

Reading

Pharmaceutical Needs Assessment 2025-2028

Executive Summary

Introduction

All Health and Wellbeing Boards (HWBs) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population every three years. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is twofold, namely to:

- Support NHS England in their decision-making related to applications for new pharmacies, or changes of pharmacy premises and/or opening hours.
- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population.

This PNA provides an overview of the demographics and health and wellbeing needs of the Reading population. It also captures patients' and the public's views of pharmacy services they access. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the Reading residents and whether there are any gaps, either now or within the lifetime of the document, from the date of its publication to the 30th September 2028. It assesses current and future provision with respect to:

- Necessary Services – defined here as provision of Essential Services.
- Other Relevant Services – defined here as Advanced, Enhanced and Locally Commissioned Services.

Methodology

In November 2024, a Task and Finish group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. This was in addition to a wider BOB-wide (Buckinghamshire, Oxfordshire and Berkshire West) Steering Group. The process included:

- A review of the current and future demographics and health needs of the Reading population determined on a locality basis.
- A survey to Reading patients and the public on their use and expectations of pharmaceutical services and an equality impact assessment.

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- An assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services provided in Reading.

A PNA consultation draft was published for formal consultation between 14th May and 13th July 2025. Responses to the consultation were considered by the steering group before final publication of the PNA.

Findings

Key population demographics of Reading

Reading is an urban unitary authority in Berkshire with an estimated population of 174,249. Its population is relatively young with a median age of 35 years.

While there is less deprivation in Reading compared to England as a whole, there are pockets of deprivation across the borough. In total, ten of the its 97 LSOAs are among the most deprived 20% in England.

Key population health needs of Reading

Both life expectancy and healthy life expectancy are higher in Reading than the national average. Circulatory diseases, cancer, COVID-19 and respiratory diseases were the biggest causes of life expectancy gap between the most and least deprived in the borough.

Reading is doing better than or similar to, national figures in terms of the major risk factors explored in this PNA with a few exceptions:

- Successful completion of treatment for alcohol dependence.
- Successful completion of drug treatment for opiates.
- Chlamydia detection rate.
- HIV testing rate.
- Flu vaccination update in those over 65.

Patient and public engagement

A patient and public survey was disseminated across Reading to explore how people use their pharmacy and their views on specific 'necessary' pharmaceutical services. A total of 471 people responded.

Most respondents based their choice of pharmacy on where their GP sends their prescriptions, proximity to home or work, or they were satisfied with the overall experience provided by the pharmacy. Nearly all respondents (95%) can reach their pharmacy in 20 minutes or less. Walking and cars are most common modes of transport to pharmacies. No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

Health and Wellbeing Board statements on service provision

There are 27 community pharmacies, one dispensing appliance contractor and one distance selling pharmacy located within Reading. There is also a further 5 community pharmacies located within a mile of Reading's borders.

The PNA steering group, on behalf of the Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Reading population. It has also determined whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, from the date of its publication to the 30th September 2028.

Reading is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to necessary and other relevant services with no gaps in the current and future provision of these services identified.

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Chapter 1 - Introduction

What is a Pharmaceutical Needs Assessment?

- 1.1 Community pharmacies are essential in providing quality healthcare within local communities. In addition to dispensing prescriptions, they frequently serve as the first point of contact for patients and the public. In some cases, they are the only interaction individuals have with a healthcare professional.
- 1.2 A Pharmaceutical Needs Assessment (PNA) outlines the pharmaceutical service needs of a specific population. It details the services currently available, including when and where they are available. This PNA specifically assesses and evaluates the pharmaceutical needs of the Reading population.
- 1.3 NHS pharmaceutical services are delivered within a regulated and controlled market. Any pharmacist or dispensing appliance contractor wishing to provide NHS pharmaceutical services must apply to NHS England to be included on the pharmaceutical list of the Health and Wellbeing Board.
- 1.4 The purpose of the PNA is to facilitate the planning and commissioning of pharmaceutical services and to support decision-making regarding new applications or changes to pharmacy locations. This includes:
 - Supporting the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes in pharmacy premises.
 - Informing commissioning of enhanced services from pharmacies by NHS England, and the local commissioning of services from pharmacies by the local authority and other local commissioners.
- 1.5 The Reading PNA can also be used to:
 - Help the Health and Wellbeing Board (HWB) communicate the borough's pharmaceutical needs to stakeholders and support the planning, development and delivery of services for the community.
 - Assist the HWB in working with providers to target services of areas of need, whilst reducing duplication in regions with adequate provision.

PNA legislation

- 1.6 From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised statements.
- 1.7 With the abolition of Primary Care Trusts and the creation of the Clinical Commissioning Groups (CCGs) in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services, Public Health, Adult Social Care, Children's services and Healthwatch.
- 1.8 The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

PNA requirements

- 1.9 The PNA covers the period of 1st October 2025 to 30th September 2028. It must be produced and published by 1st October 2025. The development of and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:
 - The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
 - The Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards.
- 1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:
 - **Necessary Services – current provision:** services currently available that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing board's area.
 - **Necessary Services - gaps in provision:** services that are not currently available but are deemed necessary by the HWB to address an existing need for pharmaceutical services.
 - **Other Relevant Services – current provision:** any services delivered or commissioned by the local authority, NHS England, the ICB, an NHS trust, or

an NHS foundation trust that impact the need for pharmaceutical services in the area or where future provision could enhance quality or improve access to specific pharmaceutical services.

- **Improvement and better access - gaps in provision:** services that are not currently available but are considered by the HWB to enhance quality or improve access to pharmaceutical services if introduced.

1.11 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- Consideration of the varying needs across different localities.
- Assessment of how the needs of individuals with protected characteristics have been addressed.
- Evaluation of whether expanding pharmaceutical services would enhance access or improve service quality.
- A report of the 60-day consultation on the draft PNA.

Consultation

1.12 A draft PNA must be put out for consultation for a minimum of 60-days prior to its publication.

1.13 The PNA was published for consultation between 14th May to 13th July 2025. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer, and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS Trust or NHS Foundation Trust in the HWB area.

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- NHS England.
 - Any neighbouring HWB.

1.14 All comments received will be considered in the final PNA report to be presented to the HWB before the 1st October 2025.

Revisions and updates

- 1.15 The PNA must reflect any changes that affect the need for pharmaceutical services in Reading. As such, it will be updated every three years.
- 1.16 If the HWB becomes aware of a significant change to pharmaceutical service provision, the local area and/or its demography, the PNA may be required to be updated sooner. The HWB will make a decision to revise the PNA if required.
- 1.17 Not all changes will result in a change to the need for pharmaceutical services. If the HWB identifies a change that warrants a review, they may issue a supplementary statement explaining the changes since the PNA was published.

Chapter 2 - Strategic Context

- 2.1 This section provides an overview of key policies, strategies and reports that shape the strategic context of community pharmacy services at both a national and local level.

National Context

- 2.2 Throughout the last decade, the health and social care system has transformed and evolved to meet a range of challenges. Consequently, it has seen significant changes towards greater integration between health and social care services, increased emphasis on preventative care and growing use of technology for remote monitoring and consultations. This has been undertaken whilst also facing challenges with an ageing population, more people experiencing long-term health conditions, and continued funding pressures.

Health and Care Act (2022)¹

- 2.3 The Health and Care Act 2022 builds on NHS proposals from the Long-Term Plans. It emphasises the importance of collaboration, drawing on lessons from the pandemic to enhance system responsiveness. The Act focuses on three key areas: integrating NHS services with local government to tackle health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing clear accountability mechanisms.

Health Equity in England: Marmot Review 10 years on²

- 2.4 The objectives outlined in the Marmot review are intended to ensure the health life expectancy gap between the least deprived and most deprived are reduced. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

¹ Department of Health and Social Care (2022). Health and Care Act 2022. Available at: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

² Institute of Health Equity (2020). Marmot Review 10 Years On. Available at: [Marmot Review 10 Years On - IHE](https://www.instituteofhealethequity.org/)

Plan for Change³

- 2.5 In 2024, HM Government launched their 'Plan for Change' outlining five missions to deliver a decade of national renewal. A focus on bringing care closer to where people live underpins the Health and Wellbeing ambitions which include transitioning how elective care is delivered, transforming patients' experience of care and transforming the model of care to make it more sustainable.
- 2.6 As part of this, on the 28th January 2025, the Department of Health and Social Care entered into consultation with Community Pharmacy England regarding the 2024-2025, and 2025-2026 funding contractual framework⁴. This is intended to set the future direction for community pharmacy recognising it will play a vital role in supporting the delivery of the reforms that are set out in this plan.

Pharmacy Integration Fund

- 2.7 The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include: collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.
- 2.8 Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

³ HM Government (2024). Plan for Change: Milestones for mission-led government. Available here: [Plan for Change – Milestones for mission-led government](#)

⁴ GOV.UK (2025). Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract. Available at: [Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract](#) - GOV.UK

Local Context

Joint Strategic Needs Assessment (JSNA)⁵

- 2.9 Reading approaches JSNA as a key programme of work which encompasses a wide range of assessment, planning and commissioning processes taking place on behalf of the local population. The key aims are:
- To ground these processes in a core, single evidence base.
 - To bring their outputs together in one place which can provide a document of the assessment of need, and further expand the local evidence base.
- 2.10 JSNA's have informed the development of 'Joint Health and Wellbeing Strategies' and local implementation plans.

Berkshire West Health and Wellbeing Strategy 2021-2030⁶

- 2.11 This strategy sets out how professionals across health and social care will work together to improve the health of the population. It covers Reading, Wokingham and West Berkshire local authority areas. The strategy is based around five health and wellbeing priorities:
- Reduce the differences in health between different group of people.
 - Support individuals at high risk of bad health outcomes to live healthy lives.
 - Help families and children in early years.
 - Promote good mental health and wellbeing for all children and young people.
 - Promote good mental health and wellbeing for all adults.
- 2.12 The focus throughout the 9 years prioritises the recovery of population health, rebuilding likelihoods and adapting to a new normal, whilst levelling health inequalities across the three areas. To achieve this, local delivery plans are implemented to support the strategy.

⁵ Reading Borough Council (n.d.) Welcome to the Reading Observatory. Accessible here: [Berkshire Observatory – Reading – Welcome to the Reading Observatory](#)

⁶ West Berkshire (2021). Berkshire West Health and Wellbeing Strategy 2021-2030. Accessible here: [Berkshire West Health and Wellbeing Strategy 2021-2030 - West Berkshire Council](#)

Berkshire West Health & Wellbeing Strategy: Reading Implementation Plans (2022-2025)⁷

2.13 The implementation plan outlines five key priorities to enhance health outcomes in Reading:

- Reduce health inequalities: Implement a 'Health in All Policies' approach to ensure equitable access and outcomes across all services.
- Support at risk individuals: Utilise data and local resources to identify and assist individuals at risk of poor health outcomes.
- Assist children and families in early years: Focus on early intervention and support to promote healthy development in children.
- Promote mental wellbeing for youth: Develop initiatives to support the mental health of children and young people.
- Enhance adult mental health: Implement programmes aimed at improving mental health and wellbeing for adults.

2.14 These priorities guide the implementation plan for 2022-2025, aiming to improve overall health and wellbeing in the community.

7 Reading Borough Council (2022). Berkshire West Health & Wellbeing Strategy 2021-2030: Reading Implementation Plans (2022-2025). Accessible here: 00.PUBLIC-VERSION-HWBS-Implementation-Plans-v1.7-RBC-website-version.pdf

Chapter 3 - The development of the PNA

3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies. This includes:

- Nationally published data, including data sets from Office for Health Improvement and Disparities (OHID) and Office for National Statistics (ONS).
- The Reading Borough Joint Strategic Needs Assessment.
- Local policies and strategies such as the Joint Health and Wellbeing Strategy.
- Local Pharmaceutical Committee data.
- A survey to the patients and public of Reading.
- Local Authority and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB commissioners.

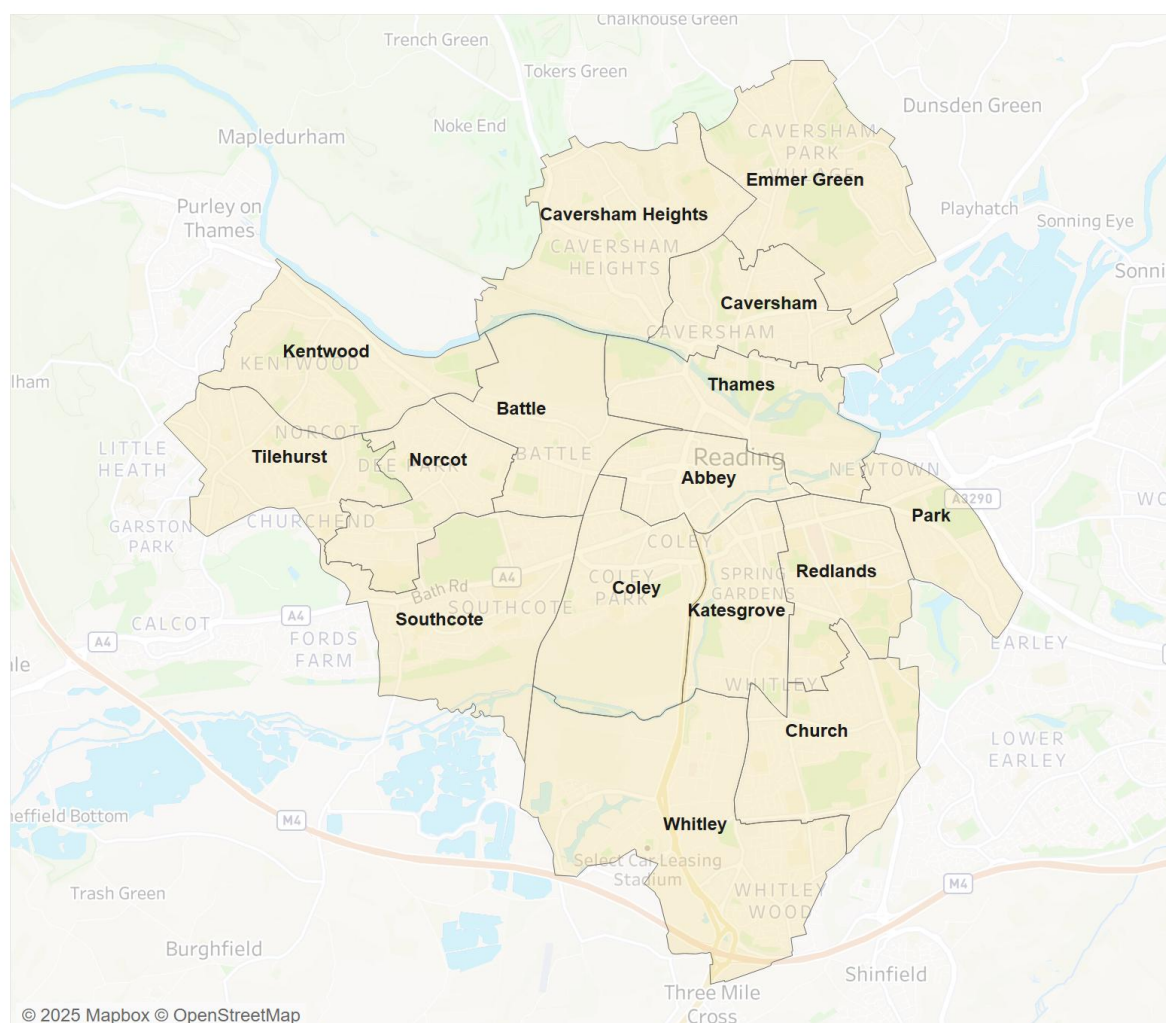
3.2 These data have been combined to describe the Reading Borough population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

Methodological considerations

Geographical Coverage

3.3 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. A ward-based structure was chosen by the HWB as it is in-line with available population health needs data and enables us to identify differences at ward level with respect to demography, health needs or service provision. There are 16 wards in Reading as illustrated in Figure 3.1.

Figure 3.1 Reading Borough electoral wards



3.4 The PNA Task and Finish Group determined provision and choice of pharmacies by travel time. The following criteria were considered reasonable by the steering group in terms of accessibility to pharmacy provision:

- Within rural areas: 20-minute drive from a pharmacy
- Within main urban areas: 1 mile

3.5 Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas), travel time by car, and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

Patient and Public Survey

- 3.6 Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. Responses were collated and the views within them explored, including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 6 of this PNA.

Governance and Steering Group

- 3.7 The development of the PNA was advised by a steering group who oversaw the process of all Buckinghamshire, Oxfordshire and Berkshire West PNAs. Its membership included representation from:

- BOB ICB Clinical Lead for Medicines Optimisation, Chair.
- Public Health Local Authority leads.
- Community Pharmacy Thames Valley (LPC).
- ICB Pharmacy Contracting.
- Local Authority Communications leads
- HealthWatch representatives.
- Local Medical Committee(s).

- 3.8 The membership and Terms of Reference of the Steering Group is described in Appendix A.

- 3.9 In addition, it was supported by a local Task and Finish group of representatives from:

- Reading Borough Council Public Health team.
- West Berkshire Public Health team.
- Community Pharmacy Thames Valley (LPC).
- Healthwatch West Berkshire.
- Healthwatch Reading.
- West Berkshire Council Communications team.
- Reading Council Communications team.

Regulatory consultation process and outcomes

- 3.10 A draft of this PNA was published for statutory consultation between the period of 14th May 2025 and 13th June 2025. Comments received during the consultation period were considered and incorporated into the final report to be published by 1st October 2025.

Chapter 4 - Population demographics

- 4.1 This chapter presents an overview of Reading's population demographics, highlighting aspects that are likely to influence the demand on pharmacy services. It examines that the characteristics of the borough's residents, expected changes in population sizes and the wider determinants of health.

About the area

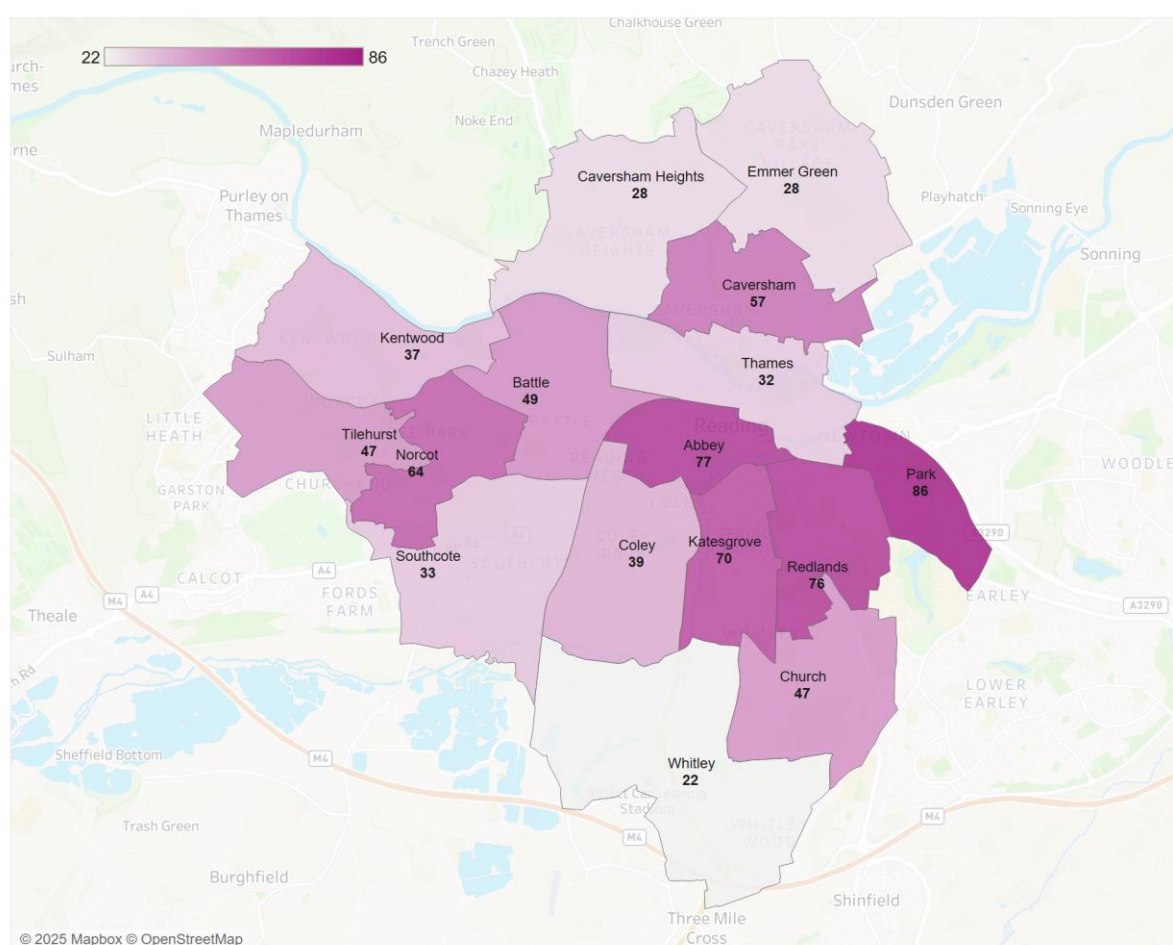
- 4.2 Reading is a principal regional and commercial centre of the Thames Valley in Berkshire, and home to the University of Reading, which has over 27,000 students. The borough is centred on the large town of Reading. Reading contains good transport links to London via the Elizabeth Line and has a rapidly growing economy.
- 4.3 The borough's neighbours include West Berkshire to the west, Oxfordshire to the north, and Wokingham to the east.
- 4.4 Reading is known for its entertainment events, including its annual summer festival and The Hexagon modern theatre in the town centre. Its heritage and culture sites include the ruins of Reading Abbey, the Ure Museum of Greek Archaeology, the Riverside Museum, and Basildon Park.

Demography

Population size and density

- 4.5 Reading's resident size of 174,249 people equates to a population density of 43 people per hectare (ONS, 2021 Census). This makes reading the 4th most densely populated borough in South East England, with only Portsmouth, Southampton and Slough having higher population densities.
- 4.6 The eastern portion of the borough has the highest population density, peaking at Park ward which has 86 people per hectare. Conversely, Whitley ward has the lowest population density at 22 people per hectare (Figure 4.1).

Figure 4.1: Population density of Reading per hectare by ward

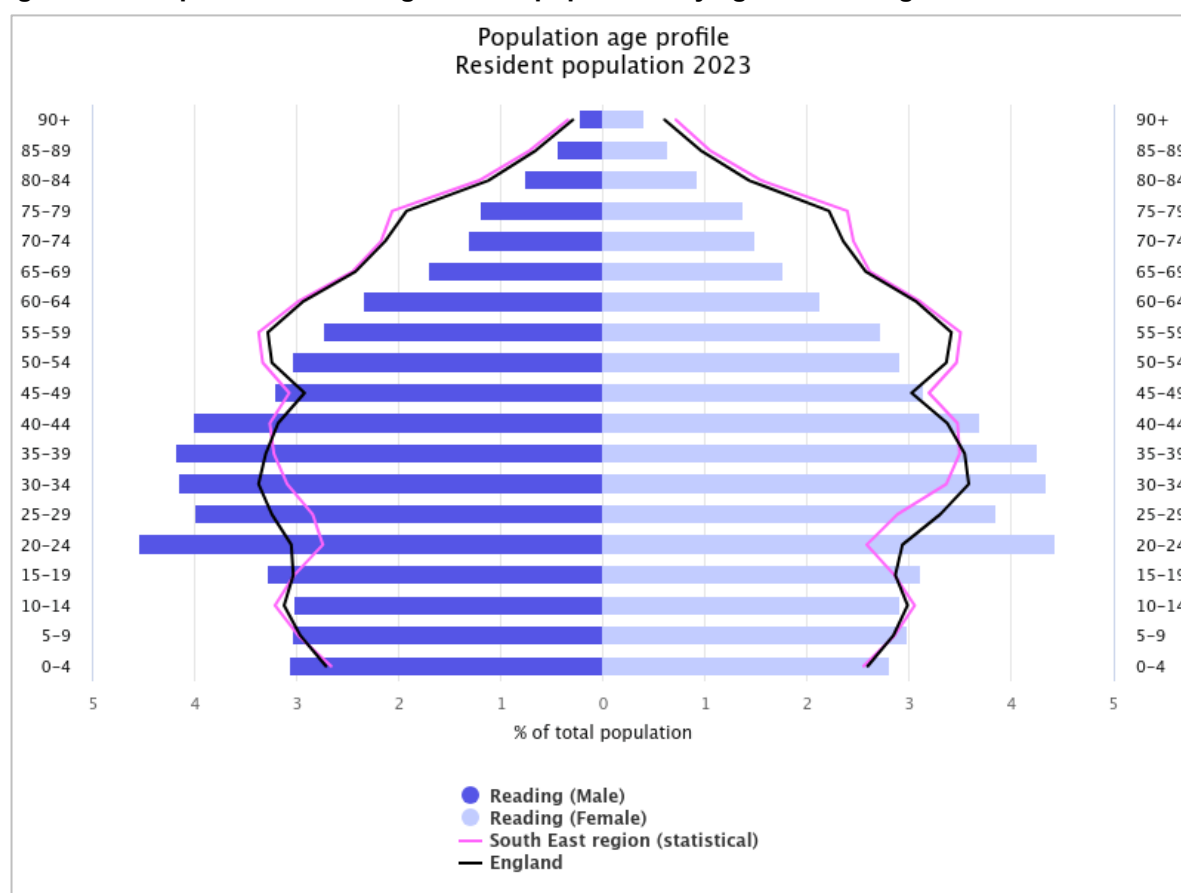


Source: ONS, 2021 Census

Age profile

- 4.7 Reading has a relatively young population, with a median age of 35 years, which is younger than the median age for England (40 years), and for the South East region (41 years).
- 4.8 Around one-fifth (19%) of the borough's population are aged 0-15 years, 69% are of working age aged 16-64 years and 12% are aged over 65. Figure 4.2 shows a breakdown of the age and gender proportion of Reading residents.

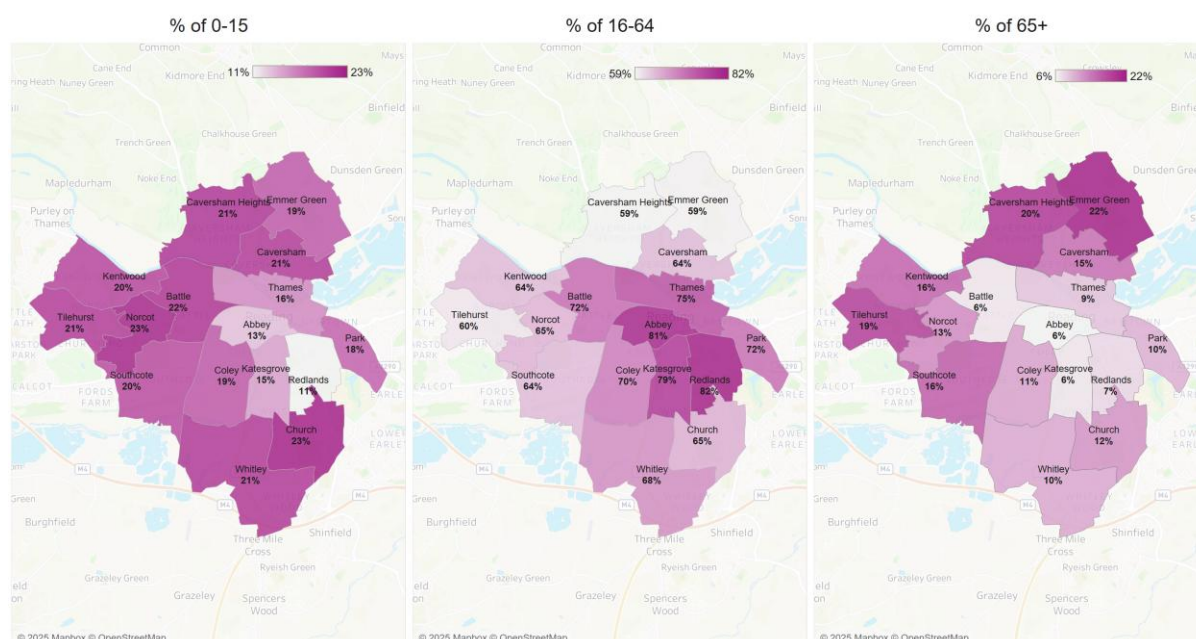
Figure 4.2: Proportion of Reading resident population by age-band and gender



Source: OHID, Public Health Profiles

- 4.9 As seen in the population pyramid above, Reading's age profile broadly mirrors the national picture across many of the age groups. The largest difference is in people in their 20s and 30s where the proportion of population is markedly greater in Reading compared to the national average. There are also a smaller proportion of people aged 65 and over within Reading compared to England and South East England.
- 4.10 At a ward level, Norcot and Whitley wards have the highest proportion of young people, with 23% of residents in them aged 15 or below. Conversely, Emmer Green ward has the highest proportion of those aged 65 and over (Figure 4.3).

Figure 4.3: Proportion of age groups by ward



Source: ONS, 2021 Census

Ethnicity and diversity

- 4.11 Cultural and language barriers can create inequalities in access to healthcare, which can negatively affect the quality of care a patient receives and reduce patient safety and patients' satisfaction with the care they are given. However, pharmacy staff often reflect the social and ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.
- 4.12 NICE Guidance⁸ recommends that community pharmacists take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but are not limited to, gender identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any language skills staff members may have.
- 4.13 Reading is one of the most multicultural boroughs in England, with a third of its resident population identifying as being from an ethnic minority (Table 4.1).

Table 4.1: Proportion of Reading population by ethnicity

Ethnicity	Reading	South East	England
Asian or Asian British	18%	7%	10%
Black, Black British, Caribbean or African	7%	2%	4%

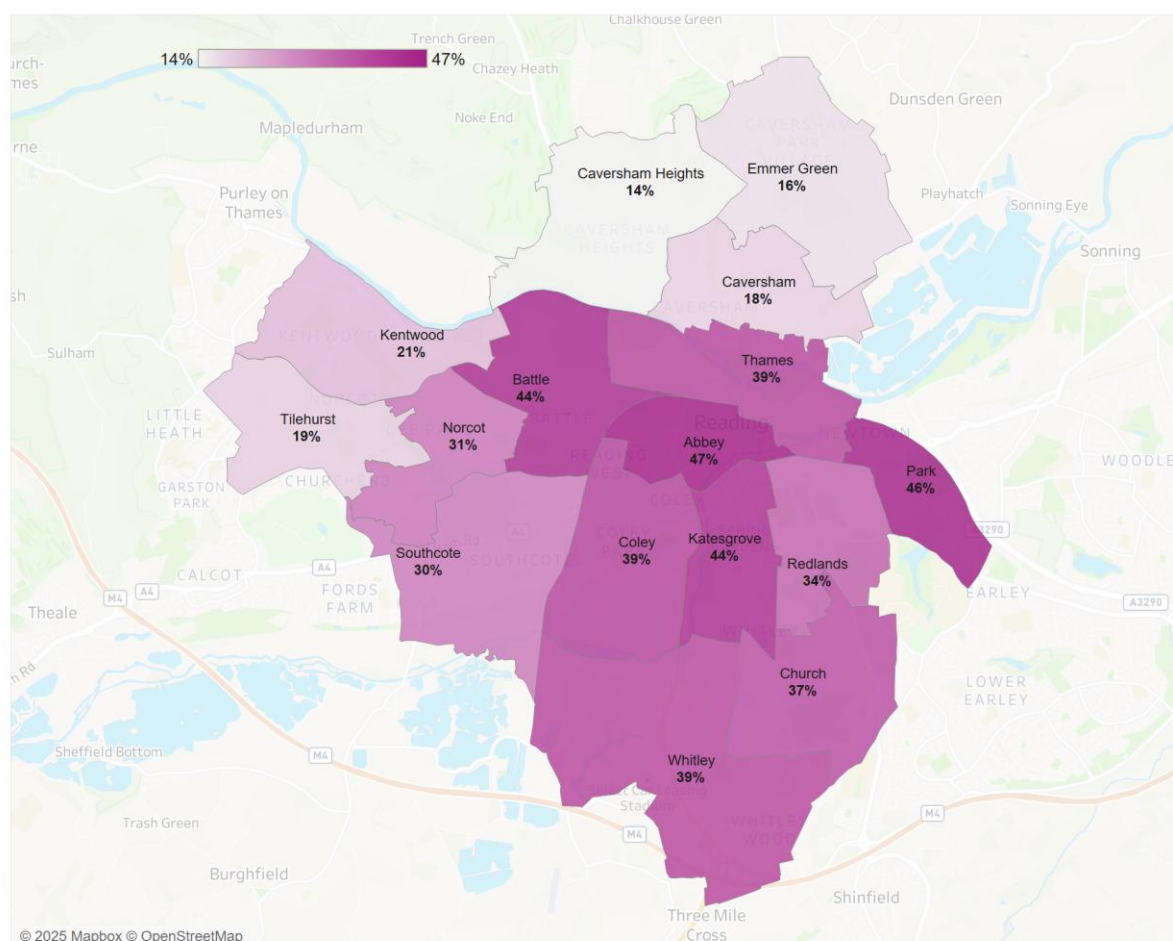
⁸ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

Mixed or Multiple ethnic groups	5%	3%	3%
White	67%	86%	81%
Other ethnic group	3%	1%	2%

Source: ONS, 2021 Census

- 4.14 There are large differences in the proportion of ethnic minorities at a ward level, with the highest proportion being 47% at Abbey ward, while the lowest proportion is 20% at Caversham Heights ward.

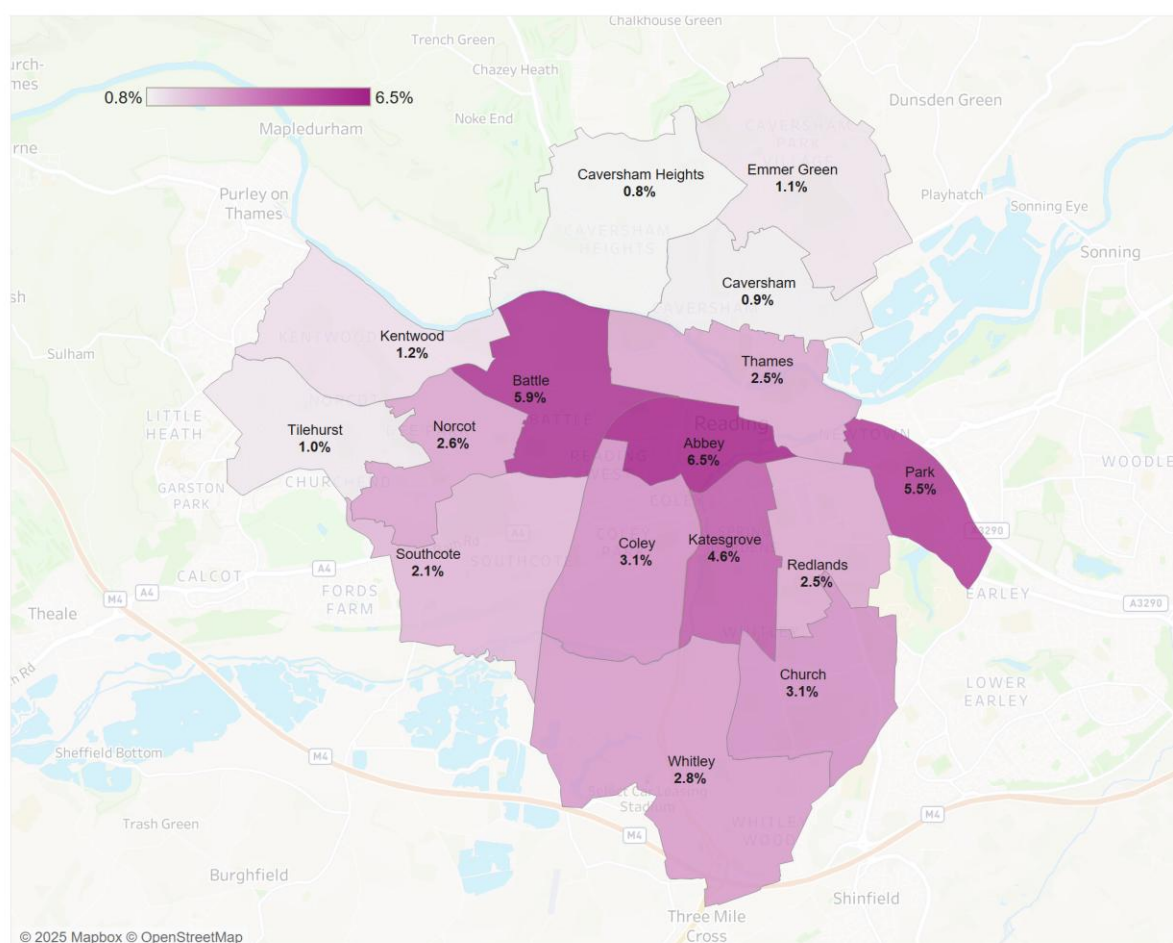
Figure 4.4: Percentage of ethnic minorities in Reading by ward



Source: ONS, 2021 Census

- 4.15 This pattern is replicated in the language proficiency, with Abbey being the ward with the highest proportion of residents that cannot speak English well or at all, while Caversham Heights has the lowest. Overall, 2.9% of the borough's residents reported not being able to speak English well or at all.

Figure 4.5: Proportion of residents that cannot speak English well or at all, by ward



Source: ONS, 2021 Census

4.16 Polish, Nepalese and Romanian are the top main languages spoken in Reading after English.

Table 4.2: Main languages spoken in Reading – Top 10

Main Language	Percentage
English	81.1%
Polish	2.5%
Nepalese	2.5%
Romanian	1.6%
Urdu	0.9%
Portuguese	0.9%
Spanish	0.8%
Italian	0.6%
Arabic	0.6%
Panjabi	0.6%

Source: ONS, Census, 2021

Population changes

- 4.39 Any population increases sustained in the lifetime of this PNA need to be taken into consideration. Population increases will likely place increased demands on community pharmacy services with different population groups having different needs.

Population size projections

- 4.40 The total population size is expected to remain largely unchanged with the latest population projections predicting a 0.2% increase (344 people) in the population of Reading from 2025 to 2028 (ONS 2018-based subnational population projections, 2020). Factoring in the age of the dataset, the new dwelling forecasts are likely to be more indicative of population changes.

Future residential development and housing requirements

- 4.41 The latest Annual Monitoring Report (AMR) for the authority anticipates that an additional 1,885 dwellings will be completed during the PNA's lifetime (2025/26 to 2028/29). Abbey and Thames wards are expected to have the greatest number of new housings completed during that period.

Table 4.3: Anticipated new dwelling in Reading by ward⁹

Ward	2025/26	2026/27	2027/28	2028/29	Ward Total
Abbey	0	482	190	22	694
Thames	0	0	103	414	517
Peppard	11	53	53	53	170
Whinfield	0	0	0	148	148
Katesgrove	0	29	75	0	104
Whitley	0	0	0	98	98
Battle	0	0	43	8	51
Park	0	43	0	0	43
Southcote	0	0	0	32	32
Caversham	0	0	0	20	20
Tilehurst	9	-32	19	12	8
Year Total	20	575	483	807	1,885

⁹ This dataset made use of the old electoral wards

4.42 At a site level, the largest sites are:

- Soane Point, 6-8 Market Place in Peppard ward with 182 new dwellings
- Weldale Street with 144 new dwellings planned
- Chatham Street in Abbey ward with 126 new dwellings planned.

Wider determinants of health

4.43 Reducing the differences in health between different groups of people is a priority area for the Berkshire West Health and Wellbeing Strategy.

4.44 Fair Society, Healthy Lives: (The Marmot Review)¹⁰ and later the Marmot Review 10 Years On¹¹ describe the range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and, ultimately, health outcomes. They include factors such as deprivation, education, employment and fuel poverty.

Index of Multiple Deprivation

4.45 The Index of Multiple Deprivation (IMD) is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.

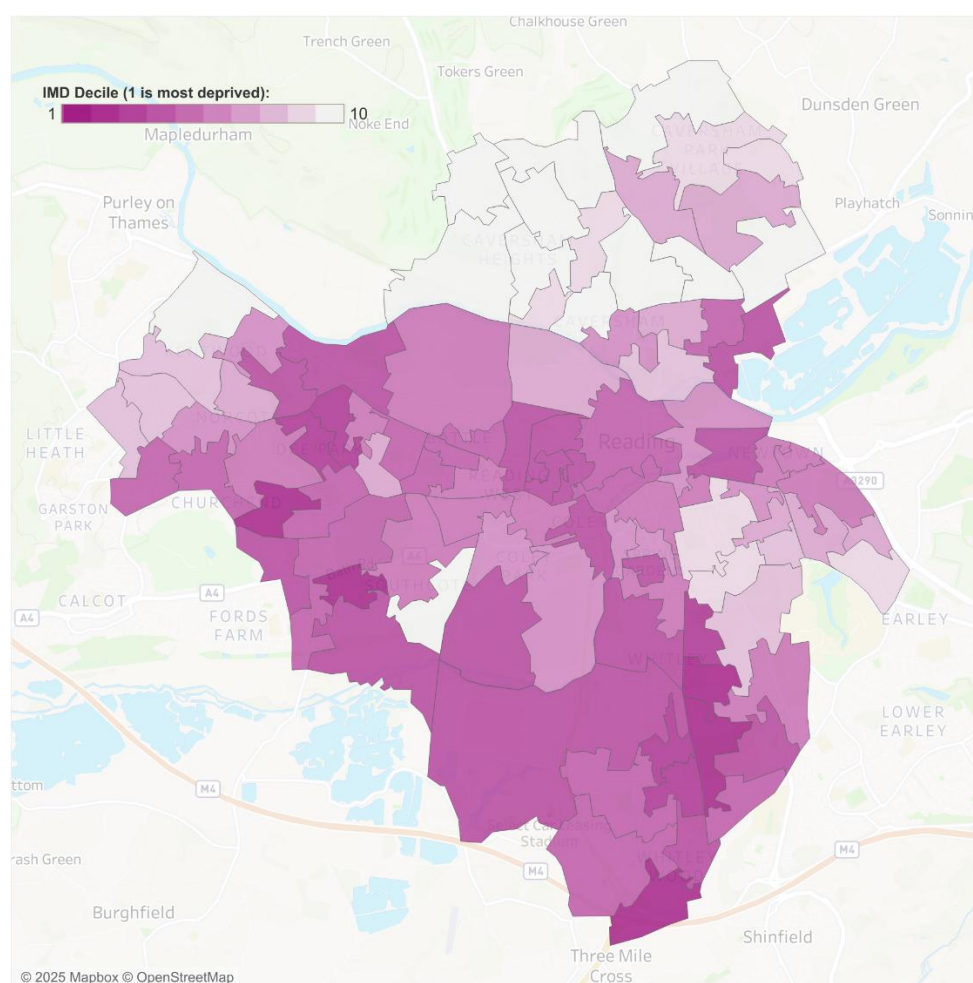
4.46 A Local Authority Summary of each index is compiled, which gives an average score and average rank for each Upper and Lower Tier Local Authority in England. Reading is ranked 92 out of 151 upper tier local authorities, where 1 is the most deprived.

4.47 Ten of Reading's 97 neighbourhoods (LSOAs) are among the 20% most deprived in the nation (deprivation decile of 1 or 2).

¹⁰ Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

¹¹ Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

Figure 4.6: IMD Deciles in Reading by LSOA, 2019



Source: Ministry of Housing, Communities & Local Government, 2019

Other economic markers

- 4.48 However, in measures of poverty, Reading is similar to or better than national figures. For example, 15.6% of children were living in relative low-income families in 2022/23, compared with 19.8% nationally and 15.6% regionally. Average weekly earnings of £574.40 are similar to the national figure of £449.90 and regional figure of £565.70 (OHID, Public Health Profiles, 2025).

Patient groups with specific needs

People who are homeless

- 4.49 Homelessness is an area of concern in Reading in comparison to regional and national figures.

-
- 4.50 In 2023/24, 305 households in Reading (4.6 per 1,000 households) were in temporary accommodation. This rate is similar to the national average for England (4.6 per 1,000 households) and slightly higher than the South East region (3.4 per 1,000 households). However, in the same period, 1,592 households in Reading (24.2 per 1,000 households) were owed a duty under the Homelessness Reduction Act, meaning they were within 56 days of becoming homeless and required council support to prevent homelessness. Reading ranks as the second highest in the South East for this measure. In 2024, 32 per 100,000 people were sleeping rough in Reading (Annual rough sleeping snapshot in England: autumn 2024).
- 4.51 Pharmacists can play a role in helping improve the health and wellbeing of people who are homeless. Pharmacies are an accessible service that are often located in areas of high deprivation and need. ‘Underserved’ communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service¹². This is because pharmacies provide a safe space for confidential discussions with patients.
- 4.52 Pharmacies can help people who are homeless with support in areas such as medicines management, provision of health information about hygiene, sexual health and vaccinations and can provide signposting to other health and wellbeing services. Also, Pharmacies play a critical role in offering advice about harm reduction, distributing clean needles for people who inject drugs and can also provide services such as supervised consumption to patients where necessary to homeless individuals who face substance misuse issues.
- 4.53 In Reading, pharmacies work closely with local agencies to offer support for homelessness. This includes agencies such as the Salvation Army and Launchpad and which can direct people to pharmacies or collaborate to ensure essential services are accessible.

Refugees/ Asylum seekers

- 4.54 There are a small number of asylum seekers and refugees in Reading. As of 30th September 2024, there were 79 people in Reading under the Afghan Resettlement Programme, 382 under Homes for Ukraine and 651 in Supported Asylum. This

¹² NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

equates to 1,112 people or 0.62% of the population (Home Office, Immigration System Statistics, 2024).

- 4.55 Pharmacies are often trusted and accessible resources for asylum seekers, helping bridge the gap between them and the wider healthcare system. They are vital in providing immediate healthcare support and guiding them toward appropriate services.
- 4.56 Language barriers are often one of the challenges faced by asylum seekers in the healthcare system. Many pharmacies provide access to interpreters to assist asylum seekers who may not speak English to ensure they can understand medical advice and how to take medications properly.

Students

- 4.57 The main campus of Reading University is situated in the southeast part of the town, within the Reading urban area and just inside Wokingham. The university has a workforce of 3,835, with 59% identifying as female and 21% from Black and minority ethnic backgrounds. It also hosts over 27,465 students from more than 160 countries globally. Among the students, 54% identify as female, 38% are from an ethnic minority background, and 15% have declared a disability¹³.
- 4.58 Additionally, the University of West London operates a campus in Reading, known as The Berkshire Institute of Health, which is located in the town centre.
- 4.59 Pharmacies in Reading support students in several ways, especially given the diverse student population in the area, which includes those attending the University of Reading and other educational institutions. These services help ensure students stay healthy and have access to essential health resources while managing their busy academic and personal lives.
- 4.60 Many students, especially those living away from home for the first time, rely on pharmacies for health advice because the pharmacy environment is often seen as a trusted and confidential space where students can ask questions without fear of judgment. Pharmacies in Reading provide a welcoming atmosphere, making it easier for students to access healthcare and receive professional advice on both physical and mental health. Additionally, for international students who may not be familiar with

¹³ University of Reading (2024) At a Glance 2024

the UK healthcare system, pharmacies can play an essential role in explaining how the National Health Service (NHS) works, helping students access GP services, and offering advice on how to navigate health issues in the UK.

- 4.61 With many students living in close quarters for instance halls of residence, they are more susceptible to colds, flu, and other contagious illnesses. Pharmacies in Reading offer flu vaccinations to students, often at a discounted price. Some also offer other vaccinations for travel or to meet specific university requirements. They also provide advice on travel health precautions and medications for malaria prophylaxis or signposting students to appropriate travel health clinics.

Summary of population demographics

Reading is a densely populated urban unitary authority in Berkshire with an estimate population size of 174,249. It is at the centre of Thames Valley and home to Reading University.

It has a relatively young population with a median age of 35 years. It is also one of the more ethnically diverse local authorities in the country. Park, Abbey, Battle, and Katesgrove wards have the largest ethnic minority populations within Reading. 2.9% of the borough are not proficient at English.

There are pockets of deprivation in Reading, particularly in the southern and west parts of the borough.

Groups with specific pharmaceutical needs in Reading include people who are homeless, refugee and asylum seekers and students. These groups often face unique challenges in accessing healthcare and pharmacies can play a vital role in ensuring easy access to essential services, advice and provision of tailored support to them.

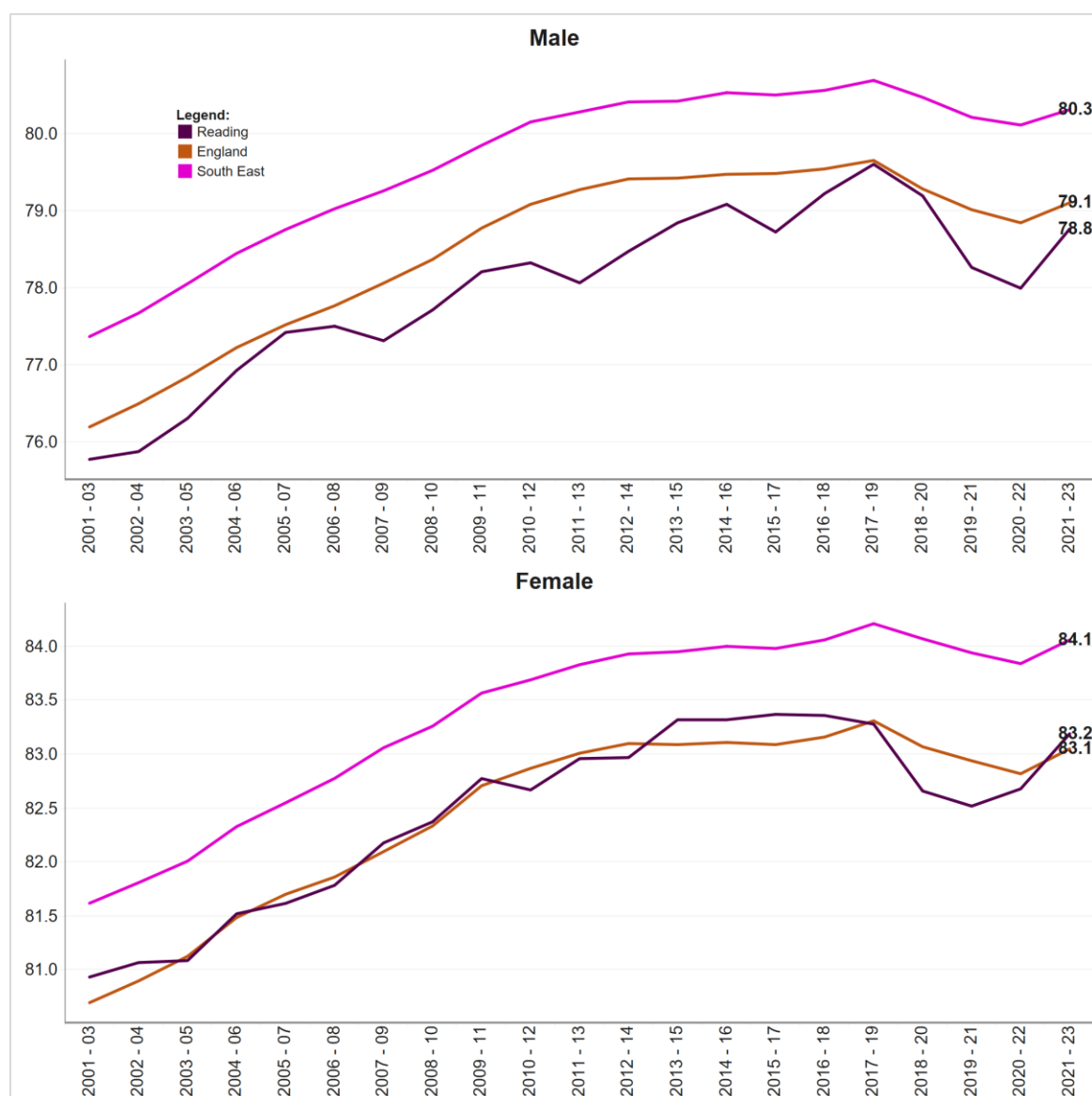
Chapter 5 - Health Needs

- 5.1 This chapter presents an overview of health and wellbeing in Reading, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in Reading and includes an exploration of health and behaviours and major health conditions.
- 5.2 All the data in this chapter is sourced from Office for Health Improvement and Disparities, Public Health Profiles, 2025.

Life expectancy and healthy life expectancy

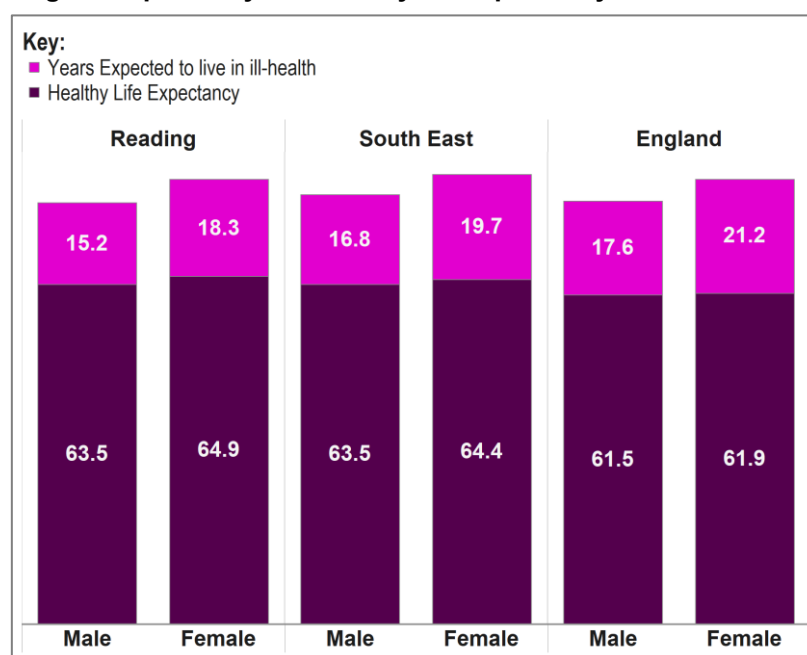
- 5.3 Life expectancy is a statistical measure indicating the average duration a person is expected to live. Healthy life expectancy at birth represents the average number of years an individual can expect to live in good health, taking into account age-specific mortality rates and the prevalence of good health in their area.
- 5.4 In recent years, life expectancy at birth for both males and females in Reading experienced a slight decline, particularly around the COVID-19 pandemic. However, encouragingly, it has started to rise again in 2021–2023. Currently, females in Reading have an average life expectancy of 83.2 years, while males can expect to live 78.8 years. These figures closely align with both national and regional averages (Figure 5.1).

Figure 5.1: Life expectancy trends (male and female) in Reading, the South East and England, 2001-02 to 2021-23



5.5 Beyond overall life expectancy, it is important to consider the number of years people live in good health. As shown in Figure 5.2, males in Reading are expected to enjoy 63.5 years of healthy life, while females can expect 64.9 years. These figures are broadly in line with regional and national trends.

Figure 5.2: Reading life expectancy and healthy life expectancy for males and females (2021-23)



- 5.6 Life expectancy is not the same for everyone, and disparities between different areas highlight wider social and health inequalities. The gap between the most and least deprived areas of Reading is 6.8 years for men and 7.8 years for women (2018–20). While this inequality is lower in Reading than the South East and England overall, the gap for men is among the smallest in the country, whereas for women, it is the largest in the region. Nationally, the life expectancy gap stands at 9.7 years for men and 7.9 years for women.
- 5.7 The life expectancy gap between Reading's most and least deprived areas is attributable to different causes of death for males and females, and these issues are explored in the section below on major health conditions.

Our health and behaviours

- 5.8 Lifestyle and the personal choices that people make can significantly impact their health. Behavioural patterns contribute to approximately 40% of premature deaths in England. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight or obese, alcohol and drug use.
- 5.9 Community pharmacy teams support the delivery of community health programmes, for example, through the provision of stop smoking services, flu vaccinations and blood pressure checks. They also promote sexual health services and initiatives such as

Dementia Friends. In addition, pharmacy team members provide advice on healthy living and where appropriate, signpost people to other health and social care providers.

- 5.10 This section of the chapter explores different health behaviours and lifestyles where people affected can seek help from community pharmacies. By supporting their local communities in this way, pharmacies can improve the overall health of the population of Reading Borough.

Smoking

- 5.11 Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for 15% of all deaths in people aged 35 or over in England, including 52% of cancer deaths and 47% of deaths from respiratory diseases¹⁴.
- 5.12 Smoking rates are similar to national figures. In 2023, 11.8% of Reading's adult population smoked, which is similar to the percentage for England (11.6%) and slightly higher than the percentage for the South East region (10.6%). The smoking rate among people aged 18 to 64 who are employed in routine and manual occupations, however, is much higher than in the general population. In 2023, 25.7% of routine and manual workers in Reading smoked which, while similar to the England rate of 19.5% is the 3rd highest in the region.
- 5.13 Smoking prevalence rates are also monitored for pregnant women, due to the detrimental effects of smoking on the growth and development of the baby and the health of the mother. In 2023/24, 11.2% of Reading mothers smoked in early pregnancy which was better than the England rate (13.6%) and slightly lower than the South East England (12.3%) figure.
- 5.14 Community pharmacies often provide leaflets and booklets that contain useful information on how to quit smoking and health risks associated with smoking. As detailed in chapter 7, they also offer smoking cessation services which encompasses provision of brief advice on stopping smoking, advice on vaping, provision of nicotine

¹⁴ House of Commons Library, Statistics on Smoking, 2023

replacement therapies as well prescription medicines such as varenicline and bupropion that can help individuals manage their cravings.

Alcohol

- 5.15 Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.
- 5.16 In 2023, 47 Reading deaths were classified as 'alcohol-related mortality'. This rate of 35.3 per 100,000 population was similar to the England rate of 40.7 per 100,000 population and slightly below the South East rate of 35.6 per 100,000 population.
- 5.17 In 2023/24, there were 506 admissions to hospital where an alcohol-specific condition was the primary diagnosis. This is equivalent to 337 per 100,000 population which is better than the England rate (504 per 100,000 population) and below the South East figure (429 per 100,000 population).
- 5.18 In 2023, 62 adults left treatment free of alcohol dependence and did not represent within a 6-month period. This was 24.7% of all Reading adults in structured treatment for alcohol dependence during this year. This 'success rate' was worse than the England rate of 34.2% and below the South East region rate of 34.3% (OHID, Fingertips, 2025).
- 5.19 Community pharmacies play a crucial role in connecting individuals to local addiction services. Some pharmacies are also able to provide medicine used in the treatment of alcohol use disorder (alcoholism) such as acamprosate.

Drug misuse

- 5.20 Drug misuse is a significant cause of premature mortality in the UK. The latest figures show that there were 33 deaths from drug misuse in the borough over the period 2021-23. This equates to a rate of 6.6 per 100,000 population, which is similar to the England rate (5.5 per 100,000 population), but higher than the South East rate (4.3 per 100,000 population).
- 5.21 In 2023, only 22 adult opiate drug users in Reading successfully completed treatment. This equated to 3.0% of all adults in treatment for opiate use during the year which is

worse than the England rate of 5.1%. Reading had the lowest 'success rate' in the South East where the average rate was 6.5%.

- 5.22 Community pharmacies provide harm reduction services such as offering needle exchange, opioid substitution therapies such as methadone and Buprenorphine as well as supervised consumption services as documented in chapter 7. Some pharmacies are also able to provide medicine such as naloxone for the reversal of opioid overdoses.

Weight management

- 5.23 Obesity is a significant factor in early death and preventable health issues. It raises the likelihood of various diseases, such as certain cancers, heart conditions, and type 2 diabetes.
- 5.24 Obesity levels in Reading are lower than national figures. In 2023/24, 10.5% of adults living in Reading Borough were classified as obese which was lower than the England (12.8%) and the South East (11.4%) figures.
- 5.25 Childhood obesity is on the rise and can have significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver disease, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.
- 5.26 Childhood obesity rates are increasing nationally and locally and are a significant challenge for health services and local government, as well as individual families. The National Child Measurement Programme (NCMP) measures the height and weight of children in their first year (Reception Year, ages 4-5) and last year (Year 6, ages 10-11) of primary school. In 2023/24, 21.9% of Reception Year children and 36.7% of Year 6 children in Reading were overweight or obese. This was similar to the England figures (22.1% for Reception Year and 35.8% for Year 6) and slightly higher than the South East region ones (20.8% and 32.7%).
- 5.27 Community pharmacy teams can now identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme which provides opportunity for one-to-one coaching from a weight loss expert.

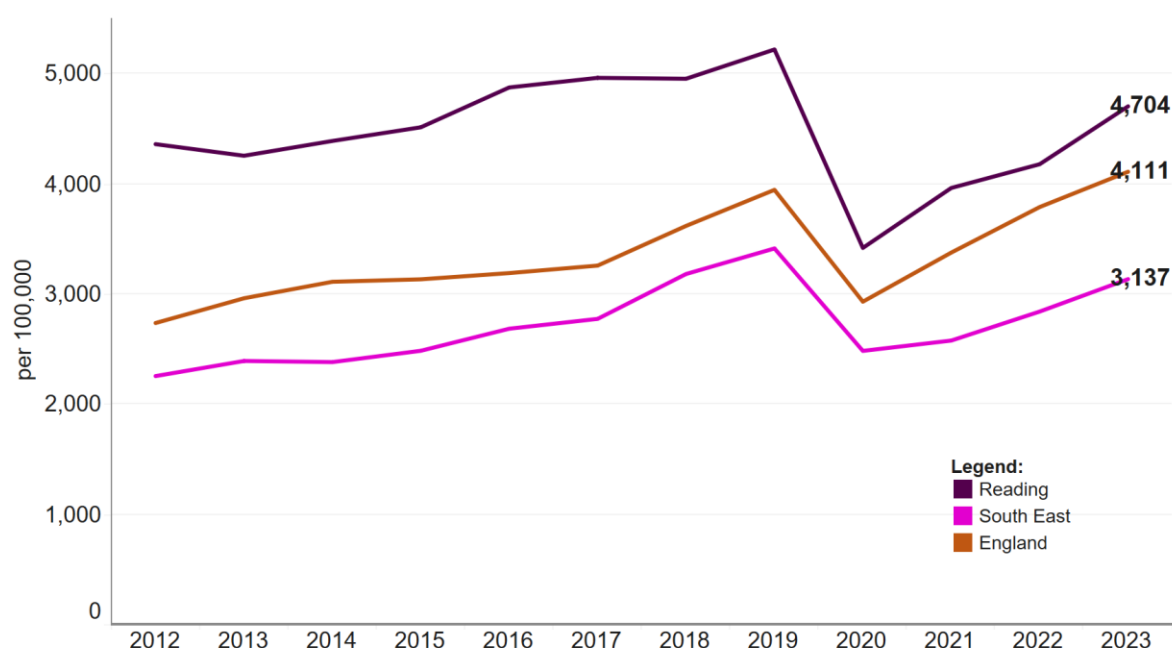
Physical Activity

- 5.28 People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular diseases such as coronary heart disease and stroke compared to those who lead a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. The Global Burden of Diseases showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality¹.
- 5.29 Physical activity levels for adults in Reading are broadly in line with national and regional rates. In 2022/23, 69.1% of people aged 19+ in Reading were considered 'physically active' which was similar to the England rate (67.1%) and slightly lower than the South East England figure (70.2%). 21.7% of people aged 19+ were estimated to be 'physically inactive' which was again similar to the England figure (22.6%), but slightly higher than in the South East region (19.3%).

Sexual health

- 5.30 Sexual health encompasses the provision of advice and services related to contraception, relationships, sexually transmitted infections (STIs), and abortion. According to the Office for Health Improvement and Disparities, the effectiveness of sexual and reproductive health services relies on the entire system working collaboratively to ensure these services are as accessible, relevant, and user-friendly as possible, ultimately enhancing public health.
- 5.31 The rate of new STI diagnoses in Reading is higher than the national and regional rates, but this may be driven by Reading's higher STI testing rate. In 2023, the new STI diagnoses (excluding people with chlamydia under the age of 25) rate for Reading was 559 per 100,000 population which was worse and substantially higher than the England rate (520 per 100,000 population) and substantially higher than the South East England figure (369 per 100,000 population). However, the STI *testing* rate (excluding chlamydia testing for those aged under 25) was 4,704.3 per 100,000 population which is better than England (4,110.7 per 100,000 population) and the third highest in the South East region (3,136.6 per 100,000 population). The trend shows that STI testing rate for Reading has been rising slightly since 2020.

Figure 5.3: STI testing rate (exclude chlamydia aged under 25) per 100,000 for Reading, the South East and England, 2012-2022.



- 5.32 Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. In 2023, the chlamydia detection rate for people aged 15 to 24 in Reading was 1,288 per 100,000 population which was lower than the England rate of 1,546 per 100,000 population and slightly higher than the South East rate of 1,271 per 100,000 population. In the same year, for people aged 25 and older, the chlamydia diagnostic rate for Reading was 216 per 100,000 population. This was similar to the England rate (223 per 100,000 population), and the fifth highest in the South East region.
- 5.33 In 2023, 18.1% of females aged 15-24 who accessed specialised sexual health services in Reading were screened for chlamydia, compared with 20.4% for England and 18.2% for the South East.

HIV

- 5.34 Reading Borough has a significant number of residents who are living with an HIV diagnosis. The latest figures (from 2023) show that there were 325 Reading residents aged 15-59 years who were HIV positive. This equates to an HIV diagnosed prevalence rate of 2.78 per 1,000 population which is similar to the England rate of 2.40 per 1,000 population and slightly higher than the South East region figure of 1.91 per 1,000 population. In 2023, the HIV testing rate for Reading Borough was 2,572.4 per 100,000 population which was worse than the England rate (2,770.7 per 100,000

population) but slightly higher than the South East England rate (2,272.2 per 100,000 population).

- 5.35 In 2023, the antiretroviral therapy (ART) coverage in people accessing HIV care in Reading Borough was 96.9% compared with England and South East England coverage of 98.5% and 98.9% respectively. The prompt initiation of ART in people newly diagnosed with HIV for the period 2021-2023 was 82.8% which was similar to the England percentage (84.4%) and below the South East region figure (87.4%).

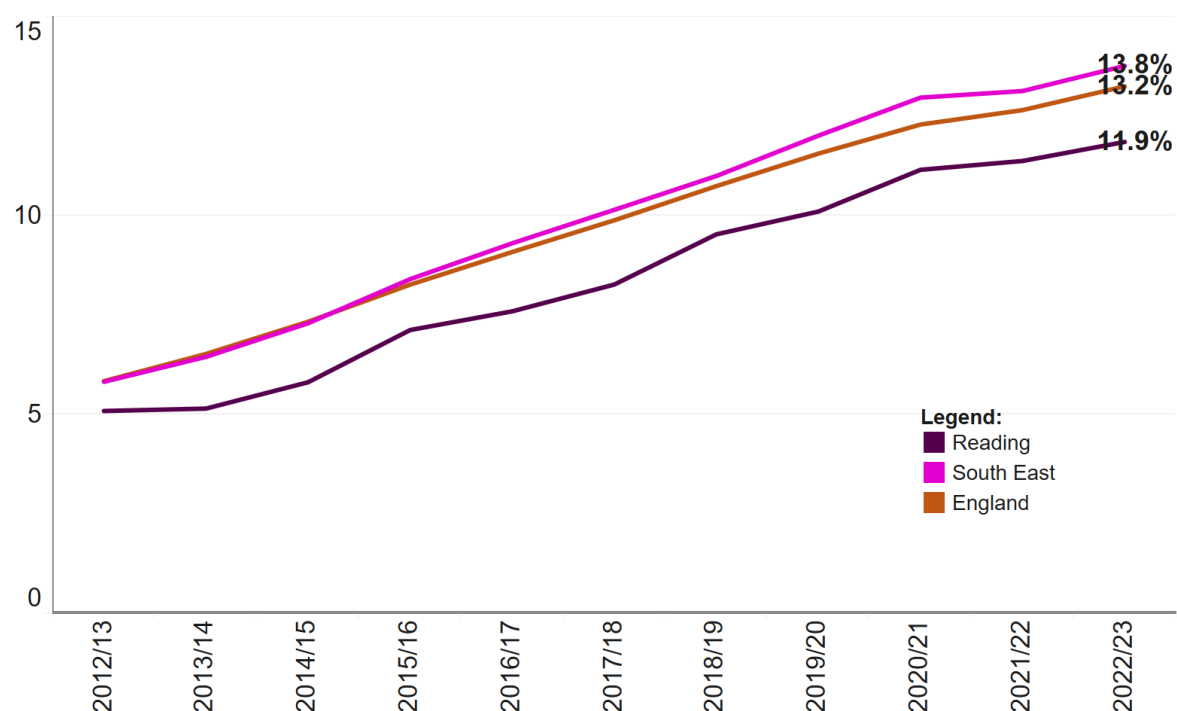
Flu vaccination

- 5.36 The flu vaccination is offered to people who are at a greater risk of developing serious complications if they catch flu. This includes older people, people with long term health conditions such as heart disease, respiratory disease or diabetes, residents in care homes and pregnant women. In Reading, flu vaccination uptake has fallen in recent years and is particularly poor for the 'at risk' population where uptake is now closer to 40% than 50% and a long way from the 75% uptake target. This is in line with national and regional trends.
- 5.37 In 2023/24, 74.9% of the over 65 population in Reading received a flu vaccination which was worse than the England uptake (77.8%). Reading Borough had the third lowest uptake among the South East local authorities where the average uptake was 79.9%. Only 42.2% of the 'at risk' population of Reading were vaccinated against the flu in 2023/24 which is comparable to the England uptake (41.4%), but slightly lower than the South East England figure (44.2%).

Mental health and wellbeing

- 5.38 Mental health and wellbeing is a priority area for the Berkshire West Health and Wellbeing Strategy 2021-2030. Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.
- 5.39 The number of adults in Reading who have a diagnosis of depression has increased steadily over the last decade and the number of people who are newly diagnosed each year is also rising at relatively high rate. The most recent data (from 2022/23) shows 11.9% of patients registered with a GP in Reading Borough had a diagnosis of depression compared with 13.2% of patients in England and 13.8% in the South East region. For 2023/24, the incidence of new diagnoses of depression in Reading was 1.6% and presents an increasing trend (Figure 5.4). For England and South East England, the incidence of new diagnoses was 1.5% and 1.6% respectively.

Figure 5.4: Depression: QOF prevalence in Reading, the South East and England, 2012/13-2022/23

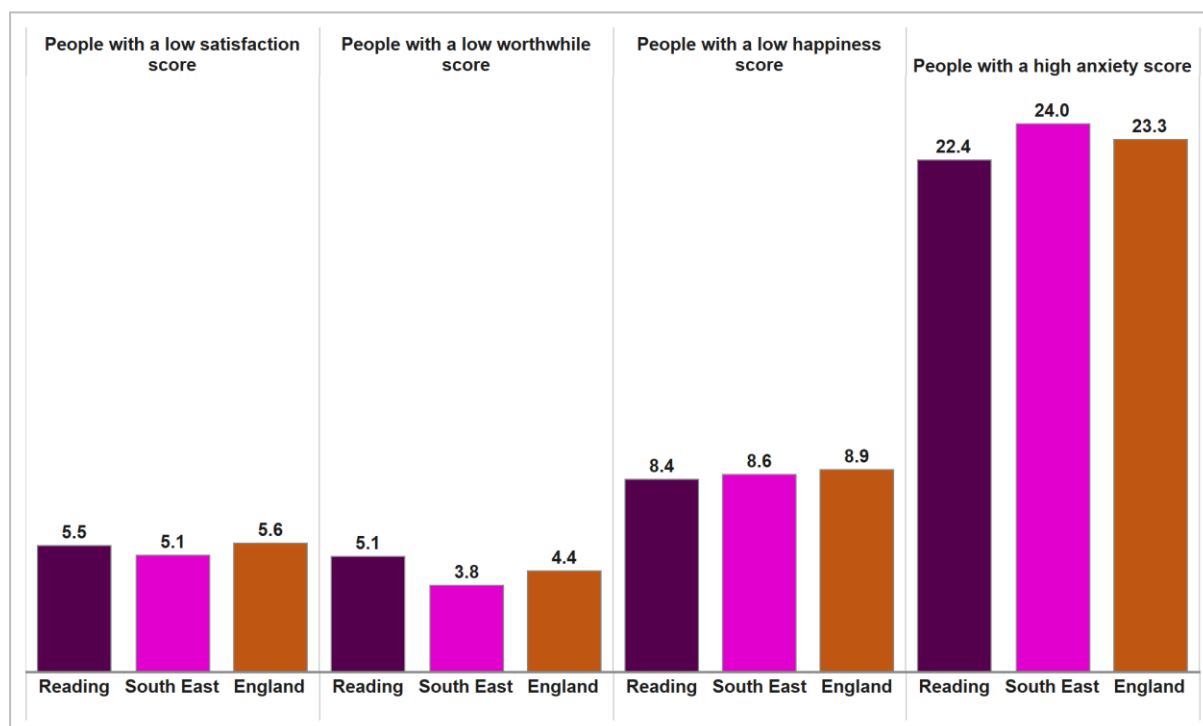


5.40 Dementia is the leading cause of death in England. It is estimated that there are currently 1 million people living with dementia in the UK and that this figure will exceed 1.6 million by 2040¹⁵. In 2024, the estimated dementia diagnosis rate in people aged 65 and over in Reading was 68.9 per 100 population which was similar to the England rate (64.8 per 100 population) and slightly lower than the South East England figure (62.9 per 100 population).

5.41 The dataset 'Personal well-being estimates by Local Authority' uses four measures to access personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.5 below presents the results from the latest survey (2022-23), showing the percentage of people who had a low score for each of the variables. It shows Reading Borough has results broadly comparable to England and South East England.

¹⁵ OHID, Dementia: applying All Our Health, 2022

Figure 5.5: Personal wellbeing scores in Reading, the South East and England, 2022/23



Social Isolation and Loneliness

- 5.42 Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from heart attacks and strokes.
- 5.43 Many older Reading residents live on their own and these numbers are likely to increase as the population ages. The latest Census data show that in 2021, 19,705 Reading residents were aged 65 or above and nearly one-third - 6,230 (31.6%) - of this group were living on their own, accounting for 9.2% of all Borough households. The percentage of people aged 65+ living on their own in Reading is higher than the England (30.6%) and South East region (29.5%) figures (ONS, Census 2021, 2025).
- 5.44 Each year, all councils in England that provide adult social care services are required to conduct an annual survey. The Adult Social Care Survey (ASCS)¹⁶ is sent to a random sample of people who access long-term support from social care and asks about their experiences. The ASCS includes questions about social isolation and

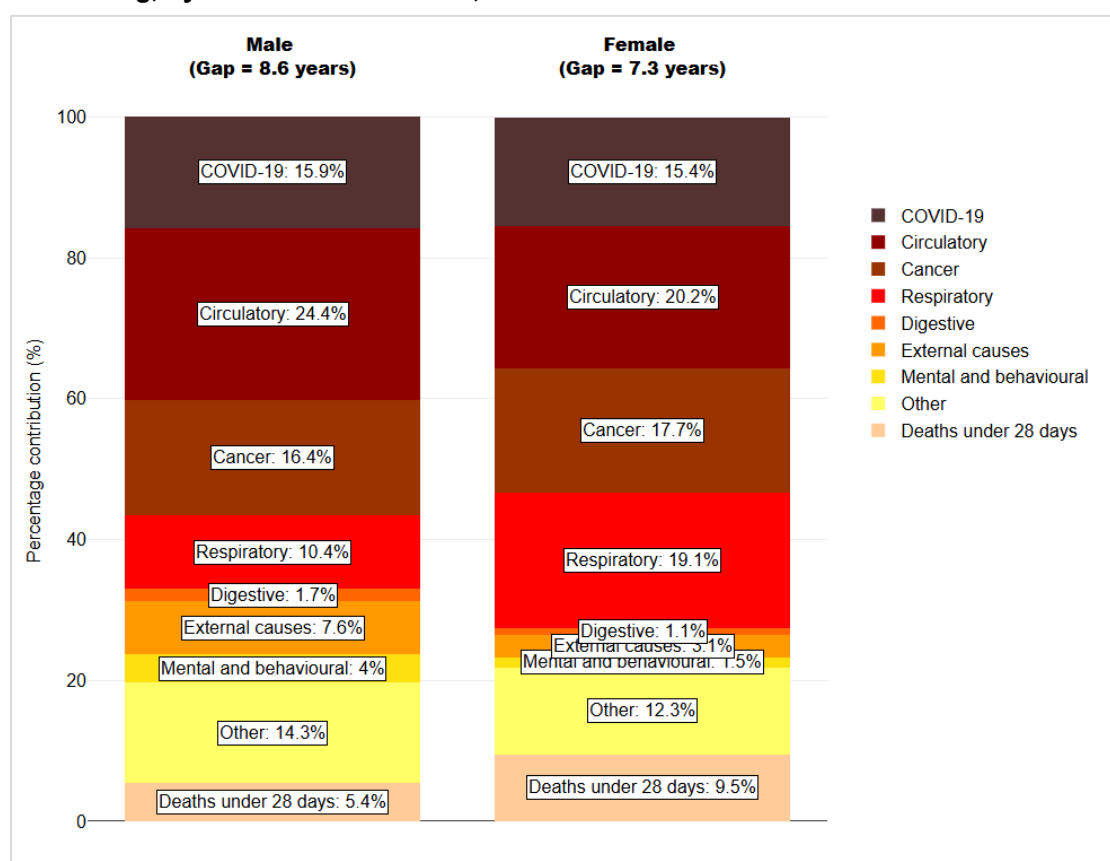
¹⁶ NHS Digital, Personal Social Services Adult Social Care Survey, England, 2023-24 - NHS England Digital, last accessed Feb 2025

loneliness. In 2023/24, 9.5% of all respondents and 14.6% of respondents aged 65 and over in Reading reported that they often or always felt lonely. 5.3% of all respondents and 4.5% of those aged 65 and above said that they had little social contact and felt socially isolated. These figures were comparable to equivalent national and regional percentages: across England and the South East region respectively, 11.7% and 11.4% of all respondents reported often or always feeling lonely, and 6.8% and 6.6% reported feeling isolated due to little social contact. (NHS England, Adult Social Care Survey, England 2023/24 - Interactive Report).

Major health conditions

5.45 The stacked bar chart in Figure 5.6 shows, for each broad cause of death, the percentage contribution that it makes to the overall life expectancy gap in Reading.

Figure 5.6: Breakdown of the life expectancy gap between the most deprived and least deprived quintile of Reading, by broad cause of death, 2020-21



5.46 In 2020/21, circulatory diseases were the biggest cause of the differences in life expectancy between deprivation quintiles for males and females, accounting for 24.4%

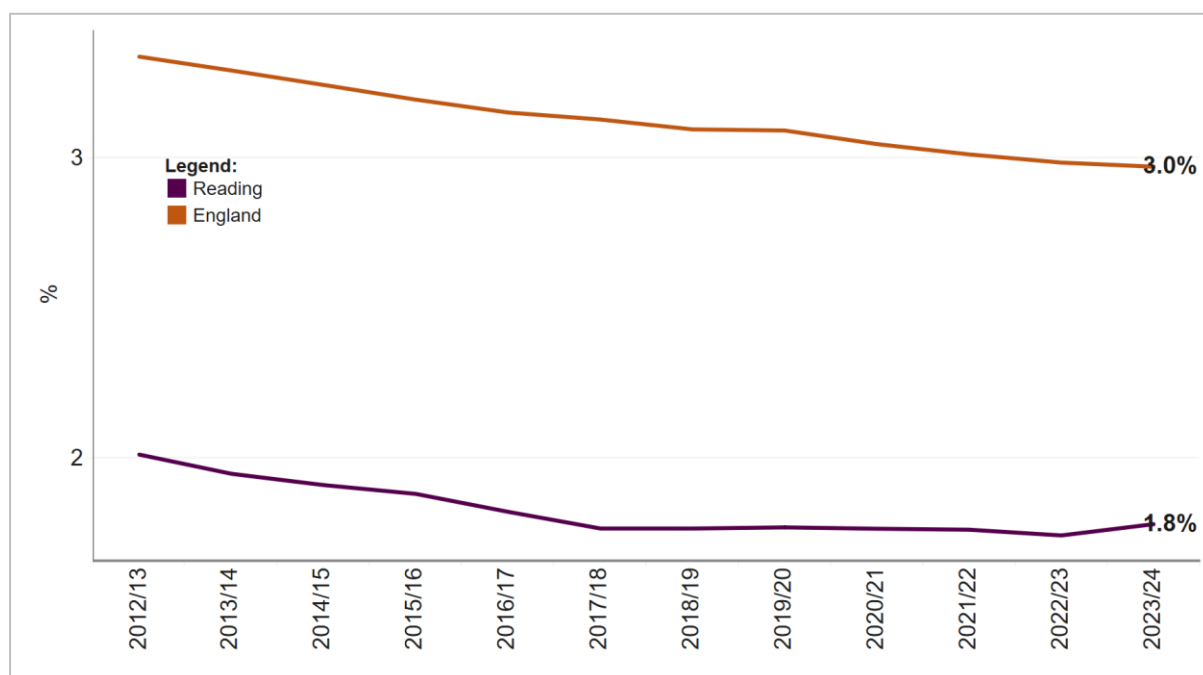
and 20.2% of the gap respectively. These were followed by cancer deaths, which contributed to 16.4% of the gap for males and 17.7% of the gap for females.

- 5.47 Typically, respiratory diseases are the third major contributor to life expectancy gaps in Reading. In 2020-21, however, the world was in the middle of the COVID-19 pandemic and this disease had a significant impact, both on death rates and life expectancy gaps at this time. In Reading, COVID-19 deaths alone accounted for 15.9% of the life expectancy gap between deprivation quintiles for males and 15.4% for females. Other respiratory diseases accounted for 10.4% of the gap in males and 19.1% in females during this time.
- 5.48 We will take a closer look at circulatory diseases, cancer, COVID-19 and respiratory diseases and their impact in Reading.

Circulatory Diseases

- 5.49 Circulatory diseases, including coronary heart disease (CHD) and stroke, were the biggest cause of the differences in life expectancy in Reading for both males and females. For the period 2021-23, the under 75 mortality rate from cardiovascular disease was 82.9 per 100,000 population which was similar to the England rate (77.1 per 100,000 population) and the South East region figure (62.8 per 100,000 population).
- 5.50 The most recent prevalence of CHD patients in Reading general practices (1.8%) was the lowest of all local authorities in the South East region (2.8%) and below the overall England rate (3.0%). Reading is in lowest quintile in England for this indicator. The trend in Figure 5.7 shows that the Reading prevalence for CHD has remained below regional and national figures since 2012/13.

Figure 5.7: Prevalence of coronary heart disease (all ages) for Reading, 2012/13 to 2023/24



- 5.51 Stroke prevalence is also relatively low in Reading. In 2023/24, 1.2% of patients registered with a Reading GP had a stroke or transient ischaemic attack (TIA) diagnosis. This was lower than both the England prevalence (1.9%) and South East region prevalence (1.9%).

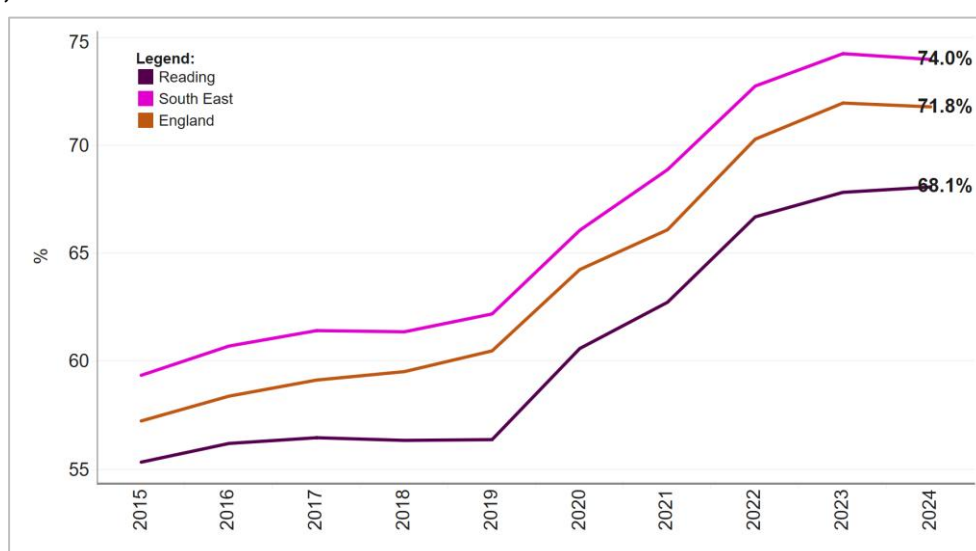
Cancer

- 5.52 In 2022, the NHS announced plans to enable community pharmacists to arrange tests for possible cancer symptoms as a way of getting them involved in detecting symptomatic cancer and transforming the way cancers are found and treated. Since then, pharmacies have continued to play important role in the early detection and diagnosis of cancer. They also raise awareness through public health campaigns and talking to patients about signs and symptoms of different cancers which can result in earlier diagnosis and therefore better treatment options for patients.
- 5.53 For 2021-2023, the under 75 mortality rate from cancer was 124.4 per 100,000 population which was similar to both the England rate (121.6 per 100,000 population) and the South East region rate (112.9 per 100,000 population).
- 5.54 Screening coverage for breast cancer, bowel cancer and cervical cancer is poor in Reading compared to England and most other local authorities in the South East region.

5.55 In 2024, breast screening coverage in Reading was 67.9% compared with 69.9% for England and 72.8% for the South East region, it was the fourth lowest in the region. Breast screening coverage has fallen across the country over the last decade, however, 2024 saw a slight improvement in rates for Reading, the South East region and England.

5.56 For bowel screening, the Reading coverage was 68.1% compared with 71.8% for England and 74.0% for South East England, it is the third poorest coverage in the region. Bowel screening coverage in Reading has been gradually improving since 2018 in line with national and regional trends.

Figure 5.8: Cancer screening coverage for bowel cancer in Reading, the South East and England, 2015-2024



5.57 Reading has the second worst cervical screening coverage rates in the South East region. In 2024, the Reading coverage for the 25 to 49 year cohort was 56.4%, much lower than the England (66.1%) and South East England (67.8%) rates. The difference in coverage was less pronounced for the 50 to 64 age group: in this instance, the Reading coverage was 68.6% compared to 74.3% for England and 74.5% for the South East region.

COVID-19

5.58 The COVID-19 pandemic highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality are more pronounced in more deprived areas and in people from minority ethnic backgrounds who typically experience more social inequality due to income, housing, education, employment,

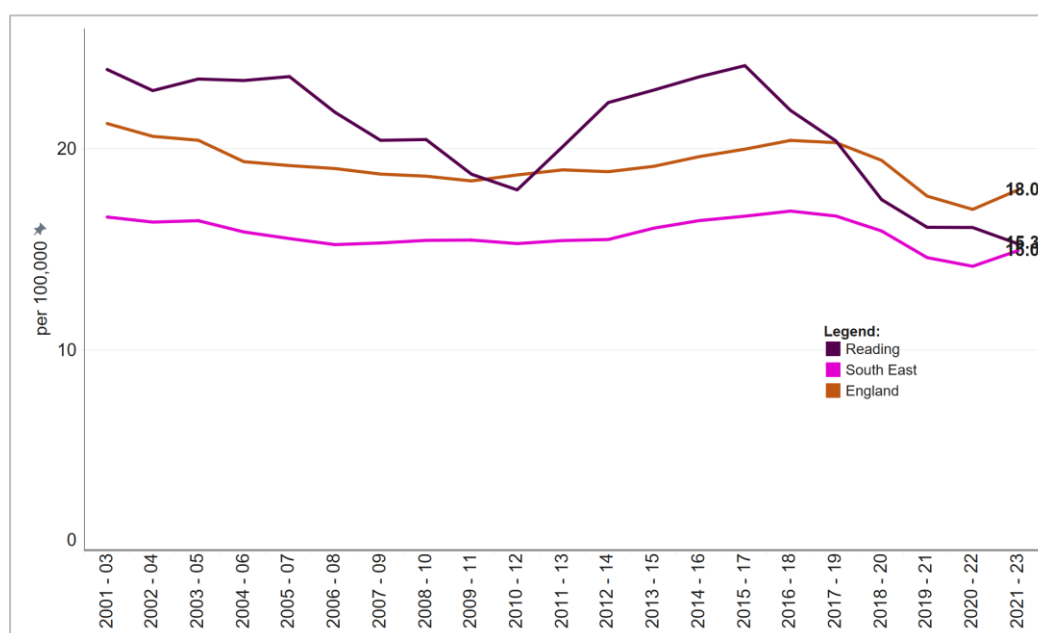
and conditions of work. Nationally, the people who have suffered the worst outcomes from COVID-19 have been older, of Black or Asian heritage and have underlying health conditions such as obesity or diabetes.

- 5.59 The impact of COVID-19 in Reading reflects the national picture. The Reading mortality rate for deaths due to COVID-19 across all ages for the period 2021-23 was 56.5 per 100,000 population. This was similar to the England rate of 57.5 per 100,000 population and slightly higher than the South East region rate of 54.6 per 100,000 population.

Respiratory diseases

- 5.60 Respiratory disease is one of the top causes of death in England in under 75s. Respiratory disease encompasses flu, pneumonia and chronic lower respiratory disease.
- 5.61 For 2021-2023, the under 75 mortality rate from respiratory disease was 29.9 per 100,000 population which was similar to the England rate (30.3 per 100,000 population) and the South East region rate (24.8 per 100,000 population). For the same period, the under 75 mortality rate from respiratory disease considered preventable was 15.3 per 100,000 population compared with England and South East England rates of 18.0 per 100,000 population and 15.0 per 100,000 per population respectively. The trend in Figure 5.9 shows that this rate has been falling since 2015-2017.

Figure 5.9: Under 75 mortality rate from respiratory disease considered preventable in Reading, the South East and England, 2001-03 to 2021-23



- 5.62 One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD). In 2023/24, the rate of emergency hospital admissions for COPD for persons over 35 years in Reading was 305 per 100,000 population, which was lower than the England rate of 357 per 100,000 population, but higher than South East region rate of 260 per 100,000 population. Helping people to stop smoking is key to reducing COPD and other respiratory diseases.
- 5.63 Community pharmacies in Reading play a vital role in supporting individuals with respiratory diseases. They offer various services and support aimed at helping manage conditions such as asthma, chronic obstructive pulmonary disease (COPD), and other respiratory conditions.
- 5.64 Services provided by community pharmacies include dispensing of medicines for respiratory conditions, providing advice on medicines use (both for over-the-counter medicines and prescribed medicines via the new medicines service), lifestyle modifications and management of exacerbations. They also provide inhaler support which includes inhaler technique guidance and device check
- 5.65 Community pharmacies also offer smoking cessation services as documented in chapter 7. Additionally, some pharmacies offer respiratory assessments as well as flu and pneumonia vaccinations to patients with COPD, asthma and other respiratory

conditions which is crucial for individuals with respiratory diseases, as they are at higher risk for complications from respiratory infections.

Summary of health needs

Overall, the life expectancy, health and behaviours and major health condition figures explored in this chapter are similar to the national picture.

There were a number of areas where Reading fared worse than England or the South East Region. These were:

- Successful completion of treatment for alcohol dependence (2023).
- Successful completion of drug treatment for opiates (2023).
- Chlamydia detection rate per 100,000 aged 15-24 years (2023).
- HIV testing rate per 100,000 population (2023).
- Flu vaccination uptake in over 65 population (2023/24).
- Cancer screening coverage for breast, bowel and cervical cancers (2024).

Circulatory diseases, cancer, COVID-19 and respiratory diseases were the biggest causes in the differences in the life expectancy gap in Reading in 2020-21.

Chapter 6 - Patient and public engagement survey

- 6.1 To gather patient and public views on pharmacy use in Reading, a survey was widely disseminated across the area between January and February 2025. This survey aimed to gain insights into people's experiences of accessing local pharmacies and the services they provide.
- 6.2 An equality impact assessment was conducted by reviewing the use and experiences of pharmacies by individuals with specific protected characteristics identified during this process. A "protected characteristic" refers to those listed in section 149(7) of the Equality Act 2010. Additionally, there are particularly vulnerable groups that face a higher risk of poverty and social exclusion than the general population. These groups often encounter difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 6.3 These protected characteristics include age, ethnicity, gender, pregnancy and/or breastfeeding, sexual orientation, employment status, relationship status, carer status and disability status.
- 6.4 Before dissemination, the survey received approval from the PNA Task and Finish Group for use with the population of Reading.
- 6.5 This chapter presents the findings of the survey and equality impact assessment.

Communications engagement strategy

- 6.6 The public and patient survey received a total of 471 responses from people who live, work and/or study in Reading.
- 6.7 Working with the Reading Borough Council communications team, the survey was shared on social media platforms such as Facebook and Twitter, on local resident e-newsletters and the Councillor Bulletin.
- 6.8 Buckinghamshire, Oxfordshire and Berkshire West (BOB), Integrated Care System also shared the survey with their Voluntary Sector organisations across Buckinghamshire, Reading and West Berkshire and posted it on their social media

channels. They also shared it in the GP bulletin and presented it on the Digital Screens within Reading.

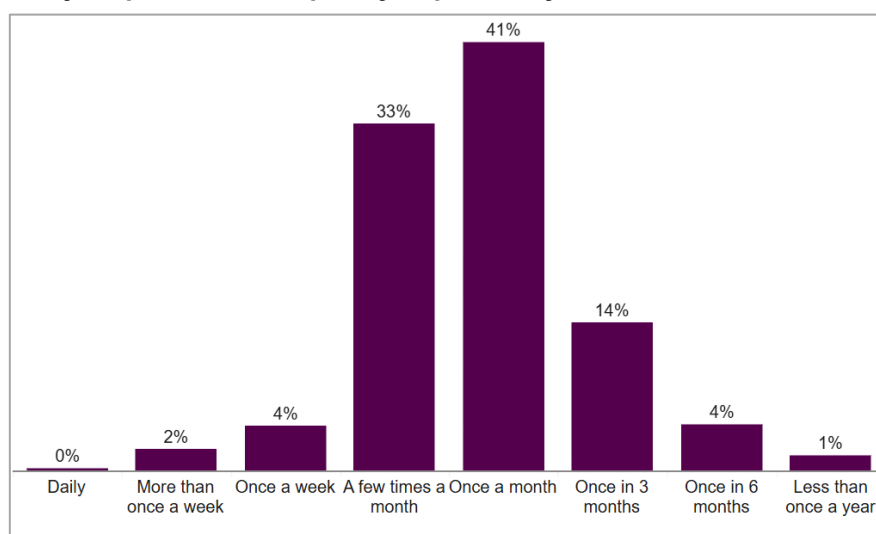
6.9 In addition, the survey was shared with:

- Community Health Champions who reached out to seldom heard groups.
- University of Reading students attending the Student Union Freshers Fair.
- Sanctuary Partner's forum (including 80 stakeholders).
- Salvation Army to share with clients.

Results of the public survey

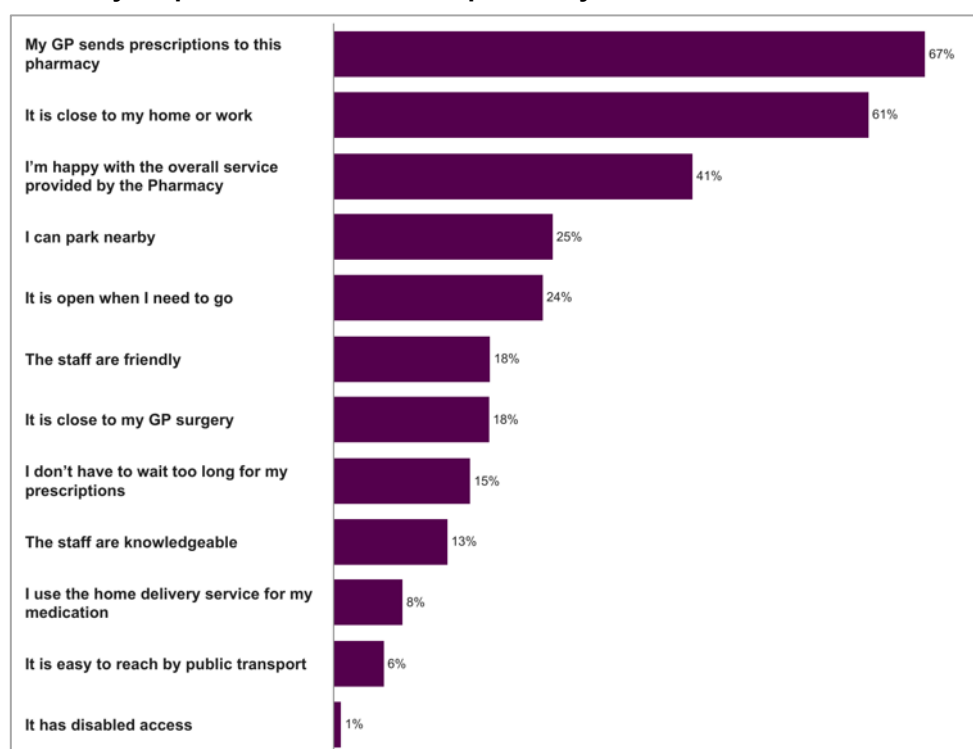
6.10 Local pharmacies are well used by the Reading community. When asked how often they used their pharmacy in the past 6 months, 41% reported using their pharmacy once a month, a third (33%) a few times a month, 14% once in 3 months, 4% once in 6 months, 4% once a week, 2% more than once a week and only 1% less than once a year (Figure 6.1).

Figure 6.1: Survey responses on frequency of pharmacy use



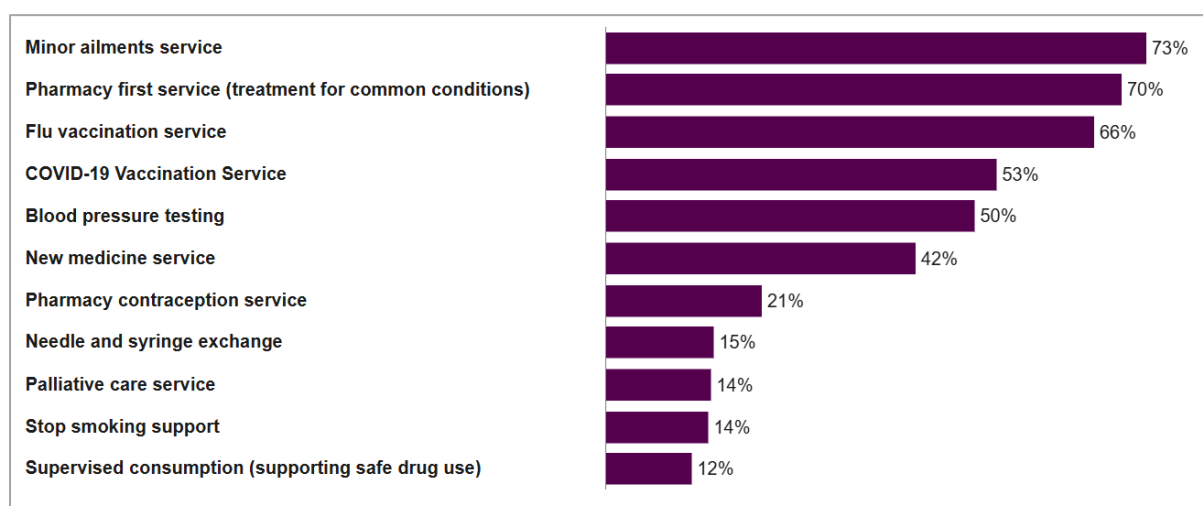
6.11 When asked to provide the top three reasons they chose their particular pharmacy, two thirds (67%) reported that it was because it was where their GP sends their prescriptions, 61% said that it was close to their home or work, 41% are happy with the overall service provided, a quarter (25%) can park nearby and for just under a quarter (24%) it is open when they need to go (Figure 6.2).

Figure 6.2: Survey responses on reasons for pharmacy choice



6.12 When asked what services they would like to see provided by their pharmacy, nearly three quarters (73%) of respondents reported that they would like a minor ailments service, 70% a pharmacy first service, about two thirds (66%) would like to see a flu vaccination service, over half (53%) a COVID-19 vaccination service, half (50%) blood pressure testing and 42% a new medicine service (Figure 6.3).

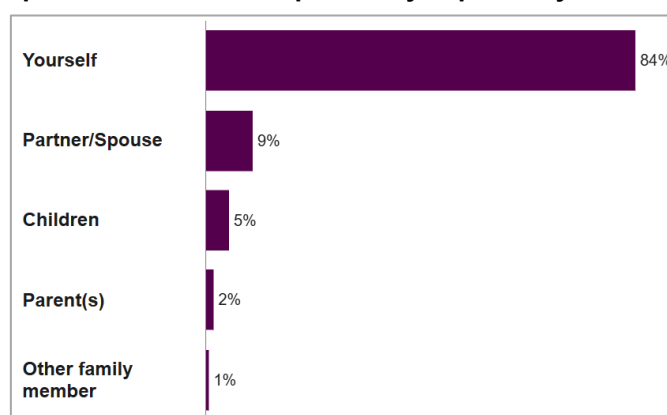
Figure 6.3: Survey responses on services respondents would like to see at their pharmacy



6.13 The vast majority (84%) of respondents reported that they primarily use a pharmacy for themselves, 9% primarily use a pharmacy for their partner/spouse, 5% use a

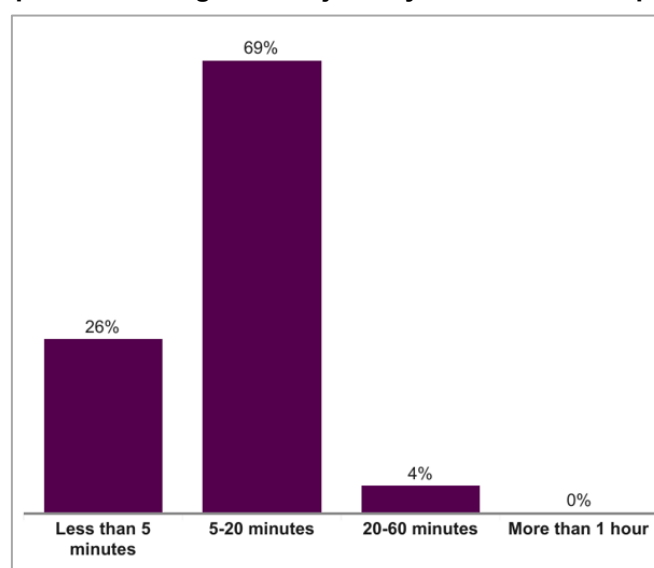
pharmacy primarily for their children, 2% for their parent(s) and 1% for another family member (Figure 6.4).

Figure 6.4: Survey responses on whom the pharmacy is primarily used for



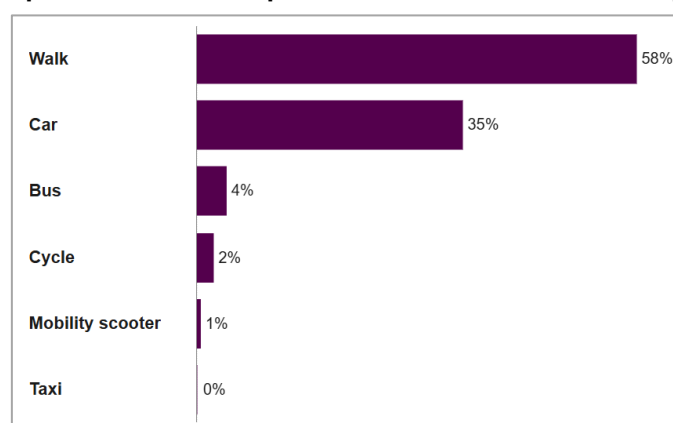
6.14 For over two thirds of respondents (69%), it takes between 5 and 20 minutes to travel to their pharmacy, with over a quarter (26%) reporting that it takes them less than 5 minutes and only 4% spend between 20 and 60 minutes travelling to their pharmacy (Figure 6.5).

Figure 6.5: Survey responses on length of the journey to travel to their pharmacy



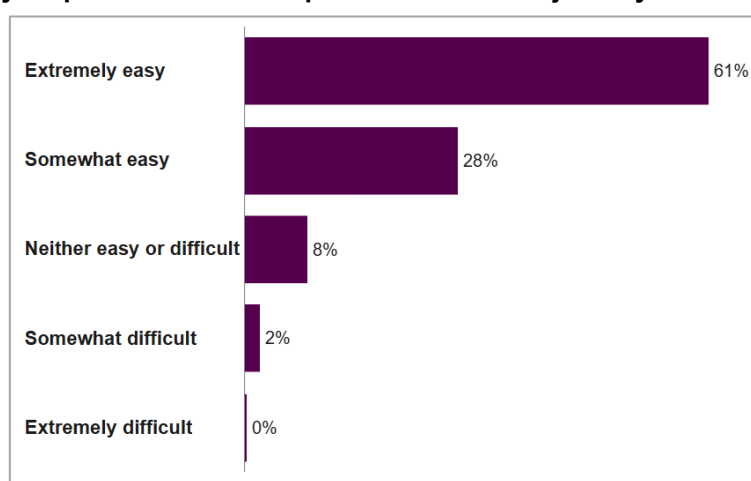
6.15 The majority of respondents (58%) walk to their pharmacy, over a third (35%) use a car, only 4% travel by bus, 2% cycle and 1% use a mobility scooter (Figure 6.6).

Figure 6.6: Survey responses on how respondents travel to their chosen pharmacy



6.16 Generally, respondents are happy with the journey to their pharmacy, with the majority of respondents (61%) finding the journey to reach their pharmacy extremely easy, a further 28% finding it somewhat easy, only 8% finding it neither easy nor difficult and 2% finding it somewhat difficult (Figure 6.7).

Figure 6.7: Survey responses on how respondents find their journey to their pharmacy



6.17 Over half of respondents (51%) preferred to visit their pharmacy on a weekday, 42% did not have a preference for whether they visit their pharmacy on a weekday or weekend and only 9% preferred to go on a weekend (Figure 6.8). When asked what time of the day they usually visit their pharmacy, findings were mixed with 42% responding between 9am and 12pm, 30% between 3pm and 6pm, a fifth (20%) between 12pm and 3pm, only 6% between 6pm and 9pm and a small number (1%) between 6am and 9am (Figure 6.9).

Figure 6.8: Survey responses on the preferred day for pharmacy use

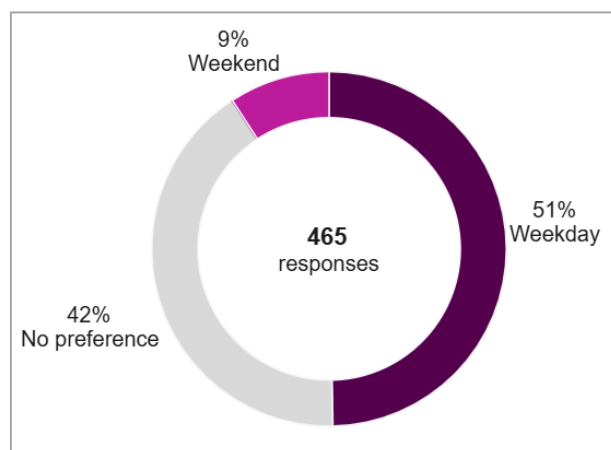
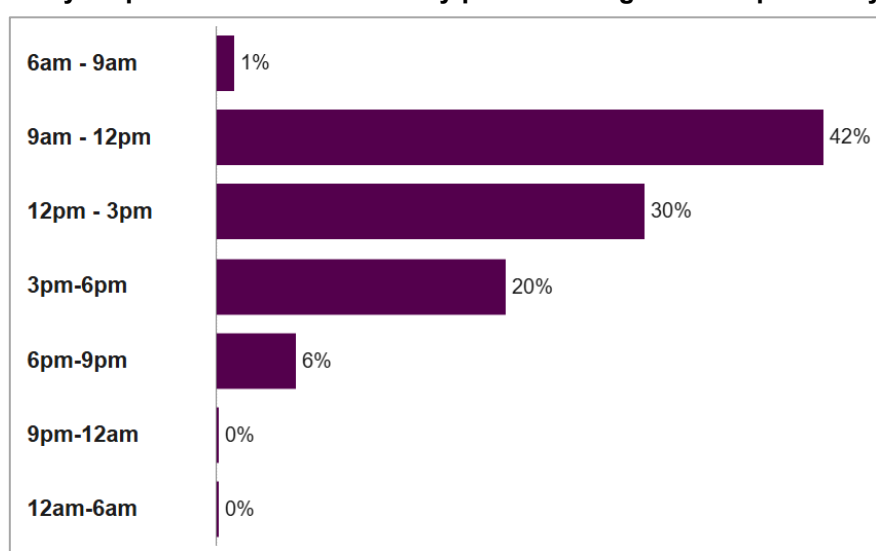


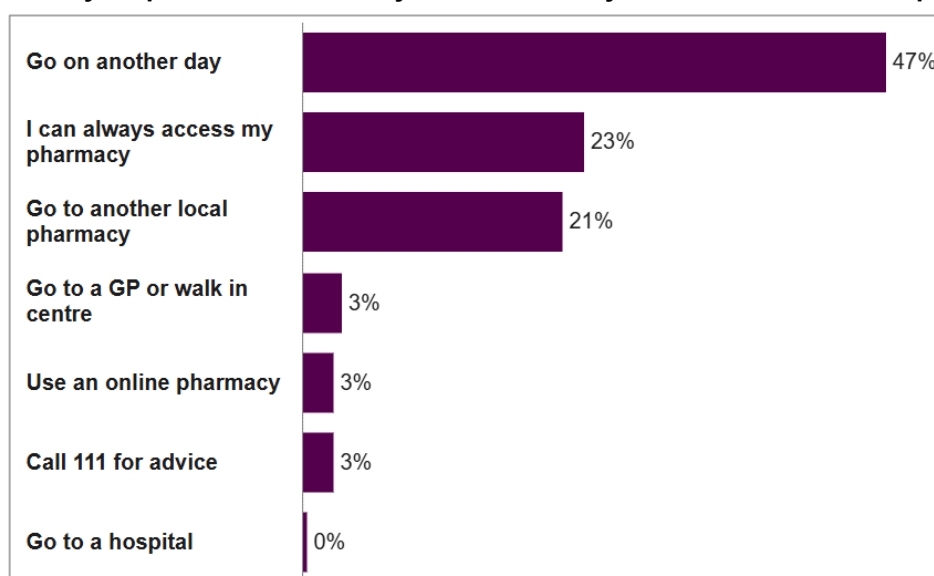
Figure 6.9: Survey responses on the time of day preferred to go to their pharmacy



- 6.18 Many respondents expressed a need for extended pharmacy opening hours in Reading, particularly in the evenings and on Sundays. Several people highlighted difficulties in accessing medication outside of standard working hours, with some suggesting a rota system to ensure at least one late-opening pharmacy in each area.
- 6.19 There were also concerns about emergency prescriptions, as the limited availability of late-night or weekend services forces people to travel further, sometimes to less accessible or unsafe areas. Some respondents noted that pharmacies are increasingly taking on more healthcare responsibilities but are not being given the necessary resources to meet demand.
- 6.20 When asked what they would do if they could not access their pharmacy, nearly half (47%) would go on another day, just under a quarter (23%) report that they can always access their pharmacy, just over a fifth (21%) would go to another pharmacy, 3%

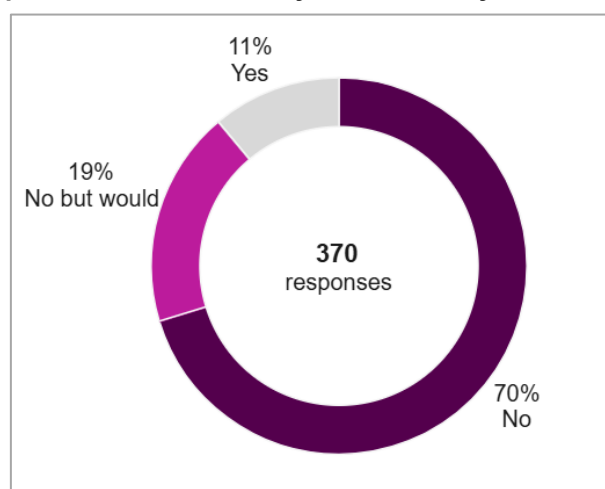
would go to a GP or walk-in centre, 3% would use an online pharmacy and 3% would call 111 for advice (Figure 6.10).

Figure 6.10: Survey responses on what they would do if they had no access to their pharmacy



6.21 Of those who usually use a community pharmacy which offers a delivery service, only 11% reported that they use the service (Figure 6.11).

Figure 6.11: Survey responses on whether they use a delivery service



6.22 When asked if they would like to leave further comments, there was a mix of positive and negative comments about the local pharmacies. Many respondents praise their pharmacists for being knowledgeable, polite, and efficient, especially when providing vaccinations or urgent advice. Certain pharmacies received high praise for their service and reliability. However, concerns are raised about long wait times, lack of communication, and inconsistent availability of medications. Some people have opted

for online pharmacies due to frustration with delays and poor service at their local branches.

- 6.23 A recurring theme is the pressure on pharmacy staff, with many feeling that they are overworked and under-resourced. Respondents suggest improvements such as increased funding, longer opening hours (including Sundays and evenings), better communication between GPs and pharmacies, and greater autonomy for pharmacists to issue emergency prescriptions. There is also a call for more 24-hour pharmacies and additional services like minor ailment consultations and supervised medication management.

Equality impact assessment

- 6.24 This section examines the patient and public survey responses by different groups representing protected characteristics to understand similarities and differences between groups.

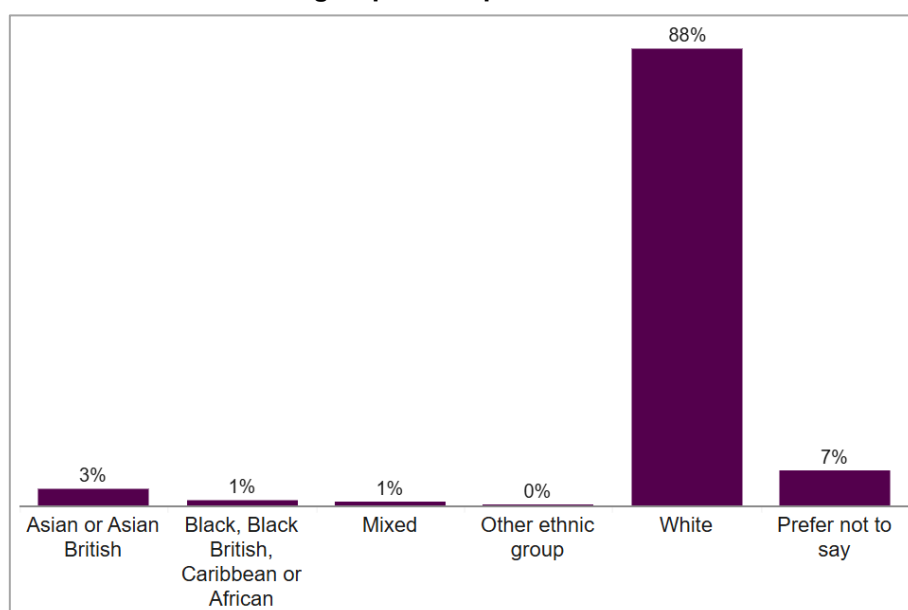
Age

- 6.25 To understand any differences between age groups, we compared differences between those aged over 65 (n=259), and individuals aged 65 and under (n=201).
- 6.26 There were no differences between age groups in access to or use of pharmacies.

Ethnicity

- 6.27 Most (88%; n=414) respondents were from White ethnic groups, although they make about two thirds (67%) of the Reading population. Despite making up 18% of the Reading population, only 3% (n=15) of the respondents were from Asian or Asian British ethnic groups. People from Black ethnic groups make up 7% of the Reading population, but only 1% (n=5) of the survey responses were from Black, Black British, Caribbean or African ethnic groups. Furthermore, 1% (n=4) of the survey respondents were from Mixed ethnic groups, although these groups make up 5% of the Reading population (Figure 6.12).

Figure 6.12: A breakdown of ethnic groups of respondents



6.28 People from Asian or Asian British ethnic groups were less likely to primary use a pharmacy for themselves (60%).

6.29 People from Black ethnic groups were less likely to walk to their pharmacy (33%) and were more likely to use a delivery service (33%).

Gender

6.30 Respondents were asked what sex they were registered with at birth. Nearly two thirds (65%; n=307) were registered as female, under a third (31%; n=145) registered as male and 4% (n=19) preferred not to say. Respondents were also asked how they would describe their gender identity, with nearly two thirds (64%; n=301) identifying as female, 30% (n=142) identifying as male and 6% (n=27) preferring not to say. Only 1 respondent reported that they were Trans or had a Trans history.

6.31 There were no substantial differences in gender for access to or use of pharmacies.

Pregnancy and breastfeeding

6.32 When asked if they were currently or recently pregnant and/or currently breastfeeding, only 2% (n=11) reported that they were currently or recently pregnant and a small number (2%; n=7) reported that they were breastfeeding.

6.33 Those who were currently or recently pregnant were less likely to report using a pharmacy once a month (18%) and were more likely to choose a pharmacy because it is close to home or work (91%). Those who were breastfeeding were more likely to

choose their pharmacy because it is close to home or work (100%), were more likely to use their pharmacy primarily for their children (29%) and were less likely to use their pharmacy between 9am and 12pm (14%).

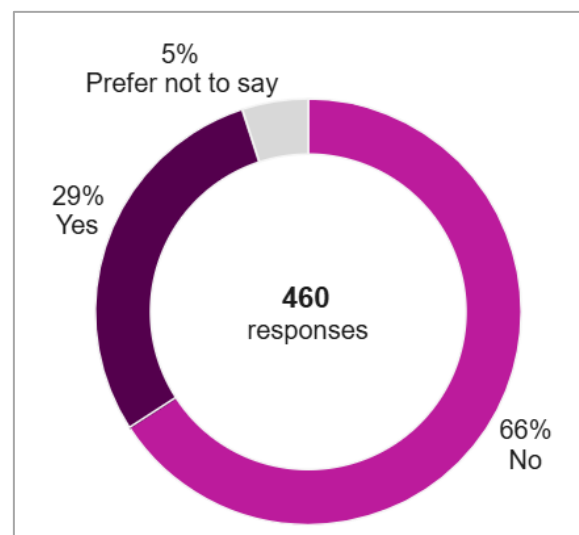
Employment status

- 6.34 Employment status was grouped into those in employment, those not in employment and students. Over half (53%; n=246) were in not employment, 41% were in employment (n=194), 2% (n=8) were students and 4% (n=19) preferred not to say.
- 6.35 Students were more likely to report using their pharmacy less than once a year (25%), were less likely to choose their pharmacy because their GP sends their prescriptions there (25%), were less likely to use a car to get to their pharmacy (13%), were less likely to report that their journey to their pharmacy was extremely easy (25%) and were less likely to prefer to use their pharmacy between 9am and 12pm (13%).

Caring responsibilities

- 6.36 About two thirds (66%; n=303) did not have caring responsibilities, whilst 29% (n=134) did and 5% preferred not to say (n=23) (Figure 6.13).

Figure 6.13: A breakdown of caring responsibility groups of respondents



- 6.37 There were no differences between those with caring responsibilities and those without in access to or use of pharmacies.

Long-Term Conditions

- 6.38 A little over half (51%; n=235) had a long-term physical or mental health condition or illness, whilst 43% (n=199) did not and 7% (n=31) preferred not to say (Figure 6.14).

When asked if their condition or illness reduces their ability to carry out day-to-day activities, 40% (n=105) responded with 'yes, a little', 39% (n=103) responded 'not at all', 14% (n=37) said 'yes, a lot' and 8% (n=20) preferred not to say (Figure 6.15).

Figure 6.14: A breakdown of long-term condition status of respondents

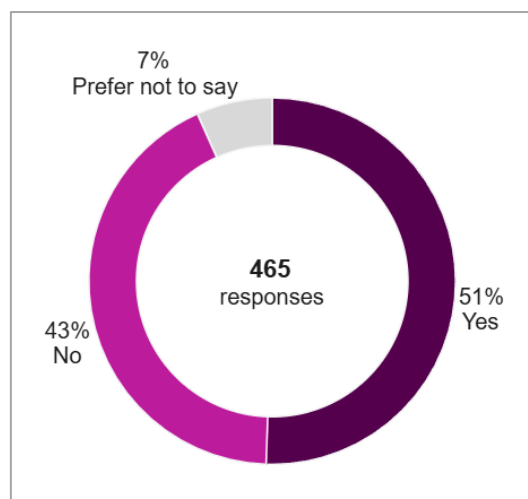
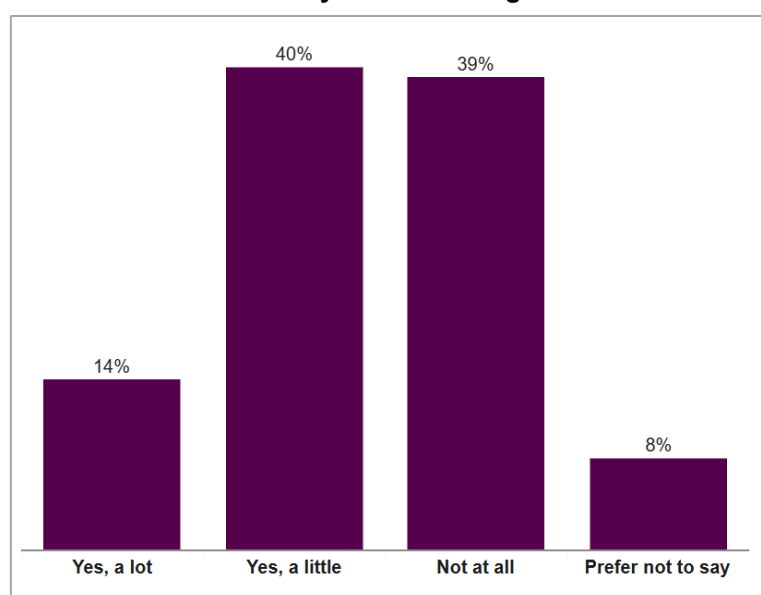


Figure 6.15: A breakdown of reduced ability related to long-term condition status of respondents

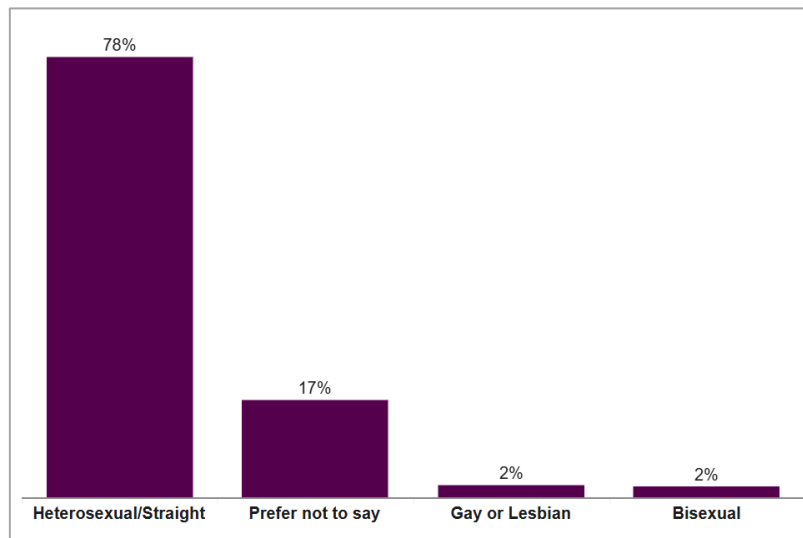


6.39 Those who responded 'yes, a lot' to having a reduced ability were less likely to find their journey to their pharmacy to be extremely easy (41%) and were more likely to use a delivery service (25%).

Sexual orientation

6.40 The majority of respondents (78%; n=369) identified as heterosexual/straight, with 17% (n=82) preferring not to say, 2% (n=11) identified as gay or lesbian and 2% (n=9) identified as bisexual (Figure 6.16).

Figure 6.16: Breakdown of sexual orientation of respondents

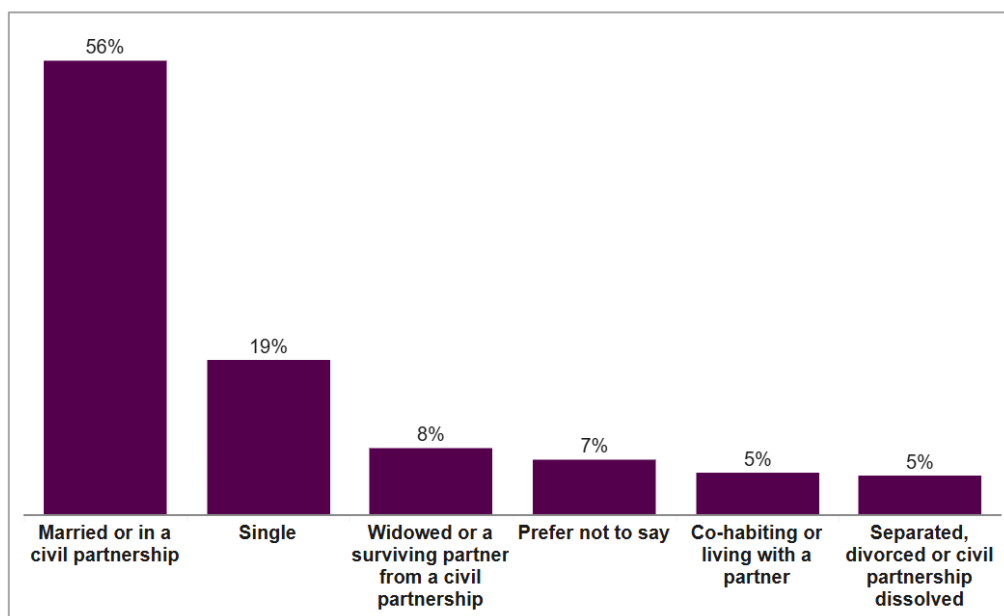


6.41 Those who identified as bisexual were more likely to choose a pharmacy because it is close to their home or work (89%), were more likely to be able to reach their pharmacy in less than 5 minutes (56%), were more likely to walk to their pharmacy (89%) and were more likely to choose to use a pharmacy between 3pm and 6pm (44%).

Relationship Status

6.42 Most (56%; n=259) of respondents were married or in a civil partnership, while nearly a fifth (19%; n=88) were single, 8% (n=38) were widowed or a surviving partner from a civil partnership, 7% (n=31) preferred not to say, 5% (n=24) were co-habiting, and 5% (n=22) were separated, divorced or had their civil partnership dissolved (Figure 6.17).

Figure 6.17: Breakdown of relationship status of respondents



6.43 There were no differences between relationship status groups in access to or use of pharmacies.

Summary of the patient and public engagement and equality impact assessment

For patient and public engagement, a survey was conducted to examine how pharmacies are being used by local residents in Reading. This assessed how local people use their pharmacies, as well as how and when they access them. To understand the health needs of people with protected characteristics and from vulnerable groups, an equalities impact assessment was undertaken.

The survey received 471 responses from people who live, work and/or study in Reading. The majority of respondents used their pharmacy at least once a month over the last 6 months.

Most respondents have a journey of 20 minutes or less to their pharmacy, with most opting to walk there or use a car.

Overall, survey respondents felt that this was an easy journey. Most respondents preferred to access their pharmacy on a weekday, with most preferring to go between 9am and 6pm. No substantial differences or identified needs were found amongst protected characteristics groups in pharmacy usage.

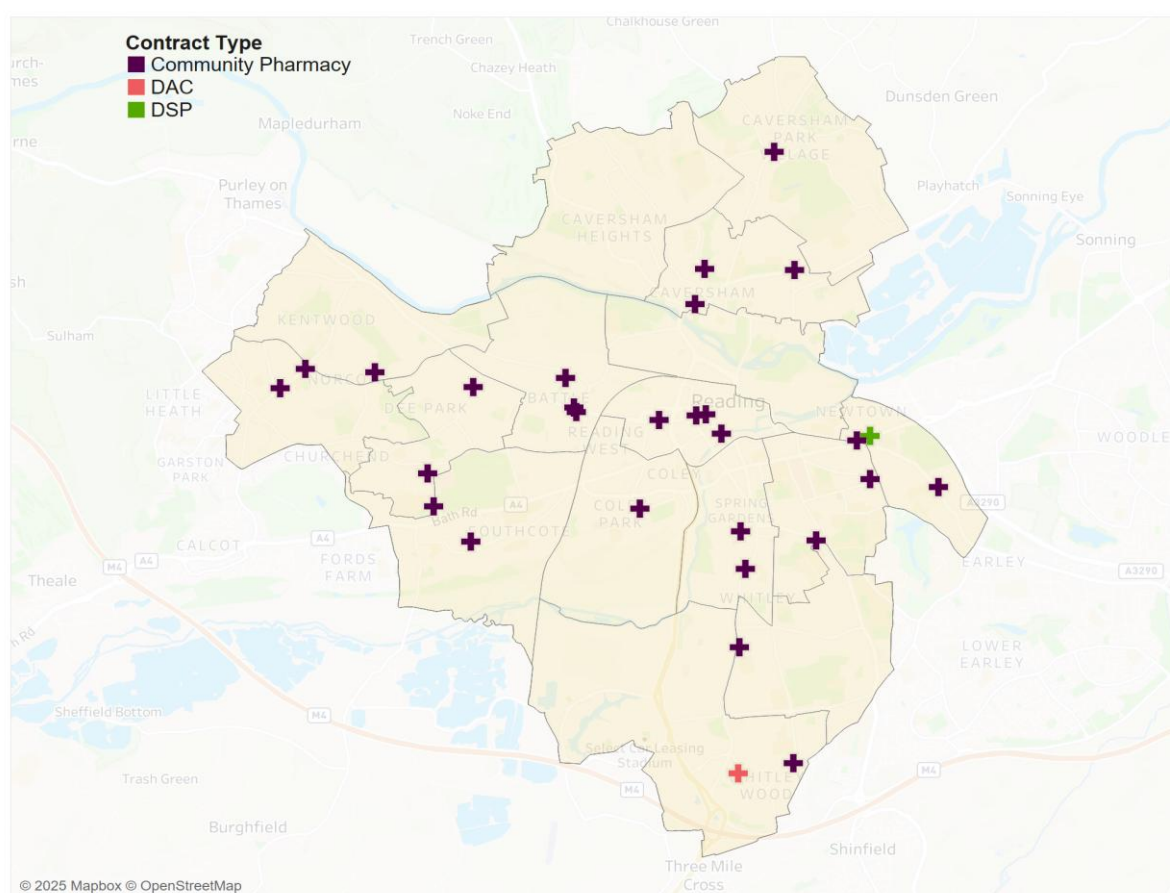
Chapter 7 - Provision of pharmaceutical services

- 7.1 This chapter identifies the pharmaceutical service providers available in Reading, the variety of services they provide and accessibility to these services.
- 7.2 It evaluates the adequacy of pharmaceutical services by considering:
- The types of pharmaceutical service providers available
 - The geographical spread and variety of pharmacies both within and near the borough
 - Operating hours
 - Dispensing by the service providers
 - Pharmacies offering essential, advanced and enhanced services
- 7.3 Where appropriate, a mile radius has been included around service providers to highlight their coverage.

Pharmaceutical service provider

- 7.4 As of July, 2025, there are 29 pharmacies included in the pharmaceutical list for the Reading HWB area, 27 of which are community pharmacies. The pharmacies are presented in the map in Figure 7.1 below. All providers in the HWB area as well as those within 1 mile of its border are also listed in Appendix B.

Figure 7.1: Pharmaceutical service providers in Reading



Source: NHSE

Community Pharmacy

- 7.5 Reading has 27 community pharmacies, equating to approximately 1.5 pharmacies per 10,000 residents. Though this equals the South East region average, it is slightly below the England average, which has declined from 2.2 pharmacies per 10,000 residents in 2014 to 1.7 per 10,000 in 2023 (NHSBSA).

Dispensing Appliance Contractor

- 7.6 A Dispensing Appliance Contractor (DAC) is a contractor that specialises in dispensing prescriptions for appliances, including any necessary customisations. However, they are not authorised to dispense prescriptions for drugs.
- 7.7 There is one DAC on Reading's pharmaceutical list: Fittleworth Medical Limited.

GP Dispensing Practice

- 7.8 These are general practices that are authorised to dispense medications directly to their patients, typically in rural or remote areas where community pharmacies are not easily accessible.
- 7.9 There is no GP Dispensing Practice in Reading.

Distance Selling Pharmacies

- 7.10 Distance selling pharmacies (DSPs) are pharmacies that, under the 2013 regulations, cannot provide essential or advanced services in person. They receive prescriptions electronically or by post, dispense them, and deliver the medications by mail or courier. DSPs must offer services to anyone in England as needed but cannot provide any essential or advanced services while the patient is on the premises.
- 7.11 There is only one DSP in Reading (Orange Pharmacy).

Local Pharmaceutical Services

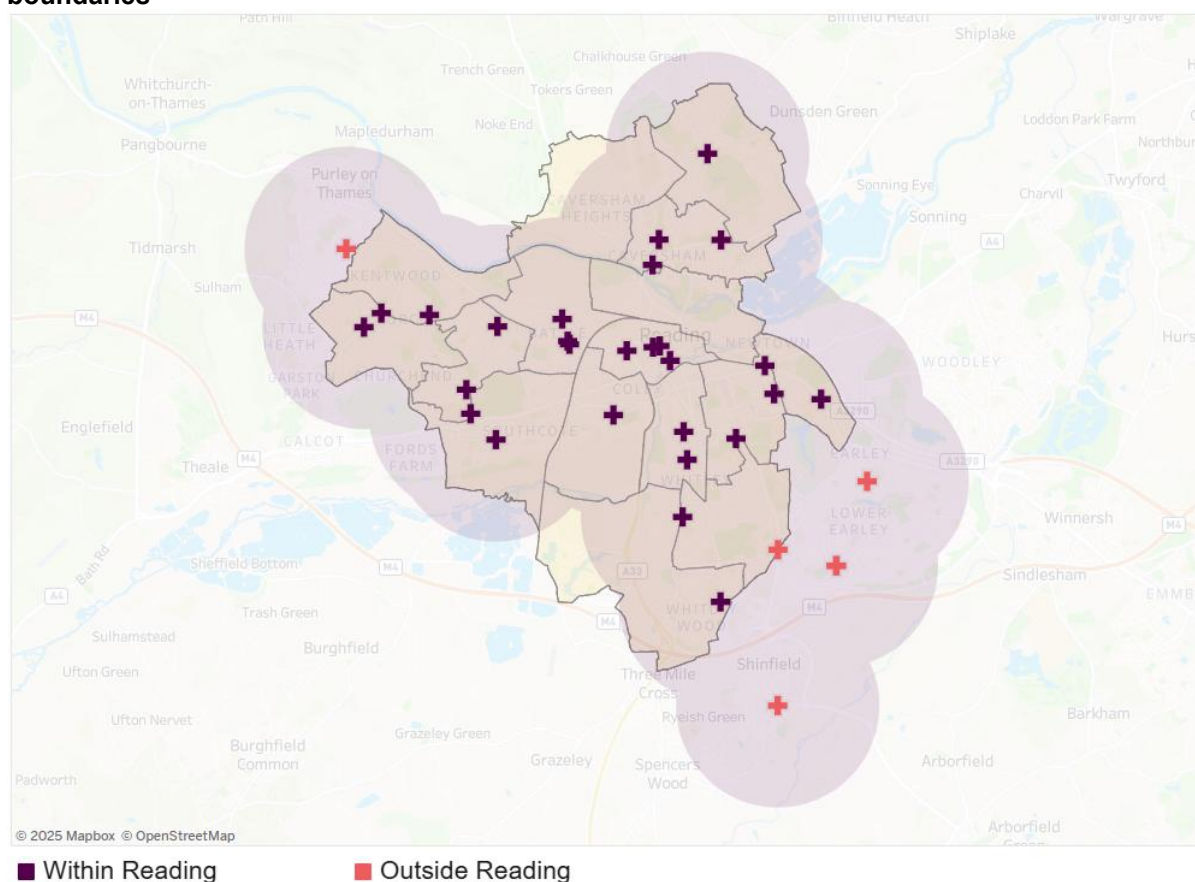
- 7.12 A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.
- 7.13 There are no Local Pharmaceutical Service (LPS) contracts within Reading.

Accessibility

Distribution and choice

- 7.14 The PNA Steering Group agreed that the maximum distance for residents in Reading to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk. If residents live within a rural area, 20 minutes by car is considered accessible.
- 7.15 Figure 7.2 shows the 27 community pharmacies located in Reading as well as the 5 within one mile of its border.

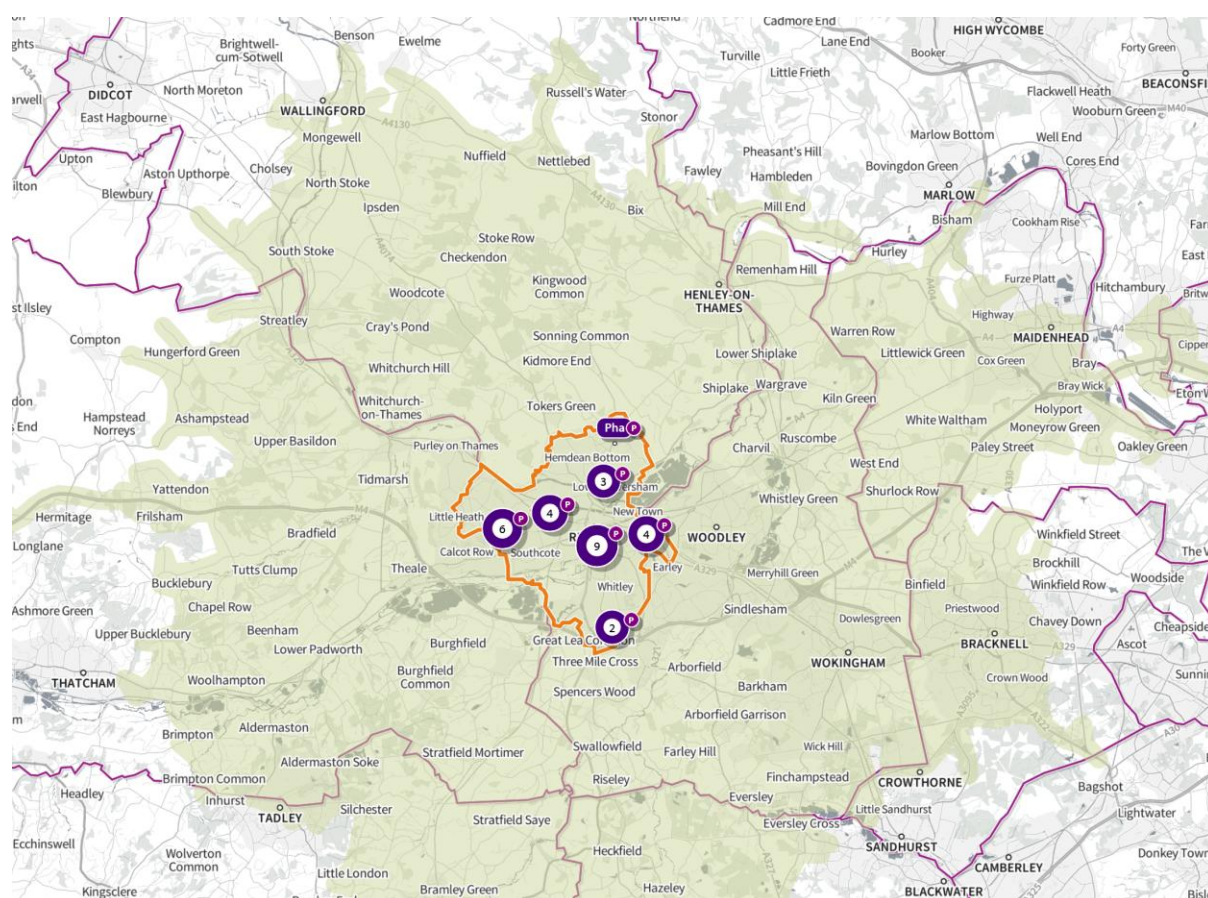
Figure 7.2: Distribution of community pharmacies in Reading and within 1 mile of the borough boundaries



Source: NHSE

- 7.16 As can be seen in Figure 7.2, most of the borough is within one mile of a community pharmacy. There are small portions of Whitley and Caversham Height wards, that are not within a mile of a pharmacy (a total of 1,563 residents). These areas outside one-mile coverage are known to have low population densities and car ownership is high in those communities.
- 7.17 Their entire borough is within reach of a pharmacy within 20 minutes as shown in Figure 7.3. In the figure, Reading's border is highlighted in orange while the area shaded in green shows areas that can be reached from a Reading pharmacy within 20 minutes. The figure shows how Reading pharmacies are also easily accessible to neighbouring HWB areas.

Figure 7.3: Areas covered by 20-minute drive time to a Reading pharmacy



Source: Strategic Health Asset Planning and Evaluation Atlas Tool

7.18 The distribution of pharmacies across Reading's electoral wards is outlined in Table 7.1 below. As seen, two of the Reading wards do not have any pharmacy within them (Thames and Caversham Heights). However, pharmacies in neighbouring ward are within accessible reach of residents of these wards as seen in the maps showing pharmacy coverage.

Table 7.1: Distribution of community pharmacies by ward

Ward Name	Number of Community Pharmacies	Population Size	Community pharmacies per 10,000 residents
Abbey	4	10,155	3.9
Caversham	3	11,418	2.6
Battle	3	11,439	2.6
Tilehurst	2	9,869	2.0
Southcote	2	10,988	1.8
Redlands	2	14,716	1.4
Park	2	11,448	1.7
Norcot	2	11,416	1.8
Katesgrove	2	11,929	1.7

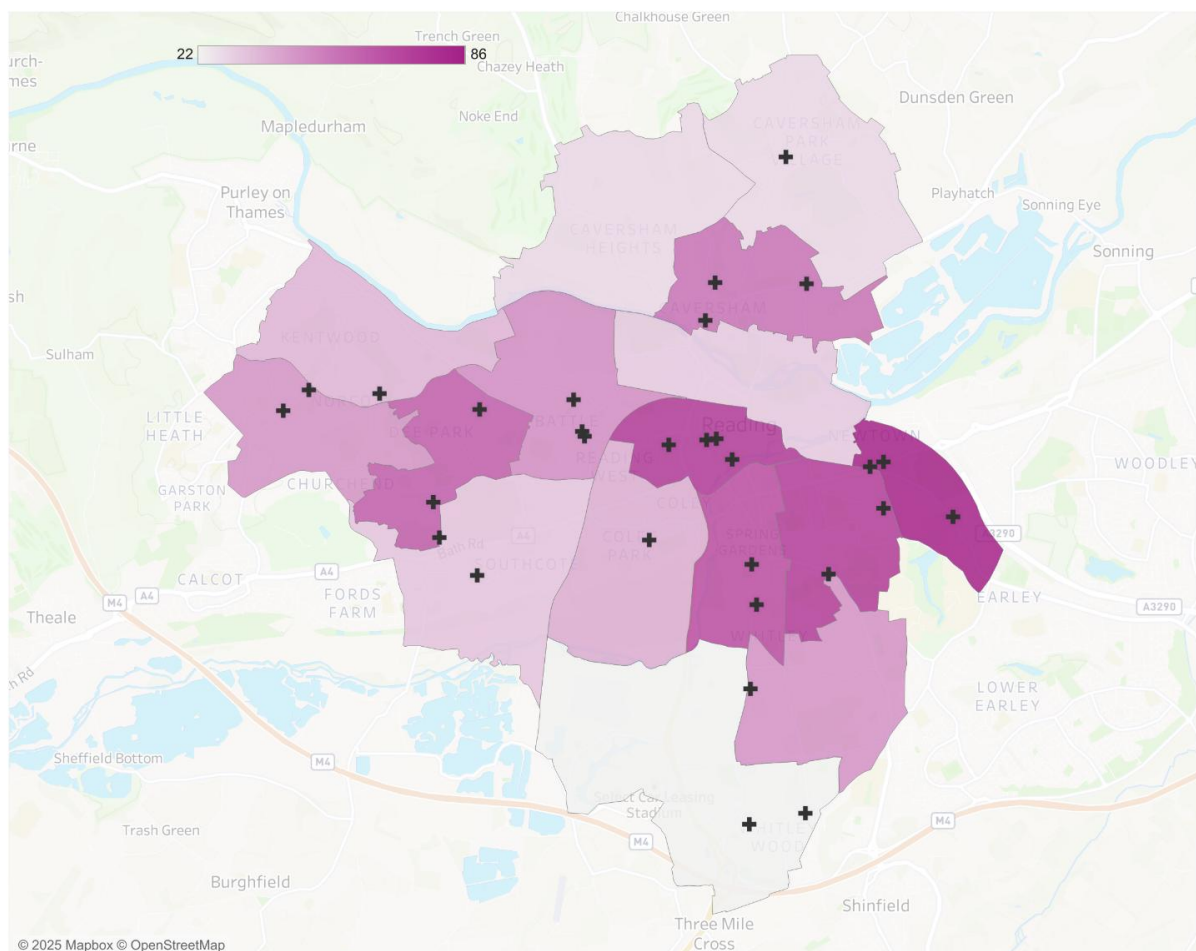
Whitley	1	11,506	0.9
Kentwood	1	9,250	1.1
Emmer Green	1	9,574	1.0
Coley	1	11,033	0.9
Church	1	12,166	0.8
Thames	0	7,811	0.0
Caversham Heights	0	9,531	0.0
Total	27	174,249	1.5

Source: ONS (2021 Census) and NHSE

Pharmacies distribution in relation to population density

7.19 There is a good distribution of pharmacies across densely populated areas as seen in Figure 7.4 below.

Figure 7.4: Community pharmacy locations in relation to population density by ward



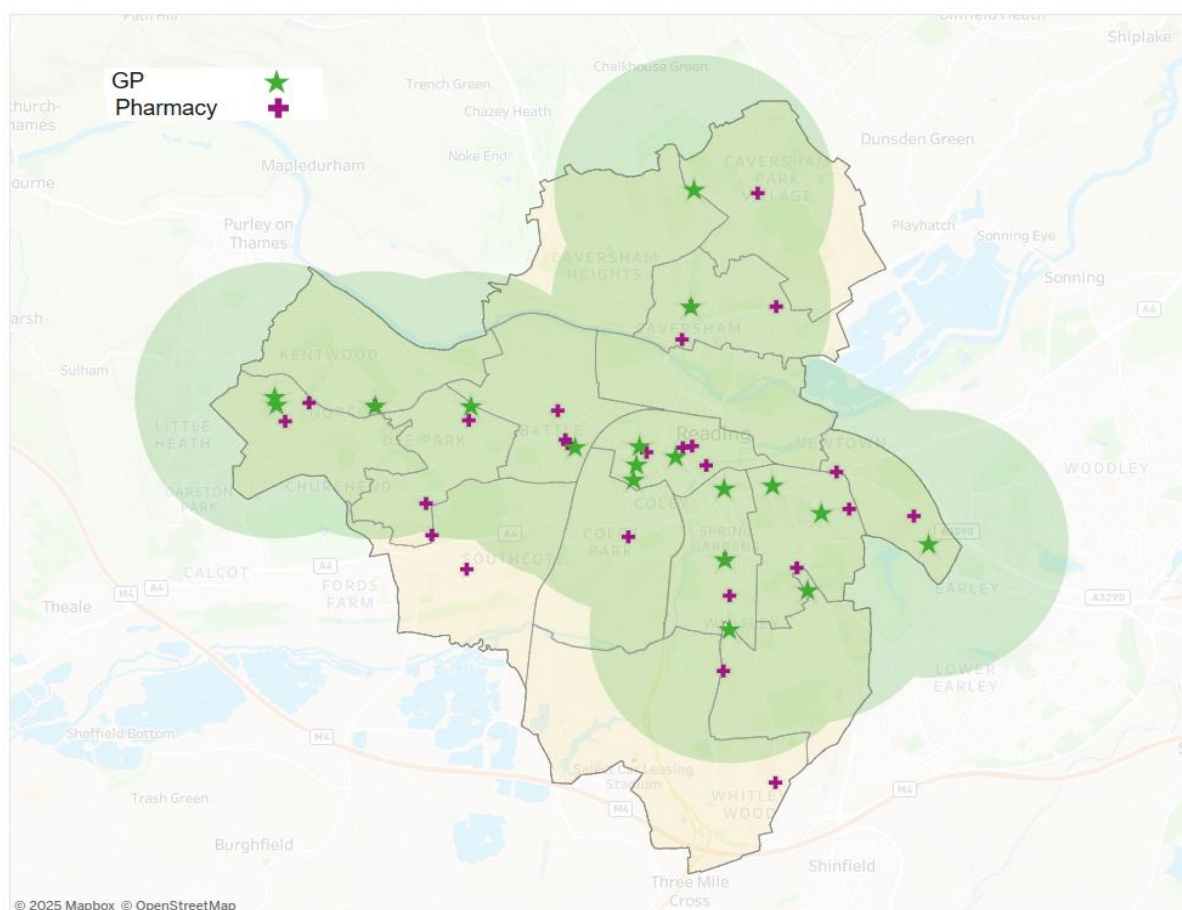
Source: ONS (2021 Census) and NHSE

Pharmacies distribution in relation to GP Practices

7.20 There are 17 Primary Care Networks covering the span of Berkshire West, of which 18 GP Practices are situated in Reading.

- 7.21 Each network has expanded neighbourhood teams consisting of various healthcare professionals, including GPs, district nurses, community geriatricians, allied health professionals, and pharmacists. Active collaboration between community pharmacies and PCNs is crucial to enhancing service delivery for patients and residents.
- 7.22 Patients registered with Reading GP Practices primarily collect prescriptions from local pharmacies, with **78% of items dispensed within the borough**. Other common dispensing locations include Wokingham (7.9%), West Berkshire (3.6%) and Leeds (4.2%) where multiple large DSPs operate from.
- 7.23 All GP practices have a pharmacy within an accessible distance as seen in Figure 7.5.

Figure 7.5: GP practices in Reading and their 1-mile coverage in relation to community pharmacies



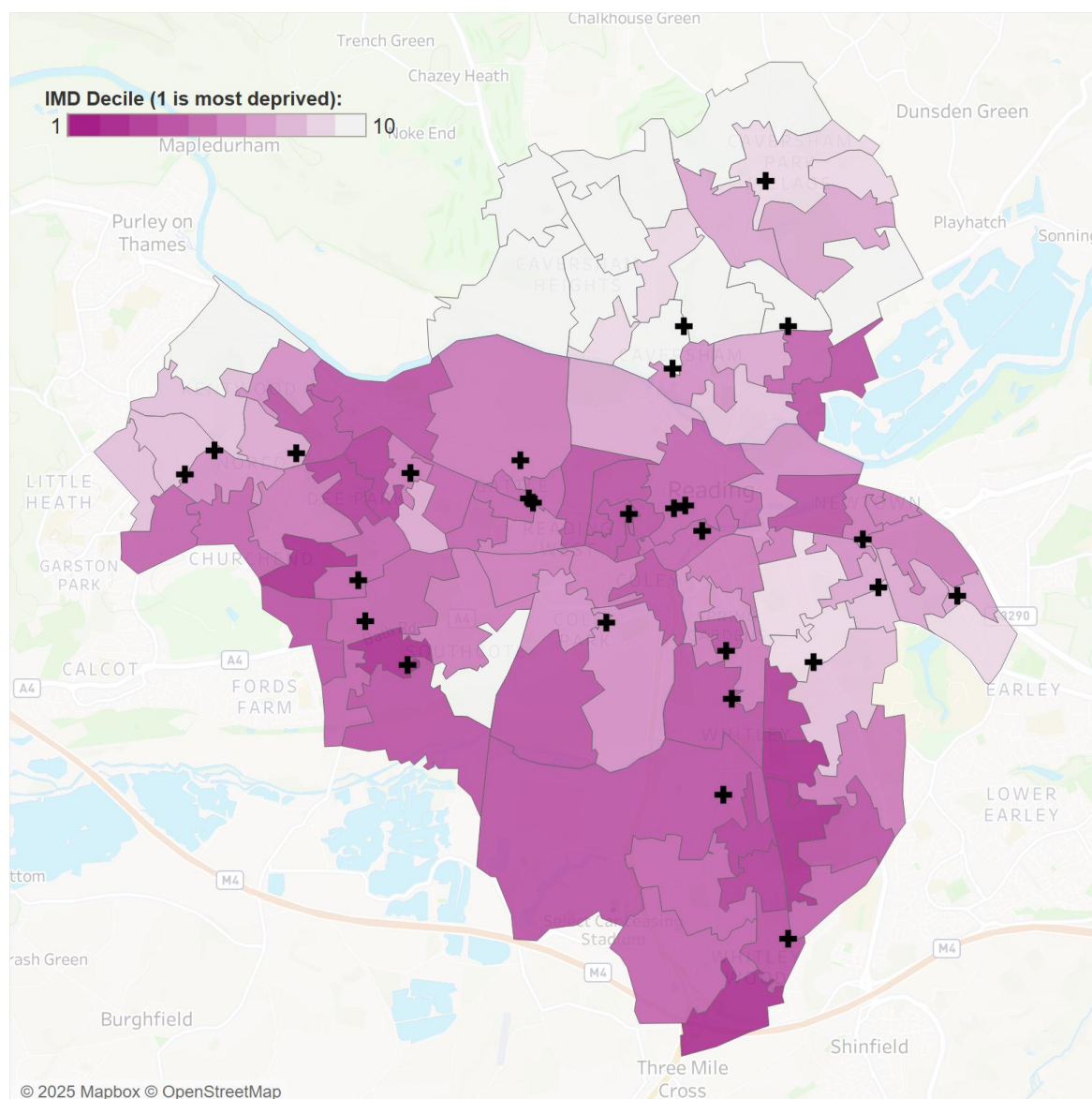
Source: NHSBSA and NHSE

- 7.24 The PNA Task and Finish group is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy distribution in relation to index of multiple deprivation

7.25 Areas in Reading of relatively higher deprivation are within accessible distances to community pharmacies as seen in Figure 7.6.

Figure 7.6: Community pharmacy locations in relation to deprivation deciles



Source: MHCLG & NHSE

Opening Times

7.26 Pharmacy contracts with NHS England specify the core hours that each pharmacy must be open, typically under 40-hour contracts (and some 100-hour contracts). Pharmacies may choose to operate beyond their required core hours, referred to as supplementary hours. However, due to increase in pharmacy closures which was found to particularly affect 100-hour pharmacies, the NHS terms of service was

amended to allow 100-hour pharmacies to reduce to no less than 72 hours without needing to demonstrate a change in need. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays as well as leave the total core hours on Sunday unchanged so as to maintain out-of-hours pharmacy provision.

- 7.27 The PNA Task and Finish Group defined 9am to 5pm as regular opening hours. The assessment of opening hours was based on total hours, i.e. both core and supplementary hours, and is reflective of the status at the time of drafting.

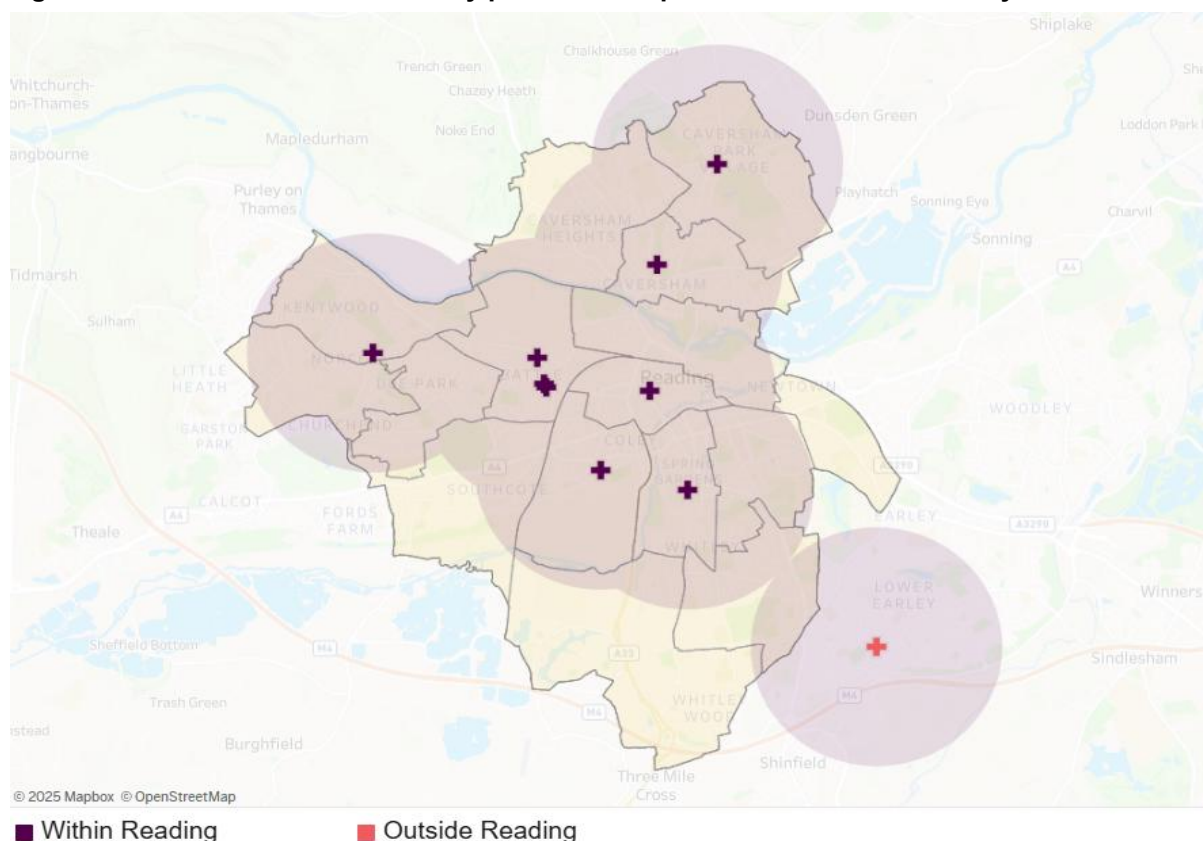
100-hours pharmacies

- 7.28 Reading has two 100-hour pharmacies:
- Oxford Road Pharmacy.
 - Asda Pharmacy on Honey End Lane.

Early Morning Opening

- 7.29 As per the above definition, any pharmacy open before 9am was deemed to have early morning opening.
- 7.30 Nine pharmacies across Reading provide early opening hours on weekdays. Additionally, one pharmacy located in Wokingham complements this coverage by serving areas near the Reading boundary. See Figure 7.7.

Figure 7.7: Distribution of community pharmacies open before 9am on weekdays



Source: NHSE

Table 7.2: Pharmacies open in early morning in Reading

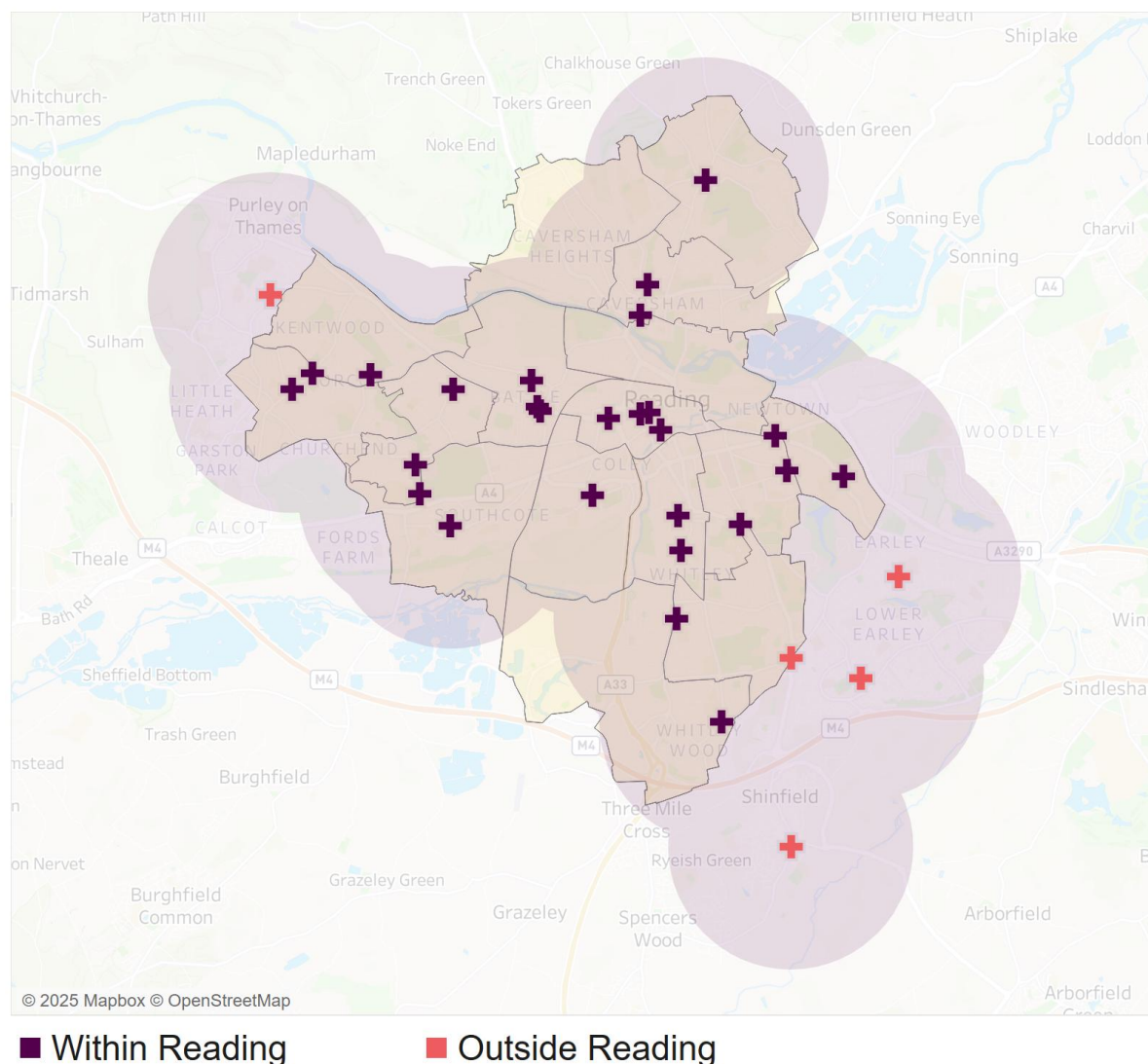
Pharmacy	Address	Ward
Tesco Instore Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	Battle
Milman Road Pharmacy	Milman Road Health Centre, Ground Floor Milman Road, Reading, Berkshire	Katesgrove
Superdrug Pharmacy	55-59 Broad Street, Reading, Berkshire	Abbey
Newdays Pharmacy	60 Wensley Road, Coley Park, Reading	Coley
Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	Caversham
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Emmer Green Pharmacy	5 Cavendish Road, Caversham Park, Reading, Berkshire	Emmer Green
Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Tilehurst, Reading, Berkshire	Kentwood

Source: NHSE

Late Opening

7.31 All 27 of Reading's community pharmacies are open past 5pm on weekdays. Additionally, there are 6 late-closing pharmacies located within a mile of Reading's boundaries (Figure 7.8).

Figure 7.8: Distribution of community pharmacies that are open past 5pm on weekdays



Source: NHSE

Table 7.3: Number of community pharmacies in Reading that remain open past 5pm by ward

Ward	Number of pharmacies
Abbey	4
Battle	3
Caversham	3
Tilehurst	2
Southcote	2
Redlands	2

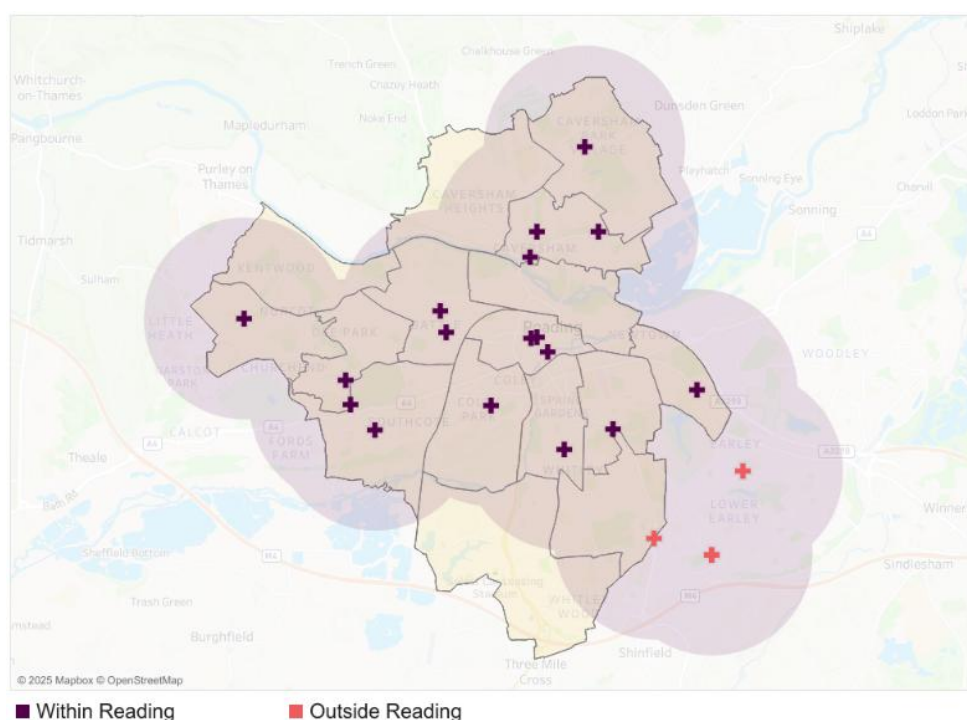
Park	2
Norcot	2
Katesgrove	2
Whitley	1
Kentwood	1
Emmer Green	1
Coley	1
Church	1
Total	26

Source: NHSE

Saturday Opening

7.32 A large majority of the pharmacies in Reading (17 out of 27) are open on Saturdays. Additionally, there are 4 pharmacies near the borough's borders that also provide Saturday services (see Figure 7.9).

Figure 7.9 Distribution of community pharmacies that open on Saturdays



Source: NHSE

Table 7.4: Number of community pharmacies in Reading that open on Saturdays by ward

Ward	Number of community pharmacies
Caversham	3
Abbey	3
Southcote	2
Battle	2
Tilehurst	1

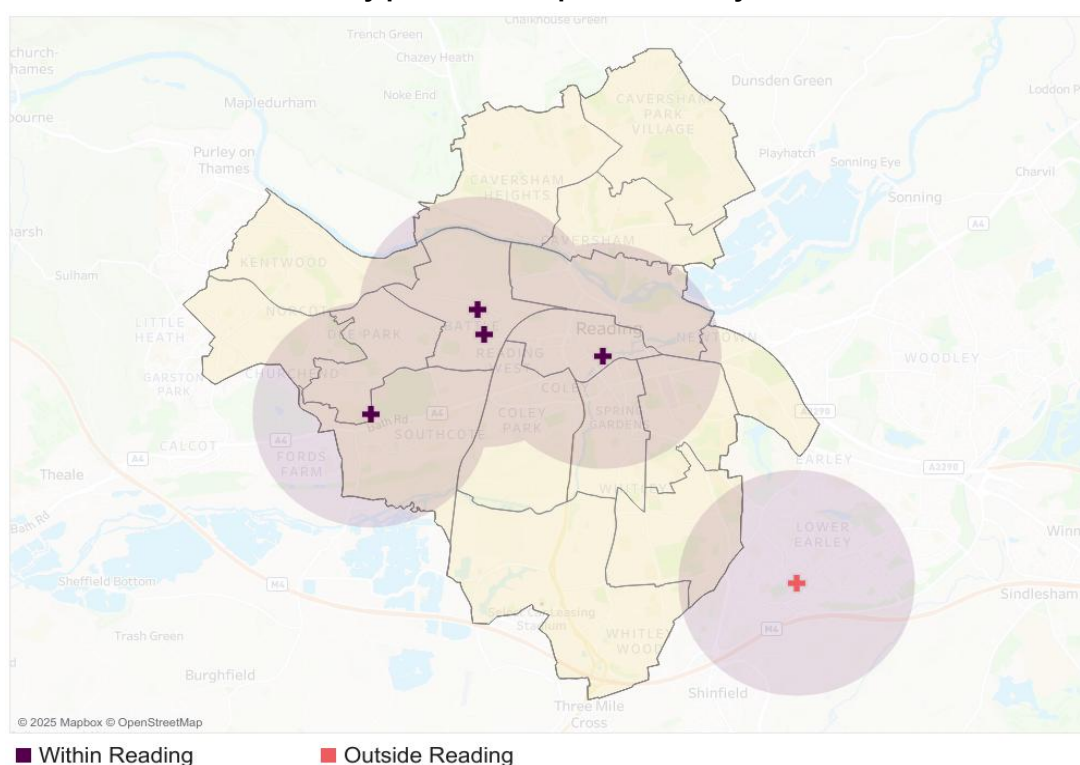
Redlands	1
Park	1
Norcot	1
Katesgrove	1
Emmer Green	1
Coley	1
Total	17

Source: NHSE

Sunday Opening

7.33 There are 7 pharmacies in Reading and 5 others within one mile of its borders that are open on Sundays as shown in Figure 7.10.

Figure 7.10: Distribution of community pharmacies open on Sundays



Source: NHSE

Table 7.5: Community pharmacies in Reading that are open on Sundays

Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	Battle
Boots the Chemists	25 Town Mall Walk, The Oracle, Reading, Berkshire	Abbey
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Asda Pharmacy	Honey End Lane, Tilehurst, Reading, Berkshire	Southcote

Source: NHSE

Summary of the accessibility of pharmacies in Reading

Overall, there is a good pharmacy coverage to provide pharmaceutical services to Reading residents. Most of the borough is within 1-mile reach of a pharmacy and the entire borough is within a 20-minute drive of a pharmacy. There is adequate pharmacy coverage within areas of high population densities and relative deprivation and adequate access of service outside regular working hours.

Essential services

7.34 Essential Services are a core component of the NHS Community Pharmacy Contractual Framework (CPCF or the 'the Pharmacy Contract') they are as follows:

- Dispensing medicines
- Dispensing appliances.
- Repeat dispensing and electronic Repeat Dispensing (eRD).
- Disposal of unwanted medicines.
- Healthy Living Pharmacies.
- Promotion of healthy lifestyles (public health).
- Signposting.
- Support for self-care.
- Discharge Medicines Service (DMS).

Dispensing

7.35 Reading pharmacies **dispense an average of 7,813 items per month** (NHSBSA, 2024/25 financial year). This is lower than both the South East's average of 8,077 and the national average of 8,698, suggesting there is capacity amongst Reading pharmacies to meet current and anticipated need in the lifetime of this PNA.

Advanced Pharmacy services

7.36 Advanced services are NHS Integrated Care Boards commissioned pharmacy services (NHSE delegated function) that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

7.37 There are currently nine advanced services within the CPCF:

- Pharmacy First Service.
- Flu Vaccination Service.
- Pharmacy Contraception Service (CPS).
- Hypertension case-finding service.
- New Medicine Service (NMS).
- Smoking Cessation Service.
- Appliance Use Review (AUR).
- Stoma Appliance Customisation (SAC).
- Lateral Flow Device (LFD) Service.

Pharmacy First Service

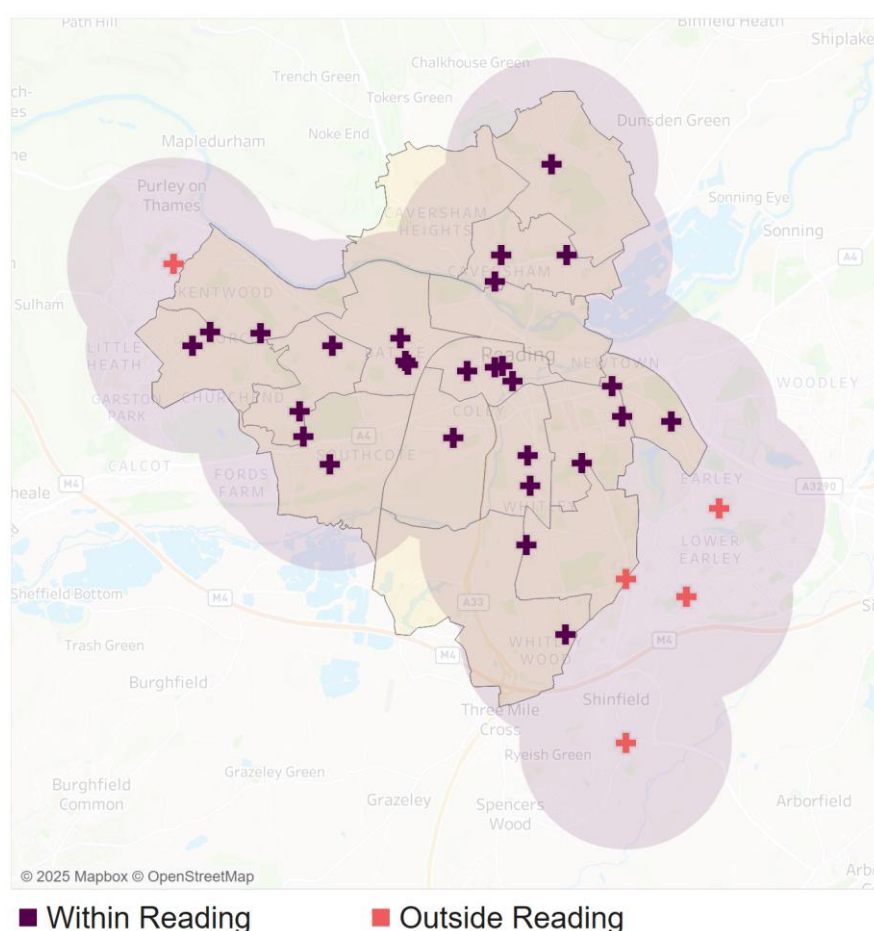
7.38 This service builds upon the Community Pharmacist Consultation Service (CPCS) by extending its scope to provide clinical consultations and NHS-funded treatment for a comprehensive list of minor illnesses. The Pharmacy First pathway integrates seamlessly into community pharmacy services, improving patient access to care and reducing demand on GP surgeries and urgent care. It allows pharmacists to clinically assess and treat eligible patients for the following conditions:

- Acute sore throat (5 years and above).
- Acute otitis media (1 – 17 years).
- Sinusitis (12 years and above).
- Impetigo (1 year and above).
- Shingles (18 years and above).
- Infected insect bites (1 year and above).
- Uncomplicated Urinary tract infections (UTIs) in women (aged 16-64).

7.39 Referrals can be done by GP Surgeries or be walk-in consultations. This does not limit the existing minor ailments that pharmacies have historically seen.

- 7.40 The funding and other arrangements for community pharmacies for 2024/25 and 2025/26 which was published in April 2025 shows that following the success of the pharmacy first service since its launch in January 2024, additional funding has been secured to enable the service to continue to grow. NHS England has undertaken a clinical review of the clinical pathways, and the updated pathways is expected to be published shortly.
- 7.41 Despite being a new service, its take up has been overwhelming, with all 27 of Reading's community pharmacies offering it. The service is further available in another 12 pharmacies in neighbouring authorities.

Figure 7.11: Distribution of pharmacies that provide Pharmacy First Service



Source: NHSE

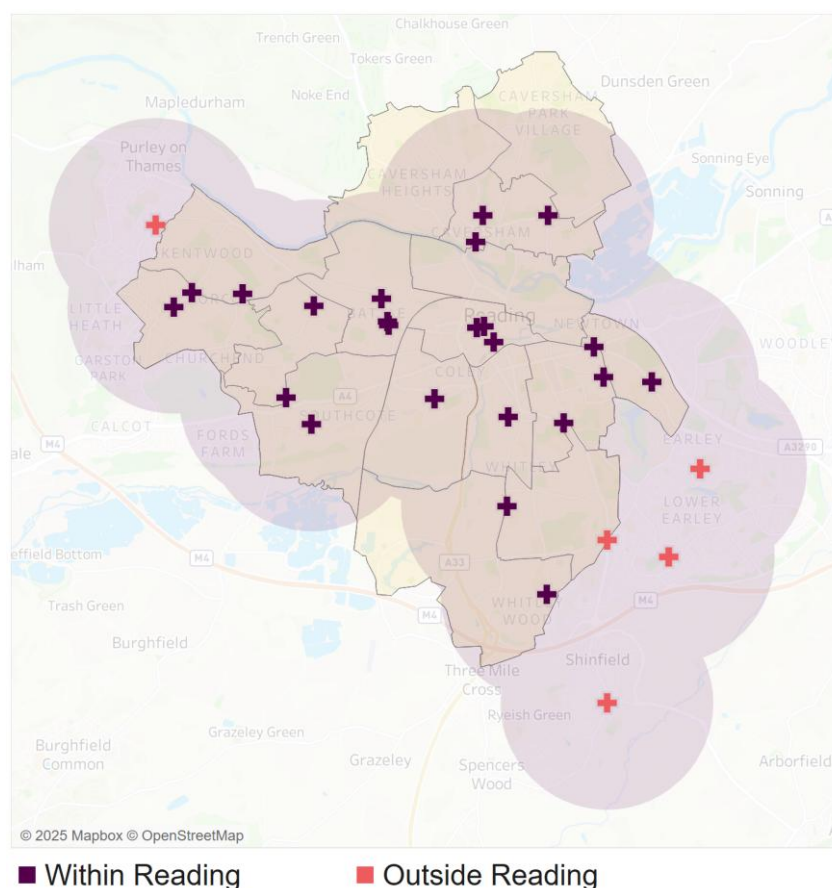
Flu Vaccination Service

- 7.42 Many community pharmacies administer NHS-funded seasonal flu vaccinations to eligible patients, including older adults, individuals with chronic conditions, pregnant women, and frontline healthcare workers. By increasing accessibility, particularly for vulnerable and hard-to-reach populations, the service enhances vaccination uptake.

It plays a critical role in reducing flu-related complications, hospitalisations, and pressures on healthcare services during flu season.

- 7.43 Flu vaccination services are available at 23 pharmacies within Reading, and a further 6 in adjacent authorities.

Figure 7.12: Distribution of pharmacies that provide flu vaccinations



Source: NHSE

Table 7.6: Number of pharmacies in Reading by ward that provide flu vaccination service

Ward	Number of pharmacies
Caversham	3
Battle	3
Abbey	3
Tilehurst	2
Southcote	2
Redlands	2
Park	2
Whitley	1
Norcot	1
Kentwood	1
Katesgrove	1

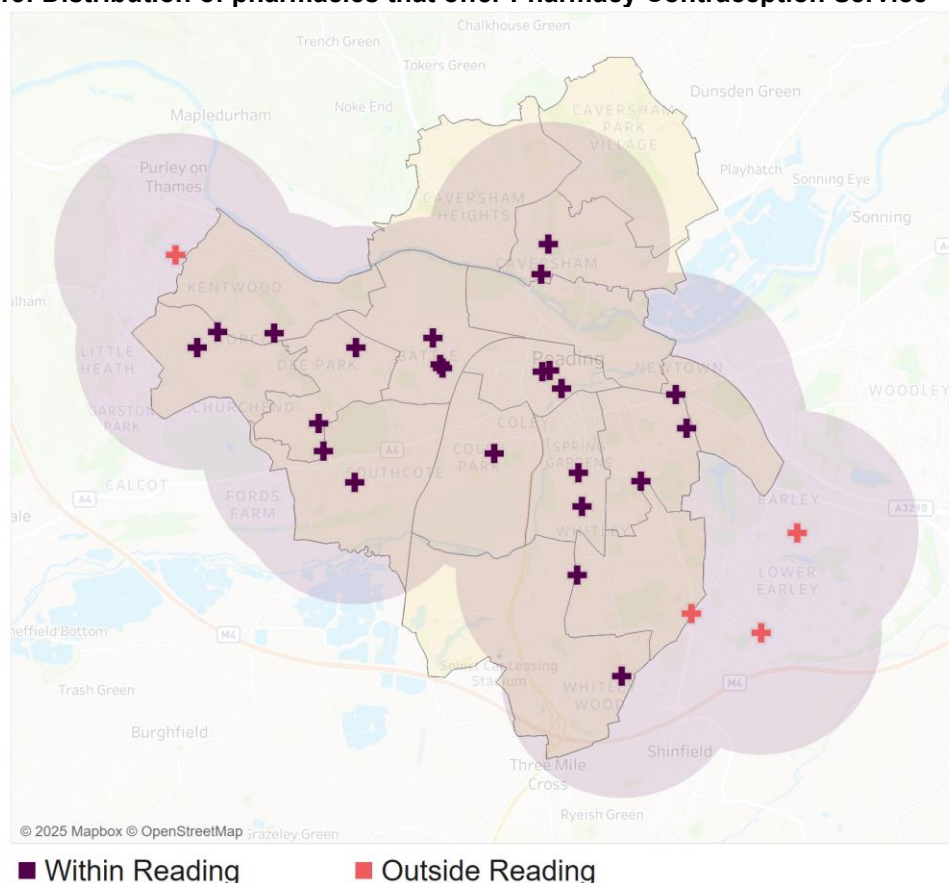
Coley	1
Church	1
Total	23

Source: NHSE

Pharmacy Contraception Service (PCS)

- 7.44 The CPS provides ongoing access to oral contraception through community pharmacies, including initial and repeat supplies of contraceptives. Pharmacists offer consultations to assess patient suitability, provide advice on proper contraceptive use, and support adherence to treatment. This service ensures easier and more convenient access to contraceptive services, particularly for patients unable to attend GP clinics, and plays an important role in reducing unplanned pregnancies.
- 7.45 As part of the agreement within the 2025/2026 CPCF, the PCS will be expanded to include emergency hormonal contraception (EHC) from October 2025. This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EHC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the service's benefits by initiating a patient on oral contraception as part of an EHC consultation. Additionally, better use of skill mix for the PCS has been agreed through enabling the delivery of parts of these services by registered and non-registered pharmacy staff. This includes enabling the delivery of patient group directions (PGDs) by pharmacy.
- 7.46 All pharmacists, and other registered pharmacy professionals intending to provide the service, must complete Centre for Pharmacy Postgraduate Education (CPPE) emergency contraception training.
- 7.47 Reading offers contraceptive services in 23 pharmacies, with another 4 pharmacies in neighbouring areas also offering the services.

Figure 7.13: Distribution of pharmacies that offer Pharmacy Contraception Service



Source: NHSE

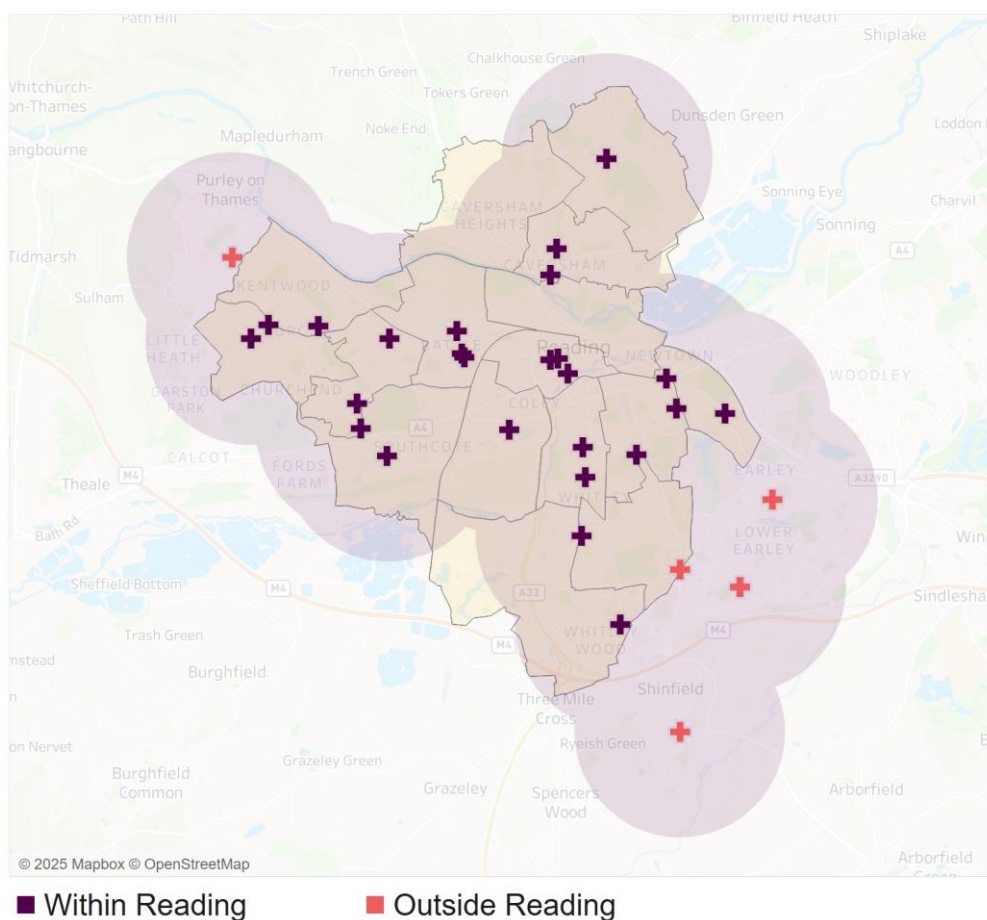
Table 7.7: Number of pharmacies by ward in Reading that offer PCS

Ward	Number of pharmacies
Battle	3
Abbey	3
Tilehurst	2
Southcote	2
Redlands	2
Norcot	2
Katesgrove	2
Caversham	2
Whitley	1
Park	1
Kentwood	1
Coley	1
Church	1
Total	23

Hypertension Case-Finding Service

- 7.48 This service focuses on identifying and managing individuals with undiagnosed hypertension (high blood pressure), a major risk factor for cardiovascular disease, which remains a leading cause of morbidity and mortality in the UK. Community pharmacists offer blood pressure checks to patients aged 40 years and over, or to those under 40 with a family history of hypertension, or where clinical judgement indicates a need. If elevated readings are identified during the consultation, pharmacists provide ambulatory blood pressure monitoring (ABPM) where necessary to confirm a diagnosis. Patients with confirmed hypertension or readings indicating potential risk are referred to their GP for further diagnosis and treatment.
- 7.49 By detecting hypertension early, this service enables timely intervention to prevent complications such as stroke, heart attacks, and other cardiovascular events. It also supports public health priorities by addressing health inequalities, empowering patients with awareness about their cardiovascular health, and helping reduce the burden on general practice and secondary care services.
- 7.50 As part of the agreements made in the 2025/2026 CPCF which was finalised in March 2025, updates to the Hypertension Case Finding Service specification will be made to further align the service to National Institute for Health and Care Excellence (NICE) guidelines, which will place explicit restrictions on the number of funded clinic check consultations a patient can have within a specified time period. Changes will also be made to clarify when it is appropriate for general practices to refer patients to the service for a clinic check consultation. NHS England has also committed to re-look at home blood pressure monitoring to further support the diagnosis of hypertension.
- 7.51 Hypertension Case-Finding Service is widely available in Reading with all but 2 pharmacies (25 out of 27) offering them. This is supplemented by 6 pharmacies in neighbouring areas also offering the service.

Figure 7.14: Distribution of pharmacies offering Hypertension Case-Finding Service



Source: NHSE

Table 7.8: Number of community pharmacies by ward offering Hypertension Case-Finding service

Ward	Number of pharmacies
Battle	3
Abbey	3
Tilehurst	2
Southcote	2
Redlands	2
Park	2
Norcot	2
Katesgrove	2
Caversham	2
Whitley	1
Kentwood	1
Emmer Green	1
Coley	1
Church	1
Total	25

New Medicine Service (NMS)

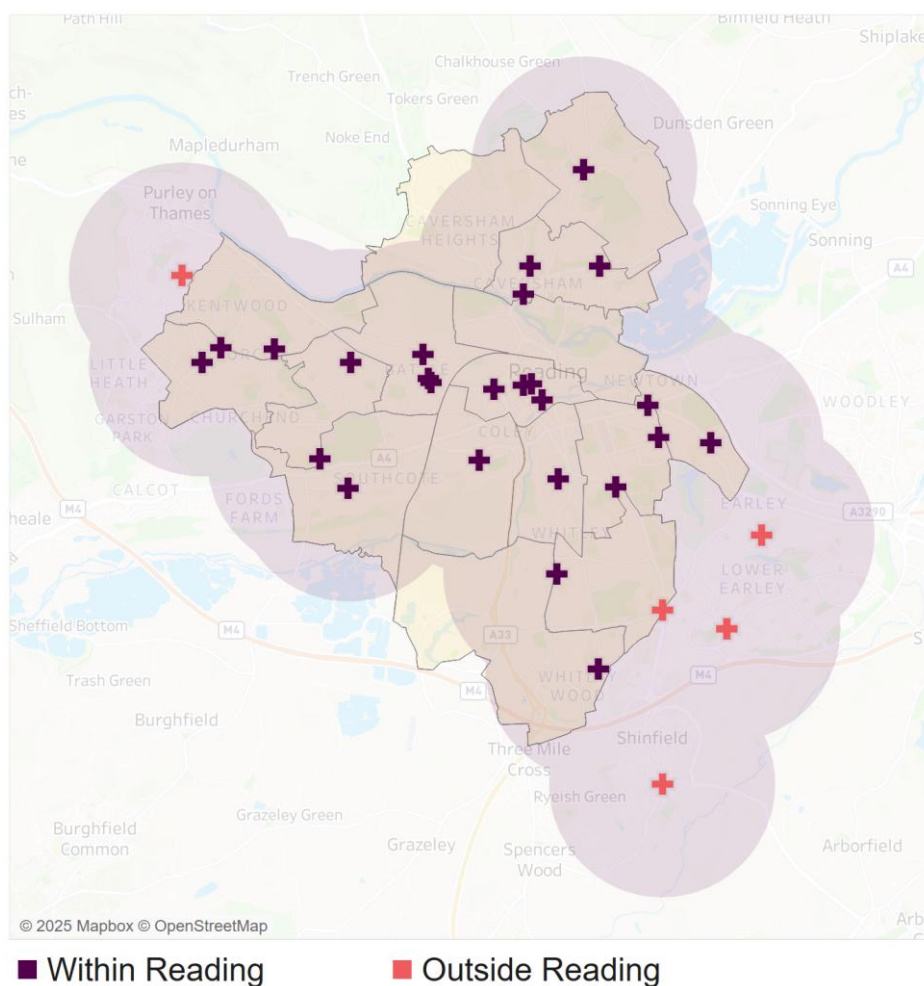
- 7.52 The NMS supports patients with long-term conditions who have been prescribed new medicines. It aims to improve adherence, ensure patients understand their medicines, and address any issues such as side effects or concerns. Community Pharmacists provide structured consultations over three key stages: the initial discussion, an intervention follow-up, and final review within four weeks of starting the medicine.
- 7.53 The 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. One of the key developments include the expansion of NMS to include support for patients with depression from October 2025. All pharmacists must complete Centre for Pharmacy Postgraduate Education (CPPE) Consulting with People with mental health problems online training to be able to support patients with dementia under the NMS.
- 7.54 NMS focuses on medicines for the following conditions:
- Hypertension.
 - Respiratory conditions such as Asthma and COPD.
 - Type 2 Diabetes.
 - Blood Thinners (including antiplatelet and anticoagulants).
 - Hypercholesterolaemia.
 - Osteoporosis.
 - Gout.
 - Glaucoma.
 - Epilepsy.
 - Parkinsons disease.
 - Urinary incontinence/retention.
 - Heart Failure.
 - Acute Coronary Syndromes.
 - Atrial Fibrillation.

- Stroke/TIA.
- Coronary Heart Disease.

7.55 Through this service, pharmacists play a crucial role in supporting patients to optimise the use of their medicines, improve adherence and resolve potential issues early.

7.56 NMS is available from 25 pharmacies in Reading. A further 6 pharmacies in neighbouring authorities also offer the service.

Figure 7.15: Distribution of community pharmacies offering NMS



Source: NHSE

Table 7.9: Number of community pharmacies by ward offering NMS

Ward	Number of pharmacies
Abbey	4
Caversham	3
Battle	3
Tilehurst	2
Southcote	2
Redlands	2

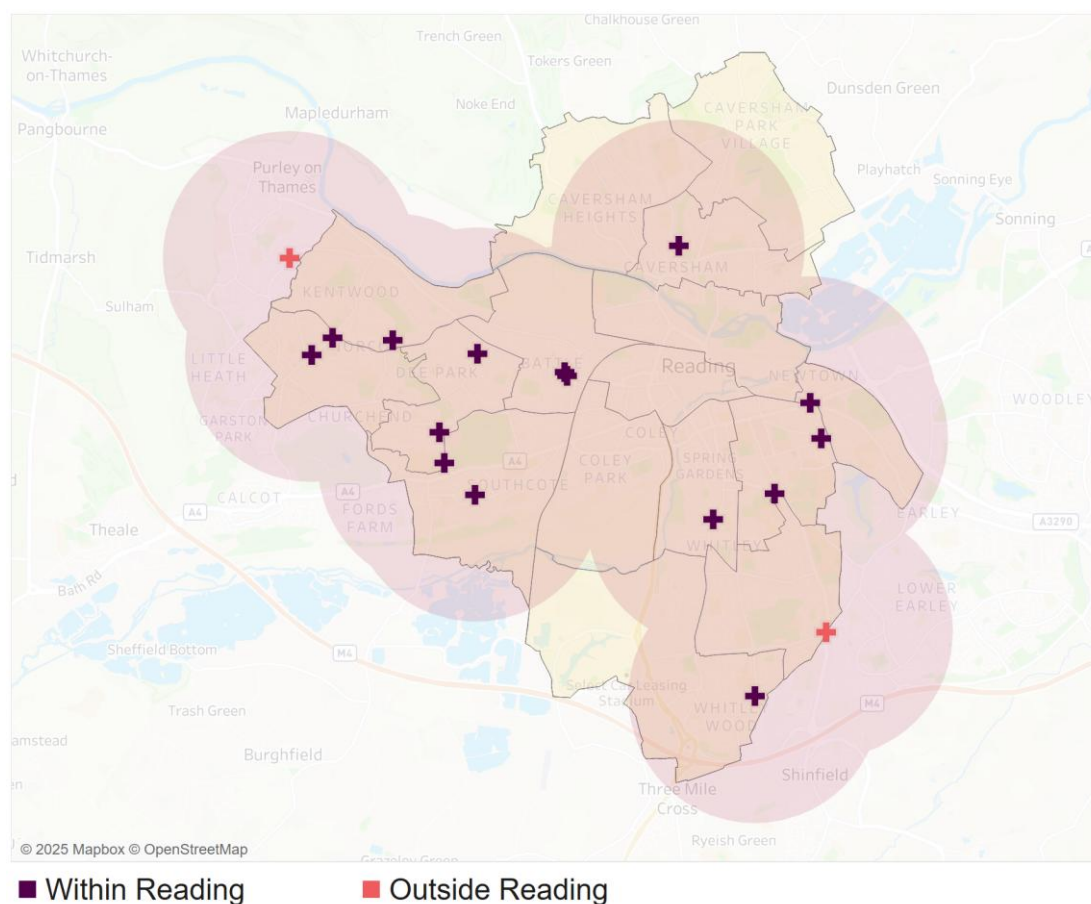
Park	2
Whitley	1
Norcot	1
Kentwood	1
Katesgrove	1
Emmer Green	1
Coley	1
Church	1
Total	25

Source: NHSE

Smoking Cessation Service (SCS)

- 7.57 Community pharmacies currently support patients who are ready to quit smoking by providing structured, one-to-one behavioural support alongside access to nicotine replacement therapy (NRT). This service supports patients who started a “stop smoking programme” in hospital to continue their journey in community pharmacy upon discharge. Thereby promoting healthy behaviours to service users which is an important part of the NHS Long Term Plan. At present, only NRT and behavioural support are available through the service.
- 7.58 Planned updates will expand the service to include the supply of Varenicline and Cytisinicline (Cytisine). Patient Group Directions (PGDs) will be introduced to allow suitably trained and competent pharmacists and pharmacy technicians to supply these medications so as to apply better use of skill mix. However, these changes are not yet in place. Before implementation, several key steps are required. This includes updates to the service specification, amendments to the Secretary of State Directions, development of supporting IT infrastructure and finalisation and publication of the relevant PGDs. A formal announcement is expected to be made in due course regarding the date from which the updated service model will apply.
- 7.59 Fifteen Reading pharmacies offer the service, but residents can also access it in a further two pharmacies in neighbouring local authorities (Figure 7.16).

Figure 7.16: Distribution of community pharmacies that provide Smoking Cessation Service



Source: NHSE

Table 7.10: Community pharmacies that provide Smoking Cessation Service in Reading

Pharmacy	Address	Ward
Erleigh Road Pharmacy	85-87 Erleigh Road, Reading, Berkshire	Redlands
Fourways Pharmacy	195 London Road, Reading, Berkshire	Park
Trianglepharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	Tilehurst
MedWay Pharmacy	32 Meadway Precinct, Tilehurst, Reading, Berkshire	Norcot
Basingstoke Road Pharmacy	71 Basingstoke Road, Reading, Berkshire	Katesgrove
Tilehurst Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	Tilehurst
Southcote Pharmacy	36 Coronation Square, Reading, Berkshire	Southcote
Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	Whitley

Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	Caversham
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle
Grovelands Pharmacy	2 Grovelands Road, Reading, Berkshire	Norcot
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Asda Pharmacy	Honey End Lane, Tilehurst, Reading, Berkshire	Southcote
Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	Kentwood
Christchurch Road Pharmacy	68 Christchurch Road, Reading, Berkshire	Redlands

Source: NHSE

Appliance Use Review (AUR)

- 7.60 AURs are for patients using prescribed appliances including stoma appliances (such as colostomy or ileostomy bags), incontinence appliances (such as catheters and urine drainage bags) and wound care products. Community pharmacists review appliance use to ensure proper usage, resolve issues, and offer tailored advice, either in the pharmacy or at the patient's home. This helps address problems such as discomfort or leakage, improving appliance performance and enhancing patient comfort and confidence.
- 7.61 No pharmacies within or bordering the borough are reported to have delivered this service. However, AURs are available to Reading residents via prescribing health and social care providers.

Stoma Appliance Customisation (SAC)

- 7.62 The SAC service ensures stoma appliances are customised to meet individual patient needs. Community Pharmacists make necessary adjustments to stoma bags to ensure a proper fit, improving comfort and functionality whilst addressing issues like leakage or skin irritation. This service helps prevent complications, enhances quality of life and supports patients in managing their stoma effectively.
- 7.63 Though no pharmacies within or bordering the borough are reported to have delivered this service, Reading residents can access the SAC service from non-pharmacy

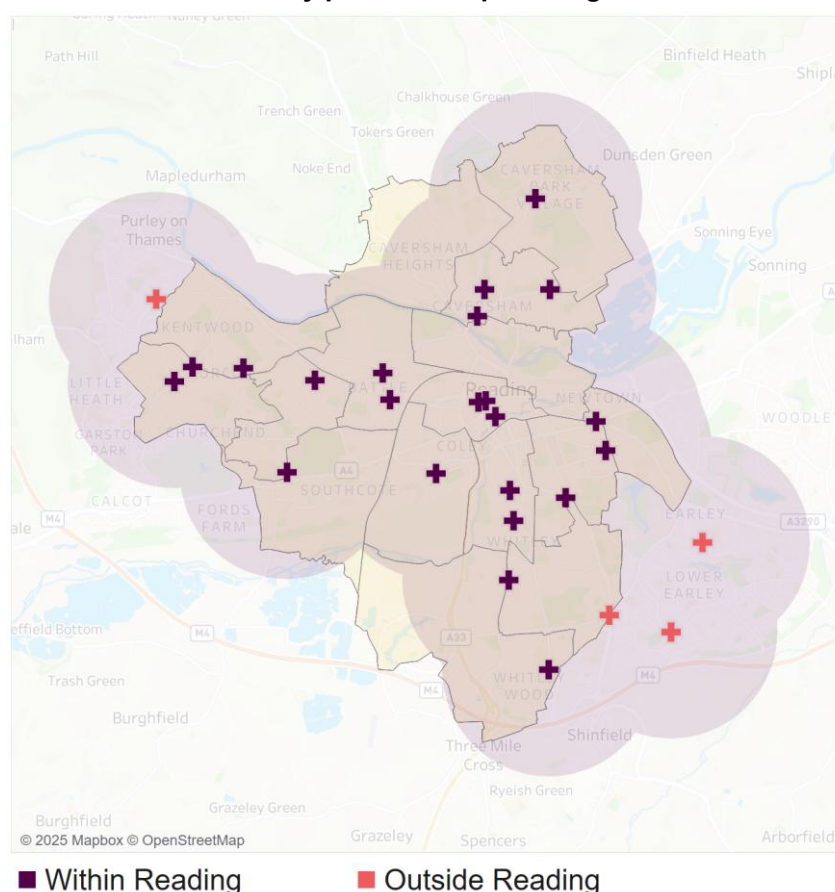
providers within the borough (e.g. community health services) and from dispensing appliance contractors outside the borough.

Lateral Flow Device (LFD) service

7.64 The LFD service provided patient with access to COVID-19 Lateral flow tests. Community Pharmacies distribute the kits, support correct usage and aid result interpretation. The service has currently been extended to 2024/25 and eligibility criteria updated for clarity.

7.65 The Lateral Flow Device (LFD) testing services is widely available in Reading with 22 pharmacies within the borough offering it, and 5 other pharmacies in neighbouring authorities having it on offer.

Figure 7.17: Distribution of community pharmacies providing Lateral Flow Device service



Source: NHSE

Table 7.11: Number of pharmacies in Reading by ward that offer LFD service

Ward	Number of pharmacies
Caversham	3
Abbey	3
Tilehurst	2

Redlands	2
Katesgrove	2
Battle	2
Whitley	1
Southcote	1
Park	1
Norcot	1
Kentwood	1
Emmer Green	1
Coley	1
Church	1
Total	22

Source: NHSE

Enhanced Services

- 7.66 These are a third tier of services commissioned by NHSE. There is currently one nationally enhanced service; COVID-19 Vaccination Service.

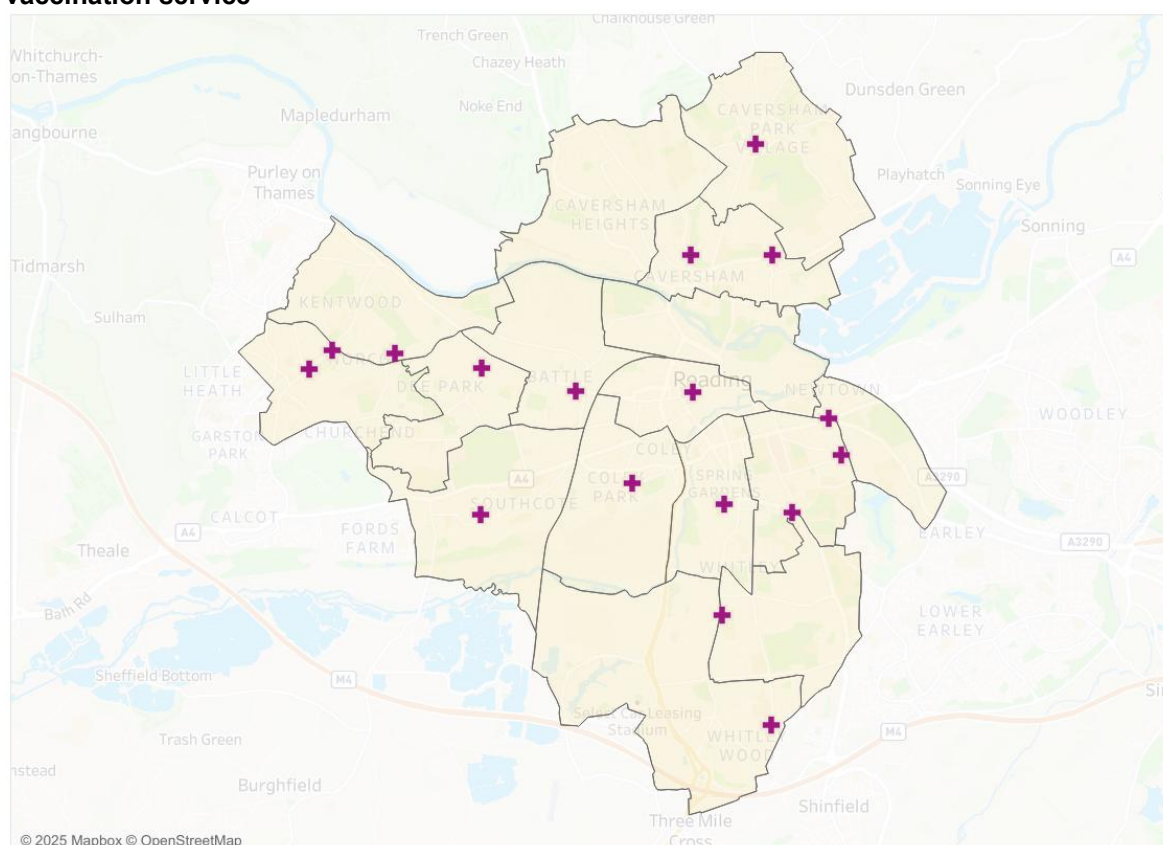
COVID-19 Vaccination Service

- 7.67 COVID-19 vaccination service was initially commissioned as a locally enhanced service by NHSE regional teams in consultation with the local pharmaceutical committees. However, in December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for the commissioning of nationally enhanced services. Hence, the Autumn 2022, Spring 2023, Autumn/winter 2023/24 and Spring booster covid-vaccination programmes were all commissioned as Nationally Enhanced Service
- 7.68 This service allows pharmacies to administer COVID-19 vaccinations, contributing to public health efforts and increasing vaccine coverage.
- 7.69 People who will provide the COVID-19 Vaccination Service must complete practical training that meet the national minimum standards and core curriculum for Immunisation training for registered health professionals
- 7.70 Pharmacy owners are expected to oversee and keep a record to confirm that all staff have undertaken training prior to participating in the administration of vaccinations. This includes any additional training associated with new vaccines that become available during the period of the service. They must ensure that staff are familiar with

all guidance relating to the administration of the different types of vaccine and are capable of the provision of vaccinations using the different types of vaccine.

- 7.71 All persons involved in the preparation of vaccine must be appropriately trained in this and have appropriate workspace to do so.
- 7.72 All persons involved in the administration of the vaccine must have completed all the required online training and face to face administration training where relevant as well as reading and understanding any relevant guidance, patient group direction or national protocol for COVID-19 vaccines.
- 7.73 Seventeen pharmacies in Reading provide the COVID-vaccination service as shown in Figure 7.18.

Figure 7.18: Distribution of community pharmacies in Reading that provide the Covid-19 vaccination service



Source: Community Pharmacy Thames Valley

Table 7.12: Number of pharmacies that provide COVID-19 vaccination by ward

Ward	Number of pharmacies
Tilehurst	2
Redlands	2
Caversham	2
Whitley	1

Southcote	1
Park	1
Norcot	1
Kentwood	1
Katesgrove	1
Emmer Green	1
Coley	1
Church	1
Battle	1
Abbey	1
Total	17

Source: Community Pharmacy Thames Valley

Chapter 8 - Other NHS Services

- 8.1 This chapter looks at services that are part of the health service, that though not considered pharmaceutical services under the 2013 regulations, are considered to affect the need for pharmaceutical services.

Locally Commissioned services

- 8.2 These are the services commissioned locally in Reading by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). These services reduce the need for pharmaceutical services.
- 8.3 These services are designed to complement usual healthcare provisions with the aim of improving community health and providing accessible care. They include:
- Emergency Hormonal contraception (EHC).
 - Supervised Consumption.
 - Needle Exchange.
 - Guaranteed Provision of Urgent Medication (including palliative care & antivirals).
 - Minor Ailment Scheme (MAS).

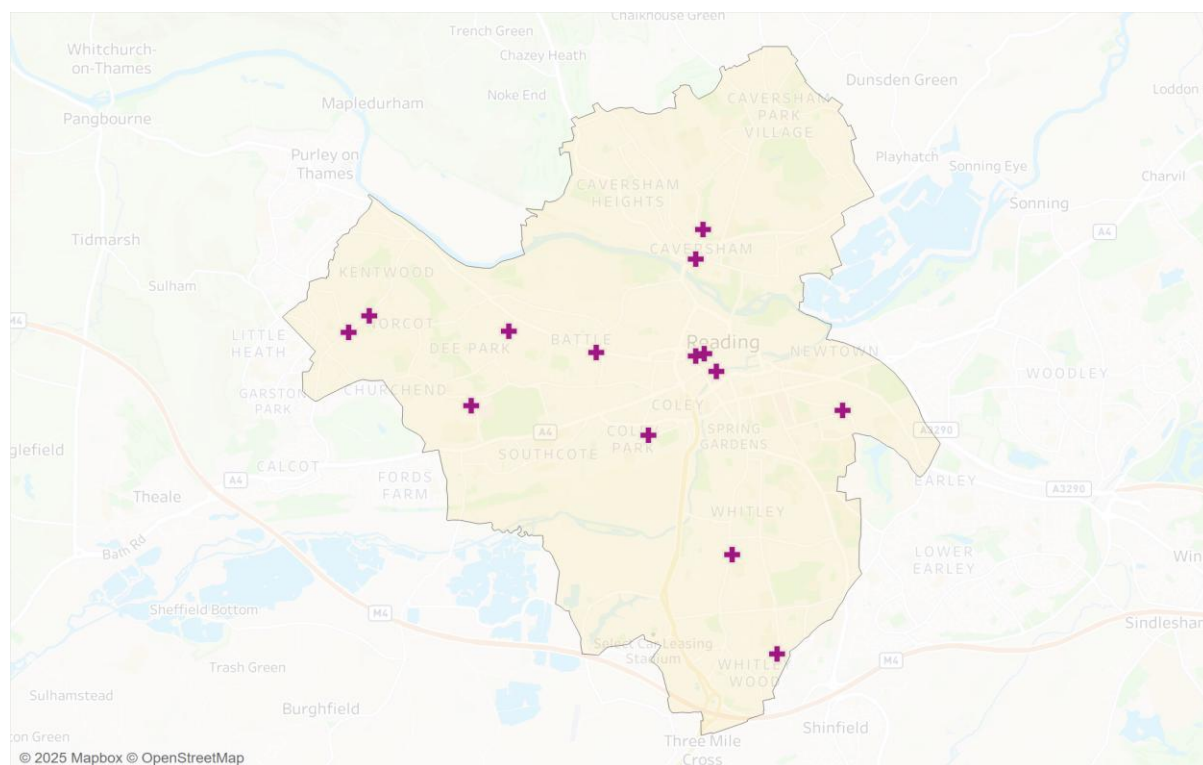
Emergency Hormonal Contraception (EHC)

- 8.4 The Emergency Hormonal Contraception (EHC) Enhanced Service provides free access to Levonorgestrel and Ulipristal acetate (EllaOne®) through community pharmacies under a Patient Group Direction (PGD). Aimed at individuals aged 13-24, pharmacists assess suitability, ensuring safeguarding protocols, including Fraser Guidelines for under-16s. The service also offers free condoms, sexual health advice, and referrals to contraceptive and STI screening services.
- 8.5 This service aims to reduce unintended pregnancies, promote safer sex practices, and enhance access to emergency contraception in a confidential, community-based setting. Pharmacies play a key role in public health, integrating contraception advice with safeguarding measures and signposting to wider sexual health support.

8.6 Fifteen Reading pharmacies offer the service as shown in Figure 8.1 and detailed in Table 8.1.

8.7 It should be noted that, as discussed earlier in the chapter, from October 2025, EHC will become a national pharmaceutical offering under the PCS service.

Figure 8.1: Distribution of pharmacies that provide EHC Services



Source: Community Pharmacy Thames Valley

Table 8.1: List of pharmacies providing EHC

Pharmacy Name	Address	Ward
Erleigh Pharmacy	85-87 Erleigh Road, Reading, Berkshire	Redlands
Boots	47-48 Broad Street, Reading, Berkshire	Abbey
Triangle Pharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	Tilehurst
Whitley 277 Pharmacy	277 Basingstoke Road, Reading, Berkshire	Church
Boots	45 Church Street, Caversham, Reading	Caversham
Medway Pharmacy	32 Meadway Precinct, Tilehurst, Reading	Norcot
Boots	25 Town Mall Walk, The Oracle, Reading, Berkshire	Abbey
Tilehurst Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	Tilehurst
Superdrug Pharmacy	55-59 Broad Street, Reading, Berkshire	Abbey
Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	Whitley
Newdays Pharmacy	60 Wensley Road, Coley Park, Reading	Coley

Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	Caversham
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle
Grovelands Pharmacy	2 Grovelands Road, Reading, Berkshire	Norcot

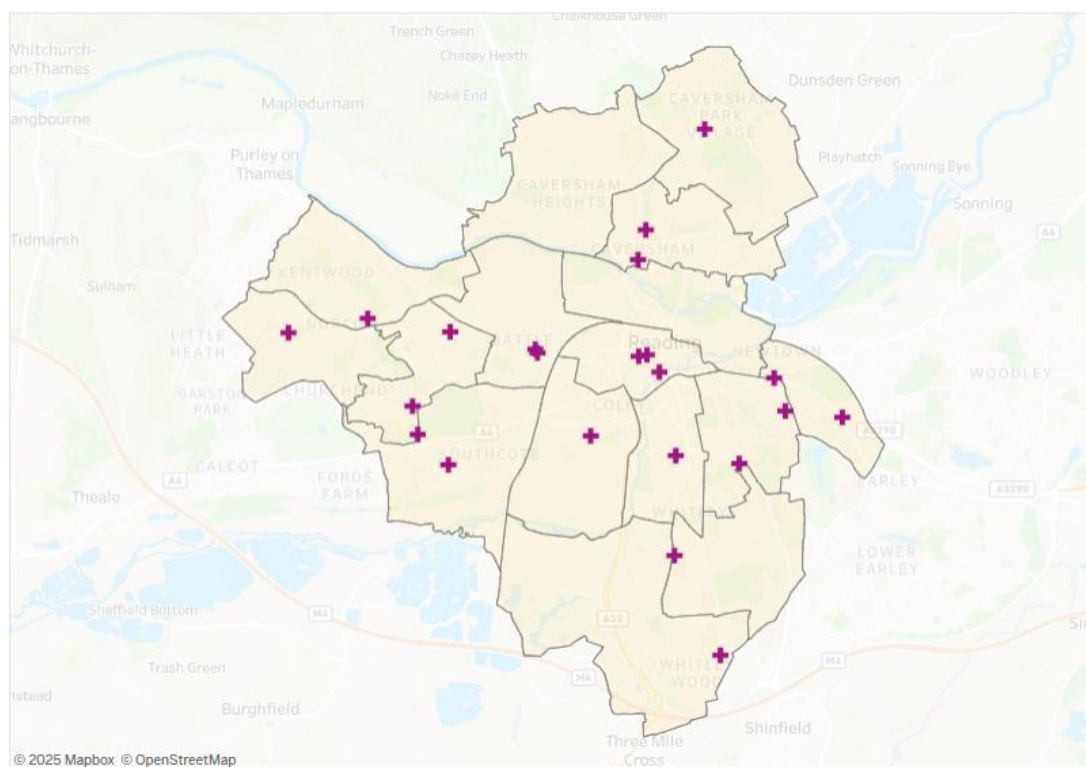
Source: Community Pharmacy Thames Valley

Supervised Consumption

8.8 Community pharmacies play a key role in supporting individuals managing substance misuse. This enhanced service includes supervised consumption of opioid substitution therapies (e.g., methadone or buprenorphine) to ensure proper administration and reduce the risk of diversion or misuse.

8.9 Supervised consumption services are available at 22 pharmacies across Reading.

Figure 8.2: Distribution of pharmacies that provide Supervised Consumption Services



Source: Community Pharmacy Thames Valley

Table 8.2: Number of pharmacies that provide supervised consumption by ward

Ward	Number of pharmacies
Abbey	3
Southcote	2
Redlands	2
Park	2
Norcot	2

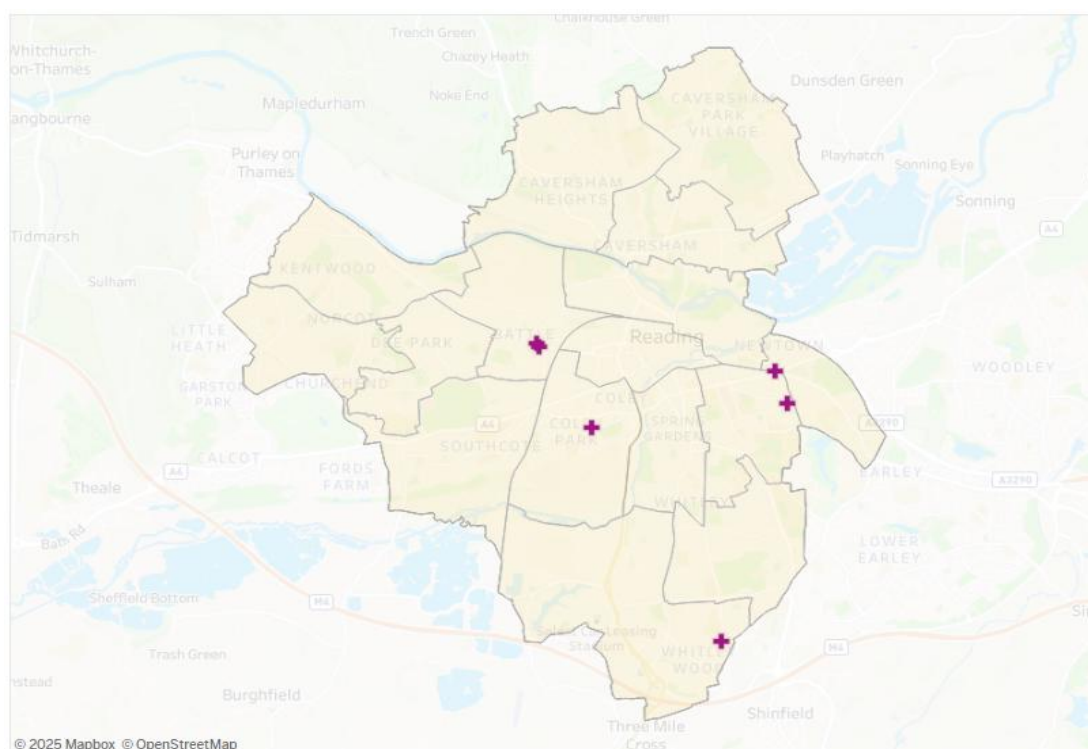
Caversham	2
Battle	2
Whitley	1
Tilehurst	1
Kentwood	1
Katesgrove	1
Emmer Green	1
Coley	1
Church	1
Total	22

Source: Community Pharmacy Thames Valley

Needle Exchange

- 8.10 Pharmacists also provide needle and syringe exchange services, offering clean equipment to minimise the spread of bloodborne infections like HIV and hepatitis C.
- 8.11 Needle exchange services are available at six pharmacies across Reading.

Figure 8.3: Distribution of pharmacies that provide Needle Exchange Services



Source: Community Pharmacy Thames Valley

Table 8.3: List of pharmacies providing needle exchange services

Pharmacy	Address	Ward
Erleigh Pharmacy	85-87 Erleigh Road, Reading, Berkshire	Redlands
Fourways Pharmacy	195 London Road, Reading, Berkshire	Park

Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	Whitley
Newdays Pharmacy	60 Wensley Road, Coley Park, Reading	Coley
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle

Source: Community Pharmacy Thames Valley

Guaranteed Provision of Urgent Medication (Including Palliative care & antivirals)

8.12 The Guaranteed Provision of Urgent Medication service ensures prompt access to essential medicines, including palliative care drugs and antivirals, for patients with immediate needs. This service helps improve health outcomes and reduces pressure on urgent care by ensuring timely support, especially for vulnerable patients.

8.13 Two pharmacies in Reading offer this service.

Minor Ailment Scheme (MAS)

8.14 The local Minor Ailment Scheme, open to pharmacies in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB area, has been extended to the end of March 2025. Targeted at patients on low income and their dependents, for a concise list of OTC medicines, the service is paid in addition to the referral fee or can be used for eligible walk-in patients. Claims are made through PharmOutcomes.

8.15 Seven Reading pharmacies provide the MAS service as listed below.

Table 8.4: List of pharmacies that offer Minor Ailment Scheme services

Pharmacy	Address	Ward
Markand Pharmacy	122 Henley Road, Caversham, Nr Reading, Berkshire	Caversham
Medway Pharmacy	32 Meadway Precinct, Tilehurst, Reading	Norcot
Southcote Pharmacy	36 Coronation Square, Reading, Berkshire	Southcote
Saood Pharmacy	104a Oxford Road, Reading	Abbey
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Emmer Green Pharmacy	5 Cavendish Road, Caversham Park, Reading, Berkshire	Emmer Green
Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Tilehurst, Reading, Berkshire	Kentwood

Source: Community Pharmacy Thames Valley

Other prescribing centres

- 8.16 These are considered in the PNA as they have the potential to increase demand for pharmaceutical services.

Walk-in Centres

- 8.17 Reading has the following walk-in centres where urgent medical care can be provided without an appointment.

- Reading Urgent Care Centre located on the first floor of the Broad Street Mall.

GP extended access hubs

- 8.18 Primary Care Networks provide additional primary care appointments outside standard general practice hours (including weekday evenings and Saturdays) from multiple general practice locations.

End of life services

- 8.19 In Reading palliative care services are provided by the NHS and charities.
- 8.20 Palliative care services can be obtained from the Duchess of Kent Hospice at Liebenrood road.

Mental Health services

- 8.21 Reading offers a variety of mental health services to support individuals facing mental health challenges:
- Drug and Alcohol Service Reading at Weylen Street.
 - Prospect Park Hospital at Honey End Lane.
 - Erlegh House, University of Reading at Earley Gate.

Chapter 9 - Conclusions and Statements

- 9.1 This PNA has considered the current provision of pharmaceutical services across the Reading HWB area and assessed whether it meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document.
- 9.2 This chapter will summarise the conclusions of the provision of these services in Reading with consideration of surrounding HWB areas.

Current Provision

- 9.3 The Reading Task and Finish group has identified the following services as necessary to meet the need for pharmaceutical services:
- Essential services provided at all premises, including those though outside the Reading HWB area, but which nevertheless contribute towards meeting the need for pharmaceutical services in the area.
- 9.4 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to pharmaceutical services. The Reading Task and Finish group has identified the following as Other Relevant Services:
- Adequate provision of advanced, enhanced, and locally commissioned services to meet the need of the local population, including premises which although outside the Reading HWB area, but which nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- 9.5 Preceding chapters of this document have set out the provisions of these services with reference to their locality, as well as identifying service by contractors outside the HWB area, as contributing towards meeting the need for pharmaceutical services in Reading.

Current provision of necessary services

- 9.6 Essential services are deemed as necessary services as described above. In assessing the provision of essential services against the needs of the population, the PNA Task and Finish group considered access as the most important factor in determining the extent to which the current provision of essential services meets the

needs of the population. To determine the level of access within the borough to pharmaceutical services, the following criteria were considered:

- Distance and travel time to pharmacies
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Demographics of the population
- Health needs of the population and patient groups with specific pharmaceutical service needs

9.7 The above criteria were used to measure access in each of the 16 localities within Reading's HWB.

9.8 There are 1.5 community pharmacies per 10,000 residents in Reading. Though this ratio is below the national average of 1.7 pharmacies per 10,000 residents. Majority of the borough's population is within 1 mile of a pharmacy. Additionally, all residents are within a 20-minute drive of a pharmacy. All GP practices are also within 1 mile of a pharmacy.

9.9 Factoring in all of this, the residents of Reading are well served in terms of the number and location of pharmacies.

Current provision of necessary services during normal working hours

9.10 All pharmacies are open for at least 40 hours each week. There are 27 community pharmacies in the borough, and a further 5 within a mile of the border of Reading, providing good access as determined in Chapter 7.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services inside normal working hours in any of the localities.

Current provision of necessary services outside normal working hours

9.11 On weekdays, nine pharmacies in Reading are open before 9am and twenty-seven are open after 5pm. These are mapped out in Chapter 7 and show good coverage of services available on weekdays outside normal working hours.

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- 9.12 Seventeen out of twenty-seven community pharmacies are open on Saturday while seven are open on Sunday. Considering these pharmacies and those in neighbouring boroughs, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services outside normal working hours in any of the localities.

Current provision of other relevant services

Current provision of advanced pharmacy services

- 9.13 The following advanced services are currently available for provision by community pharmacies: Pharmacy First Service, New Medicine Service, Flu vaccination service, Pharmacy Contraception Service, Hypertension Case-finding service, Smoking Cessation Service, Appliance Use Reviews, Stoma Appliance Customisation and Lateral Flow Device tests supply service.
- 9.14 The Pharmacy First Service is provided by all the 27 pharmacies in the borough.
- 9.15 NMS is widely available with 23 out of 27 pharmacies in the borough providing it.
- 9.16 Flu vaccinations are also widely provided, with 23 out of 27 pharmacies in the borough offering them.
- 9.17 Twenty-five pharmacies provide the Hypertension Case-finding Service.
- 9.18 Twenty-three pharmacies in Reading offer the Pharmacy Contraception Service.
- 9.19 Fifteen Reading pharmacies currently provide the Smoking Cessation Service.
- 9.20 Though the available NHSBSA data does not show any Reading pharmacies delivering the AURs or SACs, these services are widely available from other health providers such as district nurses and dispensing appliance contractors.
- 9.21 The Lateral Flow Device test supply service is provided by 22 out of 27 pharmacies in Reading.
- 9.22 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Reading.

Current access to enhanced pharmacy services

- 9.23 COVID-19 vaccination service is a nationally commissioned enhanced service and is provided by 17 out of 27 pharmacies in Reading.

Current access to Locally Commissioned Services

- 9.24 These services are commissioned by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the Reading population. These services include Emergency Hormonal Contraception, Supervised Consumption, Needle Exchange, Guaranteed Provision of Urgent Medication (including palliative care and antivirals) and the Minor ailment scheme.
- 9.25 Fifteen pharmacies in Reading offer the Emergency Contraceptive Service.
- 9.26 Twenty-two pharmacies in Reading provide the Supervised Consumption Service.
- 9.27 Six pharmacies in Reading provide the Needle Exchange Service.
- 9.28 Two pharmacies in Reading offer the Guaranteed Provision of Urgent Medication service.
- 9.29 Overall, there is very good availability of locally commissioned services in the borough.

Based on the information available at the time of developing the PNA, no gaps were identified in services that if provided would secure improvements and better access to pharmaceutical services in general, or pharmaceutical services of a specific type in any of the localities.

Future Provision

- 9.30 The Health and Wellbeing Board has considered the following future developments:
- Forecasted population growth
 - Housing Development information
 - Regeneration projects
 - Changes in the provision of health and social care services
 - Other changes to the demand for services

Future provision of necessary services

Future provision of necessary services during normal working hours

- 9.31 The HWB is aware of new regulatory changes by the Department of Health and Social Care affecting DSPs. This includes that from 23rd June 2025, no new applications for DSPs can be accepted/are permitted under the Pharmaceutical and Local Pharmaceutical Services (PLPS) regulations. It is also expected that from 1st October 2025 (with exception of COVID-19 and influenza vaccination services), DSPs will no longer be permitted to deliver directed services (Advanced and Enhanced services) in person to a patient. They may continue to deliver the COVID-19 and influenza vaccination services onsite, face-to-face, at their premises, until 31st March 2026.
- 9.32 The PNA is aware of and has considered the proposed housing developments in Reading, particularly the larger developments in the Abbey and Whitney ward.
- 9.33 The analysis has considered these developments, as well as other causes of population increases. Reading pharmacies have relatively low dispensing numbers compared to the rest of the nation (7,813 items per month compared to 8,689 for the national average) with a pharmacy located Abbey ward dispensing as low as 3,739 items per month. This is suggestive that the pharmacies, including those around the new developments, have ample capacity to cater for the additional pharmaceutical provision demands created by the expected population increase.
- 9.34 It is therefore concluded that pharmacy provision within Reading is well placed to support these during the lifetime of the PNA.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services during normal working hours in the lifetime of this PNA in any of the localities.

Future provision of necessary services outside normal working hours

- 9.35 The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services outside of normal working hours in the lifetime of this PNA in any of the localities.

Future provision of other relevant services

- 9.36 Through the LPC, local pharmacies have indicated that they have capacity to meet future increases in demand for advanced, enhanced and locally commissioned services.
- 9.37 The PNA analysis is satisfied that there is sufficient capacity to meet any increased demand of services.
- 9.38 The PNA did not find any evidence to conclude that the services these pharmacies offer should be expanded.

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access, in any of the localities.

Appendix A - Buckinghamshire, Oxfordshire and Berkshire West-wide Pharmaceutical Needs Assessment Steering Group Terms of Reference

Background

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

Health and Wellbeing Boards have a duty to ensure revised PNAs are in place by October 2025. The coordination and high-level oversight of the PNAs covering the five local authorities across the Buckinghamshire, Oxfordshire and Berkshire West ICB footprint has been delegated to a steering group of partners. This collaborative approach aims to encourage the widest range of stakeholders and those with an interest in the PNA to participate in its development whilst reducing the burden on some partners to contribute to five separate PNAs. Following local discussions, it has been agreed to establish a BOB-wide Steering Group oversee the progress of the five PNAs for BOB-area HWBs.

Remit and Functions of the Group

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

- Ensure the PNAs comply with relevant legislation and meet the statutory duties of the Health and Wellbeing Boards.
- Ensure representation and engagement of a range of stakeholders.
- To support the five HWBs in the development of their PNAs by working collaboratively across the BOB area to ensure that the evidence base is joined

up to better support the Integrated Care Board and Local Authorities in their commissioning decisions.

- To communicate to a wider audience how the PNA is being developed.
- Ensure that the PNAs link with both national and local priorities.
- Ensure that the PNAs reflect future needs of the populations of the five respective Health and Wellbeing Board areas.
- Ensure that the PNAs become an integral part of the commissioning process.
- Ensure that the PNAs inform the nature, location and duration of additional services that community pharmacies and other providers might be commissioned to deliver.
- Ensure the PNAs guide the need for local pharmaceutical services (LPS) contracts and identify the services to be included in any LPS contract.

Frequency of Meetings

The Group will meet 5 times, as a minimum, during the production of the PNAs (between December 2025 and October 2025).

Governance

This BOB Steering Group will be chaired by the Clinical Lead for Medicines Optimisation from the ICB, or the Chief Pharmacist in the Chair's absence. This BOB Steering Group will be accountable to the HWBs of Buckinghamshire, Oxfordshire, Reading, West Berkshire, and Wokingham.

- Buckinghamshire – A project group chaired by Public Health has responsibility on behalf of the Buckinghamshire HWB to ensure the PNA is conducted according to the legislation. There will be direct reporting between this group and the Buckinghamshire project group.
- Oxfordshire – The Oxfordshire HWB has discharged the sign-off of the draft and final PNA to the Chair of the HWB and the Director of Public Health. An Oxfordshire project group chaired by Public Health has been established to ensure the PNA is conducted according to the legislation. The HWB has agreed to the alignment of the publication of the Oxfordshire PNA with other HWBs in

the region, allowing for a more coordinated approach with NHS colleagues. There will be direct reporting between this BOB PNA Steering Group and the Oxfordshire project group.

- Reading –The Reading HWB delegated responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner to the Director of Public Health, and delegated authority to approve the consultation draft version of the PNA to the Reading and West Berkshire Task and Finish Group and the BOB PNA Steering Group.
- West Berkshire – The West Berkshire HWB delegated responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner to the Director of Public Health, and delegated authority to approve the consultation draft version of the PNA to the Reading and West Berkshire Task and Finish Group and the BOB PNA Steering Group.
- Wokingham - The Wokingham HWB delegated responsibility for the delivery of the PNA to a steering group, including the sign-off of the pre-consultation draft to the BOB Steering Group. To ensure this sign-off, a local Wokingham sub-group has been formed. There will be direct reporting between the BOB Steering Group and the Wokingham sub-group. The sign off the final PNA remains the responsibility of the Wokingham HWB.

This steering group will be chaired by the Clinical Lead for Medicines Optimisation from the ICB.

Membership

Membership of the Group shall be as follows:

- BOB ICB Clinical Lead for Medicines Optimisation (Chair)
- Public Health leads of five Local Authorities
- Local Pharmaceutical Committee representative(s)
- BOB ICB pharmacy, general ophthalmic, and dental (POD) commissioning Representative

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- BOB ICB South East Commissioning Hub – Pharmacy Commissioning Manager
 - Healthwatch representatives
 - Local Medical Committee representative(s)

Members will endeavour to find a deputy to attend where the named member of the group is unable to attend.

Other colleagues may be invited to attend the meeting for the purpose of providing advice and/or clarification to the group.

Quoracy

A meeting of the group shall be regarded as quorate provided that a ICB Pharmacy Contracting representative and at least 3 representatives from the 5 local authorities are present.

Confidentiality

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

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

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

Declarations of Interest

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

Date of final draft: 30 April 2025

Appendix B - Pharmacy provision within Reading and 1 mile of its boundary

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
Reading	Abbey	Community Pharmacy	FDT21	Boots	47-48 Broad Street, Reading, Berkshire	RG1 2AE	No	Yes	Yes	No
			FFY65	Boots	25 Town Mall Walk, The Oracle, Reading, Berkshire	RG1 2AH	No	Yes	Yes	Yes
			FGX83	Superdrug Pharmacy	55-59 Broad Street, Reading, Berkshire	RG1 2AF	Yes	Yes	Yes	No
			FLK26	Saood Pharmacy	104a Oxford Road, Reading,	RG1 7LL	No	Yes	No	No
	Battle	Community Pharmacy	FA368	Tesco Instore Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	RG30 1AH	Yes	Yes	Yes	Yes
			FMW33	Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	RG30 1AY	Yes	Yes	No	No
			FQP38	Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	RG30 1AD	Yes	Yes	Yes	Yes
	Caversham	Community Pharmacy	FA597	Markand Pharmacy	122 Henley Road, Caversham, Nr Reading, Berkshire	RG4 6DH	No	Yes	Yes	No
			FEX35	Boots	45 Church Street, Caversham, Reading	RG4 8BA	No	Yes	Yes	No

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
			FMJ89	Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	RG4 7SS	Yes	Yes	Yes	No
	Church	Community Pharmacy	FE270	Whitley 277 Pharmacy	277 Basingstoke Road, Reading, Berkshire	RG2 0JA	No	Yes	No	No
	Coley	Community Pharmacy	FLR49	Newdays Pharmacy	60 Wensley Road, Coley Park, Reading	RG1 6DJ	Yes	Yes	Yes	No
	Emmer Green	Community Pharmacy	FQV38	Emmer Green Pharmacy	5 Cavendish Road, Caversham Park, Reading, Berkshire	RG4 8XU	Yes	Yes	Yes	No
	Katesgrove	Community Pharmacy	FG814	Milman Road Pharmacy	Milman Road Health Centre, Ground Floor Milman Road, Reading, Berkshire	RG2 0AR	Yes	Yes	No	No
			FGD71	Basingstoke Road Pharmacy	71 Basingstoke Road, Reading, Berkshire	RG2 0ER	No	Yes	Yes	No
	Kentwood	Community Pharmacy	FVF36	Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Tilehurst, Reading, Berkshire	RG30 6BW	Yes	Yes	No	No
	Norcot	Community Pharmacy	FFX18	Medway Pharmacy	32 Meadway Precinct, Tilehurst, Reading	RG30 4AA	No	Yes	Yes	No

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
			FQD26	Grovelands Pharmacy	2 Grovelands Road, Reading, Berkshire	RG30 2NY	No	Yes	No	No
	Park	Community Pharmacy	FAE42	The Reading Pharmacy	105 Wokingham Road, Reading, Berkshire	RG6 1LN	No	Yes	Yes	No
			FDP58	Fourways Pharmacy	195 London Road, Reading, Berkshire	RG1 3NX	No	Yes	No	No
		DSP	FEX81	Orange Pharmacy	237 London Rd, Reading, Berkshire	RG1 3NY	No	No	No	No
	Redlands	Community Pharmacy	FA288	Erleigh Pharmacy	85-87 Erleigh Road, Reading, Berkshire	RG1 5NN	No	Yes	No	No
			FW067	Christchurch Road Pharmacy	68 Christchurch Road, Reading, Berkshire	RG2 7AZ	No	Yes	Yes	No
	Southcote	Community Pharmacy	FHF90	Southcote Pharmacy	36 Coronation Square, Reading, Berkshire	RG30 3QN	No	Yes	Yes	No
			FT293	Asda Pharmacy	Honey End Lane, Reading, Berkshire	RG30 4EL	No	Yes	Yes	Yes
	Tilehurst	Community Pharmacy	FDX71	Triangle Pharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	RG31 5AW	No	Yes	Yes	No
			FGF17	Tilehurst Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	RG31 5AR	No	Yes	No	No

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
	Whitley	Community Pharmacy	FLG15	Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	RG2 8NY	No	Yes	No	No
		DAC	FMV40	Fittleworth Medical Limited	3 Woodside Business Park, Whitley Wood Lane, Reading, Berkshire	RG2 8LW	No	No	No	No
West Berkshire		Community Pharmacy	FM678	Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	RG31 6PR	No	Yes	No	No
Wokingham		Community Pharmacy	FA448	Asda Pharmacy	Chalfont Way, Lower Earley, Reading, Berkshire	RG6 5TT	No	Yes	Yes	Yes
			FY485	Boots	Unit 2, Asda Mall, Lower Earley District Ctr, Lower Earley, Reading, Berkshire	RG6 5GA	Yes	Yes	Yes	No
			FNE16	Boots	5 The Parade, Silverdale Road, Earley, Reading, Berkshire	RG6 7NZ	No	Yes	Yes	No
			FA593	Shinfield Pharmacy	Shinfield Prim. Care Ctr, School Green, Shinfield, Berkshire	RG2 9EH	No	Yes	No	No

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
			FRP45	Vantage Chemist	231 Shinfield Road, Reading, Berkshire	RG2 8HD	No	Yes	Yes	No

Appendix C - Consultation report

This report presents the findings of the consultation for the Reading PNA for 2025 to 2028.

For the consultation, the draft PNA was sent to a list of statutory consultees outlined in Chapter 1, paragraph 1.13. In total 3 people responded to the consultation via email or via our consultation survey, they represented:

- Oxfordshire County Council.
- Royal Berkshire Foundation Trust.
- Unknown.

The PNA steering group constituted the majority of the stakeholders we must consult with for this consultation who fed into this PNA before it was presented for the 60-day consultation.

The responses to the survey regarding the PNA were positive. They are presented in the table below. Additional comments received via are presented in the table that follows.

Consultation survey Question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	3		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	3		
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?		3	
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	3		
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	3		
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	3		

Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	2		1
Do you agree with the conclusions of the pharmaceutical needs assessment?	3		

The table below presents the comments received during the statutory 60-day consultation period and the response to those comments from the steering group.

Additional comments	PNA Steering Group response
<ul style="list-style-type: none"> The assessment does not reference the potential impact of the evolving ICB blueprint model on pharmaceutical services. While the full implications are currently unclear, it is worth noting that this may affect service delivery over the lifetime of the PNA. There is potential to expand advanced services in community pharmacy, particularly in support of the broader shift from treatment to prevention. These could include: Weight management clinics, offering structured support and treatment pathways for obesity and related conditions. Point-of-care testing services, such as cholesterol and other cardiovascular risk markers, to support early detection and proactive management in the community setting. 	<p>Thank you for your comment. Reference of Fit for the Future: 10 Year Health Plan for England which was published in July 2025 has now been referenced in Chapter 2 of this report.</p> <p>Thank you for your feedback. This will be shared with the steering group and HWB for consideration.</p>