough will receive pharmaceutical services from a DSP outside the borough.

Figures for 2023-24 show that in England there were 409 DSPs¹¹, accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.5.1.3 Pharmacy Access Scheme (PhAS) providers¹²

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors and dispensing GP practices are ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies, and ensure patient access to NHS community pharmaceutical services is protected.

1.5.1.4 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by the ICB and provision for such contracts is made in the PLPS Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework, and may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

¹¹ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed April 2025] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](#)

¹² DHSC. 2022 PhAS: guidance. May 2023. [Accessed April 2025] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

1.5.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the PLPS Regulations 2013. They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body, and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance, and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC). As of December 2024¹³ there were a total of 111 DACs in England.

Pharmacy contractors, dispensing GP practices and LPS providers may supply appliances, but DACs are unable to supply medicines.

1.5.3 Dispensing GP practices

The PLPS Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions allow patients who live in areas determined to be 'rural in character' by NHSE and live relatively far from a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services, although they do not offer the full range of pharmaceutical services offered at community pharmacies. Residents must live more than 1.6 kilometres away from a pharmacy to be eligible for dispensing services from a dispensing GP practice.

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

1.5.4 Other providers of pharmaceutical services in neighbouring areas

There are seven other HWBs that border Wokingham Borough:

- Bracknell Forest
- Buckinghamshire
- Hampshire
- Reading
- Oxfordshire
- West Berkshire
- Windsor and Maidenhead

¹³ NHS BSA. Dispensing contractors' data. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

In determining the needs for pharmaceutical service provision to the population of Wokingham Borough, consideration has been made to the pharmaceutical service provision on the borders from the neighbouring HWB areas.

1.6 NHS Pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF), last agreed in 2019,¹⁴ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the PLPS Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Wokingham Borough.

1.6.1 Essential Services (ES)¹⁵

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing / electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.

¹⁴ DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed April 2025.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

¹⁵ CPE. Essential Services. February 2025. [Accessed April 2025] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE’s Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing Appliances** – Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine ‘with reasonable promptness’, for appliances the obligation to dispense arises only if the pharmacist supplies such products ‘in the normal course of business’.

Essential Services in the community pharmacy contract are regarded as Necessary Services for the purpose of this PNA.

1.6.2 Advanced Services (AS)¹⁶

There are nine Advanced Services within the CPCF. AS are not mandatory for providers to provide, and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. Advanced Services are listed below and the number of pharmacies in Wokingham Borough that provide them are considered in [Section 3.10](#).

¹⁶ CPE. Advanced Services. February 2025. [Accessed April 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the CPCS. The service will also incorporate the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of oral contraception. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient’s blood pressure and body mass index, being undertaken, where necessary.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ABPM results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions / medicines are covered by the service.
- **AS6: Hospital Discharge Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan (LTP) care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient’s knowledge and use of any ‘specified appliance’ by:
 - Establishing the way the patient uses the appliance and the patient’s experience of such use
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.

- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

Advanced Services (excluding SCS, AUR, SAC) are regarded as other relevant services for the purpose of this PNA. Rationale for exclusion of the three types of Advanced Services is discussed in [Section 3.10](#).

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

Advanced Services look to reduce the burden on primary care by allowing easier access to a healthcare professional in a high street setting.

1.6.3 National Enhanced Services (NES)

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHS England (NHSE).

There is currently one National Enhanced Service.

- **NES1: COVID-19 vaccination service** – This service is provided from selected community pharmacies who have undergone an Expression of Interest process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service and is provided for a selected cohort of patients.

Enhanced Services are considered relevant for the purpose of this PNA.

1.6.4 Other services

As stated in Appendix A for the purpose of this PNA, ‘pharmaceutical services’ have been defined as those which are or may be commissioned under the provider’s contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Wokingham Borough commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and the local ICB.

1.7 Process for developing the PNA

Wokingham Borough HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Wokingham Borough was published in September 2022 and is therefore due to be reassessed and published by September 2025.

Wokingham Borough HWB agreed for an external provider to conduct the PNA 2025-28 and Soar Beyond Ltd was chosen as the provider.

The Wokingham HWB delegated responsibility for the delivery of the PNA and the sign-off of the pre-consultation draft to a Buckinghamshire, Oxfordshire and Berkshire West (BOB)-wide steering group (BOB steering group). To ensure this sign-off, a local Wokingham sub-group was formed, with direct reporting between the BOB Steering Group and the Wokingham sub-group. The sign off of the final PNA remains the responsibility of the Wokingham HWB.

The process of developing the PNA was as follows:

- **Step 1: Project set up** and governance was established between Wokingham Borough Council and the BOB-wide Steering Group which included Soar Beyond Ltd at their first meeting 3 December 2024. The terms of reference and membership of the group can be found in Appendix C.
- **Step 2: Project management** – Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 3: Local sub-group established** – to ensure the day to day process and local decision making was considered, a local subgroup was established.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the local sub-group reviewed the existing PNA and JSNA.
- **Step 5: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the sub-group and circulated to residents via various channels. A total of 1,131 responses were received. A copy of the public questionnaire and the responses received can be found in Appendix D.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the local sub-group before the assessment was commenced. The pharmaceutical list dated March 2025 was used for this assessment.

- **Step 7: Preparing the draft PNA for consultation** – The local sub-group reviewed and revised the content and detail of the draft PNA on behalf of the BOB steering group. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the local sub-group agreed to monitor any changes and, if necessary, to update the PNA before finalising it. If the changes had a significant impact on the conclusions, the local sub-group was fully aware of the need to reassess.

1.8 Localities for the purpose of the PNA

The local PNA sub-group, at its first meeting, considered how the localities within Wokingham Borough geography would be defined.

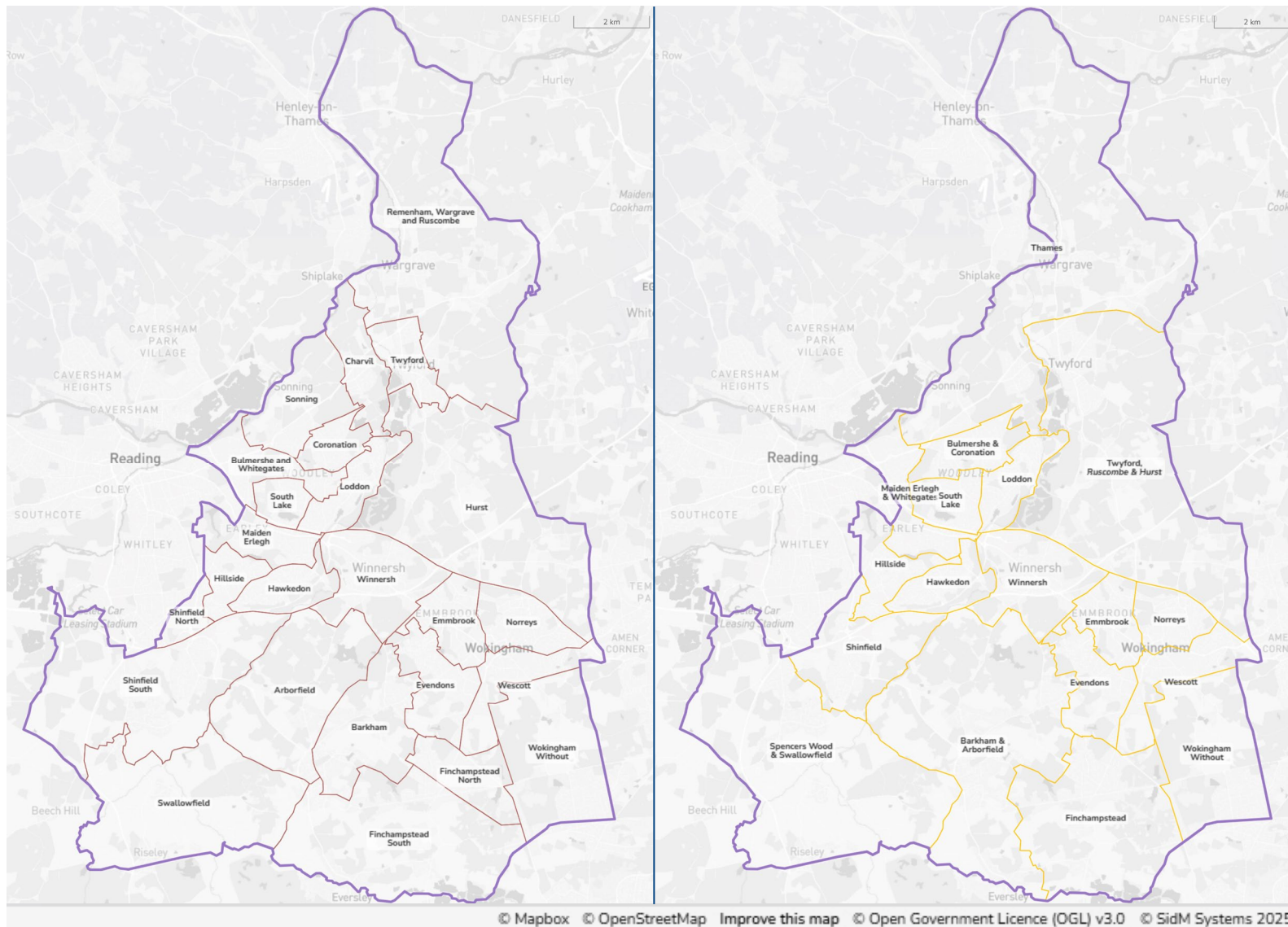
In the context of local government, Wokingham Borough can be divided into 18 electoral wards, or 17 town and parish councils. There are three larger settlements in the borough classified as towns: Earley, Woodley and Wokingham. However not all parts of the borough would associate themselves with these three towns. Given the borough's small geographical footprint and good internal transport links, this PNA considers Wokingham Borough as a single locality in which pharmaceutical needs are to be met as a whole.

For the purpose of this PNA, at the time of writing the 2022 wards were used, and although not directly comparable to the new wards, have been used to ease identification of location. The map below shows the new wards boundaries vs the old.

The majority of health and social care data is available at borough level and at this level provides reasonable statistical rigour. It was agreed that the borough as a whole would be used as a single locality for the purpose of assessment for the 2025 PNA. Figure 1 shows the wards within Wokingham Borough.

A list of providers of pharmaceutical services is found in Appendix A. The information contained in Appendix A has been provided by the BOB ICB and the Council. Once collated it was ratified by the local sub-group .

Figure 1: Maps of Wokingham Borough HWB area, with comparison of the 2022 and 2024 wards



Boundaries : Local Authority Wards 2022 Wards 2024

Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the JSNA of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Health and Wellbeing Strategies.

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of pharmaceutical service provision requirements for Wokingham Borough. This section should be read in conjunction with these detailed documents. Appropriate links have been provided within each subsection. There are opportunities for the ICB and HWB to maximise CPCF services to support the Wokingham Borough Health and Wellbeing Strategy.

2.1 NHS Long Term Plan (LTP)¹⁷

The NHS long term plan, published in 2019, outlines the priorities for the NHS and the ways in which it will evolve to best deliver services over a ten-year period. These include themes such as prevention and health inequalities, care quality and outcomes, and digitally enabled care, which are approached within the context of an ageing population, funding changes and increasing inequalities.

The report places a specific focus on prevention and addressing inequalities in relation to smoking, obesity, alcohol and anti-microbial resistance and on better care for specific conditions such as cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health.

The role of community pharmacy within the NHS Long Term Plan is an important one, and one which is focussed on prevention at its core. In section 4.26 of the plan, pharmacists are described as “an integral part of an expanded multidisciplinary team”. Pharmacists “have an essential role to play in delivering the Long Term Plan”. The plan states that “...in community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients...” (section 4.21).

The plan identifies that community pharmacists have a role to play in the provision of opportunities for the public to check on their health (section 3.68), and that they will be supported to identify and treat those with high risk conditions, to offer preventative care in a timely manner (section 3.69).

Pharmacists will also be expected to perform medicine reviews and to ensure patients are using medication correctly, specifically in relation to respiratory disease (3.86), which leads into the wider role that pharmacists have to play in working with general practice to help patients to take and manage their medicines, reducing wastage and reducing the likelihood of unnecessary hospital admissions (section 6.17.v).

¹⁷ NHS. NHS Long Term Plan. [Accessed April 2025] www.longtermplan.nhs.uk/

2.2 Core20PLUS5¹⁸

'Core20PLUS5 is a national NHSE approach to support the reduction of health inequalities at both national' and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access i.e. people with a learning disability and hidden deprivation in coastal communities (PLUS). Additionally, there are five key clinical areas:

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

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan¹⁹ aims to modernise healthcare in England by focusing on three pivotal shifts:

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

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population. This is currently out for consultation and the details to be agreed and finalised.

2.4 Neighbourhood Health Guidelines²⁰

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

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

¹⁸ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed April 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

¹⁹ NHS. Three shifts. [Accessed April 2025] <https://change.nhs.uk/en-GB/projects/three-shifts>

²⁰ NHSE. Neighbourhood health guidelines 2025/26. March 2025. [Accessed April 2025] <https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/>

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

2.5 Pioneers of reform – Strategic commissioning²¹

In March 2025, the Secretary of State called for ICBs to become "pioneers of reform" through a strengthened focus on strategic commissioning, in line with the government's three core healthcare shifts:

- From hospital to community
- From illness to prevention
- From analogue to digital

This is set against the backdrop of NHS England moving into the Department of Health and Social Care (DHSC), alongside reductions in ICB running costs and provider corporate budgets.

The report notes that a shared national vision and an updated strategic commissioning framework from NHS England will be essential to support this shift, which will require new capabilities and leadership at all system levels.

2.6 Joint Strategic Needs Assessment (JSNA)

The purpose of JSNAs and related Joint Health and Wellbeing Strategies (JHWSs) (see below) is 'to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing'.²² The PNA should therefore be read alongside the JSNAs.

The Wokingham Borough JSNA²³ is hosted on the Wokingham Brough Observatory. The Observatory comprises a series of reports which run off a core JSNA data set and are accompanied by a library of local health needs assessments and two JSNA summary reports. New local assessments are produced each year and added to the library.

²¹ NHS Confederation. Strategic Commissioning – what does it mean? March 2025. [Accessed April 2025] <https://www.nhsconfed.org/system/files/2025-03/Pioneers-of-reform-summary.pdf>

²² Gov.uk. Department of Health. JSNAs and JHWS statutory guidance. August 2022. [Accessed April 2025] <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

²³ Wokingham Borough Council. Wokingham Borough Observatory. [Accessed April 2025] <https://wokingham.berkshireobservatory.co.uk/>

2.7 Wokingham Joint Health and Wellbeing Strategy (JHWS) 2021-2030

Building on the evidence provided by the JSNA, the Wokingham Joint Health and Wellbeing Strategy into Action (which is part of the wider Berkshire West Health and Wellbeing Strategy²⁴) outlines the key priorities and the actions being taken to meet the borough's health and wellbeing needs. There are five jointly agreed priorities within the Berkshire West Health and Wellbeing Strategy:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

In addition to the above five Berkshire West priorities, The Wokingham Strategy into Action, places additional focus on supporting physically active communities.

2.8 Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Strategy

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. The ICS is responsible for setting the strategy and goals for improving health and care for residents in an area and overseeing the quality and safety, decision-making, governance and financial management of services. The goal is to create a health and care system fit for the future, with transformed services that join up around the people who use them. The integrated care strategy set out by BOB Integrated Care Partnership²⁵ has the following five priority areas:

1. Start well – helping all children and young people achieve the best start in life
2. Live well – supporting people and communities to live healthily and happier lives
3. Age well – staying healthy and independent for longer
4. Improving quality and access – Accessing the right care in the best place
5. Promoting and protecting health – keeping people healthy and well

Community pharmacies are accessible, trusted healthcare providers embedded within local communities and are often the first point of contact for healthcare advice. They are well placed to support the delivery of the Integrated Care Strategy through the provision of preventative, clinical and public health services that align with local health and wellbeing priorities.

²⁴ Reading Borough Council, West Berkshire Council and Wokingham Borough Council. Berkshire West Health and Wellbeing Strategy (HWBS). August 2021. [Accessed April 2025] https://wokingham.berkshireobservatory.co.uk/wp-content/uploads/2022/10/Berkshire_West_Health_and_Wellbeing_Strategy_2021_2030_Dec_2021.pdf

²⁵ Buckinghamshire Council et al. Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership. March 2023. [Accessed April 2025] <https://bucksoxonberksw.icb.nhs.uk/our-strategies-and-plans/integrated-care-strategy/>

2.9 Overview of the area

Wokingham Borough HWB area is classified as urban with the majority of the population living nearer to a major town or city. 17% of the population live in rural areas. It covers an area of 179 square kilometres with its centre located near to the M4 and A329M motorways. Its road transport links are also supported by a mainline train station in Wokingham Town Centre with a direct service into Bracknell, Reading and London Waterloo.

An understanding of the size and characteristics of the borough population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of residents, how healthy they are, and what changes can be expected in the future.

2.10 Population characteristics

To find an accurate estimate for the current population of Wokingham Borough, two datasets were used together to form an updated prediction of older data using the newest available data. The most recently released mid-year estimates, at the Lower-layer Super Output Area (LSOA)²⁶ level, are the population estimates for 2022²⁷. This dataset was used to rebase the population projections that were released in 2020 (based on 2018 data) that predicted the population growth of local authorities from 2018 to 2043. These will not match mid-year 2023 estimates seen in other reports and this methodology has not been applied to South East of England or England figures.

The rebase of the 2020 Office for National Statistics (ONS) population predictions²⁸ predicts the population as 185,147 in 2025 (a 6.4% increase from the figures used in the 2022 PNA).

Figure 2 below shows the areas of high and low population density across the borough.

²⁶ “Lower layer Super Output Areas (LSOAs) are made up of groups of Output Areas (OAs), usually four or five. They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.” ONS. Statistical geographies. [Accessed April 2025] [https://www.ons.gov.uk/methodology/geography/ukgeographies/statisticalgeographies#:~:text=Lower%20layer%20Super%20Output%20Areas%20\(LSOAs\)%20are%20made%20up%20of,between%201%2C000%20and%203%2C000%20persons.](https://www.ons.gov.uk/methodology/geography/ukgeographies/statisticalgeographies#:~:text=Lower%20layer%20Super%20Output%20Areas%20(LSOAs)%20are%20made%20up%20of,between%201%2C000%20and%203%2C000%20persons.)

²⁷ ONS. Lower layer Super Output Area population estimates (supporting information). November 2024. [Accessed April 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

²⁸ ONS. Population projections for local authorities: Table 2. March 2020. [Accessed April 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

Figure 2: Map to show population density

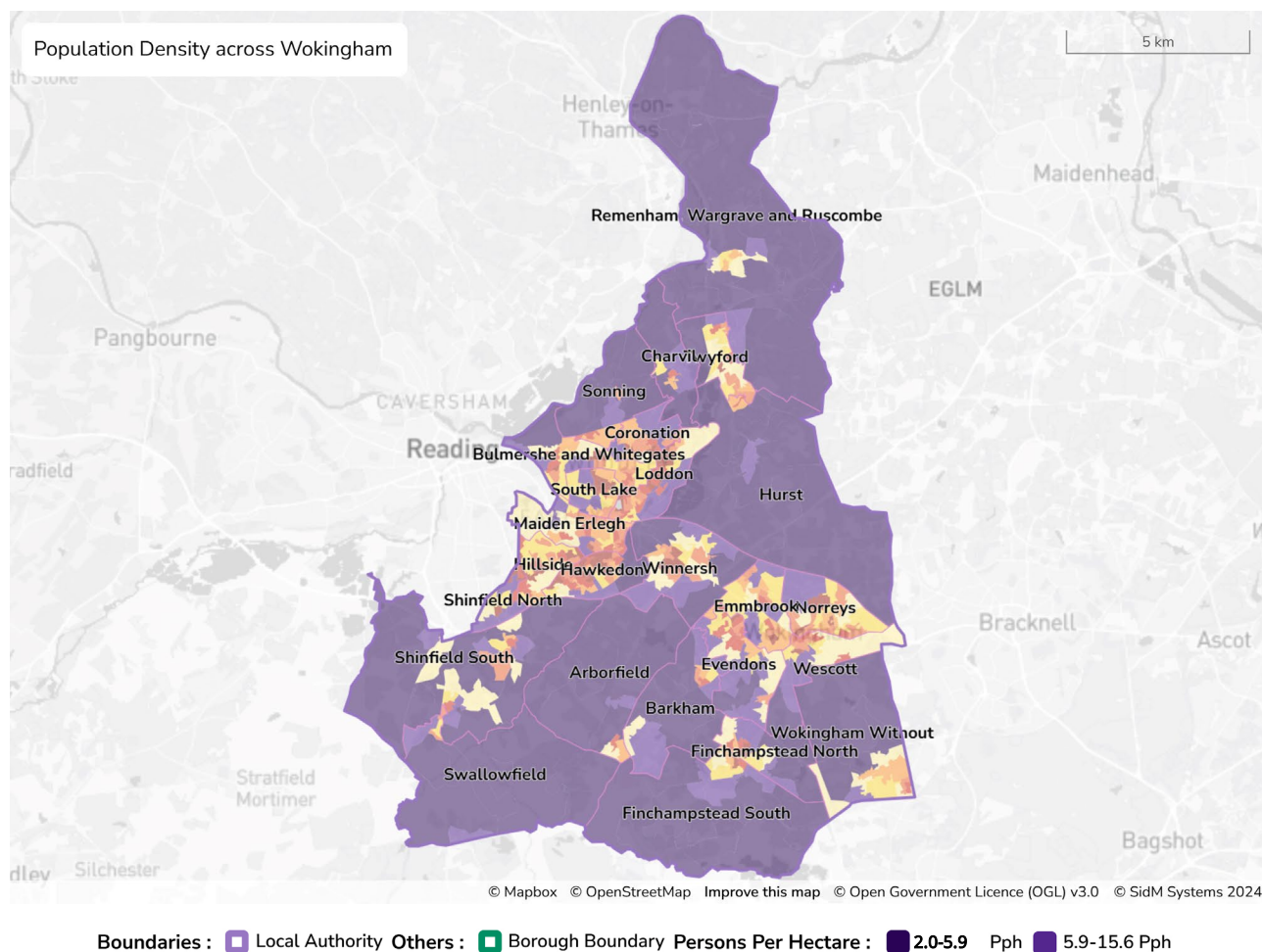


Table 2 shows the population distribution by age²⁹:

- **Young children (0–4 years):** Wokingham Borough has the same proportion of 0–4-year-olds as the England value (5.3%)
- **School-age children (5–17 years):** 17.9% in this area, which is higher than the regional (15.8%) and England (15.5%) averages.
- **Young adults (18–24 years):** The borough (6.6%) has a lower proportion of this age group compared to England (8.3%).
- **Adults (25–39 years):** Wokingham Borough (17.5%) has a lower proportion of 25–39-year-olds than England (20.4%), reflecting older working populations.

²⁹ Rebase of the 2020 population projections (1) using the population estimates for 2022 at LSOA level (2).

(1) ONS. Population projections for local authorities: Table 2. March 2020. [Accessed April 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>)

(2) ONS. Lower layer Super Output Area population estimates (supporting information). November 2024. [Accessed April 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

- **Middle-aged adults (40–54 years):** This age group is higher in this area (23.5%) compared to England (19.1%).
- **Older adults (55-80 years):** Wokingham Borough has a slightly lower proportion when compared regionally and to England.
- **Older adults (80+ years):** The borough (4.9%) is lower than the regional average of 5.6% but similar to the England average (4.9%)

For the borough as a whole, 29.2% of the population were aged 55 years or older and with a split of 15.3% female and 13.9% male.

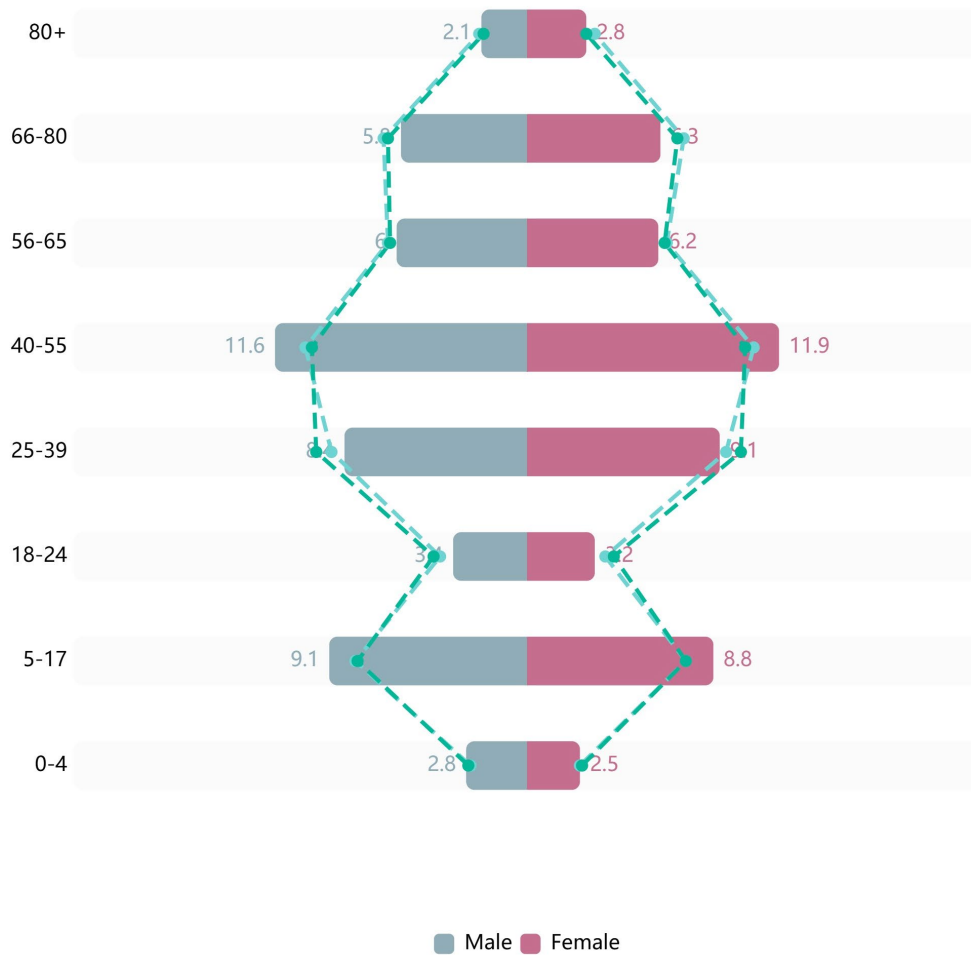
Table 2: Total population by age group

Age group	Wokingham Borough	South East of England	England
0-4 years	5.3%	5.2%	5.3%
5-17 years	17.9%	15.8%	15.5%
18-24 years	6.6%	7.6%	8.3%
25-39 years	17.5%	18.9%	20.4%
40-54 years	23.5%	19.8%	19.1%
55-65 years	12.4%	14.1%	13.8%
66-80 years	12.1%	13.8%	13.2%
80+ years	4.9%	5.6%	4.4%
Total population	185,147	9,482,507	57,690,323

Figure 3 shows a visualised representation of the age structure split by sex.

Figure 3: Population 2025 estimate for the age profile of Wokingham Borough residents

Age and Gender - 2025 (in %)



Total Population : 185,147

Benchmark: - - - - Region - - - - England

The projections for the 2025 age structure of Wokingham Borough are shown to be very different to the that of England in 2023 (Table 3).²⁹ Notably, there is a significantly higher proportion of 5–17-year-olds (2.4% points higher than England) and 40–55-year-olds (4.4% points higher than England) in Wokingham. There is also a significantly lower proportion of 25–39-year-olds (2.9% points lower than England) in Wokingham.

Table 3: Comparison of the population structure estimates for 2025 against the England mid-year estimates for 2023

Age groups	Wokingham projections for 2025 (%)			England projections for 2023 (%)			Difference between Wokingham and England (% points)		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-4	2.5	2.8	5.3	2.6	2.7	5.3	-0.1 (L)	0.1 (H)	0.0 (S)
5-17	8.8	9.1	17.9	7.6	7.9	15.5	1.2 (H)	1.2 (H)	2.4 (H)
18-24	3.2	3.4	6.6	4.1	4.3	8.4	-0.9 (L)	-0.9 (L)	-1.8 (L)
25-39	9.1	8.4	17.5	10.4	9.9	20.3	-1.3 (L)	-1.5 (L)	-2.8 (L)
40-55	11.9	11.6	23.5	10.4	10.0	20.4	1.5 (H)	1.6 (H)	3.1 (H)
56-65	6.2	6.0	12.2	6.3	6.1	12.4	-0.1 (L)	-0.1 (L)	-0.2 (L)
66-80	6.3	5.8	12.1	6.9	6.2	13.1	-0.6 (L)	-0.4 (L)	-1.0 (L)
80+	2.8	2.1	4.9	3.0	2.1	5.0	-0.2 (L)	0.0 (S)	-0.1 (L)

Key:	Higher than England Value	(H)	Lower than England Value	(L)	Similar to the England Value	(S)
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Summary

Wokingham Borough's age profile shows a higher proportion of school-aged children and middle-aged adults compared to regional and national averages, while the proportions of young adults and those aged 25-39 are lower. The proportion of older adults, (not including those aged 80 and over), is slightly below regional and national averages.

2.11 Predicted population growth

Population projections are an indication of the future trends in population over the next 25 years. They are trend-based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends continue. They are not forecasts and do not attempt to predict the impact that future government or local policies, changing economic circumstances or other factors might have on demographic behaviour.

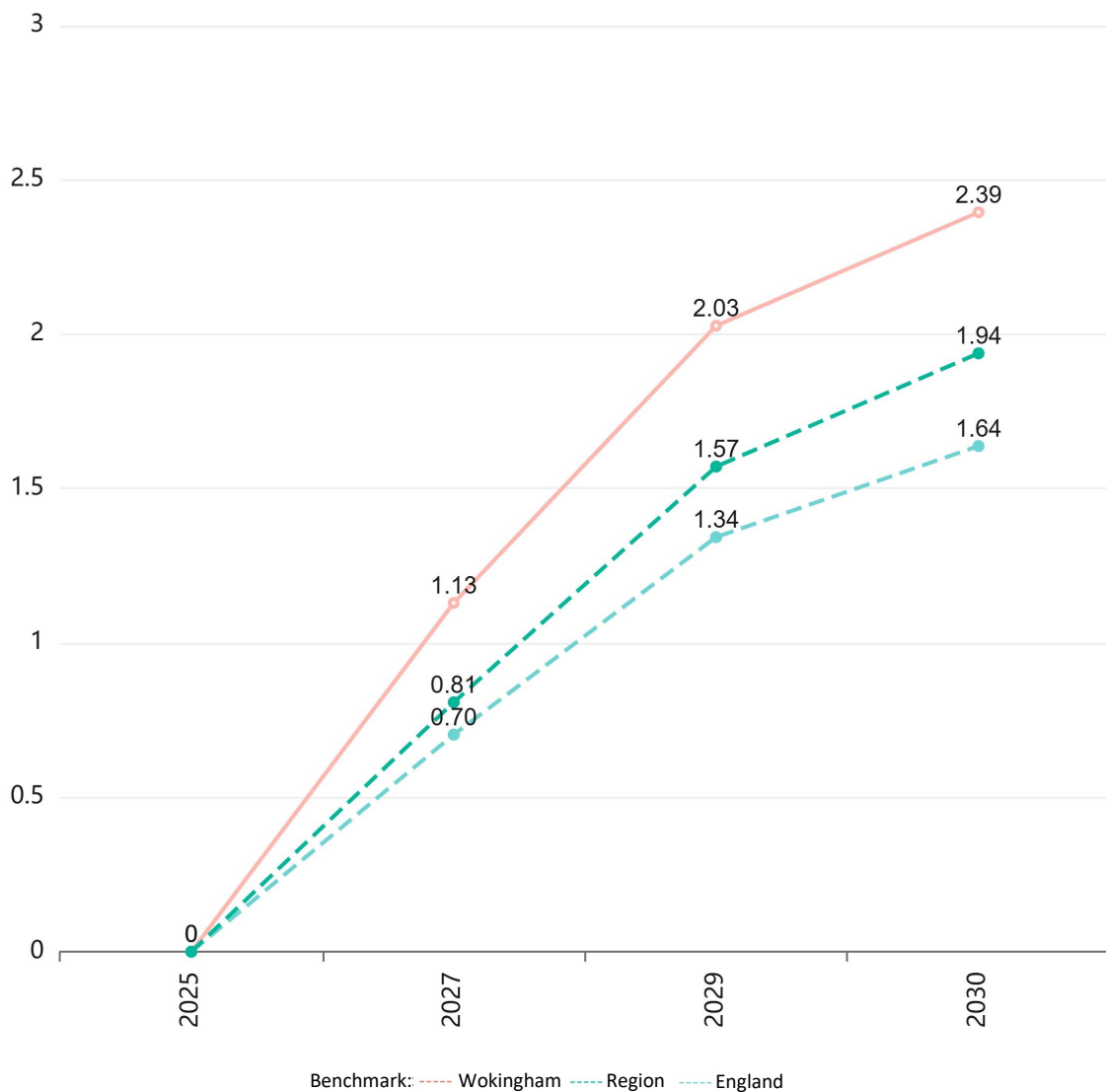
Wokingham Borough's population is expected to increase by 2.39% from 2025 to 2030. Its most rapid population increase is expected to occur between 2025 and 2026 (0.6% increase).²⁹

Table 4: Predicted population growth (%) year on year over the next 5 years

Area	2025	2026	2027	2028	2029	2030	Growth from 2025 to 2030
Wokingham Borough	185,147	186,260 (0.6%)	187,239 (0.53%)	188,106 (0.46%)	188,902 (0.42%)	189,580 (0.36%)	4,433 (2.39%)

Figure 4: Cumulative projected growth %

Cumulative projected growth %



2.11.1 Population projections

The table below shows the projected population changes across all age groups in Wokingham Borough over the five-year period from 2025 to 2030.²⁹

Table 5: Population projections by age groups per year

Age group	2025	2026	2027	2028	2029	2030	Growth from 2025 to 2030
0-4	9,725	9,700 (-0.26%)	9,694 (-0.06%)	9,698 (0.04%)	9,696 (-0.02%)	9,697 (0.01%)	-28 (-0.29%)
5-17	33,110	33,015 (-0.29%)	32,834 (-0.55%)	32,583 (-0.76%)	32,227 (-1.09%)	31,875 (-1.09%)	-1,235 (-3.73%)
18-24	12,307	12,633 (2.65%)	12,991 (2.83%)	13,327 (2.59%)	13,692 (2.74%)	13,966 (2%)	1,659 (13.48%)
25-39	32,424	32,229 (-0.6%)	31,990 (-0.74%)	31,761 (-0.72%)	31,639 (-0.38%)	31,504 (-0.43%)	-920 (-2.84%)
40-55	43,616	43,789 (0.4%)	43,930 (0.32%)	44,006 (0.17%)	44,110 (0.24%)	44,245 (0.31%)	629 (1.44%)
56-65	22,493	22,762 (1.2%)	22,929 (0.73%)	23,139 (0.92%)	23,191 (0.22%)	23,150 (-0.18%)	657 (2.92%)
66-80	22,423	22,742 (1.42%)	22,758 (0.07%)	22,940 (0.8%)	23,368 (1.87%)	23,889 (2.23%)	1,466 (6.54%)
80+	9,049	9,390 (3.77%)	10,113 (7.7%)	10,652 (5.33%)	10,979 (3.07%)	11,254 (2.5%)	2,205 (24.37%)

In the next five years the overall population is projected to grow by 4,433 (2.39%). In context for the purpose of this PNA (2025 to 2028), Wokingham Borough's population projections indicate a modest demographic shift. The 80+ age group is expected to grow by 17.7%, while the 66–80 group will increase by 2.3%. Growth is also projected in the 18–24 age group, rising by 8.3%, and the 56–65 group, increasing by 2.9%. In contrast, the number of children aged 5–17 is forecast to decline by 1.6%, and the 25–39 age group by 2%. The 0–4 age group is projected to remain broadly stable. These trends highlight a gradual ageing of the population during the PNA period.

2.11.2 Number of households

There was a 14.7% increase in the number of households between 2011 and 2021 in Wokingham Borough³⁰ as shown in Table 6.

Table 6: Changes in the number of households between 2011 and 2021

	2011	2021	% change
Number of households	60,300	69,164	14.7%

³⁰ ONS. Population and household estimates, England and Wales: Census 2021, unrounded data. November 2022. [Accessed April 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021unroundeddata>

2.11.3 Household projections³¹

In 2030, the projected number of households is expected to be 73,372, which is a 7.6% increase from August 2022.

Household projections are not an assessment of housing need and do not take account of future policies. They are an indication of the likely increase in households given the continuation of recent demographic trends.

2.11.4 Planned developments

The deliverable number of dwellings over five years from March 2024 to 2029 is 2,321

Table 7 and Figure 5 show the pipeline of approved housing units on major sites across Wokingham Borough and whether these have started on site as of January 2025.³²

The deliverable number of dwellings over five years from March 2024 to 2029 is 2,321.

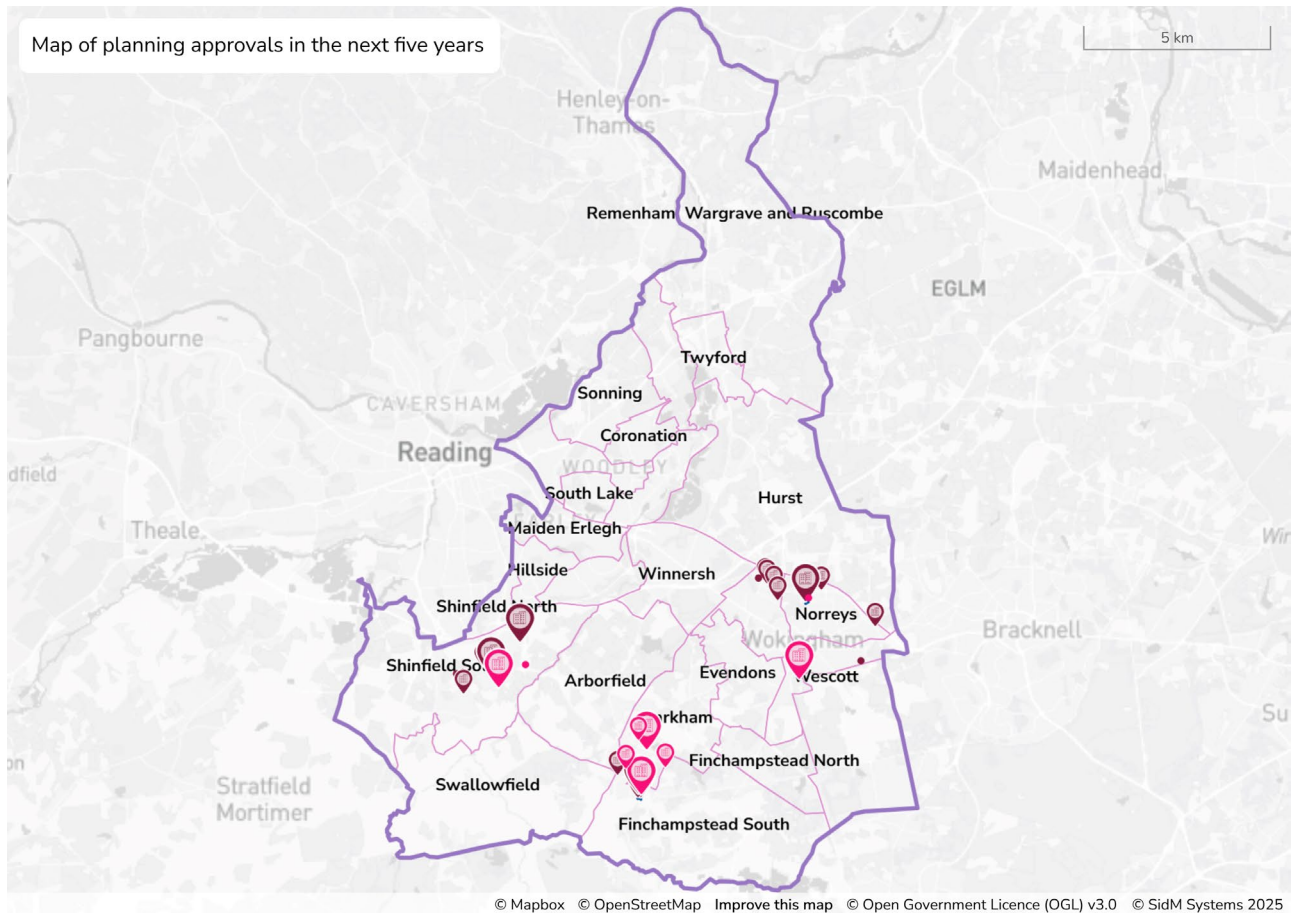
Table 7: Planned developments (all-size sites) per year

Year	2024	2025	2026	2027	2028	Total
Number of dwellings	616	736	491	300	178	2,321

³¹ Local Government Association (LGA). Understanding planning in Wokingham. June 2023. [Accessed April 2025] https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-planning-in-parent-area-label?mod-area=E06000041&mod-group=AllUnitaryLainCountry_England&mod-type=namedComparisonGroup#text-17

³² Wokingham Borough Council. Five year Housing Land Supply Statement. [Accessed April 2025] https://www.wokingham.gov.uk/sites/wokingham/files/2025-01/Five%20Year%20Housing%20Land%20Supply%20Statement%202024_0.pdf

Figure 5: Map of projected housing units and planning approvals 2025-29



Boundaries: Local Authority Wards 2021 Housing Developments-Planning Approvals: 📍 Started

2.12 Ethnicity

Using the March 2021 ONS data, 73% of usual residents in Wokingham Borough identified as white British and 27% identified as being from an ethnic minority group. Excluding those who identify as white British, the most common ethnic groups were Indian (7% of total residents) and Other White (6% of total residents).

Table 8 shows the proportions of the population in each ethnic group in 2021, the most recent year for which census data is currently available by ethnic group.³³ The table shows how the population identified themselves.

Table 8: Population by ethnicity, 2021

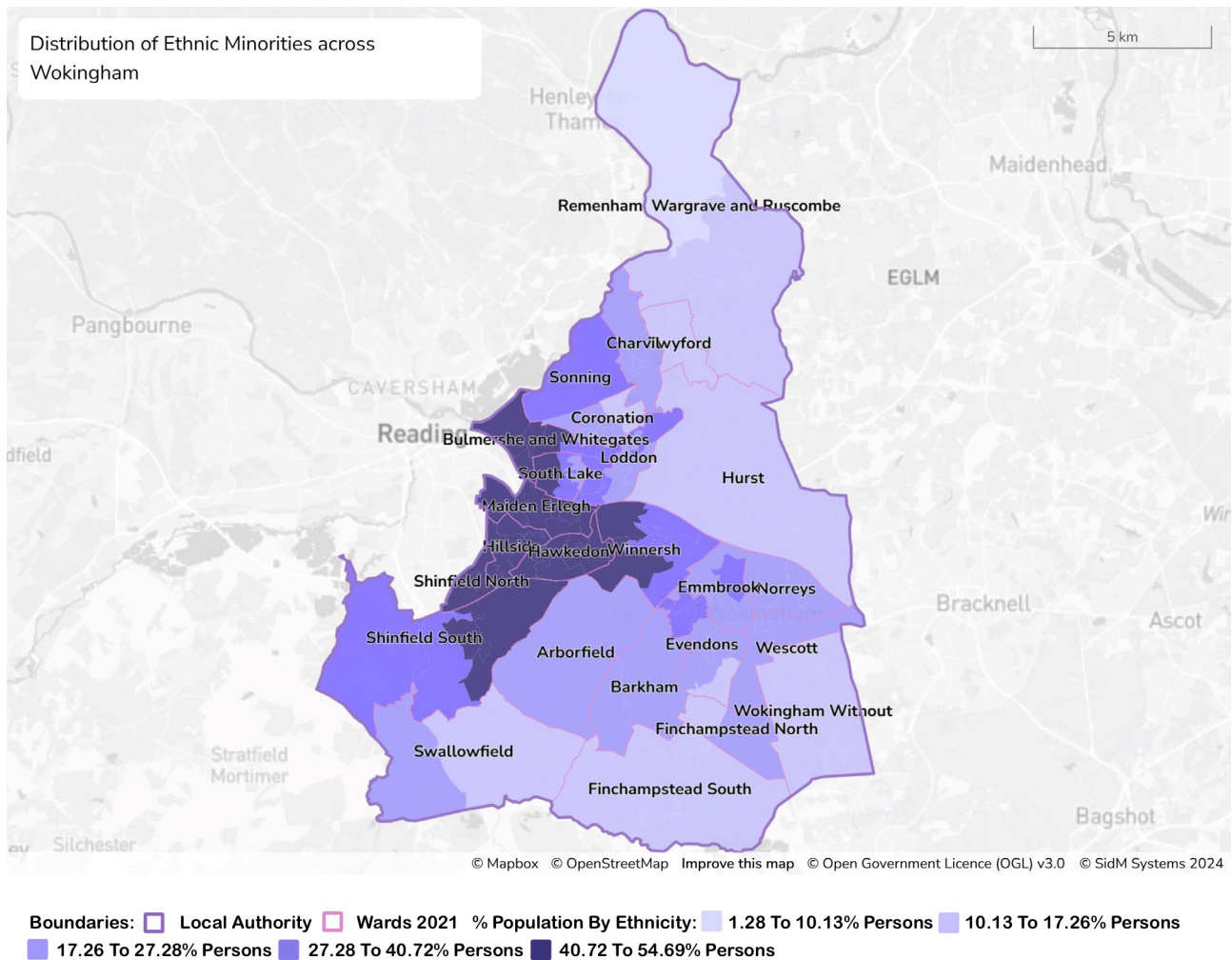
Area	Wokingham Borough	England³⁴
Asian, Asian British or Asian Welsh: Bangladeshi	0.2%	1.1%
Asian, Asian British or Asian Welsh: Chinese	1.3%	0.7%
Asian, Asian British or Asian Welsh: Indian	7.0%	3.1%
Asian, Asian British or Asian Welsh: Pakistani	3.0%	2.7%
Asian, Asian British or Asian Welsh: Other Asian	1.4%	1.6%
Black, Black British, Black Welsh, Caribbean or African: African	1.6%	2.5%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	0.5%	1.0%
Black, Black British, Black Welsh, Caribbean or African: Other Black	0.3%	0.5%
Mixed or Multiple ethnic groups: White and Asian	1.2%	0.8%
Mixed or Multiple ethnic groups: White and Black African	0.4%	0.4%
Mixed or Multiple ethnic groups: White and Black Caribbean	0.7%	0.9%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.8%	0.8%
White: English, Welsh, Scottish, Northern Irish or British	72.7%	74.4%
White: Irish	0.8%	0.9%
White: Gypsy or Irish Traveller	0.2%	0.1%
White: Roma	0.1%	0.2%
White: Other White	6.1%	6.2%
Other ethnic group: Arab	0.5%	0.6%
Other ethnic group: Any other ethnic group	1.1%	1.6%

³³ ONS. Census 2021 - Ethnic group. March 2023. [Accessed April 2025]
<https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/3>

³⁴ ONS. Ethnic group, England and Wales: Census 2021 – Figure 2: Ethnic minority groups, 2011 and 2021, England and Wales. November 2022. [Accessed May 2025]
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021>

Ethnicity varies significantly across the borough, and this can be seen in the map below.

Figure 6: Distribution of ethnic minorities (excluding all White) across Wokingham Borough by ward



This distribution indicates that ethnic diversity is more concentrated in urban and suburban wards, particularly in areas close to Reading. These patterns may be relevant for ensuring access to pharmaceutical and health services, including language support and targeted outreach in communities with greater diversity and those who do not speak English.

Gypsy and Traveller population

The Gypsy or Irish Traveller population totals 331 (0.19%), which is above the national average of 0.12%.³⁵ While the Gypsy or Irish Traveller population forms a small proportion of the population overall, it concentrated in specific rural and semi-rural wards.

³⁵ ONS. Census 2021 - Ethnic group. March 2023. [Accessed April 2025]
<https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/3>

2.13 Religion

Religious affiliations are shown in Table 10. The table shows the percentage of people who identified with a particular religious group, as defined by a set of census categories. The largest religious group in the area is Christian (44.7%), with 36.9% marking no religion.³⁶

Table 9: Population by religion, 2021

Religion	Wokingham Borough	England
No religion	36.9%	36.7%
Christian	44.7%	46.3%
Buddhist	0.5%	0.5%
Hindu	4.8%	1.8%
Jewish	0.2%	0.5%
Muslim	4.8%	6.7%
Sikh	1.7%	0.9%
Other religion	0.4%	0.6%
Not answered	6.0%	6.0%

2.14 Household languages

Table 11 shows the proportion of households who have English as their main language across the borough.³⁷

Table 10: Number of households with English as their main language

Category	Number
All adults in household	62,366
At least one adult in household	2,906
No people in household	2,532
One person 3-15 years in household	1,360

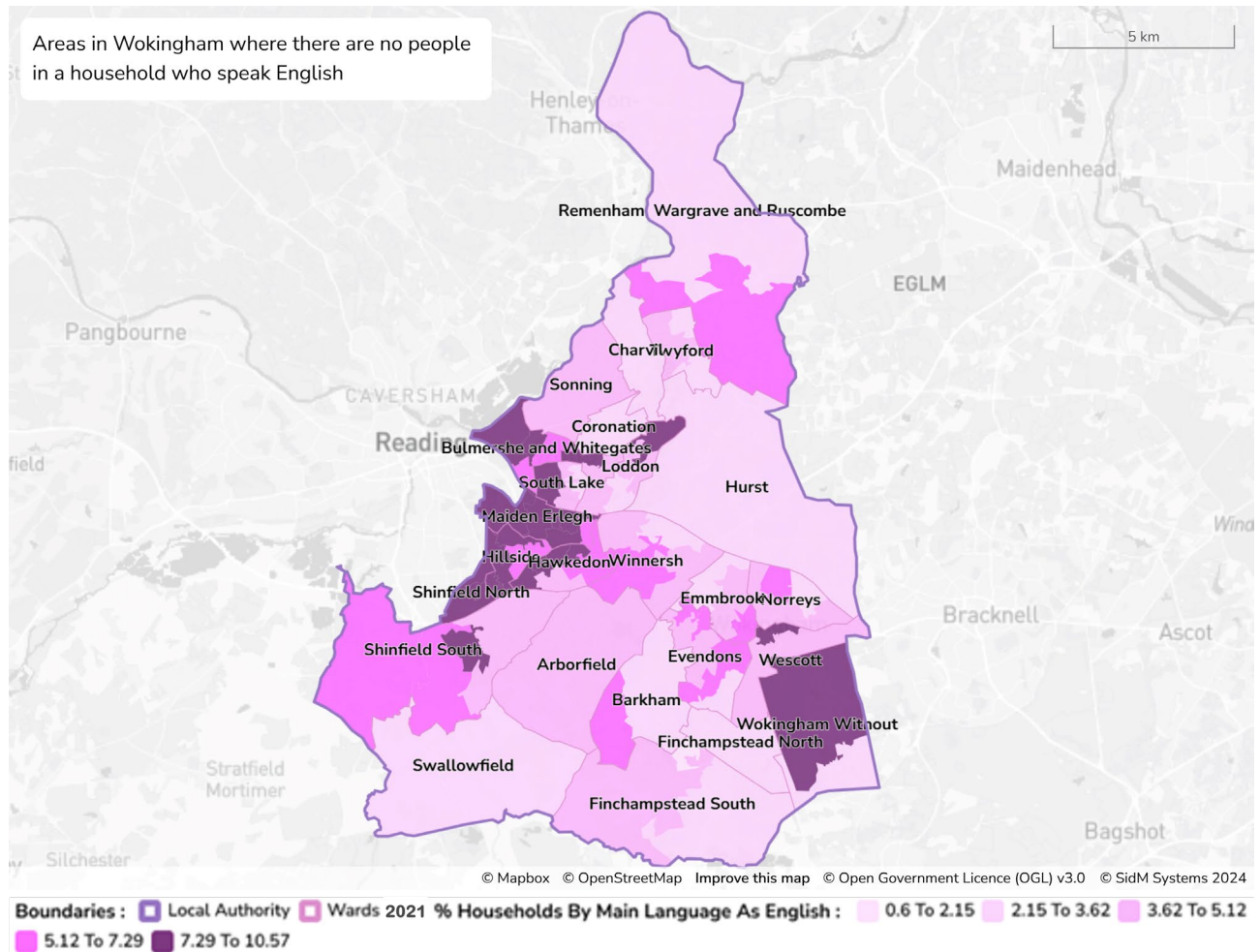
³⁶ ONS. Census 2021 - Religion. March 2023. [Accessed April 2025]

<https://www.ons.gov.uk/datasets/TS030/editions/2021/versions/3>

³⁷ ONS. Census 2021 - Household language. March 2023. [Accessed April 2025]

<https://www.ons.gov.uk/datasets/TS025/editions/2021/versions/3>

Figure 7: Map to show lowest % of households with English as a main language



The map illustrates the distribution of households with English as their main language based on the 2021 Census data.

Highest concentrations of households where English is not the main language (7.29% to 10.57%) are observed in:

- Wescott
- Wokingham Without
- Bulmershe and Whitegates

Most areas of the borough fall within the lower bands (0.6% to 5.12%), indicating that in the majority of wards, households where no one speaks English are relatively uncommon.

This data is a reflection of geographic variation in English language proficiency across the borough, which may be relevant when considering the accessibility of pharmaceutical and wider health services, particularly in wards with higher concentrations of households that do not use English as their main language.

2.15 Other population groups

Disability

The 2021 census compared disability status, with respondents stating if they were disabled under the Equality Act 2010³⁸, with their day-to-day activities limited a little, or a lot.

4.4% of the population in Wokingham Borough identified as being disabled and limited a lot; and 8.6% said they were disabled and limited a little.³⁹

Homeless population

Wokingham has 73 households in temporary accommodation, with a crude rate of 1.1 per 1,000, below both the South East of England (3.4) and the England average (4.6).⁴⁰

Table 11: Homelessness: household in temporary accommodation, 2023-24

Area	Households in temporary accommodation (number and crude rate per 1,000)
Wokingham Borough	73 (1.1)
South East of England	13,190 (3.4)
England	111,215 (4.6)

2.16 Deprivation

The socioeconomic status of an individual or population is determined by characteristics including income, education and occupation. These are associated with poorer health outcomes, including low birthweight, cardiovascular disease, diabetes and cancer.

Index of Multiple Deprivation (IMD) data (2019) combines socioeconomic indicators to produce a relative socioeconomic deprivation score and include the domains of:

- Income
- Employment
- Health deprivation and disability
- Education, skills and training
- Barriers to housing and services
- Crime

³⁸ Legislation. Equality Act 2010. February 2025. [Accessed April 2025]

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

³⁹ ONS. Disability in England and Wales, 2021. February 2023. [Accessed April 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/datasets/disabilityinenglandandwales2021>

⁴⁰ OHID, based on Department for Levelling Up, Housing and Communities and ONS data DHSC. Fingertips Public health profiles. [Accessed April 2025]

<https://fingertips.phe.org.uk/search/homelessness#page/3/gid/1/pat/502/par/E10000015/ati/501/iid/93735/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

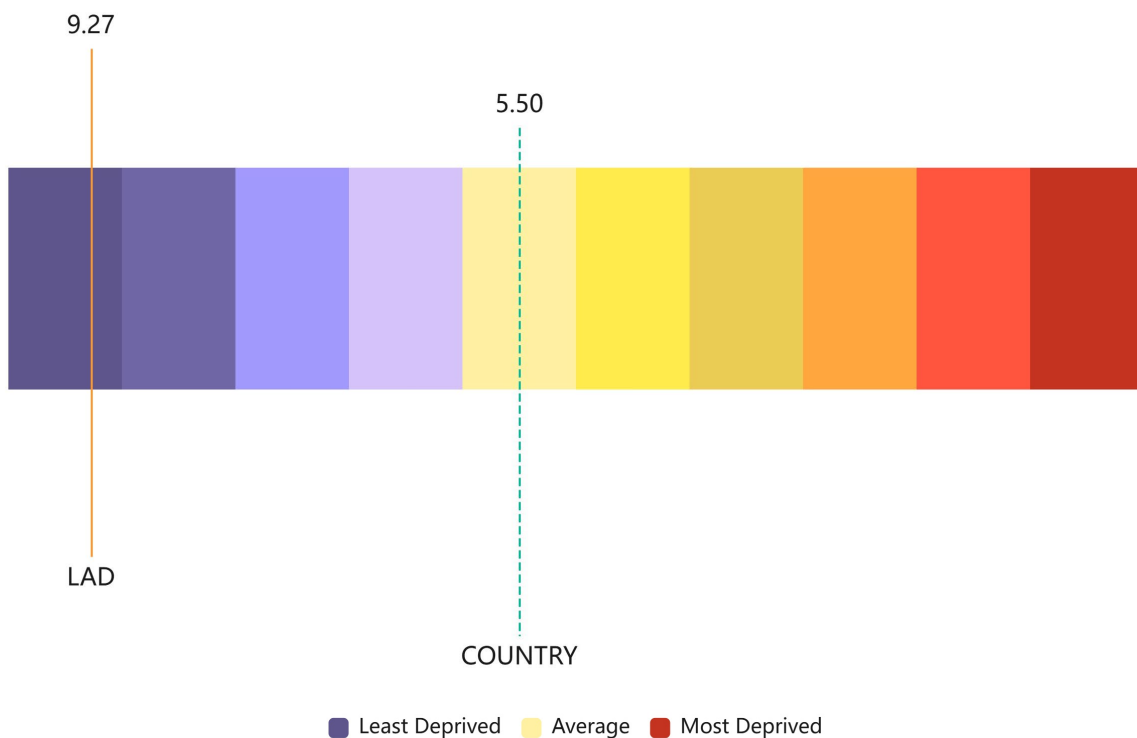
- Living environment

Income and employment domains carry the most weight in the overall IMD rank.

Wokingham Borough is ranked 316 out of a total of 317 local authorities in England, where 1 is the most deprived and 317 is the least deprived⁴¹, making this borough the second least deprived local authority in England.

In terms of decile ranking, 1 being the most deprived and 10 being the least deprived⁴². Wokingham Borough is ranked 9.3, compared with 5.5 for England.

Figure 8: Indices of Multiple Deprivation, decile ranking⁴³



⁴¹ Ministry of Housing, Communities & Local Government. IoD2019 Interactive Dashboard – Local Authority Focus. [Accessed April 2025]

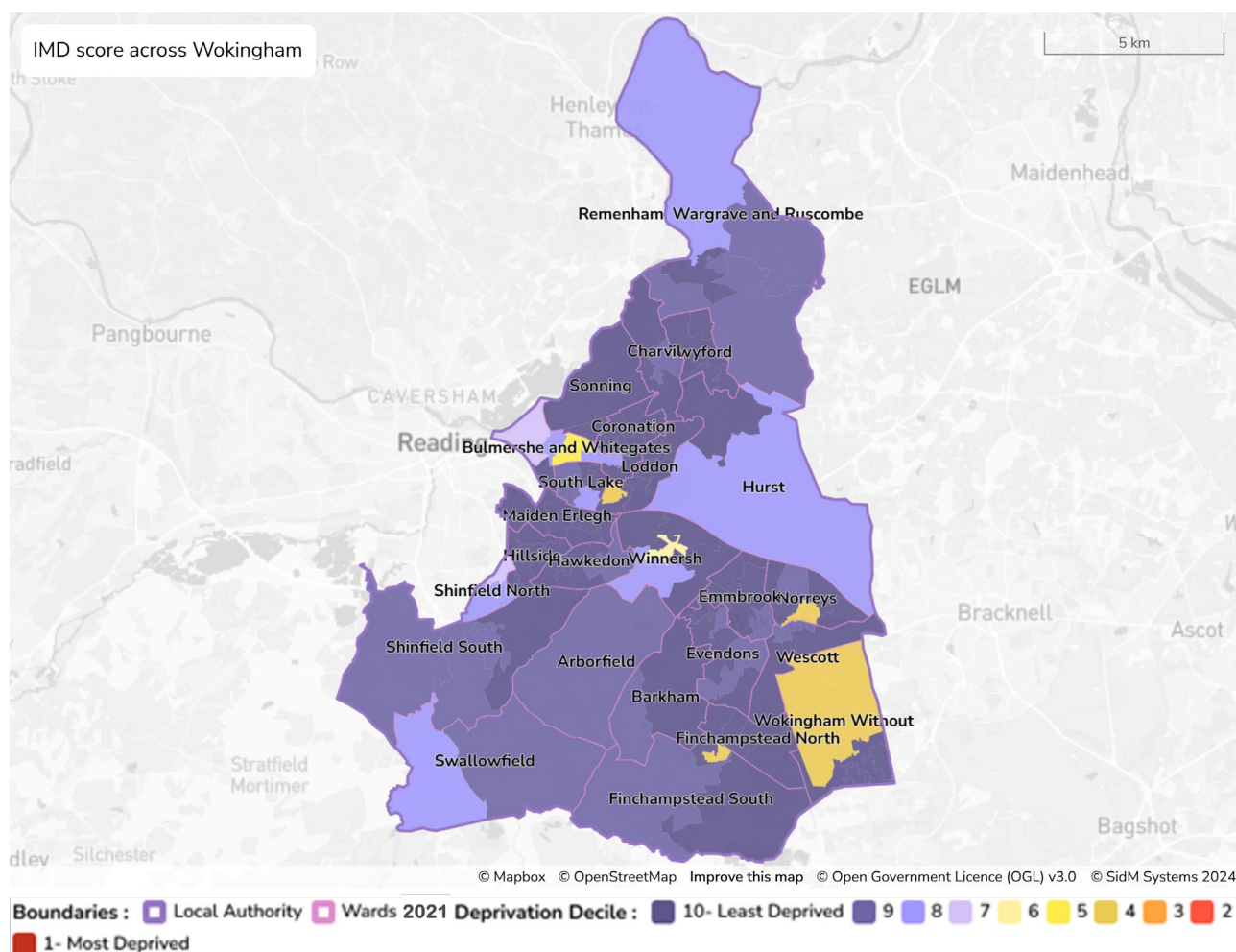
<https://app.powerbi.com/view?r=eyJrIjojOTdjYzlyNTMtMTcxNi00YmQ2LWI1YzgtMTUyYzMyOWQ3NzQ2liwidCl6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTl0YTJlZjM5OTVhOCJ9>

⁴² ONS. Health state life expectancies by national deprivation deciles, England: 2018 to 2020. April 2022. [Accessed April 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2018to2020#:~:text=all%20usual%20residents,-Deprivation%20deciles%20>

⁴³ Ministry of housing, Communities & Local Government (2018 to 2021). English Indices of Deprivation 2019. September 2019. [Accessed April 2025] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Figure 9: Map to shows IMD score by Lower Super Output Area (LSOA)



Looking at the IMD quintiles⁴⁴, most (85%) of Wokingham Borough LSOAs are classed as 5, where 5 is the least deprived.⁴⁵

Table 12: Percentage of Wokingham LSOAs by Indices of Multiple Deprivation- quintile

Area	1 (Most deprived)	2	3	4	5 (Least deprived)
Wokingham Borough	0%	3.6%	2.3%	9.4%	84.7%
South East of England	3.1%	1.4%	5.6%	27.5%	62.4%
England	20.9%	21.0%	20.1%	19.3%	18.7%

⁴⁴ Gov.uk - Department for Levelling up, Housing & Communities). English indices of deprivation 2019. [Accessed April 2025] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁴⁵ Deprivation ranks for each LSOA, based on comparisons across all of England, are obtained from the dataset. These original ranks are then re-ranked relative to either the Local Authority, Place or ICB, and divided into five equal parts to determine quintile values, reflecting their ranking within that area.

Overall, people living in Wokingham Borough experience relatively low levels of deprivation. 85% of the LSOAs in Wokingham Borough are in the least deprived 20% in England. However, it is known that there are hidden pockets of deprivation existing within the borough. Deprivation is not experienced equally by different groups of people living in the same neighbourhood. For example, between people of different ethnic groups

2.17 Health of the population

Widely available population health indicators provide a high-level overview of the collective health of populations at a national, regional and local authority level. These indicators allow comparisons to be made regarding the health of different populations and can highlight issues or trends in time that require a more detailed investigation. Although providing a comprehensive high-level overview of population health, they often do not show data broken down by different characteristics including protected characteristics such as age, and sex. Therefore, they do not show inequalities that will likely exist within areas. In addition, when making comparisons between areas such as between Wokingham Borough and England, a positive comparison shows overall better outcomes in the Borough compared to England. It does not indicate that population health issues such as obesity are not a concern within the Borough.

2.17.1 Life expectancy

Healthy life expectancy at birth for Wokingham Borough residents was higher for females (70.8 years) than males (69.7 years). Healthy life expectancy for both males and female is higher than the England life expectancy 61.9 years for females and 61.5 for males. Although Wokingham Borough's population is relatively healthier overall when compared to England, there are known inequalities. This includes a life expectancy gap between those living in the most and the least deprived neighbourhoods of the Borough.

Table 13: Healthy life expectancy at birth between 2021-2023⁴⁶

Area	Female (years)	Male (years)
Wokingham Borough	70.8	69.7
South East of England	64.4	63.5
England	61.9	61.5

⁴⁶ ONS. Health state life expectancy, all ages, UK. December 2024. [Accessed April 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk>

2.17.2 Health behaviours

Table 14: Lifestyle information (2024)

Area	Smoking (QOF Prevalence, % of patients (aged 15+ yrs) who are recorded as current smokers) (2024)	Obesity* (QOF Prevalence, % of patients aged 18 or over on the practice disease register as living with obesity in the previous 12 month) (2024)
Wokingham Borough	9.6%	8.8%
South East of England	13.6%	11.4%
England	14.5%	12.8%

*Obesity is defined as a person with a BMI greater than or equal to 30 kg/m² (27.5 kg/m² for those of the following family background: South Asian, Chinese, other Asian, Middle Eastern, Black African or African – Caribbean).

2.17.2.1 Smoking

Smoking rates within Wokingham Borough are low and lower than that of the South East of England and England as a whole⁴⁷. Although 6.2% of all adults aged 18 and over living in Wokingham Borough smoke, this figure is over three times higher amongst routine and manual workers (18.7%) and amongst those with long-term mental health conditions (20.1%). For those with serious mental illness, smoking rates are even higher at 31.2%. The majority of those in treatment for alcohol or drug misuse also smoke tobacco.

2.17.2.2 Obesity

Adult obesity prevalence (8.8%) is below the England average (12.8%) as shown in Table 15 above⁴⁸. However, two thirds of adults are overweight, and by year 6 of school, over a quarter of children in Wokingham Borough are overweight, 14% have obesity. There are inequalities in obesity and overweight prevalence. These include those seen between those from different ethnic backgrounds and between those living in the most and least deprived neighbourhoods.

2.17.2.3 Alcohol and substance misuse

There is no local data around alcohol use in the Wokingham population. National data from the 2022 Health Survey for England⁴⁹ show that 55% of men and 42% of women drink alcohol at least once per week. 32% of men and 15% of women drink more than 14 units of alcohol per week indicating increasing or higher risk of harm.

⁴⁷ DHSC. Fingertips Public Health profiles - Smoking % of patients (aged 15+ years). [Accessed April 2025] <https://fingertips.phe.org.uk/search/adult%20smoking#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/91547/age/188/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁴⁸ DHSC. Fingertips Public Health profiles- Obesity % of patients (aged 18+ years). [Accessed April 2025] <https://fingertips.phe.org.uk/search/obesity#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/94136/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁴⁹ Adults' health - NHS England Digital

During 2023/24 there were 442 admissions to hospital for Wokingham residents due to alcohol-specific conditions such as alcohol poisoning. When using a broader definition including conditions that are made more likely by alcohol but also occur in the absence of alcohol use, there were 1,897 admissions. During 2023, 46 people from Wokingham died from alcohol-related conditions⁵⁰.

The latest population estimates for drug and alcohol dependency in Wokingham are from 2019/20 meaning that they do not consider any impacts of the COVID-19 pandemic on drug and alcohol dependence, which may be significant. They estimate that 314 adults in Wokingham are dependent on opiates and/or crack, while 885 adults are dependent on alcohol. When compared against the number of adults in contact with specialist substance misuse services in Wokingham during 2023/24, this results in an estimated unmet treatment need in Wokingham of 48% for opiates and/or crack (170 in treatment out of 314) and 73% for alcohol (243 in treatment out of 885).

The following data describes adults who are in drug and alcohol treatment. We do not have the same information on those who are not accessing treatment and as indicated above, this is likely to be a high proportion of those with drug and alcohol dependency.

According to the National Drug Treatment Monitoring System (NDTMS), there were 460 adults in contact with specialist substance misuse services in Wokingham during 2023/24, an increase of 46% compared to 2018/19 (315 adults), but a decrease of 3% compared to 2022/23 (475 adults). The largest increase has been in those seeking treatment for alcohol use only. Compared to those in treatment for drug use, people in treatment for alcohol use are more likely to be female and aged over 50.

2.17.2.4 Sexual health

Table 15: Sexual health

Area	Chlamydia detection rate per 100,000 (aged 15-24) (Persons) (2023)	HIV diagnosed prevalence rate per 1,000 (aged 15-49) (2022)	New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2023)	Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000 (2022)	Under-18 conception rate per 100,000 (2021)
Wokingham Borough	835	1.28	234	46.3	5.9
South East of England	1,271	1.86	367	40.6	12.6
England	1,546	2.33	520	33.5	15.5

⁵⁰ Alcohol Profile. Fingertips, Department of Health and Social Care

The following was noted for Wokingham Borough:

- Has lower chlamydia detection rates per 100,000 compared to England.⁵¹
- HIV diagnosed prevalence rate per 1,000 is also lower than the England's average.⁵²
- STI diagnosis was below the England level.⁵³
- The rate of LARC prescribing per 1,000 was higher compared to the level in England.⁵⁴
- Under-18 conception per 100,000 was lower than the national and regional rates.⁵⁵

2.18 Burden of disease

Long-term conditions are more prevalent in people over the age of 60 (58%) compared with people under the age of 40 (14%), and in people in more deprived groups, with those in the poorest social class having a 60% higher prevalence than those in the richest social class and 30% more severity of disease.⁵⁶

Wokingham Borough has a lower recorded prevalence of several mental health-related conditions compared to both regional and national averages.

Table 17 and Table 18 show the Quality and Outcomes Framework (QOF) prevalence for Wokingham Borough. QOF data shows recorded prevalence, therefore the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality. For example low rates may mean good health and health outcomes or poor case finding, reporting and coding at GP Practice level.

⁵¹ DHSC. Fingertips Public Health profiles - Chlamydia detection rate per 100,000 (aged 15-24) (Persons). [Accessed April 2025]

<https://fingertips.phe.org.uk/search/STI#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/91514/age/156/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵² DHSC. Fingertips Public Health profiles - HIV diagnosed prevalence rate per 1,000 (aged 15-49). [Accessed April 2025]

<https://fingertips.phe.org.uk/search/hiv#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵³ DHSC. Fingertips Public Health profiles - New STI diagnoses (excluding chlamydia, under 25 years) per 100,000. [Accessed April 2025]

<https://fingertips.phe.org.uk/search/STI#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁴ DHSC. Fingertips Public Health profiles - Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000. [Accessed April 2025]

<https://fingertips.phe.org.uk/search/LARC#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/92254/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁵ DHSC. Fingertips Public Health profiles - Under-18 conception rate per 100,000. [Accessed April 2025]

<https://fingertips.phe.org.uk/indicator-list/view/vtfZKIOsk#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁶ The King's Fund. Long-term conditions and multi-morbidity. 2012-2013. [Accessed April 2025]

<https://www.kingsfund.org.uk/insight-and-analysis/articles/time-to-think-differently-disease-disability#long-term-conditions-and-multi-morbidity>

2.18.1 Long term conditions

GP practice disease register data indicates that Wokingham Borough generally has a lower recorded prevalence of long-term conditions compared to regional and national averages.

Table 16: Percentage of patients recorded on GP Practice disease registers for long term conditions

Condition	Wokingham Borough	South East of England	England
Heart failure	1.0%	1.0%	0.9%
Asthma	6.3%	6.4%	6.5%
Atrial fibrillation	2.2%	2.4%	2.2%
Cancer	3.9%	3.9%	4.2%
Stroke	1.5%	1.9%	1.9%
Diabetes	6.3%	6.2%	7.1%
Coronary Heart Disease	2.3%	2.8%	3.0%
Peripheral Arterial Disease	0.3%	0.5%	0.6%
Hypertension	13.5%	15.0%	14.8%
Chronic Obstructive Pulmonary Disease (COPD)	1.0%	1.7%	1.9%
Rheumatoid arthritis	0.8%	0.8%	0.8%

- Heart failure:⁵⁷ Wokingham Borough has the same prevalence as the regional value (1.0%) and a similar prevalence to the England average (0.9%).
- Asthma:⁵⁸ Wokingham Borough (6.3%) is similar to both the regional (6.4%) and national average (6.5%).
- Atrial fibrillation:⁵⁹ Prevalence is the same as the England average (2.2%), but lower than the regional average (2.4%).

⁵⁷ DHSC. Fingertips Public health profiles – Heart Failure: QOF prevalence (All ages). [Accessed March 2025] <https://fingertips.phe.org.uk/search/Heart%20Failure#page/4/gid/1/pat/15/ati/502/are/E06000041/iid/262/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁵⁸ DHSC. Fingertips Public health profiles – Asthma: QOF prevalence (6+ yrs). [Accessed March 2025] <https://fingertips.phe.org.uk/search/Asthma#page/4/gid/1/pat/502/par/E06000041/ati/501/iid/90933/age/314/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁵⁹ DHSC. Fingertips Public health profiles – Atrial Fibrillation: QOF prevalence (All ages). [Accessed March 2025] <https://fingertips.phe.org.uk/search/Atrial%20fibrillation#page/4/gid/1/pat/15/ati/502/are/E06000041/iid/280/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

- Cancer:⁶⁰ Same value as for the region (3.9%) which is lower than the national average (4.2%).
- Stroke:⁶¹ Wokingham Borough (1.5%) is lower than both the region (1.9%) and England average (1.9%).
- Diabetes:⁶² Aligns closely (6.3%) with the regional average (6.2%) and both are lower than the national average (7.1%).
- Coronary Heart Disease:⁶³ Wokingham Borough (2.3%) and region (2.8%) are slightly below the England average (3.0%).
- Peripheral Arterial Disease:⁶⁴ Prevalence (0.3%) is below both the regional (0.5%) and national average (0.6%).
- Hypertension:⁶⁵ Wokingham Borough (13.5%) is lower than the regional (15.0%) and national (14.8%) averages.
- COPD:⁶⁶ Prevalence is lower in Wokingham Borough (1.0%) compared to the regional average (1.7%) and England average (1.9%).
- Rheumatoid Arthritis:⁶⁷ Wokingham Borough is the same as the regional and England average (0.8%).

2.18.2 Mental health

Wokingham Borough has a lower recorded prevalence of several mental health-related conditions compared to both regional and national averages.⁶⁸

Table 17: Percentage of patients recorded on GP Practice disease registers in 2024 for conditions that affect mental health

Area	Learning disabilities	Epilepsy	Dementia	Mental health ⁶⁹ (all ages)	Depression (2023)
Wokingham Borough	0.4	0.7	0.8	0.6	12.1

⁶⁰ DHSC. Fingertips Public health profiles – Cancer: QOF prevalence Proportion - %. [Accessed March 2025] <https://fingertips.phe.org.uk/search/cancer#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/276/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁶¹ DHSC. Fingertips Public health profiles – Stroke: QOF prevalence Proportion - %. [Accessed March 2025] <https://fingertips.phe.org.uk/search/stroke#page/4/gid/1/pat/15/ati/502/are/E06000041/iid/212/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁶² DHSC. Fingertips Public health profiles – Diabetes: QOF prevalence. [Accessed March 2025] <https://fingertips.phe.org.uk/search/Diabetes#page/4/gid/1/pat/502/par/E06000041/ati/501/iid/93347/age/187/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁶³ DHSC. Fingertips Public health profiles – CHD: QOF prevalence. [Accessed March 2025] <https://fingertips.phe.org.uk/search/CHD#page/4/gid/1/pat/502/par/E06000041/ati/501/iid/273/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁶⁴ DHSC. Fingertips Public health profiles – PAD: QOF prevalence (All ages). [Accessed March 2025] <https://fingertips.phe.org.uk/search/pad#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/92590/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁶⁹ schizophrenia, bipolar affective disorder and other psychoses

South East of England	0.6	0.8	0.8	0.8	13.8
England	0.6	0.8	0.7	1.0	13.3

- Learning disability:⁷⁰ Lower (0.4%) than the national average (0.6%).
- Epilepsy:⁷¹ The rate (0.7%) is slightly below the regional and national average (0.8%).
- Dementia:⁷² Same percentage as the region (0.8%), which is slightly above the national average (0.7%).
- Mental health (all ages):⁷³ Wokingham Borough (0.6%) prevalence is lower than both the regional (0.8%) and national average (1.0%).
- Depression:⁷⁴ The indicator for depression was last updated in 2023, when the QOF prevalence in Wokingham Borough was 12.1%, lower than both the national (13.3%) and regional average (13.8%).

⁶⁶ DHSC. Fingertips Public health profiles – COPD: QOF prevalence. [Accessed March 2025] <https://fingertips.phe.org.uk/search/COPD#page/4/gid/1/ati/501/are/E06000041/iid/253/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/eng-vo-1>

⁶⁷ DHSC. Fingertips. Public health profiles – Rheumatoid Arthritis: QOF prevalence Crude rate - %. [Accessed March 2025] <https://fingertips.phe.org.uk/search/Rheumatoid%20Arthritis#page/4/gid/1/pat/502/par/E06000041/ati/501/iid/912/69/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁶⁸ NHSE. QOF guidance for 2024/25 (QOF). April 2024. [Accessed November 2024] <https://www.england.nhs.uk/publication/quality-and-outcomes-framework-guidance-for-2024-25/>

⁶⁹ schizophrenia, bipolar affective disorder and other psychoses

⁷⁰ DHSC. Fingertips Public health profiles – Learning disability: QOF prevalence (All ages). [Accessed March 2025] <https://fingertips.phe.org.uk/search/learning%20disability#page/4/gid/1/pat/15/ati/502/are/E06000041/iid/200/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁷¹ DHSC. Fingertips Public health profiles – Epilepsy: QOF prevalence (18+ yrs) Proportion - %. [Accessed March 2025] <https://fingertips.phe.org.uk/search/epilepsy#page/4/gid/1/pat/15/ati/502/are/E06000041/iid/92485/age/288/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁷² DHSC. Fingertips Public health profiles – Dementia QOF prevalence Proportion - %. [Accessed April 2025] <https://fingertips.phe.org.uk/search/dementia#page/4/gid/1/pat/15/ati/502/are/E06000041/iid/247/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁷³ DHSC. Fingertips Public health profiles – Mental health (all ages) Proportion - %. [Accessed March 2025] <https://fingertips.phe.org.uk/search/mental%20health#page/4/gid/1/pat/15/ati/502/are/E06000041/iid/90581/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁷⁴ DHSC. Fingertips Public health profiles – Depression: QOF prevalence – retired after 2022/23 Proportion - %. [Accessed March 2025] <https://fingertips.phe.org.uk/search/Depression#page/4/gid/1938132831/pat/6/par/E12000008/ati/502/are/E06000035/iid/848/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

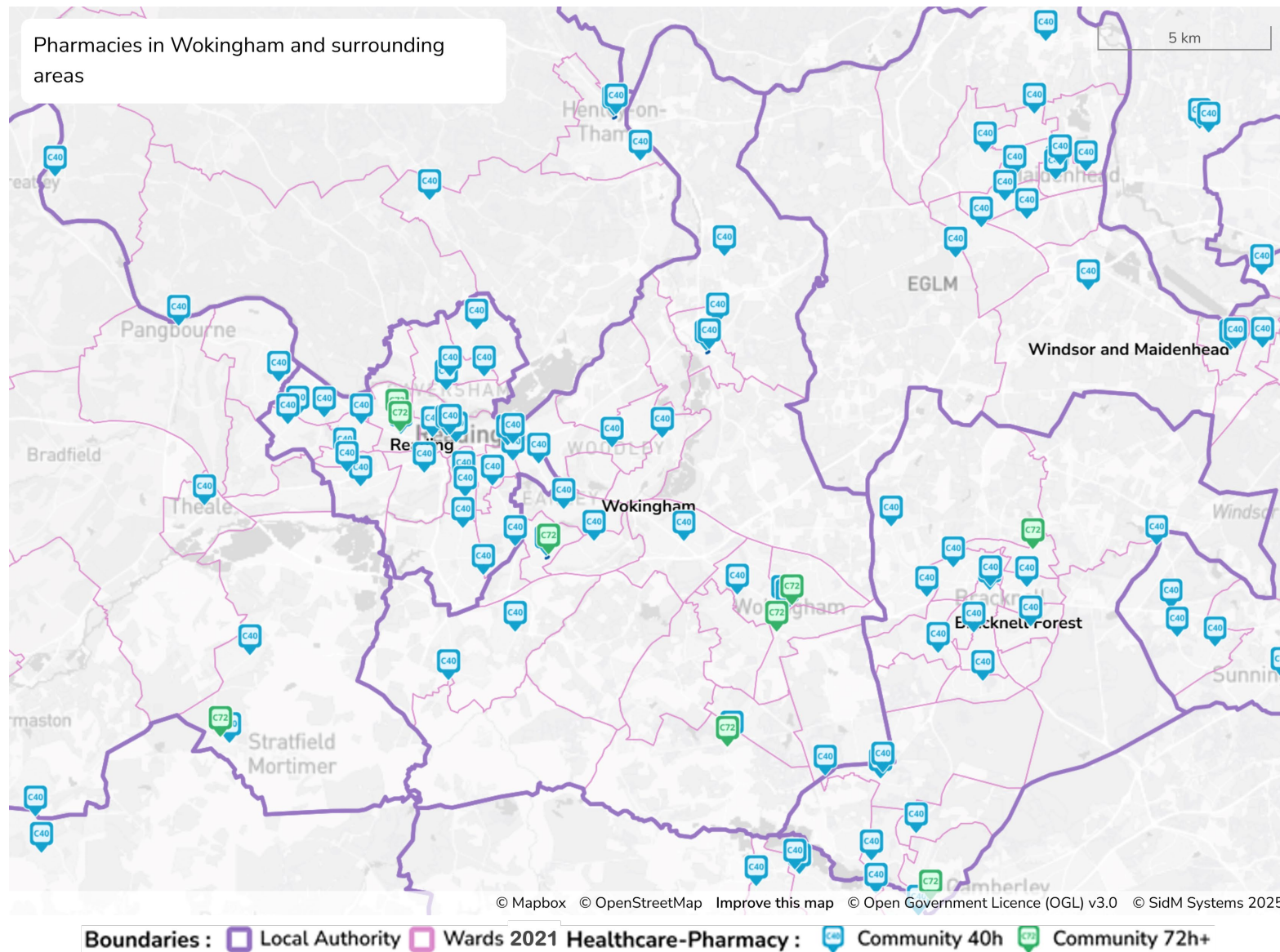
There are a total of 26 pharmacy contractors in the HWB area.

Table 18: Contractor type and number in Wokingham Borough

Type of contractor	Number
40-hour community pharmacies (including the PhAS)	16
72-hour plus community pharmacies	4
Distance Selling Pharmacies	0
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	1
Dispensing GP Practices	3 (5 includes all satellite sites)
Total	26 (including all sites)

A list of all contractors in Wokingham Borough and their opening hours can be found in Appendix A. Figure 11 shows all contractor locations.

Figure 10: Map of pharmacies in Wokingham Borough and surrounding areas



3.2 Community pharmacies

Table 19: Number of community pharmacies

Number of community pharmacies	Population of Wokingham Borough	Ratio of pharmacies per 100,000 population
20	185,147	10.8

Correct as of March 2025

Community pharmacies are described in [Section 1.5.1.1](#). There are 20 community pharmacies in Wokingham Borough, compared to 21 in the 2022 PNA

The reason for this is due to a previous community pharmacy on the border between Reading and Wokingham Borough was counted as part of the pharmaceutical list in Wokingham Borough in 2022. This has now been amended to be part of the pharmaceutical list for Reading Borough. The pharmacy remains open in the same location.

Full details of the community pharmacies in Wokingham Borough can be found in Appendix A.

Due to this decrease, and the increase in population, the ratio of community pharmacies per 100,000 has decreased from 12.1 in the 2022 PNA, to 10.8. If the pharmacy now classed in Reading is included, the number of community pharmacies per 100,000 population increases to 11.3. There has been a decline in the number of community pharmacies nationally as discussed in [Section 1.2](#).

Table 21 shows the change in the numbers of pharmacies over recent years compared with national averages. However, the England average cannot be used as a direct comparator, due to the nature of the area, and the supplemented access of dispensing GP practices within the borough. The number of pharmacies per 100,000 population has been lower in both of the previous assessments (PNA 2018 and 2022) and have decreased in line with the national trend.

Table 20: Number of community pharmacies per 100,000 population

Period	Wokingham Borough	England
2023-24	10.8	18.1
2021-22	12.1	20.6
2017-18	13.6	20.8

Source: ONS 2020 and 2023 mid-year population estimates and NHS BSA for number of pharmacies

[Section 1.6.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors as part of the contractual framework. Further analysis of the pharmaceutical service provision and health needs for Wokingham Borough is explored in [Section 6](#).

3.3 Distance-Selling Pharmacies (DSPs)

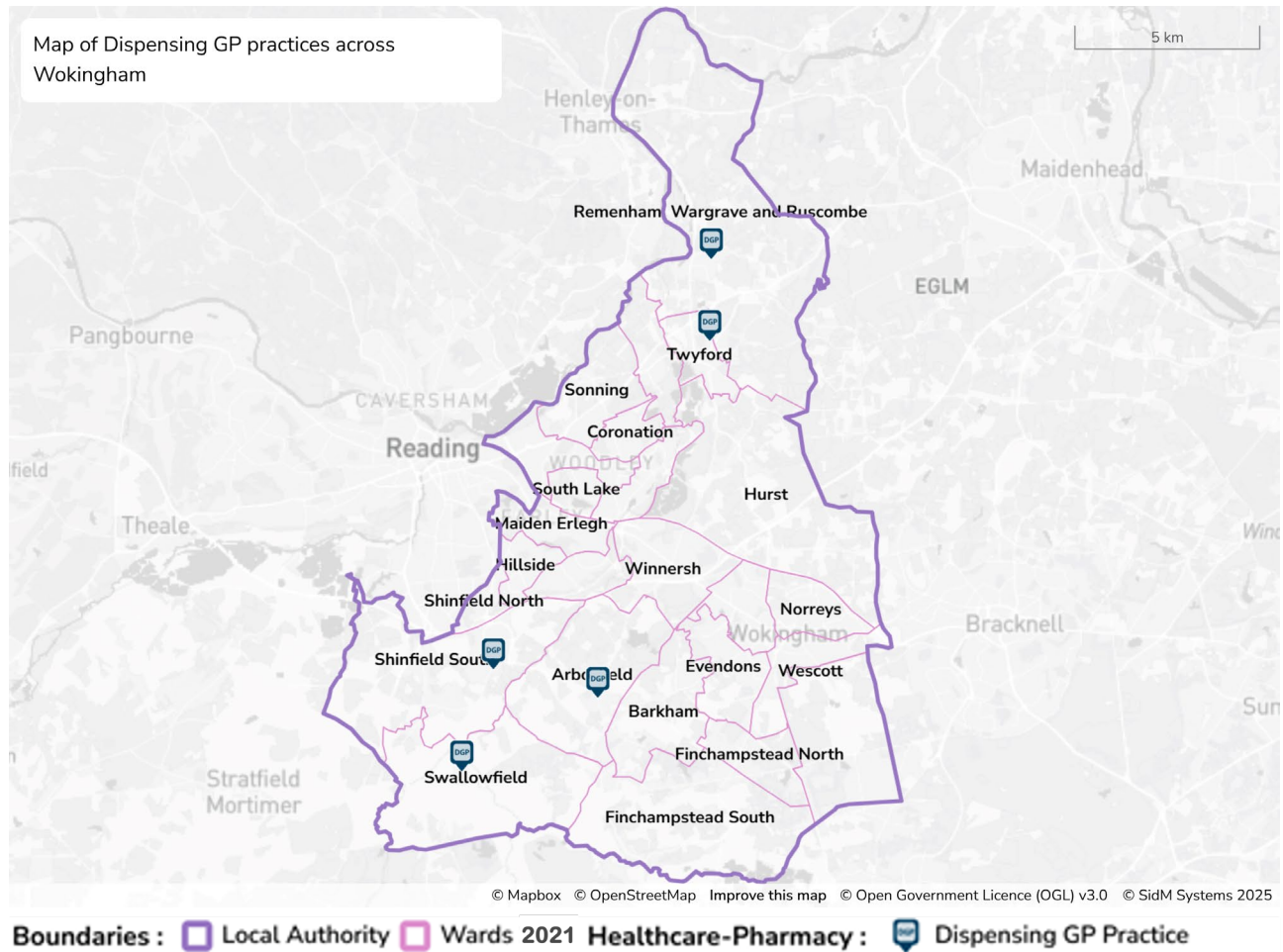
Distance-Selling Pharmacies are described in [Section 1.5.1.2](#). There are no DSPs in the area, same as in the 2022 PNA.

3.4 Dispensing GP practices

Dispensing GP practices are described in [Section 1.5.3](#).

In addition to the 20 community pharmacies, Wokingham Borough has five dispensing GP practice sites providing pharmaceutical services. Full details can be found in Appendix A. However, it should be noted that the dispensing GP practices can only dispense to a defined list of residents within a controlled locality. (Residents must live more than 1.6 kilometres away from a pharmacy to be eligible for dispensing services from a dispensing GP practice.)

Figure 11: Map of Dispensing GP practices



3.5 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors are described in [Section 1.5.2](#). There is one DAC in the area. Full details can be found in Appendix A.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Wokingham Borough. There are 111 DACs in England⁷⁵.

⁷⁵ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

3.6 Local Pharmaceutical Service (LPS) providers

LPS providers are described in [Section 1.5.1.4](#).

There are no LPS pharmacies in Wokingham Borough.

3.7 Pharmacy Access Scheme (PhAS) pharmacies

There are five PhAS providers in the borough and details of these can be found in Appendix A.

3.8 Pharmaceutical service provision provided from outside Wokingham

Wokingham Borough borders with seven other HWBs and has excellent road and regular public transport links into Reading and the towns of neighbouring HWB areas. Populations may therefore find community pharmacies in neighbouring areas more accessible and / or more convenient. Neighbouring areas include: Bracknell Forest, Buckinghamshire, Hampshire, Reading, Oxfordshire, West Berkshire, and Windsor and Maidenhead.

It is not practical to list here all those pharmacies outside the area by which local residents will access pharmaceutical services. A number of providers lie within close proximity to some of the borders of Wokingham Borough boundaries as shown in Figure 11. Further analysis of cross-border provision is undertaken in [Section 6](#).

Analysis of dispensing data has highlighted out approximately 183,952 items dispensed each month (between July – December 2024) by the pharmacies in the borough, accounting for an average of 9,142 items per community pharmacy.⁷⁶ This is slightly lower than the England average of 9,204 items per pharmacy monthly during the same period.

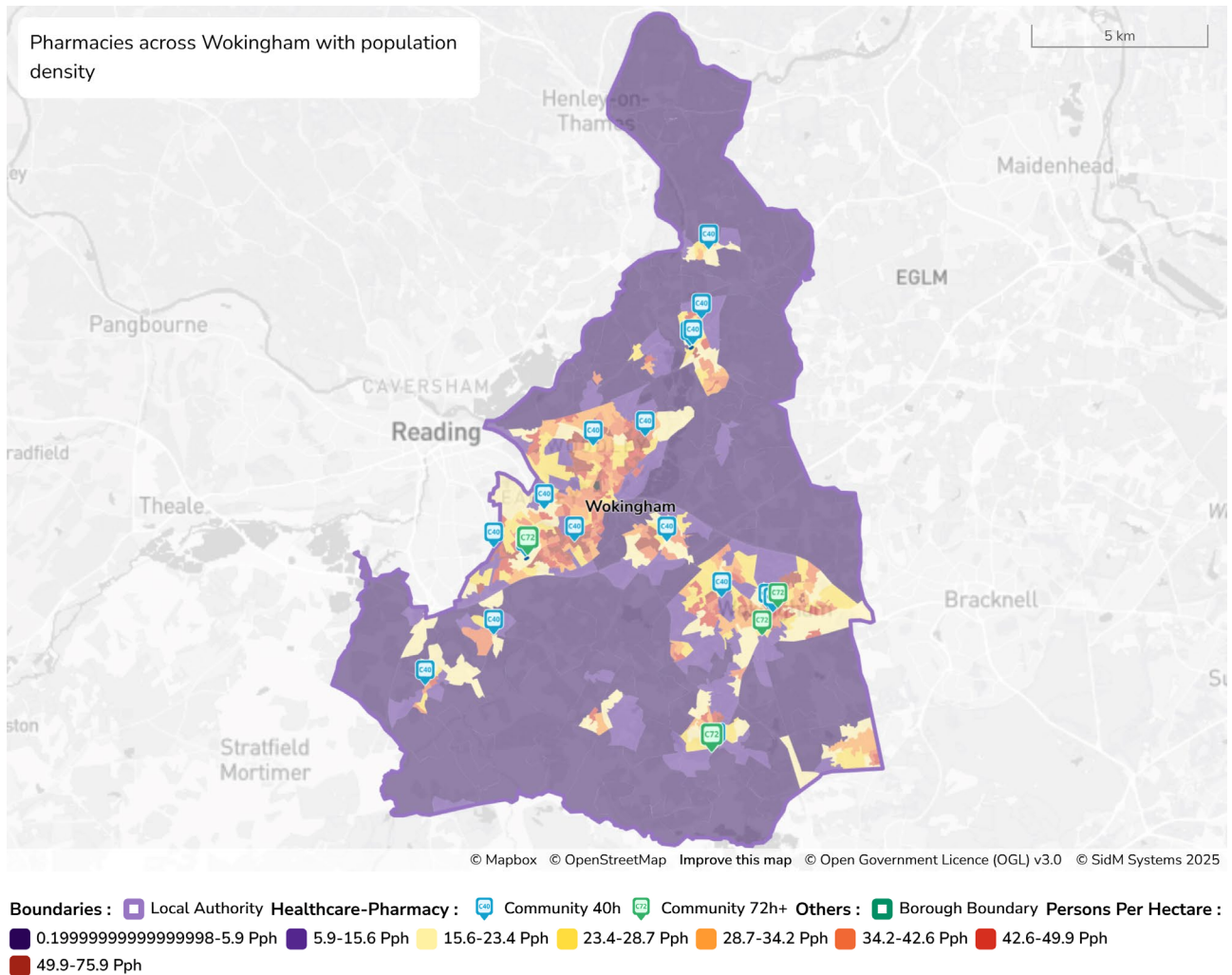
Around 87.5% of Wokingham Borough prescription items are dispensed by local pharmacies. The other 12.5% are dispensed by community pharmacies located outside the borough (including DSPs).

3.9 Access to community pharmacies

Community pharmacies in Wokingham Borough are particularly located around areas with a higher population, as seen in the map below. Many also provide extended opening hours and / or open at weekends.

⁷⁶ NHSBSA. Dispensing Contractors' Data July– December 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

Figure 12: Map of pharmacies with population density



A previously published article⁷⁷ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates and therefore greater health needs.

⁷⁷ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

While this is based on a relatively old publication, it still remains a useful reference in the absence of more recent data. A list of community pharmacies in Wokingham Borough and their opening hours can be found in Appendix A. Wokingham as discussed has a mixture of rural and urban areas so figures are not directly comparable.

3.9.1 Travel analysis

3.9.1.1 Car or van availability

Census 2021 data shows that the overall percentage of households who have access to at least one car or van is 91.0%, higher when compared to 83.1% in South East of England and 76.5% in England.⁷⁸

Table 21: Percentage of households with access to at least one car or van

Area	Percentage of households with access to at least one car or van
Wokingham Borough	91.0%
South East of England	83.1%
England	76.5%

3.9.1.2 Community transport schemes

There are a number of community transport schemes available across Wokingham Borough run by volunteers and charities. These schemes support residents such as the elderly or disabled who require door-to-door transport, but may not have access to a car or require aid and support accessibility⁷⁹.

3.9.1.3 Travel time to pharmacy

The following maps and table below show travel times to community pharmacies using a variety of options. The methodology applied for calculating travel times is described in Appendix E.

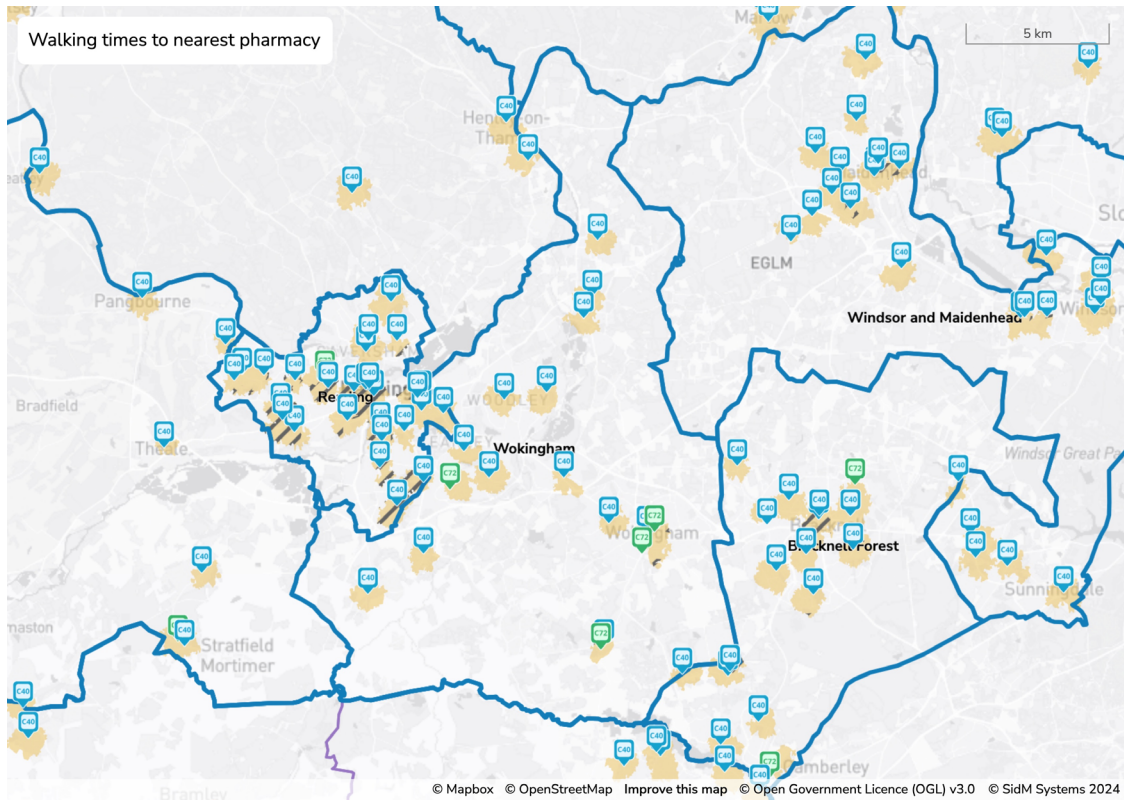
Table 22: Percentage of population that can travel to a community pharmacy for each travel method and time band

Travel method	0-10 minutes	0-20 minutes	0-30 minutes
Walk	24.2%	72.6%	90.0%
Private transport (peak)	95.6%	100%	100%
Private transport (off-peak)	97.8%	100%	100%
Public transport (peak)	24.2%	51.9%	75.6%
Public transport (off-peak)	24.9%	64.2%	82.0%

⁷⁸ ONS. 2021 Census Profile for areas in England and Wales. [Accessed April 2025] [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021)

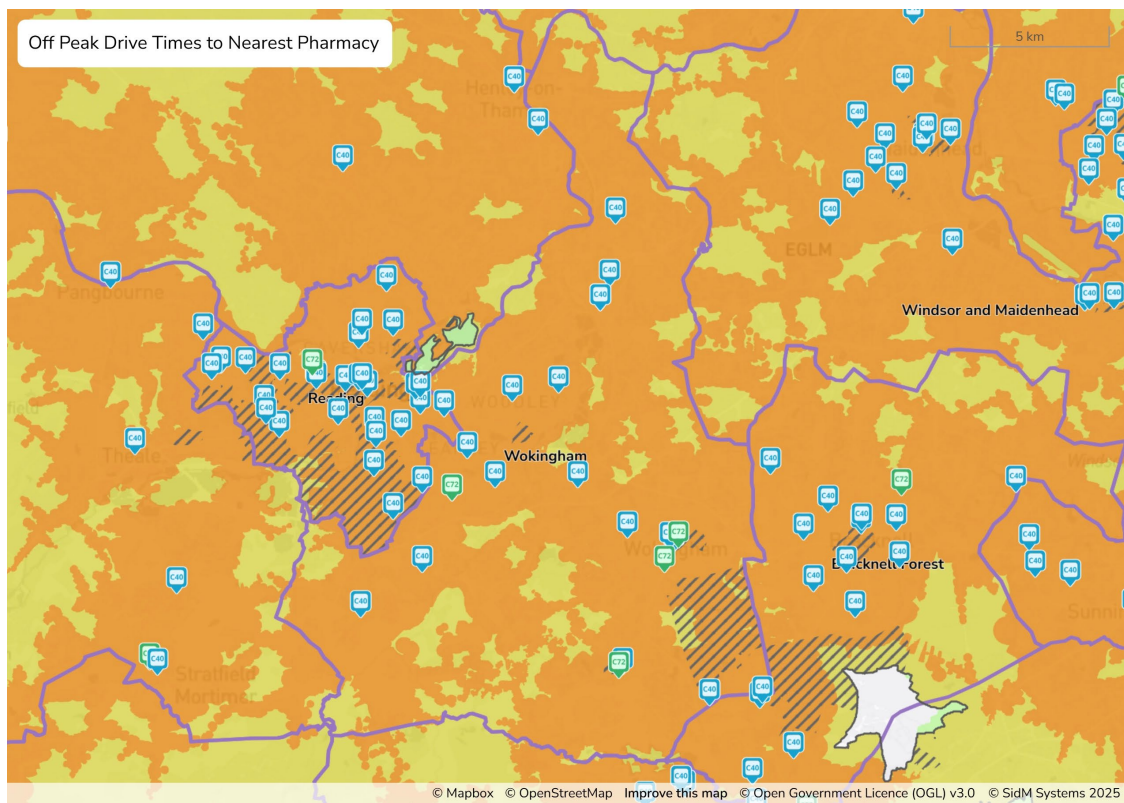
⁷⁹Example: https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.page?id=LbYaxv_QRAw

Figure 13: Average walk times to community pharmacies



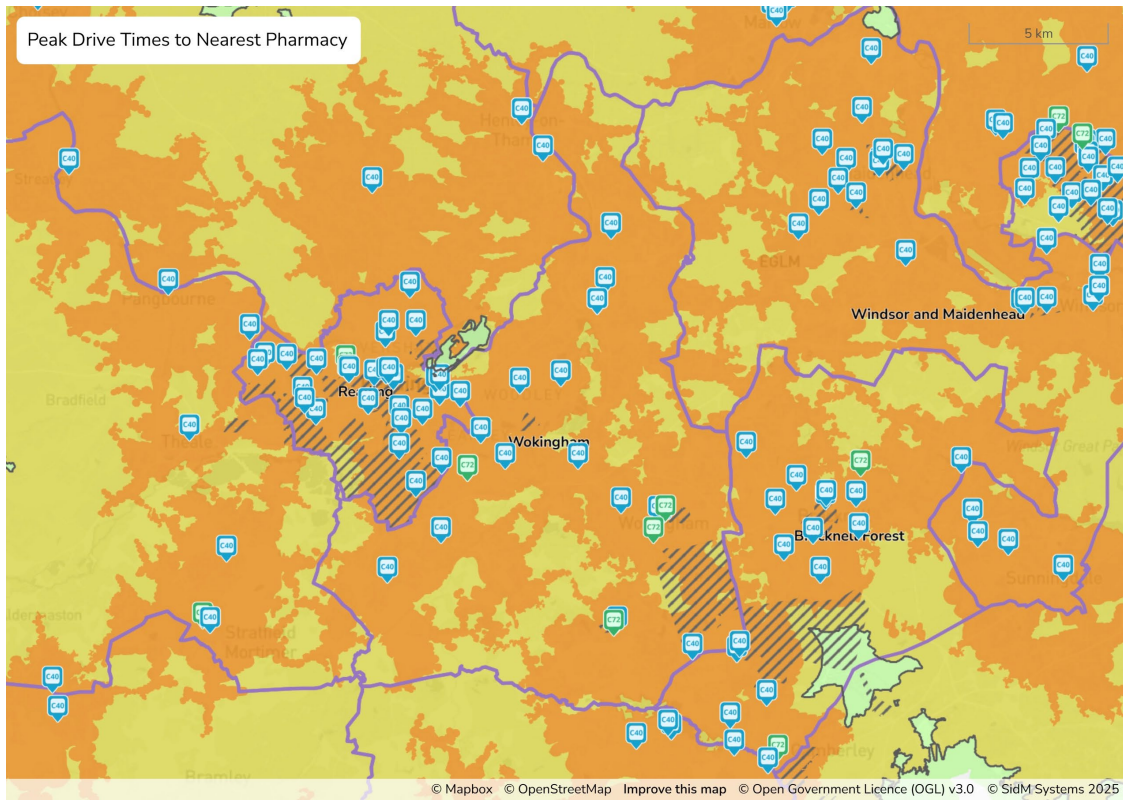
Boundaries : Local Authority Others : 0-10 Min 0-20 Min 0-30 Min Most Deprived(1,2) - : Community 72h+ Community 40h

Figure 14: Time to the nearest pharmacy with private transport (off peak)



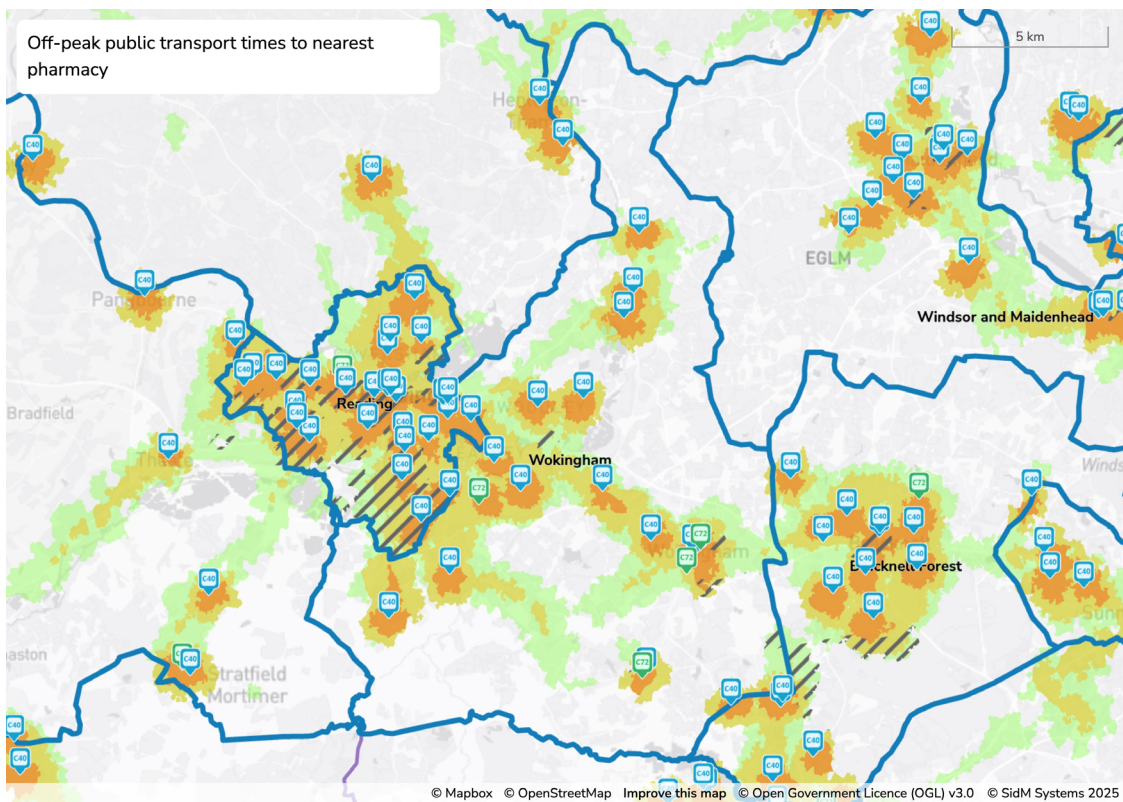
Boundaries : Local Authority Others : 0-10 Min 0-20 Min 0-30 Min Most Deprived(1,2) - : Community 72h+ Community 40h

Figure 15: Time to the nearest pharmacy with private transport (peak)



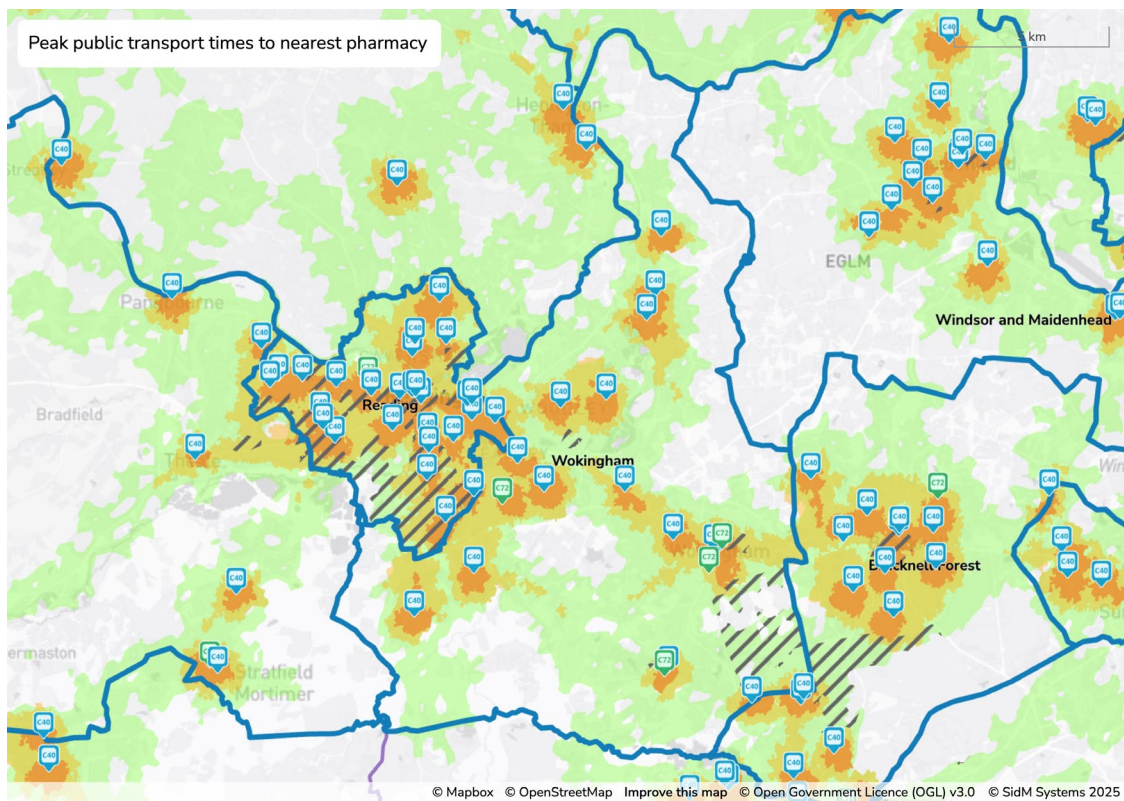
Boundaries : Local Authority Others : 0-10 Min 0-20 Min 0-30 Min Most Deprived(1,2) Community 72h+ Community 40h

Figure 16: Public transport times to the nearest pharmacy in Wokingham (off peak)



Boundaries : Local Authority Others : 0-10 Min 0-20 Min 0-30 Min Most Deprived(1,2) Community 72h+ Community 40h

Figure 17: Public transport times to the nearest pharmacy (peak)



Boundaries : Local Authority Others : 0-10 Min 0-20 Min 0-30 Min Most Deprived(1,2) - : Community 72h+ Community 40h

In summary, for Wokingham Borough:

- 72.6% of the population are able to walk to the pharmacy within 20 minutes which increases to 90% within 30 minutes.
- 100% of the population that have access to private transport can drive to a pharmacy within 20 minutes whether this is off peak or on peak.
- 51.9% are able to travel via public transport to a pharmacy within 20 minutes however 75.6% can reach a pharmacy within 30 minutes at peak times.

3.9.2 Weekend and evening provision

In May 2023 the PLPS Regulations 2013 were updated to allow 100-hour pharmacies to reduce their total weekly core opening hours to no less than 72 hours (“72-hour plus pharmacies”), subject to various requirements.

In the 2022 PNA there were four 100-hour pharmacies, which are the same as the 72-hour plus pharmacies in March 2025. Nationally there has been a decline in pharmacies with extended core opening hours - 100-hour community pharmacies in England in 2022 accounted for 9.4% of all pharmacies, compared to 72-hour plus pharmacies accounting for 7.7% at present.⁸⁰

⁸⁰ NHSBSA. Pharmacy Openings and Closures. March 2025. [Accessed April 2025]
<https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

Table 23: Number of 72-hour plus community pharmacies (and percentage of total)

Area	Number (%) of 72-hour plus pharmacies
Wokingham Borough	4 (20.0%)
England	806 (7.7%)

3.9.2.1 Routine weekday evening access to community pharmacies

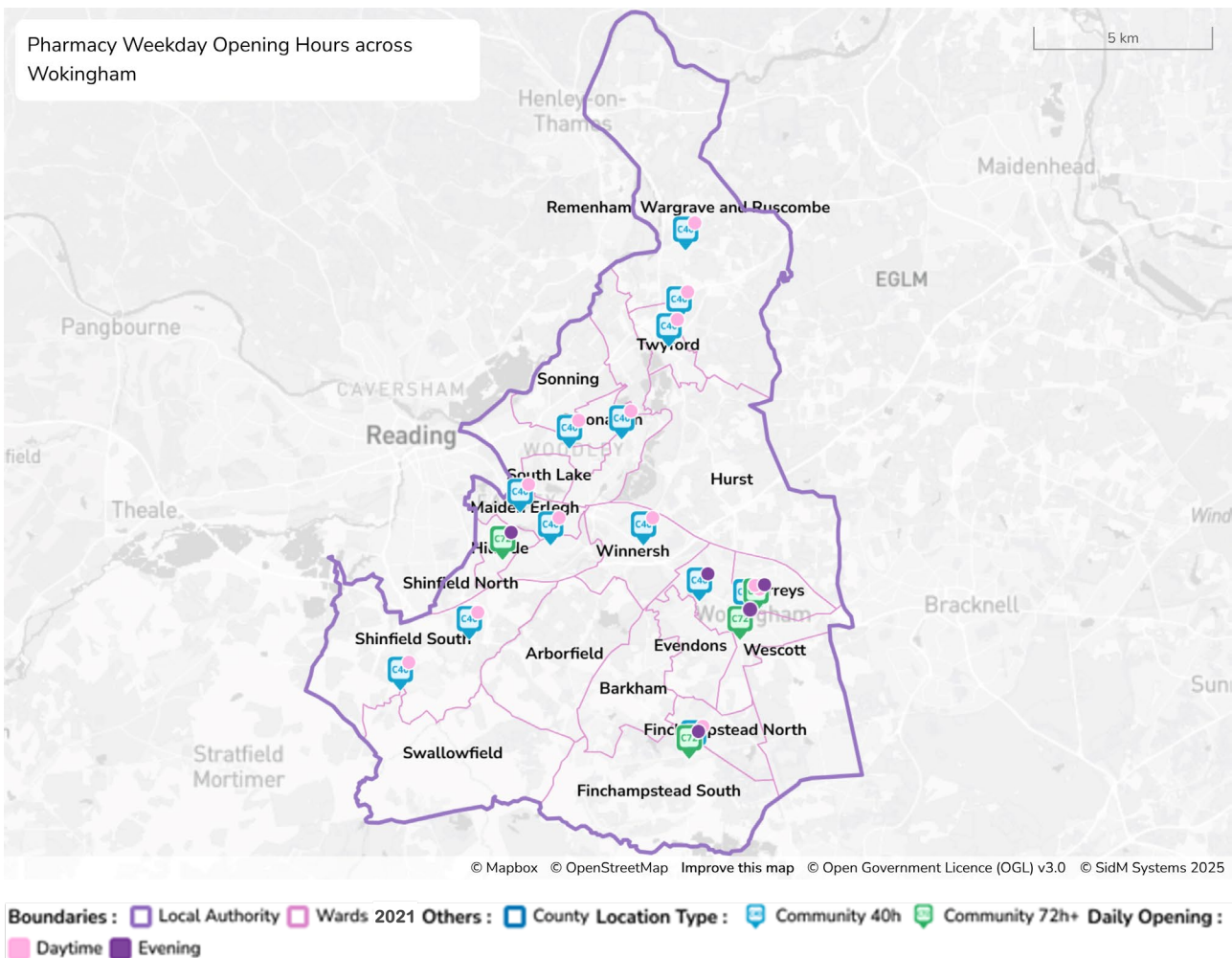
The number, location and opening hours of community pharmacy providers open beyond 6:30 pm, Monday to Friday (excluding bank holidays) varies. The number and percentage is shown below in Table 25. Full details of all pharmacies’ opening hours can be found in Appendix A.

Table 24: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6:30 pm, and on Saturday and Sunday

Number (%) of pharmacies open beyond 6:30 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
6 (30%)	16 (80%)	7 (35%)

The location of community pharmacies with their opening hours is shown in the map below.

Figure 18: Pharmacy weekday opening hours

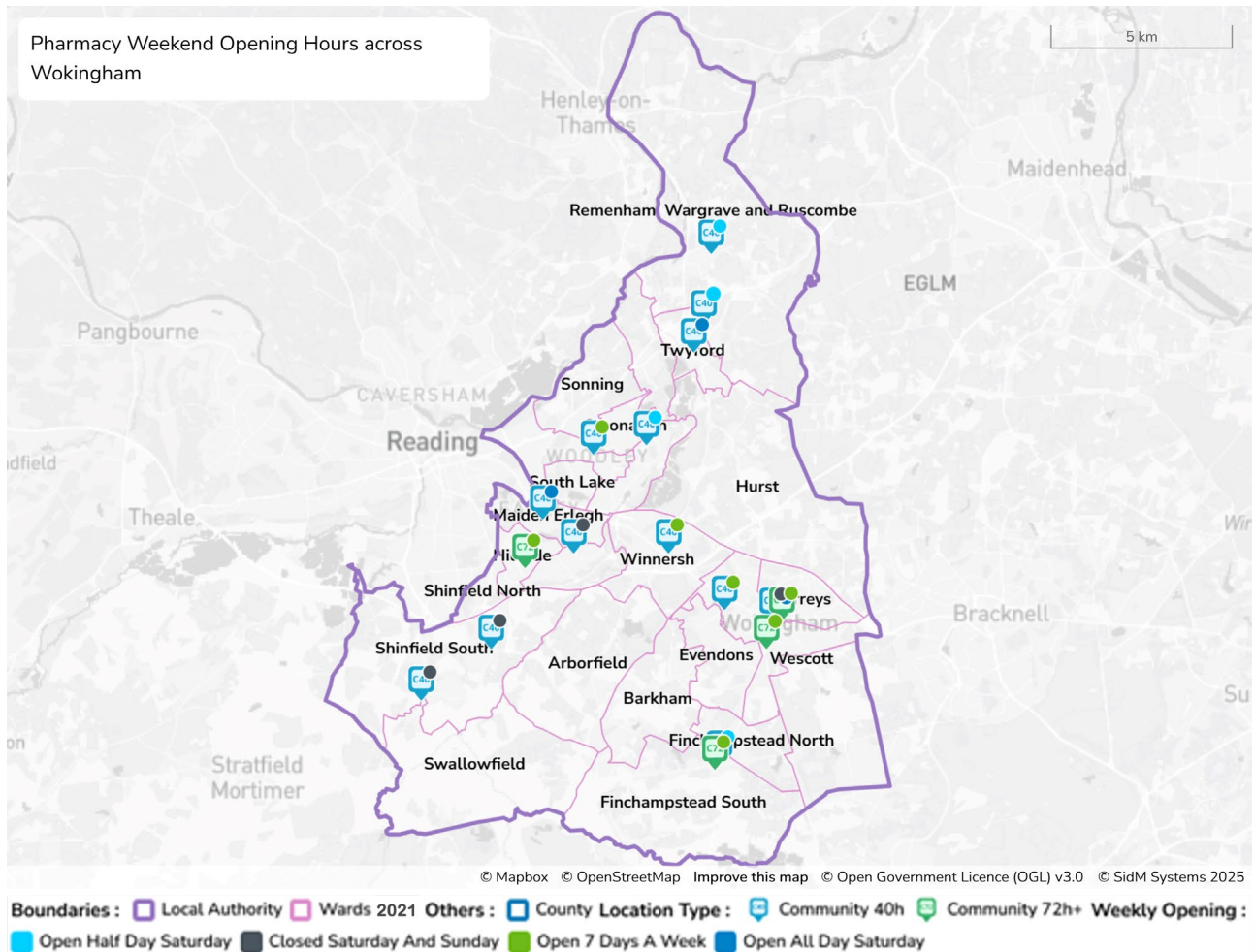


3.9.2.2 Routine Saturday and Sunday daytime access to community pharmacies

Of the 20 pharmacies in Wokingham Borough, 16 (80%) are open on Saturday, with the majority of which open into the late afternoon.

Fewer pharmacies (7, 35%) are open on Sunday than any other day, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A. Please see Figure 20.

Figure 19: Pharmacy weekend opening hours



3.9.2.3 Bank holiday access to community pharmacies

Community pharmacies are not obliged to open on bank holidays. While many opt to close, a number of pharmacies opt to open – often for limited hours.

The ICB has commissioned an enhanced service to provide coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.

BOB ICB publishes details of pharmacies in the area that are open during bank holidays⁸¹.

⁸¹ <https://www.england.nhs.uk/south-east/our-work/pharmacy-opening-hours/>

3.10 Advanced Service provision from community pharmacy

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professionals in a high street setting.

[Section 1.6.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. To understand provision across Wokingham Borough data has been sourced by various methods to populate Table 26. Data supplied from the ICB has been used to demonstrate how many community pharmacies have signed up to provide the Advanced Services and data from NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided, based on pharmacies claiming payment. Details of individual pharmacy providers can be seen in Appendix A.

It is important to note a discrepancy in some services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being delivered.

It should be noted that services, such as AUR and SAC have lower dispensing through Community Pharmacies as DACs (a specialised supplier of medical appliances and devices) provides these services. It is for this reason they are not considered relevant for the purpose of this PNA.

The numbers in the table below represent the count and percentage of providers who have claimed who signed up to the service, where information is available, and those that are providing the service (based on pharmacies claiming payment from July to December 2024).

Table 25: Summary of Advanced and Enhanced Services provision by community pharmacy

Service	Pharmacies signed up	Pharmacies providing and claiming payment
Pharmacy First	19 (95%)	20 (100%)
Flu Vaccination service	19 (95%)	20 (100%)
Pharmacy Contraception Service	17 (85%)	15 (75%)
Hypertension Case Finding Service	19 (95%)	20 (100%)
New Medicine Service	18 (90%)	20 (100%)
Hospital Discharge Smoking Cessation Service	5 (25%)	0 (0%)
Appliance Use Review *	N/A	0 (0%)
Stoma Appliance Customisation *	N/A	0 (0%)
LFD Service	18 (90%)	13 (65%)
COVID-19 Vaccination Service **	7 (35%)	N/A

* This service is typically provided by the DACs

**At the time of writing the service had only just restarted and therefore activity data does not reflect provision due to the seasonal trend in activity

Newer advanced services are increasing in activity based on activity recorded in the 2022 PNA. For example the Hypertension case finding service previously had low uptake nationally as well as in the borough, however data suggests good uptake across all contractors in Wokingham at the time of writing.

The Hospital Discharge Smoking Cessation Service as described in [Section 1.6.2](#) currently has low uptake in this area as well as nationally, with only 25% Wokingham pharmacies having signed up to provide the service. This service relies on a referral from secondary care, and although only five have signed up to deliver the service, it can be seen there has been no activity. Therefore, numbers should be interpreted with care, as they are low due to lack of referral, not due to the numbers of community pharmacies that have signed up to provide the service. It is for this reason they are not considered relevant for the purpose of this PNA.

3.11 Enhanced Service provision from community pharmacy

There is currently one National Enhanced Service commissioned through community pharmacies from NHSE. This is the COVID-19 vaccination service.

As shown in Table 26 there is just over a third of community pharmacies signed up to providing this service for the Autumn 2024 campaign. COVID-19 vaccinations are available to residents from other healthcare providers, such as GPs or hospital trusts for eligible patients.

Section 4: Other services that may impact on pharmaceutical services provision

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

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

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list. Some of these services are also not exclusive to community pharmacies and are often commissioned through a range of providers.

4.1 ICB and locally commissioned services

Table 27 and Table 28 detail the services provided across Wokingham Borough as commissioned from the local authority and the local ICB. A list of all contractors and commissioned services can be found in Appendix A

Table 26: Number and percentage of providers for ICB-commissioned services in Wokingham Borough

Service	Pharmacies signed up
Guaranteed provision of urgent medication	2 (10%)
Minor Ailment Scheme	3 (15%)
Bank holiday opening	2 (10%) ⁸²

Table 27: Number and percentage of providers for Wokingham Borough Council commissioned services

Service	Pharmacies signed up
Emergency Hormonal Contraception	4 (20%)
Smoking Cessation	7 (35%)
Needle exchange	3 (15%)

4.2 Other services provided from community pharmacies

4.2.1 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and is not part of the community pharmacy contractual terms of service. There has been a recommendation from the NPA that services like these should be stopped and no longer be available free of charge.

This would not be considered as part of a determination for Market Entry.

⁸² As discussed in Section 3.9.2.3, regarding the bank holiday service, although many community pharmacies opt to close, a number of them do opt to open. Therefore, there may have been more open than the number stated.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are no DSPs based in the area but there are 409 throughout England. Free delivery of appliances is also offered by DACs and there are 111 DACs throughout England (including one in this area).

4.2.2 Services for people with disability

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010⁸³, community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including persons with a disability.

From the 1,131 responders to the public questionnaire, 24% had identified that they have a disability. Of all the respondents, 44% stated that accessibility was not an important factor when choosing a pharmacy however 13% said it was very important.

4.2.3 Language services

There is an interpretation service⁸⁴ available from all community pharmacies across Wokingham Borough. This is commissioned centrally by BOB ICB. It provides:

- On-demand telephone interpretation
- Video interpretation
- Face-to-face interpretation
- Translation services.

4.3 Other services provided by dispensing GP practices

Although not listed as a pharmaceutical service within the PLPS Regulations 2013, Dispensing Review of Use of Medicines (DRUMs) may be provided by a dispensing GP practice that has opted to provide the Dispensing Services Quality Scheme (DSQS). The DSQS is an optional service commissioned by NHSE for dispensing GP practices to provide annually. A DRUM is a face-to-face review with the patient to find out their compliance with an agreement to their prescribed medicines, and to help identify any problems that they may be having.

It should also be noted that dispensing GP practices also typically provide the following services:

- Flu vaccination
- COVID-19 vaccination
- NHS health checks
- Sexual health services
- Stop smoking services
- Contraception
- Hypertension management

⁸³ Legislation. Equality Act 2010. October 2024. [Accessed April 2024] www.legislation.gov.uk/ukpga/2010/15/contents

⁸⁴ <https://cptv.org.uk/translation-services/> or <https://cptv.org.uk/our-news/new-language-interpretation-service-provider-details/>

4.4 Other providers that reduce the need for pharmaceutical service provision

The following are providers of pharmacy services in Wokingham Borough but are not defined as pharmaceutical services under the PLPS Regulations 2013, however reduce the need for pharmaceutical service provision, in particular the dispensing service.

- Personal administration of items by GP practices: GPs are able to personally administer certain items such as vaccines and certain injectable medications for reimbursement from the NHS.
- Flu vaccination service by GP Practices: GPs provide access to flu vaccination additionally to the service commissioned in pharmacies through the NHS Enhanced service.

4.5 Other services that may affect the demand for pharmaceutical service provision

4.5.1 Urgent care, walk-in centres and minor injury units

There are no urgent care, walk-in centres or minor injury units in Wokingham Borough. However, access is available in the neighbouring boroughs:

- Reading Urgent Care Centre, 1st Floor, 103-105 Broad Street Mall, Reading, RG1 7QA
- Bracknell Urgent Care Centre, Brants Bridge, Bracknell RG12 9RT
- Minor Injury Unit, Outpatients Department, Townlands Hospital, York Road, Henley-on-Thames, RG9 2EB
- Minor Injury Unit, West Berkshire Hospital, London Road, Thatcham, RG18 3AS

4.5.2 Extended hours provided by Primary Care Network (PCNs)

PCNs are required to provide enhanced access to appointments outside of the standard opening hours for most GPs to accommodate those who may need appointments outside typical opening working times.

4.5.3 Community nursing prescribing

Community nurses work in a variety of settings providing care to individuals outside of a normal acute or general practice setting. This can range from community-based clinics offering specialist services to directly visiting patients in their home.

4.5.4 Dental services

Dentists are able to prescribe through their dental practices and may issue prescriptions for their patients when necessary.

4.5.5 End of life services

These can be provided by a number of community teams for patients requiring palliative care which includes community nurses, specialist palliative care teams and hospices.

4.5.6 Sexual health centres

There is a sexual health service commissioned by Reading Borough Council, West Berkshire Council and Wokingham Borough Council. This is characterised by a ‘hub-and-spoke’ model with a Level 3 integrated sexual health service based in the Royal Berkshire Hospital, which is supported by Level 2 local services in each borough. This service provision is supported by three specialist outreach nurses who provide targeted support to vulnerable young people and for other vulnerable people including women whose children have been taken into care, commercial sex workers, drug or alcohol misusers and others.⁸⁵

4.6 Other services

The following services are provided by NHS pharmaceutical providers, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy / DAC and the customer / patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines / appliances and support medicines management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines / appliances to the home
- PGD service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

Community Pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded, and privately funded.

⁸⁵ Royal Berkshire NHS Foundation Trust. Sexual Health. [Accessed April 2025]
<https://www.royalberkshire.nhs.uk/services-and-departments/sexual-health>

Section 5: Findings from the public questionnaire

A questionnaire was conducted from 27 January 2025 to 9 March 2025 to understand how the public used and accessed pharmacy services in Wokingham Borough. Responses were sought through Wokingham Borough Council's Engage platform⁸⁶. Paper copies were available on request. Support for accessing or completing the survey was available from local libraries.

The questionnaire was circulated to engage stakeholders through various routes:

- Social media channels
- Posters displayed in libraries, leisure centres, pharmacies, GP practices, hospitals
- Council network:
 - Newsletters: including Sports, Leisure and Health, Resident's Roundup and Consultation newsletter, Education newsletter
 - Community Wellness Outreach, Children with Disabilities team, Housing team, Care Quality Providers Hub, Adult Social Care team,
 - All town and parish councils for including in any resident-facing content and councillors
 - Libraries
 - Leisure centres
- Healthwatch network
- BOB ICB network
- Voluntary Sector Action Group members and their network
- Equalities Forum members and their network

There were 1,131 responses, of which 10 were received as paper copies and the remaining 1,121 from the online survey. Compared to a population of 185,147 (0.61%), the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with certain groups not adequately represented limiting how generalisable the findings are. A report of the results can be found in Appendix D.

5.1 Demographic analysis

- 65% of the respondents identified themselves as female, 33% as male, 2% preferred not to say.
- The majority answering the survey were aged between 65+ (67%), followed by the 55-64 (17%) age group, and the 45-54 age group (9%). There were no responses for the under 16 and one in the 16-24 age groups.
- 24% identified themselves as disabled and 3% preferred not to say.

⁸⁶ Wokingham Borough Council. Give us your views on pharmacies in the borough. 10 March 2025. [Accessed April 2025] <https://engage.wokingham.gov.uk/projects/give-us-your-views-on-pharmacies-in-the-borough>

- The majority of respondents came from a White British background (91%) and 5% preferred not to say. The ethnicity distribution of the remaining 3% was as follows: 1% Asian, Asian British or Asian Welsh: Indian, 1% Asian, Asian British or Asian Welsh: Chinese, 1% various ethnic groups.
- For religion, most of the respondents identified as Christian (59%), followed by 28% who answered no religion or belief; 28 of the respondents preferred not to say and the remaining 3% were a combination of Other, Hindu, Sikh, Jewish, Buddhist and Muslim (in order of higher to lower responses).
- The sexual orientation of respondents was predominantly heterosexual (86%), 11% preferred not to say, <0.5% identified themselves as gay, 1% as lesbian and 2% as bisexual.

A detailed report of the results can be found in Appendix D.

When reporting of details of responses to the public questionnaire, some figures may not add up to 100% due to rounded numbers, multiple choice or some options not being included in a detailed report (e.g. “Prefer not to say”, “N/A” etc).

5.2 Visiting a pharmacy

- 92% had a regular or preferred local community pharmacy. Only 3% stated that they exclusively used an online pharmacy and 4% said that they used a combination of both.
- Most of the respondents (38%) visited a pharmacy once a month and was closely followed by option for a few times a month (36%). A further 17% opted for once every few months. Only 5% went once a week or more and 3% went once every six months. 1% of the respondents stated that they had not visited or contacted a pharmacy in the last six months.
- The most popular response for the time and day most convenient to the respondents that had a preference was weekdays between 9am-1pm (28%), followed by the same time on Saturday (23%).

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (88%) was to collect prescriptions for myself. A further 54% went to buy over-the-counter medicines.
- 42% of responses visited to collect prescriptions for somebody else.
- 41% indicated that they went to get advice from a pharmacist.
- Of the 5% of respondents that stated other reasons, pharmacy delivers was their main reason for usually going to a pharmacy.

5.4 Choosing a pharmacy

Respondents were asked to evaluate the importance of certain factors when choosing a pharmacy.

The responses show that:

- Availability of medication was a very important factor (82%) when choosing a pharmacy.

This was followed by:

- Quality of service (expertise) (71%)

- Location of pharmacy (70%)
- Customer service (62%).

Public transport, communication services and accessibility were considered as not being important at all by 48%, 46% and 44%.

5.5 Access to a pharmacy

- The main way patients access a pharmacy is by car, with 52% using this method. The next most common method is walking (40%).
- Only 2% indicated that they do not travel to a pharmacy but instead use a delivery service / online pharmacy.
- 88% reported that they were able to travel to a pharmacy in less than 20 minutes and overall, 96% being able to get to their pharmacy within 30 minutes. 1% stated that it took them longer between 30-40 minutes to get to their pharmacy and 3% said that they did not travel to the pharmacy.

5.6 Other comments

While there were positive comments acknowledging good service and the role of community pharmacy (201 mentions), also:

- 62 (6%) comments mentioned poor service (long waits, professionalism concerns)
- 62 (6%) comments reported slow service/long queues (often tied to being understaffed or lack of enough pharmacies).
- 50 (4%) comments called for more pharmacies, especially in Woodley (39).
- 27 (2%) comments requested longer opening hours, particularly evenings and weekends.
- Additional comments raised concerns over stock shortages, service accessibility, and physical space constraints.

Section 6: Analysis of health needs and pharmaceutical service provision

The purpose of this section is to provide an analysis of health needs and pharmaceutical service provision to establish if there is a gap or potential future gap in the provision of pharmaceutical services in Wokingham Borough.

6.1 Pharmaceutical services and health needs

Pharmaceutical services in Wokingham Borough contribute to the delivery of priorities set out in the Wokingham JSNA, the JHWS, and the BOB ICB strategy ([Section 2](#)). These include improving outcomes for people with long-term conditions, supporting mental health and wellbeing, reducing health inequalities, and embedding prevention and early intervention across the health system.

Community pharmacies are well positioned to support these priorities through the delivery of services commissioned under the CPCF. This includes essential services such as the dispensing of medicines and provision of public health advice, as well as advanced and locally commissioned services such as the Pharmacy First service, hypertension case-finding, and smoking cessation support. Pharmacies also contribute to medicines optimisation and provide accessible healthcare without the need for appointments, supporting residents who may face barriers in accessing other parts of the system. Through their accessibility and integration into primary care pathways, community pharmacies play a key role in supporting population health and the broader aims of the local health and care system.

6.2 Wokingham Borough current and future health needs

Wokingham Borough has a population of approximately [185,147](#) (2025 estimate). The population age profile indicates a higher proportion of school-aged children (5–17 years) and adults aged 40–54, and a lower proportion of young adults aged 18–24 and 25–39 compared to national averages. The Council area is one of the least deprived local authorities in England, with most areas ranked in the least deprived deciles of the [Index of Multiple Deprivation](#). [Life expectancy](#) in the borough is above the national average. These indicators reflect a relatively stable and established population, with implications for longer-term condition management, preventive services, and healthy ageing.

According to [2021 Census data](#), 73% of usual residents in Wokingham Borough identified as white British and 27% identified as being from an ethnic minority group. Excluding those who identify as white British, the most common ethnic groups were Indian (7% of total residents) and Other White (6% of total residents).

The majority of Wokingham Borough residents [speak English](#) as their main language (all adults in 90% of the households and at least one adult in 94% of households). However, there are pockets within the borough where language diversity is more pronounced, particularly in urban and more densely populated wards. A service is accessible through all community pharmacies to support this (see [Section 4.2.3](#)).

[Population projections](#) indicate a 2.39% increase by 2030, with households expected to grow by 7.6%, alongside planned housing development. There are small pockets of higher need identified through the Index of Multiple Deprivation, and areas with higher concentrations of ethnic minorities (including Gypsy and Traveller populations) and households that do not use English as their main language.

Prevalence data from GP practice disease registers shows that most [long-term conditions](#) are recorded at rates below or similar to regional and national averages. These include hypertension (13.5%), diabetes (6.3%), cancer (3.9%), COPD (1.0%), and heart failure (1.0%). The prevalence of mental health conditions (0.6%), learning disability (0.4%), and depression (12.1%) is also lower than both the South East and England rates.

However, low rates on some of these registers, particularly hypertension, can indicate lower rates of case finding, as well as lower than average population prevalence.

In relation to [substance misuse](#), national data indicates high levels of alcohol consumption, with 55% of men and 42% of women drinking weekly. In 2023/24, Wokingham recorded 442 alcohol-specific hospital admissions and 46 alcohol-related deaths. Estimates suggest 885 adults are alcohol dependent and 314 are dependent on opiates and/or crack, with significant unmet treatment needs. In 2023/24, 460 adults accessed specialist services, a 46% increase since 2018/19, with the largest rise among those seeking help for alcohol use, particularly women over 50.

6.3 Pharmaceutical service provision

There are 20 [community pharmacy contractors](#) across the area who provide a range of services as part of the contractual obligations and a number on a voluntary basis, commissioned either through NHSE as Advanced or Enhanced Services or through local commissioners based on local needs.

The Advanced and Enhanced Services support the needs of alleviating the burden on primary care services and improving access.

These services support by helping residents to manage their long term conditions, reduce hospital admissions by early intervention and prevention, and improve quality of life.

The locally commissioned services support the specific local needs and public health challenges and help address health inequalities. They target the needs to address health issues such as unplanned or unwanted pregnancies, STIs, smoking and substance misuse. Community Pharmacies are often found in areas of population density and / or high deprivation and allow for ease of access in these areas and making services more accessible.

The following have been considered as part of the assessment for Wokingham Borough to understand the needs of the population:

- National priorities as set out by the NHS LTP and Core20PLUS5
- The JSNA and local strategies that outline priority areas for improvement in the health and wellbeing of the local population including the JHWS and ICB Strategy.
- Population changes and housing developments across the next three years

- IMD and deprivation ranges compared with the relative location of pharmacy premises
- The burden of disease and population lifestyle risks
- Demographic profile of the Borough

The following have been considered to understand pharmaceutical service provision and access:

- The number of pharmacy contractors
- What choices do individuals have regarding which pharmacy they visit
- Weekend and evening access
- How long it takes to travel to the nearest pharmacy based on various transportation methods
- What services are provided
- The views of the public on pharmaceutical service provision

6.3.1 Necessary Services: essential services current provision across Wokingham Borough

Essential services must be provided by all community pharmacies. There are 20 community pharmacies in the borough. The estimated average number of community pharmacies per 100,000 population is 10.8, which is lower than the England average of 18.1. Of the 20 community pharmacies, 16 (80%) hold a standard 40-core hour contract, and four (20%) are 72-hour plus pharmacies. The proportion of community pharmacies that are 72-hour plus is higher than the England's average of 7.7%. There are no DSPs.

There are many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (80%) are open on Saturdays and 30% of community pharmacies open after 6:30 pm on weekdays. There are also 7 pharmacies (35%) open on Sundays in the borough.

There is one DAC in the borough.

Patients living in more rural areas have access to five dispensing GP practices to access pharmaceutical services.⁸⁷

There are also a number of accessible community pharmacies in the neighbouring HWB areas: Oxfordshire and Buckinghamshire to the North; Bracknell Forest and Windsor and Maidenhead to the East; Hampshire to the South; and Reading and West Berkshire to the West.

6.3.2 Necessary Services: essential services gaps in provision across Wokingham Borough

Based on the analysis below there is adequate access to the essential pharmaceutical services across Wokingham Borough.

Comprehensive coverage across the borough:

- There are 20 community pharmacies and five dispensing GP practice sites, well distributed across both urban and rural areas.

⁸⁷ Residents must live more than 1.6 kilometre away from a pharmacy to be eligible for dispensing services from a dispensing GP practice.

- The existing network ensures geographic coverage, including provision in areas of higher population density and support for rural communities via dispensing doctors.

Good access during normal and extended hours:

- 80% of pharmacies are open on Saturdays, 35% open on Sundays, and 30% offer extended weekday hours past 6:30 pm.
- These opening patterns ensure that access is maintained during and outside of normal working hours.

Accessibility via transport:

- 91% of households have access to a car or van, well above national averages.
- 90% of residents can walk to a pharmacy within 30 minutes, and 100% can reach one by private transport within 20 minutes at any time of day.
- Using public transport, 76% can reach a pharmacy in 30 minutes during peak times, increasing to 82% off-peak.
- Individuals are able to travel to a pharmacy within reasonable times. Although it may take longer for some residents in the more rural areas, this would be similar to accessing other healthcare services or out of hours services in person at evenings and weekends.

Utilisation of pharmacies in bordering areas:

- Residents near borough borders can access pharmacies in neighbouring areas, in particular in Reading, Bracknell Forest, Windsor and Maidenhead, the north of Hampshire and South Oxfordshire, further supporting overall coverage. One of the pharmacies within 1-mile of Wokingham borders has a 72 hour contract, and others are also open in the evenings and weekends.

Public feedback confirms adequate access:

- Public feedback suggests that while the majority of respondents are able to access a pharmacy within 30 minutes (96%), a small percentage did raise concerns around service delays, limited opening hours, and pharmacy availability. This was in relation to specific areas such as Woodley which is in the west.
- These concerns highlight areas for potential service improvement despite overall reasonable physical access.

Future need

A key consideration in this determination is planned population and housing growth. Wokingham Borough's population is projected to grow by 2.39% (approx. 4,433 people) between 2025 and 2030. During the same period, the number of households is expected to increase by 7.6%, from 68,199 to 73,372, with 2,321 new dwellings planned between 2024 and 2029.

The current community pharmacy network across Wokingham Borough is adequate to meet the predicted population and housing growth across Wokingham Borough up to 2028. No new or future gaps in provision have been identified as a result of planned developments during the lifetime of this PNA.

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

However, the current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary. Measures such as internal system reviews, workforce development, digital solutions, workflow improvements, and innovations like automation and hub-and-spoke dispensing models will help maintain service quality and resilience.

Although the number of community pharmacies is below the national average, residents do have access to a large number across the border, and where population density is the highest within the Wokingham Borough.

Additionally, there is no identified evidence of unmet need or adverse outcomes arising from this lower number of pharmacies per 100,000.

Wokingham Borough HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

No gaps in the provision of Necessary Services have been identified for Wokingham Borough HWB.

6.3.3 Other relevant services: current provision

Other relevant services are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services.

Table 26 in [Section 3.10](#) shows the provision of Advanced and Enhanced services by community pharmacies in Wokingham Borough HWB area.

Regarding access to **Advanced** services, it can be seen that there is very good availability of most services.

Regarding access to **Enhanced** Services, seven community pharmacies (35%) offer the COVID-19 vaccination service which is also offered as a service from general practice or hospital trusts.

Advanced and Enhanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting. However, the absence of a service due to a community pharmacy not signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across Wokingham Borough through the existing community pharmacy network.

No gaps in the provision of Relevant Services have been identified for Wokingham Borough HWB.

6.4 Improvements and better access: gaps in provision across Wokingham

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Wokingham Borough.

Section 7: Conclusions

The steering group provides the following conclusions on the basis that funding is at least maintained at current levels and / or reflects future population changes.

There is a wide range of pharmaceutical services provided in the area to meet the health needs of the population. The provision of current pharmaceutical services and locally commissioned services are distributed across the area, providing good access throughout Wokingham Borough.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth, it is imperative that accessibility to pharmacy services is monitored, and the considerations actioned to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the PLPS Regulations 2013.

For the purposes of this PNA, only Essential Services for Wokingham Borough HWB are to be regarded as Necessary Services.

Other Advanced Services (excluding SCS, AUR, SAC) and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services have been considered and reviewed for provision. However, as they are not NHS commissioned services and are outside of the scope for market entry decisions, they have been excluded in the final analysis of service provision and adequacy. Local commissioners should review and consider these locally.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in [Section 1.6.1](#). Access to Necessary Service provision in Wokingham Borough is provided in [Section 6.3](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the PLPS Regulations 2013:

Necessary Services – normal working hours

There is no gap in the provision of Necessary Services during normal working hours across Wokingham Borough to meet the needs of the population.

Necessary Services – outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across Wokingham Borough to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Wokingham Borough.

7.1.3 Other relevant services – gaps in provision

Advanced Services (excluding SCS, AUR, SAC) and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.6.2](#) and the provision in Wokingham Borough discussed in [Section 6.3](#).

[Section 7.1.4](#) discusses improvements and better access to services in relation to the health needs.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future circumstances have been identified across Wokingham Borough.

[Section 8](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Wokingham Borough.

There are no gaps in the provision of Advanced Services at present or in the future (next three years) that would secure improvements or better access to services in Wokingham Borough.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.6.3](#) and the provision in Wokingham Borough discussed in [Section 3.11](#) and in [Section 6.3](#).

[Section 6](#) discusses access to services in relation to the health needs of Wokingham Borough, and [Section 6.4](#) summarises improvements and better access.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances have been identified across Wokingham Borough.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to Enhanced Services across Wokingham Borough.

7.1.4 Improvements and better access – gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Wokingham Borough.

Section 8: Future opportunities for possible community pharmacy services in Wokingham Borough

8.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the PLPS Regulations 2013.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development, and delivery must be planned carefully. However, many of the health priorities, national or local, can be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

National and Wokingham Borough health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the local population are listed in [Section 2.17.2](#) and [2.18](#) and are considered when looking at opportunities for further community pharmacy provision.

8.2 Further considerations

Health needs and highest risk factors for causing death and disease for the borough population are stated in [Section 2](#) and [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Wokingham Borough.

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-year Health Plan and Change NHS initiative⁸⁸. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities and integrated care.

⁸⁸ DHSC. Change NHS: help build a health service fit for the future - initial surveys. 1 April 2025. [Accessed April 2025]. <https://www.gov.uk/government/publications/change-nhs-help-build-a-health-service-fit-for-the-future/change-nhs-help-build-a-health-service-fit-for-the-future>

The most appropriate commissioning route would be through the ICS as Enhanced pharmaceutical services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

CPE commissioned leading health think tanks Nuffield Trust and The King's Fund to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.

1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing

- Community pharmacies should be integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the hypertension case-finding and hospital discharge smoking cessation service should be prioritised to reduce the incidence of long-term conditions.
- The role of pharmacy in supporting delivery of NHS health checks
- Local authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies and support Health Living Pharmacy Framework.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and Locally Commissioned Services (LCSs) to address inequalities, supporting equitable access to services such as sexual health and reproductive health, smoking cessation, cardiovascular risk screening, and weight management.
- Coordinated campaigns to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Incentives should be considered for pharmacies to expand their service offering and address local health disparities, particularly where there is under provision of LCSs.

3) Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients

- Community pharmacy should be considered a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, local authorities and PCNs.
- Medicines optimisation services, including repeat dispensing, the NMS and the Discharge Medicines Service should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between commissioners for improved holistic and accessible care.

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be considered to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the CPCF.

- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should continue to be expanded, with pharmacy technicians supporting service delivery under PGDs and pharmacy staff providing 'making every contact count' interventions.

5) Enhancing public awareness and digital transformation

- Coordinated public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of point-of-care testing services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension and respiratory diseases.

6) Monitoring future demand and improving public engagement

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.
- Future PNAs should incorporate enhanced stakeholder and public engagement strategies to ensure services reflect local priorities and community health needs.
- Better coordination with local patient groups to understand local needs, such as Patient Participation Groups.

7) Community-based medicines management: Living well with medicines

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure of general practice and shared responsibilities managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations ensure that community pharmacy plays a central role being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management – ultimately improving the health and wellbeing of Wokingham Borough residents.

Appendix A: List of pharmaceutical services providers in Wokingham Borough

Key to type of provider:

CP – Community Pharmacy

DAC – Dispensing Appliance Contractor

Disp – Dispensing GP practice

Key to services: Services listed are only those provided through community pharmacies so they are blacked out for the dispensing GP practices. Description of these services are available in [Sections 1.6.2](#), [1.6.3](#) and [4.1](#). Pharmacies providing the services are from signed up list unless stated otherwise.

AS1 – Pharmacy First (from NHS BSA claims from dispensing activities July – December 2024)

AS2 – Flu Vaccination service (from NHS BSA claims from dispensing activities July – December 2024)

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service (from NHS BSA claims from dispensing activities July – December 2024)

AS5 – New Medicine Service (from NHS BSA claims from dispensing activities July – December 2024)

AS6 – Smoking Cessation Service

AS7 – Appliance Use Review (provided by DACs only – not included in table)

AS8 – Stoma Appliance Customisation (provided by DACs only – not included in table)

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

ICBS1 – Guaranteed Provision of Urgent Medication

ICBS2 – Minor Ailment Scheme

ICBS3 – Bank holiday opening

LAS1 – Emergency Hormonal Contraception

LAS2 – Supervised Consumption

LAS3 – Needle Exchange

Wokingham Borough pharmaceutical list

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3
Asda Pharmacy	FA448	CP	Chalfont Way, Lower Earley, Reading	RG6 5TT	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-	-
Boots the Chemists	FLD94	CP	89-91 Crockhamwell Road, Woodley, Reading	RG5 3JP	09:00-18:30	09:00-17:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-
Boots the Chemists	FMQ41	CP	40 Market Place, Wokingham	RG40 1AT	08:30-18:00	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-
Day Lewis Pharmacy	FG634	CP	Welford House, Basingstoke Road, Spencers Wood, Reading	RG7 1AA	09:00-13:00, 14:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-
Day Lewis Pharmacy	FL267	CP	Finchampstead Surgery, 474-478 Finchampstead Road, Finchampstead	RG40 3RG	08:30-21:00	08:30-21:00	10:00-17:00	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-
Day Lewis Pharmacy	FPA84	CP	1-2 Loddon Vale Centre, Hurricane Way, Reading	RG5 4UX	08:45-18:30 (Mon 08:45-13:00, 14:00-18:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-
Day Lewis Pharmacy	FTX84	CP	19 London Road, Twyford, Reading	RG10 9EH	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	-	-

Wokingham Borough DRAFT 2025 PNA

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3
Day Lewis Pharmacy	FHJ96	CP	15 Maiden Lane Centre, Lower Earley, Reading	RG6 3HD	09:00-13:00, 14:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-
Fields Pharmacy	FW845	CP	1a Longfield Road, Twyford, Reading	RG10 9AN	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-	-
Jats Pharmacy	FQ649	CP	422a Finchampstead Road, Finchampstead, Wokingham	RG40 3RB	09:00-13:00, 14:00-18:00 (Mon 09:00-13, 14:00-18:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y
Morrisons Pharmacy	FGV18	CP	Woosehill Court, Wokingham	RG41 3SW	08:30-19:00	09:00-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-
Newdays Pharmacy	FKE74	CP	1 London Road, Twyford, Reading	RG10 9EH	09:00-18:00	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	Y	Y
Rose Street Pharmacy	FNC80	CP	Wokingham Medical Centre, 23 Rose Street, Wokingham	RG40 1XS	09:00-14:00, 15:00-21:00	10:00-15:00, 16:00-21:00	09:00-18:30	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-
Shinfield Pharmacy	FA593	CP	Shinfield Primary Care Centre, School Green, Shinfield	RG2 9EH	09:00-13:00, 14:00-18:00	Closed	Closed	-	Y	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	Y	-
Tesco Pharmacy	FF045	CP	78 Finchampstead Road, Wokingham	RG40 2NS	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-
Wargrave Pharmacy	FW306	CP	48 Victoria Road, Wargrave, Reading	RG10 8AE	09:00-17:30	09:00-12:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-
Winnersh Pharmacy and Clinic	FPT93	CP	383-385 Reading Road, Winnersh, Wokingham	RG41 5LT	08:00-18:00	08:00-18:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Wokingham Pharmacy	FT446	CP	33 Broad Street, Wokingham	RG40 1AU	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3
Your Local Boots Pharmacy	FNE16	CP	5 The Parade, Silverdale Road, Earley, Reading	RG6 7NZ	09:00 - 18:00 (Wed 09:00 - 17:30)	09:00-17:30	Closed	-	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-
Your Local Boots Pharmacy	FY485	CP	Unit 2, Asda Mall, Lower Earley District Centre, Lower Earley, Reading	RG6 5GA	08:30-13:00, 14:00-20:00	08:30-13:00, 14:00-19:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-
Fittleworth Medical Ltd	FHT00	DAC	Unit 1-2 Twyford Bus Park, Station Road, Twyford, Reading	RG10 9TU	09:00-15:00	Closed	Closed																
Swallowfield Medical Practice	K81003	Disp	The Street, Swallowfield	RG7 1QY																			
Millworth Lane Surgery	K81003001	Disp	Millworth Lane, Shinfield	RG2 9EN																			
Arborfield Village Hall Surgery	K81003002	Disp	Arborfield Village Hall, Eversley Road, Arborfield Cross	RG2 9PQ																			
The Wargrave Surgery	K81055	Disp	Victoria Road, Wargrave	RG10 8BP																			
Twyford Surgery	K81070	Disp	Loddon Hall Road, Twyford	RG10 9JA																			

Appendix B: PNA project plan

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
<p>Stage 1: Project planning and governance</p> <ul style="list-style-type: none"> Stakeholders identified and PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at first local sub group meeting Prepare questionnaires for initial engagement 												
<p>Stage 2: Research and analysis</p> <ul style="list-style-type: none"> Collation of data from the Council, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing and new developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at local sub group meeting 												
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA for consultation at local sub group meeting and update for HWB 												
<p>Stage 4: Consultation and final draft production</p> <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at the local sub group meeting and HWB Edit final PNA 2025 ready for publication 												

Appendix C: BOB-wide PNA Steering Group terms of reference

1. Background

Pharmaceutical Needs Assessments (PNAs) are used when considering applications for new pharmacies in an area and by commissioners to identify local health needs that could be addressed by pharmacy services. From 1st April 2013, the statutory responsibility for publishing and updating PNAs was passed to Health and Wellbeing Boards (HWBs).

HWBs have a duty to produce PNAs by October 2025 for the 2025-2028 period. The HWBs of the five local authorities across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) footprint have delegated some responsibilities of the PNA to a steering group of partners. This collaborative approach aims to encourage the widest range of stakeholders and those with an interest in the PNA to participate in its development, whilst reducing the burden on some partners to contribute to five separate PNAs.

Following local discussions, it has been agreed to establish a BOB-wide Steering Group to oversee the progress of the five PNAs in the BOB ICB footprint.

2. Remit and functions of the group

The primary role of this BOB Steering Group is to oversee the PNA process across the BOB area, building on expertise from across the local healthcare community. In particular, this BOB Steering Group will:

- i. Ensure the PNAs comply with relevant legislation and meet the statutory duties of the HWBs
- ii. Ensure representation and engagement of a range of stakeholders
- iii. Work collaboratively across the BOB area to ensure that the evidence base is joined up and definitions are consistent, to better support the Integrated Care Board and Local Authorities in their commissioning decisions
- iv. To communicate to a wider audience on how the PNA is being developed
- v. Ensure that the PNAs link with both national and local priorities
- vi. Ensure that the PNAs reflect future needs of the populations of the five respective HWB areas
- vii. Ensure that the PNAs become an integral part of the commissioning process
- viii. Ensure that the PNAs inform the nature, location and duration of additional services that community pharmacies and other providers might be commissioned to deliver
- ix. Ensure the PNAs guide the need for local pharmaceutical services (LPS) contracts and identify the services to be included in any LPS contract

The five HWBs have delegated their PNA responsibilities to a Steering Group in different ways. This BOB Steering Group agrees that it will continue to maintain oversight as outlined above, while responsibilities to sign-off key milestones in the respective PNAs will be discharged by project groups/sub-groups at local authority level.

3. Frequency of meetings

The group will meet five times, as a minimum, during the production of the PNAs (between December 2024 and October 2025).

4. Governance

This BOB Steering Group will be chaired by the Clinical Lead for Medicines Optimisation from the ICB. This BOB Steering Group will be accountable to the HWBs of Buckinghamshire, Oxfordshire, Reading, West Berkshire, and Wokingham.

- Buckinghamshire – A project group chaired by Public Health has responsibility on behalf of the Buckinghamshire HWB to ensure the PNA is conducted according to the legislation. There will be direct reporting between this group and the Buckinghamshire project group.
- Oxfordshire – The Oxfordshire HWB has discharged the sign-off of the draft and final PNA to the Chair of the HWB and the Director of Public Health. An Oxfordshire project group chaired by Public Health has been established to ensure the PNA is conducted according to the legislation. The HWB has agreed to the alignment of the publication of the Oxfordshire PNA with other HWBs in the region, allowing for a more coordinated approach with NHS colleagues. There will be direct reporting between this BOB PNA Steering Group and the Oxfordshire project group.
- Reading –The Reading HWB delegated responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner to the Director of Public Health, and delegated authority to approve the consultation draft version of the PNA to the Reading and West Berkshire Task and Finish Group and the BOB PNA Steering Group.
- West Berkshire – The West Berkshire HWB delegated responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner to the Director of Public Health, and delegated authority to approve the consultation draft version of the PNA to the Reading and West Berkshire Task and Finish Group and the BOB PNA Steering Group.
- Wokingham - The Wokingham HWB delegated responsibility for the delivery of the PNA to a steering group, including the sign-off of the pre-consultation draft to the BOB Steering Group. To ensure this sign-off, a local Wokingham sub-group has been formed. There will be direct reporting between the BOB Steering Group and the Wokingham sub-group. The sign off the final PNA remains the responsibility of the Wokingham HWB.

The five HWBs are each responsible for ensuring that there is a PNA for its area. The final approvals of the five PNAs continue to reside with the respective HWBs

5. Membership

Membership of the BOB Steering Group shall be as follows:

- BOB ICB Clinical Lead for Medicines Optimisation (Chair)
- Public Health leads of five Local Authorities
- Local Pharmaceutical Committee representative(s)

- BOB ICB pharmacy, general ophthalmic, and dental (POD) commissioning Representative
- BOB ICB South East Commissioning Hub – Pharmacy Commissioning Manager
- Healthwatch representatives
- Local Medical Committee representative(s)

By invitation, the two providers working with the five local authorities will also attend these meetings. These organisations are Soar Beyond (for Oxfordshire and Wokingham) and Healthy Dialogues (for Buckinghamshire, Reading, and West Berkshire).

Other colleagues may be invited to attend the meeting to provide advice and/or clarification to the group.

6. Quoracy

A meeting of the group shall be regarded as quorate provided that a South East Commissioning Hub representative, Local Pharmaceutical Committee representative and representatives from all five local authorities are present.

Members will provide a deputy to attend where the named member of the group is unable to attend. This is particularly important due to the relatively small number of meetings that will be held and the tight timelines to which this group is working.

7. Confidentiality

An undertaking of confidentiality will be signed by group members who are not employed by the Local Authorities or the NHS.

During the period of membership of the Steering Group, members may have access to information designated by the Local Authorities or NHS as being of a confidential nature. Members must not divulge, publish or disclose such information without the prior written consent of the relevant organisation. Improper use of or disclosure of confidential information will be regarded as a serious disciplinary matter and will be referred to the employing organisation.

For the avoidance of doubt as to whether an agenda item is confidential, all papers will be marked as confidential before circulation to the group members.

8. Declarations of interest

Where there is an item to be discussed for which a member could have a commercial or financial interest, the interest is to be declared to the Chair and formally recorded in the minutes of the meeting.

Finalised on 30 April 2025

Appendix D: Public questionnaire

Total responses received: 1,131

The questionnaire was open for responses between 27 January and 9 March 2025.

When reporting the details of the responses, please note:

- Some numbers may be higher than the number of answers due to multiple choice
- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being “N/A” or “No comment”.

1) Why do you usually visit a pharmacy? (Please tick all that apply) Please note numbers may be higher than the number of respondents, and percentages may add up to more than 100% due to multiple responses (Answered: 1,130; Skipped: 1)

Options	%	Number
To buy over-the-counter medicines	54%	611
To collect prescriptions for myself	88%	996
To collect prescriptions for somebody else	42%	479
To get advice from a pharmacist	41%	468
To use a pharmacy service e.g. Pharmacy First, treatment for minor ailment, flu jab, blood pressure check etc	37%	418
Other (please specify)	5%	58

Other comments (themes)	Number
Pharmacy delivers	20
To buy items	10
Vaccinations	9
Collect prescriptions	4
Advice	4
Other (one comment each)	3

2) How often have you visited or contacted a pharmacy in the last six months? (Answered: 1,130; Skipped: 1)

Options	%	Number
Once a week or more	5%	59
A few times a month	36%	408
Once a month	38%	431
Once every few months	17%	188
Once in six months	3%	33
I have not visited contacted a pharmacy in the last six months	1%	11

3) What time and day is best for you to use a pharmacy? (Please tick one time for each day that applies to you) Please note numbers are percentages are considered individually for each of the options available (Answered: 1,127; Skipped: 4)

Options on weekday	%	Number
Before 9am	2%	18
9am-1pm	28%	310
1pm-6pm	19%	218
After 6pm	8%	87
It varies	24%	269
No preference	19%	216
Options on Saturday	%	Number
Before 9am	2%	23
9am-1pm	23%	264
1pm-6pm	10%	118
After 6pm	1%	16
It varies	17%	190
No preference	25%	287
Options on Sunday	%	Number
Before 9am	1%	13
9am-1pm	13%	151
1pm-6pm	9%	98
After 6pm	1%	7
It varies	15%	165
No preference	34%	383

4) Do you have a pharmacy that you regularly use? (Answered: 1,128; Skipped: 3)

Options	%	Number
Yes, a traditional pharmacy located in a building	92%	1,037
Yes, an internet / online pharmacy - (This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online where prescriptions are received electronically and by paper prescription and dispensing medication is sent via a courier to your home. This is not a traditional pharmacy that you order and receive prescriptions electronically directly from the GP Practice and then collect from your pharmacy)	3%	35
Yes, a combination of both	4%	41
No	1%	15

5) Is there a reason you prefer this pharmacy, even though there might be others nearby or easier to get to? (Answered: 1,128; Skipped: 3)

Options	%	Number
No	23%	261
Yes (please specify)	77%	867

Reasons (themes)	Number
Good service / customer service	300
Good location to walk	134
Good location near doctor surgery	100
Convenient (eg when shopping)	68
Repeat prescriptions	61
Easy to park	44
Bad service at other pharmacy (including long queues)	37
Linked to GP	30
They deliver	24
Longer or more convenient opening hours	19
Good stock of medicines	11
Habit	9
Accessibility	9
Preference for independent pharmacy	9
Only option locally	7
Use online pharmacy	5

6) What is important to you when visiting pharmacy? (Please tick one option for each reason)

Please note numbers are percentages are considered individually for each of the reasons available
(Answered: 1,123; Skipped: 8)

Reason for choice of pharmacy	Very important		Quite important		Neither		Not very important		Not at all important	
	%	Count	%	Count	%	Count	%	Count	%	Count
Quality of service (expertise)	71%	779	23%	256	5%	53	1%	9	0%	5
Customer service	62%	680	32%	349	4%	47	1%	8	1%	6
Location of pharmacy	70%	772	27%	295	2%	24	1%	10	1%	7
Opening times	46%	509	40%	437	10%	105	2%	25	2%	20
Parking	44%	479	25%	270	12%	126	7%	74	13%	142
Public transport	7%	74	10%	102	22%	223	13%	129	48%	493
Accessibility (wheelchair / buggy access)	13%	133	9%	98	23%	238	11%	113	44%	456
Communication (languages / interpreting service)	15%	161	8%	85	22%	224	9%	95	46%	476
Space to have a private consultation	31%	330	35%	382	16%	170	9%	92	10%	106
Availability of medication	82%	898	15%	168	1%	12	0%	3	1%	8
Services provided	52%	549	33%	349	12%	128	1%	12	2%	23

Other comments (themes)	Number
Customer service	27
Collecting prescriptions	11
Items being delivered	7
Location	5
Accessibility	3
Opening hours	2
Availability of stock	2
Habit	2
Independent pharmacy	1

7) How do you usually travel to the pharmacy? (Answered: 1,126; Skipped: 5)

Options	%	Number
Walk	40%	453
Car	52%	585
Public Transport	1%	15
Taxi	0%	1
Bicycle	1%	15
Wheelchair / mobility scooter	1%	9
Someone goes for me / takes me	1%	10
I don't travel, I use an online pharmacy	1%	12
I don't travel, I use a delivery service	2%	17
Other (please specify)	1%	9

Other (themes)	Number
Various methods	6
They deliver	1

8) How long does it take you to get to the pharmacy? (Answered: 1,124; Skipped: 7)

Options	%	Number
Less than 20 minutes	88%	991
20 to 30 minutes	8%	93
30 to 40 minutes	1%	11
More than 40 minutes	0%	0
N/A – I don't travel to the pharmacy	3%	29

9) Do you have any other comments that you would like to add about NHS pharmacy services in Wokingham Borough? (Answered: 553; Skipped or no comment: 578)

Comments (themes)	Number
Very good service, good provision and / or acknowledgement of importance of the pharmacy role in the community	201
Poor service, including long waits for prescriptions to be available, not professional service or poor customer service	62
Slow service and long queues, mostly linked to understaffed pharmacies or not enough pharmacies	62

Comments (themes)	Number
Need for more pharmacies in a mentioned specific area (of which 39 mention Woodley and other areas have one or two mentions each)	50
Need for longer opening hours outside normal working hours, including lunch time, evenings and weekends	27
Importance of local pharmacies within walking distance for those without a car, too ill or that do not use the internet	21
Issues with lack of stock and availability of medicine	19
Need for more pharmacies in general	17
Need for more pharmacies due to population increase and / or recent housing developments	17
Would like better information about services and access out of hours	9
Positive comments about the delivery service	7
Need for better communication between pharmacies and GP practices	6
Negative experience with repeat medication	5
Use of pharmacy for advice, e.g. to obtain emergency contraception or information about prescribed medicines	5
Concerns for pharmacies economically sustainability	5
The pharmacy is too small (and no place to seat while waiting)	5
Importance of a delivery service available from pharmacies	4
Using online services	4
No options nearby	4
Praising the system for automated collection of prescriptions from machine outside the pharmacy	4
Concerns about privacy and space for consultations	3
Happy with how repeat prescriptions are organised	3
Would like to be able to return unused medication or empty blister packs	3
Other (one comment each)	10

About you (optional)**10) What town or parish do you live in? (Answered: 1,070; Skipped: 61)**

Options	%	Number
Arborfield and Newland	1%	13
Barkham	2%	21
Charvil	3%	27
Earley	11%	116
Finchampstead	9%	98
Hurst	1%	11
Remenham	0%	0
Ruscombe	1%	6
Shinfield	5%	55
Sonning	1%	7
Swallowfield	1%	8
Twyford	7%	70
Wargrave	2%	16
Winnersh	6%	65
Wokingham	33%	351
Wokingham Without	4%	45
Woodley	15%	158
Don't know	0%	0
Outside Wokingham Borough	0%	3

11) How old are you? (Answered: 1,087; Skipped:44)

Options	%	Number
Under 16	0%	0
16-24	0%	1
25-34	1%	12
35-44	4%	46
45-54	9%	101
55-64	17%	190
65+	67%	724
Prefer not to say	1%	13

12) Do you have any disabilities, or any physical or mental health conditions, learning differences, or illnesses, expected to last 12 months or more, which reduce your ability to carry out day to day activities? (Answered: 1,088; Skipped: 43)

Options	%	Number
Yes	24%	266
No	73%	789
Prefer not to say	3%	33

13) What sex / gender do you identify as? (Answered: 1,088; Skipped: 43)

Options	%	Number
Female	65%	707
Male	33%	359
Other	0%	1
Prefer not to say	2%	21

14) Is your gender identity different to the sex you were assumed to be at birth? (Answered: 1,088; Skipped: 43)

Options	%	Number
Yes, it's different	0%	5
No, it's the same	97%	1,054
Prefer not to say	3%	29

15) Have you been pregnant, on maternity leave or breastfeeding within the last six months? (Answered: 1,086; Skipped: 45)

Options	%	Number
Yes	1%	7
No	98%	1,059
Prefer not to say	2%	20

16) What is your religion or belief? (Answered: 1,088; Skipped: 43)

Options	%	Number
Buddhist	0%	3
Christian	59%	642
Hindu	1%	8
Jewish	1%	6
Muslim	0%	2
Sikh	1%	6
Other	1%	12
No religion or belief	28%	305
Prefer not to say	10%	104

17) What is your ethnicity? (Answered: 1,085; Skipped: 46)

Options	%	Number
Asian, Asian British or Asian Welsh: Bangladeshi	0%	5
Asian, Asian British or Asian Welsh: Chinese	1%	11
Asian, Asian British or Asian Welsh: Indian	1%	14
Asian, Asian British or Asian Welsh: Pakistani	0%	0
Asian, Asian British or Asian Welsh: Other Asian	0%	1
Black, Black British, Black Welsh, Caribbean or African: African	0%	2
Black, Black British, Black Welsh, Caribbean or African: Caribbean	0%	0
Black, Black British, Black Welsh, Caribbean or African: Other Black	0%	0
Mixed or Multiple ethnic groups: White and Asian	0%	1
Mixed or Multiple ethnic groups: White and Black African	0%	0
Mixed or Multiple ethnic groups: White and Black Caribbean	0%	1
Mixed or Multiple ethnic groups: Other Mixed or Mutiple ethnic group	0%	2
White: English, Welsh, Scottish, Northern Irish or British	87%	943
White: Irish	1%	13
White: Gypsy or Irish Traveller	0%	0
White: Roma	0%	0
White: Other White	3%	32
Other ethnic group: Arab	0%	1
Other ethnic group: Any other ethnic group	0%	5
Prefer not to say	5%	54

18) What is your sexual orientation? (Answered: 1,083; Skipped: 48)

Options	%	Number
Bisexual	2%	18
Gay man	0%	3
Gay woman or lesbian	1%	8
Heterosexual or straight	86%	931
Other	0%	0
Prefer not to say	11%	123

19) Are you or your spouse a member of the Armed Forces Community? (Answered: 1,088; Skipped: 43)

Options	%	Number
Yes	1%	12
No	97%	1,055
Prefer not to say	2%	21

20) Do you have experience of being in care (you are or ever have been a young person who is in the care of a local authority)? (Answered: 1,087; Skipped: 44)

Options	%	Number
Yes	1%	16
No	97%	1,050
Prefer not to say	2%	21

21) What is your approximate household income per year? (Answered: 1,084; Skipped: 47)

Options	%	Number
<£16,000	5%	55
£16,001 - £24,999	9%	96
£25,000 - £34,999	9%	95
£35,000 - £44,999	7%	78
£45,000 - £54,999	7%	80
£55,000 - £64,999	6%	61
£65,000 - £74,999	3%	28
£75,000 - £84,999	3%	28
£85,000+	8%	82
Prefer not to say	44%	481

Appendix E: Travel analysis methodology

Accessibility analysis was conducted to identify areas where pharmacies are accessible within specified time limits and selected modes of travel. This analysis is based on the selection of pharmacies within designated areas of interest, with the consideration that populations from neighbouring areas may also have access to these pharmacies. The analysis accounts for both the location of the pharmacies and the surrounding areas from which individuals can feasibly reach them within the defined time constraints and travel methods.

This analysis incorporated community pharmacies (including 72 hour+ pharmacies), dispensing GP practices, Dispensing Appliance Contractors (DACs) and Distance-Selling Pharmacies (DSPs).

The accessibility analysis consists of two key components, which are combined to determine the population within reach of pharmacies for the specified travel time and mode of travel:

- **Travel-time isochrone:** This component defines the access extents for the selected pharmacies within a specified time limit and mode of travel. The isochrones incorporate the road network, public transport schedules, and a buffer for walking or cycling time to the nearest public transport stop. Isochrones are modelled for different times of the day to capture variations in accessibility during peak and off-peak periods. The peak period is defined as 9:00 am on a weekday, while the off-peak period is set at 2:00 pm on a weekday.
- **Grid-point population:** To estimate population at a 100m x 100m grid level with sensitivity to land use and building types, the following methodology was used:
- **Small area population projections:** These were derived using the latest Local Authority District (LAD)-level projections (mid-2018, released in 2020) . These projections were rebased to align with Lower Layer Super Output Area (LSOA)-level and Output Area (OA)-level population estimates (mid-2022, released in 2024).
- **Disaggregation to grid-level:** The small-area population projections were disaggregated to a 100m x 100m grid, assigning a population to each grid point.
- **Weighting by land use:** The disaggregated population was weighted based on land use, for example greenspaces, water bodies and residential areas. Grid points falling within non-residential areas were assigned a population of zero.

The two components—travel-time isochrones and grid-point population—are spatially overlaid to calculate the total resident population within the pharmacies' access isochrones. This overlay aggregates the population at the grid-point level that falls within the defined travel time and selected mode of travel.

The areas from which a pharmacy can be reached within the specified travel time bands are visualised as shaded zones on the maps. The shading colour corresponds to the travel time required to access a pharmacy from a given area. Areas not shaded on the map indicate that accessing any of the pharmacies in the analysis would require more time than the allocated upper limit or that the area is inaccessible using the specified travel mode.