

Consultation Report for Reading Pharmaceutical Needs Assessment (2018 to 2021)

Introduction

This report outlines the formal consultation that took place, as part of the development of Reading Borough's Pharmaceutical Needs Assessment (PNA) for 2018-2021. This process meets the statutory requirements set out in [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), which state that Health and Wellbeing Boards must formally consult specific organisations and local stakeholders about any draft PNAs for a minimum of 60 days.

This report:

- details how the consultation of Reading Borough's draft PNA was undertaken
- summarises the responses received
- Identifies actions taken to amend the final PNA, as a result of the consultation responses.

Consultation Process

Reading Borough's draft PNA report and supporting appendices were made publically available on Reading Borough Council's website from 1st November 2017 to 31st December 2017. Details about how to request paper copies of the report were also included on the website page. People were encouraged to take part in the consultation by responding to a short online survey, which was hosted by Bracknell Forest Council's Objective software. In addition, respondents could also contact Public Health Services for Berkshire (Berkshire Shared Public Health Team) directly by email or phone to make any comments.

The online survey included 11 questions with the opportunity to provide further comments and suggestions. The full survey can be seen in Appendix F.

In line with the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), the following local organisations and key stakeholders were also specifically invited to respond to the consultation for Reading Borough:

- Neighbouring local authorities – Oxfordshire County Council, West Berkshire Council, Wokingham Borough Council
- Four Berkshire West Clinical Commissioning Groups (CCG) – Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Reading
- Local NHS Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

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Responses to the consultation were collated and analysed by Public Health Services for Berkshire, on behalf of the Health and Wellbeing Board. All responses were considered, reviewed and the PNA was amended as appropriate. A summary of the consultation responses, specific comments and actions taken are included below.

Results

A total of 9 responses were received as part of the formal consultation for Reading Borough's PNA. 7 of these were via the online survey and an additional 2 by email. There were 3 responses from members of the public and a 1 from a member of Healthwatch. Organisation responses were also received from NHS England, the Local Pharmaceutical Committee and Berkshire West Clinical Commissioning Groups. It is important to note that the consultation for Reading Borough's PNA was undertaken at the same time as the other 5 PNAs across Berkshire, so some of the responses received from organisations referred to the provision of pharmaceutical services across more than one HWB area.

Online response summary

This section provides a summary of the responses received through the online survey. Participants in the survey were not required to complete every question, so these do not always equal the total number of respondents. The survey also provided the opportunity to write specific comments. These have been considered later on in the report, as the comments often referred to several questions or provided general feedback about the PNA report or pharmaceutical service provision within Reading Borough, (see Table of Specific Comments on page 4).

Question	Responses		
	Yes	No	Not sure
Did you take part in the August 2017 survey?	0	6	0

None of the respondents to the formal consultation had taken part in the earlier public survey, which was used to gain patient feedback to inform the development of the PNA.

Question	Responses			
	Yes	No	Not sure	
1	Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?	6	0	0
2	Does the document clearly set out the scope of the PNA (Section B)?	6	0	0
3	Does the document clearly set out the local context and the implications for the PNA (Section C)?	6	0	0
4	Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?	5	0	0
5	Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	0	5	1

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All respondents stated that they thought the purpose of the PNA was explained sufficiently in the draft report and that the scope, local context and implications for the PNA were clearly set out.

Question		Responses		
		Yes	No	Not sure
6	Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	5	0	0
7	Please indicate below if you agree with the conclusions for the services described (Section G):			
	Current necessary provision of pharmaceutical services	5	0	0
	Current gaps in pharmaceutical services	5	0	0
	Future gaps in pharmaceutical services	4	1	0
	Current additional provision of pharmaceutical services	5	0	0
	Opportunities for improvements and/ or better access to pharmaceutical services	5	0	0
	Impact of other services which affect the need for pharmaceutical service	5	0	0
8	Is there any additional information which you think should be included in the PNA?	2	2	1

All respondents thought that the pharmaceutical needs of the population had been accurately reflected throughout the PNA. The majority (4-5) also stated that they agreed with the conclusions for the different services described in Section G of the PNA Report. The remaining respondent did not agree with all the conclusions. Comments were provided for those that did not agree with these reasons, such as the potential impact of changes to other NHS services on local pharmacy provision, pressure of future housing developments and queries around specific pharmacy services. These have all been addressed in the overall comments at the end of this report.

The LPC stated that they thought additional information should be included in the PNA around the types of services that the Health & Wellbeing Board would like to see commissioned from local pharmacies. These comments have also been addressed in the overall comments at the end of the report and incorporated into the final PNA.

Question		Responses		
		Yes	No	Not sure
9	Has the PNA provided adequate information to inform:			
	Market Entry Decisions (NHS England only)	(1)	1	(1)
	How you may commission services from pharmacies in the future (All commissioners)	(1)	(1)	(1)
10	Does the PNA give enough information to help your own future service provision and plans? (Pharmacies and dispensing appliance contractors only)	0	1	0

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Questions 9 and 10 in the online survey focussed on whether the PNA had provided adequate information to inform the commissioning of services from pharmacies, as well as if it gives pharmacies enough information to help them plan their future service provision. These questions were only relevant to certain organisations; however numbers in brackets in the table above show where questions were answered by other respondents.

NHS England stated that the draft PNAs across the 6 Berkshire HWB areas did not all provide adequate information to inform market entry decisions or how pharmacies may be commissioned in the future, however no specific concerns were received for Reading Borough in response to Question 9.

Some amendments were suggested and those relevant to Reading Borough's PNA have been addressed in the overall comments at the end of the report and incorporated into the final PNA, where appropriate.

Specific comments received

A total of 7 free text comments were completed from the 5 survey respondents for Reading Borough's PNA. These have been summarised and grouped below, with the response and actions taken. For clarity, some comments have been separated where there were multiple topics addressed within each comment.

Summary of Comments	Relevant survey questions	Response and actions taken
Suggested revision to describe the Flu service commissioning more clearly	Q8	Final PNA was revised to clarify that the Flu service is commissioned annually.
A comment from a member of the public noting that the PNA does not consider the access needs of people with disabilities.	Q8	We were grateful to receive feedback from the public and agreed with the comment. We recognise that while the majority of people can access pharmaceutical services by driving or walking, a small but important number of residents who have disabilities may have increased access time. The measures used in the PNA were based on those developed by the Department for Transport and are used as an estimate only. An amendment has been made to the final PNA to make this clearer. Since the draft PNA, an equality impact assessment has been undertaken that acknowledges the potential additional needs of those with disabilities, this can be found in Appendix C.
A comment from the member of the public concerning difficulties with the provision of stoma appliance supplies and the suggestion that this could be incorporated into the NUMSAS service.	Q8	This suggestion was discussed with NHS England and the local CCGs. It was confirmed that NUMSAS would not be an appropriate way to deliver stoma appliances. The PNA was therefore not amended.

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Summary of Comments	Relevant survey questions	Response and actions taken
Healthwatch commented that the PNA was comprehensive and thorough.	Q8	We were grateful to receive support for the conclusions of the PNA from the local Healthwatch.
A comment noted that the NUMSAS pilot had been extended to Sep-18.	Q8	The final PNA was amended to include this extension.
The LPC commented that they would benefit from an indication of what services the Health & Wellbeing Board would like to commission from pharmacies to guide future developments.	Q8, Q10	The HWB will work with the LPC to identify how community pharmacies can help support the Board to implement the HWB Strategy and local priorities. The HWB will also work with the LPC to identify local campaigns that could be delivered through pharmacies, where appropriate.
The LPC noted that Reading has a lower number of pharmacies per population than the national average, but that these served the population well and were likely to be able to cope with demands from population growth.	Q11	Support for the PNA's conclusions was welcomed.

Responses received by other methods

Presentations on the Pharmaceutical Needs Assessment were delivered to Reading's Older People's Working Group on 3rd November and Reading Carers Steering Group on the 18th December, as part of the consultation process. At both of these meetings, the offer to contact Reading Borough Council to request a paper copy of PNA and survey to complete the survey was made. No feedback was received via this route.

A joint response from the Berkshire West Clinical Commissioning Groups was also received by email.

Summary of Comments	Response and actions taken
Concerns raised about the effect of future housing developments in some specific areas of Berkshire. These did not include localities within Reading.	Agree that identified population growth in Reading should be within the capacity of the current pharmaceutical services and would not disproportionately affect one area. No changes to the PNA were required.

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Summary of Comments	Response and actions taken
Provided information about the potential changes in local health services, which could impact on pharmacy service provision. These include the national consultation on prescription of low value medicines.	The information provided has been included in section C2 and conclusion G6 of the final PNA Report. The PNA has been amended to recognise that some of these changes, and the possible impacts, are unknown and can therefore not be quantified in the PNA. It is also recognised that the timeframe for some changes is not yet clear. Generally, planned changes to NHS services in the lifetime of the PNA are not expected to create demand for additional pharmaceutical services in Reading.
Highlighted the Berkshire West CCGs Palliative Care dispensing scheme for emergency drugs.	This provision was added to section D1 of the final PNA to better reflect locally commissioned services.

An additional response was received by email from a healthcare professional who did not disclose their role in the local pharmaceutical services.

Summary of Comments	Response and actions taken
Query concerning the definition of evening opening of pharmacies, and therefore how accessibility was measured.	We were grateful to receive scrutiny of the PNA. The final PNA was amended to consistently define evening opening as being open after 7pm. The maps and accompanying calculations did not need to be amended.

Following the Equality Impact Assessment Screening, the PNA Steering Group also decided to add some additional information into Section C of the final PNA, which highlighted the different health outcomes observed by certain groups of people. While this had been included in the draft report, it was felt that the different prevalence and mortality rates for people of different protected characteristics needed to be more explicit in the final report. The full Equality Impact Assessment Screening report is attached at Appendix D.

Following the reading HWB Agenda Setting Meeting held on 8th February, additional comments were received from Healthwatch Reading. A summary of the comments and amendments made in response to these is shown below.

Summary of Comments	Response and actions taken
Page 19 of the draft states that the Public Consultation was 'supported by Healthwatch'. HR clarified that they promoted the survey through their newsletter to Reading public and online, and through Patient Voice groups.	Text on page 19 has been amended to clarify that the role of Healthwatch Reading was in disseminating the survey link and promoting to residents
HR commented that prior to developing the PNA, the PNA steering group had sought views of HR regarding public engagement and that HR had advised against an online-only approach.	We accept that using online methods to survey the public and to undertake the official consultation may have reduced accessibility for some people, this is noted in the EIA (Appendix D). This approach was chosen due to resource and staffing constraints and the time required to complete the PNA.

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Summary of Comments	Response and actions taken
<p>It was suggested that it may be misleading to present findings from the total number of survey respondents, in the Reading draft JSNA as it stands, because most of these (140 of 184) are the views of people living in boroughs outside of Reading.</p>	<p>As explained on page 44 of the report, due to the small numbers of respondents it is not appropriate to present the results from 44 Reading residents separately from the rest of the survey findings.</p>
<p>We are also surprised that a summary of the Healthwatch Reading report on electronic prescribing is not included in the draft PNSA, given that it contains useful and recent (2017) public intelligence</p>	<p>We agree that this piece of work is a useful source of local intelligence demonstrating that electronic prescribing services (EPS) are important to local people, however as EPS is not a 'necessary' or 'relevant' pharmaceutical service as defined on page 3 of the report, there is no requirement for pharmacies to sign up to the service.</p> <p>Increased use of EPS could have an impact on the use of pharmacy services and for this reason a sentence describing the service with a link to the Healthwatch Reading report has been added to page 30</p>
<p>Is there evidence that community pharmacies are under-utilised and able to cope with population increases easily?</p>	<p>As described on page 42, Reading has three 'Hundred hour' pharmacies as well four other pharmacies that are open weekday evenings (after 7pm), three of these are open until at least 10pm. 27 pharmacies are open at least part of the day on Saturdays and three of these are open until at least 10pm. This level of provision is deemed to be sufficient for the level of planned development outlined in Residential developments since the 2015 PNA Section 2, page 29.</p>
<p>Should the PNA be explaining how pharmacy needs will be assessed during each stage of significant housing growth and how the public would get a chance to have their say about local pharmacy services or provision?</p>	<p>The 'Pharmaceutical needs assessments, Information Pack for local authority Health and Wellbeing Boards', Department of Health, 2013, states that</p> <p><i>"HWBs will be required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes."</i></p> <p>In practice this means that during the lifetime of the PNA, the HWB is required to assess the impact of additional development not already set out in the published report as well as any changes in pharmacy provision or other local services that could impact on the need for pharmaceutical services.</p> <p>We agree that this was not made clear in the draft report and have now added an explanation to Section 6 'Assessment Criteria', page 22</p>

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Also, on page 39 of the final draft, there is reference to there being one pharmacy less than identified in the previous PNA, but no explanation of why, how or what impact this has had – can more information be included.	This change is due to closure of a pharmacy on Oxford Road in Reading. Oxford road pharmacy (FGW06) and Lloyds pharmacy (FQP38) were next door to each other, both were operating between Jan 2012 and Dec 2014 when Lloyds closed. It is likely therefore that two pharmacies in this area was over provision for the needs of the population.
Is there any local information that can help give reassurance that current services have enough professionals to cope with demand, and that there are no major issues with recruitment or retirements as there is with the GP workforce?	No data regarding the job roles or numbers of whole time equivalent pharmacy staff was requested in the contractor survey therefore it is not possible to include this information in the PNA. We agree this is useful information and will consider requesting in any future PNAs.
The PNA conclusion about current gaps states there is a lack of pharmacies in walking distance in Whitley and other areas, but they are within driving distance. That makes the assumption that everyone in those areas who needs a pharmacy can drive there.	The conclusion is made on this basis as the 20 minutes drive time is a key indicator used by NSH England. This does not indicate an assumption that everyone can drive to their nearest pharmacy. Map 7 shows 15 minute walking times.
Elsewhere the report mentions that some pharmacies deliver for free, but they have varied criteria for this, so would living in one of those wards be a qualifying criteria?	Section 5 on page 53 states that delivery services are out of the scope of the PNA, however Reading's community pharmacies can choose to provide this service privately.
Why are the full results of the Berkshire public survey not included in the Appendix? (The results of the second phase of the consultation are included in another appendix). Why are the results of the pharmacy contractors survey not included in Appendix A	Requests to access anonymised datasets from both public and contractors' surveys will be considered.

Conclusion

The consultation process was effective in receiving scrutiny for the PNA from the healthcare workforce. We were pleased to also receive feedback from members of the public, and are confident that together with the stakeholders who replied the concerns of local residents were represented.

All comments were gratefully received and were used to improve the accuracy and quality of the PNA.