

Appendix F

Consultation Feedback & Outcome

Consultation Feedback and Outcome

1. Accuracy

A number of issues of accuracy were raised during the process:

Organisation	Suggested Inaccuracy	PNA Steering Group Decision	PNA Amended?
Pharmacare (Warwick Pharmacy) N11 2EU	Saturday opening hours should be from 09:00 am to 18:00 pm (not 19:00)	<ul style="list-style-type: none"> ▪ Appendix D shows the incorrect closing time and will be updated. This was a transcription error. ▪ All maps, and the analysis, are based on the correct closing time 	Yes
Boots UK Limited South Divisional Office	Boots, Wood Green, N22 6BA Sunday opening hours - should be 11am - 5pm	<ul style="list-style-type: none"> ▪ Appendix D shows that the pharmacy is open between 10am and 6pm; this was based on the community pharmacy questionnaire returned by the Boots Branch ▪ Appendix D will be updated to reflect the correct opening hours for Sunday. The analysis, text and maps are not affected by this change 	Yes
Coopers Pharmacy (Ravalia Pharm Ltd) N15 4DJ	Supervised consumption of Subutex and Methadone is provided	<ul style="list-style-type: none"> ▪ Information provided the substance misuse commissioner confirms that this pharmacy does provide this service ▪ The analysis, text, map and Appendix E will be updated 	Yes
Coopers Pharmacy (Ravalia Pharm Ltd) N15 4DJ	Seasonal Influenza vaccination is provided	<ul style="list-style-type: none"> ▪ Appendix E in the draft PNA shows the pharmacy as providing the London Pharmacy Vaccination Service ▪ The draft PNA is, therefore, correct as seasonal influenza vaccine is included within the scope of this service 	No
Parade Chemist (Conochem Management Ltd) N4 1LG	We do not currently provide the London Pharmacy Vaccination Service, however we do have plans to implement this service for 2015	<ul style="list-style-type: none"> ▪ Information provided by NHS England showed this pharmacy as providing the service ▪ The pharmacy was contacted and confirmed that they hadn't attended training in 2014/15 and this is why they weren't a service provider ▪ The PNA Steering Group decided that the pharmacy should be removed from the map, analysis and Appendix E 	Yes
Parade Chemist (Conochem Management Ltd) N4 1LG	We provide the Monitored Dosage System Service for our patients, which we receive no funding for	<ul style="list-style-type: none"> ▪ The comment refers to a Non-NHS service; and that non-NHS services are excluded from the scope of the PNA because they cannot be taken into account when considering market entry applications ▪ The PNA Steering Group determined that no changes were required 	No
Pharmacare (Warwick Pharmacy) N11 2EU	We do not provide EHC services for over 25.	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that EHC is provided within the scope of service for both the under 25 and over 25s; and that the information provided by the sexual health service commissioner showed this pharmacy as providing the over 25s bundle for service ▪ The pharmacy attended training on the 31 January 2015 and is now accredited to provide the service ▪ The PNA Steering Group determined that no changes were required 	No

2. Detailed Comments

This section sets out the detailed comments which were received during the formal consultation and summarises the response of the PNA Steering Group. The section has been organised in accordance with the specific questions asked within the online survey / consultation response form; where no specific comments were received then this noted.

For each question, we summarise the percentage of respondents who agreed, disagreed or were not sure with respect to the information contained within the PNA (noting that respondents who did not answer a given question, those that did not return the feedback response form and those for whom a question was not applicable were excluded from this analysis). We then list the specific comments received and set out the PNA Steering Group decision noting whether or not the PNA has been amended. Where no specific comments were received in relation to a question then we explicitly state this. Where a respondent did not use the response template then the comment has been included in the most relevant section; and on occasion a comment has been moved to a more relevant section.

The purpose of the PNA is set out in section 2. Has this been explained sufficiently?

Yes = 100% (n=13) No = 0% Not sure = 0% Not answered / Feedback Form Not Used (n=2)

No detailed comments received

Section 3 sets out the scope of the PNA. Does it do so clearly?

Yes = 100% (n=13) No = 0% Not sure = 0% Not answered / Feedback Form Not Used (n=2)

No detailed comments received

Section 4 sets out the local context and implications for the PNA. Does it do so clearly?

Yes = 100% (n=13) No = 0% Not sure = 0% Not answered / Feedback Form Not Used (n=2)

No detailed comments received

Does the Information in Section 3.1 and 3.2 provide a reasonable description of the services which are provided by pharmacies and DACs and do you agree with the conclusions?

Organisation	Detailed Comment	PNA Steering Group Decision				PNA Amended?
Service	Yes	No	Not Sure	Not answered / Feedback Form Not Used		
Essential Services	100% (n=13)	0% (n=0)	0% (n=0)	n=2		
Medicines Use Reviews & Prescription Intervention Service	92.3% (n=12)	0% (n=0)	7.7% (n=1)	n=2		
New Medicine Service	100% (n=13)	0% (n=0)	0% (n=0)	n=2		
Stoma Appliance Customisation Service	92.3% (n=12)	0% (n=0)	7.7% (n=1)	n=2		
Appliance Use Reviews	92.3% (n=12)	0% (n=0)	7.7% (n=1)	n=2		
Minor Ailments Service	100% (n=12)	0% (n=0)	0% (n=0)	n=3		
London Pharmacy Vaccination Service	100% (n=13)	0% (n=0)	0% (n=0)	n=2		
On Demand Access to End of Life & Specialist Medicines	92.3% (n=12)	0% (n=0)	7.7% (n=1)	n=2		
Stop Smoking Service	84.6% (n=11)	0% (n=0)	15.4% (n=2)	n=2		
Sexual Health	92.3% (n=12)	0% (n=0)	7.7% (n=1)	n=2		
Supervised Consumption	84.6% (n=11)	0% (n=0)	15.4% (n=2)	n=2		
Needle & Syringe Programme	76.9% (n=10)	7.7% (n=1)	15.4% (n=2)	n=2		
Healthy Start Vitamins	76.9% (n=10)	7.7% (n=1)	15.4% (n=2)	n=2		
Anti-coagulation and Stroke Prevention	83.3% (n=10)	0% (n=0)	16.7% (n=2)	n=3		
Pharmacare (Warwick Pharmacy) N11 2EU	<p>Essential Services For some clinical data collection services like the lithium blood results, many patients refused to provide such readings and some get very upset when we asked for the readings.</p>	<ul style="list-style-type: none"> The PNA Steering Group was advised that the comment refers to the National Patient Safety alert for safer lithium prescribing. The NPSA has developed a patient information booklet, lithium alert card & record book for tracking blood test results The PNA Steering Group considered that pharmacies would normally explain to patients why this information was important, at the time of dispensing or the consultation; and determined that no changes were required for the final PNA 			No	

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	<p>MURs</p> <ul style="list-style-type: none"> ▪ The PNA has identified potential gaps in that 5 pharmacies do not offer Medicine Use Reviews (MURs) and Prescription Interventions (PIs) service. ▪ Also it has identified that some pharmacies are not actively providing the service and that some residents are not able to access it at all because of the 3 month rule which means that patients can only access this service from their regular pharmacy. ▪ The PNA has also identified that there is sufficient capacity within the existing network to meet anticipated increase in demand. The PNA concludes that a current need in that it would like all pharmacies to offer MURs so that all residents secure access to the service if required ▪ There is insufficient information for existing pharmacy owners and potential applicants to understand what the implications of the gaps and the current need are. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the NHS England comment refers to the Executive Summary (Page 6 of the draft PNA) and the MUR detailed section (pages 58 - 61 of the draft PNA) ▪ It was agreed that the conclusions would be strengthened to make it clear that the gaps described cannot be addressed by granting a new application because of the “3 month rule”; and that residents have the option of choosing an alternative pharmacy to dispense their prescriptions and access MURs in this way 	Yes
Middlesex Pharmaceutical Group of LPCs (with the authority and on behalf of Barnet, Enfield & Haringey LPC)	<p>Advanced Services</p> <ul style="list-style-type: none"> ▪ We believe that “Advanced services” are not “Necessary Services”, we consider them to be “relevant services” and should be classified as such for the reasons we make clear below. The Classification of MURs/NMS as “necessary services” ▪ The LPC opposes the classification of Advanced Services such as MUR and NMS as “necessary” services for the following reasons: ▪ 1) Unlike Essential Services, it is not mandatory for pharmacies to provide MURs/NMS. 2) They are voluntary, requiring both personal and premises accreditation 3) MURs require prior usage of that pharmacy by a patient for a period of three months 4) As a result, a patient cannot be referred by a non-provider to a providing pharmacy 5) Provision of NMS cannot be undertaken in the 	<ul style="list-style-type: none"> ▪ The PNA Steering Group were advised that the draft PNA (page 33) sets out the principles which were taken into account when determining whether or not a service is necessary to meet a pharmaceutical need; and that these principles were applied to all pharmaceutical and locally commissioned services ▪ Within the draft PNA, the NMS, SACS and AURs have all been determined to be relevant services (sections 5.11.2, 5.11.3 and 5.11.4 respectively set out the reasons as to why these conclusions have been reached). ▪ MURs were determined, by the PNA Steering Group, to be a necessary service (page 61 of the draft PNA) ▪ The PNA Steering Group stated that the service needs to be considered from the perspective of Haringey residents 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	<p>absence of personal accreditation for provision of MUR</p> <p>6) Other healthcare practitioners cannot provide MURs but can support patients in the use of their medicines e.g. practice nurses advising on the use of inhalers in respiratory disease and DACs providing AURs and stoma customisation services. We would suggest to the Haringey Health and Wellbeing Board that these are classified as “Relevant” Services”.</p> <ul style="list-style-type: none"> ▪ The LPC considers the Advanced Service of New Medicines Service (NMS) to be a “Relevant Service” and agrees with the statement on page 66 ▪ Advanced service provision from community pharmacies are discretionary. As these services are discretionary, not all providers will provide them all of the time. Advanced Services are negotiated nationally and “any contractor may provide”. If “any contractor” may provide this service they are not likely to be “Necessary Services” for the purpose of the PNA. ▪ We contend that advanced services referred to as necessary services in the draft PNA should be referred to in the PNA as relevant services. The statement on page 61 the LPC would prefer worded “We have determined that this service is relevant to meet the pharmaceutical needs of our population” 	<ul style="list-style-type: none"> ▪ The general consensus was that MURs play a valuable role in helping people to take their medicines as prescribed and in reducing waste ▪ The final decision was the MURs are necessary to meet the pharmaceutical needs of the population; and that no change was required for the final PNA 	
<p>Pharmacare (Warwick Pharmacy) N11 2EU</p>	<p>Minor ailment Scheme</p> <p>Not all patients understand or are aware about what the scheme is for and its availability. Many think that they can obtain anything from the pharmacy for free and to stock for emergency</p>	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment related to the draft PNA pages 71 - 75 ▪ It was noted that there is an information leaflet available which explains the purpose of the service, including eligibility; this information is also included within the specification for the service ▪ The PNA decided that the ‘service overview’ would be updated in the final PNA so that it is clear that an information leaflet is available which helps to facilitate the public’s understanding of the service and when it should be used 	<p>Yes</p>

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Middlesex Pharmaceutical Group of LPCs (with the authority and on behalf of Barnet, Enfield & Haringey LPC)	<ul style="list-style-type: none"> ▪ Classification of some local services such as Emergency Hormonal Contraception (EHC) as relevant services(if they were commissioned by NHS England they would be “relevant services”) ▪ Some services such as Emergency Hormonal Contraception (EHC) and the Minor or Common Ailments Service are locally commissioned services at some times of the day and on some days of the week but at other times e.g. on a Sunday afternoon when other service providers are not available, these become “essential” services ▪ Please note that the LPC considers such services as essential not from the perspective of the Pharmaceutical Contractual Framework definition 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comments related to the draft PNA pages 71 - 75 for minor ailments (MAS); and pages 87 - 94 for sexual health services (and that EHC is an element within the scope of this service) ▪ It was noted that: <ul style="list-style-type: none"> ○ The MAS is commissioned by NHS England and as such is an enhanced service; it has been determined to be ‘necessary’ to meet a pharmaceutical need ○ The sexual health service (under 25s and over 25s bundles) is a locally commissioned service. ○ The PNA states “we have also found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe the service is relevant in that it delivers improvements in access or choice”; and notes “applications must relate to pharmaceutical services (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of gaps or needs identified for locally commissioned services”. ▪ The LPC were assured by this text and the PNA Steering Group determined no changes were required for the final PNA 	No
Sexual Health Commissioner Haringey Council	<ul style="list-style-type: none"> ▪ Revision of text relating to the 'over 25s' sexual health services, to replicate the level of service associated with the under 25s bundle; and slight modification of the Provider Criteria ▪ HIV PoCT - amend the table so it is clear that this service may be offered to those aged 18 years and over; and that the service element is being piloted in the first instance by 6 pharmacies and then gradually rolled out to other pharmacies providing the over 25s bundle ▪ To note in the document that the service is being rolled out and that it is anticipated that all pharmacies, as listed in Appendix E, will be live by the end of the first quarter 	<ul style="list-style-type: none"> ▪ The comments refer to Sexual Health Services ▪ The PNA Steering Group approved the proposed minor changes to the text, with respect to the scope of service; age criteria for HIV point of care testing (PoCT); and provider criteria ▪ The PNA Steering Group recognised that the over 25s service is being rolled out and agreed to reflect in the document. It was agreed to include a statement in the final PNA that it is anticipated that all pharmacies listed in Appendix E will be live by the end of June 2015. The document will signpost to the sexual health section of Haringey’s Council’s website which includes a list of pharmacies and non-pharmacy providers offering the service 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
<p>The Bridge Renewal Trust Laurels Healthy Living Centre</p>	<ul style="list-style-type: none"> ▪ The PNA has provided a reasonable description of NHS services, but there are other services that have not been described, as well as addressing the need to 'join' up services in order to make the patient experience seamless and less disjointed. ▪ For example, if we consider the anticoagulation and stroke prevention service, then it would be better for the patient if their INR could be monitored and their medication dispensed in the same building. This would allow the team responsible for the patients care to be able to regulate the patients INR tighter, as well as being able to feedback and respond to instances where patients may have medication prescribed that adversely effects their clotting and subsequently their INR value. ▪ Another example in which a simple change to a service can have a profound effect is if we consider the on demand access to end of life and specialist medicines/Out of Hours service. Currently The Laurels is one centre from which 'Barndoc' is run. In some cases this service looks after patients nearing the end of life, who require certain specialist drugs in order to make their last days comfortable. Ideally these patients should be cared for in a community setting as this is more comfortable for them and there is less strain on secondary care. Often the main issue they encounter is getting access to these drugs, as once they are prescribed it is often family members or Macmillan nurses who are tasked with the responsibility of obtaining them. If the members running the service could ensure they have to these drugs without having to search a number of different pharmacies, then this would make the service more efficient and ultimately would greatly benefit the patient. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the draft PNA makes the following references to integration and 'joining up services': <ul style="list-style-type: none"> ○ Page 19 notes that "we are concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service" ○ The need for integration is highlighted in several of the strategies set out in section 4.3 ○ Page 31 notes that transformation changes are required and that this has implications for how community pharmacy integrates with the full range of health and social care providers in the future ○ The NMS conclusions, on page 67, identify that adopting an integrated approach to service delivery may secure improvements for patients ▪ The PNA Steering Group then considered the specific examples raised by the Bridge Renewal Trust: <p>Anti-coagulation and stroke prevention service</p> <ul style="list-style-type: none"> ▪ The PNA Steering Group were advised that the comment refers to the service described on pages 105 – 107 of the PNA ▪ The following points were noted: <ul style="list-style-type: none"> ○ The service has been commissioned to ensure integration between primary and secondary care ○ People who are prescribed warfarin carry a yellow book which includes a record of their INR and current dose of treatment; the intention is that this record should be shown when collecting repeat prescriptions; and the information may also be requested by pharmacists at the time of dispensing ▪ The PNA Steering Group noted the comment but determined that it not necessary to provide dispensing in the same place as monitoring and dose adjustment; and that no pharmaceutical need had been demonstrated in this respect 	<p>No</p>

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
		<p>On Demand Access to End of Life Care and Specialised Medicines Services</p> <ul style="list-style-type: none"> ▪ The comment refers to the service described on pages 79 – 81 of the draft PNA ▪ The following points were noted: <ul style="list-style-type: none"> ○ The service is intended as an ‘in-hours’ back up when a local pharmacy does not hold stock of the prescribed medicines. 4 pharmacies have been commissioned to hold an approved list of medicines (2 of these are open on 7 days each week for extended hours) ○ Barndoc are contracted to stock, and supply, a similar formulary of medicines, if needed during the out of hours period ○ The draft PNA concludes that there are no gaps with respect to current need, but that improvements in access could be achieved if the service were to be commissioned from pharmacies which are opened for extended hours on 7 days each week ▪ The PNA Steering Group determined that no new pharmaceutical need had been demonstrated; and that it is not necessary to co-locate an ‘in-hours’ pharmacy service with the out of hours service 	
Middlesex Pharmaceutical Group of LPCs (with the authority and on behalf of Barnet, Enfield & Haringey LPC)	The LPC agrees that there are no gaps in the current provision for necessary services within the Borough of Haringey. Our agreement is based on the evidence provided within the draft consultation document and its appendices.	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment 	No

Are you aware of any pharmaceutical services currently provided which have not been included in the PNA?			
Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Yes = 15.4% (n=2)	No = 84.6% (n=11)	Not sure = 0% (n=0)	Not answered / Feedback Form Not Used (n=2)
Boots UK Limited	New PURM (Pharmacy Urgent Repeat Medicine Service) which NHS London commissioned from 1st Dec	<ul style="list-style-type: none"> ▪ The PNA Steering Group were advised that the PURM service was a pilot scheme ▪ It was agreed that the following text, would be included within section 5.5.2 - "alignment with other services" (draft PNA page 48) which looks at dispensing in relation to other services: <ul style="list-style-type: none"> ○ In December 2014, NHS England launched the Pharmacy Urgent Repeat Medication service. This is a pilot scheme which will run until April 2015 ○ Under the service, NHS 111 refers people directly to pharmacies when they are in need of an emergency supply of repeat medicines ○ The aim of the service is to reduce pressure on unscheduled care services and GP appointments at times of high demand ○ It is our understanding, that NHS England plans to evaluate the PURM service and, if deemed to be successful, consideration will be given to commissioning this in the future ○ We believe that this service potentially plays a valuable role in improving access to medicines. We would be supportive of a further roll out, providing the evaluation demonstrates both value for money and reduced pressure on GP and unscheduled care services 	Yes
The Bridge Renewal Trust Laurels Healthy Living Centre	<ul style="list-style-type: none"> ▪ The PNA refers to a number of non-NHS services that are provided from a number of pharmacies. ▪ These services, such as prescription collection/delivery, supply of medicines under a PGD make it easier for patients to get their medication as well as being able to access medication that would require them to visit a GP. ▪ Although the PNA mentions them, they are not given the importance they deserve, especially considering the benefit they can have on patients' lives. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group were advised that the comment refers to page 19 of the draft PNA; and that non-NHS services have been excluded from the scope of the PNA because they cannot be taken into account when considering market entry applications ▪ It was agreed that a statement would be included in the final PNA as follows: "<i>Non-NHS services are potentially valuable to residents of Haringey; however, they have been evaluated in any detail because they cannot be taken into account, by NHS England, when considering market entry applications.</i>" 	Yes

Do you think that the Pharmaceutical Needs of the population have been accurately reflected throughout the PNA?

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Yes = 76.9% (n=10)	No = 7.7% (n=1) Not sure = 15.4% (n=2)	Not answered / Feedback Form Not Used (n=2)	
<p>The Bridge Renewal Trust Laurels Healthy Living Centre</p>	<ul style="list-style-type: none"> ▪ We do feel the Pharmaceutical Needs Assessment is weak in identifying the impact of and solutions to health inequalities. ▪ The document summarised the headline evidence relating to the key areas of health inequality. It does not explore the impact of inequality and the effect on deprivation on health. ▪ For example Medicine Use Reviews and New Medicine Services are particularly important where people do not have English as a first language and/or patients are not familiar with the NHS, or they are unable to access the service due to work commitments. This will not allow them to access these services when they are available. ▪ Minor Ailments Service are also particularly significant where patients are not familiar with the NHS or are not registered with a GP, ensuring they have access to vital medical attention. ▪ Providing effective services that are accessible to patients in diverse communities are likely to reduce health inequalities as well as improve people's experience of and access to NHS services in general. ▪ A number of pharmaceutical services listed in the PNA have identified current or future needs that will need to be met. ▪ Due to the high levels of diversity and the projected population growth in Tottenham, additional pharmaceutical services are required to ensure that the current population has adequate access to services, and that the needs of patients in the next 10 to 20 years are met and are planned for now. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group were advised that the draft PNA provides an overview of local demography and health needs, making reference to factors such as deprivation and inequalities; and it signposts to various other sources, including the full JSNA ▪ It was noted that the draft PNA makes the following references to the implications of deprivation and inequalities for community pharmacy services: <ul style="list-style-type: none"> ○ Page 24 - notes a correlation between ethnicity & inequalities and that pharmaceutical services should reflect the needs of BAME communities; and that access to pharmacy in deprived communities is important ○ Page 26 - sets out how pharmacy based essential, advanced and locally commissioned services tackle health inequalities ○ Page 55 - the conclusions note the role of health promotion and sign posting ○ Page 55 - future need, the PNA identifies that NE Tottenham (an area with high deprivation and poorer outcomes) may benefit from additional access to pharmaceutical services, following completion of new developments ○ Page 75, Minor Ailments service, notes the importance of improving access to the service, particularly in areas of higher deprivation ○ Page 82 - reducing inequalities is cited as a benefit of Healthy Living Pharmacies ○ Page 83 - Stop smoking service states an aim of reducing health inequalities ○ The 'meeting the needs of those with protected characteristics' identifies how language may be a barrier to success service delivery for those services where pharmacies provide advice ▪ The PNA Steering Group noted the comment, but concluded that the draft PNA was comprehensive 	<p>No</p>

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	The pharmaceutical needs have been accurately reflected throughout the PNA except for the details as mentioned in Q8 above. [MURs]	<ul style="list-style-type: none"> The PNA Steering Group was advised that this feedback reinforced the previous comments made by NHS England in relation to MURs The conclusions for MURs will be strengthened as previously described 	Yes (as above)

Do you agree with the “Looking to the Future Section”?			
Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Yes = 76.9% (n=10)	No = 15.4% (n=2)	Not sure = 7.7% (n=1)	Not answered / Feedback Form Not Used (n=2)
Middlesex Pharmaceutical Group of LPCs (with the authority and on behalf of Barnet, Enfield & Haringey LPC)	<ul style="list-style-type: none"> The LPC understands the comments within the assessment “looking at the future” on page 108, it understands that any improvement in opening hours is aspirational on the part of a commissioner, but in reality the provision of greater time from a professional and business perspective must be accompanied by the reality that the services are likely to be used by the population as a whole. Limited use of professional services on Sundays, Saturdays and Saturday evenings and early mornings may place a strain on those providing such services. The LPC disagrees with the conclusions stated. We consider the use of out of hours rota arrangements a better way to meet any future need no matter how small that need might be with pharmacies sharing that load between them equitably with the commissioner providing some financial support. We should like the conclusions drawn in “aspirations for pharmacy services and premises” on section 7.2 page 108 to be tempered with phrases that signify the current reality in terms of provision of services by pharmacies with pharmacy professionals providing those services. The draft PNA is the basis of a Pharmaceutical Needs Assessment. No new need has been demonstrated for pharmaceutical services within these “aspirational” extra hours indicated in the assessment aspirations on page 109 in the right hand column. 	<ul style="list-style-type: none"> The PNA Steering Group was advised that the comment refers to section 7.2 of the draft PNA The section is intended to set out the aspirations of the HWB in relation to pharmacy premises and services, for prioritisation by those who are considering making applications to provide pharmaceutical services and for NHS England to take into account when considering applications. The aspirations do not apply to existing contractors (except where gaps or opportunities have been identified for specific services throughout the PNA) Concern was expressed that the section may be seen to lead applications for NHS Pharmaceutical Services The PNA Steering Group felt that, because the requirements for NHS pharmaceutical services have been summarised in the relevant sections throughout the PNA, it was not necessary to present these back in a table within this section It was agreed that the section would be retained but would be moderated through the inclusion of the following text: <i>“In reflecting upon the gaps and areas for improvement described within our PNA and our vision (as set out in section 7.1 above), we have identified aspirations for pharmacy services and premises throughout our PNA and would like to see these prioritised for future applications”</i>. The table will be removed 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	<ul style="list-style-type: none"> ▪ Community pharmacies across the Borough provide ready and easy access to patients and the public. If such need existed universally on Sundays the LPC is sure community pharmacies would respond ▪ As for extended hours openings early mornings and late evenings and late Saturday evenings, providing pharmaceutical resource for the few would not necessarily be “good value for money” if these were commissioned services which the Council Taxpayer or Taxpayer were expected to pick up. The LPC is always willing to help facilitate “pharmacy rota” services to help meet the needs of a small group of people within the Borough with defined needs. ▪ A robust assessment has been carried out which indicates there is no new need; if new need were apparent, then resources would be required to meet that the need. Community pharmacies are willing to seek accreditation to provide high quality advanced and enhanced services should they be required and commissioned. ▪ The quality and size of consultation areas in community pharmacies varies to meet the needs of the physical size of the pharmacy and the population it serves. ▪ The aspirational views that appear in the right hand column of section 7 on page 109 “The Assessment” are well meant, but imply that community pharmacy could do more, when in fact community pharmacy is more than pulling its weight in terms of the service of healthcare provision across the Borough and beyond its borders. ▪ Patients and the public are able to access from each pharmacy in the Borough a minimum of 40 core contracted hours each week, with many pharmacies providing their highly qualified professional services over quoted additional hours which require three months’ notice to NHS England before they can withdraw from those quoted additional hours, even for a temporary period. 		

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Middlesex Pharmaceutical Group of LPCs (with the authority and on behalf of Barnet, Enfield & Haringey LPC)	<ul style="list-style-type: none"> ▪ The LPC understands there may be some changes to opening hours of GP surgeries, but the detail of how many extra patients would be seen by GPs is absent from this PNA, as such, it is impossible to say what services may be needed to match an unspecified demand if at all. ▪ The LPC has said previously that community pharmacies will always meet any unmet need should there be such a need. If there were extra demand an existing pharmacy business would always strive to meet such activity, as this would make good professional and business sense. All services if provided over longer hours may give greater choice to patients and the public, but such choice with no or little demand may result in resources being wasted. ▪ Resources are finite and the provision of extra resource to improve choice may not necessarily meet those aims and objectives when the resource could be targeted more effectively at tackling unmet need in another location. This is why the LPC believes the use of targeted “Rota” arrangements could meet need rather than satisfying the notion of improved choice, in the absence of evidence within the draft PNA. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised the comment referred to page 55 of the draft PNA ▪ Concern was expressed that the arrangements for GP extended hours were subject to change on an annual basis; and that it wasn’t clear how many people would need to access dispensing services as a result of GP extended hour opening ▪ The Steering Group noted that the draft PNA stated <i>“If GPs move to a 7 day a week service then current opening hours may need to be reviewed, to ensure timely access to dispensing following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known”</i> ▪ The consensus of the PNA Steering Group was that no changes were required to the final PNA. This is because the document simply flags this as a potential future gap but did not include firm conclusions on future need 	No
GP, Somerset Gardens	Several comments were made on the length of the document and the extent to which the respondent had time to read it through; it was suggested that a summary with the salient points would be helpful	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that for the purposes of the consultation report, this respondent’s feedback had been consolidated into a single comment ▪ It was acknowledged that the document is long. However, this is a reflection of the requirements of the Regulations with respect to the information which a PNA must include. The document does include an executive summary. ▪ A primary purpose of the PNA is to inform market entry decisions, and for this reason it is not appropriate to produce a separate summary ▪ The PNA Steering Group noted the comment but did not approve the production of an additional summary document 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Parade Chemist (Conochem Management Ltd) N4 1LG	Due to changes in geographical population, I believe that a plan should be in place to commission new services from pharmacies	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the draft PNA makes references to commissioning new services - both now and in the future; this is mainly in relation to improving access but also in relation to population growth ▪ Specific examples within the draft PNA include: <ul style="list-style-type: none"> ○ Sections 5.9 - Future capacity and conclusions on essential services ○ Page 79: London Pharmacy Vaccination Service ○ Page 81: On demand access to end of life and specialised medicines ○ Page 86: Stop smoking ○ Page 94: Sexual health services ○ Page 97: Supervised consumption ○ Page 101: Needle & Syringe Programme ▪ The PNA Steering Group noted the comment but determined that no changes were required for the final PNA 	No
The Bridge Renewal Trust Laurels Healthy Living Centre	Refer to detailed comment made in relation to the question on pharmaceutical needs	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that this was a duplicate comment and that no further action was required 	No

Is there any additional information which should be included in the PNA?				
Organisation	Detailed Comment		PNA Steering Group Decision	PNA Amended?
Yes = 7.7% (n=1)	No = 84.6% (n=11)	Not sure = 7.7% (n=1)	Not answered / Feedback Form Not Used (n=2)	
The Bridge Renewal Trust Laurels Healthy Living Centre	<ul style="list-style-type: none"> ▪ Overall the PNA provides a comprehensive review of pharmacy needs in Haringey on a ward by ward basis. It is a significant improvement on the previous PNA in terms of detail and quality of information. ▪ We are particularly supportive of the recommendation made under 1.3 Pharmaceutical services in the future: 'We have identified, that in Tottenham, an area which has high levels of deprivation and health challenges, coupled with poor access to GPs and low GP registration, there is an opportunity for pharmacy to drive improvements in public health through the HLP'. 		<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment 	No
The Bridge Renewal Trust Laurels Healthy Living Centre	<ul style="list-style-type: none"> ▪ Our community consultation along with consultation with health professionals clearly identifies the need and demand for additional pharmaceutical services that would: <ul style="list-style-type: none"> ○ Mirror GP opening times and some out of hours times ○ Dispense prescriptions ○ Offer a full range of community and wellbeing services in accessible ways for diverse community groups ○ Provide minor ailments services ○ Provide streamlined care services and home outreach across a range of innovative areas ○ Provide alternate approaches to social prescribing such as increasing physical activity, reducing isolation, making changes to diet and having a positive effect on patient mental wellbeing ○ They could also provide skills on managing long term condition skills 		<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the Bridge Renewal Trust had been contacted with a view to providing further information on the community consultation which had been undertaken ▪ The Bridge Renewal Trust advised that the consultation was a collaborative piece of work which couldn't be released because it had been undertaken for a different purpose. However, it had been flagged because the findings reflect some of the findings and recommendations within the PNA ▪ The PNA Steering Group noted the comment, but determined that, in the absence of further detail, that no changes were required for the final PNA 	No

Has the PNA provided adequate information to inform market entry decisions (NHS England only)

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	There needs to be clarity on the gap and the need identified for the provision of MUR Service for the benefit of existing owners and potential applicants.	<ul style="list-style-type: none"> The PNA Steering Group was advised that this feedback reinforced the previous comments made by NHS England in relation to MURs 	Yes (as above)

Has the PNA provided adequate information to inform how you will commission services from pharmacy (all service commissioners)?

Yes = 100% (n=2)	No = 0% (n=0)	Not sure = 0% (n=0)	Not answered / Feedback Form Not Used / Not applicable (n=13)
No detailed comments received			

Does the PNA give enough information to help with your own future service provision (pharmacies and DACs only)?

Yes = 100% (n=8)	No = 0% (n=0)	Not sure = 0% (n=0)	Not answered / Feedback Form Not Used / Not applicable (n=7)
No detailed comments received			

Do you have final comments?

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Middlesex Pharmaceutical Group of LPCs (with the authority and on behalf of Barnet, Enfield & Haringey LPC)	The LPC represents the providers of the pharmacy services that patients use on a daily basis within Haringey Borough. As such we would ask that the Haringey Health and Wellbeing Board to place the appropriate weight to our response within its consultation process	<ul style="list-style-type: none"> The PNA Steering Group noted the comment 	No
NHS England London Region	There are some pharmacies whose opening hours have changed from the current pharmaceutical list, these are supplementary hours and a full list of the details of these will follow. NHS England have confirmed that it will accept these changes and amend the pharmaceutical list.	<ul style="list-style-type: none"> The PNA Steering Group noted the comment 	No
Parade Chemist (Conochem Management Ltd) N4 1LG	We have noticed a change in requests from customers and patients and would like to start offering Minor Ailments Service, Sexual Health Under 25s(EHC), Vaccinations, Healthy Start Vitamins & Stop Smoking	<ul style="list-style-type: none"> The PNA Steering Group noted the comment 	No