

**Leicestershire Pharmaceutical Needs Assessment: Public Consultation
Report December 2014**



Index

Ref No.	Subject Title	Page No
1.	Introduction	4
2.	Executive Summary	5
2.1	Consultees and distribution	5
2.2	Responses and results of the consultation	5
2.3	Conclusion	6
3.	The Consultation	7
4.	Statutory Consultees Overview	7
5.	Distribution and Publicity	7
6.	Consultation Activities / Seldom Heard Groups	8
7.	Organisational statements and responses received from meetings with statutory consultees	9
7.1	Leicestershire PNA response received from the Health Overview Scrutiny Committee	9
7.2	Leicestershire PNA response received from the Local Pharmaceutical Committee (LPC)	10
7.3	Leicestershire PNA response received from Healthwatch Leicestershire	15
7.4	Conclusion	16
8.	Leicestershire Pharmaceutical Needs Assessment: The Results	17
8.1	Q1: Results	17
8.2	Q1: Analysis	18
8.3	Q1: Engagement Events Feedback	18
9.	Q2: Results	19
9.1	Q2: Analysis	21
9.2	Q2: Engagement Events Feedback	23
10.	Q3: Results	24
10.1	Q3: Analysis	27
10.2	Q3: Engagement Events Feedback	27
10.3	Q3: Conclusion	28
11.	Q4: Results	28
11.1	Q4: Analysis	32
11.2	Q4: Engagement Events Feedback	33
11.3	Conclusion	35
12.	Q5: Results	36
12.1	Q5: Analysis	40
12.2	Q5: Engagement Events Feedback	40
12.3	Conclusion	41
13.	Q6: Results	41

13.1	Q6 Analysis	47
13.2	Q6: Easy Read Survey Results	48
13.3	Q6: Engagement Events Feedback	49
13.4	Conclusion	50
14.	Q7: Results - organisation	51
15.	Consultation Conclusion	51
16.	Equalities Monitoring: Results from Main Survey	53
17.	Easy Read Equalities Monitoring Statistical Data	59
Appendix A: Leicestershire PNA Public Consultation document and survey		Attached PDF
Appendix B : Leicestershire PNA Easy Read consultation document and survey		Attached PDF
Appendix C: Leicestershire PNA Public Consultation Targeted Events		66
Appendix D: Leicestershire PNA Public Consultation Distribution		84
Appendix E: Responses on behalf of an organisation		86
Appendix F: Locality of respondents		88

1. Introduction

Leicestershire's draft Pharmaceutical Needs Assessment Public Consultation ran from 24 September to 28 November 2014.

The consultation asked for feedback from the statutory consultees but was also distributed more widely in order to ensure that as wide a population as possible was represented, particularly those from 'seldom heard groups'.

This document gives a full report of the feedback received during the consultation, including feedback recorded at public engagement meetings. Feedback was received in the form of standalone statements, answers to questionnaires (both on line and hard copy) and discussion at engagement events.

2. Executive Summary

2.1 Consultees and distribution

The range of statutory bodies required was consulted with. Not all responded.

The consultation was distributed widely electronically to all statutory consultees and to other groups likely to be interested, such as the 'membership' of the two local Clinical Commissioning Groups. It was supplemented by hard copies which were sent to all libraries, pharmacies and dispensing GPs in Leicestershire. Hard copies were also made available on request. The consultation was publicised on Leicestershire County Council's website and via their media and social media outlets.

An easy read version of the consultation document was developed and this was distributed to seldom heard groups and discussed at 16 targeted consultation events. A public meeting was organised on 27 October but no-one attended, despite comprehensive publicity including posters and media information.

Two additional emails were also sent to statutory consultees and other groups during the course of the consultation.

More detail of the consultation documents, distribution and consultation events is at Appendices A (Leicestershire PNA Consultation Document), Appendix B (Leicestershire PNA Easy Read Consultation Document), Appendix C (Leicestershire PNA Targeted Events) and Appendix D (Leicestershire PNA Public Consultation Distribution).

2.2 Responses and results of the consultation

Response statements were received from Leicestershire County Council Health Scrutiny Committee, Leicestershire Local Pharmacy Committee and Leicestershire Healthwatch. They provided detailed responses and made a number of recommendations. Other statutory bodies including NHS England responded via the questionnaire.

In addition altogether 189 people completed the questionnaire; 154 completed the main survey, and 35 people completed the easy read questionnaire. In addition, there was feedback from meetings with groups and organisations which is also included in the responses below.

Key answers were:

- Most people felt that the purpose of the PNA had been adequately explained
- Around 90% of respondents felt that the PNA provides an adequate assessment of pharmaceutical services in Leicestershire and those who did not gave a number of reasons
- Around 90% felt that the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Leicestershire population and again those who did not gave a number of reasons
- Four fifths of respondents people agreed that the current pharmacy provision and services in Leicestershire are adequate, although around one fifth did not, and made a variety of comments
- Eighty five per cent of respondents agreed with the PNA conclusions and recommendations. The 15% who did not gave a number of reasons and recommendations

- In general people feel that they receive a good service from local pharmacies
- Some groups, particularly those with disabilities such as deafness, or from ethnic minorities, would like better communication in the form of translation/interpretation
- People feel that the wide variety of services offered by pharmacists is not publicised enough, including services such as Medicines Use Reviews, and wider community services. Publicity should be available in community venues as well as pharmacists and should be easy to read/understand
- The Health Living Pilot was recommended to continue by a number of respondents, including the Local Pharmaceutical Committee
- Opening times need to be more flexible so that for example young people can collect the Emergency Hormonal Contraception in their school lunch hour
- Out of hours information should be more widely available
- The idea of additional community services is welcomed and people also feel that services such as Medicines Use Reviews should be more widely publicised. A list is provided of suggested additional services in the main report
- However, any additional services should liaise with GP services and safety should not be compromised, nor should there be duplication
- There are issues to do with certain locations. A number of members of the public and professionals raised concerns about the possibility of losing the Essential Small Pharmacies contract in Wymeswold, and this issue was also raised in NHS England's response. Several other locations had specific issues to do with access to pharmacies and travel times – detail is given in the main report
- As the population grows older, the number of people with long term conditions will grow, and this needs to be a consideration when planning pharmaceutical services

The monitoring data showed that a wider variety of people were consulted with than in the pre-consultation engagement, and they were much more representative of the population in terms of age group and racial background in particular.

2.3 Conclusion

The feedback provides a number of useful pointers for additions and amendments to the PNA.

3. The Consultation

The consultation was presented through a consultation document with a questionnaire, and an easy read version of the document with a simplified questionnaire. These documents brought together the main themes and highlights from the full draft Pharmaceutical Needs Assessment (PNA). They were available in hard copy and electronically, and the main questionnaire was also available interactively online. The consultation document was available on request in translation. The County Council developed a website page containing both versions of the consultation document, the full draft PNA and a link to the online questionnaire, at <http://www.leics.gov.uk/haveyoursay/pna>).

The full questionnaires are included within Appendix A: Leicestershire PNA Consultation Document and Appendix B: Leicestershire PNA Easy Read Consultation Document.

4. Statutory Consultees Overview

During the 60 day consultation period a range of statutory bodies had to be consulted. A full list of the organisations contacted can be found at Appendix D: Leicestershire PNA Distribution. Not all of them responded, but those who did either sent a statement, or completed a questionnaire. The statements are given at the beginning of the analysis. Where they completed questionnaires, the responses have been included within the main body of the report entitled 'Comments received on behalf of an organisation'.

5. Distribution and Publicity

The PNA information and link to the questionnaire were distributed widely electronically to the statutory consultees and a wider range of groups. The full distribution list is at Appendix D: Leicestershire PNA Distribution. Hard copies of the consultation document were sent to all of Leicestershire's libraries (56) and to all county pharmacies (131). It also was sent out to all the GP dispensing practices (19). Further printed copies were also made available on request.

An easy read version of the consultation document was produced and this was used extensively at meetings with 'seldom heard groups' and was also distributed on request.

The consultation was publicised via a media release sent out by Leicestershire County Council, and social media e.g. Twitter (current total followers 8,084). The

PNA information was also available online via the council website; it was viewed 322 times (188 unique views) during the consultation. It was also sent to 4,000 internal council staff and via Twitter. A full distribution list is at Appendix D: Leicestershire PNA Distribution.

Two additional emails were also sent to statutory consultees and other groups during the course of the consultation. One gave an extended closure date, extending the closure from 23 November to 28 November, and one reminded people that the consultation would shortly close.

6. Consultation Activities / Seldom Heard Groups

A public meeting was held on 27 October 2014 at Brocks Hill Country Park and Visitor Centre. No one attended the public meeting.

However, in addition, a wide range of groups was engaged with to ensure that where possible 'seldom heard groups' could have their say. There was an emphasis on engaging with people who fall within the younger demographic of Leicestershire's population, those from BME populations, and mothers and young families. This was following the low responses from these groups received from the pre-consultation engagement activities earlier in the year. Other groups engaged with included travellers, the Lesbian, Gay, Transgender, Bisexual community, members of the Muslim and Hindu community, people classed new to the UK, and members of the deaf community. A full list of the PNA targeted events can be found at Appendix C Leicestershire PNA Targeted Events.

At meetings with these groups, the PNA information was either presented by using the public consultation summary document or the easy read version or both, dependent on the individual or group. In some cases the PNA information was sent electronically or copies were given to voluntary sector organisations for distribution to their specific community (e.g. Voluntary Action Leicestershire, Healthwatch, Carers).

During the consultation period 16 engagement events were attended in order to promote the PNA. Full details are available at Appendix C Leicestershire PNA Targeted Events.

The main themes and highlights from these engagement activities have been included within the main body of the report within the appropriate sections.

7. Organisational statements and responses received from meetings with statutory consultees

7.1 Leicestershire PNA Response received from the Health Overview and Scrutiny Committee

Please see below for the response from Leicestershire's Health Overview and Scrutiny Committee to the Leicestershire Pharmaceutical Needs Assessment:-

The Committee considered a report and presentation of the Director of Public Health which presented the draft Pharmaceutical Needs Assessment (PNA) and sought the Committee's comments as part of the statutory 60 day consultation. A copy of the report marked 'Agenda Item 14' and presentation is filed with these minutes.

The Chairman welcomed the Cabinet Lead Member for Health, Mr. E. F. White CC, to the meeting for this item. Mr White advised that the PNA was a statutory duty of the Health and Wellbeing Board and would need to be published by 31 March 2015. Pharmaceutical services were currently underused and could undertake a range of services which would relieve pressures on other health services. He welcomed the PNA and the good work undertaken by officers in the Public Health Team in engaging with local people and stakeholders in identifying local needs for pharmaceutical services.

Arising from discussion the following points were raised:-

- (i) The Committee suggested that minor ailment services and blood clotting services should be prioritised in future plans for community pharmacies. It was explained that the Health and Wellbeing Board would make these recommendations to the CCGs, however, it was a matter for the CCGs to commission these services;
- (ii) It was noted that some GP practices already had good working relationships with community pharmacies. It was hoped that the PNA would help to strengthen these links and provide consistency across the whole County for all GP practices and community pharmacies.

RESOLVED:

- (a) That the draft Pharmaceutical Needs Assessment be welcomed;
- (b) That officers be requested to produce a formal response to the consultation on the draft Pharmaceutical Needs Assessment, based on this Committee's discussions, and forward it to the Director of Public Health.

7.2 Leicestershire PNA Response received from the LPC



Local Pharmaceutical Committee: Comments on the Draft Pharmaceutical Needs Assessment for Leicestershire County

Leicestershire and Rutland Local Pharmaceutical Committee(LPC)is pleased that the draft Pharmaceutical Needs Assessment (PNA) recognises that community pharmacists are the most accessible health care professionals for the general public and are highly valued by their patients. We want to emphasise the comments in the PNA with respect to the developing role of community pharmacy in the delivery of the wider health agenda and that pharmacy will be essential to supporting the health and care system going forwards. Best practice nationally would indicate that there is so much more that community pharmacy can do for patients in Leicestershire with the right support. We want to work with commissioners to find novel ways of addressing the health needs and priorities for our population.

The LPC notes that the foreword and introduction to the Pharmaceutical Needs Assessment (PNA) focuses on the need for a PNA to include information on current provision and assess future needs. There is also the need for the PNA to include a statement of the pharmaceutical services that have been identified by the Health and Wellbeing Board(HWB) that are needed in the area, and not provided (gaps in provision).

Whilst the document states that current provision of pharmaceutical services is adequate for the current needs of the population of Leicestershire, this is not identified as a specific statement that the PNA must include(page9).

Since the draft PNA has been developed, the New Medicine Service(NMS) has been commissioned following the evaluation of the service by the University of Nottingham which clearly demonstrated the value of the service.

The findings from the evaluation were published in August 2014 and were overwhelmingly positive, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued. The continuation of this service clearly shows the value that community pharmacy based services can add to the health of their community.

The description of the types of Contracts to provide pharmaceutical services mentions the Local Pharmaceutical Services contracts but does not expand this to include the Essential Small Pharmacy LPS(ESPLPS) of which there are three currently providing valuable services to specific communities across

Leicestershire. These contracts currently are time limited and will terminate in March 2015 unless recommissioned by NHS England. The LPC would stress the importance of these contracts in providing pharmaceutical services to their communities and warn of the danger should these contracts cease.

The development of the PNA has been closely aligned with the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and this provides clear priorities. Indeed within the 4 key priority areas there are many key areas that community pharmacy could be commissioned to provide services that would support the achievement of these priorities. In particular around supporting the ageing population, managing the shift to early intervention and prevention and improving mental health and wellbeing.

Current Pharmaceutical Provision

The LPC notes that the PNA compares the number of dispensing providers (not solely pharmacies) to the England average for **pharmacies** per head of population. The statistics therefore do not include all appliance contractors and Dispensing doctors in England. When these are included (122 appliance contractors and 1086 dispensing doctor practices for 2012/13 –source HSCIC and Dispensing Doctor Association) this changes the dispensing provider comparison figures. Whilst this will still result in an average for Leicestershire which is lower than the England average this would be the expected result given the predominantly rural nature of a large proportion of the County and the lower than average levels of deprivation across the County.

The PNA references the ESPLPS and again as stated previously these contracts are currently time limited to March 2015. The specific contracts currently commissioned provide much needed services to distinct populations who would otherwise have difficulties in accessing a range of pharmaceutical services. The LPC would urge the HWB to recognise the services these pharmacies provide and recommend the continuation of these contracts post March 2015 to NHS England. In particular the ESPLPS provide access to pharmaceutical services for hard to reach populations in the rural areas of Wymeswold and Houghton on the Hill as well as the student population at Loughborough University.

Services Available:

In the description of the services provided and the opening hours it is worth noting that the 100 hour contract pharmacies have not agreed to open for 100 hours a week – they are contracted to do so and therefore must continue to do so. In addition there are further extended hours pharmacies in the neighbouring Leicester City HWB area who are also able to provide access to pharmaceutical services out of hours. Community pharmacy is the most accessible healthcare professional and accessible for consultations and healthcare advice whenever and wherever patients need to access services and in the County area there is a huge partly untapped resource available to commissioners. It is worth noting that

despite this, only 1% of NHS111 callers are currently directed to accessing healthcare through community pharmacy.

Much work was done in 2011 to formally designate areas of the County as rural in nature and these boundaries stand. GP Dispensing may only (not generally only) be provided to patients who live within a designated controlled (rural) locality and live more than 1.6km from a pharmacy and this should be enforced by the NHS England area teams as part of the contract management. Regarding the addition of drive time and walk time information, the LPC would contend that this is largely irrelevant given the rural nature of large parts of the County as this formed part of the review into the rural designation.

Patient/Professional views

The LPC would like to highlight the low numbers of patients who submitted feedback as part of the development of the PNA and also the low numbers of healthcare professionals who did the same. Drawing conclusions from such a statistically small sample could be misleading and the LPC would hope that any future public engagement activities are managed in away to gather larger levels of feedback.

Advanced services:

The LPC would like the HWB to correct the error on page 39 as it is **Advanced Services** that are commissioned by NHS England from pharmacies (not locally enhanced services as stated). These services are commissioned on a National basis (not locally as stated on page 39) and are: Medicine Use Reviews, New Medicines Service, Stoma Customisation and Appliance Use Reviews. Current provision of MURs across Leicestershire does vary as shown in the PNA. The LPC would suggest that one of the potential reasons for this variation is the engagement of other stakeholders for example, GPs and indeed secondary care for post-discharge reviews. Pharmacies currently provide information on a quarterly basis to NHS England on the targeting of MURs which would help to provide qualitative information on the MURs currently provided by pharmacies.

Finally relating to MURs, the statement about patients predicted to have poorer health in some wards, having to travel further to access MURs is also somewhat misleading as this is based on pure ward boundaries. There is no account taken of where the population is housed within the ward, especially where pharmacies are located on the edge of ward boundaries (as indeed is the situation in North West Leicestershire) this may suggest that patients travel further to access services which is not accurate.

The New Medicine Service is a service that is limited by the prescribing patterns of local GPs as the service can only be offered to patients prescribed a new medicine for a core range of conditions. The use of the data comparing the number of interventions per head of population can provide misleading information on the delivery of this service and the LPC would recommend that the

HWB review the data set provided. Indeed specifically for the New Medicine Service it is worth pointing out that pharmacies in the Leicestershire and Lincolnshire NHS Area Team are the top performing area on delivery of the New Medicine Service with 1 intervention per 1000 items dispensed compared to an England average of just 0.8 interventions per 1000 items dispensed (source NHS England Medicines Optimisation Dashboard 2014).

Community Based Services

For the community based services the LPC would recommend that the commissioners of these services investigate reasons for the varied uptake in pharmacy provision. For example for EHC provision one of the reasons for varied uptake is the financial viability of providing the service given ongoing training costs, the cost of appropriate DBS checks and the availability of refresher training.

In addition for services such as EHC, evidence shows that clients will often access a pharmacy other than that closest to their home in order to ensure a higher level of anonymity.

Healthy Living Pharmacy Pilot

The LPC is disappointed that the PNA does not include a commitment to actively roll out the HLP scheme due to anticipation that this is happening nationally. Furthermore the LPC is unconvinced that the National rollout of the HLP will progress and would urge the HWB to review the decision not to look at extending this valuable scheme. The LPC would also like to see the evaluation of the local scheme as this has not been shared.

Future needs:

The LPC has concerns about the use of an estimation of the number of contractors per 1000 population for Leicestershire to **aspire** to the England average. Firstly as stated previously the England average quoted is actually erroneous (as it does not include dispensing doctor practices or appliance contractors) and then secondly the average for England includes population dense centres and therefore is not directly comparable to the broadly rural nature of the Leicestershire population.

The PNA states that the access to pharmaceutical services across the County is sufficient for the existing and projected populations to 2037 but recognises that there is variation across districts. The LPC would agree that further reviews of the PNA are undertaken and that population growth is monitored.

Recommendation for Commissioners:

The PNA has recommended that NHS England continue to commission advanced services and monitor the uptake and quality of these services. The LPC would also suggest that the HWB recommend that GPs fully engage with the provision of such services in pharmacy and that the CCGs work with the

community pharmacy network to deliver better outcomes through a more coherent targeting of MURs and better GP engagement.

For Community Based Services it is pleasing that there is recognition that there is a good range of services offered by pharmacies and that these are valued highly by those accessing services in pharmacy. The positioning of pharmacies in the heart of communities make them an ideal location for delivery of a range of services. The main reason that service delivery is restricted in pharmacy is down to commissioners and the lack of innovative service design.

The LPC would specifically request that the decision not to roll out the Healthy Living Pharmacy pilot is reviewed in light of no national rollout currently planned. In addition, given the good work in other regions in accessing difficult to reach patients, reconsideration is given to commissioning a seasonal influenza vaccination service through community pharmacy in Leicestershire.

Finally the future:

The PNA has projected the increase in long term conditions experienced by the population across Leicestershire and one of the major changes is the ageing population. Whilst the PNA covers the overall situation around the changes to the population there could be more innovative recommendations that would help the HWB meet the challenges of their Joint Health and Wellbeing Strategy.

Specifically the LPC would request that commissioners look at innovative service opportunities to help build capacity into the care for these high risk populations-for example support for patients with Dementia(such as dementia friendly pharmacy schemes),or domiciliary medicines support to help patients retain independent living as long as possible.

In addition the LPC would also point out the need to ensure that high risk populations are also considered for their pharmaceutical service's needs - for example travellers as there are also innovative ways that pharmacy could support these patients.

In addition to this feedback, a meeting was held with Leicestershire Pharmaceutical Committee, at which they discussed this public consultation and the two concurrent PNA public consultations in Leicester and Rutland.

The key points they made are captured in their feedback above.

7.3 Leicestershire response received from Healthwatch Leicestershire

Healthwatch Leicestershire's response to the Leicestershire County Council Pharmaceutical Needs Assessment

Healthwatch Leicestershire welcomes the redesign of local Pharmaceutical services across Leicestershire to enhance the provision of essential, advanced and community based services.

Some of the objectives of the joined up vision of the Better Care Together programme is for more resources in the community to support independent living and care which is more joined up and a better experience for the people using them. The Pharmaceutical Needs Assessment (PNA) works well to utilise more holistic effective services in a way that will benefit local people.

The population of older people in Leicestershire is rising significantly, and is set for a 187% increase in the oldest population group of people aged 85 years and over; as well as a 55% increase in people aged 65-84 year olds. Although the draft PNA report states that the current levels of pharmacy services across Leicestershire are appropriate for the population.

Healthwatch Leicestershire welcomes the commitment to make more services available through Pharmacies and would ask that commissioners are mindful that access to Pharmacies may be a growing factor for our aging population and those that are rurally isolated; considering that over half Leicestershire's population live more than a 20 minute walk from a pharmacy and according to the 2011 census, around 10% of households in Leicestershire do not have a car.

Communication to the general public will play a key role in the utilisation of new services being delivered by local Pharmacies. Similar to the Choose Better Campaign delivered by the NHS, Healthwatch Leicestershire would like to see a strategic plan to deliver key messages to the right places at the right time, in order to encourage greater use of the improved service provision.

In attempt to support the reduction of health inequalities in Leicestershire, a more targeted approach to additional services in Charnwood and North West Leicestershire should be considered. This may include a collaborative piece of work involving various stakeholders that encompasses the specific needs of the community.

Healthwatch Leicestershire welcomes the commissioning of Pharmacies to provide Emergency Hormonal Contraception (EHC) and Chlamydia as a single community based service sexual health scheme. However these along with all services must be monitored for consistency across the county.

What local people told us

Healthwatch Leicestershire through general and targeted engagement has listened to local communities who have spoke about the benefits of having Pharmacies

attached to or in close proximity of GP practices. The general consensus was that this provided patients with a one-stop shop in regards to being treated and obtaining medication.

People told us of their issues around Out Of Hours services and their frustrations to gaining a GP appointment, which often led to them presenting at Urgent Care Centres or the Emergency Department at Leicester Royal Infirmary. The general understanding of the public in regards to which health services to present at to access the correct services is growing but is still very disjointed.

In a time when there is a thrust by many different Bodies, Trusts and Programmes working independently and jointly to support more patients to manage their own care more effectively in the community and reduce unnecessary hospital admissions; Pharmacies are a key vehicle in the changing environment of the health and care system and can play a proactive role reducing the demand for hospital and GP services.

There had been some historical experiences of patients receiving repeat medication (via a delivery services) at such a rate, that the patient had not yet completed their previous round of medication. Patients informed us of their concern for wasted medication and cost even when returned back to the pharmacy.

What Healthwatch Leicestershire will do

- Healthwatch Leicestershire will continue to be involved in the process of the PNA.
- We will continue to support initiatives that benefit the consumer of health and care services across Leicestershire and wider.
- We will actively promote clear messages aimed at consumers that encourage better use of Pharmacies.
- We will work with key partners to influence the provision of pharmaceutical services.
- We will continue to share our findings and raise the voice of consumers so that lessons can be learnt when commissioning and delivering services.

In conclusion

Healthwatch Leicestershire support the vision of the PNA and would state that any changes to the current system must be done in a coordinated manner that puts the best interests of those who use services at the heart of any decisions being made. Only then will we be working to the betterment of delivering local services to local people.

7.4 Conclusion

These statements give detailed responses and recommendations from key organisations involved in delivering healthcare locally, including the local authority's health scrutiny committee, the Local Pharmaceutical Committee, and Healthwatch which represents the voice of patients and the public. Other key organisations'

responses are given in the feedback below, and it should be noted that this includes feedback from NHS England, who commission pharmaceutical services.

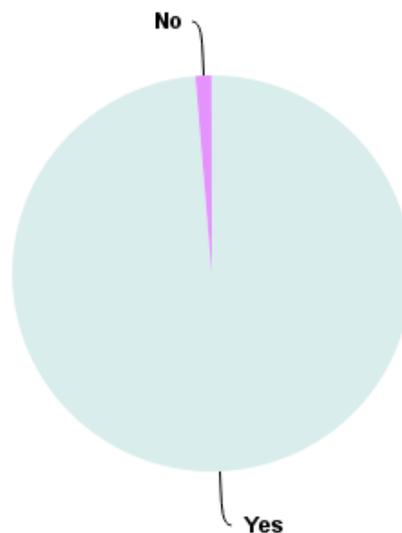
8. Leicestershire Pharmaceutical Needs Assessment: The Results

This next section analyses the results of the consultation according to the questionnaires that were filled in, both by individuals and by organisations. Altogether 189 people completed the questionnaire; 154 completed the main survey, and 35 people completed the easy read questionnaire. In addition, there was feedback from meetings with groups and organisations which is also included in the responses below.

8.1 Q1: Results

Q1 Do you think the purpose of the PNA has been adequately explained?

Answered: 153 Skipped: 1



Answer Choices	Percentages	Responses
Yes	98.69%	151
No	1.31%	2
<i>Total</i>		153

Comments from members of the public (there were no comments from organisations in answer to this question)

- Yes, I have read and understand exactly what is written.
- But too long and waffly and too much jargon.
- If the statistics are correct it must be helpful - so yes.
- The PNA is adequately explained in the 'Have Your Say' document, but since very few people know of the document's existence, the PNA can hardly be said to be adequately explained to the public.
- The remit for a PNA is written in regulations and the draft PNA from Leicestershire County meets the requirements and is a well drafted document.
- Many members of the public are not familiar with basic commissioning process and are even less familiar with the Health and Well Being Board. They need to be coaxed into engaging in this process and this PNA does not achieve that.

8.2 Q1: Analysis

From the people who responded to this survey, 98.69% agreed that the purpose of the PNA was adequately explained. The response to this question gives a good indication that the information contained was sufficient and suitable to the audiences that viewed it.

However, there were comments about some of the language used.

For example '*many people are not familiar with basic commissioning process*' and '*...too much jargon!*' However, there were also comments that it is a '*well drafted document*' and the '*remit for a PNA is written in regulations and the draft PNA from Leicestershire County meets the requirements*'.

Also, there is an indication that the general public may not be aware of the role of the Health and Wellbeing Board.

8.3 Q1: Engagement Events Feedback

At the engagement events for seldom heard groups, there was no negative or contradictory feedback about Question 1. People did think that the PNA was adequately explained. Generally people were also very engaged with the purpose of the PNA and very much welcomed the opportunity to review the information.

There was also a very positive reaction to the wide range of information that has been analysed and brought together in the draft PNA. This helped people to understand the purpose of the PNA and the role it plays when commissioners are looking at future services. Generally, people found the statistical information very insightful and informative, especially when looking at the 'Health Needs', 'Advanced Services' and 'Community Based Services'. However, people did find some of the information very complex and needed guidance in understanding it. Again, as

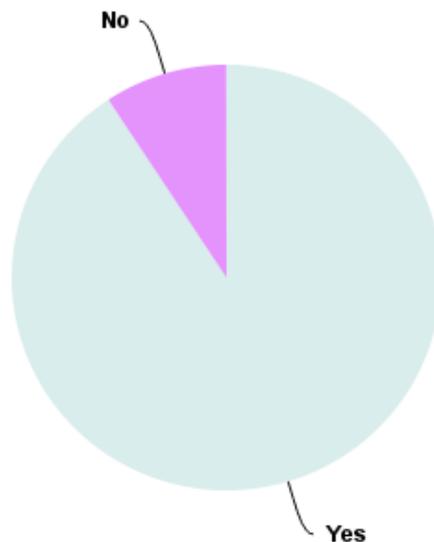
reflected above people were largely not aware of the purpose of the Health and Wellbeing Board. .

Particular feedback from engagement events from people aged under 25 showed that many were not aware of the services that a pharmacy provides other than the essential services. This has highlighted a possible requirement for pharmacies to advertise and communicate their services (advanced and community based services) so people are aware that these exist within their community, particularly younger people. Within these events and particularly with the under 25's who have young families, people would like to see an increased presence of the type services pharmacies can provide advertised within the pharmacy itself but also within other outlets within the community. For example, a community magazine.

9. Q2: Results

Q2 Do you think the PNA provides an adequate assessment of pharmaceutical services in Leicestershire?

Answered: 151 Skipped: 3



Answer Choices	Percentage	Responses
Yes	90.73%	137
No	9.27%	14
Total		151

Comments from members of the public:

- The report appears to provide a reasonable overview of the services available in Leicestershire but it should be more specific about identifying present and future problems of access to pharmacies in rural areas.
- Yes it does provide an assessment of pharmaceutical services in Leicestershire.
- In section 11 of the summary it concludes that there are enough pharmacists to meet future needs up to 2037!! What is more IMPORTANT to patient and customer wellbeing is NOT the total number but the GEOGRAPHICAL AVAILABILITY of this service and advice. The wellbeing of Wymeswold and the surrounding villages which are increasing in population would be severely disadvantaged if the Wymeswold pharmacy was to close.
- It fails to even mention the issue we have in Kegworth where the CCG is based in Nottinghamshire but social care is in Leicestershire based. Border issues need tackling!
- At this point in time.
- Possibly - again accuracy of statistics is crucial.
- Not enough people took part.
- It does not adequately analyse or discuss the implications of the statistics it uses. For example, to say that a pharmacy is 5 minutes' drive away from most people begs the question that, for the people (which will include some people living in households with cars) who are unable to drive to the pharmacy, 5 minutes' drive represents 100% inaccessibility.
- The assessment of current pharmaceutical services is detailed enough and comprehensive enough whilst being concise enough.
- More detail needed for rural provision.
- Not enough detail- too general.
- Very little information about how dispensing Doctors impact on patient care and whether these services are at risk.
- There doesn't appear to be a single base line for the statistics used nor a single way of showing a percentage. Using "Census 2011" as a source and then quoting "in 2012" in other parts only muddies the waters of your statistics. You state that "Leicestershire has 131 pharmacies, 2 internet pharmacies and 19 dispensing GP practices", which I calculate as 152 overall yet later in the text you quote "Leicestershire has 131 pharmacies" To give us the proper view of the proposals we need to trust that the basic data is correct.
- Doesn't cover the quality of the existing services provided particularly the core service of dispensing medicines
- I think the recent sale by Cooperative Group of all their pharmacies, including my own and many others in Leicestershire, could have a considerable impact in time to come. This has not, to my knowledge, even been mentioned, let

alone discussed, and it does raise some interesting questions regarding the future of local community pharmacies per se.

- Not sure.

Comments received on behalf of an organisation (please note – in some cases it was stated that people were completing a questionnaire on behalf of an organisation, but they did not state the name of the organisation)

- Wymeswold Pharmacy: The PNA uses the terms pharmacies and dispensers interchangeably and in doing so confuses the terms and produces some incorrect comparisons. Section 3 is titled Community Pharmacies currently in place and then includes 2 internet pharmacies (not open to the general community) and GP dispensing practices which by definition are not community pharmacies. The PNA needs to be clear whether it is talking about dispensing or services provided in the community by pharmacies - which include dispensing. The assertion that Leicestershire has more than the national average of dispensers per 10,000 of population is based on a false premise. In section 12 (page 27) of the full PNA the figure of 2.3 dispensing contractors is obtained by dividing the total population by the total number of dispensing contractors (including dispensing doctors). However the comparison figure of 2.02 is made by dividing the total population of England by the number of pharmacies in England. The numbers are not based on the same definitions. If we make the comparison on the same basis i.e. pharmacies in Leicestershire vs pharmacies in England we obtain the figure of 1.99 pharmacies per 10,000 in Leicestershire. This is less than the UK average. Similarly if we add the number of dispensing GP practices in England to the number of pharmacies we have 12554 dispensing contractors; this then gives a figure of 2.33 dispensing contractors per 10,000 population; again this national figure is higher than the Leicestershire figure. On any consistent basis of comparison Leicestershire has fewer dispensing contractors than the national average and significantly fewer pharmacies than the national average.
- Unknown Organisation: Insufficient attention to supporting persons caring for relatives in their homes, especially in the prescribing, delivery and monitoring of the actual dispensing of the medication to the patient.#

9.1 Q2: Analysis

The quantitative data shows that from the 151 people who answered this question 90.73% (137 responses) agree that the 'PNA does provide an adequate assessment of the pharmaceutical services in Leicestershire'. However, 9.27% (14 responses) disagreed. Three people skipped this question.

Although the majority of people who responded to this question agreed in the first instance that the PNA is an adequate assessment, within the additional responses provided there are mixed responses. From analysing the responses the reaction depends on the locality of the responder, even though those who lived in a rural locality generally agreed that the PNA as an overall assessment is adequate for those who lived in Leicestershire. Those who lived in a rural setting felt as reflected here. *'The report appears to provide a reasonable overview of the services available in Leicestershire but it should be more specific about identifying present and future problems of access to pharmacies in rural areas.'*

Those responders who live in these areas do question within the PNA if *More detail needed for rural provision*. There is also an issue with regard to how near pharmacies are in terms of drive time.

A strong theme that resonates throughout the qualitative data is the potential closure of rural pharmaceutical services and the subsequent impact on the community and surrounding area. This particularly relates to Wymeswold but there are also more general comments.

For example, *'In section 11 of the summary it concludes that there are enough pharmacists to meet future needs up to 2037!! What is more IMPORTANT to patient and customer wellbeing is NOT the total number but the GEOGRAPHICAL AVAILABILITY of this service and advice.'* This is in relation to the number of pharmacies per 10,000 people population which is stated within the draft PNA.

From the feedback gathered there also seems to be need for the PNA to provide further information for areas which fall outside the remit of the PNA such as *'dispensing Doctors impact on patient care and whether these services are at risk'*.

There is some criticism of the PNA not having *'enough detail'*; however this may be a reflection on the information within the PNA public consultation document – which is a summary.

Some responders who provided feedback on behalf of an organisation, for example Wymeswold pharmacy, questioned the statistical breakdown of pharmacies serving the Leicestershire population when looking at the information for dispensing contractors, as mentioned above in the comments.

Also, within the comments provided on behalf of an organisation a question was raised about the *'Insufficient attention to supporting persons caring for relatives in their homes, especially in the prescribing, delivery and monitoring of the actual dispensing of the medication to the patient.'* This organisation did not provide their name.

9.2 Q2: Engagement Events Feedback

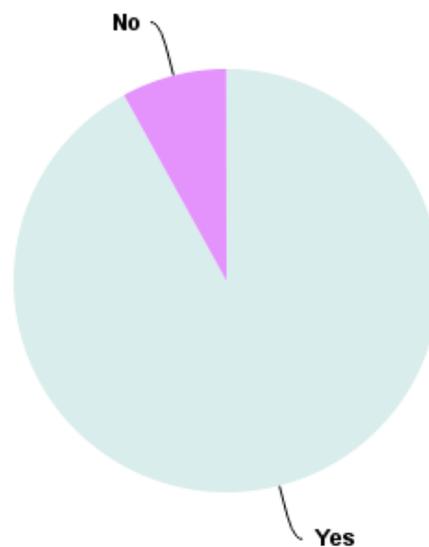
Overall, feedback on the assessment of pharmaceutical services from all engagement events indicates that whilst all individuals and groups are aware of the essential services that a pharmacy provides, nearly all are not aware of the advanced services. Those people who were aware of the advanced services are service users. This may be a reflection of the age of those who have been engaged with as the advanced services tend to be aimed at those who suffer from a long term condition and therefore those who may be older, although this is not always the case.

The groups said that there is a need for all the services, advanced and community based services, and especially opening hours, to be advertised and promoted within the community. Again, as mentioned within the 'Q1 Engagement Events Feedback' all groups would like to see pharmacy services promoted within the pharmacy service itself but also advertised through other outlets. For example a community magazine or a mail drop targeting services particularly community based services in an area which could benefit from them e.g smoking cessation or the healthy living pharmacy services.

10. Q3: Results

Q3 Do you think the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Leicestershire population?

Answered: 150 Skipped: 4



Answer Choices	Percentage	Responses
Yes	92.00%	138
No	8.00%	12
Total		150

Easy Read Survey: 35 people responded

Q1, Do you think the Pharmaceutical Needs Assessment gives a good view of the current and future chemist needs?

- 34 people answered this question
- 1 person skipped this question
- ❖ 100% of responders agreed

This was the first of the questions in both the mainstream and the easy read questionnaire. Comments of those who completed the easy read questionnaire are captured in the discussion of engagement events below.

Comments received from members of the public:

- In paragraph 12 of the report, it is stated that there are three pharmacies in Leicestershire with ESPLPS contracts. In a letter to the RT. Hon Nicky Morgan MP, dated 6 Nov 2014, the Director of the Leicestershire and Lincolnshire area of the NHS England, reported that it is the Secretary of State 2014. This action potentially puts at risk the three pharmacies in Leicestershire currently benefiting from this support. We ask that paragraph 12 in the final PNA report and summary should include a reference to the SOS's decisions and its potential consequences for pharmaceutical services provided by these pharmacies (see below question 6).
- Yes for current and future pharmaceutical needs of Leicestershire population
- Failure to take into account provision of services in rural area takes 5 hours
- I would hope so!
- And interesting the health professionals agree which presumably incorporates those dispensing practices too. To change / reduce these facilities would be destabilize rural pharmacists.
- For the more elderly the NHS is struggling to provide full support and the pharmacist could supplement this service. Many elderly people, to my knowledge, can find it difficult to obtain pharmacist services because of their immobility, lack of transportation and apprehensions about weather especially in winter. This issue could become greater as demographic change.
- But - I'm not sure about the future!! We do need to retain on pharmacy whose viability will be threatened if the 'essential small pharmacy' scheme is totally abandoned.
- Probably - again accuracy of statistics is crucial
- It is an interesting theory to estimate future growth in the county
- The present provision is described in terms of quantity, but not in terms of value, or perceived quality, to the users of the service. The survey of professionals seems of little use, as they are likely to be the very people who, if they use the service at all, would be able to do so easily, with the use of vehicles, and would be much more likely to know what services they needed and where to get them.
- There are some fundamental issues that have arisen with the use of an arbitrary figure for the number of dispensers per 1000 population- this suggests there is a target- indeed the matching of the National Average states that this is an aspirational figure. I believe that this is flawed and could suggest that Leicestershire is underprovided when the reality is that for a largely rural authoritative area the provision is good and varied. I would say that the numbers of dispensing contracts is irrelevant providing that the service provided meets the population's needs- for example a pharmacy dispensing higher volumes will operate with more pharmacist hours (two

pharmacists on duty) and would be better able to provide high quality services and support to a wider number than a low volume pharmacy.

- Future needs of Wymeswold (Charnwood) not addressed. Currently good but dependent on ESPLPS funding of Wymeswold Pharmacy. Pharmacy at risk of closure when this is withdrawn in March 2015 unless alternative funding found. Being more than 10 mins drive time from an alternative pharmacy and with no direct bus route the increasing and ageing population needs more not less health care provision for the future. The provision of blood pressure checks, NHS 'flu vaccinations, routine blood tests would be welcomed in addition to new and repeat prescriptions, medicine reviews and minor ailment advice currently offered. These services would help the elderly stay in their own homes and reduce pressure on GP's.
- Assessment is not detailed enough
- Based on my comments above I don't have faith in your assessment and therefore the future proposals.
- Too much attention is given to additional services rather than the quality, speed and type of dispensing covered.
- It makes no mention of the fact that very often manufacturers fail to have stocks to meet pharmacy demands for medications.
- Not sure

Comments received on behalf of organisations

- Wymeswold Pharmacy: The PNA was prepared before the decision by the DH not to pursue a national replacement for the Essential Small Pharmacy Local Pharmaceutical Services contract. Since this was not an issue for the HWB at the time no specific reference is made to whether the HWB wishes to see the three pharmacies with ESPLPS contracts to continue to receive support beyond March 2015. These pharmacies provide vital services to their communities and the HWB should make specific reference to them and indicate whether it wishes to see them continue to operate. The HWB should also consider the needs of people living close to the borders of the county where residents of other counties rely on Leicestershire pharmacies for their pharmaceutical services; the populations served in some of these rural areas may be larger and also more isolated than the average.
- L. Rowland and Co. (Retail) Ltd trading as Rowland's Pharmacy: There are some confusing statistics. On page 62 reference is made to 152 pharmacies whereas throughout the rest of the document the figure is 131. In addition on page 64 and elsewhere in the document the number of pharmacies is said to be adequate but on page 62 the document is written implying that more pharmacies are needed in some areas. Clarity is needed on these points

10.1 Q3: Analysis

From the 150 people who answered the main questionnaire 92% (138 responses) felt that the PNA does provide a satisfactory overview of current and future needs, and 100% of the 34 who answered the easy read questionnaire agreed.

8% (12 responses) of those who answered the main questionnaire disagreed. Within the comments received two comments were about the provision of the 'essential small pharmacy contract' in Wymeswold and expressed concern that because of changes to this, Wymeswold might lose its pharmacy. Concerns about Wymeswold were evident in other comments. People also talked about the impact on rural settings if pharmacies disappear from their vicinity and the growing demand on healthcare services from the ageing population.

'For the more elderly the NHS is struggling to provide full support and the pharmacist could supplement this service'.

10.2 Q3: Engagement Events Feedback

Discussion at the engagement events showed that although in general people agreed that the PNA provides an adequate assessment, there were some areas of concern among the 'seldom heard groups' in terms of their current and future access to pharmaceutical services.

From the engagement work carried out in more rural localities within Leicestershire (Bagworth), people have expressed their concerns about not being able to access pharmacy services within their own village and having to travel to the next nearest town, which in most cases is Ibstock (6 miles away).

This was especially a prevalent concern with travellers with young children who reside in the surrounding area. Travellers revealed that a pharmacist is very much a valued healthcare service for them as they tend not to go to a GP and would go to a pharmacy for advice in most cases, in the first instance. Again, limited public transportation links was also a contributing factor in not being able to access this service for this group. This group also said that there is a need for information, including medicines advice, to be available in easy read.

Further engagement work in this village highlighted concerns over the new housing development currently underway and how the increasing population for this village will be adequately supported.

Feedback received from the main survey also provides evidence of accessibility needs in rural areas and accessing pharmacies out of hours.

Engagement work carried out in Hinckley, Melton Mowbray, Loughborough, Anstey, Thurmaston and Oadby suggested that in towns people can easily access a pharmacy and therefore their needs are met for those services.

Although access to a pharmacy for the groups engaged with is good if they live in a more populated locality which ultimately has more services, readily available, there do seem to be some access issues for those who live in more rural locations.

10.3 Q3: Conclusion

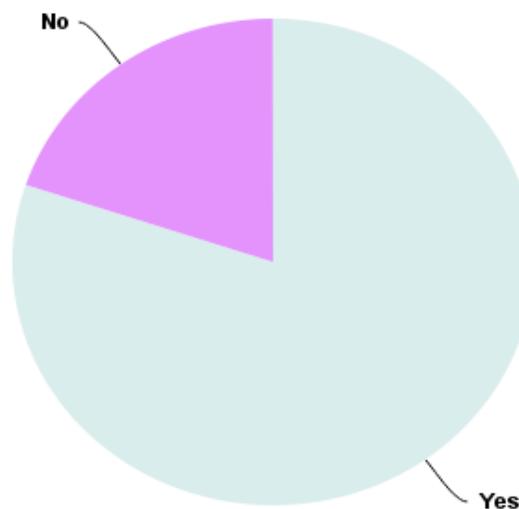
Although in general those who gave feedback felt that the draft PNA adequately addresses current and future needs, there were concerns among those in rural communities, particularly Wymeswold and Bagworth, and a general concern about access out of hours and travel considerations for those in rural locations.

- Other issues highlighted included pharmacists not having the right or enough stock – *‘It makes no mention of the fact that very often manufacturers fail to have stocks to meet pharmacy demands for medications’*, and that the assessment is not detailed enough.

11. Q4: Results

Q4 Do you agree that the current pharmacy provision and services in Leicestershire are adequate? (Please refer to section 4 of the PNA or sections 3-14 of the summary.)

Answered: 151 Skipped: 3



Answer Choices	Percentage	Responses
Yes	80.13%	121
No	19.87%	30
Total		151

Just over 80% of respondents to the main questionnaire agreed that current pharmacy provision and services were adequate, but nearly 20% said they were not. The comments reflect both the satisfaction and the dissatisfaction of the respondents.

Comments received my members of the public:

- My local pharmacy Baines Countesthorpe has provided excellent service over many years
- For me anyway
- Yes I do agree the current pharmacy provision services in Leicestershire
- Wymeswold pharmacy is the only healthcare centre for 6 miles. A round trip to see a doctor by public transport
- How would older or disabled people get to the pharmacy at Loughborough, Melton Mowbray, Barrow upon Soar or East Leake if they did not have a car or the Wolds village didn't have the pharmacy in Wymeswold.
- Adequate for now
- If the Wymeswold village did not have this pharmacy it would be very hard to get to another pharmacy for example Loughborough, Melton Mowbray, Barrow upon Soar or East Leake.
- We have an excellent pharmacy in the next village to us Wymewold and I and loads of other people use the Wymeswold pharmacy. they are excellent and very obliging fetching prescriptions from Barrow health Centre and ordering some other products if not stocked.
- Without are GP dispensary I would struggle to fetch them on the day medications and my elderly neighbours would have ti wait days for a delivery. My GP dispensary and GP does at least annual medication reviews and has reliable. All my medication to include a disease indication which I find exceptionally helpful.
- How would older or disabled people got to a pharmacy if there was no pharmacy and they didn't have a car
- But only just
- Some rural areas not as lucky as Great Glen.
- In relation to the 77th bullet point in the summary document p.14 much work needs to be done in consultation with community at a local level. With many

villages not necessarily having easy access to pharmacists, specific groups ie lower paid, single parents and elderly might have special considerations.

- I think better publicity needs to be given to the 'out of hours' pharmacy access arrangements. This could be clear notices in pharmacy windows, at GP surgeries and by clear recorded messages on pharmacists and GP surgeries telephone systems.
- It does seem silly that the pharmacies are not spread evenly throughout the county.
- This is not to say that present provision is definitely inadequate -simply that the case for an acceptable service has not been made. There are too many assertions (p.12 - 'a good range of community based services', P13 - 'Overall, the community based pharmacies are meeting the current needs...') without supporting evidence.
- Need to be open longer hours
- Due to the lack of pharmacies in walking distance. Doesnt affect me as i live down the road from one. I think they need to next to each GP practice
- Rural areas not always supported
- As stated above, Leicestershire is a rural county authority with diverse populations. The current provision gives a good coverage of pharmaceutical services for the population
- Only adequate in Wymeswold while Wymeswold Pharmacy is available. This is currently dependent on ESPLPS funding which is about to be withdrawn
- Future needs are not adequately covered. Social care in future should be detailed
- Not enough
- At the moment the West has services which the East does not ie end-of-life and H.Pylori testing. Therefore the East needs to acquire these services.
- For me, is particularly important, especially when my health is poor.
- Again without reliable and accurate information how can anyone make an informed judgement
- People with complex care needs are not having their needs met eg delays with non standard medication and pharmacists not understanding complex medical conditions and therefore getting things wrong and not appreciating the urgency of some items. Also certain items which are non prescription such as suction catheters which can only be obtained via district nurses - consideration should be for a wider service of items to be provided by pharmacists on prescription or otherwise so that supplies for patients can be obtained from one place rather than a number of agencies/suppliers. This would simplify things for those with complex care needs. Further consideration should be given to online ordering of medications via GP/pharmacy. even with the new EPS it isn't working right and is prone to

problems. Pharmacists need to concentrate on getting the basics right not on extending their services out further.

- The quality of pharmaceutical advice varies tremendously: I am very concerned with the advice given over the counter especially by counter assistants in chains pharmacies and supermarkets. But the competence of pharmacists gives cause for concern.
- who stock the necessary drugs required to treat patient at home. Increased number of pharmacies should be providing services like health life style, and minor illness, I know this has been documented as future plans in the PNA recommendations
- I think emergency pharmacy provision in the evenings and weekends varies from patchy to non existent unless you live near a large supermarket with an instore pharmacy.
- The following information is NOT BUT should be clearly displayed in a prominent position/window of every Pharmacy. All the pharmacies and dispensing GPs in Leicestershire provide 'essential' services. These include: dispensing drugs, repeat dispensing, ensuring professional standards (clinical governance) and checking patient views, promoting healthy lifestyles, getting rid of unwanted medicines, signposting people to other services, support people to care for themselves.
- Better use could be made of the professional pharmacist to reduce the loads on GPs.
- local pharmacy does not provide all services commissioned in the report
- There is not sufficient support given to pharmacies in their work. There have to be closer links with GPs, District Nurses, Healthworkers, and Social Workers. There is a need for closer links with care and nursing homes.
- but may need to change if more extended hours

Comments received on behalf of an organisation:

- Parade Pharmacy : There are many services that could be provided should they be funded such as dosette boxes, INR, minor ailments, healthy living , cholesterol checks, flu etc. *(Answered No to question 4)*
- Market Harborough Medical Centre: There appears to be widespread variation in the levels of services, Hinckley in particular seems to have less provision. There need to be more enhanced services in Pharmacy especially minor illness and health screening/healthy living. The New Medicines Service has not been taken up adequately and the Medicines Use Reviews need to be targeted to certain conditions especially those not covered by GP QOF. *(Answered No to question 4)*
- Vision Sure Start Children's Centre Bagworth: I work in Bagworth and there is NO pharmacy in the village, this means people without transport would have

to travel to the nearest pharmacy by foot or by public transport (which has its limitations). The nearest pharmacy is in Ibstock which is 6 miles away which is ok for people who have access to a car but those who do not find it difficult.
(Answered No to question 4)

- Superdrug Pharmacy: Minor ailments service needs to be focused on in pharmacies. (Answered No to question 4)
- Wymeswold Pharmacy: On average it probably is but locally the provision may be higher or lower than required. (Answered No to question 4)
- LLRLMC: We needs more additional services There seems to be a disjointed approach in some areas. for example, cellulites pathway in the community, it is always very difficult to find pharmacies. (Answered No to question 4)
- Hollycroft chemist: There should be more provisions for services, to be able to offer more services to a wider area/range of people. (Answered No to question 4)

11.1 Q4: Analysis

From the 154 people who answered this question 80.13% (121 responses) agreed that the current pharmaceutical services are adequate whilst 19.87% (30 responses) disagreed. Three people skipped this question. The additional comments are listed above.

Twelve comments were made referring to accessing pharmaceutical services in rural areas. They are a mixture of suggesting there is not enough rural provision or asking what would be the implications if these services were removed. Wymeswold once again features in a number of comments. Transport concerns are mentioned, and people clearly value or would value the opportunity for medicines to be delivered.

People expressed concerns about variation in levels of service and the need for more support for people with long term conditions in some areas. People also commented on the need for clear out of hours arrangements and if possible longer opening times – better access in general. There are calls for a wider range of services, with specific suggestions about what these should be.

People would also like their pharmacists to work more closely with other healthcare professionals.

Those who commented on behalf of an organisation all mentioned the need for more services to be commissioned especially targeted within those communities who need it most.

The detailed answers to the questions listed above will give useful information to inform future commissioning decisions about specific aspects of pharmaceutical needs.

The Easy Read survey included a question corresponding to Question 4 in the main questionnaire.

Easy Read Survey: 35 people responded

Q2, Do you think the chemists give the right services across Leicestershire?

- 33 people answered this question
- 2 people skipped this question
- ❖ 90.91% / 30 responses agreed
- ❖ 9.09% / 3 responses disagreed

For those who answered No, no further comments were provided for this question.

This shows that most of the people who completed the Easy Read survey agreed that the right services were given by chemists across Leicestershire. They did not provide any comments in their answers to questionnaires, but the comments were provided during the discussion at the engagement events.

11.2 Q4: Engagement Events Feedback

Discussion at the engagement events showed that most people were not aware of the additional services a pharmacy can provide other than providing essential services. As these groups of people may not have English as their first language or they have other issues such as for example deafness or low/medium learning difficulties this is putting barriers in place in accessing all the services that their local pharmacy may offer.

For example during the public consultation period, engagement work was carried out with the deaf and hard of hearing community in the form of attending a deaf community event called the '*Deaf Community Speaks up on Local Health*'. This was in conjunction with Healthwatch Leicester, Leicester Deaf Forum and the British Deaf Association. The purpose of this event was to present the findings on healthcare services accessed by the deaf community.

Within this report which was a mixture of Leicestershire and Leicester City responders (40% lived in Leicestershire / 60% from Leicester City) it addressed a variety of healthcare services that the deaf community have accessed within the last 12 months. It is noted that 5,150 of people are registered as deaf and hard of hearing in Leicestershire. Specifically when looking at the results in connection to people accessing pharmacies, 77% of responders have used pharmaceutical services within the last 12 months and those individuals stated that 81% were happy with using this particular healthcare service. From all of the services accessed, pharmaceutical services was the service that this community was happiest with.

However, further engagement work revealed that people from this community may have had no initial issues with going into a pharmacy, as a pharmacy is very visual place, so broke down those initial barriers in comparison to a walk in centre or attending an accident and emergency department (which generated the lowest figures in terms of people being happy with this service). However, barriers arise when the individual's need goes beyond essential services. It has been highlighted with some individuals from this group that if they want further advice and/or support

then they have encountered communication barriers unless the pharmacist is known to them. Also, they find the type of written information available at pharmacists particularly concerning medicines too complex.

Overall, within the findings of the *'Deaf Community Speaks up on Local Health'* report it has been stated that poor communication, (73%) was the top reason why people were not happy with accessing healthcare services. 76% of responders also stated that when accessing information from healthcare services that they reported the use of 'hard words' was also an issue. *'Participant information produced by health services should be more accessible, too many 'big' words'*. This could also support the need for easy read or visual information to be available within pharmacies for this group.

When asking this group if they would like to see an occasional 'drop in service' in the community where the pharmacist was deaf aware or had an interpreter present they agreed that they would see this as a beneficial service. However, it was noted that the interpreter has to be registered to the required standard from the British Deaf Association.

Other seldom heard groups' feedback about the provision of services especially advanced and community based services indicated that having easy read or information provided in another language such as for example Hindi would overcome communication barriers. Engagement work with the Hindu community in Loughborough showed that if information was not available in a language that they can understand, or if the pharmacist does not speak their language then this can affect the level of trust that the individual has with the pharmacist. When speaking with this group about the community based services, in particular the Healthy Living Pharmacy rollout, they very much welcomed this service but would like to see information available which is easy for them to understand.

Again, from the engagement work conducted with the Oadby Muslim Association group this community would also welcome either easy read information to be available or for information to be available in different languages. Due to cultural implications it was also expressed it might be beneficial if more female pharmacists were available or have specific times when a female pharmacist is present, for those communities with a high Muslim population. This may again be beneficial when utilising advanced services such as medicine use reviews or 'community based services'. It might be also be advantageous to other females who may feel more confident speaking with a female pharmacist.

Those who do not have communication barriers fed back very positively in terms of the advanced or community based services they access, which is reflected in the 90.91% who agreed from the main survey. For example, those involved in the Healthy Living Pharmacy initiative provided positive feedback. Also those individuals who use medicine use reviews (MURs) also fed back positively about using this service. People who used MUR's tended to be using a pharmacy that has a good relationship with the local doctor's surgery.

From the engagement work carried out with all the groups targeted, there seems to be a correlation between pharmacy locality within a community and the relationship that an individual may have with their pharmacist. For example engagement work carried out with young mums whose pharmacist is 'on the high street' instead of those who access a pharmacy within a supermarket shows that they are more likely to use that pharmacist as a source of advice. However, if they used a pharmacy in a supermarket they would coincide it with a supermarket shop. They wouldn't necessarily go to the supermarket pharmacist if they wanted to ask for advice in the first instance.

Although most people who answered the questionnaires or took part in the engagement agreed that the provision of services is adequate, it was also emphasised that services need to be available to meet people's needs at the times they need them. This was specifically raised in connection to young people accessing sexual health services such as Emergency Hormonal Contraception (EHC), more commonly known as the morning after pill. It was fed back that these need to be available at lunchtimes and breaks, when young people can leave school. At the moment pharmacies are often closed at lunch times making it difficult for young people to access this service at a time which is convenient to them and which promotes confidentiality.

11.3 Q4: Conclusion

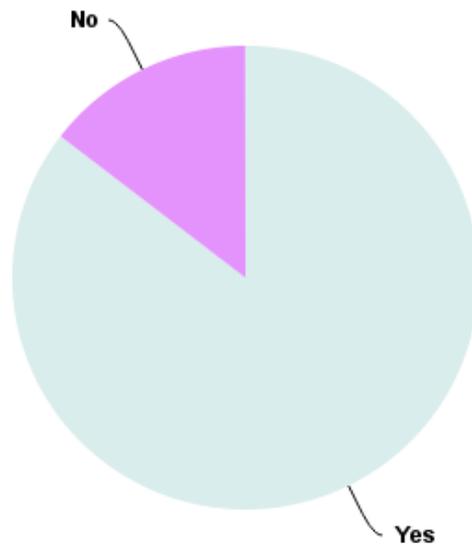
The detailed feedback in answer to this question highlights a number of key themes relating to the provision of pharmaceutical services in Leicestershire.

Although most people felt they were adequate, there were a number of issues and requests, including better communication and cultural awareness for those in seldom heard groups, more flexibility of opening hours and clearer out of hours arrangements, better or maintained rural provision, and more support for people with long term conditions in some areas. There were calls for a wider range of services and for more targeted services.

12. Q5: Results

Q5 Do you agree with the PNA conclusions and recommendations? (Please refer to section 10 in the PNA or section 15 of the summary.)

Answered: 151 Skipped: 3



Answer Choices	Percentage	Responses
Yes	85.43%	129
No	14.57%	22
<i>Total</i>		151

Easy Read Survey: 35 people responded

Q3, Do you agree with the Pharmaceutical Needs Assessment conclusion and recommendations? *(This relates to Q5 of the PNA survey)*

- 29 people answered this question
- 6 people skipped this question
- ❖ 100% of responders agreed

No further comments were provided on easy read surveys for this question.

Comments received from members of the public in the main survey:

- Yes I do agree the PNA conclusions and recommendations
- I agree provision is currently adequate. The issue is to maintain the current pharmacy in Wymeswold and promote the benefits of a consulting the pharmacist which could avoid the need to visit the doctor or A&E.
- The pharmacy in Wymeswold must stay open as it serves the whole of the Wolds villages it could and should be expanded to offer a greater range of services, some of the extra services which could be provided are blood pressure readings, blood test and flu jabs and more. Given that the Wolds does not have a doctor's surgery or even an outreach surgery and the poor transport links to other services, no direct bus service from Barrow upon Soar or East Leake and only one bus per hour to and from Loughborough and Melton Mowbray.
- Difficult to see how my NHS health check could have been undertaken at a pharmacy first I probably would have accepted the invite and secondly it was necessary to refer to my medical records which were relevant.
- The pharmacy in Wymeswold could be expanded to offer more services
- It looks as though the pharmaceutical industry is trying to take over more of the medics work. That may not be to the advantage of the public.
- Yes - especially the 7 day working.
- I'm not confident that the recommendations carry enough 'future proofing'. I'm lead to believe that the pharmacy contract is changing and our village pharmacy which currently needs the essential small pharmacy to remain viable is likely to lose that support. This will make our pharmacy non viable which means the conclusion of the PNA is no longer accurate! Furthermore any aspirations we have as a village to remain 'healthy' will be severely comprised.
- I would like to see more use made in pharmacies of the additional community based services.
- Longer opening hours and a qualified member of staff on call would be even better.
- The conclusions and recommendations sound worthy, but do not address the volume of need, or the geographic problems (the elderly and sick in rural communities are at a particular disadvantage). There are some vague assertions - e.g. that services should be 'equally available' in all parts of Leicestershire, on which the recommendations seem to be based. In this latter example, what does equally available mean? Does it mean that all services should be equally easily accessed, or just equidistant? Or that all services are equally available to people who are able and motivated to look up service provision on the internet?

- I would like to see more recommendations on novel ways that commissioners could utilise the often largely untapped resources available in pharmacy. The HLP pilot was highly effective at increasing awareness of general health for our customers and it is inconceivable that such a valued service is not been rolled out
- Only agree as long as current level of provision in Wymeswold is maintained and services here increased. (PNA Summary section 15, page 14, 15.
- Not details about finance to PNA are concluded
- Concern is expressed regarding the list of services that may be provided from community pharmacies. Do not agree that: - * Anti bleeding-Clotting services * NHS health checks should be providing through local pharmacies. These must only be provided through the NHS.
- I broadly agree. There is good access to pharmacies. However I wonder how much provision can be made for extra services, without compromising the current service. I feel where extra services are provided by pharmacies and pharmacists it is important that they are well trained and able to provide a high standard of service, along with the time and facilities necessary. Pharmacists may or may not have the skills to provide the extra services planned. Care should be taken not to duplicate services already provided by other healthcare professionals. For instance a practice nurse might carefully assess blood pressure, find it to be normal and wish to read assess it in 6 months time. The pharmacist to provide this service 3 months later would be a waste of resources. All additional services provided by pharmacists should be evidence-based, within the pharmacy situation, before initiation. If this is not the case then a pilot study to see if the service is effective should be carried out. If a service is ineffective it should be stopped, so that the resources can be directed (using the same criteria) elsewhere in pharmacy or the health service. Leicester Royal infirmary in conjunction with Lloyd's chemists has a very good service, where if a medication is not available it can be delivered to a local Lloyd's chemist. This can be very useful, when a round trip to the Leicester hospitals to collect a prescription once it is available might take 2 hours or more. It would be an excellent extension of the hospital pharmacy provision, if all hospital pharmacies could deliver to local chemists.
- Some of the services suggested are best kept under the care of the GP i.e. Anticoagulation, NHS Health Checks
- The idea of 2.02 dispensers per 10,000 seems nominal and doesn't necessarily ensure the local needs of people.
- If the summary had stated Pharmacists instead of pharmacies it would have reassured you that advice/ supply of information would come from a qualified pharmacist rather than from a 'shop assistant'
- Wider additional services should be provided by specialist organisations and not pharmacists. Let pharmacies concentrate on their core product. I 100% agree that CCGs and local authorities should commission health services

from the private sector such as a to obesity, stop smoking classes, healthy lifestyle promotion etc. I think there is a major role here for others to provide it more efficiently and cheaper than the NHS and local authorities. I'm not sure Pharmacies are the answer though.

- The public would like a minor ailments service. This is common practice on the Continent (esp. France). But the education, training and competence of the average French Pharmacist is street ahead of so many British trained pharmacists. Extending pharmacy services more while the current services are of doubtful quality is a recipe for disaster, in my opinion. Diagnosis is best left to a physician!
- vital to increase availability of morning after pill and chlamydia screening
- I believe that you are trying to make pharmacy more like a GP Surgery. I also think that there maybe SOME of their support staff, able to cope with minor topics. But they must be more responsible and have to sign some sort of agreement about confidentiality and conduct before they were able to do this. Also more training. I myself feel that things like INR and such as diagnostic test should not be carried out, and should still be carried out by fully trained nurses in a GP practice. Chemist shops were not built to house this type of work. Also hygiene and health and safety would play apart in some of these procedures and if I ever were to want any of these services, I would expect to go to my GP's Surgery. Chemist Shops/Pharmacists have enough to do now, with the services they offer, and with the normal daily dispensing of prescription. I would think some places of work cannot employ two pharmacists to work alongside each other, so one can do one job and the other wait for patients to come in.

Comments received from those on behalf of an organisation:

- Parade Pharmacy: There should be a greater range of services that are all feasible for a pharmacy to undertake should there be funding.
- Wymeswold Pharmacy: Given the history and nature of the PNA as a vehicle for informing NHS England the conclusions and recommendations are 'safe' and understandable. However community pharmacy has the potential to be used to dramatically alter access to healthcare to improve people's lives. The PNA is the HWB's opportunity to stimulate innovation at NHS England
- LLR Local Medical Committee: The only point that needs careful thinking is NHS health checks. These are currently offered by practices, moving it to pharmacies has potential threats. Pharmacies do not have access to patient records and this is essential when offering patients NHS health checks. Careful thought needs to be given that if NHS health checks are to be carried out by pharmacies, then how the outcomes are communicated to the practices, to follow up the results, treatment etc. Patient care should not be compromised. Practice workload should not be unnecessarily increased

- L. Rowland and Co. (Retail) Ltd trading as Rowland's Pharmacy: On the whole we agree with the conclusions drawn however, clarity is needed with regards to the comments raised in question 3 above namely: On page 62 references is made to 152 pharmacies whereas throughout the rest of the document the figure is 131. In addition on page 64 and elsewhere in the document the number of pharmacies is said to be adequate but on page 62 the document is written implying that more pharmacies are needed in some areas.

12.1 Q5: Analysis

The feedback from individuals displayed a number of themes. The first theme was **access**. Responders from Wymeswold were concerned to maintain and possibly expand the pharmacy service in the village. Users of this essential small pharmacy were concerned that that service could be lost in the future. There was also concern about access for elderly, sick, and those with long term conditions in rural areas.

The next theme was to do with **community based services**. There was support for the healthy living programme which was recently piloted. However, a number of respondents felt that some of the proposed or existing community services sat better within GP surgeries rather than pharmacists.

Some felt that pharmacists had enough to do already, others felt that although a service where pharmacists give advice and minor ailments treatment like French pharmacists could be good, it would require significantly more training.

People also felt it was important not to duplicate services.

Those who responded on behalf of organisations thought that the PNA was an opportunity to expand pharmaceutical services, e.g.: *'The PNA is the Health and Wellbeing Board's opportunity to stimulate innovation at NHS England'*.

There was a feeling that offering health checks could be a problem in terms of liaising with GP practices. There were also some queries with regard to the accuracy of the numbers in the PNA.

12.2 Q5: Engagement Feedback

At the engagement events, people welcomed the suggested services that could be possibly commissioned in relation to expanding the current community based services as highlighted in the 'Conclusions and Recommendations', for example NHS Health Checks. Those who have a long term condition wondered how the relationship would work with their GP practice in connection to the interchange of patient records. This has also been addressed by the LLR Local Medical Committee providing comment to this question on behalf of their organisation *'The only point that needs careful thinking is NHS health checks. These are currently offered by practices, moving it to pharmacies has potential threats. Pharmacies do not have*

access to patient records and this is essential when offering patients NHS health checks.'

However, those individuals who fall under the 24 year old category when reviewing the list of possible extended community based services feedback that would welcome a travel vaccination clinic service which also provided advice so they wouldn't have to necessarily go to a GP practice.

12.3 Q5: Conclusion

In conclusion, there was agreement from many respondents with the conclusions and recommendations, but a number did not agree, and added their comments as detailed above. Their concerns included access in rural areas, whether pharmacists or GPs should offer some services and how pharmacies could communicate for example with GPs if they offered health checks. Nevertheless, there was strong support overall for the role pharmacies can play in delivering healthcare.

13. Q6: Results

Q6. Do you have any other comments? Please specify below with reference to page and section number in either the full PNA or the PNA summary.

- Answered: 70
- 84 Skipped this question

Comments from members of the public:

- An independently owned pharmacy supported financially through an ESPLPS contract, currently serves Wymeswold and the surrounding area. Following a recent decision by the Secretary of State not to extend the directions for the continuation of the ESPLPS contract' beyond 31/5/2015, there is a potential and serious risk that this pharmacy will close. This pharmacy is the only such easily accessible facility serving Wymeswold and the surrounding rural area. \the next nearest pharmacies is at Barrow upon Soar, and East Leake in Nottinghamshire. The principal doctors' practices serving this area are located in these two villages. Neither of these positions to provide an alternative service should the present pharmacy closes. Barrow is 4.6 miles from Wymeswold (18 mins by car) and East Leake is 4.3 miles (11 mins by car). Neither Barrow nor East Leake is accessible from Wymeswold by direct transport. The residents in Wymeswold and surrounding area therefore come into the category of the 1.6% in the country who lives more than 10 min drive from a pharmacy. Wymeswold is going through a period of population growth with the development of new housing estates. This means that the pharmacy is dealing young children as well as a significant number of ageing elderly residents who will find it very difficult to access pharmaceutical services if the pharmacy was to close. The pharmacy also provides all residents within that area with weekday access to advice on medical matters that otherwise would

require visits to the doctors. The closure of this facility would result in more pressure on the existing services. The report rightly concludes that ' Those who commission essential services need to make sure that continue to be sufficient to meet the needs of the growing population 2037 and the need to make sure that services are equally available in all parts of Leicestershire. The closure of the pharmacy in Wymeswold, by default or design would deprive the residents of this village and the surrounding of this essential facility and undermine the principle that these services should be equally available in all parts of the county. We therefore ask that the Health and Wellbeing board draw the attention of key decision maker's attention to the specific needs of this community for continuing easy access to pharmaceutical services.

- We have 5 pharmacies in Market Harborough, all of which give excellent service.
- Section 5. PNA Summary p6 there is no public transport in my rural village of Bruntingthorpe. This means I drive to my pharmacy in Countesthorpe. Section 4 PNA Summary - I drive to my pharmacy - if / when there comes a time I am unable to drive I will rely on the pharmacy being able to continue their current policy of delivering prescriptions
- Please ensure that the Wymeswold pharmacy is retained. It provides a very good social / medical service required by the locals many who are over 65. Without it many people without transport would not be able to visit Barrow upon Soar.
- As per reading the full PNA summary some part of the work need to be going to be by supporting health and social care in the future and self care in the community. This will cut down on the unnecessary admissions to hospital. For this service there should be a law of health and safety and the law of first aid. And for hazardous health laws and also there may be a fire equipment cylinder to get rid from fire.
- We are in full agreement with the suggested list of services that could be provided by the pharmacy. Our local pharmacy has already this winter provided flu jabs and could do more by providing monitoring blood pressure and give help in the use of inhalers and other appliances. Many mothers regularly ask for advice or reassurance with problems that rise with babies and young children. Elderly patients also request explanation about the drugs they are prescribed and possible side effects. The services are available at our pharmacy and the excellent advice given are appreciated by people from other nearby villages in the Wolds
- I do not see any reference to 'Better Care Together' within this document. Surely pharmacy must play a huge part within that and the future health economy? Where is Rutland? Leicestershire has many borders - how much work has been done to understand where those patients go and the series? And how it fits within this?

- The pharmacy in Wymeswold could offer more services
- If a minor illness service is to be developed at a pharmacy it would take so much longer than seeing my GP, who knows me thoroughly. Also, pharmacists have a tendency to try and sell expensive brands for profit (e.g. Lemsips, Beechams) where my GP advises just simple paracetamol or ibuprofen. The cost of the former may be prohibitive to some.
- Minor illness service. Reduce medicine wastage
- These sheets are awkward to post. They are too thick to fold to go into an envelope which takes ordinary paper. Not everybody has large envelopes or would be willing to use them.
- PNA Summary - P14 Additional Services The following would be extremely helpful to my wife and myself preventing unnecessary travel and further in some instances use of the need for a practice nurses valuable time e.g. INR testing's. 1. Minor illness services e.g. dispensary of cough and cold medicines without a doctor's prescription) 2. Anti blood clotting services (e.g. Self INR testing reported to number of internets 3. Home blood pressure monitoring where people have their own equipment again? via the already existing surgery websites currently operating for repeat medicines etc
- Community pharmacies are the easiest healthcare workers for members of the public to see, they are highly valued by their customers. Wymeswold pharmacy is a model example of how to get maximum service from a very small unit. We must not lose it!
- Outreach 'Community Based Services' (p15 of the summary document) appear an excellent idea. However, attendance / access to these e.g. Health Checks' should be targeted and perhaps use existing organisations e.g. sports clubs for men's health advice / checks.
- GP Dispensary service at Hathern, Cross Street Surgery / part of Dishley grange medical practice is excellent, all GP surgeries should have one. Cannot fault them always pleasant service whenever needed. Thank you.
- Something that you haven't mentioned is that some pharmacies (ours at least) provides a free delivery of repeat prescriptions. A very useful service which we have used at times. Also you state that 'a minor ailment service is not commissioned from pharmacies'. In Loughborough at least one pharmacy does provide this service. We have made use of it on occasions.
- Having studied the full version of the PNA. I find it most explanatory and effective
- 1. Free flu vaccinations at community pharmacies for target groups 2. What about oxygen services? 3. Inadequate opening hours at many community pharmacies - particularly evenings.
- The pharmacy I use is excellent. If G.Ps is going to open 7 days a week the pharmacies will have to cover these days.

- Section 15 - Community Based Services. Anything which provided services currently needing attendance at doctors or hospital would be very welcome. Blood tests for example
- Section 10 - the fact that a large majority 96% of health and social care professionals are satisfied is encouraging. I suppose the next aim is to make their opinion higher than just adequate. I have read this summary and feel encouraged by it but I am actually a very seldom user of pharmacies so not really able to comment from experience.
- My family and I have received and hope to continue to receive an excellent service from our GP dispensary at Dishley Grange Medical Practice. The staffs are always pleasant and helpful.
- What are h-pylori test and who qualifies for them pp12 of the summary document. Most people will have not heard about most of these services nor understand who they are aimed at.
- I live in Wymeswold. We currently have an excellent pharmacy service in the village (9-5 Mon-Fri). The pharmacist is always helpful and very well informed. Our nearest doctor's surgeries are over 3 miles away and about 3 1/2 hours by public transport!! There is no direct public transport route to either East leake or Barrow on Soar where the surgeries are situated. Our pharmacy is not only needed in our village but is used by residents in other nearby villages. Prescriptions are collected from those surgeries on a daily basis when there is no electronic delivery system set up. This saves a great deal of stress, time and fuel.
- Pleased and glad to have our local chemist which is well run and supervised by caring and well liked pharmacist. Also is staff are well chosen or sympathetic. I had an occasion to use Asda at Fosse Park Pharmacy for two private prescriptions which took half an hour to prescribe as they obviously don't have paying prescriptions often. Small point, I would like the prescription to be actioned on the same day or next day as two days wait is too long. In a village of around 3,000 people with a half hour bus timetable if feel the chemist shop and services essential and feel at my age 72 that I might need to access more services which become available. I say the draft you have published is a mine of information. Thank you
- No
- No
- If the recommendations in section 15 / page 13&14 of the summary regarding review of the services and uptake of these services can be rigourously implemented. Then this consultation will be worth the cost. More health care at local level keeps hospital admissions down and lessens stress on patients, particularly those at end of the age spectrum (the very young and the elderly). More and better in the community is the way forward.
- This document does not seem to have much to say about specific groups that may be less able to access services, either through geography,

understanding, or motivation. It makes little use of future projections. It does not discuss quality of service or attempt to define what a high quality pharmaceutical service should be. It really looks like an attempt to gloss over some of the hard questions in favour of simple solutions which will no doubt be quite acceptable to people who are not members of the groups mentioned above.

- The document was very 'jargony'
- Page 6, section 4. For those without transport and live more than a 20 minute walk from a pharmacy, is there a delivery service?
- No
- I ask the County Council to give serious consideration to providing alternative funding to allow Wymeswold Pharmacy to remain open and continue to provide the only health care provision within Wymeswold and neighbouring villages. (PNA summary 11, 14, pages9&10.
- Section 15, page 14. Even the elderly can't live with medicines alone. NAME (Numark) is an excellent, caring chemist who has all the medications patients require, but he also keeps his shop stocked with toiletries and gift items which is a godsend in a town where there are very few shops left operating.
- Prescriptions should be electronically transferred to the pharmacy. Delivery options of prescribed medicine should be made more transparent, particularly to older people.
- Please don't change anything re: pharmacy. Ours is excellent and so accessible, friendly and helpful
- It was very well explained at the November Youth Council Meeting
- No
- Re the Recommendations; they should be prioritised according to whether or not any of the listed extras are already provided by the GP. I think the first priority should be to use local services to care for people in their homes rather than hospitalise when the main problem is lack of care in the home i.e. people living alone.
- Drive, walk and transport issues were commented on but no mention in recommendations of prioritising electronic prescribing.
- To consider greater ties in the future between local pharmacy and local surgeries to help those who find it difficult to get to a surgery for dispensing flu jabs and carrying out blood tests.
- If I have intermitted / read between the lines of your summary then I think overall it is a reasonably 'pharmaceutical Needs Assessment
- Re: Conclusions. It is essential that the Pharmacy Service does not replace the essential service provided by local G.P. practices. Better publicity of services available in individual pharmacies is required.
- Pharmacists should not be replacing Drs or trained clinicians in diagnosing medical conditions. More funding should be provided to GP'S to do this, not

trying to transfer the funding elsewhere. Let's fix the GP problem rather than transfer money away from them into other agencies such as pharmacies with less experienced skills.

- Please note H. pylori, not Pylori!
- Population is definitely increasing.
- No
- Unlike the European understanding of Pharmacies often being the first call for unwell people, the UK Pharmacies need to have a much more 'open door' approach to people needing help or advice.
- where do you go to get medicine`s or help if you have no car or bus service in the knight and are disabled in oadby & wigston
- It is very important that pharmacies are based in local areas and get to know their clients. I am delighted with the pharmacy in Enderby that goes the extra mile to provide an excellent service.
- No
- As explained above in question 5.
- No

Comments on behalf of organisations

- Oadby and Wigston Borough Youth Council: Beneficial future services - travel vaccinations, Asthma. Promoting sexual health services and ensuring that they are accessible during weekday lunch time hours (Oadby&Wigston Youth Council) Group Response.
- Market Harborough Medical Centre: The promotion and expansion of enhanced services in Pharmacy is essential if it really to become the first point of first contact. As the elderly population with multiple co-morbidities increases, minor conditions need to be managed more by Pharmacists. This is true for primary health screening as well for a whole variety of conditions.
- Rainbows Hospice for Children and Young People: This provides a good summary of pharmacy support across Leicestershire. It is an interesting and useful resource.
- NHS England, Leicestershire and Lincolnshire Area Team: Pharmaceutical services provided by Essential Small Pharmacies (ESPs) are included in the PNA. However, current ESP contracts are under review and are due to expire at the end of March 2015. The current contractor/s has the right to revert to the standard list, but may choose not to exercise this right. As a result, service provision in areas currently served by an ESP will need to be kept under review. ATs could consider the provision of flu vaccinations by community pharmacists. The following comments relate to the PNA summary document. Page 14, paragraph 15 Conclusions and Recommendations Bullet point 4, consider changing to read: Support for the management of respiratory disease Bullet point 6: • Medicines Optimisation initiatives

- Ratby Chemist Ltd: There is a need for a minor ailment scheme in this area (Ratby Chemist)
- Lincolnshire Health and Wellbeing Board: Lincolnshire Health and Wellbeing Board are not convinced that the border issues between Lincolnshire and Leicestershire around the Bottesford area have been adequately addressed in the draft PNA document.
- L. Rowland and Co. (Retail) Ltd trading as Rowland's Pharmacy: There is no reference in the document to why the different areas within Leicestershire were chosen (in accordance with Schedule 1, regulation 6a)
- (Leicestershire Police) It is noted that 250 people were questioned regarding their views on community needs, and the report recognises the value in ensuring local opinion is represented. It is pleasing that plans are expected to factor in the future ageing population. The ability for the local authority to safeguard individuals who are unable to access the pharmacy due to physical incapability or ill health is vital. The analysis of the demand for medication across the County area, combined with the cultural representation, is interesting and will help to predict future demands on our health and wellbeing services. The way in which the County is to cope with additional pressures due to the increase in population is insightful. It is noted that the largest increase will be the population of older people, and the ability to ensure adequate provision for the dispensing of medication and access to support locally will even more important in safeguarding our ageing population. It is good to see that the dispensing capability is higher than the national average in Leicestershire. Clearly there is an identified correlation between those people who are suffering deprivation, across a number of areas including education, housing and their environment with the demand for medication. The increased services will be crucial to social development, education and protecting health thus allowing access to services in addition to pharmaceutical care from these localised access points. The proposals for more community based services in pharmacies would be welcomed together with the expansion of services on offer, the ability for those who are at risk of harm, the vulnerable or others to access support would be in line with Leicestershire Police's aims and undoubtedly impact on managing vulnerability. The report clearly identifies the strengths of the pharmaceutical service provided to the community and development proposals moving forward.

13.1 Q6: Analysis

The comments from members of the public provide feedback on a number of themes. Summarised, these include:

- Geographical – issues were raised with regard to the wish for continued provision of services in Wymeswold, and the need to continue delivery of

prescriptions in Bruntingthorpe. Access problems with regard to driving to pharmacies were discussed. Travellers had problems easily accessing pharmacies, although they tend to rely on them heavily for healthcare support

- More services – there was great support for the provision of more services, including those suggested. However, some people were concerned that they should not replace GPs
- People supported delivery of prescriptions, and some were not aware of this service
- There was support and praise for dispensing GPs and for specific pharmacists,
- People asked for better publicity of services
- Some people felt the PNA was at times difficult to understand and ‘jargony’ but others appreciated the document and found it useful.

The comments from organisations also include:

- Geographical – Lincolnshire Health and Wellbeing Board mentioned issues around Bottesford. The need for a minor ailment service in Ratby was raised and there were a number of requests from young people in Oadby and Wigston
- More services – the police and Market Harborough Medical Centre supported the provision of more services. NHS England wished to consider the provision of flu vaccinations by pharmacies
- Technical issues – a number of organisations raised technical issues in their responses, which can be dealt with in the final PNA

13.2 Q6: Easy Read Survey

35 people responded

Q4 Would you like to add any more comments?

(This question corresponds to Q6 from the main survey)

- 28 people answered this question. If they responded as a group this has been stated
- 7 people skipped this question
- ‘Shree Ram Hindu Temple (filled in as a group): High turnover in pharmacies such as Boots etc. affects the relationships previously built up. Only a couple of people had heard of Medicine Use Reviews and the group would like further promotion. As the majority of people do not speak English as their first language interpreters would be helpful. Also it was discussed that if they are dealing with a pharmacist who doesn't speak the same language then this creates barriers and puts in question confidence levels between the patient/customer and their pharmacist. They would welcome further promotion of longer opening hours. They would also

welcome 'Healthy Living Pharmacy' especially weight management .People have a different quality of service dependent on the pharmacy. Would also welcome NHS Health Checks within the temple /community centre. For example it was stated that the Shree Ram could gather 40+ ladies for this service if it was available.

- Improve - ask questions to pharmacists when have a cold / smoker illness
- I believe there should be some more cooperation and work done between doctors and the pharmacists at chemists to enhance the service provided to patients. Elderly people should be made more aware of facilities provided at chemists
- Sometimes they are not very pleasant. Sometimes we have to go a few times to collect the medicines.
- Possible use of private dispensing by chemist e.g antibiotics for travel to avoid visit to doctors to get prescription.
- Waste management collection services. Please provide female pharmacists and language other than English.
- Pick up and drop off service
- Pharmacy open longer
- Oadby and Wigston Muslim Association (filled in as a group): They would like to see more female pharmacists within pharmacies especially if pharmacies are possibly going to provide additional services for example measuring blood pressure. They would only see a female pharmacist.

13.3 Q6: Engagement Events Feedback

At the engagement events, people used this question as an opportunity to give a 'wish list' of the services they would welcome within their local community pharmacy. They felt there was a need for the suggested services to be available in all pharmacies or within easy reach. As previously mention in Q5 Engagement Events Feedback. However they did question the implications of patient records and the relationship with the GP surgery in connection to these services e.g NHS Health Checks.

This is their wish list:

- Easy read information to be available (especially needed for those groups who are new to the UK, do not speak English as their first language or have another barrier preventing communication). People had mixed issues accessing a chemist depending on the level of English they spoke. This will affect whether they are able to use any advanced or community based services that are offered. Also incorporating visual aids for those who may have communication barriers.
- Informal drop in service for older people e.g. cholesterol checks / blood pressure
- Informal drop in service for new parents
- Travel vaccination clinic

- Promotion of the pharmaceutical services available at their local community pharmacy for example advanced services and community based services.
- Promotion of out of hours routes
- Advertising pharmacy hours
- High interest in the 'Healthy Living Pharmacy' roll out
- More cultural awareness for example supporting people who are taking medication when fasting due to religious beliefs. Targeted services to those groups
- An occasional drop in service with a pharmacist who is 'deaf aware' or has an interpreter present where members of the deaf community can go and speak to the pharmacist in order to get support and advice. NHS Health checks could also be carried out at this time. From engaging with the deaf community there was a need for more medicine use reviews for members of the deaf community who have a long term condition and also for information to be presented in an easy read fashion.
- More sensitivity or an awareness of the cultural differences within the Leicestershire population. For example as previously mentioned in communities that have a high prevalence of Muslims for example Oadby so for more female pharmacists to be available especially if NHS health checks are being carried out or provided. Also where possible, literature to be provided in alternative languages.

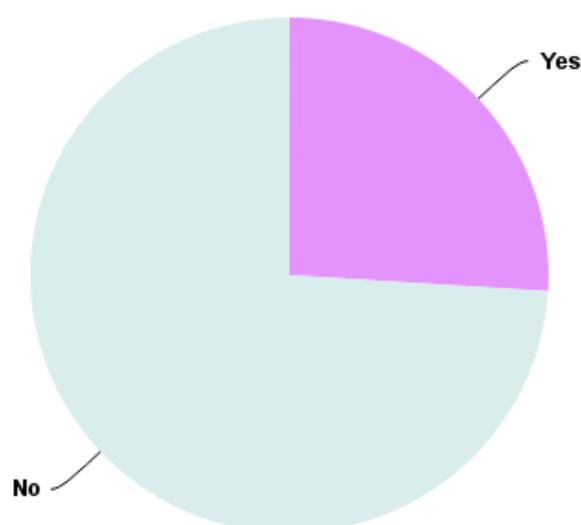
13.4 Q6: Conclusion

The responses recorded here from individuals (including seldom heard groups) and organisations, show a range of themes. There is a wish list for specific services, including Healthy Living Pharmacy, not only from the seldom heard groups but from individuals and organisations. There is a reiteration of the need for better communication and cultural awareness with certain groups. The other key theme is geographical, particularly in rural communities.

14. Q7: Results

Q7 Are you responding: On behalf of an organisation? If no, and you are responding as an individual, please complete the rest of the questionnaire to help our equalities monitoring.

Answered: 150 Skipped: 4



Answer Choices	Percentage	Responses
Yes	26.00%	39
No	74.00%	111
<i>Total</i>		150

For names of organisations, see Appendix 21. Appendix: Organisation Response Survey Matrix'.

15. Consultation Conclusion

It is recognised that the sample size generated from this consultation is a small representation of Leicestershire's entire population so may not reflect the entire

pharmaceutical opinions of the region in connection to the PNA. However, those who took part in the consultation (189 total) have in the majority agreed (92% - 138 out of 150 responses gathered from the main survey (154) that the PNA provides a satisfactory overview of the current and future needs of Leicestershire's population.

The consultation work with seldom heard groups has also provided people with a real insight into all the services that a pharmacy can provide such as 'advanced' and 'community based services'. It has also provided an avenue to voice whether they agree with the PNA in connection with their own pharmaceutical needs, as well as the wider community. People have also used the opportunity to provide feedback if their needs aren't being met and what in their opinion needs to change.

The response to the PNA has highlighted a requirement for the awareness of cultural differences within a community.

For example, the deaf community expressed their opinion on what measures could be in place in pharmacies to support them better, in the form of easy read information or awareness of individual need. The deaf community have poorer health in general than the wider community statistic. As stated in the recent 'Deaf Community Speaks up on Local Health' report people who are deaf have "*poorer health outcomes due to communication barriers*".

The targeted engagement work and some of the comments in response to the main survey also showed that there is a need for pharmaceutical services' opening times and the provisions in place for out of hours access to be advertised and promoted more widely within the community – not only in pharmacies but in other community venues such as libraries etc.

In general, people would welcome more community based services as suggested in the PNA conclusions and recommendation but would want a joined up healthcare approach so resources were not 'wasted' or patient safety compromised.

The consultation has also produced feedback through the main survey and from the engagement events on some disagreement from those in rural localities as to whether the geographical availability for all Leicestershire pharmacies in terms of accessibility is equally balanced. There is also specific feedback about pharmacy provision in a number of locations which should be considered when any future commissioning decisions are made, and which includes the issue around Essential Small Pharmacies contracts and an issue about access for the travelling community.

The final point, however, is that the data and feedback collected from both the main survey and the easy read including the engagement work conducted, shows that in most cases the pharmacist is a valued, important healthcare service. People have also passionately expressed the need to retain current pharmacy provision and in some areas for its services to increase.

16. Equalities Monitoring: Results from the Main Survey

The next set of data is in answer to the equalities monitoring questions. The first set of information relates to those who have completed the main survey. The second set relates to those who completed the easy read version. .

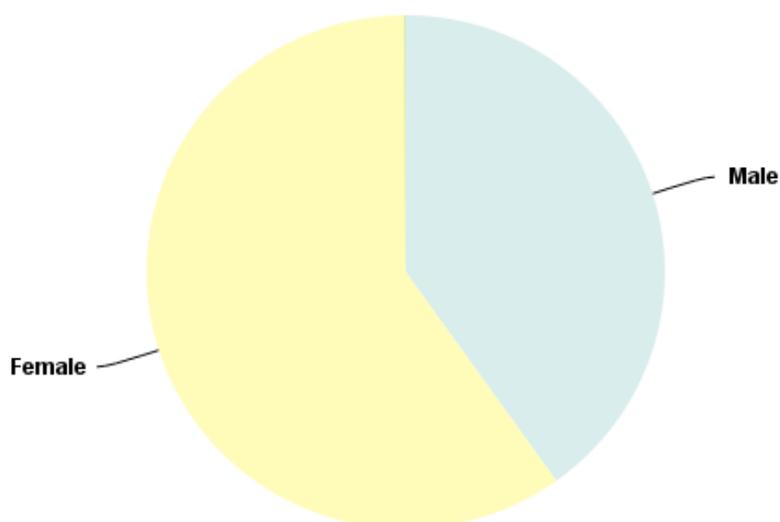
Q8 Which part of Leicestershire do you live in? Please state the name of your town or village

- Answered: 125
- Skipped: 29

The information about where people lived is given in Appendix F.

Q9 What is your gender?

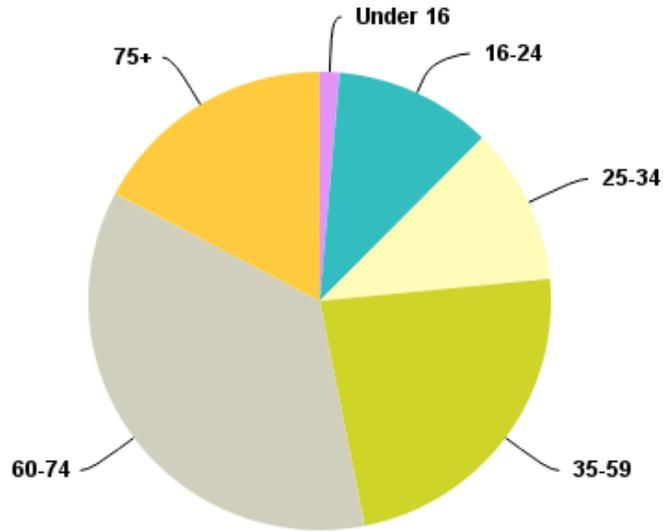
Answered: 142 Skipped: 12



Answer Choices	Percentage	Responses
<i>Male</i>	40.14%	57
<i>Female</i>	59.86%	85
<i>Total</i>		142

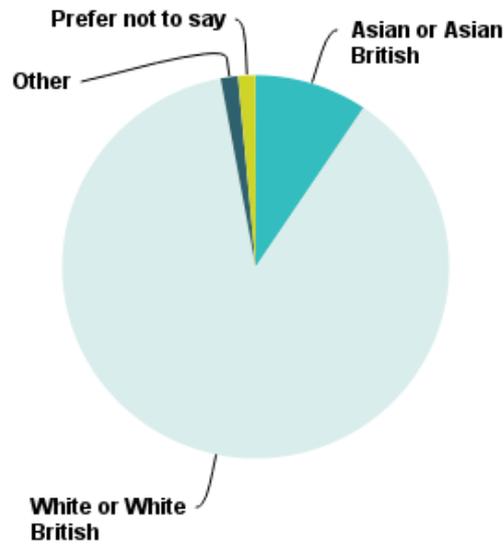
Q10 What is your age

Answered: 145 Skipped: 9



Q11 What is your ethnic group?

Answered: 138 Skipped: 16



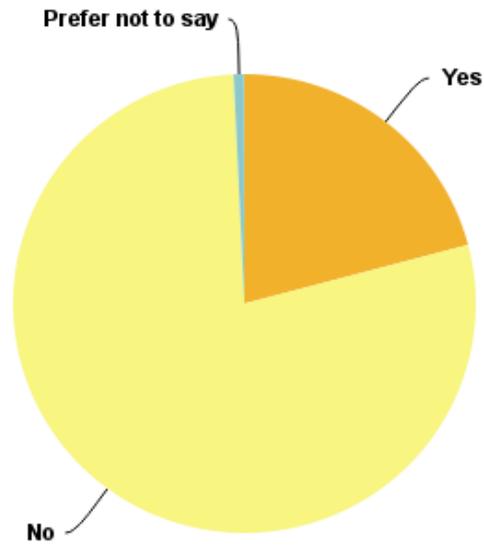
Answer Choices	Percentage	Responses
Asian or Asian British	9.42%	13
Black or Black British	0.00%	0
Mixed dual heritage	0.00%	0
White or White British	87.68%	121
Gypsy/Romany/Irish traveller	0.00%	0
Other	1.45%	2
Prefer not to say	1.45%	2
Total		138

Other ethnic groups listed:

- Sri Lankan
- Chinese
- White English

Q12 Do you consider yourself to have a disability?

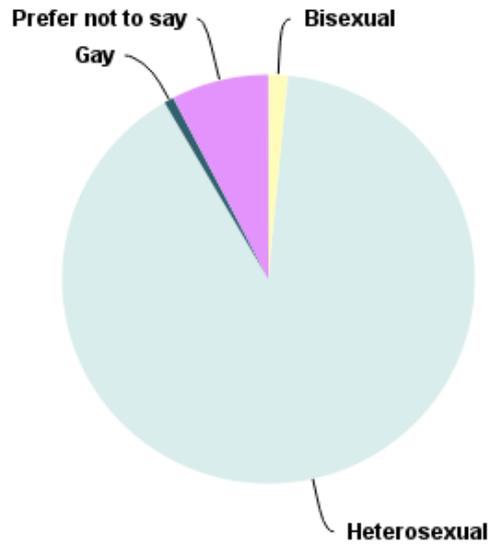
Answered: 134 Skipped: 20



Answer Choices	Percentage	Responses
Yes	20.90%	28
No	78.36%	105
Prefer not to say	0.75%	1
Total		134

Q13 What is your sexual orientation

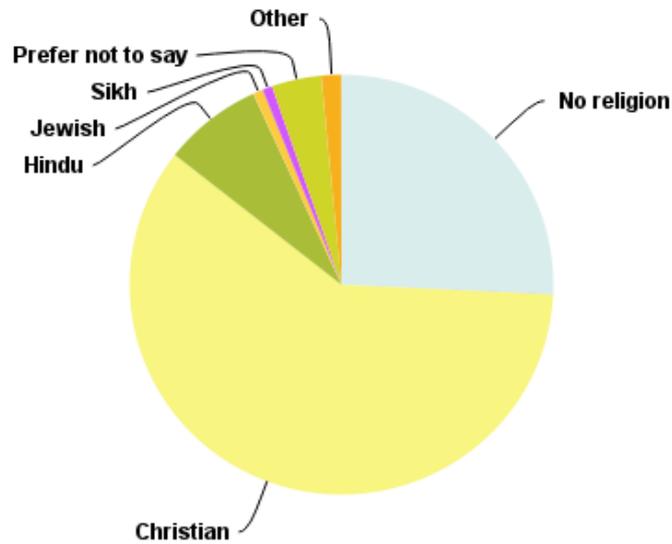
Answered: 131 Skipped: 23



Answer Choices	Percentage	Responses
<i>Bisexual</i>	1.53%	2
<i>Heterosexual</i>	90.08%	118
<i>Gay</i>	0.76%	1
<i>Lesbian</i>	0.00%	0
<i>Prefer not to say</i>	7.63%	10
<i>Total</i>		131

Q14 What is your religion and belief?

Answered: 132 Skipped: 22



Answer Choices	Percentage	Responses
<i>No religion</i>	25.76%	34
<i>Baha'i</i>	0.00%	0
<i>Buddhist</i>	0.00%	0
<i>Christian</i>	59.85%	79
<i>Hindu</i>	7.58%	10
<i>Jain</i>	0.00%	0
<i>Jewish</i>	0.76%	1
<i>Muslim</i>	0.00%	0
<i>Sikh</i>	0.76%	1
<i>Prefer not to say</i>	3.79%	5

Answer Choices	Percentage	Responses
<i>Other</i>	1.52%	2
<i>Total</i>		132

Other religious beliefs noted:

- Quaker
- Roman Catholic
- Omnian

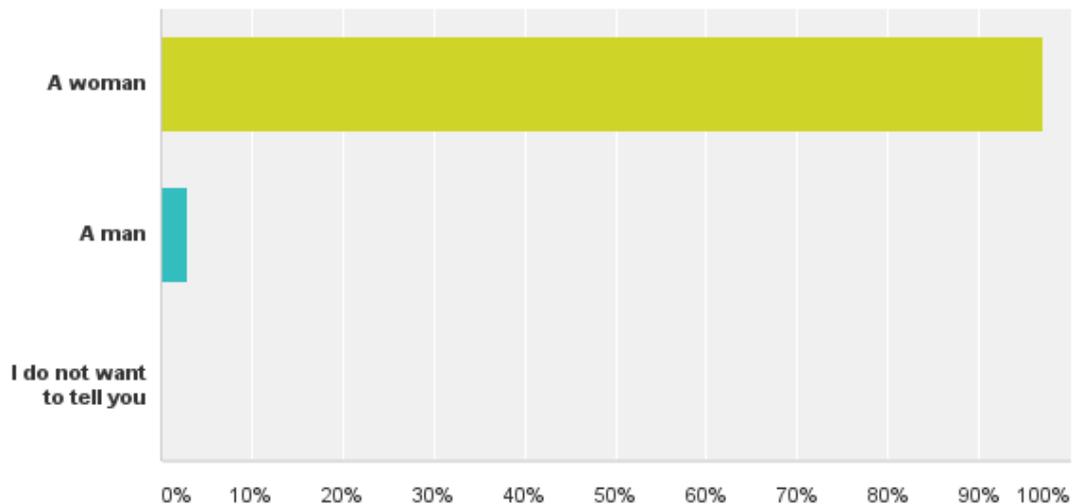
17. Equalities Monitoring: Results from the Easy Read survey

The following information relates to those people who filled out the easy read survey.

- Total Responses to this survey: 35

Q8 What is your gender?

Answered: 34 Skipped: 1



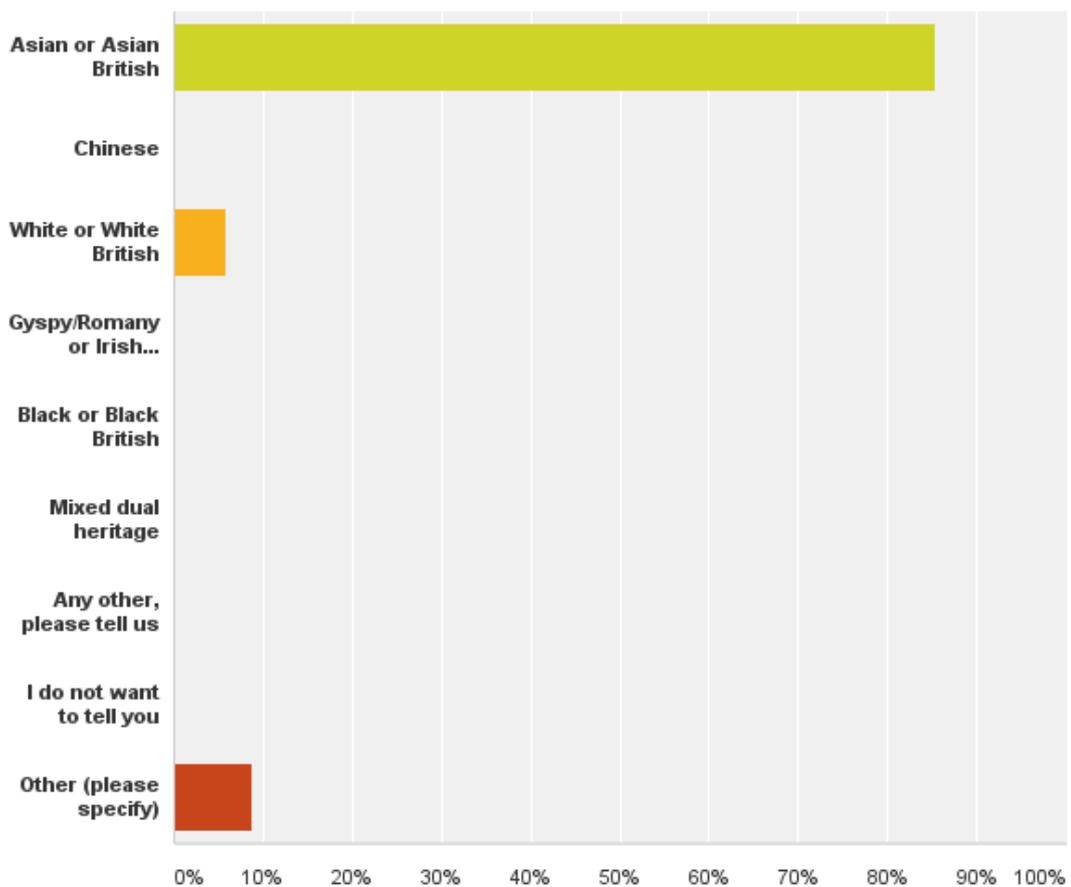
Easy Read: What is your gender? (Total Responses 35 / 34 People Answered)

Answer Choices	Percentage	Responses
<i>A woman</i>	97.06%	33
<i>A man</i>	2.94%	1

Answer Choices	Percentage	Responses
<i>I do not want to tell you</i>	0.00%	0

Q10 What culture do you come from?

Answered: 34 Skipped: 1



Q10 Easy Read: What is your culture? (Total Responses 35 / 34 People Answered)

Answer Choices	Percentage	Responses
<i>Asian or Asian British</i>	85.29%	29
<i>Chinese</i>	0.00%	0
<i>White or White British</i>	5.88%	2

Answer Choices	Percentage	Responses
<i>Gypsy/Romany or Irish Traveller</i>	<i>0.00%</i>	<i>0</i>
<i>Black or Black British</i>	<i>0.00%</i>	<i>0</i>
<i>Mixed dual heritage</i>	<i>0.00%</i>	<i>0</i>
<i>Any other, please tell us</i>	<i>0.00%</i>	<i>0</i>
<i>I do not want to tell you</i>	<i>0.00%</i>	<i>0</i>
<i>Other (please specify)</i>	<i>8.82%</i>	<i>3</i>

Total Respondents: 34

Other

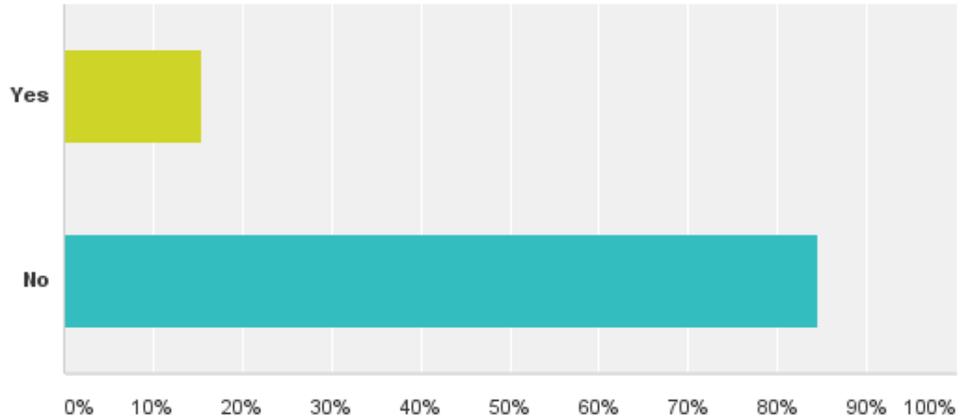
- Arabic
- Jordan
- Arab

Q11: Which of the following best describes how you think about yourself?

All of the responders best described themselves as heterosexual/straight.

Q12 Do you consider yourself to have a disability?

Answered: 13 Skipped: 22

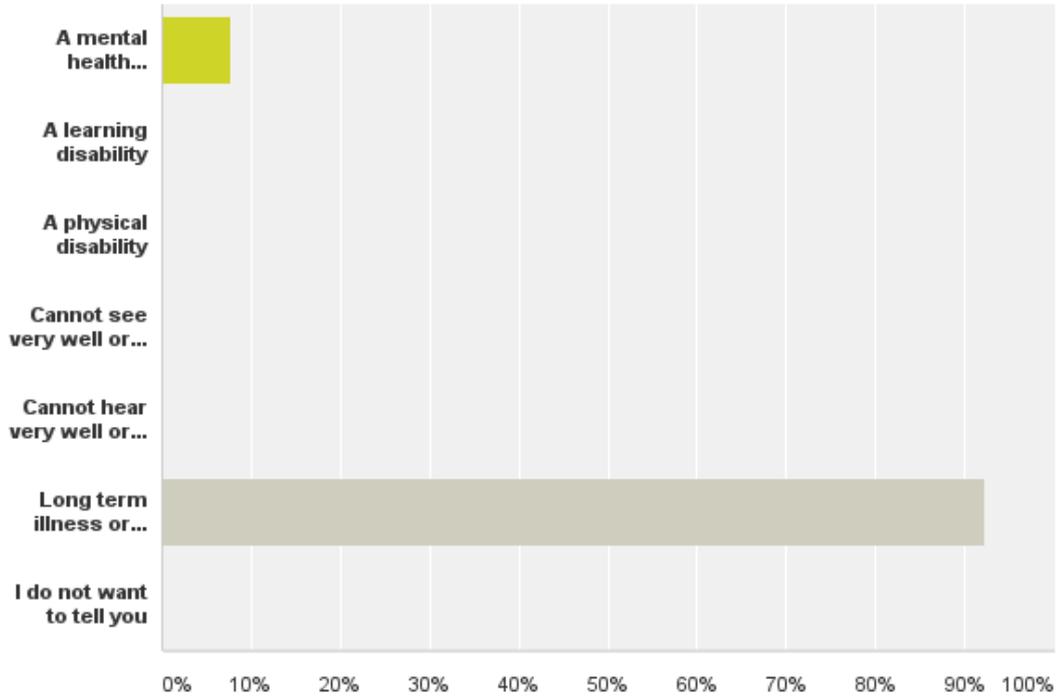


<i>Answer Choices</i>	<i>Percentage</i>	<i>Responses</i>
Yes	15.38%	2
No	84.62%	11
<i>Total</i>		13

NB: Fewer people said they had a disability than answered the question below about what sort of disability they have. This may be due to a misunderstanding of the questions.

Q13 If yes, what sort of disability do you have?

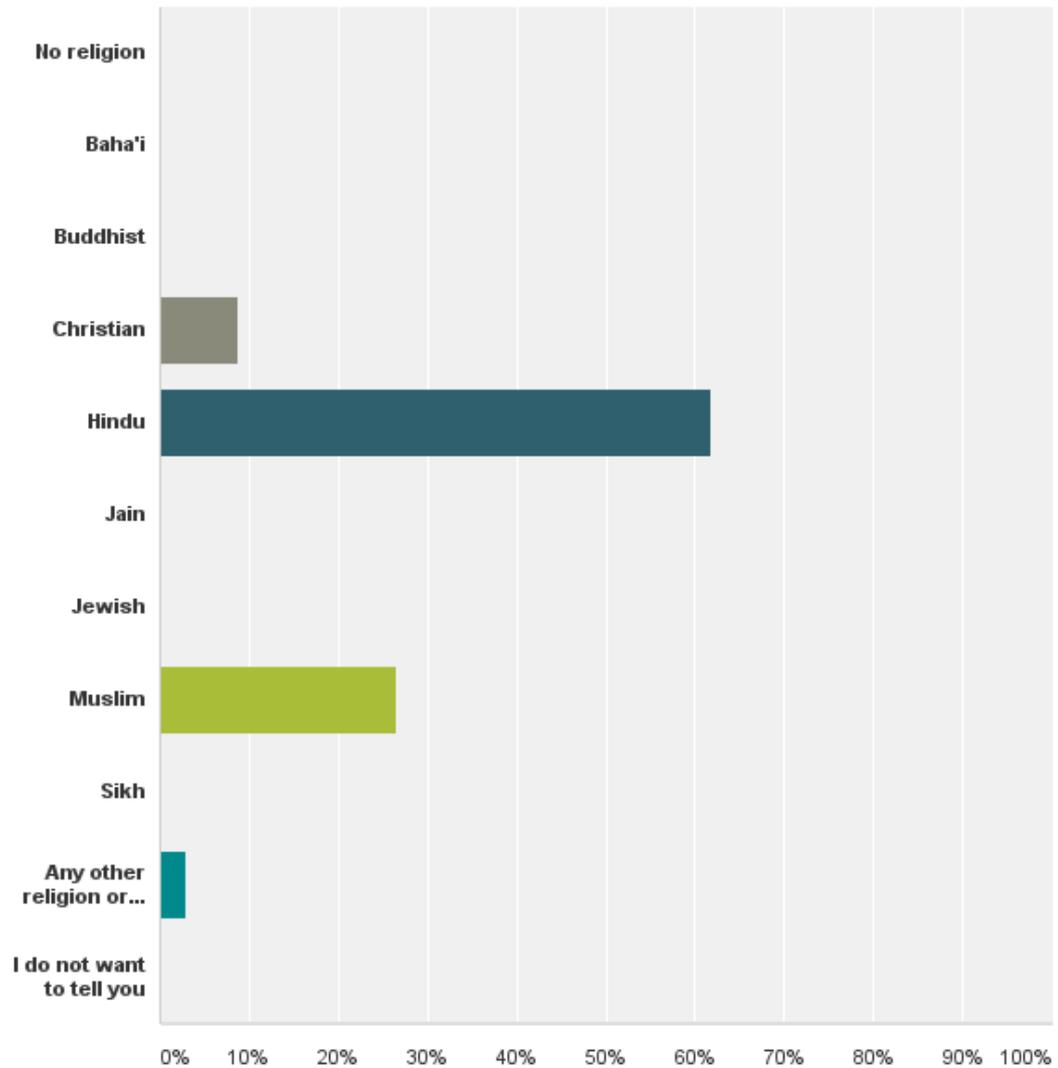
Answered: 13 Skipped: 22



Answer Choices	Percentage	Responses
<i>A mental health condition</i>	7.69%	1
<i>A learning disability</i>	0.00%	0
<i>A physical disability</i>	0.00%	0
<i>Cannot see very well or at all</i>	0.00%	0
<i>Cannot hear very well or not at all</i>	0.00%	0
<i>Long term illness or disease</i>	92.31%	12
<i>I do not want to tell you</i>	0.00%	0
<i>Total Respondents: 13</i>		

Q14 What is your religious identity or belief?

Answered: 34 Skipped: 1



Q10 Easy Read: What is your religious identity or belief? (Total Responses 35 / 34 People Answered)

Answer Choices	Percentage	Responses
<i>No religion</i>	0.00%	0
<i>Baha'i</i>	0.00%	0
<i>Buddhist</i>	0.00%	0
<i>Christian</i>	8.82%	3
<i>Hindu</i>	61.76%	21
<i>Jain</i>	0.00%	0
<i>Jewish</i>	0.00%	0
<i>Muslim</i>	26.47%	9
<i>Sikh</i>	0.00%	0
<i>Any other religion or belief, please tell us</i>	2.94%	1
<i>I do not want to tell you</i>	0.00%	0
<i>Total Respondents: 34</i>		

Appendix A: Leicestershire PNA Consultation Document (see pdf attached)

Appendix B: Leicestershire PNA Easy Read Consultation Document (see pdf attached)

Appendix C: Leicestershire PNA Targeted Events

Date 2014	Name of the Event	Number Attended
27 September	Bridging the Years (young & old) Brocklington College Enderby	30
5 November	Vision Sure Start Children's Centre Anstey	10
30 October	Vision Sure Start Children's Centre Thurmaston	10
7 November	Vision Sure Start Children's The Edge Community Centre (Polish), Melton Mowbray	4
7 November	The Loughborough West Vision Sure Start Children's Centre	11
6 November	International Friendship Group United Reform Church, Hinckley	15 (3)
27 October	Public Consultation Meeting, Oadby	0
26 November	Oadby Mosque, Oadby, Leicestershire	12
21 November	Shree Ram Krishna Mandir (Gujarati), Alfred Street, Loughborough LE11 1NG.	21
20 November	Gypsy travellers lunch club	5
27 November	ESOL Classes Hinckley Library(Disseminated Info)	15

17 November	Leicestershire Youth Council Meeting (Oadby & Wigston)	12
14 November	East Leicestershire Clinical Commissioning Group Meeting: Lessons Learned (Disseminated Info)	19
13 November	Leicestershire Patient Participation Group Network Meeting (West Leicestershire Clinical Commissioning Group) (Disseminated Info)	39
25 November	Children and Young People Forum – Voluntary Action LeicesterShire (Disseminated Info)	75
24 December	Deaf Community Speaks up on Local Health Services	35

**Pharmaceutical Needs Assessment Engagement
Leicestershire**

Date of Event	November 2014
Name of Event Attended	Youth Council Meeting– Oadby
Name of Rep who attended	Emma Dashfield
Role of rep e.g. presentation or in attendance only	Attendance & presentation
Total Number of attendees	13
Statutory Agencies present	Oadby Borough Council
No of members of the public	12
Summary of points from event	<p>PNA Feedback</p> <ul style="list-style-type: none"> • Listening to PNA presentation no negativity was received from the information being presented. No concerns were raised • Presented the findings and answered the questionnaire as a group • They were not aware of all the advanced services that a chemist can provide other than providing you your medication – this is probably due on the age category of those on the youth council. <p>General Feedback</p> <ul style="list-style-type: none"> • Generally do not use a chemist on a regular basis. • New GP surgery has a dispensary GP practice and generally that is used • Would like to see travel vaccinations available in

	<p>chemists at a reasonable charge</p> <ul style="list-style-type: none"> • Suggested service – Asthma / measuring ‘peak flow monitor’ • Q: Asked if there was an age limit on the advice a pharmacist can provide for example you have to be over 16yrs old to pick up your medication. Opportunity for chemists to advertise services e.g ‘sexual health services’ so young people are aware of advice and services pharmacists can provide geared up to this age group. Communicate these messages in particular media streams accessed by young people for example advertising on a chemist website would not reach the audiences. <p>Additional feedback availability of Morning after pill.</p> <p>There have been occasions when young people have confided within the school that they require the morning after pill and then the normal practice is for the school to phone the pharmacy to inform the pharmacy that a young person will be popping down which would usually be at lunch time only to find that the pharmacy is closed for lunch.</p> <p>This would be the most convenient time for the young person due to lessons. Due to the pharmacy being closed the school would then arrange for the young person to have permission to leave class in order to pop down which results in everybody within that class knowing or having an inkling of where the young person has gone. This ultimately then puts barriers in place for others</p> <p>Consideration is required towards the type of services offered by chemists and who they are targeted at and ensuring that the availability of that service matches the need of the service user and more importantly when they need it.</p>
<p>Log any action points and who is taking them</p>	<p>N/a</p>

**Pharmaceutical Needs Assessment Engagement
Leicestershire**

Date of Event	7 November 2014
Name of Event Attended	Vision Sure Start Childrens Centre, Loughborough
Name of Rep who attended	Emma Dashfield
Role of rep e.g. presentation or in attendance only	Attendance & 121 engagement
Total Number of attendees	12
Statutory Agencies present	Vision Sure Start operated through Leicestershire County Council
No of members of the public	11
Summary of points from event	<p>PNA Feedback</p> <ul style="list-style-type: none"> • Listening to PNA presentation I received no negativity to the information being presented. • The majority were not aware of all the additional services that a chemist can provide • One service user who has a long term condition and is situated more on the outskirts of Loughborough rather than town centre based has MURs at her local chemist. She has a very strong bond with her pharmacy and doesn't want anything to change as stated in the PNA questionnaire. • Healthy Living Pharmacy feedback. A pilot scheme operates in Loughborough. A service user from the group visit that pharmacy and

	<p>feedback has been very positive and supportive towards the service being provided. This service is being rolled out nationally</p> <p>General Feedback</p> <ul style="list-style-type: none"> • No difficulties in accessing a chemist • Would like chemists outside the university to advertise the services that they can provide • Majority were not aware of the additional services that a chemist can provide. • Suggestions made that it would good to have some sort of drop in service in providing the services provided in the recommendations and conclusions. • Due to having small children they access a pharmacy regularly. • Level of relationship with the chemist varies depending on what type of chemist accessed. A mixture of independent, university located and supermarkets chemists accessed. • Those of accessed their chemist which was an independent provided the feedback that they didn't want their pharmacist to change. • Positive reactions to suggested community based services for example healthy living pharmacies
<p>Log any action points and who is taking them</p>	<p>N/a</p>

**Pharmaceutical Needs Assessment Engagement
Leicestershire**

Date of Event	5 November 2014
Name of Event Attended	Vision Sure Start Children's Centre, Anstey, Leics
Name of Rep who attended	Emma Dashfield
Role of rep e.g. presentation or in attendance only	Attendance – 121 engagement
Total Number of attendees	11
Statutory Agencies present	n/a Vision Sure Start operated through Leicestershire County Council
No of members of the public	10
Summary of points from event	<p>PNA Feedback</p> <ul style="list-style-type: none"> • Listening to PNA presentation I received no negativity to the information being presented on a 121 basis. • 'Concurring theme' - Were not aware of the advanced services that a chemist provides. • Interested in the recommended services that could be provided by the chemist <p>General Feedback</p> <ul style="list-style-type: none"> • People had no issue with their local chemist and access them regularly • Generally people accessed their local chemist within the Town. • Good relationship – use them as a source of advice especially due to having young children.

	<ul style="list-style-type: none">• Would see a benefit in chemists communicating their services and opening times• Saw benefit in the additional services presented in PNA.• Mentioned a drop in service would be useful especially as they are young mums with young children
Log any action points and who is taking them	N/a

**Pharmaceutical Needs Assessment Engagement
Leicestershire**

Date of Event	6 November 2014
Name of Event Attended	International Friendship Group, United Reform Church, Hinckley
Name of Rep who attended	Emma Dashfield
Role of rep e.g. presentation or in attendance only	Attendance and 121 engagement
Total Number of attendees	16 (3 engaged with PNA)
Statutory Agencies present	
No of members of the public	15
Summary of points from event	<p>PNA Feedback</p> <p>(only managed with 3 people due to transportation / venues issues 2 people new to the Uk / 1 person with a bipolar disorder)</p> <ul style="list-style-type: none"> • No negative or contradictory feedback from listening and looking at the easy read document. <p>General Feedback</p> <ul style="list-style-type: none"> • Very new to the UK would like services communicated so they know where chemists are located and opening hours. Also services provided. • ED – As English is not their first language – communication barriers insist. Easy read

	documentation could be a way of solving this issue.
Log any action points and who is taking them	N/a

**Pharmaceutical Needs Assessment Engagement
Leicestershire**

Date of Event	20 November 2014
Name of Event Attended	Bagworth Children Centre – Travellers Group
Name of Rep who attended	Emma Dashfield
Role of rep e.g. presentation or in attendance only	Attendance
Total Number of attendees	5
Statutory Agencies present	n/a Vision Sure Start operated through Leicestershire County Council
No of members of the public	
Summary of points from event	<p>General Feedback – PNA presentation too complex for Travellers group</p> <p>General feedback</p> <ul style="list-style-type: none"> • Site visited also included – engaging with travellers on site • No pharmacies within Ibstock • Nearest pharmacy in Ibstock 6 miles away • Their site is a 3 mile walk away from the nearest bus stop. Not all the traveller wives drive and would have to walk. Bus stops are all situated in close proximity and not accessible to everyone within the village/town • Limiting public transport routes as the weather is turning to Winter imposing more barriers to

	<p>accessing a local chemist.</p> <ul style="list-style-type: none"> • Chemists are an important healthcare worker for the travellers. They would go to a chemist for advice and do not go to the GP, only on extreme rare occasions. • Pharmacists and the service through NHS 111 are important and valued source of advice. <p>ED Additional Comments</p> <ul style="list-style-type: none"> • The majority of travellers have difficulty in reading and limitations with writing (other their signature) • From speaking with the traveller wives the strong bond with their local chemist is important to them. • The children centre/community centre provided feedback that travellers come in with letters in order for them to be read by the staff. Many occasions when they recognise the NHS logo but the time the letters come into the centre – appointments are missed. • Opportunity to provide easy read versions of literature provided in the chemist as well as easy read letters sent to travellers and other groups that may find reading an issue • A lot of the travellers are either young mums with young children or older with a lot of children – potential benefit and opportunity of providing a drop in service to ensure their health and wellbeing are looked after. The children centre also provides a health care visitor.
<p>Log any action points and who is taking them</p>	<p>N/a</p>

**Pharmaceutical Needs Assessment Engagement
Leicestershire**

Date of Event	30 October 2014
Name of Event Attended	Vision Sure Start Children's Centre, The Edge (Polish Group), Melton Mowbray
Name of Rep who attended	Emma Dashfield
Role of rep e.g. presentation or in attendance only	Attendance
Total Number of attendees	4
Statutory Agencies present	n/a Vision Sure Start operated through Leicestershire County Council
No of members of the public	
Summary of points from event	<p>PNA</p> <ul style="list-style-type: none"> • We're not aware of the advanced services that a chemist provides. • Positive reactions to community based services for example healthy living pharmacies • No negative or contradictory feedback from listening and looking at the easy read document (easy read questionnaires were completed on site) <p>General Feedback</p> <ul style="list-style-type: none"> • People had no issue with accessing their local pharmacy. • People had mixed issues accessing a chemist in order to converse which depended on the level of English they spoke. This reflects on the relationship that they have with local pharmacist. • Those who spoke little or no English used a friend

	<p>or family member to accompany or they would replace them instead, if they wanted to converse with the pharmacist other than paying and picking their medication.</p> <ul style="list-style-type: none"> • Would like something in place which so they don't have a communication barrier • Service users accessing this service are young mums with young children.
<p>Log any action points and who is taking them</p>	<p>N/a</p>

**Pharmaceutical Needs Assessment Engagement
Leicestershire**

Date of Event	30 October 2014
Name of Event Attended	Vision Sure Start Children's Centre, Thurmaston, Leics
Name of Rep who attended	Emma Dashfield
Role of rep e.g. presentation or in attendance only	Attendance and 1 to1 engagement
Total Number of attendees	11
Statutory Agencies present	n/a Vision Sure Start operated through Leicestershire County Council
No of members of the public	10
Summary of points from event	<p>PNA Feedback</p> <ul style="list-style-type: none"> • Listening to PNA presentation I received no negativity to the information being presented. Completed questionnaires on site • We're not aware of the advanced services that a chemist provides. <p>General Feedback</p> <ul style="list-style-type: none"> • People had no issue with accessing a chemist. • Generally people accessed their local chemist located within the supermarkets nearby. • Would ask their advice whilst purchasing medication within the store however wouldn't use them as a point to go to for a specific problem. • Purchase would coincide with a weekly shopping trip. • Were not aware of the advanced services that a

	chemist provides. <ul style="list-style-type: none">• No negative occurrences
Log any action points and who is taking them	N/a

Date of Event	26 November 2014
Name of Event Attended	Oadby Muslim Association / Oadby Mosque (ladies only)
Name of Rep who attended	Emma Dashfield
Role of rep e.g. presentation or in attendance only	Attendance and presentation to the group
Total Number of attendees	13
Statutory Agencies present	NHS Health Advisor
No of members of the public	12
Summary of points from event	<ul style="list-style-type: none"> • More sensitivity or an awareness of the cultural differences within the Leicestershire population. For example Oadby has a high prevalence of Muslims so for more female pharmacists to be available especially if NHS health checks are being carried out or provided. • Literature to be provided in alternative languages or easy read • Waste management of medicines feedback in relation to end of life of family member • More awareness of different needs
Log any action points and who is taking them	

Date of Event	27 September 2014
Name of Event Attended	Bridging the Years (Young and Old Ages) Brocklington College Enderby
Name of Rep who attended	Emma Dashfield Janine Dellar (Leic Public Health Team)
Role of rep e.g. presentation or in attendance only	Attendance and 121 engagement
Total Number of attendees	32
Statutory Agencies present	Leic County Council Colleagues
No of members of the public	30
Summary of points from event	<ul style="list-style-type: none"> • Promoting PNA information to individuals both young and old • No negative feedback received in relation to access of pharmacy services
Log any action points and who is taking them	

Appendix D: Leicestershire PNA Public Consultation Distribution

Name of Organisation	Distribution Method
Leicestershire Health and Wellbeing Board	Electronic Distribution
Leicestershire County Council Health Scrutiny Committee	Electronic Distribution
Local Professional Network Chair for Pharmacy	Electronic Distribution
NHS England	Electronic Distribution
East Leicestershire and Rutland Clinical Commissioning Group	Electronic Distribution
West Leicestershire Clinical Commissioning Group	Electronic Distribution
Local Pharmacy Committee	Electronic Distribution
Local Medical Council	Electronic Distribution
Directors of Public Health	Electronic Distribution
Healthwatch Leicestershire	Electronic Distribution
NHS provider trusts: University Hospitals Leicester NHS Trust and Leicestershire Partnership Trust	Electronic Distribution
NHS England	Electronic Distribution
Leicestershire Libraries (56 libraries across the County)	Hard Copies: 560 copies (10 copies provided per library)
Leicestershire Ethnic Minority Partnership (LEMP)	Electronic Distribution
Leicestershire County Council Communication Team	Electronic Distribution
<ul style="list-style-type: none"> - <u>Social Media Outlets</u> Tweets – 8,084 followers - <u>Online PNA presence</u> Visits to PNA Total views - 322 Unique views - 188 - <u>Internal communication channels</u> 4000 Internal staff 	
Age UK Leicestershire	Electronic Distribution
Voluntary Action Leicestershire	Electronic Distribution and Hard Copies (20)
The Race Equality Centre	Electronic Distribution
Polish Communities Melton Mowbray	Easy Read Hard Copies (5) and Electronic Distribution
Leicestershire County Council / Communities and Wellbeing Service	Electronic Distribution
Leicestershire's District and Borough Youth Councils	Electronic Distribution & 12 Hard Copies. 125 copies were also provided for Oadby & Wigston Borough Council
Traveller Groups	Easy Read Hard Copies (5)
Leicestershire Vision Sure Start Children	Online Promotion & Hard Copies

Centres	
Shree Mandir Temple Loughborough	Easy Read Hard Copies (21)
Maternity & New Parent Groups (Bumps Babies & Beyond)	Electronic Distribution
All Leicestershire Pharmacies. There are 131 pharmacies within the County)	Hard Copies: 1310 copies (10 per pharmacy) and Electronic Distribution
All Leicestershire GPs	Electronic Distribution
All Leicestershire dispensing GPs	Hard Copies and Electronic Distribution
Leicester Lesbian Gay Bisexual & Transgender Centre (supporting people in Leicester, Leicestershire & Rutland)	Hard Copies (50)
Action Deafness	Online Promotion and Easy Read Hard copies (15)
Leicestershire Autistic Society	Hard copies (20)
Leicestershire and Rutland Association of Local Councils	Electronic Distribution
Oadby Muslim Association	Easy Read Hard Copies (12)
Leicestershire Online Media Presence	
Loughborough Echo	http://www.loughboroughecho.net/news/local-news/leicestershire-pharmacies-future-draft-report-7897942
Leicestershire Social Care Development Group	http://www.lscdg.org/leicestershire-pharmaceutical-needs-assessment-pna-public-consultation/
Voluntary Action Leicestershire	http://www.valonline.org.uk/news/general-news/2014/nov/have-your-say-leicester-city-and-leicestershire-pharmaceutical-needs-asse#.VlbwgdKsV2A
Leicestershire and Rutland Local Pharmaceutical Committee	http://psnc.org.uk/leicestershire-and-rutland-lpc/our-news/pna-consultation-city-county-rutland/

Appendix E: Responses on behalf of an organisation

Responses on behalf of an organisation/statutory consulters	Questions Agreed	Questions Disagreed	Provided additional comments Q6
Orchard Medical Practice	All	n/a	Yes
Parade pharmacy	Q1, Q2, Q3	Q4, Q5 comments provided	No
Market Harborough Medical Centre	Q1, Q2, Q3, Q5	Q4 comments provided	Yes
NHS England, Leicestershire and Lincolnshire Area Team	All	n/a	Yes
Ratby Chemist Ltd (LE6)	All		Yes
Lincolnshire Health and Wellbeing Board	All	n/a	Yes
Superdrug Pharmacy	Q1, Q2, Q3, Q5	Q4 Comments provided	No
Wymeswold Pharmacy	Q1	Q2, Q3, Q4, Q5 comments provided	No
LLRLMC	Q1, Q2, Q3	Q4, Q5 comments provided	No
Market Harborough Pharmacy	All	N/a	No
Open	Q1, Q4, Q5	Q2, Q3 Did not provide comment	No
Hollycroft chemist	Q1, Q2, Q3, Q5	Q4 Comments provided	No
L. Rowland and Co.	Q1, Q2, Q4	Q3, Q5	Yes

(Retail) Ltd trading as Rowlands Pharmacy		Comments provided	
Oadby and Wigston Borough Youth Council	All	n/a	Yes
De Lisle College	All	n/a	No
Bag worth Sure Start Children Centre	Q1, Q2, Q3, Q5	Q4 Comments provided	No
Houghton Parish council	All	n/a	No
Rainbows Hospice for children and young people	All	n/a	Yes

However, it is noted that whilst 39 people responded on behalf of their organisation only 19 of those organisations actually listed who they were representing; 20 organisations remain unknown.

Appendix F - Location of responders (including those who completed the main questionnaire and the Easy Read questionnaire – Easy Read responses in brackets)

Leicestershire Region and Post code if stated & Response	
Anstey LE7	3
Ashby de la zouch	1
Barnwell LE9 8	4
Birstall	2
Blaby	2
Braunstone Town (Blaby District) LE3	7
Bruntingthorpe LE17	1
Burbage	1
Coalville	3
Cosby	1
Countesthorpe	1
Darlington (Hinckley & Bosworth)	1
Enderby	2
Fleckney	1
Gilmorton LE17	1
Glenfield	2
Great Glen	1
Great Oxendon	1
Groby	2
Hathern LE12	3
Hinckley	4(1)
Houghton On The Hill	2
Ibstock - LE67	2
Kegworth	1
Kibworth Harcourt	2
Kilby	2
Knighton	1
LE12	1
LE17	1
LE2 5	1
LE8 4	1
LE9	1
Leicester	2
Leicester forest east	2
Loughborough	12 (21)
Lutterworth	1
Market Bosworth	1
Market Harborough	4
Medbourne LE16	1

Leicestershire Region and Post code if stated & Response

Melton Mowbray	6
Mountsorrel	1
Newbold Verdon	1
NW Leicestershire	1
Oadby	(10)
Osgathorpe	2
Quorn LE12	1
Ratby	2
Rearsby LE74	1
Rempstone LE12	1
Shepshed	1
Sileby	3
South Wigston	1
Stoke Golding	1
Thorpe Acre	1
Thrussington LE7 4	1
Thurmaston LE4	1
Twyford LE14	1
West Leic LE9	1
Wigston	3
Wymeswold LE12	13