

Appendix J

Consultation Responses

Bexley Pharmaceutical Needs Assessment Consultation Feedback

1. Accuracy

The following points of accuracy were raised:

Organisation	Suggested Inaccuracy	Steering Group Discussion and Decision	PNA Amended
Well, DA16 1TZ	<ul style="list-style-type: none"> ▪ Saturday opening hours are 08:30 – 13:00 ▪ The pharmacy doesn't provide EHC 	<ul style="list-style-type: none"> ▪ The draft PNA states Saturday close as 18:00; this was due to a data entry error on the questionnaire ▪ The commissioner has confirmed that all Well branches are now accredited to provide EHC 	Yes – opening hours No – EHC
Lloydspharmacy, DA1 4HW	<ul style="list-style-type: none"> ▪ London Pharmacy Vaccination Service (LPVS) is provided ▪ Stoma Appliance Customisation Service (SACS) is provided 	<ul style="list-style-type: none"> ▪ The questionnaire stated that the pharmacy did not provide the services ▪ The pharmacy has confirmed that they have been commissioned to provide the LPVS since completing the questionnaire; and that the questionnaire was incorrect with respect to SACS 	Yes
Roadnight Pharmacy, DA15 7DU	<ul style="list-style-type: none"> ▪ Substance misuse – supervised administration is provided 	<ul style="list-style-type: none"> ▪ The commissioner has confirmed that this pharmacy does not have a contract to provide this service 	No
Well, DA8 2NU	<ul style="list-style-type: none"> ▪ Substance misuse – supervised administration is provided ▪ EHC and Chlamydia Screening are offered 	<p>Substance Misuse - Supervised administration</p> <ul style="list-style-type: none"> ▪ The questionnaire stated that this pharmacy doesn't offer supervised administration; the commissioner has confirmed that the pharmacy does have a contract <p>Sexual health services</p> <ul style="list-style-type: none"> ▪ There was no accredited pharmacist at the time the draft PNA was written so this pharmacy was shown as not offering the service ▪ The commissioners have confirmed that there will a pharmacist, accredited for all service elements (EHC, chlamydia screening and treatment and C-Card) by the time the new PNA is published 	Yes

2. Changes & Potential Changes in NHS Pharmaceutical Services

The Steering Group noted the changes in relation to the provision of NHSE pharmaceutical services:

Organisation	Change in Provision	Steering Group Discussion and Decision	PNA Amended
Lloydspharmacy, DA14 6EQ	<ul style="list-style-type: none"> Change of ownership New owner is Sharief Healthcare Ltd No change to pharmaceutical services or opening hours Approved on 8 January 2018 	<ul style="list-style-type: none"> The Steering Group confirmed that a supplementary statement would be issued when the final PNA is published The HWB will be asked to approve the supplementary statement 	No

3. Feedback and Comments

This section sets out the details of the feedback and comments which were received during the formal consultation and summarises the response of the Steering Group. The section has been organised in accordance with the specific questions asked within the response template which can be found in Appendix I of the PNA.

For each question, we summarise the percentage of respondents who either agreed, disagreed or were not sure with respect to the information contained within the PNA. Where relevant we list the specific comments received and set out the Steering Group decision noting whether or not the PNA has been amended.

14 responses were received by the deadline of midnight, on the 1 February 2018. There was one late response which has not been accepted, apart from to note and investigate a point of accuracy which was raised.

Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?			
Yes = 100% (n=14)	No = 0%	Not sure = 0%	
No detailed comments received			

Does Section 1.3 clearly set out the scope of the PNA?			
Yes = 100% (n=14)	No = 0%	Not sure = 0%	
No detailed comments received			

Does Section 2 clearly set out the local context and the implications for the PNA?			
Yes = 85.7% (n=12)	No = 0%	Not sure = 14.3% (n=2)	
Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC; & Belvedere pharmacy, DA17 5QQ	The strategic national and local documents rarely or mention community pharmacy only in passing	The Steering Group noted the comment	No

Do you think the needs of the population, and the impact upon the need for pharmaceutical services, have been accurately reflected throughout the PNA?			
Yes = 71.4% (n=10) No = 0% Not sure = 28.6% (n = 4)			
Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC;	<p>There is a different dynamic within the NHS at the moment which perhaps does not come through. In that NHSE along with CCGs are moving the focus of responsibility to the users of health service e.g. patients are being encouraged to buy certain OTC medicines and order their own repeat prescriptions.</p> <p>In addition, the cuts imposed on the Community Pharmacy sector are having major implications on how services are delivered.</p> <p>The trend to work in collaboration seems to be the key word at the moment and, therefore, the mention of services beyond core business hours must be viable.</p> <p>Therefore, these additional hours need to have sustainable funding by the commissioners by accessing either FYFV funding or the Pharmacy Integration Fund.</p> <p>The economic reality is that mantra of “doing more for less” no longer applies as can be witnessed by the collapse of Carillion; there has to be shared risk between commissioners and providers.</p>	<ul style="list-style-type: none"> ▪ The Steering Group noted that the PNA makes the following references which are relevant to this comment: <ul style="list-style-type: none"> ○ STP (page 19) notes the potential role for community pharmacy in supporting the self-care agenda ○ Page 24 makes reference to the role of pharmacy as a first port of call to support people with self-care ○ Page 25 makes reference to support for unscheduled care and self-care; it also recognises the local priority of integrating community pharmacy into the core of the LCNs ○ The future section (page 91) notes the opportunity for community pharmacy to play a wider role and proposes an urgent minor illness service a service which may be commissioned in the future (page 93) ▪ The Steering Group noted the comment in relation to sustainable funding and agreed to bring this to the attention of NHSE and other local commissioners by way of this appendix ▪ It was agreed that the PNA would be amended (page 6 and 23) to reflect the changing dynamic, the need for community pharmacy to be involved a strategic level locally, regionally and nationally; and to emphasise the need to consider the resource implications of the PNA for the community pharmacy sector 	Yes
Belvedere Pharmacy, DA17 5QQ	<p>There is no mention of the commercial impact to community pharmacies on the NHS cut backs. There is a fine line between being able to provide a service and it being commercially viable to do so.</p> <p>Additional pharmacy hours need to have some sort of sustainable funding in place. Given an adequate fund in place, I am sure both the range of services and access to the services at late hours can be sustainable.</p>	<ul style="list-style-type: none"> ▪ The Steering group noted the comment which is similar to that raised by BBG LPC above 	As above
Broadway Pharmacy, DA6 7BN	<p>Not sure if this is adequately reflected as some of the services are targeted at a specific age group of patients and the respondents are not within that age group so any gaps or lack of uptake of service may not be truly reflected.</p>	<ul style="list-style-type: none"> ▪ Steering Group discussed the comment and noted: <ul style="list-style-type: none"> ○ For age specific services, the survey results had been modified to only include those in the appropriate age range ○ Because of the low response rate, the PNA reports “insights” from the public survey to illustrate specific points rather than relying on the findings when drawing conclusions 	No

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
The Pharmacy Hut, DA7 6HN	<p>The population age group varies in the 3 localities, but the survey doesn't relate which locality the survey respondents came from. This would be essential information as the PNA has incorporated the results into their opinions and decisions. The response per locality would create a more realistic picture as needs of the different localities will vary e.g. North Bexley which has a much younger population.</p> <p>A lot of recommendations seem to have gone into dispensing volumes rather than the change to a more service-based ethos</p> <p>The future of pharmacy really relates to preventing long term illness and sadly this has not been focused on</p>	<ul style="list-style-type: none"> ▪ The Steering Group discussed the comment, taking the following points into account, but determined that no changes were required to the document: <ul style="list-style-type: none"> ○ Respondents were only asked to provide a partial postcode to ensure anonymity. It was, therefore, not possible to break down findings by locality. Furthermore, the response rate was relatively low (146 people) so the information provided the survey was used to provide insights rather than being relied on to form the basis of conclusions ○ The Regulations require that a PNA makes a statement regarding all pharmaceutical services (i.e. essential, advanced and enhanced services) as well as considering other services which affect the need for pharmaceutical services (e.g. locally commissioned services). This means that a PNA document must be heavily focused on current pharmaceutical services ○ In terms of pharmaceutical services, dispensing represents a significant proportion of community pharmacy workload and remuneration. Dispensing volume has, therefore, been used as a marker of current and future pharmacy capacity ○ The future section in the PNA (pages 91 – 95) provides an overview of how the role of community pharmacy may be changing and sets out services which <i>may</i> be commissioned in the future 	No

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.2.1 Essential Services

Yes = 78.6% (n=11) No = 7.1% (n=1) Not sure = 14.3% (n = 2)

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
NHSE	<p>Opening hours</p> <p>We have concerns regarding the statement on page 38 that states "In the future, if GP opening hours vary, then there may be a need to review opening hours from the existing network of pharmacies to ensure good alignment between the services". This statement is not clear and may cause issues if GP hours do change.</p>	<ul style="list-style-type: none"> ▪ The Steering Group agreed that the statement was ambiguous and that this needed to be clarified ▪ The statement will be amended to read <i>"In the future if more GP practices open on 7 days a week, then additional community pharmacy opening hours may need to be resourced (dependent upon the locality and ward(s) affected). This will facilitate continued alignment between the services"</i> 	Yes

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC	<p>The pattern of GP surgeries opening may vary and therefore it would be difficult for pharmacy opening times to reflect the variance. Furthermore, community pharmacy funding model is dependent on dispensing and in order to be viable under the current funding cuts commissioners would need to commission imaginatively to ensure good alignment between the services.</p> <p>The PNA has to explain that pharmacy contracts were historically offered as 40 core hours per week and for a short period 100 hour per week and these have been in place ever since. Therefore, pharmacies tend to be located near GP surgeries and the vast majority of GP surgeries do not open on the weekend.</p> <p>Specialist Out of Hours (OOH) GP services have been commissioned from FYFV and it is up to commissioners to ensure that adequate provision is in place. General Practice extended hours are either commissioned as a DES or as Hubs which has FYFV funding. Community Pharmacy supplementary hours are not funded by NHSE and therefore the PNA has to mention that pharmacies can only open when it is economically viable to do so; the NHS has limited number of A&E departments open whereas years ago every hospital used to have an A&E department. The PNA must articulate the economic realism that exists within the NHS and the wider economy.</p>	<ul style="list-style-type: none"> ▪ The Steering Group was advised that the comment refers to access and opening hours (pages 31 – 40); and the conclusions (pages 53 & 54) <ul style="list-style-type: none"> ○ Page 31: the overview box notes that the regulations require pharmacies to open for a <i>minimum</i> of 40 core hours (or for 100 hours for pharmacies which opened under an exemption to the 2005 Regulations); and pharmacies may offer supplementary hours over and above this ○ Page 32 summarises <i>insights</i> from the public survey which showed more dissatisfaction with opening hours on weekday evenings and Sundays ○ Page 39 states GP core hours as 8am – 6:30pm i.e. the period when all GP surgeries are open. However, there is only limited alignment with GP opening hours in the mornings before 8am and after 8pm; and reduced choice in the mornings at 8am and the evenings up until 7pm ▪ It was also noted that: <ul style="list-style-type: none"> ○ Whilst dispensing accounts for a significant proportion of pharmacy remuneration, it is one of many requirements for essential services; pharmacies may choose to become accredited to provide advanced services; and they may be commissioned to provide enhanced and locally commissioned services ○ Pharmacies provide non-NHS services (Appendix D) and most pharmacy businesses have a retail component ▪ It was agreed that the conclusions would make it clear that the existing pharmacy network would need to be resourced for providing additional hours 	Yes
BBG LPC	<p>Prescribing Page 45. There is likely to be a drop in prescription numbers as a result of the OTC de-prescribing.</p>	<ul style="list-style-type: none"> ▪ The Steering Group noted the comment and agreed the following amendment: <ul style="list-style-type: none"> ○ NHSE has agreed prescribing restrictions for a range of low value medicines; and is consulting on stopping the routine prescribing of over-the-counter preparations (the expectation is that patients will seek advice from community pharmacists and buy a medicine if required). This policy, if introduced, will reduce the number of prescription items 	Yes

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC	<p>Consolidated Applications Page 51. Table comments:</p> <ul style="list-style-type: none"> SACs and AURs tend to be specialist services and the number of prescription dispensed for these items is dramatically reduced in community pharmacies. DAC pharmacies tend to provide this service as part of the package of nurse support for patients Consideration has to be given that the London Pharmacy vaccination cohort is not exclusive to community pharmacy and it is a London wide service whereby patients can access the service anywhere in London Enhanced and Locally Commissioned Services are dependent on the type of commissioning e.g. Prime Provider and budget of the service. The service needs to have sustainable funding and be viable for the community pharmacy to provide. Opening hours: see comments above Alignment with GP services. Commissioners need to work collaboratively with the Community Pharmacy sector to ensure alignment. Choice. Patients have limited choice of providers for GP Hubs (only two) and there is no A&E service in Bexley. On balance, the level of choice is a reflection of the current funding of the community pharmacy sector Conclusion. The use of gaps will attract application and needs better wording 	<ul style="list-style-type: none"> The Steering Group was advised that this comment refers to the application of the principles which have been developed to help the HWB determine if a consolidated application would leave a gap The aim of the table is to summarise, into one place, key information in relation to the principles for each locality and is intended to save time searching the PNA and appendices if a consolidated application is received The reference to potential gaps is in relation to the possible impact of the consolidated application not a conclusion of the PNA For example, if a consolidated application was received for North Bexley which would result in the closure of a pharmacy which opened for 7 days a week and which provides all advanced and enhanced services and was located adjacent an area of deprivation where there are no other pharmacies then the HWB may conclude that the consolidation would leave a gap, particularly since this area already has a below average number of pharmacies Page 50 clearly states that any consolidated application would be considered on its own merits It was agreed to amend the table in the PNA so that it is clear that the conclusions refer to consolidated applications 	Yes
BBG LPC	<p>Meeting the needs of those with a protected characteristic. Page 52. Table comments:</p> <ul style="list-style-type: none"> "Many pharmacy users may be considered as disabled." Does not align with the comments on page 15 on disability. Language. Google translate and smart phone apps available to assist community pharmacists 	<ul style="list-style-type: none"> The Steering Group agreed the following changes: <ul style="list-style-type: none"> Disability: Amend wording to read "a proportion of pharmacy users" Language: Add "pharmacies may use Google translate and smart phone apps" to the table and page 10 which is where ethnicity and languages spoken in pharmacies is documented 	Yes

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC	<p>Conclusions in relation to opening hours Page 53. Just over a quarter of respondents in our public survey were dissatisfied with opening hours on weekday evenings. This statement is not significant as only 146 out of a population 244,221 (0.06%) responded online and has gated many residents out of the survey. In addition, the working pattern of individuals has changed beyond recognition with many individuals working from home, self-employed and on zero hour contracts which allows many individuals to access pharmacy service during normal business hours.</p> <p>AND</p> <p>Page 54. Current and Future Improvements or Better Access [Regulation 4(1); 4 (a and b)] needs better wording in light of the comments made on opening hours.</p>	<ul style="list-style-type: none"> The Steering Group considered the comments and agreed the following amendments: Page 53 – currently reads “40% of respondents were dissatisfied with Sunday opening hours”; amend to: “Insights from our public survey (which had a low response rate) suggest that there is more dissatisfaction with Sunday opening hours” Page 54 – Amend the text to read: <i>“We have identified that access and choice could be enhanced if more of the existing network of pharmacies were resourced to extend opening hours on weekday mornings and evenings and also at weekends. This would strengthen alignment with GP practice and hub opening hours particularly in the mornings, the evenings after 7:30pm and at weekends; and would be beneficial for those residents who work full time and who prefer to use a pharmacy outside of working hours... The HWB does not believe an additional pharmacy is required as the improvements may be met by the existing pharmacy network”</i> 	Yes
Belvedere Pharmacy, DA17 5QQ	<p>Historic Pharmacy contract hours need to be mentioned (40 core hours per week and 100 hour per week for a period) For Pharmacy's to sync opening hours with GP surgeries need funding over the core hours to make it economically viable. The pharmacy contract focusses mainly on dispensing which in most cases requires time over and above the non-funded hours. This will soon put pressure on the number of prescriptions issued in a week unless extra funding is in place</p>	<ul style="list-style-type: none"> The Steering Group noted that this comment is similar to that raised by BBG LPC above 	As above
The Pharmacy Hut, DA7 6HN	<p>Essential services have moved forward from mainly dispensing to more health prevention</p>	<ul style="list-style-type: none"> The Steering Group noted the comment 	No

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.2.3 Advanced Services

3.2.3.1: Medicines Use Reviews	Yes = 71.4% (n=10)	No = 7.1% (n=1)	Not sure = 21.4% (n=3)
3.2.3.2: New Medicine Service	Yes = 78.6% (n=11)	No = 7.1% (n=1)	Not sure = 14.3% (n=2)
3.2.3.3: Stoma Appliance Customisation	Yes = 100% (n=14)	No = 0%	Not sure = 0%
3.2.3.4: Appliance Use Reviews	Yes = 100% (n=14)	No = 0%	Not sure = 0%
3.2.3.5: Flu Vaccination	Yes = 78.6% (n=11)	No = 14.3% (n=2)	Not sure = 7.1% (n=1)
Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC	MURs Similar comments to Essential Services, in addition Advanced Services are recruitment services dependent on the judgement of the pharmacists unlike dispensing which is a demand led service. Therefore, a certain percentage of patients decline the service and advanced services do not have 100% uptake. Page 59. "These gaps are relevant because patients cannot access MURs from an alternative pharmacy because of the 3 month rule (although they could be offered a Prescription Intervention instead)." With access to Summary Care Records (SCR) the prescription intervention "MUR" allows the patient to access the service across England. SCR is part of the Quality Payment Scheme.	<ul style="list-style-type: none"> The Steering Group was advised: <ul style="list-style-type: none"> MURs are documented on pages 56 - 59 For essential services refer to comments on page 5 of this document (opening hours and access) The comments regarding the nature of advanced services were noted 	No
Belvedere Pharmacy, DA17 5QQ	MURs I would classify advanced services as a recruitment services-opposite to dispensary services which i believe are demand led. This means that there a certain proportion of the demographic that decline these services.	<ul style="list-style-type: none"> This comment is similar, in part, to that raised by the LPC above 	As above
Broadway Pharmacy, DA6 7BN	MURs Not sure how from the number of Bexley residents who have responded who work , can we draw a conclusion that there may be gap in provision of MURs	<ul style="list-style-type: none"> The Steering Group agreed to amend the conclusion to read: <i>"This may present a constraint for residents with a long term condition who may prefer to visit a pharmacy outside of working hours"</i> 	Yes
The Pharmacy Hut, DA7 6HN	MURs As a distance selling pharmacy, we have to take permission for each patient that we would want to provide a MUR for in their own home. This is time-consuming and has deterred the promotion of this service. We would like a blanket permission to provide domiciliary MURs	<ul style="list-style-type: none"> The Steering Group noted the comment and agreed that this would be flagged to NHSE by way of this appendix 	No

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC	NMS Similar comments to Essential Services, in addition Advanced Services are recruitment services which dependent on the judgement of the pharmacists and unlike dispensing which is a demand led service and is closely linked with the dispensing service. Therefore, a certain percentage of patients decline the service and advanced services do not have 100% uptake.	<ul style="list-style-type: none"> The Steering Group was advised: <ul style="list-style-type: none"> The NMS is documented on pages 60 - 63 To refer to comments on page 5 of this document (opening hours and access) The comments regarding the nature of advanced services were noted 	No
Belvedere Pharmacy, DA17 5QQ	NMS Similar comments to MURs	<ul style="list-style-type: none"> This comment is similar, in part, to that raised by the LPC above 	As above
Broadway Pharmacy, DA6 7BN	NMS Similar comments to MURs	<ul style="list-style-type: none"> Steering Group agreed to remove any reference to people who work full time and amend the conclusion to read: <i>"This may present a constraint for residents with a long term condition who may prefer to visit a pharmacy outside of working hours"</i> 	Yes
BBG LPC	Flu Vaccination Advanced Service Similar comments to Essential Services, in addition Advanced Services are recruitment services which dependent on the judgement of the pharmacists and unlike dispensing which is a demand led service. Therefore, a certain percentage of patients decline the service and advanced services do not have 100% uptake. Consideration has to be given that the flu vaccination is not exclusive to community pharmacy and is a national service whereby patients can access the service anywhere in England. Working individuals can use NHS Choices or the IT platform to locate the nearest pharmacy to them whether at home or at work, in addition to the appointments offered by the patient's GP surgery.	<ul style="list-style-type: none"> The Steering Group noted: <ul style="list-style-type: none"> Flu vaccination is documented on pages 70 - 73 Page 70 states that non-pharmacy providers include GPs and community nurses Page 73 notes that pharmacy offers benefits in terms of access over non-pharmacy providers Under further improvements (Page 73) the document notes the HWB would like to see more pharmacies offering the service during extended hours, <i>where there is a demand for this (noting some of the pharmacies which open for extended hours don't offer this service)</i> The following amendments to the PNA were agreed: <ul style="list-style-type: none"> To note, on page 70, that residents may choose to access the service outside of the area To make it clear, on page 73, that the HWB would like more pharmacies which already open for extended hours to offer to the service The conclusions would be amended to show opportunities for improvements rather than making reference to gaps (and with a similar amendment to all advanced and locally commissioned services) 	Yes

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
Belvedere Pharmacy, DA17 5QQ	It must be mentioned that community pharmacies don't solely carry out flu vaccinations - this is a national service	<ul style="list-style-type: none"> This comment is similar, in part, to that raised by the LPC above 	As above
Broadway Pharmacy, DA6 7BN	Provision of the service increase access compared to no pharmacy flu service	<ul style="list-style-type: none"> The PNA Steering Group noted the comment 	No
NHSE	<p>Necessary advanced services</p> <p>The text describes a gap in service, but the summary then does not list these as gaps. This will need to be clarified as it could be misinterpreted. The PNA states an additional pharmacy is not required, but this is not a conclusion that the PNA can make</p>	<ul style="list-style-type: none"> This comment refers to: MURs, NMS and Flu vaccination conclusions on pages 59, 63 and 73; and the regulatory statements on page 96 The summary doesn't specifically list these gaps as they either relate to how the current network of pharmacy delivers the service OR they are covered by the general "catch all" statement on page 96 which identifies that access and choice would be improved by extending opening hours The following amendments were agreed: <ul style="list-style-type: none"> To amend the conclusions to read "opportunities for improvements" Amend the statement on page 96 to make it clear that this relates to all services (essential, advanced, enhanced and locally commissioned) Amend all text to make it clear that [in considering the need for pharmaceutical services] the HWB does not believe an additional pharmacy is required because needs and/or improvements could be met from within the existing network of pharmacies It was felt that these amendments would provide the clarity NHSE are seeking; and make it clear that the document articulated the HWB view but without pre-empting NHSE's decision on future applications 	Yes

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.2.4 Enhanced Services

3.2.4.1: London Pharmacy Vaccination Service Yes = 78.6% (n=11) No = 14.3% (n=2) Not sure = 7.1% (n=1)

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC	Similar comments to Essential Services, in addition Advanced Services are recruitment services which dependent on the judgement of the pharmacists and unlike dispensing which is a demand led service. Therefore, a certain percentage of patients decline the service and advanced services do not have 100% uptake. Consideration has to be given that the London vaccination cohort is not exclusive to community pharmacy and it is a London wide service whereby patients can access the service anywhere in London. Working individuals can use the IT platform to locate the nearest pharmacy to them whether at home or at work, in addition to the appointments offered by the patient's GP surgery working under the same SLA.	<ul style="list-style-type: none"> The Steering Group noted: <ul style="list-style-type: none"> The London Pharmacy Vaccination service is documented on pages 74 – 77 This is an enhanced service (not an advanced service) The PNA notes on page 74 that non-pharmacy providers include GPs and community nurses; and that pharmacy potentially offers benefits in terms of access over non-pharmacy providers on page 77 Under further improvements (Page 77) the document notes the HWB would like to see more pharmacies offering the service during extended hours, <i>where there is a demand for this</i> The comments regarding the nature of advanced services were noted 	No
Belvedere Pharmacy, DA17 5QQ	It must be noted that the London vaccination service is not given exclusivity to community pharmacies - it is accessible by patients throughout London	<ul style="list-style-type: none"> This comment is similar, in part, to that raised by the LPC above 	As above
Broadway Pharmacy, DA6 7BN	Comment as per previous question (flu vaccination)	<ul style="list-style-type: none"> The Steering Group noted the comment 	No

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.3 Locally Commissioned Services

3.3.2: Substance Misuse Yes = 78.6% (n=11) No = 7.1% (n=1) Not sure = 14.3% (n=2)

3.3.3: Sexual Health Yes = 78.6% (n=11) No = 14.3% (n=2) Not sure = 7.1% (n=1)

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
Healthwatch Bexley	Sexual Health Our intelligence indicates that healthy lifestyle services in pharmacies are under-used so important that these services are promoted adequately	<ul style="list-style-type: none"> The PNA Steering Group noted the comment and agreed that the points raised would be flagged with the commissioner 	No

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC	<p>Substance Misuse (Supervised administration and Needle & Syringe Programme)</p> <p>The driver for this service (SAM) is the prescriber who makes the decision for "supervised consumption," over the years there has been a decrease in the number of clients requiring supervision which may be a reflection of the budget for the service. The service has to be funded appropriately so that it is sustainable within the Community Pharmacy sector.</p> <p>The NEX service has to be funded appropriately so that it is sustainable within the Community Pharmacy sector. The funding for this service has not increased since its launch and may be a reflection of the low uptake.</p>	<ul style="list-style-type: none"> The PNA Steering Group noted the comment and agreed that the points raised would be flagged with the commissioner 	No
Broadway Pharmacy, DA6 7BN	<p>Substance Misuse (Supervised administration and Needle & Syringe Programme)</p> <p>Part of the reason for inactivity of pharmacies is because the number of patients needing supervised administration has reduced over the years because of lack of funding.</p>	<ul style="list-style-type: none"> The PNA Steering Group noted the comment and agreed that the points raised would be flagged with the commissioner 	No
Belvedere Pharmacy, DA17 5QQ	<p>Substance Misuse (Supervised administration and Needle & Syringe Programme)</p> <p>Funding for this has always been low. I believe that funding hasn't changed since inception - this is the likely to be the cause of low uptakes</p>	<ul style="list-style-type: none"> The PNA Steering Group noted the comment and agreed that the points raised would be flagged with the commissioner 	No
BBG LPC	<p>Sexual health</p> <p>Sexual Health services are not exclusive to Community Pharmacy and are available across England. There is no funding attached to C-Card Scheme which may reflect the availability of data.</p> <p>In addition, the future commissioning of Sexual Health services via the Prime Contractor model may affect the way the service is commissioned (sub-contracted) from Community Pharmacy. It will be the Prime Contractor's responsibility to ensure that the service is funded appropriately so that it is sustainable within the Community Pharmacy sector. In the past a similar Prime Contractor approach (in another Borough) has led to a collapse in the service provision because the model was not economically viable for Community Pharmacy.</p>	<ul style="list-style-type: none"> Page 86 notes that "sexual health services are universal" and that residents may choose to access these from pharmacies in other boroughs or from non-pharmacy providers The PNA Steering Group noted the comments in relation to funding and how the services are commissioned It was agreed to amend the future box on page 90, to state that pharmacy may be sub-contracted via a prime contractor in the future 	Yes

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
Belvedere Pharmacy, DA17 5QQ	Once again, the sexual health service is not exclusive to community pharmacy and are accessible nationwide.	<ul style="list-style-type: none"> This comment is similar, in part, to that which has been raised by the BBG LPC above 	As above

Do you agree with the “Looking to the Future” section as set out in section 3.4?

Yes = 57.1% (n=8)

No = 14.3% (n=2)

Not sure = 28.6% (n=4)

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
Bexley CCG	<p>There is a recommendation for an England-Wide Minor Ailments Scheme on page 18 and 24 of the document. This will conflict with the Bexley Self-Care project. In October 2017 following patient engagement, NHS Bexley CCG agreed to introduce a self-care initiative with the following aims:</p> <ul style="list-style-type: none"> Free up GP practice time Empower people to self-manage minor and self-limiting conditions without accessing General Practice, including out of hours services, or hospital services Reduce NHS expenditure on treatments that are available without prescription. <p>The rationale for this self-care initiative are:</p> <ul style="list-style-type: none"> Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and wellbeing and encourages healthy behaviour that help to prevent ill health in the long-term In many cases people can take care of their minor ailments, reducing the number of GP consultations and enabling GPs to focus on caring for higher risk individuals, such as those with multiple illnesses, the very young and elderly, managing long-term conditions and providing new services The public have available an increasing range of resources for advice on medicines use, e.g. community pharmacists, NHS 111, NHS Choices website <p>Therefore, NHS Bexley CCG feels that introducing a minor ailments scheme, depending on the particulars of the scheme, could be in conflict to the above aims and rationale for the current self-care initiative.</p>	<ul style="list-style-type: none"> The Steering Group discussed the comment and agreed the following amendments: <ul style="list-style-type: none"> Page 24: Make it clear that Pharmacy first” minor illness schemes are commissioned, in many HWB, <i>to supplement the role of pharmacy in supporting patients with self-care</i>; they have been flagged as a priority by the DH⁶ Page 93: Make it clear that an urgent minor illness service would link with, and be complimentary, to the CCG self-care initiative 	Yes

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
BBG LPC	<p>The aspirations within the potential future services is admirable but requires strategic integration of Community Pharmacy at the highest levels of the STP, HWB and CCG to transform Community Pharmacy onto "High Street Neighbourhood Clinics," which offer a suite of clinical services linked to the dispensing of patient's medicines based on a sustainable funded model.</p> <p>Improvements or Better Access/ Future Improvements or Better Access: requires better working because DH is investing in general practice services to allow for patient access in the FYFV, whilst at the same time cutting the services from community pharmacy. As advised, it requires strategic integration of Community Pharmacy at the highest levels of the STP, HWB and CCG with sustainable funding to achieve alignment with general practice. The PNA must reflect the reality of the position of the sector which is under considerable economical pressure at the moment with no prospect of relief in the foreseeable future.</p> <p>The PNA should not build unsustainable expectations which in turn result in significant detriment either to the proper planning of pharmaceutical services provision, or to the arrangements in place for the provision of pharmaceutical services.</p> <p>Page 91 We asked pharmacies if they currently offer, or are willing to offer, outreach pharmacist consultations –the findings are summarised in the table below. The pharmacists are under the assumption that these outreach services would be commissioned hence high willingness "to offer" percentages. In addition, the "work place" consultations need clarification, the LPC is not aware of any such consultations taking place.</p> <p>Page 93. Palliative Care & Specialist Medicines. This service was decommissioned by Bexley PCT as unviable and is unlikely to be recommissioned</p> <p>Page 93. Urgent Minor illness service. NHSE-LR is reviewing existing London Minor Ailment Services in London. NHSE-LR, SL STP or NHS Bexley CCG are unlikely to commission. There is a drive for residents/patients to access minor ailments or self-care outside of the NHS.</p>	<ul style="list-style-type: none"> ▪ The Steering Group was advised: <ul style="list-style-type: none"> ○ The comments refer to the "Looking to the Future" section on pages 92 – 96 ○ Community pharmacy provides a range of services. The PNA shows opportunities to improve access and choice if more of these services were provided during extended hours, where a demand exists. Each section considers current extended opening ○ This discussion and decisions in relation to essential services (as above) will be relevant to the table setting out aspirations for opening hours for community pharmacy services ○ The community pharmacy questionnaire simply asked pharmacies if they currently provide outreach services or are willing to do so in the future as a means of understanding what arrangements pharmacies have in place. The information is intended to be helpful to commissioners when designing services; funding for the provision of services is outside the scope of the PNA and would need to be negotiated as and when services are commissioned ○ Work place consultations are defined as pharmacists (or their staff) going into people's place of work ○ The tables on pages 93 onwards set out services which would support delivery of local strategy. This information is intended to flag to commissioners the potential priorities for community pharmacy. Whilst it is important to manage expectations it may be an oversight to pre-empt commissioner prioritisation and decisions by removing the information ▪ The following amendments to the PNA were agreed: <ul style="list-style-type: none"> ○ Page 91: "work place" may have been misinterpreted and that the data is "unverified" ○ On page 93 to note that a London-wide palliative care service may be commissioned; and ensure that the CCG self-care initiative is mentioned 	Yes

Organisation	Detailed Comment	Steering Group Discussion and Decision	PNA Amended
Broadway Pharmacy, DA6 7BN	Commissioners lack of capacity is partly to blame for some of the services.	<ul style="list-style-type: none"> The Steering Group noted the comment 	No
Belvedere Pharmacy, DA17 5QQ	Requires a great deal of strategic integration into community pharmacy. This is also highly ambitious and would need a great deal of funding.	<ul style="list-style-type: none"> This comment overlaps, in part, with that raised by the LPC above 	As above
Pharmacy Hut, DA7 6HN	Without proper funding it is unlikely that the local network can manage any more pressures to meet need for the future. There is no early morning provision and contractors are unlikely to fulfil this need unless there is more funding. This need was highlighted in the last PNA and to date there has been no uptake of contractors willing to meet this need. Perhaps extra funding to fulfil this gap is needed	<ul style="list-style-type: none"> This comment overlaps, in part, with that raised by the LPC above 	As above
Healthwatch Bexley	Our intelligence indicates that healthy lifestyle services in pharmacies are under-used so important that these services are promoted adequately. Encouraging residents to consult their pharmacist for a health concern should be more widely promoted as our intelligence suggest that only a minority of residents will use the pharmacy as a first point of call. However, those who does are very satisfied with the services.	<ul style="list-style-type: none"> The Steering Group was advised that the findings from the Healthwatch Pharmacy review were different to those from the Public Survey undertaken as part of the PNA process; this difference may be attributable to different methodologies The Steering Group noted the comment about promoting healthy lifestyle services; and that no changes were required to the PNA as relevant references are made throughout the document and in the "Looking to the Future" section 	No

Community Pharmacies & Dispensing Appliance Contractors Only

Has the PNA provided you with enough information to help your own future service provision and plans

Yes = 80% (n=8)

No = 10% (n=1)

Not sure = 10% (n=1)

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended
Broadway Pharmacy, DA6 7BN	I believe that we require more funded services within the proximity of Belvedere Pharmacy. The needs are there	<ul style="list-style-type: none"> The Steering Group noted the comment 	No
Pharmacy Hut, DA7 6HN	There is limited scope for distance selling pharmacies	<ul style="list-style-type: none"> The Steering Group noted the comment 	No

NHS England Only:
Has the PNA provided adequate information to inform market entry decisions?

No – in general the required statements are provided. Specific concerns have been reflected in the relevant sections above or in the comments below

Organisation	Detailed Comment	Steering Group Decision	PNA Amended
NHSE, London Region	<p>The HWB has also made the following statement: Current and Future Improvements or Better Access [Regulation 4(1); 4 (a and b)]</p> <p>We have identified that access and choice would be enhanced if the existing network of pharmacies were to extend opening hours on weekday mornings and evenings and also at weekends. This would strengthen alignment with GP practice and hub opening hours particularly in the mornings, the evenings after 7:30pm and at weekends. This would be beneficial for those residents who work full time and who prefer to use a pharmacy outside of working hours. The HWB has not identified a need for an additional pharmacy to deliver this improvement • The existing pharmacy network could do more to support those with hearing impairment and through the provision of “aide memoires” for those with cognitive impairment Whilst the HWB has not identified a need for an additional pharmacy in any locality, the above text does describe some improvements that could be made and there is a possibility that an application may be made against this. Any outcome will depend on NHS England and the Appeals Authority interpretation of this statement and a new pharmacy could not be ruled out.</p>	<ul style="list-style-type: none"> ▪ The Steering Group was advised that this comment is similar to the one made in relation to “necessary advanced services” on page 10 above ▪ It was determined that no additional amendments, over and above those already agreed, were required, 	As above (page 10)

Services Commissioners & Potential Services Commissioners only:
Has the PNA provided you with enough information to inform how you may commission services from pharmacy in the future?

- This question was not applicable to any of the respondents

Do you have any further comments?			
Organisation	Detailed Comment	Steering Group Decision	PNA Amended
NHS England, London Region	The PNA has not considered dental services as another service that would affect the need for pharmaceutical services (page 5)	<ul style="list-style-type: none"> ▪ The Steering Group was advised that dental services and optometry services were not included in the scope of the PNA because these services would have a minimal impact on the need for pharmaceutical services (compared with GP surgeries) ▪ It was agreed that no amendments were required to the PNA for this reason 	No
NHS England, London Region	It is noted in the PNA that opportunities are taken to signpost patients to pharmacies where their first language is spoken with a view to improving access to pharmaceutical and health promotion advice. However, there is no information in the PNA on how this is implemented and how (and who) the signposting is promoted or used.	<ul style="list-style-type: none"> ▪ The Steering Group was advised that the comment refers to text on page 10 of the draft PNA; the statement was also included in the current PNA ▪ The following amendments were agreed: <ul style="list-style-type: none"> ○ Revise the wording to read “It may be helpful if patients were signposted to pharmacies where their first language is spoken”; and ○ Include the statement: “many pharmacies use google translate and apps to support communication with patients” 	Yes
NHS England, London Region	It was noted in the PNA that there is a reliance on the neighbouring boroughs to fulfil the pharmaceutical needs for Bexley residents. Assumptions are made that residents of Bexley would be willing to travel across boundaries for pharmaceutical needs not available within their own borough	<ul style="list-style-type: none"> ▪ The Steering Group discussed the comment and the following points were made: <ul style="list-style-type: none"> ○ It is unlikely that residents are aware of borough boundaries and which HWB a pharmacy “belongs” to; therefore, it is unlikely that they are making a conscious decision to only use a Bexley pharmacy ○ Page 27 of the PNA states patient preference as to where they wish to use a pharmacy – a high proportion said “close to home” or close to a GP surgery; it follows that if an out of area pharmacy is close a patient’s home or GP surgery then residents may choose to use these ○ The PNA uses dispensing as a means of exploring the use of services outside of the borough (page 43). The data show a relatively high out of area dispensing rate (16.7%) which suggests that residents are willing to use pharmacies in other areas (or distance-selling pharmacies) ▪ It was agreed that no amendments were required 	No

Organisation	Detailed Comment	Steering Group Decision	PNA Amended
NHS England, London Region	On page 17 of the PNA, it is noted that NHSE is responsible for commissioning 'primary care services' from GPs and Optometrists; this is incorrect. This is delegated to CCGs.	<ul style="list-style-type: none"> The Steering Group was advised that page 17 states that commissioning of primary medical services has been delegated to CCGs To provide clarity, it was agreed to amend the wording to read: <i>"NHSE is the national body for commissioning primary care services from GPs (now delegated to CCGs), pharmacies, dentists and optometrists"</i> 	Yes
Broadway Pharmacy, DA6 7BN	146 respondents is not a large enough sample to draw conclusions and may distort some of the findings.	<ul style="list-style-type: none"> The Steering Group was advised that the findings of the public survey have been used to provide insights into the PNA and to illustrate specific points. At no point have these findings been solely relied upon to draw conclusions It was agreed to amend page 25 to read: <i>"Insights from the public survey, undertaken between 18 August and 13 October 2017. The response rate was low, so the findings were used to illustrate specific points but were not relied upon when determining conclusions for the PNA"</i> 	Yes