

APPENDIX 3 - ANALYSIS OF PNA CONSULTATION RESPONSE

Responder Number	Organisation/Member of Public	Section of PNA	Actual Response	Comment from PNA Steering group	Decisional of the steering group to amend the PNA? (Y/N)	Date amendment made
1	A member of public (a patient)	Section 3	Q2 (section 3). Yes- Although, it would be nice to see pharmacies in the larger supermarkets in Leominster and Ross (as in Asda, Hereford)	Comment noted by the PNA Steering Group. The intention of the PNA is to identify access to pharmaceutical services and if there are any gaps or unmet needs. The application of pharmacies and its location is dependent on the application made by contractors and the 'control of entry' Regulations	N	
		Section 3.2	Q6. (section 3.2) Yes - Although, pharmacies in the larger supermarkets in Leominster and Ross would be beneficial I feel	Comment noted by the PNA Steering Group. The intention of the PNA is to identify access to pharmaceutical services and if there are any gaps or unmet needs. The application of pharmacies and its location is dependent on the application made by contractors and the 'control of entry' Regulations	N	
		Additional information	Q9. (Additional information) Yes - Percentage of people needing home delivery service. Also, the need for pharmacy outlets will presumably increase as more doctors surgeries close around the county ?	Home delivery is a non-NHS service. Comment noted	N	
2	A health or social care professional (Kingstone Surgery)		Q11. (Further comments) The maps do not appear to show the locations of dispensing practices at Kingstone and Ewyas Harold.	All maps checked for accuracy	N	
3	On behalf of an organisation: Worcestershire Health and Well-being Board		Q11. Worcestershire Health and Well-being Board have consulted the Local Pharmaceutical Committee and Local Medicines Committee on the draft Herefordshire PNA. No comments were received.	Comment noted by the PNA Steering Group	N	
4	A health or social care professional		Q11. It is worth reiterating that the role of dispensing doctors is unique. Most of these small rural surgeries would not survive financially if they didn't have a dispensary. Dispensing income enables these rural villages to have 1) a dispensary and 2)a surgery. The two issues can't be separated.	Comment noted by the PNA Steering Group. It is not within the remit of the PNA to discuss financial viability of contractors delivering pharmaceutical services.	N	
5	On behalf of an organisation: Local Pharmaceutical Committee Herefordshire (LPC)	Section 3	a) P 74 - The wrong figures are in the table for the number of pharmacies 2011 should be - 26 and 2014 - 27; and also why and where this new contract was awarded.	a) Figure 36 - figures to be amended. It is not the remit of this PNA to explain why and where an existing contract is awarded.	Y	24/04/2015
			b) there should be an explanation to explain increase in dr Dispensing branches	b) Comment added to clarify increase in dispensing practices and drop in sites. An explanation of the reasons why there has been increase in dispensing doctors is not the remit of the PNA.	Y	24/04/2015
		page 75	c) It is noted that figures are for 100,000 population but a lot of these may be registered to a dispensing Dr. practice and wont go to a pharmacy. Therefore Herefordshire may have the lowest no. of pharmacies per 100,000 but if the dispensing Dr. population is removed then this figure could increase by 28% plus another pharmacy in 2014 and the figure may be 18-19 pharmacies per 100,000 .	Comment noted. Section 3.2.2. amended to reflect this comparison - 49,172 (Herefordshire CCG, October 2014) of the registered population are on Herefordshire's Dispensing Doctors dispensing list. Removing these from the total registered population would indicate for dispensing services provided by pharmacy contractors there is a registered population of 136,928. This equates to 19 pharmacy contractors (for dispensing services) per 100, 000 registered population.	Y	24/04/2015
		Section 3.2.3	a) p77 Internet pharmacies are now having a huge impact on where prescriptions are being dispensed. This is increasing as EPS2 has rolled out. This should be mentioned in the PNA.	No internet pharmacies in Herefordshire. According to ePACT data (Oct 2013 to Sept 2014) 3.2% items dispensed outside Herefordshire which includes DACS, internet pharmacies and non-Herefordshire walk-in pharmacies. This does not demonstrate that internet pharmacies are having an impact on Herefordshire pharmacies. However, the PNA acknowledges that as EPS2 is further rolled out this may potentially impact on dispensing activity.	Y	24/04/2015
		Section 3.2.2	b) Figure 41 and 42 need dates on from where the data is taken.	Added. Oct 2013 to Sept 2014 as per comment.	Y	24/04/2015
		Section 3.2	ONPOS dressing services for nurses.	Ask steering group to clarify. Steering Group agreed to be added (See new section added in PNA 2.3.20)	Y	24/04/2015
		Section 3.3.3	3.3.3 need to explain what a buffer zone is around a pharmacy and bring in the NHS regulations related to this. Also you need to define 'Rural Areas' of Herefordshire using a map so that patients are aware of where they can obtain their prescriptions from. (see PSNC website on Rural issues)	Explanation of buffer zones, rural in character controlled localities, and the restrictions on the control of entry Regulations added. It is not the remit of the PNA to delineate rural areas. NHS England is responsible for the update of 'Determination of Rurality' review.	Y	24/04/2015
			Pharmacy contractors could be commissioned for a PGD for Ella-one like Gloucester. First dispensing of a contraceptive, Domiciliary MUR's, Hep B vaccinations, Hospital discharge MUR's, and/or Healthchecks	Comment noted and included in the PNA. Pharmacy contractors express a willingness to engage in all potential Locally Commissioned and Enhanced services and they need to work with commissioners, through the Local Pharmaceutical Committee, in order to be able to produce business cases or tenders for the provision of those service.	Y	24/04/2015
6	A community pharmacy contractor	Section 4	In line with data obtained and collected	Comment noted	N	
7	CCG representative	Executive summary	Many bullet points needs to be numbered for now and future use of key reference document	All bullet points numbered for referencing	Y	24/04/2015
		Page 4 and 5	not all pharmacy services included eg palliative care but not OOH, EHC, Smoking cessation	Comment noted and included in Executive summary. Bullet points remain numbered for referencing	Y	24/04/2015
			requires % split between community pharmacy and dispensing practices for context	Figure amended to illustrate percentage of dispensing doctors	Y	24/04/2015
			Add dispensing practices to exec summary as significant part of local patient dispensing service	Comment noted and amended	Y	24/04/2015
		Page 5	Key findings (bullet point 2): qualify Dispensing Doctors sites versus Practices and community pharmacy sites to clarify differences in access eg opening hours	Comment noted and changes made in Executive summary.	Y	24/04/2015
		Page 6	Key findings (bullet point 9): 'Ideal' to have more extended hour pharmacy may relate to perceived need but not essential given OOH service options, 100hr pharmacy and GSL sales	Remove bullet point from Executive summary as this is a needs assessment document and should maintain factual. Removed 'financially viable' as the PNA should not be cost-related. Finance is not a determining factor when approving or refusing applications for new pharmacies.	Y	24/04/2015
		Page 6	Key findings (bullet point 10): SAC Not defined until page 15.	Comment noted and amended.	Y	24/04/2015
		Page 6	Key findings (bullet point 10): require evidence to support claim of AUR defined as significant disadvantage	Bullet point removed as unable conclude	Y	24/04/2015
		Page 6	patient feedback on Pharmacy and dispensing practice premises not relevant to PNA since there are many differences eg funding	Comment noted and amended.	Y	24/04/2015
		Page 6	Access for all pharmaceutical services Opening hours should be noted in the PNA ie community pharmacy and dispensing practice to outline patient access	Dispensing practice opening times added and discussed. See Figure 54.	Y	24/04/2015
			It would be helpful to note in the PNA innovative commissioned services locally eg by AHW Area Team services the flu vacs for patients qualifying under NHS guidance and year 7&8 children which potentially improves NHS and patient outcomes and supporting patient choice	Comment noted included	Y	24/04/2015
		Page 15	P15 there is no DAC in most CCG areas	There were 112 DACs in England in 2012/13 and similar to many other HWB footprints in England, there is no DAC in Herefordshire.	Y	24/04/2015
		Page 19	P19 missed out 2 community hospitals - Ledbury & Kington. 2gether Trust provides mental health care only in Herefordshire	Comment noted and included	Y	24/04/2015
		Page 19	2nd paragraph of 'Hospital pharmacy' - Herefordshire has a joint primary and secondary care medicines formulary with linkages to other providers in and out county eg OOH Gloucestershire	Comment noted and amended.	Y	24/04/2015
		Page 20	Figure 5 public health data it may be helpful to note changes are due to NHS reconfiguration changes ie PCT, Community trust, Wye Valley NHS Trust	Comment noted and footnote added to explain NHS reform and Herefordshire PCT no longer exists.	Y	24/04/2015
		Page 50	It would be helpful to state Herefordshire smoking cessation services offer supply of varenicline by PGD and this is exceptional rather than the norm across other pharmacy service in England	Comment noted and included	Y	24/04/2015
		Page 68	2.3.15 - Community Pharmacy Minor Ailments service - this service continues to support patient quick and easy access to a health professional without appointment, ie the NHS urgent care agenda and wider services and it would be helpful to note this support in the PNA.	Comment noted and included in Figure 25 and in section 2.3.15.	Y	24/04/2015
		Page 69	2.3.17 - Community Pharmacy advice to Care Homes - data may be misleading quoted in this way and need further explanation of commercial pressures which dictate this for pharmacy businesses unlike dispensing practices	Comment noted and paragraph 3 on page 69 is removed	Y	24/04/2015
		Page 73	Clarify summary of unaided support to those people with a disability eg what does unaided support mean does it include home delivery which is more widespread via pharmacy than dispensing practices. Need to balance survey comments and inherent limitations compared to factual info	Comment noted and amended as per Steering Group discussion.	Y	24/04/2015

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		Page 73	Page 73 from the public survey - it is summarised "the delivery service of medicines is considered as an extremely valuable added-value service to all patient groups" but this does not align to comment "should enable greater access to pharmaceutical services in a predominantly rural environment." delivery is not a commissioned service and may relate to pts in need only	Comment noted and removed.	Y	24/04/2015
		Page 73	Page 73 clarity of wording required due to limitations of information from a survey. Also information on DAC use is limited due to 3rd party involvement.	Comment noted and amended as per Steering Group discussion.	Y	24/04/2015
		Page 78	Page 78 conclusions not fully based on evidence suggest rewording ie information shows dispensing sites may be sufficient	Comment noted and amended in Executive Summary and Conclusion.	Y	24/04/2015
		Page 78	Page 78 please show summary level information across the county urban/ rural on rx's dispensed by both Community pharmacies and dispensing practices. Info shows that pharmacies are financially viable in rural areas but not supported by current regulations.	Comment noted and further explanations on the control of entry for pharmacies and dispensing practices Regulations.		24/04/2015
		Page 79	Page 79 add local range and average for both community pharmacies and dispensing practices since much data is duplicated this would be more useful than data from other areas	Comment noted and amended.	Y	24/04/2015
		Page 79	P79 Herefordshire DAC prescription information is available but difficult to obtain accurately	Comment noted and amended as per Steering Group discussion.	Y	24/04/2015
		Page 86	P86 pharmacy viability is not correct term since relates to regulations	Comment noted and amended.	Y	24/04/2015
		Page 92	Page 92 where is golden valley not on map, can not see?	All maps checked for accuracy	N	24/04/2015
		all mapped sections	Most maps legend is not readable on electronic format	All maps checked for accuracy	N	24/04/2015
		Page 93	3.3.2 - frightened to go out! Does not relate to medicines service difference, perhaps housebound may be better wording	Comment noted and amended.	Y	24/04/2015
		Page 93	P93 fact - car ownership is less in urban areas where there are pharmacies	Comment noted and amended.	Y	24/04/2015
		Page 95	3.3.3 "viable" not appropriate term relates to regulations etc There is a numerical imbalance in the patient survey returns between pharmacies and dispensing sites compared to volume of dispensing across all. Please consider numerical summary table of responses to qualify differences. Please note inherent limitations in survey responses.	Remove the word viable. Add note around survey in 3.1.2 e.g. self-completed survey that is open to interpretations dependent on responder. Agree to add caveat and no need to include survey summary.	Y	24/04/2015
		Page 95	P95 Fig 46 47 would be best superimposed	Unclear map. Not changed.	N	24/04/2015
		Page 100	P100 viable rural locations - remove word viable	Removed the word viable as per Steering group discussion	Y	24/04/2015
		Page 100	Page 100 opening hours for all dispensing sites (CP & DD) per locality on key days such as Saturdays and Sundays and extended hours weekdays would identify gaps in services for all patients. Equity for patients and providers should be considered.	Figure 50 to be amended with opening time of Dispensing Doctors and Pharmacies.	Y	24/04/2015
		Page 105	Repeat dispensing RD ie batch prescriptions needs defining and writing in full throughout for ease of understanding	Repeat Dispensing - definition fully clarified in Figure 25	N	24/04/2015
		Page 112	needs to add no patient registration needed for community pharmacy and also extended access to medicines across weekdays and weekend	Comment noted and amended.	Y	24/04/2015
		Page 113	Page 113 it would be helpful to note the wider NHS plans to extend patient care 7/7 across primary and secondary care which will escalate the need for more dispensing services and pharmaceutical advice across 7/7 eg to support early patient discharge from secondary care and help support patients remain independent at home avoiding escalation of care due to medicines issues	Comment noted and amended in Executive Summary and Conclusion	Y	24/04/2015
		Page 115	Page 115 note equity of patient access to pharmaceutical advice is gap in rural areas on Saturdays, Sundays and extended hours.	Comment noted and amended in Executive Summary and Conclusion	Y	24/04/2015
			info on DDs like DRUMS and DSQS assurance scheme for dispensing practice outcomes would be helpful to highlight any gaps in patient access	No data available from NHS England to evaluate.	N	
			MURs and NMS for community pharmacies data would be helpful to highlight any gaps in patient access	Limited and nil data available on MUR and NMS respectively from NHS England. Unable to fully evaluate	Y	24/04/2015
8	A health or social care professional (Fownhope Medical Centre)	Section 3.1, 3.2 & 3.4	Q4b. Need to improve access to evenings and weekends, dispensing Drs need to be supported as a vital rural resource	Some community pharmacies already provide extended opening hours service. A recommendation following the PNA is to increase access to all dispensing services. Comment noted and amended in Executive Summary and Conclusion.	Y	24/04/2015
		Section 3.2	Q6. Ross and Leominster inadequate on weekends	This was not identified in the public survey, although it is recognised that Herefordshire as a whole would benefit from greater access to all dispensing services and alignment to GP services. Comment noted and amended in Executive Summary and Conclusion.	Y	24/04/2015
		Additional information	Q9. We feel the dispensing Drs should be supported by the council & that they should be allowed to dispense to non-dispensing patients and unregistered patients.	Regulation governing the responsibilities and the delivery of the Dispensing Doctors service are under NHS England and are nationally agreed. This is not the remit of the PNA.	N	
		Further comments	Q11. Any new services that are proposed to be offered in pharmacies should also be proposed in dispensing surgeries for patient fairness and choice.	Regulation governing the responsibilities and the delivery of the Dispensing Doctors service are under NHS England and are nationally agreed. This is not the remit of the PNA.	N	