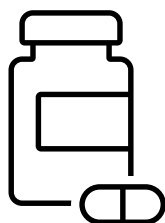


Oxfordshire

Pharmaceutical Needs Assessment

2022



Final. 01.04.22

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Oxfordshire Pharmaceutical Needs Assessment 2022

Executive Summary

1. Background

The Pharmaceutical Needs Assessment (PNA) is a statutory report that is required to be produced by each local Health and Well Being Board (HWB) every three years or more frequently. The PNA is the means by which the community pharmaceutical services in a Health and Well Being Board area are reviewed and evaluations are made as to whether or not these services are adequately meeting the needs of the population.

The PNA should inform the commissioning of essential, enhanced and advanced services from community pharmacies by NHS England, and the commissioning of services from pharmacies by the Public Health department of the local authority and by other local commissioners such as the Clinical Commissioning Group (CCG). Moreover, NHS England has the responsibility for using PNAs as the basis for determining 'market-entry' to the local pharmaceutical list. Included under the heading of community pharmacies are distance-selling pharmacies, often known as 'online pharmacies', which operate over the internet and send orders to customers through the mail. Medicines can also be dispensed by Dispensing GPs, but additional services are not usually commissioned from them.

2. Types of Service

Essential services are those which each community pharmacy must provide. All community and distance-selling pharmacies with NHS contracts must provide the full range of essential services which includes: dispensing medicines, dispensing of appliances, disposal of unwanted medicines, promotion of healthy lifestyle, signposting customers to appropriate services, support for self-care, and the Discharge Medicines Service.

Advanced services include the New Medicines Service (NMS), designed to provide early support to patients to maximise the benefits of the medication they have been prescribed, and to minimise problems and side-effects, while informing the patients on the best ways to self-manage their Long Term Conditions (LTCs). The Community Pharmacist Consultation Service is available to patients through the NHS 111 service. Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC) can also be provided. NHS England commissions influenza vaccination as an advanced service on an annual basis for people aged 65 years and over, and for adults in other at-risk groups. The Pharmacy Collect scheme has been providing free Covid-19 lateral flow test kits for members of the public. Pharmacies may choose whether they wish to provide Advanced services or not.

Locally Commissioned Services (LCS): the following are currently being commissioned from some community pharmacies by Public Health at Oxfordshire County Council (OCC) and by Oxfordshire CCG (OCCG): Emergency hormonal contraception (OCC), supervised consumption of opiate substitute therapy (OCC), SWOP Needle exchange service (OCC), treatment of Urinary Tract Infections (OCCG), supply of Palliative Care drugs (OCCG), treatment of Minor Ailments (OCCG).

During the Covid-19 pandemic, community pharmacies have remained open to customers throughout the periods of restrictions and lockdown. During 2021 a certain proportion of pharmacists has been able to carry out vaccination against Covid-19, but all pharmacies that are NHS contractors have been asked to supply rapid (lateral flow) test kits. At the same time, during the pandemic the vital role of pharmacies as a community-based, front-line health service, interlocking with other services, has been brought very much into the spotlight. Pharmacists will continue to have tasks relating to Covid-19 when the pandemic phase is over and Covid-19 becomes an endemic disease.

3. Local Commissioners and Providers

There are many organisations working together in the health and social care community of Oxfordshire. Oxfordshire County Council provides a wide range of services, including education (schools, libraries and youth services), social services, public health, highway maintenance, waste disposal and emergency planning. As part of this remit, the local Health and Well Being Board is hosted by Oxfordshire County Council. There are also the city and district councils (Cherwell, Oxford City, South Oxfordshire, Vale of White Horse, West Oxfordshire.)

Oxfordshire Clinical Commissioning Group (CCG) oversees primary care including GP practices, and commissions secondary and community health care services. General Practitioners in Oxfordshire are largely now working as part of 20 Primary Care Networks (PCNs). Primary Care Networks enable family doctors and their patients to benefit from joint working, sharing of facilities and expertise, and other economies of scale.

Oxford University Hospital NHS Foundation Trust (OUH), provides acute, elective, specialist and community-based healthcare and manages four main hospitals, John Radcliffe, Churchill, Nuffield Orthopaedic Centre and Horton General Hospital. A range of specialist mental health services in five different localities as well as physical healthcare including community services are provided by Oxford Health NHS Foundation Trust (OHFT). South Central Ambulance Services (SCAS) provide emergency response as well as non-emergency patient transport services. SCAS also provides the NHS 111 telephone service for Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes, Bedfordshire and Luton.

Oxfordshire is also well-served by charitable, 'Third Sector' bodies, for example in the field of hospice care and palliative care support. In addition, Healthwatch Oxfordshire is the county's independent health and social care watchdog.

The regional arms of NHS England (NHS South East for Oxfordshire) have a special role with regard to pharmaceutical services; this entails the assessment and assuring of performance of pharmaceutical contractors, and ensuring the quality and safety of pharmaceutical services in line with the NHS Pharmacy Contractual Framework. The Local Pharmaceutical Committee is known as Pharmacy Thames Valley.

4. Creating the Oxfordshire PNA 2022

Under the aegis of the Oxfordshire Health and Well Being Board, a PNA Steering Group was convened in May 2021. The membership was comprised of key stakeholders in the local health and care community. The membership thus included representatives of NHS England South East, Oxfordshire CCG, Pharmacy Thames Valley and Oxfordshire Public Health.

The remit of the Steering Group was to oversee the creation of the PNA, in accordance with the regulatory framework, and with due regard for the landscape of health and care services in Oxfordshire, and other local considerations. The Steering Group was responsible for creating and approving successive drafts of the PNA before the submission of a fully developed draft of the PNA to the Health and Well Being Board for final approval. The scope of the PNA was the population of Oxfordshire Health and Well Being Board, for three years (from April 2022 to the horizon of March 2025).

A small number of Oxfordshire pharmacies do not relate to Oxfordshire CCG, but were included on a par with the other pharmacies in the PNA as they clearly provide services to parts of the Oxfordshire population. These are pharmacies in Thame and Chinnor, which relate to Buckinghamshire CCG and NHS England South East. Distinct from these, the community pharmacy in Shrivenham relates contractually to BANES, Swindon, and Wiltshire CCG and the NHS South West Team, so its services were not considered in detail in the PNA.

5. Data Collation and performing the Gap Analysis

An overall assessment of the health and well-being of Oxfordshire was completed, together with consideration of planned new housing (new build) and projected population growth.

Geographical Information Systems (GIS) including NHS SHAPE software were then used to plot the location of pharmacies and of dispensing GPs in Oxfordshire and to estimate access to these by driving times, driving distances, walking times and public transport times. This is described in the PNA as 'general access'. Data on advanced services were derived from the NHS Business Authority website. Supplementary data

on locally commissioned services were provided by commissioners at Oxfordshire CCG and Oxfordshire County Council Public Health Team.

The following criteria were agreed by the Steering Group, as the main ones for the 'Gap Analysis', that is, for assessing the meeting of the health needs of the population by pharmaceutical services, for identifying where better access and general improvements might be required:

- All parts of the population should have access to a physical community pharmacy. (Internet pharmacies and Dispensing Appliance Contractors (DACs) will be recorded but will not be part of the gap analysis).
- Pharmacies located outside the borders of Oxfordshire and dispensing GP practices within Oxfordshire will also be regarded as potential providers of access for the purpose of the gap analysis.
- In rural areas the population should be within 20 minutes' driving time or within a five miles radius of at least one of the above providers. If neither criteria is met then this might be given consideration as a gap.
- In the main urban areas (in Oxford City, Banbury, Bicester, Abingdon, Didcot, Witney), the population should be within 20 minutes' walking time or 20 minutes' public transport time of a provider. If neither criteria is met then this might be given consideration as a gap.
- Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' public transport travel time).
- Reasonable access to drug-related, and emergency contraceptive services across Oxfordshire should be assessed by Public Health colleagues, if necessary in a narrative review.
- Reasonable access to palliative care drug services across Oxfordshire should be assessed by Oxfordshire CCG colleagues, if necessary in a narrative review.
- The prospective needs of new build areas should be identified and considered in locations where the construction of 200 or more dwellings is planned in the period April 2019 to March 2025.
- This projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas, in the attempt to predict the emergence of gaps in pharmaceutical services in the future (i.e. by March 2025).

6. Public Consultation

The Steering Group initiated a public consultation process that took place from early November 2021 to early January 2022. The draft PNA, together with a survey questionnaire were posted on-line. Statutory parties consulted included the city and district councils, Thames Valley Pharmacy (LPC), Oxfordshire Local Medical Committee (LMC), Oxfordshire Healthwatch, Oxford Health NHS Foundation Trust, Oxford University Hospital NHS Trust, Oxfordshire CCG, and neighbouring HWBs. Those on the pharmaceutical and doctor dispensing lists were also invited to respond, as were local voluntary groups, patient groups and members of the public.

The final version of the PNA was presented to the Oxfordshire Health and Well Being Board for definitive approval in March 2022.

7. Synopsis of Gap Analysis (Part One): Are pharmacy services meeting people's needs in Oxfordshire? Current Situation

The county of Oxfordshire has a resident population of 696,880 (mid-year 2020). In all, 18.7% of the county's population is aged 65 years or more. A spectrum, in terms of health experience and life expectancy, from the most favourable to the least favourable, which is usually referred to as a pattern of health inequalities, exists across the county.

The population is continuing to grow. In total, 36,610 new homes are envisaged in Oxfordshire for the period April 2019 to March 2025 with a further 39,402 new homes being intended for April 2025 to March 2031. In turn, local population projections suggest that the population of Oxfordshire will grow to 769,784 people by 2025, that is by 10.7% from 2019.

There are 105 community pharmacies in Oxfordshire included in the PNA. 23 are in Cherwell, 27 are in Oxford City, 19 are in South Oxfordshire, 18 are in Vale of White Horse (plus one community pharmacy in Vale that contractually relates to BANES-Swindon-Wilts CCG and NHS South West), 18 are in West Oxfordshire.

10 of these 105 community pharmacies are 100 hour pharmacies, open for extended hours. 2 of these 105 community pharmacies are distance-selling, internet-based pharmacies, without physical premises for customers to visit.

In addition, there is 1 Dispensing Appliance Contractor (DAC) in Oxfordshire based in West Oxfordshire.

26 General Practices in Oxfordshire are recognised as Dispensing GPs. Of the Dispensing GPs, 9 are in Cherwell, 0 are in Oxford City, 7 are in South Oxfordshire, 2 are in Vale of White Horse and 8 are in West Oxfordshire. In addition, there is a non-Oxfordshire CCG dispensing GP in Shrivenham.

50 community pharmacies outside Oxfordshire are within 2 miles of the county border, (Shrivenham being included in this count). 103 community pharmacies outside Oxfordshire are within five miles of the county border, (Shrivenham being included in this count).

Oxfordshire: Community Pharmacies are providing essential services to all parts of Oxfordshire, according to the main criteria adopted for the gap analysis. Possible exceptions are as follows:

Cherwell: A possible exception is the Graven Hill area in Bicester, but this is not highly populated at present, and is within 30 minutes' public transport time of a pharmacy, so is not considered to have gap status.

Oxford City: Special Note: During 2021 two separate appeals were considered by NHS Resolution. Each appeal related to applications to NHS England to open new pharmacy premises in the centre of Oxford (one in St Michael Street and one in Hollybush Row). NHS Resolution determined against both appeals. The main reasons were that previously published needs assessments had not highlighted current unmet need in Oxford City centre (for the first application) and that the applicant specified a location for the new premises that was outside the area previously agreed with NHS England (for the second application.)

In the present PNA for 2022 to 2025, in which a fresh assessment has been undertaken, data from NHS England and NHS Shape do not indicate a gap in services in Oxford City centre in terms of geographical coverage and general access. However, although the single pharmacy in the centre of Oxford is a large pharmacy, it is serving a busy regional shopping centre and one that is used by a large university and tourist population. Many respondents to the public consultation have identified a need for better access and service improvements in the centre of Oxford. An additional pharmacy in the centre could provide service improvement through extra capacity, especially at peak hours, and extra choice for customers. A primary care health centre is also due to open in the centre of Oxford in 2022.

South Oxfordshire: A possible exception is the Tweed Drive and Prestwick Burn area in the north east of Didcot, but this is a small area within 30 minutes' public transport time of a pharmacy; also a new pharmacy has permission to open nearby in north Didcot by Autumn 2022, so this area is not considered to have gap status. A number of people responding in the public consultation referred to closures of pharmacies in the recent past, but the geographical coverage by pharmacies in Didcot (with the north Didcot pharmacy included) is acceptable.

Vale of White Horse: A possible exception is a small, sparsely populated area to the south west of Shrivenham, but this is within easy access of the community pharmacy in Shrivenham, so is not considered to have gap status.

West Oxfordshire: There are no apparent exceptions that are considered to have gap status.

Distance-Selling Pharmacies: Over 300 internet pharmacies, including 2 in Oxfordshire, are available to all people with internet access in England to dispense and deliver NHS prescriptions.

To summarise, in terms of general access no parts of Oxfordshire are considered to have gap status, although there is a need for service improvement and extra choice in Oxford City centre.

Other Issues of Access to Essential Pharmaceutical Services in Oxfordshire. Current Situation.

Opening Hours: A small number of pharmacies in Oxfordshire are closed on Saturdays, but alternatives are accessible at this time in nearby settlements.

Lack of a car in villages: High level of lacking a car (15%+) is not common in villages in Oxfordshire. In the small number of villages where this does occur, pharmacies are within 20 minutes' reach by public transport and in one case a pharmacy is present in the village.

8. Synopsis of Gap Analysis (Part Two): Are pharmacy services meeting people's needs in Oxfordshire? Future Situation 2022 to 2025

Oxfordshire: New build plans suggest that most new housing areas in Oxfordshire in the period up to 2025 would meet the criteria of general access. Areas which warrant further consideration are as follows:

Cherwell: South of Saltway East in Banbury is a possible exception. However, this area is only just outside current public transport provision. It is therefore not considered to have gap status.

Graven Hill in Bicester is a possible exception. However, this area is only just outside current public transport provision. It is therefore not considered to have gap status. North West Bicester Phase 2 is a possible exception. However, this area is only just outside current public transport provision. It is therefore not considered to have gap status.

Special Note: There is one area (former RAF Upper Heyford) which would meet the general access criterion, but which requires special note. The plan is for about 2,000 more people to be living in this area by 2025. This number might conceivably put pressure on the nearest pharmacies, such as the most

convenient one in the small rural town of Deddington. NHS Resolution has now determined that Minerva Clinical Services may open a pharmacy in this area.

Oxford City: There are not any areas which warrant further consideration, although the special note against Oxford City in Section 7 (above) should be referred to.

South Oxfordshire: An exception is Willowbrook Park in north east Didcot, which is only just outside current public transport provision. A new pharmacy has been given permission to open in north Didcot by Autumn 2022. This area is not considered to have gap status.

Vale of White Horse: Special Note: An exception is the Valley Park development to the west of Didcot and within Vale of White Horse, but intended to form part of the Didcot conurbation.

The development has an unusual layout in that it is adjacent three different settlements (Harwell, Milton and Didcot) while its southern part will extend south of Didcot. At present it is not clear how the public transport links will evolve and where the actual and preferred routes of travel will be.

Furthermore, capacity for about 2,000 extra people might not be able to be met by existing pharmacies, although there are pharmacies (in Milton and Didcot) that are relatively close to the new development. However, as the development of Valley Park is not yet completed, this area can only be regarded as having a possible future need beyond the lifetime of the current PNA.

West Oxfordshire: An exception is West Witney. This area is just outside current public transport provision. Therefore, West Witney is not considered to have gap status.

To summarise, in terms of general access in the future no parts of Oxfordshire, are expected to have gap status in the lifetime of the present PNA, but there is a possibility of future need for the western development area of the Didcot conurbation beyond the lifetime of this PNA.

9. Advanced Services in Oxfordshire (Selected). Current Situation.

The coverage of the New Medicine Service (NMS) across Oxfordshire is very good, with only a few pharmacies not providing this service.

About 95% of pharmacies in the Thames Valley area have contracted into the Community Pharmacist Consultation Service (CPCS). 9,000 consultations for Oxfordshire patients have taken place since October 2019.

Stoma Appliance Customisation (SAC) and Appliance Use Reviews (AUR): activity in Oxfordshire is moderate with very few people receiving the stoma service per month in March and April 2021 and with no AURs taking place.

10. Locally Commissioned Services: Services Commissioned by Oxfordshire Public Health. Current Situation. (Snapshot at 14.12.21)

Emergency Hormonal Contraception (EHC or ‘morning after pill’): The aim of the emergency hormonal contraception service for women is to reduce the risk of unintended and unwanted pregnancy. The pharmacy-based service is complemented by the integrated sexual health services, GP provision and through school and college nurses.

EHC is currently available in 68 out of 105 pharmacies in Oxfordshire. A smaller proportion actually deliver on a regular basis (28 have been noted). There is one pharmacy, in central Oxford City which accounts for around 70% of provision over a year.

Needle Exchange service (SWOP): Needle and syringe programmes supply all equipment used to prepare and take illicit drugs. The programme aims to reduce the transmission of blood-borne viruses and other infections and also to reduce harm through providing information and advice. Needle Exchange service is currently available in 38 out of 105 pharmacies in Oxfordshire.

Supervised Consumption: The objectives of this approach in the care of opioid users are to provide stability by reducing craving and preventing withdrawal, eliminating the hazards of injecting and freeing the person from preoccupation with obtaining illicit opioids. A substitute opioid regime is prescribed at an appropriate dose. Supervised Consumption is currently available in 76 out of 105 pharmacies in Oxfordshire.

11. Locally Commissioned Services: Services Commissioned by Oxfordshire CCG. Current Situation. (Snapshot at 14.12.21.)

Urinary Tract Infection (UTI) Service: The UTI service allows pharmacists working in community pharmacies in Oxfordshire to treat women suffering from an uncomplicated UTI with an antibiotic. Treatment for Urinary Tract Infections is currently available in 47 out of 105 pharmacies in Oxfordshire.

Guaranteed supply of Palliative Care drugs scheme: Community Palliative Care teams often experience difficulties in obtaining emergency drugs. For a number of years, OCCG has arranged with some Pharmacy Contractors to guarantee stocking an agreed selection of routine palliative care drugs in order to overcome such difficulties. This particular service is currently available in 26 out of 105 pharmacies in Oxfordshire. Pharmacies outside the scheme can also dispense these medications.

Minor Ailments Scheme: This service encourages people to use the pharmacy as the first point of access for the treatment of minor conditions. Patients who qualify are able to receive free supplies of specified Over the Counter (OTC) medications for minor ailments after having a consultation with a member of the pharmacy team. This service, targeted at people from relatively deprived backgrounds, is currently available from selected pharmacies in Banbury (4 pharmacies) and Oxford City (11 pharmacies).

12. What did we learn from the public consultation on the PNA?

In total, 1,000 people visited the consultation webpages between November 8th 2021 and January 9th 2022. 136 people returned feedback forms on the draft PNA, the vast majority of them doing this online. Four individuals and one organisation submitted emails.

The respondents tended to a negative view of the way the PNA had been conducted and said that they felt the real-life experiences of people in using pharmacies should have had a greater role. (The survey itself was intended as an opportunity for the real-life experiences of people to be taken into account and to add balance to the population-based approach of the draft PNA.) Older people were more likely to judge the draft PNA favourably than younger people. There was criticism of the emphasis of the use of online methods for feedback. (This had partly been due to conditions under the pandemic.) The authors recognised that future PNAs should ensure that participation by post was made much easier.

In general the respondents recognised that pharmacies were under pressure and felt that more attention should have been paid in the draft PNA to disabled access, waiting times, car parking, layout of pharmacies, access for people without personal transport, access to pharmacies for people during their working hours, the needs of students and postgraduates, and the demand for pharmaceutical services during university terms. Respondents felt that pharmacy services were not growing in step with the population of Oxfordshire; the authors of the PNA pointed out that new build housing was well-documented in the draft PNA, but that it was sometimes difficult to predict whether a new pharmacy would be viable when the relevant housing development was at the planning stage.

About two thirds of people expressed strong views about pharmacy services in the centre of Oxford and felt that a second pharmacy in the centre would improve matters. A small number of people also reported pressures on pharmacies in Didcot after recent closures.

13. Discussion

The strengths and weaknesses of the draft PNA are discussed in this section. The PNA has been conducted with thoroughness, attention to detail, collaboratively and with transparency. The technology used in the PNA is comprehensive, but has

limitations. and does not in itself evaluate customer satisfaction. The Healthwatch Oxfordshire Survey complements the PNA in providing more detail of how service-users obtain medicines and travel to pharmacies, and of how these service users perceive community pharmaceutical services. The public consultation on the draft PNA has also enabled local voices to be heard. The findings of the PNA are broadly in line with key research concerning pharmaceutical services in England.

14. Recommendations

The PNA Steering Group recommends the following to the Oxfordshire Health and Well Being Board and its partners, including NHS England South East (given here in abbreviated form):

Recommendations relating to possible needs and gaps:

(i) It should be noted that the PNA has not identified any gaps in general access in the present situation in Oxfordshire and in the expected situation in Oxfordshire to 2025, that is during the lifetime of the current PNA.

(ii) It should be noted that NHS Resolution has adjudicated that a new pharmacy can be opened in Upper Heyford in Cherwell.

(iii) Special note should be made of the situation in central Oxford City, where there is at present one large pharmacy. An additional pharmacy in the centre could provide service improvement in terms of extra capacity and provide extra choice. The Steering Group recommends 48 core hours and 15 supplementary hours for a second pharmacy, to include opening on Monday to Saturdays and six hours on Sundays.

(iv) It should be noted that the Valley Park housing development, west of Didcot, part of the Didcot conurbation and in Vale of White Horse, may have a future need, after the building is completed and as the community matures, but not in the lifetime of the current PNA.

Recommendations adopted from the Healthwatch Oxfordshire Survey: Pharmacists and commissioners should:

(v) Promote to local residents the pharmacist's role in support of minor conditions, advice, and prevention along with specialist commissioned roles.

(vi) Provide clear information in the pharmacy about the role of pharmacists to provide information and support, and also clearly signpost pharmacist personnel within staff teams at pharmacies. They should actively encourage the public to 'ask your pharmacist'.

(vii) Address issues highlighted with repeat prescriptions including delays, medication errors, and reliability of the service.

Recommendations relating to the PNA Process:

(viii) Future PNA work should aim to make greater use of customer surveys undertaken by community pharmacies.

(ix) Future PNAs (and other related work) would benefit from more precise techniques to evaluate the needs of the population at a local level. More attention should be made to practical issues faced when using pharmacies, as that is the day-to-day experience of pharmacy and efforts must be made to reach people who cannot respond on-line.

(x) Locally commissioned services, such as those funded by the local authority, would benefit from specific evaluation within the usual commissioning cycle for these services.

(xi) A small number of people in Oxfordshire might be having routine difficulties in obtaining medicines and the pharmaceutical services that accompany them. Such individuals might be generally disadvantaged by rurality, mobility, and so on, with regard to accessing a number of health, social and civic services. Understanding and addressing these issues could be the focus of future work of Health and Wellbeing Board partners.

END OF EXECUTIVE SUMMARY OF OXFORDSHIRE PNA 2022

Chapter One: Introducing the PNA and the National Regulatory Framework

1. Introduction to the PNA

The Pharmaceutical Needs Assessment (PNA) is a statutory report that is required to be produced by each local Health and Well Being Board (HWB) every three years or more frequently.¹ The PNA is the means by which the pharmaceutical services in a Health and Well Being Board area are reviewed and evaluations are made as to whether these services are adequately meeting the needs of the population. If gaps in provision are found or are likely to occur in the future, then the PNA should recommend how these gaps in provision can be filled. Although the PNA is a document primarily designed for the use of NHS England, as the overseer of local pharmaceutical services and for prospective providers of pharmaceutical services, the PNA is also a needs assessment of relevance to the entire local health and care community.

The present report, the Oxfordshire Pharmaceutical Needs Assessment 2022, is comprised of twelve chapters. The present, opening chapter introduces the PNA and looks at the national legislation, regulations and government initiatives that have a bearing on pharmaceutical services; this includes the organisational impacts of the Covid-19 pandemic.

Chapter Two proceeds to review from a more local standpoint, the landscape of health and care services in Oxfordshire and also highlights those key reports, strategies and initiatives which are part of the local situation.

Chapter Three describes the process of the development of this PNA, the specific criteria that were used in the assessment, and how the public and professional consultation was conducted.

Chapter Four analyses and assesses the people, health and well-being of Oxfordshire, in terms of socio-demographic structure, lifestyle, and health status; the impacts of the pandemic on the health of the population are considered at this point.

Chapter Five addresses the question of how well current pharmaceutical services are meeting the needs of the population of Oxfordshire as a whole, using the criteria specified earlier. This is a 'Synopsis of the Gap Analysis', which summarises the more detailed accounts by locality to be found in Chapters Six to Ten.

Chapter Six to Ten inclusive present the results of the gap analysis in greater detail at the level of five localities, namely the five local government districts of Oxfordshire.

¹ Department of Health, Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Well Being Boards, May 2013. [Pharmaceutical Needs Assessment Information Pack \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/274447/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

Chapter Eleven complements the criteria-based approach by setting out findings from the public consultation on the PNA.

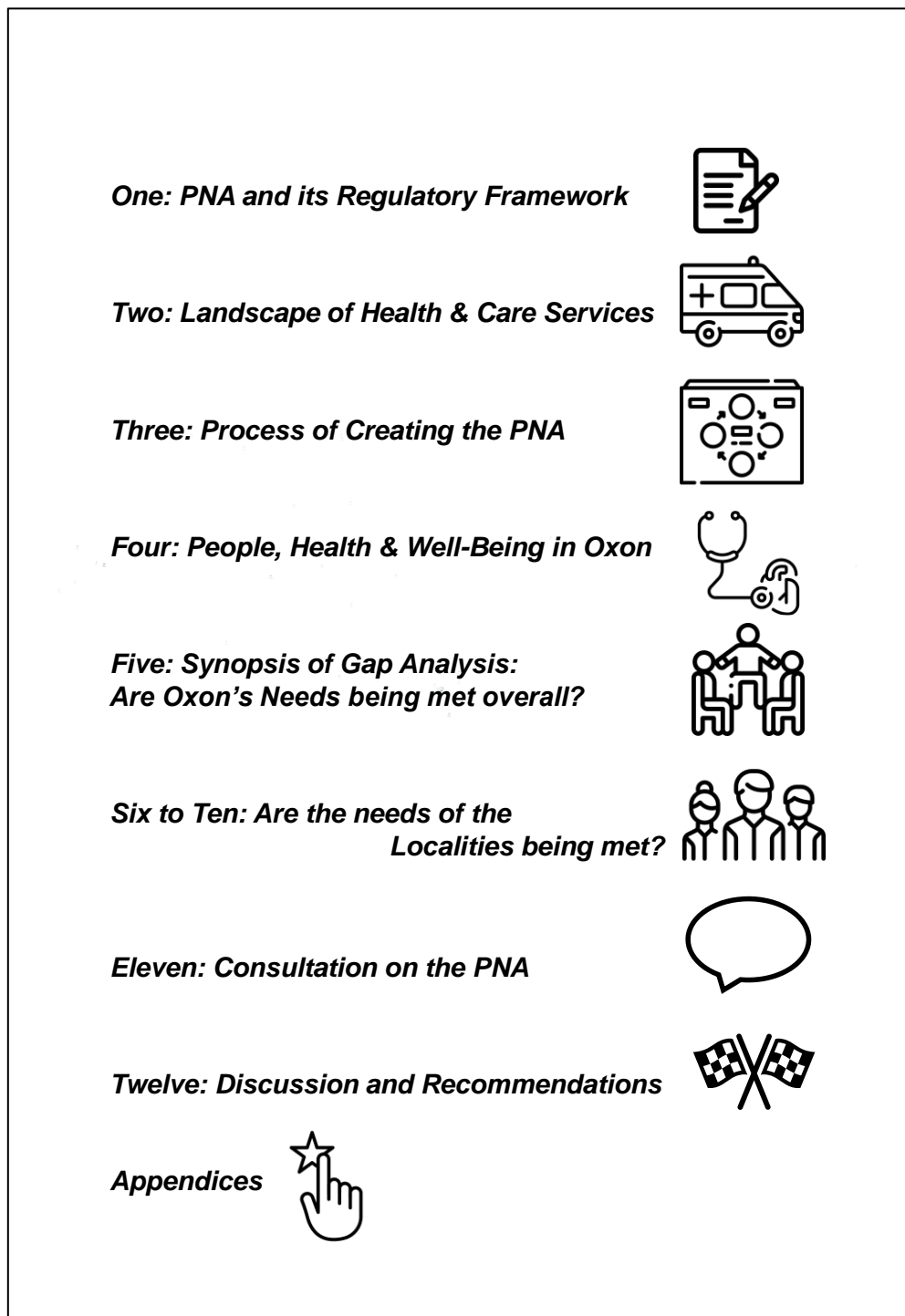
Chapter Twelve, the concluding chapter, consists of a discussion of the PNA, together with the recommendations of the multi-agency PNA Steering Group to the Health and Well Being Board.

An Executive Summary of the twelve chapters can be found at the start of the report. Finally, further maps and other supporting data are presented in the Appendices.

The structure of the PNA is summarised by chapter in Figure 1 below.

The emphasis in the PNA is on community pharmacies, so hospital pharmacies which dispense solely to people receiving care from that hospital are not included in the present PNA. Dedicated pharmacies operate at RAF Benson, at RAF Brize Norton and in two prisons in Oxfordshire, HMP Bullingdon and HMP Huntercombe, but as these are pharmaceutical services for special populations, they are not within the scope of the present PNA.

Fig 1. Structure by chapter of the Oxfordshire Pharmaceutical Needs Assessment 2022



2. Health and Social Care Act 2012; Local Pharmaceutical Services Regulations 2013 (amended December 2016); National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020.

These items of legislation² mandated that the first PNAs should be published by Health and Well Being Boards throughout England in 2015 and updated at least every three years after that. The Covid-19 pandemic has put pressure on the caring services and so the cycle has been interrupted; currently many Health and Well Being Boards are aiming at publishing a new PNA by October 2022.

The preparation of the PNA should take account of the local Joint Strategic Needs Assessment (JSNA) and other relevant local health profiles and strategies. Although each PNA should have a lifetime of about three years, the Health and Well Being Board should publish supplementary statements regularly to update the PNA. These relate to changes such as relocations, changes in hours, new pharmacies and closures. Unlike the JSNA, the PNA is not a continuous assessment, but is an assessment fixed at the time it is published. As part of developing the PNA, the local Health and Well Being Board must also undertake a public and professional consultation for a minimum of 60 days. Any reassessment during the lifetime of the PNA would require a similar consultation exercise.

In particular, the Health and Social Care Act 2012 transferred to NHS England the responsibility for using PNAs as the basis for determining 'market-entry' to the local pharmaceutical list. PNAs are thus used by NHS England when making decisions concerning applications to open new pharmacies, dispensing appliance contractor (DAC) premises, or distance-selling pharmacies, or when making decisions concerning applications from current pharmaceutical providers to change their existing services. These decisions can be made the subject of appeals to NHS Resolution Primary Care Appeals and rulings made on appeal can also be challenged through the courts.

Thus, PNAs should inform the commissioning of essential and enhanced services from pharmacies by NHS England, but also the commissioning of services from pharmacies by the Public Health department of the local authority and by other local commissioners such as the Clinical Commissioning Group (CCG).

² Health and Social Care Act 2012. Local Pharmaceutical Services Regulations 2013 (amended December 2016). National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020. This and other legislation can be found at: [Legislation.gov.uk](https://www.legislation.gov.uk)

3. The Community Pharmacy Contractual Framework for 2019/20 to 2023/24

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24 (published in July 2019) is NHS England's latest statement of what is expected of pharmacists providing NHS services.³ This framework has been designed to support delivery of the NHS Long Term Plan (the NHS Long Term Plan being described below in section 5).

4. The Structure of Pharmaceutical Services under the Legislation

Pharmacy contractors can provide three main types of service that fall within the definition of NHS pharmaceutical services, namely essential, advanced and enhanced services, and these can be complemented by services commissioned locally by CCGs and Public Health Teams.

Essential Services

Essential services are those which each community pharmacy must provide. All community and distance selling (internet) pharmacies with NHS contracts provide the full range of essential services which are as follows: dispensing medicines and actions associated with such dispensing, repeat dispensing, disposal of unwanted medicines, public health promotion of healthy lifestyles, signposting customers to appropriate services, support for self-care, and clinical governance, including safeguarding responsibilities towards vulnerable people.

The Discharge Medicines Service became a new Essential service within the Community Pharmacy Contractual Framework in February 2021. From this date NHS Trusts have been able to refer patients who would benefit from extra guidance around newly prescribed medicines to community pharmacies, with the aim of increasing adherence to the medication and reducing avoidable harms.

Another recent addition as an essential service is the requirement of pharmacies to meet Level 1 of the Healthy Living Pharmacies scheme.

Opening Hours

Community pharmacies are required to open for a minimum of 40 hours per week. These are referred to as core opening hours, but many pharmacies choose to open for longer and these additional hours are referred to as supplementary opening hours. Some contractors have successfully applied to open new premises based on being open for 100 core opening hours per week ('100 hour pharmacies'), which means that they are required to be open for at least 100 hours per week, for 52 weeks of the year (apart from weeks which contain a bank holiday, Christmas Day or Easter Sunday). Any contractor can subsequently apply to change their core opening hours, but they must demonstrate that the needs of the population have changed. NHS England

³ www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024.

assesses the application against the PNA and whether there have been any changes in the needs of the population.

Advanced Services

Pharmacies may choose whether they wish to provide these additional, advanced services or not, although they receive remuneration from the NHS for doing so.

The New Medicines Service (NMS) is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed, and to minimise problems and side-effects, while informing the patients on the best ways to self-manage their Long Term Conditions (LTCs).

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliances by establishing the way in which the patient uses and stores the appliance.

The Stoma Appliance Customisation (SAC) service involves the customisation of stoma appliances. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage. Most AURs and SACs are currently supplied by Dispensing Appliance Contractors (DACs).

The Hepatitis C testing service is also an advanced service provided by community pharmacies. The service focuses on point of care testing for Hepatitis C antibodies in people who inject drugs who are not accepting treatment for their use of drugs. The number of pharmacies who deliver this service is limited as it tends to be those who also provide the locally commissioned needle exchange service.

NHS England commissions influenza vaccination as an advanced service on an annual basis for people aged 65 years and over, and for adults in other at-risk groups. This was particularly successful in the 2020-2021 flu season with 84.4% of people aged 65 years or more in Oxfordshire and 80.9% of people aged 65 years or more in England receiving vaccination⁴. In 2021 Covid-19 vaccination is also being delivered through some community pharmacies and the Pharmacy Collect scheme is providing free Covid-19 lateral flow test kits for members of the public.

NHS Community Pharmacist Consultation Service (CPCS) was launched in October 2019 and the majority of community pharmacies have registered to provide the service. Initially the service took referrals to community pharmacies from the NHS 111 call service and subsequently the service was expanded to take referrals from 111 online. The latest development is for pharmacies to take referrals from GP practices; this is referred to as GP CPCS. The CPCS is intended to relieve pressure on the wider NHS by connecting patients with a community pharmacy, as their first resort for repeat

⁴ www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2020-to-2021

medications where the patient has run out of medication and for health consultations for a set list of minor ailments. NHS 111 by telephone and online is an important service in itself. It gives patients access to a team of fully trained call advisers, supported by experienced clinicians. They give healthcare advice or direct patients to the right local service, as needed. If they think an ambulance is required they will send one immediately.

Primary Care Networks now have a funded target to work collaboratively with local community pharmacy colleagues to develop and commence delivery of a plan to increase referrals to the Community Pharmacist Consultation Service, with referral levels increasing by no later than 31 March 2022.

The prevention of cardiovascular problems and identification of people with raised blood pressure (hypertension), as an advanced service, are part of NHS England's plans for PCNs in 2021-2022 and 2022-2023.⁵ From 1st October 2021, a PCN must be working pro-actively with community pharmacies to improve access to blood pressure checks, in line with the NHS community pharmacy hypertension case finding service. From 1st April 2022, a PCN must undertake network development and quality improvement activity to support CVD prevention including ensuring processes are in place to support the exchange of information with community pharmacies, including a process for accepting and documenting referrals between pharmacies and GP practices, for when the NHS community pharmacy hypertension case finding service is formally launched

Enhanced Services

Enhanced services are also directly commissioned by NHS England (Together, Advanced and Enhanced services are known as Directed services.) The main enhanced service in Oxfordshire is the rota which is implemented for opening on Christmas Day and Easter Day.

Locally Commissioned Services (LCS)

With respect to Locally Commissioned Services (LCS), the following are currently being commissioned from some community pharmacies by Public Health at Oxfordshire County Council (OCC) and Oxfordshire CCG (OCCG):

- Emergency hormonal contraception (OCC)
- Supervised consumption of opiate substitute therapy (OCC)
- SWOP Needle exchange service (OCC)
- Treatment of Urinary Tract Infections (OCCG)
- Supply of Palliative care drugs (OCCG)

⁵ NHS England and NHS Improvement Communication, 23rd August 2021. Primary Care Networks – plans for 2021/22 and 2022/23.

- Treatment of Minor Ailments (OCCG)

Distance Selling Pharmacies

Distance selling pharmacies or mail order pharmacies, often known as 'online pharmacies', operate over the internet and send orders to customers through the mail or parcel services. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 stipulate the requirements for distance selling pharmacies. These pharmacies must provide the full range of essential services during opening hours to all persons in England presenting prescriptions, but cannot provide essential services face to face; they must have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours; they must be registered with the General Pharmaceutical Council (GPhC). There are currently two internet pharmacies based in the Oxfordshire HWB area, but all internet pharmacies across the country are available for use by Oxfordshire residents.

Dispensing Doctors

Dispensing doctors are General Practitioners who mainly provide services to patients in rural areas, where there are not any community pharmacies or where access to pharmaceutical services is difficult for reasons of distance. A dispensing practice can also undertake a dispensing review of use of medicines (DRUM). This is a face-to-face review with a patient to find out about their experiences with prescribed medicines, and aims to help identify any problems that might be occurring. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, allow doctors to dispense to eligible patients in certain circumstances.

The regulations are complicated on this matter but can be summarised as follows: Patients must live in a 'controlled locality', (an area which has been determined by NHS England and NHS Improvement or their predecessors as rural in character); controlled localities in Oxfordshire cover a large part of West Oxfordshire, a large part of Cherwell, a smaller northern portion of Vale of White Horse and a smaller southern portion of South Oxfordshire; patients must live more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises); the practice must have premises approval and consent to dispense to that area. There are some exceptions to these stipulations, however. For example, provision can be made for patients who have satisfied NHS England and NHS Improvement that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication

Personal Administration by GP

Under their medical contract with NHS England there will be occasions when a GP personally administers an item to a patient. The GP will supply the item (usually vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures) against a prescription, but this is part of routine general practice and is distinct from the working methods of dispensing practices.

Dispensing Appliance Contractors (DACs)

DACs dispensing specified appliances such as stoma, catheter or incontinence appliances are required to provide home delivery services, reasonable supplies of supplementary items such as disposable wipes, and access to expert clinical advice. DACs provide services nationally and serve large geographical areas. They may choose whether to offer an appliance usage review (AUR) service. Oxfordshire HWB area has one appliance contractor at present.

5. The NHS Long Term Plan

In January 2019, NHS England published the NHS Long Term Plan⁶ setting out its priorities for healthcare for the coming ten years. For the year 2019-2020, every NHS Trust, NHS Foundation Trust and Clinical Commissioning Group was required to agree organisation-level operational plans which combined to form a coherent system-level operating plan. The five major practical advances in the NHS service model were described as follows:

- Boosting of hospital care to dissolve the divide between primary and community health services.
- Redesigning and so reducing pressure on emergency hospital services.
- More personalised care to help people gain greater control over their health when they need it.
- Digitally-enabled primary and outpatient care.
- Increasing focus on population health and local partnerships through Integrated Care Systems.

The rationale of an Integrated Care System (ICS) is to create a local health and care community in which all health and care services in an area are working together in an integrated and harmonious way. The advent of ICS will have far-reaching consequences for all aspects of health services including pharmaceutical services, though ICS plans across the country are still in gestation and will take time to implement. A number of implications for pharmaceutical services are highlighted in the NHS Long Term Plan, although it should be noted that these are still proposals at this stage:

- The NHS 111 helpline should book GP appointments and also refer callers to community pharmacies for support with self-care.

⁶ [NHS Long Term Plan](#)

- The creation of Pharmacy Connection Schemes for patients who do not need primary medical services.
- More support to all care home residents in line with the Enhanced Health in Care Homes model with pharmacist-led reviews.
- The funding for the new Primary Care Networks (PCNs, clusters of GP practices working together as described in Chapter Two) will be used to expand substantially the number of clinical pharmacists working in general practices and other environments, such as care homes.
- The NHS should work with government to make greater use of community pharmacists' skills and their opportunities to engage patients.
- Up to 10% of hospital admissions in the elderly are medicines-related, so pharmacists should routinely work in general practice helping to relieve pressure on GPs and supporting care homes.
- About 50% of patients are not taking medicines as intended and pharmacists should support patients to achieve the best from medicines.

In January 2019, NHS England also published a five year framework for GP services which implements commitments in the NHS Long Term Plan for changes to GP contracts and services over five years.⁷

6. The Pharmacy Integration Fund

The PhIF Initiative

The Pharmacy Integration Fund⁸ (PhIF) pre-dates the creation of the NHS Long Term Plan, but most of the emerging PhIF initiatives can be successfully dovetailed with the integrated care approach of the NHS Long Term Plan. The stated aim of the PhIF programme is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care service. In particular, the PhIF is intended to drive the greater use of community pharmacy, pharmacists and pharmacy technicians within the new, integrated local care models.

⁷ www.england.nhs.uk/publication/gp-contract-five-year-framework/

⁸ www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/

In August 2018, NHS England and NHS Improvement announced a new programme, supported by PhIF, to test how NHS medicines optimisation and safety can be made part of Sustainability and Transformation Partnerships (STPs, in which adjoining health communities work together) and likewise, looking forward, can be made part of emerging Integrated Care Systems. The Integrating NHS Pharmacy and Medicines Optimisation (IPMO) programme aims to develop a framework which will set out how to address systematically the medicines optimisation priorities for the local population in an Integrated Care System, making full use of the expertise of pharmacy professionals.

Pharmacy workforce education and development

With investment from the Fund, NHS England is working with Health Education England to further clinical education and development for pharmacy staff. Initiatives in continuing professional development include:

- Modular access to post-registration training and development for community pharmacists. Total provision is likely to be up to 2,000 postgraduate certificates a year; it involves a range of stand-alone modules which could be accumulated to obtain a Postgraduate Certificate at Masters level.
- Independent prescribing qualifications for up to 2,000 pharmacists in general practice, NHS 111/Integrated Urgent Care centres and care homes.
- A new training pathway for pharmacists and pharmacy technicians who work in care homes and NHS 111/Integrated Urgent Care centres.
- Clinical and professional leadership development for 600 pharmacists (Mary Seacole programme).
- Piloting a support programme for pharmacy technicians.

Care Homes

The PhIF care homes task and finish group, jointly chaired by the Royal Pharmaceutical Society and NHS England, has developed integrated clinical pharmacy models to support care home residents. Moreover, in March 2018, NHS England announced the launch of the 'Medicines Optimisation In Care Homes' programme, which focuses on care home residents, across all types of care home settings and aims to deploy dedicated clinical pharmacy teams. The teams will provide care home residents with equity of access to a clinical pharmacist who provides medicines optimisation help and support. The teams will also provide care homes with access to pharmacy technicians who will ensure the efficient supply and management of medicines within the care home, supporting care home staff and residents to achieve the best outcomes from medicines.

Integrated Urgent Care and Digital Developments

The PhIF/Integrated Urgent Care hub task and finish group is currently overseeing the deployment of pharmacists into Integrated Urgent Care Clinical Hubs, and is

evaluating the impact on referral rates and patient outcomes. The Fund has been used to support work led by NHS Digital which includes supporting the roll out of the Electronic Prescription Service tracker by NHS 111 and Integrated Urgent Care clinical hubs.

Pharmacists in General Practice

The introduction of pharmacists embedded in general practice, funded by NHS England, commenced prior to the establishment of the PhIF, but PhIF has been used to fund subsequent waves of the programme, notably education and development for the pharmacists and an evaluation of the programme. These pharmacists do not dispense, but perform a clinical role. Community pharmacy leads now need to be appointed for each Primary Care Network (PCNs being co-operative clusters of general practices as described in Chapter Two.)

Non-NHS Services

Community Pharmacies also provide a range of services on a private basis which are not under the aegis of the NHS. These include vaccinations for travel abroad, flu vaccinations for people who are not in an at-risk group and deliveries of routine medicines.

7. The Impact of the Covid-19 pandemic on Pharmaceutical Services (A National Perspective)

Because of the national emergency posed by the Covid-19 pandemic, the implementation of some of the initiatives and innovations outlined above has been slowed down. At the same time, the vital role of pharmacies as a community-based, front-line health service, interlocking with other services, has been brought very much into the spotlight. The multiple impacts of the pandemic on pharmacies have been summarised in a Debate Paper by Kulakiewicz and Macdonald for the House of Commons Library.⁹ The following summary is based on the findings of this paper and at the same time a number of the points made earlier in this chapter are revisited:

Community pharmacies have remained open to customers throughout the periods of national lockdown and restrictions, employing preventive measures, such as mask-wearing, social distancing, use of hand gel and protective Perspex screens. However, the challenges of the pandemic have meant that pharmacies have been less able to implement new initiatives. As commercial businesses, pharmacies have experienced financial pressures, and there is concern that many will not be able to pay back the loans provided by the government to them as a means of temporary support. There have also been challenges to pharmacies in maintaining staff-levels due to illness, in

⁹ Kulakiewicz A and Macdonald M, 'Pharmacy and the impact of Covid-19', House of Commons Library Debate Pack Number CDP-0028, 10 March 2021.

keeping the physical environment secure and in an increase in abusive behaviour from customers.

Pharmacies have been more involved in providing remote consultations (by telephone or sometimes video link) and in supplying repeat prescriptions when GP services have also been suffering pressures. All pharmacy contractors have been asked by NHS England to support the delivery of medicines to vulnerable patients shielding at home, but this has been very much a temporary measure.

Community pharmacies have also been involved during the pandemic in supporting victims of domestic abuse. The 'Ask for ANI' (Action Needed Immediately) scheme was launched in January 2021. By asking for ANI, a trained pharmacy worker can be alerted to offer a private space where they can understand if the victim needs to speak to the police or would like help to access support services such as national or local domestic abuse helplines. This scheme has been run in many Boots stores, but it has been more difficult for independent pharmacies to support it.

Throughout 2021 a certain proportion of pharmacists has been able to carry out vaccination against Covid-19, but all pharmacies that are NHS contractors have been asked to supply rapid test (lateral flow) kits. As a profession, pharmacists have experienced another difficult winter in 2021-2022 with increased pressures on their pharmacies, partly due to the wave of the more infectious Omicron variant and partly due to the focus on booster vaccinations taking place in general practices.¹⁰

Looking ahead, as Covid-19 becomes an endemic disease, (that is, a disease like influenza, present in the population with a winter peak each year, but usually without the need for restrictions) the role of vaccinating against Covid-19 will in all probability continue in many pharmacies.

¹⁰ [PSNC urges Government to support all pharmacies through COVID-19 booster push : PSNC Main site](https://psnc.org.uk/our-news/psnc-urges-government-to-support-all-pharmacies-through-covid-19-booster-push/)
<https://psnc.org.uk/our-news/psnc-urges-government-to-support-all-pharmacies-through-covid-19-booster-push/>

Chapter Two: The Landscape of Health and Care Services in Oxfordshire

Map 1. Oxfordshire County, with Districts, Oxford City, and larger settlements



1. Local Commissioners and Providers

There are many organisations working together in the health and social care community of Oxfordshire. Oxfordshire County Council provides a wide range of services, including education (schools, libraries and youth services), social services, public health, highway maintenance, waste disposal and emergency planning. As part of this remit, the local Health and Well Being Board is hosted by Oxfordshire County Council. Oxfordshire County Council also works closely with the City and District Councils (Cherwell, Oxford City, Vale of White Horse, South Oxfordshire, West Oxfordshire). Each of these councils provides more local services, including environmental health, local planning, housing, refuse collection and leisure facilities (see Map 1).

Oxfordshire Clinical Commissioning Group (CCG) oversees primary care including GP practices, working together with NHS England, and commissions secondary and community health care services. General Practitioners in Oxfordshire are largely now working as part of 20 Primary Care Networks (PCNs). Primary Care Networks enable family doctors and their patients to benefit from joint working, sharing of facilities and expertise and other economies of scale.

Oxford University Hospital NHS Foundation Trust (OUH), provides acute, elective, specialist and community-based healthcare and manages four main hospitals, John Radcliffe, Churchill, Nuffield Orthopaedic Centre and Horton General Hospital. A range of specialist mental health services in five different localities as well as physical healthcare including community services are provided by Oxford Health NHS Foundation Trust (OHFT).

South Central Ambulance Services (SCAS) provide emergency response as well as non-emergency patient transport services. SCAS also provides the NHS 111 telephone service for Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes, Bedfordshire and Luton. Oxfordshire is also well-served by charitable, 'Third Sector' bodies, for example in the field of hospice care and palliative care support. Many charitable and voluntary bodies are playing a part in supporting the health and well-being of the population.

The Local Pharmaceutical Committee (LPC) is known as Pharmacy Thames Valley. Pharmacy Thames Valley represents 258 Community Pharmacy Contractors in Berkshire and Oxfordshire on all NHS matters relating to community pharmacy. Healthwatch Oxfordshire acts as the county's independent health and social care watchdog.

These agencies, together with the population served, form the health and social care community which is the context for the Pharmaceutical Needs Assessment. In the following sections, we look at some of the activities within the health and care community in more detail.

2. Oxfordshire Health and Well Being Board, and its Joint Health and Well-Being Strategy

The Oxfordshire Health and Well-Being Board (HWB) is both a forum for discussion and review, as well as a means for local authority councillors, Public Health specialists, CCG representatives and other local health and care partners to contribute to a shared vision for improving health and wellbeing, and to bring about the implementation of that vision. The work focuses on trying to prevent or to delay people becoming unwell and promoting ways to maintain people in good health.

The Joint Health and Well-being Strategy 2018-2023¹¹ sets out the priorities at which Oxfordshire HWB would like all partners to aim. These include: giving children and young people a good start in life, helping people to live well and to age well, tackling wider issues that are the determinants of health, preventing illness, reducing the need for treatment and so delaying the need for care, and tackling inequalities in health. The strategy's focus on determinants includes concern for the built environment, for building strong communities, and for an emphasis on preventive services. On similar lines the Oxfordshire Prevention Framework, published in 2019, aims to focus efforts on the prevention of illness and on the reduction of health inequalities.¹²

3. Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is an ongoing process, overseen by the HWB.¹³ The JSNA looks at the current and future health and care needs of the local population to inform and guide the planning and commissioning of services in Oxfordshire. Thus, the JSNA encompasses a wide variety of themes and strands of knowledge such as social and demographic descriptions of the population, economic analyses, population projections, analyses of mortality, the prevalences of different diseases, usage of hospital and other health services, survey data on lifestyle factors and well-being.

The JSNA process helps the HWB and its partners to understand Oxfordshire's changing population and what makes a difference to local people's health and wellbeing so that planning for the future can take place. The findings of the JSNA process are often published in separate reports and profiles dealing with certain topics, but a comprehensive summation of JSNA findings also appears as a knowledge base

¹¹ [Oxfordshire Joint Health and Wellbeing Strategy](http://www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejointhwstrategy.pdf)
www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejointhwstrategy.pdf

¹² [HWB SEP2619R02 - Prevention Framework Report.pdf \(oxfordshire.gov.uk\)](http://www.oxfordshire.gov.uk/sites/default/files/file/prevention-framework-report.pdf)

¹³ [Joint Strategic Needs Assessment | Oxfordshire Insight](https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment);
<https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

on the Oxfordshire Insight webpages.¹⁴ This PNA draws upon the JSNA as it stand at the time of writing, but readers are advised to consult the JSNA webpages for regular updates.

4. Director of Public Health's Annual Report

The Director of Public Health's Annual Report expands on areas addressed in the Joint Health and Wellbeing Strategy and in the JSNA, although with a sharper focus on issues that the Director believes to be especially salient. In the report for the year 2019-2020 the Director has discussed hidden inequalities, breaking the cycle of disadvantage, promoting healthy lifestyles and preventing ill-health.¹⁵

5. Oxfordshire CCG: The STP Plan and Oxfordshire Transformation Plan

Oxfordshire CCG is the main CCG responsible for planning and commissioning healthcare in Oxfordshire. However, Buckinghamshire CCG covers part of Oxfordshire around Thame and Chinnor, while Swindon CCG includes the area of Watchfield and Shrivenham, which, although an electoral ward within Oxfordshire, is in proximity to key services in Swindon, such as Swindon's general hospital.

Oxfordshire CCG contributed to the Sustainability and Transformation Plan for the Buckinghamshire, Oxfordshire and Berkshire West area (known as the BOB STP) which was published in 2016.¹⁶ This was an overarching plan for the Buckinghamshire, Oxfordshire and Berkshire West area which took account of the growing and ageing population, the challenge of long term conditions and multi-morbidity and the need to integrate NHS services and in some instances, modernise the NHS estate.

Oxfordshire CCG also drew up its own Oxfordshire Transformation Plan which was discussed in two phases in 2016-2017.¹⁷ These initiatives can be viewed as steps on the road to an Integrated Care System, usually referred to as the ICS.

¹⁴ [Joint Strategic Needs Assessment | Oxfordshire Insight](https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment)
insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

¹⁵ [2019-20 Director of Public Health annual report | Oxfordshire County Council](#)

¹⁶ www.bobstp.org.uk

¹⁷ www.oxfordshireccg.nhs.uk/about-us/transforming-health-in-oxfordshire.htm

6. Integrated Care System for Buckinghamshire, Oxfordshire & Berkshire West

The emerging local Integrated Care System covers Buckinghamshire, Oxfordshire and Berkshire West (BOB).¹⁸ The BOB ICS has a catchment population of 1.8 million people, three Clinical Commissioning Groups, six NHS Trusts and 14 local authorities and 166 GP practices which are working together as 45 Primary Care Networks.

In late 2019 a public consultation took place across the BOB area, based on these three proposals:

- The delivery of more joined up and integrated health and care should take place through three, new locally focused Integrated Care Partnerships (ICPs), alliances of NHS and Local Government organisations working together to plan and deliver care through a joint approach.
- The streamlining of commissioning arrangements through a single Clinical Commissioning Group for the BOB area, a more strategic organisation to support ICPs and also to commission services at scale as appropriate, such as NHS 111 or specialised services.
- Changes to the current CCG management arrangements should create a single Accountable Officer and ICS Executive Lead role, supported by a shared management team working across the Buckinghamshire, Oxfordshire and Berkshire West CCGs catchments as they now stand.

The BOB ICS Five year plan is currently under development, with public consultations at strategic stages, although the timetable has been affected by the pandemic. The work streams for the 'one system' approach have now been identified and are as follows: reducing pressure on emergency hospital services; improving mental health; shorter waits for planned care; improving cancer outcomes; increasing focus on population health; prevention and addressing health inequalities; personalisation; wider social impact; maternity; children and young people; learning disability; autism; better care for major health conditions; genomics; supporting NHS Staff; digitally enabled care; capital and estates; finance and activity; demand for services.

7. NHS England

Since 2013, NHS England has worked alongside CCGs and has undertaken functions relating to primary care contracts, as well as some other activities previously performed by the Department of Health, such as screening and immunisation. NHS England also liaises with partners to oversee the quality and safety of the NHS and promote patient and public engagement. NHS England South East is one of the regional arms of NHS England and Oxfordshire is covered by the South East Regional Team.

¹⁸ www.bobstp.org.uk

The regional arms of NHS England have a special role with regard to pharmaceutical services; this entails the assessment and assuring of performance of pharmaceutical contractors, and ensuring the quality and safety of pharmaceutical services in line with the NHS Pharmacy Contractual Framework. NHS England does not hold contracts with pharmacy contractors, (in contrast to the arrangements for general practitioners, dentists and optometrists). Instead pharmacies provide services under terms of service set out in regulations and in the contractual framework

8. Health Implications of the Strategic Vision for Oxfordshire

With the future growth of the population in mind, the Oxfordshire Growth Board¹⁹ has prepared an Oxfordshire Strategic Vision²⁰, which takes a longterm outlook to outcomes in 2050. The Strategic Vision sets out a highly ambitious pathway for long-term change. The heart of the vision is sustainable well-being and it entails actions on a number of fronts, including, the natural environment, becoming carbon-neutral. The local economy, equality, fairness and inclusivity, cultural amenities, energy efficient and affordable homes, diverse, vibrant communities, and health and well-being. Part of this is the transformation of the county's communication networks as well as the local transport system.

This has led to the drafting of the Local Transport and Connectivity Plan²¹ which aims at creating a transport system that will help achieve the aspirations of the Oxfordshire Strategic Vision in the context of an expanding population. The draft vision for the Local Transport and Connectivity Plan has been set out as follows: 'Our Local Transport Plan Vision is for a net-zero Oxfordshire transport system that enables the county to thrive as one of the world's leading innovation economies, whilst supporting clean growth, protecting our rich and varied natural and historic environment and being better for health and wellbeing, social inclusivity and education. Our plan sets out to achieve this by reducing the need to travel, securing high quality gigabit connectivity, and by discouraging unnecessary individual private vehicle use through making active travel, public and shared transport the natural first choice.'

A focus on health outcomes is also part of this, as is 'healthy place shaping', developing sustainable and resilient communities which provide healthy places for people amidst a high-quality natural and social environment.

¹⁹ [Home - Oxfordshire Growth Board www.oxfordshiregrowthboard.org](http://www.oxfordshiregrowthboard.org)

²⁰ [Oxfordshire Strategic Vision - Oxfordshire Growth Board www.oxfordshiregrowthboard.org/projects/oxfordshire-strategic-vision/](http://www.oxfordshiregrowthboard.org/projects/oxfordshire-strategic-vision/)

²¹ [Local Transport and Connectivity Plan - vision consultation - Oxfordshire County Council Consultation Portal](#)

9. Where the PNA fits in

In Chapters One and Two the developing role of community pharmacies in the contemporary context has been described at various points. To summarise, this is a front-line role in which the community pharmacies are becoming part of an emerging Integrated Care System; community pharmacies are becoming integral to the prevention and treatment of ill-health and the promotion of good health, interconnecting with other parts of the health and care community. The advent of the Covid-19 pandemic has in effect accelerated some of these developments, although it has also slowed down the implementation of some other changes that had been planned.

Despite these issues, the purpose of the Pharmaceutical Needs Assessment has remained constant, to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of the Health and Wellbeing Board's area at the present time and for a period of three years into the future.

If a pharmacy or a dispensing appliance contractor (DAC) wishes to provide services in Oxfordshire, they are required to apply to NHS England to be included in the pharmaceutical list for the area. This process is often described as 'Market Entry'. An application must offer to meet a need or needs that are set out in the PNA, or the application must offer to secure improvements or deliver better access, in line with needs identified in the PNA. There are, however, some exceptions to this. For example, a prospective contractor can make applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

This PNA will also take into account other perspectives such as the aspirations of the Strategic and Transport visions, but these involve decidedly long-term goals over the next thirty years, whereas the current PNA is required to look with discerning pragmatism to a three year horizon. The current PNA will therefore contain assessments constrained within the current situation in Oxfordshire with regard to transport and connectivity, but observations will be made on how future PNA work might proceed in the evolving situation.

Whilst the PNA is primarily a document for NHS England (and Oxfordshire CCG and Oxfordshire CC) to use to make commissioning decisions, it is to be hoped that the PNA, alongside the JSNA, might also be of wider use as a reference to understanding the health needs of the people of Oxfordshire and the meeting of those needs.

Chapter Three: Creating the Oxfordshire PNA 2022

1. PNA Steering Group and Scope

On behalf of the Oxfordshire Health and Well Being Board, a PNA Steering Group was convened in May 2021. The membership was comprised of key stakeholders in the local health and care community, with responsibilities for commissioning, delivering and reviewing pharmaceutical services in Oxfordshire. The membership thus included representatives of NHS England (South East), Oxfordshire CCG, Pharmacy Thames Valley (Thames Valley Local Pharmaceutical Committee) and Oxfordshire Public Health. A full list of members is given in Appendix One.

The remit of the Steering Group was to oversee the creation of the PNA, in accordance with the regulatory framework, (as presented in Chapter One) and with due regard for the landscape of health and care services in Oxfordshire, and other local considerations, (as presented in Chapter Two). The Steering Group was responsible for creating and approving successive drafts of the PNA before the submission of the PNA to the Health and Well Being Board for final approval.

Previous Oxfordshire PNAs were published in 2015 and 2018. The 2013 regulations specify the scope of the PNA is for three years, so the current PNA relates to the period April 2022 to March 2025 inclusive. The PNA covers the population of Oxfordshire Health and Well Being Board, namely the people of the county of Oxfordshire. In writing the PNA, Oxfordshire HWB area was considered in terms of five localities, that is the district councils for Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire, and Oxford City council.

A small number of Oxfordshire pharmacies do not relate to Oxfordshire CCG, but are included on a par with the other pharmacies in the PNA as they clearly provide services to parts of the Oxfordshire population. These are pharmacies in Thame and Chinnor, which relate to Buckinghamshire CCG and NHS England South East. In contrast, the community pharmacy in Shrivenham relates contractually to BANES, Swindon and Wiltshire CCG and to NHS England South West, so its services are not considered in detail in the PNA and it is not counted in the PNA as an Oxfordshire pharmacy. Pharmacies located outside Oxfordshire, but within two miles and five miles of the county border were also noted because they potentially supply services to Oxfordshire residents, but these pharmacies have not been examined in the main tabulations.

2. The Data Collation and Mapping Process

An overall assessment of the health and well-being of Oxfordshire was completed, together with consideration of new housing and population growth, and this was set out in Chapter Four.

Geographical Information Systems (GIS) were then used to plot the location of pharmacies and dispensing GPs and to estimate access by driving times, direct distance, walking times and public transport times. This is described in the PNA as 'general access' as it relates to geographical accessibility rather than to issues that people with a disability might encounter when entering the physical premises of a pharmacy.

Location maps displayed in the main body of text were produced using ArcGIS software, while access times and distances were investigated using NHS SHAPE software.²² Core data for each pharmacy, including address and opening times, were supplied by the NHS SHAPE software, NHS England and the NHS website (formerly known as NHS Choices).²³ Data on advanced services were derived from the NHS Business Authority website.²⁴ Supplementary data on locally commissioned services were provided by commissioners at Oxfordshire CCG and Oxfordshire County Council Public Health Team. In some maps the positioning of points has been slightly adjusted for the sake of clarity and for this reason the adjacent tables should be consulted when the district and city maps are being viewed.

Locations, by address and postcode, of listed pharmacies and dispensing GPs in this PNA, and total opening times, are correct as of 14.12.21 when data downloads took place; spot checks were also made in late December and early January 2022. Total opening hours given are core hours plus supplementary hours. As the ownership, management and trading status of pharmacies can change rapidly, local contracts in particular are subject to alteration at short notice. Therefore the information on locally commissioned services was the best available at 14.12.21, but should be interpreted as providing a general impression of the type and coverage of services being provided across Oxfordshire, rather than as a consumer guide.

(Copyrights for maps are as indicated throughout, with addition of District boundaries Crown Copyright and Database Rights 2021 OS member 0100023343 Oxon CC.)

3. The Gap Analysis: The Set of Criteria used

At the commencement of the development of the PNA the following criteria were agreed by the Steering Group, as the main ones for assessing the meeting of the health needs of the population by pharmaceutical services, identifying desirable improvements and optimising access. This is sometimes referred to as 'the

²² [SHAPE | Strategic Health Asset Planning and Evaluation \(shapeatlas.net\)](https://shapeatlas.net/)
<https://shapeatlas.net/>

²³ [The NHS website - NHS \(www.nhs.uk\)](http://www.nhs.uk)

²⁴ <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

identification of gaps'. These criteria were broad and practical, to be viewed as aids in assessment, rather than as rigid tools, for all information collated about pharmacies was to be interpreted in the context of the socio-demographic and health profile of the population.

Basic Criteria

(i) All parts of the population should have general access to a physical community pharmacy. Industrial and trading estates are not residential areas so will not form part of the gap analysis. Internet pharmacies and DACs will be recorded but will not be part of the gap analysis.

(ii) Dispensing GP practices in Oxfordshire will also be regarded as providers of access for the purpose of the gap analysis. If coverage by community pharmacies appears to be insufficient in an area, then a nearby dispensing GP practice can then be considered in the gap analysis.

(iii) Pharmacies located outside the borders of Oxfordshire (in the two and five mile buffer zones) will be recorded and can qualify as providers of access, if Oxfordshire providers do not suffice in certain areas.

(iv) In rural areas the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above providers. If neither criteria is met then this should be given further consideration as a possible gap.

(v) In the main urban areas (in Oxford City, Banbury, Bicester, Abingdon, Didcot, Witney, i.e. populations greater than 28,000) the population should be within 20 minutes' walking time or 20 minutes' public transport time of a provider. If neither criteria is met then this should be given further consideration as a possible gap.

Public transport times for weekday mornings should be used and walking time will be taken as 5 km/h or 3 mph; both of these are based on NHS SHAPE categories.

The community pharmacies are open for at least 40 hours each week (core hours stipulated in the contractual framework) and some are open for supplementary hours as well. Some are 100 hour per week pharmacies, which will be recorded. Weekend coverage by standard pharmacies (commonly about four hours on a Saturday morning) will be noted, but assessment of access to pharmacies will not be made utilising this, as it is difficult for NHS England to effect changes in existing contracts for weekend opening hours.

Further Criteria

(vi) Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' travel time). Public transport access in rural areas (mainly bus) should be commented on, though should not form a criterion.

(vii) Comment will be made on access to pharmacies in the small areas in Oxfordshire which are amongst the 20% most deprived nationally.

(viii) Reasonable access to drug-related, and emergency contraceptive services across Oxfordshire should be assessed by Oxfordshire Public Health, if necessary in a narrative review.

(ix) Reasonable access to palliative services across Oxfordshire should be assessed by Oxfordshire CCG, if necessary in a narrative review.

New Build Criteria

(x) The prospective needs of new build areas should be identified and considered where growth of 200 or more dwellings is planned in the period April 2019 to March 2025. (Use of this planning period, of course, entails that some new build will have already happened during the development of the PNA. New build plans have been published by the district and city councils and were collated and supplied for the PNA by Oxfordshire County Council Insight Team.)

The projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas in the attempt to project the emergence of gaps in pharmaceutical services. Only these two criteria should be used; the projection should not be too complex, since it is possible that some of the new build may not occur, may be altered or may be delayed.

Where a hitherto rural area is likely to be developed as a suburb of an urban area (e.g. a farm outside a town boundary becomes a new estate as part of that town, that new suburb should be regarded as urban.)

(xi) In terms of assessing future need the methodology of the current PNA is to examine the sub-totals of new homes geographically according to their precise intended locations, so that possible problems with access to pharmacies can be brought to light. For example, consideration of the numbers of new homes to be built in north Didcot, or in west Didcot, or in south Didcot, and so on (with reference to maps of current pharmacy provision) is more likely to be useful than consideration of the total number of homes planned for the growth of Didcot as a whole.

(xii) Any area of marked development in the countryside which has needs for which the rural criteria seem insufficient (e.g. considerations of size, capacity of nearest pharmacies, community planning and vision) will be considered by the Steering Group

as special cases, if necessary. (A case-by-case approach sometimes has to be used in such deliberations by NHS England.)

(xiii) Submissions should also be requested from Healthwatch Oxfordshire, and local government for districts and Oxford City in the public consultation stage of the draft PNA, inviting them to comment on the new build areas and determinations concerning them made by the Steering Group.

(xiv) Findings from the assessment are to be presented as a series of statements, indicating whether or not a gap is present, with discussion and recommendations coming towards the end of the report.

The results of the Gap Analysis have been set out in Chapters Five to Ten, with a synopsis at the level of Oxfordshire in Chapter Five and the detailed analyses at the level of the districts and city in Chapters Six to Ten.

4. Public Consultation

The Steering Group initiated a public and professional consultation process that took place from 8th November 2021 to 9th January 2022 inclusive. The draft PNA, together with a survey questionnaire were posted on the 'Let's Talk Oxfordshire' website which is the main channel by which Oxfordshire County Council carries out public consultations. Statutory parties consulted included Oxfordshire LPC, Oxfordshire Local Medical Committee (LMC), Oxfordshire Healthwatch, Oxford Heath NHS Foundation Trust, Oxford University Hospital NHS Trust, Oxfordshire CCG, planning officers of the districts and city, and neighbouring HWB areas such as Berkshire West, Buckinghamshire and Swindon. Those on the pharmaceutical and doctor dispensing lists were also invited to respond, as were local voluntary groups, patient groups and members of the public. The full consultation list can be found in Appendix Four. Professionals were sent emails with link to the website, while the public were alerted to the consultation by press releases and the use of social media. A summary of responses is presented in Chapter Eleven. Full details of the questions used can be found in Appendix Five.

In addition, Healthwatch Oxfordshire had previously conducted a survey between February and September 2020 on experiences of using pharmaceutical services in the county, giving the public an opportunity to voice their opinions.²⁵ An overview of this survey is also given in Chapter Eleven.

²⁵ Healthwatch Oxfordshire Survey: [Using Pharmacies in Oxfordshire in 2020 - May 2021 - Healthwatch Oxfordshire](#)

5. Final Approval

The PNA, having been revised after the public consultation, was presented to the Oxfordshire Health and Well Being Board for final approval in March 2022.

Chapter Four: People, Health and Well-being in Oxfordshire

1. Population

Structure, Age and Growth

The county of Oxfordshire has a resident population of 696,880 (mid-year 2020, ONS). The number of people registered with Oxfordshire CCG GPs is higher at 773,409 (mid-2019), partly because of those people who live outside the county boundaries, but who are registered with an Oxfordshire CCG GP. In all, about 22% of the resident population of the county live in Oxford City, while the remainder lives outside the city, with about 38% in the larger towns such as Banbury, and about 40% in the smaller market towns and villages.²⁶

As the population pyramids in Figure 2 and 3 show (below), the age-profile for the county is broadly similar to that of England as a whole, with the exception of the age-group 20 to 29 years, reflecting the student population based mainly in Oxford City.. In all, 18.7% of the county's population is aged 65 years or more, while in Oxford City the percentage is notably lower at 12.6%.

The population is continuing to grow, due to inward migration, increasing birth numbers and rising life expectancy (this last in the four rural districts). Local population projections suggest that the population could reach 832,261 by 2029, a 19.6% increase in one decade.²⁷ For people aged 65+ years, the increase predicted is 27.5%, from 128,126 to 163,367, while for people aged 80+ years, the forecast is a 41.0% increase, from 36,731 to 51,809. (ONS predictions for this age-group are slightly lower, but of a similar magnitude.²⁸)

As part of this trajectory, local population projections suggest that the population of Oxfordshire will grow to 769,784 people by 2025, the horizon of the PNA.

²⁶ [Population | Oxfordshire Insight](https://insight.oxfordshire.gov.uk/cms/population) <https://insight.oxfordshire.gov.uk/cms/population>;

²⁷ 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021: [Future population | Oxfordshire Insight](#)

²⁸ [Population projections - Office for National Statistics](#)

Fig 2. Oxfordshire Population 2020 (ONS)

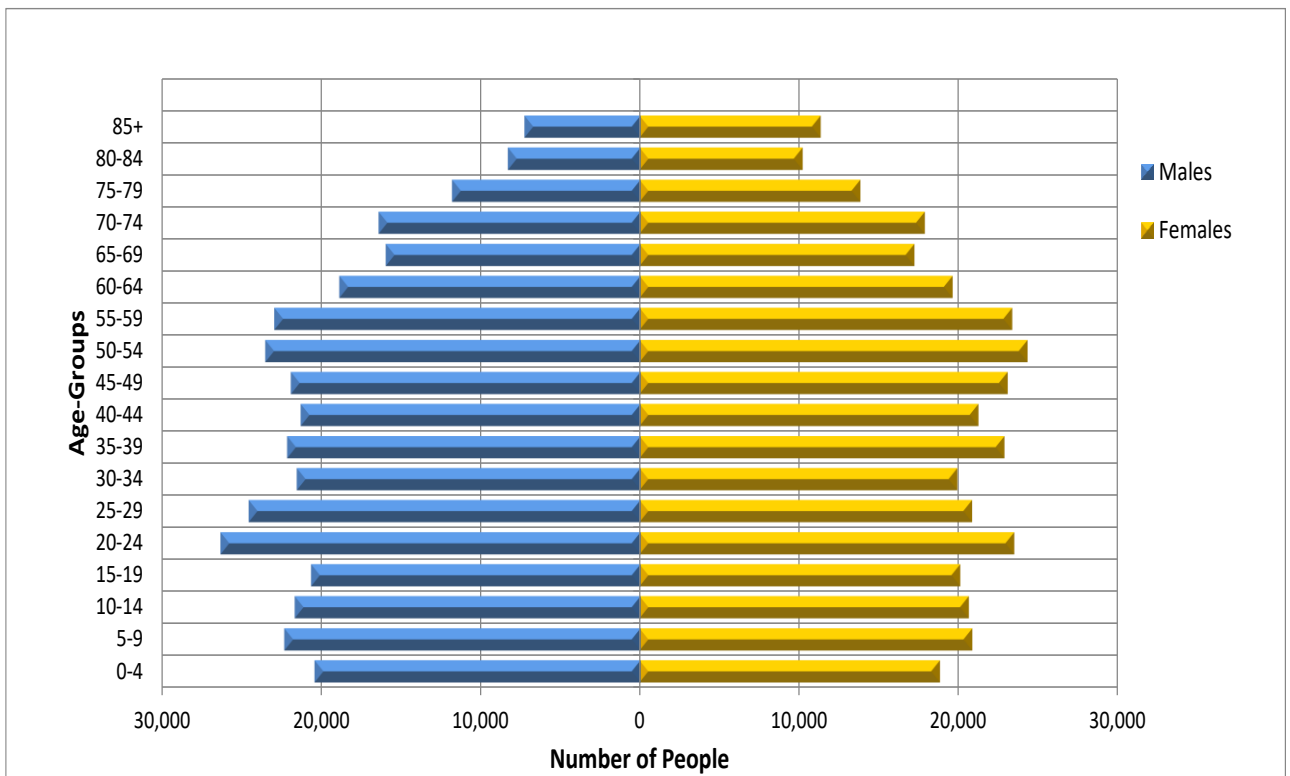
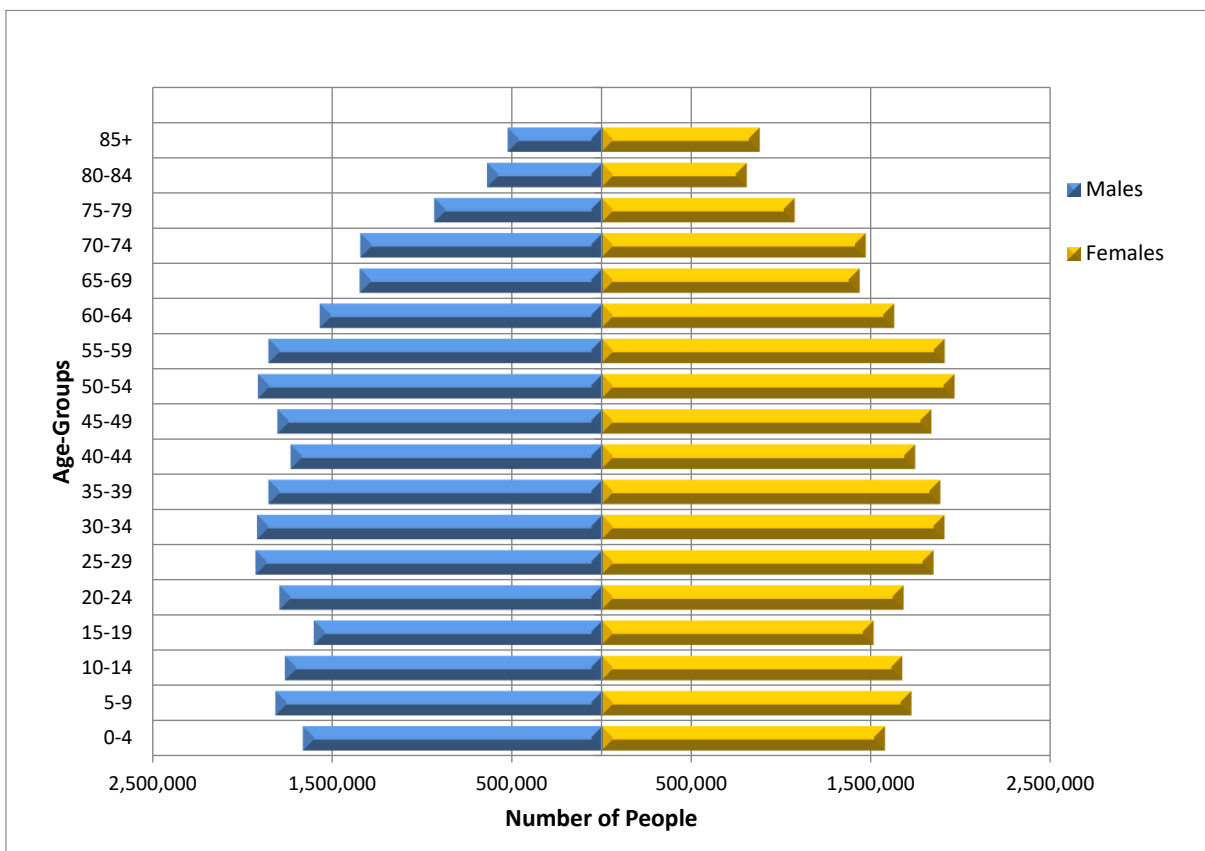


Fig 3. England Population 2020 (ONS)



New Build and Development

A significant rise can be seen in the number of new homes being planned for Oxfordshire in the period up to the year 2031. This expansion in home building is taking place in order to meet the needs of the growing population of southern and south-east England. In total, 36,610 new homes are envisaged in Oxfordshire for the period April 2019 to March 2025 with a further 39,402 new homes being intended for April 2025 to March 2031.²⁹

With regard to planning periods, because of its scope the current PNA will engage solely with the period 2019 to 2025. The adopted allocations of new homes for this period according to the localities are as follows:

- Cherwell: 9,868
- Oxford City: 4,181
- South Oxfordshire: 7,319
- Vale of White Horse: 8,618
- West Oxfordshire: 6,704
- Total Oxfordshire: 36,610

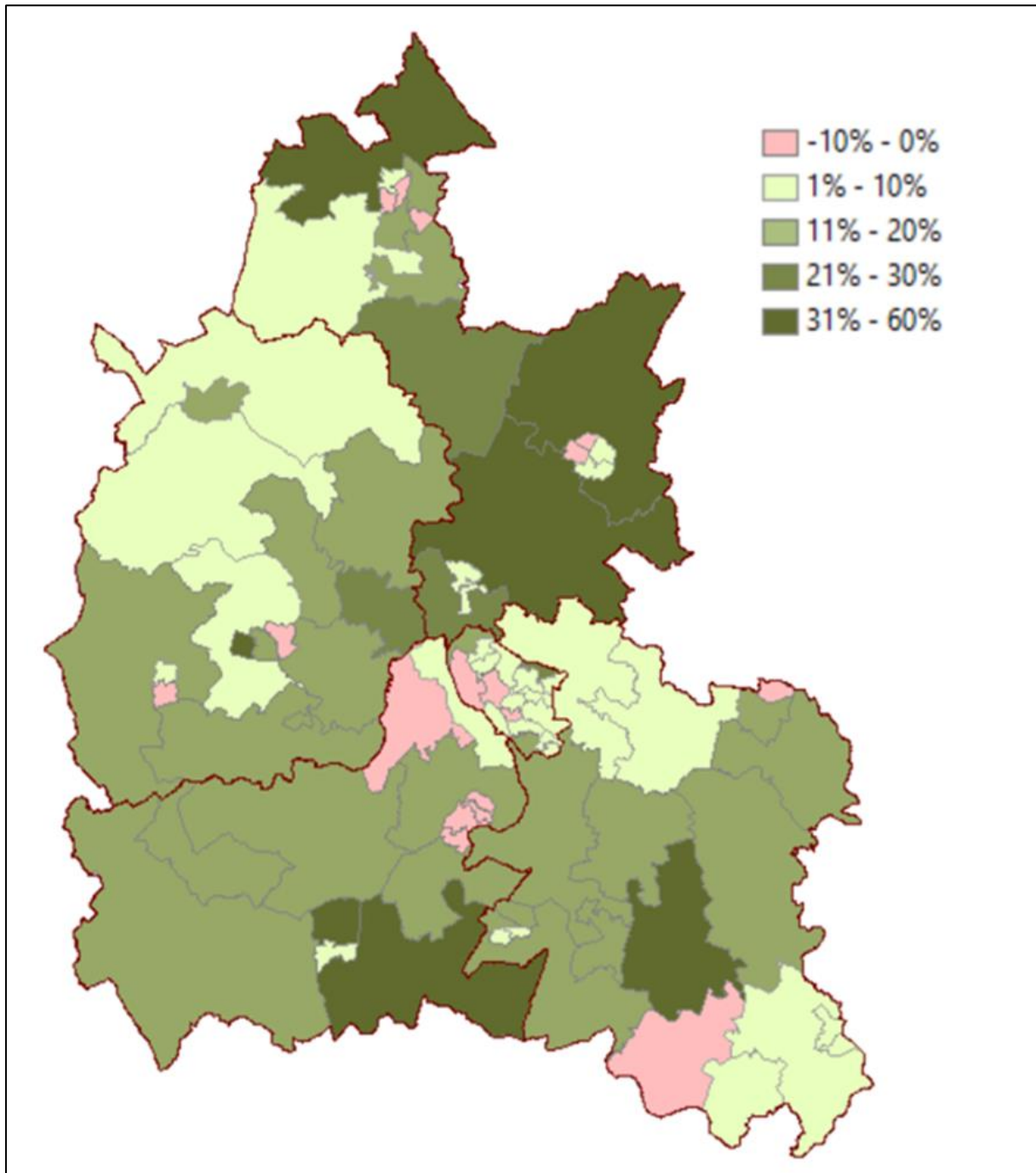
These figures include large developments in Banbury and its environs, in Bicester and its environs (both in Cherwell) and in Didcot (in South Oxfordshire and on adjoining land in Vale of White Horse). Significant development is also taking place in Oxford City. Growth in population numbers by small area is depicted in Map 2 (below).

Noteworthy new build as part of Berinsfield Garden Village (in South Oxfordshire) and Salt Cross Garden Village (near Eynsham in West Oxfordshire) is planned for 2025 to 2031 and thus these projects fall outside the scope of the current PNA. In terms of assessing future need the methodology of the current PNA is to examine the sub-totals of new homes geographically according to their precise locations, so that possible problems with access to pharmacies can be brought to light. More details of building developments are given in Chapters Six to Ten according to locality. Full details of Local Plans can also be found on the websites of the districts and city.³⁰

²⁹ Internal communication from Oxfordshire County Council Planning Team.

³⁰ www.cherwell.gov.uk; www.oxford.gov.uk; www.southoxon.gov.uk; www.whitehorsedc.gov.uk; www.westoxon.gov.uk

Map 2. Oxfordshire population change, 2019-2025. Percentage change, by MSOA



Source: Oxfordshire CC Housing-based Population Projections

Births, Deaths and Life Expectancy

In total, 7,119 births to Oxfordshire residents occurred in 2020. Both males and females born in Oxfordshire can expect to live, on average, beyond the respective levels for England as a whole, and to live more years in good health, as compared with their peers across the nation. In 2017-2019 the life expectancy at birth in Oxfordshire was 81.7 years for a male and 85.0 years for a female, while the respective figures for England as a whole were 79.8 and 83.4. The life expectancies for years lived in good health were somewhat lower, in Oxfordshire 68.3 years and 71.7 years, with respective expectancies of 63.4 years and 63.9 years in England as a whole.³¹

However, not everyone in Oxfordshire enjoys the level of favourable health and well-being which is implied here. The topic of disparities in health is examined in more detail under the heading of 'Health Inequalities' in this chapter, and health within the five localities are reviewed where appropriate in following chapters.

Ethnicity and Religion

The ethnic composition of Oxfordshire has been steadily changing. According to the 2011 Census, people from ethnic minority communities made up 16.4% of the county population (this includes people from an Eastern European background.). People from ethnic minority backgrounds live in all the districts of the county and in Oxford City, but according to the 2011 census proportions were highest in the city of Oxford (36.4%) and in Cherwell (13.7%, mainly in Banbury).

In the 2011 census 60.2% of respondents reported being Christian, 2.4% being Muslim 0.6% being Hindu, 0.5% being Buddhist and 0.3% being Jewish. Overall, 28% of people who answered the census question reported not having a religion.³²

Disabilities

It is difficult to estimate the number of people with disability in a population and the census is often cited, because this gives people the opportunity to report any limitations to their daily activities, whether or not they have a formally recognised disability or diagnosed condition.

In the 2011 Census, in the population of Oxfordshire 8% of people reported being limited a little, while 5.8% of people reported that they were limited a lot. For England as a whole the respective figures were 9.3% and 8.3%. For people aged 65+ years in Oxfordshire the limitation reports were at a much higher level than for the population

³¹ Public Health Profiles at Fingertips: [Public Health Profiles - PHE](#)

³² Ethnicity and religion from 2011 census: [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

of all ages, 24.7% and 21.6% respectively. These proportions equate to a total of 48,034 people aged 65 years or more who were experiencing limitations in their daily activities.³³

Learning Disability

In April 2021 1,635 people with a Learning Disability were being supported by Oxfordshire Social Care services. Meanwhile 3,093 people with a Learning Disability were registered with primary care services (0.4% of the primary care population); it can be presumed that most of the 1,635 people were included on the GP registers. The total number of people with Learning Disability is probably higher than this because adults with mild Learning Disability do not necessarily come to the attention of the health and care services, unless they have a pressing need. A standard prevalence rate which is often used in the context of British population for any degree of learning disability, whether acknowledged or not by the health and care services, is approximately 2%, which would equate to about 14,000 persons in Oxfordshire.³⁴

Social Care and Carers

As of 1st April 2021 there were 5,916 adults in Oxfordshire receiving, ongoing, long-term social care from Oxfordshire County Council, a small decrease from the previous year. Most of the recipients (59%) were aged 65+ years and 16% were aged 90+ years. In all, 28% of people receiving support had a learning disability.³⁵

Estimates from the 2011 Census indicated 61,100 people providing unpaid care, 17,400 of these spending more than 20 hours on this. With a third of these being aged 65+ years. 4,200 people combined 20 hours or more of caring with full-time work.

In 2020-2021 4,275 carers were registered and received a carer's assessment or direct payment. Oxfordshire County Council is currently supporting 323 young people aged under 16 years as carers (December 2020 figures), but the 2011 Census suggests that the true number of young carers might be at least four times as great as this.³⁶

³³ [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk)

³⁴ Emerson E, Hatton C, Baines S, and Robertson J. The physical health of British adults with intellectual disability: cross sectional. *International Journal for Equity in Health* (2016) 15:11 DOI 10.1186/s12939-016-0296-x

³⁵ DOH Salt submission from Oxfordshire County Council

³⁶ [Joint Strategic Needs Assessment | Oxfordshire Insight](#)

Armed Forces

As of April 2021, 8,460 regular armed forces personnel were stationed in Oxfordshire, and the number of these has been decreasing. As of April 2021, 5,883 Oxfordshire residents were recipients of military pensions or compensation, as ex-armed forces personnel.³⁷

2. Wider Determinants of Health

Deprivation

In broad terms, Oxfordshire is an affluent county.³⁸ The proportion of children in a household of relatively low income in 2018-2019 was 11.1% as compared with 18.4% in England as a whole. On the Index of Multiple Deprivation 2019 (IMD 2019) Oxfordshire ranks as the 10th least deprived upper tier local authority in England out of a total of 151 authorities.

However, this is by no means the whole story. In all, 18 Oxfordshire neighbourhoods (Lower Super Output Areas or LSOAs) rank among the 20% most deprived in England. The people in these neighbourhoods, which are located in the south and east of Oxford City, in Banbury and in Abingdon, have significantly worse experiences in terms of income and employment, health and education, as compared with other small areas. Since the IMD 2015 Oxford City has become less deprived as a whole, (in relative terms), while Cherwell district has become more deprived (in relative terms); the other districts have remained at approximately the same level.

It should also be noted that there is a wide range of degrees of relative affluence and deprivation between the extremes of highest wealth and greatest disadvantage. Moreover, groups of people enduring hardship and deprivation in the extensive rural areas of Oxfordshire are not necessarily conspicuous on measures such as IMD 2019, which are better suited to urban and metropolitan settings with dense populations. Clusters of streets of social housing in villages or small market towns may often be obscured in statistics which are based on averages for the local area. The topic of disparities in health is examined in more detail under the heading of 'Health

³⁷ <https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients-2020>

³⁸ Wider Determinants' section has been largely based on the Oxfordshire JSNA as at May 2021;

[Joint Strategic Needs Assessment | Oxfordshire Insight](#) ;

For Deprivation, see also, [Deprivation dashboard | Oxfordshire Insight](#)

Inequalities' in this chapter, and health in the districts are reviewed in Chapters Six to Ten.

Education

According to the 2011 census, Oxfordshire had a greater proportion of people with higher qualifications and a lower proportion of people with no qualifications than England as a whole. The attainment at GCSE level, though, (the Attainment 8 target) is similar to the national level, being 50.6% in Oxfordshire and 50.2% in England (2019-2020).

Housing and Homelessness

Housing prices are continuing to rise in Oxfordshire. In May 2021, the average price of a house was £390,288 compared with an average price for England as a whole of £271,434.³⁹ In 2019-2020 the proportion of households owed a duty under the Homelessness Reduction Act was 7.1% (1,976 households) in Oxfordshire compared with 12.3% in England. In the same year 158 households were in temporary accommodation in Oxfordshire, 0.6% compared with 3.8% in England.⁴⁰

Obesity and Physical activity

The trend to increasing numbers of people being overweight or obese continues to be a matter of national public health concern. In 2019-2020 over half of the adult population of Oxfordshire (56.3%) was overweight or obese, but this was a lower proportion than in England as a whole (62.8%) and indeed than in the South East region (61.5%). The Oxfordshire rate has changed little since 2015-2016. It is encouraging to note that the majority of children measured in Oxfordshire schools in 2019-2020 had a healthy weight (8 in 10 in Reception class, 7 in 10 in Year 6) and the past decade has been one of stability. Yet this still means that 18.6% of children in Reception class and 29.4% in Year 6 were overweight or obese. The respective figures for England were 23.0% and 35.2%.

In 2019-2020 73% of adults in Oxfordshire were meeting the national physical activity guideline, while in England 66.4% of adults were attaining the recommended level (at least 150 minutes of moderate intensity activity each week or at least 75 minutes' of vigorous intensity activity per week).

Smoking

The adult smoking rate is continuing to decline in Oxfordshire as in England as a whole. In 2019 an estimated 12% of adults in Oxfordshire were smokers, compared with the all-England figure of 13.9%. Data for Oxfordshire show that smoking prevalence is similar in males and females, with 12.1% (32,500) of men and 11.9%

³⁹ <https://landregistry.data.gov.uk/app/ukhpi/browse?from=2020-06-01&location=http%3A%2F%2Flandregistry.data.gov.uk%2Fid%2Fregion%2Foxfordshire&to=2021-07-01&lang=en>

⁴⁰ [Live tables on homelessness - GOV.UK \(www.gov.uk\)](https://www.gov.uk/live-tables/homelessness)

(32,600) of women currently smoking. Smoking continues to be of great public health concern because it is associated with higher levels of morbidity and premature death. Furthermore, in Oxfordshire smoking prevalence in adults in routine and manual occupations is 22.5%, over twice as high as in the managerial and professional group where it is 10%.

Alcohol

At a national level, the Health Survey for England 2019 indicated that a higher proportion of men as compared with women were drinking at a level (over 14 units of alcohol per week) of increased risk of harm; 30% of men were drinking at this level as compared with 15% of women. The proportions of men and women who reported drinking over 14 units a week increased with household income; in other words, more affluent people tended to drink more than less wealthy people.

In Oxfordshire, in 2018-2019, if broad definition of alcohol-related harm is used, there were 11,822 admission episodes for alcohol-related conditions, equivalent to a rate of 1,802 admissions per 100,000 population. This was made up of 7,682 admissions for males and 4,140 admissions for females. This was significantly lower than the national rate. These admissions were those where alcohol-attributable condition featured as a diagnosis somewhere in the medical record.

Drugs

National data from the 2018-2019 Crime Survey for England and Wales show that about 1 in 11 (9.4%) people aged 16 to 59 had taken an illicit drug in the last year, indicating an increase since 2015-2016 (from 8.3%). Younger people were more likely to have taken drugs than older people, and men were more likely to have taken drugs than women. Around 1 in 5 people (20.3%) aged 16 to 24 had taken a drug in the last year, with an apparent increase since the 2015-2016 (from 18.0%). 1 in 9 (11.4%) in this age-group had taken a drug in the last month. 1 in 11 (8.7%) 16 to 24 year olds had taken a Class A drug in the last year.

People living in urban areas (9.8%) were more likely to have taken any drug in the last year than those living in rural areas (7.7%) although the differential here is not particularly large, so it might be unwise to characterise drug misuse as a purely urban problem. Drug use was associated with lower levels of happiness and well-being; 1 in 5 (19.3%) adults who had reported themselves as having low levels of happiness also reported some form of drug use in the previous year.

In 2018-2019 there were 40 admissions for drug-related mental and behavioural disorders in Oxfordshire. This is 6 admissions per 100,000 population, much lower than the national rate (13 per 100,000).

In the same period there were 795 admissions where drug-related mental and behavioural disorders were at least a factor in the admission, which amounts to 116 admissions per 100,000, slightly higher than the regional rate (110 per 100,000) but lower than the national rate (175 per 100,000).

Admissions for drug-related mental and behavioural disorders and for poisoning by drug misuse show similar age profiles. Levels are highest for younger adults, peaking between the ages of 25 and 34. Admissions for drug-related mental and behavioural disorders are very uncommon in those aged under 16 and in those aged over 64. Although such admissions amongst older people are low, numbers are rising most sharply in those aged over 45.⁴¹

3. Common Health Issues in Oxfordshire

Diabetes

In total, 32,971 people aged 17 years or more in Oxfordshire had diagnosed diabetes in March 2021 (QOF). This was 5.2% of the registered GP population, while the proportion for England as a whole was 7.1%. The true prevalences are probably higher than this, as some cases of diabetes will not have been diagnosed. For example, in Oxfordshire a further 2% (two percentage points) of the population might have undetected diabetes.⁴²

Cardiovascular Diseases

The prevalences of cardiovascular diseases such as Coronary Heart Disease and stroke are lower in Oxfordshire than in England as a whole. However, the impact of such conditions on the people of the county is considerable.

In March 2021, 2.3% of the primary care population in Oxfordshire (17,946 people) had been diagnosed with CHD (having angina and/or having experienced a heart attack); in England the prevalence was 3.1%. 1.7% of the primary care population in Oxfordshire (13,511 people) had been diagnosed with stroke (or Transient Ischaemic Attack, sometimes called a 'mini-stroke'); in England the prevalence was 1.8%.

Hypertension (raised blood pressure) is not usually considered as an illness in itself, but it is a risk factor for further cardiovascular problems and so is carefully recorded in the primary care service. In March 2021 97,892 people in the county were known to be living with hypertension, 12.6% of the population as compared with 13.9% in England as a whole.

⁴¹ NHS Digital Statistics on Drug misuse, England 2019: [Statistics on Drug Misuse, England 2020 - NHS Digital](#)

⁴² 'Common Health Issues' section is largely based on the Oxfordshire JSNA: [Joint Strategic Needs Assessment | Oxfordshire Insight](#)

Cancer

In March 2021, 28,461 people were living with cancer in Oxfordshire, a proportion of 3.7% which is slightly higher than the proportion of 3.2% in England as a whole. Figures for 2018-2019 had indicated 3,782 new cases of cancer, a rate of new cases of 499 per 100,000, while the rate of new cases in England as a whole was 529 per 100,000.

Asthma and Chronic Obstructive Pulmonary Disease (COPD)

In March 2021, 43,968 people in the county were living with asthma, a prevalence of 6.0% as compared with the prevalence in England of 6.4%. With regard to COPD, (Chronic Obstructive Pulmonary Disease, a disease group which includes emphysema and chronic bronchitis) in March 2021 10,796 people in the county had this condition, 1.4%, as compared with 1.9% in England.

Mental health and Dementia

Mental health problems are common throughout society. The Adult Psychiatric Morbidity Survey 2014, estimated that about 1 in 6 people, that is 15.7% of adults aged 16 years or older might have a common mental disorder (usually anxiety or depression or mixed anxiety and depression) at any one time. The prevalence of mental illness over a lifetime is much higher.⁴³

In primary care in Oxfordshire in March 2021 79,244 adults were recorded as having depression, 12.6% as compared with the figure for England of 12.3%. Further mental health conditions such as schizophrenia and bipolar disorder were recorded for 6,561 people, a prevalence of 0.8%, while for England the prevalence was 1%.

In total, 5,423 people were recorded as having dementia in Oxfordshire in March 2021, a prevalence of 0.7%. For England as a whole the prevalence was also 0.7%. These are generally regarded as underestimates of prevalence, with many people with dementia waiting for a period of time to receive a diagnosis.

Long Term Conditions

The descriptions of individual conditions given above must be seen in a wider context, as part of a health landscape in Oxfordshire of Long Term Conditions (LTCs). Improvements in medical treatment and success in public health interventions have resulted in people having longer lives, but often with some form of long-term morbidity or disability. In England, the Department of Health estimates that over a quarter of the population have a Long Term Condition and an increasing number of these also have more than one LTC.⁴⁴ This latter status is sometimes described as one of 'Multi-

⁴³ [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS Digital](#)

⁴⁴ [Long Term Conditions Compendium of Information: Third Edition - GOV.UK \(www.gov.uk\)](#)

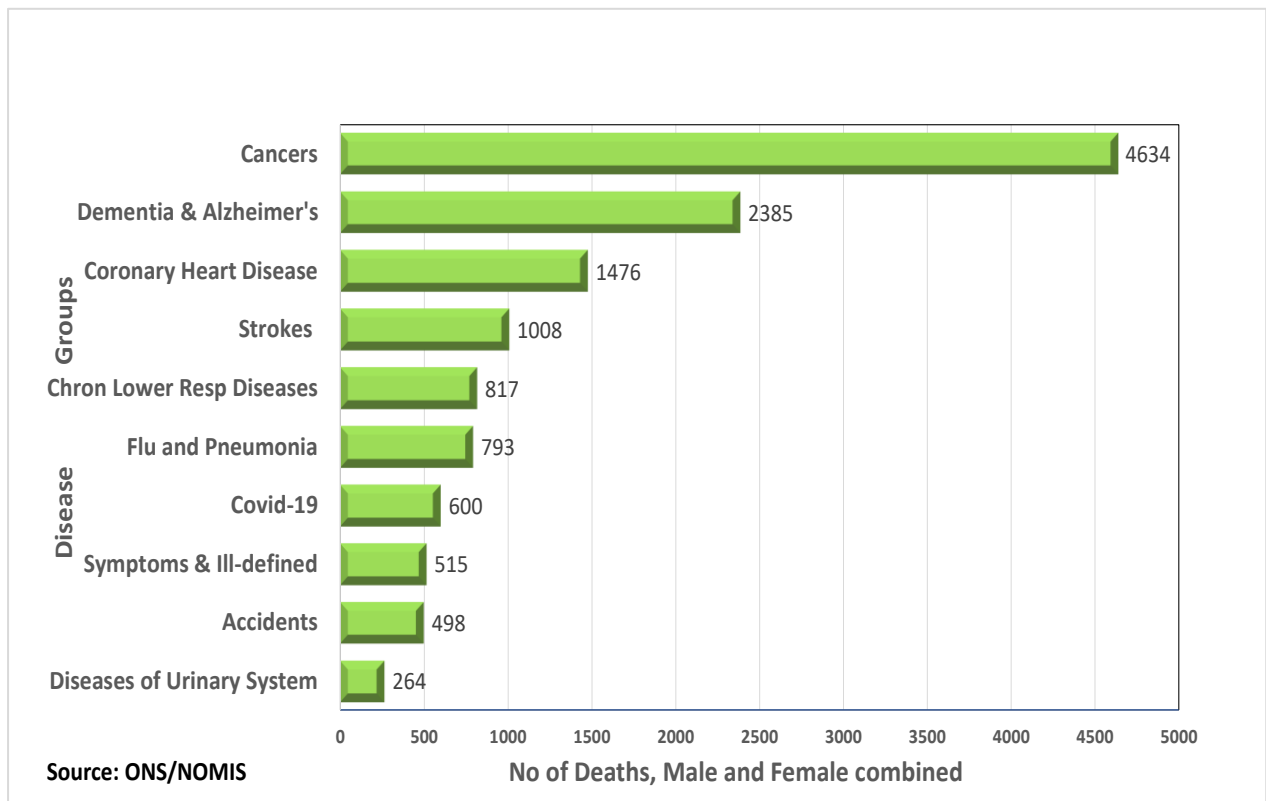
Morbidity'. Common LTCs include asthma, Coronary Heart Disease (CHD), most cancers, Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease (CKD), dementia, diabetes, epilepsy, and stroke. The disease group denoted as Severe Mental Illness (SMI), which includes psychoses such as schizophrenia and severe depression, is also conventionally regarded as coming under the category of LTCs.

The aim of integrated care initiatives is to find more efficient ways for parts of the health and care system to work together in a cohesive way to manage the needs of people with Long Term Conditions and multiple morbidities.

Mortality

For the years 2018 to 2020 inclusive, cancer was the leading cause of death in the population of Oxfordshire, accounting for 28.8% of all deaths (see Figure 4). The second most common cause of death was dementia and Alzheimer’s disease (14.8%), Coronary Heart Disease was the third most common cause of death (9.2%). The situation was similar for England as a whole.

Fig 4. Ten most common causes of death in Oxfordshire (2018, 2019, 2020 combined)



Health Inequalities

In most countries there is a social gradient to health, with more affluent people tending to enjoy relatively good health and more deprived people tending to experience relatively poor health; meanwhile a spectrum of levels of health tends to exist between the two extremes. Despite its overall favourable health status, Oxfordshire is not an exception to these rules and the same type of pattern is apparent in the county. Resources for detailed examination of the key public health issue of health inequalities in Oxfordshire can be found on the Oxfordshire Insight website.⁴⁵

Life expectancy at birth for people in Oxfordshire varies according to place of residence, and this variation is largely explained by socio-economic status. In the following, data for the years 2015 to 2019 inclusive are used; neighbourhood data are given here for Middle Super Output Areas (MSOAs).

In 2015-2019 inclusive the average life expectancy at birth for Oxfordshire as a whole, was 81.7 years for males and 85.0 years for females. In Oxford City the expectancy was lower for males (80.2 years), although about the same for females (84.7 years). In terms of neighbourhoods in Oxford City, the gap between the best expectancy and the worst expectancy was, for males 10.9 years and for females 12.4 years; these are both striking examples of health inequality.

More specific geographical examples can be given for this issue. For males living in Blackbird Leys in south Oxford City, life expectancy was 75.4 years, while for North central Oxford (the Summertown area) life expectancy was 86.3 years. For females living in Greater Leys in south Oxford City, life expectancy was 78.0 years, while for Wolvercote and Cutteslowe in north Oxford City, life expectancy was 90.4 years.

Although Oxford City provides a convenient case study because of the way it manifests these extremes, some neighbourhoods outside the city also have worse life expectancies than might be expected, including small areas in Didcot and in Abingdon, and in the more rural areas of Chipping Norton, Churchill, Cropredy, Wroxton and Shennington. The Bretch Hill, Ruscote and Grimsbury neighbourhoods of Banbury have also drawn attention because of the issue of health inequalities in those areas.

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https://public.tableau.com/views/JSNA_dashboard/Story1?embed=y:display_count=no&:showVizHome=no%20#4 Workbook: JSNA dashboard (tableau.com)

4. Covid-19 and the Health of the Population: Past, Present and Future

Overview

The Covid-19 pandemic by its very nature has exercised a considerable impact on people's lives in the UK, as in many countries, and on their health and well-being. In terms of the people of Oxfordshire, the effects of the pandemic can be looked at in three ways: the levels of morbidity (illness) and mortality (deaths) experienced due to the virus; the changes in everyday life and on health status that are indirectly due to the pandemic; the prospects for health in the longer term future as part of the impact of the pandemic. Data for the first are available at the Oxfordshire level, but for the second and third are as yet only available at an all-England level. The ramifications of the Covid-19 emergency as experienced by the pharmaceutical services themselves have already been considered in Chapter One.⁴⁶

The Pattern over Time of Covid-19 Morbidity and Mortality in Oxfordshire

The number of cases of Covid-19 over time in people in the county of Oxfordshire is illustrated in Figure 5 (the 'epidemic curve'). The graph shows obvious waves of incidence, one in autumn 2020, one in winter 2020-2021, one in summer-autumn 2021 and the largest one in winter 2021-2022. Cases also rose in early 2020 as the pandemic was beginning, but as mass testing had not yet commenced the true number of cases was not known. In terms of what has been ascertained statistically then, the largest peak has been in winter 2021-2022, largely due to the more infectious Omicron variant of the virus. In early 2022 the rate of cases is declining again.

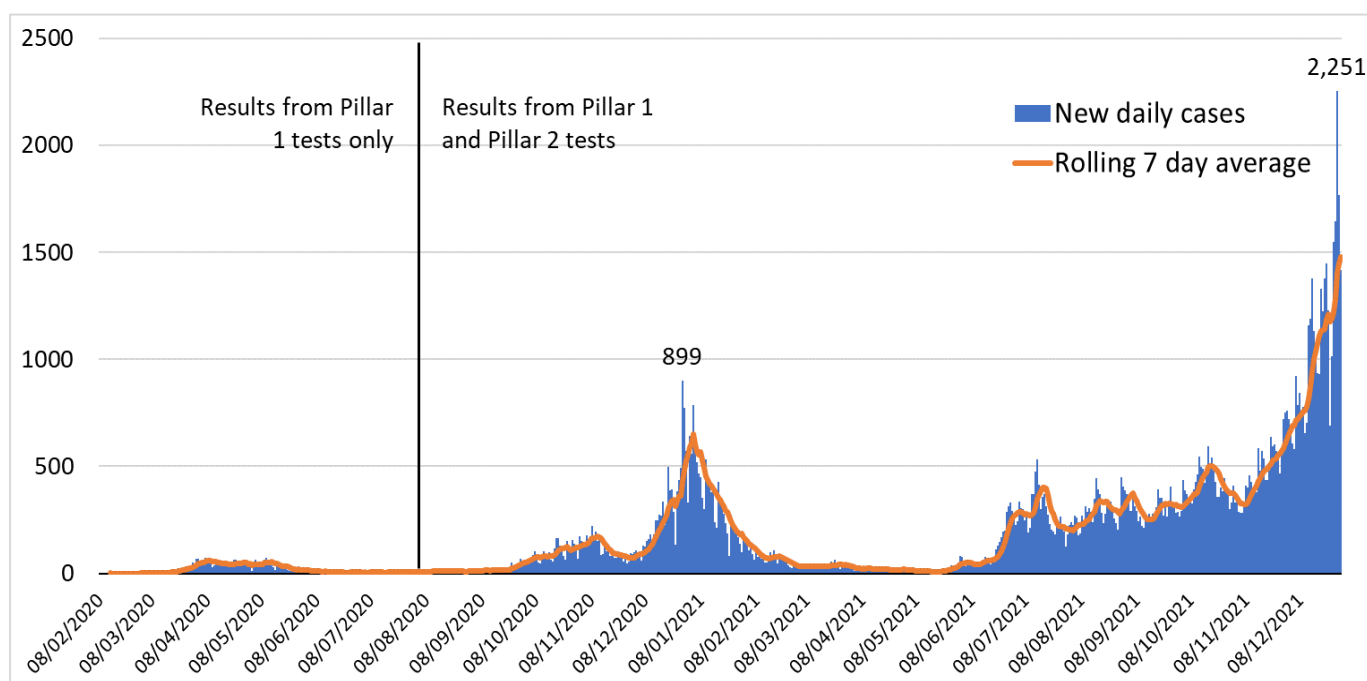
Based on reports published as at 3rd January 2022, there have been to date 124,125 diagnosed cases of Covid-19 in Oxfordshire which have been associated with 1,175 deaths. If the stricter definition of a death due to Covid-19 is used (deaths within 28 days of a positive Covid-19 test) then the number of deaths in Oxfordshire has been 829. The stricter definition will be used in the rest of this section. The rates of positive cases and of deaths have been lower in Oxfordshire than in England as a whole. For cases the rate was about 11% lower, 17,811.5 per 100,000 as compared with 19,933.3 per 100,000 for England as a whole. For deaths the rate was almost 50% lower, 119 per 100,000 as compared with 228.9 per 100,000 for England as a whole.

However, the incidence rate of Covid-19 has varied across Oxfordshire, with Oxford City and Cherwell district having rates closer to the national level (though still lower than the national level), while the three other districts have reported lower incidence rates (see Table 1).

⁴⁶ Most of this section draws on Public Health England's introduction to its Wider Impacts of COVID-19 on Health tool where notes on data sources can be found: [Wider Impacts of COVID-19 \(phe.gov.uk\)](https://www.phe.gov.uk/about-us/wider-impacts-of-covid-19-on-health)

Ongoing Covid-19 reporting for the UK including Oxfordshire can be found at: [Daily summary | Coronavirus in the UK \(data.gov.uk\)](https://www.data.gov.uk/dataset/daily-summary-coronavirus-uk)

Figure 5. Covid-19 new case numbers over time in Oxfordshire (as at 31.12.21)



Source: coronavirus.data.gov.uk (accessed 6th January 2022)

Table 1. Cumulative Incidence rate (rate of aggregated new cases) of Covid-19 in Oxfordshire localities and England during the pandemic to 03.01.22.

Locality	Cumulative Incidence Rate per 100,000 (All the pandemic up to reporting at 03.01.22)
Cherwell	19,343.9
Oxford City	19,240.8
South Oxfordshire	17,346.4
Vale of White Horse	16,378.1
West Oxfordshire	16,158.1
Oxfordshire	17,811.5
England	19,933.3

Source: <https://coronavirus.data.gov.uk/>

On a positive note, based on reports published as at 3rd January 2022, 90% of persons aged 12+ years in the UK have received one dose of vaccine against Covid-19, while 82% have also received a second dose. 59% have received a third dose or booster. For Oxfordshire the uptake levels have been 82% for the first dose and 76% for the second dose, with 57% having received a third dose or booster. (These lower levels stem from apparently lower rates of vaccination in Oxford City. However, the number of students included in the calculations is probably too large and so any direct comparisons with national figures must be made with some caution.) In the other districts of Oxfordshire vaccination rates have been closer to the national figures, although Cherwell has not fared so well with its first and second doses.

The percentages for third doses or boosters for the districts and city of Oxford are as follows: Cherwell 60%; Oxford City 40%; South Oxfordshire 65%; Vale of White Horse 64%; West Oxfordshire 66%.⁴⁷

Moreover, incidence rates of Covid-19 are falling across the UK in the early months of 2022 and so it is to be hoped that the greater part of the pandemic is now over.

Impact on Life Expectancy and Mortality in England

The provisional estimates show that in 2020, life expectancy for both sexes in England was lower than in each of the previous five years. All English regions had falls in life expectancy between 2019 and 2020, with the greatest falls being in London, for both sexes.

Inequality in life expectancy for England, that is the gap between more affluent people (who tend to live longer) and more deprived people (who tend to live less long) increased for both males and females. At regional level, there was variation in the trend in inequality over this time period. Provisional mortality rates for cancer, stroke, circulatory disease, heart disease and respiratory disease were lower in 2020 compared to the baseline period (2015 to 2019) across all deprivation decile groups. For dementia and Alzheimer's disease, and digestive diseases, mortality rates in 2020 were similar to that of the baseline period.

Impact on Cardiovascular Disease in England

During the pandemic, there has been a reduction in the number of emergency admissions to hospital with cardiovascular-related conditions. Weekly admissions for acute coronary syndromes (including heart attacks) and stroke were lower during the first national lockdown compared with the 2018 to 2019 average. From mid-June until 27th October 2020, rates of admissions were similar to that of the 2018 to 2019 average. The pattern was seen in both men and women. Reduced admissions during this period may have resulted in increased out-of-hospital deaths, long-term

⁴⁷ Ongoing Covid-19 reporting for the UK including Oxfordshire can be found at: [Daily summary | Coronavirus in the UK \(data.gov.uk\)](#)

complications and missed opportunities to provide secondary prevention treatment to patients.⁴⁸

Impact on Reproductive Health, Pregnancy and Births in England

The rate of GP-prescribed long-acting reversible contraception (LARC) was significantly lower at the beginning of the first national lockdown than the monthly average from 2017-2018 to 2019-2020. Rates gradually increased from May to September 2020 and from October to December 2020 and remained only slightly below this baseline nationally and in most regions.

There was a decrease in the percentage of premature birth deliveries in England during April and May 2020 compared with a monthly average baseline of combined data from April 2016 to March 2019. The rate was similar to baseline from June 2020 through to November 2020. The rate of low birthweight babies was significantly lower in October 2020 compared with the baseline. There were no statistically significant differences in other outcomes compared with baseline, such as the percentage of deliveries with very low birthweight in England or the percentage of deliveries which included one or more stillbirths.

Impact on Mental Health and Well-being in England

Self-reported mental health and wellbeing worsened during the pandemic. Adults experienced high anxiety levels and low happiness levels in the week immediately preceding the first national lockdown and the two following weeks. Prevalence for both indicators was more than double the average for 2019. Prevalences for both these have since declined, but have generally remained above 2019 levels up to the week of 11th July 2021. Data from March 2020 to July 2021 show that trends in a range of other mental health metrics such as loneliness, abuse, self-harm and suicide and major stress have fluctuated over the course of the pandemic.

Impact on Community Support in England

In general, data up to August 2020 show that people have felt supported during the pandemic. Similarly, the majority of people felt that people were helping others more than before. These patterns were seen across income, age, sex, and ethnic groups.

Impact on Dementia in England

The numbers of people with dementia and Alzheimer's have fallen during the pandemic, partly due to patients not accessing services where assessment and diagnosis would normally take place. Prevalence of these diseases in adults aged 65 years and over was lower in the months from April to December 2020 than in the averages of the same months from 2017 to 2019. The estimated diagnosis rate in adults aged 65 and over was also lower from April to December in 2020 than in 2019 and the referral rate to memory clinics was lower in the months from April to December 2020 than in the same months in 2018 to 2019. This pattern has continued in the most

⁴⁸ Data from NHS Hospital Episodes System

recent data (February 2021) with the rate remaining below the baseline for both measures.

Impact on Safeguarding in England

The rate of safeguarding referrals for those aged under 19 years received by community health care services decreased in the period April to June 2020, by 12.3% compared with the equivalent months in 2019. The referrals significantly increased between July and September 2020 by 23.8% compared with the equivalent months in 2019.

Impact on Access to Care and Hospital Admissions in England

During the pandemic, there has been concern that people are not accessing healthcare for non-Covid health issues. Survey data collected during the period 6th July 2020 to 26th January 2021 show that of those people reporting that they had a worsening health condition in the preceding seven days, around half reported that they had not sought advice for their condition. The most common reason for not doing so was to avoid putting pressure on the NHS.

There was a reduction in monthly elective and emergency hospital admissions in the period April to November 2020 in England compared with the monthly average for April to June in 2018 and 2019 combined. This pattern was observed in men and women, and across all age groups, ethnic groups and deprivation groups.

In children and young people, rates of hospital admissions from April to September 2020 for dental caries, asthma, diabetes, epilepsy, gastroenteritis, lower respiratory tract infections and injuries were generally below the average rates in 2018 and 2019 for equivalent months.

Rates of admission following self-harm and assault were generally below the average for 2018 and 2019 equivalent months for April to June 2020, but then rose in the second quarter of 2020-2021 to similar or slightly above this baseline level.

In older adults aged 65 years and over, rates of hospital admissions for hip fractures from April to September 2020 were similar to in the average rates for 2018 and 2019 for equivalent months. This pattern was broadly consistent across age groups, sex, socio-economic groups, ethnic groups and regions. Rates of hospital admissions due to injuries caused by falls from April to June 2020 were below the 2018 and 2019 baseline level, but rose to similar levels from July to September 2020.

On the other hand many non-Covid-19 health problems have not received due attention during this time of crisis for the health services, and waiting lists for treatment have become longer.⁴⁹

⁴⁹ 'NHS waiting list hits 14 year record high of 4.7 million people' *BMJ* 2021; 373 doi: <https://doi.org/10.1136/bmj.n995> (15 April 2021)

Impact on Community Health Care in England

Community healthcare includes all healthcare-related activities that are carried out in community settings such as health centres or in a patient's own home. Rates of community-delivered healthcare activity for the period April to November 2020 were lower compared with the same month in 2019. This trend is seen across all age groups, but is most marked in the groups that would usually have the most contact with community delivered healthcare, such as children and older adults.

Impact on Alcohol Intake in England

Alcohol intake across the population as a whole remained about the same during the first national lockdown, with almost half reporting that they had neither increased nor decreased their drinking, and this pattern continued as restrictions were eased. Data up to 26th September 2020 show that those aged 18 to 34 years were more likely to report consuming less alcohol than before, during all phases of social restrictions, and those aged 35 to 54 were more likely to report an increase. There was an increase in the proportion of 'increasing and 'higher risk' drinkers in April 2020. Since then, rates have been declining, but are still consistently higher compared with 2019.

Alcohol purchasing rose sharply before the first national lockdown and has remained higher up to 14th February 2021 than in the same weeks in 2019. This pattern can be observed across all life stages and socio-economic groups. There was an increase in alcohol purchasing in the two weeks preceding the start of the second national lockdown and a further increase in the last two weeks of November.

Rates of emergency hospital admissions for all alcohol-specific conditions in England were lower in March, April and May 2020, than in the same months at baseline (rates for 2018 and 2019 combined). These then increased above baseline levels for the months June to September 2020 and then fell below the baseline in October and November. This pattern was seen for both men and women.

Mortality rates for alcohol-specific conditions were higher for all months from May 2020 to January 2021 than in the same months at baseline (rates for 2018 and 2019 combined). For both sexes, rates were increased in the second, third and fourth quarters of the year (April to June 2020, July to September 2020 and October to December respectively) compared to the equivalent quarters at baseline (2018 and 2019 combined). These trends were also observed for alcoholic liver disease, which accounts for most alcohol-related deaths, while the trend was less clear for other alcohol-specific causes.

Impact on Smoking in England

Smoking prevalence in the four week period ending 20th June 2021 was lower than the 2019 baseline. There has been an increase in the number of people attempting to quit smoking during the pandemic with almost two-fifths of smokers attempting to quit in the three months up to April 2021 and just over a third in May-June 2021. But the number of 18 to 34 year olds who classed themselves as smokers increased by about 5 percentage points from 21.5% to 26.8% in the first lockdown.

Over-the-counter nicotine replacement therapy (NRT) and e-cigarettes remain the most commonly used aids to quitting. However, during the pandemic there has been a reduction in their use and a corresponding increase in people attempting to quit unaided.

Impact on Physical activity in England

In April and May 2020, about one-third of adults reported doing at least 30 minutes of physical activity on five or more days in the previous week. This has since declined, with just under a quarter of adults reporting this level of physical activity up to 30th November 2020.

Around one-third of adults reported doing more physical activity than usual during the lockdown period in April and May 2020, while over one-third said they were doing less. Similarly, just under a third of parents reported that their children were doing more physical activity compared with before the initial lockdown, although just over one-third said they were doing less.

Impact on Crime and Anti-Social Behaviour in England

There was a reduction in many types of police-recorded crime during the first national lockdown, March to May 2020, compared with the same months in 2019. An exception to this pattern was drug offences, where levels increased, the rate in May 2020 was over two-fifths higher than in May 2019. This may have been due to changes in police activity rather than to changes in drug misuse.

Impact on Employment Nationally

The rate of people per 1,000 employees who had been made redundant or took voluntary redundancy more than tripled from the quarter January to March 2020 to the quarter October to December 2020. The proportion of those claiming unemployment benefits more than doubled between March 2020 and May 2020 and remained at a similar level up to early 2021. As 2021 has progressed the proportion of people seeking out-of-work benefits in the UK has diminished from 6.6% in January 2021 to 5.4% in August 2021.⁵⁰ (A similar pattern has been observed in Oxfordshire.) At the same time the number of job vacancies has increased. A further factor will be the ending of the government's furlough scheme in September 2021 (which has financially supported people who have not been able to carry out their normal work duties because of pandemic restrictions.) Thus it is not clear how the levels of employment and unemployment will appear by the end of 2021.

Lockdown meant significant impacts on businesses in terms of turnover and impact on the workforce. In the two week period ending 31st May 2020 employers were reporting that just over a fifth of the UK workforce was on furlough and just under a quarter of enterprises across all industries had experienced a decrease in turnover of more than 50%. Data for the period ending 1st November 2020 shows that the proportion of the UK workforce on furlough leave across all industries decreased to

⁵⁰ [Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/) ; <https://www.nomisweb.co.uk/>

under a tenth, as the initial lockdown restrictions were gradually relaxed and more businesses were able to reopen.

At the end of January 2021, the take up rate of eligible employees that made a claim to the government under the furlough scheme was highest in those aged under 18 (34.5%) and those aged 18 to 24 (21.1%). Take up was lowest in those aged 45 to 64 at 13.3%. The Self-Employment Income Support Scheme (SEISS) was announced on 26th March 2020 as part of the UK government's support package for businesses and self-employed people during the coronavirus outbreak in early 2020. At the end of January 2021, the SEISS take-up rate was 65%.

Impact on Air Quality in England

Air quality data are available for London, Manchester and Birmingham. Improvements in air quality since the introduction of the initial lockdown in March 2020 are mainly due to reductions in the concentration of the nitrogen oxide (NO₂) in the environment. Data for NO₂ up to the end of November show that these values are generally lower than the same period in 2019.

Covid-19 in the Longer Term: 'Long Covid'

A pressing issue is that of 'long Covid.' Most people recover fully from the virus, but for some the symptoms can last for longer periods of time. Such symptoms include fatigue, shortness of breath, problems with memory and concentration, dizziness, insomnia, joint pain, palpitations, anxiety and depression. The term 'long Covid' includes 'ongoing symptomatic COVID-19' (where people still have symptoms four to twelve weeks after infection) and 'post-COVID-19 syndrome' (where people still have symptoms twelve weeks or more after infection). The risk of 'long Covid' does not seem to be associated with the severity of the original illness. In other words, people who have had mild symptoms of Covid infection are still at risk of 'long Covid'.

In recent research by ONS study participants were asked to report symptoms of 'long Covid' over time. Prevalence rates of self-reported 'long COVID' were greatest in people aged 35 to 69 years, in females as compared with males, in those living in the most deprived areas, in those working in health or social care, and in those with a pre-existing, health condition. Not all of the respondents could confirm an original diagnosis or positive test for Covid-19, but an analysis limited to participants with a recorded positive test seemed to indicate the reality of the syndrome.

If these self-reported figures are viewed as prevalences for the whole population then the prevalence of post-Covid syndrome (with symptoms present at twelve weeks) was found to be 1.1% in England, 1.0% in Wales 1.0% in Scotland and 0.8% in Northern Ireland.⁵¹

⁵¹ ONS Statistical Bulletin. Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: Estimates of the prevalence of self-reported 'long COVID', and the duration of ongoing symptoms following confirmed coronavirus infection, using UK

At a prevalence of 1.1% this would currently equate to 7,666 people in Oxfordshire. Since the cumulative incidence rate in Oxfordshire has been about 11% lower than for England as a whole, the number of prevalent 'long Covid' cases in Oxfordshire would probably be proportionately lower, however, perhaps totalling about 6,822. The ONS estimates were made in February and March 2021 and did not take account of the apparently less severe nature of the Omicron variant, but it cannot be assumed that Omicron will cause fewer cases of 'long Covid'; many people with milder symptoms from previous variants have nevertheless gone on to suffer from 'long Covid'. It should also be noted that the ONS study did not include people living in communal residences, such as prisons, halls of residence and care homes. It is to be hoped that as the pandemic recedes, and the number of new cases diminishes, then the number of people moving into the category of 'long Covid' will also eventually decrease.

The NHS in England has been opening 69 centres for treatment of long Covid in late 2020 and 2021. The new centres, including one based in Oxford City, bring together doctors, nurses, physiotherapists and occupational therapists to offer both physical and psychological assessments and refer patients to the right treatment and rehabilitation services.

5. Summing up Covid-19 and the Health of the Population Nationally: Past, Present and Future

Outlook: Incidence rates of Covid-19 are falling in the early months of 2022 and so it is to be hoped that the greater part of the pandemic is now over. The success of current vaccines combined with continuing vigilance on the part of the public augurs well. The long term economic consequences are not clear, however.

Physical Health: Health-related behaviours during the pandemic do not suggest that higher levels of poor physical health will inevitably result, but health inequalities have probably widened.

Physical Activity: There is a mixed picture for physical activity as people's life routines change, but the evidence suggests adults are more inactive, and there are sparse data for overweight/obesity.

Alcohol: An obvious concern, though, is alcohol consumption, which increased nationally in the pandemic.

Smoking: Concern about alcohol might be balanced by increased smoking cessation in adults overall, but more young adults are now smoking.

Coronavirus (COVID-19) Infection Survey data to 6 March 2021. Published 1 April 2021. [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/health-and-social-care/conditions-and-diseases/coronavirus/covid-19/covid-19-infection-survey)

Mental Health: it is possible that the effects on mental health and well-being could be persistent and long-term in both adults and children. The people most likely to suffer a continuing impact are people who already had existing, long term mental health vulnerabilities at the start of the pandemic.

Health Service Activity: Although activity is largely back to more 'normal' levels, many non-Covid-19 health problems have not received due attention and waiting times for non-urgent outpatient appointments and less pressing treatments have become longer.

'Long-Covid': Probably about 6,822 people are currently suffering with 'long Covid' in Oxfordshire.

Chapter Five. Synopsis of Gap Analysis: Are pharmacy services meeting people's needs in Oxfordshire overall?

1. Key Background for the Oxfordshire Population

- The county of Oxfordshire has a resident population of 696,880 (mid-year 2020). In all, 18.7% of the county's population is aged 65 years or more.⁵²
- The population is continuing to grow. Local population projections suggest that the population of Oxfordshire will grow to 769,784 people by 2025, that is by 10.7% from 2019.
- For people aged 65 years or more the growth will be 14.1%, to 146,234 people.⁵³
- In total, 36,610 new homes are envisaged in Oxfordshire for the period April 2019 to March 2025 with a further 39,402 new homes being intended for April 2025 to March 2031.⁵⁴
- Both males and females born in Oxfordshire can expect to live, on average, beyond the respective levels for England as a whole, and to live more years in good health, as compared with their peers across the nation.⁵⁵
- However, not everyone in Oxfordshire enjoys favourable levels of health and well-being.
- A spectrum, in terms of health experience and life expectancy, which is usually referred to as a pattern of health inequalities, exists across the county.

⁵² <https://insight.oxfordshire.gov.uk/cms/population;>

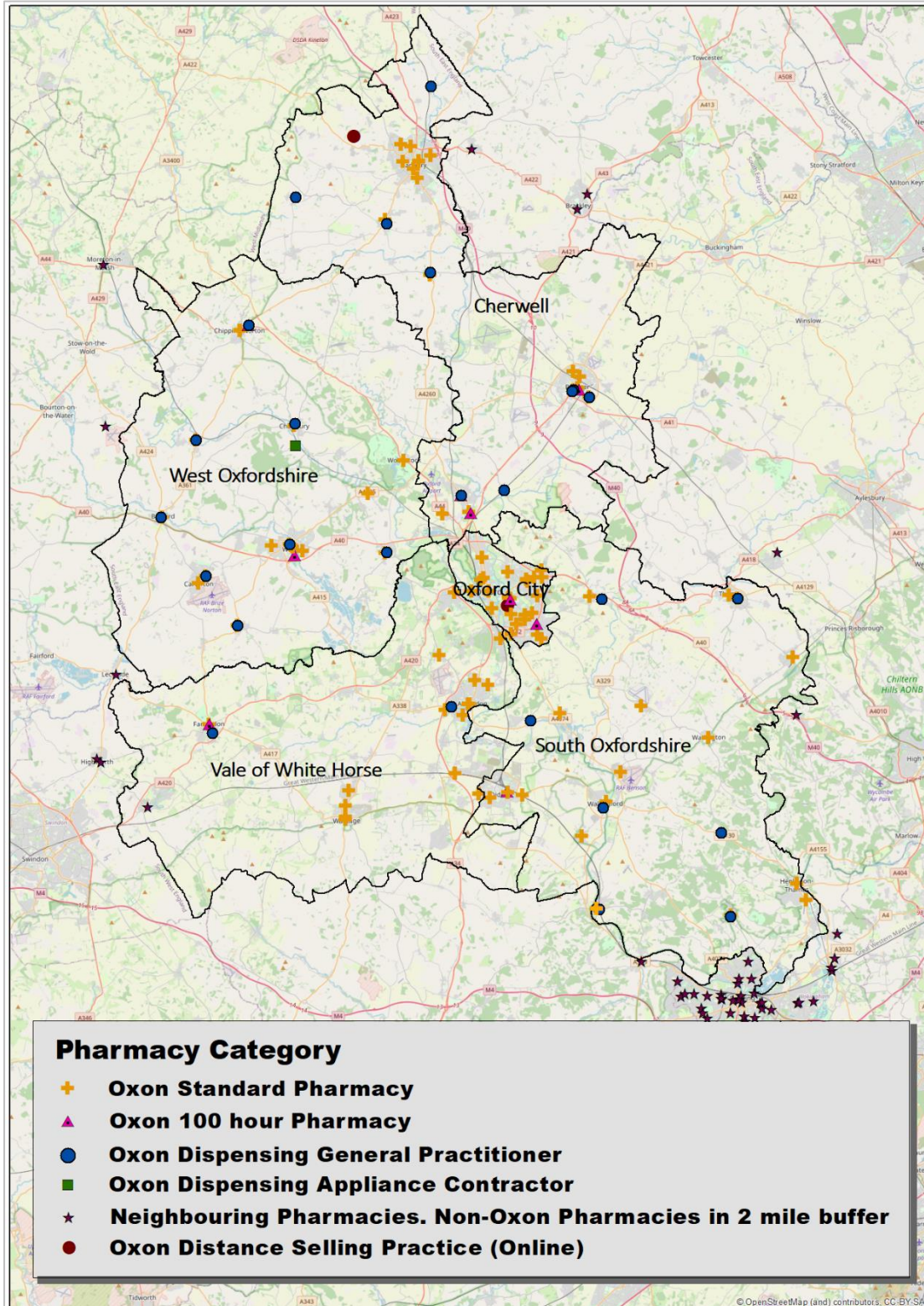
⁵³ 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021; [Future population | Oxfordshire Insight](#)

⁵⁴ Internal communication from Oxfordshire County Council Planning Team.

⁵⁵ Public Health Profiles at Fingertips: [Public Health Profiles - PHE](#)

2. Overview of Community Pharmacies and Dispensing GPs in Oxfordshire

Map 3. Distribution of Community Pharmacies & Dispensing GPs in Oxfordshire. 14.12.21



- There are 105 community pharmacies in Oxfordshire, as shown in Map 3, plus one community pharmacy that contractually relates to BANES-Swindon-Wilts CCG and NHS South West.
- 23 are in Cherwell.
- 27 are in Oxford City.
- 19 are in South Oxfordshire.
- 18 are in Vale of White Horse (plus one community pharmacy in Shrivenham in Vale that contractually relates to BANES-Wilts-Swindon CCG and NHS South West).
- 18 are in West Oxfordshire.
- 10 of these 105 community pharmacies are 100 hour pharmacies, open for extended hours.
- 2 of these 105 community pharmacies (based in Cherwell and Oxford City) are distance-selling, internet-based pharmacies, without physical premises for customers to visit.
- 26 General Practices in Oxfordshire are recognised as Dispensing GPs.
- Of the Dispensing GPs, 9 are in Cherwell, none are in Oxford City, 7 are in South Oxfordshire, 2 are in Vale of White Horse and 8 are in West Oxfordshire. (In addition there is a dispensing GP in Shrivenham contractually relating to BANES-Wilts-Swindon CCG and NHS South West.)
- There is 1 Dispensing Appliance Contractor (DAC) in Oxfordshire based in West Oxfordshire.
- 50 community pharmacies outside Oxfordshire are within 2 miles of the county border (Shrivenham pharmacy is counted in here, see Appendix Two.)
- 103 community pharmacies outside Oxfordshire (including the 50 mentioned above) are within five miles of the county border (Shrivenham pharmacy is counted in here, see Appendix Two.)
- The number of prescriptions issued by Oxfordshire CCG GPs and dispensed to patients in the financial year 2020-2021 was 11,739,221.

- Whilst the majority of these prescriptions will have been dispensed within Oxfordshire there will be a proportion of these dispensed outside of the county, primarily with online pharmacies or appliance contractors.⁵⁶

3. General Access to Essential Pharmaceutical Services in Oxfordshire at Present

For the purposes of the present PNA, in rural areas the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above pharmaceutical providers. (This excludes distance-selling pharmacies and the DAC). If neither criteria is met then the relevant area might be given consideration as having a possible gap.

In the larger urban areas (in Oxford City, Banbury, Bicester, Abingdon, Didcot, Witney,) the population should be within 20 minutes' walking time or 20 minutes' public transport time of a provider. If neither criteria is met then the relevant area might be given consideration as having a possible gap.

Oxfordshire: Community Pharmacies are providing essential services to all parts of Oxfordshire, according to the main criteria adopted for this assessment. Maps showing 20 minutes' drive time for Oxfordshire as a whole and 20 minutes' public transport time for Banbury, Bicester and Oxford City are presented in Appendix Three.

Cherwell: A possible exception is the Graven Hill area in Bicester, but this is not highly populated at present, and is within 30 minutes' public transport time of a pharmacy, so is not considered to have gap status.

Oxford City: Special Note: During 2021 two separate appeals were considered by NHS Resolution. Each appeal related to applications to NHS England to open new pharmacy premises in the centre of Oxford (one in St Michael Street and one in Hollybush Row). NHS Resolution determined against both appeals. The main reasons were that previously published needs assessments had not highlighted unmet need in Oxford City centre (for the first application) and that the applicant specified a location for the new premises that was outside the area previously agreed with NHS England (for the second application.)

In the present PNA for 2022 to 2025, in which a fresh assessment has been undertaken, data from NHS England and NHS Shape do not indicate a gap in services in Oxford City centre in terms of geographical coverage and general access. However, although the single pharmacy in the centre of Oxford is a large pharmacy, it is serving a busy regional shopping centre and one that is used by a large university and tourist population. Many respondents to the public

⁵⁶ ePACT: Electronic Prescribing Analysis and Cost Tool: [ePACT2 | NHSBSA](#)

consultation have identified a need for service improvements and extra choice in the centre of Oxford. An additional pharmacy in the centre could provide service improvement through extra capacity, especially at peak hours and extra choice for customers. A primary care health centre is due to open in the city centre in 2022.

South Oxfordshire: A possible exception is the Tweed Drive and Prestwick Burn area in the north east of Didcot, but this is a small area within 30 minutes public transport time of a pharmacy; also a new pharmacy has been given permission to open nearby in north Didcot by Autumn 2022. This area is not therefore considered to have gap status. A number of people responding in the public consultation referred to closures of pharmacies in Didcot in the recent past, but the geographical coverage by pharmacies in Didcot is at an acceptable level.

Vale of White Horse: A possible exception is a small, sparsely populated area to the south west of Shrivenham, but this is within easy access of the community pharmacy in Shrivenham, so is not considered to have gap status.

West Oxfordshire: There are no apparent exceptions that are considered to have gap status.

Distance-Selling Pharmacies: Over 300 internet pharmacies, including 2 in Oxfordshire, are available to all people with internet access in England to dispense and deliver NHS prescriptions.

Other Delivery Methods: Individual pharmacies and pharmacy chains may also undertake to deliver prescriptions, although (if services relating to the pandemic are excluded) these are not services funded by the NHS, and sometimes a charge is payable to the pharmacy or chain.

To summarise, in terms of general access no parts of Oxfordshire are considered to have gap status, although a need has been identified for service improvement and more choice in Oxford City centre.

4. Other Issues of Access to Essential Pharmaceutical Services in Oxfordshire

Opening Hours

Oxfordshire: A small number of pharmacies in Oxfordshire are closed on Saturdays, but alternatives are accessible at this time. These situations are described by locality as follows:

Cherwell: Four pharmacies are closed on Saturdays (in Yarnton, Bloxham, Bicester, plus the online pharmacy), but other pharmacies are accessible in Kidlington, Banbury and Bicester at this time.

Oxford City: Four pharmacies are closed on Saturdays (in Barton, Blackbird Leys, Walton Street in Jericho, Abingdon Road in South Oxford, plus the online pharmacy) but other pharmacies are accessible in Headington, Cowley, and central Oxford at this time.

South Oxfordshire: One pharmacy is closed on Saturdays (in Berinsfield), but other pharmacies are available in other nearby, accessible settlements at this time (Abingdon, Didcot, Wallingford, Chalgrove.)

Vale of White Horse: One pharmacy in Abingdon is closed on Saturdays, but other pharmacies are accessible in Abingdon at this time.

West Oxfordshire: One pharmacy in Shipton-under-Wychwood, one in Carterton and one in Long Hanborough are closed on Saturdays, but other pharmacies are accessible at this time in Chipping Norton, Witney, Burford and Woodstock.

Villages with High Level of lacking a Car

Although, estimation of access in rural Oxfordshire was based on driving times and a five mile radius, villages with a high level of lack of access to a car (15%+) were also identified as a category and access to public transport was reviewed.

Oxfordshire: High level of lacking a car is not common outside the main urban areas of Oxfordshire. The exceptions are as follows:

Cherwell: The wards of Kidlington North and Kidlington South come into this category, but are within 20 minutes' public transport time of pharmacies on weekdays.

South Oxfordshire: The ward of Berinsfield comes into this category, but the village has its own pharmacy which is open on weekdays.

Vale of White Horse: Two wards, North Hinksey and Wytham, and Radley, come into this category, but these wards are also within 20 minutes' public transport time to pharmacies, mainly in adjoining Oxford City.

West Oxfordshire: It does not appear to be the case that any rural wards in West Oxfordshire have lack of a car at the 15% level or more.

Public Transport Access in Oxfordshire as a whole

Although, estimation of accessibility in rural Oxfordshire was based on driving times and a five mile radius, travelling time of 20 minutes by public transport across Oxfordshire both urban and rural was noted.

For Oxfordshire as a whole (urban and rural areas combined) about 89% of the resident population is estimated to be within travelling time of 20 minutes by public transport to a community pharmacy.

This varies by locality with 20 minutes' travelling time being 81% overall in Cherwell, 100% overall in Oxford City, 84% overall in South Oxfordshire, 89% overall in Vale of White Horse and 86% overall in West Oxfordshire.

However, these technical estimates do not take full account of the convenience or inconvenience of the rural bus timetable, (e.g. the frequency of services, or having to change buses). Neither do these estimates take into account different levels of ability in reaching a bus stop on foot. These must therefore be regarded as estimates at the most favourable end of the range and it must be recognised that significant minorities in the countryside are not covered well by public transport to pharmacies.

5. Future General Access to Essential Pharmaceutical Services in Oxfordshire

Oxfordshire: New build plans suggest that most new housing areas in Oxfordshire in the period up to March 2025 would meet the appropriate criteria of general access. Areas which warrant further consideration are as follows:

Cherwell:

South of Saltway East in Banbury is a possible exception. However, this area is only just outside current public transport provision. It is therefore not considered to have gap status.

Graven Hill in Bicester is a possible exception. However, this area is only just outside current public transport provision. It is therefore not considered to have gap status.

North West Bicester Phase 2 is a possible exception. However, this area is only just outside current public transport provision. It is therefore not considered to have gap status.

Special Note: There is one area (former RAF Upper Heyford) which would meet the general access criterion, but which requires special note. The plan is for about 2,000 more people to be living in this area by 2025. This number might conceivably put pressure on the nearest pharmacies, such as the most convenient one in the small rural town of Deddington. In addition, a number of commercial premises are now opening in this area. NHS Resolution has now determined that Minerva Clinical Services may open a pharmacy in this area. Other primary care services might also be provided from the premises.

Oxford City: There are not any areas which warrant further consideration (though see Oxford City in Section 3 above.)

South Oxfordshire: An exception is Willowbrook Park in north east Didcot, which is only just outside current public transport provision. A new pharmacy has been given permission to open in north Didcot by Autumn 2022 and should also provide extra support to this area, so it is not considered to have gap status.

Vale of White Horse: Special Note: The Valley Park development lies to the west of Didcot and within Vale of White Horse, but is intended to form part of the Didcot conurbation.

The development has an unusual layout in that it is adjacent three different settlements (Harwell, Milton and Didcot) while its southern part will extend south of Didcot. At present it is not clear how the public transport links will evolve and where the actual and preferred routes of travel will be.

Furthermore, capacity for about 2,000 extra people might not be able to be met by existing pharmacies, although there are a number of pharmacies (in Milton and Didcot) that are relatively close to the new development. However, as the development of Valley Park is not yet completed, this area can only be regarded as having a possible future need, beyond the lifetime of the current PNA.

West Oxfordshire: An exception is West Witney. This area is only just outside current public transport provision. West Witney therefore is not considered to have gap status.

To summarise, in terms of general access in the future no parts of Oxfordshire, are projected to have gap status in the lifetime of the present PNA, but there is a possibility of future need for the western development area of the Didcot conurbation, beyond the lifetime of this PNA.

6. Advanced Services in Oxfordshire (Selected)

The New Medicine Service (NMS)

- **Cherwell:** The coverage of the New Medicine Service across Cherwell is very good, (20 out of 23 pharmacies) with only a few pharmacies not providing this service.
- **Oxford City:** The coverage of the New Medicine Service across Oxford City is very good, with all pharmacies providing this service, except the internet pharmacy.
- **South Oxfordshire:** The coverage of the New Medicine Service across South Oxfordshire is very good, with all pharmacies providing this service.
- **Vale of White Horse:** The coverage of the New Medicine Service across Vale of White Horse is very good, with only one pharmacy out of the 18 not providing this service.
- **West Oxfordshire:** The coverage of the New Medicine Service across West Oxfordshire is very good, with 17 pharmacies providing this service, although the DAC does not provide it.

Community Pharmacist Consultation Service (CPCS)

- About 95% of pharmacies in the Thames Valley area have contracted into the scheme.
- 9,000 consultations have been undertaken for Oxfordshire pharmacy-users since October 2019.
- Primary Care Networks across England now have a funded target to work collaboratively with local community pharmacies to implement a plan to increase referrals to the Community Pharmacist Consultation Service, with referral levels increasing by no later than 31st March 2022.

Stoma Appliance Customisation (SAC) and Appliance Use Reviews (AURs)

- These services are commissioned by NHS England as Advanced services, but activity in Oxfordshire is moderate with very few people receiving the stoma service per month in March and April 2021, and no AURs taking place.⁵⁷

7. The Healthy Living Pharmacy scheme in Oxfordshire and related Public Health schemes

- All community pharmacies are required, as an Essential service commissioned by NHS England, to adhere to the Healthy Living Pharmacy scheme.
- Contractors are required to support the development of staff so they are well equipped to understand public health needs, can contribute to a health and wellbeing ethos, demonstrate team leadership and can communicate appropriate health and wellbeing information to the public.
- With regard to premises, contractors should aim to create a health promoting environment that is reflected by the premises, as well as in the actions and attitudes of the pharmacy staff.
- Complementing this, contractors are also required to support patients where they require advice, treatment and/or support. Under the Signposting service (an essential service), contractors are required to signpost or refer patients to other health and care providers if it is clear they require advice, treatment and/or support that the contractor is unable to provide.
- Likewise, the Public Health (Promotion of Healthy Lifestyles) essential service includes a requirement for prescription-linked healthy living advice to be provided to patients presenting prescriptions to be dispensed who have diabetes, or who smoke, or who are overweight, or who seem to be at risk of Coronary Heart Disease.⁵⁸

⁵⁷ Dispensing Contractors' data: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁵⁸ Pharmaceutical Services Negotiating Committee website: [PSNC Main site](#)

8. Locally Commissioned Services: Services Commissioned by Oxfordshire Public Health. (Snapshot at 14.12.21.)

Currently, Oxfordshire Public Health commissions Emergency Hormonal Contraception (EHC), Needle Exchange service (SWOP), and the Supervised Consumption service from community pharmacies in Oxfordshire.

- **Emergency Hormonal Contraception (EHC):** The aim of the emergency hormonal contraception ('the morning after pill') service for women is to reduce the risk of unintended and unwanted pregnancy, by providing adequate and appropriate access.
 - The pharmacy-based service is complemented by the integrated sexual health services, GP provision and through school and college nurses. The current model offers access to the EHC drug (Levonelle1500) that is licensed for use if unprotected sex has occurred within 72 hours and is only for women aged up to 21 years.
 - From April 2022 the aim is to remove this age cap (but also include a second EHC drug (EllaOne) that is licensed for use if unprotected sex has occurred within 120 hours.
 - 68 out of 105 pharmacies in Oxfordshire have agreed in principle to provide the EHC service, while 41 are known to have provided EHC in the course of one year (2020 figures).
 - A smaller number, 28 in total, are actually delivering the service on a regular basis.⁵⁹ There is one pharmacy, in central Oxford City which accounts for around 70% of provision over a year.
 - Condom Distribution is also available through the C-Card scheme that is run by Terrence Higgins Trust for young people aged 13 to 24 years. This is available through various school, college and medical centre outlets and a limited number of pharmacies.
-
- **Needle Exchange service (SWOP):** Needle and syringe programmes supply all equipment used to prepare and take illicit drugs.
 - The programme has two overarching aims, to reduce the transmission of blood-borne viruses (BBVs) including hepatitis C, and other infections caused by sharing injecting equipment, and to reduce the harm caused by injecting drugs through providing information and advice.
 - It also acts as a gateway to other services, including drug treatment such as opioid substitution therapy (OST).
 - Needle Exchange Service is available in 38 out of 105 pharmacies in Oxfordshire (plus the Shrivenham pharmacy).
 - **Supervised Consumption:** The objectives of this approach in the care of opioid users are to provide stability by reducing craving and preventing

⁵⁹ Internal Communication from Oxfordshire Public Health Team

withdrawal, eliminating the hazards of injecting and freeing the person from preoccupation with obtaining illicit opioids, and to enhance overall function.

- To achieve this, a substitution opioid regime (a fixed or flexible dose of methadone or buprenorphine to reduce and stop illicit use) is prescribed at a dose higher than that required merely to prevent withdrawal symptoms.
- Supervised Consumption is available in 76 out of 105 pharmacies in Oxfordshire (plus the Shrivenham pharmacy).

In early 2021 Oxfordshire Public Health have also been evaluating a free Nicotine Replacement Therapy (NRT) project in deprived areas of Oxford City and Banbury. Some pharmacists can also prescribe the pharmaceutical Champix (varenicline) as part of the local stop smoking service.

9. Locally Commissioned Services: Services Commissioned by Oxfordshire CCG. (Snapshot at 14.12.21.)

Currently, Oxfordshire Clinical Commissioning Group commissions three community pharmacy services in Oxfordshire; Urinary Tract Infection (UTI) Service and the Guaranteed Provision of Palliative Care Drugs Scheme and the Minor Ailments Scheme (MAS).

- **Urinary Tract Infection (UTI) Service:** The UTI service allows pharmacists working in community pharmacies in Oxfordshire to treat women suffering from an uncomplicated UTI with nitrofurantoin (an antibiotic), by means of a Patient Group Direction (PGD).
- Treatment for Urinary Tract Infections is available in 47 out of 105 pharmacies in Oxfordshire.
- **Guaranteed supply of Palliative Care drugs scheme:** Community Palliative Care teams often experience difficulties in obtaining emergency drugs, e.g. for use in syringe drivers. This can be due to local pharmacies either not holding the required drugs or not stocking sufficient quantities to complete the prescription.
- For a number of years, Oxfordshire CCG has arranged with some pharmacy contractors to guarantee stocking an agreed selection of routine palliative care drugs in order to overcome such difficulties.
- Due to the Covid-19 emergency, Oxfordshire CCG has extended this scheme to include more pharmacies and a wider stock list.
- Prescriptions for palliative care drugs can in theory be dispensed by any community pharmacy, even if they are not in the scheme.
- This scheme is available in 26 out of 105 pharmacies in Oxfordshire.
- **Minor Ailments Scheme:** This service encourages people to use the pharmacy as the first point of access for the treatment of self-limiting conditions.

- Patients who are exempt from prescription charges and are registered at one of the named GP practices will be able to receive free supplies of specified Over the Counter (OTC) medications for minor ailments after having a consultation with a member of the pharmacy team.
- The objectives of the service are to improve access and choice for people with minor ailments who are seeking advice and treatment, to reduce health inequalities for low income families by creating equal access to medicines for self-care of minor ailments, to improve GP capacity by reducing the part of their workload that involves minor ailments.
- This service, targeted at people from relatively deprived backgrounds, is available from selected pharmacies in Banbury (4 pharmacies) and Oxford City (11 pharmacies).

At present it is not clear what shape services locally commissioned by Oxfordshire CCG will take in the long-term future. The development of the Integrated Care System for Buckinghamshire Oxfordshire and Berkshire West (BOB ICS) will conceivably lead to an alignment of these locally commissioned services across the ICS area, and so to less variation between Buckinghamshire Oxfordshire, and Berkshire West. If this occurs, it will be a gradual process, however.

Chapter Six. Are pharmacy services meeting the needs of people in Cherwell?

1. Focus on Cherwell

Population, Age and Ethnicity

This locality contains Kidlington, Banbury and Bicester, the last two of which are towns of more than 28,000 population. The population of Cherwell as a whole was 151,846 in 2020, with 22.4 % of the population being aged under 18 years and 18.5% being aged 65 years or more. In the 2011 census 13.7% of the people of Cherwell reported being from an ethnic minority community (including people from an Eastern European background.)

Deprivation and lack of private transport

The IMD 2019 indicated that 18 Oxfordshire neighbourhoods (LSOAs) were amongst the 20% most deprived in England, and five of these were in the town of Banbury. According to the IMD 2019 Cherwell overall has recently become more deprived, although this is a relative measure (i.e. this might be a result of other parts of England becoming more affluent).

The level of lack of car ownership in Oxfordshire as a whole was 21.2% in the 2011 census. This was concentrated in the more urban areas, but in terms of villages in Cherwell the wards of Kidlington North and Kidlington South had levels of 15.7% and 18.4% respectively.

Health and Well-Being

On the 2011 census measure of disability, 8.0% of people in Cherwell reported being impaired a little and 6.1% reported being impaired a lot, fairly similar to the Oxfordshire levels. Life expectancy at birth in Cherwell in 2017-2019 was 81.2 years for males and 84.0 years for females. The respective life expectancies were 81.7 and 85.0 years for Oxfordshire and 81.2 and 84.0 years for England as a whole.

The cumulative incidence rate for infection with Covid-19 was 19,344 per 100,000 (at 03.01.22 based on cases for the whole pandemic to this date). This is about 9% higher than the rate for Oxfordshire county, although just below the rate for England as a whole (19,933 per 100,000).

2. Population Growth and Housing Development

It is forecast that the population of Cherwell will grow from 150,503 people in 2019 to 170,548 people in 2025, that is by 13.3%. For people aged 65 years or more the growth will be 16.8%, to 32,122 people.⁶⁰

Table 2 shows that nearly 10,000 new homes are planned for Cherwell in the period 2019 to 2025.⁶¹ The average occupancy for a dwelling in Cherwell in the 2011 census was 2.5 people.⁶²

Table 2. Planned New Homes in Cherwell by Settlement Area

Locality	Settlement area	2019-2025 Planned Homes	2025-2031 Planned Homes
Cherwell	Banbury area	3,632	1,836
Cherwell	Bicester area	3,210	4,380
Cherwell	Kidlington area	1,428	3,060
Cherwell	Rest of Cherwell	1,006	900
Cherwell	Planned for, but not yet allocated to a settlement area	592	312
All Cherwell	-	9,868	10,488

⁶⁰ 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021; [Future population | Oxfordshire Insight](#)

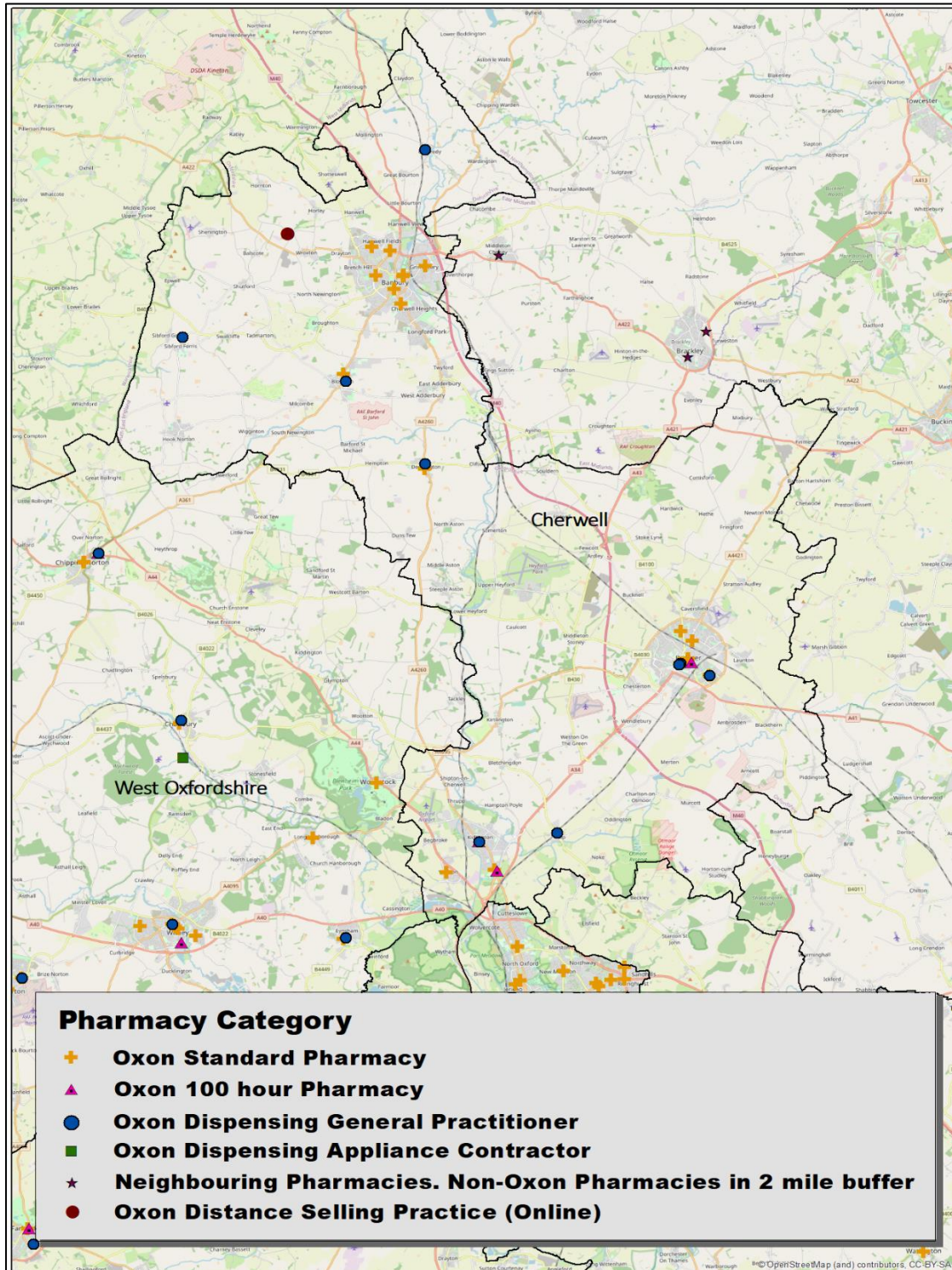
⁶¹ Internal communication from Oxfordshire County Council Planning Team. See also <https://www.cherwell.gov.uk/>

⁶² [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

3. Pharmaceutical Services in Cherwell

Map 4. Community Pharmacies and Dispensing Doctors in Cherwell. 14.12.21

(Locality maps should be read together with tables as map points may overlap.)



Map 5. Community Pharmacies in Banbury with NHS (ODS) Code. 14.12.21
(Locality maps should be read together with tables as map points may overlap.)

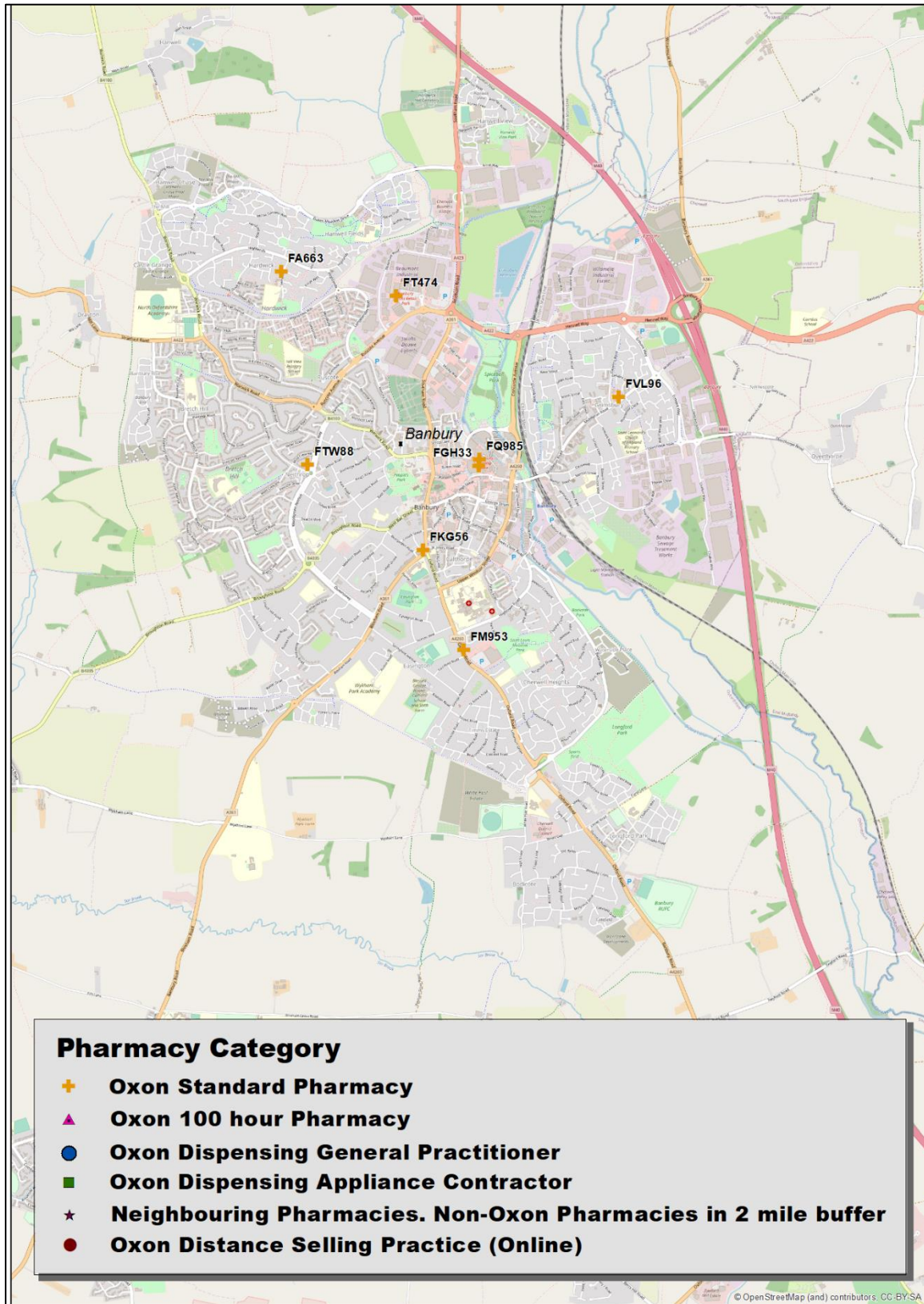


Table 3. Community Pharmacies in Cherwell with location and total opening hours, indexed by NHS (ODS) Code. (Friday opening is given for the typical weekday).

NHS Code	Pharmacy Name and Type	Village/Town	Post code	Address	Total Opening Hours (Typical Weekday, Sat, Sun)
FA663	Frosts Pharmacy	Banbury	OX16 1XE	Hardwick Shopping Centre, Ferriston	Week: 09:00-17:30 Sat: 09:00-13:00 Sun: CLOSED
FAR03	Lloyds Pharmacy <u>100 HOURS</u>	Bicester	OX26 6FA	Sainsbury's Store, Pioneer Square, Bure Place	Week: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00
FCN13	Westlake Pharmacy	Yarnton	OX5 1NQ	75 Spencer Avenue	Week: 09:00-18:00 Sat: CLOSED Sun: CLOSED
FE352	Lloyds Pharmacy	Bicester	OX26 6AE	The Old Barn, Coker Close	Week: 08:30-18:00 Sat: 09:00-13:00 Sun: CLOSED
FEN29	Parade Pharmacy	Kidlington	OX5 1DB	18 The Parade, Oxford Road	Week: 09:00-18:30 Sat: 09:00-17:30 Sun: CLOSED
FFX28	Jardines Pharmacy	Bicester	OX26 3HA	Unit 5, Barbery Place	Week: 09:00-13:00; 14:00-18:00 Sat: 09:00-13:00 Sun: CLOSED
FGH33	Boots the Chemist	Banbury	OX16 5UH	12-14 Castle Quay	Week: 08:30-17:30 Sat: 08:30-18:00 Sun: 10:30-16:30
FK922	Boots the Chemist	Bicester	OX26 6JJ	33-35 Sheep Street	Week: 08:45-17:30 Sat: 08:45-17:30 Sun: CLOSED
FKC41	Bloxham Pharmacy	Bloxham, Nr Banbury	OX15 4LU	High Street	Week: 08:45-13:00,14:00-18:15 Sat: CLOSED Sun: CLOSED
FKG56	Peak Pharmacy (Cox and Robinson)	Banbury	OX16 9AD	South Bar House, South Bar Street	Week: 08:30-13:00; 14:00-18:30 Sat: 09:00-13:00 Sun: CLOSED

FL828	Kidlington Pharmacy <u>100 HOUR</u>	Kidlington	OX5 1AP	Kidlington Health Centre, Exeter Close	Week: 07:30-22:30 Sat: 07:30-20:00 Sun: 07:30-20:00
FM953	Lloyds Pharmacy	Banbury	OX16 9XA	Sainsbury's, 642 Oxford Road	Week: 08:00-21:00 Sat: 08:00-20:00 Sun: 10:00-16:00
FML73	Bicester Pharmacy	Bicester	OX26 4HB	134 Buckingham Crescent	Week: 09:00-13:00,14:00-18:30 Sat: CLOSED Sun: CLOSED
FMY73	Jardines Pharmacy	Bicester	OX26 6XX	2 Nightingale Place, Langford Village, Neighbourhood Centre	Week: 09:00-13:00; 14:00-18:00 Sat: 09:00-13:00 Sun: CLOSED
FQ245	Superdrug Chemists	Bicester	OX26 6JJ	39 Sheep Street	Week: 08:30-19:00 Sat: 08:30-18:00 Sun: 10:00-16:00
FQ985	Superdrug Pharmacy	Banbury	OX16 5UN	34-35 Castle Quay, Cherwell Walk	Week: 08:30-18:00 Sat: 08:30-18:00 Sun: 10:30-16:30
FT474	Boots the Chemist	Banbury	OX16 1LX	Banbury Cross Retail Park, Lockheed Close	Week: 09:00-20:00 Sat: 09:00-18:00 Sun: 10:00-16:00
FTW88	Peak Pharmacy	Banbury	OX16 0EN	58 Orchard Way	Week: 09:00-13:00; 13:30-18:04 Sat: 09:00-13:00 Sun: CLOSED
FVL96	Knights Banbury Pharmacy	Banbury	OX16 3WT	Unit 2, Burchester Place, Grimsbury	Week: 09:00-18:30 Sat: 09:00-13:00 Sun: CLOSED
FWC93	Ahmeys Pharmacy <u>100 HOUR</u>	Bicester	OX26 6AA	2 Market Square	Week: 08:00-23:00 Sat: 08:00-23:00 Sun: 09:00-19:00
FWE31	Medipill Pharmacy	Deddington Nr Banbury	OX15 0SW	The Studio, Hudson Street	Week: 08:30-18:30 Sat: 08:30-13:00 Sun: CLOSED

FWW50	Lloyds Pharmacy <u>100 HOUR</u>	Kidlington	OX5 2PE	J Sainsbury Store, Oxford Road	Week: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00
FED82	Oxford Online Pharmacy ONLINE	Wroxton, Nr Banbury	OX15 6AY	Unit 7, Apollo Bus Park, Ironstones Lane	Week: 09:00-17:00 Sat: CLOSED Sun: CLOSED

Source: NHS SHAPE Tool, NHS website. NHS England

Table 4. Dispensing GPs in Cherwell by location, indexed by NHS (ODS) Code

NHS Code	Name	Village/ Town	Postcode	Address
K84003	Islip Surgery	Islip, Nr Kidlington	OX5 2TQ	Bletchington Road
K84038	Montgomery House Surgery	Bicester	OX26 6HT	Piggy Lane
K84052	Bicester Health Centre	Bicester	OX26 6AT	Coker Close
K84055	Deddington Health Centre	Deddington, Nr Banbury	OX15 0TQ	Earls Lane
K84056	Cropredy Surgery	Cropredy, Nr Banbury	OX17 1FB	Claydon Road
K84058	Bloxham Surgery	Bloxham, Nr Banbury	OX15 4ES	Godswell Lodge Church Street
K84065	Sibford Surgery	Sibford Gower, Nr Banbury	OX15 5RQ	Burdrop
K84082	Key Medical Practice	Kidlington	OX5 1AP	Exeter Close Oxford Road
K84613	Alchester Medical Group	Bicester	OX26 6XX	Langford Medical Practice 9 Nightingale Place

Source: NHS SHAPE Tool. (Some GP practices also have branch surgeries.)

Table 5. Community Pharmacies in Cherwell with Selected Advanced and Locally Commissioned Services provided, indexed by NHS (ODS) Code.

			Advanced	Locally Commissioned by Oxon Public Health			Locally Commissioned by Oxon CCG		
NHS Code	Pharmacy Name and Type	Village/Town	NMS	EHC	SC	NE	UTI	PCM	MA
FA663	Frosts Pharmacy	Banbury	*	*	*	-	*	-	*
FAR03	Lloyds Pharmacy <u>100 HOUR</u>	Bicester	*	*	-	-	*	*	-
FCN13	Westlake Pharmacy	Yarnton	-	-	-	-	-	-	-
FE352	Lloyds Pharmacy	Bicester	*	*	*	*	*	-	-
FEN29	Parade Pharmacy	Kidlington	*	*	*	*	*	-	-
FFX28	Jardines Pharmacy	Bicester	*	-	-	-	-	-	-
FGH33	Boots the Chemist	Banbury	*	*	*	-	-	-	-
FK922	Boots the Chemist	Bicester	*	*	*	-	-	-	-
FKC41	Bloxham Pharmacy	Bloxham, Nr Banbury	*	*	*	-	-	-	-
FKG56	Peak Pharmacy (C & R)	Banbury	*	-	*	*	-	-	*
FL828	Kidlington Pharmacy <u>100 HOUR</u>	Kidlington	*	-	*	-	-	*	-

NHS Code	Pharmacy Name and Type	Village/Town	NMS	EHC	SC	NE	UTI	PCM	MA
FM953	Lloyds Pharmacy	Banbury	*	*	*	-	-	*	-
FML73	Bicester Pharmacy	Bicester	*	*	*	-	-	-	-
FMY73	Jardines Pharmacy	Bicester	*	-	-	-	*	-	-
FQ245	Superdrug Chemists	Bicester	*	-	*	-	*	*	-
FQ985	Superdrug Pharmacy	Banbury	*	-	*	-	-	-	*
FT474	Boots the Chemist	Banbury	*	*	*	-	-	*	-
FTW88	Peak Pharmacy	Banbury	*	*	*	-	*	-	-
FVL96	Knights Banbury Pharmacy	Banbury	*	*	*	*	-	-	*
FWC93	Ahmeys Pharmacy <u>100 HOUR</u>	Bicester	*	-	*	*	-	-	-
FWE31	Medipill Pharmacy	Dedding- ton Nr Banbury	-	*	*	-	-	-	-
FWW50	Lloyds Pharmacy <u>100 HOUR</u>	Kidling- ton	*	*	*	-	*	-	-
FED82	Oxford Online Pharmacy	Wroxton Nr Banbury	-	-	-	-	-	-	-

Source: Pharmacy Thames Valley, NHS England, Oxfordshire Public Health. NMS based on payments in March 2021, and then NHS website.

Table 5 Key: * denotes Service Provided. - denotes service not known to be provided. NMS= New Medicine Service, EHC= Emergency Hormonal Contraception, SC=Supervised Consumption, NE= Needle Exchange, UTI= Urinary Tract Infection treatment, PCM= Palliative Care Medicine service, MA=Minor Ailments service

4. Gap Analysis: Comparing Services and Needs in Cherwell

Table 6. Analysis of General Access Gaps in Cherwell: Current Locations which might not meet criteria for Drive time, or Distance Radius or Walking time or Public Transport time to the nearest pharmacy

Village or Town	Small Area and side of town	Outside Drive Time	Outside 5 mile radius	Outside Walking Time	Outside Public Transport Time	Comment	Gap Status
Rural							
Mixbury and Finmere, nr Bicester	*	NO	YES	*	*		NO GAP
Area nr Sibford Gower & Epwell, nr Banbury	*	NO	YES	*	*	<i>Also Dispensing GP in vicinity</i>	NO GAP
Small area West of Little Compton	*	NO	YES	*	*		NO GAP
Urban							
Banbury	Bretch Hill, on W	*	*	YES	NO		NO GAP
Banbury	Bourton Rd area on NE	*	*	YES	NO		NO GAP
Banbury	Nickling Rd area on NW	*	*	YES	NO		NO GAP
Bicester	Wansbeck Drive area on W	*	*	YES	NO		NO GAP
Bicester	Boston Rd area on E	*	*	YES	NO		NO GAP
Bicester	Part Sunderland Drive area on E	*	*	YES	NO		NO GAP
Bicester	Thompson Dr area on N	*	*	YES	NO		NO GAP
Bicester	Part Graven Hill area on S	*	*	YES	YES	<i>Few houses at present. Within 30 mins Pub Transport</i>	NO GAP

Source: based on NHS SHAPE tool

Table 7. Projection of General Access Gaps in Cherwell: New Build Locations which might not meet criteria for Drive time or Public Transport time in the future to the nearest pharmacy

Settlement area	Development Sites	Rural or Urban	Homes Planned for 2019-25	Prob Outside Drivetime?	Prob Outside Pub Transp time?	Gap Comment
Banbury area	Bankside Phase 1 (Longford Park)	Urban	267	*	NO	
Banbury area	Drayton Lodge Farm	Urban	250	*	NO	
Banbury area	Land Adjoining And West Of Warwick Road	Urban	296	*	NO	
Banbury area	Land South of Salt Way and West of Bloxham Road	Urban	299	*	NO	
Banbury area	North of Hanwell Fields	Urban	311	*	NO	
Banbury area	South of Salt Way – East	Urban	563	*	YES	<i>This area is just outside current public transport provision</i>
Banbury area	West of Bretch Hill	Urban	297	*	NO	
Bicester area	Graven Hill	Urban	537	*	YES	<i>This area is just outside current public transport provision</i>
Bicester area	Kingsmere (South West Bicester) - Phase 1	Urban	550	*	NO	
Bicester area	North West Bicester Eco-Town Exemplar Project	Urban	234	*	NO	
Bicester area	North West Bicester Phase 2	Urban	375	*	YES	<i>This area is just outside current public transport provision</i>
Bicester area	South West Bicester Phase 2	Urban	725	*	NO	
Kidlington area	Policy PR6a – Land East of Oxford Road	Rural	250	NO	*	
Kidlington area	Policy PR8 – Land East of the A44	Rural	600	NO	*	
Kidlington area	Policy PR9 – Land West of Yarnton	Rural	255	NO	*	
Rest of Cherwell	Former RAF Upper Heyford	Rural	805	NO	*	<i>Special Note: Nearest pharmacies would need to have capacity for about 2,000 more people</i>

Source: based on NHS SHAPE tool

5. Commentary on Gap Analysis for Cherwell

General Access Now: There are 23 community pharmacies in Cherwell, including one distance-selling (internet) pharmacy; four of these are 100 hour pharmacies (Table 3). There are nine GP practices in Cherwell which are recognised as dispensing GPs (Table 4).

Community pharmacies are providing essential services to all parts of Cherwell such that all residential areas are within either 20 minutes' driving time or a five mile radius in rural areas, and within 20 minutes' walking time or 20 minutes' public transport time in the urban areas of Banbury and Bicester (Table 6). A possible exception is the Graven Hill area in Bicester, but this is not highly populated at present, and is within 30 minutes' public transport time of a pharmacy, so is not considered to have gap status.

Opening Hours: Four pharmacies are closed on Saturdays (in Yarnton, Bloxham, Bicester, and online), but other pharmacies are available in reasonable proximity for the aforementioned settlements at this time.

Villages with high level of lacking a car: The wards of Kidlington North and Kidlington South come into this category, but are within 20 minutes' public transport time of pharmacies on weekdays.

Small Areas amongst the 20% Most Deprived in England: these are in Banbury and NHS SHAPE indicates that they are served by convenient pharmacies. There are two pharmacies in the Ruscote area, three in the central area and one in the Grimsbury area.

General Access in the Future: New build plans (Table 2 and Table 7) suggest that most new housing areas in the period up to 2025 would meet the criteria of general access.

South of Saltway East in Banbury is a possible exception. However, this area is just outside current public transport provision. It is therefore not considered to have gap status.

Graven Hill in Bicester is a possible exception. However, this area is just outside current public transport provision. It is therefore not considered to have gap status. Planning permission has recently been given (in January 2022) for a new health centre in Graven Hill, Bicester, to serve patients from two existing primary care surgeries (four branches) in Bicester. The completion date for the health centre and the nature of its facilities are not yet known. Thus this development does not affect the findings of the gap analysis in this PNA.

North West Bicester Phase 2 is a possible exception. However, this area is just outside current public transport provision. It is therefore not considered to have gap status.

Special Note: There is one area (former RAF Upper Heyford) which would meet the general access criterion, but which requires special note. The plan is for about 2,000 more people to be living in this area by 2025. This number might conceivably put pressure on the nearest pharmacies, such as the most convenient one in the small rural town of Deddington. In addition, a number of commercial premises are opening in this area. NHS Resolution has now determined that Minerva Clinical Services may open a pharmacy in this area. Other primary care services might also be provided from the premises.⁶³

Advanced Services: The coverage of the New Medicine Service across Cherwell is very good, (20 out of 23 pharmacies) with only a few pharmacies not providing this service.

Locally Commissioned Services (Public Health. Snapshot at 14.12.21): Emergency Hormonal Contraception is available in 14 out of 23 pharmacies, mostly in the main population centres. This service is also available from all primary care doctors. It is likely that in some pharmacies requests for this service are rare.

The Needle Exchange service is available in a selected number of pharmacies in Banbury, Bicester and Kidlington, 5 out of 23 pharmacies in Cherwell, but Supervised Consumption is available in 18 out of 23 pharmacies.

In early 2021 Oxfordshire Public Health have also been evaluating a free Nicotine Replacement Therapy (NRT) project in deprived areas of Oxford City and Banbury.

Locally Commissioned Services (Oxfordshire CCG. Snapshot at 14.12.21): Treatment for Urinary Tract Infections is available in 8 out of 23 pharmacies in Banbury, Bicester and Kidlington. The guaranteed supply of Palliative Care medicines is available from 5 out of 23 pharmacies. The Minor Ailment service is deliberately targeted at relatively deprived areas of Banbury and so is available from four pharmacies in Cherwell, all of these in Banbury; a contract with Cross pharmacy is also extant.

⁶³ [PCA Decisions Archive - NHS Resolution; https://resolution.nhs.uk/pca-decisions/](https://resolution.nhs.uk/pca-decisions/)

Chapter Seven: Are pharmacy services meeting the needs of people in Oxford City?

1. Focus on Oxford City

Population, Age and Ethnicity

The population of Oxford City was 151,584 in 2020, with 19.9% of the population being aged under 18 years and 12.6% being aged 65 years or more. In the 2011 census 36.4% of the people of Oxford city reported being from an ethnic minority community (including people from an Eastern European background.)

Deprivation and lack of private transport

The IMD 2019 indicated that 18 Oxfordshire neighbourhoods (LSOAs) were amongst the 20% most deprived in England, and twelve of these were in Oxford City, in the eastern and south eastern parts of the city. As Oxford City is a large conurbation the issue of car ownership is not examined here.

Health and Well-Being

On the 2011 census measure of disability, 7.1% of people in Oxford City reported being impaired a little and 5.4% reported being impaired a lot, slightly lower than the Oxfordshire levels. Life expectancy at birth in 2017-2019 was 80.2 years for males and 84.7 years for females in Oxford City. The respective life expectancies were 81.7 and 85.0 years for Oxfordshire and 81.2 and 84.0 years for England as a whole.

The cumulative incidence rate for infection with Covid-19 was 19,241 per 100,000 (at 03.01.22 for the whole pandemic to this date). This is about 8% higher than the rate for Oxfordshire county, although slightly below the rate for England as a whole (19,933 per 100,000).

2. Population growth and Housing Development

It is forecast that the population of Oxford City will grow from 156,385 people in 2019 to 163,000 people in 2025, that is by 4.2%. For people aged 65 years or more the growth will be 9.7%, to 20,905 people.⁶⁴

⁶⁴ 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021; [Future population | Oxfordshire Insight](#)

The table shows that about 4,200 new homes are planned for Oxford City in the period 2019 to 2025.⁶⁵ The average occupancy for a dwelling in Oxford City in the 2011 census was 2.7 people.⁶⁶

Table 8. Planned New Homes in Oxford City

Locality	Planned Homes 2019-2025	Planned Homes 2025-2031
Oxford City	4,181	5,041

⁶⁵ Internal communication from Oxfordshire County Council Planning Team. See also [Oxford City Council](#)

⁶⁶ [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](http://nomisweb.co.uk)

3. Pharmaceutical Services in Oxford City

Map 6. Community Pharmacies in Oxford City with NHS (ODS) codes. 14.12.21. (Locality maps should be read with tables as points may overlap.)

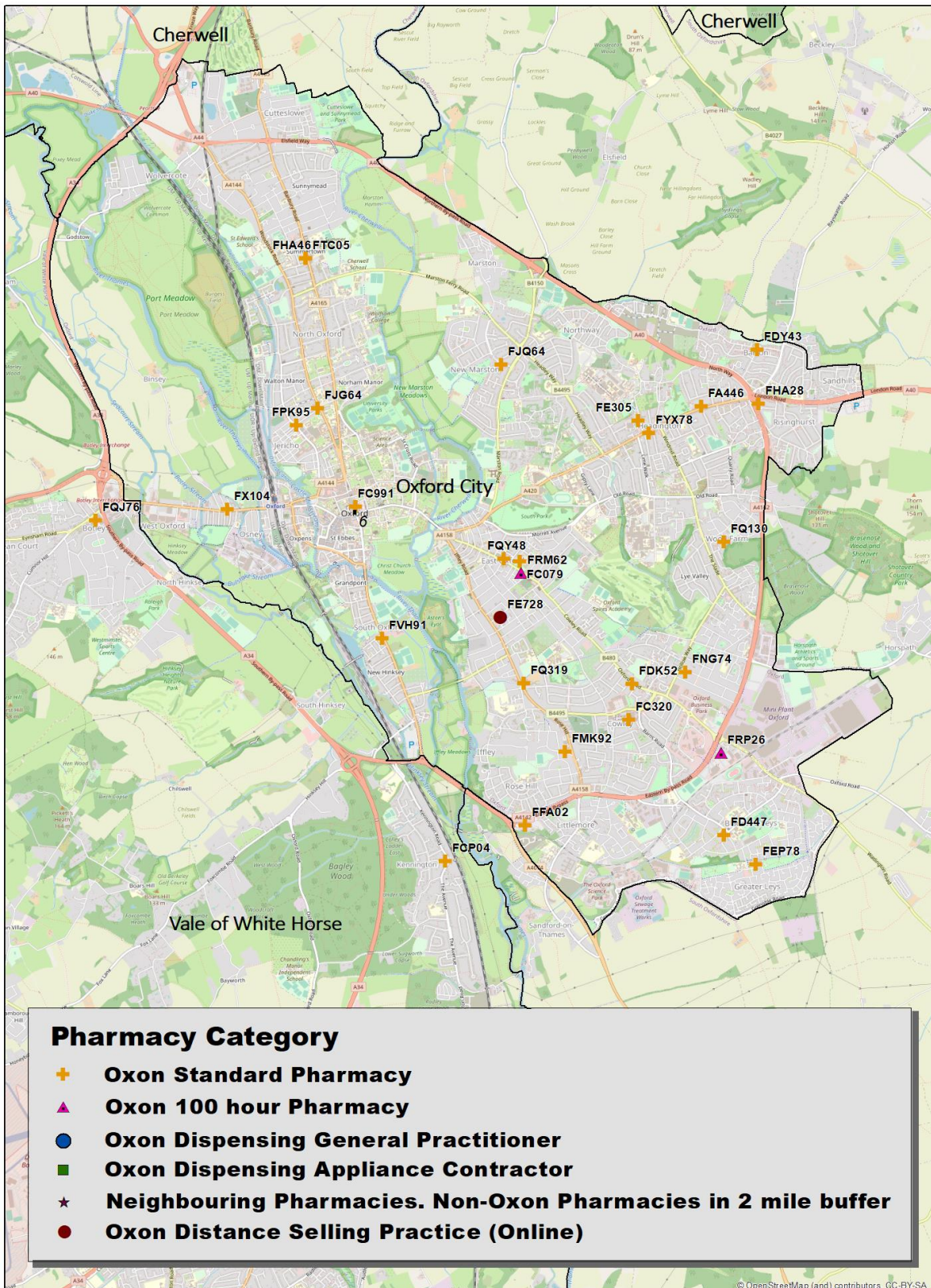


Table 9. Community Pharmacies in Oxford City with location and total opening hours, indexed by NHS (ODS) Code. (Friday opening is given for the typical weekday).

NHS Code	Pharmacy Name and Type	Postcode	Address	Total Opening Hours (Typical Weekday, Saturday, Sunday)
FA446	Headington Pharmacy	OX3 9JA	Bury Knowle Health Centre 207 London Road Headington	Week: 08:30-18:00 Sat: 09:00-13:00 Sun: CLOSED
FC079	Rowlands Pharmacy	OX4 1GE	East Oxford Health Centre 2 Manzil Way	Week: 08:30-13:00; 13:20-19:00 Sat: 09:00-13:00 Sun: CLOSED
FC320	Superdrug Pharmacy	OX4 3UZ	Unit 5 Templars Square Cowley Centre	Week: 08:30-17:30 Sat: 09:00-17:30 Sun: CLOSED
FC991	Boots the Chemist	OX1 3HL	6-8 Cornmarket Street	Week: 08:00-18:00 Sat: 08:00-18:00 Sun: 11:00-17:00
FD447	The Leys Pharmacy Blackbird Leys	OX4 6HS	100 Blackbird Leys Road	Week: 09:00-19:00 Sat: 09:00-14:00 Sun: CLOSED
FDK52	Ahmeys Late Night Pharmacy	OX4 2EA	150 Oxford Road Cowley	Week: 09:00-18:00 Sat: 09:00-13:00 Sun: CLOSED
FDY43	Barton Pharmacy	OX3 9LU	6 Underhill Circus Barton Headington	Week: 09:00-17:00 Sat: CLOSED Sun: CLOSED
FE305	Rowlands Pharmacy	OX3 9BH	57 Osler Road Headington	Week: 09:00-13:00,13:30-17:30 Sat: 09:00-12:00 Sun: CLOSED
FEP78	Lloyds Pharmacy	OX4 7EX	Health Centre Dunnock Way Blackbird Leys	Week: 08:30-18:30 Sat: CLOSED Sun: CLOSED
FFA02	Lloyds Pharmacy	OX4 4XR	J Sainsbury Store Heyford Hill Littlemore	Week: 08:00-20:00 Sat: 08:00-20:00 Sun: 11:00-17:00
FHA28	The Roundway Pharmacy	OX3 8DH	3 The Roundway Green Road Headington	Week: 08:30-18:00 Sat: 09:00-13:00 Sun: CLOSED
FHA46	Rowlands Pharmacy	OX2 7HQ	227 Banbury Road Summertown	Week: 09:00-14:00,14:20-18:00 Sat: 09:00-12:00 Sun: CLOSED
FJG64	Woodstock Road Chemist	OX2 6HJ	59 Woodstock Road	Week: 08:30-18:30

				Sat: 09:00-13:00 Sun: CLOSED
FJQ64	Marston Pharmacy	OX3 0JR	11-13 Old Marston Road Marston	Week: 08:30-18:30 Sat: 09:00-17:30 Sun: CLOSED
FMK92	The Leys Pharmacy Rosehill	OX4 4JA	6A Courtland Road Rose Hill	Week: 09:00-18:30 Sat: 09:00-14:00 Sun: CLOSED
FNG74	Rowlands Pharmacy	OX4 2NB	17 Ivy Close Cowley	Week: 09:00-13:00; 13:20-17:30 Sat: 09:00-12:00 Sun: CLOSED
FPK95	Jhoots Pharmacy	OX2 6AJ	116 Walton Street Oxford	Week: 08:45-18:00 Sat: CLOSED Sun: CLOSED
FQ130	Rowlands Pharmacy	OX3 8RA	13 Atkyns Road Headington	Week: 09:00-13:00; 14:00-17:30 Sat: 09:00-13:00 Sun: CLOSED
FQ319	Rowlands Pharmacy	OX4 4DH	1 Henley Avenue	Week: 09:00-13:00; 14:00-17:30 Sat: 09:00-13:00 Sun: CLOSED
FQY48	Boots the Chemist	OX4 1UT	151 Cowley Road	Week: 09:00-18:00 Sat: 09:00-18:00 Sun: 10:00-16:00
FRM62	Cowley Pharmacy <u>100 HOURS</u>	OX4 1UH	258 Cowley Road	Week: 07:00-21:30 Sat: 07:00-21:30 Sun: 07:00-21:00
FRP26	Boots the Chemist <u>100 HOURS</u>	OX4 6XJ	Oxford Retail Park Ambassador Avenue	Week: 09:00-23:59 Sat: 08:00-22:00 Sun: 10:00-16:30
FTC05	Boots the Chemist	OX2 7HQ	221 Banbury Road Summertown	Week: 08:30-18:00 Sat: 08:30-18:00 Sun: 10:00-16:00
FVC49	Well Being Pharmacy	OX1 4RA	190 Abingdon Road	Week: 09:00-13:30,14:00-17:30 Sat: CLOSED Sun: CLOSED
FX104	Woodlands Pharmacy	OX2 0BU	82 Botley Road	Week: 09:00-17:30 Sat: 09:00-13:00 Sun: CLOSED
FYX78	Boots the Chemist	OX3 9AJ	96 London Road Headington	Week: 09:00-17:30

				Sat: 09:00-17:30 Sun: CLOSED
FE728	Oxford E-Pharmacy ONLINE	OX4 1RE	Interzone House 74-77 Magdalen Road	Week: 09:00-13:00,14:00-18:00 Sat: CLOSED Sun: CLOSED

Source: NHS SHAPE Tool, NHS website. NHS England

Table 10. Dispensing GPs in Oxford City by location, indexed by NHS (ODS) Code

NHS Code	Name	Postcode	Address
	No dispensing GPs currently in Oxford City.		

Table 11. Community Pharmacies in Oxford City with Selected Advanced and Locally Commissioned Services provided, indexed by NHS (ODS) Code

		Advanced	Locally Commissioned by Oxon Public Health			Locally Commissioned by Oxon CCG		
NHS Code	Pharmacy Name and Type	NMS	EHC	SC	NE	UTI	PCM	MA
FA446	Headington Pharmacy	*	*	-	-	-	-	-
FC079	Rowlands Pharmacy	*	*	*	-	*	-	*
FC320	Superdrug Pharmacy	*	*	*	-	-	-	-
FC991	Boots the Chemist	*	*	*	*	-	-	-
FD447	The Leys Pharmacy Blackbird Leys	*	-	*	*	*	-	*
FDK52	Ahmeys Late Night Pharmacy	*	-	*	*	-	-	*
FDY43	Barton Pharmacy	*	*	*	*	*	-	*
FE305	Rowlands Pharmacy	*	-	-	-	*	-	-
FEP78	Lloyds Pharmacy	*	*	*	-	*	-	*
FFA02	Lloyds Pharmacy	*	*	*	-	*	*	-
FHA28	The Roundway Pharmacy	*	*	*	*	-	*	*
FHA46	Rowlands Pharmacy	*	*	*	-	*	-	-
FJG64	Woodstock Road Chemist	*	*	-	-	-	-	-
FJQ64	Marston Pharmacy	*	-	*	-	-	-	-
FMK92	The Leys Pharmacy Rosehill	*	*	*	*	*	-	*
FNG74	Rowlands Pharmacy	*	-	-	-	*	-	*

NHS Code	Pharmacy Name and Type	NMS	EHC	SC	NE	UTI	PCM	MA
FQ130	Rowlands Pharmacy	*	*	*	*	*	-	*
FQ319	Rowlands Pharmacy	*	*	*	*	*	-	*
FQY48	Boots the Chemist	*	*	*	*	-	-	-
FRK95	Jhoots Pharmacy	*	*	*	*	*	-	-
FRM62	Cowley Pharmacy <u>100 HOURS</u>	*	*	*	*	-	*	*
FRP26	Boots the Chemist <u>100 HOURS</u>	*	*	*	*	-	*	-
FTC05	Boots the Chemist	*	*	*	-	-	*	-
FVC49	Well Being Pharmacy	*	-	*	-	-	-	-
FX104	Woodlands Pharmacy	*	-	-	-	-	-	-
FYX78	Boots the Chemist	*	*	*	*	-	-	-
FE728	Oxford E-Pharmacy <u>ONLINE</u>	-	-	-	-	-	-	-

Source: Pharmacy Thames Valley, NHS England, Oxfordshire Public Health. NMS based on payments in March 2021, and then NHS website.

Table 11 Key: * denotes Service Provided. - denotes service not known to be provided. NMS= New Medicine Service, EHC= Emergency Hormonal Contraception, SC=Supervised Consumption, NE= Needle Exchange, UTI= Urinary Tract Infection treatment, PCM= Palliative Care Medicine service, MA=Minor Ailments service

4. Gap Analysis: Comparing Services and Needs in Oxford City

Table 12. Analysis of General Access Gaps in Oxford City: Current Locations which might not meet criteria for Drive time, or Distance Radius or Walking time or Public Transport time to the nearest pharmacy

City	Small Area and side of town	Outside Drive Time	Outside 5 mile radius	Outside Walking Time	Outside Public Transport Time	Gap Status
Urban						
Oxford City	Cuttleslowe on N	*	*	YES	NO	NO GAP
Oxford City	Wolvercote on N	*	*	YES	NO	NO GAP
Oxford City	Small part Marston on NE	*	*	YES	NO	NO GAP

Source: based on NHS SHAPE tool

Table 13. Projection of General Access Gaps in Oxford City: New Build Locations which might not meet criteria for Drive time or Public Transport time to the nearest pharmacy

Settlement area	Development Sites	Rural or Urban	Homes Planned for 2019-25	Prob Outside Drivetime	Prob Outside Pub Transp time
Oxford	Barton Park	Urban	489	*	NO
Oxford	BT Site, Holloway/James Wolfe Road	Urban	355	*	NO
Oxford	Cowley Centre/Templars Square	Urban	226	*	NO
Oxford	Former Nielsen House, London Road	Urban	334	*	NO
Oxford	Littlemore Park, Armstrong Road	Urban	270	*	NO
Oxford	Student Castle, Osney Lane	Urban	206	*	NO

Source: based on NHS SHAPE tool

5. Commentary on Gap Analysis for Oxford City

General Access Now: There are 27 community pharmacies in Oxford City, including one distance-selling (internet) pharmacy, and two of these are 100 hour pharmacies (Table 9). There are not any GP practices which are recognised as dispensing practices (Table 10).

Community pharmacies are providing essential services to all parts of Oxford City such that all residential areas are within 20 minutes' walking time or 20 minutes' public transport time of a community pharmacy (Table 12).

Special Note: During 2021 two separate appeals were considered by NHS Resolution. Each appeal related to applications to NHS England to open new pharmacy premises in the centre of Oxford (one in St Michael Street and one in Hollybush Row). NHS Resolution determined against both appeals. The main reasons were that previously published needs assessments (2018 and before) had not highlighted unmet current need in Oxford City centre (for the first application) and that the applicant specified a location for the new premises that was not in line with earlier understandings reached with NHS England in the matter (for the second application.) The full texts of the adjudications can be found on the NHS Resolution website.⁶⁷

In the present PNA for 2022 to 2025, in which a fresh assessment has been undertaken, data from NHS England and NHS Shape do not indicate a gap in services in Oxford City centre in terms of geographical coverage and general access. However, although the single pharmacy in the centre of Oxford is a large pharmacy, it is serving a busy regional shopping centre and one that is used by a large university and tourist population. Many respondents to the public consultation identified a need for service improvement and extra choice in Oxford City centre. (This is described in more detail in Chapter Eleven.) An additional, pharmacy in the shopping centre could provide service improvement through extra capacity, especially at peak hours and extra choice. A primary care health centre is due to open in the centre in 2022.

Opening Hours: Four pharmacies are closed on Saturdays (in Barton, Blackbird Leys, Walton Street, Abingdon Road, plus the online pharmacy) but other pharmacies are accessible in adjacent parts of Oxford at this time.

Small Areas amongst the 20% Most Deprived in England: these are in Rose Hill, Littlemore, Blackbird Leys, Barton/Sandhills and the area around Speedwell Street in central Oxford. NHS SHAPE indicates that these areas are served by convenient pharmacies. There are two pharmacies in the Rose Hill area, two in the Blackbird Leys area, and one in the Barton/Sandhills area, with another one on the edge of the area,

⁶⁷ [PCA Decisions Archive - NHS Resolution; https://resolution.nhs.uk/pca-decisions/](https://resolution.nhs.uk/pca-decisions/)

and a large pharmacy in central Oxford. For the deprived section of Littlemore pharmacies are located within 15 minutes' travel by public transport.

General Access in the Future: New build plans suggest that all new housing areas in the period up to 2025 would meet the criterion of general access (Table 13).

Advanced Services: The coverage of the New Medicine Service across Oxford City is very good, with all pharmacies providing this service, except the internet pharmacy.

Locally Commissioned Services (Public Health. Snapshot at 14.12.21): Emergency Hormonal Contraception is available in 19 out of 27 pharmacies spread across the city including the main shopping centre. This service is also available from all primary care doctors. It is possible that in some pharmacies requests for this service are rare.

The Needle Exchange service is available in 13 out of 27 pharmacies, while the Supervised Consumption service is available in 21 out of 27 pharmacies.

In early 2021 Oxfordshire Public Health have also been evaluating a free Nicotine Replacement Therapy (NRT) project in deprived areas of Oxford City and Banbury.

Locally Commissioned Services (Oxfordshire CCG. Snapshot at 14.12.21): Treatment for Urinary Tract Infections is available in 12 out of 27 pharmacies, although not in the main shopping centre in Oxford. The same is true for the guaranteed supply of Palliative Care medicines with 5 out of 27 pharmacies in the scheme, but not a pharmacy in the main shopping centre in Oxford. The Minor Ailment service is deliberately targeted at relatively deprived areas and is available from 11 out of 27 pharmacies in Oxford City.

Chapter Eight: Are pharmacy services meeting the needs of people in South Oxfordshire?

1. Focus on South Oxfordshire

Population, Age and Ethnicity

South Oxfordshire includes Thame, Henley-On-Thames, Wallingford and Didcot, the last being a town with a population of more than 28,000 people.

The population of South Oxfordshire was 143,782 in 2020, with 21.5% of the population being aged under 18 years and 21.2% being aged 65 years or more. In the 2011 census 9.1% of the people of South Oxfordshire reported being from an ethnic minority community (including people from an Eastern European background.)

Deprivation and lack of private transport

The IMD 2019 did not indicate any South Oxfordshire neighbourhoods (LSOAs) amongst the 20% most deprived in England. Amongst the villages the ward of Berinsfield is notable because 15.1% of the population reported in the 2011 census that they did not have a car.

Health and Well-Being

On the 2011 census measure of disability, 8.2 % of people in South Oxfordshire reported being impaired a little and 5.6% reported being impaired a lot, similar to the Oxfordshire levels.

Life expectancy at birth in 2017-2019 was 82.2 years for males and 85.6 years for females in South Oxfordshire. The respective life expectancies were 81.7 and 85.0 years for Oxfordshire and 81.2 and 84.0 years for England as a whole.

The cumulative incidence rate for infection with Covid-19 was 17,346 per 100,000 (at 03.01.22 for the whole pandemic to this date). This is about 3% lower than the rate for Oxfordshire county, and somewhat below the rate for England as a whole (19,933 per 100,000).

2. Population growth and Housing Development

It is forecast that the population of South Oxfordshire will grow from 142,057 in 2019 to 153,371 in 2025, that is by 8%. For people aged 65 years or more the growth will be 13.0%, to 33,894 people.⁶⁸

The table shows that about 7,000 new homes are planned for South Oxfordshire in the period 2019 to 2025.⁶⁹ The average occupancy for a dwelling in South Oxfordshire in the 2011 census was 2.5 people.⁷⁰

Table 14. Planned Homes in South Oxfordshire by Settlement Area

Locality	Settlement area	Planned Homes 2019-2025	Planned Homes 2025-2031
South Oxfordshire	Didcot	2,155	6,300
South Oxfordshire	Henley area	527	212
South Oxfordshire	Wallingford area	534	532
South Oxfordshire	Rest of South Oxfordshire	3,147	2,530
South Oxfordshire	Planned for, but not yet allocated to a settlement area	956	397
All South Oxfordshire	-	7,319	9,971

⁶⁸ 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021; [Future population | Oxfordshire Insight](#)

⁶⁹ Internal communication from Oxfordshire County Council Planning Team. See also [Homepage - South Oxfordshire District Council \(southoxon.gov.uk\)](#)

⁷⁰ [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

3. Pharmaceutical Services in South Oxfordshire

Map 7. Community pharmacies and dispensing GPs in South Oxfordshire. 14.12.21. (Locality maps should be read together with tables as map points may overlap.)

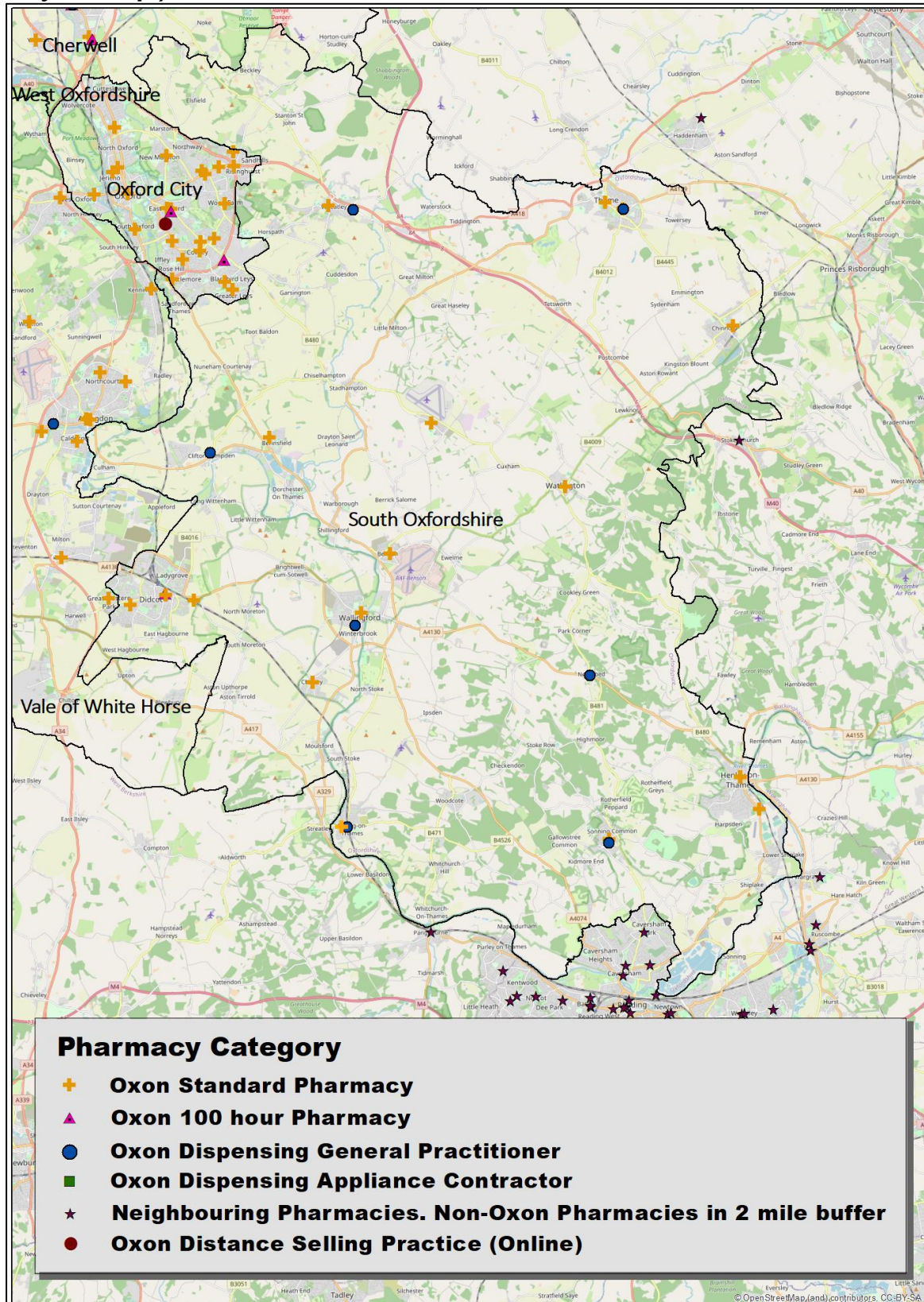


Table 15. Community Pharmacies in South Oxfordshire with Location and Total Opening Hours, indexed by NHS (ODS) Code. (Friday opening is given for the typical weekday).

NHS Code	Name and Type	Village/Town	Postcode	Address	Total Opening Hours (Typical Weekday, Saturday, Sunday)
FA290	Boots the Chemist	Thame	OX9 3JZ	The Health Centre East Street	Week: 08:30-18:30 Sat: 09:00-13:00 Sun: CLOSED
FAM81	Morland House Healthcare Limited*	Wheatley	OX33 1YJ	MH Surgery, London Rd, Wheatley	Week: 08:45-14:00, 14:30-18.30 Sat: 08:45-13:00 Sun: CLOSED
FC447	Tesco in-Store Pharmacy	Henley on Thames	RG9 4HA	Tesco Store 359 Reading Road	Week: 09:00-20:00 Sat: 08:00-19:00 Sun: 10:00-16:00
FDE03	Lloyd's Pharmacy	Goring-on- Thames	RG8 9AT	High St	Week: 09:00-17.30 Sat: 09:00-17:00 Sun: CLOSED
FG705	Day Lewis Pharmacy	Sonning Common	RG4 9SJ	19b Wood Lane	Week: 09:00-13:00, 14:00-18:00 Sat: 09:00-13:00, 14:00-17:00 Sun: CLOSED
FHD46	Boots the Chemist	Henley on Thames	RG9 2BA	5/7 Bell Street	Week: 09:00-18:00 Sat: 09:00-18:00 Sun: 10:30-16:30
FHQ49	Rowlands Pharmacy	Cholsey	OX10 9NS	1 The Pound	Week: 09:00-13:00; 14:00-17:30 Sat: 09:00-13:00 Sun: CLOSED
FJ705	Berinsfield Pharmacy	Berinsfield	OX10 7NE	Berinsfield Health Centre Fane Drive	Week: 08:45-18:30 Sat: CLOSED Sun: CLOSED
FKT01	Watlington Pharmacy	Watlington	OX49 5PU	Market Place Watlington	Week: 09:00-13:00,14:00-18:00 Sat: 09:00-13:00 Sun: CLOSED
FLL49	Lloyds Pharmacy <u>100 HOURS</u>	Didcot	OX11 7ND	Central Drive	Week: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00
FMR16	Boots the Chemist	Thame	OX9 2BU	4-5 High Street	Week: 09:00-17:30 Sat: 09:00-17:30 Sun: 10:00-16:00
FN645	Lloyds Pharmacy	Benson	OX10 6RP	23 High Street	Week: 09:00-17:30 Sat: 09:00-13:00 Sun: CLOSED

FR047	Tesco Pharmacy	Didcot	OX11 9BZ	The Pharmacy Tesco Stores Wallingford Road	Week: 08:30-21:00 Sat: 08:00-19:00 Sun: 10:00-16:00
FT608	Boots the Chemist	Wallingford	OX10 0EG	7/8 Market Place	Week: 08:30-18:00 Sat: 08:30-17:30 Sun: 10:00-16:00
FTH35	Lloyds Pharmacy	Chinnor, Nr Thame	OX39 4PG	Shop 5 28 Church Road	Week: 09:00-18:00 Sat: 09:00-13:00 Sun: CLOSED
FTP76	Henley Pharmacy	Henley on Thames	RG9 2BA	25 Bell Street	Week: 08:45-17:30 Sat: 08:45-17:30 Sun: CLOSED
FWW21	Chalgrove Pharmacy	Chalgrove, Nr Watlington	OX44 7SS	60 High Street	Week: 09:00-13:00,14:00-18:00 Sat: 09:00-13:00 Sun: CLOSED
FY131	Lloyds Pharmacy	Didcot	OX11 0BB	Woodlands Medical Centre Woodlands Road Off Wantage Road	Week: 08:30-18:30 Sat: 09:00-12:00 Sun: CLOSED
FY386	Boots the Chemist	Didcot	OX11 7LG	Unit 40 48 The Orchard Centre	Week: 09:00-18:00 Sat: 09:00-18:00 Sun: 10:00-16:00

Source: NHS SHAPE Tool, NHS website. NHS England. *Revised for change of premises 01.10.21

Note: Hamilton Portman pharmacy has been given permission to open in Lostock Place, Didcot OX11 7XT (in the north of Didcot) by Autumn 2022.⁷¹

⁷¹ Communication from NHS England.

Table 16. Dispensing GPs in South Oxfordshire by location, indexed by NHS (ODS) Code

NHS Code	Name	Village/Town	Postcode	Address
K84014	Morland House Surgery	Wheatley	OX33 1YJ	London Road
K84015	Nettlebed Surgery	Nettlebed, Nr Henley-O-T	RG9 5AJ	Wanbourne Lane
K84020	Sonning Common Health Centre	Sonning Common, Nr Reading	RG4 9SW	Wood Lane
K84034	Clifton Hampden Surgery	Clifton Hampden, Nr Abingdon	OX14 3EL	Watery Lane
K84037	Wallingford Medical Practice	Wallingford	OX10 9DU	Reading Road
K84050	The Rycote Practice	Thame	OX9 3JZ	East Street
K84071	Goring & Woodcote Medical Practice	Goring-on-Thames	RG8 9HG	Red Cross Road

Source: NHS SHAPE. (Some GP practices also have branch surgeries.)

Table 17. Community Pharmacies in South Oxfordshire with Selected Advanced and Locally Commissioned Services provided, indexed by NHS (ODS) Code

			Advanced	Locally Commissioned by Oxon Public Health			Locally Commissioned by Oxon CCG		
NHS Code	Name and Type	Village/Town	NMS	EHC	SC	NE	UTI	PCM	MA
FA290	Boots the Chemist	Thame	*	*	*	*	-	*	-
FAM81	Morland House Healthcare Limited	Wheatley	*	-	-	*	-	-	-
FC447	Tesco in-Store Pharmacy	Henley on Thames	*	-	*	-	-	-	-
FDE03	Lloyd's Pharmacy	Goring-on-Thames	*	-	-	-	-	-	-
FG705	Day Lewis Pharmacy	Sonning Common	*	*	*	*	*	*	-
FHD46	Boots the Chemist	Henley on Thames	*	*	*	*	-	*	-
FHQ49	Rowlands Pharmacy	Cholsey	*	*	-	-	*	-	-
FJ705	Berinsfield Pharmacy	Berinsfield	*	*	*	*	*	-	-
FKT01	Watlington Pharmacy	Watlington	*	-	-	-	*	-	-
FLL49	Lloyds Pharmacy <u>100 HOUR</u>	Didcot	*	-	*	*	*	-	-
FMR16	Boots the Chemist	Thame	*	*	*	-	-	-	-
FN645	Lloyds Pharmacy	Benson	*	*	*	-	*	-	-
FR047	Tesco Pharmacy	Didcot	*	*	*	*	-	*	-

NHS Code	Name and Type	Village/Town	NMS	EHC	SC	NE	UTI	PCM	MA
FT608	Boots the Chemist	Wallingford	*	*	*	-	-	*	-
FTH35	Lloyds Pharmacy	Chinnor	*	*	*	*	*	-	-
FTP76	Henley Pharmacy	Henley on Thames	*	*	-	-	*	-	-
FWW21	Chalgrove Pharmacy	Chalgrove	*	-	*	-	-	-	-
FY131	Lloyds Pharmacy	Didcot	*	*	*	*	*	-	-
FY386	Boots the Chemist	Didcot	*	*	*	-	-	-	-

Source: Pharmacy Thames Valley, NHS England, Oxfordshire Public Health. NMS based on payments in March 2021, and then NHS website.

Table 17 Key: * denotes Service Provided. - denotes service not known to be provided. NMS= New Medicine Service, EHC= Emergency Hormonal Contraception, SC=Supervised Consumption, NE= Needle Exchange, UTI= Urinary Tract Infection treatment, PCM= Palliative Care Medicine service, MA=Minor Ailments service

4. Gap Analysis: Comparing Services and Needs in South Oxfordshire.

Table 18. Analysis of General Access Gaps in South Oxfordshire: Current Locations which might not meet criteria for Drive time, or Distance Radius or Walking time or Public Transport time to the nearest pharmacy

Village/Town	Small Area or side of town	Outside Drive Time	Outside 5 mile radius	Outside Walking Time	Outside Public Transport Time	Comment	Gap Status
Rural	*	*	*	*	*	*	*
Urban							
Didcot	Tweed Dr & Prestwick Burn area to N	*	*	YES	YES		<i>This small area is within 30 mins public transport time. Also, permission given for new pharmacy nearby.</i>
Didcot	Lyndene Rd to N	*	*	YES	NO		NO GAP
Didcot	First & Second Ave, south of railway	*	*	YES	NO	Probably non-residential	NO GAP
Didcot	Cockroft Rd	*	*	NO	YES		NO GAP

Source: based on NHS SHAPE tool

Table 19. Projection of General Access Gaps in South Oxfordshire: New Build Locations which might not meet criteria for Drive time or Public Transport time to the nearest pharmacy

Settlement area	Development Sites	Rural or Urban	Homes Planned for 2019-25	Prob Outside Drivetime	Prob Outside Pub Transp time	Gap Comment
Didcot area	Didcot Gateway South	Urban	200	*	NO	
Didcot area	Willowbrook Park Phase 2 North East Didcot	Urban	201	*	YES	<i>This area is just outside current public transport provision. New pharmacy opens in north Didcot in June 2022</i>
Didcot area	Great Western Park	Urban	724	*	NO	<i>Also see adjacent 'Valley Pk' in Vale Of White Horse chapter</i>
Rest of South Oxfordshire	Land at Wheatley campus, Oxford Brookes University	Rural	230	NO	*	
Rest of South Oxfordshire	Land West of Marley Lane, Chalgrove	Rural	200	NO	*	
Rest of South Oxfordshire	Littleworth Road, Benson - Phase 2	Rural	241	NO	*	
Wallingford area	Wallingford Site E, Land north of A4130 Wallingford Bypass, Wallingford	Rural	258	NO	*	

Source: based on NHS SHAPE tool

5. Commentary on Gap Analysis for South Oxfordshire

General Access Now: There are 19 community pharmacies in South Oxfordshire, and one of these is a 100 hour pharmacy (Table 15). There are seven GP practices in South Oxfordshire which are recognised as dispensing GPs (Table 16).

Community pharmacies are providing essential services to all parts of South Oxfordshire such that all residential areas are within either 20 minutes' driving time or a five mile radius in rural areas, and within 20 minutes' walking time or 20 minutes' public transport time in the urban area of Didcot (Table 18). A possible exception is the Tweed Drive and Prestwick Burn area in the north east of Didcot, but this is a small area within 30 minutes public transport time of a pharmacy; also a new pharmacy is due to open in north Didcot in June 2022, so this area is not considered to have gap status. A number of people responding in the public consultation referred to closures of pharmacies in the recent past in Didcot (this is described in more detail in Chapter Eleven), but the geographical coverage by pharmacies in Didcot (with the north Didcot pharmacy included) seems to be acceptable for the purposes of general access.

Opening Hours: One pharmacy is closed on Saturdays (in Berinsfield), but other pharmacies are available in nearby settlements at this time.

Villages with high level of lacking a car: Amongst the villages the ward of Berinsfield is notable because 15.1% of the population reported in the 2011 census that they did not have a car, although a mitigating factor is that the village does have its own pharmacy open on weekdays.

General Access in the Future: New build plans (Table 19) suggest that most new housing areas in the period up to 2025 would meet the criteria of general access. An exception is Willowbrook Park in north east Didcot, which is just outside current public transport provision. NHS England has given permission for a new pharmacy to open by Autumn 2022. Therefore this area is not considered to have gap status.

Advanced Services: The coverage of the New Medicine Service across South Oxfordshire is very good, with all pharmacies providing this service (See Table 17 for this and locally commissioned services.)

Locally Commissioned Services (Public Health. Snapshot at 14.12.21): Emergency Hormonal Contraception is available in 13 out of 19 pharmacies. The service is also available from all primary care doctors. It is possible that in some pharmacies requests for this service are rare.

The Needle Exchange service is available in a selected number of pharmacies including Didcot and Henley-on-Thames, and the relatively deprived area of Berinsfield, in all 9 out of 19 pharmacies in South Oxfordshire, while Supervised Consumption is available in 14 out of 19 pharmacies.

Locally Commissioned Services (Oxfordshire CCG. Snapshot at 14.12.21):

Treatment for Urinary Tract Infections is available in half of pharmacies, 9 out of 19, in South Oxfordshire. For the guaranteed supply of Palliative Care medicines 5 out of 19 pharmacies are participating. The Minor Ailment service is deliberately targeted at the most deprived areas of Oxfordshire and so is not available in South Oxfordshire.

Chapter Nine: Are pharmacy services meeting the needs of people in Vale of White Horse?

1. Focus on Vale of White Horse

Population, Age and Ethnicity

Vale of White Horse includes Faringdon, Wantage and Abingdon, the last being a town with a population of more than 28,000 people. The population of Vale of White Horse was 137,910 in 2020, with 21.6% of the population being aged under 18 years and 20.2% being aged 65 years or more. In the 2011 census 10.2% of the people of Vale of White Horse reported being from an ethnic minority community (including people from an Eastern European background.)

Deprivation and lack of private transport

The IMD 2019 indicated one neighbourhood (LSOA) amongst the 20% most deprived in England and this was in Abingdon. Amongst the villages two wards, North Hinksey and Wytham, and Radley were notable because 22.5% and 15.8% respectively of their populations reported in the 2011 census that they did not have a car.

Health and Well-Being

On the 2011 census measure of disability, 8.4% of people in Vale of White Horse reported being impaired a little and 5.8% reported being impaired a lot, similar to the Oxfordshire levels.

Life expectancy at birth in 2017-2019 was 82.6 years for males and 85.3 years for females in Vale of White Horse. The respective life expectancies were 81.7 and 85.0 years for Oxfordshire and 81.2 and 84.0 years for England as a whole.

The cumulative incidence rate for infection with Covid-19 was 16,378 per 100,000 (at 03.01.22 for the whole pandemic to this date). This was about 9% lower than the rate for Oxfordshire county, and lower than the rate for England as a whole (19,933 per 100,000).

2. Population growth and Housing Development

It is forecast that the population of Vale of White Horse will grow from 136,007 in 2019 to 154,582 in 2025, that is by 13.7%. For people aged 65 years or more the growth will be 13.6%, to 31,193 people.⁷²

⁷² 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021; [Future population | Oxfordshire Insight](#)

The table shows that about 9,000 new homes are planned for Vale of White Horse in the period 2019 to 2025.⁷³ The average occupancy for a dwelling in Vale of White Horse in the 2011 census was 2.4 people.⁷⁴

Table 20. Planned New Homes in Vale of White Horse by Settlement Area

Locality	Settlement Area	Planned Homes 2019-2025	Planned Homes 2025-2031
Vale of White Horse	Abingdon area	1,402	1,737
Vale of White Horse	Didcot in Vale	1,231	3,444
Vale of White Horse	Wantage and Grove	2,276	2,053
Vale of White Horse	Rest of Vale	2,986	1,262
Vale of White Horse	Planned for, but not yet allocated to a settlement area	723	0
All Vale of White Horse	All	8,618	8,496

⁷³ Internal communication from Oxfordshire County Council Planning Team. See also [Homepage - Vale of White Horse District Council \(whitehorsedc.gov.uk\)](http://www.whitehorsedc.gov.uk)

⁷⁴ [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](http://www.nomisweb.co.uk)

3. Pharmaceutical Services in Vale of White Horse

Map 8. Community Pharmacies and Dispensing GPs in Vale of White Horse. 14.12.21.(Locality maps should be read together with tables as map points may overlap.)

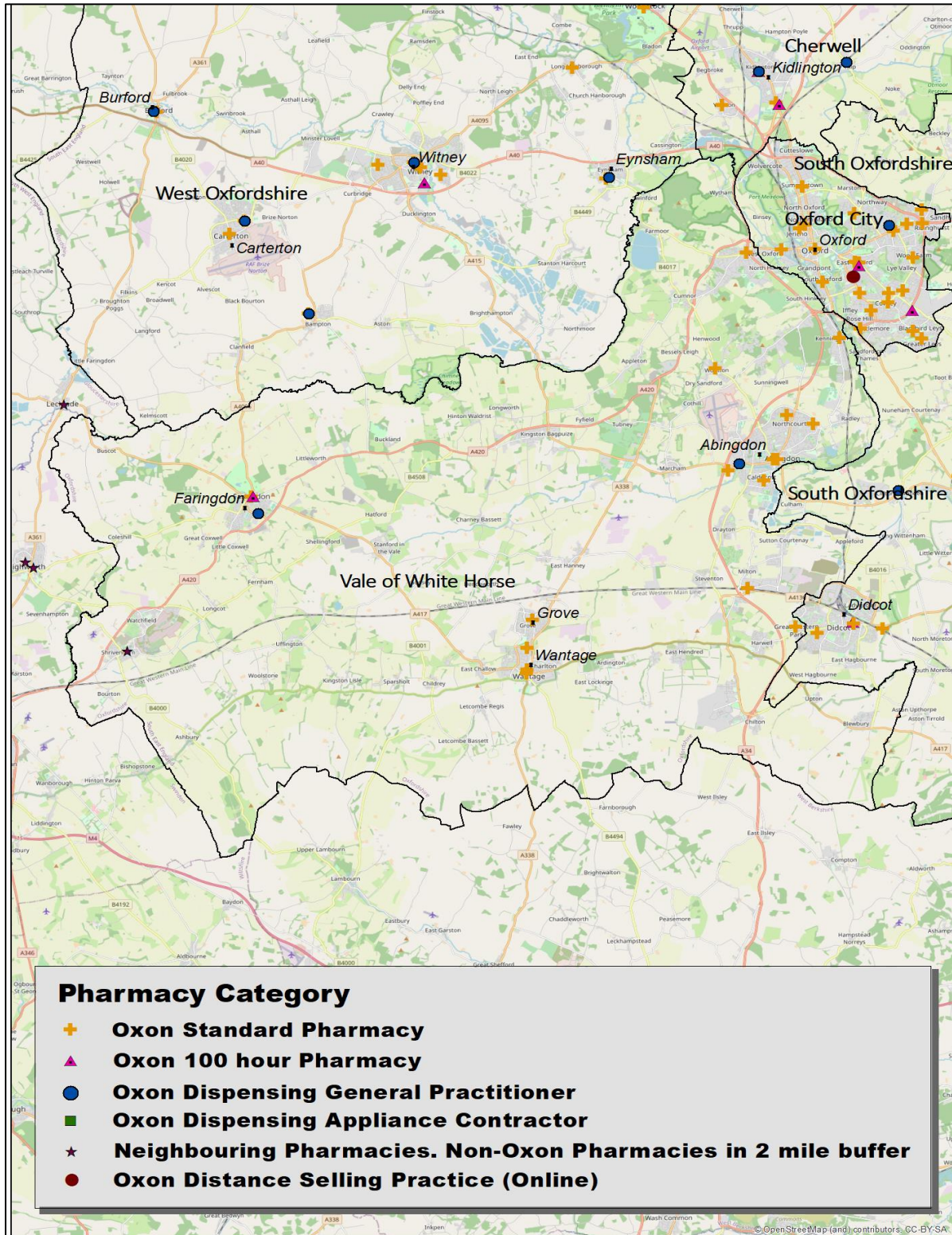


Table 21. Community Pharmacies in Vale of White Horse with Location and Total Opening Hours, indexed by NHS (ODS) Code. (Friday opening is given for typical weekday).

NHS Code	Name and Type	Village/Town	Post code	Address	Total Opening Hours (Typical Weekday, Saturday, Sunday)
FCP04	Avicenna	Kennington	OX1 5PG	172 Kennington Rd	Week: 09:30-13:00; 14:00-18:30 Sat: 09:00-13:00 Sun: CLOSED
FCT40	Jhoots Pharmacy	Abingdon	OX14 3QT	19 Bury Street	Week: 09:00-18:00 Sat: CLOSED Sun: CLOSED
FEV56	Day Lewis Pharmacy	Harwell Nr Didcot	OX11 6GD	108 Greenwood Way Harwell	Week: 08:30-18:30 Sat: 09:00-17:00 Sun: CLOSED
FHJ84	Boots the Chemist	Wantage	OX12 8AW	50/51 Market Place Wantage	Week: 09:00-17:30 Sat: 09:00-17:30 Sun: 10:00-16:00
FJJ58	Cleggs Pharmacy	Wantage	OX12 9AJ	Unit 3, Kings Walk Limborough Road	Week: 09:00-18:00 Sat: 09:00-17:00 Sun: CLOSED
FJK67	Tesco in-Store Pharmacy	Abingdon	OX14 1TU	Tesco Superstore Marcham Road	Week: 08:00-20:00 Sat: 08:00-20:00 Sun: 10:00-16:00
FKJ75	Bretts Pharmacy	Grove Nr Wantage	OX12 7JZ	11-12 Millbrook Square	Week: 09:00-18:00 Sat: 09:00-16:00 Sun: CLOSED
FL294	Wootton Pharmacy	Wootton Nr Abingdon	OX13 6DN	7 Besselsleigh Road Wootton	Week: 09:00-18:30 Sat: 09:00-13:00 Sun: CLOSED
FLJ04	Reynolds Way Pharmacy	Abingdon	OX14 5JT	7 Reynolds Way	Week: 09:00-18:00 Sat: 09:00-13:00 Sun: CLOSED
FLK05	North Abingdon Pharmacy	Abingdon	OX14 1XR	Long Furlong Medical Centre 45 Loyd Close	Week: 08:30-18:30 Sat: 09:00-13:00 Sun: CLOSED
FN791	Avicenna Pharmacy	Abingdon	OX14 3JF	61 Stert Street Abingdon	Week: 09:00-17:30 Sat: 09:00-13:30 Sun: CLOSED

FNY02	Lloyds Pharmacy	Wantage	OX12 9BN	The New Health Centre Mably Way	Week: 09:00-18:30 Sat: 09:00-13:00 Sun: CLOSED
FP237	Boots the Chemist	Abingdon	OX14 3QT	27 Bury Street	Week: 08:30-17:30 Sat: 08:30-17:30 Sun: CLOSED
FQJ76	Lloyds Pharmacy	Botley	OX2 9TJ	9 West Way Square, Botley	Week: 08:30-17:30 Sat: 09:00-17:30 Sun: CLOSED
FTG70	Your Local Boots Pharmacy	Faringdon	SN7 7HP	17 Market Place	Week: 09:00-18:30 Sat: 09:00-17:00 Sun: CLOSED
FWG36	Faringdon Pharmacy <u>100 HOURS</u>	Faringdon	SN7 7AE	3 London Street	Week: 07:00-23:00 Sat: 07:00-23:00 Sun: 09:00-13:05
FWT21	Apollo Pharmacy	Abingdon	OX14 4RR	Unit 5A-5B Milton Park Park Road	Week: 08:30-13:15; 14:15-17:30 Sat: 09:00-15:00 Sun: CLOSED
FY666	Lloyds Pharmacy	Abingdon	OX14 2NA	7 Peachcroft Shopping Centre Peachcroft Road	Week: 09:00-18:30 Sat: 09:00-14:00 Sun: CLOSED
This community pharmacy below is located in Oxfordshire and serves Oxfordshire residents, but contractually links to BSW CCG and NHS South West					
FKE91	Shrivenham Pharmacy	Shrivenham	SN6 8AA	50a High St	Week: 09:00-13:00; 14:00-17.30 Sat: 09:00-13:00 Sun: CLOSED

Source: NHS SHAPE Tool, NHS website. NHS England.

Table 22. Dispensing GPs in Vale of WH by location indexed by NHS (ODS)

NHS Code	Name	Village/ Town	Postcode	Address
K84041	Marcham Road Family Health Centre	Abingdon	OX14 1BT	Family Health Centre Marcham Road
K84051	White Horse Medical Practice	Faringdon	SN7 7YU	Faringdon Medical Centre Volunteer Way
This Dispensing GP below is located in Oxfordshire and serves Oxfordshire residents, but contractually links to BSW CCG and NHS South West				
K84012	Elm Tree Surgery	Shrivenham	SN6 8AG	High Street

code

Source: NHS SHAPE. (Some GP practices also have branch surgeries.)

Table 23. Community Pharmacies in Vale of White Horse with Selected Advanced and Locally Commissioned Services provided, indexed by NHS (ODS) Code

			Advanced	Locally Commissioned by Oxon Public Health			Locally Commissioned by Oxon CCG		
NHS Code	Name and Type	Village/Town	NMS	EHC	SC	NE	UTI	PCM	MA
FCP04	Avicenna	Kennington	*	*	*	*	*	*	-
FCT40	Jhoots Pharmacy	Abingdon	*	*	*	*	*	-	-
FEV56	Day Lewis Pharmacy	Harwell Nr Didcot	*	*	*	-	-	-	-
FHJ84	Boots the Chemist	Wantage	*	*	*	-	-	-	-
FJJ58	Cleggs Pharmacy	Wantage	*	*	-	-	*	-	-
FJK67	Tesco in-Store Pharmacy	Abingdon	*	-	*	*	-	-	-
FKJ75	Bretts Pharmacy	Grove Nr Wantage	*	*	*	*	-	-	-
FL294	Wootton Pharmacy	Wootton Nr Abingdon	-	-	-	-	-	-	-
FLJ04	Reynolds Way Pharmacy	Abingdon	*	-	-	-	*	-	-
FLK05	North Abingdon Pharmacy	Abingdon	*	*	*	-	*	-	-
FN791	Avicenna Pharmacy	Abingdon	*	*	*	-	*	-	-
FNY02	Lloyds Pharmacy	Wantage	*	*	*	-	*	*	-

NHS Code	Name and Type	Village/Town	NMS	EHC	SC	NE	UTI	PCM	MA
FP237	Boots the Chemist	Abingdon	*	*	*	-	-	*	-
FQJ76	Lloyds	Botley Nr Oxford	*	*	*	-	*	-	-
FTG70	Your Local Boots Pharmacy	Faringdon	*	*	*	-	-	-	-
FWG36	Faringdon Pharmacy <u>100 HOUR</u>	Faringdon	*	*	*	*	*	*	-
FWT21	Apollo Pharmacy	Abingdon	*	-	-	-	-	-	-
FY666	Lloyds Pharmacy	Abingdon	*	*	*	*	*	*	-

Source: Pharmacy Thames Valley, NHS England, Oxfordshire Public Health. NMS based on payments in March 2021, and then NHS website.

Table 23 Key: * denotes Service Provided. - denotes service not known to be provided. NMS= New Medicine Service, EHC= Emergency Hormonal Contraception, SC=Supervised Consumption, NE= Needle Exchange, UTI= Urinary Tract Infection treatment, PCM= Palliative Care Medicine service, MA=Minor Ailments service

4. Gap Analysis: Comparing Services and Needs in Vale of White Horse

Table 24. Analysis of General Access Gaps in Vale of White Horse: Current Locations which might not meet criteria for Drive time, or Distance Radius or Walking time or Public Transport time to the nearest pharmacy

Village	Outside Drive Time	Outside 5 mile radius	Outside Walking Time	Outside Public Transport Time	Comment	Gap Status
Rural						
Longworth and Hinton Waldrist, east of Faringdon	NO	YES	*	*	Also within 5 miles of Dispensing GP	NO GAP
Small areas south west of Shrivenham, by Ashbury and Bourton	YES	YES	*	*	Sparse population, Within short distance of Shrivenham pharmacy and pharmacy in Swindon	NO GAP

Source: based on NHS SHAPE tool

Table 25. Projection of General Access Gaps in Vale of White Horse: New Build Locations which might not meet criteria for Drive time or Public Transport time to the nearest pharmacy

Settlement area	Development Sites	Rural or Urban	Homes planned for 2019-25	Prob Outside Drive time	Prob Outside Pub Transp time	Gap Comment
Abingdon area	North of Abingdon on Thames	Urban	475	*	NO	
Abingdon area	South of Kennington (Allocation - Site 3)	Rural	251	NO	*	
Didcot in Vale	Land to the West of Great Western Park (Valley Park), Didcot (in the parishes of Harwell and Milton)	Urban	769	*	YES	<i>Special Note: Shape of development might make access difficult; capacity for at least 2,000 more people needed from existing pharmacies. Possible Future Need</i>
Rest of Vale	Botley Centre, West Way, Botley, Oxford	Rural	282	NO	*	
Rest of Vale	Land at North Shrivenham, Highworth Road, Shrivenham (Phase 2)	Rural	210	NO	*	
Rest of Vale	Land to the East of Highworth Road, Shrivenham	Rural	240	NO	*	
Rest of Vale	Land to the east of Witney Road, Kingston Bagpuize, OX13 5FZ	Rural	205	NO	*	
Rest of Vale	Milton Heights	Rural	218	NO	*	
Wantage and Grove	Crab Hill, North East Wantage	Rural	822	NO	*	
Wantage and Grove	Land At Grove Airfield, Denchworth Road, Grove, Wantage, Oxfordshire	Rural	725	NO	*	

Source: based on NHS SHAPE tool

5. Commentary on Gap Analysis for Vale of White Horse.

General Access Now: There are 18 community pharmacies in Vale of White Horse, and one of these is a 100 hour pharmacy. Furthermore, one additional pharmacy is located in Shrivenham, Oxfordshire, but contractually relates to BANES, Swindon Wiltshire CCG and NHS England South West and so does not form part of the main analysis of this PNA. (Table 21). There are two GP practices in Vale of White Horse which are recognised as dispensing GPs, plus one dispensing practice in Shrivenham. (Table 22).

Community pharmacies are providing essential services to all parts of Vale of White Horse such that all residential areas are within either 20 minutes' driving time or a five mile radius in rural areas, and within 20 minutes' walking time or 20 minutes' public transport time in the urban area of Abingdon (Table 24). A possible exception is a small area to the south west of Shrivenham, but this is within easy access of the community pharmacy in Shrivenham and there is a direct public transport link to a pharmacy in nearby Swindon.

Opening Hours: One pharmacy in Abingdon is closed on Saturdays, but other pharmacies are available in Abingdon at this time.

Villages with high level of lacking a car: The wards of North Hinksey and Wytham, and Radley are notable because 22.5% and 15.8% respectively of their populations reported in the 2011 census that they did not have a car. However, these wards are within 20 minutes' public transport time to pharmacies, mainly in adjoining Oxford City.

Small Areas amongst the 20% Most Deprived in England: there is one such area, Caldecott, in Abingdon; NHS SHAPE indicates that it is served by a convenient pharmacy situated in the area.

General Access in the Future: New build plans (Table 25) suggest that most new housing areas in the period up to 2025 would meet the criteria of general access.

Special Note: An exception is the Valley Park development to the west of Didcot and within Vale of White Horse, but intended to form part of the Didcot conurbation.

The development has an unusual layout in that it is adjacent three different settlements (Harwell, Milton and Didcot) while its southern part will extend to the south of Didcot. At present it is not clear how the public transport links will evolve and where the actual and preferred routes of travel will be. Furthermore, capacity for about 2,000 extra people might not be able to be met by existing pharmacies, although there are a number of pharmacies (in Milton and Didcot) that are relatively close to the new development. It is also possible that the creation of a new build area will slow down public transport access to existing pharmacies in the Didcot conurbation for people travelling into Didcot from Harwell.

However, as the development of Valley Park is not yet completed, this area can only be regarded as having a possible future need. This may be considered in future PNAs, but, given present knowledge, lies beyond the lifetime of the current PNA. If any reordering of pharmacies were to take place in this area, consideration would also have to be given to the implications for the provision of services to the population of Didcot as a whole. The use of specialised Geographical Information Systems which relate individuals in population to possible locations of service delivery, might be useful in such an exercise.

Advanced Services: The coverage of the New Medicine Service across Vale of White Horse is very good, with only one pharmacy out of the 18 not providing this service. (See Table 23 for this and locally commissioned services.)

Locally Commissioned Services (Public Health. Snapshot at 14.12.21): Emergency Hormonal Contraception is available in 14 out of the 18 pharmacies. This service is also available from all primary care doctors. It is possible that in some pharmacies requests for this service are rare.

The Needle Exchange service is available in a selected number of pharmacies in larger settlements, 6 out of 18 pharmacies in Vale of White Horse, while Supervised Consumption is available in 14 out of 18 pharmacies.

Locally Commissioned Services (Oxfordshire CCG. Snapshot at 14.12.21): Treatment for Urinary Tract Infections is available in 10 out of 18 pharmacies. For the guaranteed supply of Palliative Care medicines 5 out of 18 pharmacies supply this. The Minor Ailment service is deliberately targeted at the most deprived areas of Oxfordshire and so is not available in Vale of White Horse.

Chapter Ten. Are pharmacy services meeting the needs of people in West Oxfordshire?

1. Focus on West Oxfordshire

Population, Age and Ethnicity

West Oxfordshire includes Chipping Norton, Carterton and Witney, the last being a town with a population of more than 28,000 people.

The population of West Oxfordshire was 111,758 in 2020, with 20.7% of the population being aged under 18 years and 22.0% being aged 65 years or more. In the 2011 census 7.4% of the people of West Oxfordshire reported being from an ethnic minority community (including people from an Eastern European background.)

Deprivation and lack of private transport

The IMD 2019 did not indicate any neighbourhoods (LSOAs) amongst the 20% most deprived in England. It did not appear to be the case that any rural wards had lack of a car at the 15% level or more.

Health and Well-Being

On the 2011 census measure of disability, 8.5% of people in West Oxfordshire reported being impaired a little and 5.9% reported being impaired a lot, similar to the Oxfordshire levels.

Life expectancy at birth in 2017-2019 was 81.9 years for males and 85.0 years for females in West Oxfordshire. The respective life expectancies were 81.7 and 85.0 years for Oxfordshire and 81.2 and 84.0 years for England as a whole.

The cumulative incidence rate for infection with Covid-19 was 16,158 per 100,000 (at 26.08.21 for the whole pandemic to this date). This was about 9% lower than the rate for Oxfordshire county and lower than the rate for England as a whole (19,933 per 100,000).

2. Population growth and Housing Development

It is forecast that the population of West Oxfordshire will grow from 110,643 in 2019 to 124,283 in 2025, that is by 12.3%. For people aged 65 years or more the growth will be 16.4%, to 28,120 people.⁷⁵

The table shows that about 7,000 new homes are planned for West Oxfordshire in the period 2019 to 2025.⁷⁶ The average occupancy for a dwelling in West Oxfordshire in the 2011 census was 2.4 people.⁷⁷

Table 26. Planned New Homes in West Oxfordshire by Settlement Area

Locality	Settlement Area	Planned Homes 2019-2025	Planned Homes 2025-2031
West Oxfordshire	Burford and Carterton	1,205	397
West Oxfordshire	Chipping Norton area	575	820
West Oxfordshire	Eynsham area	860	2,113
West Oxfordshire	Witney area	1,767	1,350
West Oxfordshire	Woodstock area	554	150
West Oxfordshire	Rest of West Oxfordshire	652	0
West Oxfordshire	Planned for, but not yet allocated to a settlement area	1,091	576
All West Oxfordshire	-	6,704	5,406

⁷⁵ 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021. [Future population | Oxfordshire Insight](#)

⁷⁶ Internal communication from Oxfordshire County Council Planning Team. See also [Home - West Oxfordshire District Council \(westoxon.gov.uk\)](#)

⁷⁷ [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

3. Pharmaceutical Services in West Oxfordshire

Map 9. Community Pharmacies and Dispensing GPs in West Oxfordshire. 14.12.21

(Locality maps should be read together with tables as map points may overlap.)

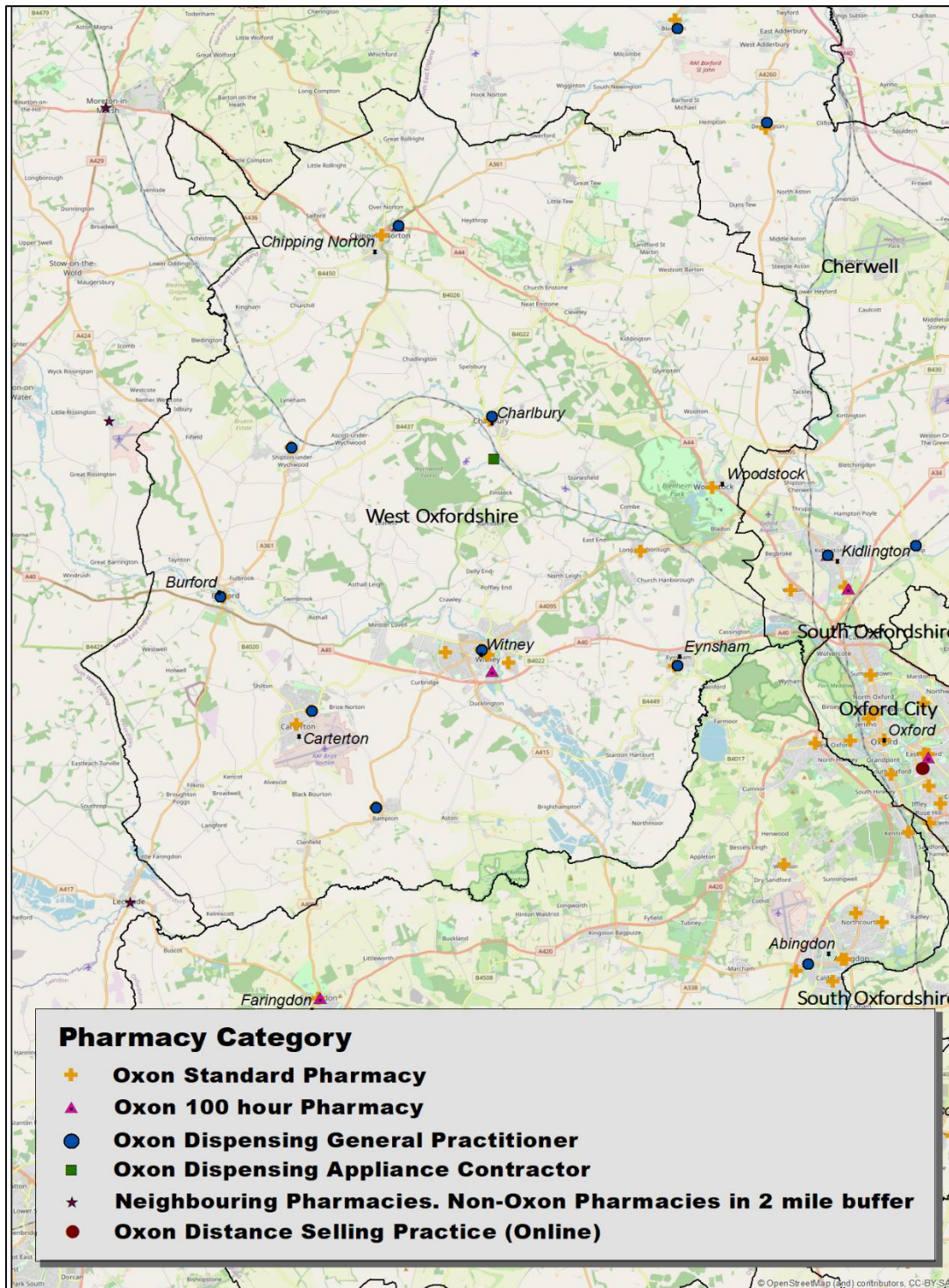


Table 27. Community Pharmacies in West Oxfordshire with location and Total Opening hours, indexed by NHS (ODS) Code. (Friday opening is given for typical weekday).

NHS Code	Name and Type	Village/Town	Postcode	Address	Total Opening Hours (Typical Weekday, Saturday, Sunday)
FAJ38	Boots the Chemist	Chipping Norton	OX7 5AD	18 High Street	Week: 08:30-18:00 Sat: 08:30-17:30 Sun: 10:00-16:00
FD645	Your Local Boots Pharmacy	Witney	OX28 5YP	3 Edington Square	Week: 09:00-18:00 Sat: 09:00-17:30 Sun: CLOSED
FDM72	Topside Pharmacy	Chipping Norton	OX7 5AD	6A High Street	Week: 09:00-17:30 Sat: 09:00-17:30 Sun: CLOSED
FE029	Rowlands Pharmacy	Witney	OX28 6JQ	Nuffield Health Centre Welch Way	Week: 09:00-13:00; 13:20-17:30 Sat: 09:00-13:00 Sun: CLOSED
FEL86	Lloyds Pharmacy	Witney	OX28 6JS	Windrush Health Centre Welch Way	Week: 09:00-18:30 Sat: 09:00-12:00 Sun: CLOSED
FEM12	Bampton Health Care Ltd	Bampton	OX18 2LJ	Landells	Week: 09:00-13:00,14:00-18:00 Sat: 09:00-12:00 Sun: CLOSED
FFR25	Woodstock Pharmacy	Woodstock	OX20 1TF	24 High Street	Week: 09:00-18.30 Sat: 09:00-17:00 Sun: CLOSED
FHH24	Robert Reavley Dispensing Chemist	Burford	OX18 4QR	124 High Street	Week: 09:00-18:00 Sat: 09:00-17:00 Sun: 10:00-16:00
FK074	Lloyds Pharmacy	Eynsham	OX29 4PD	64 Acre End Street	Week: 09:00-17:30 Sat: 09:00-14:00 Sun: CLOSED
FL824	Wychwood Pharmacy	Shipton Under Wychwood	OX7 6BW	Wychwood Surgery	Week: 09:00-13:00,14:00-18:00 Sat: CLOSED Sun: CLOSED
FLC28	Chipping Norton Pharmacy <u>100 HOURS</u>	Chipping Norton	OX7 5FA	CN Health Centre Russell Way, London Road	Week: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:30-16:30

FLK43	Lloyds Pharmacy	Carterton	OX18 3AG	7 Burford Road	Week: 08:30-18:30 Sat: 09:00-17:30 Sun: CLOSED
FQL14	Averose Pharmacy	Charlbury	OX7 3PL	19 Market Street	Week: 09:00-13:00; 13:30-18:00 Sat: 09:00-13:00 Sun: CLOSED
FR885	Lloyds Pharmacy <u>100 HOURS</u>	Witney	OX28 4FF	J.Sainsbury Store Witan Way	Week: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00
FT450	Broadshire Pharmacy	Carterton	OX18 1JA	Broadshires Health Centre Broadshires Way	Week: 09:00-13:00, 14:00-18:30 Sat: CLOSED Sun: CLOSED
FV314	Cogges Hill Pharmacy	Witney	OX28 3FP	Cogges Surgery 12 Cogges Hill Road	Week: 08:30-18:00 Sat: 09:00-12:00 Sun: CLOSED
FW665	Hanborough Pharmacy	Long Hanborough, Nr Witney	OX29 8JL	56 Churchill Way	Week: 09:00-13:00; 14:00-18:00 Sat: CLOSED Sun: CLOSED
FX069	Boots the Chemist	Witney	OX28 6HA	2-8 The High Street	Week: 08:30-18:00 Sat: 08:30-18:00 Sun: 10:00-16:00
FFY66	<i>Salts Medilink (DAC)</i>	<i>Charlbury</i>	<i>OX7 3EW</i>	<i>Unit 8 Southill Business Park Cornbury Park</i>	<i>Office Hours</i>

Source: NHS SHAPE Tool, NHS website. NHS England.

Table 28. Dispensing GPs in West Oxfordshire by location, indexed by NHS (ODS) Code

NHS Code	Name	Village/Town	Postcode	Address
K84006	Eynsham Medical Group	Eynsham, Nr Witney	OX29 4QB	Conduit Lane
K84010	Bampton Surgery	Bampton, Nr Witney	OX18 2LJ	Landells
K84017	Windrush Medical Practice	Witney	OX28 6JS	Windrush Health Centre Welch Way
K84030	Chipping Norton Health Centre	Chipping Norton	OX7 5FA	Russell Way
K84046	Wychwood Surgery	Shipton Under Wychwood, Nr Burford	OX7 6BW	Meadow Lane
K84047	Burford Surgery	Burford	OX18 4LS	59 Sheep Street
K84075	Broadshires Health Centre	Carterton	OX18 1JA	Broadshires Way
K84610	The Charlbury Medical Centre	Charlbury, Nr Chipping Norton	OX7 3PQ	Enstone Road

Source: NHS SHAPE (Some GP practices also have branch surgeries.)

Table 29. Community Pharmacies in West Oxfordshire with Selected Advanced and Locally Commissioned Services provided, indexed by NHS (ODS) Code

			Advanced	Locally Commissioned by Oxon Public Health			Locally Commissioned by Oxon CCG		
NHS Code	Name and Type	Village/Town	NMS	EHC	SC	NE	UTI	PCM	MA
FAJ38	Boots the Chemist	Chipping Norton	*	*	*	*	-	*	-
FD645	Your Local Boots Pharmacy	Witney	*	*	*	-	-	-	-
FDM72	Topside Pharmacy	Chipping Norton	Not Known	NK	NK	NK	NK	NK	-
FE029	Rowlands Pharmacy	Witney	*	-	*	*	-	-	-
FEL86	Lloyds Pharmacy	Witney	*	*	*	-	*	-	-
FEM12	Bampton Health Care Ltd	Bampton	*	-	-	-	-	-	-
FFR25	Woodstock Pharmacy	Woodstock	*	-	-	-	-	-	-
FHH24	Robert Reavley Dispensing Chemist	Burford	*	-	-	-	-	*	-
FK074	Lloyds Pharmacy	Eynsham	*	*	*	*	*	*	-
FL824	Wychwood Pharmacy	Sipton Under Wychwood	*	-	-	-	-	-	-
FLC28	Chipping Norton Pharmacy <u>100 HOUR</u>	Chipping Norton	*	*	-	-	*	*	-

NHS Code	Name and Type	Village/Town	NMS	EHC	SC	NE	UTI	PCM	MA
FLK43	Lloyds Pharmacy	Carterton	*	*	*	*	*	*	-
FQL14	Averose Pharmacy	Charlbury	*	-	-	*	*	-	-
FR885	Lloyds Pharmacy <u>100 HOURS</u>	Witney	*	*	*	-	*	*	-
FT450	Broadshire Pharmacy	Carterton	*	-	*	-	-	-	-
FV314	Cogges Hill Pharmacy	Witney	*	-	-	-	*	-	-
FW665	Han-borough Pharmacy	Long Han-borough, Nr Witney	*	-	-	-	*	-	-
FX069	Boots the Chemist	Witney	*	*	*	-	-	-	-
FFY66	Salts Medilink (DAC)	Charlbury	-	-	-	-	-	-	-

Source: Pharmacy Thames Valley, NHS England, Oxfordshire Public Health. NMS based on payments in March 2021, and then NHS website.

Table 29 Key: * denotes Service Provided and - denotes service not known to be provided. NMS= New Medicine Service, EHC= Emergency Hormonal Contraception, SC=Supervised Consumption, NE= Needle Exchange, UTI= Urinary Tract Infection treatment, PCM= Palliative Care Medicine service, MA=Minor Ailments service

4. Gap Analysis: Comparing Services and Needs in West Oxfordshire

Table 30. Analysis of General Access Gaps in West Oxfordshire: Current Locations which might not meet criteria for Drive time, or Distance Radius or Walking time or Public Transport time to the nearest pharmacy

Town	Small Area and side of town	Outside Drive Time	Outside 5 mile radius	Outside Walking Time	Outside Public Transport Time	Gap Status
Urban						
Witney	part Wood Green on NE	*	*	YES	NO	NO GAP
Witney	part Newland on NE	*	*	YES	NO	NO GAP
Witney	Edge of West Witney	*	*	YES	NO	NO GAP

Source: based on NHS SHAPE tool

Table 31. Projection of General Access Gaps in West Oxfordshire: New Build Locations which might not meet criteria for Drive Time, or Public Transport time to the nearest pharmacy

Settlement area	Sites	Rural or Urban	Homes Planned for 2019-25	Prob Outside Drivetime?	Prob Outside Pub Transp time?	Gap Comment
Burford and Carterton	East Carterton	Rural	442	NO	*	
Burford and Carterton	Land at Milestone Road, Carterton	Rural	200	NO	*	
Chipping Norton area	Land east of Chipping Norton (Tank Farm) (excluding 16/03416/OUT)	Rural	280	NO	*	
Witney area	Burford Road, Witney	Urban	252	*	NO	
Witney area	East Witney	Urban	200	*	NO	
Witney area	Land at Downs Road, Witney	Urban	227	*	NO	
Witney area	West Witney	Urban	783	*	YES	<i>This area is just outside current public transport provision</i>
Woodstock area	Land east of Woodstock	Rural	300	YES	*	

Source: based on NHS SHAPE tool

5. Commentary on Gap Analysis for West Oxfordshire

General Access Now: There are 18 community pharmacies in West Oxfordshire and two of these are 100 hour pharmacies. In addition, there is one DAC (Table 27). There are 8 GP practices in West Oxfordshire which are recognised as dispensing GPs (Table 28). Community pharmacies are providing essential services to all parts of West Oxfordshire such that all residential areas are within either 20 minutes' driving time or a five mile radius in rural areas, and within 20 minutes' walking time or 20 minutes' public transport time in the urban area of Witney (Table 30). Thus at the present time no areas are considered to have gap status.

Opening Hours: One pharmacy in Shipton under Wychwood, one in Carterton and one in Long Hanborough are closed on Saturdays, but other pharmacies are available in nearby settlements at this time.

Villages with high level of lacking a car: It did not appear to be the case that any rural wards in West Oxfordshire had lack of a car at the 15% level or more.

General Access in the Future: New build plans suggest that most new housing areas in the period up to 2025 would meet the criteria of general access. An exception is West Witney (Table 31). This area is just outside current public transport provision. Therefore West Witney is not considered to have gap status.

Advanced Services: The coverage of the New Medicine Service across West Oxfordshire is very good, with 17 out of 18 pharmacies providing this service. (See Table 29 for this and locally commissioned services; the DAC is not included in the consideration here of advanced or locally commissioned services. No information for Topside pharmacy has been made available, so it is not clear if it provides any of these services.)

Locally Commissioned Services (Public Health. Snapshot at 14.12.21): Emergency Hormonal Contraception is available in 8 out of 18 pharmacies, mainly in Chipping Norton and Witney, which are larger settlements. This service is also available from all primary care doctors. It is possible that in some pharmacies requests for this service are rare.

The Needle Exchange service is available in a selected number of pharmacies in larger settlements, plus Charlbury and Eynsham, 5 out of 18 pharmacies in West Oxfordshire, while Supervised Consumption is available in 9 out of 18 pharmacies.

Locally Commissioned Services (Oxfordshire CCG. Snapshot at 14.12.21): Treatment for Urinary Tract Infections is available in 8 out of 18 pharmacies. For the guaranteed supply of Palliative Care medicines 6 out of 18 pharmacies participate in this scheme, including Burford. The Minor Ailment service is deliberately targeted at the most deprived areas of Oxfordshire and so is not available in West Oxfordshire.

Chapter Eleven. What did we learn from the consultation on the PNA? Findings from the Healthwatch Oxfordshire Survey and from the Oxfordshire PNA 2022 Public Consultation

1. Foreword

The PNA Steering Group initiated a public and professional consultation process that took place from November 2021 to early January 2022. The draft PNA, together with a survey questionnaire were posted on the 'Let's Talk Oxfordshire' website and hardcopies were also made available by post.

In addition, Healthwatch Oxfordshire had shortly before conducted a survey between February and September 2020 on experiences of using pharmaceutical services in the county, giving the public an opportunity to voice their opinions.⁷⁸ The two surveys were thus complementary and findings from both consultations are given in this chapter.

2. Healthwatch Oxfordshire Survey May 2021: 'Experience of using Pharmacies in Oxfordshire 2020'

Response

In all 370 people from Oxfordshire responded to the Healthwatch Oxfordshire survey between February and September 2020. Respondents from Oxfordshire valued the role, service, and presence of community pharmacies. Support from pharmacies was felt to be particularly important during the COVID-19 pandemic. Community pharmacies were the only Primary Healthcare provider to keep their doors open to the public throughout the whole pandemic.⁷⁹

Pharmacies during the Covid-19 pandemic

Respondents noted the extra safety measures employed in pharmacies during the pandemic, which often meant delays in being served, delays in medicines being dispensed, or in medicines being out of stock. Social distancing was not always adhered to by customers or staff. Despite the challenges of COVID-19 most community pharmacies were seen to have responded to the challenge of providing additional and valuable support to people in the community during this time. Help from the pharmacy in delivering to customers who were self-isolating and shielding was especially appreciated. Volunteers were sometimes involved in this.

⁷⁸ Healthwatch Oxfordshire Survey: [Using Pharmacies in Oxfordshire in 2020 - May 2021 - Healthwatch Oxfordshire](#)

⁷⁹ Healthwatch Oxfordshire Survey: [Using Pharmacies in Oxfordshire in 2020 - May 2021 - Healthwatch Oxfordshire](#)

Obtaining Prescriptions

With regard to access to pharmacies 47% of all respondents reported that they accessed their pharmacy by walking to the pharmacy local to their homes. 49% of all respondents said they reached their pharmacy by car. Use of public transport was not frequent, though some respondents described having to take two buses or a bus journey that took one to two hours; also parking near the pharmacy was sometimes not suitable for disabled people. For some access to pharmacies was a challenge for a range of reasons, including issues of physical access, time, caring responsibilities, mental health and disability.

Generally, people noted that it was possible to arrange deliveries of prescriptions, if necessary, or they were reliant on friends and family, although this was not an option available to all. Respondents said that they ordered repeat prescriptions. The majority (57%) ordered online, although 28% either ordered in person at their pharmacy or GP.

The survey also asked about ease of getting repeat prescriptions once ordered. Of 370 respondents, many noted that they experienced significant issues with prescriptions once ordered. 25% said prescriptions were often late, 30% said they were often 'out of stock', 21% experienced 'missing items' and more worryingly nearly 9% received the wrong medication.

With regard to methods of collecting prescriptions home delivery of prescriptions was at a relatively low level (10.2%). Most people (74%) picked up their prescriptions in person at the pharmacy, or in person at the GP (14%).

Using the Pharmacy for advice

The survey gave some insight into use of pharmacies for medical advice. Of 370 responses overall, 192 commented that they 'sometimes' used their pharmacy for medical advice, whilst 110 said they 'never' used them in this way. Those who did use pharmacists for advice, saw them for a range of minor conditions, or for preventive advice or treatments, including eye infections, coughs and colds, pain relief, and blood pressure, dietary advice, and flu jabs.

There was little direct indication of the way in which pharmacists might be taking pressure off GP appointments. Some comments indicated that patients were clear about what was offered and would seek advice from the pharmacist for minor complaints before going to the GP. However, other comments indicated that interactions with pharmacists led to the need for GP appointments anyway, with the potential effect of patients' bypassing seeking of advice in the future.

The Pharmacy as a Community Resource

There was concern about closures of pharmacies (nearly 10% of pharmacies in Oxfordshire permanently ceased trading in 2020) which were seen as a vital resource in serving the community and as a place of help and support.

Pharmacies in the NHS Long Term Plan

The NHS Long Term Plan envisages pharmacies playing a full role within primary, preventive care, and newly emerging health care configurations. To help achieve this, Healthwatch Oxfordshire recommends that pharmacists and commissioners need to:

- Educate the public and communicate the pharmacist's role in support of minor conditions, advice, and prevention along with specialist commissioned roles.
- Provide clear information in the pharmacy about the role, qualification, and expertise of pharmacists to provide information and support.
- Clearly indicate pharmacist personnel within staff teams at pharmacies and highlight the availability of confidential space.
- Address issues highlighted with repeat prescriptions including delays, errors, and reliability.
- Actively encourage the public to 'ask your pharmacist'.

3. Taking stock of the Healthwatch Oxfordshire Survey

The public seems to appreciate the role that pharmacies have played during the pandemic. Many people ask pharmacists for basic health advice, but a large minority do not and may be unaware that they can.

While it is encouraging that access problems appear to be at a relatively low level, it is possible that the survey underestimates them. A public survey of this nature might have been biased towards people who were well enough to take part in a survey, who owned a car and who felt comfortable in using the internet.

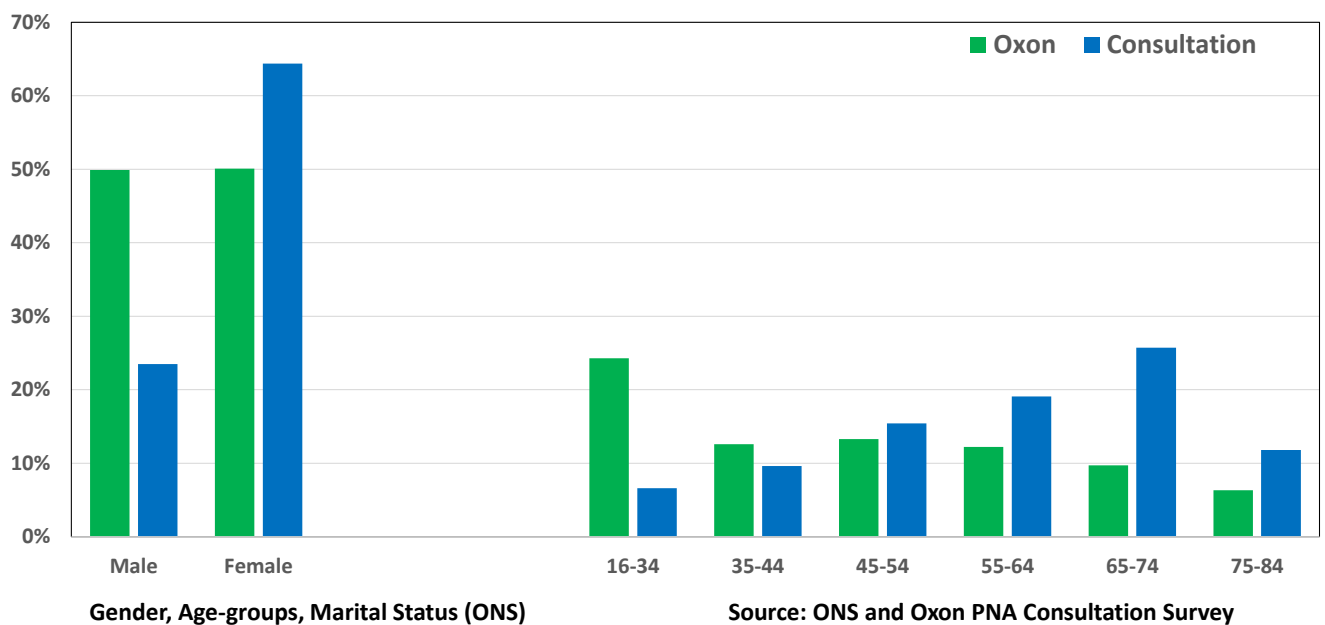
4. Feedback from the Public Consultation on the draft Oxfordshire PNA 2022

The consultation ran from 8th November 2021 to 9th January 2022 inclusive. In all, 135 people responded to the consultation on the 'Let's Talk Oxfordshire' website and in addition one person responded by returning a questionnaire by post. Four people returned email comments. One organisation returned an email. Most responses were from members of the public, with a small number from people with a professional interest in the PNA. For the sake of simplicity, all the responses using the structured questionnaire, totalling 136, have been analysed together. In the following summary in order to preserve confidentiality, numbers under a count of five (or the corresponding percentages) are not always specified. Percentages are always proportions of the 136 respondents except on the three occasions where a comparison is made between responses from older and younger people. Question numbers used follow the numbering system given in Appendix Five.

Socio-demographic profile of respondents

In all, 136 people responded in the on-line survey or with a questionnaire by post. 123 (90.4%) identified themselves as members of the public. The remaining 13 were comprised of councillors, pharmacists, GPs, NHS and care professionals and council employees. Healthwatch Oxfordshire and NHS England were also among the on-line respondents. Oxfordshire CCG submitted an email.

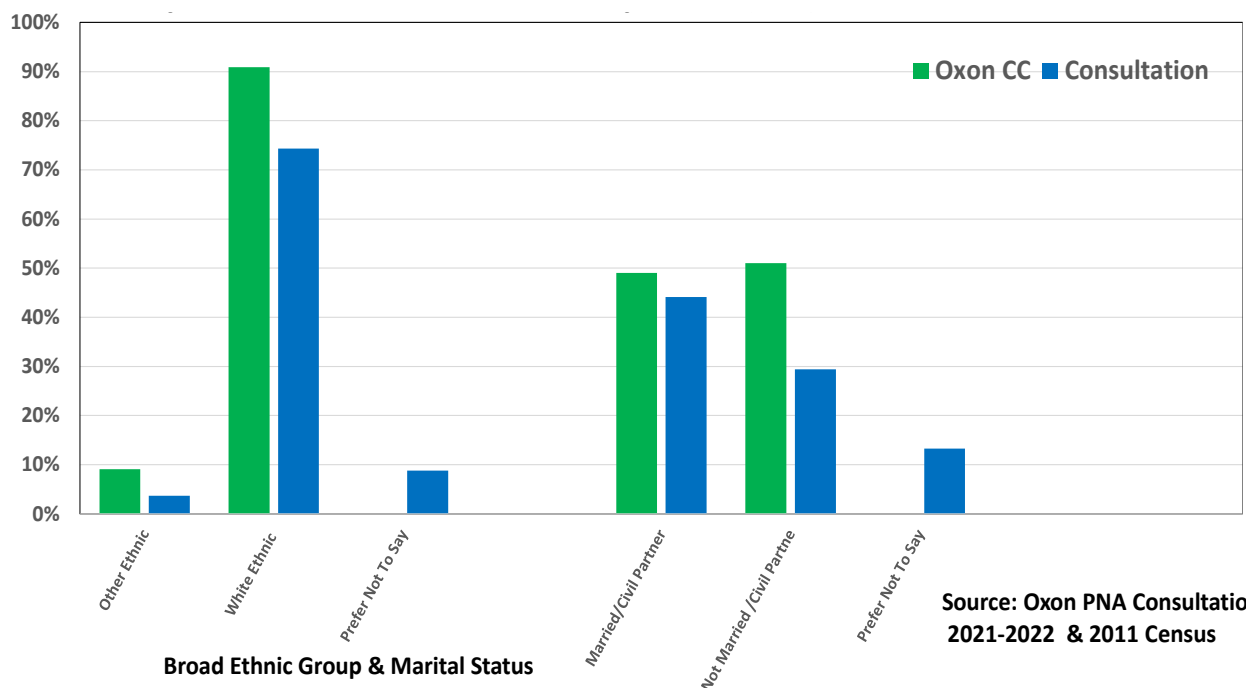
Figure 6. Socio-Demographic characteristics of respondents from the Public in PNA Consultation as compared with overall Oxfordshire Population (Pt 1)



The socio-demographic profile of the respondents was as follows: with regard to gender, 87 were female (64%) and 32 were male (23.5%) with 5 preferring not to say. 9 were aged 16 to 34 years, (6.6%) 13 were aged 35 to 44 years (9.6%), 21 were aged 45 to 54 years (15.4%), 26 were aged 55 to 64 years (19.1%), 35 were aged 65 to 74 years (25.7%) and 16 were aged 75 to 84 years (11.8%) (see Figure 6). Thus, the respondents tended to be older than the Oxfordshire population as a whole, but were probably more representative of the population of pharmacy-users. Males were under-represented. Over half of respondents were aged 55 years or more, while the most frequent age-group was 65 to 74 years.

In terms of ethnicity, 12 people preferred not to say (8.8%), other ethnic groups comprised 3.7%, and White ethnic groups 74.3% (see Figure 7). Although white ethnic groups were not over-represented in the response, neither were people from other groups well-represented.

Figure 7. Socio-Demographic characteristics of respondents from the Public in PNA Consultation as compared with overall Oxfordshire Population (Pt 2)



Asked about being in a marriage or civil partnership, 60 (44.1%) affirmed that they were, while 40 (29.4%) said they were not and 18 (13.2%) preferred not to say. In terms of sexuality 87 (64.0%) said they were heterosexual, with under 5% identifying as Gay/Lesbian/Bisexual or Other and the rest preferring not to say. No respondent reported a different gender identity to the one to which they were assigned at birth.

With regard to religious identification, 45 people were Christian (33.1%), with people of other faiths numbering two, (1.4%), 38 having no religion (28.7%) and 20 (14.7%) preferring not to say.

Most people identified with Oxford City as a locality of interest (100, that is 73.5%) with 12 for South Oxfordshire (8.8%), 12 for West Oxfordshire (8.8%), 4 for all Oxfordshire (3.0%) and the remainder for Cherwell and Vale of White Horse. 11 people reported working in Oxfordshire, as distinct from living in Oxfordshire. The frequency of responses from Oxford City might reflect concern about pharmacy services in the city centre.

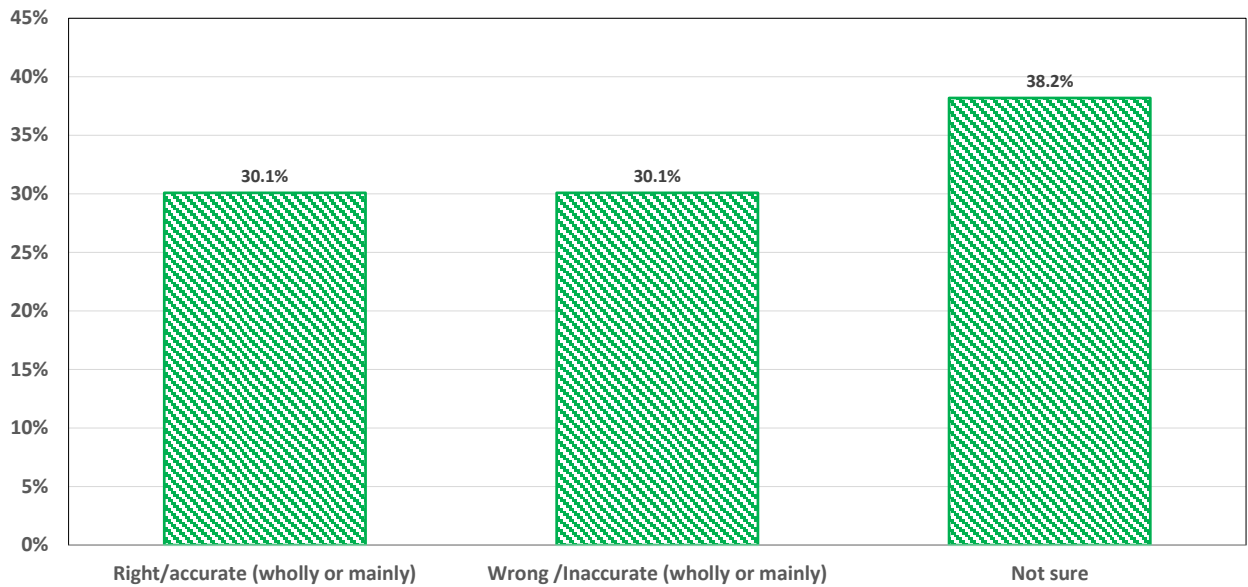
In terms of postcodes, these also showed an emphasis on Oxford City and its environs. The breakdown by postcode was 39 living in OX1, central Oxford and its south west environs (28.9%), 31 living in OX2, north Oxford and its western environs (22.8%), 14 in OX4, the south east part of the city, Rose Hill, Littlemore, Cowley, Iffley (10.3%), 5 in OX11, that is Didcot and its surrounding area, (3.7%), 4 in OX14, Abingdon and its surrounding area (2.9%) and 8 in OX29 the south of the district of West Oxfordshire (5.9%). Small numbers also came from South Oxfordshire to the north of Didcot.

In total 17 people (12.5%) reported a physical or mental disability, the majority being physical disability. Overall, 59 people (43.4%) said they did not have limitations due to health, but 50 (36.8%) said that they were affected a little or a lot by their health issues.

Have we used the right methods? Does the PNA show understanding of health needs and of current pharmacy services In Oxfordshire? (Q5, Q6, Q7).

In total 38.2% of people were not sure whether or not the right methods had been used. Amongst the rest, opinion was evenly spread with 30.1% saying that all or some of the methods that had been used were right. 30.1% said that all or most of the methods were wrong (see Figure 8).

Figure 8. Do you think we have used right methods to create PNA? Response in Consultation

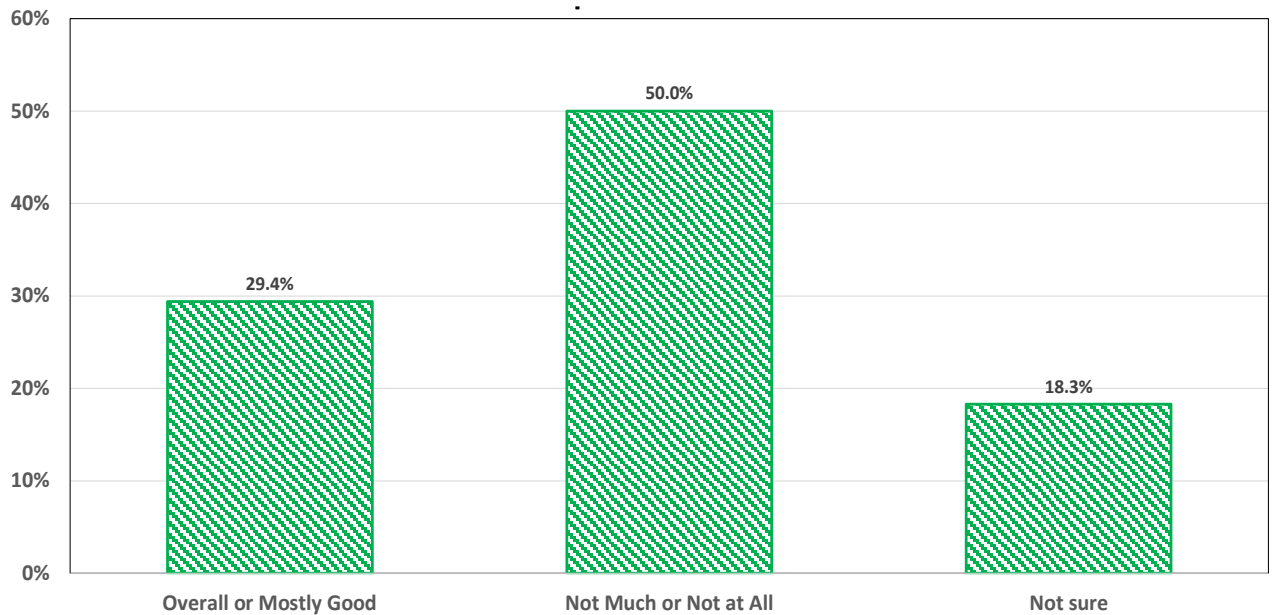


Source: Oxon PNA Consultation 2021/2022

Younger people (aged 54 years or less) tended to take a more negative view of the methods used than older people (aged 55 years or more), respectively 35.7% as compared with 28.9%, saying all or some of the methods were wrong. Conversely more older people took a positive-leaning view of the methods as compared with younger people, respectively 34.2% and 23.8%. (The construction of 95% Confidence Intervals indicated that these differences between the age-groups did not reach statistical significance at the 5% level, though.)

18.3% of people were not sure whether or not the PNA showed a good understanding of the health needs of people in Oxfordshire. 29.4% of people believed that overall or mostly the PNA showed a good understanding, while 50% said that the PNA did not show a good understanding, mostly or not at all (see Figure 9.)

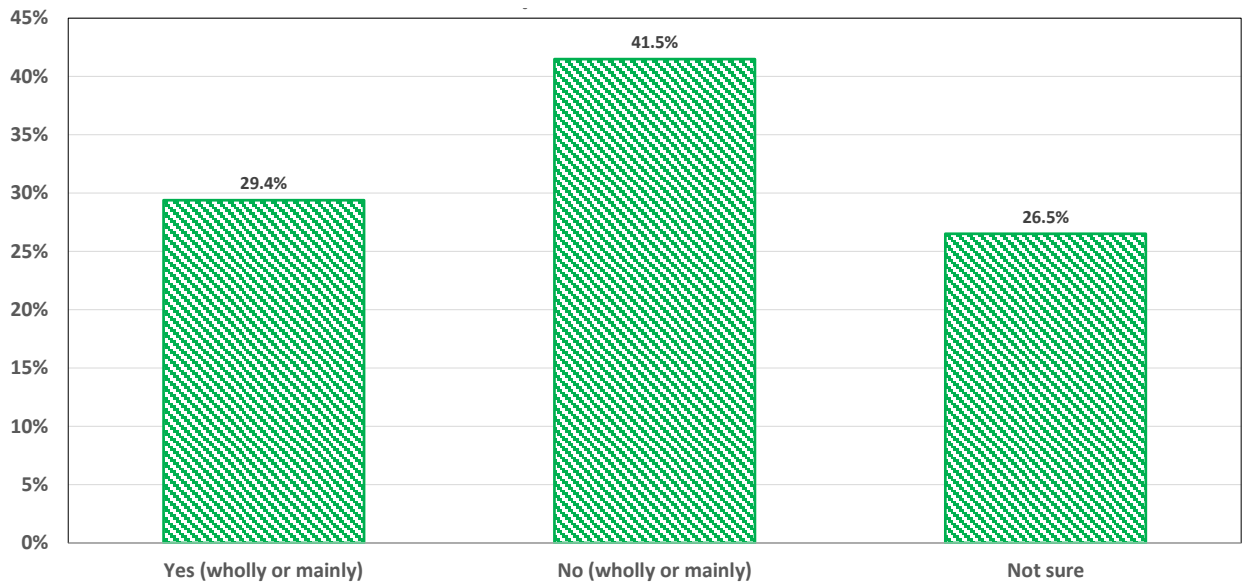
Figure 9. Do you think the PNA shows a good understanding of health and wellbeing in Oxon? Response in Consultation



Source: Oxon PNA Consultation 2021-2022

26.5% were not sure whether or not the PNA gave a good description of the current state of pharmacies, with 29.4% saying overall or mostly it gave a good description, while 41.5% said it did not give a good description, mostly or not at all. (Figure 10.)

Figure 10. Do you think the PNA accurately describes community pharmacies? Response in Consultation

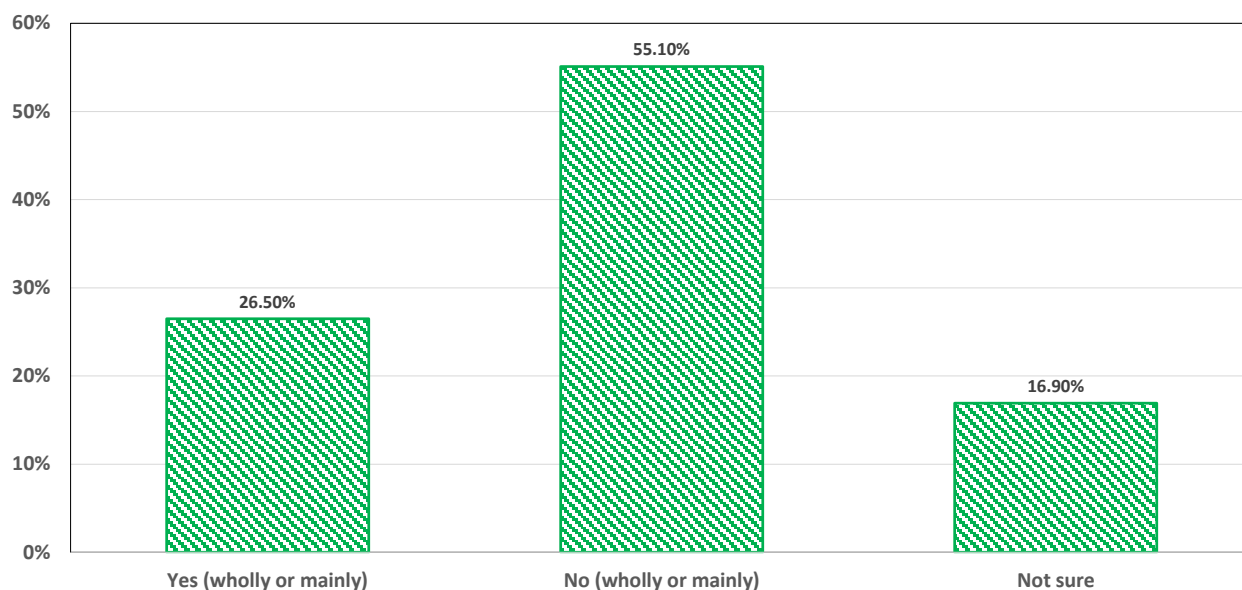


Source: Oxon PNA Consultation 2021/2022

Does the PNA accurately identify gaps in current and future pharmaceutical services in Oxfordshire? (Q8)

16.9% of people were not sure about the identification of gaps. 26.5% felt the identification was accurate overall or mostly accurate. 55.1% felt the identification was not very accurate or not accurate at all (see Figure 11.)

Figure 11. Do you think the PNA accurately identifies gaps? Response in Consultation



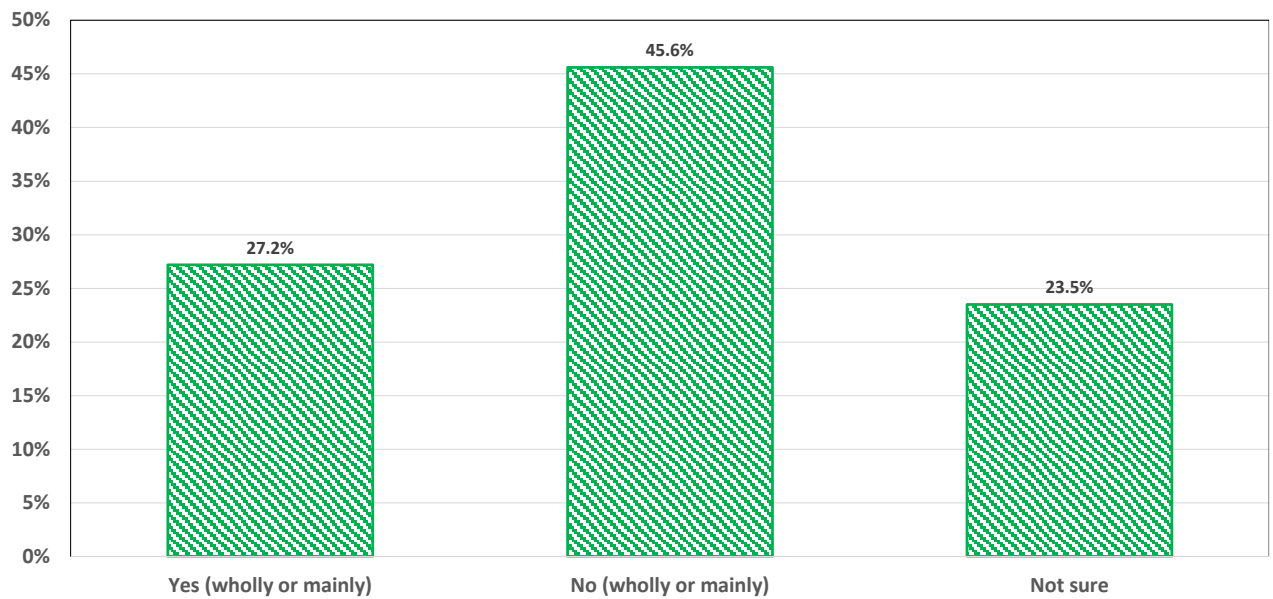
Source: Oxon PNA Consultation 2021/2022

Younger people (aged 54 years or less) tended to take a more negative view of the identification of gaps, than older people (aged 55 years or more), respectively 69% as compared with 53.9%. 28.9% of older people took a more positive view as compared with 16.7% of younger people. (The construction of 95% Confidence Intervals indicated that the differences did not reach statistical significance at the 5% level, though.)

Does the PNA properly highlight other relevant issues and challenges for pharmacy users? (Q9)

23.5% of people were not sure whether or not relevant issues and challenges had been properly highlighted. 27.2% of people judged this aspect of the PNA with a positive response while 45.6% judged it with a negative response (See Figure 12).

Figure 12. Do you think the PNA accurately identifies other issues for customers? Response in consultation



Source: Oxon PNA Consultation 2021/2022

Do you have any comments on Dispensing GPs? (Q10)

A number of respondents addressed this, although some admitted they were not sure what a Dispensing GP actually did. Some people liked the concept in principal, while others felt that pharmacy provision should ensure that there was no need for Dispensing GPs, and that pharmacies should be located near to GP surgeries as a matter of course. One respondent complimented their Dispensing GP. Another person suggested mini-pharmacies should be maintained within each surgery.

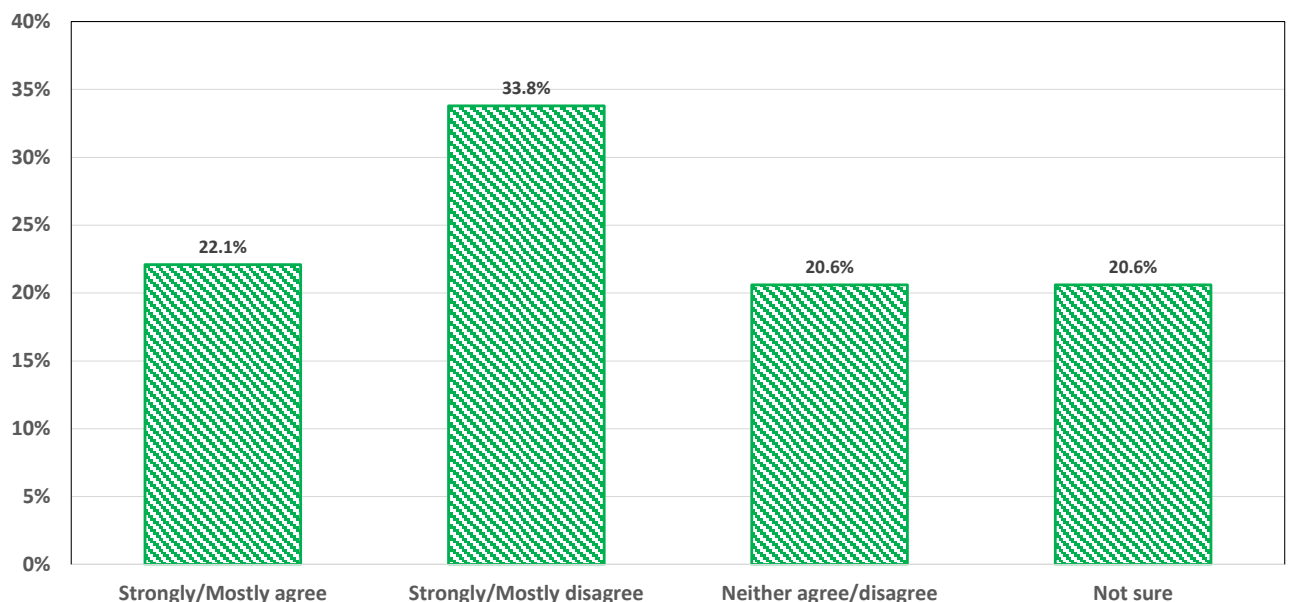
Do you think the PNA gives sufficient information to support commissioners of pharmaceutical services (such as NHS England, the Public Health Team and Oxfordshire CCG)? (Q11 and Q12)

This was more of a technical question about commissioning, the practice of planning, buying and monitoring of services in the public sector. There were many 'I don't know/I am not sure about this.' responses. For example, 41.9% of people were not sure with regard to the Oxford CCG question. 27.9% judged positively on the CCG question, with 26.5% judging negatively. The response was more negative with respect to NHS England with 16.9% saying there was sufficient information for NHS England overall or mostly and with 57.4% saying that overall or mostly there was not sufficient information for NHS England.

Do you agree with the final recommendations of the PNA? (Q13).

There was great uncertainty about the final recommendations. 20.6% of respondents were not sure if they agreed or disagreed with the final recommendations. In addition to this, 20.6% stated as a considered position that they neither agreed nor disagreed with the final recommendations, so over 40% did not have marked views on the recommendations. 22.1% strongly agreed or mostly agreed with the recommendations. 33.8% mostly disagreed or strongly disagreed with the recommendations (see Figure 13.)

Figure 13. Do you agree or disagree with final recommendations in PNA? Response in Consultation



Source: Oxon PNA Consultation 2021/2022

Younger people (aged 54 years or less) tended to take a more negative view of the final recommendations, than older people (aged 55 years or more), respectively 40.5% as compared with 32.4 %. With regard to positive responses, 16.7% of younger people took a positive view, while 21.6% of older people took a positive view. (The construction of 95% Confidence Intervals indicated that the differences did not reach statistical significance at the 5% level, though.)

Comments and Emerging Themes from consultation on the draft PNA: Methods and Handling of Issues

The following is a summary of responses and comments for this heading:

- The methods of the PNA are too broad, too complex and too long for the general public.
- There is too much reliance on Geographical Information Systems (GIS) in the PNA: 'The map is not the territory'.
- The PNA does not allow for new build in Oxfordshire.
- The PNA does not take into account population increases in relatively small settlements in the county which result in increased pressure on the local pharmacies.
- More community intelligence should have been used.
- Online surveys are not good for the elderly and the disabled, so there should have been more emphasis on a postal survey.
- Students could have been better consulted.
- The survey could have been better publicised in pharmacies and surgeries.
- The driving times and walking times used as benchmarks in the PNA are not feasible for some people.
- There is too much emphasis in the PNA on the use of cars in rural areas.
- The PNA should have made more use of the customer surveys routinely undertaken in pharmacies.

- There should have been more emphasis on quality of service, length of queues, disabled access, car parks, waiting times, seating for disabled people, time to dispense medications, number of pharmacy staff, how information is given in different languages, and general experience of pharmacy users.

Response of PNA Authors: *The PNA has to be a comprehensive document for Oxfordshire which is robust enough to be used in commissioning discussions and decisions for three years and this has resulted in its being a long report. To make it more digestible an Executive Summary, Synopsis and easy-read overview have been made available.*

GIS were used to enable a large area, served by over 100 providers within Oxfordshire (and with about as many outside but close to the borders) to be analysed in a relatively brief time. Planning documents from the district councils and Oxford City were used to allow new build housing to be taken into account. However, the PNA is not able to predict the commercial infrastructure of a new build area which is necessary to support a new pharmacy. This is why new pharmacies are not necessarily recommended for every new build area at the planning stage.

We agree that the PNA consultation has relied heavily on an online survey, but this was partly influenced by staff having to work from home due to the pandemic. The survey was well-publicised through press releases, Oxfordshire County Council's website and social media, (the last being good channels for students.)

The public consultation for the draft PNA has, in any case, provided vocal and informative comments from the public which have been most carefully read. There were in all 1,000 visits to the 'Let's Talk Oxfordshire' webpages.

Pandemic conditions have also meant that the routine customer surveys conducted by pharmacies have been curtailed and so up-to-date surveys were not always available for analysis. As a welcome alternative, we made use of the thorough survey conducted by Healthwatch Oxfordshire which is described above. Nevertheless, we agree that future PNAs should increase their focus on local experiences.

We realise that the 20 minutes' walking time used as a benchmark is not achievable by some people, but we had to employ some workable cut-off point, given that it is not possible to provide a pharmacy in every small area. We realise that everyone in the countryside does not own a car, but car ownership is at a relatively high level in rural Oxfordshire. We make a recommendation that further investigation is needed for people in the countryside who may be marginalised in terms of access to all services. That is to say, people who have difficulty accessing pharmacy services in rural areas

are likely to have problems accessing a range of services, and so may need some form of generalised additional support.

Comments and Emerging Themes from the consultation on the draft PNA: General Issues

The following is a summary of responses and comments for this heading:

- Community pharmacies in Oxfordshire are often understaffed.
- Pharmacies do not seem to expand in line with growth in their local population.
- Pharmacy staff are being diverted by Covid duties such as vaccination, even from dispensing emergency prescriptions.
- The waiting times at many pharmacies are too long.
- Pharmacies often lack basic stock.
- Currently pharmacists often do not answer the phone.
- Communication between GPs and pharmacists is often not good leading to greater misunderstandings about medicines and health problems.
- More help from the authorities is needed for small pharmacies as distinct from the large chains.
- Small pharmacies provide continuity and a more personal service.
- Allowance needs to be made for the term-time population in certain areas (i.e. increased numbers of students using pharmacies in term time).
- Students and postgraduates have specific needs which should be addressed.
- Could equipment provided by pharmacists be recycled?

Response of PNA Authors: *These are varied issues, some of which it is difficult to address within the constraints of the PNA, but these points will be reported to NHS England South East who commission pharmaceutical services in Oxfordshire.*

The pandemic has put great pressure on pharmacies which have been unusual in staying open to the public throughout the health emergency. Pharmacies have endeavoured to provide services as usual, in spite of having extra responsibilities, new guidelines to follow and new precautions in place. Pharmacies have also been affected by staff sickness, as have many workplaces during the pandemic.

Comments and Emerging Themes from the consultation on the draft PNA: Specific Localities

85 respondents (62.5%) commented on the situation in the centre of Oxford City. Two of the four emails from the general public also addressed this issue. The following issues were raised:

- There is at present only one pharmacy serving the busy shopping centre of Oxford City, although it is in a central and very convenient location.
- It is used by tourists, by people working nearby, as well as by the local residents.
- It also serves a large student and postgraduate population, so demand is especially high in term-time.
- There are often long queues of sometimes 30 minutes to one hour to reach the pharmacy counter and then a waiting time for the dispensing of medicines.
- Although a large store has advantages for many people, the busy, city-centre atmosphere can be intimidating for people with mental health issues and emotional difficulties.
- A large store, even if conveniently located, is not always a good location for a private consultation.
- Disabled access is difficult as the store has a large ground floor space to traverse and the pharmacy counter itself is on the first floor; lifts and stairs are available, however.

- Many people have mobility issues and/or have to rely on public transport, so the use of the pharmacies located in the nearby suburbs (as an alternative to the city centre), though a convenience for some people, is not a feasible option for them.
- A health centre is due to open in proximity to the existing pharmacy.
- More choice and capacity could be provided by a second pharmacy in Oxford City centre.
- There is a need for more minor ailments and emergency hormonal contraception services in the centre of Oxford.
- Comments were also given about pressure on pharmaceutical services in Didcot following the recent closure of a pharmacy there, by 5 respondents (3.7%).
- Comment was also given about Graven Hill in Bicester: there are plans for the relocation of two Bicester surgeries (four branches) to a new health centre in Graven Hill. Planning permission was given in January 2022. Might this require further assessment and consideration of any local needs?

Response of the PNA Authors: *There was strong support in the survey for improved services and extra capacity in the centre of Oxford City in the form of a second pharmacy. Only one NHS community pharmacy exists in the centre at present, albeit a large one. We have therefore included a special note on this matter in Chapter Seven. Although comments were far fewer about Didcot, we have included a note about possible future need in the Didcot area in Chapter Nine. The new health centre in Graven Hill, Bicester has not yet opened and the exact nature of services to be provided has not yet been specified. The opening of the health centre does not in itself entail any changes in the needs of the population. This is mentioned in Chapter Six.*

5. Taking stock of the public response in the Public Consultation of the Draft PNA

The responses in the Public Consultation have provided us with stimulating reading and food for thought. We feel that the consultation survey as it was conducted (together with the Healthwatch Oxfordshire survey) has enabled the public voice to be heard, and that this complements the more technical methodology used in the PNA to look at the needs of the population. We acknowledge that further consideration should be given in future consultations to reach people who do not routinely communicate by using digital media.

In the future more might also be made of the local customer surveys conducted by individual pharmacies, but this will be easier as the conditions of the pandemic come to an end.

The assessment by respondents of the methods, workings and findings of the PNA (in its draft form) have tended to the negative, although it is also true that many people have said they were not exactly sure how to evaluate the methods, workings and findings of the report. Older people (aged 55 years or more) tended to view these aspects of the draft PNA more favourably than younger people (aged 54 years and younger), although the differences did not reach statistical significance. This might be because of differences in pharmacy usage and in expectations between older people and younger people.

Respondents tended to express a preference for evaluation based on local experiences rather than on population-level assessment. The tendency to the negative mentioned in the preceding paragraph has probably been coloured by this and by particular locality interests. We would point out, however, that population-level assessment is necessary in the planning of all health and care services, as a way of establishing a clear knowledge-base for the health needs assessment process, one that is not based solely particular interest groups. Constraints on resources and pandemic conditions also meant that electronic methods have figured prominently, but these have enabled the PNA to be comprehensive and transparent.

Respondents to the consultation survey generally favoured an expansion in community pharmaceutical services in the county, but this desired expansion has to be viewed in the context of commercial pressures; a community cannot necessarily support more than one pharmacy any more than it can support more than one supermarket or more than one post office. Where pressing problems in specific localities were highlighted by a number of people in the survey, these, of course, have been acknowledged.

In conclusion, we once again thank every individual and organisation who took an interest in the public consultation and we confirm that every single comment submitted has been read and noted.

Chapter Twelve. Discussion and Recommendations

1. Introducing the Discussion and Recommendations

The methods and findings of the Oxfordshire PNA 2022 are summarised in the Executive Summary, and the findings of the Gap Analysis for Oxfordshire overall are also outlined for convenience in a Synopsis in Chapter Five. In the current chapter the strengths and weaknesses of the PNA are reviewed, an exercise that allows an opportunity for more reflection upon the findings of the PNA and the feedback from the public consultation. Recommendations are then made, based both upon the present PNA and also drawing upon the recent Healthwatch Oxfordshire survey of the use of pharmacies.

2. Strengths and Weaknesses of the Oxfordshire PNA

Strengths

(i) The PNA has been conducted with thoroughness.

The work has taken place over the space of 12 months with a dedicated Public Health research officer performing the day-to-day tasks and producing the series of drafts. The research officer has been supported by colleagues in Oxfordshire County Council, Oxfordshire Public Health Team, Oxfordshire CCG and NHS England South East. An interorganisational Steering Group has overseen the work and approved the methods and sequence of drafts. A clear set of *a priori* criteria were decided upon and used in the analyses.

(ii) The PNA has been conducted with attention to local detail.

The NHS SHAPE tool and NHS England data sources, plus planning information from the district and city councils of Oxfordshire have meant that a full picture of the settings of pharmacies within the geography and demography of Oxfordshire has been constructed both for the present and for the future to 2025. The assessments have involved measuring access to pharmacies down to street level across Oxfordshire and areas that are possible exceptions to the criteria have all been documented in the PNA. This exercise has also involved ascertaining precisely where new housing would be located and assessing, as far as is possible, the future access of the residents to pharmacies. Additionally, locally commissioned services have been documented and commented upon.

(iii) The PNA has been conducted collaboratively and with transparency.

After the Steering Group fully agreed upon a draft of the PNA, the latter was submitted to public and professional scrutiny. Full consultation took place mainly by means of a website over 60 days. Public and professionals were alerted by emails, press releases and social media and invited to offer critical comments and suggestions. All

pharmacies and dispensing General Practices in Oxfordshire, (all of which had been documented within the PNA) were contacted and invited to comment on factual content and interpretation. Provision was made for people who required access to hard copies of the draft PNA and of the questionnaire.

Weaknesses

(i) The technology used in the PNA is good, but has limitations.

The power of Geographical Information Systems has been a vital part of the PNA. GIS has meant that maps down to street level could be reviewed for all settlements and dwellings across the county of Oxfordshire. This meant that the location and proximity of pharmacies to communities could be assessed for the entire population of the county. However, some problems with access might only become apparent with the help of local knowledge. For example, access to a nearby pharmacy might entail crossing a busy main road or the use of a footbridge or underpass; all of these might be a deterrent to older people or people with limited mobility. Likewise, standard GIS do not show whether disabled parking is available in the vicinity of pharmacies, or any other issues with a pedestrian route (such as narrow, uneven or crowded pavements.) It is hoped that the public consultation has offered the remedy to this, as members of the professional communities and of the public have been given the opportunity to raise such issues.

(ii) The walking times and public transport times reported in the PNA might be too optimistic.

The calculation of travel times through NHS SHAPE gives useful generalisations of how accessible pharmacies are. The findings of the PNA are broadly in accord with a key research paper from 2015 by Todd and colleagues which found that most areas in England are well provided for with pharmacies:⁸⁰

‘Overall, 89.2% of the population (of England) is estimated to have access to a community pharmacy within 20 minutes’ walk. For urban areas, that is 98.3% of the population, for town and fringe, 79.9% of the population, while for rural areas, 18.9% of the population. For areas of lowest deprivation.....90.2% of the population have access to a community pharmacy within 20 minutes’ walk, compared to 99.8% in areas of highest deprivation.....Our study shows that the majority of the population can access a community pharmacy within 20 minutes’ walk and crucially, access is greater in areas of highest deprivation.’

In the present PNA, the focus has been on public transport times as well as walking times. For Oxfordshire as a whole (urban and rural areas) about 89% of the resident population is estimated to be within travelling time of 20 minutes by public transport to

⁸⁰ Todd A, Copeland A, Husband A, et al. 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;4:e005764. doi:10.1136/bmjopen-2014-005764

a community pharmacy. This varies by locality with 20 minutes travelling time for 81% of people in Cherwell, 100% of people in Oxford City, 84% of people in South Oxfordshire, 89% of people in Vale of White Horse and 86% of people in West Oxfordshire. However, these must be regarded as theoretical and technical estimates, which will vary according to the ages and abilities of different people. These estimates are probably at their most reliable and useful for urban settings. With regard to rural settings, however, they do not take full account of the convenience or inconvenience of the rural bus timetable, (e.g. the frequency of services, or having to change buses). Neither do these estimates allow for different levels of ability in actually reaching a bus stop on foot in a country setting which may involve walking on a grass verge of a road or on the side of a road which does not have a pavement or a negotiable verge.

Although they are encouraging, for rural areas these figures must therefore be regarded as estimates at the most favourable end of the range. Because factors such as these were anticipated for the countryside, the PNA focused on driving times in rural areas as its main criterion, and allowance was also made for villages with low car ownership. Many respondents in the consultation pointed out the limitations of walking and driving times, but it was necessary to use benchmarking of this kind in such a wide-ranging assessment.

(iii) The PNA does not measure overall satisfaction of customers with the pharmaceutical services.

There was not capacity for detailed consideration of customer satisfaction with individual pharmacies in the PNA, but a relevant survey had recently been undertaken by Healthwatch Oxfordshire⁸¹ and the PNA public consultation allowed for a variety of responses. Individual pharmacies undertake their own customer surveys, although due to the pandemic most pharmacies have not conducted a survey recently. A future PNA in Oxfordshire could involve work to collate local pharmacy surveys which could then contribute directly to the PNA process.

Yet the Healthwatch Oxfordshire survey did spotlight a number of important issues which should be borne in mind:

- During the pandemic, using a pharmacy was sometimes more difficult because of the need to queue, the need to maintain social distancing and due to changed opening times.
- During the pandemic there was anxiety or stress at needing to go out to the pharmacist and that social distancing was not always adhered to by customers.
- There were delays in getting medicines and sometimes medicines were out of stock.

⁸¹ Healthwatch Oxfordshire: Experience of using pharmacists in Oxfordshire 2020 Report to Commissioners, Thames Valley Pharmaceutical Association and Oxfordshire Pharmacies. May 2021.

- With regard to repeat prescriptions, 5% of people in the survey reported medication was 'never ready on time', long waits and multiple visits. Other problems were reported including 9% of people mentioning receiving the wrong medication.
- 52% of people sometimes asked the pharmacy for advice; 30% never used the pharmacy for advice.
- People are not always clear who they are talking to (a shop assistant or pharmacist) and often sense that staff are too busy to talk.

When asked to judge the methods and workings of the whole of the draft PNA, respondents in the public consultation tended to report negative judgements, but this was often coloured by their interest in problems in a particular locale, which they felt the PNA had not addressed satisfactorily. The PNA has had to encompass needs and services in the whole of Oxfordshire and the consultation has been the opportunity for people to add local insight to this.

(iv) The PNA provides a health profile of the population, but this is not always matched in a precise way to pharmacy services.

More subtle techniques might be required in the future. Some pharmacies might need to be more physically proximate for an older population, for example.. This fine tuning might perhaps be carried out in tandem with the consumer surveys that pharmacies undertake.

However, deprived areas in Oxfordshire, which experience relatively poor standards of health, seem to be well-served in terms of the location of pharmacies; allied to this, the public health and preventive dimension of pharmacy services is a basic requirement mandated by NHS England for all community pharmacies. Future Public Health work might take a health topic such as diabetes and enquire whether pharmacies in an area with a high rate of diabetes, for example, are especially attuned to this health issue. The coverage of the New Medicine Service (NMS) across Oxfordshire is very good, with only a few pharmacies not providing this service.

About 95% of pharmacies in the Thames Valley area have contracted into the Community Pharmacist Consultation Service (CPCS), though activity in Oxfordshire is moderate. For example, in April 2021, 55 pharmacies claimed fees for this service in respect of 391 patients. There are targets in place to increase the use of this service.

(v) Locally commissioned services might have been more precisely evaluated.

Locally commissioned services will need to be more precisely evaluated in the future. Minor ailments schemes are targeted according to the needs of the population, but keener methods might be required to see that emergency hormonal contraception

services are being provided in the right areas and are fully accessible in the sense of women knowing that a discreet, reliable, responsive service is running in their local pharmacy.

(vi) The population growth estimates for Oxfordshire might not be reliable.

One hazard of working with projections of populations and of new build housing is that the new build might happen later than planned or might not materialise at all. It is possible that this might happen due to the pandemic. Circumstances might vary between different areas and so the picture of an Oxfordshire in the near future given in the PNA could turn out to be a skewed one. This is a problem in planning any service. In the case of pharmacies, decisions about openings, relocations and changing of hours, are made after review by NHS England, taking all currently available evidence into account, so there is an opportunity for any delays in building (or conceivably building ahead of schedule) to be factored in at that point.

(vii) The PNA could have devoted more space to the accessing and delivery of medicines.

The PNA has reported on the general accessibility of pharmacies at present and in the future by means of car, public transport and travel on foot. In these terms Oxfordshire appears to be well-covered, particularly since car ownership is at a high level in rural areas, and public transport networks cover all urban areas well.

Extra intelligence has been provided by the Healthwatch Survey. In all, 47% of all respondents reported that they accessed their pharmacy by walking to the pharmacy local to their homes. 49% of all respondents said they reached their pharmacist by car. Thus, use of public transport was not frequent, although the survey might have been biased towards more affluent and educated people who do not routinely look to public transport as an option. Some respondents described having to take two buses or a bus journey that took one to two hours; also parking facilities near the pharmacy were sometimes not suitable for disabled people. For some access to pharmacies was a challenge for a range of reasons, including issues of physical access, time, caring responsibilities, mental health and disability.

Generally, people noted in the Healthwatch Survey that it was possible to arrange deliveries of prescriptions, if necessary, or they were reliant on friends and family, although this was not an option available to all. Some respondents said that they ordered repeat prescriptions. The majority (57%) ordered online, although 28% either ordered in person at their pharmacy or through their GP.

Thus, the assembled intelligence, though encouraging, leaves open the possibility that there might be a minority of people in Oxfordshire who experience ongoing difficulties in obtaining the medicines they need. This is probably due to poor public transport links, or difficulties in physically accessing the pharmacy (perhaps because of lack of parking spaces or poor disabled access), or lack of family or friends to obtain the medicines or problems using on-line services.

It would be difficult in a general PNA to pinpoint exactly where these people live and in a county with large rural expanses it is probable that these people would be found spread out across the county, rather than concentrated in a few areas; it is conceivable that investigation at Output Area level (i.e. below LSOA level) would be required to map them. An appropriate method would be to undertake a general survey to identify people in rural areas who are 'off the radar' in routine statistical profiles and so who might be generally disadvantaged with regard to accessing a range of health, social and civic services. Such a survey may need to have an urban counterpart, although physical distance itself may be a less frequent problem in obtaining medicines in urban areas.

3. Recommendations

The PNA Steering Group recommends the following to the Oxfordshire Health and Well Being Board and its partners, including NHS England South East:

Recommendations relating to possible needs and gaps

(i) It should be noted that the PNA has not identified any gaps in general access in the present situation in Oxfordshire and in the expected situation in Oxfordshire to 2025, that is during the lifetime of the current PNA.

(ii) It should be noted that NHS Resolution has adjudicated that a new pharmacy can be opened in Upper Heyford in Cherwell.

(iii) Special note should be made of the situation in the centre of Oxford City, where there is at present one large pharmacy and the public have identified a need for service improvement and extra choice. An additional pharmacy in the centre could meet this need. The Steering Group recommends 48 core hours and 15 supplementary hours for a second pharmacy, to include opening on Monday to Saturdays and six hours on Sundays. Core and supplementary hours are set out in Table 34 in Appendix Six. A zone recommended by the Steering Group wherein a second pharmacy should be located is given as Map 15 in Appendix Six.

(iv) It should be noted that the Valley Park housing development, west of Didcot, part of the Didcot conurbation and in Vale of White Horse, may have a future need, after the building is completed and as the community matures, beyond the lifetime of the current PNA.

Recommendations adopted from the Healthwatch Survey

Pharmacists and commissioners should:

(v) Promote to local residents the pharmacist's role in support of minor conditions, advice, and prevention along with specialist commissioned roles.

(vi) Provide clear information in the pharmacy about the role, qualification, and expertise of pharmacists to provide information and support, and also clearly signpost pharmacist personnel within staff teams at pharmacies, and publicise availability of confidential space. They should actively encourage the public to 'ask your pharmacist'.

(vii) Address issues highlighted with repeat prescriptions including delays, medication errors, and reliability of the service.

Recommendations relating to the PNA Process

(viii) Future PNA work should aim to make a greater use of customer surveys undertaken by community pharmacies. A future PNA in Oxfordshire could involve work

with Pharmacy Thames Valley and NHS England to collate local pharmacy surveys which could then contribute directly to the PNA process.

(ix) Future PNAs (and other related work) would benefit from more precise techniques to evaluate the needs of the population at a local level.. As per recommendation above, the use of local customer surveys has a role to play in this. More attention should be paid to practical issues faced when using pharmacies, as that is the day-to-day experience of pharmacy users, and efforts must be made to reach people who cannot respond to surveys on-line. Also, a health topic such as diabetes could be chosen and given special investigation.

(x) Locally commissioned pharmaceutical services, such as those funded by the Local Authority, would benefit from specific evaluation within the usual commissioning cycle for these services.

(xi) A small number of people in Oxfordshire might be having routine difficulties in obtaining medicines and the pharmaceutical services that accompany them. This may be because of factors such as rurality, mobility and so. Such individuals are unlikely to experience this only for pharmaceutical services, but might be generally disadvantaged with regard to accessing a number of health, social and civic services. Understanding and addressing these issues of access could be the focus of future work of Health and Wellbeing Board partners.

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Select Glossary

AUR	Appliance Use Review
BBV	Blood Borne Virus(es)
BOB ICS	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCS	Community Pharmacist Consultation Scheme
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DPH	Director of Public Health
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal contraception
ePACT	Electronic Prescribing Analysis and Cost Tool
GPhC	General Pharmaceutical Council
GP	General Practice / Practitioner
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LCS	Locally Commissioned Service
LTC	Long Term Condition
LSOAs	Lower Super Output Areas
MSOAs	Middle Super Output Areas
MUR	Medicines Use Review
NRT	Nicotine Replacement Therapy
NHS E	NHS England
NMS	New Medicines Service
OCC	Oxfordshire County Council
OCCG	Oxfordshire Clinical Commissioning Group
OHFT	Oxford Health NHS Foundation Trust
ONS	Office for National Statistics
OS	Ordnance Survey
OTC	Over the Counter (Medicines)
OUH	Oxford University Hospitals NHS Foundation Trust
PCT	Primary Care Trust
PH	Public Health
PHE	Public Health England
PhIF	Pharmacy Integration Fund
PCN	Primary Care Network
PNA	Pharmaceutical Needs Assessment

PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality Outcomes Framework
STP	Sustainability and Transformation Partnership
SAC	Stoma Appliance Customisation
SCAS	South Central Ambulance Service
TIA	Transient Ischaemic Attack/Mini stroke
UTI	Urinary Tract Infection

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Appendix One: Members of the PNA Steering Group

Val Messenger, Deputy Director of Public Health, Oxfordshire CC (Chair to 01.10.21)

David Munday, Consultant in Public Health, Oxfordshire CC (Chair from 01.10.21)

Chris Bartlett, Public Health, Oxfordshire CC (PNA writer, Steering Group Secretary)

Marian Basra, NHS England South-East

Ross Burton, Medicines Optimisation, Oxfordshire CCG

Fergus Campbell, Primary Care Team, Oxfordshire CCG

Ellie Cripps, NHS England South-East

David Dean, Chief Executive, Pharmacy Thames Valley/Local Pharmaceutical Committee

Philippa Dent, Public Health, Oxfordshire CC

Margaret Melling, Research Officer, Oxfordshire CC

Rosie Rowe, Public Health, Oxfordshire CC

Sara Wilds, Oxfordshire CCG

Appendix Two

Community Pharmacies within 2 miles and 5 miles of the Oxfordshire county border

Table 32. Community pharmacies with physical premises within a 2 mile/3.2 km buffer zone plotted from the Oxfordshire County border, derived from NHS SHAPE.

Shrivenham pharmacy also included and shown. These 50 pharmacies are displayed in the following table by CCG order and then NHS Code order. All these also feature in the 5 mile table below. (14.12.21).

CCG	NHS Code	Name	Postcode
BANES, Swindon, Wilts	FKE91	Shrivenham Pharmacy	SN6 8AA
BANES, Swindon, Wilts	FKW39	Home Farm Pharmacy	SN6 7DN
BANES, Swindon, Wilts	FM750	Highworth Pharmacy	SN6 7AA
Buckinghamshire	FGP02	Jmw Vicary Ltd	HP17 8JX
Buckinghamshire	FXJ86	Rowlands Pharmacy	HP14 3TA
Gloucestershire	FC162	The Pharmacy, Moreton-in-Marsh	GL56 0AL
Gloucestershire	FHA63	Lechlade Pharmacy	GL7 3AA
Gloucestershire	FQ451	Badham Pharmacy Limited	GL54 2FL
Northamptonshire	FA449	Middleton Cheney Pharmacy	OX17 2PD
Northamptonshire	FN476	Boots	NN13 7DP
Northamptonshire	FW295	Lowick Ltd	NN13 6QZ
West Berkshire	FA288	Erleigh Road Pharmacy	RG1 5NN
West Berkshire	FA368	Tesco Instore Pharmacy	RG30 1AH
West Berkshire	FA597	Markand Pharmacy	RG4 6DH
West Berkshire	FAE42	The Reading Pharmacy	RG6 1LN
West Berkshire	FCT83	Lloyds Pharmacy	RG8 7AQ
West Berkshire	FDP58	Fourways Pharmacy	RG1 3NX
West Berkshire	FDT21	Boots The Chemist	RG1 2AE

West Berkshire	FDX71	Triangle Pharmacy	RG31 5AW
West Berkshire	FE270	Whitley 277 Pharmacy	RG2 0JA
West Berkshire	FE816	Boots The Chemist	RG1 1LT
West Berkshire	FEK05	Lloyds Pharmacy	RG2 0AR
West Berkshire	FEV57	Fields Pharmacy	RG10 9AN
West Berkshire	FEX35	Boots The Chemist	RG4 8BA
West Berkshire	FEX81	Orange Pharmacy	RG1 3NY
West Berkshire	FF110	Lloyds Pharmacy	RG30 6BW
West Berkshire	FFR18	Lloyds Pharmacy	RG10 8AE
West Berkshire	FFY65	Boots The Chemist	RG1 2AH
West Berkshire	FGD71	Basingstoke Road Pharmacy	RG2 0ER
West Berkshire	FGF17	Tilehurst Pharmacy	RG31 5AR
West Berkshire	FGX83	Superdrug Pharmacy	RG1 2AF
West Berkshire	FHF90	Southcote Pharmacy	RG30 3QN
West Berkshire	FHT00	Fittleworth Medical Ltd	RG10 9TU
West Berkshire	FKE74	Newdays Pharmacy	RG10 9EH
West Berkshire	FLD94	Boots The Chemist	RG5 3JP
West Berkshire	FLK26	Saood Pharmacy	RG1 7LL
West Berkshire	FLR49	Newdays Pharmacy	RG1 6DJ
West Berkshire	FM678	Overdown Pharmacy	RG31 6PR
West Berkshire	FMJ89	Caversham Pharmacy	RG4 7SS
West Berkshire	FMW33	Western Elms Pharmacy	RG30 1AY
West Berkshire	FNE16	Your Local Boots Pharmacy	RG6 7NZ
West Berkshire	FNR10	Boots The Chemist	RG30 4AA
West Berkshire	FP393	Lloyds Pharmacy	RG5 3LX
West Berkshire	FPA84	Day Lewis Pharmacy	RG5 4UX
West Berkshire	FPG88	Tesco Instore Pharmacy	RG1 8DF
West Berkshire	FQD26	Grovelands Pharmacy	RG30 2NY
West Berkshire	FQP38	Oxford Road Pharmacy	RG30 1AD
West Berkshire	FT293	Asda Pharmacy	RG30 4EL

West Berkshire	FTX84	Day Lewis Pharmacy	RG10 9EH
West Berkshire	FW067	Christchurch Rd Pharmacy	RG2 7AZ

Table 33. Community pharmacies with physical premises within a 5 mile/8 km buffer zone plotted from the Oxfordshire border, derived from NHS SHAPE.

Shrivenham pharmacy also included and shown. These 103 pharmacies are displayed in the following table by CCG order and then in NHS Code order. (14.12.21).

CCG	NHS Code	Name	Postcode
BANES, Swindon, Wilts	FA863	Rowlands Pharmacy	SN1 5HG
BANES, Swindon, Wilts	FCP66	Swindon Health Centre Pharmacy Ltd	SN1 2DQ
BANES, Swindon, Wilts	FDL80	Rowlands Pharmacy	SN3 3FS
BANES, Swindon, Wilts	FGJ20	Homeground Care	SN2 2PJ
BANES, Swindon, Wilts	FH416	Jhoots Pharmacy	SN1 3DF
BANES, Swindon, Wilts	FJH00	Tesco in-Store Pharmacy	SN1 2EH
BANES, Swindon, Wilts	FJJ49	Rowlands Pharmacy	SN3 2RJ
BANES, Swindon, Wilts	FJQ81	Boots UK Limited	SN3 3SG
BANES, Swindon, Wilts	FKE91	Shrivenham Pharmacy	SN6 8AA
BANES, Swindon, Wilts	FKV98	Hawthorne Pharmacy	SN2 1AE
BANES, Swindon, Wilts	FKW39	Home Farm Pharmacy	SN6 7DN
BANES, Swindon, Wilts	FKW51	The Pharmacy	SN1 5PL
BANES, Swindon, Wilts	FL386	Avicenna Pharmacy	SN3 1JE
BANES, Swindon, Wilts	FLP67	Lloyds Pharmacy	SN3 5AA
BANES, Swindon, Wilts	FM750	Highworth Pharmacy	SN6 7AA
BANES, Swindon, Wilts	FNJ84	Your Local Boots Pharmacy	SN2 5HN
BANES, Swindon, Wilts	FQR16	Cohens Chemist	SN25 4YX
BANES, Swindon, Wilts	FRD99	Boots UK Limited	SN1 1LF
BANES, Swindon, Wilts	FRG47	Lloyds Pharmacy	SN3 4BF
BANES, Swindon, Wilts	FRN86	Lloyds Pharmacy	SN2 1AJ
BANES, Swindon, Wilts	FTF64	Asda Pharmacy	SN25 4BG
BANES, Swindon, Wilts	FV354	Boots UK Limited	SN1 4AN
BANES, Swindon, Wilts	FVE09	Lloyds Pharmacy	SN3 2GD
BANES, Swindon, Wilts	FWF24	Swindon Pharmacy	SN2 1UU

BANES, Swindon, Wilts	FWH29	Rowlands Pharmacy	SN1 3EG
BANES, Swindon, Wilts	FYN10	Rowlands Pharmacy	SN3 3TQ
Buckinghamshire	FDQ92	Rowlands Pharmacy	HP27 0AW
Buckinghamshire	FF738	Lane End Pharmacy	HP14 3JF
Buckinghamshire	FGP02	Jmw Vicary Ltd	HP17 8JX
Buckinghamshire	FM764	Jardines Pharmacy	MK18 1JX
Buckinghamshire	FPR51	Lloyds Pharmacy	HP27 0AX
Buckinghamshire	FQL47	Boots The Chemist	MK18 1JX
Buckinghamshire	FRH27	Jardines Pharmacy	MK18 1RS
Buckinghamshire	FRM97	Downley Pharmacy	HP13 5UW
Buckinghamshire	FWC97	Lloyds Pharmacy	HP27 0AX
Buckinghamshire	FWH43	Instore Pharmacy - Tesco Stores Limited	MK18 1AB
Buckinghamshire	FXJ86	Rowlands Pharmacy	HP14 3TA
Frimley	FA433	Woodland Park Pharmacy	SL6 3NH
Gloucestershire	FC162	The Pharmacy, Moreton-in-Marsh	GL56 0AL
Gloucestershire	FHA63	Lechlade Pharmacy	GL7 3AA
Gloucestershire	FQ451	Badham Pharmacy Limited	GL54 2FL
Gloucestershire	FRQ45	Your Local Boots Pharmacy	GL7 4AB
Gloucestershire	FWR99	Rowlands Pharmacy	GL54 2AN
Gloucestershire	FYE05	Badham Pharmacy	GL54 1BQ
Northamptonshire	FA449	Middleton Cheney Pharmacy	OX17 2PD
Northamptonshire	FN476	Boots	NN13 7DP
Northamptonshire	FRX60	Popson Chemist	NN11 3RB
Northamptonshire	FW295	Lowick Ltd	NN13 6QZ
Northamptonshire	FWV22	Lark Rise Pharmacy	NN13 6JR
South Warwickshire	FL438	Kineton Pharmacy	CV35 0HN
West Berkshire	FA288	Erleigh Road Pharmacy	RG1 5NN
West Berkshire	FA368	Tesco Instore Pharmacy	RG30 1AH
West Berkshire	FA448	Asda Pharmacy	RG6 5TT
West Berkshire	FA593	Shinfield Pharmacy	RG2 9EH

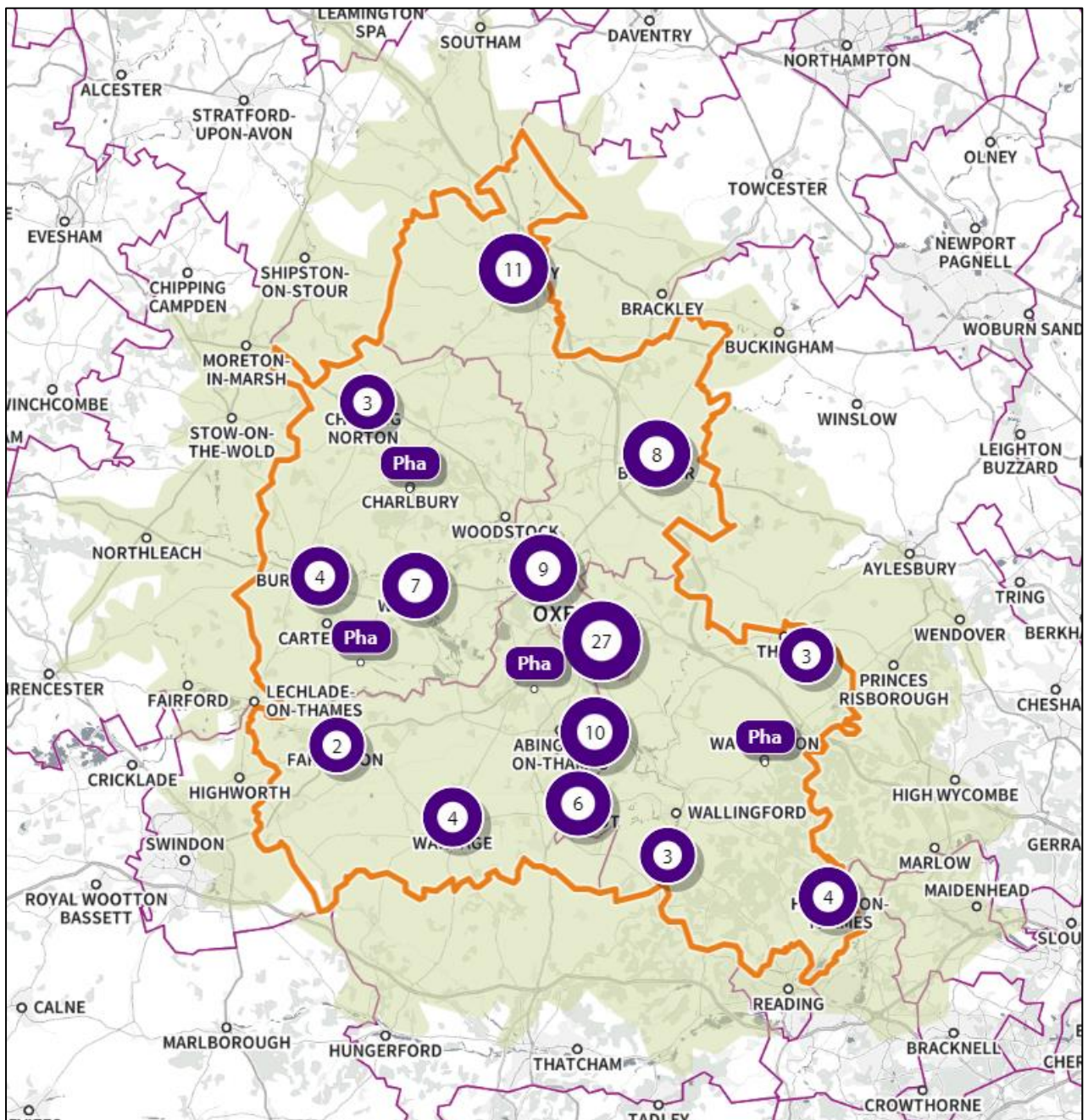
West Berkshire	FA597	Markand Pharmacy	RG4 6DH
West Berkshire	FAE42	The Reading Pharmacy	RG6 1LN
West Berkshire	FCT83	Lloyds Pharmacy	RG8 7AQ
West Berkshire	FDP58	Fourways Pharmacy	RG1 3NX
West Berkshire	FDT21	Boots The Chemist	RG1 2AE
West Berkshire	FDX71	Triangle Pharmacy	RG31 5AW
West Berkshire	FE270	Whitley 277 Pharmacy	RG2 0JA
West Berkshire	FE713	Lloyds Pharmacy	RG41 5AR
West Berkshire	FE816	Boots The Chemist	RG1 1LT
West Berkshire	FEJ88	Lloyds Pharmacy	RG31 7SA
West Berkshire	FEK05	Lloyds Pharmacy	RG2 0AR
West Berkshire	FEV57	Fields Pharmacy	RG10 9AN
West Berkshire	FEX35	Boots The Chemist	RG4 8BA
West Berkshire	FEX81	Orange Pharmacy	RG1 3NY
West Berkshire	FF110	Lloyds Pharmacy	RG30 6BW
West Berkshire	FFR18	Lloyds Pharmacy	RG10 8AE
West Berkshire	FFY65	Boots The Chemist	RG1 2AH
West Berkshire	FG634	Day Lewis Pharmacy	RG7 1AA
West Berkshire	FGD71	Basingstoke Road Pharmacy	RG2 0ER
West Berkshire	FGF17	Tilehurst Pharmacy	RG31 5AR
West Berkshire	FGV18	Morrisons Pharmacy	RG41 3SW
West Berkshire	FGX83	Superdrug Pharmacy	RG1 2AF
West Berkshire	FHF90	Southcote Pharmacy	RG30 3QN
West Berkshire	FHJ96	Day Lewis Rankin Pharmacy	RG6 3HD
West Berkshire	FHT00	Fittleworth Medical Ltd	RG10 9TU
West Berkshire	FKE74	Newdays Pharmacy	RG10 9EH
West Berkshire	FLD94	Boots The Chemist	RG5 3JP
West Berkshire	FLG15	Whitley Wood Pharmacy	RG2 8NY
West Berkshire	FLK26	Saood Pharmacy	RG1 7LL
West Berkshire	FLR49	Newdays Pharmacy	RG1 6DJ

West Berkshire	FM678	Overdown Pharmacy	RG31 6PR
West Berkshire	FMJ89	Caversham Pharmacy	RG4 7SS
West Berkshire	FMP97	Kamsons Pharmacy	RG7 5AH
West Berkshire	FMV40	Fittleworth Medical Limited	RG2 8LW
West Berkshire	FMW33	Western Elms Pharmacy	RG30 1AY
West Berkshire	FNE16	Your Local Boots Pharmacy	RG6 7NZ
West Berkshire	FNR10	Boots The Chemist	RG30 4AA
West Berkshire	FP393	Lloyds Pharmacy	RG5 3LX
West Berkshire	FPA84	Day Lewis Pharmacy	RG5 4UX
West Berkshire	FPG88	Tesco Instore Pharmacy	RG1 8DF
West Berkshire	FQD26	Grovelands Pharmacy	RG30 2NY
West Berkshire	FQP38	Oxford Road Pharmacy	RG30 1AD
West Berkshire	FRP45	Vantage Chemist	RG2 8HD
West Berkshire	FT063	Lambourn Pharmacy	RG17 8XY
West Berkshire	FT293	Asda Pharmacy	RG30 4EL
West Berkshire	FT878	Lloyds Pharmacy	RG4 8XU
West Berkshire	FTX84	Day Lewis Pharmacy	RG10 9EH
West Berkshire	FW067	Christchurch Rd Pharmacy	RG2 7AZ
West Berkshire	FY485	Your Local Boots Pharmacy	RG6 5GA

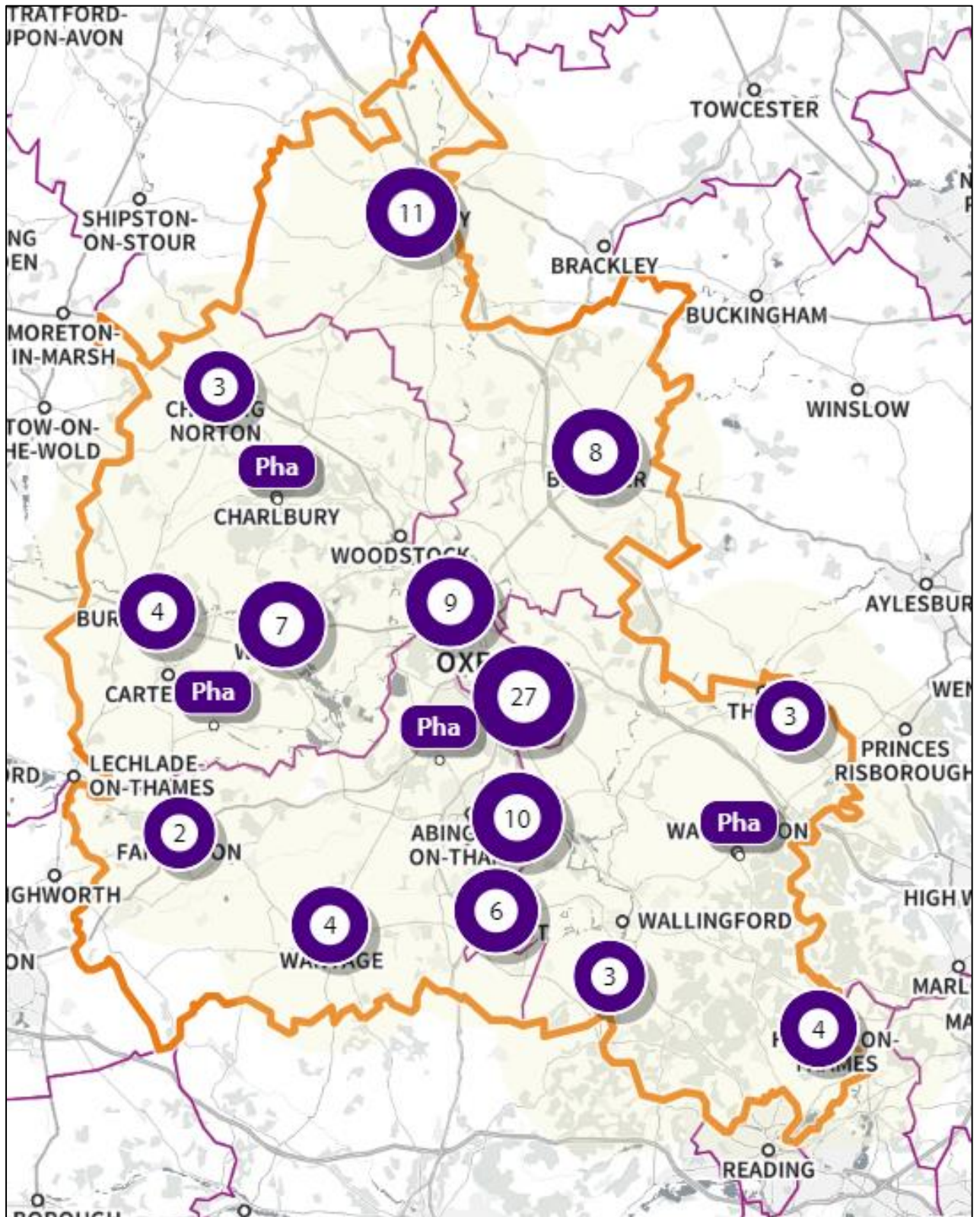
Appendix Three

Drive time, five miles radius and Public transport time maps from the NHS SHAPE tool

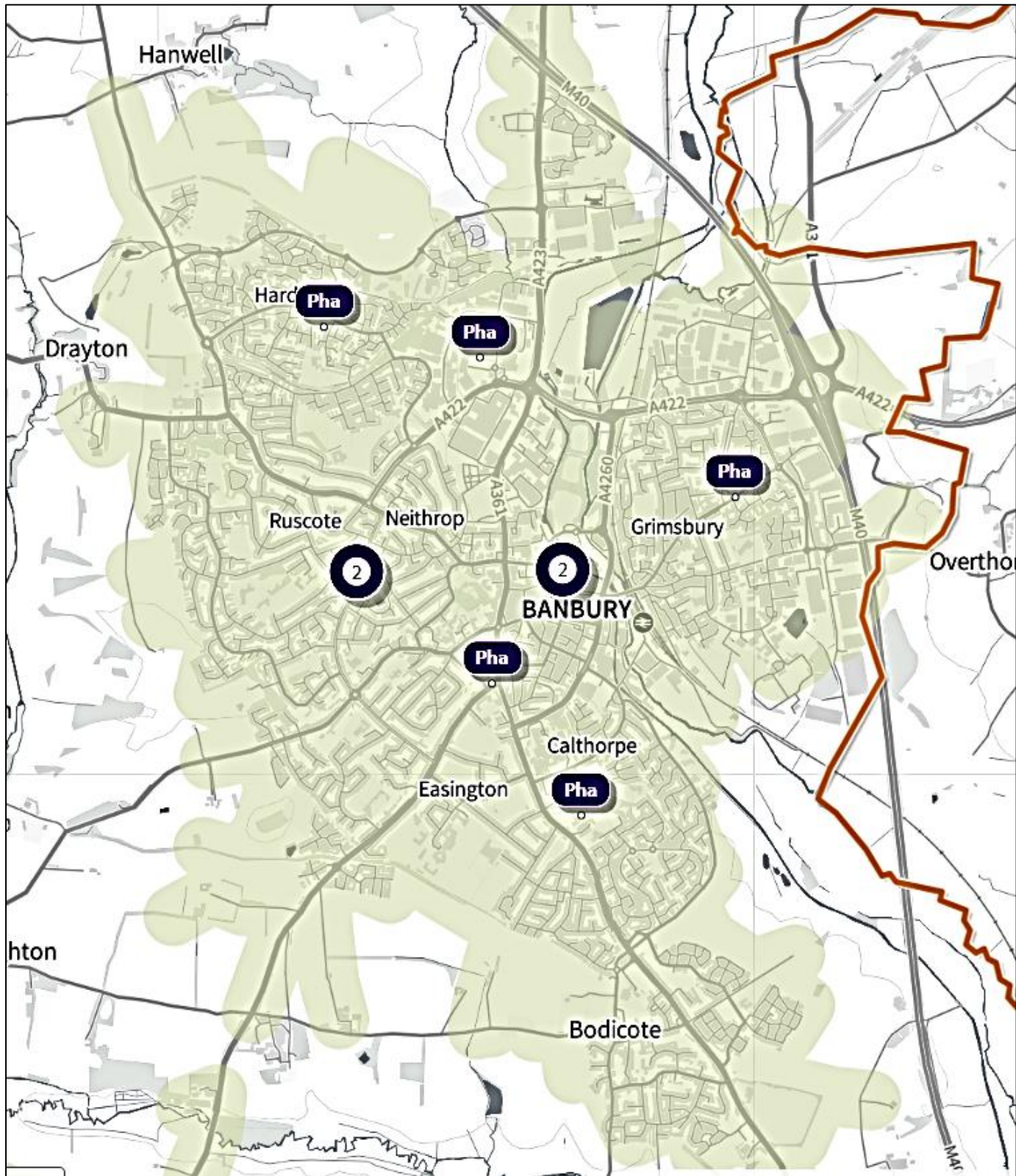
Map 10. NHS SHAPE map of 20 mins or less Drive Time from Oxfordshire CCG pharmacies. *Pharmacies shown individually or as groups. Drive time zone is shaded area. NHS copyright. (14.12.21.)*



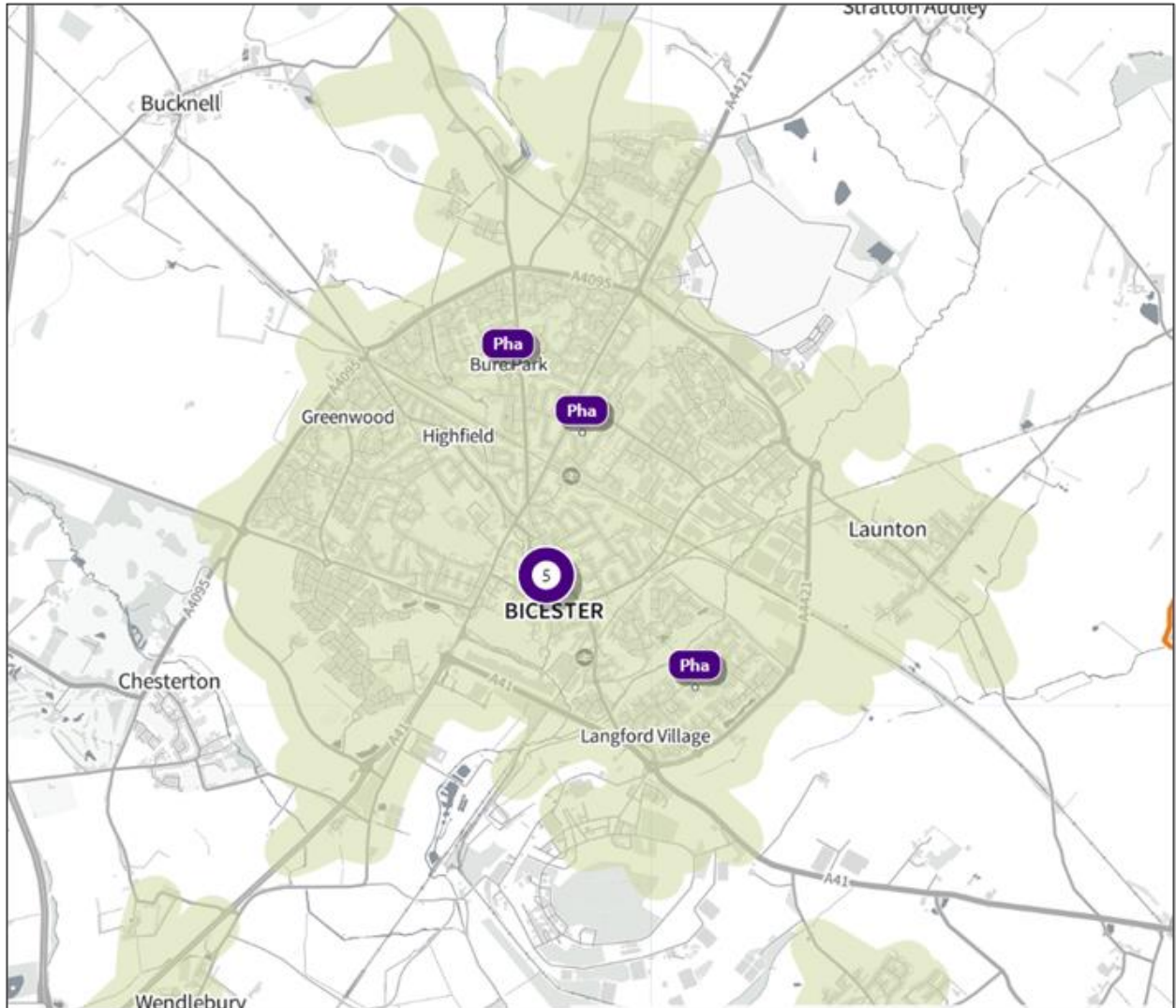
Map 11. NHS SHAPE map of Five Miles Radius or less from Oxfordshire CCG pharmacies. Pharmacies shown individually or as groups. Five mile radius zone is shaded area. NHS copyright. (14.12.21.)



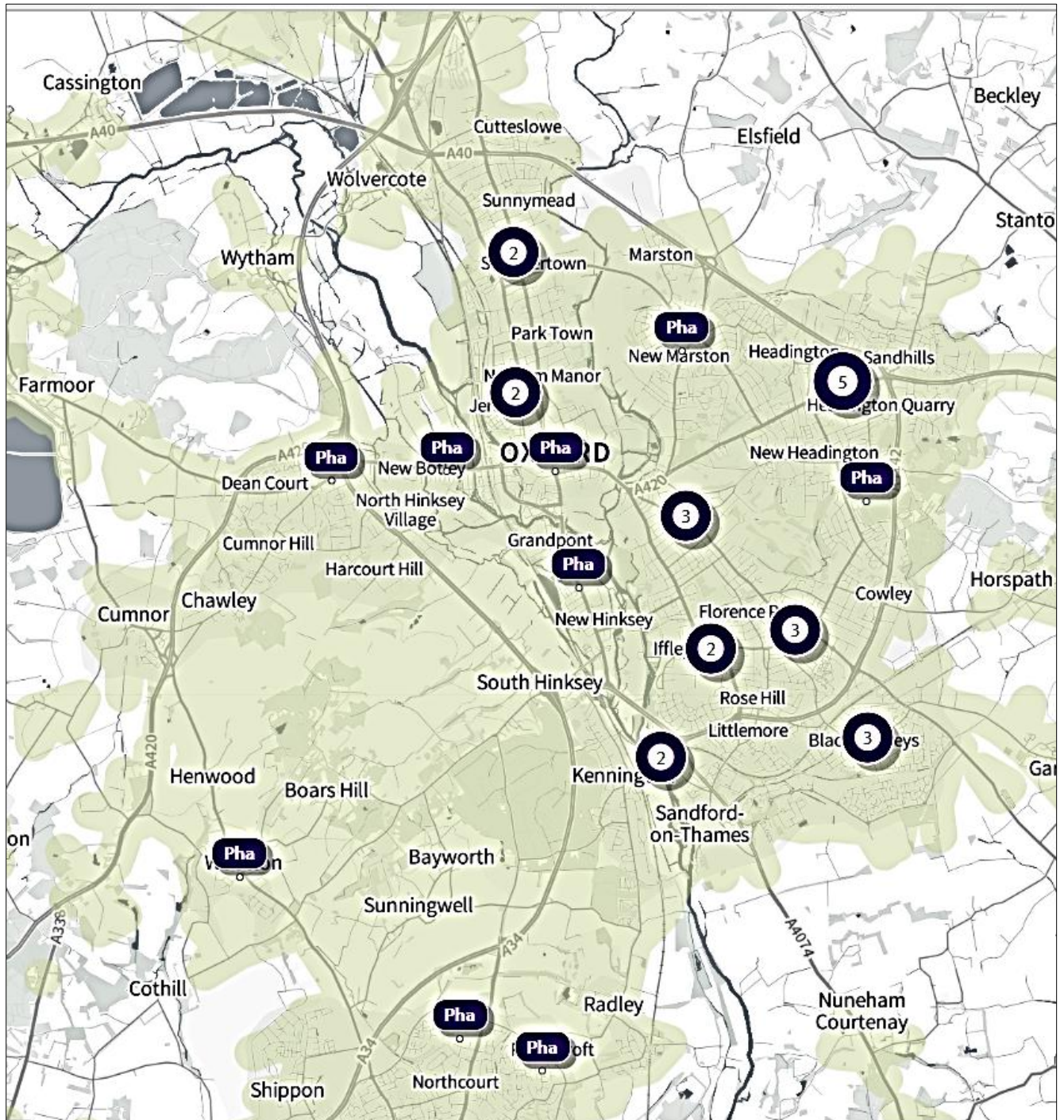
Map 12. NHS SHAPE map of public transport time of 20 mins or less in Banbury from Oxfordshire CCG pharmacies. Pharmacies shown individually or as groups. Public transport time zone is shaded area. NHS copyright. (14.12.21.)



Map 13. NHS SHAPE map of Public Transport time of 20 mins or less in Bicester from Oxfordshire CCG pharmacies. Public transport time zone is shaded area. Pharmacies shown individually or as groups. NHS copyright. (14.12.21.)



Map 14. NHS SHAPE map of Public Transport time of 20 mins or less in Oxford City from Oxfordshire CCG pharmacies. Public transport time zone is shaded area. Pharmacies shown individually or as groups. NHS copyright. (14.12.21.)



Appendix Four. People and Organisations consulted in Public Consultation.

The general public

Buckinghamshire Health and Well Being Board

Cherwell District Council (Chief Executive and Planning Officer)

GPs on Pharmacy Thames Valley/Local Pharmaceutical Committee list in Oxfordshire of Dispensing Doctors

Healthwatch Oxfordshire

Gloucestershire Health and Well Being Board

Northants Health and Well Being Board

Oxford City Council (Chief Executive and Planning Officer)

Oxford Health NHS Foundation Trust (OHFT).

Oxford University Hospital NHS Foundation Trust (OUH),
Oxfordshire CCG

Oxfordshire Local Medical Committee

Pharmacy Thames Valley/Local Pharmaceutical Committee

Pharmacists on Pharmacy Thames Valley/Local Pharmaceutical Committee list in Oxfordshire

South Central Ambulance Services (SCAS)

South Oxfordshire District Council (Chief Executive and Planning Officer)

Swindon Health and Well Being Board

South Warwickshire Health and Well Being Board

Vale of White Horse District Council (Chief Executive and Planning Officer)

West Berks Health and Well Being Board

West Oxfordshire District Council (Chief Executive and Planning Officer)

Appendix Five. Full PNA Consultation Questionnaire and Feedback Form 2021-2022, as posted on the 'Let's Talk Oxfordshire' website

The main contents of the consultation questionnaire and feedback form are presented for reference in these pages. The survey software included tick boxes and spaces for free text; the numbering and pathway through the questions were adjusted and varied by the software according to the responses made by each individual. Thus, the numbering system used here is for presentational purposes and does not recreate exactly what visitors to the website would have seen. A hardcopy of the questionnaire was sent to the members of the public on request.

General Questions about Responder

**1. Please select the most relevant description of yourself from this list:
(Tick any one option)**

Member of the Public

District Council Employee

County Council Employee

Councillor

Pharmacist

Other Pharmacy staff

GP

Dispensing GP

Primary Care Nurse

Other Nurse

Hospital Manager

Hospital Staff

Ambulance Service

Other NHS Professional

Other Care Professional

Staff in Private Health Firm

CCG Staff

Public Health staff

Healthwatch staff

Voluntary Sector staff

Other (please specify)

2. Please state the name of the organisation you are responding on behalf of:

3. If you are representing an organisation please provide your professional email address:

**4. Please indicate a local area of special interest to feed back on:
(Tick any one option)**

Cherwell

Oxford City

South Oxfordshire

Vale of White Horse

West Oxfordshire

Oxfordshire as a whole

Oxfordshire other (Please state below)

Another area outside but adjoining Oxfordshire (Please state below)

Other (Please state below)

Please state area below:

*

*

*

Questions about the Pharmaceutical Needs Assessment

5. Do you think we have used the right methods to create the PNA? (Tick any one option)

- Yes, I think all the right methods have been used
- Yes, but only some of the right methods have been used
- No, I think many of the methods are not quite right
- No, I think most of the methods are wrong
- I don't know/I am not sure about this

Please tell us what we have got wrong in our methods or which better methods we could have used.

6. Please indicate if you think that the PNA shows a good understanding or not of the health and well-being needs of people in Oxfordshire and its localities. (Tick any one option)

- Yes, I think overall the PNA shows a good understanding of this
- Yes, I think mostly the PNA shows a good understanding of this
- No, I think much of the PNA does not show a good understanding of this
- No, I think the PNA does not show a good understanding of this at all
- I don't know/I am not sure about this

Please tell us what we have missed out or misunderstood.

**7. Do you think the PNA accurately describes community pharmaceutical services as they exist at present within Oxfordshire?
(Tick any one option)**

Yes, I think overall the PNA gives an accurate description of this

Yes, I think mostly the PNA gives an accurate description of this

No, I think much of the PNA does not give an accurate description of this

No, I think the PNA does not give an accurate description of this at all

I don't know/I am not sure about this

Please tell us what we have got wrong. Also please tell us if there is a service or aspect of a service we have overlooked.

**8. Please indicate if you think the PNA accurately identifies or not any possible gaps in pharmaceutical services that might exist up to March 2025, due to a growing population and new housing developments, for example?
(Tick any one option)**

Yes, I think overall the PNA gives an accurate description of possible gaps

Yes, I think mostly the PNA gives an accurate description of possible gaps

No, I think much of the PNA does not give an accurate description of possible gaps

No, I think the PNA does not give an accurate description of possible gaps at all

I don't know/I am not sure about this

Please tell us what we have got wrong or anything we have missed. Please let us know if there is a local area or service need we have overlooked.

9. Do you consider that the PNA properly highlights or not other relevant issues and challenges which people in Oxfordshire might face in using a community pharmacy?

(These could include mobility issues, access to public transport, difficulties in walking through a neighbourhood, difficulties in crossing a road, language issues, problems with hearing, with sight, with communication and so on.)

(Tick any one option)

Yes, I think overall the PNA shows a good understanding of these

Yes, I think mostly the PNA shows a good understanding of these

No, I think much of the PNA does not show a good understanding of these

NO, I think the PNA does not show a good understanding of these at all

I don't know/I am not sure about this

Please tell us what we have missed out or misunderstood.

10. The PNA also covers Dispensing GPs, GPs who can dispense medicines directly to a patient if the patient is eligible under NHS regulations to receive this service. Do you have any comments on the services of Dispensing GPs in Oxfordshire?

11. NHS England has to respond to requests from pharmacy chains (or individual pharmacists) to be permitted to open in Oxfordshire. These are known as 'market-entry' decisions.

Do you think the PNA gives NHS England sufficient information or not to make these decisions for Oxfordshire in the next three years?

(Tick any one option)

Yes, I think overall the PNA gives sufficient information for this

Yes, I think mostly the PNA gives sufficient information for this

No, I think much of the PNA does not give sufficient information for this

No, I think the PNA does not give sufficient information for this at all

I don't know/I am not sure about this

Please tell us what we have missed out or misunderstood.

12. Oxfordshire Clinical Commissioning Group (OCCG) and Oxfordshire Public Health Team and similar bodies also commission (pay for) special services in pharmacies (e.g. stop-smoking services, help with minor health problems, emergency contraception)

Do you think the PNA gives these bodies the right information or not to make these commissioning decisions for the next three years?

(Tick any one option)

Yes, I think overall the PNA gives sufficient information for this

Yes, I think mostly the PNA gives sufficient information for this

No, I think much of the PNA does not give sufficient information for this

No, I think the PNA does not give sufficient information for this at all

I don't know/I am not sure about this

Please tell us what we have missed out or misunderstood.

13. Do you agree or disagree with the final recommendations of the PNA?

(Tick any one option)

Strongly agree. I think overall the PNA gets these right

Mostly agree. I think mostly the PNA gets these right

Neither agree nor disagree

Mostly disagree. I think the PNA gets most of these wrong

I don't know/I am not sure about this

Please tell us where we have got something wrong or missed something out.

14. Do you have any further thoughts on the draft PNA and the information it contains? Please describe below.

*

*

*

Socio-Demographic Questions about the Responder

Thank you for taking the time to complete this survey. If you are responding to this survey as a member of the public, we would like to gather some more information about you. But if you are responding as a representative of an organisation, please, select 'No' below and submit the survey.

We would like to know more about you so that we can understand more about our customers and residents, as it helps us to know we are hearing the views of a wide range of people and communities. If you do not wish to provide any of this information, please select prefer not to say for the relevant item.

All information given is anonymous and is governed by the General Data Protection Regulations 2018.

15. Did you complete this survey as a member of the public? (Tick one option)

Yes
No

(If respondent replied 'Yes' then the following socio-demographic questions were asked...)

16. If you live in Oxfordshire, please provide the first part of your postcode (e.g. OX1...)

17. What is your age? (Tick any one option)

Under 16
16-24
25-34
45-54
55-64

65-74

75-84

85 or above

Prefer not to say

18. What is your gender?

(Tick any one option)

Female

Male

Prefer not to say

I use another term (please state here)

19. What is your ethnic group?

(Tick any one option)

Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)

Black or Black British (Caribbean, African or any other Black background)

Chinese

Mixed or multiple ethnic groups (White & Black Caribbean, White & Black African, White & Asian, any other mixed background)

White (British, Irish, Scottish or any other white background)

Prefer not to say

Other ethnic group or background (please specify)

20. Are you pregnant, on maternity leave or returning from maternity leave?

(Tick any one option).

Yes

No

Prefer not to say

**21. Do you have any physical or mental health conditions, disabilities or illnesses which reduce your ability to carry out day-to-day activities?
(Tick any one option).**

- Yes-my life is affected a lot
- Yes-my life is affected a little
- No
- Prefer not to say

**If you have answered 'Yes' please tell us more:
(Tick all that apply)**

- I have one or more physical conditions, disabilities or illnesses
- I have one or more mental health conditions, disabilities or illnesses
- Prefer not to say

**22. What is your religion, if any?
(Tick any one option)**

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Other (please specify)

**23. Which of the following best describes your sexual orientation?
(Tick any one option)**

Straight/Heterosexual

Gay or lesbian

Bisexual

Prefer not to say

Other sexual orientation (please specify)

**24. Are you married or in a civil partnership?
(Tick any one option)**

Yes

No

Prefer not to say

**25. Is your gender identity the same as your sex registered at birth?
(Tick any one option)**

Yes

No

Prefer not to say

If 'No' please specify

Data Protection and Privacy

Under the [Data Protection Act 2018](#), we (Oxfordshire County Council) have a legal duty to protect any personal information we collect from you. Oxfordshire County Council is committed to open government and this may include quoting extracts from your consultation response in our report.

We will not, however, disclose the names of people who have responded unless they have provided consent. For this purpose, we ask that you are careful not to disclose personal information in your comments – for example the names of service users or children. If you do not want all or part of your response to be made public or shared with councillors, please state below which parts you wish us to keep confidential.

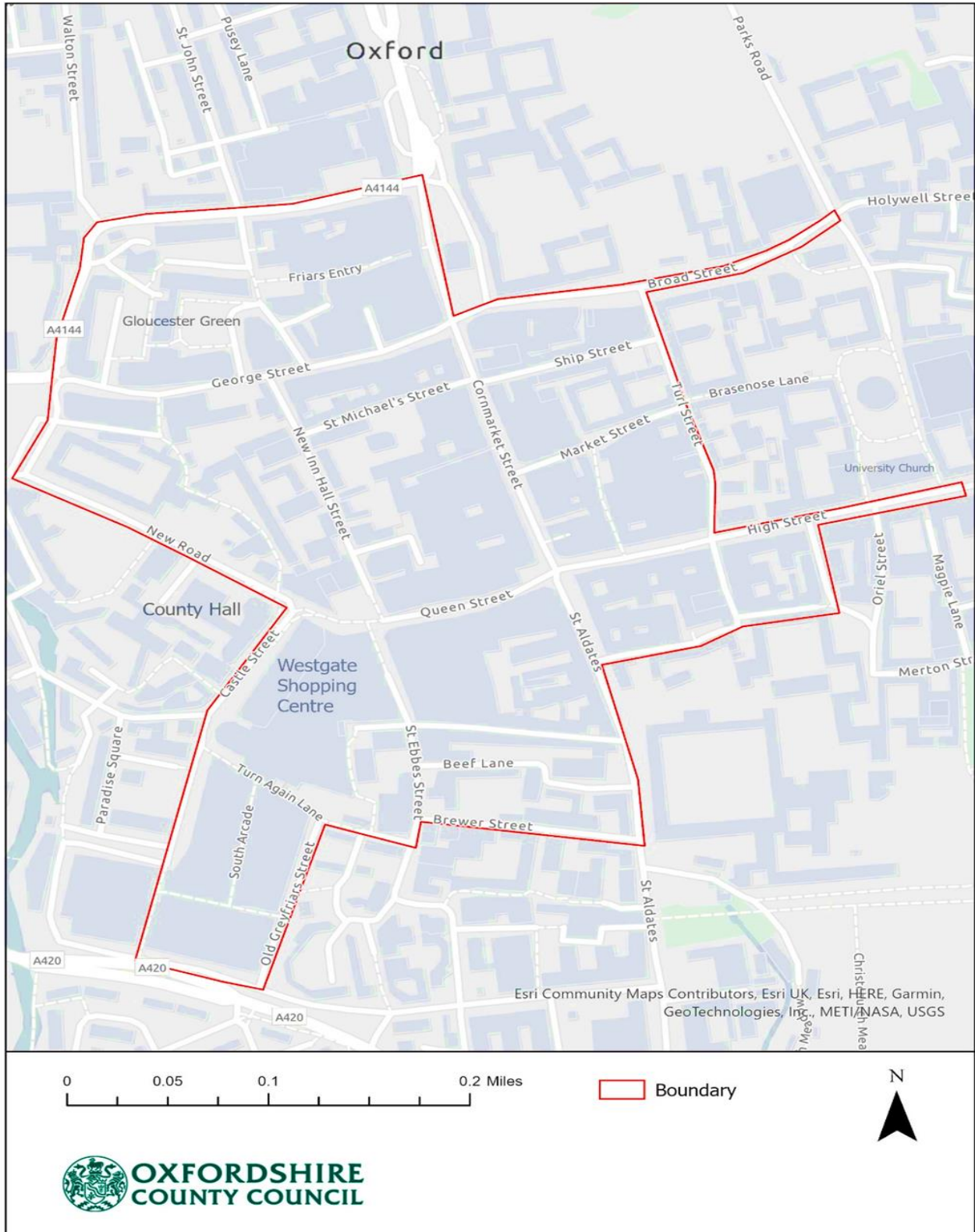
View Oxfordshire County Council's privacy notice online at www.oxfordshire.gov.uk - search privacy notice.

Please use this space to tell us if there is any part of your response you wish to keep confidential.

Thank you for taking the time to complete this survey.

Appendix Six. Potential location of a second pharmacy in central Oxford City

Map 15. City centre zone recommended by the PNA Steering Group for location of a second pharmacy in central Oxford City



Narrative for Map 15.

This is a general guide for NHS England as to a suitable location for a second pharmacy in Oxford city centre. The red boundary encloses an area which is used by shoppers, which is frequented by tourists and where the main Oxford University buildings and colleges are located. The map is intended as a guide to indicate where these characteristics tend to be combined, and so to indicate a city centre zone within which a second pharmacy could be usefully located. However, other considerations for NHS England might arise in the future. The red line should be interpreted as inclusive of the streets and junctions it touches.

The main nodes and features on the boundary are as follows, going clockwise on the map:

- St Giles-Beaumont St junction
- Broad Street (down to King's Arms end)
- Broad St-Turl St junction down Turl St to Turl St-High St junction
- High St to St Mary's University Church on High St
- From St Mary's Church (down Alfred St and King Edward St area) To Bear Lane and Blue Boar St
- Blue Boar St-St Aldate's junction
- St Aldate's-Brewer St junction
- Old Greyfriars St
- Westgate Centre
- Castle St
- New Rd to Worcester St
- Gloucester Green complex
- Thence to St Giles-Beaumont St junction.

Table 34. Core and Supplementary opening hours recommended by the PNA Steering Group for a second pharmacy in central Oxford City (totalling 63 hours)

Day of week	Supplementary hours	Core Hours	Supplementary hours	Core hours	Supplementary hours	Total Core hours	Total Supplementary hours
Mon	8.30am-9.00am	9.00-13.00	13.00-14.00	14.00-17.00	17.00-18.00	7 hours	2.30 hours
Tues	8.30am-9.00am	9.00-13.00	13.00-14.00	14.00-17.00	17.00-18.00	7 hours	2.30 hours
Wed	8.30am-9.00am	9.00-13.00	13.00-14.00	14.00-17.00	17.00-18.00	7 hours	2.30 hours
Thurs	8.30am-9.00am	9.00-13.00	13.00-14.00	14.00-17.00	17.00-18.00	7 hours	2.30 hours
Fri	8.30am-9.00am	9.00-13.00	13.00-14.00	14.00-17.00	17.00-18.00	7 hours	2.30 hours
Sat	8.30am-9.00am	9.00-13.00	13.00-14.00	14.00-17.00	17.00-18.00	7 hours	2.30 hours
Sun		10.00-16.00				6 hours	
All						48 hours	15 hours

END OF THE OXFORDSHIRE PNA 2022