5 Context of NHS Oxfordshire - Local Strategic Priorities

5.1 PCT Goals

Through the NHS Oxfordshire Strategic Plan 2008-2013 the PCT has developed a set of goals through which it will deliver its vision. We will work in partnership to:

5.1.1 Ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients optimum access to satisfactory, timely high quality care that also offers good value for money.

NHS Oxfordshire must continue to focus on getting the basics right. If we do not manage the provider market in a way that enables us to continue to provide the right core services for our population, at a sufficiently high standard, within a controlled budget, we will not have the capacity to invest in and deliver other aspects of this strategy. There is a demand management initiative which will help deliver this goal.

5.1.2 Improve health outcomes and promote independence for the following key population groups:

- older people
- those with long term conditions
- people with mental health problems
- children and families living in areas of deprivation.

The PCT has identified these patient groups as priorities because of the increasing health needs of a growing elderly population and people with long term conditions such as hypertension, diabetes and mental health problems, and the persistent inequalities that impact on the health and wellbeing of children and families in Oxfordshire’s most deprived areas. These priorities respond to the recommendations of the Director of Public Health’s Annual Report IV 2009-2010, and the county’s Joint Strategic Needs Assessment (JSNA).

5.1.3 Improve access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity into primary and community care settings delivered closer to home which are coordinated and offer the right mix of quality, safety and value.

The PCT believes that a fundamental shift in the quality of care for these target groups can be achieved if it can begin to deliver the national and regional ambition of providing seamless, joined up care for patients, with as many elements of a care pathway as possible being provided close to where patients live.

We have therefore begun work on improving the care pathway for diabetes and over the life of this strategy will want to commission improved care pathways for stroke, vascular conditions, and cancer and expect this to result in a shift of activity away from the acute hospital setting. In addition the PCT will continue its work to develop other forms of care closer to home through GP Commissioning Led initiatives and the work
currently being undertaken to create an arms length separation between commissioning of community services and their provision.

5.1.4 Help more local people of all ages to make sustainable health lifestyle choices. Our local demographic forecasting and disease modelling suggests that, in line with regional and national strategy, the local NHS must increase its efforts to reduce demand for health services by working to support people to stay well. In Oxfordshire we particularly need to focus on tackling obesity in adults and children, reducing smoking and managing alcohol misuse. Although Oxfordshire has lower than average rates of smoking and obesity compared to national rates, both represent serious health risks affecting significant numbers of people. Just over one fifth of Oxfordshire’s adult population were smokers in 2005 (over 125,000 people), and of adult patients measured during 2007/08 almost 7% were found to have a Body Mass Index (BMI) of over 30, classed as obese. Amongst children, in the first year of BMI measurement 8% and 15% of children in their reception year or year 6 respectively were classed as obese. Longer term trend data on obesity is not yet available for the county, but it is likely that Oxfordshire follows the national trend of increasing obesity rates. The JSNA highlights the risks to health from obesity including reduced overall life expectancy.

5.1.5 Reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the PCT population as a whole. Oxfordshire has a comparatively healthy population, but there are distinct geographical communities in Oxford and Banbury where life expectancy and health outcomes are markedly worse than both the local and national averages. More in depth information about how these goals are going to be achieved can be found on the NHS Oxfordshire website under section PCT Strategy.

5.2 Identifying local needs

5.2.1 Oxfordshire as a place to live

Oxfordshire is a predominantly rural county in which approximately 675,000 people live. Indeed, the county is the most rural in the South East region and West Oxfordshire is one of the region’s least densely populated districts. Over 50% of the population live in settlements of less than 10,000 people. There are also urban areas, such as Oxford and Banbury. The county is best described as a mix of areas with distinctive characteristics as follows:

- Oxford City
- Major towns – Banbury, Bicester, Witney, Abingdon, Didcot
- Market towns – 19 smaller towns serving rural communities
- Rural settlements – villages, hamlets and isolated dwellings

Health and well-being in Oxfordshire has been improving for many years. In general the population is healthy and compares well with the South East region and the rest of the country. The rate of improvement in longevity is in line with that across the country, average life expectancy for both men and women in Oxfordshire is more than
a year greater than rates for England overall. An Oxfordshire woman can expect to live 83–84 years on average, with men in Oxfordshire living to over 79 years.

5.2.2 Oxfordshire’s age profile

There are approximately 675,000 people living in the county, compared with 674,000 in 2009. This growth is expected to continue, passing 719,410 by 2015. The age profile continues to increase, with new data showing an additional 346 people aged over 85 – an increase of over 2% from 2009 forecast.

Oxford’s age profile is, again, rather different from the rest of the county (and indeed from England as a whole). This is due to the large number of students, which creates an artificial bulge in the 20–24 population. Within Oxford, there are 4% more people aged under 65 as a proportion of its total population. Cherwell differs to a lesser extent – its proportion of children is similar to the rest of Oxfordshire’s districts, but there are slightly more adults and slightly fewer older people as a proportion of its overall population. The other three districts are very similar to each other and much closer to the typical profile for England. Proportion of children, adults and older people in Oxfordshire’s districts:

<table>
<thead>
<tr>
<th>District</th>
<th>% of children in the population (0-17 yrs)</th>
<th>% of adults in the population (18-64 yrs)</th>
<th>% of older people in the population (65+ yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxford</td>
<td>17%</td>
<td>72%</td>
<td>11%</td>
</tr>
<tr>
<td>Cherwell</td>
<td>23%</td>
<td>63%</td>
<td>14%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>23%</td>
<td>61%</td>
<td>17%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>23%</td>
<td>61%</td>
<td>16%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>22%</td>
<td>61%</td>
<td>17%</td>
</tr>
<tr>
<td>Oxfordshire (incl. Oxford)</td>
<td>21%</td>
<td>64%</td>
<td>15%</td>
</tr>
<tr>
<td>Oxfordshire (excl. Oxford)</td>
<td>23%</td>
<td>61%</td>
<td>16%</td>
</tr>
<tr>
<td>England</td>
<td>22%</td>
<td>63%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics (ONS) 2007 mid year estimates

The population pyramid below shows that the proportion of people under the age of 50 contracts whilst the population over 50 expands. When projecting this information, the future shows the proportion of children in the four rural districts continuing to fall at roughly similar rates, reflecting the ageing of the county’s population. This is forecast to continue for the following 15 years, except in Oxford, where the proportion of children will steadily increase to the highest proportion by the mid-2030s, instead of the lowest as at present.
Changes to Oxfordshire’s population pyramid 2009-16:

Improvements in income and health care and healthier lifestyles have led to improved longevity which, combined with declining fertility, means there is a profound shift in the structure of our population. Population projections show that the adult population (18-65 years) is set to remain broadly at the same level as today. However, the number of older people will continue to grow, most notably in rural districts (the exception is in Oxford city). It was estimated that by 2010, that there would be nearly 15,000 people aged over 85 years in Oxfordshire, and over 24,000 by 2028. The increase in the numbers of older people may result in more people needing support to remain independent in later life. In contrast, the number of children under 10 years in the county is expected to decline. This partly reflects the reduction in the number of women of child-bearing age as the post-war ‘baby-boom’ generation grow older.

5.2.3 Future population growth

Today in 2010, the registered patient population of Oxfordshire is 675,000. This population is projected to grow to 719,410 by 2015.

In recent years there have been net population increases in Oxford and West Oxfordshire, although these were partially offset by reductions in Cherwell, South Oxfordshire and the Vale of White Horse. Future population growth in the county will be concentrated in and around Oxford, Bicester (including Eco-Bicester) Banbury, Didcot and Wantage where several thousand new homes will be built over the next five years with further planned growth to 2030.

In Oxford City, there are plans for more housing in the West End, Barton and Greater Leys. In Cherwell in addition to the first phase of the Ecotown there will also be other housing developments in Bicester at South West Bicester, Gavray Drive and nearby at Upper Heyford. In Banbury housing growth is centred on the Canalside and Bankside developments. In West Oxfordshire Witney and Carterton are the focus for growth. In Didcot, the Great Western Park development will increase housing in both South
Oxfordshire and the Vale of the White Horse. Also in South Oxfordshire, Wallingford will grow both in the town itself and in the nearby site of the former Fairmile Hospital. In the Vale of the White Horse there will be developments in Abingdon, Wantage, Faringdon, Botley and Grove, most significantly at the Grove Airfield site.

Overall, a total of 19,308 extra housing units are expected to be built between 2010 and 2015.

5.2.4 Ethnicity

A low proportion of Oxfordshire’s population is from ethnic minority groups, with the non-white population being 4.9%.

<table>
<thead>
<tr>
<th></th>
<th>Oxfordshire PCT</th>
<th>Oxford city</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>White British</td>
<td>521 272</td>
<td>89.80%</td>
</tr>
<tr>
<td>White Irish</td>
<td>7 339</td>
<td>1.30%</td>
</tr>
<tr>
<td>Other White</td>
<td>23 186</td>
<td>4.00%</td>
</tr>
<tr>
<td>Mixed White and Black Caribbean</td>
<td>2 115</td>
<td>0.40%</td>
</tr>
<tr>
<td>Mixed White and Black African</td>
<td>788</td>
<td>0.10%</td>
</tr>
<tr>
<td>Mixed White and Asian</td>
<td>2 186</td>
<td>0.40%</td>
</tr>
<tr>
<td>Other Mixed</td>
<td>1 875</td>
<td>0.30%</td>
</tr>
<tr>
<td>Indian</td>
<td>3 989</td>
<td>0.70%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>3 987</td>
<td>0.70%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1 173</td>
<td>0.20%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>1 195</td>
<td>0.20%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>2 420</td>
<td>0.40%</td>
</tr>
<tr>
<td>Black African</td>
<td>2 020</td>
<td>0.30%</td>
</tr>
<tr>
<td>Other Black</td>
<td>499</td>
<td>0.10%</td>
</tr>
<tr>
<td>Chinese</td>
<td>3 778</td>
<td>0.70%</td>
</tr>
<tr>
<td>Other Ethnic</td>
<td>2 923</td>
<td>0.50%</td>
</tr>
<tr>
<td></td>
<td>580 745</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Population ethnicity data for Oxfordshire PCT and County from 2001 census
5.2.5 Local Health Profile

The leading causes of death in Oxfordshire are diseases of the circulatory system, including heart attacks and strokes. This is followed by all cancers and respiratory diseases. Coronary heart disease is the biggest cause of mortality in Oxfordshire and in the UK.

The chart above shows how the relative proportions of the main causes of death vary across the different localities. This generally relates to differing population structures. For example, diseases of the circulatory system and the nervous system make up a far smaller proportion of all deaths in Cowley and Iffley than in Thame and Watlington, whereas external causes make up a much greater proportion in Cowley locality than in Thame.

From 1996 to 2006, mortality rates from all circulatory diseases in people under 75 years have been better (i.e. lower) in Oxfordshire than in England, and have reduced by 45%. This means that for Oxfordshire PCT performance in this area was broadly equivalent with reductions for England as a whole. Over the same ten years, mortality rates from all cancers in people under 75 years were also better (i.e. lower) in Oxfordshire than in England. However, the rate of improvement for mortality from cancer was 11%, compared with a reduction of 19% for England as a whole. In other words, the rest of the country is rapidly becoming as good as Oxfordshire has been.

5.2.6 Local health inequalities

Data from the Index of Multiple Deprivation (IMD) shows that Oxfordshire is overall relatively well-off and on average it scores better than most places. However, the distribution of income amongst the local population is very uneven. Closer inspection reveals inequalities of outcomes affecting particular parts of the county. This is well illustrated by the contrast in overall deprivation; the majority of Oxfordshire areas are in the least deprived quartile for England however, there is 3% of the county that features
in the most deprived. Most of these pockets of deprivation are in Oxford and Banbury as shown in the map overleaf.

There are 14 small areas of Oxfordshire which are in the most deprived 20% in England. These small areas are defined as places where people suffer multiple deprivations – a measurement which reflects a complex mixture of poor outcomes in health, educational attainment, crime, access to services, employment, income and living environment. These communities are set in a prosperous county where the overall ranking is 137 out of 149, where 149 is the least deprived. There is clear evidence that the experience of inequality is far more acute when the difference between “have” and “have not” is great and this is certainly true in Oxfordshire.

Analysis shows that 3 wards in Banbury and 4 in Oxford City have complex deprivation problems which result in poor outcomes. These include

- Lower life expectancy, with a gap of over 16 years between the worst ward in the City and the best ward in South Oxfordshire (Lowest life expectancy 72.2 (CI 69.2-75.2) and highest 88.7 (CI 79-98.4) (Source: Decision Support, rolling averages, 2003-07).
- The gap in mortality rates between the best and worst off in both Oxford City and Cherwell District is getting wider.
- Poor school attainment – only 18.5% students in one City School achieved 5 grade A*-C GCSEs including English and Maths in 2007-08 compared to the county average of 50.5%
- Low rates of skills or uptake of training in adults – more Super Output Areas (SOAs) in Oxfordshire were in the worst 20% for education, skills and training in 2007 than in 2003.
- High numbers of young people not in Education, Employment or Training (NEET). Of the 921 young people classified at “NEET” in 2009, almost a quarter live in the 10 most deprived wards of Banbury and Oxford. (where only 12% of the total population of young people live).

The PCT has developed a set of goals through which it will deliver its vision for the future health of the people of Oxfordshire. These goals are outlined in section 5.1 of this PNA document and in more detail in the NHS Oxfordshire Strategic Plan 2008-2013. A key aim is to improve health outcomes and promote independence for the following key population groups:

- those with long term conditions
- older people
- children and families living in areas of deprivation
- people with mental health problems
- vulnerable populations

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1 Super Output Areas (SOAs) are a set of geographies developed after the 2001 census. The aim was to produce a set of areas of consistent size, whose boundaries would not change (unlike electoral wards). They are an aggregation of adjacent Output Areas with similar social characteristics. Lower Layer SOAs typically contain 4 to 6 OAs with a population of around 1500. Middle Layer SOAs on average have a population of 7,200. Upper Layer SOAs are still being calculated; they are expected to cover a population of at least 25,000 each
This PNA has looked in more detail at the health profiles of each of these key population groups and the role of pharmaceutical services in meeting their needs now and in the future.
5.3 Supporting people with long term conditions (LTC)

Pharmacy services have a key role in supporting people with long term conditions to improve their quality of life, health and wellbeing and to lead as independent a life as possible by supporting self care. People with long term conditions are major users of health and social care services, accounting for 55% of GP consultations, 68% of outpatient/A&E appointments and 77% of inpatient bed days. This chapter considers people living in Oxfordshire with long term conditions also referred to as limiting long term illnesses such as hypertension, obesity, asthma, kidney disease, diabetes and coronary heart disease.

Prevalence of diseases and conditions in Oxfordshire:

![Graph showing prevalence of various diseases and conditions in Oxfordshire](source)

Hypertension (high blood pressure), obesity, asthma, kidney disease and diabetes are the most common conditions in Oxfordshire's populations and over the last year the number of people affected have all increased, with obesity seeing the biggest increase - up by almost a fifth but probably due to better awareness and recording than to a physical increase in obesity.

The table below shows the distribution of these conditions across the six different Practice Based Commissioning consortium. Blocks coloured green show prevalence rates below the middle fifth (quintile) for Oxfordshire, while those in red have rates above the middle fifth. Those coloured blue are too similar to separate out. It should be remembered that this data reflects what is recorded, not necessarily the true prevalence, as diagnosis can be protracted for conditions such as mental ill-health and learning disabilities. Oxfordshire County Council (OCC) hold much more detailed information on the numbers of people with a learning disability, their needs and projected changes in that population.
Prevalence of diseases and conditions in Oxfordshire by PBC consortium:

<table>
<thead>
<tr>
<th>2009</th>
<th>North Oxfordshire</th>
<th>East Oxfordshire</th>
<th>Oxford City</th>
<th>South Oxfordshire</th>
<th>Vale Oxfordshire</th>
<th>% for whole county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyper-tension</td>
<td>11.50%</td>
<td>12.20%</td>
<td>8.40%</td>
<td>12.90%</td>
<td>11.80%</td>
<td>13.80%</td>
</tr>
<tr>
<td>Obesity</td>
<td>9.90%</td>
<td>9.00%</td>
<td>5.90%</td>
<td>8.10%</td>
<td>9.20%</td>
<td>8.40%</td>
</tr>
<tr>
<td>Asthma</td>
<td>5.90%</td>
<td>6.20%</td>
<td>4.80%</td>
<td>6.60%</td>
<td>5.90%</td>
<td>6.80%</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>5.00%</td>
<td>4.10%</td>
<td>2.50%</td>
<td>3.30%</td>
<td>4.80%</td>
<td>3.70%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.60%</td>
<td>3.50%</td>
<td>2.80%</td>
<td>2.90%</td>
<td>3.40%</td>
<td>3.50%</td>
</tr>
<tr>
<td>CHD</td>
<td>2.80%</td>
<td>2.90%</td>
<td>2.00%</td>
<td>3.00%</td>
<td>2.70%</td>
<td>3.00%</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>2.50%</td>
<td>2.70%</td>
<td>1.70%</td>
<td>2.60%</td>
<td>2.40%</td>
<td>2.50%</td>
</tr>
<tr>
<td>Stroke</td>
<td>1.60%</td>
<td>1.70%</td>
<td>1.20%</td>
<td>1.60%</td>
<td>1.60%</td>
<td>1.80%</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.50%</td>
<td>1.30%</td>
<td>1.00%</td>
<td>1.70%</td>
<td>1.40%</td>
<td>1.60%</td>
</tr>
<tr>
<td>COPD</td>
<td>1.10%</td>
<td>1.20%</td>
<td>0.90%</td>
<td>1.10%</td>
<td>1.10%</td>
<td>1.10%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0.50%</td>
<td>0.60%</td>
<td>0.90%</td>
<td>0.70%</td>
<td>0.60%</td>
<td>0.60%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>0.70%</td>
<td>0.60%</td>
<td>0.50%</td>
<td>0.70%</td>
<td>0.60%</td>
<td>0.70%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>0.50%</td>
<td>0.60%</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.60%</td>
</tr>
<tr>
<td>Dementia</td>
<td>0.40%</td>
<td>0.40%</td>
<td>0.30%</td>
<td>0.50%</td>
<td>0.30%</td>
<td>0.50%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>0.20%</td>
<td>0.30%</td>
<td>0.20%</td>
<td>0.30%</td>
<td>0.30%</td>
<td>0.30%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

Source: Quality Management and Analysis System (QMAS)

The Oxford City consortium has below average rates for all conditions except mental health. This reflects the fact that most conditions become increasingly likely with age, while Oxford has a significantly younger population on its GP registers. The fact that almost all the other consortium have below average levels of patients with mental health conditions also emphasises a concentration within Oxford, mainly due to accessibility of services. West Oxfordshire's levels of hypertension and dementia – the highest - may be due to the greater proportion of older people on their GPs' registers. The North East consortium has the greatest number of obese patients, perhaps due to better recording, as well as higher recorded levels of kidney disease and diabetes.

Limiting long term illness (LLTI) amongst the over 65s is typically highest in Oxford City with almost 46% of the population in this category, the lowest being Cherwell with just under 40%. By 2016, it is forecast that there will be over 8,000 more people aged over 65 years old living with long-term conditions, if current rates continue. The implication of this rise in the number of people living with LLTI and chronic conditions will be a greater demand for care that requires a response from services that are community based, primary care led and integrated with social care. When looking at specific areas with high proportions of people living with a long-term condition (over 40%) and cross-referencing them with those wards that have a higher than average projected growth in the proportion of their population aged over 65 (above 25%), 25 wards have been identified with high potential growth in needs due to LLTI (see table below)

| West       | Witney West; Witney North; Carterton North West; Bampton and Clanfield; Ducklington |
| Vale       | Wantage Segsbury; Shrivenham; Marcham and Shippon; Longworth; Greendown |
| South      | Woodcote; Thame North; Garsington; Didcot Northbourne; Chinnor; Chalgrove; Benson |
| Cherwell   | Launton; Kidlington North; Hook Norton; Bicester West; Bicester East; Banbury Ruscote; Banbury Hardwick; Banbury Calthorpe |

Source: JSNA 2008
5.3.1 Risks of smoking

Approximately a fifth of all deaths in middle age are attributable to smoking. While it is the nicotine within the tobacco that the smoker is addicted to, the tar and the carbon monoxide in smoked tobacco are the primary causes of smoking-related disease and death. In addition tobacco smoke contains over 4,000 different chemicals, including more than 50 known carcinogens.

The three most common causes of death from smoking are lung cancer, chronic obstructive pulmonary disease (COPD) and cardiovascular disease (heart and circulatory disease). Smoking also increases the risk of developing diabetes and can cause serious complications if you already have the condition. Tobacco smoke is one of the most common and strongest triggers for asthma symptoms for both smokers and those people who they live and work with.

5.3.2 Current service provision for people with long term conditions (LTC)

The contribution of pharmacy to the care of people with LTC includes encouraging the effective use of medicines, promoting healthy lifestyles, supporting self care and carrying out medication reviews.

Current services provided via Community Pharmacy are:

- Medicines Use Reviews
- Stop smoking service
- Supporting Self Care
- Promoting Healthy Lifestyles
- Signposting to other services

Opportunities for pharmaceutical services to support people with LTC:

- Spirometry - to help people use their inhalers correctly and to full effect.
- Early identification when a person with LTC is deteriorating and to flag this to their GP or case manager at an early stage.
- Vascular screening – to identify people at risk of vascular disease.

Service user feedback

This group were the most frequent users of pharmacies, and required the largest range of medications. They were also regular users of collection services which they greatly value. The gold standard for these - as agreed by the group at the end of the session - was the ability to order repeats from the doctors online or via phone, and then to have the pharmacist collecting the prescription notify the customer when it was available for collection to avoid any unnecessary trips. Some participants with long-term conditions had reminder services, and one even had a pharmacist who called to check the acceptability of substitutions if they did not have a regular brand in stock.
While they were concerned about waiting times, this group placed higher priority on the quality control role of pharmacists, making sure no mistakes were made with their medication, or advising on how to avoid negative side effects and interactions from new combinations of drugs. Surprisingly however, almost none of the participants in this group had been offered a Medicines Use Review considering they are the prime target audience for this service.

This group was the most vocal in their opposition to extended services in their pharmacy – they felt that their medical needs, even ostensibly simple things such as blood pressure checks, were sufficiently complex to need dealing with by a doctor rather than a pharmacist. They did not consider pharmacists sufficiently qualified to deal with conditions rather than medications and wanted clinical services to be delivered in a clinical setting.

Recommended priorities for consideration

Smoking has been linked to increased risk of cardiovascular disease. Therefore the priorities will be:

- continuing to expand the number of pharmacies delivering the Stop smoking service to ensure there is an equitable level of provision countywide and levels of service aligned to prevalence of smoking in our population.
- Increased focus on Medicines Use Reviews to meet the needs of PCT priority groups.

5.4 Promoting independence for older people

Ensuring that older people get the services and health care they need will mean that they can live independently for longer, a key objective for all of Oxfordshire’s organisations. Oxfordshire’s ageing population means the number of older people is increasing, particularly amongst the over 75s. This increase in the older population will be uneven across the county, with the southern half of the county expected to show the largest increase in numbers. This area already has higher proportions of older people than average. The over 65s amount to more than 17% of the current population in West Oxfordshire and growth in the over 65s over the next 5 years is set to be highest in this district. The map below illustrates the location of pharmacies in relation to the proportion of the population of ages 65 years and over in each area.
The JSNA reviewed the high rates of growth of older populations, with the greatest increases among over-65s (up to 29%) being forecast in West Oxfordshire. In 2009 there was a 4% increase from previous year in the number of over-85s predicted to be living in Oxfordshire by 2016. In total, the revised forecast this year predicts there will be an additional 3,800 people over 85 years of age for the period up to 2016.

Looking further forward, population projections show the over 85s population in Oxfordshire during the next 25 years will more than double; this means an increase of more than 14,000 people in this particular age group. These are the people most likely to be frail and in need of the greatest care; the specific impact of this oldest of all age groups is highest in Cherwell.

Population estimates suggest that West Oxfordshire will be the first district in Oxfordshire to experience a doubling in numbers of people aged over 85 (a point reached in 2026). By 2029, this will be true for the county as a whole; there were just under 14,000 people aged over 65 in 2008, increasing to more than 28,000 in two decades’ time. All areas apart from Oxford City have similar patterns of growth, with similar numbers of people aged over 85.

Forecast growth in over 85 year olds by district 2008 to 2031

![Forecast population growth in over 85 year olds by district 2008 to 2031](image)

Source: Office for National Statistics

In Oxford, by contrast, the over 65s make up just 15.2% of the population, with a net fall predicted over the next 5 years. Projections show the lowest impact of over 85 year olds again in Oxford City. These forecasts combine to strengthen the structural difference in age profiles across the county. Increasing numbers of older people in particularly rural areas gives rise to access issues that planners and commissioners of services will need to address; it means that transport remains a high priory need.

Such variations mean that the need for services varies across the county, (pink is used to show where the district average for the measure is more than 10% higher and green where the district is 10% lower than the average for the whole county). This reveals that West Oxfordshire has the highest proportion of people aged over 75 years old. However, fewer of these people may need services to help them. Cherwell has the highest percentage of its
over 75 year old who are frail, physically disabled or sensory impaired amongst older clients. One-fifth of its over 75s fall into this category, compared with about one-sixth in West Oxfordshire. When the proportion of frail and disabled people are examined for the over 65s, Cherwell’s rates are similarly about 25% higher than West Oxfordshire.

Variations in older people indicators by district

<table>
<thead>
<tr>
<th>Older people data</th>
<th>Whole county</th>
<th>Cherwell</th>
<th>Oxford</th>
<th>South Oxon</th>
<th>Vale of White Horse</th>
<th>West Oxon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of people aged over 75 in 2007</td>
<td>7.20%</td>
<td>6.80%</td>
<td>6.00%</td>
<td>7.70%</td>
<td>7.70%</td>
<td>8.30%</td>
</tr>
<tr>
<td>Proportion of people aged over 75 referred to social care in 2006/07</td>
<td>13.00%</td>
<td>13.10%</td>
<td>13.20%</td>
<td>14.00%</td>
<td>12.90%</td>
<td>11.60%</td>
</tr>
<tr>
<td>Proportion of over 75s with physical disabilities, frailty and sensory impairment in 2007</td>
<td>18.10%</td>
<td>20.30%</td>
<td>18.00%</td>
<td>18.10%</td>
<td>18.10%</td>
<td>16.00%</td>
</tr>
<tr>
<td>Proportion of households with a single pensioner resident in 2001</td>
<td>12.90%</td>
<td>11.50%</td>
<td>14.30%</td>
<td>12.90%</td>
<td>12.50%</td>
<td>13.40%</td>
</tr>
</tbody>
</table>

Source: JSNA 2008

Although growth across Oxfordshire in the over 75 age group from 2007 to 2016 will be 13% this disguises large variations, with many localities showing increases of over 40%, which represents a significant ageing of their local population. In some wards the over 75 age group is increasing at a much higher than average rate (more than 30%) and is also increasing as a proportion of the population (more than 27%). During this same period, growth in the over 85s reaches well above 75% in 13 wards, including 5 wards in the Vale, 2 wards in South Oxfordshire, all three Bicester wards, Blackbird Leys, and parts of Witney and Carterton. By contrast between 2007 and 2016, 20 wards are predicted to have falling populations for the over 75 age group in both absolute and relative terms. Of these 20 wards, 15 are in Oxford City and the other five are Banbury Grimsbury & Castle and Bicester Town (in Cherwell), Didcot Northbourne and Henley South (in South Oxfordshire) and North Hinksey & Wytham (in the Vale).

Average life expectancy at age 65 varies from around 15 to 32 additional years. When this data is cross referenced with the numbers of older people supported by social care to live independently at home, 11 wards are found to have low scores on both dimensions. Wards with potentially greater needs for older people’s services:

<table>
<thead>
<tr>
<th>Cherwell</th>
<th>Bicester East</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>Freeland and Hanborough; Chadlington and Churchill; Brize Norton and Shilton</td>
</tr>
<tr>
<td>Oxford</td>
<td>St Mary’s; Jericho and Osney; Carfax</td>
</tr>
<tr>
<td>Vale</td>
<td>Kingston Bagpuize with Southmoor; Stanford</td>
</tr>
<tr>
<td>South</td>
<td>Chinnor; Shiplake</td>
</tr>
</tbody>
</table>

Source JSNA 2008
5.4.1 Current service provision for older people

The contribution of pharmaceutical services to the care of older people includes effective use of medicines, promoting healthy life styles, supporting self care and carrying out medication reviews.

Current services provided via Community Pharmacy are:

- Medicines Use Review
- Guaranteed provision of palliative care drugs
- Pharmacist advice to care home service
- Supporting Self Care
- Signposting to other services

Opportunities for pharmaceutical services to support older people:

- Medicines Use Reviews in patient homes
- Osteoporosis Risk Prevention Advice.
- Falls prevention Advice
- Flu vaccination – providing vaccinations to increase access and choice to patients.
- Prevention and care advice for people with Strokes
- Case management for patients with complex pharmaceutical needs
- Healthy lifestyle advice for older people
- Weight management for older people
- Information prescriptions
- Interagency Referrals

Service user feedback

Many older participants had not personally accessed a pharmacy recently, because they relied on delivery and collection services. That said, older people were generally very satisfied with this provision and considered it an essential part of their service that should be protected into the future.

Older people were generally happier than their younger counterparts to accept current opening hours and waiting times, and were content to only use one local pharmacy, where the staff were familiar rather than ‘shopping around’. However, they did emphasise the importance of having adequate disabled access to a pharmacy, good public transport routes where they did not have delivery services, and adequate waiting facilities such as toilets and chairs for those less able to stand.

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2 Pharmacists can provide key written and verbal information to older people to help them manage their long term condition, keep healthy and maintain their independence. An information prescription tells you about: your condition, your treatment options, care services, benefits, housing support, self help and support groups.

3 Pharmacists can make a referral to another agency if they feel someone is in need of more specific support. This could be to the Falls Service, Warm Front Scheme, Fire & Safety etc.
Older people were not very enthusiastic about the options for extended services in their pharmacy, as many of them had long-term conditions or saw a doctor regularly so they did not consider it necessary to access wellness checks in their pharmacy. This said Medicines Use Reviews (MURs) are a highly valued service where older people are on multiple medications, with varying dosages, potential interactions and side effects – they value the assistance provided to deal with these.

**Recommended priorities for consideration**

- Improve and increase sign posting to other services
- Increased focus on Medicines Use Reviews

5.5 Improving children’s and young peoples life chances

Good health and wellbeing in the early years set precedents for good health throughout life. Habits are learnt early, so good health and wellbeing in children is a marker for the health of the whole population and a guide as to how healthy that population will be in future years.

23.8% of Oxfordshire’s population is children and young people aged under 19 years old (approx 130,000 young people). The maps overleaf illustrate the distribution of the population aged 0-15yrs and those aged 16-24 years.
5.5.1 Forecasts in the proportion of children in Oxfordshire’s districts

The graph below illustrates the proportion of 1-18 yr olds in each district. Countywide the proportion of young people is forecast to decrease in the future with the exception of Oxford City.

![Proportion of 0-18 year olds by District](image)

Source: Office for National Statistics (ONS) 2007 mid year estimates

5.5.2 Children & young people living in poverty

Eradicating childhood poverty is a national and local priority because growing up in poverty damages children’s health and wellbeing, adversely affecting their future health and life chances as adults. In Oxfordshire just over 13,000 children and young people are living in poverty, this is 11.3% of all children across the county. Five wards in particular have more than a third of children living in poverty; Northfield Brook, Blackbird Leys, Churchill, Barton & Sandhills, and Rose Hill & Iffley.

The national Healthy Start programme is one strand of local work to give children in poverty the best start in life. Families on certain benefits can get free milk, fruit, vegetables and vitamins. Healthy Start vitamin supplements are available from a range of health and child care settings, pharmacies could provide an alternative setting for this scheme.

5.5.3 Childhood immunisation programme

All of Oxfordshire’s children and young people are offered a programme of immunisations to protect their health as part of the national childhood immunisation programme. The majority of these are delivered through our local primary care services as a directed enhanced service. In general uptake of vaccinations is high however improvement is needed among some vulnerable groups of children and
young people including looked after\textsuperscript{4} children, those in travelling communities and unaccompanied minors. One option which could be investigated might be to look at use of alternative locations, including pharmacy consulting rooms where available, as a possible additional choice of access to some primary care services such as immunisations.

5.5.4 Young people’s sexual health - Teenage pregnancy

Countywide levels of teenage pregnancy are lower than the national and regional average, as shown in the graph below. Our performance at the end of 2008 (the latest year of complete data) was 29.5 conceptions per 1000 (provisional) a reduction of 6% since 1998 which compares poorly to the national reduction of 13.3% and regional reduction of 13%. Oxfordshire’s performance is also poor when compared to statistical neighbours (similar authorities in terms of size and demographics)

Our rate is gradually decreasing but not as quickly as we would like, in addition there is considerable variation across the county with some areas having persistently high rates. We have 18 wards in the county which have teenage pregnancy rates in the highest 20% in England. Of these 13 wards are in Oxford and Banbury; it is in these areas that work to improve young people’s sexual health should be prioritised.

![Teenage pregnancy rates in Oxfordshire, South East region and England, 1997-2010](image)

Source: Office for National Statistics and Teenage Pregnancy Unit

5.5.5 Increasing young people’s access to contraception

A key strand of Oxfordshire’s teenage pregnancy work programme is to improve young people’s sexual health through increasing access to contraception locally. New and

\textsuperscript{4} A child or young person is ‘looked after’ if they are cared for by the local authority either under Section 20 or Section 31 of the Children Act 1989.
innovative approaches are needed to raise young people’s awareness of sexual health risks and to help them access the advice and treatment they need to avoid negative health outcomes that impact on their future life chances.

Young people are the group least likely to access sexual health advice and treatment in traditional clinical settings. Most young people become sexually active between the ages of 16 and 19. Sexual activity among teenagers is often opportunistic, unplanned and affected by alcohol and drug-taking. 57 Community pharmacies already provide free Emergency Hormonal Contraception for young women under a locally enhanced service; however the pharmacy setting provides many more opportunities to increase young people’s access to contraception in the future.

5.5.6 Chlamydia

Chlamydia is the most common sexually transmitted infection (STI) in the population and is asymptomatic in 70% of women and 50% of men. STIs are more common among young people than in any other group. Two-thirds of cases of Chlamydia are among young men and women aged 16-24 years, yet young people are the group least likely to access services. It is estimated that less than 10% of Chlamydia infections are diagnosed, and left untreated, the infection accounts for significant long-term complications including infertility and pelvic inflammatory disease.

The National Chlamydia Screening Programme was set up to reduce the high levels of Chlamydia infection in sexually active young people up to and including 24 years of age. By the end of 2010/11, the expectation is that the PCT will be actively screening 35% of young people in the target population presenting to their services. This means that 33,495 young people need to be screened before 1st April 2011 in Oxfordshire to achieve the target.

Screening in core community based services which could include Community Pharmacies provides the opportunity for young people who are not necessarily in contact with sexual health services to receive screening.

5.5.7 Condoms on the NHS via Pharmacy Pilot

Condoms prevent the transmission of sexually transmitted infection (STI) and help to reduce unwanted pregnancies. The PCT is currently considering the free distribution of condoms via the C Card (condom card) Scheme. This is a coordinated free condom distribution network providing quick, easy and confidential access to condoms and sexual health support, advice and signposting. Community Pharmacies are ideally placed to act as distribution points for the C Card scheme. When a young person registers to the scheme, they receive a C Card which acts as a passport to getting free condoms, sexual health advice and information from any C Card point within the network.

The registration process follows set protocols and includes information, advice and signposting as appropriate. Information required from the user at registration is kept to a minimum; they have to provide their date of birth/age/ethnicity and the first part of their postcode.
Young people can register on the scheme whether they are sexually active or not. The scheme is not just about giving out condoms, but also about allowing young people to explore sexual health (and other) issues, raise questions in a confidential environment and find out information about mainstream sexual health services. The C Card ensures an educational and supportive framework to the provision of condoms that may be lacking in other environments where they can be obtained.

Whilst acting as a registration point is not feasible for many busy community pharmacies, they are ideally placed to act as distribution points for the C Card scheme. Therefore a pilot for this service is being considered.

5.5.8 Childhood obesity

Nationally and locally the number of children that are overweight and obese is increasing. In Oxfordshire we are continuing to improve our local data on childhood obesity through the National Child Measurement Programme. Between April 2008 and March 2009 we weighed and measured 11256 children in reception and year 6 countywide. Data collected in 2009 shows a significant rise in reception age children being overweight and obese compared to 2008 Oxfordshire data.

National, regional and local childhood obesity data

![Bar chart showing percentage of children overweight or obese in Oxfordshire](chart.png)

Source: The National Child Measurement Programme
5.5.9 Current service provision for children, young people and their families

Current services provided via Community Pharmacy are:

- Emergency Hormonal Contraception Service
- Stop smoking service
- Chlamydia Testing & Treatment Service Pilot
- Signposting to other services

Opportunities for pharmaceutical services to support children, young people and their families:

- Condoms on the NHS for young people via pharmacy pilot as a distribution service.
- Pregnancy testing on the NHS for young people
- Healthy start programme (sale of healthy start vitamins)
- Weight management for young people
- Treatment on the NHS for minor illnesses
- Childhood immunisations (offering consultation rooms to local primary care services to deliver immunisations to harder to reach children and young people)
- Partnership work to support delivery of the child health promotion programme
- Contraceptive Pill advice
- Breast feeding promotion, advice and support including signposting to local support services
- Advice and information on healthy weaning and nutrition for the under 5s

Service user feedback

Young people were generally not frequent users of pharmacies and therefore did not have particularly well formed opinions on many aspects of current service provision and needs for improvement. They did not have any particular preference for small community based pharmacies or larger chains, tending not to be ‘loyal’ to any particular pharmacy and using whichever one was most convenient to them at the time. However, it was clear that this group highly valued a fast, efficient prescriptions process, and had high standards in terms of the customer service they expected to receive from staff.

They were generally confident consumers, being happy to ‘vote with their feet’ and go to whichever pharmacy they felt provided the best value for money and most efficient service, as they would with any other retail business. They were also relatively well informed in terms of how to treat minor ailments, and confident in the use of most over-the-counter and prescription medicines. They therefore did not see a significant role for pharmacists in terms of medical advice. This said; there was also a sense of reluctance among young people to ask pharmacists for assistance with medical issues which concerned them such as STIs and contraception. A proactive approach by pharmacists and a welcoming manner from assistants was seen as a remedy for this.
Generally, this group was very unaware of the range of services on offer in pharmacies. While most were happy to research this information for themselves on the internet and via other health professionals they felt it would make better business sense for the NHS to advertise extended services in order to promote their take-up. While they were somewhat receptive to the idea of having extended services such as health checks, Medicines Use Reviews and contraceptive services available in pharmacies for convenience reasons, they were clear that they did not want this to affect the efficiency of core service provision. In addition, they often stated a preference for specialisation – for example, receiving medical advice from a doctor or advice on contraception from a sexual health clinic. Conditions that they wanted met before they would consider taking up any extended services was that they be free of charge and delivered in a confidential environment.

Parents’ highest priority was very clearly convenience. They chose pharmacies based on this, and used whichever one was easiest depending on their schedule at the time - close to home, next to the GP surgery or on the school run. They did not like long waiting times, often opting to avoid these by combining a trip to the pharmacy with the shopping trip to a large multiple such as Sainsbury’s or Tesco’s.

However, they did value the proactive approach of pharmacists in advising on new medications, especially in terms of safe dosages for their children. They also appreciated pharmacists’ efforts to guide them towards the best value items, as they felt many common medications for children were expensive. Examples given here were branded painkillers such as Calpol and head lice treatment products.

Parents were appreciative of the fact that prescriptions were free for their children. However, they felt there was a need for the NHS to rethink the ways in which they handle medications for children which are available over-the-counter, but that GPs have the discretion to prescribe for low income families where this would be cheaper. Parents felt that the NHS needs to find a better balance so that parents can access these medications at a reasonable price in pharmacies directly, without the need for some families to waste their own and their GP’s time with an appointment for something this simple.

Many parents were sceptical about pharmacists providing extended services, especially when it came to treating minor ailments in children. While they were happy to ask pharmacists for advice on their own health, they were much more cautious for their children. Many parents said they would go straight to the GP or A&E if there was any doubt in their minds about the seriousness of a child’s symptoms.

**Recommended priorities for consideration**

- Continue to commission Emergency Hormonal Contraception Service
- Condoms on the NHS for young people via pharmacy pilot as a distribution service.
- Commission Chlamydia screening service, depending on results of the pilot which is underway.
5.6 People with mental health problems

The prevalence of most mental illnesses is set to increase over the next decade by 3-4%. In particular the number of cases of psychosis over the age of 35; the number of people with obsessive compulsive and panic disorders as well as the prevalence of people with personality disorders. Up to 20% of the PCT’s population are affected by common neurotic symptoms such as sleep problems, fatigue and anxiety; these do not meet the threshold for a diagnosis of mental illness. These symptoms are also expected to increase by up to 3% in the next decade, especially amongst those over the age of 50 years. The prevalence of mild to moderate mental illness in adults of working age is significantly higher in Oxford (4.6 per 1,000 population) compared to the prevalence in the other remaining districts (2.6 per 1000 population). This means the mental health needs within the city are dramatically different compared with the rest of the county.

Although not the largest group of people with a mental disorder, those with dementia will see the largest increase in numbers, as a result of an increasingly ageing population, in particular people aged 75 and over. Numbers of people with dementia are projected to increase from 580,000 to 940,000, an increase of 62% to 2026.

The proportion of people diagnosed with dementia is generally similar across Oxfordshire, whereas schizophrenia, bipolar and other psychoses remain much more of an urban phenomenon. Such conditions affect approximately 0.01% of the population, but are largely concentrated in Oxford and Banbury and much less common in the more rural areas. Two localities – Cowley & Iffley and Oxford South East – have the highest levels of these severe mental illnesses (almost double that of many localities). In part, this reflects the location of services, hostels and residential care.

5.6.1 Current service provision for people with mental health problems

Current services provided via Community Pharmacy are:

- Medicines Use Review
- Stop smoking service
- Supporting Self Care
- Signposting to other services

Opportunities for pharmaceutical services to support people with mental health problems:

- Advice on anti-depressant medication
- Mental health first aiders
- Sign posting to mental health and self help services such as IAPT (Improved Access to Psychological Therapies) and keeping people well services, benefits and financial advice
- Opportunistic support for older people with depression
- Enhanced dispensing of medication for people with schizophrenia
- Health promotion and lifestyle advice
Service user feedback

This group had generally very similar views to those participants with other long-term conditions, or those from a deprived area - they often had additional physical health needs and the majority were unemployed. Salient issues related to their specific mental health conditions included the importance of staff being understanding and willing to accommodate their additional needs. Examples of this given were allowing someone to use the private room even if they don’t need a full consultation, because they find queues overwhelming, or have a fear of strangers overhearing their personal business.

This group was also strongly in favour of reminder services, as a number of participants admitted to being forgetful about their repeat prescriptions, or generally living a very disorganised life. They also felt it was important to have reminders and/or a ‘tide over’ scheme as the mental health side effects of going without regular psychoactive medications were very unpleasant.

A number of participants in this group were favourable towards extended services being provided by pharmacies. In one participant’s eyes, providing extended services was a way of accommodating his particular mental health condition. He suffered from hypochondria, and admitted to making frequent GP appointments in the past to reassure himself that relatively minor ailments were not symptoms of something more serious. His GP had suggested that he ask his pharmacist for advice on minor ailments, and he was happy to do so as it saves him the trouble of making appointments, and avoided arguments with the GP’s receptionist.

Recommended priorities for consideration

- Improve and increase sign posting to other services (as above)
- Advice on anti-depressant medication
- Health promotion and lifestyle advice

5.7 Vulnerable communities

Within Oxfordshire there are a number of vulnerable communities and population groups who experience poorer health in comparison with our population overall. All health services including pharmacy in Oxfordshire need to work towards achieving more personalised services that promote health and wellbeing proactively prevent ill health and target provision to reduce health inequalities. There is great potential for tackling local health inequalities by investing in health improvement services in pharmacies in areas with the worst health indicators and services which target vulnerable populations such as those summarised below.

5.7.1 Vulnerable Black and Minority Ethnic (BME) groups

Within the county there are a number of BME communities which have been identified as being particularly vulnerable, these include: migrant workers, asylum seekers & refugees, those for whom English is not their first language, gypsies and travellers, detainees and the families of armed forces personnel.
5.7.1.1 Migrant workers

The majority of migrant workers in Oxfordshire from the 8 accession states to the EU (A8) are from Poland (56%) and Slovakia (29%). South Oxfordshire and Oxford City have the highest numbers of A8 workers with Polish workers being distributed evenly throughout the county but with low numbers in South Oxfordshire and with Slovak nationals being mainly concentrated in South Oxfordshire.

5.7.1.2 Asylum seekers & refugees

Following recent changes in legislation the number of people seeking asylum in the county has fallen dramatically over the last 5 years. No data is collected for the number of unsupported asylum seekers or the number of refugees but it has been estimated that there are approximately 2,000 refugees or asylum seekers in the county; the vast majority of whom are concentrated in Oxford city.

5.7.1.3 Language groups

Monitoring of data related to the usage of interpreting services by health professionals throughout the county shows a constantly changing picture. Portuguese, Polish and Arabic are currently the most requested languages with the highest use of interpreters being by health professionals in East Oxford. Interpreting is requested in approximately 30 languages per month.

5.7.1.4 Gypsy & Traveller communities

Data relating to gypsies and travellers indicate that they mainly live outside Oxford City with the largest numbers being in West Oxfordshire. It has been estimated that there are approximately 830 people living on official sites with, on average, 5 caravans on unauthorised encampments in the county at any one time. There is no data available nationally or locally on the number of Gypsies and Travellers living in houses although this number is known to be increasing.

5.7.1.5 Offenders

Offenders in the community and in prison are a vulnerable group with complex health needs. HMP Bullingdon is a category B/C prison situated just outside Bicester and houses around 1000 men. HMP Huntercombe is situated just outside Henley on Thames. It was a Young Offenders Institution until July 2010 and as of October 2010 the site will be an adult male estate accepting transfers from other prisons. The prison can hold 360 sentenced adults although, dependent on the configuration of cells and prison pressures, this could rise to 460. The offenders are aged between 25 and 65+ years of age and the population comprises approximately 100 lifers and 35 Integrated Drug Treatment System (IDTS) patients at any one time.

This community is more likely to have mental health and addiction problems than the population as a whole and to be subject to personality disorders or learning disabilities. The complex factors which cause poor health are similar to the factors which are likely
to cause reoffending and include poor housing, low educational attainment, unemployment and poor access to health care.

Health improvement, including effective treatment for addictions, addressing mental health issues and appropriate health promotion initiatives, can reduce reoffending rates. This will, in turn, reduce crime rates and improve public attitudes to fear of crime in the county. It is also essential to target work to support the families of offenders as the cycle of deprivation is often manifest generation after generation.

5.7.1.6 Armed forces personnel & their families

The population served by the PCT includes a number of military bases including RAF Brize Norton, RAF Benson and Dalton Barracks. It is estimated that there are 9,700 armed forces personnel in Oxfordshire, with approximately 10,000 dependants, the majority of which are young families. The Regiment based at Dalton Barracks is an ethnically diverse unit made up of 29 different ethnic groups from a number of Commonwealth countries with over 350 of these soldiers having families with them. Military personnel and their dependents are rarely identified as a specific or vulnerable group in the population but have distinctive needs born of frequent moves, isolation and stress caused by the nature of active service. In addition there is also the risk that veterans being discharged from active overseas service may suffer long term health problems.

The PCT has been informed by Programme Future Brize of plans that are underway to close RAF Lyneham and move personnel to RAF Brize Norton. Profiling work will be carried out to establish the exact numbers of personnel and family members expected to move. The first phase of movement from Lyneham to Brize Norton will be July and August 2011, the remainder will move between September 2011 and December 2012.

Currently there is 3500 personnel staff at Brize Norton, this is currently expected to rise to 6093 by 2012 and then settle at 5095 by 2017.

5.7.2 People living in deprived communities

Oxfordshire’s most serious health inequality, the gap in life expectancy between people who live in the most and least deprived wards is reducing slightly overall. Premature deaths are often linked to cardiovascular disease (heart disease and stroke) and many could be prevented if the risk factors are reduced. These risk factors include high blood pressure, raised blood cholesterol, smoking, being obese, low levels of physical activity and harmful levels of alcohol intake. Despite this overall positive trend, health inequalities in different parts of the county still persist, especially in parts of Oxford and Cherwell District. In West Oxfordshire, South Oxfordshire and the Vale mortality rates are improving fastest in their most deprived wards. In Cherwell and Oxford, however, the gap is actually increasing because mortality rates in deprived wards are not falling as quickly as among the better off. This means that In the Vale, South, and West Oxfordshire life expectancy is higher than average for the region but in Cherwell and Oxford it is below the regional average. There are 3 wards in Banbury and 4 in Oxford City which have complex deprivation problems resulting in poor outcomes for people
who live in these communities. These wards are: Banbury; Grimsbury, Ruscote and Neithrop. Oxford: Northfield Brook, Blackbird Leys, Rosehill & Littlemore and Barton.

5.7.3 People who misuse illegal drugs

Taking and using illegal drugs, especially class A drugs are associated with detrimental health effects such as increased risk of blood borne viruses, overdoses, mental illness and death. Drug abuse can lead to socio-economic problems which include increased crime and antisocial behaviour, increased fear of crime.

The National Treatment Agency reports that in 2007/08 there were 2271 individuals in contact with drug treatments in Oxfordshire and it is estimated that there are currently 2834 problematic drug users in the county. In 2008/09 Oxfordshire Drug and alcohol action team (DAAT) was rated “Excellent” by the Healthcare Commission for success in helping drug users successfully complete treatment programmes.

Oxfordshire’s community pharmacies currently provide two services for this population, a needle & syringe exchange service and supervised consumption of methadone as locally enhanced services. As part of Oxfordshire’s Drug and Alcohol Strategy (2008-11) key strategic actions include continuing to ensure a good spread of community pharmacies as part of the shared care scheme and continue to develop our needle & syringe exchange service (SWOP) across the county.

5.7.4 People who misuse alcohol

Most people who drink alcohol manage their consumption in a way that is not harmful to their health. However, national evidence suggests that up to 25% men and 20% women drink more than the recommended levels of 3-4 units a day (men) and 2-3 units a day (women). This impacts on their health and well-being and we are seeing increased hospital admissions for conditions which are more prevalent in people who drink, such as breast cancer, rectal cancer and heart problems including artery deposits, arrhythmia or unspecified chest pain. Urgent care in Emergency Departments is often linked to alcohol use too, though this is more likely to be injuries sustained as a result of a binge drinking session rather than the more chronic harm associated with going over the limit on a regular basis. Alcohol addiction / alcoholism affects a relatively small number of people but has a profound effect on their physical and mental health as well as family relationships and ability to maintain employment. Alcohol abuse is commonly associated with mental illness and may be masking other conditions. For example, links are being made between high alcohol consumption in armed forces veterans which may be linked to post traumatic stress.

5.7.5 Carers

In Oxfordshire in 2009 the Institute of Public Care estimated that there were 56,000 adult carers of all ages, which equates to around one in 10 or the population. 15,000 of these adult carers are over the age of 60 and the majority of them live in rural parts of the County. About 9000 of these provide in excess of 50 hours of care per week to the person they look after. It is anticipated that 64,035 people will classify themselves as adult carers in Oxfordshire by 2029. In addition in Oxfordshire there are 12,000 young
carers who have their own high levels of need. Oxfordshire County Council, the PCT and partners only effectively reach approx 6000 of adult carers and 700 of young carers in Oxfordshire.

Long term carers are at particular risk of both poor mental and physical health which is likely to deteriorate the longer the carer has been caring. It can take approximately three years for carers to be recognised in their caring role and as a result start receiving services. A local priority is to identify and refer carers preventatively to good quality information and support to help maintain and safeguard emotional and physical health and well being for carers and their families.

5.7.6 Unemployed

Unemployment is both caused by and leads to poor mental and physical health. Nearly 4% of Oxfordshire’s population is unemployed against a national average of 5.5%.

<table>
<thead>
<tr>
<th>Unemployment Count</th>
<th>WODC</th>
<th>SODC</th>
<th>Oxford Council</th>
<th>City Council</th>
<th>Vale of White Horse</th>
<th>Cherwell DC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment Count</td>
<td>1,700</td>
<td>2,200</td>
<td>4,400</td>
<td>1,900</td>
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<tr>
<td>Unemployment rate</td>
<td>2.80%</td>
<td>3.30%</td>
<td>6.40%</td>
<td>2.90%</td>
<td>3.40%</td>
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<tr>
<td>Pension claimants (count)</td>
<td>18860</td>
<td>21945</td>
<td>17810</td>
<td>24380</td>
<td>21920</td>
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<tr>
<td>Pension claimants (Rate)</td>
<td>19.71%</td>
<td>17.11%</td>
<td>13.26%</td>
<td>21.08%</td>
<td>16.63%</td>
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</tbody>
</table>

Taken from Office National Statistics 2008, data for 2006 – 2007

5.7.7 Healthy Living Pharmacies

This develops existing pharmacies as centres promoting and supporting healthy living and health literacy, which offer patients and the wider public – healthy lifestyle advice and support on self care and a range of pressing public health concerns. Self care describes the actions people take for themselves, their children and families to stay fit and maintain good physical and mental health. It helps meet social and psychological needs, prevents illness and accidents, and enables appropriate care for minor ailments and Long Term Conditions.

5.7.8 Current service provision for vulnerable populations

Current services provided via Community Pharmacy are:

- *Medicines Use Review*
- *Supervised consumption of methadone*
- *Needle & syringe exchange service*
- *Stop smoking service*
- *Supporting Self Care*
- *Signposting to other services*

Opportunities for pharmaceutical services to support vulnerable populations:

- Develop existing pharmacies as Healthy Living Pharmacies in areas with the worst health indicators
• Making services more accessible to vulnerable population groups
• Brief interventions for people who misuse alcohol
• Identify and refer carers to information and support services
• Offering consulting room space to services for vulnerable communities
• Signposting to services (e.g. credit unions, housing advice)

Service user feedback

Participants in this group were more likely to use their local pharmacy (and indeed other local retailers) than the larger chains or multiples, ostensibly due to limited transport access. They were the most dependent on one particular pharmacy and therefore had the most to say in terms of the customer service it provided. They were clear that opening hours should be consistent, and expressed concern about their local pharmacy’s ability to provide an adequate service as a result of limited numbers of trained staff. They thought that a local pharmacy should be able to provide for local customers needs in terms of having sufficient stock of regular medications. Many in this group also appeared to need support in managing their medications – they had the largest number of stories of prescription mix-ups, having to go without drugs as a result of not getting a repeat on time etc.

This group were the most tolerant of all the groups regarding the provision of methadone services in pharmacies, ostensibly because many of them knew someone who had benefitted from this treatment. However, they were emphatic that drug withdrawal therapies, and other embarrassing issues needed to be dealt with in a sufficiently separate, and private area. This was less to distance these customers from the ‘rest’ of the queue, but more to respect the privacy of those receiving methadone. They were concerned that some users could be deterred from completing their withdrawal if they were seen by other members of the community whom they knew.

While not all participants in this group agreed, this was the most likely group to express an interest in using wellness check services at their local pharmacy, provided they were free of charge – they felt that providing such services would make them more likely to access non-urgent health services than if they had to go to the trouble of making a doctor’s appointment.

Recommended priorities for consideration

• Healthy living pharmacies in areas with the worst health indicators
• Making pharmacy services more accessible to vulnerable population groups
• Sign posting to services such as credit unions, benefits and housing advice