

## Results of the Kent Pharmaceutical Needs Consultation

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 Kent consultation ran from 5<sup>th</sup> November 2014 to 5<sup>th</sup> January 2015 inclusive (60 days) and was published on the council website at

<http://consultations.kent.gov.uk/consult.ti/pnaconsultation/consultationHome>

Each key stakeholder was sent a personal invitation to consult from the Interim Director of Public Health. The general public were informed of the consultation through the website, and through Healthwatch and local community groups. The CCG was asked to consult through its patient participation groups.

## Responses from the general public

There were 223 responses from the general public

Q1. 86% used a pharmacy to access medicines

Q2. 24% used a dispensing doctor's practice to access medicines.

12% used both and 3 said they did not use either.

Q3. Over 36% visited the pharmacy at least once a month with over 26% visiting every couple of months, 17% less often than every couple of months, nearly 14% every couple of weeks and just 2% every week. 9 responders did not fill this in.

Q4. Nearly 70% said they used the same pharmacy regularly.

Q5. 40% used the pharmacy near home, 24% used the pharmacy/dispensary near the doctors' practice, less than 2% near work, 14% whilst shopping either in the supermarket or in town and the rest had it delivered, picked up by a relative or went there because they liked the service received.

Q6. When asked what they would do if the pharmacy did not have the medicine in stock or were closed, 52% said that they would wait. 46% said they would go elsewhere. 1 person used an internet pharmacy and the rest did not use pharmacies on a regular basis so didn't know.

Q7. 55% of respondents drove to the pharmacy, with 35% walking, 4 people used a bicycle, 3 used the bus and the rest either had their medicine delivered or did not use a regular pharmacy.

Q8. When asked to make comments about accessing either a pharmacy or dispensing doctor's practice to obtain medicines the following were recorded.

Comments made by public      105 in total

43% about access. Mainly about delivery service either lack of or praising. Capel le Ferne had one person praising the delivery service offered by pharmacies and another saying it didn't exist. Delivery service is a private arrangement between pharmacy and patient.

Most of rest about accessing drugs in rural areas and concerns about not being able to use dispensing doctors if they are stopped.

Comments from patients about access are listed in appendix D

48% about performance issues. These were sent to NHS England as they manage the performance of both pharmacies and GP surgeries

9 patients 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 24 to 96 with just over 47% over 65. The majority of respondents (88%) were White British and there was a female majority of 58%.

## Responses from key stakeholders

There were thirty seven responses from key stakeholders.

Thirty three responded via the survey. Unfortunately the contact details were not left for the majority so have been unable to clarify some of the comments. Some were obviously patients using the professional survey instead of the public one.

Q1 94% reported that they understood the purpose of the PNA

Q2 73% felt that the information was a good reflection of current pharmaceutical provision.

Q3 73% felt that the information was a good reflection of the pharmaceutical needs of Kent population provision.

Q4 All who commented on the Equality Impact assessment felt it was reasonable

Q5 Nine had other comments to make –

Three of these were directly referring to access

- 1) *There is a wide range of Pharmacy provision within Dover and most pharmacies offer a very robust and professional service- **Noted- forwarded to LPC***
- 2) *Littlebourne is fortunate in having a dispensing practice. However because of NHS regulations this means it cannot have a pharmacy because it is not large enough to support both financially. There must be many other rural communities in the same situation ie who lose out on the advice and supply of OTC medicines provided by a pharmacy Could some sort of liaison be set up between a near pharmacy to supply this need especially for those who find it difficult to reach the nearest pharmacy. **Noted and forwarded to NHS England***
- 3) *Although opening more pharmacies may be beneficial to some customers in Kent, we must not forget the pharmacies that already exist and understand community pharmacies are businesses as well as healthcare providers. After all buying pharmacies is at a monumental cost. New pharmacies must not be allowed to open at the expense of existing ones. However I do believe that community pharmacy has to modernise with the times. **Noted – the opening of new pharmacies is based on the pharmaceutical needs of the population and services provided by surrounding pharmacies etc. are always taken into account.***

The rest were a mixture of performance issues, commissioning issues and comments about layout and wording of PNA. Where possible these have been taken into account and changes have been made.

#### Q6 Type of responders to survey

A local community pharmacy	10	30.30%
A local dispensing doctor's practice	3	9.09%
Kent County Council	1	3.03%
A local private provider of health services	2	6.06%
A local patient, consumer or community group	6	18.18%
A local district or parish council	6	18.18%
A neighbouring Health and Wellbeing Board	2	6.06%
A local Clinical Commissioning Group	1	3.03%
Other	2	6.06%

Three letters and 2 emails were received via the email inbox, one from Kent LPC, one from Boots Ltd, one from a neighbouring HWB (also responded to survey), an email from a Community Pharmacy contractor with suggestions for commissioning and an email from a dispensing doctor listing all the services they offer including the GMS services. .

The letters mainly drew attention to some of the wording in the draft document. The letters/emails were discussed at the PNA steering group meeting of the 28<sup>th</sup> January 2015 and the wording amended where necessary/agreed.

Replies to these letters/emails have been made individually.

All of these comments have been incorporated in the revised PNA documents.