

To: Members of the Oxfordshire Health & Wellbeing Board

## ***Notice of a Meeting of the Oxfordshire Health & Wellbeing Board***

**Thursday, 17 March 2022 at 2.00 pm**  
**Council Chamber - County Hall, New Road, Oxford OX1 1ND**



Stephen Chandler  
Interim Chief Executive

09 March 2022

Contact Officer: **Cameron Maclean Tel 07526 985 978**  
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### **Membership**

Chair – Cllr Liz Leffman (Leader, Oxfordshire County Council)

Vice Chair – Dr David Chapman (Clinical Chair, Oxfordshire Clinical Commissioning Group)

### **Board Members:**

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| Ansaf Azhar<br>(Oxfordshire County Council)                               | Corporate Director of Public Health & Wellbeing   |
| Councillor Liz Brighthouse OBE<br>(Oxfordshire County Council)            | Deputy Leader and Cabinet Member for Children, Education & Young People's Services                |
| Dr Nick Broughton   | Chief Executive, Oxford Health Foundation Trust   |
| Sylvia Buckingham   | Chair, Healthwatch Oxfordshire  |
| Stephen Chandler<br>(Oxfordshire County Council)                          | Corporate Director for Adults & Housing Services  |
| Councillor Maggie Filipova-Rivers<br>(South Oxfordshire District Council) | Vice-Chair, Health Improvement Partnership Board  |
| Kevin Gordon<br>(Oxfordshire County Council)                              | Corporate Director for Children's Services  |
| Councillor Jenny Hannaby<br>(Oxfordshire County Council)                  | Cabinet Member for Adult Social Care  |
| Dr James Kent   | Chief Executive, Oxfordshire Clinical Commissioning Group   |
| Councillor Mark Lygo<br>(Oxfordshire County Council)                      | Cabinet Member for Public Health & Equality   |
| Kerrin Masterman<br>(Oxfordshire GP Federation)                           | GP Representative   |
| Professor Sir Jonathan Montgomery   | Chair, Oxford University Hospitals NHS Foundation Trust   |
| David Radbourne<br>(NHS England)  | Director of Commissioning Operations (South Central)  |
| Yvonne Rees<br>(Oxfordshire County Council & Cherwell District Council)   | Chief Executive, Oxfordshire County Council & Cherwell District Council (District Representative) |
| Councillor Louise Upton<br>(Oxford City Council)                          | Chair, Health Improvement Partnership Board   |

County Hall, New Road, Oxford, OX1 1ND

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**Notes: Date of next meeting: 7 July 2022**

## Declarations of Interest

### The duty to declare....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

### What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned....”*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

### List of Disclosable Pecuniary Interests:

**Employment** (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

**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 Chairman, Councillor Liz Leffman**
2. **Apologies for Absence and Temporary Appointments**
3. **Declarations of Interest - see guidance note opposite**
4. **Petitions and Public Address**

*Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection. In line with current Government advice, those attending the meeting in person are asked to consider wearing a face-covering.*

*Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate 'hybrid' meetings we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. 9 am on Friday, 11 March 2022. Requests to speak should be sent to [cameron.maclean@oxfordshire.gov.uk](mailto:cameron.maclean@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 considered. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.*

## 5. **Note of Decisions of Last Meeting (Pages 1 - 14)**

To approve the Note of Decisions of the meeting held on 16 December 2021 (**HBW5**), and to receive any information arising therefrom.

## 6. **Covid-19 Impact (Pages 15 - 30)**

14.05 p.m.

To present the latest COVID situation and cumulative impact on local residents.

## 7. **Covid-19 Recovery (Pages 31 - 56)**

14.20 p.m.

To present a framework to support recovery from the pandemic.



**8. Update on Establishment of Bucks Oxfordshire Berkshire West Integrated Care System (BOB-ICS) (Pages 57 - 66)**

2.35 p.m.

To update on the establishment of BOB-ICS.

**9. Community Services Strategy (Pages 67 - 72)**

2.35 p.m.

To present an update on the Community Services Strategy.

**10. Pharmaceutical Needs Assessment (Pages 73 - 280)**

3.00 p.m.

To consider the Oxfordshire Pharmaceutical Needs Assessment (PNA) 2022

**11. We Can't Wait Campaign and Learning Disabilities (Pages 281 - 288)**

3.15 p.m.

Presentation: "We can't Wait" by My Life My Choice.

**12. Workshop: Making Every Contact Count**

3.35 p.m.

Feedback from Future Oxfordshire Partnership / Health and Wellbeing Board Joint Workshop: Making Every Contact Count

**13. Report from Healthwatch Oxfordshire (Pages 289 - 294)**

3.40 p.m.

To receive an update from Healthwatch.

**14. Performance Report (Pages 295 - 298)**

3.45 p.m.

To monitor progress on agreed outcome measures.

**15. Reports from Partnership Boards: Health Improvement Board & Children's Trust (Pages 299 - 308)**

3.55 p.m.

To receive updates from Partnership Boards including details of performance issues rated red or amber in the performance report.

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 16 December 2021 commencing at 2.00 pm and finishing at 4.40 pm

### **Present:**

#### **Board Members:**

Councillor Liz Leffman (Chair)

Dr David Chapman (Vice-Chair)

Ansaf Azhar

Councillor Liz Brighthouse OBE

Dr Nick Broughton

Sylvia Buckingham

Stephen Chandler

Councillor Maggie Filipova-Rivers

Kevin Gordon

Councillor Jenny Hannaby

Councillor Mark Lygo

Kerrin Masterman

Professor Sir Jonathan Montgomery

Yvonne Rees

Councillor Louise Upton

Diane Hedges (In place of Dr James Kent)

#### **Other Members in Attendance:**

Councillor Nick Leverton

#### **By Invitation:**

Rosalind Pearce, Executive Director, Healthwatch Oxfordshire

#### **Officers:**

Whole of meeting

David Munday, Consultant in Public Health; Colm Ó Caomhánaigh, Committee Officer; both Oxfordshire County Council (OCC)

Part of meeting

#### **Agenda Item**

#### **Officer Attending**

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Jo Cogswell, Director of Transformation, Oxfordshire Clinical Commissioning Group (OCCG)

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Catherine Mountford, Director of Governance, OCCG

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Alison Chapman, Designated Nurse and Safeguarding Lead, OCCG; Karen Fuller, Deputy Director Adult Social Care, OCC

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| 8  | Derek Benson, the Independent Chair, Oxfordshire Safeguarding Children Board                   |
| 9  | Dr Ben Riley, Executive Managing Director - Primary Care and Community Services, Oxford Health |
| 11 | Caroline Kelly, Lead Commissioner Start Well, OCC  |
| 12 | Kate Holburn, Head of Public Health Programmes, OCC  |
| 13 | Ian Bottomley, Lead Commissioner for Age Well Support, OCC                                     |
| 15 | Rosie Rowe, Head of Healthy Place Shaping, OCC   |

*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](http://www.oxfordshire.gov.uk).)*

*If you have a query please contact Colm Ó Caomhánaigh, Tel 07393 001096 ([colm.ocaomhanaigh@oxfordshire.gov.uk](mailto:colm.ocaomhanaigh@oxfordshire.gov.uk))*

|   | ACTION |
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| <b>1 Welcome by Chair, Councillor Liz Leffman</b><br>(Agenda No. 1)   |        |
| The Chair welcomed participants and explained that it had been deemed better to hold this meeting virtually given the current wave of Covid infections.   |        |
| <b>2 Apologies for Absence and Temporary Appointments</b><br>(Agenda No. 2)   |        |
| Apologies had been received from Dr James Kent (substituted by Diane Hedges).   |        |
| <b>3 Declarations of Interest - see guidance note opposite</b><br>(Agenda No. 3)  |        |
| In relation to Item 10, Community Services Strategy, Councillor Jenny Hannaby stated that she had a non-pecuniary interest as Chair of the League of Friends of Wantage Hospital and Trustee of Wantage Community Nursing Home. |        |
| <b>4 Note of Decisions of Last Meeting</b><br>(Agenda No. 5)  |        |
| The Notes of the meeting held on 7 October 2021 were approved as an accurate record.  |        |
| <b>5 Covid-19 briefing</b>  |        |

The Board received a presentation on the latest epidemiological and vaccination data that had been published in the Addenda on the morning of the meeting.

Ansaf Azhar, Director for Public Health, gave the presentation. He stated that case rates had already been high before the Omicron variant started to spread. The latest figures were higher than the last peak in January 2021. Rates were still highest among the young – particularly primary school children who had not been vaccinated yet. The rate among over 60s had remained reasonably stable in recent months. There was a peak among 40 to 49 year olds as they had yet to receive the booster vaccinations.

The Omicron variant was at least 2 to 3 times more transmissible than the Delta variant. Two doses of the vaccine were less effective but the booster had 70 to 75% efficacy against symptomatic infection. In the previous week the booster campaign had been expanded and a huge amount of work had been done to meet that challenge.

Ansaf Azhar cautioned that it was too early to say whether the Omicron variant was more or less severe and with the escalating number of cases even a lower rate of hospitalisation would put the health service under severe strain.

Dr David Chapman asked if any consideration was being given to the likely impact on health service workers of the Omicron peak, between infections and isolation requirements. Ansaf Azhar responded that this was being examined nationally. It was likely that health staff would be allowed to return to work after a clear PCR test. Yvonne Rees added that this was being discussed across the system but it was too early to have answers at this stage.

Jo Cogswell, Director of Transformation, Oxfordshire Clinical Commissioning Group, updated the Board on the vaccination programme. All eligible adults over 18 will be offered a booster vaccination by the end of the year. The daily number of vaccinations was being expanded by 2 or 3 times the previous rate. This required staff being redeployed from other services for a time.

The system will be streamlined to achieve this, for example, people will no longer be required to wait 15 minutes after receiving the injection. Walk-in clinics had been discontinued as it had become too difficult to manage the numbers. This will be

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| <p>revisited after Christmas.</p> <p>Sylvia Buckingham asked if those not registered with a GP were able to get the booster. Jo Cogswell responded that they had been able to get the first two vaccinations but a problem had been spotted in the booster booking system which was being rectified so they will be able to book it.</p> <p>The Chair thanked all those working across the system for all they were doing to manage the pandemic.</p>  |  |
| <p><b>6 Update on establishment of BOB Integrated Care System</b><br/>(Agenda No. 7)</p>   |  |
| <p>The Board had received an update on the development of the Buckinghamshire, Oxfordshire, Berkshire West – Integrated Care System. Catherine Mountford, Director of Governance, Oxfordshire Clinical Commissioning Group, gave apologies from Dr James Kent who had hoped to present this item but was unavailable due to the latest Covid surge.</p> <p>They were very much at the start of the conversation. While there were a number of things that had to be done by 1 April 2022, the system would continue to evolve after that with the involvement of all the partners. The Integrated Care Systems were proposed to build on the NHS Long Term Plan. There will be an Integrated Care Board which will be a statutory body and will replace the Clinical Commissioning Groups. An Integrated Care Partnership will involve the provider trusts.</p> <p>BOB-ICS was different from other ICSs in covering more than one county or hospital catchment. Place-based Partnerships between the NHS and local authority will exist at county level. Local authorities across the BOB area were arranging to have a joint health scrutiny committee to scrutinise the ICS's work.</p> <p>Yvonne Rees reiterated that this was very much a collaborative conversation and that it was just the start of the process.</p> |  |
| <p><b>7 Oxfordshire Safeguarding Adults Board Annual Report</b><br/>(Agenda No. 8)</p>   |  |
| <p>The Board had been asked to note the OSAB Annual Report for 2020/21. Councillor Jenny Hannaby introduced Alison Chapman, Designated Nurse and Safeguarding Lead, Oxfordshire Clinical Commissioning Group, and Karen Fuller, Deputy Director Adult Social Care, Oxfordshire County Council, who highlighted the following points:</p>   |  |

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| <ul style="list-style-type: none"> <li>• The Board maintained all of its activities through the pandemic despite being advised by the government that it did not have to. They ensured that they did not lose sight of the individuals and families who were at the centre of their work.</li> <li>• The partnership was nationally recognised for its work with Making Safeguarding Personal. They always asked for feedback from everyone who came in contact with them.</li> <li>• Through their continuing work on deaths of people with learning disabilities, they were able to confirm that there had been no increase in deaths due to Covid in Oxfordshire despite the fact that an increase was observed nationally.</li> <li>• There had been a spike on deaths of people who were homeless. The individual cases were reviewed and the learning has been fed into the new strategy on homelessness.</li> <li>• As a response to increased complexity of cases a Multi Agency Risk Management Plan has been implemented to ensure that a joint view can be taken where an individual's case crosses over a number of organisations or teams.</li> </ul> <p>Diane Hedges noted the report's reference to the need to agree the governance and senior strategic leadership on homelessness across the county and asked if there was anything further this Board could do to help that. Karen Fuller responded that it had moved on at pace since the period of this report and they were satisfied with the progress made.</p> <p>The Chair thanked all those involved for a well-presented report which spoke to the work done across the partnership in very difficult circumstances.</p> |  |
| <p><b>8 Oxfordshire Safeguarding Children Board Annual Report</b><br/>(Agenda No. 9)</p>   |  |
| <p>The Board had before it the Annual Report of the OSCB for noting. Councillor Liz Brighthouse introduced Derek Benson, the Independent Chair of OSCB, noting that recent deaths of children around the country highlighted the importance of this work.</p> <p>Derek Benson highlighted the following:</p> <ul style="list-style-type: none"> <li>• Thanks to Kay Bishop, Business Manager, and her colleagues for producing a report that was succinct and to the point.</li> <li>• He had taken up the position in November 2020 when the Board had been operating under the pandemic for several months and found that everything was well organised and systems were very agile.</li> <li>• It was hoped that the transfer from the Oxfordshire Clinical Commissioning Group to the Integrated Care System would happen seamlessly.</li> </ul>   |  |

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| <ul style="list-style-type: none"> <li>• There has been a surge in demand underlining the need to continue to improve how partners work together.</li> <li>• Child exploitation will continue to be a major focus.</li> <li>• Post-pandemic everything will need to operate at scale and pace.</li> <li>• The education system is front and centre to children's safeguarding work.</li> </ul> <p>Kevin Gordon added that wholesale reform of the workforce and business-as-usual would be required to scale up preventive measures. Currently there were three times more children's social care assessments than early help assessments and this needed to be reversed. Schools would be central to this but they were already under significant pressures. The key was to work out how early assessment could become part of the business as usual.</p> <p>Nick Broughton, referring to the statistics on Agenda Page 65, asked if it was possible to compare these over the years. Kevin Gordon responded that there was definitely an increase in numbers presenting. School attainment figures were difficult to compare because of the impact of the pandemic on exams. In terms of post-16 destinations, the outcomes were flat or deteriorating.</p> <p>Councillor Brighthouse stressed the importance of building up mental strength and resilience in young people. Derek Benson concluded by praising the level of partnership working and sharing information across the system.</p> <p>Ansaf Azhar added that many of the outcomes would take a long time to come through and that we should take a wider view, considering outcomes for families not just children.</p> |  |
| <p><b>9 Community Services Strategy</b><br/>(Agenda No. 10)</p>  |  |
| <p>The Board considered an update report on the Community Services Strategy. Dr Ben Riley, Executive Managing Director - Primary Care and Community Services, Oxford Health, summarised the report:</p> <ul style="list-style-type: none"> <li>• Amendments to the principles were proposed in the report based on feedback from the public, staff and partners.</li> <li>• There has been support for the general direction of travel in terms of more joined up services and providing care closer to where people live.</li> <li>• Other themes that emerged included ensuring consistency across the county, the workforce challenge and concerns</li> </ul>   |  |



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| <p>around digital exclusion.</p> <ul style="list-style-type: none"> <li>• The next stage was to produce a draft clinical model. It was hoped to be produced by early next year but that could be thrown off by the need to redeploy staff in response to the Omicron variant.</li> </ul> <p>Diane Hedges added that they had been asked to frame choices in the proposals. Resources were limited and there was a need to be certain that we were achieving the best outcomes. They wanted to be ambitious. There were things that could be done better but would require challenging choices to be made.</p> <p>Professor Jonathan Montgomery expressed support for the principles but was concerned that there might be a tension between the desire to provide services consistently across the county and the need to take action on health inequalities. It might not be possible to do both. He also asked if the principles should reference the fact that they should assist the 'Net Zero' ambitions.</p> <p>Councillor Jenny Hannaby supported the principles and looked forward to seeing how the community and voluntary sector would be incorporated into plans as they developed. She was pleased to see that GPs were being involved. She felt that they needed more support with communications with patients.</p> <p>Councillor Liz Brighouse welcomed the fact that equity and equality were central to the principles. She added that equitable funding was needed to ensure that the most vulnerable were lifted out of health inequalities.</p> <p>Sylvia Buckingham asked where the service users would be involved. Dr Riley responded that they had a patient engagement team that would be well placed to ensure that the voices of patients and their families were included.</p> <p>Members of the Board agreed to support for the principles.</p> |  |
| <p><b>10 Making Every Contact Count (MECC) to Support Health and Wellbeing Strategy Priorities</b><br/>(Agenda No. 11)</p>  |  |
| <p>David Munday, Consultant in Public Health, Oxfordshire County Council, introduced the report. He shared slides reminding the Board of the Health &amp; Wellbeing Strategy and the priorities that had been identified following the pandemic. Making Every Contact Count could help deliver the strategy. It was suggested that a training workshop be held for Board members to enable them to champion the approach.</p>   |  |

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| <p>Ansaf Azhar added that it was not possible to provide a specific service for every problem but by promoting a culture of professional curiosity it would be possible to provide more upstream early help. It was not about intrusive questioning but some training would help give people the confidence to advocate and promote this approach.</p> <p>Diane Hedges reported that GPs were excited to pursue this approach but cautioned that they did not always have the time. They suggested that it needed to come from a broader spectrum of people.</p> <p>Professor Jonathan Montgomery asked if the training could address how this will help counter inequalities. He was concerned that it might only help those who we were already in contact with.</p> <p>Councillor Liz Brighthouse suggested that training on Making Every Contact Count would be useful for councillors because they meet large numbers of people every month. She believed that this could help in tackling inequalities because councillors often met people who were not aware of their entitlements.</p> <p>Sylvia Buckingham asked for an example of successful outcomes with a hard-to-reach community. Ansaf Azhar gave the example of a campaign to raise awareness among men of NHS Health Checks through barbers and hair salons.</p> <p>It was agreed to organise training for the Board.</p> | <p>David Munday</p> |
| <p><b>11 Children and Young People Emotional and mental wellbeing</b><br/>(Agenda No. 12)</p>   |                     |
| <p>The Board had before it an update on the strategic approach which was summarised by Kevin Gordon. There had been a huge increase in needs and this was overwhelming acute services. It was not clear if we were getting value from the services in place. There was a need for more upstream work. The question was how to achieve the best outcomes from the resources available.</p> <p>The Chair noted that the figures in Appendix 2 were for 2020. She asked if figures would become available for 2021. Officers responded that the figures came from a Public Health survey that they believed was annual but they would confirm that.</p> <p>Sylvia Buckingham asked if the pilot to have a mental health</p>  | <p>David Munday</p> |

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| <p>worker in every school was finished or continuing. Kevin Gordon responded that expansion of this was one of the options being looked at. Caroline Kelly, Lead Commissioner Start Well, added that it was an NHS England priority and transformation funding was available to deliver it.</p> <p>Councillor Liz Brighouse noted that CAMHS was underfunded for the number of referrals it was receiving. However, in many cases children did not need such a linear clinical approach and an earlier appropriate intervention could avoid problems becoming much worse.</p>   |  |
| <p><b>12 Update on Delivery of Duties Under the Domestic Abuse Act</b><br/>(Agenda No. 13)</p>  |  |
| <p>The Board had been asked to note this paper summarising the actions being taken in Oxfordshire to meet the requirements of the Act, including the production of both a Safe Accommodation Strategy and an overarching Domestic Abuse Strategy.</p> <p>Kate Holburn, Head of Public Health Programmes, summarised the report. The Act came into force in April 2021 and required the setting up of a Strategic Partnership Board which must include Tier 1 and Tier 2 local authorities, the police, other partners and the voice of lived experience.</p> <p>The statutory guidance took effect from 1 October 2021 and funding of £1.1m has been allocated by the government for the responsibilities under the Act. Oxfordshire already had a Partnership Board but its membership was refreshed in line with the requirements of the Act.</p> <p>An external agency was commissioned to conduct a needs assessment for the Safe Accommodation Strategy. This informed the draft strategy which was then put out for consultation. The strategy was in the process of being finalised and must be published before 5 January 2022.</p> <p>One of the recommendations from the strategy will be to form a Working Group to develop the delivery plan and ensure the funding is spent in line with priorities.</p> <p>Oxfordshire was also working towards a broader strategy starting with a needs assessment. It was expected to have a draft for consultation at the start of February with a final version being published by the end of the financial year.</p> |  |

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| It was agreed to note the report.  |              |
| <b>13 Better Care Fund Plan 2021/22</b><br>(Agenda No. 14)   |              |
| <p>The Better Care Fund planning round for 2021/22 commenced on 30 September for submission 16 November. Given the brevity of the planning and submission cycle for 2021/22 the national conditions allowed for the plan to be submitted by the deadline and ratified at the next available meeting of the Health &amp; Wellbeing Board.</p> <p>Ian Bottomley, Lead Commissioner for Age Well Support, Oxfordshire County Council, summarised the report. The NHS regional team had recommended acceptance of this plan to their national team.</p> <p>The proposed investment was set out in paragraphs 14 and 15 of the report. It exceeded the minimum requirement by £8m. Some new metrics have been introduced to reflect the move away from Delayed Transfers of Care to a focus on long length of hospital stay (whether or not due to delay). The national target is to have 95% discharged to home. Oxfordshire's current performance is 91% and it has been agreed with the national team to set a target of 93% for 2021/22.</p> <p>There was insufficient time this year for public consultation on the Fund but there was a clear expectation that this would happen in future years. It was acknowledged that schemes aimed at reducing health inequalities had not been a key planning assumption but these were being prioritised this year.</p> <p>Professor Jonathan Montgomery added that Oxford Health was doing a lot of work on those schemes aimed at reducing inequalities and Oxford University Hospitals were supporting them in that. He was pleased that this was happening but concerned that we should be able to demonstrate what was being achieved.</p> <p>Diane Hedges noted that one of the new metrics indicated that we were not doing well on ambulatory sensitive conditions with too many people having to go to hospital for treatment that could be delivered in their own home. She offered to examine that and come back with a better understanding of the issues.</p> <p>Councillor Jenny Hannaby welcomed the Plan adding that decisions on allocating the funds were made after real discussion in the partnership and the funds enabled us to ensure that people were Home First and Living Well.</p> | Diane Hedges |

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| <p>The Chair explained that the Board was unable to formally approve the Plan as they were meeting virtually. However, it was agreed to note the Plan.</p>  |                     |
| <p><b>14 Joint Strategic Needs Assessment Plans for 2022/23</b><br/>(Agenda No. 15)</p>   |                     |
| <p>David Munday, Consultant in Public Health, Oxfordshire County Council, explained that the Joint Strategic Needs Fund was usually published around March each year. However, this year it was suggested to delay it until later in the year to allow for census data which will become available in May or June. He emphasised that, although the JSNA was published once a year, work on assessing needs continued year-round.</p> <p>Ansaf Azhar added that the statutory requirement was to publish within a year and we would still be able to do that.</p> <p>David Chapman noted that JSNAs used to present data on the basis of GPs and neighbourhoods but this had not been provided in recent years. David Munday responded that it would be possible to include. The Steering Group would scope out what was needed and it was important that information was provided in a format useful to all the partners.</p> <p>The Chair stated again that it was not possible to formally agree the proposal when meeting virtually but the report was noted.</p> | <p>David Munday</p> |
| <p><b>15 Outcomes of joint workshop with Future Oxfordshire Partnership</b><br/>(Agenda No. 16)</p>   |                     |
| <p>The Board considered a report providing a summary of the discussion and feedback gathered as part of a recent workshop held between the Oxfordshire Health and Wellbeing Board and the Future Oxfordshire Partnership.</p> <p>Rosie Rowe, Head of Healthy Place Shaping, Oxfordshire County Council, summarised the report. It was agreed that the joint workshop had been very useful in identifying common issues where we can work together. It was intended to have a joint workshop roughly every six months. The next one was planned for March 2022 and one topic suggested so far was climate action.</p> <p>The Chair added that she found it to be a very useful workshop and was pleased that they were becoming a regular event. There</p>   |                     |

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| <p>were many issues around Health and Wellbeing, such as disability, housing etc., where the city and districts deliver and there was a real benefit in partnership working.</p>   |  |
| <p><b>16 Report from Healthwatch</b><br/>(Agenda No. 17)</p>   |  |
| <p>The Board had received a report from Healthwatch Oxfordshire summarising views gathered from the public. Sylvia Buckingham introduced the report. She noted that Healthwatch's funding from Oxfordshire County Council for 2022/23 had been agreed but they will be seeking to have a longer funding agreement.</p> <p>They have recently had an outreach activity in Chipping Norton but that kind of activity was likely to be curtailed again with the latest surge in Covid. However, their communication strategy was working well and they were receiving more feedback from the public and service users.</p> <p>The Chair thanked Healthwatch for a very thorough report.</p> |  |
| <p><b>17 Performance Report</b><br/>(Agenda No. 18)</p>  |  |
| <p>The Board considered a report on agreed outcome measures. David Munday, Consultant in Public Health, Oxfordshire County Council, introduced the report and in particular noted the red ratings in the area of self-harm in young people – an issue that had been discussed earlier in the meeting.</p> <p>An extra appendix was added this time outlining the vaccination rates in children which was important in managing the spread of flu. The programme was more advanced in secondary schools because in many schools it was delivered at the same time as the Covid vaccine and secondary school children had been prioritised for that.</p>                                   |  |
| <p><b>18 Reports from Partnership Boards</b><br/>(Agenda No. 19)</p>   |  |
| <p>The Board receive an update from the Health Improvement Board including details of performance issues rated red or amber in the performance report. City Councillor Louise Upton introduced the report. The Board was now getting indicators on direction of travel in their performance reports and were having a deep dive into one issue at each meeting.</p>  |  |

|  |                               |
|--|-------------------------------|
| <p>She highlighted efforts to tackle the issue of physical inactivity. She noted the decision earlier in the day to approve the Low Traffic Neighbourhood in East Oxford and emphasised that this needed to go hand in hand with efforts to remove obstacles to people being more active, such as not being able to afford to buy a bicycle.</p> <p>The Chair agreed that work needed to be done to reach a number of groups and specifically mentioned those who regularly drive their children to school and people in rural areas. She asked for more information about two of the aims under Active Travel that were indicated as 'delivered'.</p> <p>Councillor Upton responded that these were specific initiatives in particular areas that had been shown to work and could now be rolled out across the county.</p> |                               |
| <p><b>19 Meeting dates</b><br/>(Agenda No. 20)</p>   |                               |
| <p>It was agreed to move the meeting scheduled for 2pm on 30 June 2022 to 10am on 7 July 2022 as the original date clashed with the Local Government Association Annual Conference.</p>  | <p>Colm Ó<br/>Caomhánaigh</p> |

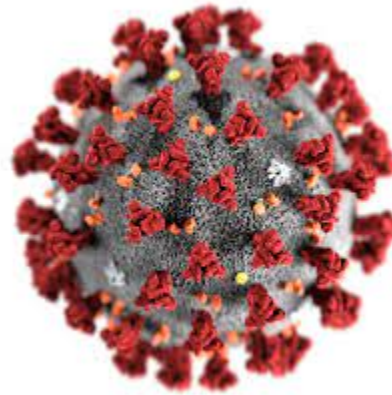
..... in the Chair

Date of signing .....

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# Cumulative COVID-19 Impact in Oxfordshire 2020 and 2021

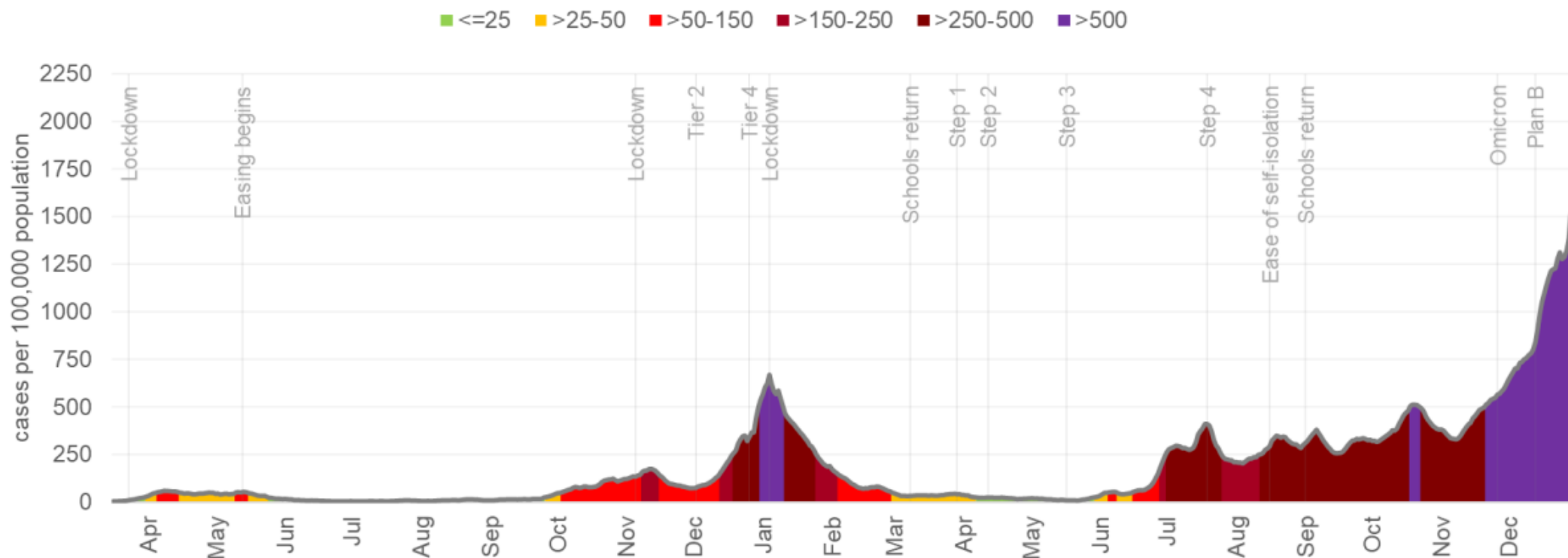


David Munday  
Deputy Director of Public Health  
Oxfordshire County Council



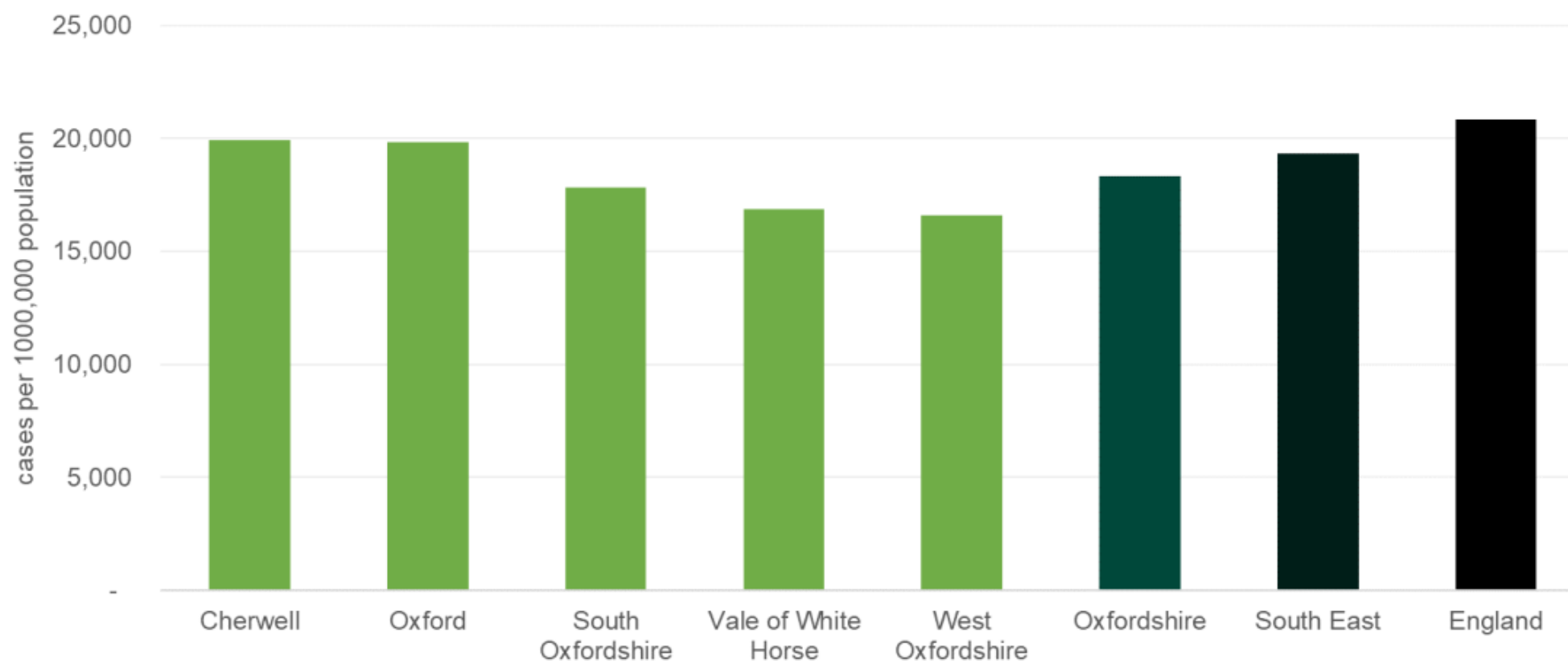
# Cases over time

Weekly rate of confirmed cases per 100,000 population, Oxfordshire





# Total Cases in Oxfordshire





# Cases by age band

| Age band           | Count          | Rate per 100,000 population |
|--------------------|----------------|-----------------------------|
| 0-4                | 2,985          | 7,612                       |
| 05-9               | 8,522          | 19,757                      |
| 10-14              | 13,642         | 32,285                      |
| 15-19              | 12,192         | 29,954                      |
| 20-24              | 12,477         | 25,082                      |
| 25-29              | 11,175         | 24,647                      |
| 30-34              | 10,186         | 24,593                      |
| 35-39              | 9,562          | 21,267                      |
| 40-44              | 10,102         | 23,771                      |
| 45-49              | 9,244          | 20,574                      |
| 50-54              | 8,276          | 17,323                      |
| 55-59              | 6,405          | 13,847                      |
| 60-64              | 4,181          | 10,872                      |
| 65-69              | 2,656          | 8,012                       |
| 70-74              | 1,950          | 5,692                       |
| 75-79              | 1,341          | 5,232                       |
| 80-84              | 1,080          | 5,827                       |
| 85+                | 1,858          | 9,979                       |
| <b>Grand Total</b> | <b>127,834</b> | <b>18,344</b>               |

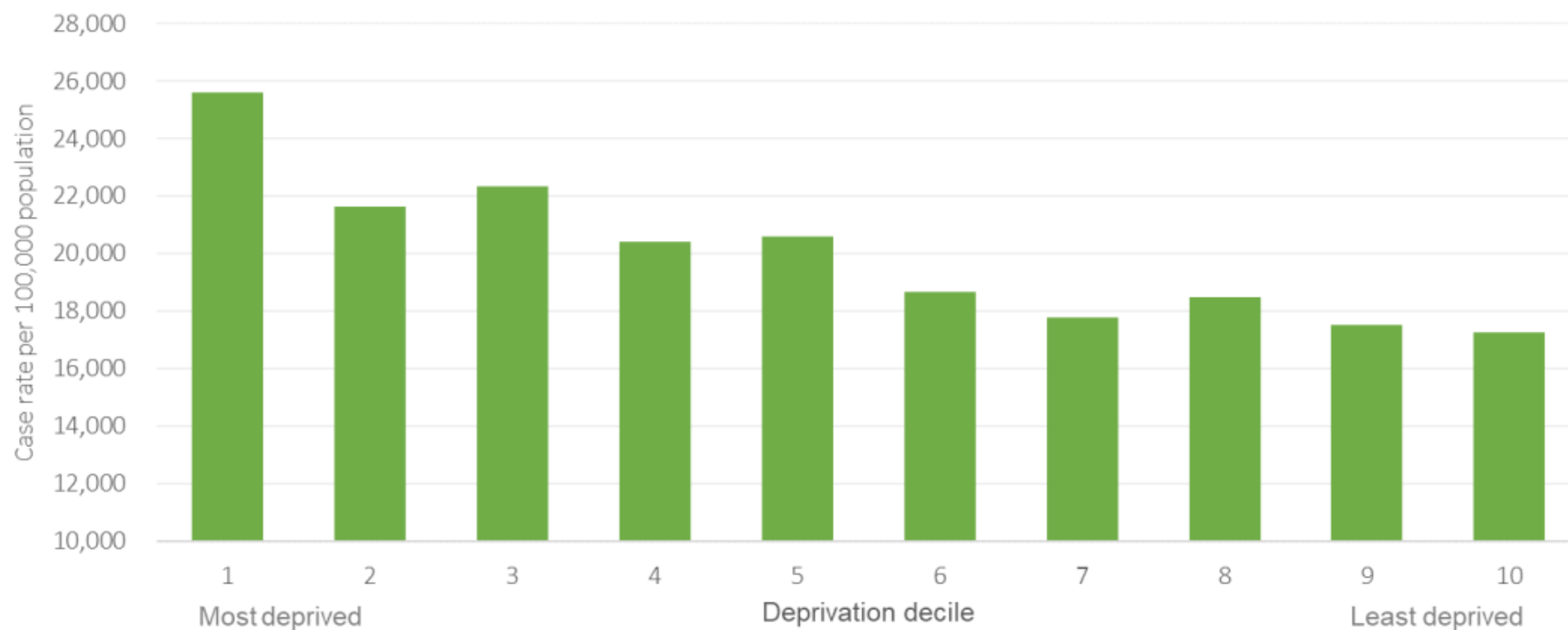


## Cases by gender

| Age band     | Count          | Rate per 100,000 population |
|--------------|----------------|-----------------------------|
| Female       | 65,066         | 18,627                      |
| Male         | 61,250         | 17,622                      |
| Unknown      | 1,518          | -                           |
| <b>Total</b> | <b>127,834</b> | <b>18,344</b>               |



# Cases by IMD deprivation decile





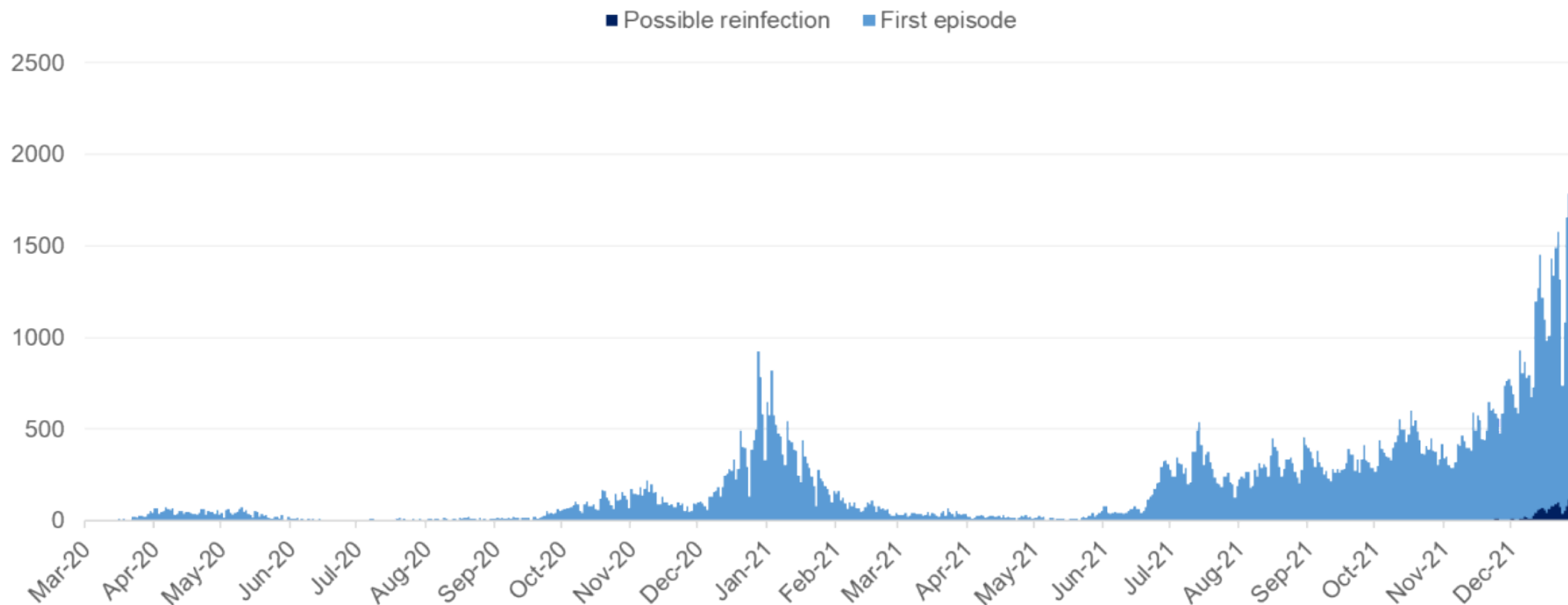
# Cases by ethnicity

| Ethnic Group                                | Count         | Rate per 100,000 population |
|---|---------------|-----------------------------|
| White                                       | 84,855        | 14,300                      |
| Mixed/multiple ethnic group                 | 2,382         | 18,000                      |
| Black / African / Caribbean / Black British | 1,863         | 16,308                      |
| Pakistani                                   | 1,411         | 17,984                      |
| Any other Asian background                  | 1,345         | 17,786                      |
| Indian                                      | 1,343         | 16,499                      |
| Chinese                                     | 414           | 7,369                       |
| Bangladeshi                                 | 330           | 13,248                      |
| <b>Total</b>                                | <b>94,978</b> | <b>14,527</b>               |

Excluding 32,865 cases without ethnicity information, and 1,035 cases in any other ethnic group



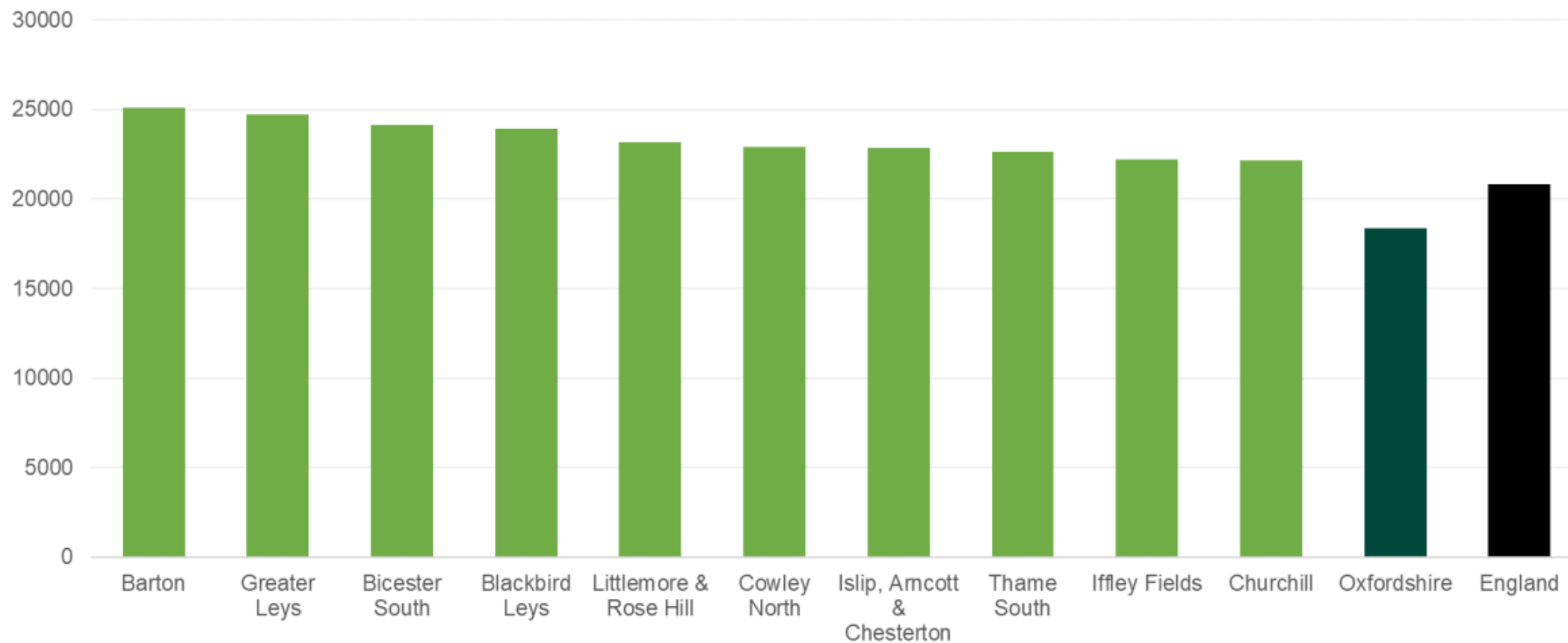
# Covid reinfections over time





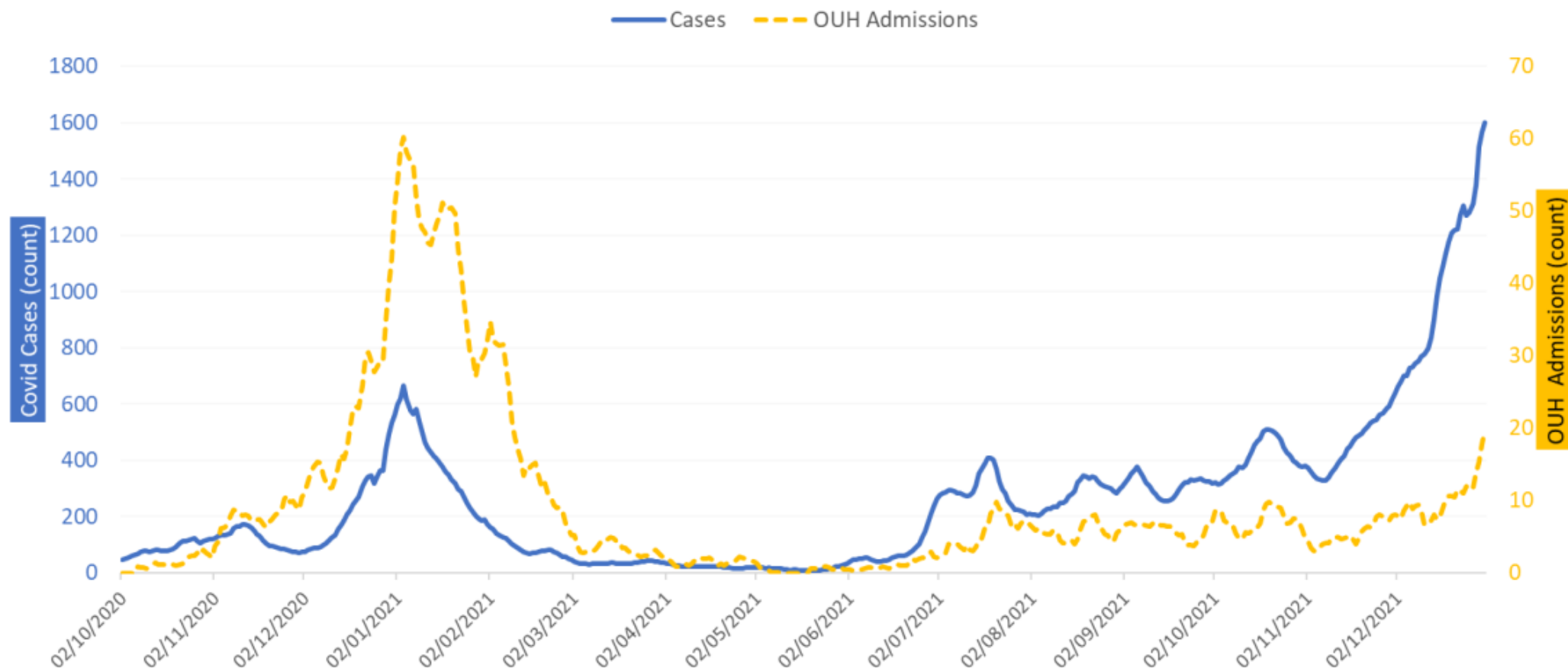


# Top 10 MSOAs by case rate





# Covid cases and patients admitted to hospital





# Covid hospital admissions as a percentage of covid cases

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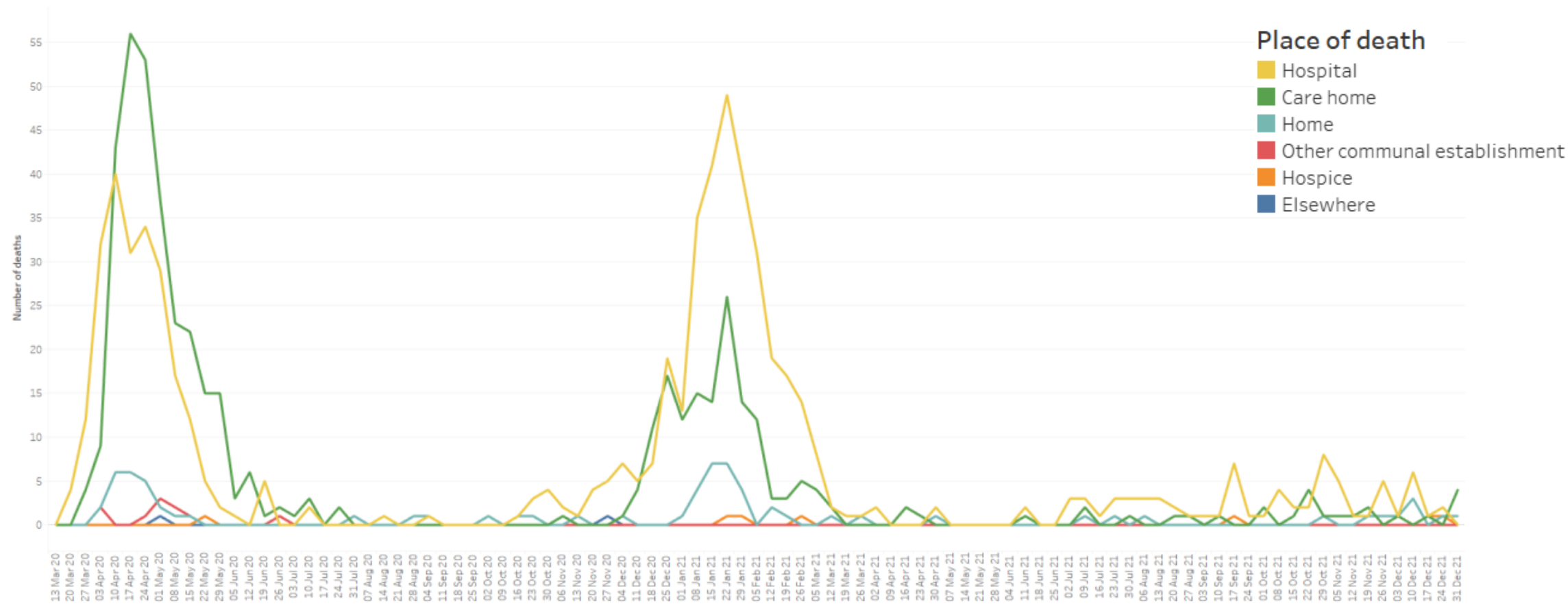
# Covid deaths total

| Area name         | Number of deaths | Rate per 100,000 population |
|-------------------|------------------|-----------------------------|
| Oxfordshire       | 1,196            | 170.7                       |
| South East Region | 23,296           | 248.6                       |
| England           | 150, 565         | 262.0                       |



# Covid deaths by setting

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OFFICIAL SENSITIVE

Source: [Office for National Statistics](https://www.ons.gov.uk/coronavirus/deaths), deaths occurring up to 31.12.2021 and registered up to 21.01.2022

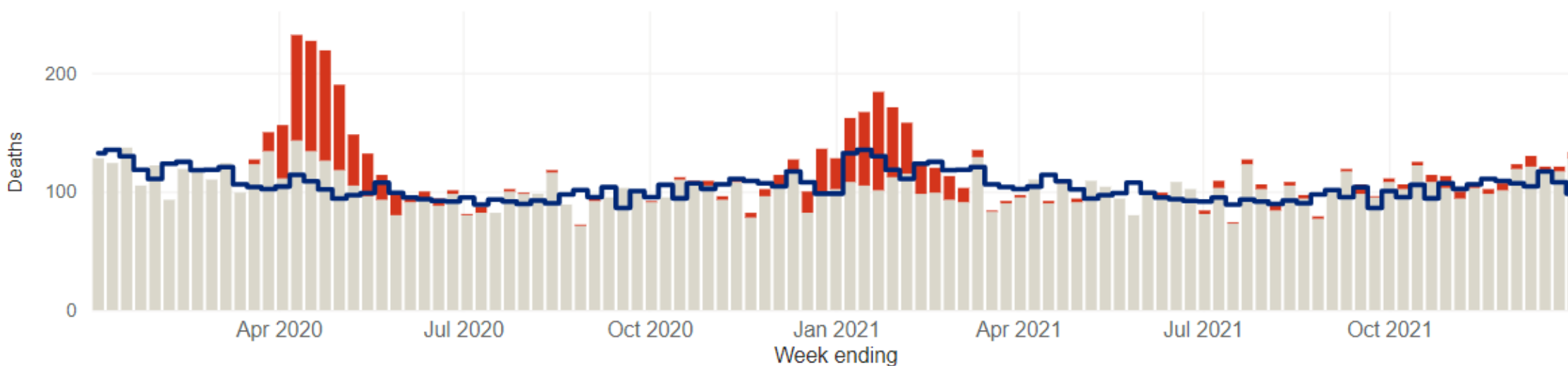


# Excess deaths

All deaths in 2020-21 by week, with proportion where COVID-19 is mentioned and weekly average occurrence 2015 to 2019; Oxfordshire

● COVID-19 not mentioned ● COVID-19 mentioned — Average weekly deaths

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OFFICIAL SENSITIVE

# Next steps to understand impacts more fully



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|                         |   |
|-------------------------|---|
| <b>Direct impacts</b>   | Changes to non-COVID mortality, re-infection, Long COVID                              |
| <b>In-direct Health</b> | Prevalence of obesity, physical inactivity, at risk alcohol intake, mental well-being |
| <b>Wider Impacts</b>    | Educational, isolation/ loneliness, employment changes, wider economic impact         |

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## **OXFORDSHIRE HEALTH AND WELLBEING BOARD**

**17 MARCH 2022**

### **COVID 19: Oxfordshire System Recovery and Renewal Framework**

**Report by Corporate Director of Public Health, Oxfordshire County Council**

#### **RECOMMENDATION**

1. **The Health and Wellbeing Board is RECOMMENDED to:**
  - i. Endorse the Oxfordshire System Recovery and Renewal Framework, as set out in Annex 1, as the key partnership document guiding joint programme planning beyond the COVID-19 pandemic period.

#### **Executive Summary**

2. Effective partnership working across Oxfordshire has been at the heart of the local system response to the COVID-19 pandemic. As the national and local picture improves, system partners have developed a shared framework for Recovery and Renewal (see Annex 1) to move operational partnership working beyond the immediate COVID response phase. This document sets overarching common ambitions for the issues and themes that will be worked on together as organisations and the community learn from the pandemic. It aims to ensure that Oxfordshire is best placed to learn from and recover from the immediate impacts of the pandemic, to support the long-term renewal of communities and places, and enhance our joint impact on national and international challenges.

#### **Background**

3. System partners have worked closely together since early in 2020 to deliver a joined-up response across the broad spectrum of COVID-19 impact. Partners have developed joint structures to support those required to stay at home, to encourage and enforce adherence to COVID restrictions, to monitor and contain the spread of the virus and to maintain the continuity of essential services. Joint responses have managed the impact on health and social care services and worked closely with education providers. From later in 2020 and into 2021, joint activity delivered community testing and latterly the successful roll out of the vaccination programme. Partnership interventions have also sought to address the secondary impacts of the pandemic for individuals, communities and businesses, through joint work on community engagement, business support, financial hardship and economic recovery. An important enabler to effective partnership working has been the collaborative management of resources held in different parts of the system.
4. Throughout 2021, Oxfordshire's system-wide COVID-19 response continued to focus on the immediate health impacts of the pandemic, containing outbreaks and minimising the transmission of the virus in the community within the overall

national pandemic situation. In line with the easing of most legal restrictions during the summer of 2021, system-partners revisited the long-term impact of COVID-19 and reviewed the shared focus of planning for recovery and renewal.

5. The pandemic has led to economic, community and service impact that has yet to be fully understood at the system level. However, it can clearly be seen that existing inequalities and service and community pressures have been amplified, with likely long-term impacts. As with many pre-existing challenges, the impact and effective responses will often lie across several agencies and sectors.
6. To coordinate and prioritise COVID and post-COVID activity, and prioritise resource allocation, partners agreed to develop a set of joint themes for the next phase in the pandemic period and to bring together shared system priorities and joint ambitions for recovery and renewal in an overarching framework.
7. This framework was initially drafted during late 2021 through engagement with system partners, drawing on priorities, impact analysis and community insight held within individual organisations and thematic partnerships. Progress was paused during December to allow partners to focus on the enhanced response to the Omicron variant and the framework is now being brought forward for formal adoption and incorporation into partnership planning for the new business year.

## Introducing the framework

8. The intention of agreeing a joint framework is to provide a mechanism for driving systems working on renewal and an ongoing structure for collaboration. It will enable us to better coordinate how we recover from the impacts of COVID and implement changes in the light of what we have learnt for our communities, organisations and partnerships.
9. At the time of writing, the significant increase in infection rates related to the Omicron variant is waning. While service pressure in health and social care remains significant and the impact on educational settings remains high, system partners are stepping back from the period of most concern and it has been announced that national statutory restrictions are being lifted. Nevertheless, the potential for changes in the nature of the pandemic and for service disruption generated by the cumulative risks associated with COVID's direct and indirect impact remains. Therefore, while planning for the future, a level of COVID readiness will need to be maintained. Reflecting this position, the framework for recovery and renewal is arranged around three headline aims:
  - **Consolidating recovery and building resilience:** Protecting key services and keeping social life and the economy open by sustaining our system response to COVID-19 and working together on addressing new pressures. This includes changes to service delivery as well as ways of working eg. engagement with Voluntary and Community Sector (VCS), businesses and partners.

- **Addressing the unequal impact of COVID-19:** Proactively using qualitative and quantitative data and insight to identify the groups most impacted across a range of cross-cutting issues, beyond the immediate impact on health, and tackling impact with a focus on the total strengths and needs of individuals and families
  - **Supporting renewal:** Identifying new approaches and activities underpinned by the lessons we have learnt to date, building Oxfordshire's resilience, not only against future waves of the pandemic but also in terms of economic and community resilience to wider societal challenges including climate change and ecological impacts.
10. Across the three themes, two cross cutting priorities are recognised as needing to inform recovery and renewal thinking across the county:
- **Climate change action**  
Championing climate action across the County as we work together to address climate change, build climate resilience and support nature recovery.
  - **Tackling inequality**  
Driving equal access and delivery of support across all local communities, narrowing health, social and educational inequalities and tackling poverty.
11. The full framework document is available at Annex 1 and is summarised in the figure below:



## **Relationship to the Health and Wellbeing Strategy**

12. In October 2021, the Health and Wellbeing Board reviewed the Health and Wellbeing Strategy for Oxfordshire in light of the COVID-19 pandemic. Alongside identifying specific priorities within the life-course approach, agreed cross cutting priority areas for future focus included:
  - Paramount focus on health inequalities
  - Prevention
  - Community centred approaches
  - Mental Wellbeing
13. The Recovery and Renewal framework helps to set these priority areas in the broader context of wider economic, wellbeing, community and partnership working issues and activity. This broader context is critical to the delivery of the health and wellbeing strategy because many determinants of health are heavily influence by these wider factors (often called the “wider determinants of health”). Through the agreement of shared ambitions within the broader partnership system, the Recovery and Renewal Framework presents the opportunity to develop and focus partnership delivery, including against the priorities and actions identified in the Health and Wellbeing Strategy

## **Next Steps**

14. The Oxfordshire COVID response system comprises health, local authority, education and community safety participants alongside representatives of strategic partnerships, including OxLEP. These partners connect to a broader network of key deliverers including schools, businesses, town and parish councils and the voluntary and community sector. Core system partners have agreed to adopt the joint Recovery and Renewal framework, starting with local authorities, where recommendations to adopt the framework will be made to the relevant decision makers during March 2022.
15. While this report is brought to the Health and Wellbeing Board by the Director of Public Health, it is brought as a partnership representative of the system groupings which have led on the development of the Framework.

## **Financial Implications**

16. The Recovery and Renewal Framework does not in itself direct resources and so while organisations are asked to adopt the framework as a strategic document within their policy making frameworks, there is no direct financial impact.

## **Legal Implications**

17. There are no specific legal implications associated with this report.

## Equality & Inclusion Implications

18. The Recovery and Renewal framework outlines the unequal impact of COVID and notes the need for detailed analysis to fully understand the direct and indirect impacts in the short, medium and long term. Activity already underway under system structures, for example on health inequality, vaccine outreach and support to homeless individuals, is directly addressing equality and inclusion as it relates to COVID-19. In the development and delivery of the ambitions set out within the framework and the progression of new partnership planning and activity, detailed equality impact will be required building on the new learning and impact from the COVID-19 period supported through re-analysis of data and information, for example within the updated Joint Strategy Needs Assessment and in the annual report of the Director of Public Health.

Annex A: Oxfordshire Recovery and Renewal Framework, March 2022

Contact Officers: Robin Rogers, Programme Director, COVID Response,  
Oxfordshire County Council,  
[robin.rogers@oxfordshire.gov.uk](mailto:robin.rogers@oxfordshire.gov.uk)

March, 2022

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# Annex A

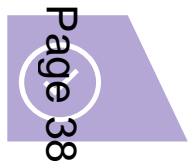
# Oxfordshire's Recovery and Renewal Framework

*March 2022*

## Purpose of this document

Oxfordshire's **Recovery and Renewal Framework** provides an overarching system-wide ambition for the issues and themes that will be pursued through recovery and renewal. It has been developed in partnership by participants in the local COVID response structure including local authorities, health and emergency services, our local enterprise partnership and major local institutions, including Oxford's two universities.

### The Recovery and Renewal Framework is ...



A bridge between current partnership COVID response planning, delivery and planning and future longer term for Oxfordshire.



A coordination and alignment, at a high level, of the system-wide plans that have already been developed or are being developed collaboratively.



A 'call to action' for all partners to consider other interventions which may need to be put in place to address these system-wide issues and themes.

### The Recovery and Renewal Framework is not...



A list of specific actions or activities as these are contained in the relevant strategies.



A set of specific individual metrics which are used to measure delivery (although broad overarching partnership framework outcomes have been identified).



A replacement for existing county-wide plans and strategies.



# Contents

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| 01 | Introduction and Context                  | 4  |
| 02 | Oxfordshire's Recovery and Renewal Themes | 7  |
| 03 | Key Enablers                              | 18 |

# 1. Introduction and Context

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## The Oxfordshire picture

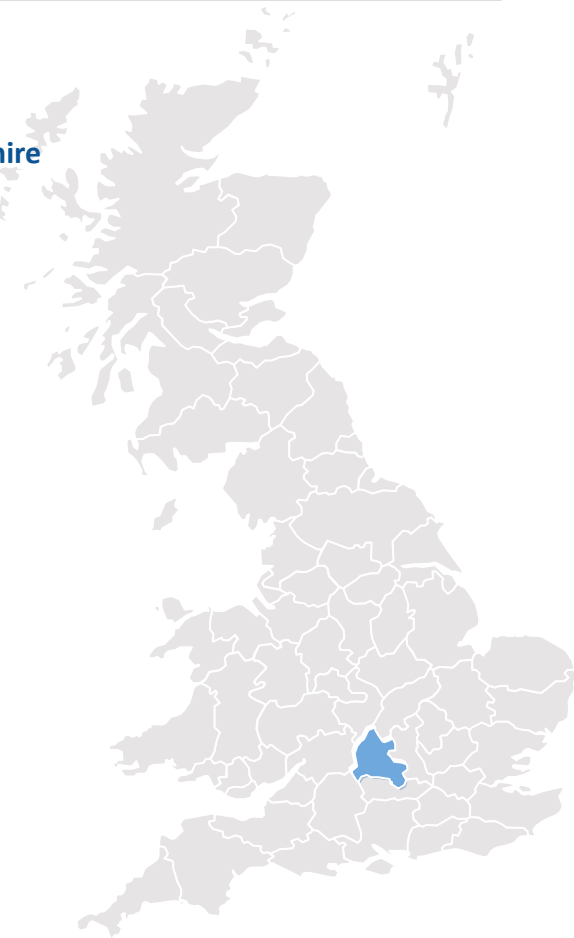
### Impact of the COVID-19 pandemic across Oxfordshire

The COVID-19 pandemic has had a profound impact on day-to-day life, business, education, and employment, as well as on the physical and mental health of many individuals. Disruption has led to financial pressures for many and the long-term impact on the economy is yet to be fully understood.

Despite these challenges, COVID-19 has demonstrated the strengths and assets of inclusive local communities. Thousands of key workers and volunteers played an exceptional role in protecting the most vulnerable throughout these unprecedented times. Engaged public services, business and the voluntary and community sector kept operating under enormous pressure. We are of course also incredibly proud of the role that our leading academic and health institutions took at the centre of the global response to COVID-19.

Throughout the pandemic, whole-systems working has acted as a ‘force multiplier’ in Oxfordshire, allowing us to flex and prioritise to meet the needs of the constantly changing situation to the maximum effect.

We want to learn the lessons from the past two years and build on the best partnership work in our county so that as we develop plans for the future, Oxfordshire not only recovers from the impact of COVID but is positively renewed.



Oxfordshire’s dynamic economy, rich culture and heritage and much-loved green spaces and ecological assets, together mean that its diverse and thriving communities are places where people want to live and work. Our quality of life is attractive to many.

Nevertheless, inequality remains a significant feature within our county and has real impact on the health, wellbeing and social and economic opportunities of many residents.

# Looking ahead to Oxfordshire's recovery and renewal

The COVID-19 pandemic has led to economic, community and service impact that has yet to be fully understood at the system level. However, it is clear that it has amplified existing inequalities and service and community pressures, with long-term impact. As with many pre-existing issues, Oxfordshire's responses to these challenges will lie in collaboration across several agencies and sectors.

To help us sustain and develop the impact of our strong operational partnerships, an overarching **Oxfordshire Recovery and Renewal Framework** has been developed which sets out the system-wide vision and approach to moving into the post-COVID environment. This framework looks at how Oxfordshire can be best placed to recover from the immediate impacts of the pandemic, to support the long-term renewal of our communities and places, and to enhance our shared impact on national and international challenges.

Page 2

## The three key aims of Oxfordshire's Recovery and Renewal Framework



**Consolidating recovery and building resilience:** Protecting key services and keeping social life and the economy open by sustaining our system response to COVID-19 and working together on addressing new pressures. This includes changes to service delivery as well as ways of working eg. engagement with Voluntary and Community Sector (VCS), businesses and key partners.



**Addressing the unequal impact of COVID-19:** Proactively using qualitative and quantitative data and insight to identify the groups most impacted across a range of cross-cutting issues, beyond the immediate impact on health, and tackling impact with a focus on the total strengths and needs of individuals and families.



**Supporting renewal:** Identifying new approaches and activities underpinned by the lessons we have learnt to date, building Oxfordshire's resilience, not only against future waves of the pandemic but also in terms of economic and community resilience to wider societal challenges including climate change and ecological impacts.

## 2. Oxfordshire's Recovery and Renewal Themes

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# Oxfordshire's Recovery and Renewal Themes

Oxfordshire's three Recovery and Renewal themes consider the broad impact of COVID-19 on all aspects of society with a focus on addressing issues that have had the most significant consequences on Oxfordshire's people, places and businesses.



## Shared economic prosperity

Ensuring that Oxfordshire's strong economy has the widest impact.



## Better health and wellbeing

Supporting people in Oxfordshire to live healthy, safe and fulfilling lives. Focusing on children and young people and those with health vulnerabilities.



## Stronger communities

Developing stronger, more resilient communities where everyone can play an active part.

Across the three themes that we will use to organise our work, two key cross-cutting strategic priorities will inform recovery and renewal thinking across the county:



## Climate change action

Championing climate action across the County as we work together to address climate change, build climate resilience and support nature recovery.



## Tackling inequality

Driving equal access and delivery of support across all local communities, narrowing health, social and educational inequalities and tackling poverty.



## Shared economic prosperity: Introduction



### Key insights

# 15,800

furloughed employments in  
Oxfordshire as at 31 July

2021

Source: [GOV.UK](https://gov.uk)

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Unemployment claimants  
increased by over

# 250%

in Oxfordshire  
during the pandemic

Source: [Oxfordshire Insights](#)

### Impact of COVID

The Oxfordshire economy has, on the whole, been resilient to the impact of the pandemic. The county's diverse business base and technology sectors have adapted but there are sectors which have particularly been affected including the visitor economy and areas of the labour market that have been vulnerable to furlough or redundancies and for young people entering into employment.

### Key areas of focus for economic prosperity across Oxfordshire

- Ensuring access to skills training and employment opportunities for all residents but in particular young people entering the employment market and those who will not return to their previous employment following the end of furlough support.
- Support for local employment and businesses, working with partners to make Oxfordshire a centre for green and sustainable technologies through a local 'Green New Deal'.
- Re-invigorating the visitor economy.

### The role of the Economic Recovery Task Group

As with other areas of recovery and renewal, there needs to be a whole system approach to tackling the economic impact of COVID-19 in the county. The Economic Recovery Task Group is coordinating the overall response and identification of specific interventions. This includes the alignment of resources across partners to drive delivery and secure further investment to support businesses, whilst building an inclusive economy that benefits all who live and work in Oxfordshire.

## Shared economic prosperity: Priority outcomes

There are a number of priority outcomes, which will help Oxfordshire deliver against its overarching aims for Recovery and Renewal.

### Consolidating recovery and building resilience



Rebuild the internationally renowned **visitor and arts economy** creating new jobs for young people.



Strengthen the **resilience of Oxfordshire's businesses**, specifically helping **small businesses, sole traders** and the **self-employed** to **re-stabilise and grow** post the pandemic.



**Realign skills** to meet the demands for **existing opportunities** in sectors with **high employment needs** and address **skills gaps**.

### Addressing the unequal impact of COVID-19



Re-engage people **most impacted by the pandemic** to access activities, developing **healthy thriving communities** that are more physically and mentally **resilient to the working demands of employment**.



Proactively promote **equal and fair access** to all economic opportunities, **maximising the talent and creativity** from a **diverse and inclusive workforce** across Oxfordshire.



Reduce the **educational attainment gap** in disadvantaged families.

### Supporting renewal



Drive **world leading innovation** enabled by a continued investment in Oxfordshire's **pioneering science and technology clusters**.



Nurture the creation of **new opportunities** driven by **technological change** and our ambitions for a **net zero Oxfordshire** including green apprenticeships.



## Shared economic prosperity: Shared ambitions

Overarching ambitions have been identified to drive system-wide attention on this theme:

- Business sectors report good recovery post COVID-19.
- Increased opportunities to pilot new initiatives as a result of technological advancement and innovation.
- Increase in number of individuals in education, employment or training (including apprenticeships).
- Reduction in financial inequalities and support for initiatives that raise incomes for the lowest paid.
- Town centres and high streets accommodating a greater variety of spaces and businesses.
- Growth in visitor and arts economy (eg. increased visitor spend, increased employment in this sector etc).



## Better health and wellbeing: Introduction



### Key insights

In Oxfordshire, **3,165** people over 65 were admitted to hospital due to a fall in 2020

Source: [Oxfordshire Insights](#)

In January 2021,

**5,750+**

residents across Oxfordshire were claiming PIP for mental health reasons

Source: [Oxfordshire Community Foundation](#)

### Impact of COVID

Oxfordshire's health and social care services, like those across the UK, have been tested and stretched throughout the pandemic. The resilience demonstrated across the county is thanks to an **exceptional workforce, unprecedented partnership working and the power of communities.**

However the negative impact of COVID on health & wellbeing, particularly on those at higher risk of poor health outcomes, is not yet understood and there will be challenges ahead. As well as tackling new cases, long COVID, mental health and grief support, Oxfordshire will press ahead with their continuing commitment to preventative measures such as **tobacco control, cardiovascular disease prevention, tackling obesity and physical activity and mental wellbeing.** This work will help Oxfordshire to achieve its goals around **reducing inequalities and minimising the risks to those who isolated or who were acutely at risk during COVID.**

### Sustainable and healthy communities

**Healthy place-shaping** and other community planning based wellbeing initiatives, supports the creation of **active, sustainable and resilient communities** that will thrive as Oxfordshire recovers. The whole Oxfordshire system is committed to coming together with the aim of reducing inequalities whilst retaining a collective focus on a greener future (steps that promote climate action also deliver healthy communities). Oxfordshire will seek to create a health enabling built environment and increase biodiversity whilst encouraging all to enjoy healthy lifestyles that utilise local green spaces and leisure services.

### Supporting everyone

Oxfordshire's health and wellbeing approach exists across the whole lifespan of residents, thinking about the early years offer, young people aged 16-24, those with pre existing health conditions, right through to older age adults and those who care for them. Oxfordshire's overarching health and wellbeing strategy demonstrates a commitment for the NHS, social care, the VCSE and the community to work together to deliver new models of care that seek to **prevent, reduce or delay the need for care**, whilst ensuring all partners feel supported.

## Better health and wellbeing: Priority outcomes

There are a number of priority outcomes, which will help Oxfordshire deliver against its overarching aims for Recovery and Renewal.

### Consolidating recovery and building resilience



Adopt a **strengths-based, people-centred approach** encouraging individuals to be **more proactive about their health and wellbeing**, enabling **increased independence**.

### Addressing the unequal impact of COVID-19



Provide **coordinated services across the system** focused around individual strengths and needs and prioritising those cohorts **impacted by multiple and complex needs** eg. early years, 16-24 year olds, vulnerable adults etc.



Drive awareness and access to **health and wellbeing support** across the community, specifically for **children and young people** (including working with schools) and **adults with vulnerabilities**.

### Supporting renewal



Become a county where **mental wellbeing issues** are well understood, prioritised and addressed.



Extend the impact of **social prescribing** that links funding to **health improvement activities** delivered through **leisure, well-being and community facilities**.

## Better health and wellbeing: Shared ambitions

Overarching ambitions have been identified to drive system-wide attention on this theme:

- A reduction in the need for treatment in hospitals and care services (as people become more independent).
- Increase in the number and uptake of social wellbeing initiatives and community based support eg. opportunities to get active.
- Service plans include mental wellbeing as a core consideration.
- Fewer acute instances which compromise mental wellbeing.
- Increased understanding and sharing of core health and wellbeing data and insights across the system.
- Increased early identification of diseases.
- Increased referrals to local, non-clinical community services (social prescribing).



## Stronger communities: Introduction



### Key insights

In Oxfordshire, there was a

# 25%

increase in domestic violence  
call volumes post **March 2020**  
compared to the same periods  
in 2019

Source: [Domestic Abuse Review Group](#)

# 23%

of people aged 85+  
live in areas of Oxfordshire ranked  
in the top 10% of deprived areas  
on access to services in 2020

Source: [JSNA](#)

### Behaviours which emerged through the pandemic

Throughout the pandemic, Oxfordshire has witnessed the **strength of local communities** across the county. The established VCS and town and parish councils, along with countless informal community groups and networks, whether faith, place or interest based, have demonstrated leadership, commitment and resilience. The District and City Councils, working in partnership with the County Council and health services, have acted as local anchors, establishing new trusted new community support arrangements. As we move towards a still uncertain future, Oxfordshire will continue to **support and develop** local communities through the recovery whilst acknowledging and **learning lessons** from the pandemic response to date on the way that we **understand difference**, increasingly plan on a **whole-place** basis and prioritise **community voice**.

### Oxfordshire's commitments

We will continue to work **collaboratively across the system**, working with community groups to empower them to lead and to make the changes they need to enable recovery and to tackle issues such as **loneliness and isolation** and **digital enablement**. This links to **expanding community services and assets** to offer Oxfordshire's services in a more digitally accessible way with impact for all.

### Understanding data and insights

A stronger system-wide approach will need to be underpinned by **shared data and insight** which will be used to **inform decision-making** to develop stronger communities. This data and insight will also be critical to **monitoring the outcomes and improvements** that are delivered across local communities.

## Stronger Communities: Priority outcomes

There are a number of priority outcomes, which will help Oxfordshire deliver against its overarching aims for Recovery and Renewal.

### Consolidating recovery and building resilience



Support the **resilience and sustainability of the voluntary and community sector**, specifically to **deliver community-led interventions** with preventative impact.



Focus on **'community activation'**, **empowering residents** to take more **personal responsibility** for the delivery of **joint outcomes** across local communities.

### Addressing the unequal impact of COVID-19



Use **person and family centred approaches** working as an Oxfordshire system to align activities and promote more **joined up community development**.

### Supporting renewal



Drive the delivery of **place-based interventions** to provide support and services where they are most needed.



A stronger and more **collaborative system-wide approach** underpinned by **shared data and insight**.

## Stronger Communities: Shared ambitions

Overarching ambitions have been identified to drive system-wide attention on this theme:

- Local decision making and services are informed by collaborative efforts across the system.
- An increase in joint targeted activity between the system and community & voluntary groups, including hyper-local action where appropriate.
- A reduction in the number of citizens who feel isolated, along with an increase in usage of community and cultural resources, including public libraries and green spaces.
- Citizens in Oxfordshire are healthy, safe and achieving.
- Communities impacted most by COVID-19 receive the required support they need to sustain resilience against any future impact.
- Collaboration to release funding and monitor programmes and initiatives in the VCS, including sharing data and insights.

# 3. Key enablers

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## Overview of key enablers

The delivery of Oxfordshire's Recovery and Renewal Framework will need to be underpinned by two key enablers:



### Ongoing COVID readiness, response and resilience

Alongside recovery, the ongoing delivery of reactive COVID activity in line with national guidelines (incl. the CONTAIN framework) will be important to continuing to manage the health impacts of the pandemic. This includes a number of areas such as:

- Continuing to drive take-up of the vaccine programme across local communities.
- Maintaining clear communications, giving trusted information and guidance to influence behaviours and empower residents to take personal responsibility.
- Retaining proportionate capacity for testing, local contact tracing, and the support of self-isolation to minimise the risks of transmission.
- Supporting national efforts to reduce the risks of variants emerging globally entering the UK through ensuring local compliance with testing and quarantine regimes following international travel.
- Keeping in place robust contingency measures to deal with the unexpected eg. utilising powers to impose local restrictions etc.



### Systems working

Over the last 18 months, a lot of time and effort has been invested by partners including local government, health and social care, emergency services, the VCS, businesses etc. to establish a whole-system partnership response to COVID-19. The value and strength of this approach is evident from the range of initiatives successfully delivered including (but not limited to):

- The establishment of **joint working groups** to ensure alignment across local place-based issues eg. the 'system-wide local outbreak control communications group' which has increased the collective reach of the system and enabled access to hard-to-reach groups in local communities.
- The ability to **deploy resources flexibly across the system** to rapidly mobilise activities and support direct delivery on the ground eg. passporting funding to the VCS to deliver targeted local initiative.
- The opportunities for **joined up community development** to deliver better local outcomes eg. through the healthy place-shaping agenda which is one specific example of how place-based, community-led models are helping to empower residents and create a better place for people to live and work in.

There is a significant opportunity for partners to continue to build on these successes, specifically as they think about transitioning to focus on Oxfordshire's recovery and renewal from the pandemic.

#### Partners across the system should use this overarching framework to:

- Guide and inform prioritisation of investment and resource to deliver these system-wide priority outcomes.
- Identify further areas where working in partnership across the system may enable the delivery of cross-cutting outcomes across Oxfordshire.

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## Agenda Item:

**Meeting:** Oxfordshire Health and Wellbeing Board

|                        |   |
|------------------------|---|
| <b>Date of Meeting</b> | 17 March 2022   |
| <b>Title of Paper</b>  | Defining the BOB ICS Development Roadmap  |
| <b>Lead Director</b>   | Dr James Kent, Accountable Officer  |
| <b>Author(s)</b>       | ICS Development Board and Amanda Lyons, Interim Director of Strategy and Partnerships |
| <b>Paper Type</b>      | Information   |
| <b>Action Required</b> | The Health and Wellbeing Board Members are asked to note the ICS Roadmap update       |

### Executive Summary

- The transition to an ICB statutory organisation, with existing CCG people and functions aligned to the new operating structure, is on track for delivery by 1 July 2022.
- The transition activity is supported by a detailed System Delivery Plan (SDP), which will be updated by the 31 March 22 to reflect the 3 month extension to the original ICB statutory operating date.
- Additionally:
  - We have a high-level ICS development roadmap which outlines the key activity and outcomes through to 1 April 23
  - We have outlined a set of risks, with mitigating actions
- Our focus to date has been laying the groundwork for the ICB (“the architecture”) including the safe transition of the CCG functions into the ICB, shaping the ICS Strategy development effort and capturing early activity to support the development of Place-based Partnerships and Provider Collaboratives.
- In the coming month will work with each of our Places to broaden our thinking on the Place-based Partnership Development with each partnership working on their local development plans. We will also focus on ICS Strategy Development including agreeing Executive leadership (where required) and how we harness the thinking now to accelerate our ICS priorities, to provide a level of confidence and detail well ahead of the formation of the ICB.
- Our aim is to use this as the basis for the updated System Development Plan (SDP) due to NHS England & Improvement by 31 March 2022. Furthermore, we will submit an updated Readiness to Operate Statement (ROS) on the 31 March 2022, which will complement the SDP, ahead of the legal ICB establishment on 1 July 2022.

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# Defining the BOB ICS Development Roadmap

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07 March 2022

# Defining the BOB ICS Development Roadmap



## *Aims and underpinning principles*

The **aims** of the roadmap are:

- To set out, through a number of integrated workstreams, the key **ICS development changes** and associated outcomes we are aiming to deliver over the next 18 months, giving greater line of sight on the required work to support more detailed planning;
- To highlight the key interdependencies and areas of risk across the plan and also with other key stakeholder activities (e.g. local elections);
- To provide the continuum of the current System Delivery Plan i.e. the foundations around which to write the next SDP due by the end of March 2022.  
To create the baseline to manage delivery against.

The **scope** of the roadmap includes:

- Establishing the building blocks of the BOB ICS over the next 18 months (including the ICB architecture, Place-based Partnerships, Provider Collaboratives, new/strengthened ICB capabilities to support the ICS);
- Defining the ICS strategy over that period.

The roadmap **does not include**:

- Delivery of the strategy (it only includes the development phase of the strategy);
- Delivery of all the service and system changes underway (apart from the agreed ICS priorities);
- Delivery of operational plans;
- Details of “cross cutting” workstreams (yet to be completed)

# Defining the BOB ICS Development Roadmap

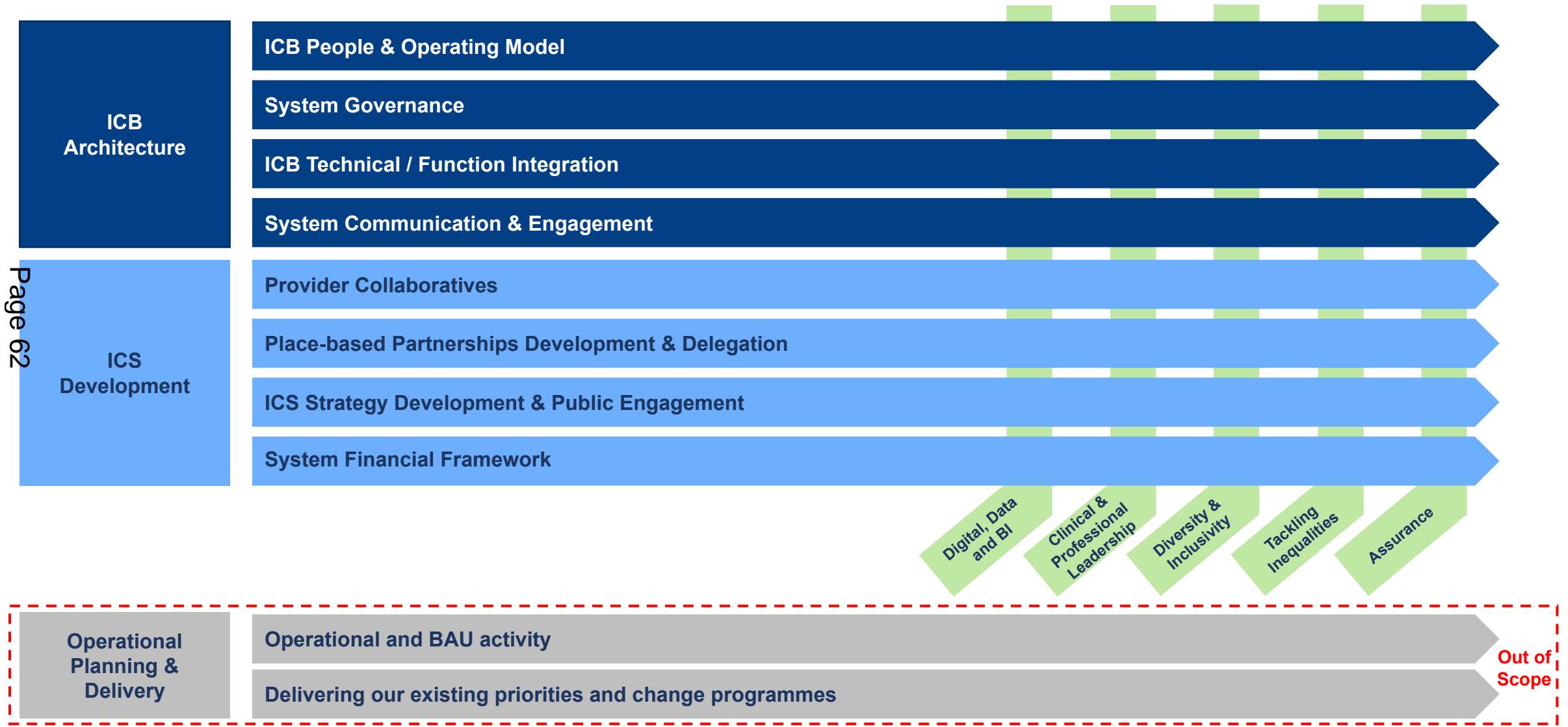
*Aims and underpinning principles*

Ultimately, our changes should be focused on **enabling the ICS to deliver it's purpose:**



# Defining the BOB ICS Development Roadmap

Key streams of work

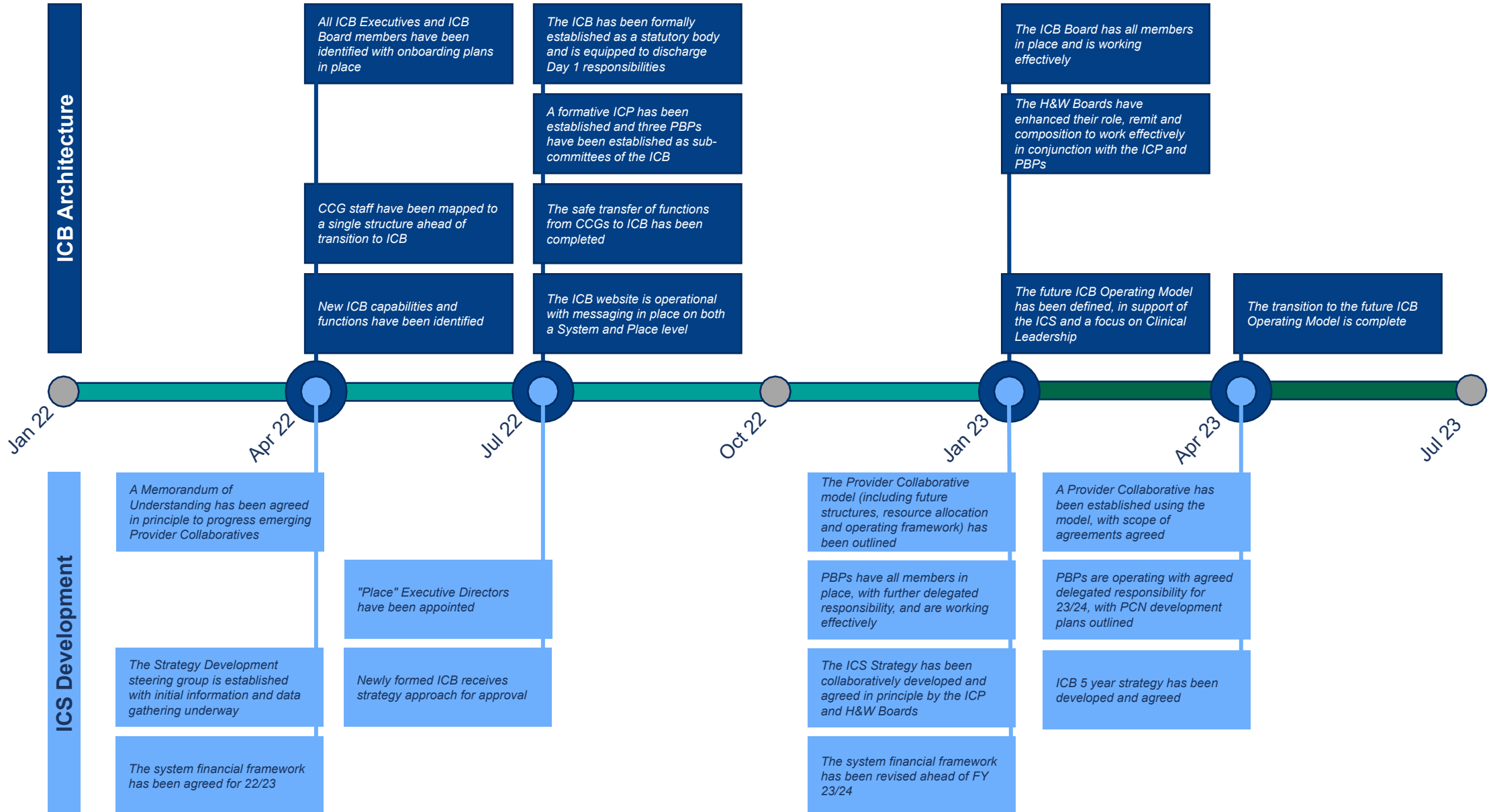




# Defining the BOB ICS Development Roadmap

Key outcomes over time

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# Defining the BOB ICS Development Roadmap

## ICS Development - Progress so far

Whilst the focus has been on establishing the ICB architecture, progress has been made on key elements of ICS development activity. This activity will continue to “ramp up” as the statutory commitments are met and Executive leadership roles are established and filled.

| Provider Collaboratives  | Place-based Partnerships Development & Delegation   | ICS Strategy Development & Public Engagement  |
|--|---|---|
| <div data-bbox="81 606 140 768" data-label="Page-Header">Page 64</div> <ul style="list-style-type: none"> <li>Our purpose is to <b>create a number of provider collaboratives across the system to facilitate delivery of higher quality, more efficient and more integrated care</b> for our patients and residents.</li> <li>We are <b>early in this journey and continue to work with our System Partners</b> to help:               <ul style="list-style-type: none"> <li>build out an overarching framework which will inform a position on the level of delegated authority, leadership, oversight, funding allocation and associated risk management, for each collaborative</li> <li>Understand the broader impact of Provider Collaboratives on the end to end patient pathways, ensuring the collaborative ultimately enables more integrated, effective care</li> <li>Identify areas of health and care suitable for provider collaboration.</li> </ul> </li> <li>Building off the existing Provider Collaboratives*, <b>the three acute providers will start to formalise a provider collaborative through the current BOB ICS Elective Care Programme.</b></li> <li>The three providers are in the process of <b>agreeing a Memorandum of Understanding to support this ambition</b> and to drive the Elective Care agenda forward.</li> </ul> | <ul style="list-style-type: none"> <li><b>“Places” will play a vital role going forward in:</b> <ul style="list-style-type: none"> <li>Supporting and developing primary care networks</li> <li>Simplifying, modernising, and joining up health and care</li> <li>Using population health management tools and other intelligence</li> <li>Coordinating the local contribution to health, social and economic development to prevent future risks to ill health</li> <li>Identifying and addressing health inequalities for population.</li> </ul> </li> <li><b>The formation of Place-based Partnerships (PBPs) is being driven through the System Governance activity,</b> where PBPs will be formally established, as committees of the Integrated Care Board, with initial delegated authority, by 1 July 2022.</li> <li>Establishing the governance groups is important but it's the <b>first step in mapping out how these groups will operate and importantly, what the role, remit and scope of PBP activities will cover,</b> from the 1 July, and then as the PBPs mature.</li> <li>There is <b>system leadership recognition that the Place-based development is key to making the ICS successful,</b> and the <b>ICB Chief Executive is working directly with place-based leadership to drive this work forward.</b></li> </ul> | <ul style="list-style-type: none"> <li>The <b>ICS 5 year strategy will be built with our partners and in full, open dialogue with the our citizens.</b> This is due by 31 Dec 2022.</li> <li>The <b>ICS strategy development approach will be data and fact driven,</b> it will build upon each <b>local authorities Joint Strategic Needs Assessment</b> and <b>we will work with our clinical leaders through the design of a clinical framework</b> before entering into a phase of <b>citizen and stakeholder engagement and deliberation to refine our strategic proposals.</b></li> <li>The ICS approach to developing the strategy is in progress, with a view <b>to have a sound data and information platform in place in order to work with the Integrated Care Partnership (ICP)</b> when they are formally established from 1 July 2022.</li> <li><b>Input and engagement on the strategy development approach will be sought from all partners</b> and where viable, <b>resources from our partners will be mapped to the team to support on a regular and ongoing basis.</b></li> </ul> |

\* Including Thames Valley in Mental Health (CAMHS Tier 4; Adult Secure provision; Adult Eating Disorder); pathology networks and the Thames Valley Cancer Alliance.

# Defining the BOB ICS Development Roadmap

## Key Risks and Mitigations

|         | Risks  |   | Mitigations   |
|---------|--|---|---|
| Page 65 | 1 Balancing our change agenda and service responsibilities                                   | ➔ | <ul style="list-style-type: none"><li>• Recognise the right capacity level required to deliver</li><li>• Ensure rigour in planning</li><li>• Maintain the right oversight capability to mitigate against service failure</li></ul>                    |
|         | 2 Balancing the effort to set up PBPs and provider collaboratives with operational pressures | ➔ | <ul style="list-style-type: none"><li>• Ensure that the development of provider collaboratives and PBPs is anchored in enabling and accelerating delivery of ICS priorities</li></ul>   |
|         | 3 Level of effort required to establish the ICB and required capabilities                    | ➔ | <ul style="list-style-type: none"><li>• Establish interim ICB operating model quickly (ahead of 1 July), bringing three CCGs into working as one</li><li>• Identifying and prioritising new ICB capabilities where required</li></ul>                 |
|         | 4 Securing the right level of engagement on the ICS Strategy and forward looking SDP         | ➔ | <ul style="list-style-type: none"><li>• Ensure approach to developing the strategy and forward looking System Delivery Plan is shaped and owned by partners and stakeholders, with relevant early engagement</li></ul>                                |
|         | 5 Supporting the “Cultural Shift” required   | ➔ | <ul style="list-style-type: none"><li>• Ensure OD and culture is prioritised as part of the ICS development roadmap activity</li><li>• Ensure that suitable and specific activities are executed in line with the ICB launch on 1 July 2022</li></ul> |

# Developing the BOB ICS Development Roadmap

*Next steps ahead of the System Delivery Plan submission*



- Continue to work with the assigned ICS development leads to **process any feedback received and refine the System Delivery Plan (SDP) through March, ahead of final submission** due to NHS England & Improvement by 31 March 2022
  - Confirm **SDP submission requirements and delivery plan.**
  - Define the **mechanisms to manage and deliver the ICS Development roadmap going forward**, including how best to report on progress against specific workstreams.
- Accelerating **work with key individuals to develop thinking on critical areas ahead of the SDP submission** including Place-based Partnerships and Provider Collaboratives.

## Oxfordshire Community Services Strategy: Update Report for Health and Wellbeing Board

March 2022

### Executive Summary

This paper provides a brief update on the Oxfordshire Community Services Strategy. It briefly looks back over the past few months, sets out a framework for discussion to strengthen our conversations and provides an overview of what we are looking to achieve to give us a shared understanding of the programme and desired outcomes.

### The impact of omicron and winter pressures

As we've seen in the press, this winter has been extremely difficult across the health and care sector and Oxfordshire has been no exception. Between December and February, rates of staff sickness were up to 3 times higher than usual, due in large part to the omicron surge. In response, the health system declared a Level 4 (highest level) incident, triggering 'command and control' emergency procedures. This meant that staff across health and social care, who had been working on the Community Services Strategy, were understandably recalled to support patients and front line services. As a result, we haven't had the essential clinical and operational input we needed to make as much progress as originally planned.

Having said that, we are now able to share the outputs of the clinical and professional workshops held in the run-up to the winter surge, which have led to the development of updated care pathways that help us more clearly identify the characteristics of patients who are most likely to benefit from inpatient care in a community setting – and the alternative options for providing care in the home that are often better for many other patients. This information will be available on our website by 10<sup>th</sup> March:

[www.oxfordhealth.nhs.uk/about-us/overview/our-strategy/community-services-strategy/](http://www.oxfordhealth.nhs.uk/about-us/overview/our-strategy/community-services-strategy/)

During November and early December, we also progressed work in the preventive care part of the strategy, led by Pippa Corner at OCC, incorporating important strategic developments around bolstering independence and wellbeing, social prescribing, Communities of Practice and The Oxfordshire Way. Just before Christmas, the strategy leads joined a workshop hosted by the Oxfordshire Voluntary & Care Sector (VCS) coalition and have held subsequent discussions with VCS Chief Executives; although this work necessarily paused during the winter peak, it has been picked up again in the past few weeks.

As the omicron winter surge subsides, the Community Services Strategy is being given renewed focus and additional dedicated resources. We've started by appointing a new Programme Director. Helen Shute, a senior director with experience of the Oxfordshire system, joined the team on 14<sup>th</sup> February. Helen is prioritising meeting with stakeholders and working intensively on the processes and structures we need to progress this work with a refreshed timeline for the programme.

### What's going to be different in the next stage of work?

The appointment of an experienced director for the programme is key to making the Community Services strategy, and the critical public engagement work around this, a reality for the residents of Oxfordshire during 2022. The next priorities are to:

- Clearly and consistently lay out what the Strategy intends to do, in a way that is meaningful to the public and facilitates engagement across the breadth of health, social care and voluntary sectors

- Secure dedicated resources for the programme to make sure we have the people with the expertise we need, when we need them
- Put in place the right structures and decision-making processes – discussions have already started on this with the system Chief Executives (NHS and local authority)
- Review the evidence base and ensure the strategy is drawing on this fully – including the information from the public engagement work in previous years
- Consider how best we can engage with the largest possible number of Oxfordshire residents as an ongoing priority, throughout the process
- With all of the above critical pieces of information, lay out a realistic timeline for delivery

### **Building our relationship local representatives**

In order to work effectively together, we need to make sure we have a deeper shared understanding of what Community Services are and what we're trying to achieve through the strategy. A seminar on the strategy has previously been proposed and we intend to set this up as a priority now that covid restrictions are lifting, to provide an opportunity for interested members to learn more about the services and provide input into the process.

- Our commitments to you:
  - We will provide succinct, proactive reporting, on-time
  - We will be honest when things aren't going how we expected
  - We will ask for your help when we need it
  - We will be clear on the input we need from you and the dependencies

### **The Strategic Direction in a nutshell**

In her first two weeks, Helen has supported the team to more clearly lay out the work underway so that all stakeholders have a shared understanding of what we are looking to achieve and how we are going to get there. In summary, there are three key strands to the Community Services Strategy, delivering:

- The Right Care
- At the Right Time
- In the Right Places

In order to deliver the **right care**, we will design Community Services using a robust evidence base. We will draw on best practice, patient feedback, the results of our public engagement and clinical and operational expertise. We will map our resources (everything from our buildings and budgets through to voluntary and community networks and assets) to inform the plans for developing our preventative and care-based community services. We will create a robust workforce plan that deals with local challenges and not only looks after our people now, but also seeks to attract people into healthcare training so we have a pipeline of expert staff for the future as Oxfordshire's population grows and ages.

Making sure the people of Oxfordshire have the right care at the **right time** means we need to think about when people need care. This will help us to identify the services we need to keep people living more healthily and independently at home for longer. Our Community Services will be both reactive and proactive, providing care and support:

- In advance (preventative care, before people become unwell)
- At the time of a health crisis
- While they are recovering from illness

- And in some cases, when long term care is needed

It is vitally important that the right care at the right time is delivered in the **right places** and this is the final pillar of the Community Services strategy. Community Services are delivered:

- In people's homes
- In their local communities
- And in in-patient services

We will make sure we are using our resources in the best way possible, to deliver services in the right setting for patients, as close as possible to where they live. Based on the clinical evidence, buildings, funding and workforce available, alongside what we know about our local communities (including what they tell us) we will propose new ways of delivering our Community Services in Oxfordshire.

We anticipate the results of our work will enable more people in Oxfordshire to access essential Community Services closer to where they live. We will work to minimise the amount of unnecessary in-patient care people need because we will be delivering more care in ways that lead to better long-term health outcomes, focusing our budget on preventative care and developing the resilience and robustness of care outside of hospitals. Where community in-patient care is the right care to meet the needs of patients, we will develop proposals for how and where it is best to locate and resource that care.

## Strategy Principles

At the end of last year the results of the public engagement work on the principles that will underpin the community services strategy were agreed and the principles were formally adopted at the December Health and Wellbeing Board.

When we're talking about what we're doing and the principles that sit behind it, however, it's difficult for people to remember and work with 11 separate principles. We need them to be understood, remembered and acted upon and, with this in mind, we have distilled them to four overarching strategic priorities to steer the service change and engagement programme (mapping to the 11 principles is in Appendix 1).

These priorities are:

- **Locally accessed and driven.** We need to design our services with our population needs and contexts in mind, to ensure they are effective at delivering health outcomes and reducing inequalities. We will consistently balance value and accessibility with the resources available, delivering as many services as we can close to home in the most equitable way, while managing the local budget in the most responsible way for Oxfordshire. We will employ new technology where it makes sense to do so to enable people to stay well at home for longer. We will create new community-based networks and structures that support local engagement and decision-making. Local won't always mean everything can be on your doorstep but we will work with local communities to design an approach that works well for them, in a way that meets people's needs.
- **Flexible and equitable by design.** To be fit for the future, we need to ensure that the foundations we lay now for our services enable both continuous improvement and a safe but flexible, agile response to changing circumstances, following evidence-based guidelines, whether that is in the short or medium term. This includes ensuring tailoring services to provide equitable access based on each local community's assets, opportunities and requirements, not a 'one size fits all' approach to service delivery. Services must be able to respond in a timely manner to changes in individual patients' needs, changes in their local population and new approaches to prevention and treatment as soon as these become best practice.

- **Seamless from start to finish.** The engagement work to date has identified fragmentation of care as a major cause of dissatisfaction among patients, carers and staff. From the earliest pathway design through to every step of the patient or carer's journey, care should be joined up and coordinated. This means we need to work on every aspect of our approach, from the local, environmental and community inputs alongside the financial at the outset of a design programme, through the way we work seamlessly as system partners to how we communicate both with patients and each other, the joins in the system should be invisible to the people we care for.
- **Delivered by an expert team.** High quality Community Services require caring, well-motivated, functional, multi-professional teams. We will only deliver on our priorities if we have a strong, motivated, well-resourced and stable workforce with sufficient time and skill to dedicate to patient care. We will work hard to make Oxfordshire a great place to work as a health or care professional (or volunteer), offering training, development, progression and wellbeing support and a culture people want to be a part of to attract both qualified healthcare professionals and those making their career and training choices now. A robust plan for delivering the required workforce is critical if the strategy is to be credible to its key stakeholders.

### **Updating the timeline for public engagement**

Community services cover a broad range of care and there are many people and organisations working to improve them – we have identified over 40 different projects, service teams and groups already working on plans to modernise community care. Over the coming weeks the new Programme Team will work to pull together the different workstreams, provide teams with additional data, insight and support and join them up in the best way possible, ensuring we have planned meaningful public involvement and engagement as the work progresses.

Due to the delays experienced over winter and because of the widened scope of work identified from last year's public engagement on the principles, we have been reviewing and updating the delivery timelines for the programme, to ensure adequate time is built in for full and comprehensive public engagement.

Public engagement will be an ongoing process, but for planning purposes, we anticipate that engagement activities will be concentrated into two phases (avoiding school holidays where possible):

- Phase 1 - April-July 2022 (working around local elections as required)
- Phase 2 - September-December 2022



## Appendix One: Mapping the 11 Principles to four strategic priorities

This shows how the principles agreed in the engagement work so far have been used to shape four strategic priorities for engagement in the next phase of the programme.

Many of the principles are necessarily duplicated across each of the priorities. This exercise could equally have sought to map the principles into the three strategic pillars in the main body of this paper. What is key is that these principles are being used as the foundation of the programme – as we develop and appraise options, we will return to the full list however the priorities provide us with a more accessible language and simpler focus, around which we can speak about and manage the programme.

- **Flexible and equitable by design.** In order to be fit for the future, we need to ensure that the foundations we lay now for our services enable both continuous improvement and a safe but flexible, agile response to changing circumstances, following evidence based guidelines, whether that is in the short or medium term. This includes ensuring tailoring services to provide equitable access based on each local community's assets, opportunities and requirements, not a 'one size fits all' approach to service delivery. Services must be able to respond in a timely manner to changes in individual patients' needs, changes in their local population and new approaches to prevention and treatment as soon as these become best practice. This maps to these agreed principles:
  - Enable people to stay well for longer in their own homes
  - Use digital approaches to improve health and independence
  - Base service design on best practice, clinical evidence and user experience
  - Deliver the locally and nationally agreed priorities for our health and care system
  - Contribute to sustainability and the environment
  - Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources
- **Seamless from start to finish.** The engagement work to date has identified fragmentation of care as a major cause of dissatisfaction among patients, carers and staff. From the earliest pathway design through to every step of the patient or carer's journey, care should be joined up and coordinated. This means we need to work on every aspect of our approach, from the local, environmental and community inputs alongside the financial at the outset of a design programme, through the way we work seamlessly as system partners to how we communicate both with patients and each other, the joins in the system should be invisible to the people we care for. This maps to these agreed principles:
  - Provide a better experience for people who are seeking or receiving care in their community
  - Ensure our use of beds in the community maximises improvements in people's long term health
  - Base service design on best practice, clinical evidence and user experience
  - Deliver the locally and nationally agreed priorities for our health and care system
- **Locally accessed and driven.** We need to design our services with our population needs and contexts in mind, to ensure they are effective at delivering health outcomes and reducing inequalities. We will consistently balance value and accessibility with the resources available, delivering as many services as we can close to home in the most equitable way, while managing the local budget in the most responsible way for Oxfordshire. The most local care is the care delivered at home - we will employ new technology where it makes sense to do so and to enable people to stay well at home for longer. We will create new community-based networks and structures that support local engagement and decision-making. Local won't always mean everything on your doorstep but we will work with local communities to design the best approach for them, in a way that meets people's needs.

This maps to these agreed principles:

- Ensure opportunities to improve health and wellbeing are consistent and equitable across the county
  - Provide a better experience for people who are seeking or receiving care in their community
  - Organise services so staff operate in teams with appropriate skills in buildings that enable them to work more effectively
  - Enable people to stay well for longer in their own homes
  - Use digital approaches to improve health and independence
  - Contribute to sustainability and the environment
  - Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources
- 
- **Delivered by an expert team.** High quality Community Services require caring, well-motivated, functional, multi-professional teams. We will only deliver on our priorities if we have a strong, motivated, well-resourced and stable workforce with sufficient time and skill to dedicate to patient care. We will work hard to make Oxfordshire a great place to work as a health or care professional (or volunteer), offering training, development, progression and wellbeing support and a culture people want to be a part of to attract both qualified healthcare professionals and those making their career and training choices now. A robust plan for delivering the required workforce is critical if the strategy is to be credible to its key stakeholders. This maps to these agreed principles:
    - Organise services so staff operate in teams with appropriate skills in buildings that enable them to work more effectively
    - Be a great place to work for the health and social care workforce

*In relation to this priority, we have heard the concerns raised by residents and JHOSC members about the risk of workforce shortages undermining the ability to deliver these ambitions and are developing a plan to address this, in order to ensure the care delivered to people at home and in other community settings is reliable, consistent and robust.*

Authors: Helen Shute and Dr Ben Riley

2<sup>nd</sup> March 2022

## **Divisions Affected -**

### **Oxfordshire Health and Wellbeing Board**

**17<sup>th</sup> March 2022**

### **Oxfordshire Pharmaceutical Needs Assessment (PNA) 2022**

**Report by David Munday, Consultant in Public Health**

## **RECOMMENDATIONS**

### **1. The Health and Wellbeing Board is RECOMMENDED to**

(i) Accept the draft Oxfordshire Pharmaceutical Needs Assessment (PNA) 2022 for publication as a report of the Health and Wellbeing Board, and as fulfilment of the board's statutory duty to publish a PNA at least once every three years.

(ii) Note that the PNA has not identified any gaps in general access to community pharmacies in the present situation in Oxfordshire and in the expected situation in Oxfordshire to 2025, that is during the lifetime of the current PNA.

(iii) Note that NHS Resolution has adjudicated that a new pharmacy can be opened in Upper Heyford in Cherwell.

(iv) Special note should be made of the situation in the centre of Oxford City, where there is at present one large pharmacy. The public has identified a need for service improvement and extra choice. A second pharmacy in central Oxford could provide this.

(v) Note that the Valley Park housing development, west of Didcot, part of the Didcot conurbation and in Vale of White Horse, may have a future need, after building is completed and as the community matures, but beyond the lifetime of the current PNA.

(vi) Adopt all the Recommendations of the Oxfordshire Pharmaceutical Needs Assessment 2022.

## Executive Summary

The PNA 2022 is a statutory report that assesses the needs for community pharmaceutical services in Oxfordshire in the period April 2022 to March 2025 inclusive. The PNA 2022 was developed by a multi-partner Steering Group, using data from NHS England and from the Planning Team at Oxfordshire County Council, and employing Geographical Information Systems such as NHS SHAPE. A public consultation on a draft of the PNA took place from 8<sup>th</sup> November 2021 to 9<sup>th</sup> January 2022.

There are 105 community pharmacies in Oxfordshire included in the PNA, distributed throughout the county. 2 of these 105 community pharmacies are distance-selling, internet-based pharmacies, without physical premises for customers to visit.

In addition, there is 1 Dispensing Appliance Contractor (DAC) in Oxfordshire based in West Oxfordshire. 26 General Practices in Oxfordshire are recognised as Dispensing GPs.

The PNA has not identified any gaps in general access to community pharmacies at the present time, and new pharmacies have been given permission to open in Upper Heyford and in north Didcot in 2022. However, the need for service improvement and extra choice could be met by a second pharmacy in Oxford City centre

The PNA has not identified any gaps in general access to community pharmacies in the period to 2025, but there may be a future need in the Valley Park development in Vale of White Horse, and part of the Didcot conurbation, beyond the lifetime of the present PNA.

Respondents to the public consultation felt that more attention could have been paid to experiences in local pharmacies and to other practical issues such as disabled access. There was also strong support from a number of respondents for a second pharmacy in Oxford City centre.

## Exempt Information

2. There is no exempt information.

## **The Oxfordshire PNA 2022**

### **Background**

3. The Pharmaceutical Needs Assessment (PNA) is a statutory report that is required to be produced by the Health and Wellbeing Board (HWB) every three years or more frequently. The PNA is the means by which the community pharmaceutical services in a Health and Wellbeing Board area are reviewed and evaluations are made as to whether or not these services are adequately meeting the needs of the population. The PNA should inform the commissioning of essential, enhanced and advanced services from community pharmacies by NHS England, and the commissioning of services from pharmacies by the Public Health department of the local authority and by other local commissioners such as the Clinical Commissioning Group (CCG).

### **Steering Group**

4. Under the aegis of the Oxfordshire Health and Wellbeing Board, a PNA Steering Group was convened in May 2021. The membership was comprised of key stakeholders in the local health and care community. The membership thus included representatives of NHS England South East, Oxfordshire CCG, Pharmacy Thames Valley and Oxfordshire Public Health. The remit of the Steering Group was to oversee the creation of the PNA, in accordance with the regulatory framework, and with due regard for the landscape of health and care services in Oxfordshire, and other local considerations. The scope of the PNA was the population of Oxfordshire Health and Wellbeing Board, for three years (from April 2022 to the end of March 2025). The work of the Steering Group was informed and supported by a wider group of partners including Healthwatch Oxfordshire, the OCC data visualisation team, the public engagement team and partners who promoted or engaged with the local consultation.

### **Methods**

5. An overall assessment of the health and well-being of Oxfordshire was completed, together with consideration of new housing (new build) and population growth. Geographical Information Systems (GIS) including NHS SHAPE software were then used to plot the location of pharmacies and of dispensing GPs in Oxfordshire and to estimate access to these by driving times, driving distances, walking times and public transport times. This is described in the PNA as 'general access'. Data on advanced services were derived from the NHS Business Authority website. Supplementary data on locally commissioned services were provided by commissioners at Oxfordshire CCG and Oxfordshire County Council Public Health Team.

The following criteria were agreed by the Steering Group, as the main ones for the 'Gap Analysis', that is, for assessing the meeting of the health needs of the

population by pharmaceutical services, for identifying where better access and general improvements might be required:

- All parts of the population should have access to a physical community pharmacy.
- In rural areas the population should be within 20 minutes' driving time or within a 5 miles radius of at least one community pharmacy. If neither criteria is met then this might be given consideration as a gap.
- In the main urban areas (in Oxford City, Banbury, Bicester, Abingdon, Didcot, Witney), the population should be within 20 minutes' walking time or 20 minutes' public transport time of a provider. If neither criteria is met then this might be given consideration as a gap.
- Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' public transport travel time).
- The prospective needs of new build areas should be identified and considered in locations where the construction of 200 or more dwellings is planned in the period April 2019 to March 2025.
- This projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas, in the attempt to predict the emergence of gaps in pharmaceutical services in the future (i.e. by the end of March 2025).

## **Consultation**

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

## **What did we learn from the public consultation on the PNA?**

7. In total, 1,000 people visited the consultation webpages between November 8<sup>th</sup> 2021 and January 9<sup>th</sup> 2022. 136 people returned feedback forms on the draft PNA, the majority of them doing this on-line. Four individuals and one organisation submitted emails. The respondents felt that the real-life experiences of people in using pharmacies should have had a greater role in the PNA, although the consultation and the Healthwatch survey had given opportunities for the public voice to be heard in this respect. Older people tended to judge the PNA more favourably than younger people. There was criticism of the use of on-line methods, and the authors recognised that participation by post in future PNAs should be made easier. Respondents felt that pharmaceutical services were not growing in step with the population. About two thirds of people expressed strong views about pharmacy services in the centre of Oxford and felt that a second pharmacy would improve matters.

## **Are pharmacy services meeting people's needs in Oxfordshire? Current Situation**

8. **Overview:** The population of the county of Oxfordshire is continuing to grow. In total, 36,610 new homes are envisaged in Oxfordshire for the period April 2019 to March 2025. In turn, local population projections suggest that the population of Oxfordshire will grow to 769,784 people by 2025, that is by 10.7% from 2019.

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

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

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

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

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

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

**Cherwell:** there are no apparent exceptions.

**Oxford City: Special Note:** In the present PNA for 2022 to 2025, data from NHS England and NHS Shape do not indicate a gap in services in Oxford City centre in terms of geographical coverage and general access. However, although the single pharmacy in the centre of Oxford is a large pharmacy, it is serving a busy regional shopping centre and one that is used by a large university and tourist population. The public have expressed a need for service improvement and extra choice and a second pharmacy could meet this need.

**South Oxfordshire:** A possible exception is the Tweed Drive and Prestwick Burn area in the north east of Didcot, but this is a small area just outside 20 minutes' public transport time of a pharmacy; also a new pharmacy has permission to open nearby in north Didcot by Autumn 2022, so this area is not considered to have gap status. A number of people responding in the public consultation referred to closures of pharmacies in the recent past, but the overall geographical coverage by pharmacies in Didcot (with the north Didcot pharmacy included) is acceptable.

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

**West Oxfordshire:** There are no apparent exceptions.

### **Are pharmacy services meeting people's needs in Oxfordshire? Future Situation 2022 to 2025**

9. **Expected Situation is as follows:**

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

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



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

**Special Note:** NHS Resolution has now determined that Minerva Clinical Services may open a pharmacy in Upper Heyford in 2022.

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

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

**Vale of White Horse:** An exception is the Valley Park development to the west of Didcot and within Vale of White Horse, but intended to form part of the Didcot conurbation. The development has an unusual layout in that it is adjacent three different settlements (Harwell, Milton and Didcot) while its southern part will extend south of Didcot. It is not clear how the public transport links will evolve and where the actual and preferred routes of travel will be.

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

**West Oxfordshire:** An exception is development in West Witney (Downs Rd/Deer Park Rd area). This area is just outside current public transport provision. Therefore West Witney is not considered to have gap status.

**Locally Commissioned Services: Services Commissioned by Oxfordshire Public Health and Oxfordshire CCG. (Illustrative Snapshot of services at 14.12.21).**

10. **Emergency Hormonal Contraception (EHC or ‘morning after pill’ OPH).** EHC is available in 68 out of 105 pharmacies in Oxfordshire.

**Needle Exchange service (SWOP. OPH):** Needle and syringe programmes supply all equipment used to prepare and take illicit drugs. Needle Exchange service is available in 38 out of 105 pharmacies in Oxfordshire.

**Supervised Consumption (OPH):** In this scheme a substitute opioid regime is prescribed at an appropriate dose. Supervised Consumption is available in 76 out of 105 pharmacies in Oxfordshire.

**Urinary Tract Infection (UTI) Service (OCCG):** Treatment for Urinary Tract Infections is available in 47 out of 105 pharmacies in Oxfordshire.

**Guaranteed supply of Palliative Care drugs scheme (OCCG):** Pharmacy Contractors guarantee stocking an agreed selection of routine palliative care drugs. This particular service is available in 26 out of 105 pharmacies in Oxfordshire. Pharmacies outside the scheme can also dispense these medications.

**Minor Ailments Scheme (OCCG):** Patients are able to receive free supplies of specified Over the Counter (OTC) medications for minor ailments after consultation with a member of the pharmacy team. This service, targeted at people from relatively deprived backgrounds, is available from selected pharmacies in Banbury (4 pharmacies) and Oxford City (11 pharmacies).

## 11. Discussion

The PNA has been conducted with thoroughness, attention to local detail, collaboratively and with transparency. The technology used in the PNA is comprehensive, but has limitations. It does not in itself evaluate customer satisfaction. The Healthwatch Oxfordshire Survey complements the PNA in providing more detail of how service-users obtain medicines and travel to pharmacies, and of how these service users perceive community pharmaceutical services. Pharmacy users were also able to express opinions on pharmacy services as part of the public consultation on the draft PNA.

The findings of the PNA are broadly in line with key national research concerning pharmaceutical services. Although the findings of this PNA are transparent and robust, future PNA work would be strengthened by paying more attention to customer experiences in local pharmacies, although resources for such detailed work are at present limited.

## Corporate Policies and Priorities

12. In line with the vision for thriving communities in Oxfordshire: there has been consultation on the PNA so that diverse residents are listened to; the intention of the PNA is to enhance the quality of life of residents. The provision of good general access to pharmacies is intended to help everyone have a good start in life and to provide help for everyone throughout life, especially people who are

in need and vulnerable. Likewise good pharmacy provision helps people lead healthy lives, as well as being part of a thriving local economy.

## **Financial Implications**

13. The PNA does not carry any financial implications for Oxfordshire County Council.

## **Legal Implications**

14. The publication of the PNA 2022 fulfils the obligations of the Health and Wellbeing Board under the Health and Social Care Act 2012 and associated legislation.

## **Staff Implications**

15. The PNA does not carry immediate implications for staff resources at Oxfordshire County Council, but staff from the Public Health Team and from Oxfordshire CCG should be ready to evaluate local commissioned services as part of the established commissioning cycle.

## **Equality & Inclusion Implications**

16. The PNA was publicised in a public consultation for two months and members of the public were invited to respond. Socio-demographic details of the respondents were collected and analysed.

## **Sustainability Implications**

17. This paper does not have any sustainability implications.

## **Risk Management**

18. The report does not have major risk implications for Oxfordshire County Council, although it is a statutory requirement that the PNA must be published by October 2022. Publication is on target for publication by April 2022.

## Consultations

19. All points of substance made by consultation respondents are recorded in the main report. However, pharmacies or pharmacy staff identified in the consultation responses are not named within the PNA itself.

NAME David Munday.

Annex: Draft Oxfordshire Pharmaceutical Needs Assessment 2022

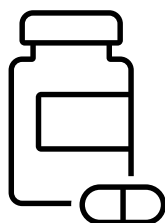
Background papers: Nil.

Other Documents: Nil

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March 2022.

# **Oxfordshire Pharmaceutical Needs Assessment 2022**



**Draft 3.2 for HWB. 01.03.22**

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# Oxfordshire Pharmaceutical Needs Assessment 2022

## Executive Summary

### 1. Background

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

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

### 2. Types of Service

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

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

**Locally Commissioned Services (LCS):** the following are currently being commissioned from some community pharmacies by Public Health at Oxfordshire



County Council (OCC) and by Oxfordshire CCG (OCCG): Emergency hormonal contraception (OCC), supervised consumption of opiate substitute therapy (OCC), SWOP Needle exchange service (OCC), treatment of Urinary Tract Infections (OCCG), supply of Palliative Care drugs (OCCG), treatment of Minor Ailments (OCCG).

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

### **3. Local Commissioners and Providers**

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

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

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

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

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

#### **4. Creating the Oxfordshire PNA 2022**

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

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

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

#### **5. Data Collation and performing the Gap Analysis**

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

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

The following criteria were agreed by the Steering Group, as the main ones for the 'Gap Analysis', that is, for assessing the meeting of the health needs of the population

by pharmaceutical services, for identifying where better access and general improvements might be required:

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

## **6. Public Consultation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

In general the respondents recognised that pharmacies were under pressure and felt that more attention should have been paid in the draft PNA to disabled access, waiting times, car parking, layout of pharmacies, access for people without personal transport, access to pharmacies for people during their working hours, the needs of students and postgraduates, and the demand for pharmaceutical services during university terms. Respondents felt that pharmacy services were not growing in step with the population

of Oxfordshire; the authors of the PNA pointed out that new build housing was well-documented in the draft PNA, but that it was sometimes difficult to predict whether a new pharmacy would be viable when the relevant housing development was at the planning stage.

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

### **13. Discussion**

The strengths and weaknesses of the draft PNA are discussed in this section. The PNA has been conducted with thoroughness, attention to detail, collaboratively and with transparency. The technology used in the PNA is comprehensive, but has limitations. and does not in itself evaluate customer satisfaction. The Healthwatch Oxfordshire Survey complements the PNA in providing more detail of how service-users obtain medicines and travel to pharmacies, and of how these service users perceive community pharmaceutical services. The public consultation on the draft PNA has also enabled local voices to be heard. The findings of the PNA are broadly in line with key research concerning pharmaceutical services in England.

### **14. Recommendations**

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

#### **Recommendations relating to possible needs and gaps:**

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

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

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

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

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

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

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

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

**Recommendations relating to the PNA Process:**

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

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

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

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

**END OF EXECUTIVE SUMMARY OF OXFORDSHIRE PNA 2022**

# **Chapter One: Introducing the PNA and the National Regulatory Framework**

## **1. Introduction to the PNA**

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

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

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

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

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

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

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

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<sup>1</sup> Department of Health, Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Well Being Boards, May 2013. [Pharmaceutical Needs Assessment Information Pack \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/274241/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

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

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

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

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

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

**Fig 1. Structure by Chapter of the Oxon PNA 2022**

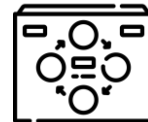
***One: PNA and its Regulatory Framework***



***Two: Landscape of Health & Care Services***



***Three: Process of Creating the PNA***



***Four: People, Health & Well-Being in Oxon***



***Five: Synopsis of Gap Analysis:  
Are Oxon's Needs being met overall?***



***Six to Ten: Are the needs of the  
Localities being met?***



***Eleven: Consultation on the PNA***



***Twelve: Discussion and Recommendations***



***Appendices***



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

These items of legislation<sup>2</sup> mandated that the first PNAs should be published by Health and Well Being Boards throughout England in 2015 and updated at least every three years after that. The Covid-19 pandemic has put pressure on the caring services and so the cycle has been interrupted; currently many Health and Well Being Boards are aiming at publishing a new PNA by October 2022.

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

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

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

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



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

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

### **4. The Structure of Pharmaceutical Services under the Legislation**

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

#### **Essential Services**

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

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

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

#### **Opening Hours**

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

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<sup>3</sup> [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024).

Any contractor can subsequently apply to change their core opening hours, but they must demonstrate that the needs of the population have changed. NHS England assesses the application against the PNA and whether there have been any changes in the needs of the population.

### **Advanced Services**

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

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

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

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

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

NHS England commissions influenza vaccination as an advanced service on an annual basis for people aged 65 years and over, and for adults in other at-risk groups. This was particularly successful in the 2020-2021 flu season with 84.4% of people aged 65 years or more in Oxfordshire and 80.9% of people aged 65 years or more in England receiving vaccination<sup>4</sup>. In 2021 Covid-19 vaccination is also being delivered through some community pharmacies and the Pharmacy Collect scheme is providing free Covid-19 lateral flow test kits for members of the public.

NHS Community Pharmacist Consultation Service (CPCS) was launched in October 2019 and the majority of community pharmacies have registered to provide the service. Initially the service took referrals to community pharmacies from the NHS 111 call service and subsequently the service was expanded to take referrals from 111 online. The latest development is for pharmacies to take referrals from GP practices;

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<sup>4</sup> [www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2020-to-2021](https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2020-to-2021)

this is referred to as GP CPCS. The CPCS is intended to relieve pressure on the wider NHS by connecting patients with a community pharmacy, as their first resort for repeat medications where the patient has run out of medication and for health consultations for a set list of minor ailments. NHS 111 by telephone and online is an important service in itself. It gives patients access to a team of fully trained call advisers, supported by experienced clinicians. They give healthcare advice or direct patients to the right local service, as needed. If they think an ambulance is required they will send one immediately.

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

The prevention of cardiovascular problems and identification of people with raised blood pressure (hypertension), as an advanced service, are part of NHS England's plans for PCNs in 2021-2022 and 2022-2023.<sup>5</sup> From 1st October 2021, a PCN must be working pro-actively with community pharmacies to improve access to blood pressure checks, in line with the NHS community pharmacy hypertension case finding service. From 1st April 2022, a PCN must undertake network development and quality improvement activity to support CVD prevention including ensuring processes are in place to support the exchange of information with community pharmacies, including a process for accepting and documenting referrals between pharmacies and GP practices, for when the NHS community pharmacy hypertension case finding service is formally launched

### **Enhanced Services**

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

### **Locally Commissioned Services (LCS)**

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

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

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

- Supply of Palliative care drugs (OCCG)
- Treatment of Minor Ailments (OCCG)

### **Distance Selling Pharmacies**

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

### **Dispensing Doctors**

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

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

### **Personal Administration by GP**

Under their medical contract with NHS England there will be occasions when a GP personally administers an item to a patient. The GP will supply the item (usually vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures)

against a prescription, but this is part of routine general practice and is distinct from the working methods of dispensing practices.

### **Dispensing Appliance Contractors (DACs)**

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

## **5. The NHS Long Term Plan**

In January 2019, NHS England published the NHS Long Term Plan<sup>6</sup> setting out its priorities for healthcare for the coming ten years. For the year 2019-2020, every NHS Trust, NHS Foundation Trust and Clinical Commissioning Group was required to agree organisation-level operational plans which combined to form a coherent system-level operating plan. The five major practical advances in the NHS service model were described as follows:

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

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

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<sup>6</sup> [NHS Long Term Plan](#)

- The NHS 111 helpline should book GP appointments and also refer callers to community pharmacies for support with self-care.
- The creation of Pharmacy Connection Schemes for patients who do not need primary medical services.
- More support to all care home residents in line with the Enhanced Health in Care Homes model with pharmacist-led reviews.
- The funding for the new Primary Care Networks (PCNs, clusters of GP practices working together as described in Chapter Two) will be used to expand substantially the number of clinical pharmacists working in general practices and other environments, such as care homes.
- The NHS should work with government to make greater use of community pharmacists' skills and their opportunities to engage patients.
- Up to 10% of hospital admissions in the elderly are medicines-related, so pharmacists should routinely work in general practice helping to relieve pressure on GPs and supporting care homes.
- About 50% of patients are not taking medicines as intended and pharmacists should support patients to achieve the best from medicines.

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

## **6. The Pharmacy Integration Fund**

### **The PhIF Initiative**

The Pharmacy Integration Fund<sup>8</sup> (PhIF) pre-dates the creation of the NHS Long Term Plan, but most of the emerging PhIF initiatives can be successfully dovetailed with the integrated care approach of the NHS Long Term Plan. The stated aim of the PhIF programme is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care service. In particular, the PhIF is intended to drive the greater use of community pharmacy, pharmacists and pharmacy technicians within the new, integrated local care models.

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<sup>7</sup> [www.england.nhs.uk/publication/gp-contract-five-year-framework/](http://www.england.nhs.uk/publication/gp-contract-five-year-framework/)

<sup>8</sup> [www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/](http://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/)

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

### **Pharmacy workforce education and development**

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

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

### **Care Homes**

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

### **Integrated Urgent Care and Digital Developments**

The PhIF/Integrated Urgent Care hub task and finish group is currently overseeing the deployment of pharmacists into Integrated Urgent Care Clinical Hubs, and is evaluating the impact on referral rates and patient outcomes. The Fund has been used to support work led by NHS Digital which includes supporting the roll out of the

Electronic Prescription Service tracker by NHS 111 and Integrated Urgent Care clinical hubs.

### **Pharmacists in General Practice**

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

### **Non-NHS Services**

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

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

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

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

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



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

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

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

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

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

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

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



## **1. Local Commissioners and Providers**

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

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

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

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

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

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

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

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

The Joint Health and Well-being Strategy 2018-2023<sup>11</sup> sets out the priorities at which Oxfordshire HWB would like all partners to aim. These include: giving children and young people a good start in life, helping people to live well and to age well, tackling wider issues that are the determinants of health, preventing illness, reducing the need for treatment and so delaying the need for care, and tackling inequalities in health. The strategy's focus on determinants includes concern for the built environment, for building strong communities, and for an emphasis on preventive services. On similar lines the Oxfordshire Prevention Framework, published in 2019, aims to focus efforts on the prevention of illness and on the reduction of health inequalities.<sup>12</sup>

## **3. Joint Strategic Needs Assessment**

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

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

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

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

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



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

#### **4. Director of Public Health's Annual Report**

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

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

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

Oxfordshire CCG contributed to the Sustainability and Transformation Plan for the Buckinghamshire, Oxfordshire and Berkshire West area (known as the BOB STP) which was published in 2016.<sup>16</sup> This was an overarching plan for the Buckinghamshire, Oxfordshire and Berkshire West area which took account of the growing and ageing population, the challenge of long term conditions and multi-morbidity and the need to integrate NHS services and in some instances, modernise the NHS estate.

Oxfordshire CCG also drew up its own Oxfordshire Transformation Plan which was discussed in two phases in 2016-2017.<sup>17</sup> These initiatives can be viewed as steps on the road to an Integrated Care System, usually referred to as the ICS.

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

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

<sup>16</sup> [www.bobstp.org.uk](http://www.bobstp.org.uk)

<sup>17</sup> [www.oxfordshireccg.nhs.uk/about-us/transforming-health-in-oxfordshire.htm](http://www.oxfordshireccg.nhs.uk/about-us/transforming-health-in-oxfordshire.htm)

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

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

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

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

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

## **7. NHS England**

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

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<sup>18</sup> [www.bobstp.org.uk](http://www.bobstp.org.uk)

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

## **8. Health Implications of the Strategic Vision for Oxfordshire**

With the future growth of the population in mind, the Oxfordshire Growth Board<sup>19</sup> has prepared an Oxfordshire Strategic Vision<sup>20</sup>, which takes a longterm outlook to outcomes in 2050. The Strategic Vision sets out a highly ambitious pathway for long-term change. The heart of the vision is sustainable well-being and it entails actions on a number of fronts, including, the natural environment, becoming carbon-neutral. The local economy, equality, fairness and inclusivity, cultural amenities, energy efficient and affordable homes, diverse, vibrant communities, and health and well-being. Part of this is the transformation of the county's communication networks as well as the local transport system.

This has led to the drafting of the Local Transport and Connectivity Plan<sup>21</sup> which aims at creating a transport system that will help achieve the aspirations of the Oxfordshire Strategic Vision in the context of an expanding population. The draft vision for the Local Transport and Connectivity Plan has been set out as follows: 'Our Local Transport Plan Vision is for a net-zero Oxfordshire transport system that enables the county to thrive as one of the world's leading innovation economies, whilst supporting clean growth, protecting our rich and varied natural and historic environment and being better for health and wellbeing, social inclusivity and education. Our plan sets out to achieve this by reducing the need to travel, securing high quality gigabit connectivity, and by discouraging unnecessary individual private vehicle use through making active travel, public and shared transport the natural first choice.'

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

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

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

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

## **9. Where the PNA fits in**

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

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

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

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

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



## **Chapter Three: Creating the Oxfordshire PNA 2022**

### **1. PNA Steering Group and Scope**

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

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

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

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

### **2. The Data Collation and Mapping Process**

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

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

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

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

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

### **3. The Gap Analysis: The Set of Criteria used**

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

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

<sup>23</sup> [The NHS website - NHS \(www.nhs.uk\)](https://www.nhs.uk/)

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

assessment, rather than as rigid tools, for all information collated about pharmacies was to be interpreted in the context of the socio-demographic and health profile of the population.

### **Basic Criteria**

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

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

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

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

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

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

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

### **Further Criteria**

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

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

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

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

### **New Build Criteria**

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

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

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

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

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

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

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

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

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

#### **4. Public Consultation**

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

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

#### **5. Final Approval**

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

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

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

### 1. Population

#### Structure, Age and Growth

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

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

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

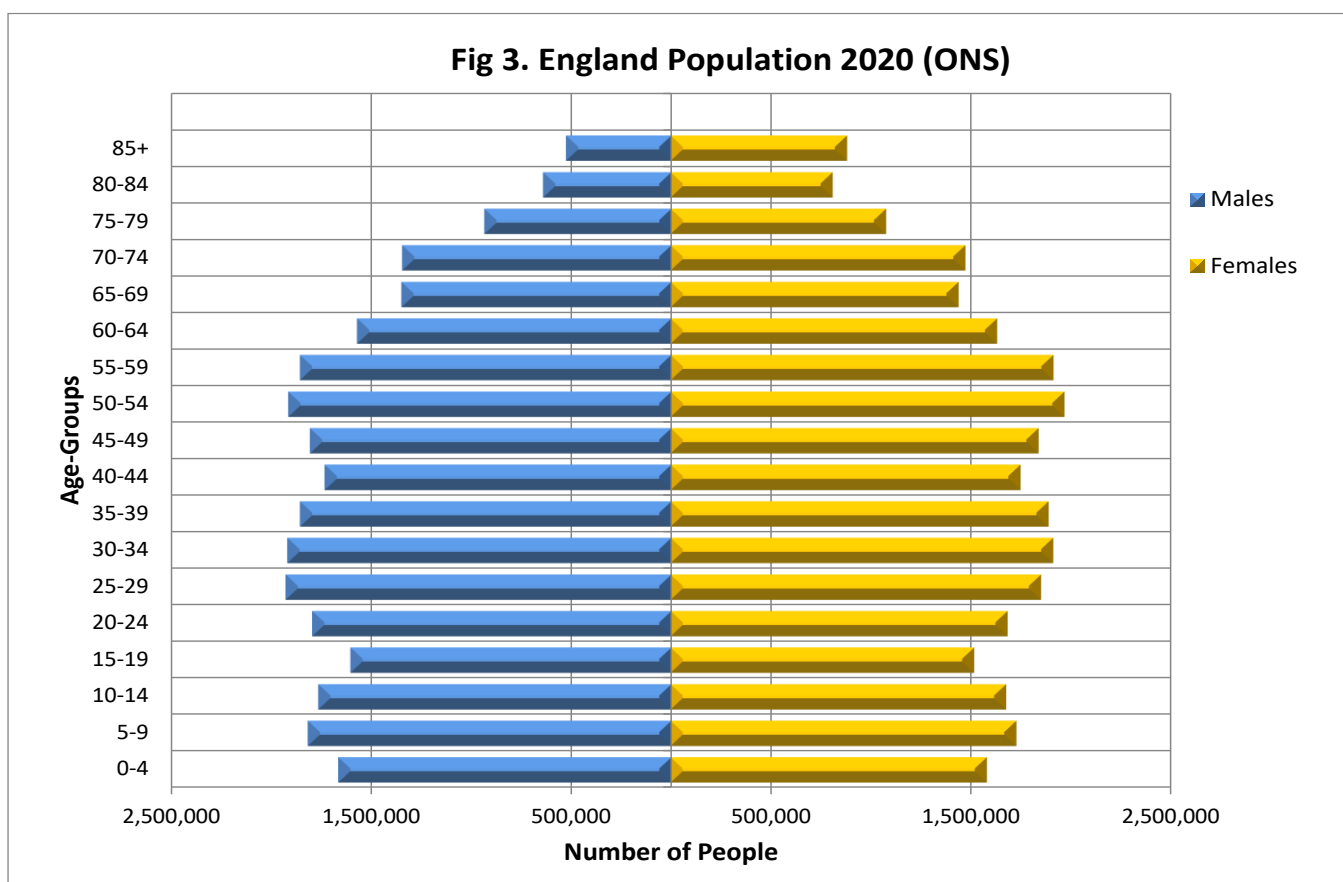
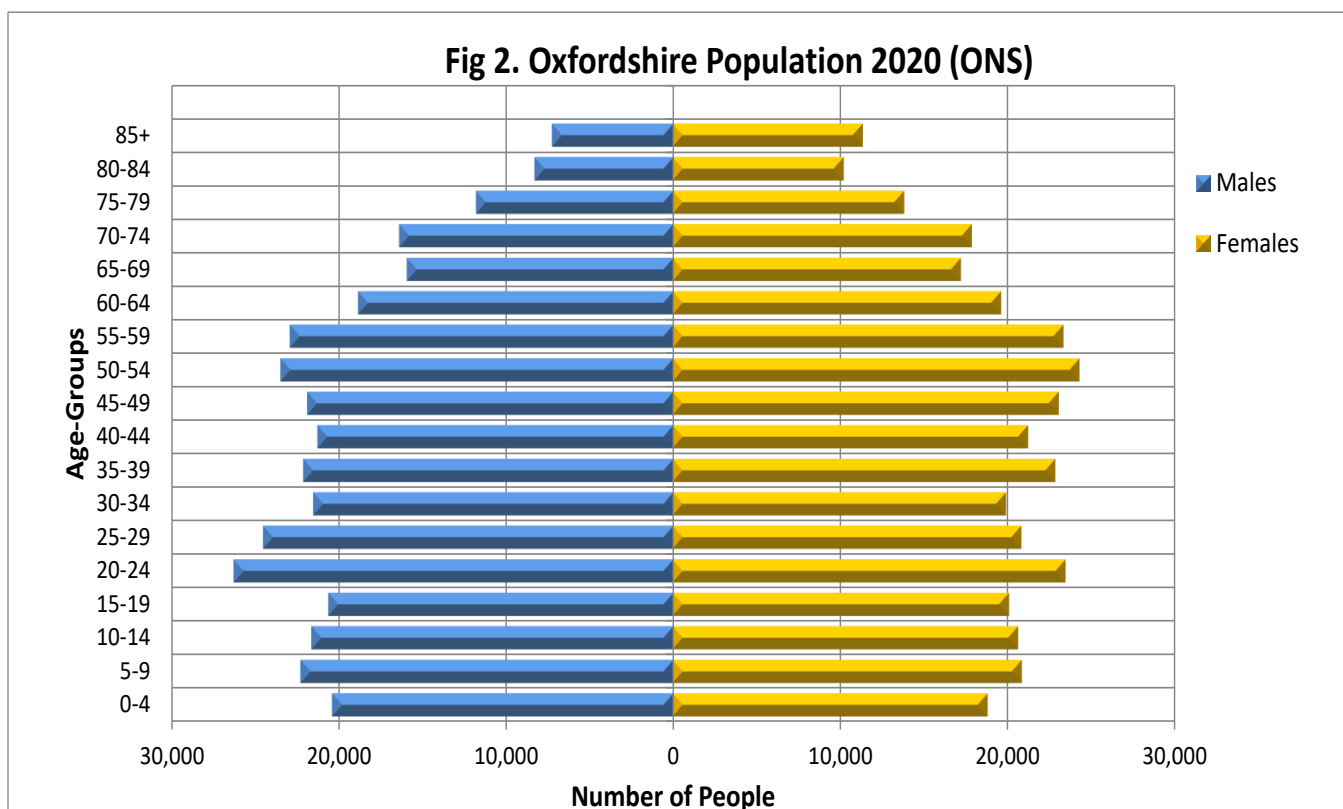
As part of this trajectory, local population projections suggest that the population of Oxfordshire will grow to 769,784 people by 2025, the horizon of the PNA.

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<sup>26</sup> Population | Oxfordshire Insight <https://insight.oxfordshire.gov.uk/cms/population>;

<sup>27</sup> 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021: Future population | Oxfordshire Insight

<sup>28</sup> Population projections - Office for National Statistics



## **New Build and Development**

A significant rise can be seen in the number of new homes being planned for Oxfordshire in the period up to the year 2031. This expansion in home building is taking place in order to meet the needs of the growing population of southern and south-east England. In total, 36,610 new homes are envisaged in Oxfordshire for the period April 2019 to March 2025 with a further 39,402 new homes being intended for April 2025 to March 2031.<sup>29</sup>

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

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

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

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

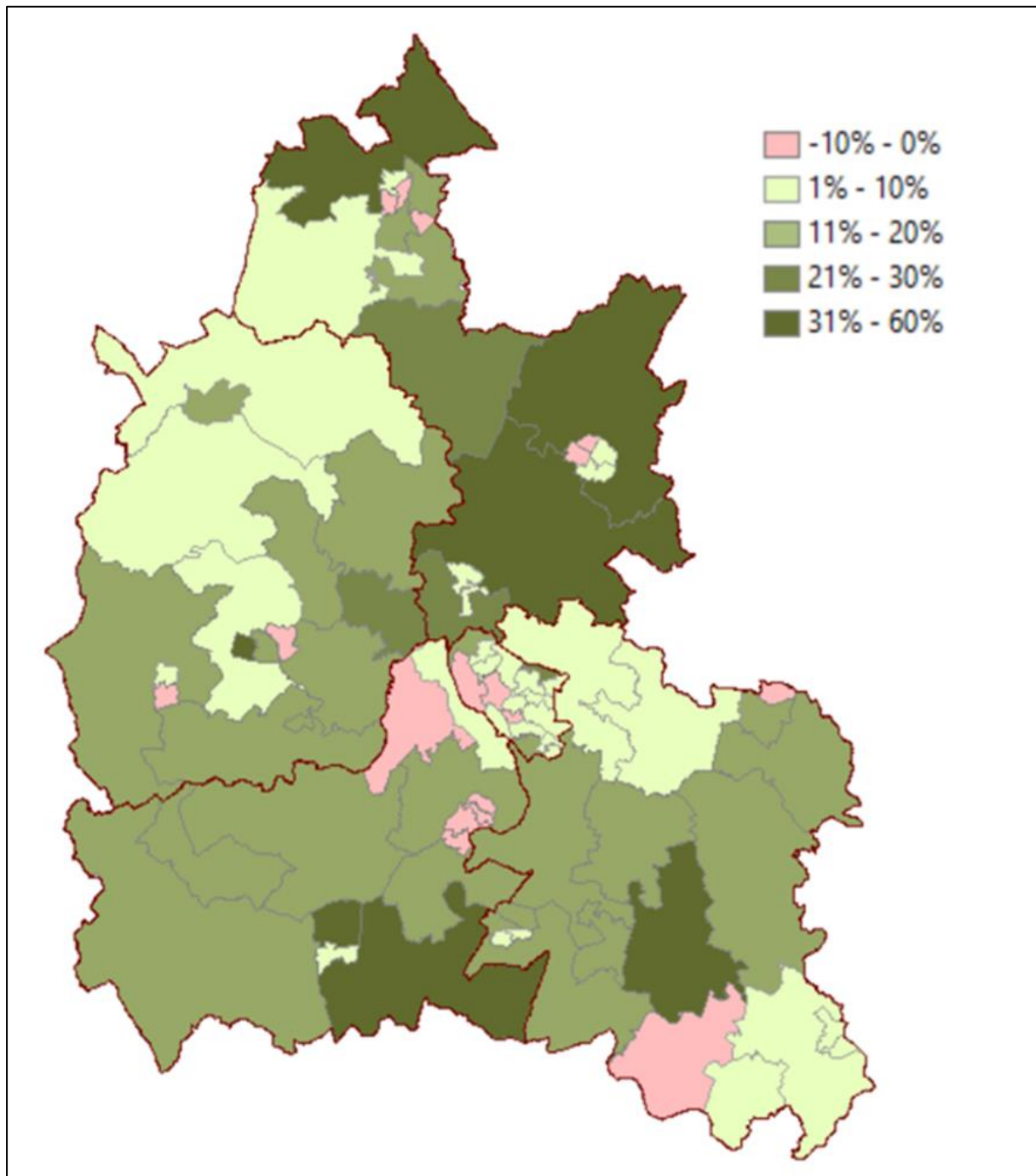
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<sup>29</sup> Internal communication from Oxfordshire County Council Planning Team.

<sup>30</sup> [www.cherwell.gov.uk](http://www.cherwell.gov.uk); [www.oxford.gov.uk](http://www.oxford.gov.uk); [www.southoxon.gov.uk](http://www.southoxon.gov.uk); [www.whitehorsedc.gov.uk](http://www.whitehorsedc.gov.uk); [www.westoxon.gov.uk](http://www.westoxon.gov.uk)



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



**Source: Oxfordshire CC Housing-based Population Projections**

## **Births, Deaths and Life Expectancy**

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

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

## **Ethnicity and Religion**

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

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

## **Disabilities**

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

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

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<sup>31</sup> Public Health Profiles at Fingertips: [Public Health Profiles - PHE](#)

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

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

### **Learning Disability**

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

### **Social Care and Carers**

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

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

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

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

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

<sup>35</sup> DOH Salt submission from Oxfordshire County Council

<sup>36</sup> [Joint Strategic Needs Assessment | Oxfordshire Insight](#)

## **Armed Forces**

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

## **2. Wider Determinants of Health**

### **Deprivation**

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

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

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

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

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

Joint Strategic Needs Assessment | Oxfordshire Insight :

For Deprivation, see also, Deprivation dashboard | Oxfordshire Insight

## **Education**

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

## **Housing and Homelessness**

Housing prices are continuing to rise in Oxfordshire. In May 2021, the average price of a house was £390,288 compared with an average price for England as a whole of £271,434.<sup>39</sup> In 2019-2020 the proportion of households owed a duty under the Homelessness Reduction Act was 7.1% (1,976 households) in Oxfordshire compared with 12.3% in England. In the same year 158 households were in temporary accommodation in Oxfordshire, 0.6% compared with 3.8% in England.<sup>40</sup>

## **Obesity and Physical activity**

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

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

## **Smoking**

The adult smoking rate is continuing to decline in Oxfordshire as in England as a whole. In 2019 an estimated 12% of adults in Oxfordshire were smokers, compared with the all-England figure of 13.9%. Data for Oxfordshire show that smoking prevalence is similar in males and females, with 12.1% (32,500) of men and 11.9% (32,600) of women currently smoking. Smoking continues to be of great public health concern because it is associated with higher levels of morbidity and premature death. Furthermore, in Oxfordshire smoking prevalence in adults in routine and manual

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

<sup>40</sup> [Live tables on homelessness - GOV.UK \(www.gov.uk\)](#)

occupations is 22.5%, over twice as high as in the managerial and professional group where it is 10%.

### **Alcohol**

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

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

### **Drugs**

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

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

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

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

Admissions for drug-related mental and behavioural disorders and for poisoning by drug misuse show similar age profiles. Levels are highest for younger adults, peaking

between the ages of 25 and 34. Admissions for drug-related mental and behavioural disorders are very uncommon in those aged under 16 and in those aged over 64. Although such admissions amongst older people are low, numbers are rising most sharply in those aged over 45.<sup>41</sup>

### **3. Common Health Issues in Oxfordshire**

#### **Diabetes**

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

#### **Cardiovascular Diseases**

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

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

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

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

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

## **Cancer**

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

## **Asthma and Chronic Obstructive Pulmonary Disease (COPD)**

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

## **Mental health and Dementia**

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

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

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

## **Long Term Conditions**

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

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<sup>43</sup> Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS Digital

<sup>44</sup> Long Term Conditions Compendium of Information: Third Edition - GOV.UK (www.gov.uk)

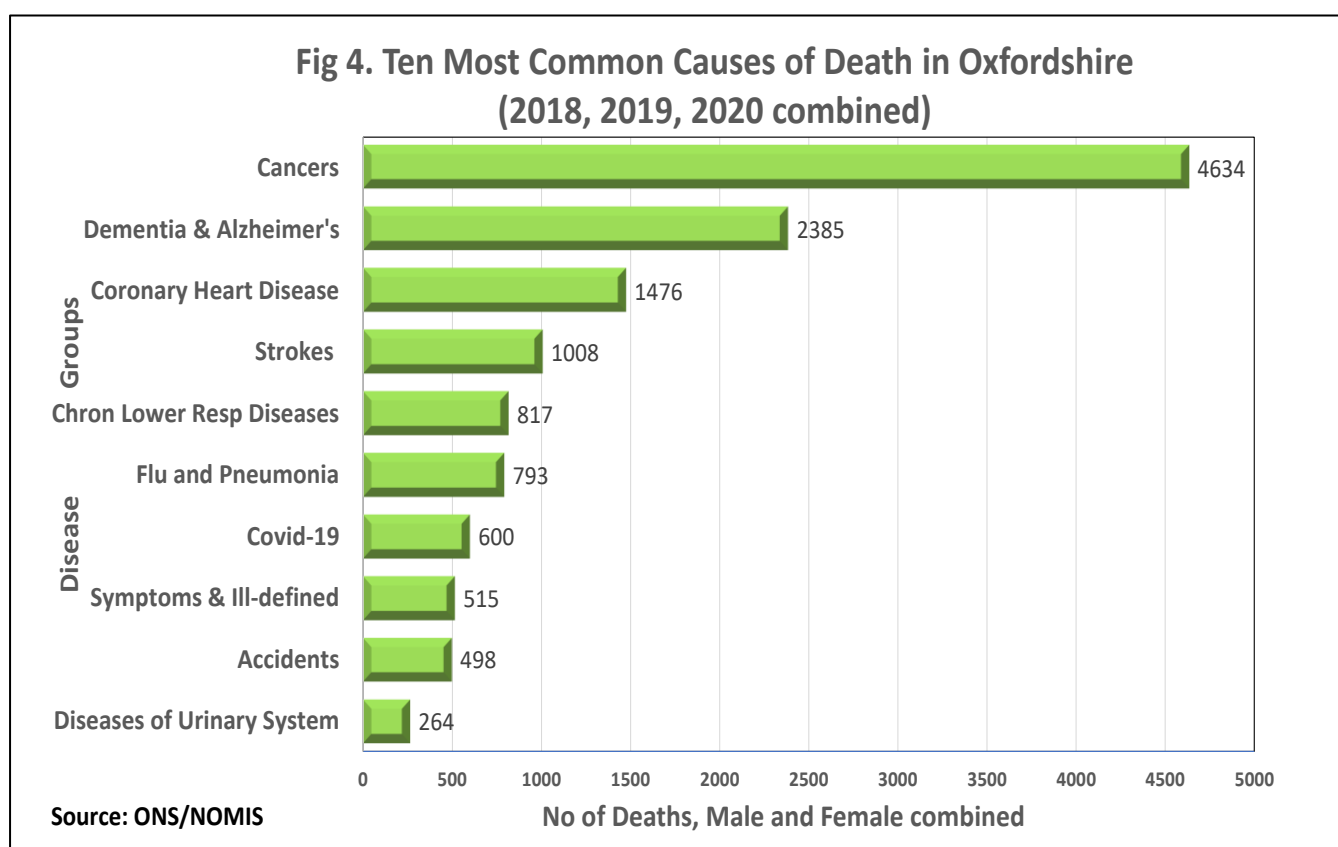


Morbidity'. Common LTCs include asthma, Coronary Heart Disease (CHD), most cancers, Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease (CKD), dementia, diabetes, epilepsy, and stroke. The disease group denoted as Severe Mental Illness (SMI), which includes psychoses such as schizophrenia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

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

### Mortality

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



## Health Inequalities

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

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

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

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

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

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[https://public.tableau.com/views/JSNA\\_dashboard/Story1?embed=y:display\\_count=no&showVizHome=no%20#4](https://public.tableau.com/views/JSNA_dashboard/Story1?embed=y:display_count=no&showVizHome=no%20#4) Workbook: JSNA\_dashboard (tableau.com)

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

### Overview

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

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

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

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

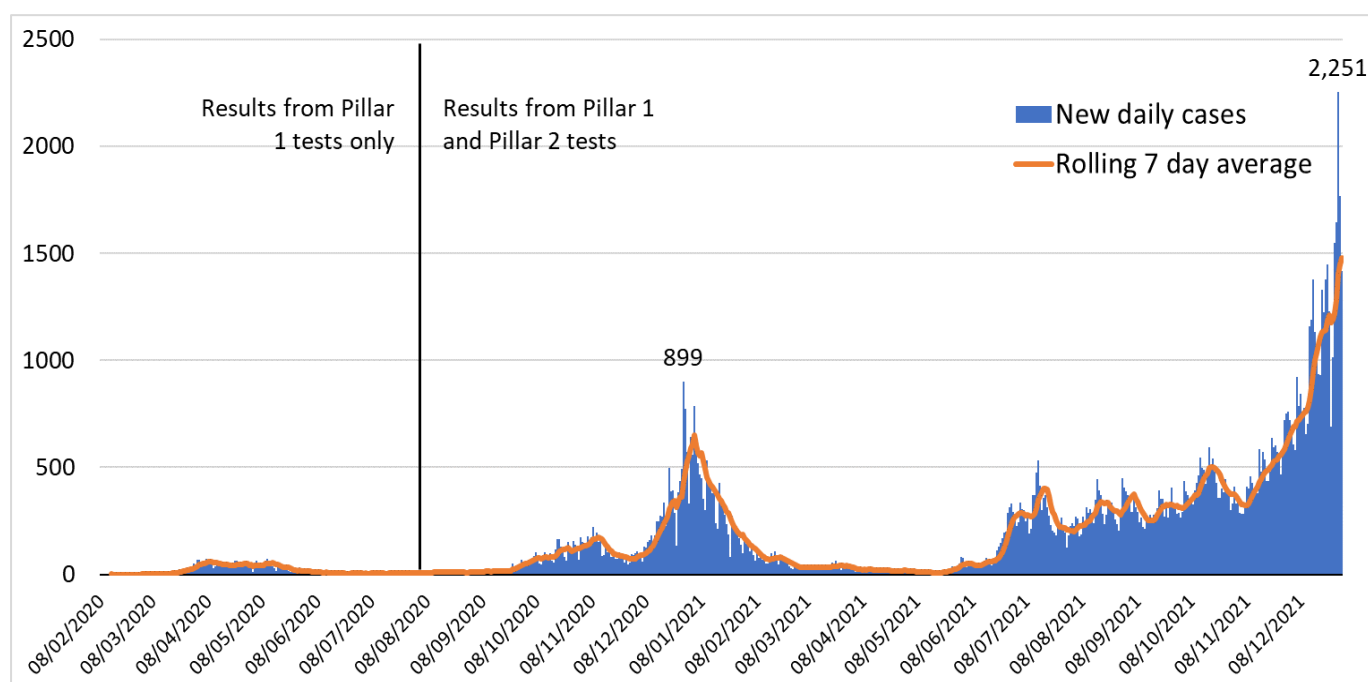
However, the incidence rate of Covid-19 has varied across Oxfordshire, with Oxford City and Cherwell district having rates closer to the national level (though still lower than the national level), while the three other districts have reported lower incidence rates (see Table 1).

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<sup>46</sup> Most of this section draws on Public Health England's introduction to its Wider Impacts of COVID-19 on Health tool where notes on data sources can be found: [Wider Impacts of COVID-19 \(phe.gov.uk\)](https://www.phe.gov.uk/covid19/wider-impacts)

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

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



Source: coronavirus.data.gov.uk (accessed 6<sup>th</sup> January 2022)

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

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

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

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

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

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

### **Impact on Life Expectancy and Mortality in England**

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

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

### **Impact on Cardiovascular Disease in England**

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

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<sup>47</sup> Ongoing Covid-19 reporting for the UK including Oxfordshire can be found at: [Daily summary | Coronavirus in the UK \(data.gov.uk\)](https://www.data.gov.uk/data/coronavirus-in-the-uk)

complications and missed opportunities to provide secondary prevention treatment to patients.<sup>48</sup>

### **Impact on Reproductive Health, Pregnancy and Births in England**

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

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

### **Impact on Mental Health and Well-being in England**

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

### **Impact on Community Support in England**

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

### **Impact on Dementia in England**

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

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<sup>48</sup> Data from NHS Hospital Episodes System

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

### **Impact on Safeguarding in England**

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

### **Impact on Access to Care and Hospital Admissions in England**

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

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

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

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

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

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

### **Impact on Community Health Care in England**

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

### **Impact on Alcohol Intake in England**

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

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

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

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

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



accounts for most alcohol-related deaths, while the trend was less clear for other alcohol-specific causes.

### **Impact on Smoking in England**

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

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

### **Impact on Physical activity in England**

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

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

### **Impact on Crime and Anti-Social Behaviour in England**

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

### **Impact on Employment Nationally**

The rate of people per 1,000 employees who had been made redundant or took voluntary redundancy more than tripled from the quarter January to March 2020 to the quarter October to December 2020. The proportion of those claiming unemployment benefits more than doubled between March 2020 and May 2020 and remained at a similar level up to early 2021. As 2021 has progressed the proportion of people seeking out-of-work benefits in the UK has diminished from 6.6% in January 2021 to 5.4% in August 2021.<sup>50</sup> (A similar pattern has been observed in Oxfordshire.) At the same time the number of job vacancies has increased. A further factor will be the ending of the government's furlough scheme in September 2021 (which has financially

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

supported people who have not been able to carry out their normal work duties because of pandemic restrictions.) Thus it is not clear how the levels of employment and unemployment will appear by the end of 2021.

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

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

### **Impact on Air Quality in England**

Air quality data are available for London, Manchester and Birmingham. Improvements in air quality since the introduction of the initial lockdown in March 2020 are mainly due to reductions in the concentration of the nitrogen oxide (NO<sub>2</sub>) in the environment. Data for NO<sub>2</sub> up to the end of November show that these values are generally lower than the same period in 2019.

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

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

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

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

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

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

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

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

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

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<sup>51</sup> ONS Statistical Bulletin. Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: Estimates of the prevalence of self-reported 'long COVID', and the duration of ongoing symptoms following confirmed coronavirus infection, using UK Coronavirus (COVID-19) Infection Survey data to 6 March 2021. Published 1 April 2021. [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peopleandpopulation/healthandlife/articles/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1)

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

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

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

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

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

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

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

### 1. Key Background for the Oxfordshire Population

- The county of Oxfordshire has a resident population of 696,880 (mid-year 2020). In all, 18.7% of the county's population is aged 65 years or more.<sup>52</sup>
- The population is continuing to grow. Local population projections suggest that the population of Oxfordshire will grow to 769,784 people by 2025, that is by 10.7% from 2019.
- For people aged 65 years or more the growth will be 14.1%, to 146,234 people.<sup>53</sup>
- In total, 36,610 new homes are envisaged in Oxfordshire for the period April 2019 to March 2025 with a further 39,402 new homes being intended for April 2025 to March 2031.<sup>54</sup>
- Both males and females born in Oxfordshire can expect to live, on average, beyond the respective levels for England as a whole, and to live more years in good health, as compared with their peers across the nation.<sup>55</sup>
- However, not everyone in Oxfordshire enjoys favourable levels of health and well-being.
- A spectrum, in terms of health experience and life expectancy, which is usually referred to as a pattern of health inequalities, exists across the county.

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

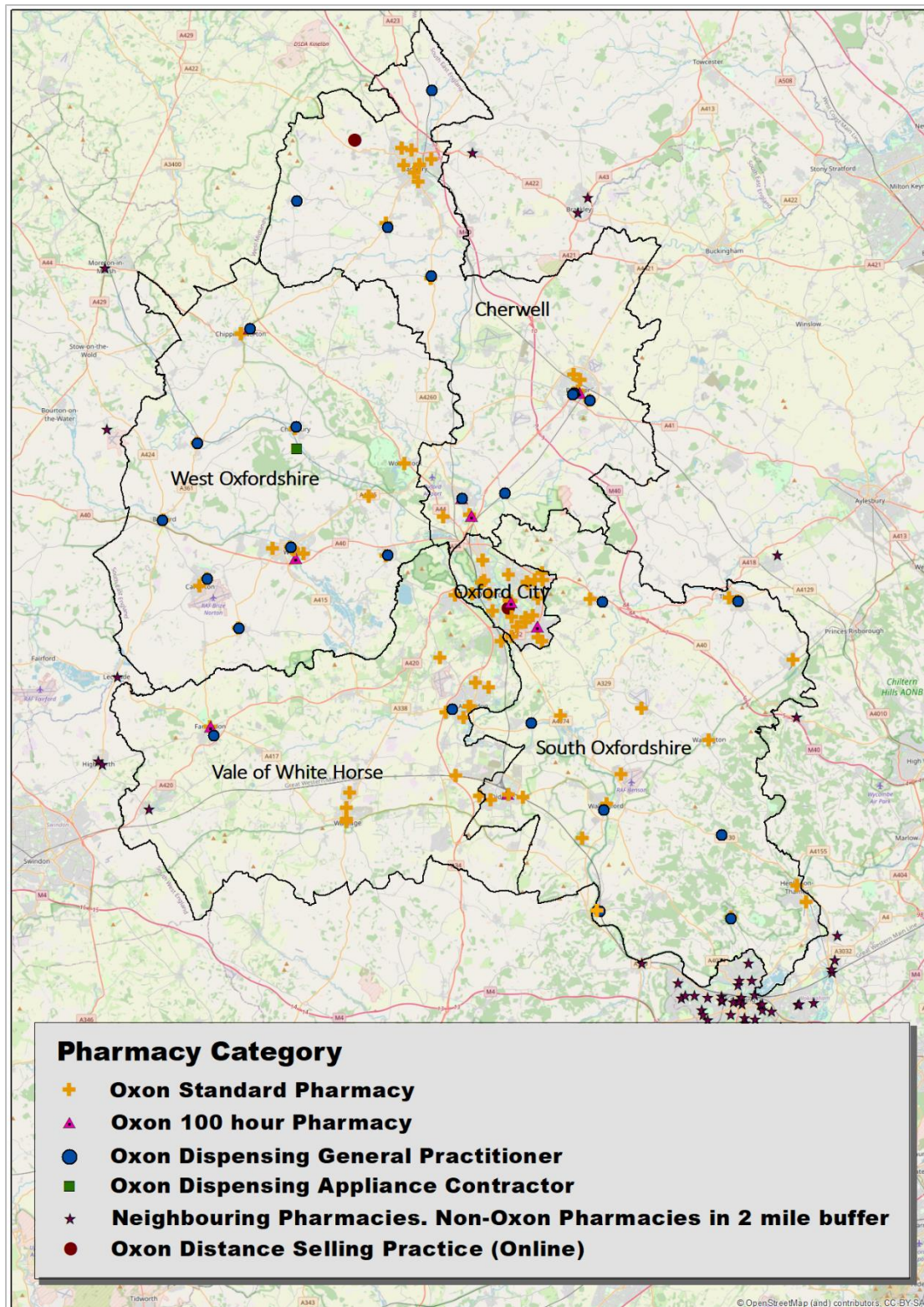
<sup>53</sup> 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021; [Future population | Oxfordshire Insight](#)

<sup>54</sup> Internal communication from Oxfordshire County Council Planning Team.

<sup>55</sup> Public Health Profiles at Fingertips: [Public Health Profiles - PHE](#)

## 2. Overview of Community Pharmacies and Dispensing GPs in Oxfordshire

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





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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

### Opening Hours

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

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

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

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

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

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

### Villages with High Level of lacking a Car

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

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

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

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

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

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

### **Public Transport Access in Oxfordshire as a whole**

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

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

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

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

## **5. Future General Access to Essential Pharmaceutical Services in Oxfordshire**

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

### **Cherwell:**

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

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

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

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

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

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

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

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

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

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

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

## 6. Advanced Services in Oxfordshire (Selected)

### The New Medicine Service (NMS)

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

### Community Pharmacist Consultation Service (CPCS)

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

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

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

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

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

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

<sup>58</sup> Pharmaceutical Services Negotiating Committee website: [PSNC Main site](#)

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

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

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

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<sup>59</sup> Internal Communication from Oxfordshire Public Health Team



- **Supervised Consumption:** The objectives of this approach in the care of opioid users are to provide stability by reducing craving and preventing withdrawal, eliminating the hazards of injecting and freeing the person from preoccupation with obtaining illicit opioids, and to enhance overall function.
- To achieve this, a substitution opioid regime (a fixed or flexible dose of methadone or buprenorphine to reduce and stop illicit use) is prescribed at a dose higher than that required merely to prevent withdrawal symptoms.
- Supervised Consumption is available in 76 out of 105 pharmacies in Oxfordshire (plus the Shrivenham pharmacy).

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

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

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

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

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

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

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

### **1. Focus on Cherwell**

#### **Population, Age and Ethnicity**

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

#### **Deprivation and lack of private transport**

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

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

#### **Health and Well-Being**

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

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

## 2. Population Growth and Housing Development

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

Table 2 shows that nearly 10,000 new homes are planned for Cherwell in the period 2019 to 2025.<sup>61</sup> The average occupancy for a dwelling in Cherwell in the 2011 census was 2.5 people.<sup>62</sup>

**Table 2. Planned New Homes in Cherwell by Settlement Area**

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

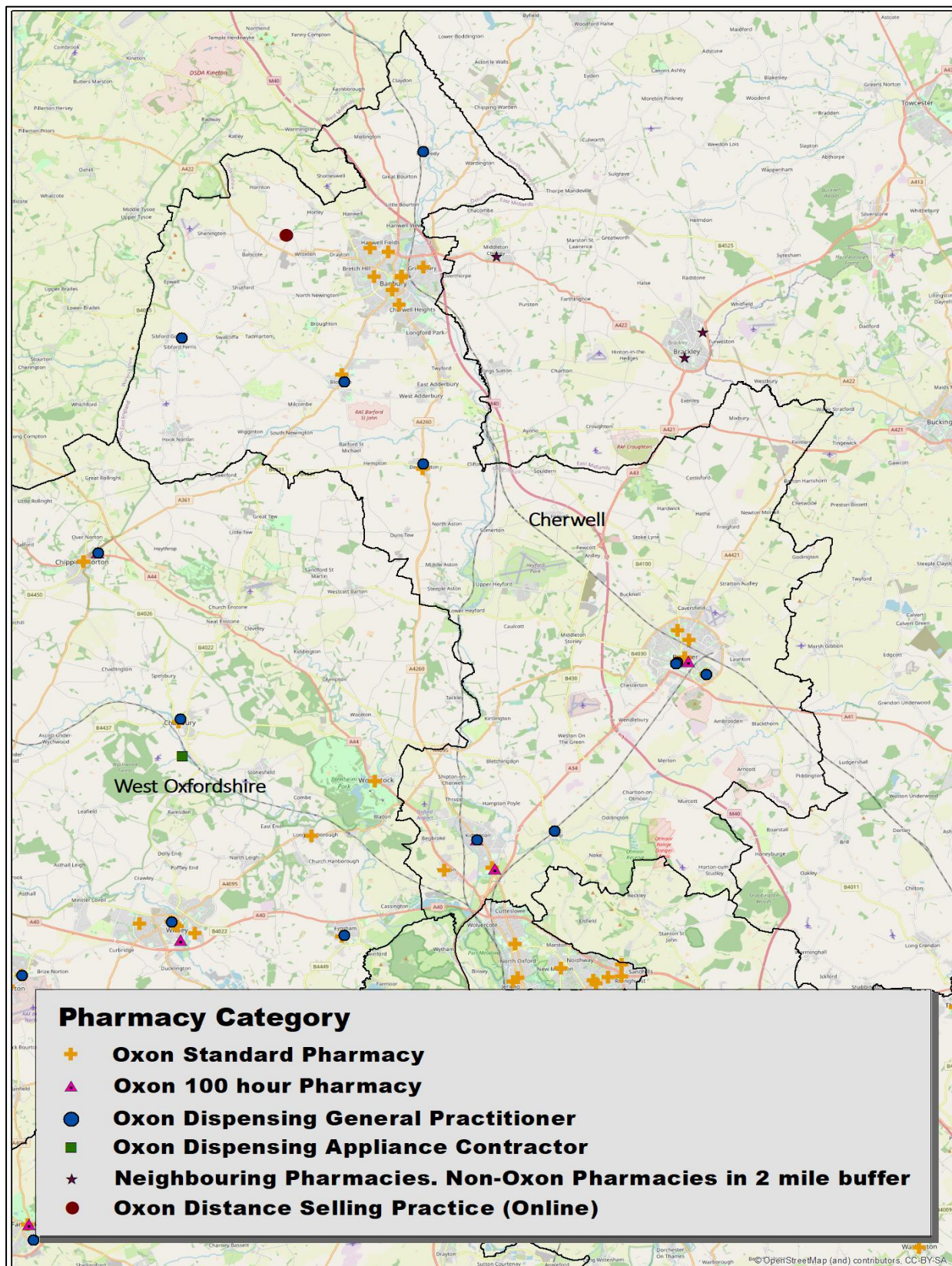
<sup>60</sup> 2019-based, housing-led forecasts from Oxfordshire County Council, published June 2021; [Future population | Oxfordshire Insight](#)

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

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

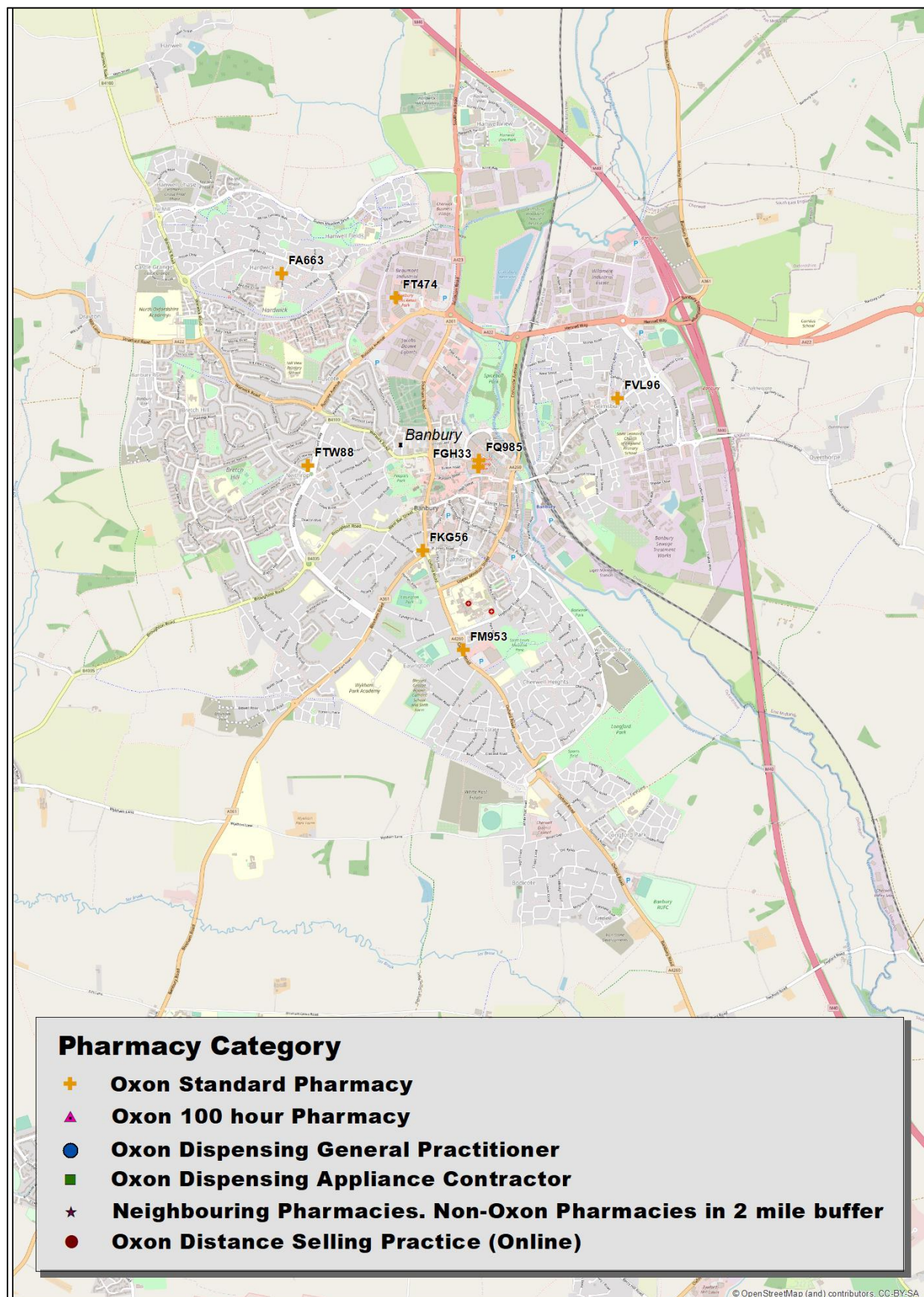
### 3. Pharmaceutical Services in Cherwell

**Map 4. Community Pharmacies and Dispensing Doctors in Cherwell. 14.12.21**  
(Locality maps should be read together with tables as map points may overlap.)





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



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

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

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



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

Source: NHS SHAPE Tool, NHS website. NHS England

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

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

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

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

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

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

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

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

#### 4. Gap Analysis: Comparing Services and Needs in Cherwell

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

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

**Source: based on NHS SHAPE tool**

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

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

**Source: based on NHS SHAPE tool**

## 5. Commentary on Gap Analysis for Cherwell

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<sup>63</sup> PCA Decisions Archive - NHS Resolution; <https://resolution.nhs.uk/pca-decisions/>

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

### **1. Focus on Oxford City**

#### **Population, Age and Ethnicity**

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

#### **Deprivation and lack of private transport**

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

#### **Health and Well-Being**

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

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

### **2. Population growth and Housing Development**

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

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



The table shows that about 4,200 new homes are planned for Oxford City in the period 2019 to 2025.<sup>65</sup> The average occupancy for a dwelling in Oxford City in the 2011 census was 2.7 people.<sup>66</sup>

**Table 8. Planned New Homes in Oxford City**

| Locality    |  | Planned Homes<br>2019-2025 | Planned Homes<br>2025-2031 |
|-------------|--|----------------------------|----------------------------|
| Oxford City |  | 4,181                      | 5,041                      |

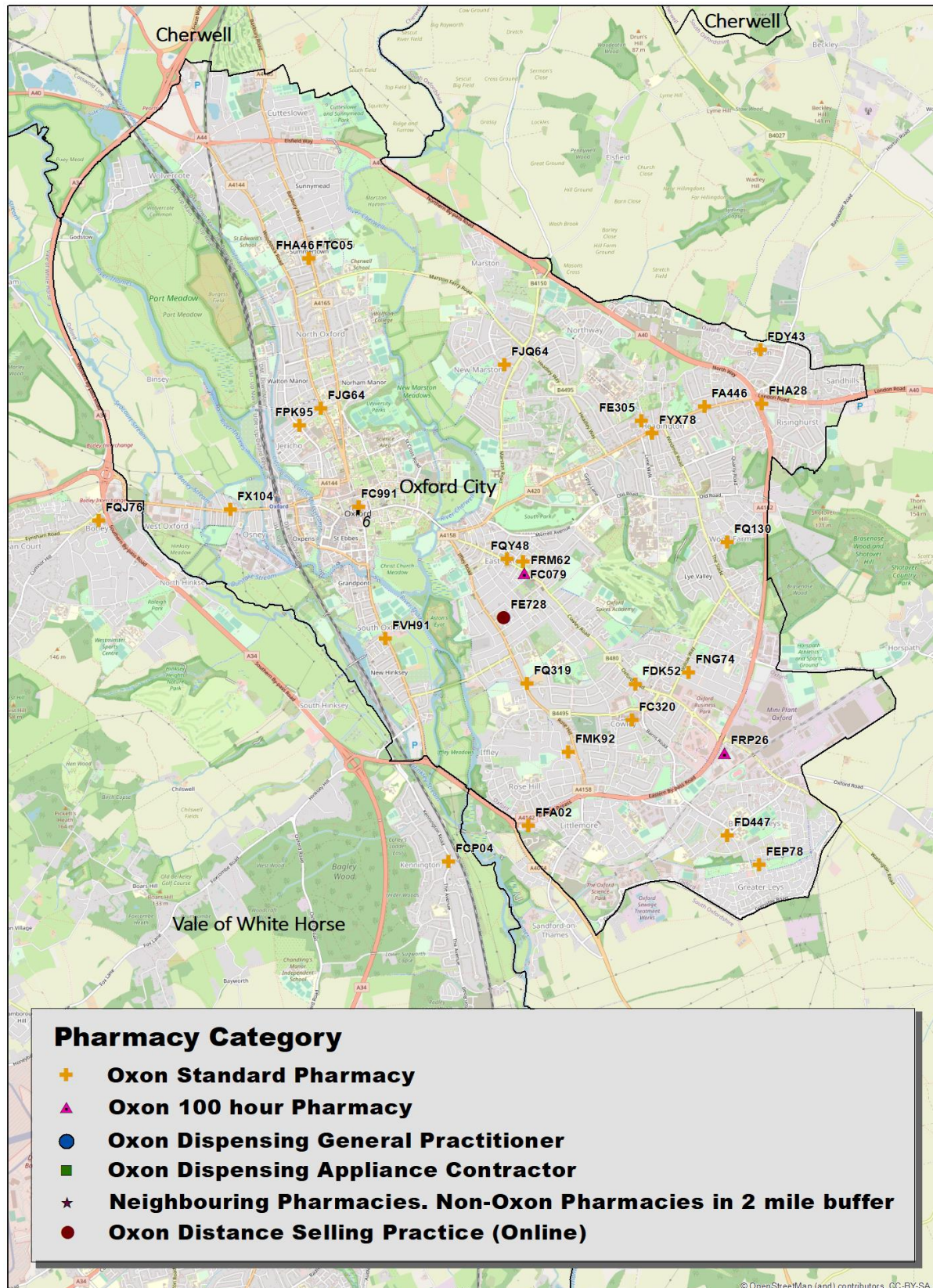
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<sup>65</sup> Internal communication from Oxfordshire County Council Planning Team. See also [Oxford City Council](#)

<sup>66</sup> [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

### 3. Pharmaceutical Services in Oxford City

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



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

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

|       |                                       |         |   |   |
|-------|---------------------------------------|---------|---|---|
| FJG64 | Woodstock Road Chemist                | OX2 6HJ | 59 Woodstock Road                       | Week: 08:30-18:30<br>Sat: 09:00-13:00<br>Sun: CLOSED              |
| FJQ64 | Marston Pharmacy                      | OX3 0JR | 11-13 Old Marston Road<br>Marston       | Week: 08:30-18:30<br>Sat: 09:00-17:30<br>Sun: CLOSED              |
| FMK92 | The Leys Pharmacy<br>Rosehill         | OX4 4JA | 6A Courtland Road<br>Rose Hill          | Week: 09:00-18:30<br>Sat: 09:00-14:00<br>Sun: CLOSED              |
| FNG74 | Rowlands Pharmacy                     | OX4 2NB | 17 Ivy Close<br>Cowley                  | Week: 09:00-13:00; 13:20-17:30<br>Sat: 09:00-12:00<br>Sun: CLOSED |
| FPK95 | Jhoots Pharmacy                       | OX2 6AJ | 116 Walton Street<br>Oxford             | Week: 08:45-18:00<br>Sat: CLOSED<br>Sun: CLOSED                   |
| FQ130 | Rowlands Pharmacy                     | OX3 8RA | 13 Atkyns Road<br>Headington            | Week: 09:00-13:00; 14:00-17:30<br>Sat: 09:00-13:00<br>Sun: CLOSED |
| FQ319 | Rowlands Pharmacy                     | OX4 4DH | 1 Henley Avenue                         | Week: 09:00-13:00; 14:00-17:30<br>Sat: 09:00-13:00<br>Sun: CLOSED |
| FQY48 | Boots the Chemist                     | OX4 1UT | 151 Cowley Road                         | Week: 09:00-18:00<br>Sat: 09:00-18:00<br>Sun: 10:00-16:00         |
| FRM62 | Cowley Pharmacy<br><u>100 HOURS</u>   | OX4 1UH | 258 Cowley Road                         | Week: 07:00-21:30<br>Sat: 07:00-21:30<br>Sun: 07:00-21:00         |
| FRP26 | Boots the Chemist<br><u>100 HOURS</u> | OX4 6XJ | Oxford Retail Park<br>Ambassador Avenue | Week: 09:00-23:59<br>Sat: 08:00-22:00<br>Sun: 10:00-16:30         |
| FTC05 | Boots the Chemist                     | OX2 7HQ | 221 Banbury Road<br>Summertown          | Week: 08:30-18:00<br>Sat: 08:30-18:00<br>Sun: 10:00-16:00         |
| FVC49 | Well Being Pharmacy                   | OX1 4RA | 190 Abingdon Road                       | Week: 09:00-13:30,14:00-17:30<br>Sat: CLOSED<br>Sun: CLOSED       |
| FX104 | Woodlands Pharmacy                    | OX2 0BU | 82 Botley Road                          | Week: 09:00-17:30<br>Sat: 09:00-13:00<br>Sun: CLOSED              |

|       |                                 |            |   |   |
|-------|---------------------------------|------------|---|---|
| FYX78 | Boots the Chemist               | OX3<br>9AJ | 96 London Road<br>Headington              | Week: 09:00-17:30<br>Sat: 09:00-17:30<br>Sun: CLOSED        |
| FE728 | Oxford E-Pharmacy<br><br>ONLINE | OX4<br>1RE | Interzone House<br>74-77 Magdalen<br>Road | Week: 09:00-13:00,14:00-18:00<br>Sat: CLOSED<br>Sun: CLOSED |

Source: NHS SHAPE Tool, NHS website. NHS England

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

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

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

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

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

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

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

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

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

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

Source: based on NHS SHAPE tool

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

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

Source: based on NHS SHAPE tool



## 5. Commentary on Gap Analysis for Oxford City

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

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

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

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

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

**Small Areas amongst the 20% Most Deprived in England:** these are in Rose Hill, Littlemore, Blackbird Leys, Barton/Sandhills and the area around Speedwell Street in central Oxford. NHS SHAPE indicates that these areas are served by convenient pharmacies. There are two pharmacies in the Rose Hill area, two in the Blackbird Leys area, and one in the Barton/Sandhills area, with another one on the edge of the area, and a large pharmacy in central Oxford. For the deprived section of Littlemore pharmacies are located within 15 minutes' travel by public transport.

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<sup>67</sup> PCA Decisions Archive - NHS Resolution; <https://resolution.nhs.uk/pca-decisions/>

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

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

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

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

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

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

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

### **1. Focus on South Oxfordshire**

#### **Population, Age and Ethnicity**

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

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

#### **Deprivation and lack of private transport**

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

#### **Health and Well-Being**

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

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

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

## 2. Population growth and Housing Development

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

The table shows that about 7,000 new homes are planned for South Oxfordshire in the period 2019 to 2025.<sup>69</sup> The average occupancy for a dwelling in South Oxfordshire in the 2011 census was 2.5 people.<sup>70</sup>

**Table 14. Planned Homes in South Oxfordshire by Settlement Area**

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

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

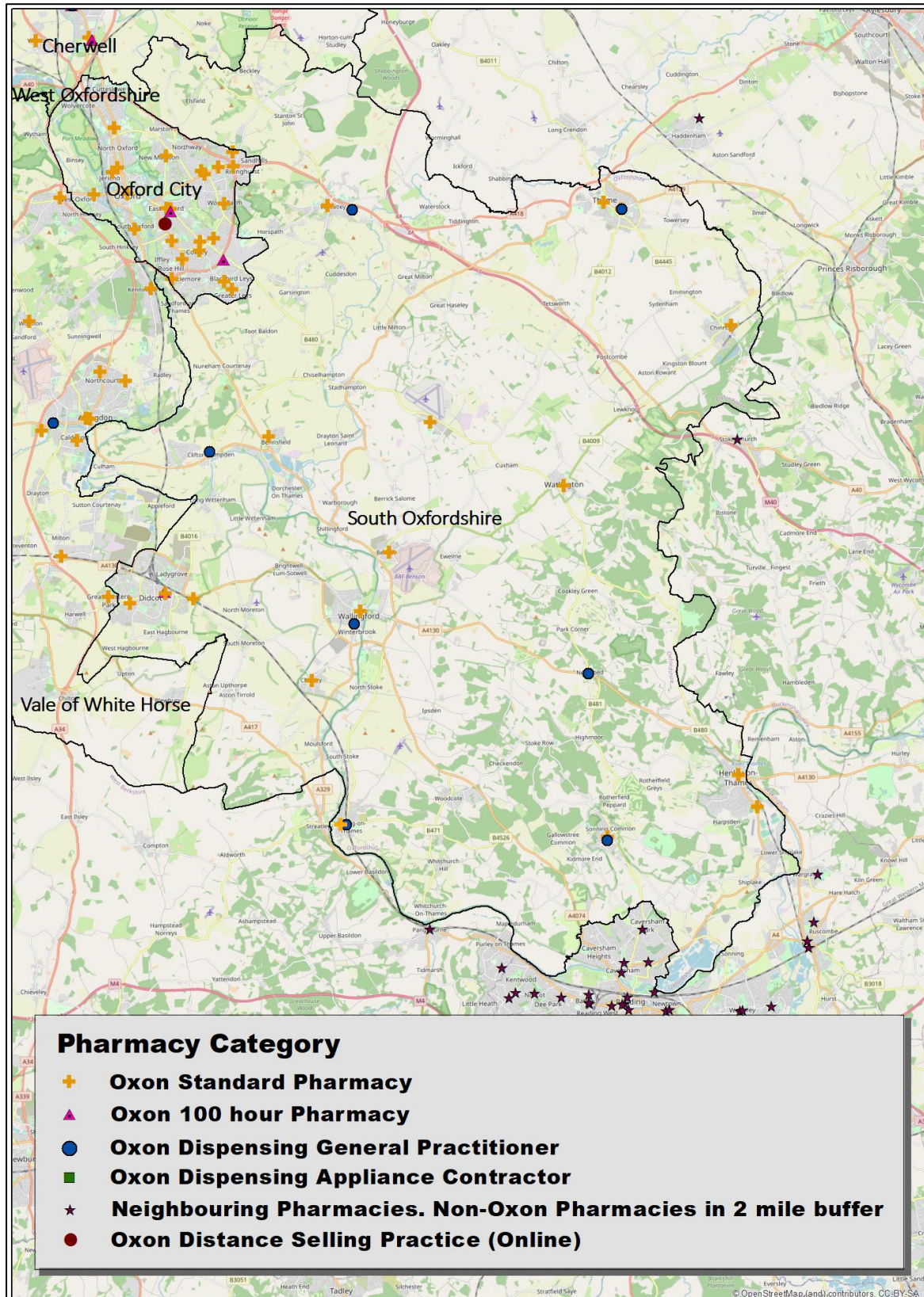
<sup>69</sup> Internal communication from Oxfordshire County Council Planning Team. See also [Homepage - South Oxfordshire District Council \(southoxon.gov.uk\)](#)

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

### 3. Pharmaceutical Services in South Oxfordshire

#### Map 7. Community pharmacies and dispensing GPs in South Oxfordshire. 14.12.21

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



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

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

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

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

Note: Hamilton Portman pharmacy has been given permission to open in Lostock Place, Didcot OX11 7XT (in the north of Didcot) by Autumn 2022.<sup>71</sup>

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<sup>71</sup> Communication from NHS England.



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

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

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



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

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

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

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

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

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

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

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

Source: based on NHS SHAPE tool

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

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

**Source: based on NHS SHAPE tool**

## 5. Commentary on Gap Analysis for South Oxfordshire

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

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

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

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

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

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

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

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

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

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

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

### **1. Focus on Vale of White Horse**

#### **Population, Age and Ethnicity**

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

#### **Deprivation and lack of private transport**

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

#### **Health and Well-Being**

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

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

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

### **2. Population growth and Housing Development**

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

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

The table shows that about 9,000 new homes are planned for Vale of White Horse in the period 2019 to 2025.<sup>73</sup> The average occupancy for a dwelling in Vale of White Horse in the 2011 census was 2.4 people.<sup>74</sup>

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

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

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

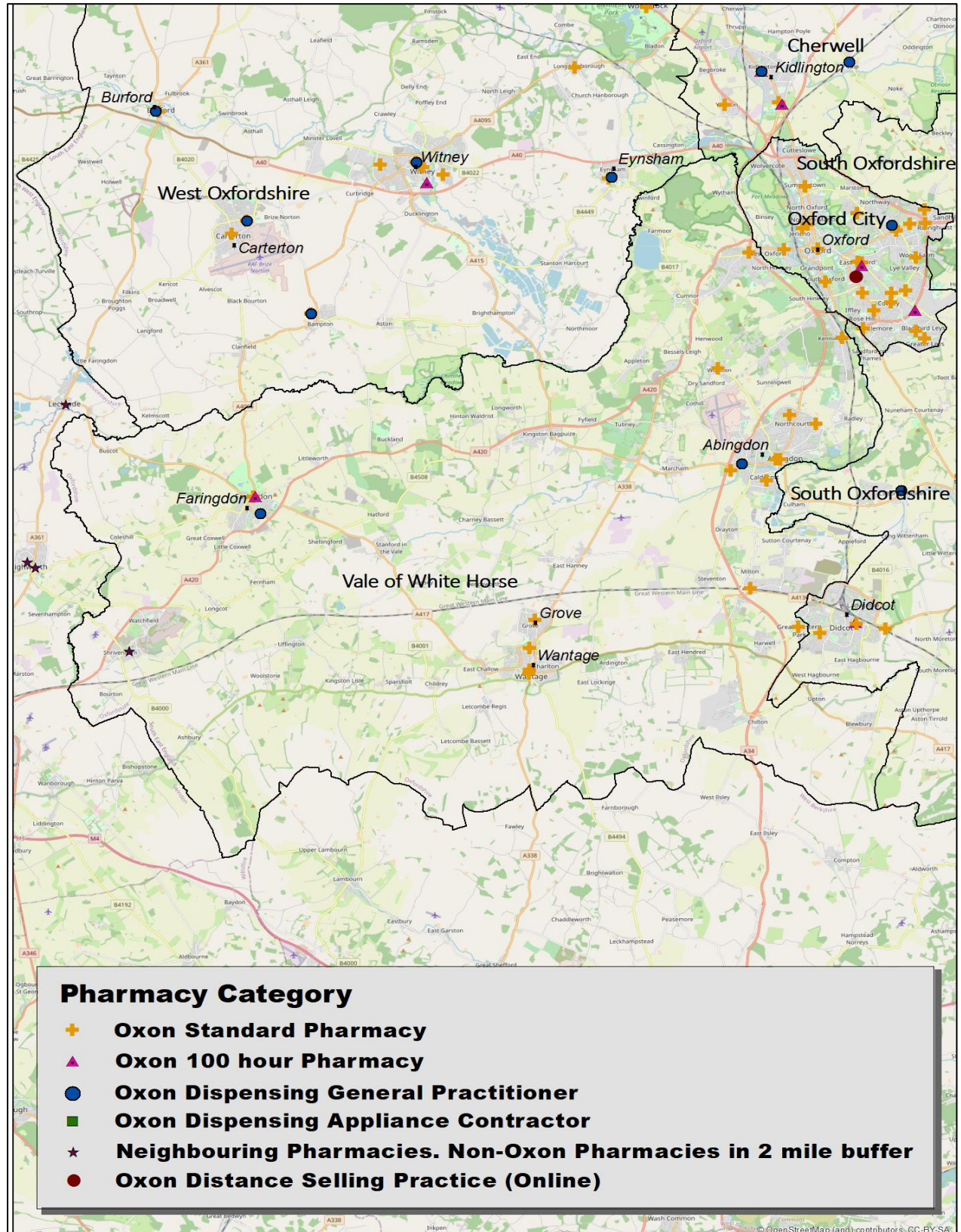
<sup>74</sup> [2011 Census - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](http://nomisweb.co.uk)



### 3. Pharmaceutical Services in Vale of White Horse

#### Map 8. Community Pharmacies and Dispensing GPs in Vale of White Horse. 14.12.21

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Source: based on NHS SHAPE tool

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

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

**Source: based on NHS SHAPE tool**



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **1. Focus on West Oxfordshire**

#### **Population, Age and Ethnicity**

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

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

#### **Deprivation and lack of private transport**

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

#### **Health and Well-Being**

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

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

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

## 2. Population growth and Housing Development

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

The table shows that about 7,000 new homes are planned for West Oxfordshire in the period 2019 to 2025.<sup>76</sup> The average occupancy for a dwelling in West Oxfordshire in the 2011 census was 2.4 people.<sup>77</sup>

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

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

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

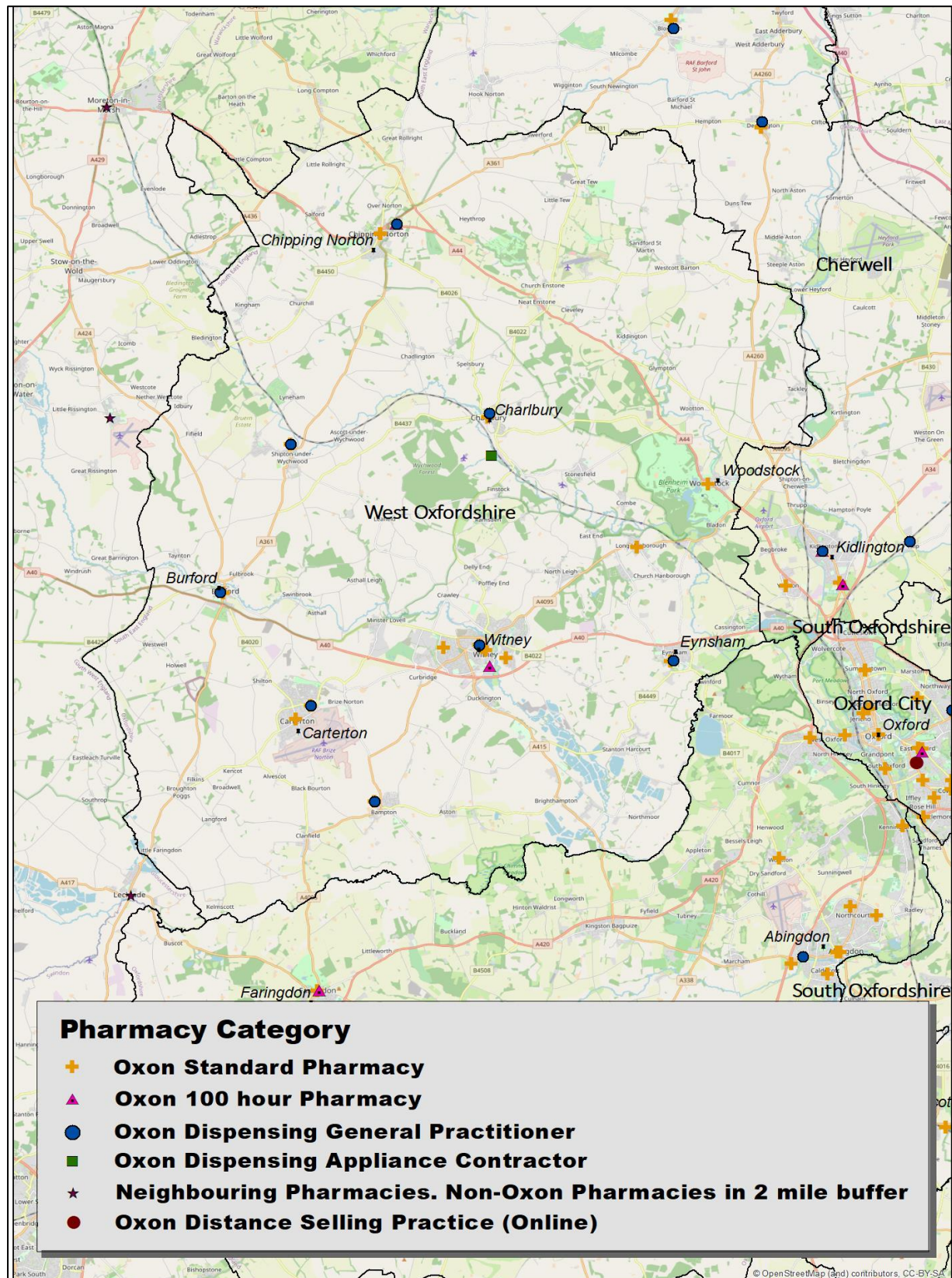
<sup>76</sup> Internal communication from Oxfordshire County Council Planning Team. See also [Home - West Oxfordshire District Council \(westoxon.gov.uk\)](#)

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

### 3. Pharmaceutical Services in West Oxfordshire

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

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



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

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

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

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



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

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

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



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

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

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

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

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

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

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

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

Source: based on NHS SHAPE tool

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

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

Source: based on NHS SHAPE tool

## 5. Commentary on Gap Analysis for West Oxfordshire

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

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

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

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

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

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

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

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

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

### **1. Foreword**

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

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

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

#### **Response**

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

#### **Pharmacies during the Covid-19 pandemic**

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

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

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

## **Obtaining Prescriptions**

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

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

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

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

## **Using the Pharmacy for advice**

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

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

## **The Pharmacy as a Community Resource**

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

### **Pharmacies in the NHS Long Term Plan**

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

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

### **3. Taking stock of the Healthwatch Oxfordshire Survey**

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

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



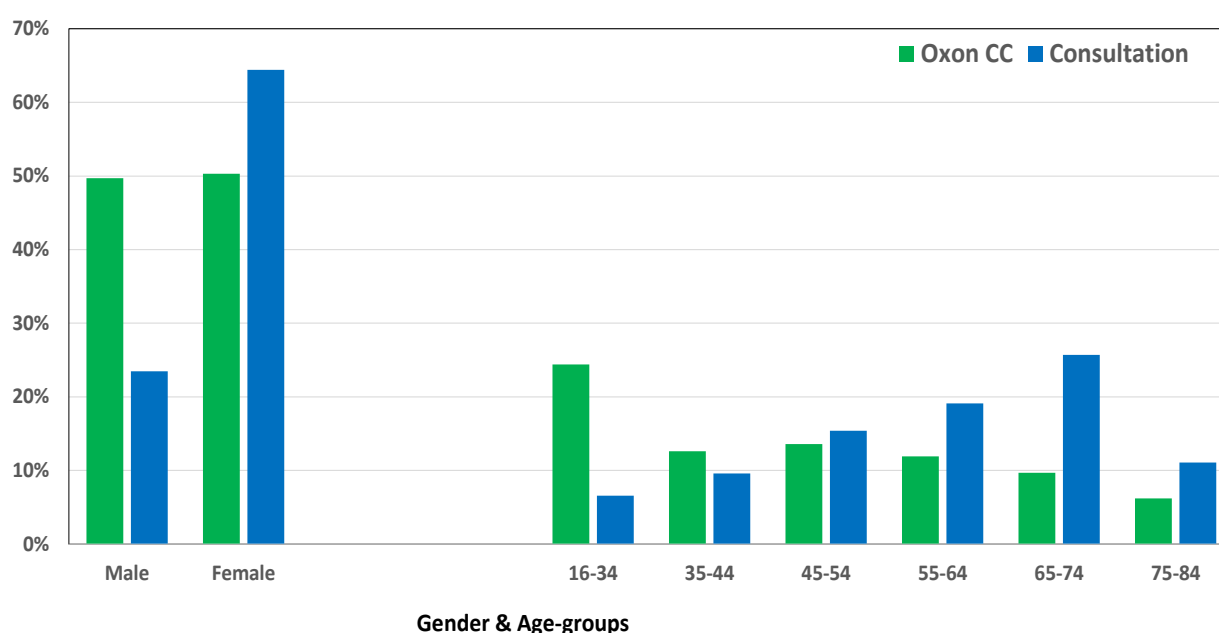
#### 4. Feedback from the Public Consultation on the draft Oxfordshire PNA 2022

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

#### Socio-demographic profile of respondents

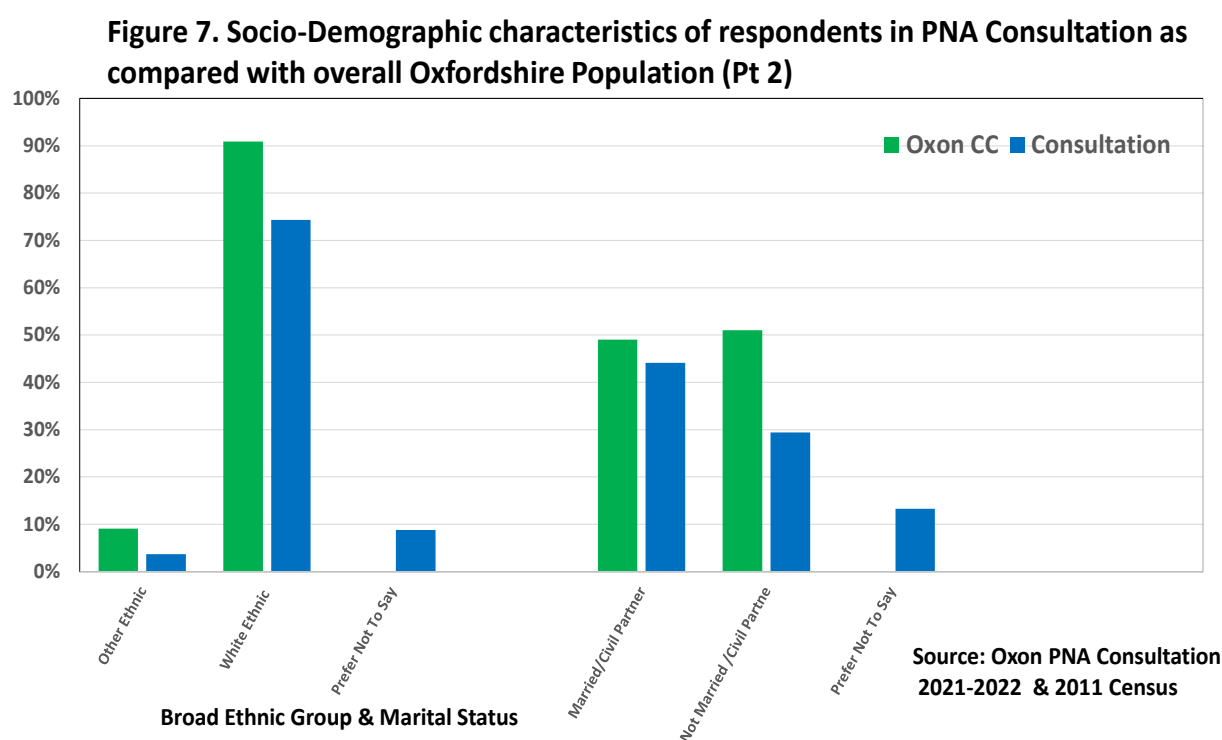
In all, 136 people responded in the on-line survey or with a questionnaire by post. 123 (90.4%) identified themselves as members of the public. The remaining 13 were comprised of councillors, pharmacists, GPs, NHS and care professionals and council employees. Healthwatch Oxfordshire and NHS England were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

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



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

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



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

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

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

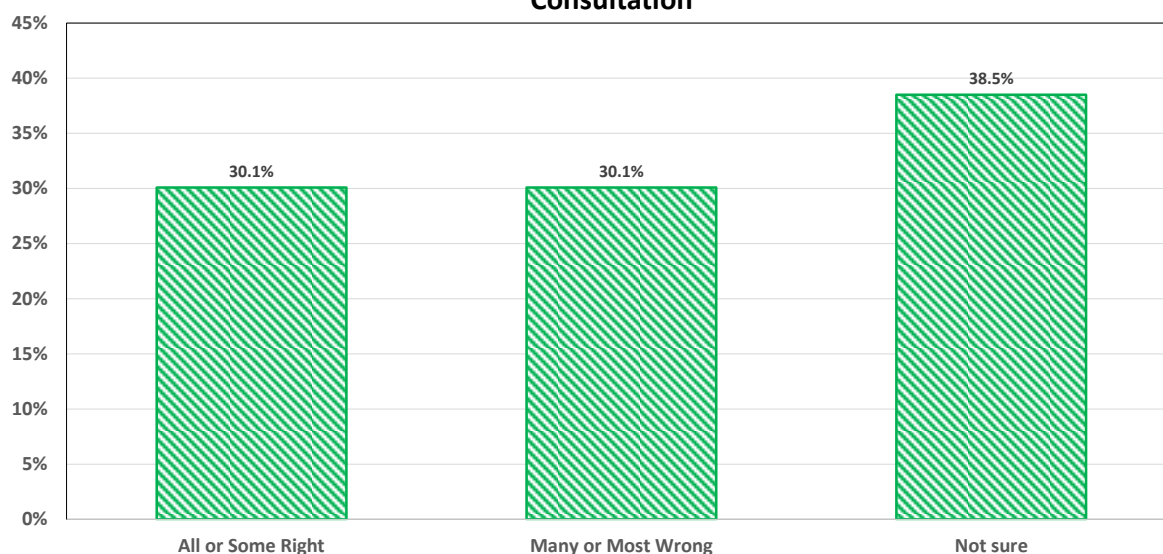
In terms of postcodes, these also showed an emphasis on Oxford City and its environs. The breakdown by postcode was 39 living in OX1, central Oxford and its south west environs (28.9%), 31 living in OX2, north Oxford and its western environs (22.8%), 14 in OX4, the south east part of the city, Rose Hill,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

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

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

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

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

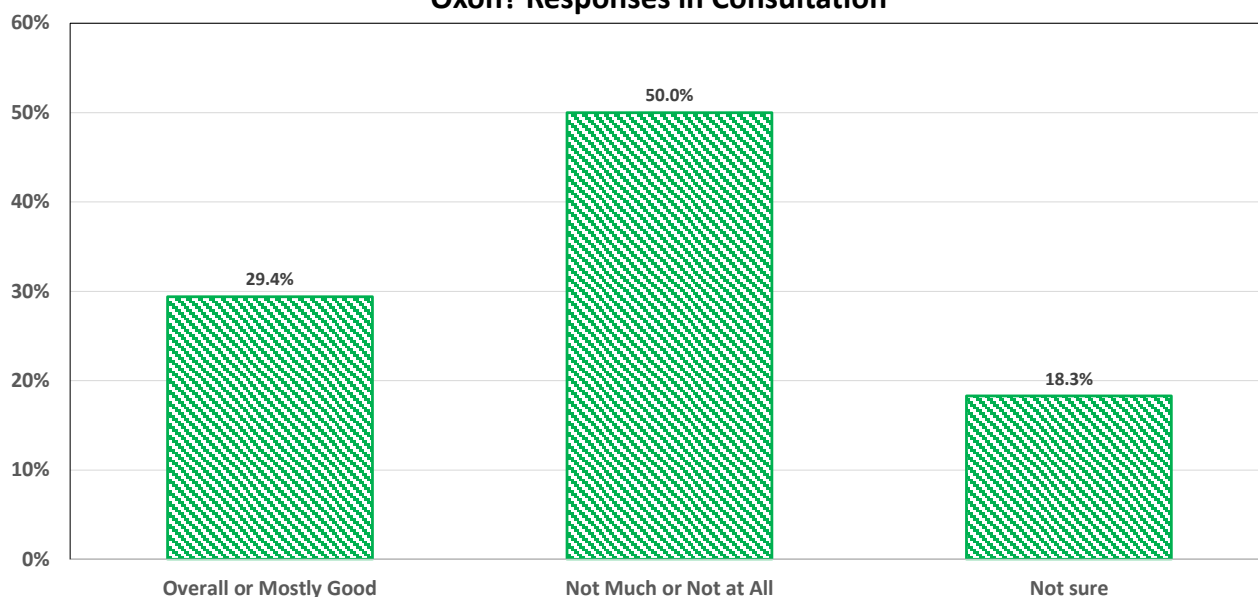


Source: Oxon PNA Consultation 2021-2022

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

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

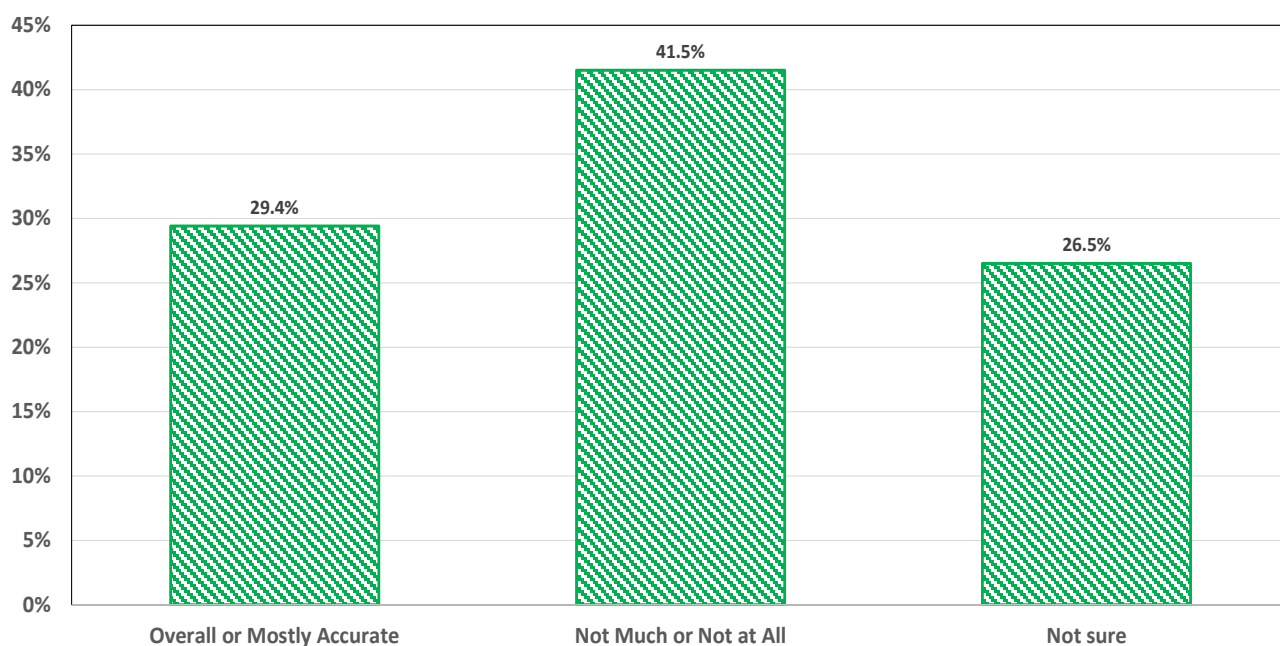
**Figure 9. Do you think the PNA shows a good understanding of Health & Wellbeing in Oxon? Responses in Consultation**



Source: Oxon PNA Consultation 2021-2022

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

**Figure 10. Do you think the PNA accurately describes community pharmacies as they exist? Responses in Consultation**

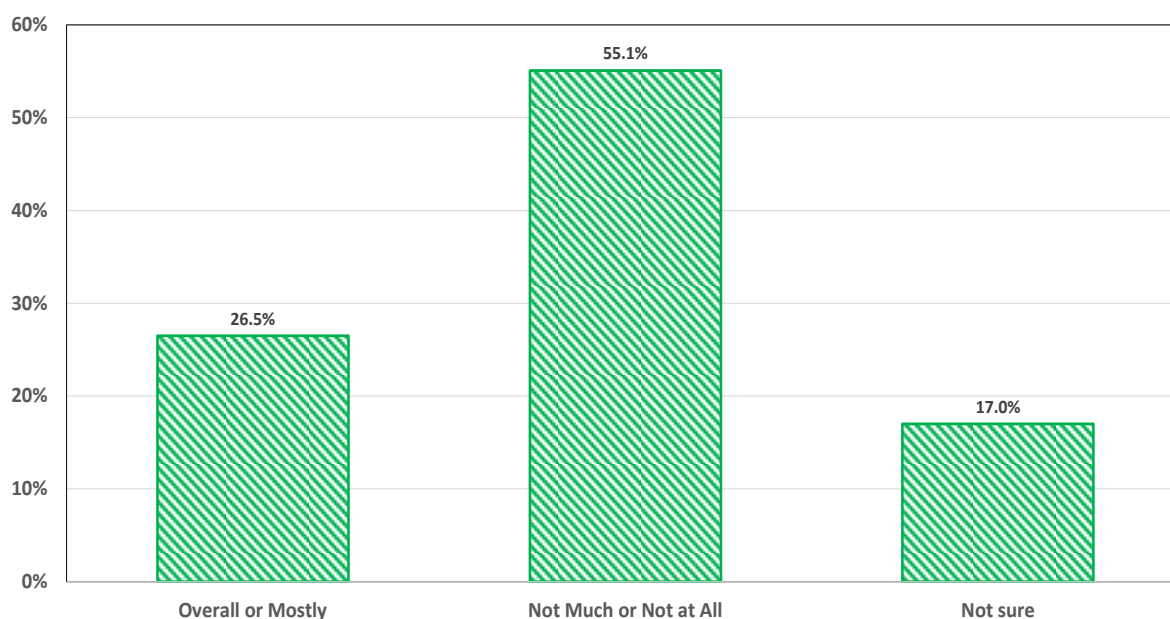


Source: Oxon PNA Consultation 2021-2022

### Does the PNA accurately identify gaps in current and future pharmaceutical services in Oxfordshire? (Q8, Q9)

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

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



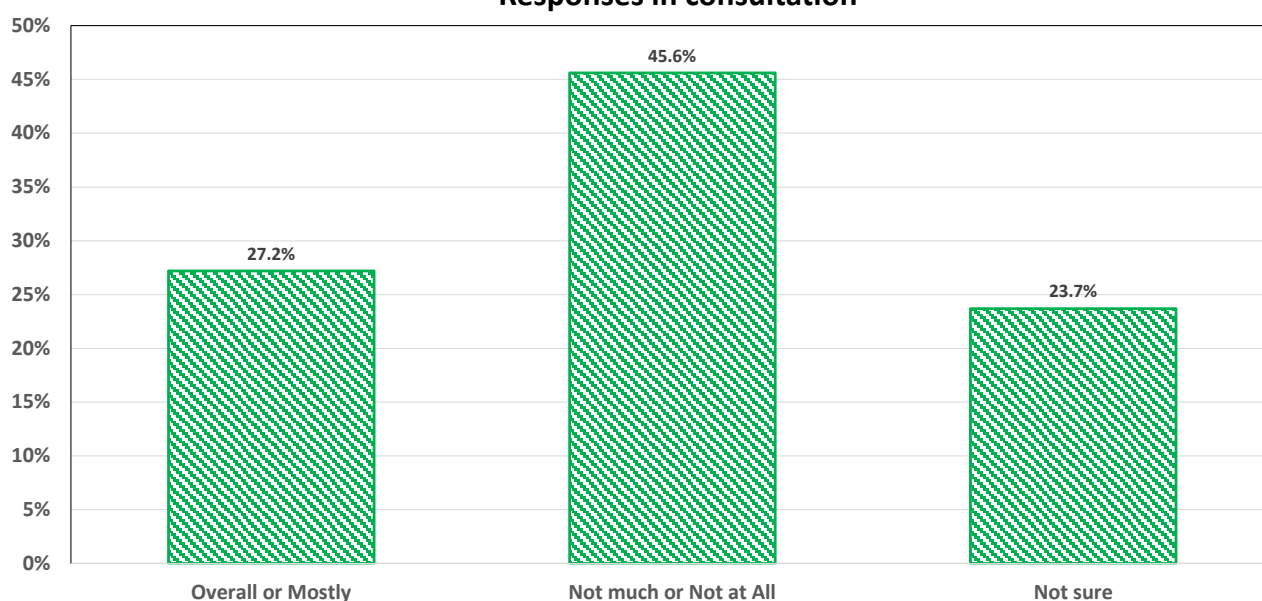
Source: Oxon PNA Consultation 2021-2022

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

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

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

**Figure 12. Do you think the PNA accurately identifies other issues for pharmacy users?**  
**Responses in consultation**



Source: Oxon PNA Consultation 2021-2022

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

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

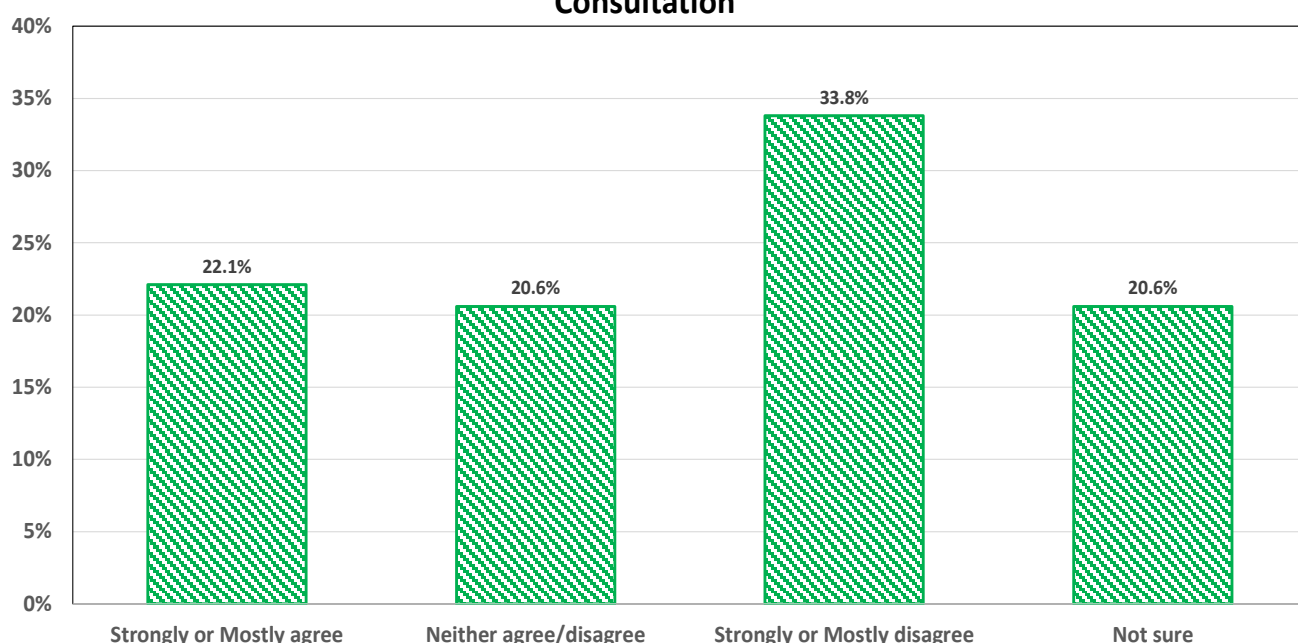
**Do you think the PNA gives sufficient information to support commissioners of pharmaceutical services (such as NHS England, the Public Health Team and Oxfordshire CCG? (Q11 and Q12)**

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

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

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

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



Source: Oxon PNA Consultation 2021-2022



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Chapter Twelve. Discussion and Recommendations**

### **1. Introducing the Discussion and Recommendations**

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

### **2. Strengths and Weaknesses of the Oxfordshire PNA**

#### **Strengths**

#### **(i) The PNA has been conducted with thoroughness.**

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

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

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

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

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

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

## **Weaknesses**

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

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

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

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

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

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

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<sup>80</sup> Todd A, Copeland A, Husband A, et al. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014;4:e005764. doi:10.1136/bmjopen-2014- 005764



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

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

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

There was not capacity for detailed consideration of customer satisfaction with individual pharmacies in the PNA, but a relevant survey had recently been undertaken by Healthwatch Oxfordshire<sup>81</sup> and the PNA public consultation allowed for a variety of responses. Individual pharmacies undertake their own customer surveys, although due to the pandemic most pharmacies have not conducted a survey recently. A future PNA in Oxfordshire could involve work to collate local pharmacy surveys which could then contribute directly to the PNA process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **3. Recommendations**

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

#### **Recommendations relating to possible needs and gaps**

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

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

(iii) Special note should be made of the situation in the centre of Oxford City, where there is at present one large pharmacy and the public have identified a need for service improvement and extra choice. An additional pharmacy in the centre could meet this need. The Steering Group recommends 48 core hours and 15 supplementary hours for a second pharmacy, to include opening on Monday to Saturdays and six hours on Sundays. Core and supplementary hours are set out in Table 34 in Appendix Six. A zone recommended by the Steering Group wherein a second pharmacy should be located is given as Map 15 in Appendix Six.

(iv) It should be noted that the Valley Park housing development, west of Didcot, part of the Didcot conurbation and in Vale of White Horse, may have a future need, after the building is completed and as the community matures, beyond the lifetime of the current PNA.

#### **Recommendations adopted from the Healthwatch Survey**

Pharmacists and commissioners should:

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

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

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

#### **Recommendations relating to the PNA Process**

(viii) Future PNA work should aim to make a greater use of customer surveys undertaken by community pharmacies. A future PNA in Oxfordshire could involve work

with Pharmacy Thames Valley and NHS England to collate local pharmacy surveys which could then contribute directly to the PNA process.

(ix) Future PNAs (and other related work) would benefit from more precise techniques to evaluate the needs of the population at a local level.. As per recommendation above, the use of local customer surveys has a role to play in this. More attention should be paid to practical issues faced when using pharmacies, as that is the day-to-day experience of pharmacy users, and efforts must be made to reach people who cannot respond to surveys on-line. Also, a health topic such as diabetes could be chosen and given special investigation.

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

(xi) A small number of people in Oxfordshire might be having routine difficulties in obtaining medicines and the pharmaceutical services that accompany them. This may be because of factors such as rurality, mobility and so. Such individuals are unlikely to experience this only for pharmaceutical services, but might be generally disadvantaged with regard to accessing a number of health, social and civic services. Understanding and addressing these issues of access could be the focus of future work of Health and Wellbeing Board partners.

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All members of the public and professionals who responded in the consultation

## Select Glossary

|         |  |
|---------|--|
| AUR     | Appliance Use Review   |
| BBV     | Blood Borne Virus(es)  |
| BOB ICS | Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System |
| CCG     | Clinical Commissioning Group   |
| CHD     | Coronary Heart Disease   |
| COPD    | Chronic Obstructive Pulmonary Disease                                  |
| CPCS    | Community Pharmacist Consultation Scheme                               |
| CVD     | Cardiovascular Disease   |
| DAC     | Dispensing Appliance Contractor  |
| DPH     | Director of Public Health  |
| DSP     | Distance Selling Pharmacy  |
| EHC     | Emergency Hormonal contraception                                       |
| ePACT   | Electronic Prescribing Analysis and Cost Tool                          |
| GPhC    | General Pharmaceutical Council   |
| GP      | General Practice / Practitioner  |
| HWB     | Health and Wellbeing Board   |
| ICB     | Integrated Care Board  |
| ICP     | Integrated Care Partnership  |
| ICS     | Integrated Care System   |
| IMD     | Index of Multiple Deprivation  |
| JSNA    | Joint Strategic Needs Assessment                                       |
| LCS     | Locally Commissioned Service   |
| LTC     | Long Term Condition  |
| LSOAs   | Lower Super Output Areas   |
| MSOAs   | Middle Super Output Areas  |
| MUR     | Medicines Use Review   |
| NRT     | Nicotine Replacement Therapy   |
| NHS E   | NHS England  |
| NMS     | New Medicines Service  |
| OCC     | Oxfordshire County Council   |
| OCCG    | Oxfordshire Clinical Commissioning Group                               |
| OHFT    | Oxford Health NHS Foundation Trust                                     |
| ONS     | Office for National Statistics   |
| OS      | Ordnance Survey  |
| OTC     | Over the Counter (Medicines)   |
| OUH     | Oxford University Hospitals NHS Foundation Trust                       |
| PCT     | Primary Care Trust   |
| PH      | Public Health  |
| PHE     | Public Health England  |
| PhIF    | Pharmacy Integration Fund  |
| PCN     | Primary Care Network   |



|      |   |
|------|---|
| PNA  | Pharmaceutical Needs Assessment               |
| PSNC | Pharmaceutical Services Negotiating Committee |
| QOF  | Quality Outcomes Framework                    |
| STP  | Sustainability and Transformation Partnership |
| SAC  | Stoma Appliance Customisation                 |
| SCAS | South Central Ambulance Service               |
| TIA  | Transient Ischaemic Attack/Mini stroke        |
| UTI  | Urinary Tract Infection                       |

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## Appendix Two

### Community Pharmacies within 2 miles and 5 miles of the Oxfordshire county border

**Table 32. Community pharmacies with physical premises within a 2 mile/3.2 km buffer zone plotted from the Oxfordshire County border, derived from NHS SHAPE.** Shrivenham pharmacy also included and shown. These 50 pharmacies are displayed in the following table by CCG order and then NHS Code order. All these also feature in the 5 mile table below. (14.12.21).

| CCG                   | NHS Code | Name                           | Postcode |
|-----------------------|----------|--------------------------------|----------|
| BANES, Swindon, Wilts | FKE91    | Shrivenham Pharmacy            | SN6 8AA  |
| BANES, Swindon, Wilts | FKW39    | Home Farm Pharmacy             | SN6 7DN  |
| BANES, Swindon, Wilts | FM750    | Highworth Pharmacy             | SN6 7AA  |
| Buckinghamshire       | FGP02    | Jmw Vicary Ltd                 | HP17 8JX |
| Buckinghamshire       | FXJ86    | Rowlands Pharmacy              | HP14 3TA |
| Gloucestershire       | FC162    | The Pharmacy, Moreton-in-Marsh | GL56 0AL |
| Gloucestershire       | FHA63    | Lechlade Pharmacy              | GL7 3AA  |
| Gloucestershire       | FQ451    | Badham Pharmacy Limited        | GL54 2FL |
| Northamptonshire      | FA449    | Middleton Cheney Pharmacy      | OX17 2PD |
| Northamptonshire      | FN476    | Boots                          | NN13 7DP |
| Northamptonshire      | FW295    | Lowick Ltd                     | NN13 6QZ |
| West Berkshire        | FA288    | Erleigh Road Pharmacy          | RG1 5NN  |
| West Berkshire        | FA368    | Tesco Instore Pharmacy         | RG30 1AH |
| West Berkshire        | FA597    | Markand Pharmacy               | RG4 6DH  |
| West Berkshire        | FAE42    | The Reading Pharmacy           | RG6 1LN  |
| West Berkshire        | FCT83    | Lloyds Pharmacy                | RG8 7AQ  |
| West Berkshire        | FDP58    | Fourways Pharmacy              | RG1 3NX  |
| West Berkshire        | FDT21    | Boots The Chemist              | RG1 2AE  |
| West Berkshire        | FDX71    | Triangle Pharmacy              | RG31 5AW |
| West Berkshire        | FE270    | Whitley 277 Pharmacy           | RG2 0JA  |
| West Berkshire        | FE816    | Boots The Chemist              | RG1 1LT  |



|                |       |                           |          |
|----------------|-------|---------------------------|----------|
| West Berkshire | FEK05 | Lloyds Pharmacy           | RG2 0AR  |
| West Berkshire | FEV57 | Fields Pharmacy           | RG10 9AN |
| West Berkshire | FEX35 | Boots The Chemist         | RG4 8BA  |
| West Berkshire | FEX81 | Orange Pharmacy           | RG1 3NY  |
| West Berkshire | FF110 | Lloyds Pharmacy           | RG30 6BW |
| West Berkshire | FFR18 | Lloyds Pharmacy           | RG10 8AE |
| West Berkshire | FFY65 | Boots The Chemist         | RG1 2AH  |
| West Berkshire | FGD71 | Basingstoke Road Pharmacy | RG2 0ER  |
| West Berkshire | FGF17 | Tilehurst Pharmacy        | RG31 5AR |
| West Berkshire | FGX83 | Superdrug Pharmacy        | RG1 2AF  |
| West Berkshire | FHF90 | Southcote Pharmacy        | RG30 3QN |
| West Berkshire | FHT00 | Fittleworth Medical Ltd   | RG10 9TU |
| West Berkshire | FKE74 | Newdays Pharmacy          | RG10 9EH |
| West Berkshire | FLD94 | Boots The Chemist         | RG5 3JP  |
| West Berkshire | FLK26 | Saood Pharmacy            | RG1 7LL  |
| West Berkshire | FLR49 | Newdays Pharmacy          | RG1 6DJ  |
| West Berkshire | FM678 | Overdown Pharmacy         | RG31 6PR |
| West Berkshire | FMJ89 | Caversham Pharmacy        | RG4 7SS  |
| West Berkshire | FMW33 | Western Elms Pharmacy     | RG30 1AY |
| West Berkshire | FNE16 | Your Local Boots Pharmacy | RG6 7NZ  |
| West Berkshire | FNR10 | Boots The Chemist         | RG30 4AA |
| West Berkshire | FP393 | Lloyds Pharmacy           | RG5 3LX  |
| West Berkshire | FPA84 | Day Lewis Pharmacy        | RG5 4UX  |
| West Berkshire | FPG88 | Tesco Instore Pharmacy    | RG1 8DF  |
| West Berkshire | FQD26 | Grovelands Pharmacy       | RG30 2NY |
| West Berkshire | FQP38 | Oxford Road Pharmacy      | RG30 1AD |
| West Berkshire | FT293 | Asda Pharmacy             | RG30 4EL |
| West Berkshire | FTX84 | Day Lewis Pharmacy        | RG10 9EH |
| West Berkshire | FW067 | Christchurch Rd Pharmacy  | RG2 7AZ  |

**Table 33. Community pharmacies with physical premises within a 5 mile/8 km buffer zone plotted from the Oxfordshire border, derived from NHS SHAPE.** Shrivenham pharmacy also included and shown. These 103 pharmacies are displayed in the following table by CCG order and then in NHS Code order. (14.12.21).

| CCG                   | NHS Code | Name                               | Postcode |
|-----------------------|----------|------------------------------------|----------|
| BANES, Swindon, Wilts | FA863    | Rowlands Pharmacy                  | SN1 5HG  |
| BANES, Swindon, Wilts | FCP66    | Swindon Health Centre Pharmacy Ltd | SN1 2DQ  |
| BANES, Swindon, Wilts | FDL80    | Rowlands Pharmacy                  | SN3 3FS  |
| BANES, Swindon, Wilts | FGJ20    | Homeground Care                    | SN2 2PJ  |
| BANES, Swindon, Wilts | FH416    | Jhoots Pharmacy                    | SN1 3DF  |
| BANES, Swindon, Wilts | FJH00    | Tesco in-Store Pharmacy            | SN1 2EH  |
| BANES, Swindon, Wilts | FJJ49    | Rowlands Pharmacy                  | SN3 2RJ  |
| BANES, Swindon, Wilts | FJQ81    | Boots UK Limited                   | SN3 3SG  |
| BANES, Swindon, Wilts | FKE91    | Shrivenham Pharmacy                | SN6 8AA  |
| BANES, Swindon, Wilts | FKV98    | Hawthorne Pharmacy                 | SN2 1AE  |
| BANES, Swindon, Wilts | FKW39    | Home Farm Pharmacy                 | SN6 7DN  |
| BANES, Swindon, Wilts | FKW51    | The Pharmacy                       | SN1 5PL  |
| BANES, Swindon, Wilts | FL386    | Avicenna Pharmacy                  | SN3 1JE  |
| BANES, Swindon, Wilts | FLP67    | Lloyds Pharmacy                    | SN3 5AA  |
| BANES, Swindon, Wilts | FM750    | Highworth Pharmacy                 | SN6 7AA  |
| BANES, Swindon, Wilts | FNJ84    | Your Local Boots Pharmacy          | SN2 5HN  |
| BANES, Swindon, Wilts | FQR16    | Cohens Chemist                     | SN25 4YX |
| BANES, Swindon, Wilts | FRD99    | Boots UK Limited                   | SN1 1LF  |
| BANES, Swindon, Wilts | FRG47    | Lloyds Pharmacy                    | SN3 4BF  |
| BANES, Swindon, Wilts | FRN86    | Lloyds Pharmacy                    | SN2 1AJ  |
| BANES, Swindon, Wilts | FTF64    | Asda Pharmacy                      | SN25 4BG |
| BANES, Swindon, Wilts | FV354    | Boots UK Limited                   | SN1 4AN  |
| BANES, Swindon, Wilts | FVE09    | Lloyds Pharmacy                    | SN3 2GD  |
| BANES, Swindon, Wilts | FWF24    | Swindon Pharmacy                   | SN2 1UU  |
| BANES, Swindon, Wilts | FWH29    | Rowlands Pharmacy                  | SN1 3EG  |

|                       |       |   |          |
|-----------------------|-------|---|----------|
| BANES, Swindon, Wilts | FYN10 | Rowlands Pharmacy                       | SN3 3TQ  |
| Buckinghamshire       | FDQ92 | Rowlands Pharmacy                       | HP27 0AW |
| Buckinghamshire       | FF738 | Lane End Pharmacy                       | HP14 3JF |
| Buckinghamshire       | FGP02 | Jmw Vicary Ltd                          | HP17 8JX |
| Buckinghamshire       | FM764 | Jardines Pharmacy                       | MK18 1JX |
| Buckinghamshire       | FPR51 | Lloyds Pharmacy                         | HP27 0AX |
| Buckinghamshire       | FQL47 | Boots The Chemist                       | MK18 1JX |
| Buckinghamshire       | FRH27 | Jardines Pharmacy                       | MK18 1RS |
| Buckinghamshire       | FRM97 | Downley Pharmacy                        | HP13 5UW |
| Buckinghamshire       | FWC97 | Lloyds Pharmacy                         | HP27 0AX |
| Buckinghamshire       | FWH43 | Instore Pharmacy - Tesco Stores Limited | MK18 1AB |
| Buckinghamshire       | FXJ86 | Rowlands Pharmacy                       | HP14 3TA |
| Frimley               | FA433 | Woodland Park Pharmacy                  | SL6 3NH  |
| Gloucestershire       | FC162 | The Pharmacy, Moreton-in-Marsh          | GL56 0AL |
| Gloucestershire       | FHA63 | Lechlade Pharmacy                       | GL7 3AA  |
| Gloucestershire       | FQ451 | Badham Pharmacy Limited                 | GL54 2FL |
| Gloucestershire       | FRQ45 | Your Local Boots Pharmacy               | GL7 4AB  |
| Gloucestershire       | FWR99 | Rowlands Pharmacy                       | GL54 2AN |
| Gloucestershire       | FYE05 | Badham Pharmacy                         | GL54 1BQ |
| Northamptonshire      | FA449 | Middleton Cheney Pharmacy               | OX17 2PD |
| Northamptonshire      | FN476 | Boots                                   | NN13 7DP |
| Northamptonshire      | FRX60 | Popson Chemist                          | NN11 3RB |
| Northamptonshire      | FW295 | Lowick Ltd                              | NN13 6QZ |
| Northamptonshire      | FWV22 | Lark Rise Pharmacy                      | NN13 6JR |
| South Warwickshire    | FL438 | Kineton Pharmacy                        | CV35 0HN |
| West Berkshire        | FA288 | Erleigh Road Pharmacy                   | RG1 5NN  |
| West Berkshire        | FA368 | Tesco Instore Pharmacy                  | RG30 1AH |
| West Berkshire        | FA448 | Asda Pharmacy                           | RG6 5TT  |
| West Berkshire        | FA593 | Shinfield Pharmacy                      | RG2 9EH  |
| West Berkshire        | FA597 | Markand Pharmacy                        | RG4 6DH  |

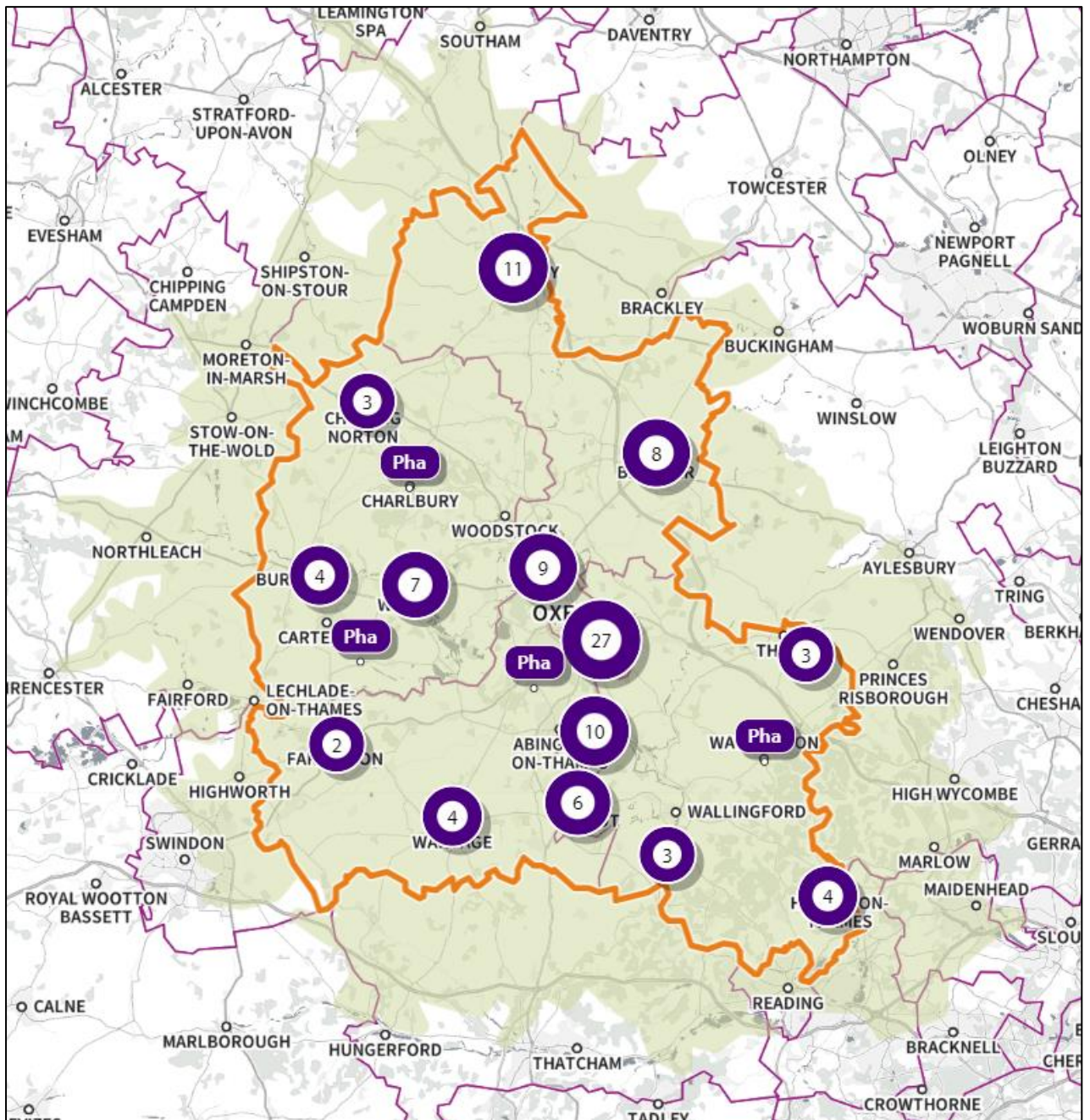
|                |       |                           |          |
|----------------|-------|---------------------------|----------|
| West Berkshire | FAE42 | The Reading Pharmacy      | RG6 1LN  |
| West Berkshire | FCT83 | Lloyds Pharmacy           | RG8 7AQ  |
| West Berkshire | FDP58 | Fourways Pharmacy         | RG1 3NX  |
| West Berkshire | FDT21 | Boots The Chemist         | RG1 2AE  |
| West Berkshire | FDX71 | Triangle Pharmacy         | RG31 5AW |
| West Berkshire | FE270 | Whitley 277 Pharmacy      | RG2 0JA  |
| West Berkshire | FE713 | Lloyds Pharmacy           | RG41 5AR |
| West Berkshire | FE816 | Boots The Chemist         | RG1 1LT  |
| West Berkshire | FEJ88 | Lloyds Pharmacy           | RG31 7SA |
| West Berkshire | FEK05 | Lloyds Pharmacy           | RG2 0AR  |
| West Berkshire | FEV57 | Fields Pharmacy           | RG10 9AN |
| West Berkshire | FEX35 | Boots The Chemist         | RG4 8BA  |
| West Berkshire | FEX81 | Orange Pharmacy           | RG1 3NY  |
| West Berkshire | FF110 | Lloyds Pharmacy           | RG30 6BW |
| West Berkshire | FFR18 | Lloyds Pharmacy           | RG10 8AE |
| West Berkshire | FFY65 | Boots The Chemist         | RG1 2AH  |
| West Berkshire | FG634 | Day Lewis Pharmacy        | RG7 1AA  |
| West Berkshire | FGD71 | Basingstoke Road Pharmacy | RG2 0ER  |
| West Berkshire | FGF17 | Tilehurst Pharmacy        | RG31 5AR |
| West Berkshire | FGV18 | Morrisons Pharmacy        | RG41 3SW |
| West Berkshire | FGX83 | Superdrug Pharmacy        | RG1 2AF  |
| West Berkshire | FHF90 | Southcote Pharmacy        | RG30 3QN |
| West Berkshire | FHJ96 | Day Lewis Rankin Pharmacy | RG6 3HD  |
| West Berkshire | FHT00 | Fittleworth Medical Ltd   | RG10 9TU |
| West Berkshire | FKE74 | Newdays Pharmacy          | RG10 9EH |
| West Berkshire | FLD94 | Boots The Chemist         | RG5 3JP  |
| West Berkshire | FLG15 | Whitley Wood Pharmacy     | RG2 8NY  |
| West Berkshire | FLK26 | Saood Pharmacy            | RG1 7LL  |
| West Berkshire | FLR49 | Newdays Pharmacy          | RG1 6DJ  |
| West Berkshire | FM678 | Overdown Pharmacy         | RG31 6PR |

|                |       |                             |          |
|----------------|-------|-----------------------------|----------|
| West Berkshire | FMJ89 | Caversham Pharmacy          | RG4 7SS  |
| West Berkshire | FMP97 | Kamsons Pharmacy            | RG7 5AH  |
| West Berkshire | FMV40 | Fittleworth Medical Limited | RG2 8LW  |
| West Berkshire | FMW33 | Western Elms Pharmacy       | RG30 1AY |
| West Berkshire | FNE16 | Your Local Boots Pharmacy   | RG6 7NZ  |
| West Berkshire | FNR10 | Boots The Chemist           | RG30 4AA |
| West Berkshire | FP393 | Lloyds Pharmacy             | RG5 3LX  |
| West Berkshire | FPA84 | Day Lewis Pharmacy          | RG5 4UX  |
| West Berkshire | FPG88 | Tesco Instore Pharmacy      | RG1 8DF  |
| West Berkshire | FQD26 | Grovelands Pharmacy         | RG30 2NY |
| West Berkshire | FQP38 | Oxford Road Pharmacy        | RG30 1AD |
| West Berkshire | FRP45 | Vantage Chemist             | RG2 8HD  |
| West Berkshire | FT063 | Lambourn Pharmacy           | RG17 8XY |
| West Berkshire | FT293 | Asda Pharmacy               | RG30 4EL |
| West Berkshire | FT878 | Lloyds Pharmacy             | RG4 8XU  |
| West Berkshire | FTX84 | Day Lewis Pharmacy          | RG10 9EH |
| West Berkshire | FW067 | Christchurch Rd Pharmacy    | RG2 7AZ  |
| West Berkshire | FY485 | Your Local Boots Pharmacy   | RG6 5GA  |

## Appendix Three

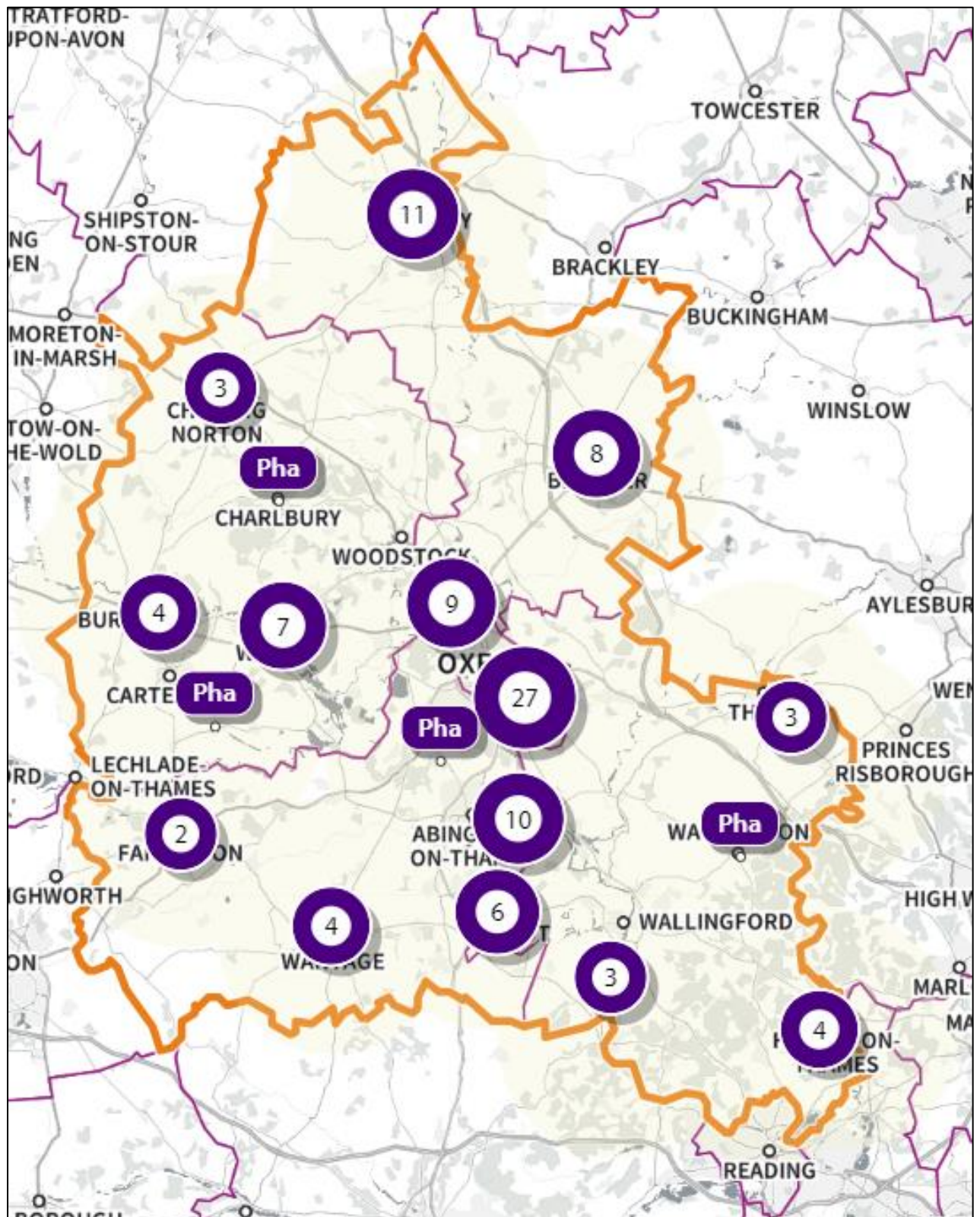
### Drive time, five miles radius and Public transport time maps from the NHS SHAPE tool

**Map 10. NHS SHAPE map of 20 mins or less Drive Time from Oxfordshire CCG pharmacies.** Pharmacies shown individually or as groups. Drive time zone is shaded area. NHS copyright. (14.12.21.)



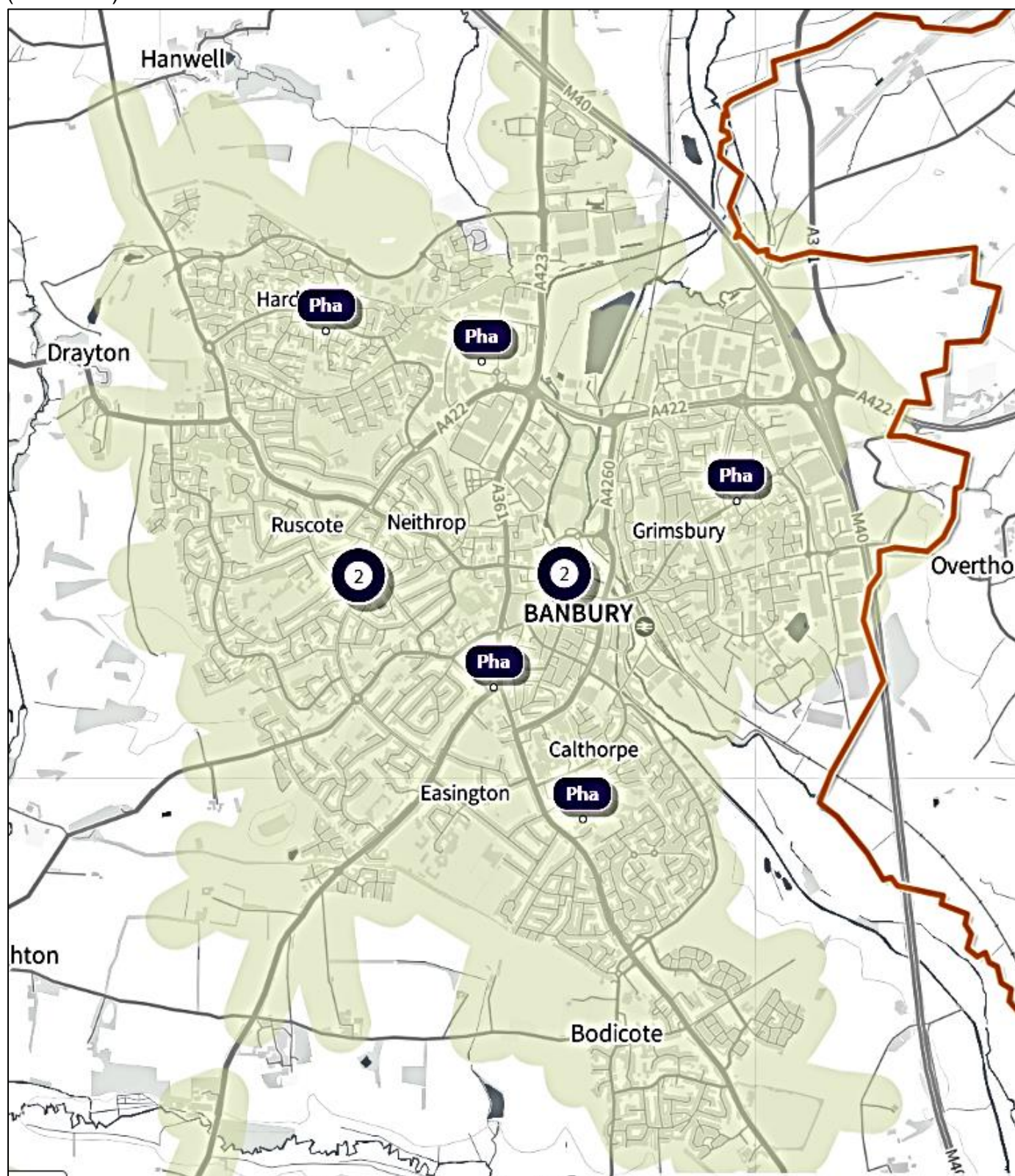


**Map 11. NHS SHAPE map of Five Miles Radius or less from Oxfordshire CCG pharmacies.** Pharmacies shown individually or as groups. Five mile radius zone is shaded area. NHS copyright. (14.12.21.)



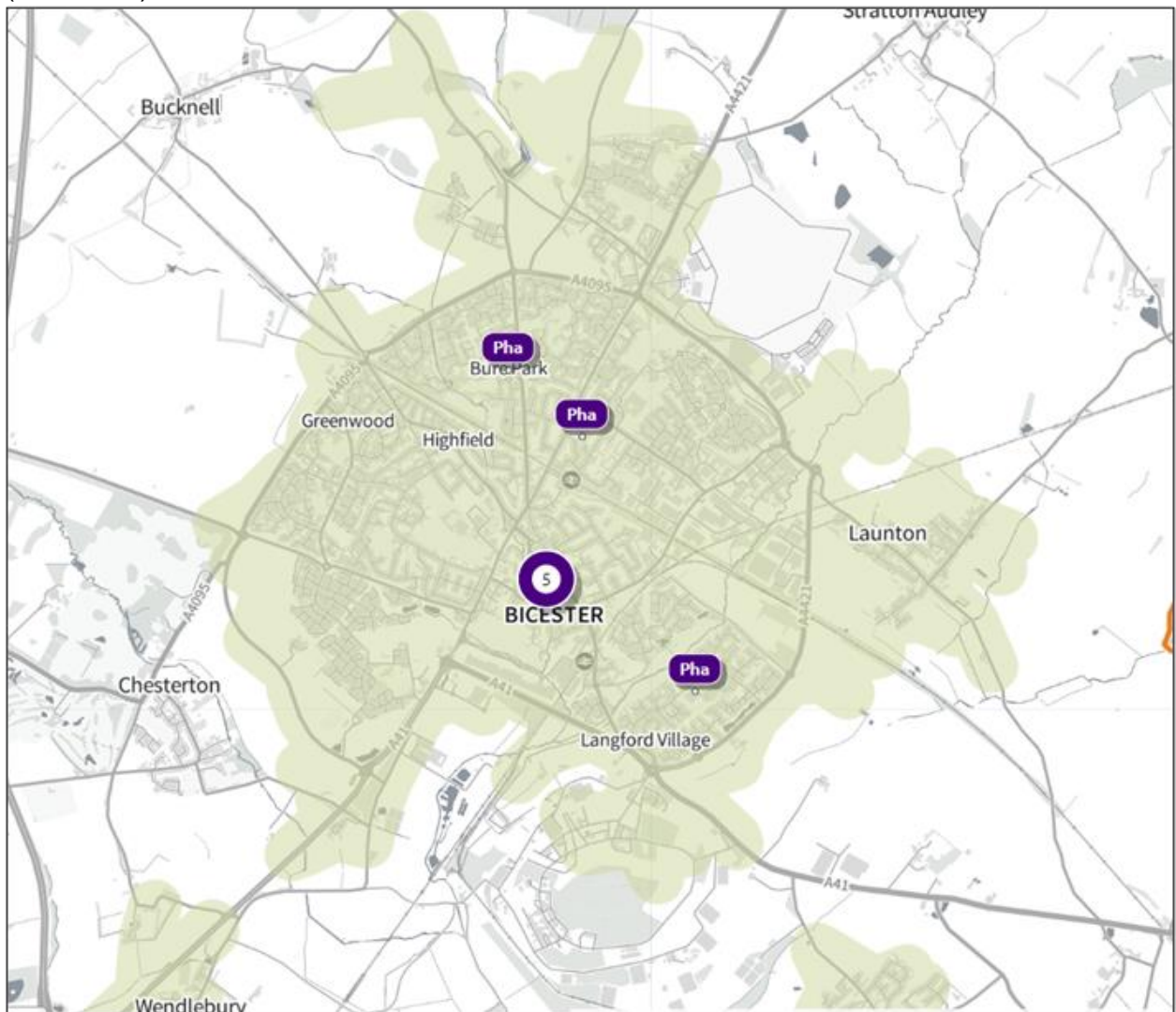


**Map 12. NHS SHAPE map of public transport time of 20 mins or less in Banbury from Oxfordshire CCG pharmacies.** Pharmacies shown individually or as groups. Public transport time zone is shaded area. NHS copyright. (14.12.21.)





**Map 13. NHS SHAPE map of Public Transport time of 20 mins or less in Bicester from Oxfordshire CCG pharmacies.** Public transport time zone is shaded area. Pharmacies shown individually or as groups. NHS copyright. (14.12.21.)



The map displays the following monitoring points and their approximate locations:

- Point 1:** Located near Sunnymead.
- Point 2:** Located near Park Town.
- Point 3:** Located near New Marston.
- Point 4:** Located near Headington.
- Point 5:** Located near Sandhills.

Other labeled locations include: Cassington, Wytham, Wolvercote, Sunnymead, Park Town, New Marston, Headington, Sandhills, Headington Quarry, New Headington, Cowley, Horspath, South Hinksey, Iffley, Rose Hill, Littlemore, Blackthorn, Kenning, Sandford-on-Thames, Bayworth, Sunningwell, Radley, Nuneham Courtenay, Shippon, Northcourt, Cothill, and Farmoor.

## **Appendix Four. People and Organisations consulted in Public Consultation.**

The general public

Buckinghamshire Health and Well Being Board

Cherwell District Council (Chief Executive and Planning Officer)

GPs on Pharmacy Thames Valley/Local Pharmaceutical Committee list in  
Oxfordshire of Dispensing Doctors

Healthwatch Oxfordshire

Gloucestershire Health and Well Being Board

Northants Health and Well Being Board

Oxford City Council (Chief Executive and Planning Officer)

Oxford Health NHS Foundation Trust (OHFT).

Oxford University Hospital NHS Foundation Trust (OUH),  
Oxfordshire CCG

Oxfordshire Local Medical Committee

Pharmacy Thames Valley/Local Pharmaceutical Committee

Pharmacists on Pharmacy Thames Valley/Local Pharmaceutical Committee list in  
Oxfordshire

South Central Ambulance Services (SCAS)

South Oxfordshire District Council (Chief Executive and Planning Officer)

Swindon Health and Well Being Board

South Warwickshire Health and Well Being Board

Vale of White Horse District Council (Chief Executive and Planning Officer)

West Berks Health and Well Being Board

West Oxfordshire District Council (Chief Executive and Planning Officer)

## **Appendix Five**

### **Full PNA Consultation Questionnaire and Feedback Form 2021-2022, as posted on the 'Let's Talk Oxfordshire' website**

The main contents of the consultation questionnaire and feedback form are presented for reference in these pages. The survey software included tick boxes and spaces for free text; the numbering and pathway through the questions were adjusted and varied by the software according to the responses made by each individual. Thus, the numbering system used here is for presentational purposes and does not recreate exactly what visitors to the website would have seen. A hardcopy of the questionnaire was sent to the members of the public on request.

#### **General Questions about Responder**

**1. Please select the most relevant description of yourself from this list:  
(Tick any one option)**

Member of the Public

District Council Employee

County Council Employee

Councillor

Pharmacist

Other Pharmacy staff

GP

Dispensing GP

Primary Care Nurse

Other Nurse

Hospital Manager

Hospital Staff

Ambulance Service

Other NHS Professional

Other Care Professional

Staff in Private Health Firm

CCG Staff

Public Health staff

Healthwatch staff

Voluntary Sector staff

Other (please specify)

**2. Please state the name of the organisation you are responding on behalf of:**

**3. If you are representing an organisation please provide your professional email address:**

**4. Please indicate a local area of special interest to feed back on:  
(Tick any one option)**

Cherwell

Oxford City

South Oxfordshire

Vale of White Horse

West Oxfordshire

Oxfordshire as a whole

Oxfordshire other (Please state below)

Another area outside but adjoining Oxfordshire (Please state below)

Other (Please state below)

**Please state area below:**

\*

\*

\*

## **Questions about the Pharmaceutical Needs Assessment**

### **5. Do you think we have used the right methods to create the PNA? (Tick any one option)**

- Yes, I think all the right methods have been used
- Yes, but only some of the right methods have been used
- No, I think many of the methods are not quite right
- No, I think most of the methods are wrong
- I don't know/I am not sure about this

**Please tell us what we have got wrong in our methods or which better methods we could have used.**

### **6. Please indicate if you think that the PNA shows a good understanding or not of the health and well-being needs of people in Oxfordshire and its localities. (Tick any one option)**

- Yes, I think overall the PNA shows a good understanding of this
- Yes, I think mostly the PNA shows a good understanding of this
- No, I think much of the PNA does not show a good understanding of this
- No, I think the PNA does not show a good understanding of this at all
- I don't know/I am not sure about this

**Please tell us what we have missed out or misunderstood.**

**7. Do you think the PNA accurately describes community pharmaceutical services as they exist at present within Oxfordshire?  
(Tick any one option)**

Yes, I think overall the PNA gives an accurate description of this

Yes, I think mostly the PNA gives an accurate description of this

No, I think much of the PNA does not give an accurate description of this

No, I think the PNA does not give an accurate description of this at all

I don't know/I am not sure about this

**Please tell us what we have got wrong. Also please tell us if there is a service or aspect of a service we have overlooked.**

**8. Please indicate if you think the PNA accurately identifies or not any possible gaps in pharmaceutical services that might exist up to March 2025, due to a growing population and new housing developments, for example?  
(Tick any one option)**

Yes, I think overall the PNA gives an accurate description of possible gaps

Yes, I think mostly the PNA gives an accurate description of possible gaps

No, I think much of the PNA does not give an accurate description of possible gaps

No, I think the PNA does not give an accurate description of possible gaps at all

I don't know/I am not sure about this

**Please tell us what we have got wrong or anything we have missed. Please let us know if there is a local area or service need we have overlooked.**



**9. Do you consider that the PNA properly highlights or not other relevant issues and challenges which people in Oxfordshire might face in using a community pharmacy?**

**(These could include mobility issues, access to public transport, difficulties in walking through a neighbourhood, difficulties in crossing a road, language issues, problems with hearing, with sight, with communication and so on.)**

**(Tick any one option)**

Yes, I think overall the PNA shows a good understanding of these

Yes, I think mostly the PNA shows a good understanding of these

No, I think much of the PNA does not show a good understanding of these

NO, I think the PNA does not show a good understanding of these at all

I don't know/I am not sure about this

**Please tell us what we have missed out or misunderstood.**

**10. The PNA also covers Dispensing GPs, GPs who can dispense medicines directly to a patient if the patient is eligible under NHS regulations to receive this service. Do you have any comments on the services of Dispensing GPs in Oxfordshire?**

**11. NHS England has to respond to requests from pharmacy chains (or individual pharmacists) to be permitted to open in Oxfordshire. These are known as 'market-entry' decisions.**

**Do you think the PNA gives NHS England sufficient information or not to make these decisions for Oxfordshire in the next three years?**

**(Tick any one option)**

Yes, I think overall the PNA gives sufficient information for this

Yes, I think mostly the PNA gives sufficient information for this

No, I think much of the PNA does not give sufficient information for this

No, I think the PNA does not give sufficient information for this at all

I don't know/I am not sure about this

**Please tell us what we have missed out or misunderstood.**



**12. Oxfordshire Clinical Commissioning Group (OCCG) and Oxfordshire Public Health Team and similar bodies also commission (pay for) special services in pharmacies (e.g. stop-smoking services, help with minor health problems, emergency contraception)**

**Do you think the PNA gives these bodies the right information or not to make these commissioning decisions for the next three years?**

**(Tick any one option)**

Yes, I think overall the PNA gives sufficient information for this

Yes, I think mostly the PNA gives sufficient information for this

No, I think much of the PNA does not give sufficient information for this

No, I think the PNA does not give sufficient information for this at all

I don't know/I am not sure about this

**Please tell us what we have missed out or misunderstood.**

**13. Do you agree or disagree with the final recommendations of the PNA?**

**(Tick any one option)**

Strongly agree. I think overall the PNA gets these right

Mostly agree. I think mostly the PNA gets these right

Neither agree nor disagree

Mostly disagree. I think the PNA gets most of these wrong

I don't know/I am not sure about this

**Please tell us where we have got something wrong or missed something out.**

**14. Do you have any further thoughts on the draft PNA and the information it contains? Please describe below.**

\*

\*

\*

## **Socio-Demographic Questions about the Responder**

Thank you for taking the time to complete this survey. If you are responding to this survey as a member of the public, we would like to gather some more information about you. But if you are responding as a representative of an organisation, please, select 'No' below and submit the survey.

We would like to know more about you so that we can understand more about our customers and residents, as it helps us to know we are hearing the views of a wide range of people and communities. If you do not wish to provide any of this information, please select prefer not to say for the relevant item.

All information given is anonymous and is governed by the General Data Protection Regulations 2018.

### **15. Did you complete this survey as a member of the public? (Tick one option)**

Yes

No

(If respondent replied 'Yes' then the following socio-demographic questions were asked...)

### **16. If you live in Oxfordshire, please provide the first part of your postcode (e.g. OX1...)**

### **17. What is your age? (Tick any one option)**

Under 16

16-24

25-34

45-54

55-64

65-74

75-84

85 or above

Prefer not to say

**18. What is your gender?**  
**(Tick any one option)**

Female

Male

Prefer not to say

I use another term (please state here)

**19. What is your ethnic group?**  
**(Tick any one option)**

Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)

Black or Black British (Caribbean, African or any other Black background)

Chinese

Mixed or multiple ethnic groups (White & Black Caribbean, White & Black African, White & Asian, any other mixed background)

White (British, Irish, Scottish or any other white background)

Prefer not to say

Other ethnic group or background (please specify)

**20. Are you pregnant, on maternity leave or returning from maternity leave?**  
**(Tick any one option).**

Yes

No

Prefer not to say

**21. Do you have any physical or mental health conditions, disabilities or illnesses which reduce your ability to carry out day-to-day activities?  
(Tick any one option).**

Yes-my life is affected a lot  
Yes-my life is affected a little  
No  
Prefer not to say

**If you have answered 'Yes' please tell us more:  
(Tick all that apply)**

I have one or more physical conditions, disabilities or illnesses  
I have one or more mental health conditions, disabilities or illnesses  
Prefer not to say

**22. What is your religion, if any?  
(Tick any one option)**

Buddhist  
Christian  
Hindu  
Jewish  
Muslim  
Sikh  
No religion  
Prefer not to say  
Other (please specify)

**23. Which of the following best describes your sexual orientation?**  
**(Tick any one option)**

Straight/Heterosexual

Gay or lesbian

Bisexual

Prefer not to say

Other sexual orientation (please specify)

**24. Are you married or in a civil partnership?**  
**(Tick any one option)**

Yes

No

Prefer not to say

**25. Is your gender identity the same as your sex registered at birth?**  
**(Tick any one option)**

Yes

No

Prefer not to say

**If 'No' please specify**

## **Data Protection and Privacy**

Under the [Data Protection Act 2018](#), we (Oxfordshire County Council) have a legal duty to protect any personal information we collect from you. Oxfordshire County Council is committed to open government and this may include quoting extracts from your consultation response in our report.

We will not, however, disclose the names of people who have responded unless they have provided consent. For this purpose, we ask that you are careful not to disclose personal information in your comments – for example the names of service users or children. If you do not want all or part of your response to be made public or shared with councillors, please state below which parts you wish us to keep confidential.

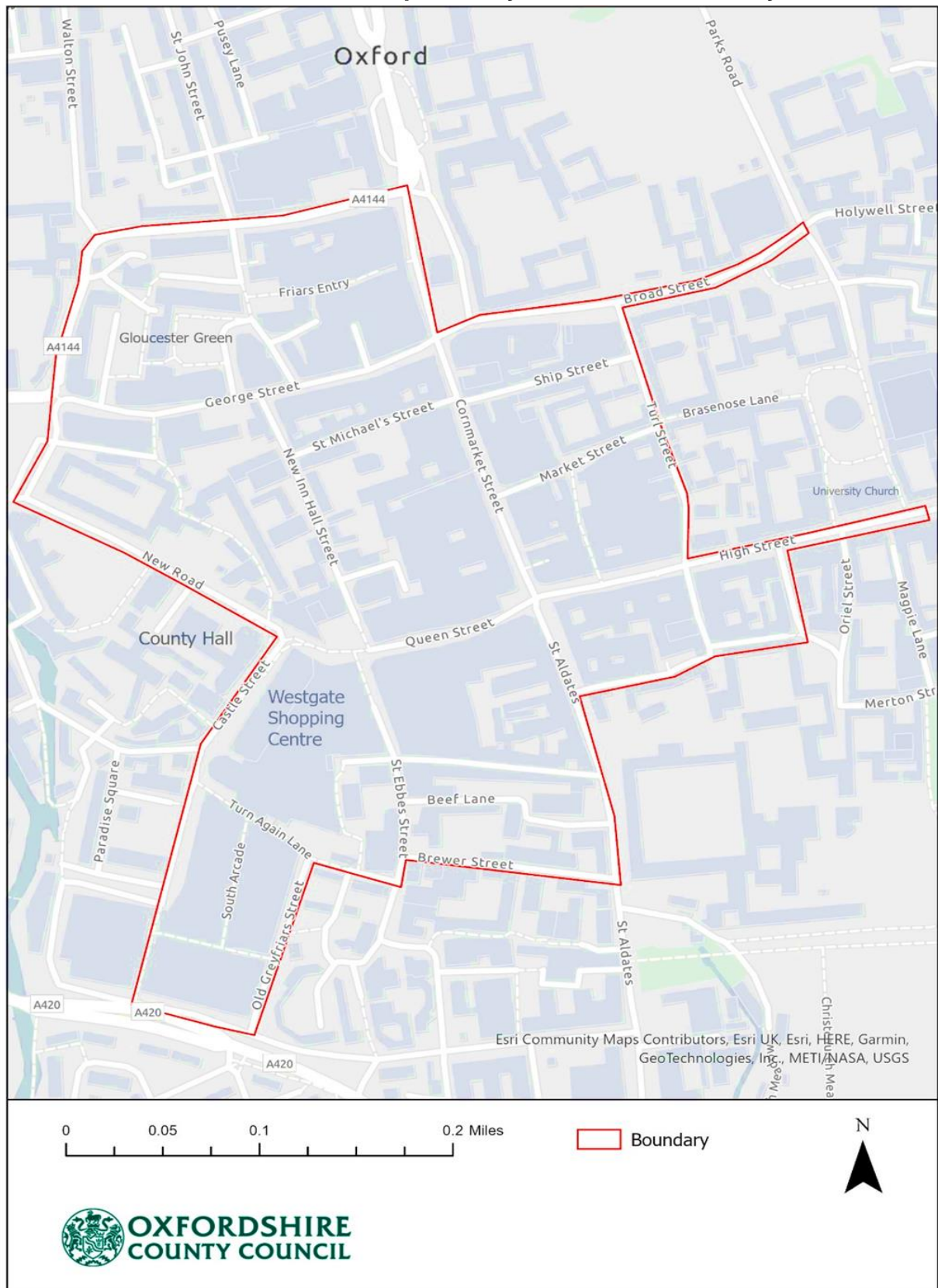
**View Oxfordshire County Council's privacy notice online at [www.oxfordshire.gov.uk](http://www.oxfordshire.gov.uk) - search privacy notice.**

**Please use this space to tell us if there is any part of your response you wish to keep confidential.**

**Thank you for taking the time to complete this survey.**

## Appendix Six

**Map 15. City centre zone recommended by the PNA Steering Group for location of a second pharmacy in central Oxford City**



### **Narrative for Map 15.**

This is a general guide for NHS England as to a suitable location for a second pharmacy in Oxford city centre. The red boundary encloses an area which is used by shoppers, which is frequented by tourists and where the main Oxford University buildings and colleges are located. The map is intended as a guide to indicate where these characteristics tend to be combined, and so to indicate a city centre zone within which a second pharmacy could be usefully located. However, other considerations for NHS England might arise in the future. The red line should be interpreted as inclusive of the streets and junctions it touches.

The main nodes and features on the boundary are as follows, going clockwise on the map:

- St Giles-Beaumont St junction
- Broad Street (down to King's Arms end)
- Broad St-Turl St junction down Turl St to Turl St-High St junction
- High St to St Mary's University Church on High St
- From St Mary's Church (down Alfred St and King Edward St area) To Bear Lane and Blue Boar St
- Blue Boar St-St Aldate's junction
- St Aldate's-Brewer St junction
- Old Greyfriars St
- Westgate Centre
- Castle St
- New Rd to Worcester St
- Gloucester Green complex
- Thence to St Giles-Beaumont St junction.



**Table 34. Core and Supplementary opening hours recommended by the PNA  
Steering Group for a second pharmacy in central Oxford City  
(totalling 63 hours)**

| <b>Day of week</b> | <b>Supple-<br/>mentary<br/>hours</b> | <b>Core Hours</b> | <b>Supple-<br/>mentary<br/>hours</b> | <b>Core hours</b> | <b>Supple-<br/>mentary<br/>hours</b> | <b>Total<br/>Core<br/>hours</b> | <b>Total Supple-<br/>mentary<br/>hours</b> |
|--------------------|--------------------------------------|-------------------|--------------------------------------|-------------------|--------------------------------------|---------------------------------|--|
| Mon                | 8.30am-<br>9.00am                    | 9.00-13.00        | 13.00-<br>14.00                      | 14.00-17.00       | 17.00-<br>18.00                      | 7 hours                         | 2.30 hours                                 |
| Tues               | 8.30am-<br>9.00am                    | 9.00-13.00        | 13.00-<br>14.00                      | 14.00-17.00       | 17.00-<br>18.00                      | 7 hours                         | 2.30 hours                                 |
| Wed                | 8.30am-<br>9.00am                    | 9.00-13.00        | 13.00-<br>14.00                      | 14.00-17.00       | 17.00-<br>18.00                      | 7 hours                         | 2.30 hours                                 |
| Thurs              | 8.30am-<br>9.00am                    | 9.00-13.00        | 13.00-<br>14.00                      | 14.00-17.00       | 17.00-<br>18.00                      | 7 hours                         | 2.30 hours                                 |
| Fri                | 8.30am-<br>9.00am                    | 9.00-13.00        | 13.00-<br>14.00                      | 14.00-17.00       | 17.00-<br>18.00                      | 7 hours                         | 2.30 hours                                 |
| Sat                | 8.30am-<br>9.00am                    | 9.00-13.00        | 13.00-<br>14.00                      | 14.00-17.00       | 17.00-<br>18.00                      | 7 hours                         | 2.30 hours                                 |
| Sun                |                                      | 10.00-16.00       |                                      |                   |                                      | 6 hours                         |  |
| All                |                                      |                   |                                      |                   |                                      | 48 hours                        | 15 hours                                   |

## END OF THE OXFORDSHIRE PNA 2022

**Divisions Affected - ALL**

**Oxfordshire Health and Wellbeing Board**

**17<sup>th</sup> March 2022**

**Tackling health inequalities for people with Learning Disabilities in Oxfordshire.**

**Report by Pippa Corner**

Deputy Director, Commissioning

**RECOMMENDATION**

1. **The Health and Wellbeing Board is RECOMMENDED** to note the Partnership approach that Oxfordshire is taking in tackling health inequalities for people with Learning Disabilities and how this aligns with the Joint Health and Wellbeing Board Strategy.

**Executive Summary**

2. Oxfordshire is committed to taking a partnership approach to tackle health inequalities for people with Learning Disabilities, which aligns with the Joint Health and Wellbeing Board Strategy. The Live Well team is leading on co-ordinating collaboration between key partners to drive change and tackle health inequalities as part of Health Education and Social Care joint commissioning arrangements in Oxfordshire. Our commissioning model consists of a Life Stage Approach and Tiers of Need model, with the aim of integrating health and social care services to facilitate the delivery of the local NHS Long Term Plan. This paper outlines how we are working in partnership to reduce health inequalities for people with Learning Disabilities in Oxfordshire.

We are committed to co-production and ensuring everyone has a voice. Working with local organisations and experts by experience to understand key issues is one way to do this. My Life My Choice (MLMC) is a local Charity run by and for people with learning disabilities. The self-advocacy organisation has fifteen trustees, whose aim is to ensure people in Oxfordshire have choice and control over their lives and make a positive contribution to society.

MLMC are seeking support to reduce health inequalities for those with a learning disability in the county; primarily to be prioritised on NHS waiting lists through their “We Can’t Wait!” campaign. Whilst reducing waiting times for this population group needs to fit within the elective access COVID-19 recovery work, this paper outlines how we are able to reduce the impact on waiting times with our team’s interventions and the broader work being undertaken to address inequalities in health this population group experience. The Live Well team are committed to reducing health inequalities through partnership working and promoting strategic alliances to drive and shape change. This paper outlines the role of the Live Well Team in reducing health inequalities for people with Learning Disabilities in Oxfordshire.

## **Introduction**

3. We know that life expectancy for people with learning disabilities is still significantly lower than other people in Oxfordshire and this needs action. Oxfordshire is taking a partnership approach to tackling health inequalities for people with Learning Disabilities and this links to the Joint Health and Wellbeing Strategy.

We are working to tackle health inequalities in several ways:

- Through discussion and challenge in newly formed Learning Disabilities & Autism Improvement Board
- Through learning from LeDeR work
- Through the partnership work and alliances formed with the new joint commissioning arrangements across Oxfordshire County Council and Oxfordshire Clinical Commissioning Group Health, Education and Social Care (HESC)
- Through multiagency meetings to manage risks relating to urgent hospital admissions
- Local priorities in 2021/2022 for the Oxfordshire Partnership
- Needs analysis and data scrutiny, using Joint Strategic Needs Assessment (JSNA) reports. There is further insight regarding Learning Disabilities in the JSNA which will be updated later this year following the release of the census data.
- An increased focus on system wide Prevention

## **Learning Disabilities & Autism Improvement Board**

4. A new governance group, Learning Disabilities & Autism (LDA) Improvement Board has recently been established. This meets bi-monthly, and the intention is for meetings to be co-chaired by a person with a learning disability. This will

sense test new ideas and ensure a level of accountability from all partners in the system. The LDA Improvement Board is taking a phased approach to its formulation and now is a place where partners from across the NHS and Social Care system meet to have “themed meetings” such as health inequalities for those with a Learning Disability, share good practice and look at potential improvements. The LDA Improvement Board is currently chaired by the Deputy Director for Health, Education and Social Care Commissioning in Oxfordshire to embed a partnership approach to tackling key issues.

## **LeDeR Reviews**

5. LeDeR is learning from deaths of people with learning disabilities and/or autism. Reviews are carried out following a death of somebody with a LD/A, normally a clinical person or social worker. They look at why somebody has died, reviewing their lives, circumstances that led to their death and from this information they make recommendations to the local system and changes that could be made to help improve services.

The theme of the first LDA Improvement Board meeting was the LeDeR annual mortality review. The LeDeR review looks at the mortality rate for those with a Learning Disability and compares it against the general population. We had a presentation from the Oxfordshire Clinical Commissioning Group (OCCG) about the annual mortality review for people with learning disabilities and autism. It included a quick glimpse of the headline statistics and offered an opportunity for a joined-up approach to developing a multi-agency response and action plan in order we could take on board the findings.

More information about the process can be found here [LeDeR - The LeDeR process](#)

## **Health, Education & Social Care (HESC)**

6. Commissioning of services in Oxfordshire for health, education and social care is now managed by the HESC Commissioning Team. This is a joint commissioning function that oversees and delivers the Joint Commissioning Executive’s programme for the population of Oxfordshire with a total budget of half a billion. As part of this new structure, the Live Well team commission services supporting working age adults, including health and social care for people with learning disabilities.

At the end of October 2021, the Council was funding services to 6318 people through the pooled budget arrangements with Oxfordshire Clinical Commissioning Group:

- 3619 older people
- 1666 adults with a learning disability
- 865 adults with a physical disability
- 89 adults with mental health problems

In partnership with operational colleagues, our new approach the “**Oxfordshire Way**” is to deliver strengths-based support, providing people with the ability to support themselves through personal, local and system assets to ‘keep them in the centre’. With our communities, voluntary sector, and other system partners we support people who are aged over 18 (from the age of 16 for people transitioning from children’s services) to lead independent lives.

Our collective focus is on achieving these outcomes for our residents, through collaboration and co-production.

## **Care and Treatment Reviews (CTR) and Local Area Emergency Protocol Meetings (LAEP)**

7. There are a range of critical meetings to discuss people at risk of a hospital admission and where appropriate to avoid it e.g., Care and Treatment Reviews (CTRs) and Local Area Emergency Protocol meetings. Our Dynamic Support Register is in development to track the more complex LDA cases and support NHSE to understand people’s needs in Oxfordshire.

### **Current Oxfordshire data**

**1 April 2021 - 31 December 2021:**

10 inpatients were supported:

- 2 people with Learning Disabilities
- 1 person with a Learning Disability and Autism
- 7 people with Autism

## **Annual Health Checks**

8. The annual LD health check is a national programme offered to all patients registered with a GP with a recorded Learning Disability. It aims to help people stay well by having regular discussions with health care professionals, so issues

can be identified early. The physical health check includes monitoring weight, heart rate and blood pressure.

In Oxfordshire 1099 LD health checks had been completed by end of Q3 of 21-22 and we are on course to exceed our target of 75% of people with a LD in Oxfordshire receiving a check each year.

To support delivery of this target, the Live Well Team take a pro-active approach to ensuring that GP Practices and Primary Care Hubs facilitate as many LD Annual Health Checks as possible and are currently doing a lot of targeted work with GP Practices around increasing these numbers before end of March 2022.

This includes sharing a dashboard for LD, sharing data with GPs to promote quick wins on increasing numbers and comms to all Primary Care Networks (PCNs) / GPs about the requirement of ensuring these vulnerable people receive both health checks, flu and covid vaccines in a timely manner. The latter have likely slowed down the rate of Health Checks this past year.

### **Local priorities in 2021/2022 for the Oxfordshire Partnership (OCCG, OCC and providers in Oxon)**

9. These include:

- Ensure that the mental capacity of every individual is considered and recorded, and when best interest decisions are made ensure, they are in accordance with guidance and appropriately recorded
- Improving the number of Annual Health Checks completed and the integration between these and the individual's Community Health Action Plan (HAP) or Education and Health Care Plan (EHP)
- Promote timely conversations about proactive care planning (life choices) for any individual living with a learning disability. This includes addressing obesity and bowel related support needs
- Improve the rate of Health Screening Uptake
- Reduce the number of people with an LD dying in hospital to more in line with the general population
- Support social care teams and providers to work in a person-centred way to reduce the need for hospital care and to ensure that people live well in their community
- Improve the experience for individuals and their families when they move from children's services to adult services.

There is an action plan in development which can be shared on request.

To meet these objectives, Live Well will be working closely with commissioning colleagues in Start Well to manage transitions more effectively; this work has already started.

It will be these Oxfordshire priorities that evidence how Oxfordshire has a special focus on the health and life expectancy of those with Learning Disabilities and Autism. These are translated into preventative business of usual activities. It is proposed these now secure greater scrutiny and impetus through the new LDA Improvement Board and ensures there is a joined-up approach to reducing health inequalities for those with Learning Disabilities and Autism in Oxfordshire. There is a national and local LDA 3 Year Plan which is overseen regionally by NHSE – they review and monitor progress with Oxfordshire in its delivery of its 3-year LDA Plan.

## National Policy

10. The recently published White Paper **Joining up care for people, places and populations (February 2022)** outlines government proposals for tackling health inequalities. A key aim of the white paper is to **level up health outcomes** over the long term. The Live Well team are working to deliver this by being more ambitious for people, striving for better outcomes and ensuring the person is at the heart of all decisions relating to their support.

The White Paper **Joining up care for people, places and populations (February 2022)** highlights the importance of learning from our experience of the pandemic to bridge the gaps – between health and social care, between health outcomes in different places and within society. Covid-19 has generated new ways of working, that have enabled an increased focus on system wide Prevention to reduce health inequalities.

## Conclusion

11. We recognise there are inequalities and much work is being undertaken through the Live Well Commissioning Team in the HESC to address the issues raised as part of the “We Can’t Wait!” campaign. We welcome the opportunity to engage with people such as MLMC Trustees, and this paper highlights the range of work going on in this area to address adverse health outcomes.

Through discussion and challenge in newly formed Learning Disabilities & Autism Improvement Board, we continue to strengthen partnerships and promote engagement opportunities with people and the services that support them. We are continually improving services for people living with a learning disability and autism through our contribution to the LeDeR improvement



programme, creating opportunities to improve and to share examples of excellent practice. Through alliances formed with the new joint commissioning arrangements, we are facilitating a more joined up approach in our work.

We are working with partners and providers to reduce health inequalities, by supporting GPs and providers to ensure timely and increased uptake of health checks, facilitating multiagency meetings to manage risks relating to urgent hospital admissions. We are committed to commissioning co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole. Everyone should receive the right care, in the right place, at the right time.

We welcome the opportunity to hear further from the My Life, My Choice Trustees about any of their specific concerns in order we can address these fully in Oxfordshire.

Bhavna Taank

March 2022

## **Annex 1**

### **We Can't Wait Campaign – My Life My Choice March 2022 status update.**

Since the start of the year the campaign has:

- attended BOB-ICS meetings, putting Waiting List reform on the agenda for the new integrated care system and will be speaking to the Oxfordshire County Council Health and Wellbeing Board on the 17<sup>th</sup> March about “We Can't Wait”.
- researched the learning disability waiting list priority pilot in Bristol, South Gloucestershire and North Somerset Clinical Commissioning Group and found out that although the start of it has been delayed, they are still going ahead.
- sent letters about our campaign have to the County Councillors responsible for health inequalities and social care, and also the head of the new BOB-ICS structure.
- contacted self-advocacy groups in the wider Thames Valley to get their support for the campaign and generate more information about the impact of health inequalities.
- now recruited all of its' Health Ambassadors who are ensuring that the campaign is lead as much as possible by our membership.
- provided coproduced internal training to equip Health Ambassadors with the skills to undertake campaigning activities.
- started on updating information on the We Can't Wait webpage, and creating opportunities for supporters to engage with the campaign online.

## Report to Oxfordshire Health and Wellbeing Board March 2022

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## Update on future

Our 3-year grant-in-aid agreement with Oxfordshire County Council to deliver Healthwatch Oxfordshire comes to an end on 31<sup>st</sup> March 2022. Following discussions with the Council, at the end of November 2021 they agreed a one-year extension to March 31<sup>st</sup> 2023. Whilst this is welcome it does impact on our ability to plan a longer programme of activity, and as such we are seeking confirmation of longer-term funding by end June 2022.

In November 2021 Oxfordshire Clinical Commissioning Group agreed a further year funding for our support to Patient Participation Groups (PPGs) and Oxfordshire Wellbeing Network. A review of support for PPGs across Buckinghamshire Oxfordshire Berkshire West Integrated Care System (BOB ICS) will be conducted early this year and we will be involved in these discussions to inform the discussions bringing our experience over the past 4 years.

Planning a work programme for 2022-23 is now in advanced stages and will be shared with the Healthwatch Oxfordshire Board of Trustees in March and published at the beginning of April 2022. The operational plan will reflect our strategy and goals reviewed by the Trustees and staff and available on our website <https://healthwatchoxfordshire.co.uk/about-us/our-priorities/>

## Healthwatch Oxfordshire Reports to external bodies

Between December 2021 and end of February 2022 we published the following:

- Report to the Health Improvement Board February 2022.

In addition our Healthwatch Ambassadors have continue to attend and reported verbally to the Health Improvement Board and Children's Trust Board.

All reports to Boards and Committees are available online <https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>

A list of external meetings attend is attached as Appendix B to this report.

## Oxfordshire Community Services Strategy engagement and consultation on proposed Principles.

On 13th October 2021, Sylvia Buckingham, Chair of Healthwatch Oxfordshire, wrote to Diane Hedges, the Chief Operating Officer of Oxfordshire Clinical Commissioning Group, welcoming the initiative by the Oxfordshire Health and Wellbeing Board to produce an Oxfordshire Community Services Strategy, and enclosing Healthwatch Oxfordshire's initial response to the draft strategy:

- [Letter to Diane Hedges](#) (pdf)
- [Healthwatch Oxfordshire response to Community Services Draft Strategy](#) (pdf)

Contained in the Health and Wellbeing Board December papers was a paper that outlined what the engagement heard and the responses. Healthwatch Oxfordshire comments were included in the report and responded to and taken account. I am

particularly pleased that they accepted the following recommendation for Principle 1:

**Principle 1: Provide a better experience for people who are seeking or receiving care in their community we believe is correct and the foundation of integrating these services.** We strongly recommend that you add, in second place, the following Principle: "During the design and development of integrated Health and Care services, we will involve users of them throughout the process." This is agreed and included as separate bullet point.

## Healthwatch Oxfordshire Ambassador Reports

### Children's Trust Ambassadors Update

Lisa Hughes and Dan Knowles, our Ambassadors to the Children's Trust hosted an Oxfordshire Wellbeing Network meeting on 17th February. This meeting was open to groups and parents and will help to inform and formulate a Healthwatch Oxfordshire response to the current live Oxfordshire County Council SEND review consultation. A verbal update to the Board will be made at the meeting.

The consultation documents and how to respond can be found on our website : <https://healthwatchoxfordshire.co.uk/consultation/have-your-say-on-proposals-for-children-with-special-educational-needs-and-disabilities-in-oxfordshire/>

### Health Improvement Board Ambassadors Update

Amier Alagab continued to represent Healthwatch Oxfordshire as Health Improvement Board Ambassador at the meetings on 18 November 2021 and 10 February 2022. Reports from Healthwatch Oxfordshire focus on what we are hearing from residents, and for these meetings highlighted issues of GP and dentistry access. We also informed the Health Improvement Board about focused work taking place in Chipping Norton, with Patient Participation Groups, Earwax investigation, and working with community researchers. Healthwatch Oxfordshire's reports generate discussion and questions among members of the board and provide additional insights into current issues.

## Research reports

### Drafting and publishing process

The process for publishing reports means that there is a time lag between completing a draft report and publishing. This is due to our requirement to give Trustees time to comment and the commissioners / service providers 20 working days to comment on accuracy and recommendations. For example, a draft report completed at the end of November would be published in the middle of January. The draft would be sent to the relevant commissioner / service providers and comments back would be by the end of the first week in January (allowing extra time for the Xmas and New Year bank holidays). A further 5 days is allowed for changes to be made and then the report will be published. We aim to include the responses within the Executive Summary so that these are not 'lost' and can be read as one document.

Not all reports contain recommendations, perhaps a 'call to action' with a round table meeting will be the follow-up giving all stakeholders an opportunity to reflect on the findings and work together to address them. These reports are also sent out the relevant commissioners/service providers offering for comments / responses to be published alongside the report. Ten days is allowed for this.

Whilst we are going through the research, report drafting, and publication process Healthwatch Oxfordshire will share with relevant commissioners/ service providers feedback from what we are hearing - it is important to let them know if we hear serious concerns. We may will share high level information from our research with the relevant Boards and committees when appropriate. Key committees e.g. Health and Wellbeing Board, Oxfordshire Joint Health Overview Scrutiny Committee, Oxfordshire Clinical Commissioning Group - Primary Care and Quality Committees - are made aware that they have been published.

## GP website review revisited

### GP Websites Revisited - December 2021

In April 2021 we published a [report](#) detailing findings of a review of the websites of 67 GP surgeries in Oxfordshire. In October 2021 we reviewed all GP websites again to see what progress had been made against the recommendations we made in our April report. We found that not all websites had addressed our recommendations, however there are improvements in:

1. Accessibility of information about registering at practices.
2. Availability of information about Patient Participation Groups.

The importance of accessible GP websites has grown over the past 18months and Healthwatch Oxfordshire believe that a consistent website across all GP surgeries would provide greater access to patients. Earlier this year, because of our first report, we had discussions with the OCCG about how this might be achieved. We would welcome a discussion with OCCG and GP practices about the practicalities of achieving this, recognising it will take time and resourcing.

Of concern is that websites did not give information to patients who to contact if they cannot find a GP to register with. This must be addressed by clear signage to the Oxfordshire Clinical Commissioning Group (OCCG) website and giving the contact telephone number for the OCCG. Following on from discussions at the Oxfordshire Quality Group where we raised the fact that this information is not widely available, especially for patients trying to register with practices that have temporarily closed their list, we have since received both a telephone number and email address from OCCG to be added to each GP website and have passed this onto the surgeries.

The report has been sent to Oxfordshire Clinical Commissioning Group for information and all GP practices will get a copy of the report and their website review.

## Update on Earwax Removal report

The new service for over 55-year-olds went live in December and is being promoted by some GPs on their website, and with leaflets produced by the Oxfordshire Clinical Commissioning Group.

## Communications

Our external communications and social media contractor operated on reduced hours (2.5 days to 1 day per week) from 14<sup>th</sup> November 2021. This has had an impact on our social media activity - mainly on Twitter.

### Website

Following a push on social media, hits on the website increased, the social media push on the Feedback Centre and signposting worked well. In the same period, we also had 25 sign-ups to the fortnightly news brief and the news article on the new hearing loss service proved popular!

Interestingly, the most read article of news brief on 27 January was one submitted by Achieve Oxfordshire about their new weight loss service and the third most popular on 13 January was one we were asked to include by National Institute for Health Research (NIHR).

## Signposting

Between October and end of December 2021 we received 101 calls and emails requesting information and advice from the public. The top three services and themes were:

- GP's
  - GP Access: wanting to change surgeries, find a GP practice within catchment area and appointments
  - Quality: choice -phone versus face-to-face, onward referrals and quality of care
- Dentistry
  - Finding an NHS dentist
- Hospitals
  - Quality of care and delayed appointments

## Key Performance Indicators 2021-22

### Quarter 3 October - December 2021

The full report on our Quarter 3 activity against agreed Key Performance Indicators (KPIs) is included in the Executive Director's Report to the Healthwatch Oxfordshire Board meeting on 22<sup>nd</sup> February 2022. This can be found on our website <https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/>

### Summary:

- Total number of people heard from - 3,434
- 9 out of 17 KPIs have reached or exceeded the 2021-22 annual target by end of Q3 these are:
  - Outreach activity
    - events in the community
    - activity in public places a combination of face-to-face and virtual
    - reaching community and voluntary groups (45 to date against annual target of 27)
  - 14 patient participations webinars / attendance at group meetings (annual target set was 9)
  - Two Oxfordshire Wellbeing Network virtual events
  - 288 signposting actions against an annual target of 200
  - 307 reviews on our Feedback Centre (annual target is 220)
  - three Enter & View visits completed
  - 6,279 people engaged with us via Facebook (annual target is 4,800)
- 4 out of 17 KPIs at risk of not reaching 2021-22 annual target are:
  - Number of surveys closed - reduced number of surveys launched in Q3 due to uncertainty about funding
  - Number of media hits - this could improve with expected publication of 13 research reports in Q4
  - Number of Twitter impressions - due to reduced communications support from November 2021

The KPI of number of hospital stand visits - we are unlikely to do any this year and I will remove from the KPI table for Q4.

### Work programme

Generally, we managed to keep on track during Q3. Chipping Norton outreach was completed and alongside this we conducted three Enter & View visits to the health centre and community hospital.

Due to uncertainty of funding, there was little forward planning for Q4 or 2022-23 regarding development of new activity. Key activity planned for Q4 is report writing followed by publishing. In total we expect to publish 13 reports in Q4 2021-22 / Q1 2022-23 including launching a film made by one of the community researchers about Black women's maternity experiences.



**Health & Wellbeing Performance Framework: 2021/22**  
**December 2021 Performance report**

**A good start in life**

| Measure   | Target       | Update     | Q4 20/21 |     | Q1 21/22 |     | Q2 21/22 |     | Q3 21/22 |     | Notes   |
|---|--------------|------------|----------|-----|----------|-----|----------|-----|----------|-----|---|
|   |              |            | No.      | RAG | No.      | RAG | No.      | RAG | No.      | RAG |   |
| 1.1 Reduce the number of looked after children to 750 by March 2022   | 750          | Q2 2021/22 | 776      | A   | 786      | A   | 790      | A   | 791      | A   | Rise in the year as fewer children left the cared for system  |
| 1.2 Maintain the number of children who are the subject of a child protection plan  | 500          | Q2 2021/22 | 475      | G   | 510      | A   | 548      | R   | 530      | A   | The number fell in quarter 3 but remains higher than the start of the year and the target   |
| 1.3.1 Mean waiting days for CAMHS   | tbc          | Nov-21     |          |     | 106      |     | 132      |     | 110      |     | Mean waiting time is 12% down on same time last year  |
| 1.3.2 Median waiting days for CAMHS   | tbc          | Nov-21     |          |     | 99       |     | 97       |     | 106      |     | Small rise in median waiting time in the year   |
| 1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer) | 260          | Q2 2021/22 | 242      | G   | 85       | R   | 146      | R   | 202      | A   | 202 admissions in the first 3 quarters (target 197). 2.5% adrift of target  |
| 1.12 Reduce the level of smoking in pregnancy   | 7%           | Q2 21/22   | 6.7%     | G   | 6.9%     | G   | 6.9%     | G   | 5.7%     | G   | Below 6% for the first two quarters of 2021/22 compared with above 6% for the whole of 2020/21 (5.4% in Q1 and 5.7% in Q2, this is 189 people in total). Caution: small numbers.                                    |
| 1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1   | 95%          | Q2 21/22   | 93.5%    | A   | 93.1%    | A   | 93.7%    | A   | 92.6%    | A   | Covid impact as GP practices (wrongly) presumed closed. Uptake now stable. Thames Valley focus on MMR uptake on areas with low uptake of preschool and MMR booster vaccines.  |
| 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2   | 95%          | Q4 2020/21 | 92.9%    | A   | 92.5%    | A   | 92.4%    | A   | 91.6%    | A   | See 1.14  |
| 1.15 Reduce the levels of children obese in reception class   | 7%           | 2019/20    | 6.7%     | A   | 6.7%     | A   | 6.7%     | A   | 6.7%     | A   | 19/20 data; 21/22/ data not released at local authority level. However both locally and nationally data suggests an increase in obesity. Cherwell 7.1%; Oxford 6.5%; South Oxon 7.9%; Vale 5.5%; West Oxon 7.4%     |
| 1.16 Reduce the levels of children obese in year 6  | 16%          | 2019/20    | 16.2%    | A   | 16.2%    | A   | 16.2%    | A   | 16.2%    | A   | 19/20 data; 21/22/ data not released at local authority level. However both locally and nationally data suggests an increase in obesity. Cherwell 19.9%; Oxford 16.4%; South Oxon 14.7%; Vale 15.6%; West Oxon 3.6% |
| Increase the number of early help assessments to 2000 in 2020/21  | 2000         | Q2 2021/22 | 1794     |     | 801      | G   | 1352     | G   | 2188     | G   | Target of 2000 for year. Strategy to increase to 10,000. In Oxfordshire you are between 2 & 3 times more likely to have a social care than early help assessment  |
| 1.18 Monitor the number of children missing from home   | Monitor only | Q2 2021/22 | 1261     |     | 464      |     | 953      |     | 1371     |     | 42% increase compared with last year; 16% reduction on 2 years ago  |
| 1.19 Monitor the number of Domestic incidents involving children reported to the police.  | Monitor only | Q2 2021/22 | 6619     |     | 1782     |     | 3577     |     | 5166     |     | 2% decrease compared with last year; 8% increase in 2 years ago   |

**Living well**

|   | Target | Update     | Q4 20/21 |     | Q1 21/22 |     | Q2 21/22 |     | Q3 21/22 |     | Notes  |
|---|--------|------------|----------|-----|----------|-----|----------|-----|----------|-----|--|
|   |        |            | No.      | RAG | No.      | RAG | No.      | RAG | No.      | RAG |  |
| 2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average  | 86%    | Q3 2021/22 | 93%      | G   | 94%      | G   | 93%      | G   | 95%      | G   | Routine inspection on hold, inspecting only where a concern is raised. National average currently 91%          |
| 2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies       | 22%    | Nov-21     | 19%      | R   | 27%      | G   | 24%      | G   | 24%      | G   | Nationally set target. Figures to November 24% year to date. 29% in month of November                          |
| 2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.   | 75%    | Nov-21     |          |     | 99%      | G   | 99%      | G   | 99%      | G   | Figures to November. 99% in the year to date. 99% in July  |
| 2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020 | 75%    | Q3 2021/22 | 79%      | G   | 8%       |     | 20%      |     | 39%      |     | 79.3% for 20-21. 39% by Q3 21/22 but health checks are weighted to last quarter. Expected to hit target        |
| 2.12 The number of people with severe mental illness in employment  | 18%    | Q3 2021/22 | 19%      | G   | 20%      | G   | 21%      | G   | 22%      | G   | Figure consistently above target   |
| 2.13 Number of new permanent care home admissions for people aged 18-64   | < 39   | Q2 2021/22 | 17       | G   | 6        | G   | 10       | G   | 20       | G   | 20 people permanently admitted to care homes in the first 9 months of the year. Performance better than target |

|   |                     |                  |       |   |       |   |       |   |       |   |  |
|---|---------------------|------------------|-------|---|-------|---|-------|---|-------|---|--|
| 2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020               | 10                  | Q2 2021/22       | 5     | G | 5     | G | 10    | A | 10    | A | Increase around autism more than learning disabilities. Intensive reviews on all in patients by end Jan 2022. Plan in place being over seen by a BOB. Numbers subsequently fallen to 7   |
| 2.15 Reduce the number of people with learning disability and/or autism placed/living out of county                                   | < 175               | Q2 2021/22       | 158   | G | 157   | G | 158   | G | 158   | G |  |
| 2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)         | 18.6%               | May-21           | 21.3% | R | 21.3% | R | 22.4% | R | 22.4% | R | Decreased nationally (covid affect). Cherwell 31%; Oxford; 15.3%; South Oxon 19.7%; VoWH 20%; West Oxon 20.6%  |
| 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population  | > 1146 per 100,000* | Q2 2021/22       |       |   |       |   | 678   | R | 1042  | A | Projections remains on target when you account for seasonal changes in expected activity.  |
| 2.18 Increase the level of flu immunisation for at risk groups under 65 years   | 75%                 | Sep 20 to Feb 21 | 58.9% | R | 58.9% | R | 58.9% | R | 58.9% | R | Uptake increased from previous years & above national average. Focused work for 21/22 season, includes OUH renal services administering vaccine & NHSE initiative of eligibility cards for patients to use at provider of choice without having to disclose their medical history. |
| 2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)                         | Monitor only        | Q2 2021/22       | 81.4% |   | 67.0% |   | 69.6% |   | 69.6% |   | Programme was paused nationally due to Covid; GP capacity redeployed to vaccine clinics. National supply issue with blood tubes; Reviewing other delivery options to support Primary Care to address backlog   |
| 2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)                            | Monitor only        | Q1 2021/22       | 40.0% |   | 31.7% |   | 32.6% |   | 32.6% |   | Programme was paused nationally due to Covid; GP capacity redeployed to vaccine clinics. National supply issue with blood tubes; Reviewing other delivery options to support Primary Care to address backlog   |
| 2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)      | 80%                 | Q1 2021/22       | 65.9% | R | 65.9% | R | 67.1% | R | 67.6% | R | Programmes paused in 2020. In recovery phase all programmes undertook targeted work to maximise uptake. Work is now underway to support programme resilience during the winter period.   |
| 2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years | 80%                 | Q1 2021/22       | 75.7% | R | 75.7% | R | 75.3% | R | 75.4% | R | Programmes paused in 2020. In recovery phase all programmes undertook targeted work to maximise uptake. Work is now underway to support programme resilience during the winter period.   |

Ageing Well

| Measure   | Target               | Update           | Q4 20/21 |     | Q1 21/22 |     | Q2 21/22 |     | Q3 21/22 |     | Notes   |
|---|----------------------|------------------|----------|-----|----------|-----|----------|-----|----------|-----|---|
|   |                      |                  | No.      | RAG | No.      | RAG | No.      | RAG | No.      | RAG |   |
| 3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend   | >18.8%               | Q3 2021/22       | 20%      | G   | 20%      | G   | 20%      | G   | 20%      | G   | 20% for the year to September, 19% for September  |
| 3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average   | > 69.9%              | Feb-21           | 72%      | G   | 72%      | G   | 72%      | G   | 72%      | G   | National social care user survey February 2020.3%pts increase in year   |
| 3.6 Maintain the number of home care hours purchased per week   | 21,779               | Q3 2021/22       | 25,282   | G   | 26,333   | G   | 25,643   | G   | 25,128   | G   |   |
| 3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population   | 24,550 or fewer      | Q3 2021/22       | 23,858   | G   | 21,822   | G   | 22,949   | G   | 22,061   | G   | 22061year to date (23,888 for December)   |
| 3.8 90th percentile of length of stay for emergency admissions (65+)  | 18 or below          | Q3 2021/22       | 13       | G   | 13       | G   | 14       | G   | 14       | G   | 14 days in year to December; 16 days in December  |
| 3.19 (New measure): unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population   | 705                  | Q3 2021/22       | 621.3    |     | 769.6    | R   | 745      | R   | 749.5    | R   | Increase in unplanned admissions of 21% on last year and 1% on 2019/20  |
| 3.20a (New measure) % of patients who have been an inpatient for 14 days or more  | 7.4%                 | Q3 2021/22       | 8.5%     |     | 8.1%     | R   | 8.8%     | R   | 9.3%     | R   | Figures are for year to date  |
| 3.20b (New measure) % of patients who have been an inpatient for 21 days or more  | 3.4%                 | Q3 2021/22       | 4.0%     |     | 3.60%    | A   | 4.2%     | R   | 4.5%     | R   | New measure in Better Care fund. In year monitoring being put in place. Current local measurement is % of beds. Target for position at March 2022 |
| 3.21 (New measure) % of people discharged to their normal place of residence  | 93.0%                | Q2 2021/22       | 90.3%    |     | 91.0%    | R   | 90.9%    | R   | 90.6%    | R   | New measure in Better Care fund. In year monitoring being put in place.   |
| 3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week (BCF measure)   | 11                   | Q2 2021/22       | 11       | G   | 9.4      | G   | 8.1      | G   | 9        | G   | Target amended to 11 per week as per Better Care Fund plan  |
| 3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (BCF measure) | 77%                  | Oct - Dec 2020   | 67.2     | R   | 62       | R   | 62       | R   | 62       | R   | Figure fell in year, possibly as people with higher needs were supported. Targeted amended in line with BCF                                       |
| 3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services                                    | 3.3% or more         | Oct - Dec 2020   | 1.75%    | A   | 2.85%    | A   | 2.85%    | A   | 2.85%    | A   | Figure now at national average  |
| 3.15 Increase the estimated diagnosis rate for people with dementia   | 67.8%                | Jul-20           | 61.2%    | R   | 63.0%    | R   | 63.0%    | R   | 61.0%    | R   | 61% for year to date to December and 61% in December  |
| 3.16 Maintain the level of flu immunisations for the over 65s   | 75%                  | Sep 20 to Feb 21 | 84.4%    | G   | 84.4%    | G   | 84.4%    | G   | 84.4%    | G   | Notable increase in uptake among this cohort. Efforts ongoing aiming for a high uptake for the 21/22 season.                                      |
| 3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)   | 60% (Acceptable 52%) | Q1 2021/22       | 71.4%    | G   | 70.3%    | G   | 70.3%    | G   | 70.9%    | G   | Notable increase in uptake among this cohort. Efforts ongoing aiming for a high uptake for the 21/22 season.                                      |
| 3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)                          | 80% (Acceptable 70%) | Q1 2021/22       | 55.4%    | R   | 55.4%    | R   | 55.4%    | R   | 76.9%    | R   | Notable increase in uptake among this cohort. Efforts ongoing aiming for a high uptake for the 21/22 season.                                      |

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**Divisions Affected - All**

## **HEALTH AND WELLBEING BOARD**

**17 MARCH 2022**

### **CHAIR'S REPORT OF THE HEALTH IMPROVEMENT PARTNERSHIP BOARD 10<sup>TH</sup> FEBRUARY 2022**

**Report by David Munday, Deputy Director of Public Health,  
Oxfordshire County Council**

#### **RECOMMENDATION**

1. The Health and Wellbeing Board are asked to note the content of the most recent Health Improvement Partnership Board meeting on the 10<sup>th</sup> February and the Board's contribution to the implementation of Oxfordshire's Joint Health and Wellbeing Strategy.

#### **Background**

2. The Health Improvement Partnership Board (HIB) has identified 3 priority topic areas to focus on;
  - (a) Tobacco Control
  - (b) Mental Wellbeing
  - (c) Healthy Weight and Physical Activity
3. Action on these priority areas is supported by an approach which is focused at addressing health inequalities and taking a preventative approach in all we do.
4. The most recent meeting of the HIB was on 10<sup>th</sup> February 2022. The HIB receives updates on all of the priority areas at each meeting but selects one for a more in-depth look each time. Full agenda and papers are available at; <https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=7019>

#### **Tobacco Control**

5. An update on the implementation of the Oxfordshire Tobacco Control Strategy was received. Progress against the 4 pillars of work (Prevention, smokefree environments, enforcement, supporting smokers to quit) was noted and the Board welcomed the reduction seen in smoking prevalence in Oxfordshire as a whole, among routine and manual workers specifically and that smoking in

pregnancy remains below our local 6% target. This all supports the progress to achieving a smoke-free Oxfordshire by 2025.

## **Mental Wellbeing**

6. Having had a deep dive on emotional and mental wellbeing at the previous meeting in November 2021 this was not specifically addressed at the 10<sup>th</sup> February meeting. However, the Board is mindful of the interconnected nature of physical inactivity/unhealthy weight and mental ill-health, with the former being discussed in detailed at the February meeting.

## **Healthy Weight and Physical Activity**

7. The Board received a deep-dive performance report on this topic (see appendix 1), an update to the development of a Whole Systems Approach (WSA) to healthy weight and the draft Oxfordshire Food Strategy;
  - (a) Performance in both rates of obesity and physical activity for Oxfordshire are good and compare better than national averages. However, the Board noted the variation with the county, with some areas- particularly when looking at childhood obesity- clearly having much worse outcomes. It was also noted how performance had worsened during the pandemic
  - (b) The WSA to healthy weight is progressing with work focus on: healthy weight environments, prevention, support services and system leadership/ partnership work. The action planning under these 4 areas aims to deliver improvements in the data noted in the performance report
  - (c) The draft Oxfordshire Food Strategy being developed by Good Food Oxfordshire was discussed and the role that it can play to improve outcomes for residents in terms of relieving food poverty, improving nutrition, reducing the carbon footprint of food and helping people achieve a healthy weight was welcomed.

## **Additional items and Future meetings**

8. The next meeting of the HIB will take place on 19<sup>th</sup> May 2022 with subsequent meetings in September and November 2022. The Board will continue to work on progressing delivery against its priorities through “deep dives” on performance on its priority areas and reviewing progress on partnership work.

DAVID MUNDAY  
DEPUTY DIRECTOR FOR PUBLIC HEALTH

Appendix: Deep dive performance report on Healthy Weight and Physical Activity

Contact Officer: David Munday  
Deputy Director of Public Health/Public Health Consultant  
david.munday@oxfordshire.gov.uk

March 2022

## Healthy Weight and Physical Activity Detailed Performance Report

|                   | Measure (frequency)  | Oxfordshire | South East | England | Date    | RAG<br>(against<br>England<br>value) | Commentary  | Data Note s                    |
|-------------------|--|-------------|------------|---------|---------|--------------------------------------|---|--------------------------------|
| Healthy weight    | Reduce the levels of children obese in reception class (annual)      | 6.7%        | 8.9%       | 9.9%    | 2019/20 | A*                                   | Compared to the England and SE Value Oxfordshire levels remain lower. However we still had 295 children obese at this age (2019/20). National data for 2021 shows a steep increase in obesity which is likely to be reflected in Oxfordshire (though we are unable to report local data due to a smaller sample size) | <a href="#">PHE Fingertips</a> |
|                   | Reduce the levels of children obese in year 6 (annual)               | 16.1%       | 17.8%      | 21.0%   | 2019/20 | A*                                   | Oxfordshire remains lower than the England and SE average but we still had 680 children who were obese in year 6. National data for 2021 shows a steep increase in obesity which is likely to be reflected in Oxfordshire (though we are unable to report data due to a small sample size)                            | <a href="#">PHE Fingertips</a> |
|                   | Percentage of adults aged 18+ classified as overweight or obese      | 56.3%       | 61.5%      | 62.8%   | 2019/20 | G                                    | Oxfordshire remains lower than the SE and England average   | <a href="#">PHE Fingertips</a> |
|                   | Obesity in early pregnancy   | 18.7%       | 20.9%      | 22.1%   | 2018/19 | G                                    | Oxfordshire remains lower than the SE and England average   | <a href="#">PHE Fingertips</a> |
| Physical activity | Percentage of physically active adults                               | 73.0%       | 69.5%      | 66.4%   | 2019/20 | G                                    | COVID has found physical activity decreasing across England. While Oxfordshire adults remain more physically active than England overall there has been a decrease in physical activity.  | <a href="#">PHE Fingertips</a> |
|                   | Percentage of physically inactive adults                             | 17.4%       | 20.1%      | 22.9%   | 2019/20 | R*                                   | COVID has found inactivity increasing across England and this is reflected in Oxfordshire. While our levels of inactivity remain lower than England they have worsened over the past year.  | <a href="#">PHE Fingertips</a> |
|                   | Percentage of physically active children and young people            | 51.2%       | 45.4%      | 44.6%   | 2020/21 | G                                    | Physical activity amongst children and young people has reduced across England in the past year and this reduction is more pronounced (though not statistically significantly so) in Oxfordshire  | <a href="#">PHE Fingertips</a> |
|                   | Percentage of adults walking for travel at least three days per week | 15.3%       | 14.9%      | 15.1%   | 2019/20 | A                                    | Oxfordshire data remains similar to the England average. Both Oxfordshire and England have seen a steep and statistically significant reduction in walking for travel at least 3 days a week between 2018/19 and 19/20  | <a href="#">PHE Fingertips</a> |
|                   | Percentage of adults cycling for travel at least three days per week | 6.6%        | 2.4%       | 2.3%    | 2019/20 | G                                    | Oxfordshire remains higher than England and has seen a slight reduction in cycling over the past year but has the highest levels of cycling for travel at least 3 days a week in the South East.  | <a href="#">PHE Fingertips</a> |
|                   | Access to woodland   | 3.9%        | 15.6%      | 15.0%   | 2020    | -                                    | Access to woodland is significantly lower in Oxfordshire than the England average.  | <a href="#">PHE Fingertips</a> |

\* measure is included in the standard performance report, therefore RAG is against local target

## Adult overweight and obesity

An estimated 55.2% of people aged 18 or over in Oxfordshire are classified as overweight or obese (2018/19), significantly lower than the average for England (62.3%) and the South East (60.9%).

This percentage for Oxfordshire is similar to the percentage in 2015/16 (54.5%).

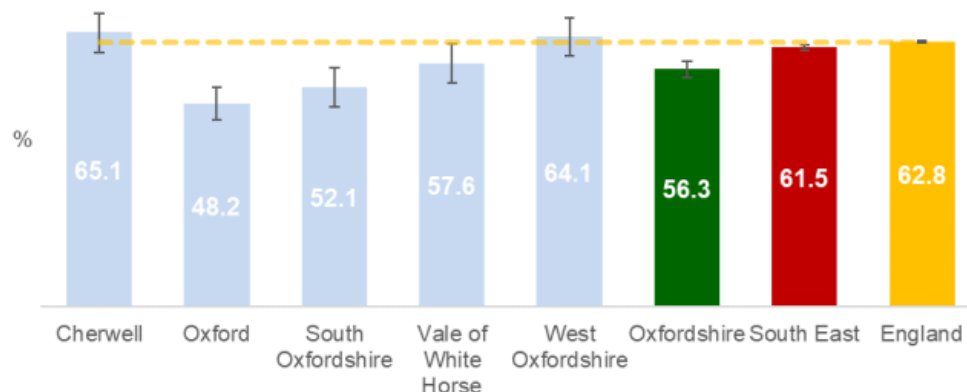
National data shows that :

- Overweight and obesity prevalence tends to be higher in older age groups, ranging from 37.2% in the 18-24 years age group to 71.7% in the 65-74 years age group

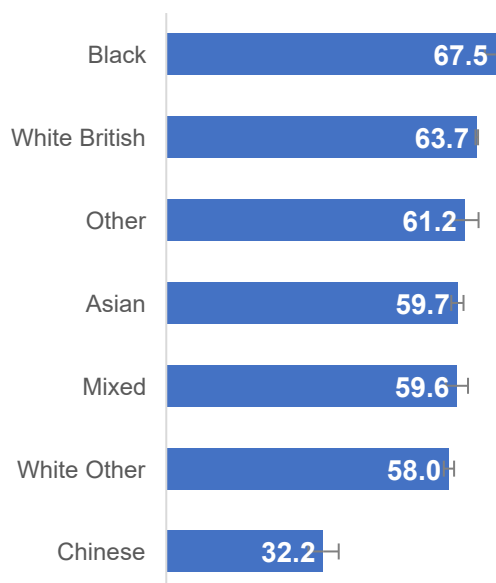
White British and Black ethnic groups have significantly higher prevalence than the national average (62.8%).

- Prevalence is higher in males (68.8%) than in females (56.8%)
- Obesity increases with deprivation, with 68.9% people living in the most deprived areas experiencing overweight or obesity, compared to 55.8% people living in the least deprived areas
- 71.8% of those who were disabled are overweight or obese, compared to 60.9% of those who are not disabled
- Obesity prevalence decreases as education level increases

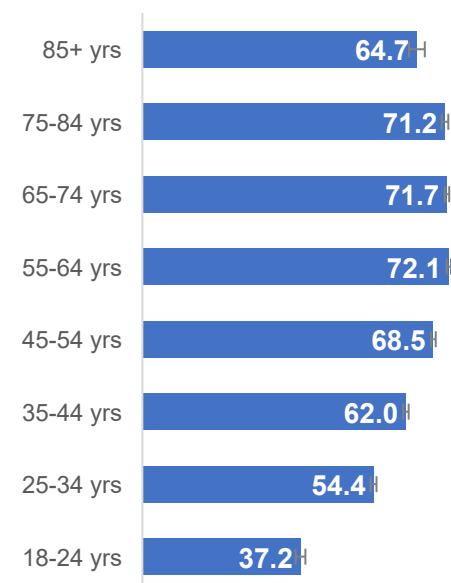
Percentage of adults (18+) classified as overweight or obese, 2019/20



Percentage of adults (18+) overweight or obese by ethnicity, 2019/20



Percentage of adults (18+) overweight or obese by age, 2019/20





**Excess weight in children**

The majority of measured children in Oxfordshire are a healthy weight (8 out of 10 Reception children; 7 in 10 Year 6 children).

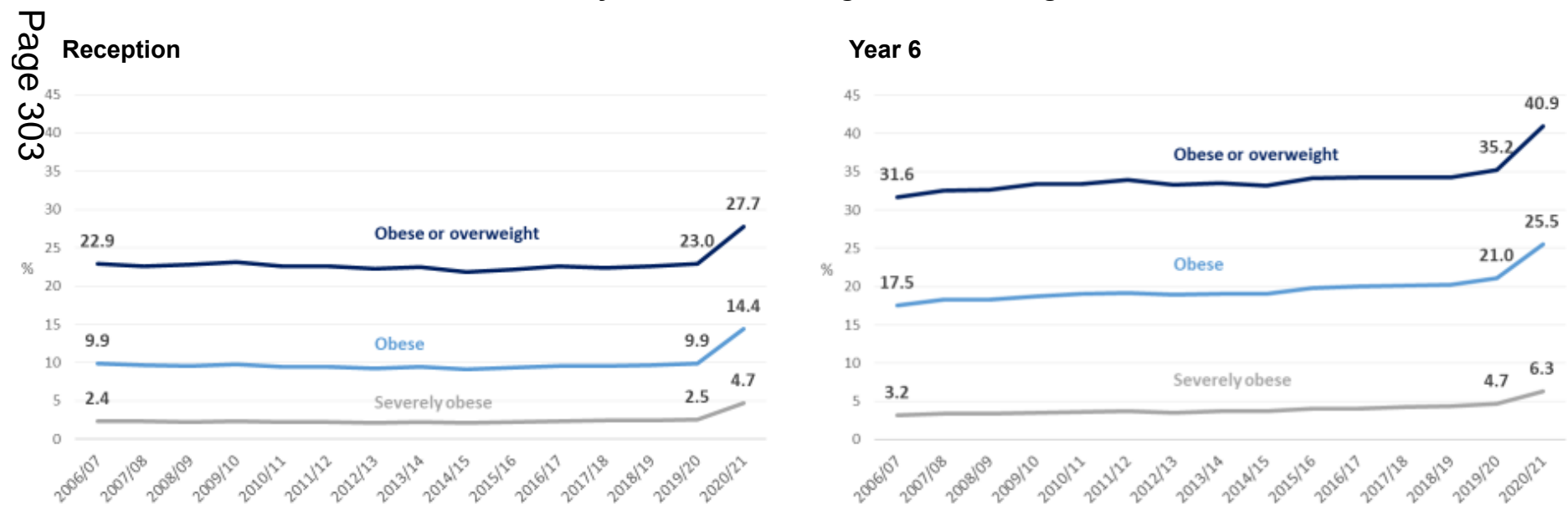
In 2019/20, 18.6% of Reception year children, aged 4 or 5, in Oxfordshire were overweight or obese. This included 6.7% of all children who were obese, and 1.5% who were severely obese.

Overweight and obesity prevalence increases over the course of primary school - in Year 6 (aged 10 or 11), 29.4% of children were overweight or obese. This included 16.1% of all children who were obese, and 3.0% of children who were severely obese.

Prevalence of underweight is also higher by Year 6: 1.0% in Reception compared to 1.5% in Year 6.

While published data show that obesity prevalence has remained relatively stable in Oxfordshire since 2007/08, local intelligence suggests an increase in the most recent year, in line with a rise in England overall. National data for 2020/21 show prevalence of obesity (including severe obesity) rising to 14.4% in Reception and 25.5% in Year 6.

**Prevalence of obese, severely obese or overweight children, England 2006/07 to 2020/21**



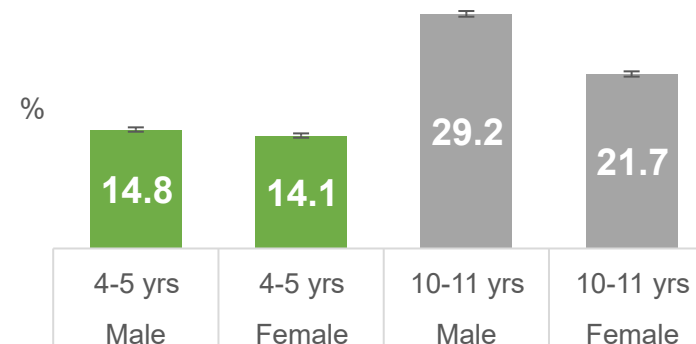
Source: Office for Health Improvement and Disparities, [NCMP and Child Obesity Profile](#); NHS Digital [National Child Measurement Programme, England 2020/21 School Year](#)

Obesity prevalence is higher in boys than in girls, and the disparity increases between Reception and Year 6. National data show that for 2020/21:

- In Reception, 14.8% of boys were obese compared to 14.1% of girls.
- By Year 6, 29.2% of boys were obese, compared to 21.7% of girls.

National data show that ethnicity has an effect on obesity prevalence in both Year 6 and Reception boys and girls; obesity prevalence is highest in children from Black, Pakistani, and Bangladeshi ethnic groups. Disparities in obesity prevalence are in general greater in Year 6 than in Reception.

### Prevalence of obesity including severe obesity, England 2020/21

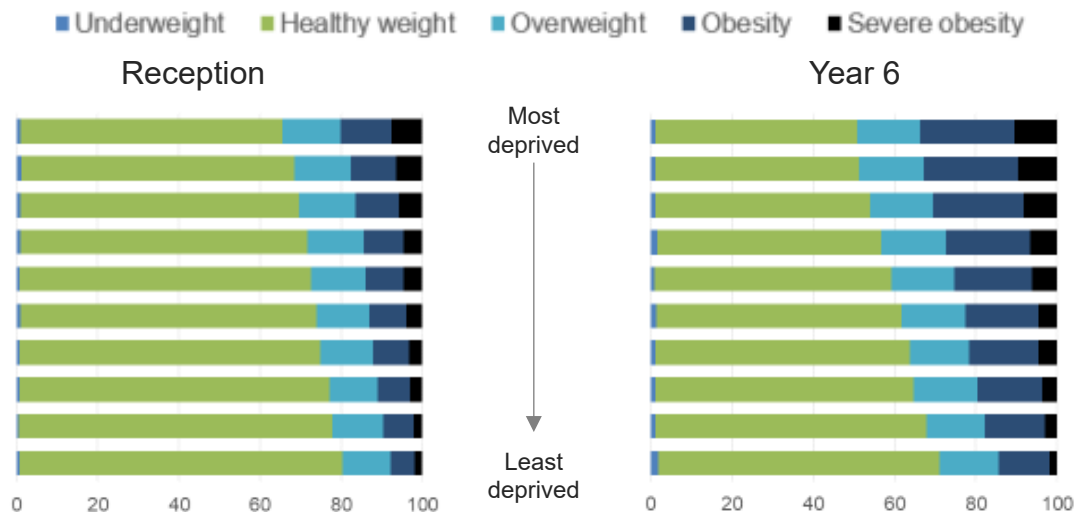


National data show that prevalence of healthy weight decreases as deprivation increases

In Reception, 34.5% of children in the most deprived decile are overweight (including obese), compared to 19.7% of children in the least deprived decile

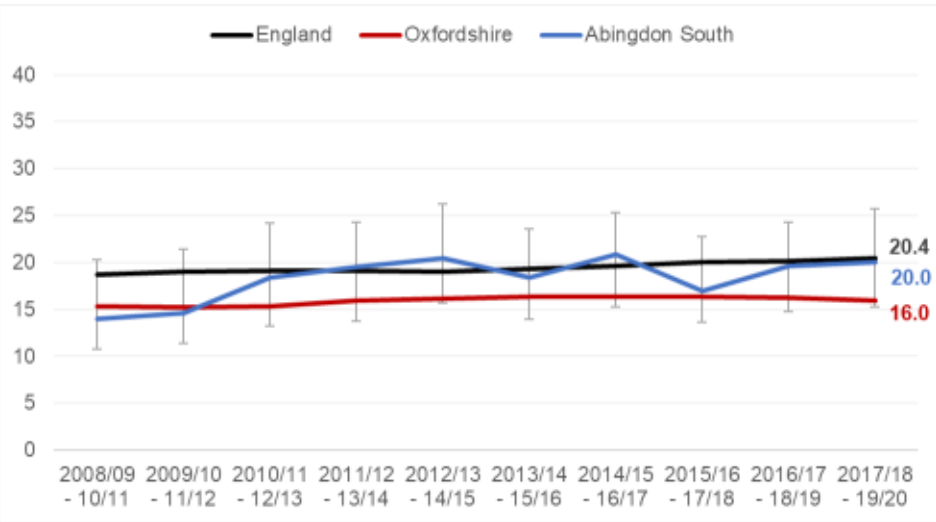
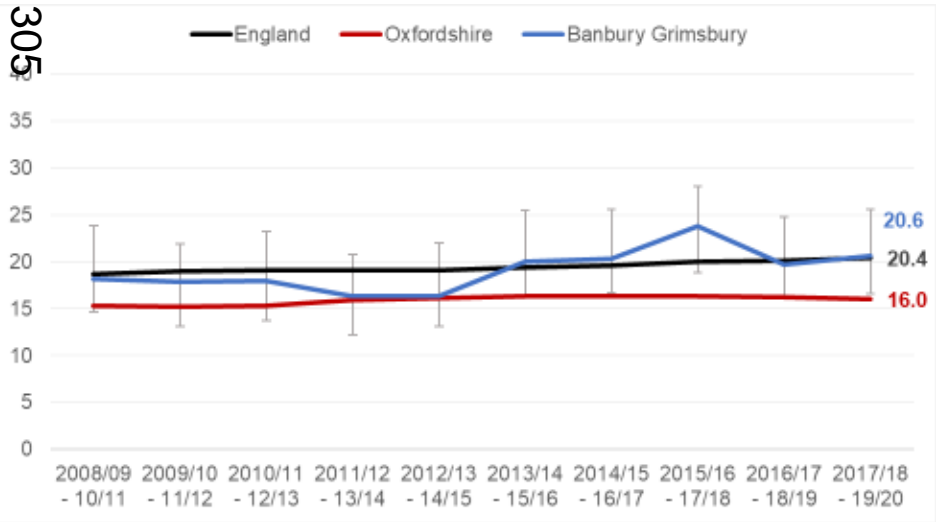
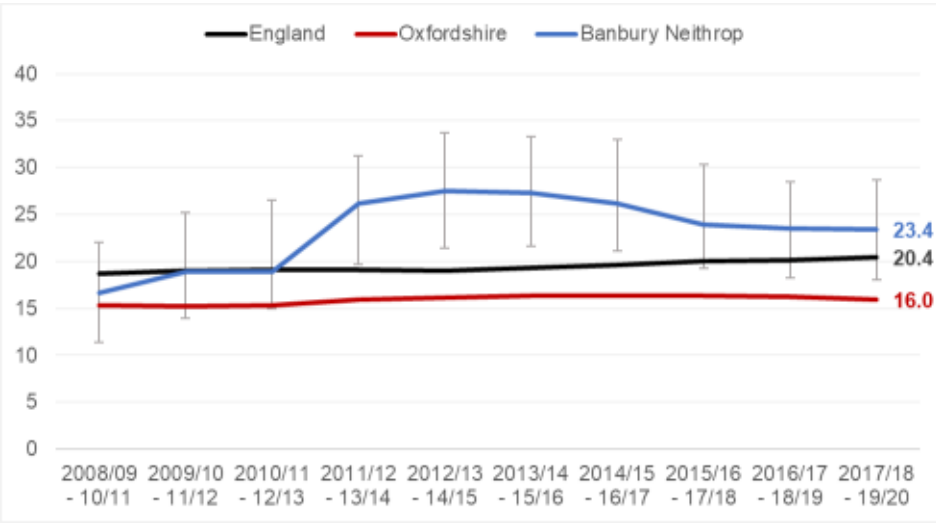
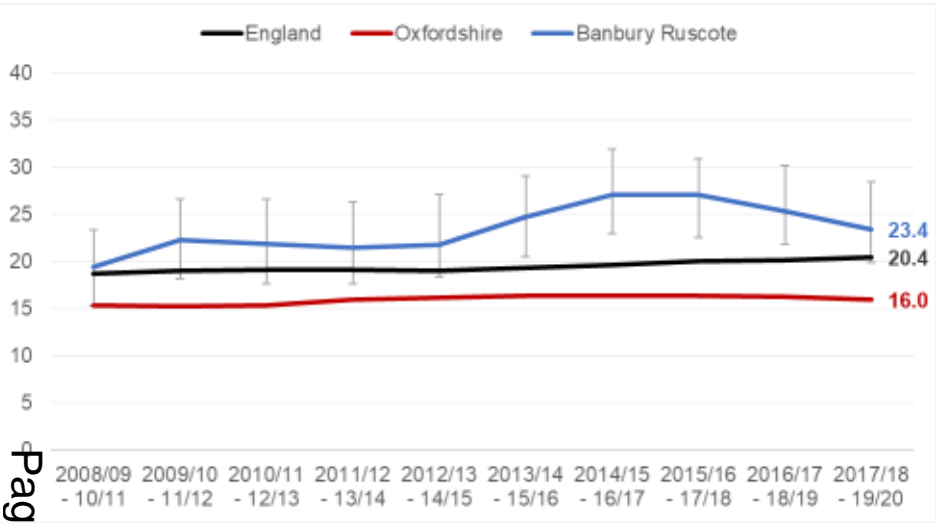
In Year 6, 49.2% of children in the most deprived decile are overweight (including obese), compared to 28.9% of children in the least deprived decile

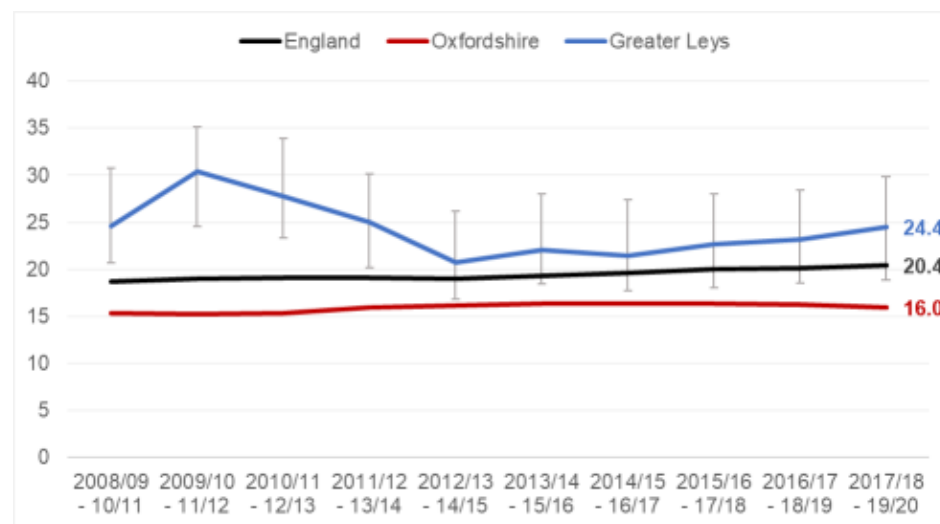
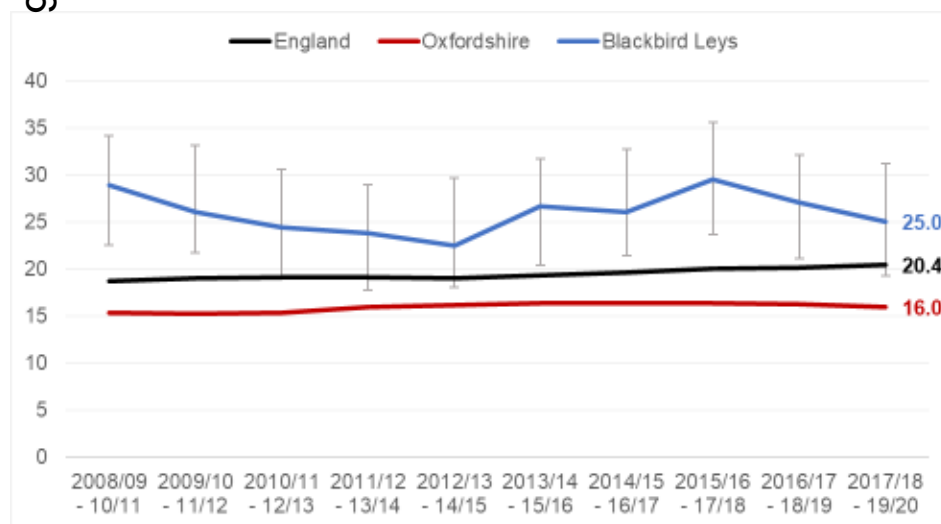
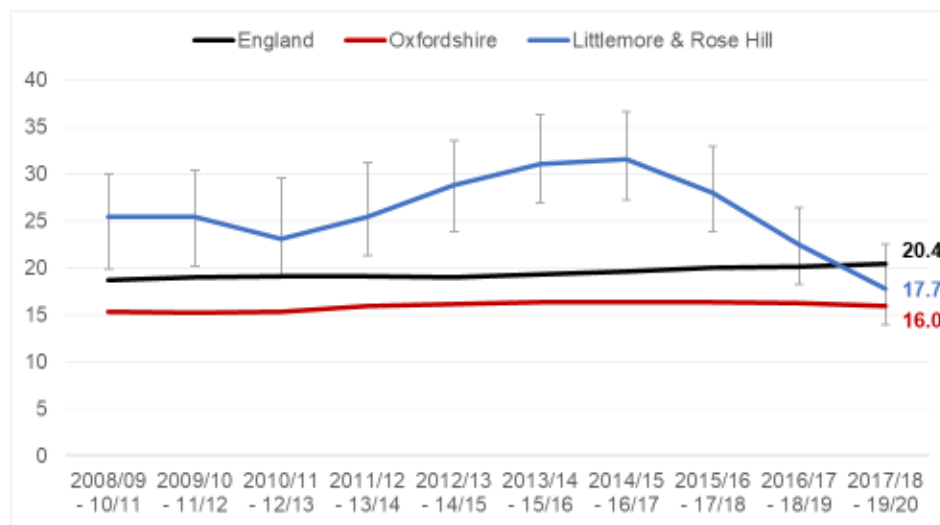
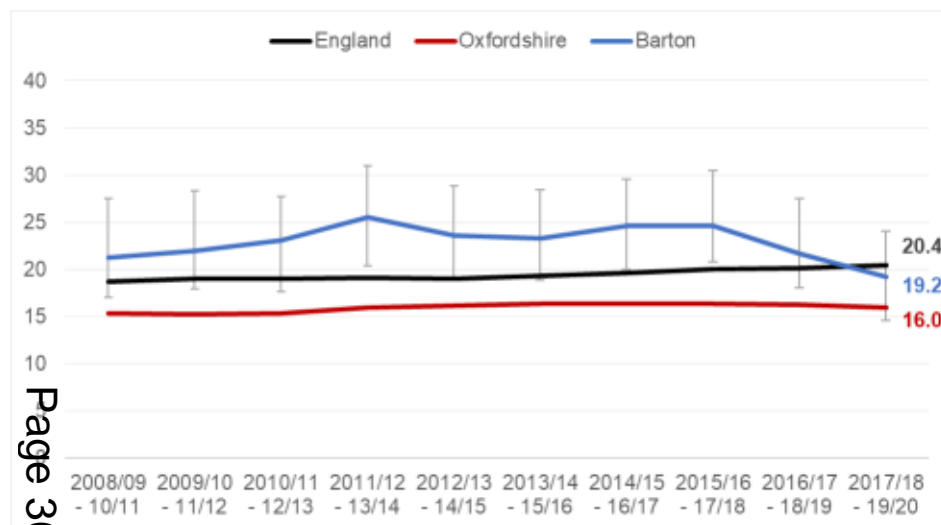
### Weight categories of children across deprivation deciles, England 2020/21



Year 6: Prevalence of obesity, 3-years data combined

Trends are shown below for Oxfordshire MSOAs containing our most deprived areas. Values for Oxford Central MSOA have been suppressed for disclosure control reasons and are not included below.





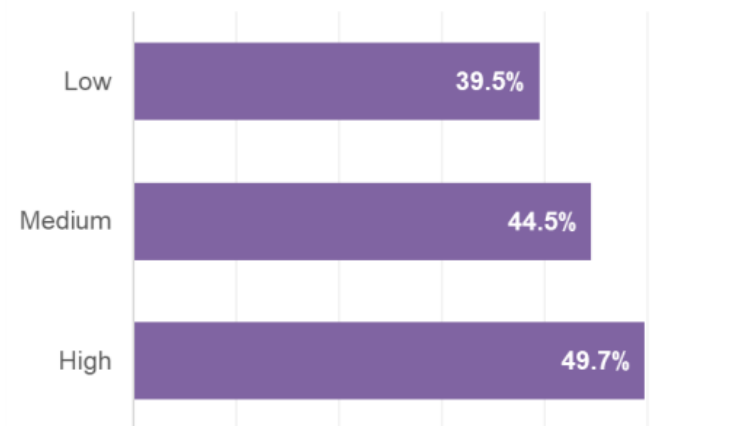
## Physical Activity in Children

National data from the 2020/21 academic year show that a similar proportion of boys (44.7%) and girls (45.3%) are physically active.

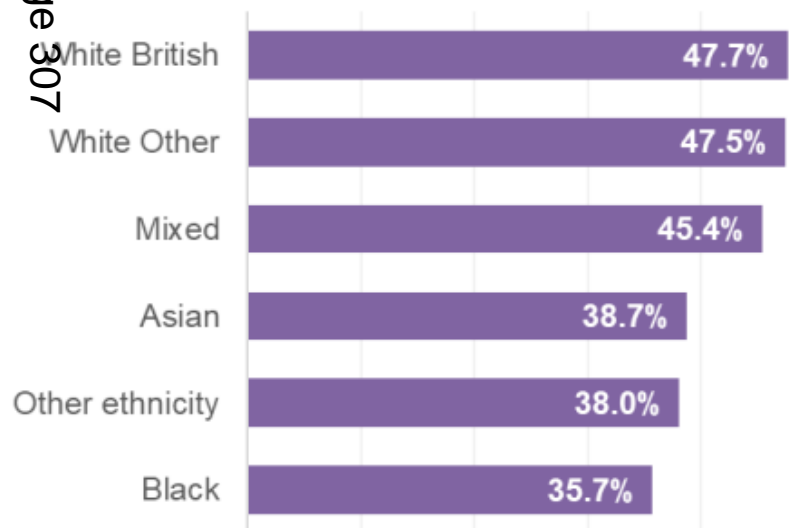
Activity levels have fallen compared to pre-pandemic (2018-19) for children and young people from the least affluent families, while remaining unchanged for those from the most affluent families – widening the gap between the two.

Children and young people from White British, White Other and Mixed backgrounds are more likely to be active than those from Asian, Black and Other ethnic backgrounds. In addition, Asian and White Other boys are currently more likely to be active than Asian and White Other girls respectively, while White British girls are more likely to be active than White British boys.

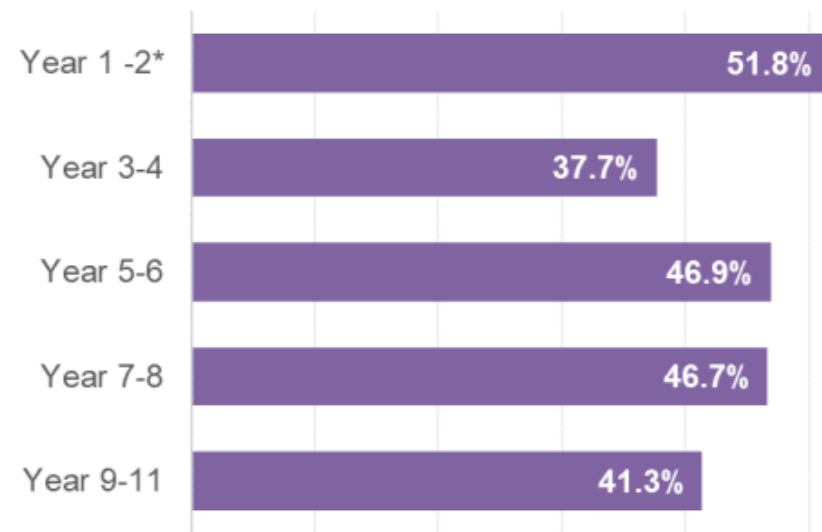
## Physically active children and young people by family affluence



## Physically active children and young people by ethnicity



## Physically active children and young people by school year



\* Completed by parent

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