

Results of the Kent Pharmaceutical Needs Consultation 2018

Each Health and Wellbeing Board has a duty to consult with key stakeholders as defined in Regulation 8 of the above regulations. These include

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);*
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);*
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;*
- (d) any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;*
- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and*
- (f) any NHS trust or NHS foundation trust in its area;*
- (g) the NHSCB (now known as NHS England); and*
- (h) any neighbouring HWB.*

The consultation ran from 15 November 2017 to 22 January 2018 inclusive. All consultation information was held on the consultation directory on kent.gov.uk with its own weblink: www.kent.gov.uk/pharmaceuticalneeds.

Each stakeholder organisation was sent a personal invitation to take part in the consultation from the Deputy Director of Public Health (Chair of the Pharmaceutical Needs Assessment (PNA) Steering Group). The general public were informed of the consultation through:

- The website
- Healthwatch and local community groups
- KCC social media posts
- The CCGs were asked to consult through their patient participation groups
- 5500 email invites sent to registered users of KCC's consultation directory based on their selected interests ('general interest' and 'healthcare and public health')
- Press release: this wasn't picked up by the media but was stored on the Media Hub section of KCC's website.

Participants were asked to complete a questionnaire either using the online form or a paper copy. Access to alternative formats was promoted.

Conversations were held with organisations in localities where it was perceived that there may be a concern regarding provision. This was to ensure they were encouraged to provide their views as part of the consultation

Responses from the general public

There were 63 responses from the general public. **The actual breakdown of responses received can be found listed in Appendix C.**

Q1 recorded which district/ borough the responder lived in

Q2 recorded the responder's postcode

Q3. 95% used a pharmacy to access medicines

Q4. 6% used a dispensing doctor's practice to access medicines.

2 responders used both and 1 said they did not use either.

Q5. Over 46% visited the pharmacy at least once a month with over 14% visiting every couple of months, 6% less often than every couple of months, over 27% every couple of weeks and just 5% every week. 1 responder did not fill this in.

Q6. Nearly 97% said they used the same pharmacy regularly.

Q7. 51% used the pharmacy near home, 24% used the pharmacy/dispensary near the doctors' practice, just over 2% near work, 16% whilst shopping either in the supermarket or in town and the rest had it delivered, picked up by a relative or went elsewhere because they liked the service received.

1 responder commented "*I tried others nearer home but this was the best for service, advice and helpfulness.*"

Q8. When asked what they would do if the pharmacy were closed, 57% said that they would wait.

Q9. When asked what they would do if the pharmacy did not have the things needed, 76% said they would wait for them to be ordered.

Q10. 45% of responders drove to the pharmacy, with 43% walking, 5% used the bus and the rest either had their medicine delivered or did not use a regular pharmacy.

Q11. When asked which of the PNA consultation documents they had read, eighteen responders said that they had read the countywide document with 14 of them also reading the document for the area in which they lived (this was the way it was suggested that the documents should be read) One responder read all 7 area documents. Thirty four responders only looked at the document for their area without reading the overarching information, six had not read any of the documents and three did not answer.

Q12. Responders were asked if they had any comments about the PNA documents. 29 responded to this question.

Twelve responders gave positive feedback on the PNA. Two responders felt the documentation was too long winded and excessive.

Two responders commented on the performance and quality of pharmaceutical services provided. Monitoring quality and performance is provided by NHS England as they manage the contracts and is not judged as part of the PNA. These comments will be passed onto NHS England.

Two responders promoted the use of internet pharmacy and one felt that the pressure from internet providers to gain business was inappropriate.

One responder was concerned that the results of the PNA may result in the closure of providers of pharmaceutical services. The PNA does not give an opinion as to whether there are too many providers although it does state if a provider is essential for that area.

Two responders felt that the provision of pharmaceutical services should be included in all planning applications along with GP services.

Five responders queried some of the information provided in PNA. These queries will all be looked at individually and responded to accordingly.

One person commented on the problems accessing both doctors, surgeries, pharmacies and A&E in certain rural parts of the county.

Q13 Responders were also asked if they had any other comments specifically about any of the following,

- accessing either a pharmacy or dispensing doctor's surgery to obtain your prescribed medicines
- the advice given by the pharmacy or dispensing doctor's surgery around the safe and effective use of these medicines
- any general health advice offered to help you keep yourself well

Forty two responded to this question.

Access - Fifteen responders mentioned access as an issue. These comments ranged from issues with parking to a lack of public bus services especially in rural areas. One person mentioned that their dispensing surgery was essential because of where they live and two people felt that the delivery service currently offered was essential.

Access to pharmacies out of hours was mentioned by four responders, one praising the service and the rest stating that out of hours services were difficult to access if you did not have a car.

One person felt there were too many pharmacies in close proximity.

Two responders had either no specific comments or problems

Performance and quality Twenty six responders had comments about performance and quality. Fifteen of these were positive about the service they receive. The remaining responders either had concerns about the efficiency of the pharmacies they used or issues with the systems used to order and receive their medications. These were sent to NHS England to review as they manage the performance of both pharmacies and GP surgeries, or the relevant CCG about ordering systems etc. One person expressed concerns about current medicine shortages. This is a national problem and is currently being reviewed by the Department of Health and Social Care.

Five responders had ideas for commissioning new or different services from pharmacies. These will be passed onto the relevant commissioners.

Demographics.

The ages of the respondents ranged from 35 to over 85 with just over 41% over 65.

95% of respondents were White British and there was an even number of males responding as females.

22% of the responders acted as a carer to another person and 29% of the responders considered themselves as disabled, predominantly with a long standing health condition (21%) or a physical/sensory disablement (27%)

EqIA

Eighteen responders added comments about the EqIA. Of these eight agreed with the EqIA. 3 had queries which will be answered in the final document. 2 had not actually read the document and the rest had comments which were not related to the EqIA but will be addressed elsewhere.

Overall

The main purpose of the PNA is to identify whether patients can access pharmaceutical services. Any comments about access were identified and the PNA amended where necessary to reflect these comments.

Assessing performance and quality, although important, is carried out by NHS England as part of contract monitoring and is not within the remit of the PNA. All comments about performance and quality were forwarded to NHS England.

Comments about health related services which were not pharmaceutical services either current or proposed were forwarded to the relevant commissioner.

Comments re planning and the provision of services that were not health related were forwarded to the relevant council.

Various comments re the wording of the PNA were taken into account and the PNA changed where appropriate

Adjustments to the EqIA were made where appropriate

Please see Appendix E for a breakdown of comments received

Responses from key professional stakeholders

There were thirteen responses from key stakeholders.

Five responded via the online consultation, eight responded by email

Q1 There ten responses on behalf of an organisation. Three responded as individuals.

Q1a Three were from Clinical Commissioning Groups, two within Kent and one on the borders

Four were from a local dispensing doctor's practice

One was from a neighbouring Health & Wellbeing Board

One was from a Community Pharmacy independent with more than one branch.

Two were from local Borough Councils.

Two was from an independent health professionals

Q2 Districts that responders worked in

- Ashford 1
- Canterbury 1
- Dartford 0
- Dover 0
- Gravesham 1
- Maidstone 5
- Sevenoaks 1
- Shepway 0
- Swale 1
- Thanet 2
- Tonbridge & Malling 1
- Tunbridge Wells 1
- Outside of Kent 4 Bexley, National but lives in county, East Sussex, Weald

One responder worked over 5 different areas.

Q3 When asked which of the PNA consultation documents they had read, five responders said that they had read the countywide document with two of them also reading the document for the area in which they lived (this was the way it was suggested that the documents should be read). Two responders read all 7 area documents. Seven responders only looked at the document for their area without reading the overarching information.

Q4 When asked to *what extent do you agree or disagree that the information in the draft documents is a good reflection of the current pharmaceutical service provision within the district(s) in which you work?*

Five responders strongly agreed and four tended to agree. Three responders neither agreed nor disagreed and one did not answer

Q4a Eight responders left comments

Q5 When asked to *what extent do you agree or disagree that the information in the draft documents is a good reflection of the needs of the population in the district(s) in which you work?*

Four responders strongly agreed and eight tended to agree. One person did not answer.

Q5a Seven responders left comments

Q6 Nine responders had other comments that they wanted to make about the draft PNA.

Q7. EqIA

Four responders added comments about the EqIA. Three of these expressed concerns about what would happen if dispensing doctors closed and the fourth asked about services for gypsies, travellers and people who spoke a foreign language.

Overall

The main purpose of the PNA is to identify whether patients can access pharmaceutical services. Professionals were consulted to identify whether they considered that the draft PNA reflected both the current provision of pharmaceutical services and also the pharmaceutical needs of the population.

The majority of responders agreed that the draft PNA reflected both the current provision and the needs of the population. Nobody disagreed with these statements although a couple did not answer the question at all.

The majority of comments were about the importance of dispensing services provided by rural GP surgeries being maintained. Whether a rural GP can dispense and who they can dispense to, is defined by regulation and the PNA can only recommend whether pharmaceutical services are adequate in that area and has no role in differentiating between the providers.

One representative of a local borough council asked that his particular area, which has been subject to increased housing development, be reassessed as to whether the area could have a local pharmacy. This area, which is currently controlled and therefore designated rural, is currently undergoing a rurality review.

Another borough council emphasised the need for more health services including pharmacies to be commissioned in areas which are currently being developed for housing. This had already been identified in the PNA.

Adjustments to the EqIA were made were appropriate

Please see Appendix F for a breakdown of comments received