

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

**Thursday, 25 September 2025 at 2.00 pm
Room 2&3 - County Hall, New Road, Oxford OX1 1ND**

If you wish to view proceedings online, please click on this [Live Stream Link](#).



Martin Reeves
Chief Executive

September 2025

Contact Officer: **Democratic Services**
Email: committees.democraticservices@oxfordshire.gov.uk

Membership

Chair – Cllr Liz Leffman (Leader, Oxfordshire County Council)
Vice Chair – Professor Sir Jonathan Montgomery (Chair, Oxford University Hospitals NHS Foundation Trust)

Board Members:

Ansaf Azhar	Director of Public Health & Communities, Oxfordshire Co Co
Councillor Tim Bearder	Cabinet Member for Adults, Oxfordshire Co Co
Michelle Brennan	GP Representative
Stephen Chandler	Executive Director: People, Oxfordshire Co Co
Councillor Rachel Crouch	West Oxfordshire District Council
Councillor Rob Pattenden	Cherwell District Council
Councillor Georgina Heritage	South Oxfordshire District Council
Karen Fuller	Director of Adult Social Care, Oxfordshire Co Co
Councillor Sean Gaul	Cabinet Member for Children and Young People, Oxfordshire Co Co
Caroline Green	Chief Executive, Oxford City Council (District Representative)
Councillor Kate Gregory	Cabinet Member for Public Health and Inequalities, Oxfordshire Co Co
Lisa Lyons	Director of Children's Services, Oxfordshire Co Co
Grant MacDonald	Interim Chief Executive, Oxford Health NHS Foundation Trust
Councillor Helen Pighills	Vale of White Horse District Council

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David Radbourne	Regional Director Strategy and Transformation, NHS England
Councillor Chewe Munkonge	Oxford City Council
Barbara Shaw	Chair, Healthwatch Oxfordshire
Matthew Tait	Chief Delivery Officer, BOBICB

Notes:• *Date of next meeting: 4 December 2025*

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. **Welcome by Chair**
2. **Apologies for Absence**
3. **Declarations of Interest**
4. **Petitions and Public Address**

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting.

Requests should be submitted to committeesdemocraticservices@oxfordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet."

5. **Note of Decisions of Last Meeting (Pages 1 - 12)**

To approve the Note of Decisions of the meeting held on 26 June 2025 (**HBW5**) and to receive information arising from them.

6. **Workshop Discussion**

To discuss plans for an upcoming Health and Wellbeing Board workshop.

7. **Marmot Place Update**

The Board is asked to receive and note the update on the Marmot Place programme of work.

8. **Oxfordshire Winter Plan (Pages 13 - 20)**

The Board is to receive an update on and is asked to note the Oxfordshire Winter Plan.

9. Joint Needs Strategic Assessment 2025 (Pages 21 - 28)

Report by Director of Public Health and Communities

The Joint Strategic Needs Assessment (JSNA) is a statutory annual report provided to the Health and Wellbeing Board and published in full on [Oxfordshire Data Hub](#). It provides an evidence-base for the Health and Wellbeing Strategy and is an opportunity for an annual discussion about the key issues and trends from a review of a very wide range of health-related information about Oxfordshire.

Producing the JSNA is a collaborative project with contributions from many analysts and sector specialists from Oxfordshire's Local Authorities, NHS, Thames Valley Police, Healthwatch Oxfordshire and Voluntary Sector organisations.

The report makes use of data from NHS Digital, the Office for National Statistics, the Office for Health Improvement & Disparities, the Department for Education, as well as local data. Datasets can take time to process, which means that this 2025 JSNA update includes information from the 2021 Census, as well as more recent data from 2023 and 2024.

It is important to note that the JSNA does not include information about services needed to support the health and wellbeing of the population and, in some cases, the data may not be recent enough to reflect changes in services.

This paper gives an overview of the key findings from the 2025 Oxfordshire JSNA and plans for the continued development of JSNA resources

The Health and Wellbeing Board is RECOMMENDED to

- a) Approve the content of the Joint Strategic Needs Assessment (JSNA) for 2025**
- b) Encourage widespread use of the JSNA in planning, developing and evaluating services across the county.**
- c) Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years.**

10. Pharmaceutical Needs Assessment 2025 (Pages 29 - 212)

Report by Director of Public Health and Communities

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The last PNA for Oxfordshire was published in 2022 and has been kept up to date with supplementary statements reflecting changes in provision. The 2025 PNA is now due for publication in October 2025.

The Health and Wellbeing Board is RECOMMENDED to

- a) To receive an update on the production of the 2025 Oxfordshire Pharmaceutical Needs Assessment (PNA).
- b) To note that the 2025 Oxfordshire PNA has been out to formal 60-day consultation and is ready for publication.
- c) To approve the publication of the completed 2025 Oxfordshire PNA.

11. Health & Wellbeing Strategy Update - Building Blocks of Health
(Pages 213 - 234)

The Board is asked to note the Health & Wellbeing Strategy - Building Blocks of Health update.

12. Report from Healthwatch Oxfordshire (Pages 235 - 246)

To report on views of health care gathered by Healthwatch Oxfordshire.

13. Reports from Partnership Boards (Pages 247 - 252)

To receive updates from Partnership Boards. Reports from –

- Health Improvement Board; and
- Children's Trust (verbal)
- Place Base Partnership

14. Forward Work Programme (Pages 253 - 254)

The Board is asked to note the forward work programme.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships
- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 26 June 2025 commencing at 2.00 pm and finishing at 5.00pm

Present:

Board Members: Councillor Liz Leffman (Chair)

Councillor Kate Gregory
Ansaf Azhar
Michelle Brennan
Karen Fuller
Caroline Green
Professor Sir Jonathan Montgomery
City Councillor Chewe Edgar Munkonge
District Councillor Helen Pighills
Matthew Tait

Other Members in Attendance: Councillor Rob Pattenden (virtual)
Councillor Rachel Crouch (virtual)
Stephen Chandler (virtual)
Grant MacDonald (virtual)

Other Attendees: Veronica Barry (Healthwatch Oxfordshire)
Richard Wood (Oxford City Council)
Richard Smith (Cherwell District Council)
Anjna Sharma (Soar Beyond Ltd)
Jessica Allen (Institute of Health Equity – UCL)

Officers: Jack Ahier (Senior Democratic Services Officer), Ian Bottomley (Head of Joint Commissioning – Age Well), Adam Briggs (Deputy Director of Public Health), Kate Holburn (Deputy Director of Public Health), Anna Jennings (Head of Transformation – Children's Services), Jean Kelly (Deputy Director of Children's Social Care), Craig Miles-Clarke (Senior Research Officer), Sharon Paterson (Commissioning Manager), Bhavna Taank (Head of Joint Commissioning – Live Well)

These notes indicate the outcomes of this meeting and those responsible for taking the

agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

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	ACTION
121 Welcome by Chair (Agenda No. 1)	
The Chair introduced everyone to the meeting and welcomed new Members to the Board: Cllr Kate Gregory (Cabinet Member for Public Health & Inequalities) and Cllr Sean Gaul (Cabinet Member for Children and Young People). The Chair also welcomed Professor Sir Jonathan Montgomery to his first Board as Vice-Chair.	
122 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from Cllr Sean Gaul, Cllr Rob Pattenden (attending virtually), Cllr Georgina Heritage, substituted by Cllr Leigh Rawlins, and Lisa Lyons, substituted by Jean Kelly.	
123 Declarations of Interest (Agenda No. 3)	
There were none.	
124 Petitions and Public Address (Agenda No. 4)	
There were none.	
125 Note of Decisions of Last Meeting (Agenda No. 5)	
The minutes of the meeting held on 13 March 2025 were approved as amended and signed by the Chair as a correct record.	
126 Oxfordshire Learning Disability Plan 2025-2035 (Agenda No. 11)	

The Chair introduced the item to the Board and officers, as well as representatives from My Life My Choice, to present the report. They raised the following points: - The plan sets out some of the most important areas where people with a learning disability, their family, carers and professionals felt actions needed to be taken. - The plan is for 10 years, and will be reviewed in 3 years, 5 years and 7 years with people. - The key principles are working together in partnership, including everyone, focusing on people's strengths, having choice and control, putting people at the centre and building strong communities. - Various methods of engagement were used including sharing your story forms, open focus groups and engagement events (café style). - Co-production was at the heart of the plan and future work plans. The Chair noted the plan being a great example of co-production. Cllr Helen Pighills noted the importance of employment and the extent to which reaching out to employers was feasible to support this plan. Karen Fuller, Director of Adult Social Care, noted the County Council's Oxfordshire Employment Service and intention of linking with the government's Connect to Work programme. The Vice Chair asked about the admission of people into hospitals with learning disabilities and whether this plan would help combat that. Karen Fuller noted that it was something being worked hard on across the entire system in Oxfordshire. Following a question from Cllr Leigh Rawlins, officers confirmed that this plan will link to the Carer's Strategy, but that there was still more work to do. The Chair thanked officers and representatives from My Life My Choice for their work. The Board approved the recommendations in the report. RESOLVED to: a) Note the development of the Oxfordshire Learning Disability Plan 2025 – 2035 for adults. b) Approve the Oxfordshire Learning Disability Plan 2025 – 2035, acknowledging that following consultation,	
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amendments may be made on the existing draft.	
127 Local Government Reorganisation and Devolution Update (Agenda No. 6)	
The Chair provided an update on local government reorganisation and devolution in relation to the Health & Wellbeing Board and the process so far. Caroline Green, Chief Executive – Oxford City Council, noted that all the proposals were the responsibility of those proposing them to meet criteria set by government and that work was continuing collaboratively on devolution across Oxfordshire & Berkshire. It was also noted that it was vital that collaborative work continued on important areas during this uncertain period. Cllr Chewe Munkonge noted the importance of working and engaging with staff, as well as the complex nature of aggregation and disaggregation. The Board noted the verbal update provided.	
128 ICB Update (Agenda No. 7)	
The Chair introduced Matthew Tait, Chief Delivery Officer – ICB, to present the report and he raised the following points: - The NHS 10 Year Plan is due to be published in July 2025. - ICB's are being reviewed and have been challenged to reduce their running costs by 50%. - A national blueprint for ICB's has been published nationally. - ICB's are awaiting certainty regarding LGR and devolution, as well as national decision-making, such as the NHS 10 Year Plan. - The Place Base Partnership is focusing on prevention. - Positive workshops on neighbourhood health focusing on what the system want to achieve over the next few years. Michelle Brennan, GP Representative, made reference to work on neighbourhood health, focusing particularly on prevention and stopping systems working in silos.	

Ansaf Azhar, Director of Public Health and Communities, noted that despite changes to system structures, as a Health & Wellbeing partnership, 10 priorities were agreed upon and there are real indicators to measure if progress has been made and that it was important not to lose sight of that. Cllr Leigh Rawlins asked whether procurement would be affected by structural changes. Matthew Tait suggested that the ICB would probably look to procure at scale more often and devolve tactical procurement to partner organisations. The Vice Chair stressed the need to not wait for NHS England to be abolished in order to deliver change and shape pathways going forward. The Chair noted the lack of an ICP meeting recently and asked if there were plans to hold one soon, as it was important to engage with elected politicians. Matthew Tait noted the point and said the NHS 10 Year Plan would provide some clarity over structures and a discussion would be best placed on how to engage with further detail. The Board noted the verbal update provided.	
129 Homelessness Update (Agenda No. 8)	
Caroline Green, Chair of Prevention of Homelessness Directors Group, presented the report and raised the following points: - The report that set up the group stated homelessness cannot be considered as just a housing issue when it cuts across many responsibilities and that stronger collaboration was needed. - A county-wide Homelessness Strategy was signed off in 2021, but significant changes in context have occurred since then. - There was a 90% increase in Oxford of people requiring homelessness duties and 166% rise in temporary accommodation since last year reflects the magnitude of the challenge faced. - Expected to be a cut in grant funding for homelessness prevention from the government. - Importance of getting treatments and pathways correct initially to save funding in the long-term, in a shift to prevention. - Significant progress has been made but the focus is on outstanding actions.	

- The need for greater alignment between housing and social care, regardless of the outcome of local government reorganisation. - Commitment needed from all organisations involved to improve over the next year. Cllr Kate Gregory, Cabinet Member for Public Health & Inequalities, asked about the government's intention to move to longer-term funding settlements and if homelessness prevention funding would be included in that intention. It was confirmed that government had confirmed longer-term funding for homelessness prevention, moving to 3-year settlements, but that it was consulting on changes to how funds would be distributed across the country to areas of high deprivation, which Oxfordshire as a whole does not feature in the highest areas of need. Veronica Barry, Executive Director of Healthwatch Oxfordshire, noted the issues around temporary accommodation and how the system can address issues, such as having healthy meals and proper cooking facilities. It was confirmed that the elimination of AirBnB use as temporary accommodation was a priority to address some of these issues. The Chair thanked officers for their update. RESOLVED: The Health and Wellbeing Board noted the report.	
130 Better Care Fund Plan (Agenda No. 9)	
Ian Bottomley, Head of Joint Commissioning (Age Well), presented the report to the Board and raised the following points: - The importance of shifts from hospital discharge to prevention. - Homelessness prevention projects and specific dynamic learning teams being funded by the Better Care Fund. - The importance of reducing the amount of older people going into hospital. It was noted that Oxfordshire's work on the Better Care Fund and discharging people from hospital had improved considerably in the previous 5 years. The Vice Chair noted the importance of sustainability to keep this work moving forward in the right direction and thanked the teams for their great work to date.	

The Board was asked to approve a delegation to the Director of Adult Social Care & Chief Delivery Officer (ICB) to approve the quarterly reports of the Better Care Fund. The Board agreed to the recommendation outlined below. RESOLVED to: a) To delegate the approval of the quarterly reports of the Better Care Fund to the Director of Adult Social Care and Chief Delivery Officer (ICB), in consultation with the Chair of the Oxfordshire Health and Wellbeing Board.	
131 Health & Wellbeing Strategy Update - Start Well (Agenda No. 10)	
Jean Kelly, Deputy Director of Children's Social Care, and Anna Jennings, Head of Transformation – Children's Services, presented the report and raised the following points: - New partnership boards established with strategies and implementation plans in place to drive improvements. - Beginning to develop Family Hubs network across Oxfordshire. - Work continuing to develop on having mental health support teams in every school by 2029. - Ensure that families are aware of all support available to them through better signposting. - Working with JNSA to get better data to identify support requirements. Cllr Gregory asked if the geographical study on Family Hubs was being worked on with regards to where Children's Centres currently are and what the timeframe was on their introduction. It was confirmed that all the buildings were being mapped out, with the usage of community venues wanted to help develop services. It was hoped that some of the Family Hubs may open by the end of next year. The Vice Chair asked about how pupil absence and physically active children was measured. It was noted that new partnerships, including school leaders, were being formed to tackle pupil absence. Ansaf Azhar, Director of Public Health and Communities, confirmed that the metrics on physically active children was picked up via the Health Improvement Board and that Active Oxfordshire had been commissioned to do further work on this.	

Michelle Brennan, GP representative, asked if there was work underway to teach young children how to use the NHS app and how Family Hubs could be linked in with neighbourhood health to understand the provisions on offer. Cllr Leigh Rawlins, South Oxfordshire District Council, asked about the provision of assessments in pre-schools to identify emerging needs. It was noted that there were early years assessments undertaken, before pre-school, that tried to identify such needs and that ways of identifying the earliest opportunities to support children and families was vital. The Chair thanked officers and the report was noted. RESOLVED to: a) Note the progress of the delivery of priorities 1 and 2 under the thematic domain of Start Well within the Health and Wellbeing Strategy along with key challenges	
132 Marmot Place Update (Agenda No. 12)	
Kate Holburn, Deputy Director of Public Health, presented the report and raised the following points: - The 3 Marmot Principles that had been started with were: giving every child the best start in life, creating fair employment and good work for all and ensuring a healthy standard of living for all. - Work across all workstreams was outlined, such as an Early Years Summit, a draft 'Get Britain Working' plan for Oxfordshire and completing a draft housing health needs assessment. Cllr Chewe Munkonge, Oxford City Council, noted the importance of social value and asked what other partners were doing to bring this into work across the whole of Oxfordshire. It was noted that all partners incorporated social value and that the Oxfordshire Inclusive Economy Partnership were holding a social values workshop to fully understand social value from employers point of view. RESOLVED: The Board noted the verbal update.	

133 Development of Health and Inequalities Research & Partnerships in Oxfordshire (Agenda No. 13)	
Adam Briggs, Deputy Director of Public Health, and Foyeke Tolani, Head of Research, presented the report and raised the following points: - The impact of how research can support decision-making, and the unique position Oxfordshire has with world class educational facilities within the county. - The vision of the research strategy was to collaboratively carry out and promote the use of high-quality, people-centred research to make Oxfordshire a greener, healthier and fairer county. - The role of the Oxfordshire Community Research Network, including some of the strengths and weaknesses of the work so far. The Vice Chair noted it would be useful for the Board to test assumptions they make with the research network. He also stated that it was important to not unnecessarily research in Oxford, as plenty of good research came from outside of Oxford. The Board noted the report. RESOLVED: a) NOTE content of paper and ADVISE where OCC, the Oxfordshire Community Research Network and the Local Policy Lab can support the work of the Health and Wellbeing Board and vice versa.	
134 JSNA/PNA Update (Agenda No. 14)	
Anjna Sharma (Soar Beyond Ltd) and Craig Miles-Clarke, Senior Research Officer, presented reports on the Pharmaceutical Needs Assessment (PNA) & JSNA (Joint Strategic Needs Assessment) updates and raised the following points: - Undertaking research of current health needs and views from local users on predicted future service needs. - The PNA is out for a final 60 day consultation. - Different services, including pharmacies, and key demographics were mapped out across Oxfordshire and	

outside of Oxfordshire's borders as residents access pharmacies outside of the county as well. Caroline Green asked about the mapping of services for substance and alcohol abuse, particularly as some areas had quite high demand. It was stated that provision was not nationally funded but that these services were quite equally spread, with slightly less provision in West Oxfordshire and slightly more in Oxford. Cllr Helen Pighills, Vale of White Horse District Council, asked if digital provisions for pharmacies were mapped out. It was noted that this was considered in the report and that residents could access this at a local or national level, but that it was not tracked and was a growing question. The JSNA online page was indicatively demonstrated to members of the Board, showing how it could be used to access data on specific health conditions, such as drug misuse. Ansaf Azhar confirmed that this showed the move to a digital platform. It was confirmed that the PNA and JSNA were coming to the Board in September for approval. RESOLVED: PNA: a) To receive an update on progress and the project plan timelines on the production of the 2025 Oxfordshire PNA b) To note that the 2025 Oxfordshire PNA is now out to formal 60-day consultation JNSA: a) Provide feedback on the proposed design of the 2025 Joint Strategic Needs Assessment (JSNA) b) Via relevant officers in their organisations, contribute information and intelligence to the JSNA to further its development and participate in making information more accessible to everyone c) Note that the JSNA 2025 will be provided to the Health and Wellbeing Board for sign-off in September 2025.	
135 Report from Healthwatch Oxfordshire (Agenda No. 15)	

Veronica Barry, Executive Director of Healthwatch Oxfordshire, introduced the report and raised the following points: - Spoke to men across Oxfordshire to feed into men's health strategy. - Ran public webinars on prevention work, menopause and had planned sessions in the future for the upcoming NHS 10 year plan. - Films around navigating language support and receptionists in GP surgeries had been made and distributed, and it was confirmed it had won an international film award for their work. RESOLVED: The Board noted the report.	
136 Reports from Partnership Boards (Agenda No. 16)	
The Board received updates from the Children's Trust Board, the Health Improvement Board and the Place Base Partnership, and noted the written and verbal updates.	

..... in the Chair

Date of signing

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Oxfordshire Winter Plan and Integrated Improvement Programme

1.0 Introduction

- 1.1 This paper outlines the programme of work in Oxfordshire works as a whole system on achieving improvements that will have the biggest impact on urgent and emergency care services.
- 1.2 The improvement programme focusses on learning from the previous winter and converts to a winter plan in August each year.
- 1.3 Both plans are developed by all the providers working across the various pathways. The plans focus on assessing and treating people in their own home, minimising emergency admissions where the person can be treated in their own home and supporting people to return home from bed-based care.
- 1.4 This paper covers:
 - NHS high priority areas and improving quality of care
 - The six main workstreams
 - Implementation plan for each workstream

2.0 NHS High Priority Areas

- 2.1 Develop neighbourhood model of care
- 2.2 Improve flow through mental health crisis and acute pathways and access to children and young people's services
- 2.3 Improve and standardise care for those who require it on the same day
- 2.4 Improve ambulance response times
- 2.5 Improve waiting time in the Emergency Departments (EDs)
- 2.6 Reduce length of stay in hospital and ensure that people are cared for in the most appropriate setting

3.0 Lessons learnt from last winter

The lessons learnt from last winter were collated during an away day with representatives from all services working across Urgent and Emergency pathways.

3.1 Build workforce capability & confidence in delivering community-based care

- 3.1.1 Identify clinical system champions/leaders for supporting people at home to deliver culture change
- 3.1.2 Explore opportunities for weekly Multi-Disciplinary Teams (MDT) in primary care
- 3.1.3 Education/training programme to support new way of working

3.2 Consolidate and coordinate our resources, focusing on visiting and urgent services

- 3.2.1 Oxford Health to review existing OH resources/community visiting teams for on the day visiting, to identify areas of duplication, and produce proof of concept for how we can utilise this resource more effectively e.g., pilot one neighbourhood
- 3.2.2 System commitment to review function, capacity and capability in Hospital at Home (H@H) deployment

- 3.2.3 System commitment to review function, capacity and capability of Primary Care Visiting Services (PCVS)

3.3 Interventions to build capacity elsewhere in system

- 3.3.1 Review of insulin prescribing
- 3.3.2 Pharmacy/medicines optimisation team to advise other areas to review
- 3.3.3 Utilise learning from Adult Social Care wait list reduction
- 3.3.4 Alignment with development of neighbourhood services

3.4 Build care home resilience to increase staff confidence & reduce conveyances, falls & safeguarding referrals

- 3.4.1 Review care home support service
- 3.4.2 Neighbourhood development to include Care Homes

3.5 Supporting people to navigate the urgent care system

- 3.5.1 Agreed to develop an overarching Oxfordshire Urgent and Emergency online service to support and advise our population in accessing the right service at the right time and in the right place
- 3.5.2 Definitions of urgent and emergency will be added to the signposting information for the public
- 3.5.3 All providers of Urgent and Emergency Care (UEC) services in Oxfordshire will continue to work and engage with community, voluntary and other organisations to understand better the challenges that people face in understanding and accessing urgent and emergency care to ensure that the information provided is accessible and clear

4.0 National Guidance

- 4.1 January 2025, NHS England published guidance on the development of neighbourhoods. [NHS England » Neighbourhood health guidelines 2025/26](#)
- 4.2 In June 2025 the Government published the **Urgent and Emergency Care Plan 2025/26** ([NHS England » Urgent and emergency care plan 2025/26](#)) that prescribed expectations for the winter period of 2025/26.
- 4.3 In early July 2025, the **10-year health plan** ([10 Year Health Plan for England: fit for the future - GOV.UK](#)) was published.

The Oxfordshire plan is based on all publications, with the *focus on those who can be assessed and treated in their own home*.

5.0 Oxfordshire Winter Plan

5.1 Shift from Hospital to Community

- 5.1.1 It has been shown that 1:5 people who attend ED do not need to be there. Locally we have seen that those who do not benefit from attending hospital, have better outcomes from being assessed and treated in their own home. This is especially true when urgent and emergency care is integrated with intermediate care.
- 5.1.2 To deliver appropriate emergency care to more people in the community, we need to review how existing services can be delivered to meet this demand.

5.2 Development of a neighbourhood model of care

5.2 This will be coordinated through Place Based Partnership

5.3 Vaccination programme

5.3 This is being managed outside of the UEC programme

5.4 Falls prevention and management

5.4.1 Improving public knowledge of falls, risks and available support. Subgroup set up to focus on raising awareness at vaccination centres, local community centres, GP surgeries, day centres, supported living, retirements homes or any gathering of people over the age of 50 years or their carers.

5.4.2 Collating all activity relating to the various interventions related to either for the falls prevention programme or interventions post falls. Presenting a quarterly report to UEC system delivery meeting and UEC board.

5.5 Single Point of Access

5.5.1 Develop Single Point of Access (SPA) to support an increase in referrals 7 days a week 08:00-20:00hr

5.5.2 SPA to continue to reduce call waiting times over the winter months, with the aim of achieving a call answer time of less than one minute on the Health Care Professional (HCP) line by the end of March 2026

5.5.3 Increase workforce in SPA to support improved call answer times and co-ordination of on the day community-based response

5.5.4 SPA team to pull 999 calls from the stack in the morning, to reduce the need to dispatch an ambulance for those who can be assessed and treated at home

5.5.5 SPA to support calls from care homes and carers in the person's own home

5.6 Improve and standardise care for those who require it on the same day

5.6.1 To deliver appropriate emergency care to more people in the community and to ensure people do not attend hospital unnecessarily, we need to expand or have more effective use of UEC services to meet this demand

5.6.2 There is a national requirement for a zero growth in emergency admission for adults and to minimise avoidable unplanned admissions for chronic ambulatory conditions

5.7 On the day or next day services

5.7.1 UEC visiting services, Urgent Community Response (UCR) and Hospital @ Home (H@H) services to continue to develop integrated working with intermediate care to minimise delays to rehabilitation in their own home

5.7.2 Increasing capacity within H@H service, by carrying out interventions that create capacity i.e., in situations where there are two registered clinicians assessing people in their own home, to one registered person with a support person

5.7.3 Maximising the use of Same Day Emergency Care (SDEC) units, e.g. Witney, Abingdon Emergency Multidisciplinary Units (EMUs), Henley Rapid Access Care Unit (RACU), the Ambulatory Assessment Unit (AAU) at the John Radcliffe Hospital and the Rowan Day Unit at the Horton General Hospital

5.7.4 Clear pathways that are understood by both clinicians and Oxfordshire residents

- 5.7.5 Additional focus on those who are resident in Care Homes, to ensure they have a timely response to assessment and treatment within the Care Home

5.8 Development of Urgent Treatment Centres

- 5.8.1 The Urgent Treatment Centre (UTC) on the Horton General Hospital (HGH) site and the City Urgent Care Centre (UCC) on the John Radcliffe (JR) site need to prioritise redirections from both Emergency Departments they are colocated with. The community Minor Injury Units (MIUs) prioritise minor injuries.
- 5.8.2 The community MIUs and the city UCC to become accredited as Urgent Treatment Centres (UTCs). City UCC is ready for their accreditation assessment. The community MIU's need to see people with minor illness before they can achieve accreditation.
- 5.8.3 To achieve a consistent model of care within UTCs, we require consistent delivery of NHS 111 pathways for minor illness to City Urgent Care Centre (UCC), HGH UTC and the community MIUs in Abingdon, Witney, and Henley. The Directory of service to be similar for all units but the delivery will be capacity dependant across all units.
- 5.8.4 Integrate the medical oversight between MIUs and EMUs in Henley, Abingdon and Witney
- 5.8.5 Increase the provision of Radiology in community Minor Injury Units (MIU's) to reduce the need for people to return the next day for an x-ray

5.9 Improve ambulance response times

- 5.9.1 Reduce avoidable ambulances dispatches by Single Point of Access have direct access to the 999 stack to identify people who can be assessed at home by community services to include category 2, 3 and 4 calls
- 5.9.2 Minimise avoidable conveyances to the ED, to ensure those in the ED will benefit from their attendance there
- 5.9.3 Reduce ambulance handover delays within Emergency Departments
- 5.9.4 Reduce Patient Transport Service (PTS) cancellation rate from 14% to 6%

5.10 Improve waiting time in the Emergency Departments

- 5.10.1 A minimum of 78% of people (adults and children) assessed, discharged and transferred out of the ED within 4hrs of arrival
- 5.10.2 98% of people spend less than 12hrs in the ED
- 5.10.3 Maximise use of the Patient Transport Service (PTS) overnight crews to reduce prolonged length of stay in EDs

5.11 Improve flow through mental health crisis and acute pathways and access to children and young people's services

- 5.11.1 Provision of 24/7 crisis team through redesign of existing services (merger of night team and street triage)
- 5.11.2 New 24/7 police 136 and health professionals' advice line, reducing avoidable 136 / ED attendance
- 5.11.3 Expansion of crisis team capacity across Oxfordshire
- 5.11.4 All age, 24/7 mental health text service "SUNRISE"

- 5.11.5 Further refine opportunities for diversion from the Emergency Departments, including review of crisis alternatives such as safe havens

5.12 Reducing length of stay in inpatient mental health beds and reduction of Out of Area Placements

- 5.12.1 Involvement of Mental Health Urgent Care in Purposeful Admission and Pro-active Discharge planning group (inpatient transformation programme)
- 5.12.2 Review of teams with option to include patient flow into crisis team, increasing admission request triage / gate keeping
- 5.12.3 Improved home treatment provision with staff embedded on inpatient wards

5.13 Reduce length of stay in hospital and ensure that people are cared for in the most appropriate setting

- 5.13.1 Increasing the percentage of adult inpatients returning directly to their own home from 91% to 93%.
- 5.13.2 Agreed metrics and trajectories for a reduction in length of stay for people who are waiting for each pathway i.e.,
 - 5.13.2.1 those returning home requiring support: target average delay 4.4 days
 - 5.13.2.2 those discharged to bed-based rehabilitation: target average delay for generic community hospital bed 3 days
 - 5.13.2.3 those transferred to long term Care Home: target average delay 9 days
- 5.13.3 No more than 0.6% of people Medically Optimised for Discharge (MOFD) for 21 days or more. Reduce length of stay for those in bed-based rehabilitation, generic and specialist neuro rehabilitation

6.0 Urgent and Emergency Care Assurance

- 6.1 In Appendix 1, the UEC assurance table has been provided by NHSE for our system to assure preparedness for the winter period 2025/26.

7.0 Conclusion

- 7.1 In September each year, the UEC Integrated Improvement Programme in Oxfordshire converts to a winter plan. This is based on continuing the workstreams from the previous year and test and learns carried out April to August each year
- 7.2 The focus is to shift hospital care to the community to expand UEC services at home and in the community
- 7.3 We continue to deliver interventions to support people not attending hospital unnecessarily

8.0 Recommendations

- 8.1 We ask that the winter plan is approved

Appendix 1 The assurance statements have been agreed by our Oxfordshire UEC Board partners ready for our winter as highlighted in the interventions and preparation in the chapters above.

Appendix 1.1: Board Assurance

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the ICB Winter Plan for 2025/26.	Yes	August/September 2025 (tbc)
A robust quality and equality impact assessment (QEIA) informed development of the ICB's plan, and this has been reviewed by the Board.	Yes	At place – Oxfordshire System
The ICB's plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Yes	At place - Fully engaged with all partners across Oxfordshire
The Board has tested the plan during a regionally led winter exercise, reviewed the outcome, and incorporated lessons learned.		8 th September 2025
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Accountability held at Oxfordshire place UEC Board.
Plan content and delivery		
The Board is assured that the ICB's plan addresses the key actions outlined in Section B.	Yes	See next section.
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	Mitigations in place and described in Oxon UEC Risk Register.
The Board is assured there will be an appropriately skilled and resourced system control centre in place over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners.	Yes	This is held at BOB ICB Level with place (Oxon)

Appendix 1.2 Winter Plan Checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
Vaccination programmes across all the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns.	Yes	All partners leading on campaigns.
In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community.	Yes	As above
Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.	Yes	Where possible, patients are discharged with care plans or proactive care such as virtual care / hospital at home.
Capacity		
The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect to ensure patients' needs are met, including at times of peak pressure.	Yes	
Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges.	Yes	Confirmed, procedures already in place.
Action has been taken in response to the Elective Care Demand Management letter, issued in May 2025, and ongoing monitoring is in place.	Yes	At ICB level.
Leadership		
On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	As required.
Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Opel Framework refreshed, reporting via Shrewd and governance arrangements in place

Appendix 2

Winter plan ref	Area	Outcome	Metric
5.4.2	Falls prevention	Presenting a quarterly report to UEC system delivery meeting and UEC board.	Falls group quarterly report to UEC system delivery meeting and UEC board.
5.5.1	SPA	Increase in SPA referrals	Increase to be evidenced by the end point in March 2026 / set target by end of March 2026
5.5.2	SPA	Improve call answer times	<60 secs for HCP line by March 2026
5.5.3	SPA	Increase workforce – BCF funding	Monthly report on baseline WTE prior to funding and increase in WTE during the project.
5.5.4	SPA	Increased 999 calls pulled from the stack	Increase over winter months
5.6.1	Improve and standardise care for those who require it on the same day	Zero growth in emergency admissions	Reported in monthly UEC sit rep
5.7.3	On the day or next day services	Maximising use of SDECs	Increase in activity in community SDEC's- reported in monthly UEC sit rep
5.9.3	Improve ambulance response times	Reduce ambulance handover delays within Emergency Departments	Reported in UEC monthly sit rep
5.9.4	Improve ambulance response times	Reduce Patient Transport Service (PTS) cancellation rate	from 14% to 6%
5.10.1	Improve waiting time in the ED	A minimum of 78% of people (adults and children) assessed, discharged and transferred out of the ED within 4hrs of arrival	UEC monthly sit rep
5.10.2	Improve waiting time in the ED	98% of people spend less than 12hrs in the ED	UEC monthly sit rep
5.13.1	Reduce LOS in hospital & ensure that people are cared for in the most appropriate setting	Increasing the percentage of adult inpatients returning directly to their own home	from 91% to 93%
5.13.2.1	Reduce LOS in hospital & ensure that people are cared for in the most appropriate setting	reduction in length of stay for people are returning home requiring support	target average delay 4.4 days
5.13.2.2	Reduce LOS in hospital & ensure that people are cared for in the most appropriate setting	those discharged to bed-based rehabilitation	target average delay for generic community hospital bed 3 days
5.13.2.3	Reduce LOS in hospital & ensure that people are cared for in the most appropriate setting	those transferred to long term Care Home	target average delay 9 days

OXFORDSHIRE HEALTH AND WELLBEING BOARD

25 SEPTEMBER 2025

Oxfordshire Joint Strategic Needs Assessment 2025

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is **RECOMMENDED** to

- a) Approve the content of the Joint Strategic Needs Assessment (JSNA) for 2025**
- b) Encourage widespread use of the JSNA in planning, developing and evaluating services across the county.**
- c) Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years.**

Introduction

1. The Joint Strategic Needs Assessment (JSNA) is a statutory annual report provided to the Health and Wellbeing Board and published in full on [Oxfordshire Data Hub](#). It provides an evidence-base for the Health and Wellbeing Strategy and is an opportunity for an annual discussion about the key issues and trends from a review of a very wide range of health-related information about Oxfordshire.
2. Producing the JSNA is a collaborative project with contributions from many analysts and sector specialists from Oxfordshire's Local Authorities, NHS, Thames Valley Police, Healthwatch Oxfordshire and Voluntary Sector organisations.
3. The report makes use of data from NHS Digital, the Office for National Statistics, the Office for Health Improvement & Disparities, the Department for Education, as well as local data. Datasets can take time to process, which means that this 2025 JSNA update includes information from the 2021 Census, as well as more recent data from 2023 and 2024.
4. It is important to note that the JSNA does not include information about services needed to support the health and wellbeing of the population and, in some cases, the data may not be recent enough to reflect changes in services.

5. This paper gives an overview of the key findings from the 2025 Oxfordshire JSNA and plans for the continued development of JSNA resources.

What is new in JSNA 2025 Update

6. In previous years, the JSNA was published as a series of PDF reports. This year, it mainly consists of digital interactive content (PowerBI dashboards) published at the Oxfordshire Data Hub website, as advised by the Health and Wellbeing Board at its meeting in March 2024.
7. Based on feedback from the JSNA steering group, the structure of this year's JSNA follows the life course approach and is therefore aligned with the Oxfordshire Health and Wellbeing strategy. It consists of the following dashboards:
 - (a) Population
 - (b) Starting Well – Children and Young People
 - (c) Living and Ageing Well
 - (d) Building Blocks of Health
8. The digital format of the JSNA allows the user to explore the available indicators in greater detail and across smaller geographies, such as middle-layer super output areas (MSOAs), as well as compare Oxfordshire with England and statistical neighbours.
9. NHS geographies were used to display healthcare indicators where data are available, including Primary Care Network and GP practices, as well as ICB and local authority level.
10. The digital approach adopted this year also allows for automated updates, making it easier and more efficient to update the dashboard in future years.
11. Links to the PowerBi dashboards are provided in Annex 2.

Key findings from the 2025 update to the JSNA

12. A one-page summary of the facts and figures from across the life course in the JSNA 2025 are provided in Annex 1.
13. The Board's attention is also drawn to the following key findings from the JSNA 2025 update.

Population

14. **Population** - The population of Oxfordshire continues to grow, with the latest estimates indicating a mid-2024 population of approximately 763,218 people, an increase of 1.5% compared to the previous year. In 2024, 18.0% of the population were aged 0 to 15 years and 18.3% were aged 65 and over.

15. **Life expectancy** - Average male and female life expectancy was 81.6 and 84.5 years respectively in 2023, significantly higher than the national average of 79.3 for males and 83.2 for females. Healthy life expectancy followed a similar pattern, with 67.1 years for males and 68.3 years for females in Oxfordshire in 2021-23.
16. **Homelessness** – Oxford had the highest rate of homeless households in the county in 2023/24 (15.1 per 1,000), significantly higher than England (13.4 per 1,000) and Oxfordshire overall (9.6 per 1,000).

Starting Well – Children and Young People

17. **Physical activity** - Oxfordshire County (43.5%) and West Oxfordshire (25.7%) had significantly lower proportions of physically active children and young people aged 5 to 16 compared to England (47.2%) in 2023/24. Overall, in Oxfordshire there has been a downward trend in physically active children from 58.4% in 2019/20.
18. **Obesity** – 7.7% of reception year children and 18.6% of year 6 children in Oxfordshire were living with obesity in 2023/24, both significantly lower than the England average (9.7% and 23.3% respectively). However, this varies across the county. Vale of White Horse had the highest obesity prevalence at reception (9.3%), while Oxford had the highest obesity prevalence in Year 6 children (21.3%).
19. **NEET** – Oxfordshire had a similar proportion of 16–17-year-olds not in education, employment or training in 2024 (5.1%) compared to England (5.4%), with an upward trend observed in recent years (3.7% in 2020).
20. **Vaccination** – 90.8% of children in Oxfordshire had received 2 doses of the MMR vaccine by the age of 5 in 2023/24, which is better than the England average of 83.9%, but is still not achieving the national goal of 95% or above.

Living and Ageing Well

21. **Tobacco smoking** – 10.3% of adults in Oxfordshire smoked in 2023, which is comparable to the England average of 11.6%. Vale of White Horse had the lowest smoking prevalence out of the 5 Local Authority Districts (LADs) (2.0%), which was lower than the England average. However, the prevalence of smoking in working age adults in routine and manual occupations in Oxfordshire was 15.3%, similar to the England average of 19.5%, and has displayed a considerable downward trend in recent years from 30.7% in 2020.
22. **Obesity** – Cherwell had the highest percentage (64.3%) of adults classified as overweight or obese in 2023/24, followed by South Oxfordshire (60.3%) and Vale of White Horse (59.7%), similar to the England average of 64.5%. West Oxfordshire (58.9%) and Oxford (49.6%) had significantly lower proportion of overweight or obese people compared to England.
23. **Physical exercise** – Cherwell (69.6%) and West Oxfordshire (68.3%) had similar proportion of physically active adults compared to England (67.4%) in 2023/24. The other LADs had significantly higher rates of physically active population compared to England.

24. **Mortality** – Oxfordshire and all five LADs had significantly lower rates of all-cause mortality compared to England. The highest rates of deaths from causes considered preventable under 75 years in both males and females by district (2021-23) were in Oxford. Oxford had comparable rates of female preventable mortality to England, while all other districts had significantly lower rates.

Building Blocks of Health

25. **Children in low-income families** – 15,688 children were living in low-income families in Oxfordshire (11.7%) in 2023, significantly lower than the England average (22.1%). There has been a gradual increase in these numbers since 2021, with Oxford having the highest proportion in the county (16.7%).
26. **Fuel poverty** – 9.6% of households in Oxfordshire were fuel-poor, compared to 11.4% in England in 2023. The highest percentage of fuel poor households was observed in Oxford (11.4%), while in all other LADs this proportion was below 10%.
27. **Employment rate** – 83.5% of people aged 16 to 64 years were in employment in Oxfordshire in 2024, a significantly higher proportion compared to England (75.7%). Oxford has the lowest employment rate in the county (76.9%) while West Oxfordshire has the highest (87.7%).
28. **Crime** – Oxfordshire had significantly lower rate of hospital admissions for violence (15.6 per 100,000) compared to England (34.2 per 100,000) in the 3-year period 2021/22-2023/24. However, 3,163 children in Oxfordshire were involved in some way in a domestic abuse incident in 2024/25.

Local Research

29. Local research continues to enrich the JSNA by providing qualitative insights that complement statistical data and highlight the lived experiences of Oxfordshire's communities. The 2025 update reflects a broad and diverse range of community-led, academic, and local authority research initiatives, with contributions from Healthwatch Oxfordshire, voluntary sector organisations, academic institutions, and local government bodies. These are presented in an accessible PDF report, published in the JSNA section of the Oxfordshire Data Hub.

How the findings will be used

30. The main JSNA interactive dashboards will be published on Oxfordshire Data Hub for use by organisations, local communities and people in Oxfordshire. These dashboards allow users to explore and find data for various topics and geographic areas.
31. The dashboards are accompanied by PDF reports that summarise the findings displayed on the dashboards. This approach allows users who may be unable to use the dashboards to access this content. Links to the data sources used in the JSNA will also be provided.

32. The JSNA dashboards and related resources are used widely as part of service planning.
33. As in previous years, the JSNA will be widely disseminated to partners represented on the Health and Wellbeing Board. Further JSNA presentations and training sessions on how to use the dashboards will be provided to partners on request.
34. Given the novel digital approach followed this year, issues may be identified over time through usage of the dashboards. Users will be able to share feedback and concerns by emailing jsna@oxfordshire.gov.uk. This will allow the continuous improvement of the JSNA throughout the year.

Planning the 2026 update to the JSNA

35. The next update to the JSNA will be to the September 2026 meeting of the Health and Wellbeing Board.
36. The format of the JSNA interactive dashboards will be reviewed to continue to improve accessibility and the scope of the JSNA's interactive resources.

Financial Implications

37. There are no financial implications relating to this report as the work on publishing an annual JSNA is already accounted for within business-as-usual service planning.

Comments checked by:

Emma Percival, Assistant Finance Business Partner,
emma.percival@oxfordshire.gov.uk

Legal Implications

38. The Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board have a statutory duty to prepare joint strategic needs assessments (JSNAs) under s116 Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022). S 196 Health and Social Care Act 2012 provides that these functions are to be exercised by the Health and Wellbeing Board established by the local authority. JSNAs are assessments of the current and future health and social care needs of the local community and government guidance makes it clear that the intention is to consider wider factors that impact on the local community's health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances.

Comments checked by:

Jonathan Pool, Solicitor (contracts), Jonathan.Pool@oxfordshire.gov.uk

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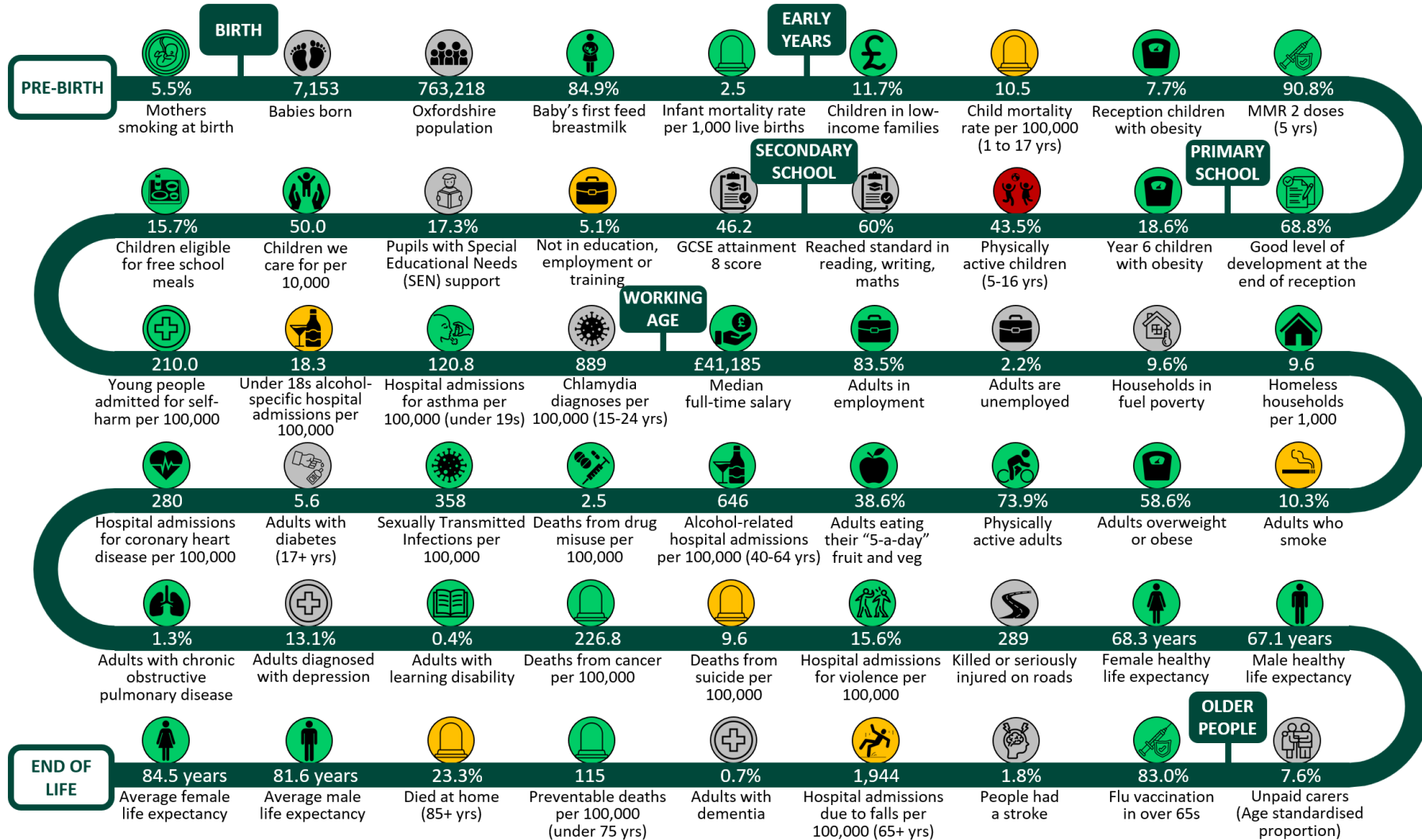
September 2025

Annexes:

- Annex 1 - Oxfordshire JSNA facts and figures 2025
- Annex 2 – Links to the Oxfordshire JSNA 2025 PowerBI dashboards

Oxfordshire JSNA facts and figures 2025

Comparison with England national average: ● Better ● Similar ● Worse ● Not compared



Annex 2 – Links to the Oxfordshire JSNA 2025 PowerBI dashboards

Population:

<https://app.powerbi.com/view?r=eyJrIjoiNTM3YzAyMWYtZThmNi00MGJjLWlwZWItYjVlODU5ZWJmN2Q5IiwidCI6ImYwNWQzOWRhLTl2ZWMtNGVIYS1iOGViLTlmZjFhNjgyZDVINSJ9>

Children and Young People (Starting Well):

<https://app.powerbi.com/view?r=eyJrIjoiMmM4MmY0MjMtZjFkYS00YTA0LWl0YTUtOWRmYmQzMjZmOTQ2IiwidCI6ImYwNWQzOWRhLTl2ZWMtNGVIYS1iOGViLTlmZjFhNjgyZDVINSJ9>

Living and Ageing Well:

<https://app.powerbi.com/view?r=eyJrIjoiMTIzOTZiNDktZjMxYy00OWNmLWEwOTQtNzgzMGI1MDY3MzE3IiwidCI6ImYwNWQzOWRhLTl2ZWMtNGVIYS1iOGViLTlmZjFhNjgyZDVINSJ9>

Building Blocks of Health:

<https://app.powerbi.com/view?r=eyJrIjoiOTIwYzk0NDYtYmI2Yy00M2M3LWEyMDYtNjk5ZjViYWMwNDkxIiwidCI6ImYwNWQzOWRhLTl2ZWMtNGVIYS1iOGViLTlmZjFhNjgyZDVINSJ9>

OXFORDSHIRE HEALTH AND WELLBEING BOARD

25 SEPTEMBER 2025

Oxfordshire Pharmaceutical Needs Assessment 2025

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is **RECOMMENDED** to

- a) To receive an update on the production of the 2025 Oxfordshire Pharmaceutical Needs Assessment (PNA).
- b) To note that the 2025 Oxfordshire PNA has been out to formal 60-day consultation and is ready for publication.
- c) To approve the publication of the completed 2025 Oxfordshire PNA.

Executive Summary

1. Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The last PNA for Oxfordshire was published in 2022 and has been kept up to date with supplementary statements reflecting changes in provision. The 2025 PNA is now due for publication in October 2025.

Introduction

2. 'Pharmaceutical Needs Assessments' or 'PNAs' are a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area. It is a mandatory exercise. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The [NHS \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013](#) set out the legislative basis for developing and updating PNAs.
3. To prepare the report, data is gathered from a range of sources including pharmacy contractors, pharmacy users, local residents, and others (commissioners, planners).

4. An external expert resource, Soar Beyond Ltd, has been commissioned to support the preparation and delivery of the PNA 2025 report. Soar Beyond have extensive expertise in producing PNAs, having produced 26 in the last round in 2022.
5. Since the last PNA for Oxfordshire was published (in 2022) there have been changes to local provision of pharmacy services, with some contractors closing premises (for example Lloyds in Sainsbury supermarkets) and applications for new pharmacies to open. The PNA provides a formal and evidence-based view on any gaps in pharmaceutical provision locally and is the primary resource used by NHS England when considering applications to open new pharmacies in the county. Therefore, this new PNA will ensure decisions taken on determining applications for new pharmacies in Oxfordshire are informed by the needs of local residents.
6. The final report is a publicly available document and will highlight any current gaps in provision as well as likely future needs based on anticipated demographic changes within the lifetime of the PNA.

PNA progress to date

7. The Oxfordshire PNA process commenced late 2024 overseen by a wider BOB system-wide steering group, as agreed by the Oxfordshire Health and Wellbeing board in September 2024.
8. An Oxfordshire PNA project group has supported the production of the PNA, ensuring that all relevant data is incorporated and that it meets the requirements of the legislation.

The Project group consists of:

- Consultant in Public Health / Nominated Public Health Lead
- Local Pharmaceutical Committee representative
- Healthwatch representative (lay member)
- Soar Beyond representative
- BOB ICB representative

9. Following public engagement, data collection and analysis, the 2025 Oxfordshire PNA was drafted, reviewed and approved by the Oxfordshire PNA project group. As agreed at the last Health and Wellbeing Board, the draft PNA was signed-off by the Director of Public Health and the Chair of the Health and Wellbeing Board in May 2025.
10. The current community pharmacy network in Oxfordshire is considered adequate to meet the needs of the population. There are 99 community pharmacies and 24 dispensing doctor practices, providing good geographic coverage across both urban and rural areas. Access is well supported, with extended opening hours and strong transport connectivity: 78% of pharmacies open on Saturdays, 21% on Sundays, and most residents can reach a pharmacy within 20–30 minutes by various transport modes. Public feedback

confirms high levels of satisfaction with access, with 95% of respondents able to reach a pharmacy within 30 minutes.

11. Future population growth (projected 4.9% increase by 2030) has been considered, and no future gaps in provision are anticipated. While increased demand may place some pressure on services, the network is currently resilient and adaptable through innovations and service improvements. Although the number of pharmacies is below the national average, no unmet need has been identified, and ongoing monitoring will ensure provision continues to meet local requirements.
12. The Draft PNA went out to formal 60-day consultation from the 2 June 2025 until 1 August 2025. It was made available to all statutory consultees as per the PLPS 2013 Regulations, the public and all members of the BOB ICS Steering Group.
13. Statutory Consultees as per the regulations include:
 - Local Pharmaceutical Committee
 - Local Medical Committee
 - Pharmacies included in the pharmaceutical list for Oxfordshire HWB area .
 - Healthwatch
 - NHS Trust or NHS Foundation Trust:
 - BOB Integrated Care Board
 - Neighbouring Health and Wellbeing Boards:
14. There were in total 28 responses, all of them from the internet survey. From the 28 responses, 12 (43%) agreed with the conclusions of Oxfordshire Draft 2025 PNA, 10 (36%) neither agreed nor disagreed, five (18%) disagreed and one didn't respond.
15. Comments focused on the following:
 - (a) Length and complexity of the document
 - (b) Closures over the past few years
 - (c) Rurality across Oxfordshire
 - (d) Quality of service experienced
16. All responses were considered by the PNA Steering Group at its meeting on 14 August 2025 for the final report and signed off by the steering group as an accurate reflection of need and provision of pharmaceutical services across Oxfordshire. No changes were made to the content of the PNA following the consultation. However, all comments received have been responded to in full and are documented in Appendix H.
17. The final PNA is presented to the Oxfordshire Health and Wellbeing board in September 2025. The final PNA must be published no later than 1st October 2025. The PNA will be kept under regular review and updated through supplementary statements as required, to reflect any significant changes in pharmaceutical service provision.

Financial Implications

18. Funding for the production of the Pharmaceutical Needs Assessment for 2025 has already been allocated

Comments checked by:

Emma Percival, Assistant Finance Business Partner,
emma.percival@oxfordshire.gov.uk (Finance)

Legal Implications

19. The work is being undertaken to ensure the Health and Wellbeing Board is able to comply with its duties to carry out pharmaceutical needs assessments in accordance with the requirements of the [NHS \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013](#).

Comments checked by:

Jonathan Pool, Solicitor (Contracts), jonathan.pool@oxfordshire.gov.uk

Ansaf Azhar **Director of Public Health and Communities**

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**OXFORDSHIRE
COUNTY COUNCIL**



Pharmaceutical Needs Assessment 2025

Oxfordshire
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Oxfordshire County Council. The production has been overseen by the PNA Steering Group for Oxfordshire Health and Wellbeing Board with authoring support from Soar Beyond Ltd. All information is correct at the time of writing April 2025.

Changes as part of the PNA process were included for the final document.

DRAFT

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Abbreviations

AS	Advanced Service
AUR	Appliance Use Review
BOB	Buckinghamshire, Oxfordshire and Berkshire West
BSA	Business Services Authority
BSW	Bath and North East Somerset, Swindon and Wiltshire
C-card	Condom-card distribution scheme
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CP	Community Pharmacy
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
CPE	Community Pharmacy England
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
Disp	Dispensing GP practice
DMS	Discharge Medicines Service
DRUMs	Dispensing Review of Use of Medicines
DSP	Distance Selling Pharmacy
DSQS	Dispensing Services Quality Scheme
EHC	Emergency Hormonal Contraception
ES	Essential Service
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Need Assessment
LARC	Long-Acting Reversible Contraception

LAS	Local Authority-commissioned Service
LES	Local Enhanced Service
LFD	Lateral Flow Device
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTCP	Local Transport and Connectivity Plan
LTP	Long Term Plan
MAS	Minor Ailment Scheme
NES	National Enhanced Service
NEX	Needle Exchange
NHS	National Health Service
NHSE	NHS England
NMS	New Medicine Service
NPA	National Pharmacy Association
OCC	Oxfordshire County Council
ONS	Office for National Statistics
PAD	Peripheral Arterial Disease
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCT	Primary Care Trust
PGD	Patient Group Direction
PLPS	Pharmaceutical and Local Pharmaceutical Services
QOF	Quality and Outcomes Framework
RAF	Royal Air Force
SAC	Stoma Appliance Customisation
SC	Supervised Consumption
SCS	Smoking Cessation Service
STI	Sexually Transmitted Infection
THN	Take Home Naloxone

Executive summary

Introduction and purpose

This 2025 Pharmaceutical Needs Assessment (PNA) has been prepared by the Oxfordshire Health and Wellbeing Board (HWB) in line with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

It follows the previous assessment published in April 2022 and reflects the latest data and changes in policy and population health needs.

The PNA maps pharmaceutical service provision against population health needs and supports NHS England, the ICB and local authorities in commissioning services and determining applications for pharmaceutical contracts.

Population and health needs

Oxfordshire's population is estimated at around 750,230 (2023). The county is experiencing moderate growth, with variation across districts. Oxford City has a younger, more diverse population, while rural districts have higher proportions of older adults and more limited access to services.

Districts such as Cherwell and Oxford City have greater deprivation and health inequality, while West Oxfordshire and South Oxfordshire are more rural with an ageing population and lower disease prevalence. Projected housing growth is highest in Cherwell and Vale of White Horse.

Pharmaceutical service providers in Oxfordshire

There are 99 community pharmacies across Oxfordshire (March 2025). The county's pharmacy provision is lower than the national average per 100,000 population but is supplemented in rural areas by 24 dispensing GP practices operating from 29 sites.

Access is considered adequate, with nearly 100% being able to get to a community pharmacy by private transport within 10 minutes. Travel times are longer for those who walk or use public transport.

Uptake of key Advanced Services, Pharmacy First and Hypertension case-finding services is good.

Public feedback

Feedback from 454 public respondents and Healthwatch Oxfordshire indicates broad satisfaction with pharmacy services. Key issues raised include access barriers in rural and deprived areas.

Conclusions

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

Section 1: Introduction

1.1 Background and context

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

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

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

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

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

Table 1: Timeline for PNAs

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

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed March 2025] www.legislation.gov.uk/uksi/2013/349/contents/made

This document should be revised within three years of its previous publication. The last PNA for Oxfordshire HWB was published in April 2022. A strategic decision was made to delay publication in order to align with the timelines of the other four PNAs within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System footprint. As a result, publication was rescheduled from April 2025 to 1 October 2025.²

This PNA for Oxfordshire HWB fulfils this requirement.

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

- There was an **update to the PLPS Regulations 2013 in May 2023** which in the main was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours.
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
 - Local arrangements with ICBs for the temporary reduction in hours.
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)³ and Healthwatch England⁴. Both highlighted the current rate of **pharmacy closures** for 2024 was higher than previous years mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year.⁵

² Agenda for Oxfordshire Health and Wellbeing Board on Thursday, 26 September 2024. Oxfordshire County Council [Accessed March 2025]

<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=897&MId=7575&Ver=4>

³ NPA. 2024 pharmacy closures second highest on record. [Accessed March 2025] <https://www.npa.co.uk/news/2025/january/2024-pharmacy-closures-second-highest-on-record/>

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

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

- **Pharmacy First Service⁶** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **Hypertension case-finding service⁷** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.

1.3 Key upcoming changes

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

- **PLPS Regulations amendments:** These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- **Distance Selling Pharmacies (DSPs)** will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified.
- From 23 June 2025, no new applications for DSPs will be accepted, following amendments to the PLPS Regulations 2013, which close entry to the DSP market.
- **Funding and fees:** Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.

Service developments:

- From October 2025, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.
- New Medicine Service will be expanded to include depression from October 2025.
- Childhood Flu Vaccination Service, which covers all children aged 2 and 3 years old, will be trialled as an Advanced Service for one season from October 2025.⁸

⁶ Community Pharmacy England (CPE). Pharmacy First Service. November 2024 [Accessed March 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

⁷ Community Pharmacy England. Hypertension Case-Finding service. July 2024. [Accessed March 2025]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

⁸ Community Pharmacy England. Childhood Flu Vaccination Service. July 2025. [Accessed August 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/childhood-flu-vaccination-service/>

- The hospital discharge Smoking Cessation Service will have Patient Group Directions introduced to enable provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

In March 2025, the government decided to merge NHS England into the Department of Health and Social Care (DHSC), aiming to reduce bureaucracy and improve the management of health services. A timeline for this is still being developed.

1.4 Purpose of the PNA

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

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

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. The PNA is available on the Oxfordshire County Council (OCC) website and is updated regularly. The JSNA informs Oxfordshire's Joint Health and Wellbeing Strategy (JHWS).

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

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

1.5 Scope of the PNA

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

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

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

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

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

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

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

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

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

1.5.1 Pharmacy contractors

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

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

⁹ National Health Service Business Services Authority (NHS BSA). Pharmacy Openings and Closures. November 2024. [Accessed March 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

1.5.1.1 Community Pharmacies (CPs)

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

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

1.5.1.2 Distance-Selling Pharmacies (DSPs)

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

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

Figures for 2023-24 show that in England there were 409 DSPs,¹¹ accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.5.1.3 Pharmacy Access Scheme (PhAS) providers¹²

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

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

¹¹ NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed March 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

¹² Department of Health and Social Care (DHSC). 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed March 2025] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

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

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

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

1.5.1.4 Local Pharmaceutical Service (LPS) providers

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

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

1.5.2 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC). As of March 2025,¹³ there were a total of 111 DACs in England.

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

1.5.3 Dispensing GP practices

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

¹³ NHS Business Services Authority (BSA). Dispensing contractors' data. [Accessed March 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices, therefore, make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities' which is generally a rural area with limited pharmacy access. Residents must live more than 1.6 kilometres away from a pharmacy to be eligible for dispensing services from a dispensing GP practice.

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

1.5.4 Other providers of pharmaceutical services in neighbouring areas

There are eight other HWBs that border Oxfordshire:

- Buckinghamshire.
- Gloucestershire.
- Reading.
- Swindon.
- Warwickshire.
- West Berkshire.
- West Northamptonshire.
- Wokingham.

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

1.5.5 Pharmaceutical services

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

- Essential Services.
- Advanced Services.
- Enhanced Services.

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

- A patient and public involvement programme.
- A clinical audit programme.
- A risk management programme.
- A clinical effectiveness programme.

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

- A staffing and staff programme.
- An information governance programme.

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

1.5.5.1 Essential Services (ES)¹⁵

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

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

¹⁵ Community Pharmacy England. Essential Services. April 2024. [Accessed March 2025] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing appliances** – Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine ‘with reasonable promptness’, for appliances, the obligation to dispense arises only if the pharmacist supplies such products ‘in the normal course of business’.

It has been decided that all Essential Services are to be regarded as Necessary Services for the purposes of the Oxfordshire PNA.

1.5.5.2 Advanced Services (AS)¹⁶

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Oxfordshire can be seen in [Section 3.10](#) and in [Section 6.2](#) by locality.

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service will also incorporate the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improved convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of oral contraception. The supplies are authorised via a Patient Group Direction (PGD), with appropriate checks, such as the measurement of the patient’s blood pressure and body mass index, being undertaken where necessary.

¹⁶ Community Pharmacy England. Advanced Services. February 2024. [Accessed March 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages. The first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ambulatory blood pressure monitoring results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions and medicines are covered by the service.
- **AS6: Hospital discharge Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient’s knowledge and use of any ‘specified appliance’ by:
 - Establishing the way the patient uses the appliance and the patient’s experience of such use.
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
 - Advising the patient on the safe and appropriate storage of the appliance.
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

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

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

Advanced services look to reduce the burden on Primary Care by allowing easier access to a healthcare professional in a high street setting.

1.5.5.3 Enhanced Services

Under the pharmacy contract, National Enhanced Services (NES) are those directly commissioned by NHSE as part of a nationally coordinated programme. There is currently one National Enhanced Service commissioned.

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

Local Enhanced Services (LES) are developed and designed locally by NHS England, in consultation with Local Pharmaceutical Committees (LPCs), to meet local health needs. There is one service commissioned regionally by Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB:

- **LES1: Bank holiday service:** provides coverage over bank holidays, Good Friday, Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.

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

1.5.5.4 Other services

As stated in [Section 1.4](#), for the purpose of this PNA 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE.

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

1.6 Process for developing the PNA

Oxfordshire HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Oxfordshire was published in April 2022 and as discussed earlier it was agreed by the HWB to delay publication, and is therefore due to be reassessed and published by October 2025.

The council Public Health team has a duty to complete this document on behalf of the Oxfordshire HWB. A BOB-wide steering group was established to oversee the process and progress of the five PNAs in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB footprint which includes Oxfordshire.

Soar Beyond Ltd was chosen from a selection of potential candidates due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Project set up** and governance established between OCC Public Health and the BOB-wide Steering Group which included Soar Beyond Ltd at their first meeting 3 December 2024. The terms of reference and membership of the group can be found in Appendix C.
- **Step 2: Project management** – Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 3: Local subgroup established** – to ensure the day-to-day process and local decision making was considered a local subgroup was established.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the local subgroup reviewed the existing PNA and JSNA.
- **Step 5: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed and circulated to residents via various channels. A total of 454 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the local subgroup before the assessment was commenced. The pharmaceutical list dated March 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The local subgroup reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the local subgroup agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.

- **Step 8: Consultation** – In line with the PLPS Regulations 2013, a consultation on the draft PNA was undertaken between 2 June and 3 August 2025. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix F.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the local subgroup. A summary of the responses received is noted in Appendix G, and full comments are included in Appendix H.
- **Step 10: Production of final PNA – future stage** – The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the local PNA subgroup. The final PNA was signed off by the Chair of the HWB and the Director of Public Health and subsequently published on the council's website.

1.7 Localities for the purpose of the PNA

The PNA local subgroup considered how the localities within the Oxfordshire geography should be defined for the purpose of the PNA. It was agreed that the same locality boundaries used in the previous PNA (published in 2022) would be retained for the 2025 PNA. This decision was based on two key factors:

- The majority of health and social care data is available at district level, which provides reasonable statistical robustness.
- Using consistent boundaries allows for direct comparison with the findings of the previous PNA.

The localities used for the PNA for Oxfordshire are:

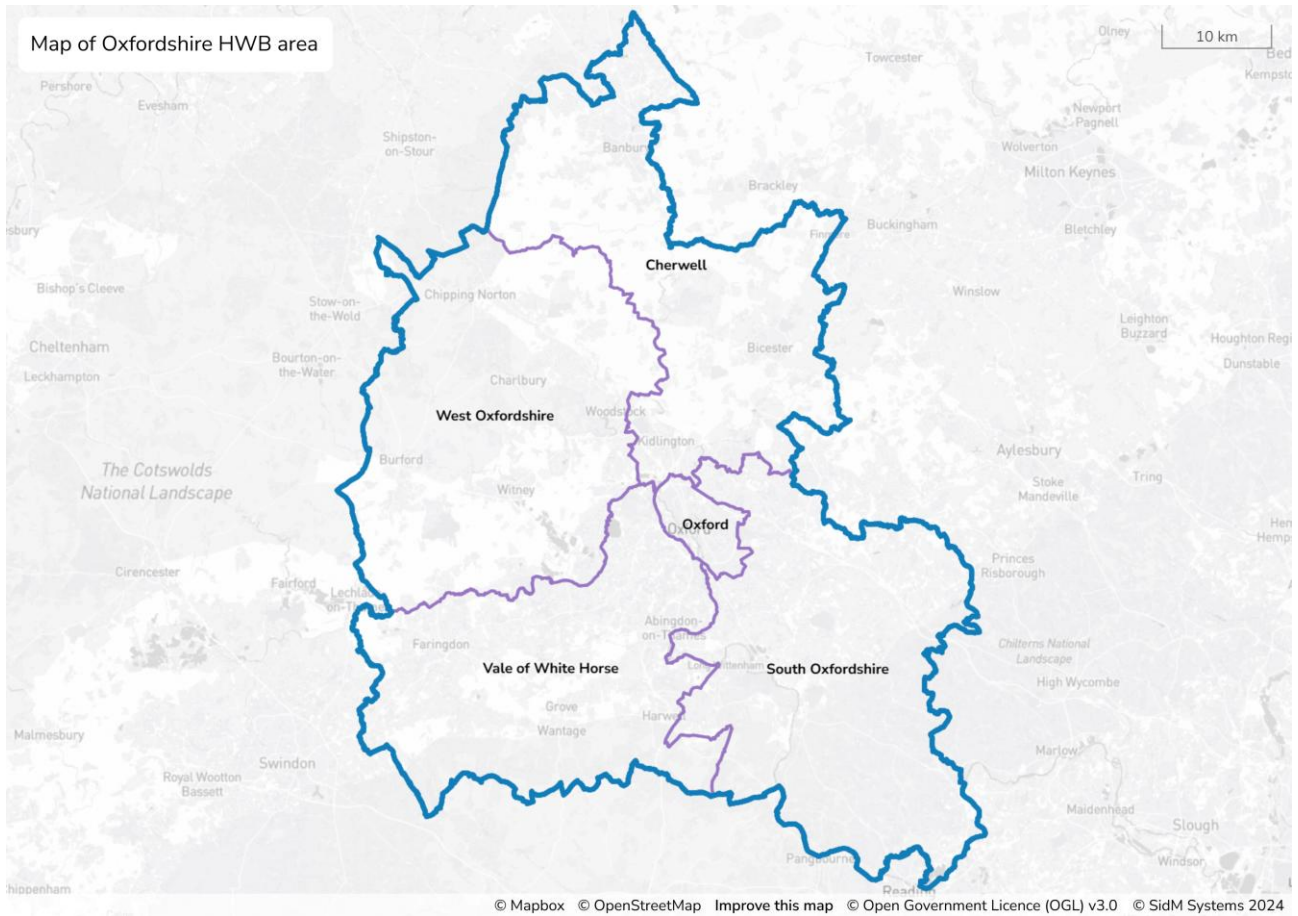
- Cherwell.
- Oxford City.
- South Oxfordshire.
- Vale of White Horse.
- West Oxfordshire.

A list of providers of pharmaceutical services within these localities is found in Appendix A.

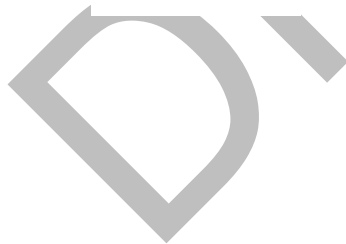
The information contained in Appendix A has been provided by the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB and OCC. Once collated, it was ratified by the local subgroup.

The localities for the purpose of this PNA will be referred to as districts to reflect the local naming convention for the area.

Figure 1: Map of Oxfordshire Health and Wellbeing Board (HWB) area showing district boundaries (2025)



Boundaries:  HWB area  District



Section 2: Context for the PNA

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

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of pharmaceutical service provision requirements for Oxfordshire. This section should be read in conjunction with these detailed documents. Appropriate links have been provided within each subsection. There are opportunities for the ICB and HWB to maximise Community Pharmacy Contractual Framework (CPCF) services to support the Oxfordshire health and wellbeing strategy. These are explored in [Section 8](#).

2.1 NHS Long Term Plan (LTP)¹⁷

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

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

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

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

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

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

2.2 Core20PLUS5¹⁸

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

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

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan aims to modernise healthcare in England by focusing on three pivotal shifts:¹⁹

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

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

2.4 Neighbourhood Health Guidelines²⁰

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

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

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

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

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

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

2.5 Pioneers of reform – Strategic commissioning²¹

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

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

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

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

2.6 Joint Strategic Needs Assessment (JSNA)²²

The purpose of JSNAs and related Joint Health and Wellbeing Strategies (JHWSs) (see below) is 'to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local, evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing'.²³ The PNA should therefore be read alongside the JSNAs.

The Oxfordshire JSNA is made of several topic-based reports which are constantly in a process of being refreshed and added to.

2.7 Oxfordshire Joint Health and Wellbeing Strategy (JHWS)²⁴

The Oxfordshire Health and Wellbeing Strategy 2024-2030 sets out a collaborative, system-wide approach to improving health outcomes and reducing inequalities across the county. Built around a life course approach of Start Well, Live Well, and Age Well, the strategy addresses the broad social, economic, and environmental determinants of health, extending beyond healthcare provision.

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

²² Oxfordshire County Council. Oxfordshire Data Hub - JSNA. [Accessed April 2025] <https://data.oxfordshire.gov.uk/jsna/>

²³ Gov.uk. Department of Health. JSNAs and JHWS statutory guidance. August 2022. [Accessed April 2025] <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

²⁴ Oxfordshire County Council. Health and Wellbeing Strategy. October 2023. [Accessed March 2025] <https://mycouncil.oxford.gov.uk/documents/s75751/Appendix%20A%20-%20Draft%20Oxfordshire%20Health%20and%20Wellbeing%20Strategy.pdf>

Three overarching principles underpin the strategy:

- Tackling health inequalities, particularly among residents in the most deprived areas and those facing structural barriers to health.
- Prevention, promoting physical and mental wellbeing and intervening early to avoid long-term conditions.
- Closer collaboration, emphasising joined-up working across councils, the NHS, voluntary and community sectors, and residents.

The strategy identifies key “building blocks of health”, including quality housing, stable employment, strong communities, access to green space, and support for mental wellbeing. A clear focus is placed on reducing the life expectancy gap, addressing rural health access, and promoting inclusive and equitable economic development.

2.8 Buckinghamshire, Oxfordshire, Berkshire West (BOB) Integrated Care System Strategy²⁵

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

The Integrated Care Strategy set out by Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Partnership has the following five priority areas:

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

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

²⁵ Buckinghamshire, Oxfordshire and Berkshire West. Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership. March 2023. [Accessed March 2025] <https://yourvoicebob-icb.uk.engagementhq.com/bob-integrated-care-partnership>

2.9 Overview of the area

Oxfordshire is a county located in the South East of England. The county is bordered by West Northamptonshire and Warwickshire to the north, Buckinghamshire to the east, Wokingham to the south east, Reading and West Berkshire to the south and Swindon and Gloucestershire to the west.

The city of Oxford is the largest settlement and county town and forms one of the districts for the purpose of the PNA.

Oxfordshire, as a whole, is a mix of rural and urban areas, however the individual districts vary widely: Oxford is classified as urban, Cherwell is classed as urban (although has significant rural areas), Vale of White Horse is classified as rural and both South and West Oxfordshire are classified as rural as well.²⁶

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

2.10 Population characteristics

Oxfordshire County Council (OCC) estimates the current Oxfordshire population to be 750,200²⁷ (a 7.65% increase from the figure used in the 2022 PNA, 696,880).

Figure 2 below shows the population density across Oxfordshire, illustrating how people are spread throughout the county. Oxford City has the highest population density, with large numbers of people living in a relatively small area. Cherwell contains both urban centres, such as Banbury and Bicester, and more rural surroundings. West Oxfordshire, South Oxfordshire, and Vale of White Horse are mainly rural districts, with lower population density overall, apart from a few more built-up towns like Witney, Abingdon and Didcot.

²⁶ ONS. Rural Urban Classification (2021) of Local Authority Districts (2024) in England and Wales. March 2025. [Accessed May 2025]

https://geoportal.statistics.gov.uk/datasets/abd0d2a2de35466883f6184377946368_0/explore

²⁷ OCC. Oxfordshire Data Hub – Current. [Accessed May 2025]

<https://data.oxfordshire.gov.uk/population/future-population/>

Figure 2: Map to show population density across Oxfordshire (Oxfordshire Data Hub projections for 2025)

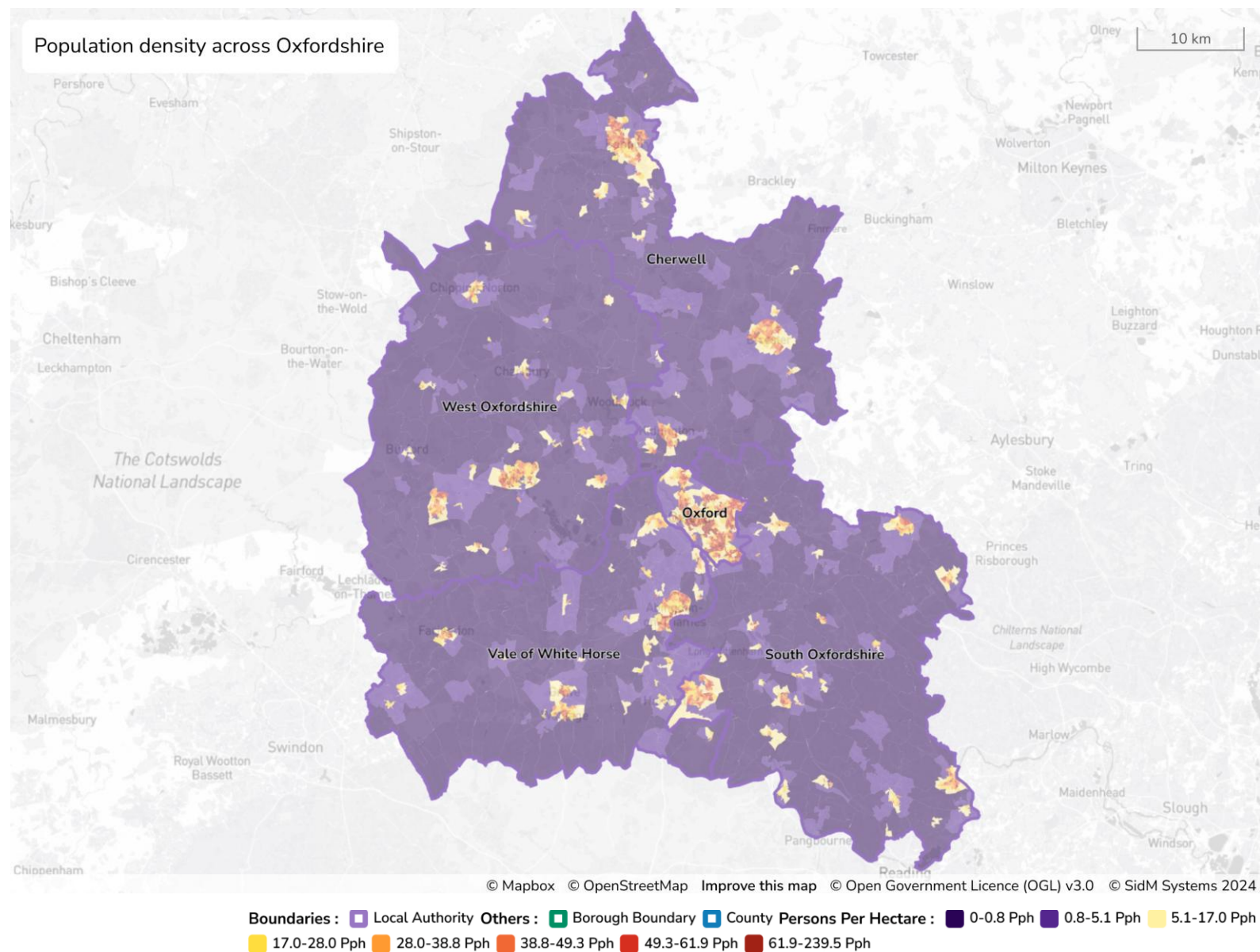
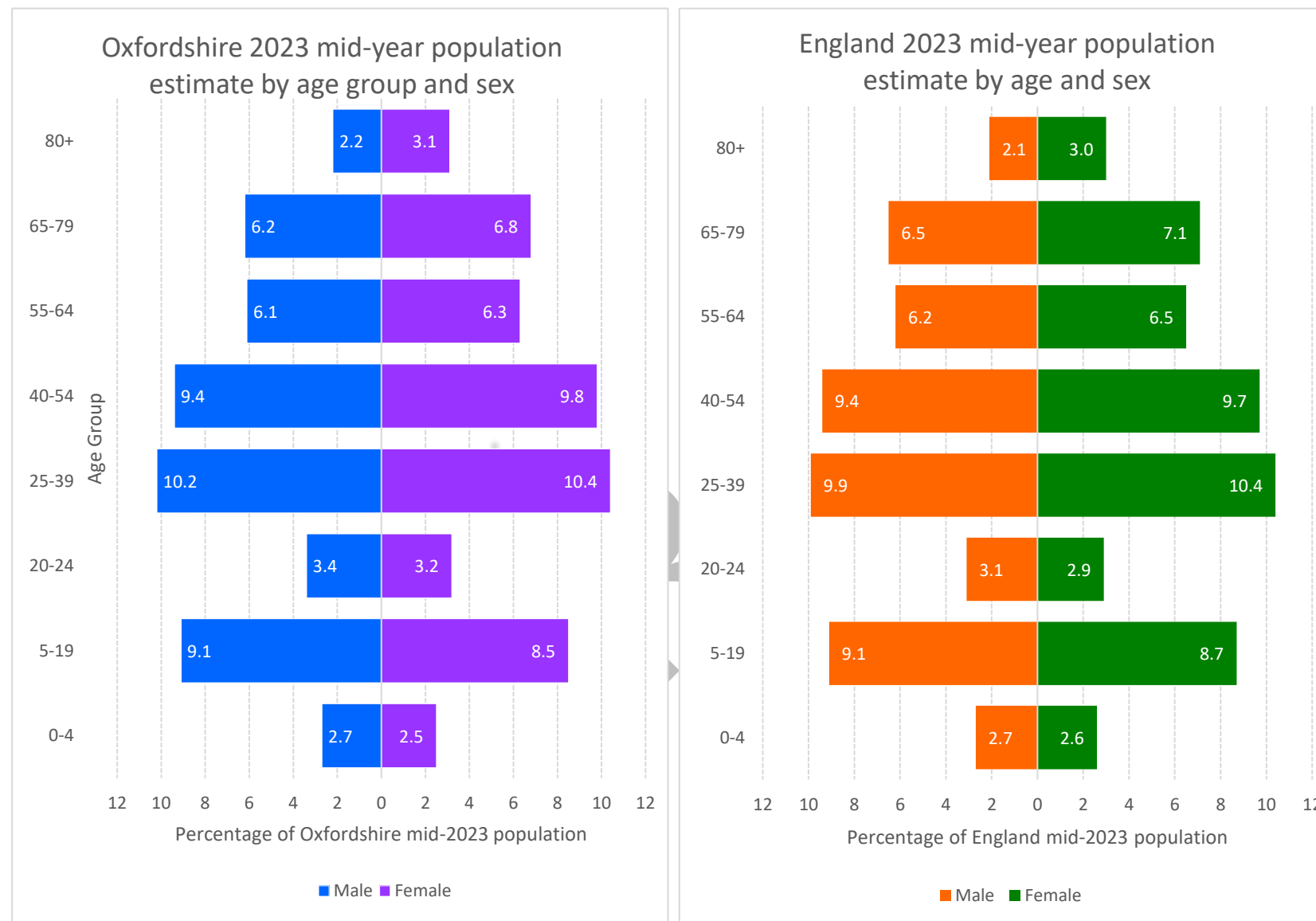


Table 2: Total population by district and age groups (ONS mid-year 2023)

Area	Total population	0-4 years	5-17 years	18-24 years	25-39 years	40-54 years	55-65 years	66-80 years	81 years and over
Cherwell	166,321	5.8%	15.7%	6.1%	21.5%	20.1%	14.0%	12.5%	4.2%
Oxford City	165,184	4.3%	13.4%	20.1%	24.1%	16.9%	10.0%	8.3%	3.0%
South Oxfordshire	153,424	5.1%	15.5%	5.9%	18.4%	20.3%	14.8%	14.4%	5.5%
Vale of White Horse	145,970	5.7%	16.2%	6.1%	19.6%	19.6%	13.9%	13.8%	5.0%
West Oxfordshire	119,331	5.1%	14.9%	6.4%	18.7%	19.1%	15.0%	15.2%	5.6%
Oxfordshire	750,230	5.2%	15.1%	9.2%	20.6%	19.2%	13.4%	12.6%	4.6%
South East of England	9,482,507	5.2%	15.8%	7.6%	18.9%	19.8%	14.1%	13.8%	5.6%
England	57,690,323	5.3%	15.5%	8.3%	20.4%	19.1%	13.8%	13.2%	4.4%

Figure 3: Population estimates for the age profiles of Oxfordshire and England (ONS mid-year 2023)



According to the Office for National Statistics (ONS) 2023 mid-year estimates, 30.6% of the Oxfordshire population were aged 55 years or older.

Table 2 above shows the population distribution by district and age across Oxfordshire:²⁸

- Oxford City is the most densely populated area and South Oxfordshire and West Oxfordshire being the least.
- The districts with the highest proportion of people aged 55 and over were West Oxfordshire (35.8%) and South Oxfordshire (34.7%).
- **Young children (0-4 years):** Varies across districts, however most are between 5.1% and 5.8%. Notable exception is Oxford City with 4.3%.
- **School-age children (5-17 years):** Highest in Vale of White Horse (16.2%) and lowest in Oxford City (13.4%), with Oxfordshire averaging 15.1%.
- **Young adults (18-24 years):** all but one area are below England's (8.3%), however the average for Oxfordshire is 9.2% because Oxford City has 20.1% of its population in this age group.
- **Adults (25-39 years):** Largest group overall, Oxfordshire (20.6%). The only two districts above the England average (20.4%) are Oxford City (24.1%) and Cherwell (21.5%). Hence, reflecting younger working populations in these areas.
- **Middle-aged adults (40-54 years):** Second largest group overall; Oxfordshire (19.2%) is just above England (19.1%). In fact, all districts are equal to or above England except for Oxford City, which has only 16.9% of its population in this age group.
- **Older adults (66+ years):** Rural areas like Vale of White Horse (18.8%), South Oxfordshire (19.9%) and West Oxfordshire (20.8%) are higher than the England average (17.6%).

The projections for the 2025 age structure of Oxfordshire are shown to generally be slightly lower than that of England in 2023 (Table 3). An expected but notable difference is the higher proportion of persons in the 18-24 age group (0.9% higher than England). This is expected because of the larger student population in Oxford City.

There is a lower proportion of persons in the 5-17 age group when compared to England, especially for females (0.5% lower than England), again likely because of Oxford City (13.1% of persons in 5-17 age group).

Figure 3 above shows a visualised representation of the age structure of Oxfordshire split by sex and Table 3 below shows a comparison between Oxfordshire and England.

²⁸ Office for National Statistics (ONS). Estimates of the population for England and Wales – Mid-2023: 2023 local authority boundaries edition of this dataset. July 2024. [Accessed May 2025]
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>

Table 3: Comparison of the Oxfordshire and England mid-year population estimates for 2023²⁹

Age group	Oxfordshire mid-year estimate (%)			England mid-year estimate (%)			Difference between Oxfordshire and England (%)		
	Female	Male	Persons	Female	Male	Persons	Female	Male	Persons
0-4	2.5	2.7	5.2	2.6	2.7	5.3	0.1	0.0	0.1
5-19	8.5	9.1	17.7	8.7	9.1	17.8	0.2	0.0	0.1
20-24	3.2	3.4	6.6	2.9	3.1	6.0	0.3	0.3	0.6
25-39	10.4	10.2	20.6	10.4	9.9	20.4	0.0	0.3	0.2
40-54	9.8	9.4	19.2	9.7	9.4	19.1	0.1	0.0	0.1
55-64	6.3	6.1	12.4	6.5	6.2	12.7	0.1	0.1	0.3
65-79	6.8	6.2	13.0	7.1	6.5	13.6	0.3	0.3	0.6
80+	3.1	2.2	5.2	3.0	2.1	5.1	0.1	0.1	0.1

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

Oxfordshire's population has grown to an estimated 750,230 in 2023, with the greatest population density found in Oxford City and lower densities in more rural areas such as South Oxfordshire and West Oxfordshire. The county's age profile shows a balanced distribution, with a slightly higher proportion of young adults aged 18-24, reflecting the influence of Oxford's large student population. The proportion of school-aged children is slightly lower than national and regional averages, again particularly in Oxford City. Adults aged 25–55 remain the largest age groups countywide, supporting a strong working-age population. In contrast, rural districts like West and South Oxfordshire have notably higher proportions of older adults aged 55 and over, highlighting a more pronounced ageing trend in these areas compared to the county's urban centres.

²⁹ ONS. Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland. October 2024. [Accessed March 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/populationestimatesforukenglandandwalesscotlandandnorthernireland>

2.11 Predicted population growth

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

Table 4: Predicted population change from 2025 to 2030 per year in Oxfordshire and districts localities (Oxfordshire Data Hub 2024)

Area	2025	2026	2027	2028	2029	2030	Total growth 2025-2030
Cherwell	169,203	170,635 (0.8%)	172,314 (1.0%)	174,101 (1.0%)	176,574 (1.4%)	179,515 (1.7%)	10,312 (6.1%)
Oxford City	164,851	165,860 (0.6%)	166,355 (0.3%)	166,860 (0.3%)	168,504 (1.0%)	169,605 (0.7%)	4,754 (2.9%)
South Oxfordshire	156,516	157,879 (0.9%)	159,366 (0.9%)	160,863 (0.9%)	162,203 (0.8%)	163,981 (1.1%)	7,465 (4.8%)
Vale of White Horse	150,057	152,396 (1.6%)	155,078 (1.8%)	157,355 (1.5%)	159,287 (1.2%)	161,318 (1.3%)	11,261 (7.5%)
West Oxfordshire	119,253	120,246 (0.8%)	121,107 (0.7%)	121,541 (0.4%)	121,883 (0.3%)	122,599 (0.6%)	3,346 (2.8%)
Oxfordshire	759,881	767,016 (0.9%)	774,220 (0.9%)	780,720 (0.8%)	788,451 (1%)	797,018 (1.1%)	37,137 (4.9%)

Oxfordshire's population is projected to increase by 4.9% between 2025 and 2030, adding approximately 37,100 people. The highest growth is expected in Vale of White Horse (7.5%) and Cherwell (6.1%), while Oxford City is forecast to experience the lowest growth at 2.9%. Overall, population growth is projected to be higher in the county's more rural districts compared to the urban centre of Oxford City.³⁰

2.11.1 Population projections

The table below shows the projected population changes across all age groups in Oxfordshire over the five-year period from 2025 to 2030.³¹

³⁰ OCC. Oxfordshire Data Hub – Future Council - OCC forecasts. [Accessed May 2025]

<https://data.oxfordshire.gov.uk/population/future-population/>

³¹ OCC. Oxfordshire Data Hub – Future Council. [Accessed May 2025]

<https://data.oxfordshire.gov.uk/population/future-population/>

Table 5: Predicted population change from 2025 to 2030 per year by age groups in Oxfordshire (Oxfordshire Data Hub 2024)

Age group	2025	2026	2027	2028	2029	2030	Total growth 2025-2030
0-4	38,804	38,826 (0.1%)	38,498 (-0.8%)	38,316 (-0.5%)	38,215 (-0.3%)	38,287 (0.2%)	-517 (-1.3%)
5-19	135,098	136,137 (0.8%)	136,860 (0.5%)	136,611 (-0.2%)	136,521 (-0.1%)	136,169 (-0.3%)	1,071 (0.8%)
20-24	47,568	47,819 (0.5%)	48,562 (1.6%)	49,984 (2.9%)	50,957 (1.9%)	52,173 (2.4%)	4,605 (9.7%)
25-39	156,152	156,739 (0.4%)	157,107 (0.2%)	156,916 (-0.1%)	157,773 (0.5%)	158,657 (0.6%)	2,505 (1.6%)
40-54	145,061	146,608 (1.1%)	148,761 (1.5%)	151,315 (1.7%)	154,462 (2.1%)	158,406 (2.6%)	13,345 (9.2%)
55-64	95,302	96,031 (0.8%)	96,304 (0.3%)	96,052 (-0.3%)	95,602 (-0.5%)	94,870 (-0.8%)	-432 (-0.5%)
65-79	100,282	102,151 (1.9%)	103,056 (0.9%)	104,537 (1.4%)	106,496 (1.9%)	108,845 (2.2%)	8,563 (8.5%)
80+	41,611	42,707 (2.6%)	45,091 (5.6%)	46,991 (4.2%)	48,426 (3.1%)	49,613 (2.5%)	8,002 (19.2%)

In the next five years, the overall population is projected to grow by 37,100 (4.9%). The 80+ age group is expected to grow (by 19.2%), as is the 20-24 group (rising by 9.7%), the 40-54 age group (increasing by 9.2%) and the 66-79 group (increase by 8.5%). The 25-39 age group is expected to slightly increase by 1.6%. In contrast, the number of children aged 0-4 is forecast to decline by 1.3%, and the 55-64 age group is projected to remain broadly stable with a 0.5% decrease. These trends highlight a gradual ageing of the population during the PNA period.³²

2.11.2 Number of households

There was a 11.3% growth in the number of households between Census 2011 (258,900) and Census 2021 (288,108) in Oxfordshire.³³

³² OCC. Oxfordshire Data Hub – Future Council. [Accessed May 2025] <https://data.oxfordshire.gov.uk/population/future-population/>

³³ ONS. 2011 Census: Population and Household Estimates for England and Wales. July 2012. [Accessed March 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/s/2011censuspopulationandhouseholdestimatesforenglandandwales>

ONS. 2021 Census. Number of Households. February 2023. [Accessed March 2025] <https://www.ons.gov.uk/datasets/TS041/editions/2021/versions/3/filter-outputs/9ba1b9c2-79e5-4a0a-9c19-057ebb2a18b5#get-data>

2.11.3 Household projections

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

In 2043, the projected number of households in Oxfordshire is expected to be 315,751, a 12.7% increase from April 2022. One person households will account for 27.4% and households with dependent children will account for 24.6%. This is the total projected number of households in the reference year based on the 2018-based projections.³⁴

2.11.4 Planned developments

Planned housing developments across Oxfordshire from 2025 to 2030 indicate growth, with nearly 27,000 new homes expected countywide. The highest volumes are in Cherwell and Vale of White Horse, which also show the greatest predicted population increases over the same period (6.1% and 7.5% respectively as indicated in [Section 2.11](#)).³⁵

Table 6: Planned developments from 2025 to 2030 across Oxfordshire (Oxfordshire Data Hub 2024)

Area	Number of planned developments
Cherwell	6,963
Oxford City	4,632
South Oxfordshire	5,423
Vale of White Horse	6,482
West Oxfordshire	3,383
Oxfordshire	26,883

2.12 Ethnicity

Using the March 2021 Census data, 86.9% of usual residents in Oxfordshire identified as White and 12.0% identified as being from an ethnic minority group. In Oxfordshire, excluding those who identify as White, the most common ethnic groups were Asian (6.4%) or mixed/multiple ethnic groups (3.1%).³⁶ Table 7 shows a breakdown per district.

³⁴ Local Government Association (LGA). Understanding planning in Oxfordshire. August 2024. [Accessed March 2025] https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-planning-in-parent-area-label?mod-area=E10000015&mod-group=AllCountiesInCountry_England&mod-type=namedComparisonGroup#text-17

³⁵ OCC. Oxfordshire Data Hub – Future Council. [Accessed May 2025] <https://data.oxfordshire.gov.uk/population/future-population/>

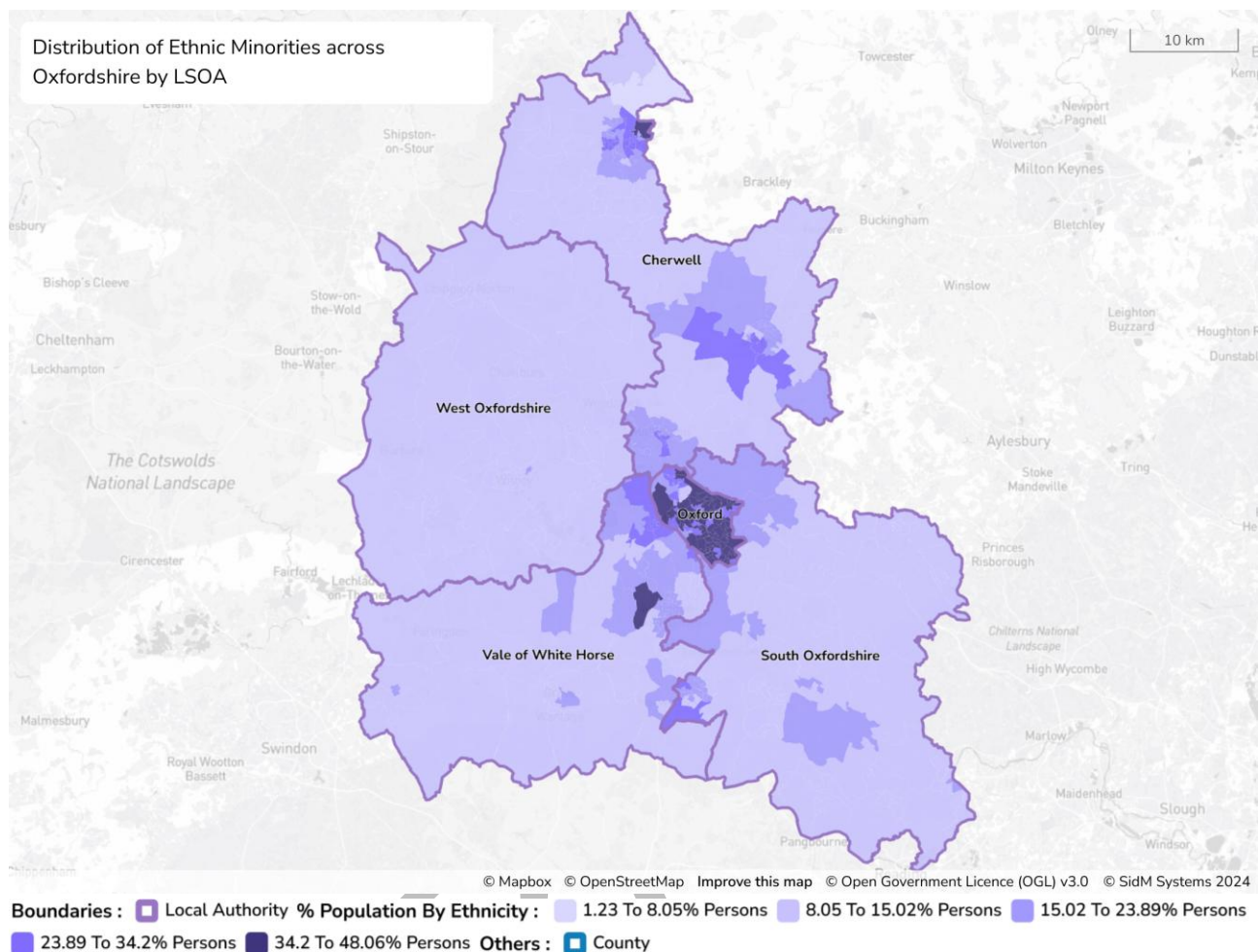
³⁶ ONS. 2021 census, accessed through LG Inform. [Accessed March 2025] <https://lginform.local.gov.uk/>

Table 7: Oxfordshire population's ethnicity by district (Census 2021)

Area	White	Asian	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group
Cherwell	88.1%	6.0%	1.8%	2.9%	1.3%
Oxford City	70.7%	15.4%	4.7%	5.6%	3.7%
South Oxfordshire	93.1%	2.9%	1.0%	2.3%	0.8%
Vale of White Horse	90.8%	4.0%	1.7%	2.5%	1.1%
West Oxfordshire	95.2%	1.7%	0.6%	1.9%	0.6%
Oxfordshire	86.9%	6.4%	2.1%	3.1%	1.6%
England	81.0%	9.6%	4.2%	3.0%	2.2%

Figure 4 shows how ethnicity across Oxfordshire varies by district, with more ethnic diversity in urban and suburban areas, and in Oxford City in particular. These patterns may be relevant for ensuring access to pharmaceutical and health services, including language support and targeted outreach in communities with greater diversity.

Figure 4: Map to show distribution of ethnic minorities (excluding all White) across Oxfordshire by Lower Super Output Area (LSOA) (Census 2021)



Ethnicity summary:

White populations:

- Highest: West Oxfordshire (95.2%) has the highest white population of all the districts.
- Lowest: Oxford City (70.7%) has the lowest of all districts.
- Oxfordshire overall (86.9%) is higher than the England value (81.0%).

Asian population:

- Highest: Oxford City (15.4%) has the highest Asian population and is more than double that of the next highest (Cherwell; 6.0%).
- Lowest: West Oxfordshire (1.7%), consistent with high white population.
- Oxfordshire average (6.4%) is below England (9.6%).

Black, Black British, Black Welsh, Caribbean or African population:

- Highest: Oxford City (4.7%) has the highest black population.
- Lowest: West Oxfordshire (0.6%), consistent with high white population.
- Oxfordshire (4.2%) is the same as the England value (4.2%).

Mixed/Multiple ethnic groups:

- Highest: Oxford City (5.6%) has the highest mixed population.
- Lowest: West Oxfordshire (1.9%), consistent with high white population.
- Oxfordshire (3.1%) is similar to the England value (3.0%).

Other ethnic groups:

- Highest: Oxford City (3.7%) has the highest mixed population.
- Lowest: West Oxfordshire (0.6%), consistent with high white population.
- Oxfordshire (1.6%) is lower than the England value (2.2%).

2.13 Religion

Table 8 shows the percentage of people who identified with a particular religious group, as defined by a set of census categories. The largest religious group in Oxfordshire is Christianity (47.3%), with 40.0% marking no religion.³⁷

Table 8: Oxfordshire's religious affiliations compared to the South East of England region and England as a whole (Census 2021)

Religion	Oxfordshire	South East of England	England
No religion	40.0%	40.2%	36.7%
Christian	47.3%	46.5%	46.3%
Buddhist	0.5%	0.6%	0.5%
Hindu	0.9%	1.7%	1.8%
Jewish	0.3%	0.2%	0.5%
Muslim	3.2%	3.3%	6.7%
Sikh	0.2%	0.8%	0.9%
Other religion	0.6%	6.1%	0.6%
Not answered	7.0%	6.1%	6.0%

2.14 Household languages

Table 9 shows the proportion of households who have English as their main language across Oxfordshire.³⁸

Table 9: Number of households with English as their main language (Census 2021)

Category	Count
All adults in household	257,860
At least one adult in household	13,208
No people in household	13,538
One person 3-15 years in household	3,502

³⁷ ONS. Census 2021 - Religion. March 2023. [Accessed April 2025] <https://www.ons.gov.uk/datasets/TS030/editions/2021/versions/3>

³⁸ ONS. Census 2021 - Household language. November 2022. [Accessed March 2025] <https://www.ons.gov.uk/datasets/TS025/editions/2021/versions/1>

Figure 5: Map to show areas where there are no people in the household who speak English (Census 2021)

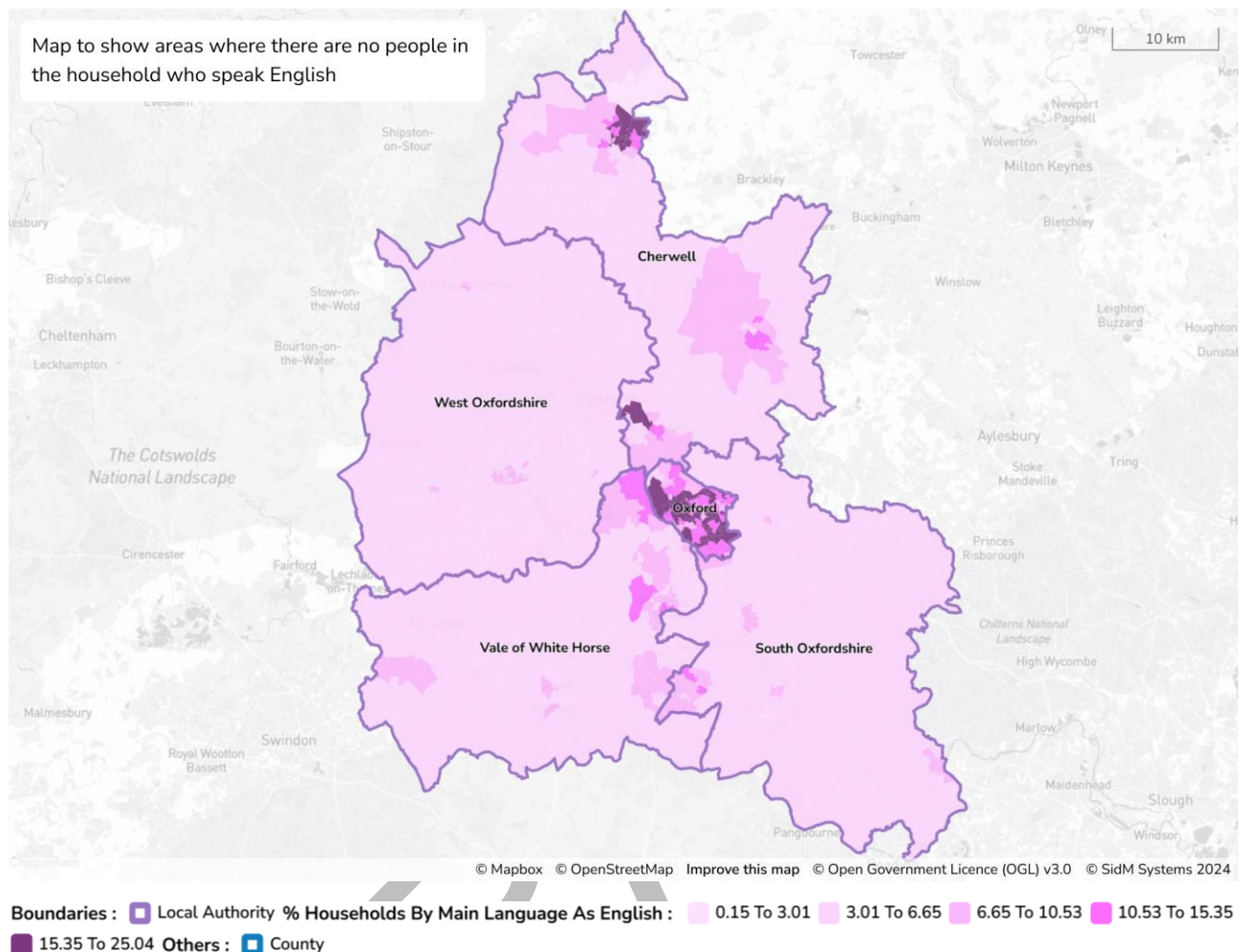


Figure 5 illustrates the distribution of households in Oxfordshire where no one speaks English as their main language, based on the 2021 Census data.

The highest concentrations of households where English is not the main language are found in urban areas, particularly central Oxford and parts of Banbury (Cherwell) and Didcot (South Oxfordshire). In contrast, in rural parts of the county, households where no one speaks English are relatively uncommon. This information may be relevant when considering the how accessible pharmaceutical services and health information are for people who may face language barriers.

2.15 Other population groups

Disability

The 2021 census compared disability status, with respondents stating if they were disabled under the Equality Act 2010,³⁹ with their day-to-day activities limited a little, or a lot.

³⁹ Legislation. Equality Act 2010. October 2024. [Accessed March 2025]
<https://www.legislation.gov.uk/ukpga/2010/15/contents>

Disability prevalence across Oxfordshire is slightly lower than the regional and national averages. According to the 2021 Census, 9.6% of residents reported being disabled a little and 5.3% as disabled a lot. These figures are below the England averages of 10.0% and 7.3%, respectively. The highest proportion of disability was recorded in Oxford City, while South Oxfordshire had the lowest levels of reported disability.⁴⁰

Under the Equality Act, 14.9% of usual residents in Oxfordshire in 2021 were disabled.

Table 10: Disability: percentage of population that identified themselves as being disabled in Oxfordshire (Census 2021)

Area	Disabled a little	Disabled a lot
Cherwell	9.5%	5.6%
Oxford City	10.2%	6.2%
South Oxfordshire	9.0%	4.7%
Vale of White Horse	9.6%	5.0%
West Oxfordshire	9.5%	5.1%
Oxfordshire	9.6%	5.3%
South East of England	9.9%	6.3%
England	10.0%	7.3%

Homeless population

Table 11: Homeless: households in temporary accommodation (DHSC 2023/24)

Area	Households in temporary accommodation-count (and crude rate per 1,000)
Cherwell	43 (0.7)
Oxford City	188 (3.6)
South Oxfordshire	21 (0.3)
Vale of White Horse	22 (0.4)
West Oxfordshire	54 (1.1)
Oxfordshire	327 (1.2)
South East of England	13,190 (3.4)
England	111,215 (4.6)

Oxfordshire has 327 households in temporary accommodation, with a crude rate of 1.2 per 1,000, significantly below the South East of England (3.4) and the England average (4.6). Rates vary by district, with the highest in Oxford City (3.6) and the lowest in South Oxfordshire (0.3), indicating significant disparity across the county.⁴¹

⁴⁰ ONS 2021 Census through Nomis. TS038-Disability. [Accessed April 2025]

<https://www.nomisweb.co.uk/datasets/c2021ts038>

⁴¹ Office for Health, Improvement and Disparities, based on Department for Levelling Up, Housing and Communities and ONS data. DHSC. Fingertips Public health profiles. [Accessed April 2025]

<https://fingertips.phe.org.uk/search/homelessness#page/3/gid/1/pat/502/par/E10000025/ati/501/iid/93735/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

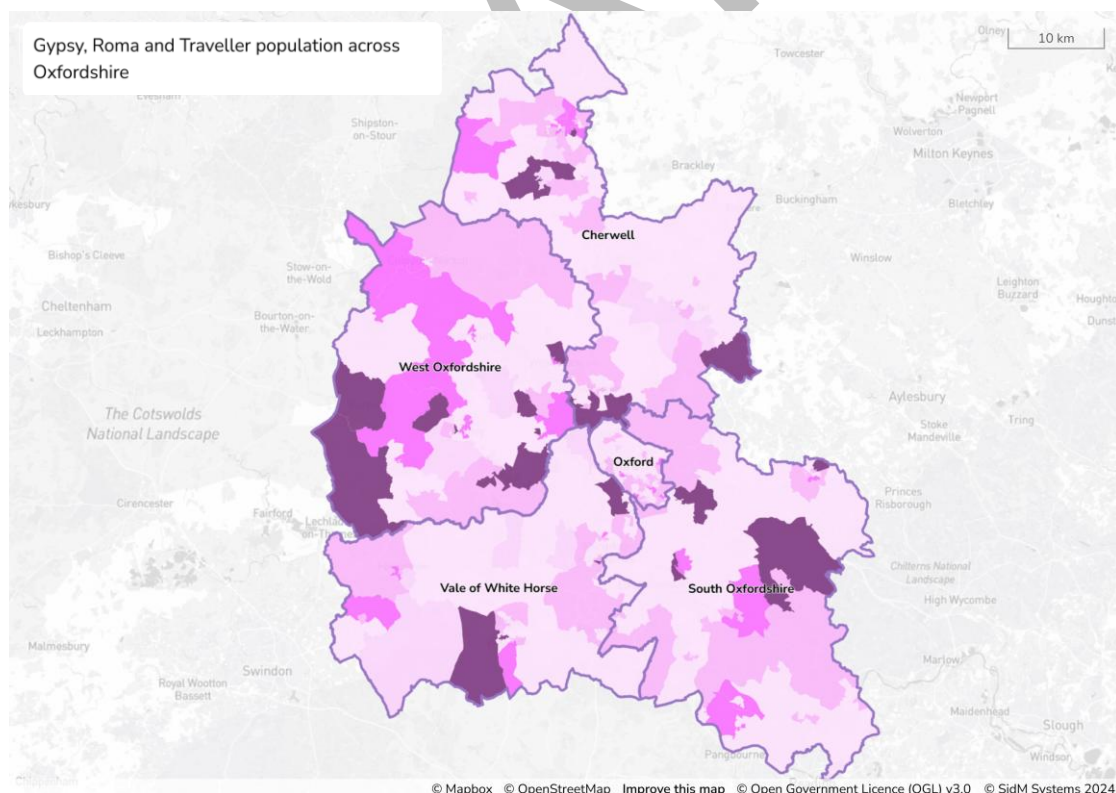
Traveller population

In Oxfordshire, the Gypsy or Irish Traveller population totals 651 (0.09%), below the national average of 0.12%. West Oxfordshire has the highest proportion (0.17%, 189 individuals), while Oxford City has the lowest (0.03%, 61 individuals). Another notable area is Cherwell (0.11%), which is similar to the England average, while the other two districts are similar to the Oxfordshire average of 0.09%. These figures highlight localised variations within Oxfordshire.⁴²

Table 12: Gypsy or Irish Traveller populations across Oxfordshire (Census 2021)

Area	Gypsy or Irish Traveller- count (and percentage)
Cherwell	178 (0.11%)
Oxford City	61 (0.03%)
South Oxfordshire	106 (0.07%)
Vale of White Horse	121 (0.08%)
West Oxfordshire	189 (0.17%)
Oxfordshire	651 (0.09%)
England	6,768 (0.12%)

Figure 6: Map to show Gypsy, Roma and Traveller population across Oxfordshire (Census 2021)



Boundaries : Local Authority % Population By Ethnicity : 0 To 0.05% Persons 0.05 To 0.18% Persons 0.18 To 0.41% Persons 0.41 To 0.7% Persons 0.7 To 1.78% Persons Others : County

⁴² ONS. Census 2021 - Ethnic group. March 2023. [Accessed April 2025]

<https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/3>

2.16 Deprivation

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

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

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

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

Oxfordshire is ranked 182 out of a total of 317 local authorities in England, where 1 is the most deprived and 317 is the least deprived.⁴³ Oxfordshire is less deprived compared to the rest of England since 2015, where Oxfordshire was ranked 166.⁴⁴

In terms of decile ranking, 1 being the most deprived and 10 being the least deprived,⁴⁵ Oxfordshire is ranked 7.68.⁴⁴

⁴³ Ministry of Housing, Communities & Local Government. IoD2019 Interactive Dashboard – Local Authority Focus. [Accessed March 2025]

<https://app.powerbi.com/view?r=eyJrIjojOTdjYzlyNTMtMTcxNi00YmQ2LW11YzgtMTUyYzIxOWQ3NzQ2liwiLCI6ImJmMzQ2ODEwLTljN2Q2NDNkZS1hODcyLTl0YTJlZjM5OTVhOCJ9>

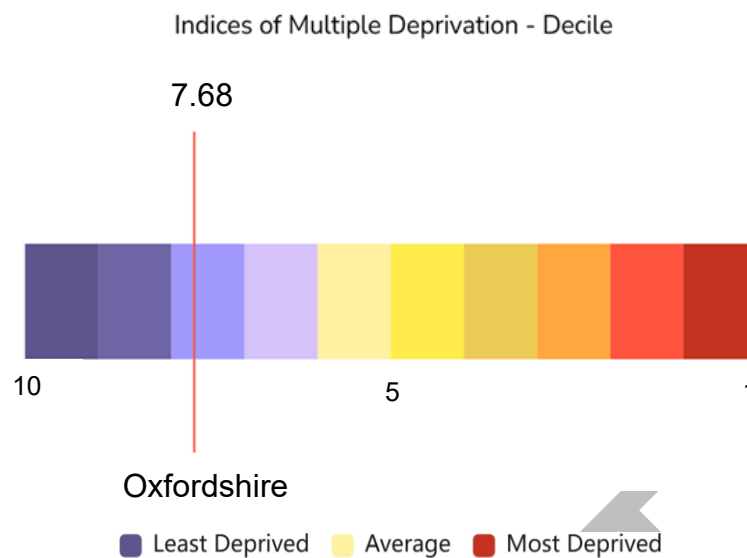
⁴⁴ Oxford City Council. Indices of Deprivation 2019 – Oxford Report. November 2019. [Accessed March 2025]

<https://www.oxford.gov.uk/downloads/file/1251/indices-of-deprivation-2019-oxford-report>

⁴⁵ ONS. Health state life expectancies by national deprivation deciles, England: 2018 to 2020. April 2022. [Accessed April 2025]

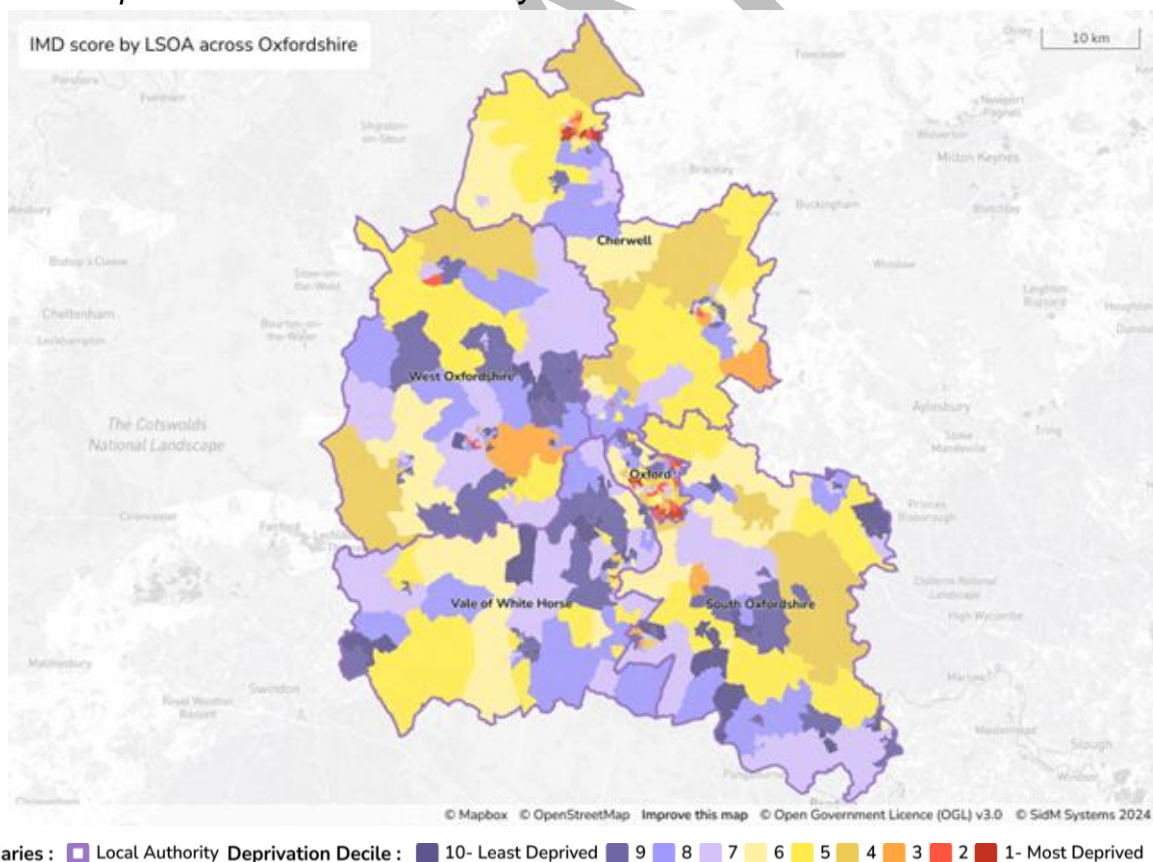
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2018to2020#:~:text=all%20usual%20residents.-,Deprivation%20deciles%20>

Figure 7: Indices of Multiple Deprivation (IMD) 2019, decile ranking for Oxfordshire⁴⁶



Within Oxfordshire, there are still a number of areas of relatively higher deprivation. In 2019, approximately 20% of Lower Super Output Areas (LSOAs) in Oxfordshire were in the lowest three deciles (most deprived deciles) and 39% of LSOAs were in the highest three deciles (least deprived) compared to the national data.

Figure 8: Map to show IMD 2019 score by LSOA across Oxfordshire



⁴⁶ Ministry of housing, Communities & Local Government (2018 to 2021). English Indices of Deprivation 2019. September 2019. [Accessed March 2025] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Deprivation varies across Oxfordshire. Most of the county is among the least deprived in England, particularly rural and suburban areas. However, small but distinct pockets of higher deprivation are visible, especially in parts of Oxford City and Banbury (Cherwell).

Table 13: Percentage of registered patients by IMD quintile in Oxfordshire districts, compared to England

Area	1 (Most deprived)	2	3	4	5 (Least deprived)
Cherwell	6.52%	9.45%	22.12%	32.58%	29.33%
Oxford City	11.3%	15.23%	20.78%	25.85%	26.84%
South Oxfordshire	0.0%	3.52%	11.92%	20.80%	63.75%
Vale of White Horse	1.03%	0.0%	7.21%	33.79%	57.97%
West Oxfordshire	0.0%	5.71%	8.12%	27.55%	58.63%
Oxfordshire	4.51%	7.49%	14.98%	28.05%	44.97%
South East of England	20.61%	20.27%	20.55%	19.74%	18.82%
England	20.94%	20.98%	20.08%	19.3%	18.7%

There is a distinct difference in levels of deprivation across the five districts in Oxfordshire. Oxford City has the highest percentage of its area in the most deprived first and second IMD quintiles (26.53%) and Vale of White Horse has the lowest (1.03%).⁴⁷

2.17 Health of the population

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

⁴⁷ Ministry of Housing, Communities & Local Government (2018 to 2021). English indices of deprivation 2019. September 2019. [Accessed March 2025] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

2.17.1 Healthy life expectancy

Healthy life expectancy at birth for Oxfordshire residents was higher for females (68.3 years) than males (67.1 years). The Oxfordshire averages are higher than both the England, 61.9 years for females and 61.5 for males, and regional of 64.4 years for females and 63.5 for males.⁴⁸

Table 14: Healthy life expectancy at birth in Oxfordshire, South East and England (DHSC 2023)

Area	Female (years)	Male (years)
Oxfordshire	68.3	67.1
South East of England	64.4	63.5
England	61.9	61.5

2.17.2 Health behaviours

Table 15: Lifestyle information per district (DHSC 2024)

Area	Smoking prevalence in adults (aged 18 and over) – current smokers (2023)	Obesity* prevalence in adults (using adjusted self-reported height and weight) (2023/24)
Cherwell	12.2%	26.4%
Oxford City	16.4%	16.2%
South Oxfordshire	9.9%	17.3%
Vale of White Horse	9.5%	22.0%
West Oxfordshire	11.6%	21.2%
Oxfordshire	12.2%	20.8%
South East of England	12.1%	24.6%
England	13.6%	26.5%

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

2.17.2.1 Smoking

Oxfordshire shows varying smoking rates, from 9.5% in Vale of White Horse to 16.4% in Oxford City. The average rate is in line with the regional figure, and all districts apart from Oxford City have smoking rates below the England average (13.6%).⁴⁹

⁴⁸ DHSC. Fingertips Public health profiles – Healthy life expectancy at birth. April 2023. [Accessed May 2025] <https://fingertips.phe.org.uk/search/Life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E10000025/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁴⁹ DHSC. Fingertips Public Health profiles - Smoking prevalence in adults (aged 18 and over) – current smokers (GP Patient Survey). [Accessed April 2025] <https://fingertips.phe.org.uk/search/smoking#page/1/gid/1938132886/pat/6/ati/502/are/E10000025/iid/91547/age/188/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Data from the CORE20PLUS5 data, released in 2023, indicates that, in England, a third of all smokers live in the two most deprived deciles. For BOB ICB (that covers the majority of the Oxfordshire area) is showed below:⁵⁰

- There are 152,600 smokers and 26% of people in routine and manual occupations smoke.
- Smoking cost the ICB £46M a year.

Annually, in the ICB, smoking causes:

- 8,782 hospital admissions.
- 1,381 premature deaths.

Additional impact on communities in the ICB:

- 45,286 smoking households live in poverty.
- 5,904 people out of work due to smoking.
- 24,044 people receive informal care from friends and family because of smoking.

2.17.2.2 Obesity

Sport England data indicates that the Obesity prevalence within Oxfordshire range widely, however none surpass the England value (26.5%). The district with the highest prevalence was Cherwell (26.4%), followed by Vale of White Horse (22.0%) and West Oxfordshire (21.2%). South Oxfordshire (17.3%) and Oxford City (16.2%) report the lowest obesity prevalence and are significantly lower than the England average.⁵¹

2.17.2.3 Alcohol and substance use

Hospital admission rates for alcohol-attributable conditions⁵² range from the highest in Oxford City (524 per 100,000) to the lowest in South Oxfordshire (382 per 100,000). Cherwell has an alcohol hospital admission rate of 469 per 100,000 and West Oxfordshire a rate of 410 per 100,000 and Vale of White Horse has a rate of 397 per 100,000.

All districts are lower than the England average (612 per 100,000) and nearly all are lower than the South East average (521 per 100,000). Only Oxford City is higher than the regional value.

⁵⁰ Action on Smoking and Health (ASH). Impact of smoking on Core20PLUS5 in NHS Buckinghamshire, Oxfordshire and Berkshire West ICB. July 2023. [Accessed March 2025] <https://ash.org.uk/uploads/Impact-of-smoking-on-Core20PLUS5-in-NHS-Buckinghamshire-Oxfordshire-and-Berkshire-West-ICB.pdf?v=1693476144>

⁵¹ DHSC. Fingertips Public Health profiles- Obesity: prevalence in adults, (using adjusted self-reported height and weight) . [Accessed April 2025] <https://fingertips.phe.org.uk/search/obesity#page/3/gid/1/pat/502/par/E10000025/ati/501/iid/93881/age/168/sx/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁵² DHSC. Fingertips. Public health profiles – Admission episodes of alcohol-specific conditions (Persons). [Accessed April 2025] <https://fingertips.phe.org.uk/search/alcohol%20hospital%20admission%20rates#page/4/gid/1/pat/6/ati/501/are/E07000177/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

South Oxfordshire (382 per 100,000) has the lowest rate, well below the county, regional, and national averages.

In Oxfordshire, between 2021-2023, the number of deaths from drug use per 100,000 was 2.5. This is lower than both the regional value (4.3) and the national value (5.5).⁵³

The Oxfordshire Drug and Alcohol Partnership Strategy (2020-2024)⁵⁴ highlighted the challenges being faced across the county due to the use of drugs and alcohol:

- Reduced health outcomes, especially associated with deprivation.
- The link between illicit drugs and violence and other criminal activity.
- The significant threat posed by County Drug Lines (CDL), to vulnerable adults and children being drawn into exploitation.
- The need for support in vulnerable populations such people who are homeless and those with mental health needs.
- The national and local challenge of unmet need for alcohol services.

The strategy focuses on three priorities:

1. Reducing risks to children and young people, including addressing parental substance use and safeguarding against exploitation.
2. Addressing unmet needs for alcohol support and treatment.
3. Supporting vulnerable populations, such as those with dual diagnoses, the homeless, and residents in deprived areas.

2.17.2.4 Sexual health

Sexual health indicators are relevant for the PNA due to community pharmacies being able to provide a key role in the delivery of sexual health services, particularly for:

- Emergency contraception.
- Condom provision.
- Sexual health advice and signposting.
- Chlamydia screening and treatment (especially for those aged 15-24).
- Access to Long-Acting Reversible Contraception (LARC) information and referrals.

The table below shows the sexual health indicators across Oxfordshire.

⁵³ DHSC. Fingertips Public health profiles. [Accessed March 2025]

<https://fingertips.phe.org.uk/search/deaths%20from%20drug%20misuse#page/4/gid/1/pat/15/ati/502/are/E1000025/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁵⁴ OCC. Drug and Alcohol Partnership Strategy 2020-2024. August 2020. [Accessed April 2025]

<https://mycouncil.oxfordshire.gov.uk/documents/s52833/Item%2010%20-%20DA%20partnership%20strategy%20FINAL%20DRAFT%20HIB%20Sept%202020.pdf>

Table 16: Sexual health in Oxfordshire districts (DHSC 2021-2023)

Area	Chlamydia detection rate per 100,000 (aged 15-24) (Persons) (2023)	HIV diagnosed prevalence rate per 1,000 (aged 15-49) (2022)	New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2023)	Rate of total prescribed LARC (excluding injections) rate per 1,000 (2022)	Under-18 conception rate per 100,000 (2021)
Cherwell	924	1.1	300	65	8.8
Oxford City	1,111	1.2	594	49	9.1
South Oxfordshire	816	0.8	235	59	8.6
Vale of White Horse	801	0.7	260	62	8.8
West Oxfordshire	797	0.7	246	66	9.4
Oxfordshire	890	0.93	327	60	8.9
South East of England	1,271	1.85	367	51	10.7
England	1,546	2.33	520	44	13.1

The county generally performs better than regional and national averages however there are notable differences.

The following was noted for Oxfordshire districts:

- Oxfordshire as a whole had lower chlamydia detection rates (1,271 per 10,000) compared to England (1,546 per 100,000). Only one district, Oxford City, had detection rates above 1,000.⁵⁵
- Oxfordshire Human Immunodeficiency Virus (HIV) diagnosed prevalence rate (0.93 per 1,000) is lower than the England's average (2.33 per 1,000). Only Oxford City and Cherwell had rates above 1.0 per 1,000.⁵⁶

⁵⁵ DHSC. Fingertips Public health profiles - Chlamydia detection rate per 100,000 (aged 15-24) (Persons) (2023). October 2024. [Accessed March 2025]
<https://fingertips.phe.org.uk/search/STI#page/1/gid/1/pat/502/par/E10000025/ati/501/iid/90776/age/156/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁶ DHSC. Fingertips Public health profiles - HIV diagnosed prevalence rate per 1,000 (aged 15-49) (2022). October 2024. [Accessed March 2025]
<https://fingertips.phe.org.uk/search/HIV#page/1/gid/1/pat/502/par/E10000025/ati/501/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

- Sexually transmitted infection (STIs) diagnosis in Oxfordshire (327 per 100,000) were also below the England level (520 per 100,000). Oxford City (594 per 100,000) is the only district with a rate above the England average.⁵⁷
- The rate of Long-Acting Reversible Contraception (LARC) prescribing in Oxfordshire (60 per 1,000) per 1,000 was higher than the England value (44 per 1,000) in all districts, especially in West Oxfordshire (66 per 1,000) and Cherwell (65). Oxford City had the lowest rate at 49 per 1,000.⁵⁸
- Under-18 conception rate per 100,000 was 8.9, lower than the national (13.1) and regional (10.7) rates. West Oxfordshire and Oxford City are the only two districts above the county average, with 9.4 and 9.1 respectively.⁵⁹

2.18 Burden of disease

2.18.1 Long term conditions

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

Overall Oxfordshire is a relatively healthy place to live however the experience is unequal.⁶¹

Table 17 shows the Quality and Outcomes Framework (QOF) prevalence for Oxfordshire per district. QOF data shows recorded prevalence, therefore the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality. For example, low rates may mean good health and health outcomes or poor case finding, reporting and coding at GP practice level. Latest data available is for 2023/24 as shown in Table 17 below.

⁵⁷ DHSC. Fingertips Public health profiles - New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2023). October 2024. [Accessed March 2025]

<https://fingertips.phe.org.uk/search/STI#page/1/gid/1/pat/502/par/E10000025/ati/501/iid/90776/age/156/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁸ DHSC. Fingertips Public health profiles - Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000 (2022). October 2024. [Accessed March 2025]

<https://fingertips.phe.org.uk/search/contraception#page/1/gid/1/pat/502/par/E10000025/ati/501/iid/91819/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁹ DHSC. Fingertips Public health profiles. October 2024. [Accessed March 2025]

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000057/pat/502/par/E10000025/ati/501/iid/90742/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁰ The King's Fund. Long-term conditions and multi-morbidity. 2012-2013. [Accessed March 2025]

<https://www.kingsfund.org.uk/insight-and-analysis/articles/time-to-think-differently-disease-disability>

⁶¹ Oxfordshire County Council. Health and Wellbeing Strategy. October 2023. [Accessed March 2025]

<https://mycouncil.oxford.gov.uk/documents/s75751/Appendix%20A%20-%20Draft%20Oxfordshire%20Health%20and%20Wellbeing%20Strategy.pdf>

The prevalence of long-term health conditions across Oxfordshire's districts generally aligns with or falls below national averages. However, there are notable variations between districts, especially when comparing urban areas like Oxford City to rural districts like West Oxfordshire. In summary:

- Oxford City consistently reports the lowest prevalence across multiple conditions, including heart failure (0.6%), atrial fibrillation (1.3%), diabetes (4.3%), Chronic Obstructive Pulmonary Disease (COPD) (1.0%), and rheumatoid arthritis (0.4%), often well below the England average. This will be due to the younger demographic as discussed in Section 2.10.
- In contrast, West Oxfordshire tends to report the highest prevalence for several conditions, including heart failure (1.3%), atrial fibrillation (3.0%), cancer (5.3%), stroke (2.1%), hypertension (17.2%), and asthma (7.1%), all exceeding national averages.
- Other districts such as Cherwell, South Oxfordshire, and Vale of White Horse fall mostly in line with or slightly below national prevalence levels, with minor variation across individual conditions.

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Table 17: Percentage of patients recorded on GP Practice disease registers per district for long term conditions (DHSC 2023/24)

Area	Heart failure	Asthma	Atrial fibrillation	Cancer	Stroke	Diabetes	CHD	PAD	Hypertension	COPD	Rheumatoid arthritis
Cherwell	1.0%	6.4%	2.2%	4.3%	1.9%	6.4%	2.5%	0.5%	13.7%	1.4%	0.8%
Oxford City	0.6%	4.7%	1.3%	2.7%	1.2%	4.3%	1.6%	0.4%	9.1%	1.0%	0.4%
South Oxfordshire	1.1%	6.9%	2.7%	4.8%	1.9%	5.8%	2.6%	0.5%	14.8%	1.4%	0.8%
Vale of White Horse	1.0%	6.8%	2.5%	4.7%	2.3%	6.3%	2.6%	0.5%	14.9%	1.5%	0.7%
West Oxfordshire	1.3%	7.1%	3.0%	5.3%	2.1%	6.3%	2.9%	0.5%	17.2%	1.5%	0.9%
Oxfordshire	1.0%	6.1%	2.2%	4.1%	1.8%	5.6%	2.3%	0.4%	13.3%	1.3%	0.7%
South East of England	1.0%	6.4%	2.4%	4.2%	1.9%	7.1%	2.8%	0.5%	15%	1.7%	0.8%
England	0.9%	6.5%	2.2%	3.9%	1.9%	6.1%	3%	0.6%	14.8%	1.9%	0.8%

Heart failure:⁶²

- Oxfordshire districts generally have a similar prevalence (1.0-1.3%) compared to the England average (1.0%). Oxford City has a notably lower percentage, 0.6%.
- South Oxfordshire (1.1%) and West Oxfordshire (1.3%) report the highest prevalence of heart failure.

Asthma:⁶³

- Rates vary across Oxfordshire, with Vale of White Horse (6.8%), South Oxfordshire (6.9%) and West Oxfordshire (7.1%) exceeding the national average (6.5%).
- Oxford City (4.7%) and Cherwell (6.4%) report the lowest prevalence.

Atrial fibrillation:⁶⁴

- Prevalence is generally higher than the England average (2.1%), with notably lower rates in Oxford City (1.3%). The highest prevalence is in West Oxfordshire (3.0%).

Cancer:⁶⁵

- Similarly to some of the other indicators, all districts but Oxford City (2.7%) have a higher prevalence than the national average (3.5%).
- Again, West Oxfordshire (5.3%) has the highest prevalence, while other districts hover between 4.1%-4.8%.

Stroke:⁶⁶

- Oxford City (1.2%) has the lowest prevalence, and West Oxfordshire (2.1%) has the highest. The other districts are similar to the national average (1.9%).

Diabetes:⁶⁷

- Oxfordshire districts align fairly closely with the national average (6.1%) but are lower than the regional average (7.1%).

⁶² DHSC. Fingertips Public health profiles – Heart Failure: QOF prevalence (All ages). [Accessed April 2025] <https://fingertips.phe.org.uk/search/Heart%20Failure#page/4/gid/1/pat/6/ati/502/are/E10000025/iid/262/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶³ DHSC. Fingertips Public health profiles – Asthma: QOF prevalence (6+ yrs). [Accessed April 2025] <https://fingertips.phe.org.uk/search/Asthma#page/4/gid/1/pat/6/ati/501/are/E07000178/iid/90933/age/314/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁴ DHSC. Fingertips Public health profiles – Atrial Fibrillation: QOF prevalence (All ages). [Accessed April 2025] <https://fingertips.phe.org.uk/search/Atrial%20fibrillation#page/4/gid/1/pat/6/ati/502/are/E10000025/iid/280/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁵ DHSC. Cancer: Quality and Outcomes Framework (data downloaded for all area types for Cancer: QOF prevalence) NHS England via Department for Health & Social Care (2024). [Accessed April 2025] <https://fingertips.phe.org.uk/profile/general-practice/data#page/9/gid/1938132829/pat/223/par/E40000005/ati/221/iid/276/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁶ DHSC. Fingertips Public health profiles – Stroke: QOF prevalence Proportion - %. [Accessed April 2025] <https://fingertips.phe.org.uk/search/stroke#page/4/gid/1/pat/15/ati/502/are/E10000025/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁷ DHSC. Fingertips Public health profiles – Diabetes: QOF prevalence. [Accessed April 2025] <https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/ati/502/are/E10000025/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

- Oxford City (4.3%) and South Oxfordshire (5.8%) report a lower prevalence than areas like Cherwell (6.4%), Vale of White Horse (6.3%) and West Oxfordshire (6.3%).

Coronary Heart Disease (CHD):⁶⁸

- Rates are below the England average (1.9%) across all districts, with Oxford City (1.0%) having the lowest and Vale of White Horse and West Oxfordshire (both 1.5%) having the highest.

Peripheral Arterial Disease (PAD):⁶⁹

- Prevalence is slightly lower than the national average (0.6%), with all districts reporting rates of 0.4%–0.5%.

Hypertension:⁷⁰

- Rates are varied across Oxfordshire with Oxford City (9.1%) having the lowest prevalence and West Oxfordshire having the highest (17.2%).
- The other districts are similar to the national value (14.8), with Cherwell having slightly lower prevalence (13.7%).

Chronic Obstructive Pulmonary Disease (COPD):⁷¹

- Prevalence is lowest in Oxford City (1.0%) and reaches 1.5% prevalence for both West Oxfordshire and Vale of White Horse. All districts are lower compared to the England average (1.9%) and the national average (1.7%).

Rheumatoid arthritis:⁷²

- Districts are aligned with the England average (0.8%), with most reporting rates of 0.7%–0.8%. Again, the exception is Oxford City which has a rate of 0.4%.

⁶⁸ DHSC. Fingertips Public health profiles – CHD: QOF prevalence. [Accessed April 2025] <https://fingertips.phe.org.uk/search/CHD#page/4/gid/1/pat/6/ati/501/are/E07000178/iid/273/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁹ DHSC. PAD: Quality and Outcomes Framework (data downloaded for all area types for PAD: QOF prevalence) NHS England via Department for Health & Social Care (2024). [Accessed April 2025] <https://fingertips.phe.org.uk/search/PAD#page/9/gid/1/ati/15/iid/92590/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁰ DHSC. Fingertips Public health profiles – Hypertension: QOF prevalence. [Accessed April 2025] <https://fingertips.phe.org.uk/search/hypertension#page/4/gid/1/pat/6/ati/502/are/E10000025/iid/219/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷¹ DHSC. Fingertips Public health profiles – COPD: QOF prevalence. [Accessed April 2025] <https://fingertips.phe.org.uk/search/COPD#page/4/gid/1/pat/6/ati/501/are/E07000178/iid/253/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/eng-vo-1>

⁷² DHSC. Fingertips. Public health profiles – Rheumatoid Arthritis: QOF prevalence Crude rate - %. [Accessed April 2025] <https://fingertips.phe.org.uk/search/Rheumatoid%20Arthritis#page/4/gid/1/pat/6/ati/501/are/E07000178/iid/91269/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

2.18.2 Mental health

Table 18 shows the QOF prevalence for mental health in Oxfordshire per district. As described for the long-term conditions, QOF data shows recorded prevalence; the anticipated prevalence may be higher than recorded also for the mental health indicators.

Mental health-related conditions recorded on GP disease registers in Oxfordshire are broadly in line with regional and national averages. Depression is the most commonly recorded condition, with the highest rates seen in Vale of White Horse (14.8%) and Cherwell (14.2%), slightly above the England average (13.3%). Oxford City consistently reports lower prevalence across most categories, including depression (10.7%), epilepsy (0.6%), and dementia (0.5%), which may reflect differences in population age and demographics. Rates of serious mental illness (0.8%) and learning difficulties (0.4–0.5%) are fairly consistent across the county and comparable to national figures.⁷³

Table 18: Percentage of patients recorded on GP Practice disease registers per district for conditions that affect mental health (DHSC 2023/24)

Area	Learning difficulties	Epilepsy	Dementia	Mental health* (all ages)	Depression (2023)
Cherwell	0.5%	0.8%	0.7%	0.8%	14.2%
Oxford City	0.4%	0.6%	0.5%	1.1%	10.7%
South Oxfordshire	0.4%	0.8%	0.8%	0.8%	14.1%
Vale of White Horse	0.5%	0.8%	0.8%	0.8%	14.8%
West Oxfordshire	0.5%	0.8%	1.1%	0.8%	13.8%
Oxfordshire	0.4%	0.7%	0.7%	0.8%	13.1%
South East of England	0.6%	0.8%	0.8%	0.9%	13.8%
England	0.6%	0.8%	0.8%	0.8%	13.3%

* Schizophrenia, bipolar affective disorder and other psychoses.

Learning difficulties (all ages):⁷⁴

- Prevalence is relatively consistent across districts, ranging between 0.4% to 0.5%.
- All districts are lower than the national average (0.6%), with the lowest prevalence in Oxford City and South Oxfordshire.

⁷³ NHSE. QOF guidance for 2024/25. April 2024. [Accessed March 2025] <https://www.england.nhs.uk/publication/quality-and-outcomes-framework-guidance-for-2024-25/>

⁷⁴ DHSC. Fingertips Public health profiles – Learning disability: QOF prevalence (All ages). [Accessed April 2025] <https://fingertips.phe.org.uk/search/learning%20disability#page/4/gid/1938132702/pat/6/ati/502/are/E10000025/iid/200/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Epilepsy:⁷⁵

- Rates are consistently similar to the national average (0.8%) across all districts, fluctuating between 0.6% (Oxford City) to 0.8% (South Oxfordshire, West Oxfordshire and Vale of White Horse).

Dementia:⁷⁶

- Dementia numbers range from 0.7% to 0.8% for most of the districts across Oxfordshire. The notable exceptions are the Oxford City (0.5%) district having a lower number compared to the national average (0.8%) and West Oxfordshire being higher (1.1%).

Mental health (all ages):⁷⁷

- All districts have a prevalence equal to the national average of 0.8% apart from Oxford City (1.1%), which has a prevalence higher than both the national and the regional average.

Depression:⁷⁸

- Depression rates vary more significantly, with values ranging from 10.7% (Oxford City) to 14.8% (Vale of White Horse).
- Oxford City (10.7%) is the only district across Oxfordshire that is lower than the national average (13.3%).
- West Oxfordshire has the second lowest prevalence, which is that same as the regional average (13.8%).

⁷⁵ DHSC. Fingertips Public health profiles – Epilepsy: QOF prevalence (18+ yrs) Proportion - % (data downloaded for all area types for Epilepsy: QOF prevalence). [Accessed April 2025] <https://fingertips.phe.org.uk/search/qof%20epilepsy#page/9/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/224/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁶ DHSC. Fingertips Public health profiles – Dementia QOF prevalence Proportion - %. [Accessed April 2025] <https://fingertips.phe.org.uk/search/dementia#page/4/gid/1/pat/6/ati/501/are/E07000178/iid/92949/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁷ DHSC. Fingertips Public health profiles – Mental health (all ages) Proportion - %. [Accessed April 2025] <https://fingertips.phe.org.uk/search/mental%20health#page/4/gid/1/pat/6/ati/502/are/E10000025/iid/90581/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁸ DHSC. Fingertips Public health profiles – Depression: QOF incidence – new diagnosis (18+ yrs) Crude rate -%. [Accessed April 2025] <https://fingertips.phe.org.uk/search/Depression#page/4/gid/1938132915/pat/6/ati/502/are/E10000025/iid/90646/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

There are a total of 124 pharmacy contractors in Oxfordshire, operating from 129 sites.

Table 19: Contractor type and number in Oxfordshire

Type of contractor	Number
40-hour community pharmacies (including 30 PhAS)	93
72-hour plus community pharmacies	3
Distance Selling Pharmacy	3
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	1
Dispensing GP Practices	24 (29 including branches)
Total	124 (from 129 sites)

A list of all contractors in Oxfordshire and their opening hours can be found in Appendix A. A breakdown per district can be seen in [Section 6.2](#).

3.2 Community pharmacies

Table 20: Number of community pharmacies in Oxfordshire (March 2025)

Number of community pharmacies	Population of Oxfordshire (mid-2023 estimate)	Ratio of pharmacies per 100,000 population
99 (includes 3 DSPs)	750,230	13.2

Community pharmacies are described in [Section 1.5.1.1](#). There are 99 community pharmacies in Oxfordshire, which has decreased from 106 in the last PNA. This decrease has reduced the number of community pharmacies per 100,000 population down to 13.2 which is lower than the England average of 18.1 community pharmacies per 100,000 population.

[Section 1.2](#) noted the level of national community pharmacy closures due to funding challenges and workforce pressures. Although the England average has also reduced (from 20.6, see Table 21), it cannot be used as a direct comparator due to the rural nature of Oxfordshire and the supplemented access of dispensing GP practices within the county.

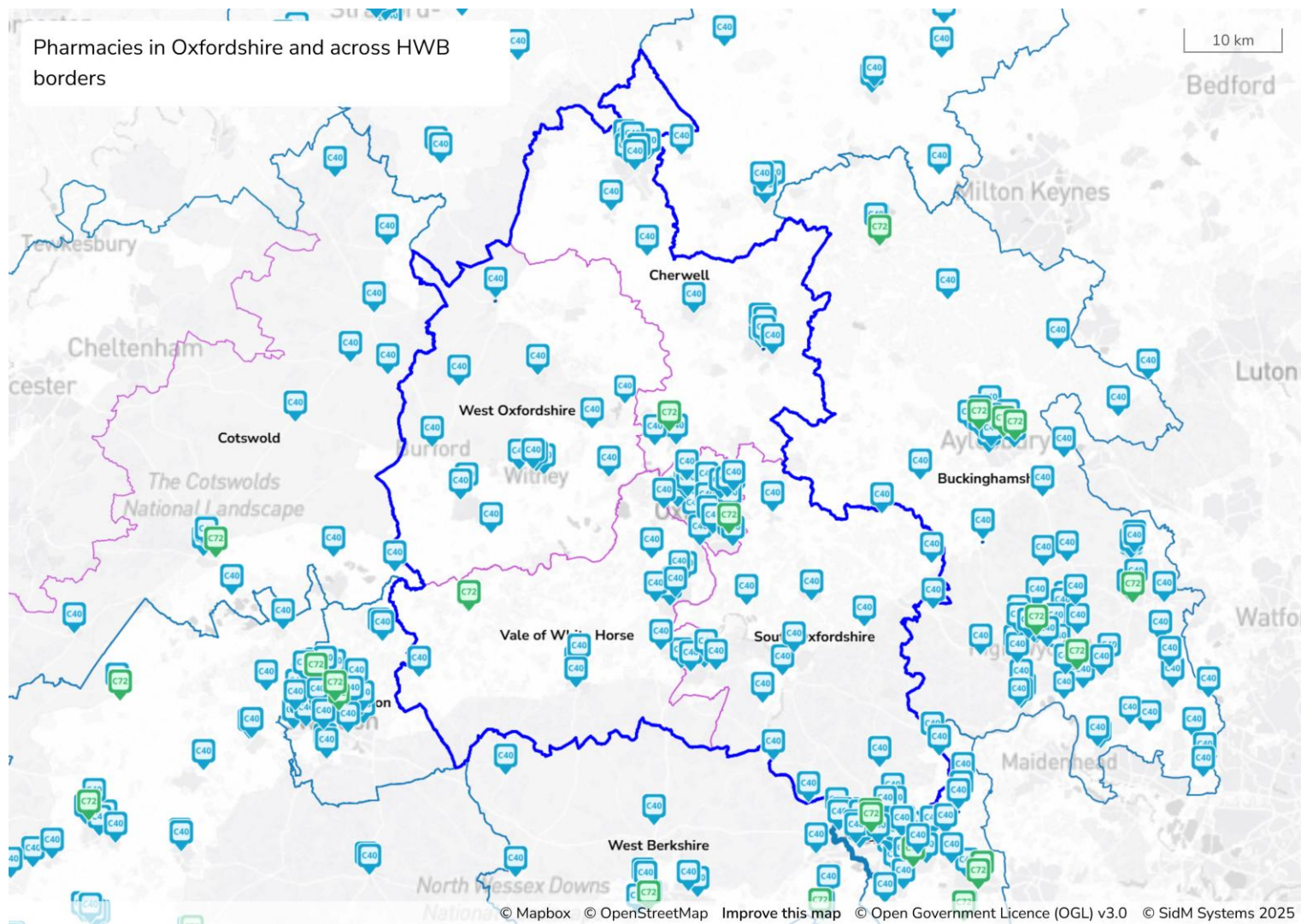
Table 21: Number of community pharmacies per 100,000 population

Period	Oxfordshire	England
2023-24	13.2	18.1
2021-22	15.2	20.6

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

Residents in Oxfordshire may also find community pharmacies in the bordering HWB areas more accessible and or more convenient as shown in Figure 9 below.

Figure 9: Map of community pharmacies in Oxfordshire and surrounding areas (March 2025)



Boundaries : ■ Local Authority ■ County border outside of Oxfordshire ■ Oxfordshire HWB area **Healthcare-Pharmacy :** ■ Community 40h ■ Community 72h+

[Section 1.5.5.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each district is explored in [Section 6.2](#).

Table 22 provides a breakdown, by district, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary by district, however all districts are below the England average. Please see [Section 3.4](#) that complements this information.

Table 22: Average number of community pharmacies in 100,000 population by district (March 2025)

Area	Number of community pharmacies (including DSPs)	Total population	Average number of community pharmacies per 100,000 population
Cherwell	20	166,321	12.0
Oxford City	25	165,184	15.1
South Oxfordshire	18	153,424	11.7
Vale of White Horse	19	145,970	13.0
West Oxfordshire	17	119,331	14.2
Oxfordshire	99	750,230	13.2
England (2023)⁷⁹	10,436	57,690,323	18.1

3.3 Distance selling Pharmacies (DSPs)

Distance Selling Pharmacies are described in [Section 1.5.1.2](#).

There are three DSPs in Oxfordshire, located in Cherwell, Oxford City and West Oxfordshire. This is an increase from the two DSPs open at the time of writing the last 2022 PNA. Details can be found in Appendix A.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. Therefore, residents do have access and may access DSPs from outside of Oxfordshire. There has been an overall increase in the number of DSPs in England, as mentioned in [Section 1.5.1.2](#), and with the increased uptake of electronic prescription services (EPS) it provides more choice and flexibility for patients.

3.4 Dispensing GP practices

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

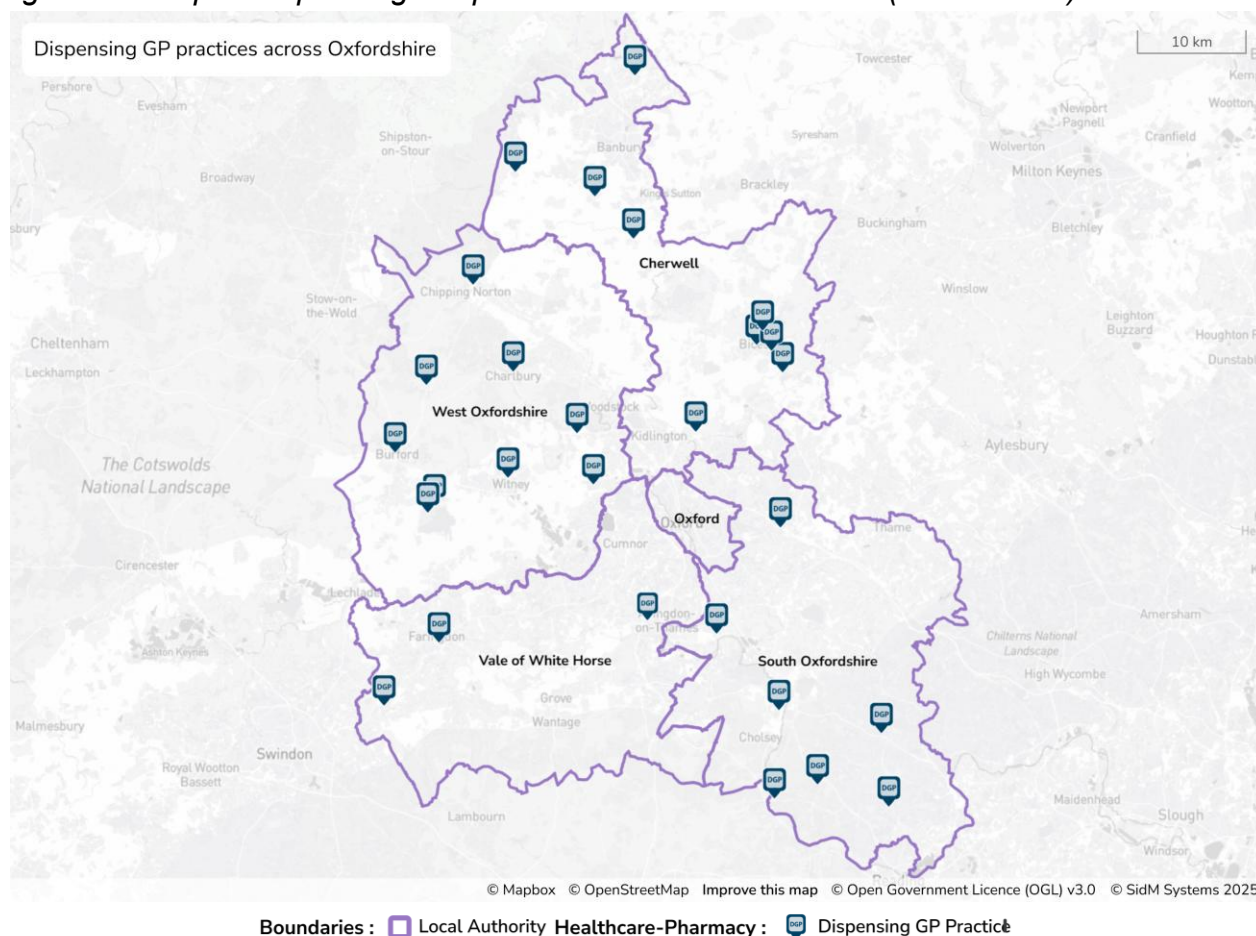
⁷⁹ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed March 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

In addition to the 99 community pharmacies across Oxfordshire there are 24 dispensing doctor practices providing pharmaceutical services out of 29 sites.

- Cherwell – ten (eight contractors and two branches).
- South Oxfordshire – seven (six contractors and one branch).
- Vale of White Horse – three (all contractors).
- West Oxfordshire – nine (seven contractors and two branches).

Full details can be found in Appendix A. However, it should be noted that the dispensing doctor practices can only dispense to a defined list of residents within a controlled locality. Residents must live 1.6km away from a community pharmacy in order to be eligible.

Figure 10: Map of dispensing GP practices across Oxfordshire (March 2025)



3.5 Dispensing Appliance Contractors (DACs)

DACs are described in [Section 1.5.2](#). There is one DAC in Oxfordshire based in West Oxfordshire. Details can be found in Appendix A.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Oxfordshire. There are 111 DACs in England.⁸⁰

⁸⁰ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed March 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

3.6 Pharmacy Access Scheme (PhAS) pharmacies

PhAS pharmacies are described in [Section 1.5.1.3](#).

There are 30 PhAS providers in Oxfordshire. Details of these can be found in Appendix A.

3.7 Local Pharmaceutical Service (LPS) providers

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

There are no LPS pharmacies in Oxfordshire.

3.8 Pharmaceutical service provision provided from outside Oxfordshire

Oxfordshire borders with eight other HWBs and has good transport links. Populations may therefore find community pharmacies in neighbouring areas more accessible and/or more convenient.

It is not practical to list here all those pharmacies outside Oxfordshire area by which Oxfordshire residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Oxfordshire area boundaries as shown in Figure 9 in [Section 3.1](#). Further analysis of cross-border provision is undertaken in [Section 6](#).

Analysis of dispensing data has highlighted out approximately 850,882 prescription items dispensed each month (between August-December 2024), accounting for an average of 8,595 items per community pharmacy in Oxfordshire. This is lower than the England average of 9,160 items per pharmacy monthly during the same period.⁸¹

Around 97.6% of Oxfordshire prescription items are dispensed by Oxfordshire pharmacies. The other 2.4% are dispensed by community pharmacies located outside of Oxfordshire (including DSPs).

3.9 Access to community pharmacies

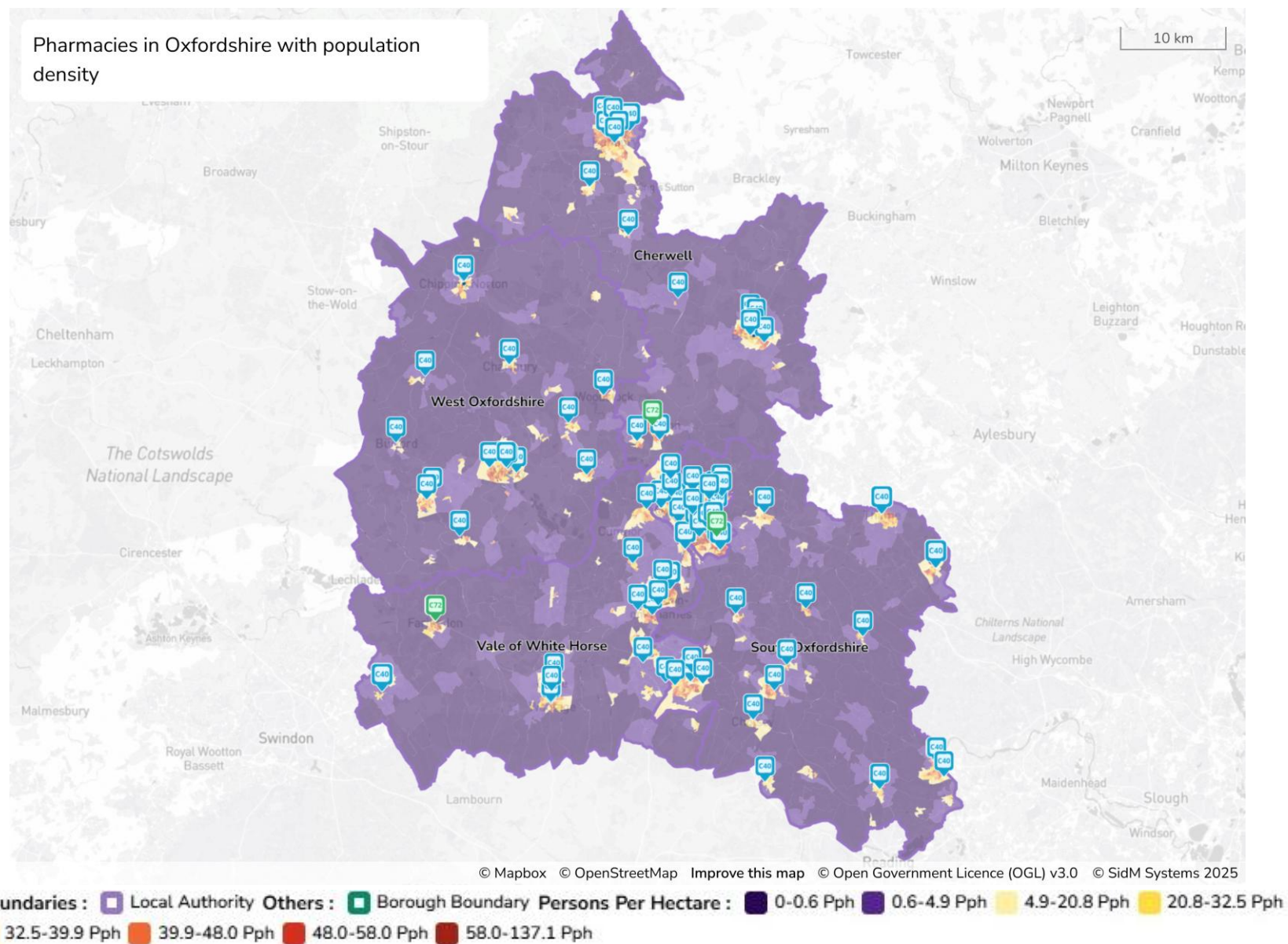
Community pharmacies in Oxfordshire are particularly located around areas with a higher density of population, as seen in Figure 11.⁸²

Pharmacy details can be found in Appendix A.

⁸¹ NHS BSA. Dispensing Contractors' Data July-March 2025. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁸² Please note the population values used for this map were calculated by rebasing the ONS 2018-2043 population projections (released in 2020) <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2> with the latest LSOA estimates (released in 2024) <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

Figure 11: Map of pharmacies in Oxfordshire and population density (March 2025)



A previously published article⁸³ suggests:

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

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

While this is based on a relatively old publication, it still remains a useful reference in the absence of more recent data.

3.9.1 Travel analysis

3.9.1.1 Car or van availability

Census 2021 data shows that the overall percentage of households who have access to at least one car or van is 83.8% in Oxfordshire, compared to 83.1% in South East of England and 76.5% in England.⁸⁴

Table 23: Percentage of households across Oxfordshire with access to at least one car or van

Area	Households with access to at least one car or van
Cherwell	85.3%
Oxford City	67.9%
South Oxfordshire	89.2%
Vale of White Horse	87.8%
West Oxfordshire	88.5%
Oxfordshire	83.8%
South East of England	83.1%
England	76.5%

⁸³ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

⁸⁴ ONS. 2021 Census Profile for areas in England and Wales. [Accessed March 2025] https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6

3.9.1.2 Travel time to pharmacy

In 2022, a report on rural isolation in Oxfordshire by Healthwatch Oxfordshire⁸⁵ highlighted that, while the majority of rural residents use private vehicles, some communities face transport barriers due to limited or no public transport options. This presents an inequality to accessing services, as those that don't have access to private transport and who cannot walk to a pharmacy are faced with longer travel times to access services. The Oxfordshire Comet, a bookable transport service for those who can't access suitable public transport, is in place to minimise the impact of those barriers.⁸⁶

A Local Transport and Connectivity Plan (LTCP) strategy was adopted by Oxfordshire County Council in 2022 and covers the time period to 2050.⁸⁷

The following maps and table below show travel times to community pharmacies using a variety of options. A breakdown of travel within each district is shown in [Section 6.2](#) and more details are available in Appendix E.

Table 24: Percentage of the population that can travel to a community pharmacy for each travel method and time band across Oxfordshire

Travel method	0-10 minutes	0-20 minutes	0-30 minutes
Walking	34.7%	66.5%	76.9%
Private transport (peak)	87.8%	99.7%	100%
Private transport (off-peak)	90.7%	99.9%	100%
Public transport (peak)	34.6%	55.4%	57.2%
Public transport (off-peak)	36.8%	65.7%	75.3%

Summary:

- 66.5% of the population who are able to walk can reach a pharmacy within 20 minutes, increasing to 77% within 30 minutes.
- 99.7% of the population that have access to a vehicle in Oxfordshire can get to a pharmacy within 20 minutes at peak times by private transport.
- Only 55.4% are able to travel via public transport to a pharmacy within 20 minutes at peak times, and 57.2% within 30 minutes; off-peak coverage is much better with 65.7% able to reach a pharmacy by public transport within 20 minutes, and 75.3% within 30 minutes.

The impact of this access analysis is included in [Section 6](#).

⁸⁵ Rural Isolation in Oxfordshire Report March 2022 [Accessed April 2025]

<https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/03/Rural-Isolation-in-Oxfordshire-Report-March-2022.pdf>

⁸⁶ Oxfordshire County Council - The Oxfordshire Comet [Accessed April 2025]

<https://www.oxfordshire.gov.uk/transport-and-travel/public-transport/accessable-transport/bookable-transport>

⁸⁷ Oxfordshire County Council - Local Transport and Connectivity Plan [Accessed April 2025]

<https://www.oxfordshire.gov.uk/transport-and-travel/connecting-oxfordshire/ltcp>

Figure 12: Map of average walk times to community pharmacies in Oxfordshire (March 2025)

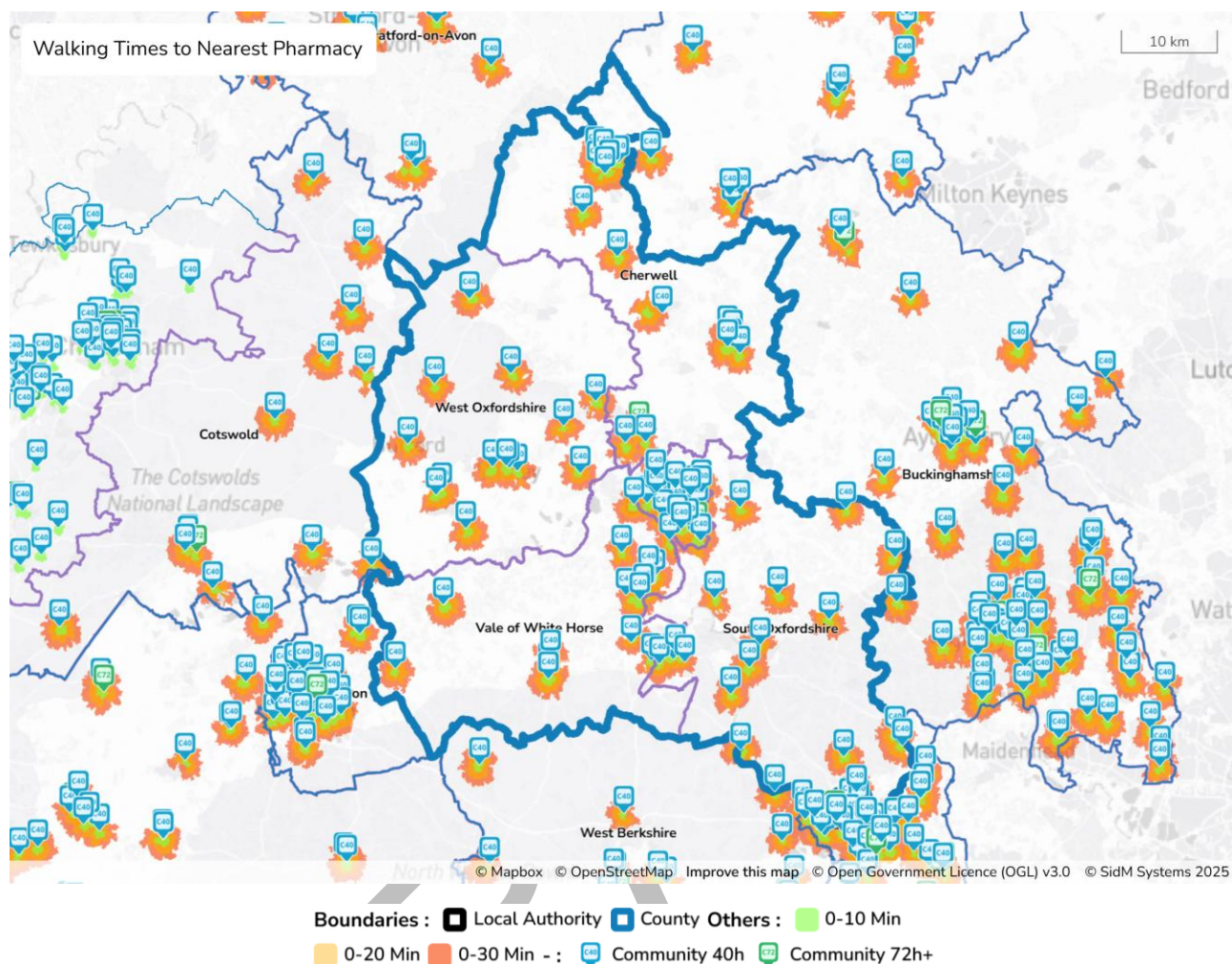


Figure 13: Map of drive times by car to pharmacies in Oxfordshire (off peak) (March 2025)

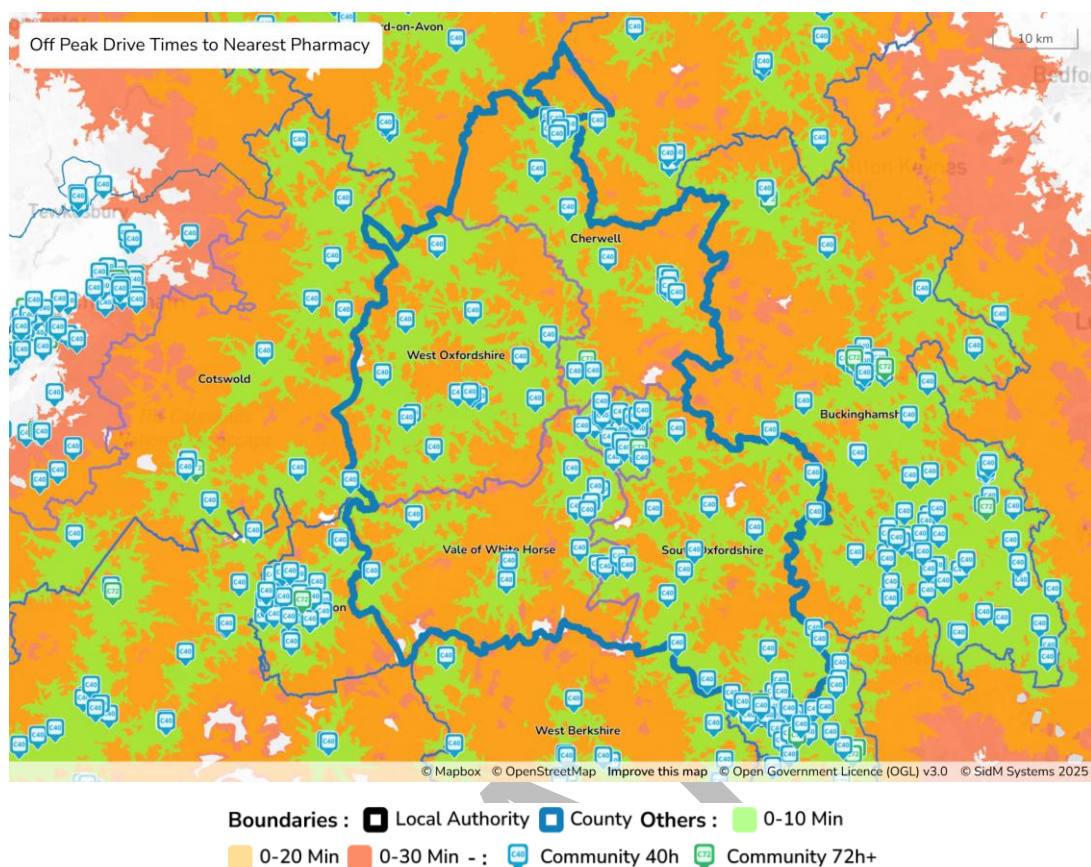


Figure 14: Map of drive times by car to pharmacies in Oxfordshire (peak) (March 2025)

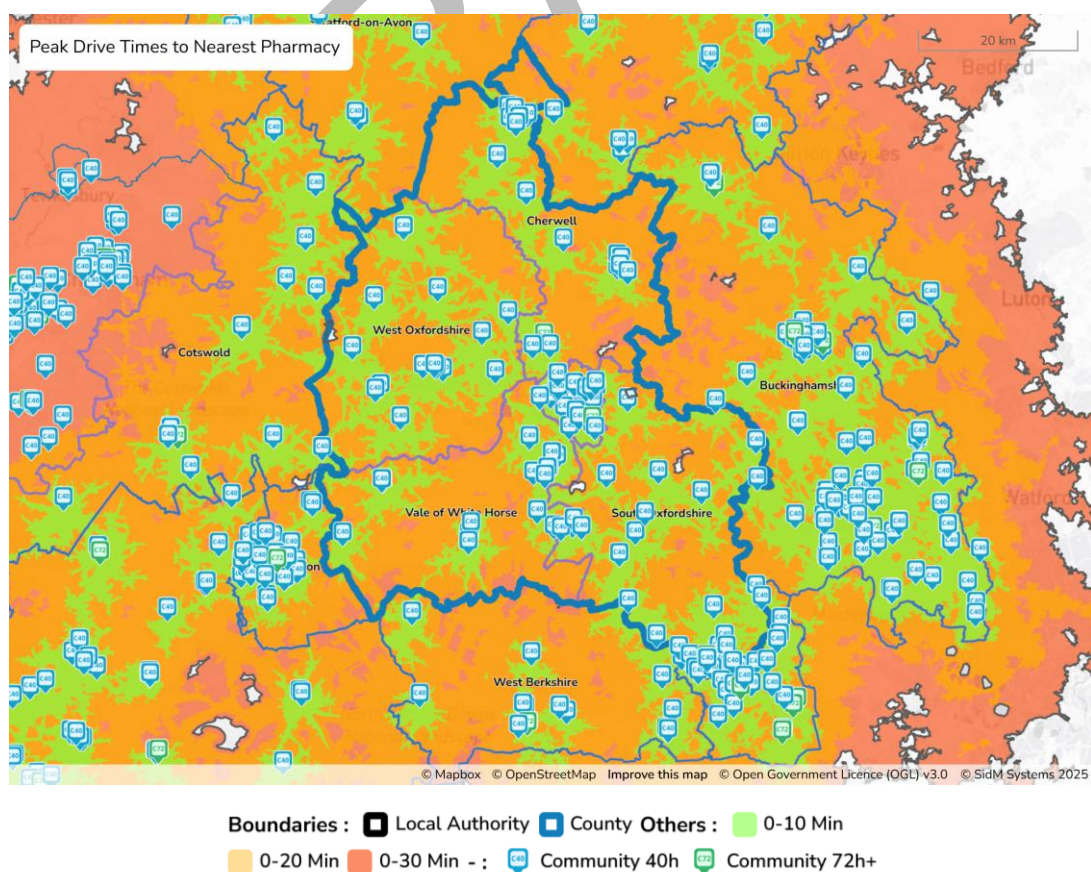


Figure 15: Map of public transport time to pharmacies in Oxfordshire (off peak) (March 2025)

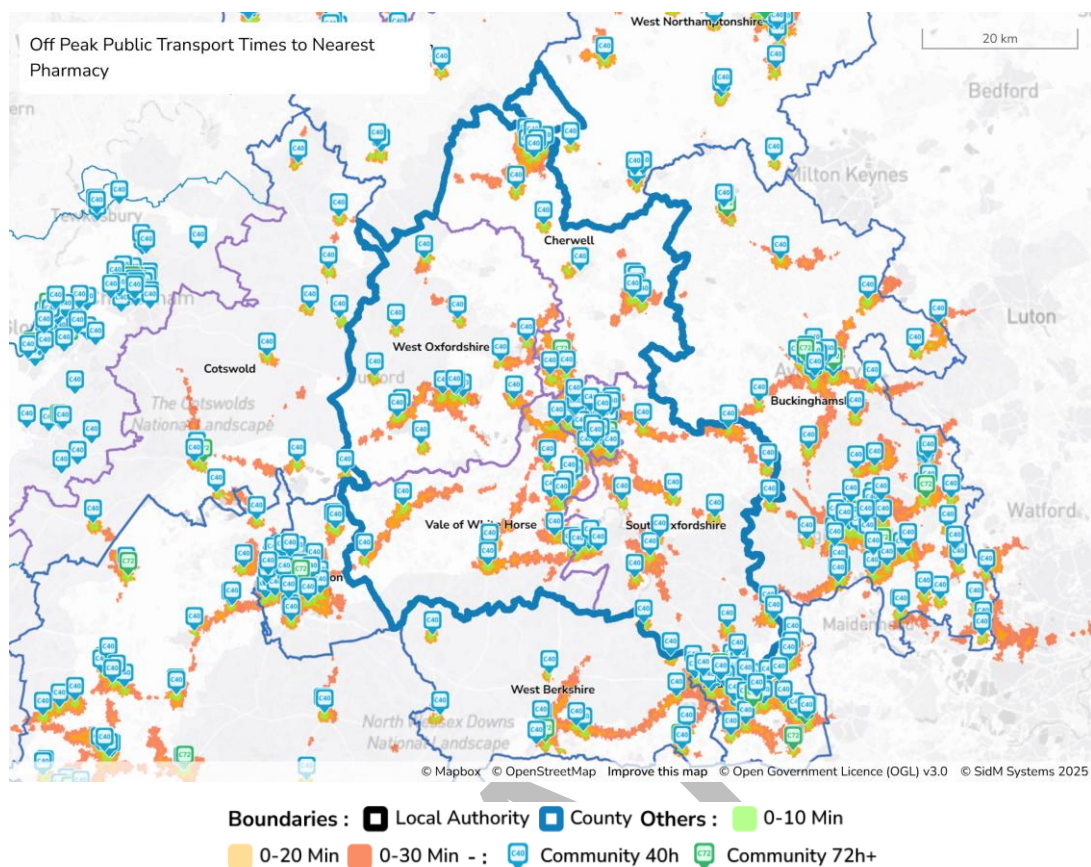
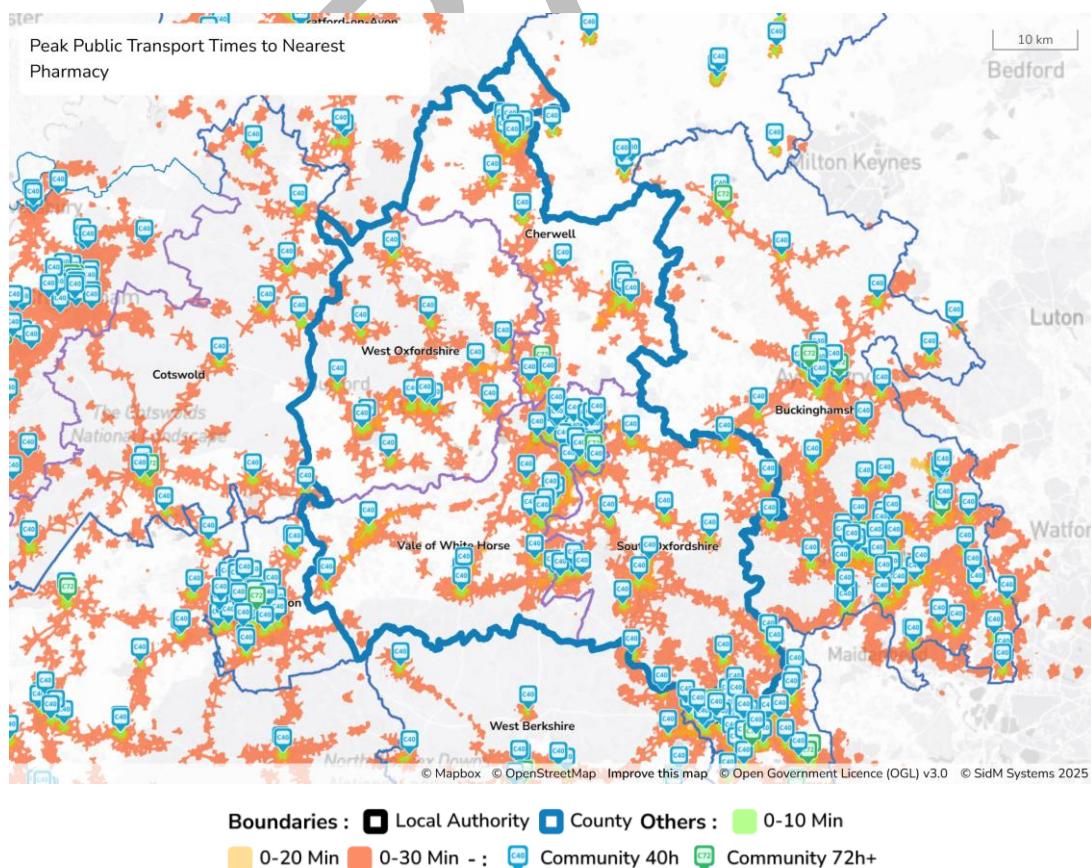


Figure 16: Map of public transport time to pharmacies in Oxfordshire (peak) (March 2025)



3.9.2 Weekend and evening provision

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

In the 2022, PNA Oxfordshire had ten 100-hour pharmacies (9%) compared to three (3%) 72-hour pharmacies now open in March 2025. Nationally, there has been decline too, with number of 100-hr community pharmacies in England open in 2022 being 9.4% and now for 72-hours or more per week being 7.7%.

South Oxfordshire and West Oxfordshire districts have no 72-hour plus community pharmacies at the time of writing.

Table 25: Number of 72-hour community pharmacies (and percentage of total) (March 2025)

Area	Number (%) of 72+ hour pharmacies
Cherwell	1 (5%)
Oxford City	1 (4%)
South Oxfordshire	0 (0%)
Vale of White Horse	1 (5%)
West Oxfordshire	0 (0%)
Oxfordshire	3 (3%)
England	806 (7.7%)

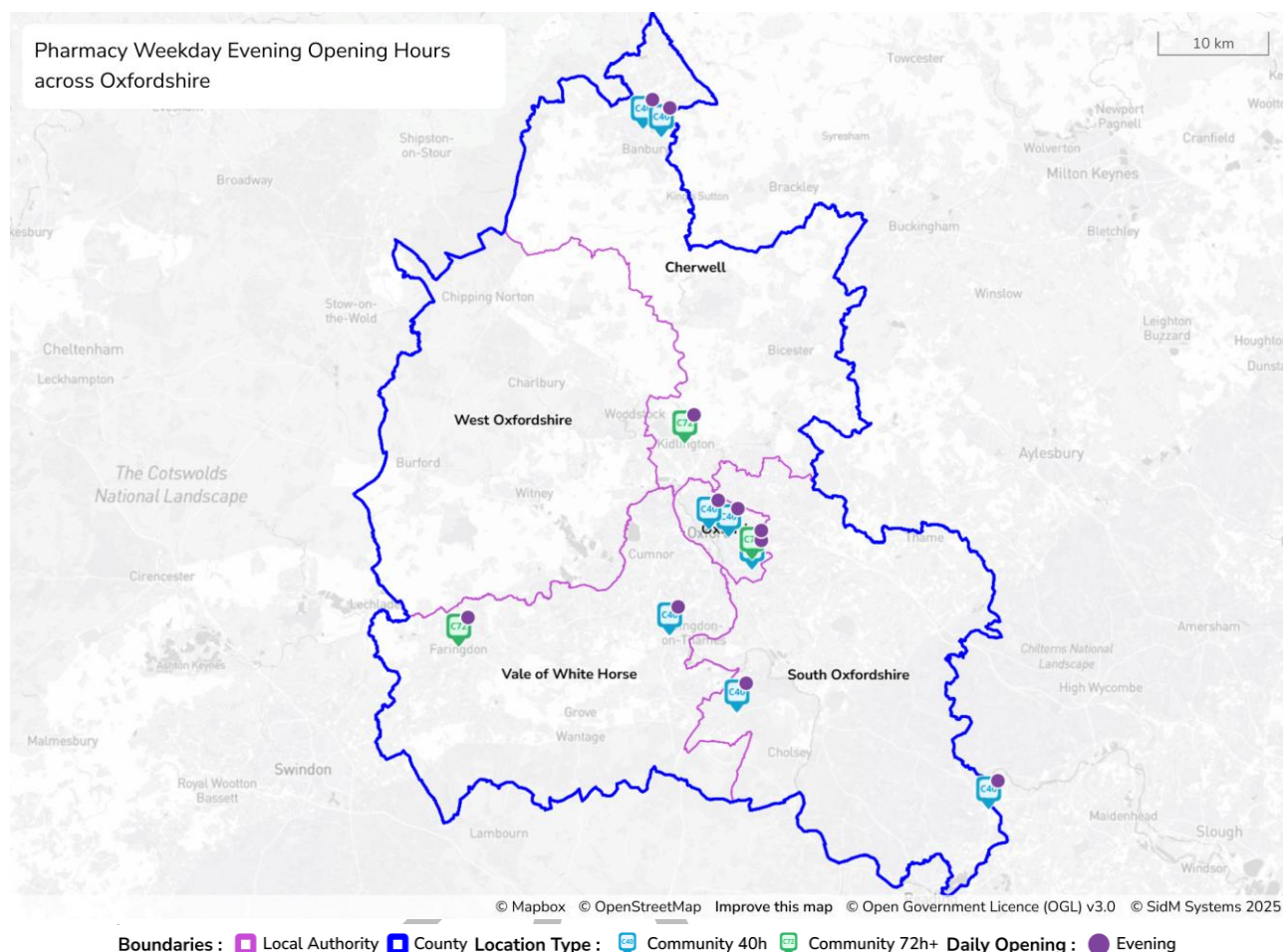
3.9.2.1 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6:30 pm, Monday to Friday (excluding bank holidays), vary within each district. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at district level and can be found in Table 26 below, which shows that 11% of pharmacies are open beyond 6:30 pm across Oxfordshire. Full details of all pharmacies' opening hours can be found in Appendix A.

Table 26: Number and percentage (including DSPs) of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6:30 pm, and on Saturday and Sunday

Area	Number (%) of pharmacies open beyond 6:30 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
Cherwell	3 (15%)	15 (75%)	5 (25%)
Oxford City	4 (16%)	18 (72%)	5 (20%)
South Oxfordshire	2 (11%)	16 (89%)	5 (28%)
Vale of White Horse	2 (11%)	16 (84%)	3 (16%)
West Oxfordshire	0 (0%)	12 (71%)	3 (18%)
Oxfordshire	11 (11%)	77 (78%)	21 (21%)

Figure 17: Map of community pharmacies open during the evening on weekdays in Oxfordshire (March 2025)



3.9.2.2 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each district. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at district level in Table 26 above. Of the pharmacies in Oxfordshire, 77 (78%) are open on Saturdays, the majority of which are open into the late afternoon. Full details of all pharmacies open on a Saturday can be found in Appendix A and location of pharmacies can be seen in Figure 18 below.

3.9.2.3 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each district. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at district level in Table 26 above. Fewer pharmacies, 21 (21%), are open on Sundays than any other day in Oxfordshire, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A and location of pharmacies can be seen in Figure 19 below.

Figure 18: Map of community pharmacies open on Saturday in Oxfordshire (March 2025)

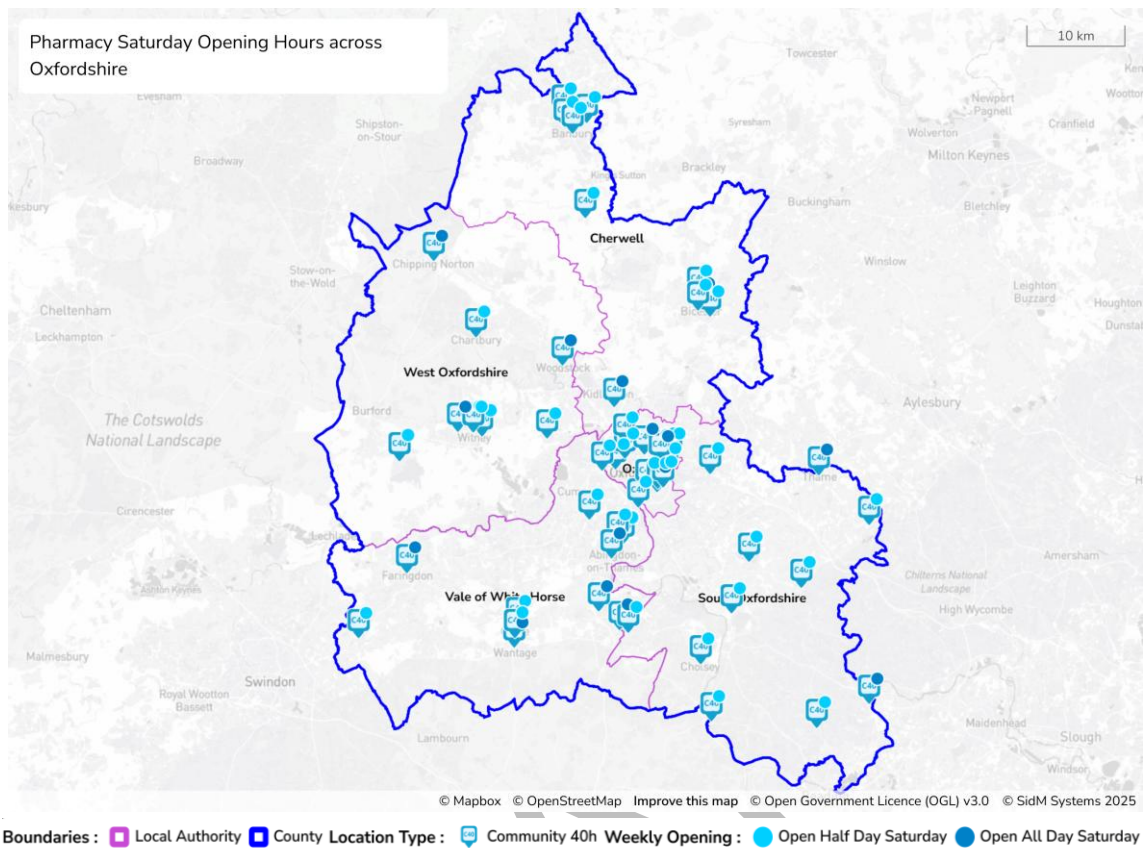
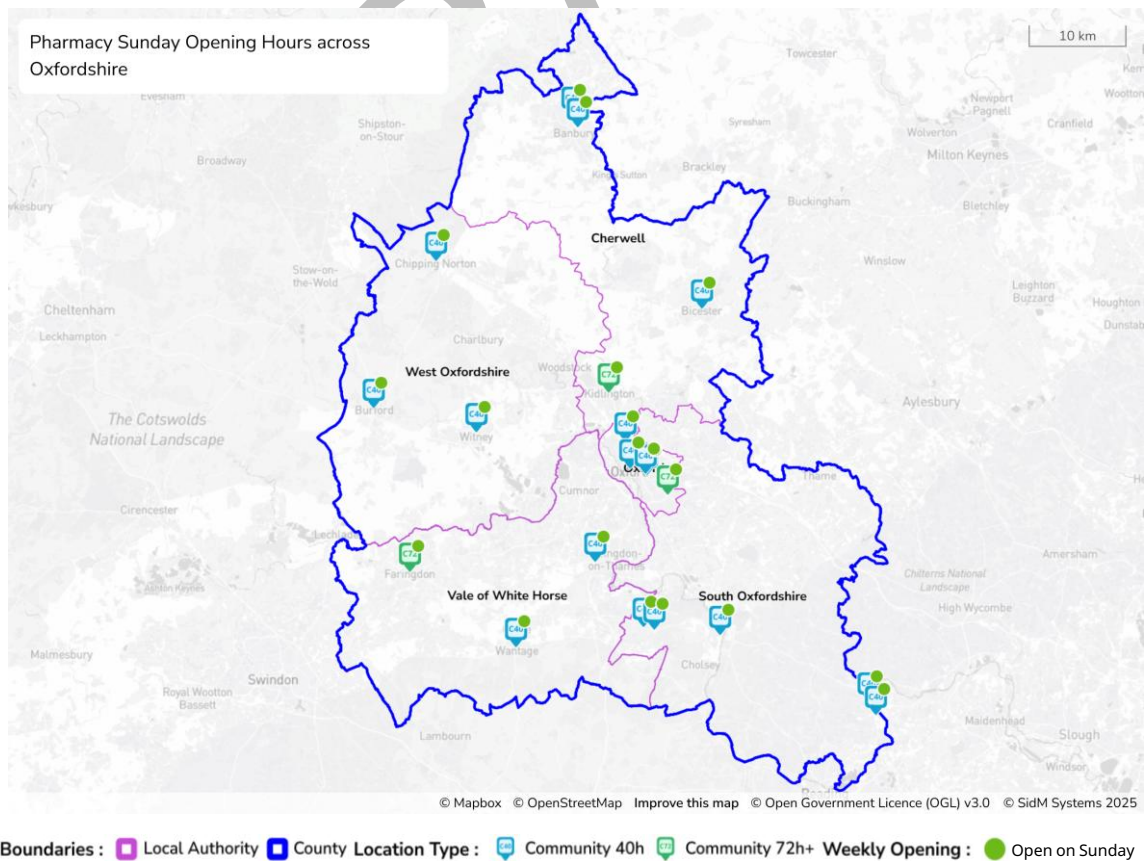


Figure 19: Map of community pharmacies open on Sunday in Oxfordshire (March 2025)



3.9.2.4 Bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays, although some choose to do so. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) open, often for limited hours.

To ensure patients can access medication on bank holidays, Good Friday, Easter Sunday and Christmas Day, the ICB commissions an enhanced service. This helps maintain pharmacy coverage during these times. If gaps are identified based on location, travel time and population, and no pharmacies volunteer to provide the enhanced service, the ICB will direct a pharmacy to open to improve access.

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

3.10 Advanced Service provision from community pharmacy

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

[Section 1.5.5.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all the time. To understand provision across Oxfordshire, data has been sourced by various methods to populate Table 27.

Data collected from the NHS Business Services Authority (BSA) indicates the percentage of pharmacies claiming payment and information from the ICB has been used to demonstrate the percentage of community pharmacies have signed up to provide the Advanced Services.

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

Details of individual pharmacy providers can be seen in Appendix A.

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

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

The Smoking Cessation Service, as described in [Section 1.5.5.2](#), currently has low uptake in this area as well as nationally, with only 32% having signed up to provide the service. This service relies on a referral from secondary care and although 32 pharmacies have signed up to deliver the service, it can be seen there has been no activity. Therefore, numbers should be interpreted with care as they are low due to lack of referral not due to the number of community pharmacies that have signed up to provide the service. It is for this reason they are not considered relevant for the purpose of this PNA.

Table 27: Summary of Advanced Services provision by community pharmacy (March 2025)

(The numbers in the table below represent the percentage of providers claiming payment from NHSBSA (August to December 2024) and within the bracket percentage known to the ICB as signed up to provide the service).

Advanced Service	Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire
Pharmacy First	95% (95%)	88% (100%)	89% (100%)	95% (100%)	94% (94%)	91% (98%)
Flu Vaccination service	90% (75%)	80% (80%)	89% (89%)	84% (74%)	82% (59%)	84% (76%)
Pharmacy Contraception Service	15% (55%)	24% (68%)	28% (61%)	32% (79%)	41% (53%)	27% (64%)
Hypertension Case Finding Service	90% (95%)	68% (92%)	94% (94%)	74% (95%)	47% (94%)	74% (94%)
New Medicine Service	95% (95%)	96% (92%)	94% (89%)	95% (89%)	94% (94%)	94% (92%)
Smoking Cessation Service	0% (35%)	0% (32%)	0% (22%)	0% (32%)	0% (41%)	0% (32%)
Appliance Use Review*	0% (0%)	0% (0%)	0% (0%)	0% (0%)	0% (0%)	0% (0%)
Stoma Appliance Customisation*	0% (0%)	0% (0%)	0% (0%)	0% (0%)	0% (0%)	0% (0%)
LFD Service	35% (70%)	36% (64%)	72% (94%)	26% (63%)	47% (53%)	42% (69%)

* This service is typically provided by the DACs.

3.11 Enhanced Service provision from community pharmacy

There is currently one National Enhanced Service and one Local Enhanced Service commissioned through community pharmacies in Oxfordshire.

This National Enhanced Service is the COVID-19 vaccination service. As shown in Table 28 below, there is a spread across all districts of community pharmacies providing this service for the Autumn 2024 campaign. Details can be found in Appendix A, although service provision can change with each campaign. It should be noted that this service is also accessible to residents from other healthcare providers, such as GPs or hospital trusts, for eligible patients.

The Local Enhanced Service is the Bank holiday opening. As discussed in [Section 3.9.2.4](#), regarding the bank holiday service, although many community pharmacies opt to close, a number of them remain open. Therefore, there may have been more open than the number stated. Providers typically change each bank holiday; however, provision is spread across the area and details can be found on the NHSE website <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy> and the website <https://www.england.nhs.uk/south-east/our-work/pharmacy-opening-hours/> for the South East area. Details of the pharmacies open on Christmas 2024 bank holidays across Oxfordshire can be found in Appendix A.

Table 28: Summary of Enhanced Services provision by community pharmacy (March 2025)

Enhanced Service	Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire
COVID-19 Vaccination Service	30%	40%	44%	47%	59%	43%
Bank Holiday opening service	30%	20%	0%	5%	24%	16%

Any Locally Commissioned Services (LCS) commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

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

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

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

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

Table 29 and Table 30 detail the services provided across Oxfordshire as commissioned from the local authority and the local ICB. A list of all contractors and commissioned services can be found in Appendix A.

4.1 Local authority-commissioned services provided by community pharmacies in Oxfordshire

Oxfordshire County Council commissions five services from community pharmacies.

Currently commissioned services by OCC are:

- LAS1: Emergency Hormonal Contraception (EHC)
- LAS2: C-card: condom-card distribution scheme (details of provision were unavailable at the time of writing)
- LAS3: Supervised consumption (SC)
- LAS4: Needle Exchange (NEX)
- LAS5: Take Home Naloxone (THN)

Table 29: Count and percentage of community pharmacy providers for services commissioned by Oxfordshire County Council (March 2025)

Area	EHC	C-card	SC	NEX	THN
Cherwell	9 (45%)	2 (10%)	12 (60%)	5 (25%)	3 (15%)
Oxford City	13 (52%)	8 (32%)	16 (64%)	9 (36%)	11 (44%)
South Oxfordshire	8 (44%)	4 (22%)	8 (44%)	1 (6%)	4 (22%)
Vale of White Horse	8 (42%)	4 (21%)	10 (53%)	3 (16%)	4 (21%)
West Oxfordshire	3 (18%)	0 (0%)	8 (47%)	2 (12%)	3 (18%)
Oxfordshire	41 (41%)	18 (18%)	54 (55%)	20 (20%)	25 (25%)

These services may also be available from other providers, for example GP practices and community health services. A full list of community pharmacy providers for each service in Oxfordshire can be found in Appendix A.

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

4.2 Integrated Care Board (ICB)-commissioned services

There are two ICBs that cover the HWB geography; Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB, which covers 98 of the 99 community pharmacies in Oxfordshire, and NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB which covers the Shrivenham Pharmacy at 50a High Street SN6 8AA.

BOB ICB commissions two locally-commissioned services from community pharmacies:

- ICBS1: Minor Ailment Scheme (MAS).
- ICBS2: Guaranteed provision of urgent medication.

Table 30: Provision of services commissioned by the Integrated Care Board (ICB) (March 2025)

Area	MAS	Guaranteed provision of urgent medication
Cherwell	3 (15%)	1 (5%)
Oxford City	8 (32%)	3 (12%)
South Oxfordshire	4 (22%)	5 (28%)
Vale of White Horse	6 (32%)	2 (11%)
West Oxfordshire	5 (29%)	2 (12%)
Oxfordshire	26 (26%)	13 (13%)

There are currently no community pharmacies across Oxfordshire that are part of the Independent Prescribing Pathfinder Scheme.

One pharmacy in Oxfordshire area (Shrivenham Pharmacy at 50a High Street, Shrivenham, SN6 8AA) is covered by the BSW ICB and may therefore be commissioned different services from this ICB. At the time of writing, no information was available regarding the provision of services from this pharmacy commissioned by BSW ICB.

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

4.3 Other services provided from community pharmacies

4.3.1 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and is not part of the community pharmacy contractual terms of service.

This would not be considered as part of a determination for market entry.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are three DSPs based in Oxfordshire, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England (including one in Oxfordshire).

4.3.2 Services for less-abled people

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010,⁸⁸ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

From the 454 responders to the public questionnaire, 33% identified that they had a disability. Of those 33%, 30% stated that it affected their day-to-day activities a lot, and 2% preferred not to say. Of all the respondents to the survey, 26% stated that accessibility was either very important or quite important when choosing a pharmacy.

4.3.3 Language services

From the public survey, 20% said communication (languages/ interpreting service) were either important or quite important when choosing a pharmacy.

There is an interpretation service⁸⁹ available from all community pharmacies across Oxfordshire. It provides:

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

4.4 Other services provided by dispensing GP practices

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

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

- Flu vaccination.
- COVID-19 vaccination.
- NHS health checks.

⁸⁸ Legislation. Equality Act 2010. October 2024. [Accessed April 2025] www.legislation.gov.uk/ukpga/2010/15/contents

⁸⁹ Translation Services – Community Pharmacy Thames Valley [Accessed April 2025] <https://cptv.org.uk/translation-services/>

- Sexual health services.
- Stop smoking services.
- Contraception.
- Hypertension management.

4.5 Other providers that reduce the need for pharmaceutical service provision

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

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

4.5.1 NHS hospitals

- Oxford University Hospitals:
 - John Radcliffe Hospital.
 - Churchill Hospital.
 - Nuffield Orthopaedic Hospital.
 - Horton General Hospital.
- Abingdon Hospital, Marcham Road, Abingdon, Oxon, OX14 1AG.
- Bicester Community Hospital, Piggy lane, Bicester, Oxfordshire, OX26 6HT.
- Chipping Norton Outpatient Unit, Russell Way, Chipping Norton, Oxon, OX7 5FA.
- City Community Hospital, Fulbrook Centre, Churchill Hospital, Headington, Oxford OX3 7JU.
- Didcot Community Hospital, Wantage Road, Didcot, Oxfordshire OX11 0AG.
- Townlands memorial hospital, York Road, Henley-on-Thames, Oxfordshire RG9 2EB.
- Wallingford Community Hospital, Reading Road, Wallingford, Oxfordshire OX10 9DU.
- Wantage Community Hospital, Garston Lane, Wantage, Oxfordshire OX12 7AS.
- Witney Community Hospital, Welch Way, Witney, Oxfordshire OX28 6JJ.

4.5.2 Royal Air Force (RAF) pharmacies

Dedicated pharmacies to cover the RAF population operate at RAF Benson and RAF Brize Norton.

4.5.3 Prison pharmacies

There are two prisons in Oxfordshire, HMP Bullingdon and HMP Huntercombe. Residents have access to pharmaceutical services through the onsite prison pharmacies.

4.5.4 Substance use services

A range of alcohol and drug services are provided by Turning Points Road to Recovery through locality hubs, satellite services in rural areas and at some GP practices. Locality hubs are based in Oxford, Banbury, Didcot and Witney.

4.6 Other services that may increase the demand for pharmaceutical service provision

4.6.1 Minor injury units and walk-in centres

The following are available in Oxfordshire:

- Minor injury unit, Abingdon.
- Minor injury unit, Henley.
- Minor injury unit, Witney.
- Chipping North Health Centre.
- Bicester Community Hospital.

4.6.2 Extended hours provided by Primary Care Networks (PCNs)

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

4.6.3 Community nursing prescribing

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

4.6.4 Dental services

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

4.6.5 End of life services

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

4.6.6 Sexual health centres

Oxfordshire Sexual Health Service provides free sexual health screening (tests), treatment, contraception and advice, as well as care and treatment for people living with HIV. The service is open to everybody and available from nine clinics through the county:⁹⁰

- Abingdon clinic: Marcham Road Family Health Centre, Marcham Road, Abingdon, OX14 1BT.
- Banbury clinic: Orchard Health Centre, Cope Road, Banbury, OX16 2EZ.
- Bicester clinic: Montgomery House Surgery, Piggy Lane, Bicester, OX26 6HT.

⁹⁰ NHS Sexual Health Oxfordshire [Accessed April 2025] <https://www.sexualhealthoxfordshire.nhs.uk/>

- Didcot clinic: Didcot Health Centre, Britwell Road, Didcot, OX11 7JH.
- East Oxford clinic: Rectory Centre, 29 Rectory Road, OX4 1BU.
- Kidlington clinic: The Key Medical Practice, Exeter Close, Oxford Close, Kidlington, OX5 1AP.
- Oxford clinic: Churchill Hospital, Headington, OX3 7LE.
- Wantage clinic: Wantage Health Centre, Mably Way, Wantage, OX12 9BN.
- Witney clinic: Windrush Medical Practice, Welch Way, Witney, OX28 6JS.

4.7 Other services

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

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

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

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

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

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

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed to understand the views of the public in Oxfordshire. This questionnaire was available online through OCC consultations website page between 27 January and 9 March 2025. Paper copies and a number of alternative formats were also available under request.

The questionnaire was circulated to engage stakeholders through various routes:

- Social media channels.
- Posters displayed in pharmacies, libraries and GP practices.
- OCC network including:
 - Newsletters: Oxfordshire Consultations, Your Oxfordshire, Councillor briefing.
 - Libraries.
 - Community health and wellbeing partners, Make Every Contact Count partnership, Turning Point, Domestic Abuse service team.
- Healthwatch Oxfordshire network including patient participation groups.
- BOB ICB network.

There were 454 responses, all to the online survey, from a population of 750,230 (0.06%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with certain groups not adequately represented, limiting how generalisable the findings are. A report of the results can be found in Appendix D.

5.1 Demographic analysis

- 71% of the respondents identified themselves as female, 25% as male, 4% preferred not to say.
- The majority answering the survey were aged between 65 - 74 (25%), followed by the 55 - 64 (21%) age group, and the 75 - 84 age group (17 %). There was one response for the 16 - 24 age group.
- 33% identified themselves as disabled, of which 10% indicated that they were limited a lot in their day-to-day activities. 2% preferred not to say.
- The majority of respondents came from a White British background (90%) and 6% preferred not to say. The ethnicity distribution of the remaining 4% was as follows: 2% Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background), 1% Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background), 1% Other ethnic group or background.

Due to small numbers, responses are not broken down by district. A detailed report of the results can be found in Appendix D.

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

5.2 Visiting a pharmacy

- 87% had a regular or preferred local community pharmacy. Only 5% stated that they exclusively used an online pharmacy and 6% said that they used a combination of both.
- Most of the respondents (42%) visited a pharmacy once a month and was closely followed by option for a few times a month (30%). A further 18% opted for once every few months. Only 3% went once a week and 4% did it once every six months. 3% of the respondents stated that they had not visited/ contacted a pharmacy in the last six months.
- The most popular response for the time and day most convenient to the respondent was Weekday between 1pm-7pm (53%), followed by Saturday between 9am-1pm (51%).
- Since respondents could select multiple options for this question it is important to note that the number that didn't choose from all the options available was 29%.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (88%) was to collect prescriptions for myself. A further 59% went to buy over-the-counter medicines.
- 40% of responses visited to collect prescriptions for somebody else.
- 37% indicated that they went to get advice from a pharmacist.
- Of the 3% of respondents that stated other reasons, Purchase toiletries, sanitary and skin/hair products, minerals was their main reason for usually going to a pharmacy.

5.4 Choosing a pharmacy

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

The responses show that availability of medication was a very important factor (85%) when choosing a pharmacy. This was followed by:

- Location of pharmacy (75%).
- Quality of service (expertise) (63%).
- Customer service (57%).

Communication (languages or interpreting service), Accessibility (wheelchair or buggy access), Public transport, and Parking were considered as not being important at all by 38%, 34%, 33% and 21% respectively.

5.5 Access to a pharmacy

- The main way patients access a pharmacy is by walk, with 45% using this method. The next most common method is to use a car (40%).

- Only 1% indicated that they do not travel to a pharmacy but instead use a delivery service/online pharmacy.
- 80% reported that they were able to travel to a pharmacy in less than 20 minutes and overall, 95% being able to get to their pharmacy within 30 minutes. 2% stated that it took them longer between 30-40 minutes to get to their pharmacy and 3% said that they did not travel to the pharmacy.

5.6 Other comments

While there were positive comments acknowledging good service (35 mentions) and praising the value of community pharmacy (40), there were also 57 comments calling for more pharmacies, 23 respondents reported slow service or long queues and 18 requested longer opening hours, particularly outside of normal working hours.

Additional comments raised concerns over stock shortages and long waiting times for prescriptions to be available after ordering.

5.7 Feedback from Healthwatch Oxfordshire⁹¹

To support the development of the Oxfordshire PNA, Healthwatch Oxfordshire gathered feedback from the public between April 2024 and March 2025. This included responses to the PNA public questionnaire, alongside qualitative comments from over 100 members of the public gathered via outreach, phone calls, emails, and their online feedback centre.

While the engagement was not a formal or representative study, it provides valuable qualitative insight into residents' experiences of using pharmacy services across Oxfordshire. Key themes are listed below:

- Positive experiences and valued services: Around one-third of the 100+ public comments were positive, praising friendly, knowledgeable staff, efficient services and home delivery options. Respondents also appreciated clear medication advice and minor ailment consultations through Pharmacy First. These comments reflect the ongoing trust and value placed on local community pharmacies.
- Barriers to communication and access: Over 40 individual comments highlighted difficulties in contacting pharmacies, especially by phone. This led to repeated visits, often involving taxi costs, for basic queries such as whether prescriptions were ready. The issue was reported across multiple areas, with particular concern for those with mobility issues or without internet access.
- Digital access challenges: Seven separate comments described digital exclusion, including poor broadband coverage in rural areas, limited mobile reception, and difficulty using online platforms like the NHS App. These challenges were most commonly raised by older adults, individuals using older technology, and residents in villages of areas like South Oxfordshire.

⁹¹ What we heard about pharmacy April 2024-March 2025 [Accessed April 2025]

<https://healthwatchoxfordshire.co.uk/wp-content/uploads/2025/04/What-we-heard-about-pharmacy-April-2025.pdf>

- Service pressures and staffing constraints: More than 30 comments reflected staff shortages, long queues and pharmacy closures or reduced hours, especially in growing communities such as Didcot, Wantage, and Wallingford. There were also multiple reports of repeat prescription delays, out-of-stock medications, and general frustration with unreliable service provision.
- Health inequalities and inclusion: Specific feedback from organisations supporting asylum seekers and refugees revealed confusion around prescription charges and a lack of awareness about interpreting services. Several people with limited English or with hearing loss reported difficulty booking appointments or understanding instructions.

DRAFT

Section 6: Analysis of health needs and pharmaceutical service provision

The analysis of health needs and pharmaceutical service provision aims to determine whether there is an existing or potential future gap in pharmaceutical services in Oxfordshire.

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Oxfordshire have been analysed, taking into consideration the priorities outlined in the NHS LTP, JSNA, JHWS and other local policies, strategies and health needs ([Section 2](#)).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Oxfordshire. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new.

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

For the purpose of the PNA, **all Essential Services are to be regarded as Necessary Services in Oxfordshire.**

All **advanced services (excluding AUR, SAC and SCS)** are ‘other relevant services’. Locally Commissioned Services pharmaceutical services are considered in this PNA, however it is important to note an absence in any of the locally commissioned services does not result in a gap as often these services and needs are met by other providers. These are not NHS commissioned services and therefore outside of the scope of the PNA.

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by district can be found in [Section 3.10](#), [3.11](#), [4.1](#) and [4.2](#) respectively.

For the purpose of the PNA, the Oxfordshire geography has five districts:

- Cherwell.
- Oxford City.
- South Oxfordshire.
- Vale of White Horse.
- West Oxfordshire.

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

- National priorities as set out by the NHS Long Term Plan and Core20PLUS5.
- The local strategies across the area for the health needs of the population of Oxfordshire from the JSNA, JHWS and the ICS.
- Population changes and housing developments across the next three years.
- IMD and deprivation ranges compared with the relative location of pharmacy premises.
- The burden of diseases and the lifestyle choices people make across Oxfordshire.
- The health profiles based on ONS and QOF data.

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

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

There are 129 pharmaceutical contractor sites in Oxfordshire, of which 99 are community pharmacies (including 3 DSPs). Table 19, in [Section 3.1](#), provides a breakdown by contractor type and Table 26, in [Section 3.9.2](#), provides a breakdown of the number and percentage of community pharmacies open beyond 6:30 pm and at weekends. Individual community pharmacy opening times are listed in Appendix A.

6.2 PNA districts

The health needs of the Oxfordshire population influence pharmaceutical service provision in Oxfordshire. Health and population information was not always available on a district basis; where it was provided it has been discussed in the relevant district section; where data was only available at county level it will be discussed in [Section 6.3](#).

Each district is discussed in detail below to understand health needs and provision to support the conclusions for this 2025 PNA for Oxfordshire HWB.

6.2.1 Cherwell: Current and future health needs

Cherwell has an estimated population of 166,321 (2023) and is a district with both urban centres (such as Banbury, Bicester, and Kidlington) and rural areas, resulting in a mixed geography.

The ethnic profile is predominantly White (88.1%), with Asian (6.0%), Black (1.8%), Mixed (2.9%) and Other ethnic groups (1.3%). These figures reflect a less diverse population compared to the England average, where 81.0% identify as White.

Cherwell has the second highest level of deprivation among Oxfordshire districts. The number of households in Cherwell that own a car or van is 85.3%, which is above the Oxfordshire (83.8%) and England level (76.5%).

In terms of health, Cherwell shows a higher burden of long-term conditions than both the Oxfordshire and, in some cases, the England average. The prevalence of diabetes (6.4%), cancer (4.3%), coronary heart disease (2.5%), and COPD (1.4%) are above the county average. Hypertension affects 13.7% of the population, above the county average but slightly below the national average of 14.8%. The prevalence of rheumatoid arthritis (0.8%) aligns with county and national figures.

Mental health indicators also reflect higher need. Depression is recorded in 14.2% of patients, exceeding both the Oxfordshire average (13.1%) and the national figure (13.3%). The prevalence of epilepsy (0.8%) is slightly above the county average (0.7%) and in line with England. Learning difficulties are recorded in 0.5%, again marginally higher than the Oxfordshire figure (0.4%) but below the national rate (0.6%).

Lifestyle risk factors in Cherwell are also elevated. Smoking prevalence is 12.2%, the highest of the rural districts but below the England average (13.6%). Obesity prevalence is 26.4%, the highest in Oxfordshire but similar to the national prevalence of 26.5%.

Sexual health indicators show that while chlamydia detection (924 per 100,000) and new STI diagnoses (300 per 100,000) are higher than some Oxfordshire districts, they remain below national rates. HIV prevalence is recorded at 1.1 per 1,000, higher than the Oxfordshire average (0.93), but still well below the national average of 2.33 per 1,000. The rate of LARC prescribing is 65 per 1,000, higher than both the county and national averages.

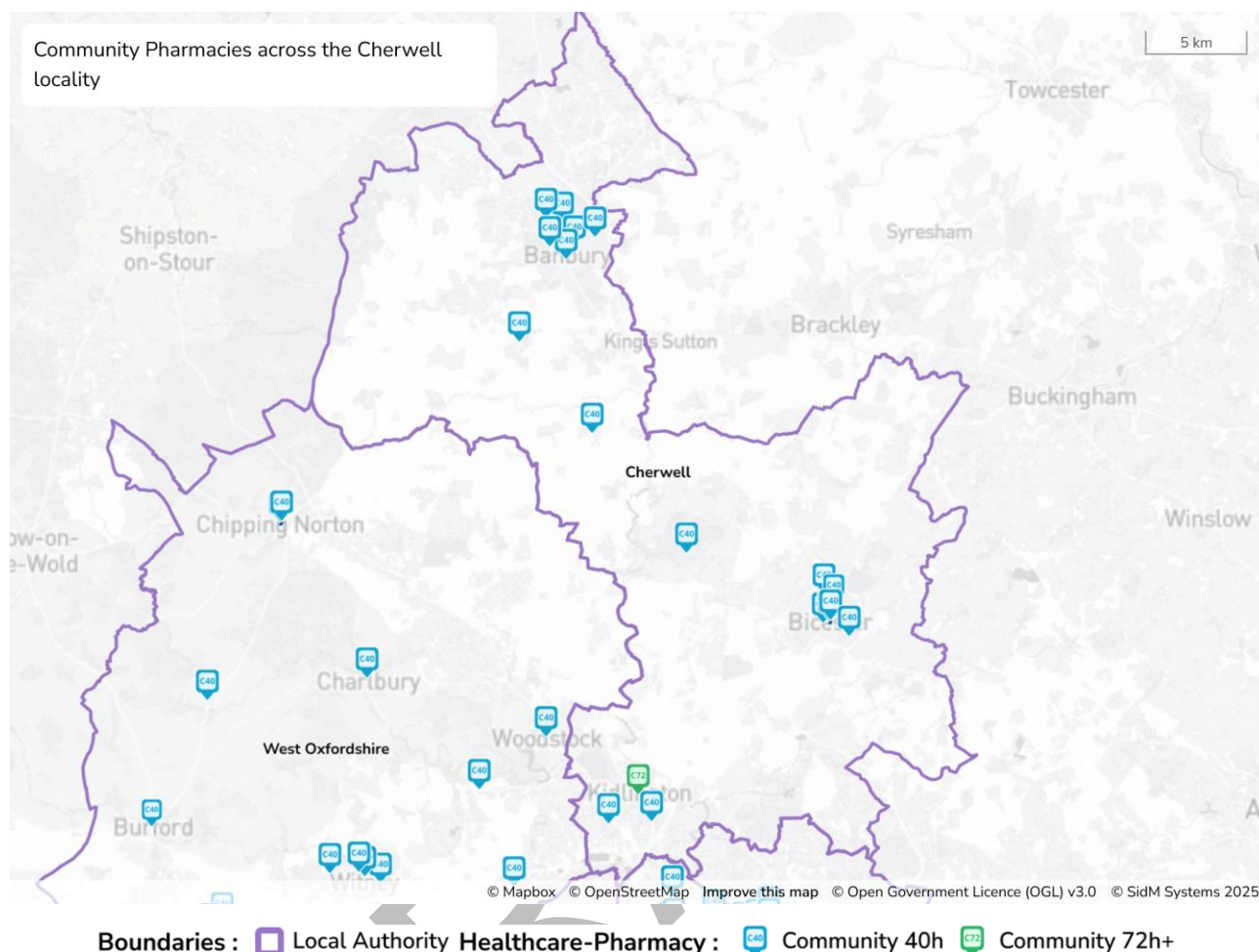
According to the 2021 Census, 9.5% of residents reported being 'disabled a little' and 5.6% 'disabled a lot', closely aligned with the county averages and lower than national figures.

Overall, the data indicates that Cherwell has higher levels of health need compared to the wider county in several areas, particularly long-term conditions, mental health and lifestyle risk factors.

Between 2025 and 2030, Cherwell's population is projected to grow by 6.1% (10,312 people), supported by 6,963 planned housing developments, the highest number among Oxfordshire districts.

6.2.1.1 Necessary Services: Essential Services current provision

Figure 20: Map of community pharmacies across Cherwell (March 2025)



Essential services must be provided by all community pharmacies. There are 20 community pharmacies in Cherwell. The estimated average number of community pharmacies per 100,000 population is 12.0, which is slightly lower than the Oxfordshire average of 13.2. There has been a reduction of three community pharmacies since the previous PNA.

Of the 20 community pharmacies:

- 18 (90%) pharmacies that hold a standard 40-core hour contract.
- One is a (5%) 72+hour pharmacy.
- There is one (5%) DSP.

There are no DACs in Cherwell.

Of the 20 community pharmacies:

- Three pharmacies (15%) are open after 6:30 pm on weekdays.
- 15 pharmacies (75%) are open on Saturdays.
- Five pharmacies (25%) are open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of ten dispensing doctor sites across Cherwell.

Residents also have access to other DSPs in the county and nationwide.

There are also a number of accessible providers open in the four neighbouring districts of West Oxfordshire, South Oxfordshire, Vale of White Horse and Oxford City; and the HWB areas of Northamptonshire, Buckinghamshire and Warwickshire.

The numbers and location of community pharmacies are reflective of the rural nature of Cherwell.

6.2.1.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Cherwell.

The current community pharmacy network is adequate to meet the predicted population increase of 6.1% by 2030 and expected housing growth of 6,963 housing developments.

To support access in the weekend and evenings there is one 72-hour pharmacy in Cherwell supported by other pharmacies open on evenings and weekend. Details are found in Appendix A.

Travel analysis across Cherwell showed:

- 61.5% of the population can reach a community pharmacy within 20 minutes walking, and 72.3% within 30 minutes.
- 81.5% of the population can reach a community pharmacy by private transport within 10 minutes in peak times, and 85.4% in off-peak times. This increases to 99.6% within 20 minutes for off-peak and 99.8% for peak.
- 51.5% of the population can reach a community pharmacy by public transport within 30 minutes in peak times, and 69.7% during off-peak times.

More details are available in Appendix E. Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of Cherwell, however this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures.

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

Oxfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Cherwell.

6.2.1.3 Other relevant services: current provision

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

Table 31 shows the pharmacies providing Advanced and Enhanced services in Cherwell district. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 31: Cherwell Advanced and Enhanced relevant services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	19 (95%)	19 (95%)
Seasonal influenza vaccination	15 (75%)	18 (90%)
Pharmacy contraception	11 (55%)	3 (15%)
Hypertension case-finding	19 (95%)	18 (90%)
New Medicine Service	19 (95%)	19 (95%)
Lateral Flow Device tests supply	14 (70%)	7 (35%)
COVID-19 vaccination service	6 (30%)	N/A
Bank holiday opening service	6 (30%)	N/A

*Based on pharmacies claiming payment in August-December 2024

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

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

No gaps in the provision of Relevant Services have been identified for Cherwell.

6.2.1.4 Improvements and better access: gaps in provision

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

6.2.2 Oxford City: Current and future health needs

Oxford City has an estimated population of 165,184 (2023) and is a predominantly urban area, making it the most densely populated district in Oxfordshire.

The ethnic profile is much more diverse than other districts in the county with a population that is 70.7% White, 15.4% Asian, 4.7% Black (4.7%), 5.6% Mixed, and 3.57% Other ethnic groups. Ethnic diversity is also higher in Oxford City than the national average.

Oxford City has the highest level of deprivation among the districts in Oxfordshire. Car or van ownership is significantly lower, at 67.9%, compared with 83.8% in Oxfordshire overall and 76.5% nationally. This may reflect a younger and more urban population with greater reliance on walking, cycling and public transport.

In terms of health, Oxford City generally shows a lower prevalence of long-term conditions compared to other districts in Oxfordshire and to national averages. The prevalence of diabetes (4.3%), cancer (2.7%), CHD (1.6%) and COPD (1.0%) are lower than both county and England averages. Hypertension affects 9.1% of the population, the lowest in the county, and well below the England average of 14.8%. The prevalence of rheumatoid arthritis (0.4%) is also the lowest in Oxfordshire.

Mental health data shows variation. Depression is recorded in 10.7% of patients, which is lower than the county (13.1%) and national (13.3%) averages. However, Oxford City has the highest prevalence of serious mental illness (1.1%), compared to 0.8% for Oxfordshire and England. Epilepsy (0.6%) and learning difficulties (0.4%) are in line with or slightly below county and national rates.

Lifestyle risk factors are generally lower than elsewhere in Oxfordshire. Smoking prevalence is 16.4%, the highest in the county and above the national figure (13.6%). Obesity prevalence is 16.2%, below the national average of 26.5% and the lowest across Oxfordshire.

Sexual health indicators reflect Oxford City's younger and more diverse population, with the highest level of need in the county for all indicators. Despite that, the chlamydia detection rate (1,111 per 100,000), HIV prevalence (1.2 per 1,000), LARC prescriptions (49 per 1,000) and under-18 conceptions (9.1 per 100,000) show better sexual health than the England averages. However, there is a higher number of new STI diagnoses in Oxfordshire (594 per 100,000) than nationally (520 per 100,000).

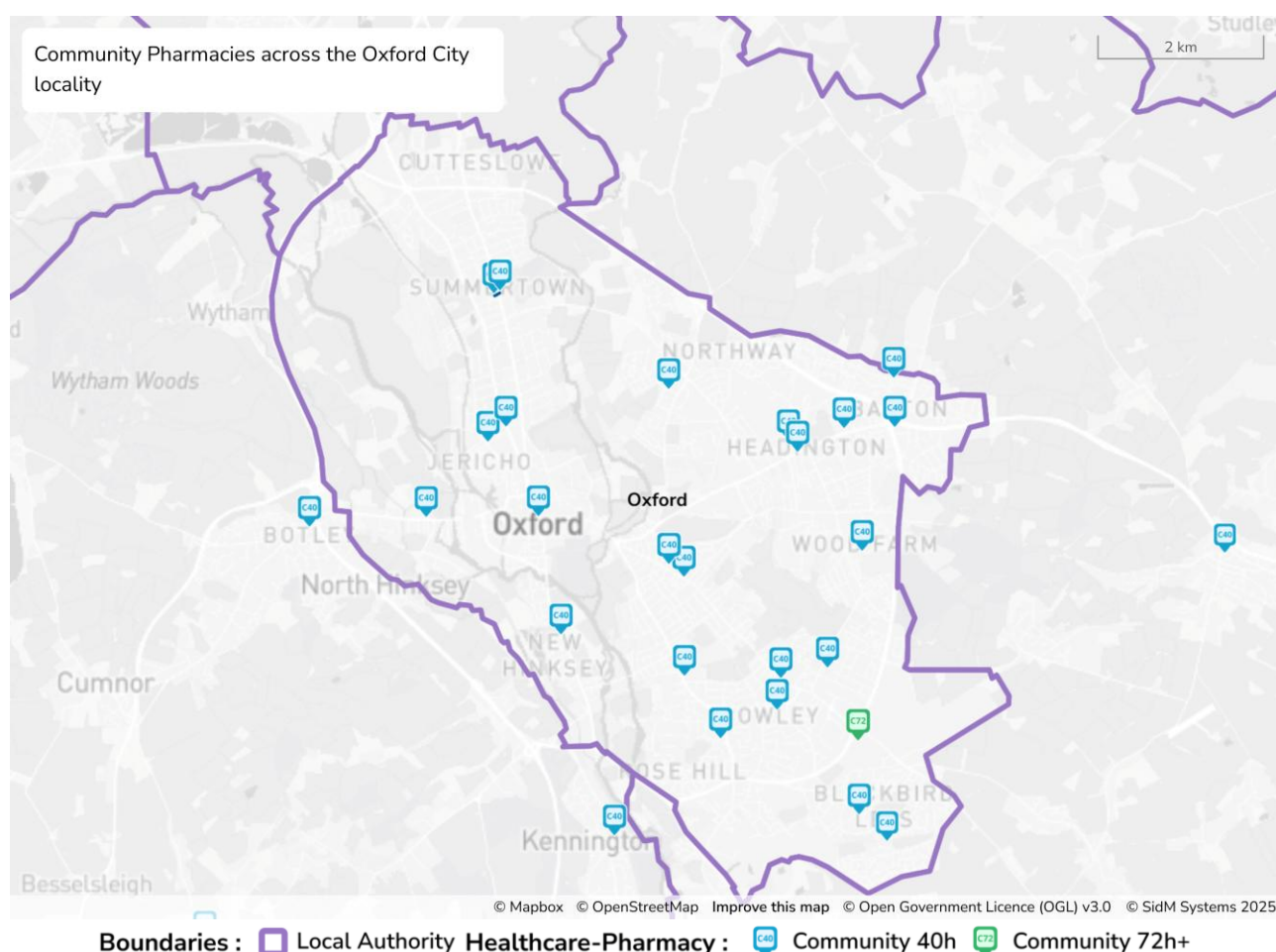
According to the 2021 Census, 10.2% of residents reported being 'disabled a little' and 6.2% 'disabled a lot', both the highest in the county but in line with national figures.

Between 2025 and 2030, Oxford City's population is projected to increase by 2.9% (4,754 people). There are also 4,632 housing developments are planned over the same period.

Overall, Oxford City has a younger and more mobile population, with lower recorded levels of long-term physical health conditions, but higher levels of serious mental illness and greater demand for sexual health services, reflecting its demographic profile.

6.2.2.1 Necessary Services: Essential Services current provision

Figure 21: Map of community pharmacies across Oxford City (March 2025)



Essential services must be provided by all community pharmacies. There are 25 community pharmacies in Oxford City. The estimated average number of community pharmacies per 100,000 population is 15.1, higher than the Oxfordshire average of 13.2. There has been a reduction of two community pharmacy since the previous PNA.

Of the 25 community pharmacies:

- 23 (92%) pharmacies that hold a standard 40-core hour contract.
- One (4%) is a 72+hour pharmacy.
- There is one (4%) DSP.

There are no DACs and no dispensing GP practices in Oxford City.

Of the 25 community pharmacies:

- Four pharmacies (16%) are open after 6:30 pm on weekdays.
- 18 pharmacies (72%) are open on Saturdays.
- Five pharmacies (20%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring districts of Cherwell, Vale of White Horse and South Oxfordshire.

6.2.2.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the district, there is very good pharmaceutical service provision across the whole district. The current community pharmacy network is adequate to meet the predicted population increase of 2.9% by 2030 and expected housing growth of 4,632 housing developments. The current community pharmacy network is adequate to meet the current and predicted population.

To support access in the weekend and evenings, there is one 72-hour pharmacy in Oxford City supported by other pharmacies open on evenings and weekend. Details are found in Appendix A.

Travel analysis across Oxford City showed:

- 93.8% of the population can reach a community pharmacy within 20 minutes by walking.
- Using private transport, 99.5% of the population are within a 10 minute drive of their nearest pharmacy at peak times; this increases to 99.9% within a 20 minute drive. For off-peak, 99.8% of the population can reach their nearest pharmacy in 10 minutes or less and 100% can in 20 minutes or less.
- 83.7% of the population can reach a community pharmacy by public transport within 20 minutes in peak times, and 96.7% during off-peak times.

More details are available in Appendix E.

With projected increases in number of dwellings, (although reduction of the projected population) pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures.

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

Oxfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the district where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Oxford City district.

6.2.2.3 Other relevant services: current provision

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

Table 32 shows the pharmacies providing Advanced and Enhanced services in the Oxford City district. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 32: Oxford City Advanced and Enhanced relevant services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	25 (100%)	22 (88%)
Seasonal influenza vaccination	20 (80%)	20 (80%)
Pharmacy contraception	17 (68%)	6 (24%)
Hypertension case-finding	23 (92%)	17 (68%)
New Medicine Service	23 (92%)	24 (96%)
Lateral Flow Device tests supply	16 (64%)	9 (36%)
COVID-19 vaccination service	10 (40%)	N/A
Bank holiday opening service	5 (20%)	N/A

*Based on pharmacies claiming payment in August-December 2024

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

Based on the information available, there is very good or good access to the other relevant services across Oxford City through the existing community pharmacy network.

No gaps in the provision of Relevant Services have been identified for Oxford City district.

6.2.2.4 Improvements and better access: gaps in provision

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

6.2.3 South Oxfordshire Current and future health needs

South Oxfordshire has an estimated population of 153,424 (2023) and is a predominantly rural district, with the second lowest population density Oxfordshire. While much of the district is rural, there are higher population concentrations in the towns of Didcot, Henley-on-Thames, Thame, Wallingford and Watlington, which are seeing ongoing development.

The ethnic profile is predominantly White (93.1%), with smaller proportions of Asian (2.9%), Black (1.0%), Mixed/multiple ethnic groups (2.3%), and Other ethnic groups (0.8%). These figures reflect a less ethnically diverse population compared to the England average, where 81.0% identify as White.

South Oxfordshire has the second lowest level of deprivation in Oxfordshire. Car or van ownership is high, with 89.2% of households owning at least one vehicle, well above both the Oxfordshire average (83.8%) and the England average (76.5%).

In terms of health, South Oxfordshire has a mixed profile. The prevalence of heart failure (1.1%), cancer (4.8%), and asthma (6.9%) are above both the county and national averages. Other long-term conditions such as atrial fibrillation (2.7%), diabetes (5.8%), CHD (2.6%), PAD (0.5%), hypertension (14.8%), COPD (1.4%), and rheumatoid arthritis (0.8%) are higher than county levels but below or equal to national averages. Stroke prevalence (1.9%) is slightly above the county average and matches the national figure.

Mental health indicators show a moderate to high level of need. Depression is recorded in 14.1% of patients, which is higher than both the Oxfordshire (13.1%) and the England average (13.3%). The prevalence of epilepsy (0.8%) and dementia (0.8%) are above the Oxfordshire average but in line with national levels. Learning difficulties are recorded as 0.4%, same as the county average, below the national figure (0.6%).

Lifestyle risk factors in South Oxfordshire are generally lower than regional and national averages. Smoking prevalence is 9.9%, below both the Oxfordshire average (12.2%) and the national average (13.6%). Obesity prevalence is 17.3% the second lowest in the county and lower than the national average (26.5%).

Sexual health indicators show a lower level of activity or risk compared to other areas. The chlamydia detection rate is 816 per 100,000, HIV prevalence is 0.8 per 1,000, and new STI diagnoses are 235 per 100,000, all below county and national levels. The under-18 conception rate is 8.6 per 100,000, also below both county (8.9) and England (13.1) averages. LARC prescribing is 59 per 1,000, slightly below the county average (60) but higher than the national rate (44).

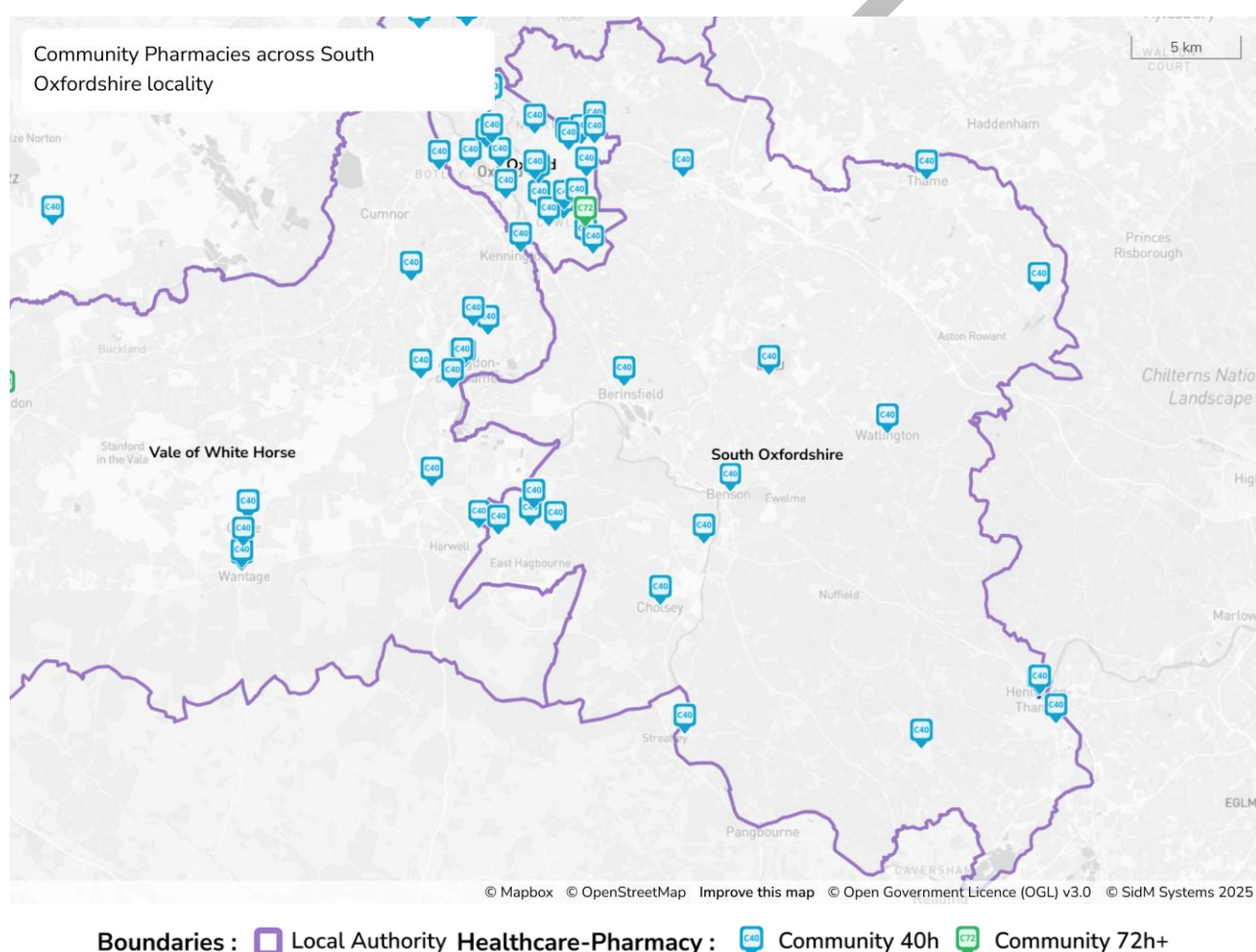
According to the 2021 Census, 9.0% of residents reported being 'disabled a little' and 4.7% 'disabled a lot', both of which are lower than the Oxfordshire and England averages.

South Oxfordshire, along with Vale of White Horse, West Oxfordshire and Cherwell, has a higher proportion of residents aged 55 and over, compared to Oxford City and the Oxfordshire average. This older age profile may help explain the higher prevalence of certain long-term conditions, such as cancer, stroke and dementia, which in some cases are closer to national levels than to those seen in other parts of the county.

Between 2025 and 2030, South Oxfordshire's population is projected to grow by 4.8% (7,465 people), supported by 5,423 planned housing developments over the same period.

6.2.3.1 Necessary Services: current provision

Figure 22: Map of community pharmacies across South Oxfordshire (March 2025)



Essential services must be provided by all community pharmacies. There are 18 community pharmacies in South Oxfordshire. The estimated average number of community pharmacies per 100,000 population is 11.7, which is lower than the Oxfordshire average of 13.2. There has been no change in community pharmacies since the 2022 PNA.

All 18 (100%) pharmacies hold a standard 40-core hour contract.

There are no 72-hour pharmacies, DSPs or DACs in the district.

Of the 18 community pharmacies:

- Two pharmacies (11%) are open after 6:30 pm on weekdays.
- 16 pharmacies (89%) are open on Saturdays.
- Five pharmacies (28%) are open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of seven dispensing doctor sites across South Oxfordshire.

Residents also have access to other DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Cherwell, Vale of White Horse and Oxford city; and the HWB areas of West Berkshire and Buckinghamshire.

The numbers and location of community pharmacies are reflective of the rural nature of South Oxfordshire.

6.2.3.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is good access to the essential services across South Oxfordshire.

The current community pharmacy network is adequate to meet the predicted population increase of 4.8% by 2030 and expected housing growth.

To support access on the weekend and in the evening there are 72-hour pharmacies in the neighbouring district of Oxford City and the HWB of West Berkshire. This is supported by other pharmacies in South Oxfordshire district open on an evening and weekend. Details are found in Appendix A.

Travel analysis across South Oxfordshire showed:

- 60.6% of the population can reach a community pharmacy within 20 minutes walking, and 73.4% within 30 minutes.
- 89.9% of the population with access to private transport can drive to a pharmacy within 10 minutes in peak times, and 93.2 in off-peak times, 99.8% is within a 20 minute drive reach.
- Between 48.3%-55.6% of the population can reach a community pharmacy by public transport within 20 minutes in peak times, and 56.2%-66.4% within 30 minutes depending on the time of the day.

More details are available in Appendix E.

Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of South Oxfordshire, however this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures.

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

Oxfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for South Oxfordshire.

6.2.3.3 Other relevant services: current provision

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

Table 33 shows the pharmacies providing Advanced and Enhanced services in the South Oxfordshire district. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 33: South Oxfordshire Advanced and Enhanced relevant services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	18 (100%)	16 (89%)
Seasonal influenza vaccination	16 (89%)	16 (89%)
Pharmacy contraception	11 (61%)	5 (28%)
Hypertension case-finding	17 (94%)	17 (94%)
New Medicine Service	16 (89%)	17 (94%)
Lateral Flow Device tests supply	17 (94%)	13 (72%)
COVID-19 vaccination service	8 (44%)	N/A
Bank holiday opening service	0 (0%)	N/A

*Based on pharmacies claiming payment in August-December 2024

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

Based on the information available, there is very good or good access to the other relevant services across South Oxfordshire through the existing community pharmacy network.

No gaps in the provision of Relevant Services have been identified for South Oxfordshire.

6.2.3.4 Improvements and better access: gaps in provision

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

6.2.4 Vale of White Horse: Current and future health needs

Vale of White Horse has an estimated population of 145,970 (2023) and is a predominantly rural district, with the lowest population density in Oxfordshire. Population is more concentrated in the towns of Abingdon, Faringdon and Wantage, where housing and development activity is increasing.

The ethnic profile is predominantly White (90.8%), with smaller proportions of Asian (4.0%), Black (1.7%), Mixed or multiple ethnic groups (2.5%), and Other ethnic groups (1.1%). These figures reflect a less diverse population than the England average, where 81.0% identify as White.

Deprivation levels are slightly better than the county average. Car or van ownership is high, with 87.8% of households owning at least one vehicle, which is above both the Oxfordshire average (83.8%) and the England average (76.5%).

In terms of health, Vale of White Horse has a higher prevalence of long-term conditions compared to the county and, in many cases, to national figures. The prevalence of asthma (6.8%), atrial fibrillation (2.5%), cancer (4.7%), stroke (2.3%), diabetes (6.3%), CHD (2.6%) and hypertension (14.9%) are above both the county and England averages. Heart failure (1.0%) is in line with the Oxfordshire average and slightly higher than the England figure. PAD (0.5%) is slightly higher than the county average (0.4%) but below the national average (0.6%). The prevalence of rheumatoid arthritis (0.8%) is consistent with county and national figures.

Mental health indicators also show increased need. Depression is recorded in 14.8% of patients, the highest in Oxfordshire and above the England average (13.3%). Epilepsy (0.8%) and dementia (0.8%) are both higher than county averages and equal to national figures. Learning difficulties are recorded in 0.5%, slightly above the Oxfordshire average (0.4%) and below the England average (0.6%).

Lifestyle risk factors are also elevated. Obesity prevalence is 22%, the second highest among Oxfordshire districts but slightly lower than the national average (26.5%). Smoking prevalence on the contrary is, at 9.5%, the lowest in the county and significantly below the national average (13.6%).

Sexual health indicators are generally below county and national averages. Chlamydia detection (801 per 100,000), HIV prevalence (0.7 per 1,000), and new STI diagnoses (260 per 100,000) are all lower than Oxfordshire and England rates. The under-18 conception rate is 8.8 per 100,000, also below the county (8.9) and national (13.1) averages. LARC prescribing is 62 per 1,000, slightly above the county average (60) and well above the England average (44).

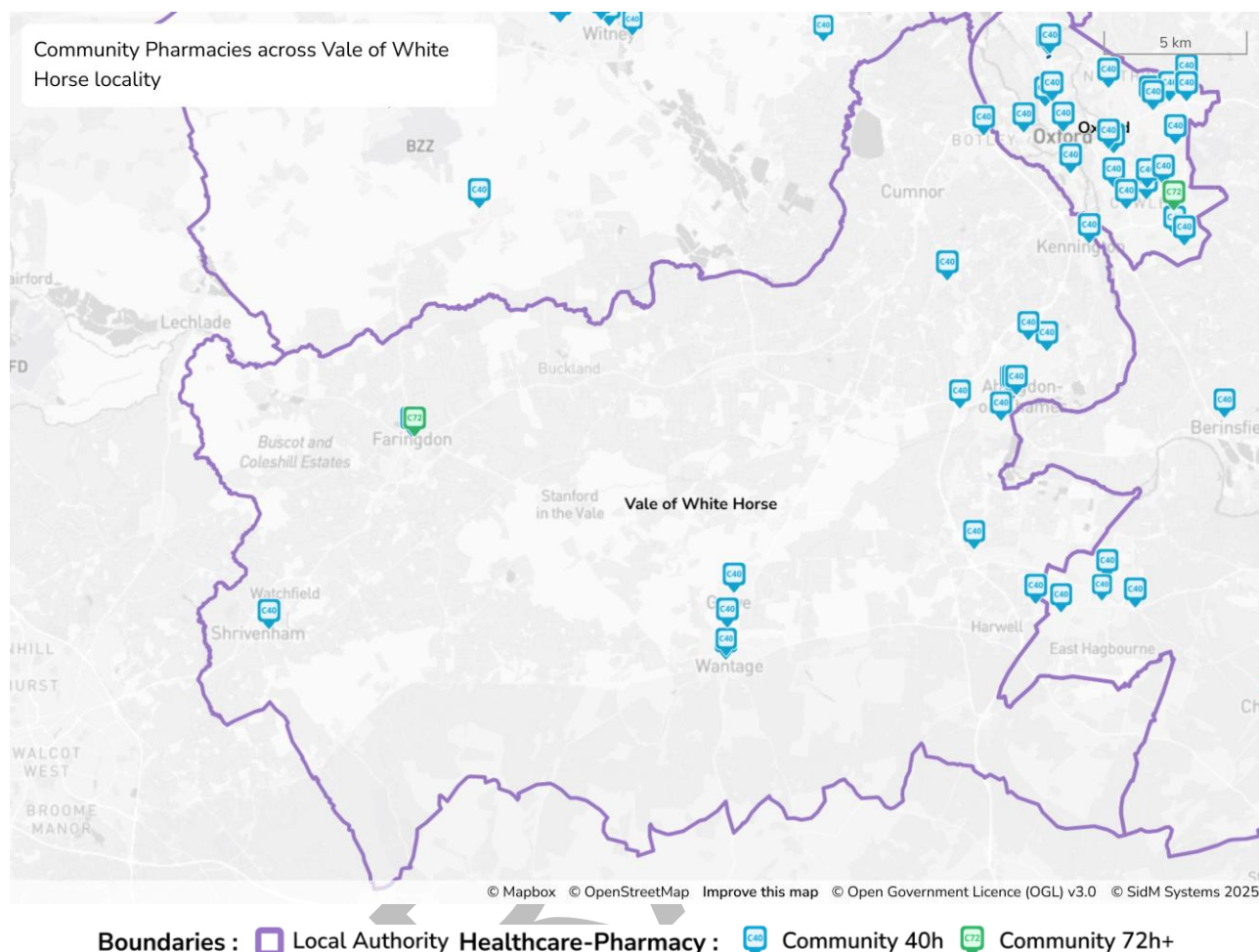
According to the 2021 Census, 9.6% of residents reported being 'disabled a little' and 5.0% 'disabled a lot', closely aligned with the Oxfordshire averages and lower than the national figures.

Between 2025 and 2030, the population of Vale of White Horse is projected to grow by 7.5% (11,261 people), supported by 6,482 planned housing developments, the second highest number of planned developments in Oxfordshire.

Overall, the district's ageing population profile contributes to the increased prevalence of long-term conditions, with several health indicators above county averages and approaching national levels.

6.2.4.1 Necessary Services: current provision

Figure 23: Map of community pharmacies across Vale of White Horse (March 2025)



Essential services must be provided by all community pharmacies. There are 19 community pharmacies in Vale of White Horse. The estimated average number of community pharmacies per 100,000 population is 13.0, which is slightly lower than the Oxfordshire average of 13.2. There has been no change in the number of Community Pharmacies since the 2022 PNA.

Of the 19 community pharmacies:

- 18 (94.7%) pharmacies that hold a standard 40-core hour contract.
- One (5.3%) is a 72+ hour pharmacy.
- There are no DSPs.

Of the 19 community pharmacies:

- Two pharmacies (11%) are open after 6:30 pm on weekdays.
- 16 pharmacies (84%) are open on Saturdays.
- Three pharmacies (16%) are open on Sundays.

There are no DACs in the district.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of three dispensing doctor sites across Vale of White Horse.

Residents also have access to other DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Oxford City, South Oxfordshire, West Oxfordshire and Cherwell; and HWB areas of West Berkshire, Wiltshire and Gloucestershire.

The numbers and location of community pharmacies are reflective of the rural nature of the Vale of White Horse.

6.2.4.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is good access to the essential services across Vale of White Horse.

The current community pharmacy network is adequate to meet the predicted population increase of 7.5% by 2030 and expected housing growth.

To support access in the weekend and evenings there is one 72-hour pharmacy in the Vale of White Horse supported by other pharmacies open on evenings and weekend. Details are found in Appendix A.

Travel analysis across Vale of White Horse showed:

- 55.4% of the population can reach a community pharmacy within 20 minutes walking, increasing to 68.1% within 30 minutes.
- 80.9% of the population with access to private transport can drive to a community pharmacy within 10 minutes in peak times, and 85.1% off-peak. Between 99.4%-99.7% are within a 20 minutes-drive distance.
- Time to a pharmacy by public transport varies depending on the time of the day. Between 45.4%-58% of the population are within a 20-minutes journey, and between 45.6%-73.8% within 30 minutes.

More details are available in Appendix E. Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of the Vale of White Horse. However, this would be no different to accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures.

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

Oxfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Vale of White Horse.

6.2.4.3 Other relevant services: current provision

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

Table 34 shows the pharmacies providing Advanced and Enhanced services in the Vale of White Horse district. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 34: Vale of White Horse Advanced and Enhanced relevant services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	19 (100%)	18 (95%)
Seasonal influenza vaccination	14 (74%)	16 (84%)
Pharmacy contraception	15 (79%)	6 (32%)
Hypertension case-finding	18 (95%)	14 (74%)
New Medicine Service	17 (89%)	18 (95%)
Lateral Flow Device tests supply	12 (63%)	5 (26%)
COVID-19 vaccination service	9 (47%)	N/A
Bank holiday opening service	1 (5%)	N/A

*Based on pharmacies claiming payment in August-December 2024

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

Based on the information available, there is very good or good access to the other relevant services across Vale of White Horse through the existing community pharmacy network.

No gaps in the provision of Relevant Services have been identified for Vale of White Horse.

6.2.4.4 Improvements and better access: gaps in provision

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

6.2.5 West Oxfordshire: Current and future health needs

West Oxfordshire has an estimated population of 119,331 (2023) and is a predominantly rural district with low population density, except for higher concentrations in towns such as Woodstock, Burford, Chipping Norton, Charlbury, Carterton and Witney.

The ethnic profile is predominantly White (95.2%), with Asian (1.7%), Black (0.6%), Mixed (1.9%), and Other ethnic groups (0.6%). These figures indicate a less diverse population than the Oxfordshire average and also the England profile, where 81.0% identify as White.

West Oxfordshire is the least deprived district in Oxfordshire. The number of households that own a car or van is 88.5%, which is above both the Oxfordshire average (83.8%) and the England average (76.5%).

In terms of health, West Oxfordshire displays the highest level of need among Oxfordshire's five districts. The prevalence of long-term conditions such as heart failure (1.3%), asthma (7.1%), atrial fibrillation (3.0%), cancer (5.3%), stroke (2.1%), diabetes (6.3%), hypertension (17.2%) and COPD (1.5%) are above both county and national averages. The prevalence of CHD (2.9%) and PAD (0.5%) are slightly higher than the county average but below or in line with the England average.

Mental health indicators also reflect increased need. The prevalence of depression (13.8%) and dementia (1.1%) are higher than both the Oxfordshire and England averages.

Lifestyle risk factors are also elevated. Obesity prevalence is 21.2%, higher than Oxfordshire's average (20.8%), but lower than the national rate (26.5%). Smoking prevalence is 11.6%, below county and national averages.

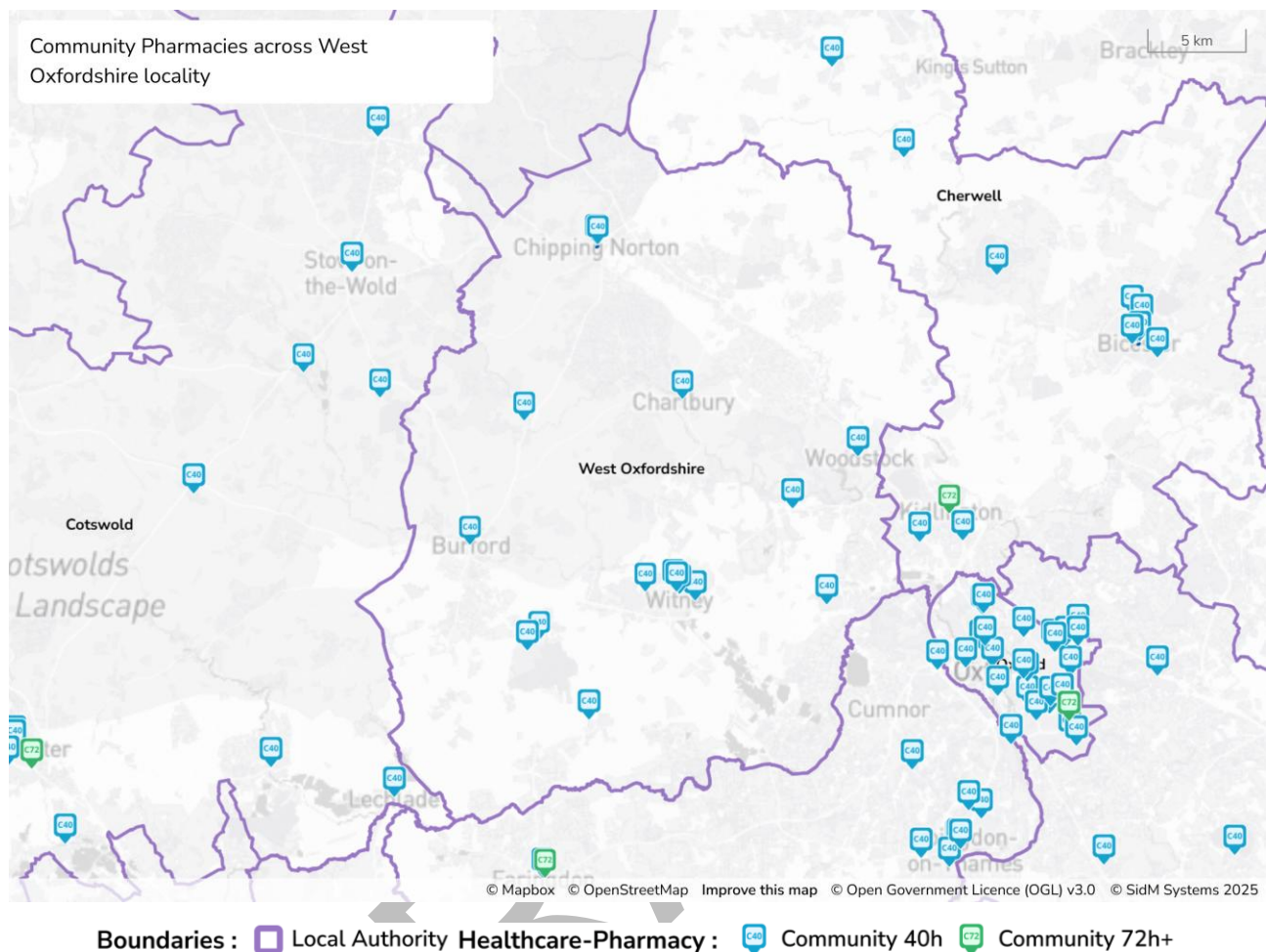
Sexual health indicators show that chlamydia detection, HIV diagnoses, and new STI diagnoses are lower than both county and national rates. The under-18 conception rate is also lower than the Oxfordshire and England averages.

According to the 2021 Census, West Oxfordshire has the highest proportion of residents for all groups aged 55 and over. This may contribute to the generally higher levels of health need, which in many areas align more closely with national levels than county trends.

Between 2025 and 2030, the population of West Oxfordshire is projected to grow by 2.8% (3,346 people), supported by 3,383 planned housing developments –the lowest total among Oxfordshire districts.

6.2.5.1 Necessary Services: current provision

Figure 24: Map of community pharmacies across West Oxfordshire (March 2025)



Essential services must be provided by all community pharmacies. There are 17 community pharmacies in West Oxfordshire. The estimated average number of community pharmacies per 100,000 population is 14.2, which is higher than the Oxfordshire average of 13.2. There has been a reduction of one community pharmacy since the last PNA.

Of the 17 community pharmacies:

- 16 pharmacies (94%) hold a standard 40-core hour contract.
- There are and no 72+ hour pharmacies.
- There is one (6%) DSP.

There is also one DAC in West Oxfordshire.

Of the 17 community pharmacies:

- No pharmacies are open after 6:30 pm on weekdays.
- 12 pharmacies (71%) are open on Saturdays.
- Three pharmacies (18%) are open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of nine dispensing doctor sites across West Oxfordshire.

Residents also have access to other DSPs in the county and nationwide.

The numbers and location of community pharmacies are reflective of the rural nature of the West Oxfordshire.

There are also a number of accessible providers open in the neighbouring districts of Cherwell and the Vale of White Horse; HWB areas of Gloucestershire and Warwickshire.

6.2.5.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is very good access to the essential services across West Oxfordshire.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 2.8% by 2030 and expected housing growth.

To support access in the weekend and evenings there are a number of pharmacies open in West Oxfordshire on Saturdays and Sundays, as well as those open at weekends and after 6:30 pm during the week in Cherwell, Vale of White Horse and in the neighbouring Cotswold (Gloucestershire). Details are found in Appendix A and in Figure 24 above.

Travel analysis across West Oxfordshire showed:

- 57.5% of the population can reach a community pharmacy within 20 minutes walking, increasing to 68.9% within 30 minutes.
- 86.8% of the population with access to private transport can drive to a pharmacy within 10 minutes in peak times, and 89.8% in off-peak times. 100% of those that have a car or van can get to a pharmacy within 20 minutes.
- Depending on the time of the day, between 44.1%-59.9% of the population can reach a community pharmacy by public transport within 20, and between 44.6%-63.7% within 30 minutes.

More details are available in Appendix E. Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of West Oxfordshire, however this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures.

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

Oxfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand

No gaps in the provision of Necessary Services have been identified for West Oxfordshire.

6.2.5.3 Other relevant services: current provision

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

Table 35 shows the pharmacies providing Advanced and Enhanced services in West Oxfordshire district. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 35: West Oxfordshire Advanced and Enhanced relevant services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	16 (94%)	16 (94%)
Seasonal influenza vaccination	10 (59%)	14 (82%)
Pharmacy contraception	9 (53%)	7 (41%)
Hypertension case-finding	16 (94%)	8 (47%)
New Medicine Service	16 (94%)	16 (94%)
Lateral Flow Device tests supply	9 (53%)	8 (47%)
COVID-19 vaccination service	10 (59%)	N/A
Bank holiday opening service	4 (24%)	N/A

*Based on pharmacies claiming payment in August-December 2024

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

Based on the information available, there is very good or good access to the other relevant services across West Oxfordshire through the existing community pharmacy network.

No gaps in the provision of Relevant Services have been identified for West Oxfordshire.

6.2.5.4 Improvements and better access: gaps in provision

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

6.3 Oxfordshire pharmaceutical services and health needs

Oxfordshire HWB area has a population of 750,230 (2023 estimate), of which 86.9% is White, 6.4% is Asian, 2.1% is Black, 3.1% is of mixed or multiple ethnicity and 1.6% is of Other ethnic groups. Oxford City is the most diverse district with 29.3% of the population as non-White. The other four districts have non white populations between 4.8%-11.9%.

The majority of households that speak a language other than English is mainly concentrated in Oxford city. There is an interpretation and translation service available from all community pharmacies across Oxfordshire. Support for asylum seekers on accessing community pharmacy services, which was identified in the Healthwatch report, would support community pharmacies delivering services to this group.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services inside or outside normal hours anywhere in Oxfordshire. There is an opportunity for the ICB and HWB to improve understanding of community pharmacy services with minority groups to maximise the access from existing community pharmacy network.

There is a distinct difference in levels of deprivation across the five districts in Oxfordshire, with Oxford City being the most deprived and West Oxfordshire being the least deprived. The centre and southeast of the county have low deprivation levels. The east, southwest and north of the county have moderate deprivation.

Oxfordshire is predominantly a rural county, which is seen in the four districts of Cherwell, South Oxfordshire, Vale of Horse and West Oxfordshire. The exception is Oxford City which has a much higher population density.

The number of households in Oxfordshire that own a car or van is 83.8% which is above the England level (76.5%).

Individuals are generally able to access a pharmacy within a reasonable time, including those living in more rural areas of Oxfordshire. However, during evenings and weekends, there is limited access to pharmacy services across some districts. More details are available in Appendix E. Unlike other healthcare services, pharmacies may not routinely open during these periods. While this does represent a reduction in local access during out-of-hours periods, it is consistent with national patterns of pharmacy availability. Additionally, there is no identified evidence of unmet need or adverse outcomes arising from this.

There is a mixed pattern of health, particularly between Oxford City and the four mainly rural districts. Healthy life expectancy at birth for Oxfordshire residents was higher for females than males, and the Oxfordshire values are higher than the England values for both females and males.

The four rural districts of Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire have higher health conditions prevalences, linked to a higher proportion of elderly residents, which average 20% in the four districts for residents aged 66 and over. Health needs of Oxford City differ in comparison due to a higher proportion of younger people, due to the university student population.

Summary of behavioural health risk factors in Oxfordshire:

- Smoking prevalence is 12.2%, below the England average of 13.6%. All Oxfordshire rural districts are below the England prevalence percentage, whilst Oxford City is significantly above.
- Obesity prevalence is lower in all districts, below the England average of 26.5%. The district with the highest prevalence was Cherwell (26.4%), followed by Vale of White Horse (22.0%) and West Oxfordshire (21.2%). South Oxfordshire (17.3%) and Oxford City (16.2%) report the lowest obesity prevalence and are significantly lower than the England average of 26.5%.
- Substance use rate per 100,000 is 2.5, significantly below the England rate of 5.5.
- Sexual health shows a different pattern for the four rural districts compared with the city of Oxford, which is reflective of a younger population in Oxford. In the rest of the county, chlamydia, HIV, new STI diagnosis and under-18 conception rates are below the England averages while LARC prescribing is above the national value. The City of Oxford showed on average levels higher than the county and sometimes national levels.

The summary of long-term conditions prevalence across Oxfordshire shows different rates for Oxford City than the common pattern for the other four districts:

- Heart failure: all districts except Oxford City (0.6%) are above the national level of 0.9%.
- Asthma: is lower in Oxford City (4.7%) than the England average (6.5%). All other districts apart from Cherwell (6.4%) are above national and vary between 6.4%-7.1%.
- Atrial fibrillation: is lower in Oxford City (1.3%) than the England average (2.2%). The prevalence in all other districts is above national and vary between 2.2%-3.0%.
- Cancer: is lower in Oxford City (2.7%) than the England average (3.9%). The prevalence in all other districts is above national and vary between 4.3%-5.3%.
- Stroke: is lower in Oxford City (1.2%) than the England average (1.9%). All other districts are in line with or above national prevalence and vary between 1.9%-2.3%.
- Diabetes: is lower in Oxford City (4.3%) than the England average (6.1%). All other districts apart from South Oxfordshire (5.8%) are above national, with Vale of White Horse, Cherwell and West Oxfordshire informing of 6.3%-6.4%.

- CHD: is lower than the England average (3%) in all districts, with Oxford City being the lowest at 1.6% and the other districts varying between 2.5%-2.9%.
- PAD is lower than the England average (0.6%) in all districts, with Oxford City being the lowest at 0.4% and all the other districts recording a rate of 0.5%.
- Hypertension: is lower in Oxford City (9.1%) and Cherwell (13.7%) than the England average (14.8%). The other three districts vary between 14.8%-14.9% with West Oxfordshire being the highest (17.2%), due to a higher percentage of older population.
- COPD: is lower than the England average (1.9%) in all districts, with Oxford City being the lowest at 1.0% and all the other districts between 1.4%-1.5%.
- Rheumatoid arthritis: lowest in Oxford City (0.4%) and the other four districts vary between 0.7%-0.9%, similar to the England average of 0.8%.

Summary of mental health prevalence across Oxfordshire:

- Depression, epilepsy and dementia show the lowest levels in Oxford City, which are consistently below the national records. The rest of the districts have prevalences similar to England for epilepsy and dementia, but higher for depression.
- Learning difficulties in Oxfordshire are below national levels for all districts, with Oxford City and South Oxfordshire being the lowest.
- Mental health conditions such as schizophrenia, bipolar affective disorder and other psychoses match national percentages for all districts apart from Oxford City, where they are higher.

More details of Oxfordshire population characteristics and health needs are found in [Section 2.9](#) to [Section 2.18](#).

6.3.1 Necessary Services: essential services current provision across Oxfordshire

Essential services must be provided by all community pharmacies. There are 99 community pharmacies (including three DSPs) in Oxfordshire. The estimated average number of community pharmacies per 100,000 population is 13.2.

Of the 99 community pharmacies, 93 (94%) hold a standard 40-core hour contract, three (3%) are 72+ hour pharmacies and three (3%) are DSPs.

There are many pharmacies open on weekday evenings and at weekends. The majority of community pharmacies (78%) are open on Saturdays and 11% of community pharmacies open after 6:30 pm on weekdays. There are also 21 pharmacies (21%) open on Sundays in Oxfordshire.

Access to pharmaceutical service provision is then supplemented in the more rural areas, where residents live at least 1.6 kilometre away from a pharmacy, with the addition of the 24 dispensing doctor practices operating out of 29 sites.

And there is also one DAC in Oxfordshire, in addition to those available throughout England.

There are also a number of accessible providers open in the neighbouring HWB areas of Northamptonshire and Warwickshire to the north, Buckinghamshire to the east, West Berkshire and Reading to the south, Wokingham to the south east, and Swindon and Gloucestershire to the west.

The number and location of the community pharmacies are reflective of the mix of rural and urban make up of Oxfordshire.

6.3.2 Necessary Services: essential services gaps in provision across Oxfordshire

Based on the spread of community pharmacies across the county which is supported by the dispensing doctor sites across rural areas, and DSPs within and outside of the county, there is good access to the essential services across Oxfordshire.

Table 36 below shows the number of community pharmacies (including DSPs) across Oxfordshire in 2025 compared with the previous PNA in 2022.

Table 36: Number of community pharmacies across Oxfordshire in 2022 and 2025

Area	Number of CPs 2022	Number of CPs 2025
Cherwell	23	20
Oxford City	27	25
South Oxfordshire	19	18
Vale of White Horse	19	19
West Oxfordshire	18	17
Oxfordshire	106	99

There has been a reduction in the number of community pharmacies in four of the five districts, except for Vale of White Horse, and an overall reduction by seven across Oxfordshire. Despite the reduction in the number of community pharmacies, access is still considered adequate.

This conclusion is based on:

Comprehensive coverage across the county:

- There are 99 community pharmacies and 24 dispensing doctor practices (operating out of 29 sites), well distributed across both urban and rural areas.
- The existing network ensures geographic coverage, including provision in areas of higher population density and support for rural communities via dispensing doctors.

Good access during normal and extended hours:

- To support access in the weekend and evenings there are three 72-hour pharmacies in Oxfordshire, complemented by other pharmacies with a 40-hour contract that are open in evenings and weekends. Details are found in Appendix A.
- 78% of community pharmacies are open on Saturdays.
- 11% are open after 6:30 pm on weekdays.
- 21% open on Sundays.

Accessibility via transport:

- 83.8% of households have access to a car or van which is above the England average (76.5%).
- 66.5% of the population can reach a community pharmacy within 20 minutes walking, and the coverage increases to 76.9% within 30 minutes.
- 87.8% of the population with access to private transport can reach a community pharmacy within 10 minutes in peak times, and 90.7% off-peak. This increases to between 99.7%-99.9% of coverage within 20 minutes depending on the time of day. And 100% are within a 30 minute drive to a community pharmacy any time.
- Between 55.4%-65.70% of residents can access via public transport methods within 20 minutes, and between 57.2%-75.3% for a 30-minute journey.
- There is a local public transport system across Oxfordshire with an integrated bus and train system. Oxford Council is undertaking a review of local transport under the Local Transport and Connectivity Plan (LTCP).
- The residents without access to private transport or conventional public transport routes have access to the Oxford Comet, which is a not-for-profit service, set up to facilitate journeys to people without other methods of transport.

Utilisation of pharmacies in bordering areas:

- Residents are able to access services from pharmacies across the border in each direction within districts and across the county border.

Public feedback:

- Majority (80%) reported that they were able to travel to a pharmacy in less than 20 minutes and overall, 95% being able to get to their pharmacy within 30 minutes.
- Only 2% stated that it took them longer (between 30-40 minutes) to get to their pharmacy.
- A small percentage did raise concerns around service delays, digital access and limited opening hours however physical access was adequate.

Future need

A key consideration in this determination is planned population and housing growth. Oxfordshire's population is projected to grow by 4.9% (approximately 37,137 people) between 2025 and 2030. During the same period, the number of households is also expected to increase, with 26,883 new dwellings planned across the county.

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

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures.

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

Although the number of community pharmacies is below the national average, there is currently no evidence of any unmet need and physical access is demonstrated as adequate.

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

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

6.3.3 Other relevant services: current provision

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

Table 27 in [Section 3.10](#) and Table 28 in [Section 3.11](#) show the pharmacies providing Advanced and Enhanced services in Oxfordshire HWB area. Regarding access to the Advanced relevant services, it can be seen that there is very good availability of Pharmacy First (98%), NMS (95%), hypertension case-finding (94%) and flu vaccination service (85%). There is currently good availability with a lower number of providers for pharmacy contraception (64%) and the lateral flow test supply (69%).

Regarding access to the Enhanced Service, 43 pharmacies (43%) offer the COVID-19 vaccination service and 16 pharmacies (16%) sign up to open on bank holidays.

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

Based on the information available, there is generally good access to all other services considered relevant across Oxfordshire. Where appropriate, the ICB should continue to support the current community pharmacy estate across Oxfordshire to sign up and provide these services.

No gaps in the provision of other relevant services have been identified for Oxfordshire HWB.

6.4 Improvements and better access: gaps in provision across Oxfordshire

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

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Section 7: Conclusions

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

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

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

7.1 Statements of the PNA

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

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

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

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

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in [Section 1.5.5.1](#). Access to Necessary Service provision in Oxfordshire is provided in [Section 6.3](#), and in [Section 6.2](#) for each district.

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

Necessary Services – normal working hours

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

Necessary Services – outside normal working hours

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

7.1.2 Future provision of Necessary Services

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

7.1.3 Other relevant services – gaps in provision

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

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.5.5.2](#) and the provision in Oxfordshire discussed in [Section 6.3](#), and in [Section 6.2](#) for each district.

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Oxfordshire.

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

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

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

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.5.5.3](#) and the provision in Oxfordshire discussed in [Section 6.3](#), and in [Section 6.2](#) for each district.

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Oxfordshire.

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

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

7.1.4 Improvements and better access – gaps in provision

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

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Section 8: Future opportunities for possible community pharmacy services in Oxfordshire

8.1 Introduction

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

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

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

National and Oxfordshire health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Oxfordshire population are listed in [Section 2.17](#) and [2.18](#) and are considered when looking at opportunities for further community pharmacy provision.

8.2 Further considerations

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

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

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

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

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

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

- Community pharmacies should be integrated into preventive healthcare, supporting early detection, health promotion and self-care initiatives.
- Services such as the Hypertension case-finding service, and discharge Smoking Cessation Advanced Service should be prioritised to reduce the incidence of long-term conditions.
- Improving the role of community pharmacy in supporting the delivery of NHS health checks.
- Local authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies and support the Healthy Living Pharmacy framework.
- The local authority should explore commissioning a local walk-in smoking cessation service with outreach work, that would complement the national SCS service.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and Locally Commissioned Services to address inequalities, supporting equitable access to services such as sexual health and reproductive health, smoking cessation, cardiovascular risk screening, and weight management.
- Coordinated campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Incentives should be considered for pharmacies to expand their service offering and address local health disparities, particularly where there is under provision of locally commissioned services.
- The ICB should explore non digital access solutions communicating with community pharmacies for patients in rural communities where there are mobility issues, difficulties using the NHS app or no internet access, as identified in the Healthwatch report.
- The ICB should explore telephone triage solutions with community pharmacies in rural areas and upskilling front line community pharmacy teams to manage prescription queries and provide selfcare advice to avoid unnecessary patient trips. This was highlighted in the Healthwatch report.

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

- Community pharmacy should be considered as a core provider within primary care, ensuring seamless referrals and collaboration between ICBs, local authority and PCNs.
- Medicines optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service should be embedded within primary care pathways to enhance patient safety and medication adherence.

- Interdependencies between commissioners for improved holistic and accessible access.

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be considered to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the Community Pharmacy Contractual Framework.
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should continue to be expanded, with pharmacy technicians supporting service delivery under Patient Group Directions (PGDs) and pharmacy staff providing 'making every contact count' interventions.

5) Enhancing public awareness and digital transformation

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

6) Monitoring future demand and improving public engagement

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

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

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

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

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Appendix A: List of pharmaceutical services providers in Oxfordshire by district

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

DAC – Dispensing Appliance Contractor

Disp – Dispensing doctor practice

Key to services: Services listed are only those provided through community pharmacies, so they are blacked out for the dispensing GP practices. Description of these services are available in [Sections 1.5.5.2](#), [1.5.5.3](#), [4.1](#) and [4.2](#). Pharmacies providing the services are from signed up list unless stated otherwise.

AS1 – Pharmacy First

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

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

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

AS6 – Smoking Cessation Service

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

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

AS9 – Lateral Flow Device service

NES1 – COVID-19 vaccination service

LES1 – Bank holiday service

ICBS1 – Minor Ailment Scheme

ICBS2 – Guaranteed provision of urgent medication

LAS1 – Emergency Hormonal Contraception (EHC)

LAS2 – Condom-card distribution (C-card)

LAS3 – Supervised consumption (SC)

LAS4 – Needle exchange (NEX)

LAS5 – Take Home Naloxone (THN)

Cherwell

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Ahmeys Pharmacy	FVV85	CP	The Old Barn, Coker Close, Bicester	OX26 6DR	08:30-18:00	09:00-13:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	-
Bicester Pharmacy	FML73	CP	134 Buckingham Crescent, Bicester	OX26 4HB	09:00-13:00; 14:00-18:30	CLOSED	CLOSED	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	-	Y	-	Y	-	-
Bloxham Pharmacy	FKC41	CP	High Street, Bloxham	OX15 4LU	08:45-13:00; 14:00-18:15	CLOSED	CLOSED	-	Y	Y	-	-	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-
Boots the Chemists	FGH33	CP	12-14 Castle Quay, Banbury	OX16 5UH	08:30-17:30	08:30-17:00	10:30-16:30	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	-	Y
Boots the Chemists	FK922	CP	33-35 Sheep Street, Bicester	OX26 6JJ	09:00-17:00	09:00-17:00	CLOSED	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-	Y	-	Y
Boots the Chemists	FT474	CP	Banbury Cross Retail Park, Lockheed Close, Banbury	OX16 1LX	09:00-19:00	09:00-18:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	-	Y	Y	Y	Y	-	Y
Jardines Pharmacy	FFX28	CP	Unit 5, Barbary Place, Bicester	OX26 3HA	09:00-13:00; 14:00-18:00	09:00-13:00	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-
Jardines Pharmacy	FMY73	CP	2 Nightingale Place, Langford Village Neighbourhood Centre, Bicester	OX26 6XX	09:00-13:00; 14:00-18:00	09:00-13:00	CLOSED	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-
Kidlington Pharmacy	FL828	CP	Kidlington Health Centre, Exeter Close, Kidlington	OX5 1AP	09:00-21:00	09:00-19:30	11:00-16:00	Y	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Knights Banbury Pharmacy	FVL96	CP	Unit 2, Burchester Place, Grimsbury, Banbury	OX16 3WT	09:00-18:30, Mon: 09:00-20:00	09:00-13:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	Y	-
MediPill Pharmacy	FWE31	CP	The Studio, Hudson Street, Deddington	OX15 0SW	09:00-17:30	09:00-12:00	CLOSED	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	-	-
Minerva Clinical Services	FNC18	CP	Unit 3, The Old Station House, Camp Road, Heyford Park, Bicester	OX25 5BZ	09:00-13:00; 14:00-18:00	CLOSED	CLOSED	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Oxford Online Pharmacy	FDV23	DSP	Unit 1b, Apollo Bus Park, Ironstones Lane, Wroxton, Banbury	OX15 6AY	09:00-17:30	CLOSED	CLOSED	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Parade Pharmacy	FEN29	CP	18 The Parade, Oxford Road, Kidlington	OX5 1DB	09:00-18:30	09:00-15:00	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-
Peak Pharmacy	FKG56	CP	South Bar House, South Bar Street, Banbury	OX16 9AD	08:30-13:00; 14:00-18:30	09:00-13:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	Y	-	Y	Y	-
Peak Pharmacy	FTW88	CP	58 Orchard Way, Banbury	OX16 0EN	09:00-13:00; 13:30-18:00	09:00-13:00	CLOSED	-	Y	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	Y	-
Superdrug Pharmacy	FQ245	CP	39 Sheep Street, Bicester	OX26 6JJ	08:30-18:00, Thur/Fri: 08:30-19:00	08:30-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FQ985	CP	34-35 Castle Quay, Cherwell Walk, Banbury	OX16 5UN	08:30-18:00	08:30-18:00	10:30-16:30	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-
Well	FA663	CP	Hardwick Shopping Centre, Ferriston, Banbury	OX16 1XE	09:00-17:30	09:00-13:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-
Westlake Pharmacy	FCN13	CP	75 Spencer Avenue, The Parade, Yarnton	OX5 1NQ	09:00-18:00	CLOSED	CLOSED	-	Y	Y	Y	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Islip Surgery	K84003	Disp	Bletchington Road, Islip, near Kidlington	OX5 2TQ																					
Montgomery House Surgery	K84038	Disp	Piggy Lane, Bicester	OX26 6HT																					
Bicester Health Centre	K84052	Disp	Coker Close, Bicester	OX26 6AT																					
Deddington Health Centre	K84055	Disp	Earls Lane, Deddington	OX15 0TQ																					
Cropredy Surgery	K84056	Disp	Claydon Road, Cropredy, Nr Banbury	OX17 1FB																					
Bloxham Surgery	K84058	Disp	Godswell Lodge, Church Street, Bloxham	OX15 4ES																					
Sibford Gower Surgery	K84065	Disp	Burdrop, Sibford Gowe	OX15 5RQ																					
Langford Medical Practice	K84613	Disp	9 Nightingale Place, Bicester	OX26 6XX																					
Ambrosden Surgery	K84613 001	Disp	Ambrosden, Bicester	OX25 2RB																					
Victoria House Surgery	K84613 002	Disp	119 Buckingham Road, Bicester	OX26 3EU																					

Oxford City

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Ahmeys Late Night Pharmacy	FDK52	CP	150 Oxford Road, Cowley, Oxford	OX4 2EA	09:00-18:00	09:00-13:00	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	-
Allied Pharmacy Cowley	FRT93	CP	17 Ivy Close, Cowley, Oxford	OX4 2NB	09:00-13:00; 13:20-17:30	09:00-12:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-
Allied Pharmacy Henley Avenue	FRV71	CP	1 Henley Avenue, Oxford	OX4 4DH	09:00-13:00; 14:00-17:30	09:00-13:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-
Barton Pharmacy	FQR95	CP	6 Underhill Circus, Barton, Oxford	OX3 9LU	09:00-17:00	CLOSED	CLOSED	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	Y	Y	Y
Boots the Chemists	FC991	CP	6-8 Cornmarket Street, Oxford	OX1 3HL	08:00-20:00	08:00-20:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y
Boots the Chemists	FQY48	CP	151 Cowley Road, Cowley, Oxford	OX4 1UT	09:00-17:30	09:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	-	Y
Boots the Chemists	FRP26	CP	Oxford Retail Park, Ambassador Avenue, Oxford	OX4 6XJ	08:00-21:00	08:00-21:00	10:30-16:30	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	Y	Y	Y
Boots the Chemists	FTC05	CP	221 Banbury Road, Summertown, Oxford	OX2 7HQ	09:00-18:00	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	Y	-	Y	-	Y	-	Y	Y	-	Y	-	Y
Boots the Chemists	FYX78	CP	96 London Road, Headington, Oxford	OX3 9AJ	09:00-17:30	09:00-17:30	CLOSED	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-	Y	-	Y
Cowley Pharmacy	FKD74	CP	258 Cowley Road, Oxford	OX4 1UH	08:30-19:30	09:00-19:00	10:00-18:00	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	Y	Y
Headington Pharmacy	FA446	CP	Bury Knowle Health Centre, 207 London Road, Headington	OX3 9JA	08:30-18:00	09:00-13:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	Y	-	-
Jericho Pharmacy	FGC56	CP	116 Walton Street, Oxford	OX2 6AJ	09:00-13:00; 14:00-18:00	CLOSED	CLOSED	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-
Manor Pharmacy	FAC71	CP	57 Osler Road, Headington, Oxford	OX3 9BH	09:00-13:00; 13:30-17:30	09:00-12:00	CLOSED	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
MediPill Pharmacy	FXR17	CP	227 Banbury Road, Summertown, Oxford	OX2 7HQ	09:00-14:00; 14:20-18:00	09:00-12:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-
Oxford E-Pharmacy	FE728	DSP	Interzone House, 74-77 Magdalen Road, Oxford	OX4 1RE	09:00-13:00; 14:00-18:00	CLOSED	CLOSED	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FC320	CP	Unit 5, Templars Square, Cowley Centre, Oxford	OX4 3UZ	08:30-17:30	09:00-17:30	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-
The Leys Pharmacy	FV838	CP	Health Centre, Dunnock Way, Blackbird Leys, Oxford	OX4 7EX	08:30-18:30	CLOSED	CLOSED	-	-	Y	-	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	Y	Y	Y
The Leys Pharmacy Blackbird Leys	FD447	CP	100 Blackbird Leys Road, Oxford	OX4 6HS	09:00-19:00, Fri: 09:00-13:00; 14:00-19:00	CLOSED	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y
The Leys Pharmacy Rosehill	FMK92	CP	6a Courtland Road, Rose Hill, Oxford	OX4 4JA	09:00-18:30	CLOSED	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y
The Leys Pharmacy Wood Farm	FQ446	CP	13 Atkyns Road, Headington, Oxford	OX3 8RA	09:00-13:00; 14:00-17:30	09:00-13:00	CLOSED	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	Y	-	Y	Y	Y
The Roundway Pharmacy	FHA28	CP	3 The Roundway, Green Road, Headington, Oxford	OX3 8DH	08:30-18:00	09:00-13:00	CLOSED	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-
Well	FJQ64	CP	11-13 Old Marston Road, Marston, Oxford	OX3 0JR	08:30-18:30	09:00-17:30	CLOSED	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-
Wellbeing Pharmacy	FVC49	CP	190 Abingdon Road, Oxford	OX1 4RA	09:00-13:30; 14:00-17:30	CLOSED	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-
Woodlands Pharmacy	FX104	CP	82 Botley Road, Oxford	OX2 0BU	09:00-17:30	09:00-13:00	CLOSED	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Woodstock Road Chemist	FJG64	CP	59 Woodstock Road, Oxford	OX2 6HJ	08:30-18:30	09:00-13:00	CLOSED	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-

South Oxfordshire

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Allied Pharmacy Cholsey	FPH57	CP	1 The Pound, Cholsey, Cholsey	OX10 9NS	09:00-13:00; 14:00-17:30	09:00-13:00	CLOSED	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Apollo Pharmacy	FRV15	CP	7 Lostock Place, Didcot, Oxon	OX11 7XT	08:30-13:00; 14:00-18:30	CLOSED	CLOSED	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Benson Pharmacy	FF305	CP	23 High Street, Benson	OX10 6RP	09:00-17:30	09:00-12:30	CLOSED	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-
Berinsfield Pharmacy	FJ705	CP	Berinsfield Health Centre, Fane Drive, Berinsfield, Wallingford	OX10 7NE	08:45-18:30	CLOSED	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	Y	Y	Y	Y	-
Boots the Chemists	FHD46	CP	5/7 Bell Street, Henley-On-Thames	RG9 2BA	09:00-18:00	09:00-18:00	10:30-16:30	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	Y	-	Y
Boots the Chemists	FMR16	CP	4-5 High Street, Thame	OX9 2BU	09:00-17:30	09:00-17:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y
Boots the Chemists	FT608	CP	7/8 Market Place, Wallingford	OX10 0EG	09:00-17:30	09:00-17:30	10:00-16:00	-	-	Y	-	-	Y	Y	-	-	-	-	-	Y	Y	-	Y	-	Y
Boots the Chemists	FY386	CP	Unit 40, 48 The Orchard Centre, Didcot	OX11 7LG	09:00-18:00	09:00-17:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	-	Y
Chalgrove Pharmacy	FWW21	CP	60 High Street, Chalgrove	OX44 7SS	09:00-13:00; 14:00-18:00	09:00-13:00	CLOSED	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-
Chinnor Pharmacy	FDW00	CP	28 Church Road, Chinnor	OX39 4PG	09:00-18:00	09:00-13:00	CLOSED	-	Y	Y	Y	-	Y	Y	-	Y	Y	-	Y	-	-	Y	-	-	-
Day Lewis Pharmacy	FG705	CP	19b Wood Lane, Sonning Common, Reading, Berkshire	RG4 9SJ	09:00-13:00; 14:00-18:00	09:00-13:00	CLOSED	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	Y	-	-
Didcot Pharmacy	FGE90	CP	Woodlands Medical Centre, Woodlands Road, Didcot	OX11 0BB	09:00-18:00	09:00-12:00	CLOSED	-	-	Y	Y	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Goring Pharmacy	FAA59	CP	High Street, Goring-On-Thames, Reading	RG8 9AT	09:00-17:30	09:00-13:00	CLOSED	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Henley Pharmacy	FTP76	CP	25 Bell Street, Henley-On-Thames	RG9 2BA	08:45-17:30	08:45-17:30	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-
Tesco Pharmacy	FC447	CP	Tesco Superstore, 359 Reading Road, Henley-On-Thames	RG9 4HA	09:00-20:00	08:00-19:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FR047	CP	Wallingford Road, Didcot	OX11 9BZ	08:30-20:00	08:00-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	Y	-	-
Watlington Pharmacy	FKT01	CP	Market Place, Watlington	OX49 5PU	09:00-13:00; 14:00-18:00	09:00-13:00	CLOSED	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Wheatley Pharmacy	FAM81	CP	Morland close, Wheatley	OX33 1DP	08:30-18:30	09:00-12:00	CLOSED	-	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Morland House Surgery	K84014	Disp	London Road, Wheatley	OX33 1YJ																					
Nettlebed Surgery	K84015	Disp	Wanbourne Lane, Nettlebed	RG9 5AJ																					
Sonning Common Health Centre	K84020	Disp	Wood Lane, Sonning Common	RG4 9SW																					
Clifton Hampden Surgery	K84034	Disp	Watery Lane, Clifton Hampden	OX14 3EL																					
Wallingford Medical Practice	K84037	Disp	Reading Road, Wallingford	OX10 9DU																					
Goring Health Centre	K84071	Disp	Red Cross Road, Goring-on-Thames	RG8 9HG																					
Woodcote Health Centre	K84071 001	Disp	Wayside Green, Woodcote	RG8 0PR																					

Vale of White Horse

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Allied Pharmacy Mably Way	FHG08	CP	The New Health Centre, Mably Way, Wantage	OX12 9BN	09:00-18:30	09:00-12:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-
Apollo Pharmacy	FWT21	CP	11J Park House, Milton, Abingdon	OX14 4RS	08:30-13:15; 14:15-17:30	09:00-15:00	CLOSED	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Boots the Chemists	FHJ84	CP	50-51 Market Place, Wantage	OX12 8AW	09:00-17:30	09:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	-	Y
Boots the Chemists	FP237	CP	27 Bury Street, Abingdon	OX14 3QT	09:30-17:30	09:30-17:30	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y
Bretts Pharmacy	FKJ75	CP	11-12 Millbrook Square, Grove, Wantage	OX12 7JZ	09:00-18:00	09:00-14:00	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-
Cleggs Pharmacy	FJJ58	CP	Unit 3, Kings Walk, Limbrough Road, Wantage	OX12 9AJ	09:00-18:00	09:00-17:00	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-
Day Lewis Pharmacy	FEV56	CP	108 Greenwood Way, Harwell, Didcot	OX11 6GD	08:30-18:30	09:00-17:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	Y	-
Faringdon Pharmacy	FWG36	CP	3 London Street, Faringdon	SN7 7AE	08:30-13:00; 14:00-21:00	09:00-13:00; 14:00-21:00	09:00-13:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	Y	Y	Y
Jhoots Pharmacy	FEV60	CP	19 Bury Street, Abingdon	OX14 3QT	09:00-18:00	CLOSED	CLOSED	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-
Kennington Pharmacy	FPN80	CP	172 Kennington Road, Kennington, Oxford	OX1 5PG	09:00-13:00; 14:00-18:00	09:00-13:00	CLOSED	-	Y	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-
Medipill Pharmacy	FC546	CP	9 West Way Square, Botley, Oxford	OX2 9TJ	08:30-17:30	09:00-14:00	CLOSED	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	-	-
North Abingdon Pharmacy	FLK05	CP	Long Furlong Medical Centre, 45 Loyd Close, Abingdon	OX14 1XR	09:00-13:00; 14:00-18:30	09:00-13:00	CLOSED	-	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Reynolds Way Pharmacy	FLJ04	CP	7 Reynolds Way, Abingdon	OX14 5JT	09:00-18:00	CLOSED	CLOSED	-	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-
Sherwood Pharmacy	FXQ70	CP	61 Stert Street, Abingdon	OX14 3JF	09:00-17:30	CLOSED	CLOSED	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Shrivenham Pharmacy	FKE91	CP	50a High Street, Shrivenham	SN6 8AA	09:00-13:00; 14:00-17:30	09:00-13:00	CLOSED	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-
Tesco Pharmacy	FJK67	CP	Tesco Superstore, Marcham Road, Abingdon	OX14 1TU	08:00-13:00; 14:00-20:00	08:00-13:00; 14:00-20:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-
Wellbeing Pharmacy	FCT72	CP	7 Peachcroft Shopping Ctr, Peachcroft Road, Abingdon	OX14 2QA	09:00-18:30	09:00-14:00	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-
Wootton Pharmacy	FL294	CP	7 Besselsleigh Road, Abingdon	OX13 6DN	09:00-18:30, Tues/Thur: 09:00-17:30, Wed: 09:00-14:00	09:00-13:00	CLOSED	-	Y	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-
Your Local Boots Pharmacy	FTG70	CP	17 Market Place, Faringdon	SN7 7HP	09:00-13:00; 14:00-18:30	09:00-17:00	CLOSED	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	Y	-	Y	-	Y
Elm Tree Surgery	K84012	Disp	High Street, Shrivenham	SN6 8AG																					
Marcham Road Health Centre	K84041	Disp	Marcham Road, Abingdon	OX14 1BT																					
White Horse Practice	K84051	Disp	Faringdon Medical Centre, Volunteer Way, Faringdon	SN7 7YU																					

West Oxfordshire

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Allied Pharmacy Eynsham	FFF17	CP	64 Acre End Street, Eynsham	OX29 4PD	09:00-17:30	09:00-14:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	
Allied Pharmacy Witney	FDW43	CP	Nuffield Health Centre, Welch Way, Witney	OX28 6JQ	09:00-13:00; 13:20-17:30	09:00-12:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	-	Y	Y	-
Averose Pharmacy	FQL14	CP	19 Market Street, Charlbury	OX7 3PL	09:00-13:00; 13:30-18:00	09:00-13:00	CLOSED	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	Y	-	-	-	Y	-	-
Bampton Health Care Ltd	FEM12	CP	Landells, Bampton	OX18 2LJ	09:00-13:00; 14:00-18:00	CLOSED	CLOSED	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Boots the Chemists	FAJ38	CP	18 High Street, Chipping Norton	OX7 5AD	09:00-17:30	08:30-16:00	10:00-16:00	-	-	Y	-	-	Y	Y	-	Y	-	-	-	Y	Y	-	Y	-	Y
Boots the Chemists	FX069	CP	2-8 The High Street, Witney	OX28 6HA	09:00-17:30	09:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	Y	-	Y	-	Y
Broadshire Pharmacy	FT450	CP	Broadshires Health Centre, Broadshires Way, Carterton	OX18 1JA	09:00-13:00; 14:00-18:30	CLOSED	CLOSED	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-
Carterton Chemist	FF226	CP	7 Burford Road, Carterton	OX18 3AG	08:30-12:00; 12:30-17:30	11:00-16:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-
Cogges Hill Pharmacy	FV314	CP	Cogges Surgery, 12 Cogges Hill Road, Witney	OX28 3FP	08:30-18:00	09:00-12:00	CLOSED	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-
Hanborough Pharmacy	FW665	CP	Willis Court, Long Hanborough	OX29 8FQ	09:00-13:00; 14:00-18:00, Wed: 09:00-13:00; 14:00-18:30	CLOSED	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Oxfordshire Pharmacy	FN672	DSP	1 Falklands House, Black Bourton Road, Carterton	OX18 3DN	09:00-13:00; 14:00-18:00	CLOSED	CLOSED	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Robert Reavley Dispensing Chemist	FHH24	CP	124 High Street, Burford	OX18 4QR	09:00-18:00, Wed: 09:00-13:00; 14:00-18:00	09:00-17:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-
Salts Medilink	FFY66	DAC	Unit 8, Southill Business Park, Cornbury Park, Charlbury	OX7 3EW	09:00-17:00	CLOSED	CLOSED	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Topside Pharmacy	FDM72	CP	6a High Street, Chipping Norton	OX7 5AD	09:00-17:30	09:00-17:30	CLOSED	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-
Witney Pharmacy	FH338	CP	Windrush Health Centre, Welch Way, Witney	OX28 6JS	09:00-18:30	09:00-12:00	CLOSED	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	-	Y	Y	-
Woodstock Pharmacy	FFR25	CP	24 High Street, Woodstock, Oxford	OX20 1TF	09:00-18:30	09:00-17:00	CLOSED	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-
Wychwood Pharmacy	FL824	CP	Wychwood Surgery, Meadow Lane, Shipton Under Wychwood	OX7 6BW	09:00-13:00; 14:00-18:00	CLOSED	CLOSED	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Your Local Boots Pharmacy	FD645	CP	3 Edington Square, Witney	OX28 5YP	09:00-18:00	09:00-17:30	CLOSED	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-	Y	-	Y
Eynsham Medical Centre	K84006	Disp	Conduit Lane, Eynsham	OX29 4QB																					
Long Hanborough Surgery	K84006 001	Disp	56 Churchill Way, Long Hanborough	OX29 8JL																					
Windrush Health Practice	K84017	Disp	Welch Way, Witney	OX28 6JS																					
Chipping Norton Health Centre	K84030	Disp	Russell Way, Chipping Norton	OX7 5FA																					

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Wychwood Surgery	K84046	Disp	Meadow Lane, Shipton Under Wychwood	OX7 6BW																					
Burford Surgery	K84047	Disp	59 Sheep Street, Burford	OX18 4LS																					
Carterton Health Centre	K84047 001	Disp	17 Alvescot Road, Carterton	OX18 3JL																					
Broadshires Health Centre	K84075	Disp	Broadshire Way, Carterton	OX18 1JA																					
Charlbury Surgery	K84610	Disp	Enstone Road, Charlbury	OX7 3PQ																					

Appendix B: PNA project plan

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
Stage 1: Project planning and governance - Stakeholders identified and PNA Steering Group terms of reference agreed - Project plan, PNA districts, communications plan and data to collect agreed at first local subgroup meeting - Prepare questionnaires for initial engagement												
Stage 2: Research and analysis - Collation of data from Public Health, LPC, ICB and other providers of services - Listing and mapping of services and facilities - Collation of data for housing developments - Equalities Impact Assessment - Analysis of questionnaire responses - Review all data at second local subgroup meeting												
Stage 3: PNA development - Review and analyse data and information collated to identify gaps in services based on current and future population needs - Develop consultation plan - Draft PNA - Sign off draft PNA at local subgroup meeting and update for HWB												
Stage 4: Consultation and final draft production - Coordination and management of consultation - Analysis of consultation responses and production of report - Draft final PNA for approval - Sign off final PNA at local subgroup meeting - Edit final PNA 2025 ready for publication and provide update for HWB												

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

1. Background

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

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

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

2. Remit and functions of the group

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

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

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

3. Frequency of meetings

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

4. Governance

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

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

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

5. Membership

Membership of the BOB Steering Group shall be as follows:

- BOB ICB Clinical Lead for Medicines Optimisation (Chair).
- Public Health leads of five local authorities.
- Local Pharmaceutical Committee representative(s).
- BOB ICB pharmacy, general ophthalmic, and dental (POD) commissioning Representative.
- BOB ICB South East Commissioning Hub – Pharmacy Commissioning Manager.

- Healthwatch representatives.
- Local Medical Committee representative(s).

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

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

6. Quoracy

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

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

7. Confidentiality

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

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

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

8. Declarations of interest

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

Finalised on 30 April 2025.

Appendix D: Public questionnaire

Total responses received: 454.

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

When reporting the details of the responses, please note:

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

1) I am responding to this survey as: (Answered: 454, Skipped: 0)

Options	%	Number
An Oxfordshire resident	98%	447
A member of the public living outside of Oxfordshire	1%	2
A business	0%	1
A representative of a group or organisation	0%	0
A parish, town, district, or county councillor	1%	4
Other (please specify)	0%	0

2) Why do you usually visit a pharmacy? Please tick all that apply. Please note percentages may add up to more than 100% due to multiple responses (Answered: 449, Skipped: 5)

Options	%	Number
To buy over-the-counter medicines	59%	265
To collect prescriptions for myself	88%	396
To collect prescriptions for somebody else	40%	179
To get advice from a pharmacist	37%	168
To use a pharmacy service e.g. treatment for minor ailment, flu jab, blood pressure check etc	31%	140
Other (please specify)	3%	13

Other comments (themes)	Number
Purchase toiletries, sanitary and skin/hair products, minerals	6
Ask questions about medications	3
To return inhalers or unused medications	2
Vaccinations or collect COVID tests	2

3) How often have you visited or contacted a pharmacy in the last six months?
(Answered: 454, Skipped: 0)

Options	%	Number
Once a week or more	3%	14
A few times a month	30%	137
Once a month	42%	190
Once every few months	18%	82
Once in six months	4%	19
I have not visited/contacted a pharmacy in the last six months	3%	12

4) What time and day is most convenient for you to use a pharmacy? (Please tick one day for each time that applies to you) If you have no preference or it varies, please skip to the question below. Please note percentages may add up to more than 100% due to multiple responses (Answered 322, Skipped: 132)

Options before 9am	%	Number
Weekday	30%	97
Saturday	6%	18
Sunday	16%	5
Options 9am-1pm	%	Number
Weekday	51%	165
Saturday	27%	86
Sunday	4%	13
Options 1pm-7pm	%	Number
Weekday	53%	172
Saturday	14%	46
Sunday	2%	6
Options after 7pm	%	Number
Weekday	28%	90
Saturday	3%	9
Sunday	2%	5

5) Do you have a pharmacy that you regularly use? (Answered: 454, Skipped: 0)

Options	%	Number
Yes, a traditional bricks and mortar pharmacy	87%	395
Yes, an internet/online pharmacy	5%	21
Yes, a combination of both	6%	29
No	2%	9

6) Is there a specific reason you prefer your current pharmacy, even though there might be others nearby or more convenient? (Answered: 449, Skipped: 5)

Options	%	Number
Yes	38%	169
No	62%	280

Comments (themes):	Number
Excellent service provided by this pharmacy	101
It's near to (or has good links with) the GP surgery	46
Service at nearest pharmacy was not good	23
Supporting local business	22
Convenience when shopping	17
This pharmacy provides home delivery	13
There is no other option available locally	13
It is easier to park	12
It is open outside normal working hours	11
Nearest pharmacy usually lacked stock of medication	11
I prefer to use online pharmacy (for different reasons)	9
Other comments (one response each)	2

7) What influences your choice of pharmacy? (Please tick one option for each reason)

Please note percentages add up to approximately 100% for each factor (Answered: 453, Skipped: 1)

Factors	Very important		Quite important		Neither important nor unimportant		Unimportant		Not at all important	
Quality of service (expertise)	63%	285	28%	124	7%	33	1%	3	1%	5
Customer service	57%	255	35%	160	6%	28	1%	3	1%	3
Location of pharmacy	75%	341	21%	95	3%	13	1%	3	0%	1
Opening times	46%	208	43%	193	9%	43	1%	3	1%	3
Parking	30%	134	21%	94	20%	90	8%	36	21%	96
Public transport	10%	47	13%	58	29%	129	15%	66	33%	145
Accessibility (wheelchair/ buggy access)	13%	59	13%	56	29%	127	11%	51	34%	153
Communication (languages/ interpreting service)	11%	50	9%	42	33%	145	9%	41	38%	167
Space to have a private consultation	21%	95	37%	164	25%	111	7%	34	10%	43
Availability of medication	85%	382	13%	58	2%	7	0%	2	0%	1
Services provided	49%	220	36%	161	13%	56	1%	6	1%	5

8) How do you usually travel to the pharmacy? (Answered: 454, Skipped: 0)

Options	%	Number
Walk	45%	203
Car	40%	180
Public transport	4%	18
Taxi	0%	2
Bicycle	5%	22
Wheelchair / mobility scooter	1%	5
Someone goes for me / takes me	1%	5
I don't travel, I use an online pharmacy	3%	14
I don't travel, I utilise a delivery service	1%	3
Other (please specify)	0%	2

Other comments	Number
Either go when visiting GP surgery or use delivery service	1
Walk or car depending on the weather	1

9) How long does it usually take you to travel to the pharmacy? (Answered: 452, Skipped: 2)

Options	%	Number
Less than 20 minutes	80%	361
20 - 30 minutes	15%	67
31 - 40 minutes	2%	8
More than 40 minutes	0%	1
Not applicable - I don't travel to the pharmacy	3%	15

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Oxfordshire? (Answered: 249, Skipped: 205)

Other comments	Number
Need for more pharmacies (in general or mentioning specific locations, in particular Oxford City centre (17), Wallingford (7), Bicester (4), Thame (4), Littlemore (3), Kidlington (3), Banbury (2) or others with one mention each)	57
Praising value of local pharmacy	40
Excellent service	35
Long waiting queues	23
Need for more pharmacies open outside of normal working hours	18
Shortage of medications (including having to come back another day or go to another pharmacy)	15
Long waiting times for prescriptions to be available after ordering	11
Unprofessional service (including wrong medications)	10
Local pharmacy is understaffed	6
Would like local pharmacy to offer more services (including vaccinations)	4
Online services work well	4
Dependency on car or public transport to get to the pharmacy	3
Unpredictable opening hours (it's closed when it should be open)	3
Would like to have more availability of appointments	3
The pharmacy is too small or there is nowhere to sit	3
Need to support independent pharmacies that are closing	2
Other (one comment each)	12

11) How did you find out about this consultation? (Choose all that apply) Please note percentages may add up to more than 100% due to multiple responses (Answered: 378, Skipped: 76)

Options	%	Number
Email from Oxfordshire County Council	67%	255
Poster in Pharmacy/Chemist	2%	9
Your Oxfordshire newsletter	21%	79
Poster / information in GP surgery	1%	5
Poster / information in local library or in local community group / organisation	2%	6
Local community news item	10%	37
Friend / relative / work colleague	5%	19
Other (please specify)	14%	54

Other (themes)	Number
Post on facebook / other social media	30
OCC staff intranet	12
BOB ICB newsletter	6
Healthwatch	3
Others: council website from another survey, helped advertised the engagement from NHS, googled it as interested in the PNA (one response each)	3

12) Which Oxfordshire district do you live in? (Answered: 446, Skipped: 8)

Options	%	Number
Cherwell	14%	64
Oxford city	25%	112
South Oxfordshire	27%	118
Vale of the White Horse	20%	90
West Oxfordshire	13%	60
I don't live in Oxfordshire	1%	2

13) What is your sex? (Answered: 445, Skipped: 9)

Options	%	Number
Female	71%	315
Male	25%	111
Prefer not to say	4%	17
I use another term	0%	2

14) What is your age? (Answered: 446, Skipped: 8)

Options	%	Number
16 - 24	0%	1
25 - 34	4%	20
35 - 44	9%	38
45 - 54	16%	70
55 - 64	21%	92
65 - 74	25%	111
75 - 84	17%	78
85 or over	5%	21
Prefer not to say	3%	15

15) What is your ethnic group or background? (Answered: 445, Skipped: 9)

Options	%	Number
Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)	1%	3
Black or Black British (Caribbean, African, or any other Black background)	0%	1
Chinese	0%	2
Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)	2%	10
White (British, Irish, or any other white background)	90%	399
Prefer not to say	6%	27
Other ethnic group or background	1%	3

16) Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
(Answered: 445, Skipped: 9)

Options	%	Number
Yes – a lot	10%	44
Yes – a little	23%	100
No	65%	291
Prefer not to say	2%	10

17) Are you a carer? A carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Both children and adults can be carers. (Answered: 446, Skipped: 8)

Options	%	Number
Yes	16%	71
No	80%	359
Prefer not to say	4%	16

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Appendix E: Travel analysis

The following tables show details of the population coverage by community pharmacies for each relevant travel method and time band, across Oxfordshire and in each of the districts.

Table 37: Time to pharmacy with various methods of transportation across Oxfordshire: population (number) and population coverage (%)

Transport	0-10 minutes	0-20 minutes	0-30 minutes
Walking	259,167 (34.7%)	496,599 (66.5%)	574,518 (76.9%)
Public transport (peak)	258,477 (34.6%)	413,707 (55.4%)	427,163 (57.2%)
Public transport (off-peak)	272,357 (36.8%)	481,214 (65.7%)	554,130 (75.3%)
Driving (peak)	656,413 (87.8%)	745,252 (99.7%)	747,255 (100%)
Driving (off-peak)	678,115 (90.7%)	746,333 (99.9%)	747,255 (100%)

Table 38: Walking time to pharmacy by district: population (number) and population coverage (%)

Area	0-10 minutes		0-20 minutes		0-30 minutes	
	Population	%	Population	%	Population	%
Cherwell	51,937	31.1%	102,746	61.5%	120,821	72.3%
Oxford City	92,977	57.6%	151,472	93.8%	159,428	98.8%
South Oxfordshire	41,570	27.1%	92,902	60.6%	112,510	73.4%
Vale of White Horse	44,015	29.9%	81,406	55.4%	100,151	68.1%
West Oxfordshire	28,668	24.2%	68,073	57.5%	81,608	68.9%
Oxfordshire	259,167	34.7%	496,599	66.5%	574,518	76.9%

Table 39: Driving time to pharmacy (off-peak) by district: population (number) and population coverage (%)

Area	0-10 minutes (off-peak)		0-20 minutes (off-peak)		0-30 minutes (off-peak)	
	Population	%	Population	%	Population	%
Cherwell	142,685	85.4%	166,827	99.8%	167,146	100%
Oxford City	161,121	99.8%	161,454	100%	161,454	100%
South Oxfordshire	142,880	93.2%	153,201	99.9%	153,277	100%
Vale of White Horse	125,106	85.1%	146,504	99.7%	146,978	100%
West Oxfordshire	106,323	89.8%	118,347	100%	118,400	100%
Oxfordshire	678,115	90.7%	746,333	99.9%	747,255	100%

Table 40: Driving time to pharmacy (peak time) by district: population (number) and population coverage (%)

Area	0-10 minutes (peak)		0-20 minutes (peak)		0-30 minutes (peak)	
	Population	%	Population	%	Population	%
Cherwell	136,226	81.5%	166,438	99.6%	167,145	100%
Oxford City	160,651	99.5%	161,327	99.9%	161,454	100%
South Oxfordshire	137,838	89.9%	153,031	99.8%	153,278	100%
Vale of White Horse	118,935	80.9%	146,154	99.4%	146,978	100%
West Oxfordshire	102,763	86.8%	118,302	99.9%	118,400	100%
Oxfordshire	656,413	90.7%	745,242	99.7%	747,255	100%

Table 41: Time to pharmacy by public transport (off-peak) by district: population (number) and population coverage (%)

Area	0-10 minutes (off-peak)		0-20 minutes (off-peak)		0-30 minutes (off-peak)	
	Population	%	Population	%	Population	%
Cherwell	56,634	33.9%	99,666	59.6%	116,507	69.7%
Oxford City	99,463	61.6%	156,132	96.7%	160,680	99.5%
South Oxfordshire	42,832	27.9%	85,216	55.6%	101,777	66.4%
Vale of White Horse	47,221	32.1%	85,789	58.4%	108,487	73.8%
West Oxfordshire	28,943	24.4%	63,823	53.9%	75,420	63.7%
Oxfordshire	272,357	36.8%	481,214	65.7%	554,130	75.3%

Table 42: Time to pharmacy by public transport (peak time) by district: population (number) and population coverage (%)

Area	0-10 minutes (peak)		0-20 minutes (peak)		0-30 minutes (peak)	
	Population	%	Population	%	Population	%
Cherwell	53,021	31.70%	85,208	51.00%	86,011	51.50%
Oxford City	91,500	56.70%	135,191	83.70%	135,191	83.70%
South Oxfordshire	42,338	27.60%	74,016	48.30%	86,193	56.20%
Vale of White Horse	43,072	29.30%	66,762	45.40%	67,027	45.60%
West Oxfordshire	28,546	24.10%	52,530	44.40%	52,741	44.60%
Oxfordshire	258,477	34.6%	413,707	55.4%	427,163	57.2%

Appendix F: Consultation stakeholders

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

- Oxfordshire Local Pharmaceutical Committee (Community Pharmacy Thames Valley).
- Oxfordshire Local Medical Committee (Berkshire, Buckinghamshire and Oxfordshire LMCs).
- Pharmacies and Dispensing Appliance Contractors in Oxfordshire.⁹²
- Dispensing GP practices in Oxfordshire.
- Healthwatch Oxfordshire.
- NHS Trust or NHS Foundation Trusts:
 - Oxford Health NHS Foundation Trust.
 - Oxford University Hospital NHS Trust.
- Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB.
- Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB.
- Neighbouring Health and Wellbeing Boards:
 - Buckinghamshire HWB.
 - Gloucestershire HWB.
 - Reading HWB.
 - Swindon HWB.
 - Warwickshire HWB.
 - West Berkshire HWB.
 - West Northamptonshire HWB.
 - Wokingham HWB.

Other consultees

- GP practices in Oxfordshire.
- Local Pharmaceutical Committee in all the neighbouring areas.
- Local Medical Committee in all the neighbouring areas.
- Members of the public and patient groups.

⁹² Please note there are no LPS contractors in Oxfordshire.

Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Oxfordshire HWB held a consultation on the draft PNA for at least 60 days, from 2 June 2025 to 3 August 2025.

The draft PNA was hosted on Oxfordshire council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Oxfordshire. A range of public engagement groups in Oxfordshire, as identified by the Steering Group, were invited to participate in the consultation. Responses to the consultation were possible via an online survey or email. Paper copies and alternative formats were also available under request.

There were in total 28 responses, all of them from the internet survey. Responses received:

- 16 (57%) from members of the public.
- 4 (14%) from patient, consumer or voluntary community groups in Oxfordshire.
- 3 (11%) from pharmacies or dispensing appliance contractors in Oxfordshire.
- 2 (7%) from NHS Trusts or NHS Foundation Trusts.
- 1 (4%) from a dispensing GP practice in Oxfordshire.
- 1 (4%) from another organisation in Oxfordshire.
- 1 (4%) from an organisation outside Oxfordshire.

All responses were considered by the PNA Steering Group at its meeting on 14 August 2025 for the final report. The comments received were also considered by the Steering Group in the production of the final PNA and are included in Appendix H.

From the 28 responses, 12 (43%) agreed with the conclusions of Oxfordshire Draft 2025 PNA, 10 (36%) neither agreed nor disagreed, five (18%) disagreed and one didn't respond.

Below is a summary of responses to the specific questions, asked during the consultation. All additional comments received to these questions are listed in Appendix H.

1) I am responding to this survey as: (Answered: 28, Skipped: 0)

Options	Number	%
A member of the public	16	57%
Local Pharmaceutical Committee	0	0%
Local Medical Committee	0	0%
Pharmacy or dispensing appliance contractor in Oxfordshire	3	11%
Dispensing practice in Oxfordshire	1	4%
Healthwatch	0	0%
Patient, consumer or other voluntary community group	4	14%
Local Authority	0	0%
An NHS Trust or NHS Foundation Trust	2	7%
Integrated Care Board (ICB)	0	0%
A neighbouring Health and Wellbeing Board	0	0%

Options	Number	%
Other healthcare partners (e.g. dentistry / optometry)	0	0%
Other organisation in Oxfordshire	1	4%
Other organisation outside Oxfordshire	1	4%

If responding on behalf of an organisation, please tell us its name: (Answered: 2, Skipped: 26)

The organisation in Oxfordshire identified as My Life My Choice.

The organisation outside Oxfordshire identified as Allied Pharmacy Head Office.

2) Do you think that the purpose of the Pharmaceutical Needs Assessment has been explained? (Please refer to Section 1 in the draft PNA) (Answered: 28, Skipped: 0)

Options	Number	%
Yes, fully	14	50%
Yes, mostly	9	32%
No, not very clearly	4	14%
No, not at all	1	4%

3) Do you think that the pharmaceutical needs assessment reflects the current provision of pharmaceutical services within Oxfordshire? (Section 3 in the draft PNA) (Answered: 28, Skipped: 0)

Options	Number	%
Yes, fully	13	46%
Yes, mostly	9	32%
No, not very clearly	6	21%
No, not at all	0	0%

4) Do you think the draft pharmaceutical needs assessment meets the needs of the people in Oxfordshire? (Section 2 in the draft PNA) (Answered: 27, Skipped: 1)

Options	Number	%
Yes, fully	9	33%
Yes, mostly	6	22%
No, not very clearly	12	44%
No, not at all	0	0%

5) Do you think there are any gaps in service provision; i.e. when, where and which services are available that have not been identified in the Pharmaceutical Needs Assessment? (Section 6 and 7 and Appendix A in the draft PNA) (Answered: 28, Skipped: 0)

Options	Number	%
Yes, fully	6	21%
Yes, mostly	12	43%
No, not very clearly	7	25%
No, not at all	3	11%

6) Do you think the pharmaceutical needs assessment provides information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises? A "dispensing appliance contractor" (DAC) is a company registered with the NHS that provides prescription services to patients. DACs operate from specific premises, which can be referred to as "appliance contractor premises". These premises are regulated and must meet certain standards to ensure proper dispensing and service (Answered: 26, Skipped: 2)

Options	Number	%
Yes	14	54%
No	4	15%
I don't know/can't say	8	31%

7) Do you think that the pharmaceutical needs assessment gives enough information to help decide how to plan *pharmaceutical services* for the next three years? (Section 6 in the draft PNA Appendix A) (Answered: 26, Skipped: 2)

Options	Number	%
Yes	13	50%
No	6	23%
I don't know/can't say	7	27%

8) Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? (Section 6 and Appendix A in the draft PNA) (Answered: 26, Skipped: 2)

Options	Number	%
Yes, fully	8	31%
Yes, mostly	7	27%
No, not very clearly	9	35%
No, not at all	2	8%

9) Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted? (Answered: 15, Skipped: 13)

Options	Number	%
Yes	6	40%
No	9	60%
I don't know/can't say	0	0%

10) To what extent do you agree or disagree with the conclusions of the Pharmaceutical Needs Assessment? (Answered: 27, Skipped: 1)

Options	Number	%
Strongly agree	4	15%
Agree somewhat	8	30%
Neither agree nor disagree	10	37%
Disagree somewhat	3	11%
Strongly disagree	2	7%

11) If you have any other comments about the draft Oxfordshire PNA, please write them below (Answered: 11, Skipped or no comment: 17)

Comments are listed in Appendix H.

Appendix H: Consultation comments

Comments received on the consultation survey

The steering group has reviewed all comments received.⁹³ We thank you for taking the time to read the draft and share your feedback.

Comments to **question 2**: Do you think that the purpose of the Pharmaceutical Needs Assessment has been explained? If you have not chosen 'Yes, fully', please provide more information about why you gave that answer.

From	Comment	Steering Group response
A member of the public	For the layman there is too much information, you should have a summary if you want layman feedback	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.
A member of the public	Far too much jargon to plough through	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.
Patient, consumer or other voluntary community group	A GREAT DEAL OF WRITING BULLET POINTS WOULD BE BETTER	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.

⁹³ When the same comment was included in more than one question by the same user, this has only been listed and responded to once.

From	Comment	Steering Group response
A member of the public	Villages are ignored.	The current PNA has been produced to review provision and need at a district level which includes the rural areas of Oxfordshire. The assessment concluded that adequate access was available across each district and the whole of Oxfordshire. Rural areas are also supported by dispensing GP practices.
A member of the public	The PNA is so long you can't really expect people to read it in detail as you suggest	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.
Other organisation in Oxfordshire	There is no Easy Read version and even if we did not have learning disabilities - a 109 page document is way too long.	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary. Easy read and alternative formats were available under request.
A member of the public	Doesn't address local closures.	We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow and future demands on the service. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision.

Patient, consumer or other voluntary community group	These are comments from Trevor Bedeman as chair of the Wallingford Medical Practice Patients' Participation Group (PPG). The objectives of the Pharmaceutical Needs Assessment report for Oxfordshire include understanding the pharmaceutical needs of the population; gain a clearer picture of the service is currently provided; and clearly identify and address any local gaps in pharmaceutical services. Despite these objectives, and despite the very large size of the document, these reports do this in an entirely institutional way and over limited way. In November 23 Halo Healthcare completed the closure of all of its Lloyds community pharmacies, including that in Wallingford. Since then, Wallingford has had only the one remaining pharmacy, Boots. Despite substantial improvements, especially recently, since then our remaining pharmacy has a disappointing record of indifferent service at times, and the store looks neglected physically. Since Lloyds closed there have been repeated complaints from the town and area population about the service. They were the major topic of discussion at our PPG AGM last year, and there are frequent complaints on Wallingford social media. Complainants are almost always in favour of a second pharmacy in the town. We do not believe that the gap we identify in provision can be adequately filled by the provision in local towns such as Cholsey and Benson, good quality though these are. From the records of pharmaceutical use and with allowance for bulk transfer, it appears that total prescription item use in the town has roughly halved in Wallingford since Lloyds	Thank you for your detailed review and comments. We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow and future demands on the service. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available through online distance selling pharmacies and rural areas are also supported by dispensing GP practices. We understand that the quality of service is a concern, but it is not something the PNA process looks at. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) through the following website https://bucksoxonberksw.icb.nhs.uk/contact-us/ The guidance for the production of the PNA report is being updated and the Health and Wellbeing Board will look at ways to improve the content and format for future versions.
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From	Comment	Steering Group response
	closed and Wallingford went from two to one pharmacies. It can be assumed that that business has migrated elsewhere. None of these issues have been picked up in this report, no could they be. The report not only does not specifically have an objective for customer service and satisfaction, but also it doesn't have space for extra comment that is not covered within its limited institutional structure. Oddly, it does have space for other issues within the consultation. So this consultation notes three views in summary: firstly to note a widespread belief amongst the Wallingford population including important opinion formers and service users that there are major gaps in quality of service in the Wallingford physical provision; secondly support a second physical pharmacy within Wallingford and thirdly to call for substantial improvements in the format and contents of this report.	
A member of the public	I don't think it was articulated very well in layman's terms. It was hard work reading through it.	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.

Comments to **question 3**: Do you think that the pharmaceutical needs assessment reflects the current provision of pharmaceutical services within Oxfordshire? If you have not chosen 'Yes, fully', please provide more information about why you gave that answer.

From	Comment	Steering Group response
A member of the public	Difficult to see the detail in the maps	Detailed maps for each district are available in Section 6. We work to make sure that all content, including maps, meets accessibility legislation.

From	Comment	Steering Group response
A member of the public	There should also be provision for complimentary homeopathic medicines	This is not something the PNA process looks at.
A member of the public	It doesn't acknowledge the closure of services and the increased demand. As a carer, the amount of time I have spent accessing and waiting for pharmacy support has increased significantly since the last PNA.	We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available through distance selling pharmacies as well as direct delivery from some community pharmacies. The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary. Carers may choose to access apps such as the NHS App (https://www.nhsapp.service.nhs.uk/login) to support with ordering medicines or speaking to the GP Practice to arrange electronic repeat dispensing (https://www.england.nhs.uk/long-read/electronic-repeat-dispensing-erd/) which may help.

From	Comment	Steering Group response
Other organisation in Oxfordshire	We don't understand the document so we cannot answer this question.	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.
A member of the public	I have no idea - I simply don't have the time or the ability to sort all that info	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.
A member of the public	I utilise a pharmacy in Buckinghamshire even though I'm in South Oxfordshire. This usage is acknowledged but not accounted for in the assessment process of each county.	The PNA takes into account pharmacies across county borders. Patients may also access pharmacies outside their local area, or online pharmacies (DSPs). Information about this is included in Section 3.8 and within each district analysis in Section 6.

Comments to **question 4**: Do you think the draft pharmaceutical needs assessment meets the needs of people in Oxfordshire? If you have not chosen 'Yes, fully', please provide more information about why you gave that answer.

From	Comment	Steering Group response
Patient, consumer or other voluntary community group	I am not sure it can be fully assessed as meeting future demands in population and changes in health care. Time will tell.	The assessment uses the latest data and forecasts available at the time of writing.

From	Comment	Steering Group response
A member of the public	I don't understand it all	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.
A member of the public	The geographic areas of Oxfordshire are not necessarily reflected to the residents ie rural areas on the outer edge of Oxfordshire, thoughts on a mobile pharmacy in these areas, like use of other NHS mobile provisions, MRI, Breast Screening. pharmacy should be included	The current PNA has been produced to review provision and need at a district level which includes the rural areas of Oxfordshire. We concluded that adequate access was available across each district and the whole of Oxfordshire. Rural areas are also supported by dispensing GP practices.
A member of the public	Village missed out again.	The current PNA has been produced to review provision and need at a district level which includes the rural areas of Oxfordshire. We concluded that adequate access was available across each district and the whole of Oxfordshire. Rural areas are also supported by dispensing GP practices.
An NHS trust or NHS foundation trust	not enough provision of 72 hour pharmacies, especially in south oxfordshire and west oxfordshire districts that have a greater aging population.	The current PNA has been produced to review provision and need at a district level which includes the rural areas of Oxfordshire. The review included evenings and weekends. We concluded that adequate access was available across each district and the whole of Oxfordshire. Opening hours reflect commercial and local needs. Rural areas are also supported by dispensing GP practices.

From	Comment	Steering Group response
A member of the public	There is a pressing need for an additional pharmacy in Wallingford. There used to be 2, now only Boots and the service there is dangerously poor, endangering health as well as causing major inconvenience, because Boots and its staff clearly cannot cope with demand.	We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available distance selling pharmacies well as direct delivery from some community pharmacies. We understand that the quality of service is a concern, but it is not something the PNA process looks at. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) through the following website https://bucksoxonberksw.icb.nhs.uk/contact-us/ The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.

From	Comment	Steering Group response
A member of the public	Wallingford is not adequately served by one poorly run pharmacy. The queues are unacceptable. We need another pharmacy in the town to help meet demand.	We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available through distance selling pharmacies as well as direct delivery from some community pharmacies. Cross border provision is also available. We understand that the quality of service is a concern, but it is not something the PNA process looks at. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) through the following website https://bucksoxonberksw.icb.nhs.uk/contact-us/ The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.

From	Comment	Steering Group response
A member of the public	I think it is unwise to say that no gaps in service have been identified. It suggests this is a paper rather than a practical exercise. Is anyone writing this document actually using the service?	We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow and future demands on the service, and concluded that there is currently no gap in service provision. The PNA is used to inform the future of pharmacies in Oxfordshire. The steering group that supports the PNA includes representatives from local organisations and groups.
An NHS trust or NHS foundation trust	The assesment suggests there are a lower than average number of pharmacies, but no plan to address this.	The PNA assesses whether existing provision meets current and future needs of the population. The England average is an indicator but cannot be used as a direct comparator because Oxfordshire is a largely rural area, with dispensing GP practices as well as the community pharmacies. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available through distance selling pharmacies as well as direct delivery from some community pharmacies. The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.

From	Comment	Steering Group response
Patient, consumer or other voluntary community group	The assumption appears to be that if you have one pharmacy think yourself lucky. The current scale of development warrants two at least in towns, Wallingford being a case in point. More people - people needing more medicine for longer - older sicker lonely people needing some social contact - more govt demands on pharmacy ought to mean more pharmacies..	The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow (including new houses, and age of the population) and future demands on the service. The assessment concludes that there is currently no gap in service provision. The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.
A member of the public	As per above which suggests the measures might be faulty.	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.

Comments to **question 5**: Do you think there are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the pharmaceutical needs. If you have not chosen 'Yes, fully', please provide more information about why you gave that answer.

From	Comment	Steering Group response
Patient, consumer or other voluntary community group	TOO DETAILED FOR THE PUBLIC	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.

From	Comment	Steering Group response
Patient, consumer or other voluntary community group	again assessed as no gaps in S Oxon but can the current pharmacies cope as delays at present	The current PNA has been produced to review provision and need at a district level which includes the rural areas of Oxfordshire. We concluded that adequate access was available across each district and the whole of Oxfordshire. The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.
A member of the public	As explained, look at hubs, in community hospitals.	Your comment is noted.
A member of the public	Villages at the edge of Oxfordshire with a RG post code.	The current PNA has been produced to review provision and need at a district level which includes the rural areas of Oxfordshire. We concluded that adequate access was available across each district and the whole of Oxfordshire and neighbouring HWB areas. Rural areas are also supported by dispensing GP practices.
Pharmacy or dispensing appliance contractor in Oxfordshire	No gaps in service provision in Oxfordshire as noted in the draft PNA	Your comment is noted.

From	Comment	Steering Group response
Other organisation in Oxfordshire	There isn't a not sure answer for this option. Some people felt the service was good, some didn't. Mostly people who find the NHS App or text easier to do don't have a problem. Those who struggle with technology, found it hard when their pharmacies pushed them to use these methods. However were fine if other face to face or over the phone help was offered instead.	Using technology, like the NHS App, can make it easier to get medicines but we acknowledge it may not work for everyone. The PNA does not look at quality of service. If this is a concern, patients can raise it with their pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) through the following website https://bucksoxonberksw.icb.nhs.uk/contact-us/
A member of the public	Question and answer don't correlate! See answer above.	Your comment is noted.
An NHS trust or NHS foundation trust	It is unclear the provision available outside of common working patterns of M-F 9-5. Access to healthcare around work is important to maintain population health.	The current PNA has reviewed provision including evenings and weekend (Section 3.9 and Section 6) and concluded that adequate access was available across each district and the whole of Oxfordshire.
A member of the public	The pressures on pockets due to being unaccounted for or large scale development isn't mapped clearly.	The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow (including new houses) and future demands on the service. The assessment uses the latest data and forecasts available at the time of writing. The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.

From	Comment	Steering Group response
Patient, consumer or other voluntary community group	Response choices don't match question. There will be need for more provision overall since pharmacists being asked to do more. The issues this raises are not adequately dealt with in PNA or survey.	The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.

Comments to **question 6**: Do you think that the pharmaceutical needs assessment provides information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor* premises? If you have not chosen 'Yes', please provide more information about why you gave that answer.

From	Comment	Steering Group response
A member of the public	pharmacies are struggling to stay solvent, i believe that anyone opening up a new pharmacy will want to ensure that they can provide sufficient additional services like Pharmacy First, Weight Management, Vaccination etc to make a profit and therefore are still likely to be in locations with high populations	Financial challenge and pressures are noted in Section 1.2, and location of pharmacies in relation to population density is in Section 3.9. Pharmacy locations and opening hours reflect commercial and local needs.
A member of the public	Because I felt it was the correct answer based on my current knowledge of the subject	Your comment is noted.
A member of the public	Unsure	Your comment is noted.
A member of the public	Who asks the patients and how?	The steering group that supports the PNA includes representatives from local organisations and groups. The public was also asked for their views between 27 January and 9 March 2025. Details of the responses are in Section 5 and Appendix D of this document.

From	Comment	Steering Group response
Other organisation in Oxfordshire	Our non-learning disabled didn't even understand this question.	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.

Comments to **question 7**: Do you think that the pharmaceutical needs assessment gives enough information to help decide how to plan pharmaceutical services for the next three years? If you have not chosen 'No', please provide more information about why you gave that answer.

From	Comment	Steering Group response
A member of the public	I have no idea but please keep pharmacy at GP surgeries open to all	The PNA is used to inform the future of pharmacies in Oxfordshire. Pharmacy locations and opening hours reflect commercial and local needs.
A member of the public	Wallingford is growing and Boots are the only service we have and they are next to useless at times	We understand that the quality of service is a concern, but it is not something the PNA process looks at. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) through the following website https://bucksoxonberksw.icb.nhs.uk/contact-us/
A member of the public	Not sure	Your comment is noted.

From	Comment	Steering Group response
A member of the public	Wallingford's new housing means huge population growth. The Boots pharmacy can't cope with existing demand, nevermind increased demand. There used to be 2 pharmacies in the town when there were fewer inhabitants. Wallingford needs a second pharmacy, or Boots pharmacy needs extending / increased staffing.	We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow (including new houses) and future demands on the service. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available through distance selling pharmacies as well as direct delivery from some community pharmacies. The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.
A member of the public	Does it?	Your comment is noted.
An NHS trust or NHS foundation trust	Further consideration of the 10year plan required. If care shifts from secondary to primary care and analogue to digital potential increase in demand from secondary care using eFP10 appears not to be considered.	The current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.

Comments to **question 8**: Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? If you have not chosen 'Yes, fully', please provide more information about why you gave that answer.

From	Comment	Steering Group response
A member of the public	There is no appendix A in the draft PNA, if you mean Annex A in section 6 it is not completed	Appendix A in the PNA is the complete list of pharmacies in Oxfordshire.
A member of the public	Too much to read to sort it out	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.
Patient, consumer or other voluntary community group	Their plans are very commercial - i.e. supermarkets etc. Not sure this is fully assessed to motivate investment in an area	The PNA is used to inform the future of pharmacies in Oxfordshire. Pharmacy locations and opening hours reflect commercial and local needs.
A member of the public	Communication is missing at local level and patients are missing.	The steering group that supports the PNA includes representatives from local organisations and groups. The public was also asked for their views between 27 January and 9 March 2025. Details of the responses are in Section 5 and Appendix D of this document.
Other organisation in Oxfordshire	It's far too long and full of jargon.	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.

From	Comment	Steering Group response
A member of the public	I did.	Your comment is noted.
A member of the public	The LTP talks about prevention (which it has been talking about for over 20 years) but not about real expectations of how these outcomes might be supported by pharmaceutical services.	Your comment is noted but it is not something the PNA process looks at.

Comments to **question 9**: Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted? If you have not chosen 'Yes', please provide more information about why you gave that answer.

From	Comment	Steering Group response
Patient, consumer or other voluntary community group	More advice on general health matters and expansion of Pharmacy first especially age limits	Your comment is noted.
Pharmacy or dispensing appliance contractor in Oxfordshire	Pharmacist IP prescribing via an NHS service	Pharmacist independent prescribing is growing as part of NHS services and will continue to develop from 2026, when all pharmacy graduates will be independent prescribers.
A member of the public	CNHC	Without further detail we are unable to comment.

From	Comment	Steering Group response
An NHS trust or NHS foundation trust	Extended services possible due to prescribing pharmacists are not obvious.	Pharmacist independent prescribing is growing as part of NHS services and will continue to develop from 2026, when all pharmacy graduates will be independent prescribers.

Comments to **question 10**: To what extent to you agree or disagree with the conclusions of the pharmaceutical needs assessment? If you have chosen 'Disagree somewhat' or 'Strongly disagree', please provide more information about why you gave that answer.

From	Comment	Steering Group response
A member of the public	It's lacking real world experience! The provision in Henley is woeful now that the chemist near the main surgeries have closed. I spent hours earlier this year waiting for medicine that was either not dispensed correctly or not available.	The steering group that supports the PNA includes representatives from local organisations and groups. We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, there is currently no gap in service provision. Additional access to pharmacies is available online (from distance selling pharmacies) as well as direct delivery from some community pharmacies. Shortage of medicines and quality of service are a concern, but it is not something the PNA process looks at. Patients can share concerns with the pharmacy and escalate to the Integrated Care Board (part of NHS) through the following website https://bucksoxonberksw.icb.nhs.uk/contact-us/

From	Comment	Steering Group response
An NHS trust or NHS foundation trust	Concludes that there is no gaps where data states that provision is below average, and some residents would have significant journey to access services outside M-F 9-5	The current PNA has reviewed provision including evenings and weekends (Section 3.9) and concluded that adequate access was available across each district (Section 6.2) and the whole of Oxfordshire (Section 6.3).

Comments to **question 11**: If you have any other comments about the draft Oxfordshire PNA, please write them below:

From	Comment	Steering Group response
Patient, consumer or other voluntary community group	Not sure about NO gaps at each section. feels right locally . service provision reducing and patients not happy	The current PNA has been produced to review provision and need at a district level and concluded that adequate access was available across each district and the whole of Oxfordshire. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) through the following website https://bucksoxonberksw.icb.nhs.uk/contact-us/
A member of the public	Additional pharmacy for Wallingford is essential.	The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow and future demands on the service. The assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available through distance selling pharmacies as well as direct delivery from some community pharmacies.

From	Comment	Steering Group response
A member of the public	Please make provision for an additional pharmacy in Wallingford. My personal experience is that the sole Boots pharmacy in town cannot cope with demand. Prescriptions that are sent from Drs are not available to be collected within a week usually. When you go in to collect they have never been made up or checked so only then do the staff tell you an item is missing, needs ordering, so then you have to revisit another time. All whilst you need your medication to a deadline. It's heartbreaking to see the elderly waiting in queues there only to be told their vital medication is not ready and to come back another time. There are local accounts of people being left without critical medication, reusing syringes etc. The Drs surgery in Wallingford will not dispense to anyone who can walk or travel to any extent, so that is no help. We are left having to cope with Boots abysmal service or drive to a village to use their pharmacy, where they have far better provision than is available in town. Meanwhile hundreds of new houses are being built grieving the town population further. Please please allow a second pharmacy to open in Wallingford town itself.	Thank you for your detailed review and comments. We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow (including new houses) and future demands on the service. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available through distance selling pharmacies as well as direct delivery from some community pharmacies. Rural areas are also supported by dispensing GP practices. We understand that the quality of service is a concern, but it is not something the PNA process looks at. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) through the following website https://bucksoxonberksw.icb.nhs.uk/contact-us/ Shortage of medicines is a national concern but it is not something the PNA process looks at.
A member of the public	There us more to be supportive and collaborative with other services such as hubs	Your comment is noted but it is not something the PNA process looks at.

From	Comment	Steering Group response
Patient, consumer or other voluntary community group	THIS PAPER NEEDS TO BE MORE USER FRIENDLY FOR THE PUBLIC	The current PNA has been produced in line with statutory requirements, which requires detailed information and evidence to support its conclusions. This results in a long and technical document supported with an executive summary.
A member of the public	There is now a real shortage in the city centre in Oxford. There is one pharmacy in Cornmarket St (Boots) but it is overworked and inefficient. Since the one in Boswells closed a few years ago there is underprovision and lack of competition. I now walk a long way to a more efficient pharmacy to collect my prescriptions. The population in university term needs considering when assessing the need.	We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population (including university), taking into account how the population will grow and future demands on the service. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision. Additional access to pharmacies is available through distance selling pharmacies as well as direct delivery from some community pharmacies. Rural areas are also supported by dispensing GP Practices.
Pharmacy or dispensing appliance contractor in Oxfordshire	Pharmacist IP prescribing via an NHS service	Pharmacist independent prescribing is growing as part of NHS services and will continue to develop from 2026, when all pharmacy graduates will be independent prescribers.

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GET OXFORDSHIRE WORKING PLAN



OXFORDSHIRE
COUNTY COUNCIL



AGENDA

1. Overview
2. Labour market analysis
3. Drivers and causes
4. Levers and systems changes



AGENDA

- 1. Overview**
2. Labour market analysis
3. Drivers and causes
4. Levers and systems changes



CONTEXT



HM Government

Get Britain Working

CP 1191

- Published November 2024
- Outlines the government's proposals to address **economic inactivity and unemployment**
- Six key issues:
 1. Too many people are **excluded from the labour market**
 2. Too many young **people leave school without essential skills** or access to further learning
 3. Too many people are stuck in **insecure, poor quality and low-paying work**
 4. Too many **women who care for their families** experience challenges staying in and progressing through work
 5. Too many **employers cannot fill their vacancies** due to labour and skills shortages
 6. there is **too great a disparity in labour market outcomes** between different places and for different groups of people



OVERVIEW

- Every place in England will produce a Local Get Britain Working Plan, aimed at **tackling economic inactivity and promoting in-work progression**
 - The UK definition of economic inactivity is “people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks”
- In Oxfordshire, this will be known as the **Get Oxfordshire Working Plan** (GOWP)
- Local areas are expected to take a **whole-system approach**, engaging with partners across government, health, education, and employers
- Two sprints:
 - Initial summary of proposals to DWP required by **27th June 2025**, signed off by the relevant ICB and Jobcentre Plus (done)
 - Initial plans covering inactivity completed and published by **October 2025** (on track)



OPPORTUNITY

- The GOWP is an opportunity to **bring together partners and key stakeholders** to understand and tackle the root causes of economic inactivity across the county
- While government's requirements are clear, given the relatively small scale of economic inactivity in the county, it is incumbent on us to **take a uniquely Oxfordshire approach**
- It is an opportunity to take a “whole systems” approach and **a single view of the individuals and communities** who are furthest from the labour market
- This will enable partners and key stakeholders to **better collaborate and deliver better outcomes** for those that need them most
- More than that, it is an opportunity to look at **the drivers of and solutions to inequality** – drawing together our work on economic development, public health, education, and our commitments to being a Marmot County and a County of Sanctuary



DEVELOPING THE GOWP

By October, we need to develop a plan – approved by partners – that sets out:

- details of the **governance processes** related to sign-off and how the partnership have and will continue to be involved
- detail of how **wider stakeholders** have and will continue to be engaged
- analysis of key **local labour market challenges** and drivers for different groups of people across the economy, ensuring collective agreement on these key local issues
- a clear plan of action for how partners will work together to **develop support and services that address local priorities**, improve local outcome indicators in line with Get Britain Working outcome metrics
- an **overview of the current landscape of support** (for individuals and employers) and the differing responsibilities and contributions of different stakeholders
- **actions for the next 12-24 months** and steps towards achieving longer-term objectives



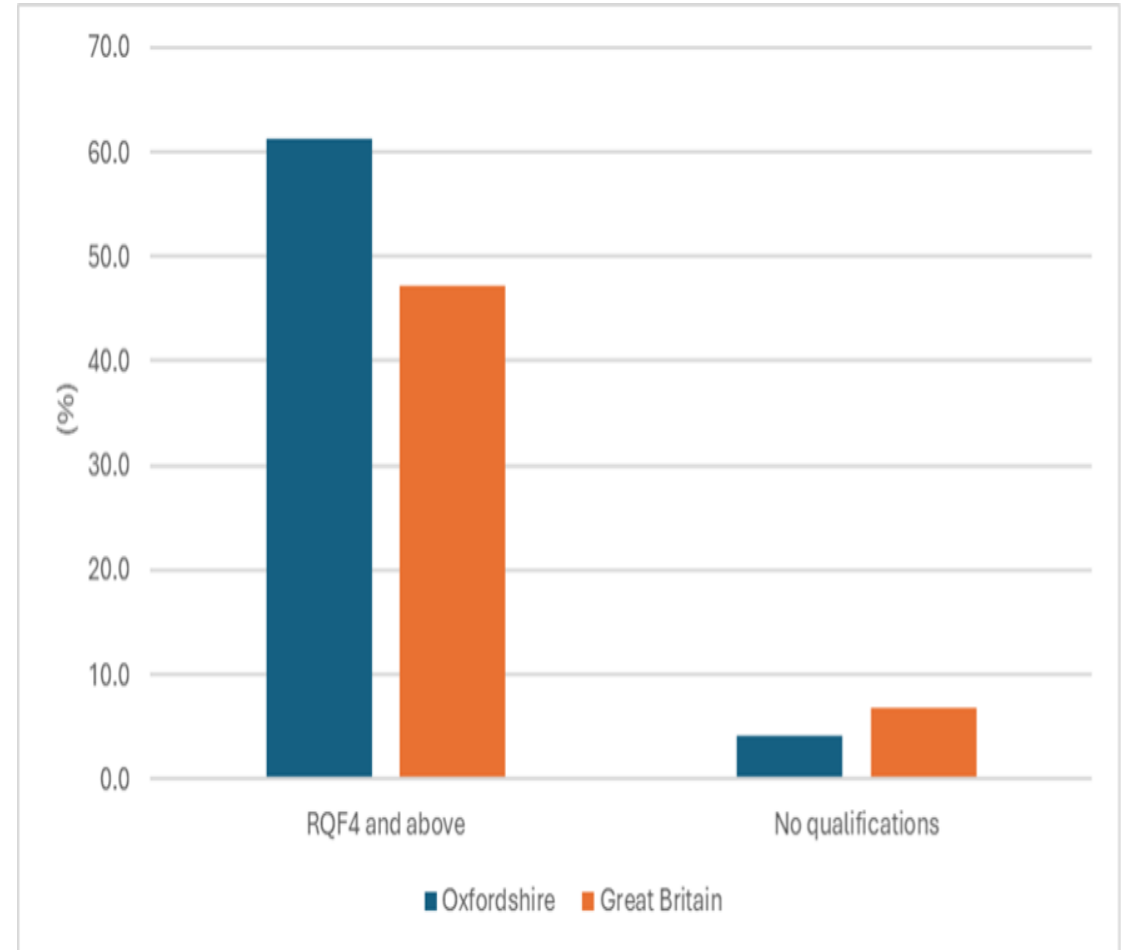
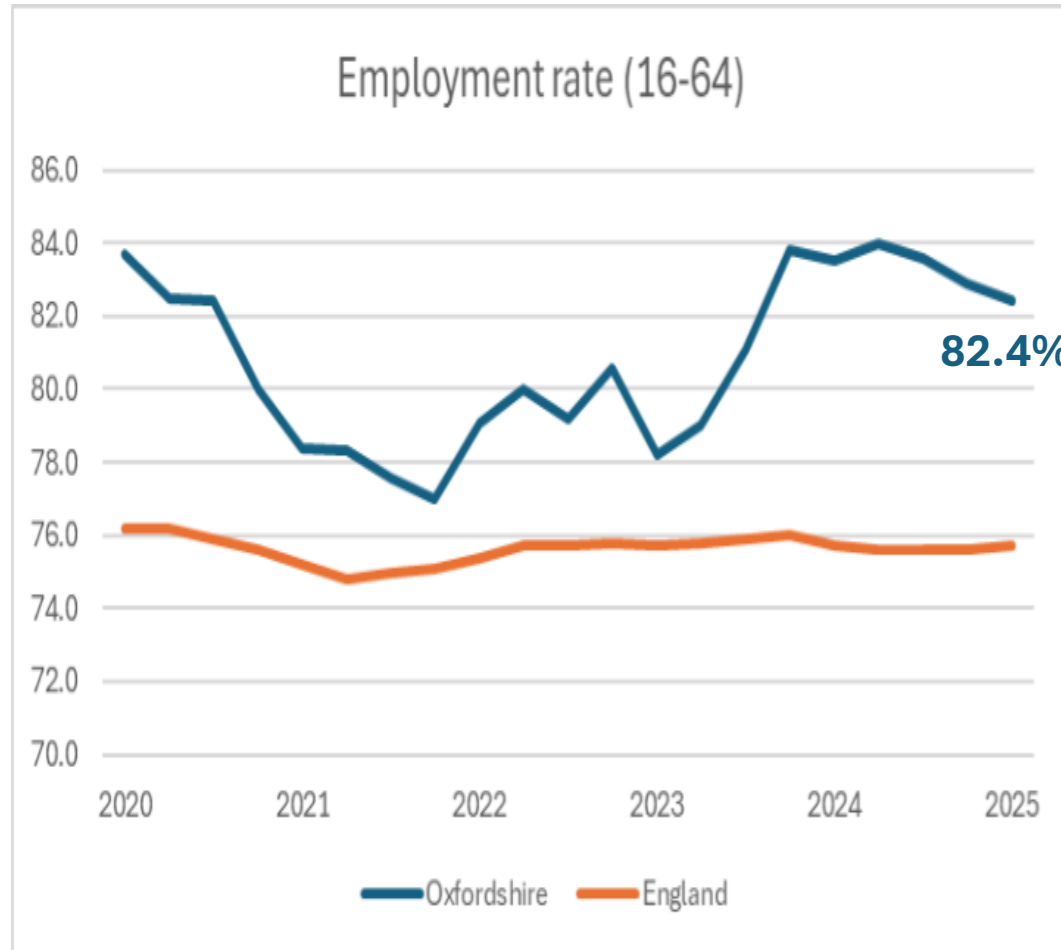
AGENDA

1. Overview
- 2. Labour market analysis**
3. Drivers and causes
4. Levers and systems changes



EMPLOYMENT RATE

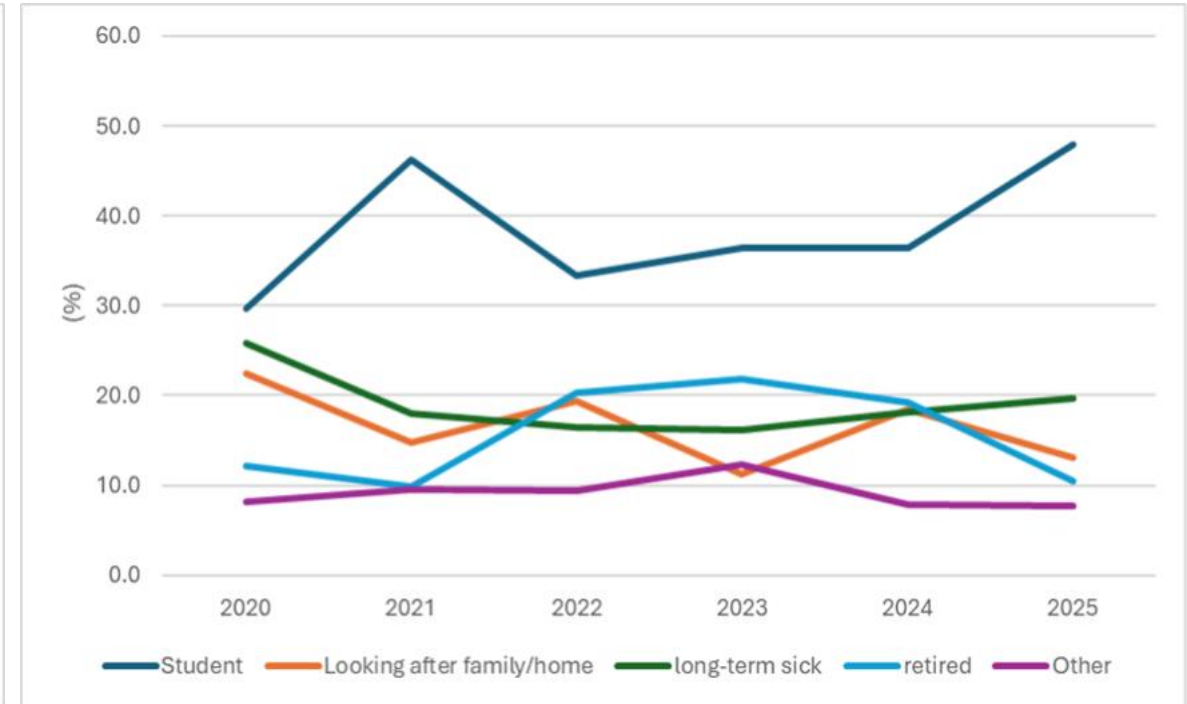
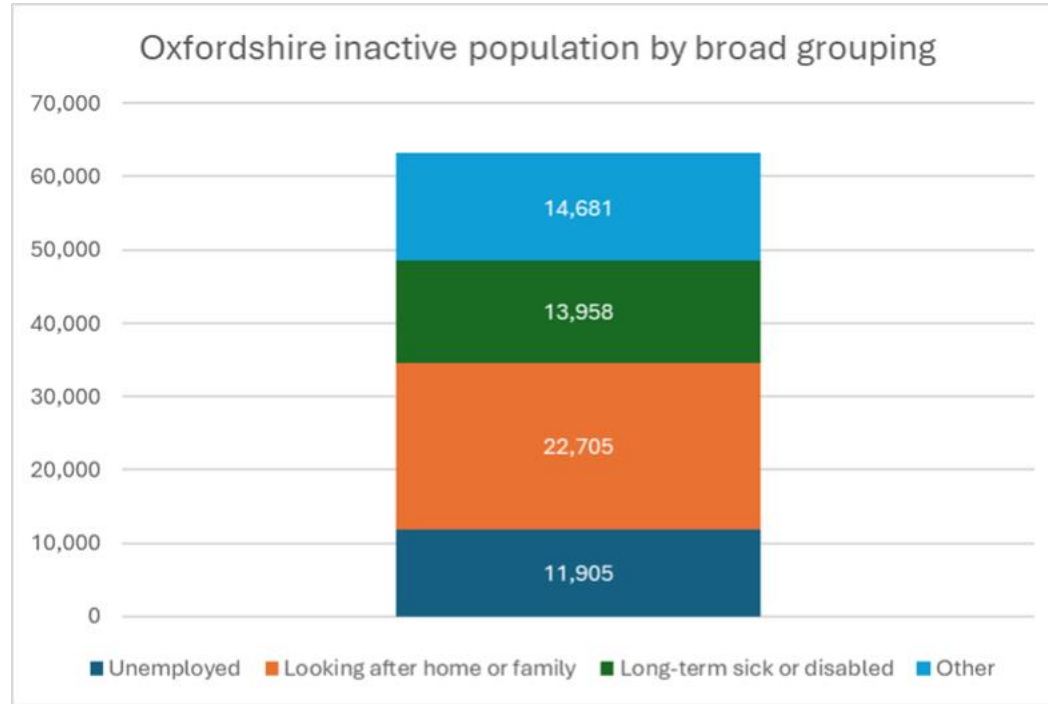
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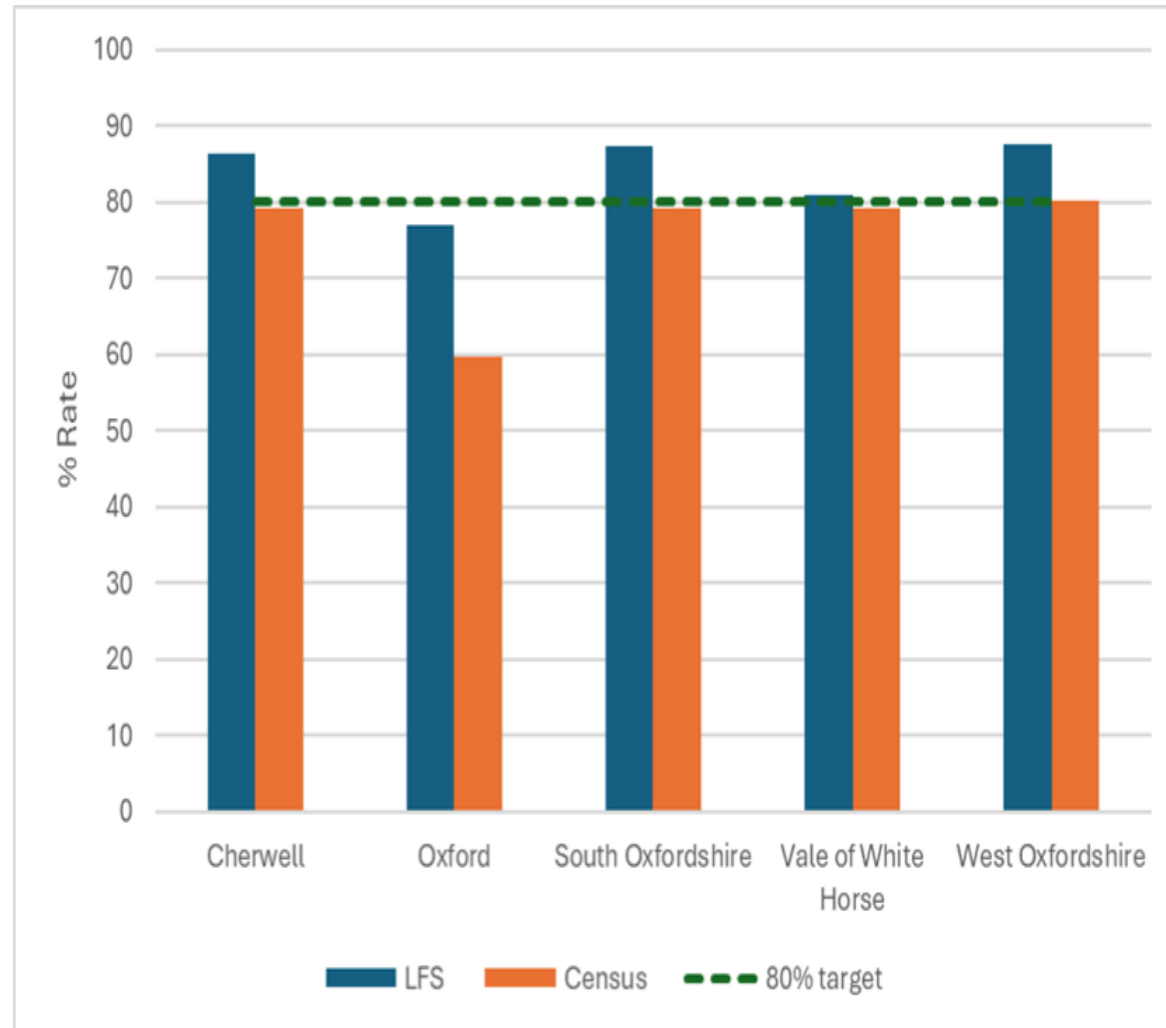
INACTIVITY RATE

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DISPARITIES



- Banbury: relatively high chronic illness and low life expectancy
- Oxford: deprived wards face unemployment, poor housing, mental health issues
- Rural areas: lack of public transport and high cost of car ownership create social isolation and limit job access



COHORT ANALYSIS



Young people

Poor transport and high cost of housing near to economic opportunity. Disparities in school readiness and educational attainment, compounded by limited vocational pathways



Carers and disabled people

Health-related inactivity is compounded by the lack of support



Homeless, care leavers and substance misuse

Overlapping barriers requiring integrated support across partners



AGENDA

1. Overview
2. Labour market analysis
- 3. Drivers and causes**
4. Levers and systems changes



RECRUITMENT & RETENTION

Sector-specific shortages

Critical shortages exist in health care, life sciences, ICT, construction, logistics, and hospitality sectors

Skills mismatch and barriers

High qualification requirements and lack of workplace adaptations contribute to a structural skills mismatch

Geographic and economic constraints

Housing affordability and poor transport connectivity hinder recruitment in hospitality and logistics sectors

Workforce retention issues

Health and social care face retention challenges due to workload pressures and competition from other sectors



EDUCATION AND WORK READINESS

Educational disparities

Disadvantaged groups in Oxfordshire face lower school readiness, impacting long-term employment prospects and life chances

Vocational and technical gaps

Post-16 vocational pathways in construction, logistics, and care show gaps, affecting work readiness and skills alignment

Structural barriers in rural areas

Poor transport in rural areas restricts access to education, apprenticeships and flexible work, increasing youth inactivity

Lack of support for SEND youth

Young people with autism or ADHD could succeed with modest changes in education, training, and employment support



HEALTH

Health barriers to employment

Over 80% of Universal Credit claimants face health-related barriers, including long-term conditions and disabilities

Mental health challenges

Long waiting times and limited early interventions worsen mental health, impacting labour market engagement

Work and mental health cycle

Unemployment causes financial stress and depression, which further reduces job prospects and work stability

Geographic health inequalities

Areas like Banbury face higher chronic illness rates and shorter healthy life expectancy than county averages.



DEMOGRAPHICS

Migrants

Migrants face difficulties due to language barriers, lack of recognition for overseas qualifications, and limited training access

Training and support needs

Oversubscribed ESOL programs and the need for targeted support for groups like Afghan families limit employment opportunities.

Older worker challenges

Older workers face health issues, low digital skills, age discrimination, and transportation barriers restricting workforce participation



STRUCTURAL BARRIERS

Housing costs

High housing costs in Oxfordshire limit recruitment for lower-paid jobs and make commuting impractical

Transport limitations

Limited transport options in rural and suburban areas restrict access to key employment sectors like logistics and hospitality

Caregiving responsibilities

Childcare and eldercare duties reduce workforce participation when flexible work options are not available locally

Social and economic factors

Social isolation and high living costs contribute to job seeking withdrawal despite available roles



AGENDA

1. Overview
2. Labour market analysis
3. Drivers and causes
4. **Levers and systems changes**



LEVERS



Marmot Place



Potential of
OIEP



Place of Sanctuary



Oxford Growth
Commission



VCSE strength



OxRail and East-
West Rail



Local Government
Reorganisation and
Devolution



Utilise joint
commissioning
potential



Public health
funding for
inclusion



Extend place-based
working



Joining up with
Connect to Work



SYSTEMS CHANGES

- Encourage **more engagement with local anchors** to make the most of employment opportunities, social value and local spending power.
- Develop **provision and additional pathways** in a way which reduces disadvantage and barriers for local communities, e.g. expanding ESOL provision.
- Improve and better coordinate **outreach across multi-agencies** to target individual groups ie those with long-term health issues, neuro-diverse, refugees etc.
- Drive a **whole system approach** to reducing disadvantage and disparities in life outcomes such as housing, environment and transport access.
- Evaluate what **data** is available at a local level to ensure individual cohorts with particular challenges are supported into sustainable employment.
- Embrace changes in national and regional policy and delivery in a way which brings together support to **drive devolution and better outcomes** locally

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Healthwatch Oxfordshire Report to Health and Wellbeing Board – 25th September 2025

Healthwatch Oxfordshire – showcase of our work for 2024-25	2
Healthwatch Oxfordshire Board	2
Healthwatch Oxfordshire reports to external bodies	2
Healthwatch Oxfordshire research and insight reports	3
Community research	4
Other activity summary to date	5

Since the last Health and Wellbeing Board meeting in June:

Healthwatch Oxfordshire – showcase of our work for 2024-25

We held a public **showcase of Healthwatch Oxfordshire's work in 2024-25** in July. See here for Annual Impact Report and event recording:

<https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2024-25/>

Healthwatch Oxfordshire Board

We held a **public open forum** meeting with Healthwatch Oxfordshire Board and team for members of the public to attend in Bicester Garth Centre on 10th September, combined with the team being 'out and about' during the day to speak to residents on the street in Bicester about their experiences of health and social care.

Healthwatch Oxfordshire reports to external bodies

Since the last Health and Wellbeing Board (HWBB) meeting we attended:

- Health Improvement Board (lay ambassador)
- HWBB extraordinary meeting on the Ten Year Health Plan for England
- Oxfordshire Joint Health Overview and Scrutiny Committee (Sept 2025)
- Full Council meeting on 9th September. Chair Barbara Shaw spoke on implications of Dash Review.
- We also attend Oxfordshire Safeguarding Adults Board and Oxfordshire Children's Trust Board.

Any reports to external bodies we attend can be found online at:

<https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>. We attend Oxfordshire Place Based Partnership monthly (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board – BOB ICB) among additional BOB ICB committees, including the Quality Committee.

We have been actively involved in workshops by health and care system to scope and develop towards **Neighbourhood Health**, including at BOB ICB level, and Oxfordshire, and voicing need for pathways to engagement and shaping with local communities as this moves forward. (See here for more information <https://healthwatchoxfordshire.co.uk/information-and-advice/understanding-health-and-care-locally-and-nationally/>)

Healthwatch Oxfordshire research and insight reports

Our research reports focus on making sure the voice of people who use services is directly linked to recommendation of improvement or change. All our reports and written responses to our recommendations from commissioners and providers can be seen here: <https://healthwatchoxfordshire.co.uk/reports> All reports are available in summary and Easy Read.

- Since the last meeting in June we published the following reports: **Using Women's Health services in Oxfordshire** – July 2025, based on what we heard from **684 women and people who use women's health services**. This report captures what they told us about accessing and using women's health services, health services more generally, and getting breast or cervical screening.

Impact

– Our report is being used to inform the development of a women's health strategy for Buckinghamshire, Oxfordshire and Berkshire West.

"Healthwatch reports are a key part of our insights that inform strategy and planning. We are currently drafting our women's health strategy for this year and key aspects of this report are included in our priority setting." Heidi Beddall, Deputy Chief Nursing Officer/Director of Quality at BOB ICB.

– What we heard has also helped to bring about improvements in local services, including a **commitment from Oxford University Hospitals NHS Foundation Trust** to reduce waiting times for specialist women's health clinics, improve patient information about screening and procedures, and training staff in cultural competency and trauma-informed care.

We heard many examples of good practice, but also that these experiences are not consistent, and many people have struggled, sometimes over many years, to get the help they need. Barriers included access to GPs, not knowing what services are available, feeling embarrassed, having caring responsibilities (for example for older relatives or for young children) or not having time. We heard that people 'didn't want to make a fuss', or that their concern was 'too personal' to talk about. People appreciated care centred holistically around their needs rather than for individual symptoms.

We also heard challenges experienced around:

- Feeling not listened to or taken seriously

- Seeing health and care professionals who did not have enough understanding of women's health to support them or make appropriate referrals
- A lack of person-centred care, services not working well together, and symptoms being considered in silo. There was a strong focus on joined up care – with relevance to future development of services at Neighbourhood level.

To see more about the **impact** of our reports and how we ensure people's voice makes a difference see here:

<https://healthwatchoxfordshire.co.uk/impact/impact-of-our-research/> We follow up on recommendations and action at six months.

Community research

We continue to bring our expertise in supporting **community and participatory research**, and working with communities to explore issues and voice issues of importance to them. We are currently working with Sunrise Multicultural Centre, looking at barriers to cancer care, working with a member of the Chinese Community to hear from this group, and with OX4 Food Crew to hear from families in temporary accommodation.

We are leading an additional funded piece of work (funded by and in support of next steps in Oxfordshire Community Research Network) to develop a practical **'how to' resource for community members to take part in community research**.

The development of this resource will be through a series of participatory workshops (September–December) with local grassroots groups, building on the insights and learning from community members skills and knowledge. It has relevance to wider community development and capacity building approaches, including Neighbourhood Health and Marmot Place, and wider health inequalities work in Oxfordshire and BOB ICB.

Enter and View visits and reports:

Staff and lay volunteer representatives make Enter and View visits to healthcare settings to collect evidence of what works well and what could be improved to make people's experiences better. Based on the feedback of patients and members of staff, we highlight areas of good practice and suggest improvements. <https://healthwatchoxfordshire.co.uk/our-work/enter-and-view/>

Since the last meeting we have published the following Enter and View reports based on visits to:

Connect Health (now Cora Health) based on three visits to sites in Botley, Bicester and Henley.

Surveys:

With all insight gathering supplemented with direct communication and face to face outreach.

- We closed a survey about using the **NHS App** (report in Oct) report due soon, on what we heard from over 800 people across the county.
- Current survey to hear about **end of life care**. Survey link will be found here: <https://healthwatchoxfordshire.co.uk/have-your-say/complete-a-survey/>

Other activity summary to date:

- Our **Q1 April–June (2025–26)** activity summary is now available (**see below**) <https://healthwatchoxfordshire.co.uk/impact/> with examples of how our work has had an impact.
- Recordings and slides, and joining details for our **public webinars**, can be seen here <https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/> Since the last meeting we held a webinar on 16th **September** on the **Ten Year Health Plan for England** with speakers from BOB ICB. **Our next webinar will be 11th November 1 –2 pm on the topic of cancer. All welcome.**
- **We publish bi-weekly news bulletins** to bring up to date health and care information to the public (to read previous issues and to sign up to receive a copy see <https://healthwatchoxfordshire.co.uk/news-and-events/newsbriefing/>), as well as active social media platforms, website and sharing communications via local news and community networks.
- We published formal responses to the Local Government reorganisation proposals, and to BOB ICB transformation plans. We also fed in our evidence to BOB ICB Women's Health strategy, and the Government Men's Health strategy. All correspondence can be seen here: <https://healthwatchoxfordshire.co.uk/news-and-events/correspondence/>
- We carry out active and **ongoing outreach** to community groups and other settings across the county, and gain insights into experiences and views on health and care along with via phone and our online feedback centre. We have a rolling programme of hospital visits to speak to the public. See below (Q1 summary) for some of the places we have been in April–June, as

well as over the summer attending Leys Afrobeat Festival, Oxfordshire Play Days (Banbury and Henley), Thame Pride, Oxford Sanctuary Fair, Carers Oxfordshire network, Abingdon Healthfest, Afghan Group Banbury, Hong Kong group Banbury among others.

We have been actively working with **Patient Participation Groups** (PPGs) across the county, attending meetings to support them in their work, and to link them to information more widely. We have attended PPG meetings at Charlbury, Key Medical, Hook Norton, Woodlands, Manor and White Horse Practices, and South Oxfordshire Patients' Association. We supported **Charlbury PPG to work alongside us to do on the street outreach** to hear about people's views of using the NHS App.

April to June 2025

Activity and achievements

Outcomes and impact of our work

We published our **Annual Impact Report 2024-25** showcasing our achievements over the last year and demonstrating how we worked to improve health and social care services in Oxfordshire. Our report highlights how:

- **5,321** people shared their experiences of health and social care services with us
- **577** people left a review of their experience via our Feedback Centre
- **344** people came to us for information about local health services
- We published **38** reports based on our research, setting out what we heard and what improvements people would like to see.

You can read our report at www.healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2024-25 or get in touch if you'd like us to send you a copy!



We helped organise an event which saw more than 100 people from Oxfordshire's grassroots groups come together with local decision-makers to explore what **Oxfordshire Marmot place** means and discuss how communities are supporting work tackling **health inequalities**. For notes and insight from this event see www.healthwatchoxfordshire.co.uk/news/oxfordshire-marmot-place-tackling-the-health-gap-at-its-roots

We worked closely with Oxfordshire **Patient Participation Groups** and Practice Managers, as well as Oxford Community Champions, to create a film showcasing the amazing work carried out by patient groups in the county to support GP surgeries to improve care. You can watch this film at www.healthwatchoxfordshire.co.uk/our-work/our-videos

We also:

- ✓ Published a report about what we'd heard from **322** people about navigating **urgent and emergency care services in Oxfordshire**. We presented this report to the Urgent Care System Delivery Group to inform their planning for winter 2025-26.
- ✓ Started a new community research project with **Sunrise Multicultural Centre** exploring the barriers women from refugee and South Asian backgrounds face around cancer care.
- ✓ Supported OX4 Food Crew to focus on experiences of **families living in temporary accommodation** and access to healthy food.
- ✓ Held two **webinars**, attended by **48** people, focusing on **menopause support and living well in Oxfordshire**. You can watch these at www.healthwatchoxfordshire.co.uk/webinars

Read more about the impact of our work at www.healthwatchoxfordshire.co.uk/impact

April to June 2025

Activity and achievements

Hearing from you

- **86** people contacted us for help or information about local health and social care services. The top three services we heard about were GP services, hospital outpatient services and musculoskeletal services.
- We received **174** reviews of **58** health and care services via our Feedback Centre. We received **66** responses to reviews from service providers.



Our Enter and View work

We made **4** Enter and View visits - to Marston Pharmacy and to Connect Health clinics at Hanborough House, Bicester Community Hospital and Townlands Hospital. We published **2** reports following visits earlier in the year. All our Enter and View reports, which set out our recommendations, together with a response from the service provider about the changes they will make, can be read at www.healthwatchoxfordshire.co.uk/reports



Out and about

We continued our programme of general and targeted outreach visits to speak to people about their experiences of local health and care. We visited a range of places, from libraries to community larders, as well as attending bigger events such as Eid Extravaganza, Oxford Pride and Thame Pride. We also spent a day having conversations about health and care with people living in Didcot. Over these three months we spoke to **579** people.

We also attended the Churchill and Horton General as part of our regular programme of hospital visits, hearing from **136** people during these visits.



Welcome to our new Chair!

In May, **Barbara Shaw** was appointed the new **Chair of Healthwatch Oxfordshire**. She replaced Don O'Neal, who stepped down from the board of Trustees after seven years of service, including as Chair since 2023. For more details about Barbara please see www.healthwatchoxfordshire.co.uk/about-us/our-board



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Appendix: The future of Healthwatch and independent scrutiny.

The statutory functions of Healthwatch are set out in Section 221 of the Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012. The main statutory functions of local Healthwatch are to:

- Promote and support the **involvement of local people** in the commissioning, provision and scrutiny of local care services
- Enable local people to **monitor the standard** of provision of local care services and whether and how local care services could and ought to be improved (e.g. Through 'Enter and View' visits to health and care facilities)
- **Obtain the views of local people**, regarding their needs for, and experiences of, local care services and importantly, to make those views known
- Make **reports and recommendations** about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services.

Local Healthwatch (of which there are 152 across England) are currently funded by and accountable to their local authorities in which they carry out the role.

Healthwatch Oxfordshire is an independent charity and currently delivers the Healthwatch functions for Oxfordshire under a contract with Oxfordshire County Council (to 2028). It receives some additional funding from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), to support our engagement work, representation at ICB level and Place Based Partnership.

Healthwatch Oxfordshire has built trusted relationships over twelve years with communities and residents in Oxfordshire and become an independent partner in the health and care system. It continues its work to reach out and listen to the experiences of Oxfordshire residents and communities, provide advice and support, and to make sure that this voice helps shape local health and social care services.

In 2024-25 we achieved the following:

Listening and informing



5,321 people shared their experiences of health and social care services with us.



344 people came to us for advice and information about local health services.



577 people submitted a review of their experience of using health and social care services via our Feedback Centre.



5,734 people received regular news updates from us by subscribing to our newsletter or following us on social media.

Making a difference to care



We published **38** reports about the improvements people would like to see in health and social care services.

(See here to read our Annual Report:

<https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2024-25/> and here for more details of our impact <https://healthwatchoxfordshire.co.uk/impact/impact-of-our-research/>)

Healthwatch Oxfordshire continues to work to make sure that we hear from all communities, and develop innovative ways bring this voice to support development of health and social care. The work to pioneer **community research** for example has helped to make sure the voices of less heard communities are brought to the fore. In 2025-26 Healthwatch Oxfordshire continues to focus on its priorities engaging with residents on a range of topics, including neighbourhood health, digital technologies and supporting community research to hear from communities experiencing health inequalities. You can read about our priorities and how we set them at <https://healthwatchoxfordshire.co.uk/about-us/our-priorities/>

The **Dash Report** on patient safety published for the government in July 2025 outlines the future landscape for patient safety including rationalising pathways for patient voice, action, accountability and response (<https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape>). It aims to ensure that health and care decision-makers and providers are more accountable, and proactive in response to the voice of people who use services, throughout their systems, and that pathways to bringing that voice are rationalised.

This includes proposed dissolution of Healthwatch England and all local Healthwatch. A Patient Experience Unit will be established in the Department of Health and Social Care into which Healthwatch England functions will be transferred. Local Healthwatch statutory functions will be transferred as follows: Recommendation 5 states (Page 93) *"Bring together the work of Local Healthwatch, and the engagement functions of Integrated Care Boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services"* and that *"The statutory functions of Local Healthwatch relating to social care should be transferred to local authorities in order to improve the commissioning of social care."* (See here: <https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape>)

It is envisaged that changes proposed in the Dash Report will be implemented through new Health and Social Care Act legislation, with timelines uncertain, but potentially not until Autumn 2026 or beyond. At present there is limited guidance as to what this means in practice for the future landscape, and to what extent shaping and design for its implementation can be developed at local level.

Until the legislations happens, Oxfordshire County Council remains responsible for ensuring the Healthwatch functions are carried out.

Healthwatch Oxfordshire are committed to constructive engagement with health and care system partners both at place in Oxfordshire and more widely with the Integrated Care Board. We will actively work collaboratively to explore and contribute to the design of future approaches.

It is important that key principles for independent voice are taken into account by the health and care system in planning this transition. Any new model or approach must retain the following core characteristics if public voice is to remain credible and effective:

- Independence from service providers and commissioners building trust
- Built on local presence, relationship and understanding at neighbourhood level, bringing in the voices of everyone including seldom heard communities – to create meaningful change
- Informed by public need, not solely by system priorities
- Focused on integration, and recognising the patient experience which cuts across health and social care boundaries, and wider determinants
- Influential and confident voice acting as a critical friend

These principles are essential to ensuring that public voice continues to contribute meaningfully improving services and reducing health inequalities.

BOB ICB and Oxfordshire Place-base Partnership (PBP): Health and Wellbeing Board Update September 2025

BOB ICB Board Meetings
BOB ICB Transition Programme
Resident doctors Industrial Action
Community Equipment Provider Change
Winter Vaccines Support
BOB ICB Board meetings
Oxfordshire PBP Update

1.0 BOB ICB Board Meetings

The most recent BOB ICB Board meeting took place on 8 July 2025. The papers can be found on the [BOB ICB website](#) where details of future meetings are also published.

2.0 BOB ICB Transition Programme

2.1 Development of the Thames Valley Integrated Care Board (ICB)

The NHS Frimley ICB and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB are working collaboratively to establish a new strategic commissioning organisation: the Thames Valley Integrated Care Board (ICB). This transformation is part of a national programme to modernise the role of ICBs, in line with the NHS 10-Year Plan and the Model ICB Blueprint. The new ICB will serve a population of approximately 2.49 million across Buckinghamshire, Oxfordshire, and Berkshire, and will operate within a streamlined financial envelope of £19.00 per head, a 50% reduction in running costs nationally. The aim is to create a more strategic, data-driven, and locally connected organisation that improves population health outcomes and reduces inequalities.

2.2 Frimley alignment with neighbouring ICBs and Local Authorities

The new configuration requires a three-way adjustment to the current Frimley ICB footprint:

- East Berkshire will come together with the geography of BOB ICB to form a new Thames Valley ICB
- Surrey Heath and Farnham will align to Surrey and Sussex ICB
- North East Hampshire will align to Hampshire and Isle of Wight (HIOW) ICB

Aligning the geographies and local populations of Surrey Heath and Farnham with Surrey and Sussex ICB and North East Hampshire with Hampshire and Isle of Wight (HIOW) ICB will affect stakeholders differently across the current Frimley footprint. We see this as an opportunity to strengthen alignment with local government boundaries, supporting more joined-up planning and service delivery. Frimley ICB is working closely with its stakeholders and neighbouring ICBs to ensure a smooth transition and to maximise the benefits of coterminosity.

2.3 Clustering of ICBs and Chair Appointment

Dr Priya Singh, currently Chair of both ICBs, has been confirmed as Chair of the Frimley and BOB ICB clustering arrangement, which will formally come into effect from 1 October 2025. Dr Singh will ensure continuity of leadership throughout this important period of transition while ICBs move towards leaner and simpler ways of working as part of 10 Year Health Plan.

These [clustering arrangements](#) have been agreed by NHS England's Executive team and by ministers, and will allow those ICBs to harness a shared budget of sufficient size to improve efficiency and reduce running costs.

Clustering ICBs remain separate legal entities with unchanged boundaries, separate financial allocations and legal duties. Any future decisions on ICB footprints and mergers will be taken by ministers in light of the Local Government Reorganisation process.

In addition, we now have two Chief Officer roles working across both organisations.

Sarah Bellars, Chief Nursing Officer (CNO) at Frimley ICB will cover the CNO role at BOB ICB from 1 September, following the departure of Rachael Corser to Barts Health NHS Trust in London. Sarah will continue in her role as CNO at Frimley ICB.

Richard Chapman, Chief Financial Officer (CFO) at Frimley ICB, will cover the CFO post at BOB ICB from 1 October. Richard will continue as CFO for Frimley. BOB ICB's current interim CFO, Alastair Groom, will remain with the organisation until December to ensure a smooth handover.

All roles are interim and not confirmation of final appointments for a future Thames Valley ICB.

2.4 Staff and Stakeholder Engagement

Considerable work has been undertaken over the past few months to design the operating model and structure of the new organisation aligned to the Model ICB Blueprint and NHS 10 Year Health Plan. Between 21–31 July, 278 staff from Frimley and BOB ICBs participated in 13 workshops, generating over 4,000 contributions. These sessions focused on the proposed new ICB's purpose, enablers, culture, and ways of working. Staff appreciated the opportunity to connect across systems, with strong alignment and mutual respect evident.

There was a shared commitment to learning from each other and building a unified culture.

We have been working closely not only with staff, but also with partners and wider stakeholders to help shape the future organisation.

While conversations with stakeholders across Frimley and BOB are ongoing and continue to inform our development, we've also completed an initial phase of formal engagement.

Stakeholder engagement is vital; it helps ensure that the new ICB is shaped by local insight and expertise. It will allow us to build on existing partnerships and effective ways of working, and ensure we're aligned with local priorities, governance structures, and the needs of our communities.

A letter and information pack were sent to a wide range of stakeholders including:

- Local NHS Trusts
- Primary Care Leadership
- Local Authorities including Scrutiny Committees and Health and Wellbeing Boards
- Voluntary, Community and Social Enterprise (VCSE) sector
- Healthwatch
- Academic, research and innovation organisations
- MPs

We received feedback from 40 partner organisations, including NHS providers, local authorities, public health teams, patient groups, VCSE alliances, Healthwatch, and other system partners. Many submitted detailed supporting letters and documents alongside their responses.

Key themes from this engagement have been compiled into reports and shared with senior leadership teams and the Joint Transition Programme design team. These insights are directly informing the development of the ICB's operating model and strategic priorities.

We extend our sincere thanks to all staff, partners, and stakeholders across the Frimley and BOB systems for their invaluable contributions. Their insights are helping to shape the future Thames Valley ICB.

2.5 Next steps

Next steps include further refinement of the ICBs functions and development of the new ICB's operating model and associated structures. A timeline for a staff consultation and

further formal engagement with stakeholders on the operating model of the ICB is yet to be agreed.

While we are enthusiastic about the direction of travel, we recognise that our plans are still in development and subject to approval by the Secretary of State. We also remain responsive to national guidance and external factors, which may shape the final form of the new organisation. We see this as an opportunity to stay flexible, collaborative, and aligned with the evolving needs of our system and wider NHS.

3.0 Resident Doctors Industrial Action

Resident doctor (formerly known as junior doctors) members of the British Medical Association took part in industrial action from 7am on Friday 25 July until 7am on Wednesday 30 July.

The NHS trusts affected by this action in our area were:

- Buckinghamshire Healthcare NHS Trust
- Oxford University Hospitals NHS FT
- Oxford Health NHS FT
- Royal Berkshire NHS FT
- Berkshire Healthcare NHS FT

Based on early estimates, more than 10,000 extra patients received their care during the BMA strike compared with the previous industrial action (27 June 2024 – 02 July 2024).

The NHS took a more robust approach during the latest round of industrial action, with staff working round the clock to keep services open for patients.

The NHS maintained 93% of planned care during the action meaning operations, tests and procedures were carried out despite the disruption, as well as dealing with urgent and emergency cases.

Early data indicates that less than a third of resident doctors chose to strike with the number of strikers down by 7.5% (1,243) compared to the previous round of industrial action with most resident doctors choosing to join the NHS-wide effort to keep the services open.

4.0 Community Equipment Provider Change

BOB ICB worked at pace throughout July with all Local Authorities in Buckinghamshire, Oxfordshire and Berkshire and health partners to move to a new social care and community equipment provider from the start of August.

Community equipment includes daily living aids to support patients in their own homes and those being discharged from hospital, such as hospital beds, hoists and mobility aids, continence supplies and digital aids.

The contract is now with Millbrook Healthcare, following the liquidation of the previous supplier, NRS Healthcare.

Currently, equipment supplies are restricted to essential items while the new contract becomes fully operational. This may take up to three months, but local contingencies are in place to support patients who need equipment so they can be discharged from hospital and are safe at home.

There is more information, including links to local authority websites, on the [BOB ICB website](#)

5.0 Winter Vaccines Campaign Support

BOB ICB is preparing for the winter flu season by promoting early protection among colleagues, health and care partners, residents and patients.

5.1 Flu booster: 2 and 3-year-olds, school age children and pregnant women are the first cohorts to be offered the flu vaccine in early September. Cohorts also include frontline health and social care staff (who can self-declare if their organisation is not offering vaccinations), unpaid carers, people aged 65+, and those with long term health conditions. Read more here: [Immunisation and vaccination - Stay Well \(staywell-bob.nhs.uk\)](https://staywell-bob.nhs.uk/immunisation-and-vaccination)

5.2 Covid-19 booster: starting in early October, eligible cohorts will again be invited by the NHS to book via the national booking system or at a GP practice or community pharmacy. The eligible cohorts are people aged 75+ or immunosuppressed aged 6 months and over. Further information available [here](#). We may also see some pop-up clinics which will be advertised as they arise.

5.3 RSV (Respiratory syncytial virus): this year-round vaccine programme helps to reduce the number of respiratory infections for those most at risk of complications if they become unwell. Cohorts include women from 28 weeks pregnant to protect their babies - vaccination can be accessed via maternity services or GP practice - and adults aged 75-79 years old will be vaccinated by their GP. Read more here: [Immunisation and vaccination - Stay Well \(staywell-bob.nhs.uk\)](https://staywell-bob.nhs.uk/immunisation-and-vaccination)

6.0 Oxfordshire Place-based Partnership (PBP)

Oxfordshire PBP continues to meet on a monthly basis. The partnership has been considering the role(s) that it may play going forwards to support wider system partners in health and social care throughout Oxfordshire. A letter was sent to the CEO and Chair of BOB ICB to outline an offer for how the partnership could support delivery in Oxfordshire given the guidance contained within the [Model ICB Blueprint and NHS Operating Model](#). In summary, Oxfordshire PBP has offered to:

- A. Become an accountable board for delivering neighbourhood health and care and improving outcomes for agreed priority populations in Oxfordshire.
- B. Take on increased delegation of functions and budgets via Section 75 arrangements, growing pooled budgets and maximising benefits of joint commissioning.
- C. Host and contribute to funding a small place-based team that the ICB can transfer to retain commissioning expertise to support delivery of neighbourhood working and better outcomes for priority populations.

BOB ICB welcomed the views of the partnership and stressed the benefits to established relationships and joint endeavours in place throughout Oxfordshire. Oxfordshire PBP and individual organisations are engaging in the organisational design process that is underway.

Members of Oxfordshire PBP recently supported a proposal to implement a reciprocal mentoring programme with members of the community from priority neighbourhoods in the county. This will help build and improve relationships, increase mutual understanding of communities and organisations, and provide a key personal development opportunity to each participant.

6.1 Children and Young People

The Oxfordshire Local Area Partnership (LAP) SEND Strategic Improvement and Assurance Board continues to meet monthly, reflections from Stever Crocker, the independent chair can be found [here](#). The LAP is working with representatives from NHS England and the Department for Education (DfE) to shift away from an inspection response via a priority action plan, into an improvement plan. Oxfordshire is expecting to be notified of a return visit from OFSTED and CQC relating to an Area SEND inspection.

6.2 Neighbourhood Health and Care

On Monday 8 September, an extraordinary health and Wellbeing Board meeting took place to focus on the development of Neighbourhood Health and Care in Oxfordshire. The Oxfordshire Primary and Community Board met for the first time on 11 September, this will oversee the design and delivery of neighbourhood health and care, reporting to Oxfordshire PBP. A planning workshop will take place in October, to support the development of a joint plan to be signed off by Oxfordshire Health and Wellbeing Board before the end of the calendar year. Oxfordshire is also engaged with the Enabling Neighbourhood programme taking place throughout BOB, to ensure alignment as appropriate.

6.3 Urgent and Emergency Care (UEC)

An Oxfordshire integrated plan for winter has been developed. This will outline how system partners expect to mitigate additional pressures and challenges that are particularly present throughout winter months.

Once more, Oxfordshire will develop integrated planning processes to leverage collective resources. This will bring together the Better Care Fund (BCF), UEC funding and health inequalities funding. An inclusive and transparent planning process will be established once necessary national guidance is released.

6.4 Prevention and Health Inequalities

The Well Together programme has been a key feature of reducing inequalities and increasing prevention in Oxfordshire. Partners are now working on developing the next evolution of Well Together, and how it could be framed as a whole system approach to community development. There is an opportunity to tie together delivery and learning across a range of provision (e.g. Well Together, Community Health Development Officers, Community Health Wellbeing Workers) to build on progress and increase local engagement and involvement.

BOB ICB and Public Health in OCC are jointly developing an Oxfordshire Health Impact Evaluation Unit. A key ambition of this unit will be to develop a methodology to evaluate projects and services in real time. This will provide the required information and intelligence to better understand the effectiveness of each intervention in place, so that it can be changed, scaled or stopped accordingly.

To further support the delivery of Neighbourhood Health and Care, a project has been jointly agreed by BOB ICB and Public Health to improve Oxfordshire's approach to Population Health Management. The project will deliver:

- Mapping of existing analytical capability, capacity and systems, building on previous exercises undertaken by colleagues in Public Health.
- A modular training programme for a variety of staff groups.
- Multiple data packs, covering PCN, locality and county wide populations.

Chris Wright
BOB ICB, Assistant Director of Place - Oxfordshire
September 2025

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Agenda Item 14

Draft Forward Work Programme – Health and Wellbeing Board (25 September 2025)

Future meeting dates post-May 2026 will come out in due course.

4 December 2025

- Prevention of Homelessness Director's Group Update
- Marmot Place Update
- Health and Wellbeing Strategy Update – Live Well
- Oxfordshire Safeguarding Adults Annual Report
- Oxfordshire Safeguarding Children's Annual Report
- Autism Strategy
- Report from Healthwatch Oxfordshire & Partnership Boards

12 March 2026

- Marmot Place Update
- Health and Wellbeing Strategy – Age Well
- Director of Public Health Annual Report
- Report from Healthwatch Oxfordshire & Partnership Boards

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