

Portsmouth Pharmaceutical Needs Assessment 2018 Consultation report

Consultation Requirements

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out detailed requirements for the consultation process including a specified list of stakeholders that must be consulted at least once.

Publication of draft PNA

The draft PNA and the associated questionnaires were published on the Portsmouth City Council website. Printed copies were available on request.

Consultation period

There is a minimum requirement of 60 days for consultation process. Local formal consultation started on Monday 23rd October 2017 and closed on Monday 27th December 2017.

Consultation Activities

Consultation questions

The short set of questions used for the consultation of the Portsmouth PNA 2015 was used (with minor amendments). For each question there was an opportunity for respondents to add free text comments to expand on their views.

Consultation with professional stakeholders

All professional stakeholders as specified in the Regulations were contacted by email by Monday 23rd October 2017. 'Read' receipts of these emails have been retained.

All contractor pharmacies within the city were contacted by a message on PharmOutcomes (software system used by pharmacies) and by email on 23rd October 2017 giving details of the consultation process. A letter was also posted to each community pharmacy on the same date.

Consultation with the public

The public consultation was supported by the Portsmouth City Council (PCC), Healthwatch Portsmouth and NHS Portsmouth Clinical Commissioning Group (CCG).

The PCC communications team used social media Twitter and Facebook to promote the consultation. The PNA consultation for Portsmouth was included in the November issue of Flagship magazine which is distributed to 93,000 Portsmouth residents. The consultation was publicised to the citizen panel (where around 1000 people had the opportunity to respond) and in the volunteer newsletter.

The CCG publicised the consultation, in October, on its Intranet news page for local staff and GPs and their practice staff. The consultation was publicised at the CCG Patients Participation forums held on 6th September 2017 and 6th November 2017. The consultation was also discussed as part of the Practice Managers forum on 18th October 2017.

Healthwatch Portsmouth publicised the consultation via e-mail to a variety of community and voluntary sector groups.

Response

The HWB appreciates the time given by members of the public and professional stakeholders to complete this consultation exercise.

Seventy-eight responses to the consultation were made - there were eight responses included from professional stakeholders (there were another eight responses where no responses had been given and so have been excluded) and 62 responses from members of the public.

Summary

Consultation findings showed satisfaction with the PNA. Comments will be addressed in the PNA but there will be no notable changes to the document before formal publication on 1st April 2018.

Responses

The summary of the responses to each question are listed below. Comments relating to specific pharmacies are outside the scope of the PNA but will be followed up as considered appropriate by relevant members of the group who led this work.

1. Has the purpose of the pharmaceutical needs assessment been explained clearly?

100% (8/8) of professional stakeholders strongly agreed or agreed that the purpose of the PNA had been clearly explained. 85.5% (53/62) members of the public who responded strongly agreed, agreed or were neutral that the purpose of the PNA had been clearly explained (one disagreed and eight chose not to respond). There were no additional comments given in response to this question.

Table 1. Summary of responses to consultation question one

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Did not respond	Total
Public	13	32	8	1		8	62
Professional	4	4					8

2. Do you know of any relevant information that we have not included that may affect the conclusion of this document?

100% (8/8) of professional stakeholders did not know of any further relevant information that should have been included that would affect the document's conclusions. There were no comments from professional stakeholders. 69.4% (43/62) members of the public who responded did not know of any further relevant information that should have been included that would affect the document's conclusions (16 chose not to respond). The three respondents to the survey who stated there was further relevant information provided a further rationale.

Comment

One comment pointed to the expected development of Forty Acres, Bedhampton as one which may impact on GP and Pharmacies within the Drayton area.

Response

Thank you for noting this. Forty Acres is a proposed site for development of approximately 300 homes. Future residents of this development are likely to use pharmacies in Portsmouth, as well as those in Bedhampton, Havant, and other surrounding areas. If occupied during the lifetime of this PNA, we anticipate any additional demand placed upon pharmacy services from this development would be met within existing capacity.

Comment

One comment stated that another pharmacy site is needed along Commercial Road in order to provide an additional facility as there is only a Boots pharmacy on that road.

Response

There is one pharmacy along Commercial road. There is also a further two pharmacies within 500 metres of this site (Lalys and Berry (RJ) Ltd) and seven further pharmacies within 1km. It is considered that current provision should adequately meet the pharmaceutical needs for the population.

Comment

One comment raised general concerns about whether individual pharmacists can dispense emergency hormonal contraception (EHC) on 'conscience grounds'.

Response

This is outside the scope of the PNA but a response is offered here to provide clarification on an important issue. General Pharmaceutical Council guidance¹ clarifies that while a pharmacist may be unwilling to provide a particular service, they should take steps to make sure the person asking for care is at the centre of their decision-making, so they can access the service they need in a timely manner.

Table 2. Summary of responses to consultation question two

	Yes	No	Did not respond	Total
Public	3	43	16	62
Professional		8		8

3. From the information in the pharmaceutical needs assessment and my personal experience, I believe the pharmaceutical needs of myself (or my patients and/or the people I represent) are being met.

100% (8/8) of professional stakeholders strongly agreed, agreed or were neutral that the pharmaceutical needs of local residents were being met. 46.8% (29/62) members of the public who responded strongly agreed, agreed or were neutral that the pharmaceutical needs of local residents were being met (10 (16.1%) disagreed and another 23 (37.1%) chose not to respond). There were no additional comments from either professional stakeholders or members of the public.

Table 3. Summary of responses to consultation question three

	Yes*	Neither agree or disagree	No**	Did not respond	Total
Public	24	5	10	23	62
Professional	6	2			8

*For professional stakeholder survey these were strongly agree or agree responses

**For professional stakeholder survey these were strongly disagree or disagree responses

4. From the information in the pharmaceutical needs assessment and my personal experience, I believe that my future pharmaceutical needs for myself (or my patients and/or the people I represent) for the next four years are being met.

87.5% (7/8) of professional stakeholders strongly agreed, agreed or were neutral that the pharmaceutical needs of local residents are likely to be met over the next four years (one chose not to respond). There were no written comments from professional stakeholders. No members of the public responded to this question, however, six comments were provided.

Comment

Three comments related to quality of service at specific pharmacies.

Response

These comments highlighted areas outside the remit of the PNA but will be followed up appropriately.

¹ General Pharmaceutical Council; In practice: Guidance on religion, personal values and beliefs (June 2017) https://www.pharmacyregulation.org/sites/default/files/in_practice-guidance_on_religion_personal_values_and_beliefs.pdf

Comment

Two comments related to opening hours of pharmacies. One stating that there needs to be more 100 hour pharmacies available and one highlighting that there are no pharmacies open on Sundays in the south locality of Portsmouth.

Response

These comments are responded to in question 6 under the theme 'access'.

Comment

One respondent commented that pharmacists are not available for consultations for conditions that do not require a doctor.

Response

A pharmacist will be present at an NHS pharmacy when there is provision of NHS services. While not explicit, this comment may highlight the issue of staffing capacity within pharmacies to enable pharmacists to provide advice on minor ailments. It is positive that pharmacies are being recognised as having a role in easing pressure on GPs. Staffing levels are for individual pharmacies to determine.

Table 4. Summary of responses to consultation question four

	Yes*	Neither agree or disagree	No**	Did not respond	Total
Public				62	62
Professional	5	2		1	8

*For both surveys these were strongly agree or agree responses

**For both surveys these were strongly disagree or disagree responses

5. Do you think there is a need for additional pharmacy sites within Portsmouth?

62.5% (5/8) of professional stakeholders disagreed or were neutral that there is a need for additional pharmacy sites in Portsmouth. Two agreed there is a need and one chose not to respond. Of the two respondents stating there is a need, only one comment was given to provide further explanation.

Comment

The rationale given in this comment was that more patients are being prescribed medicines on a daily basis.

Response

It is recognised that dispensing workload is increasing locally and nationally. However, this does not provide a sufficient basis to deem there to be gaps in provision within Portsmouth. Across England, the average prescription items dispensed per month per community pharmacy has increased each year (2007/08 to 2016/17)². The Portsmouth PNA considered the average dispensing workload of pharmacies in Portsmouth compared to Wessex and England (section 7.2.1), showing the average numbers of prescription items dispensed each month per pharmacy was similar to Wessex and slightly higher than the England average.

43.5% (27/62) members of the public disagreed or were neutral that there is a need for additional pharmacy sites in Portsmouth. Nine (14.5%) respondents to the public survey considered there to be a need for additional pharmacy sites (26 (41.9%) chose not to respond). There were twenty-one written comments from members of the public with 14 indicating sufficient pharmacy sites, six indicating a need for more and one comment being unsure of what the general experience of pharmacy provision by other residents in the city is.

² NHS Digital; General Pharmaceutical Services; England 2007/08 to 2016/17 (published November 2017)

Comments

Of the six comments indicating a need for more pharmacy sites, the rationale given was:

- Acknowledgement that for those that do not have a car access may be more difficult (2 comments)
- Positive experience the value of pharmaceutical service provision (1 comment)
- Issues relating to 'capacity' of existing pharmacies (3 comments)

Response

For a response to issues about 'access', please see the response in question 6 under this theme. The comment highlighting the benefits of pharmaceutical provision stated that, 'they help the community and provide a great primary care service, checking on my medication and offering advice around care for my condition'.

Regarding capacity, while it was not clear about the precise issue, one comment related to a specific pharmacy. This will be followed up appropriately. One comment concerned the growing population (see response above which mentions this issue) and one comment stated: ' To save time at the doctors more people are going to the pharmacist first. This then creates a queue in the pharmacy '. See the response in question 4 relating to capacity.

Table 5. Summary of responses to consultation question five

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Did not respond	Total
Public	3	6	10	11	6	26	62
Professional	1	1	2	1	2	1	8

6. Do you have any further comments you would like to make about pharmaceutical services in Portsmouth? This can include good or bad experiences, any concerns, questions or just general comments you might have.

Five comments were from professional stakeholders.

Comment

We could not identify from the needs assessment whether there are plans to widen the availability of naloxone for overdoses caused by heroin and other opiates

Response

A project has been approved to make naloxone available through a small number of pharmacies in Portsmouth. This will start during 2018 and will be monitored to assess success.

Comment

We do not agree that the number of Distance Selling Pharmacies (DSPs) will, or should, increase. There is already sufficient provision to housebound patients as many pharmacies provide a delivery service - this is not a pharmaceutical service, so should not be a part of this assessment, but we feel it is an important point.

Response

In the 2013 Regulations, DSPs are the only exemption category from the current market entry regulations. Therefore, the use of the PNA for market entry does not apply to distance selling pharmacies. Acknowledgement of DSPs has been included in the PNA as they contribute to overall pharmaceutical provision (although, as has recognised in the comment made, activity is not solely located to the area in which a DSP is based). The PNA acknowledges that Portsmouth residents may choose to have their prescriptions dispensed from any pharmacy across the country including distance selling pharmacies. Across England, the number of distance selling pharmacies has increased year on year, from 56 in 2008/09 to 321 in 2016/17².

Comment

We also challenge the assertion that there is no need for Independent Prescribers in Community Pharmacy as this would develop the service above and beyond that which can be provided by pharmacists in GP surgeries.

Response

Thank you for this comment. The wording in the PNA will be rephrased.

Comment

The PNA needs to acknowledge that Hampshire residents may use services in Portsmouth in particular Out of Hours

Response

The wording will be amended to explicitly recognise that Hampshire residents can choose to use pharmacies located in Portsmouth.

Comment

One comment requested to bring back the weight management service which has previously been run through pharmacies in Portsmouth.

Response

There are currently no plans to reinstate the weight management service run through community pharmacies. This was an innovative, local service, rather than a pharmaceutical service. It is acknowledged that this service was well received and will be kept under review should there be an appropriate opportunity.

There were fourteen written comments from members of the public to this question. Other relevant comments in questions above (two comments given in response to question four, and two comments given in response to question five, all on the theme of 'access', giving a total of 18 comments) have also been considered here. These have been categorised into themes of access and quality of service. One comment concluded the respondent was satisfied with the spread of pharmacies and length of opening hours.

Access

There were eight comments which related to access. Six comments placed importance on longer opening hours. Two of the comments commended a particular '100 hour' pharmacy including noting that it relieves pressure from local GP practices, two respondents commented generally that further late night or 100 hour pharmacies would be helpful. One comment suggested it would be useful to have a late night pharmacy in the Palmerston Road area of Southsea and one comment highlighting that there are no pharmacies open on Sundays in the south locality of Portsmouth. The final two comments acknowledged that it is easier to access a pharmacy if an individual has access to a car.

The PNA mapped opening hours of pharmacies (section 7.1). It is recognised that access is more limited outside of core working hours, particularly in evening and on Sundays; however, the pharmaceutical services at these times are considered satisfactory in Portsmouth. A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test). If a pharmacy wants to open for longer, a pharmacy can give notice to NHS England. Opening hours are therefore driven by individual pharmacies.

There is one pharmacy in the South locality (Boots at Gunwharf Quays) which is open for Sunday trading hours, although it is recognised this may not provide easy access to all in the south locality. Across Portsmouth, there are nine pharmacies in total providing Sunday access. Opening is more limited on Sundays than at other times during the week. However, provision is considered satisfactory.

It is acknowledged that journey times to a pharmacy may be longer if an individual does not have access to a car. While not suitable for all residents, over 99% of the population can reach a

pharmacy in Portsmouth within a 20 minute walk (section 7.1.9). This is considered to provide good access to pharmacies in Portsmouth.

Quality

There were nine comments relating to quality of service.

Two comments raised individual issues experienced with specific pharmacies. One of these responses included an indication that the individual now use a different pharmacy as a consequence where they are much happier with the service. One comment highlighted that, while being otherwise satisfied with service at a specific pharmacy, there is often a delay in the delivery of prescriptions from the GP practice to the pharmacy. Another comment was a general comment indicating pharmacies 'could be better and more organised'. These comments highlighted areas outside the remit of the PNA and will be followed up appropriately. NHS Portsmouth CCG is actively providing support to pharmacies (as well as GP practices) to share good practice in the use of electronic repeat dispensing services. This feedback is helpful to inform understanding of how this scheme is working.

One comment related to medicines being out of stock which resulted in repeat trips. With a huge number of prescription items dispensed, there will be some occasions when medicines are unavailable which can either be due to a national supply issue or to pharmacy stock levels and ordering processes. The CCG continues to work with GP practices and pharmacies to improve communication with patients and to ensure an alternative medicine is made available when appropriate.

One further comment suggested that pharmacies could do more to promote their services and another comment suggested that more staff in pharmacies may be beneficial, but recognised challenges to pharmacy funding to facilitate this. See response to question 4 which addresses staffing.

A further two comments related to market entry of and promotion of distance selling pharmacy services. While this is outside the scope of the PNA, a guidance document published by the General Pharmaceutical Council may provide useful information on registering and providing DSP services³.

³ General Pharmaceutical Council; Guidance for registered pharmacies providing pharmacy services at a distance, including on the Internet (2015)

https://www.pharmacyregulation.org/sites/default/files/guidance_for_registered_pharmacies_providing_pharmacy_services_at_a_distance_including_on_the_internet_april_2015.pdf