

Results of the Medway Pharmaceutical Needs Consultation 2018

Each Health and Wellbeing Board has a duty to consult with key stakeholders as defined in Regulation 8 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 which set out the legislative basis for developing and updating Pharmaceutical Needs Assessments (PNAs) and can be found at:
<http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

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 Health and Wellbeing Board consulted with key stakeholders, as defined above, for 60 days from 5th December 2017 until 4th February 2018 inclusive using the Medway Council website

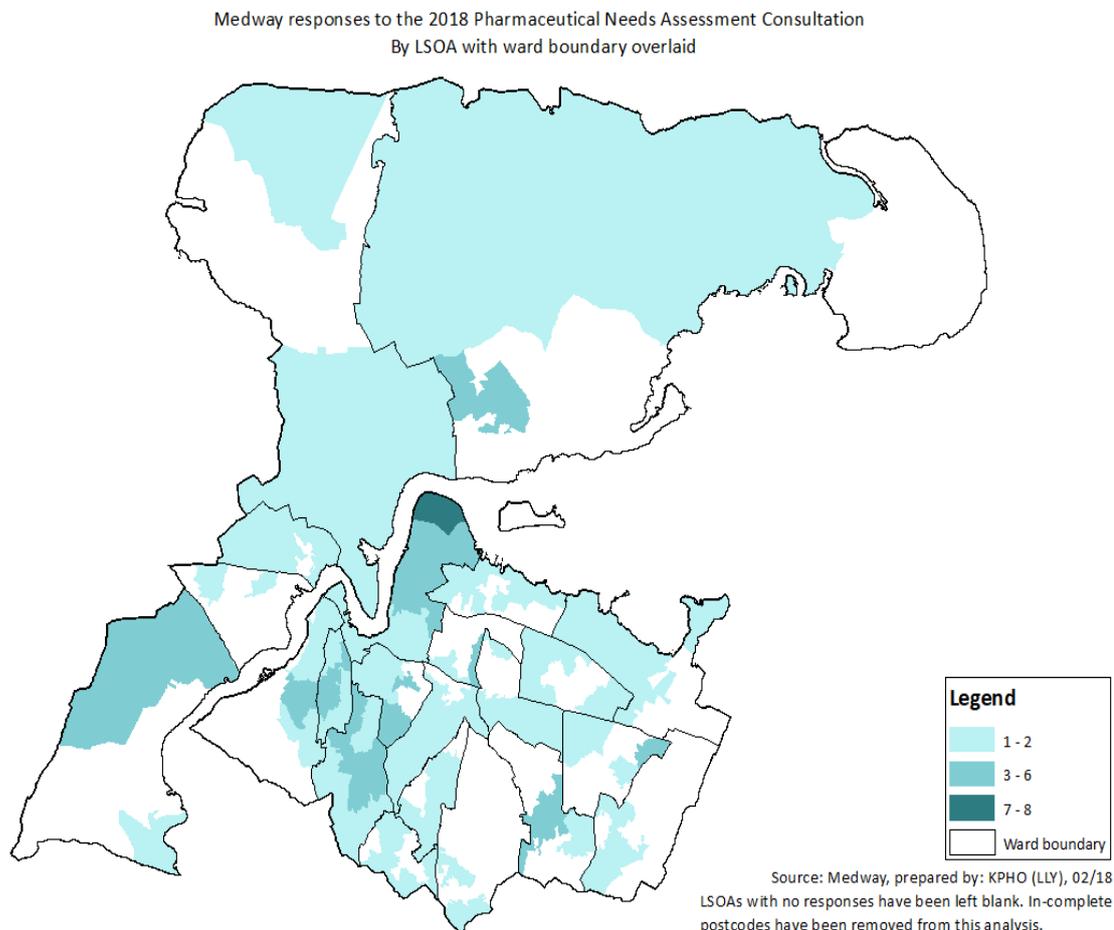
<http://www.medway.gov.uk/carehealthandsupport/healthandwellbeing/pharmaceuticalneedsassessment.aspx>

All key stakeholders were contacted by email by the PNA Steering Group with an invitation to respond to the consultation and a link to the website for the draft PNA but could, if they requested, be sent an electronic or hard copy version. All consultees were reminded in January of the consultation due to the low number of responses.

The public were notified of the consultation through Healthwatch Medway, the Council website, the CCG Patient participation groups and the consultation was also promoted through social media by the Council.

Responses from the general public (via the general public consultation)

There were 232 responses from the general public. Below is a visual representation of the responder's postcodes.



The ages of the responders ranged from under 18 to over 65 with just under 40% being over 60. The majority (89%) of responders were White British with the next highest being of Asian origin (2%). There was a female majority of 59%.

24% of responders consider themselves disabled with the major reasons given being having physical impairments or a long term condition such as heart disease, diabetes or a mental health condition.

Q1. Two hundred and twelve responders (91%) used a pharmacy to access medicines

Q2. Nine responders (4%) used a dispensing doctor's practice to access medicines.

Fourteen responders used both.

Q3. Over 44 % visited the pharmacy at least once a month with over 22% visiting every couple of months, over 22% every couple of weeks and over 4% every week

Q4. 90% said they used the same pharmacy regularly.

Q5. 52% used the pharmacy near home, 22% used the pharmacy near the doctors' practice, 3% near work and 11% whilst shopping or in supermarket.

17% used pharmacies that were not located in any of the suggested areas,

Access reasons given for using a specific pharmacy included

- *Near my sons house so he can sort out any problems or pick up prescriptions for me.*
- *free parking*
- *online pharmacy - medication gets delivered to our home when convenient for us.*
- *Opening hours allow access at weekends and late at night*

See separate sheet for full list of Q5 access responses

Q6. When asked what they would do if the pharmacy was closed, over 58% said that they would wait.

Q7. When asked what they would do if the pharmacy did not have the medicine in stock over 59% said that they would wait.

Q8. 43% of responders drove themselves or were driven to the pharmacy, with 46% walking, 1% taking the bus and 1 person using a bicycle. The rest either had their medicine delivered, collected by a family/friend or carer or did not use a regular pharmacy. One person said that they did not travel to their regular pharmacy because they were a wheelchair user. NB - The majority of pharmacies have disability access and can accommodate a wheelchair user, if this patient did want to visit a pharmacy.

Q9. When asked to make comments about accessing either a pharmacy or dispensing doctor's practice to obtain medicines sixty nine responders left comments.

Twenty one (30%) responders made comments about access, six of whom were positive about the access to their pharmacy. Six responders lived within a dispensing doctor's area (ME2) and some felt that a pharmacy would be useful in their village(s) primarily for self-care, obtaining pharmacist advice and buying "over the counter" products. The only issues with the dispensing service in these areas was at weekends.

Two responders live in an area (ME3) where one of the local surgeries has stopped dispensing. They have both found alternative ways of accessing pharmaceutical services.

Two responders were concerned about pharmacies not being open on Saturdays and Sundays. There are 47 pharmacies open on Saturdays and 12 on Sundays in the Medway area including within the postcode of these responders.

One responder had walking difficulties and needed a pharmacy close by. There are several pharmacies close to the postcode of this responder but also many pharmacies currently offer a delivery service to vulnerable and frail patients

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 were concerned at being unable to access specific specialist medications easily. Although access to specific medicines is not normally reviewed as part of the PNA, the current problems with accessing some medicines is common to all pharmacies and is part of an ongoing issue being monitored by the Department of Health and Social Care.

Please see separate sheet for full list of Q9 access responses.

Forty (58%) of the comments were about the quality of the pharmaceutical service both negative and positive. Quality is not normally reviewed as part of the PNA as this is the responsibility of NHS England who manages the pharmaceutical services contract. Therefore these comments have been passed onto NHS England and also to the Kent Local Pharmaceutical Committee who represent all contractors.

Nine responders complained about the difficulty of ordering repeat prescriptions through GP surgeries. These all seemed to be issues with the systems being used and have therefore been passed onto the Clinical Commissioning Group and NHS England.

Responses from key stakeholders (via the professional consultation)

There were seven responses from key stakeholders of which five were via the online consultation and two by email.

Online consultation

Q1 All reported that they understood the purpose of the PNA

Q2 Three said that they felt that the information was a good reflection of current pharmaceutical provision. Two did not.

*One responder felt that dispensing doctors were unfairly represented in the PNA as their practice provided much more than “basic” services. This was not reflected in the responses received from the second dispensing doctor. Discussions have been had separately with this responder and the PNA will be amended to reflect these discussions.

One responder queried the provision of NHS flu vaccinations at two sites. The source data for this was provided by NHS England and will be confirmed and amended.

Q3 Four said that they felt that the information was a good reflection of the pharmaceutical needs of Medway population provision. One did not. See above*

Q4 One had other comments to make. This was a community interest group who emphasised that residents living in some parts of the Hoo peninsula, who do not have a car and have to use public transportation, do not have good access to a community pharmacy as the journey time can often be up to an hour.

Q5 Type of responders

Two were local dispensing doctors

One was the Kent Local Pharmaceutical Committee

One was a local community group

One was community pharmacy head Office.

Two letters were received via email, one from Kent LPC and one from Kent HWB. The letters mainly drew attention to some of the wording in the draft document. This will be amended with the agreement of the PNA steering group.