

Appendix 1 – Consultation Report

1. Introduction

As part of the pharmaceutical needs assessment process the Health and Wellbeing Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health and Wellbeing Board's area are accurately reflected in the final Pharmaceutical Needs Assessment (PNA) document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

In addition to the public consultation, an early engagement questionnaire was developed and made available on the 'Let's Talk Kent' website from 4 November to 19 December 2021. A similar survey was open to contractors during December 2021 and January 2022. The results of these are in the main body of the PNA document.

2. Consultation process

To complete this process, the PNA Steering Group on behalf of the Health and Wellbeing Board has consulted with those parties identified under regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft Pharmaceutical Needs Assessment addresses issues that they considered relevant to the provision of pharmaceutical services. Examples of consulted parties include:

- The Local Pharmaceutical Committee covering the county
- The Local Medical Committees covering the county
- Healthwatch Kent
- The Clinical Commissioning Groups/Integrated Care Board
- NHS Trusts
- NHS England
- Neighbouring Health and Wellbeing Boards, and
- Contractors on the pharmaceutical lists for the area of the Health and Wellbeing Board

In addition, the consultation documents were made available via Kent County Council's consultation and engagement website 'Let's talk Kent'. Those who asked to be kept informed of public health and general interest consultations received an email from the site to alert them of this consultation. This was sent to 5010 registered users.

The statutory consultees were contacted via email explaining the purpose of the Pharmaceutical Needs Assessment and the PNA Steering Group welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to [Let's talk Kent](#) to access the document and consultation questionnaire.

We shared the PNA consultation on organic social media channels to increase awareness and engagement of the consultation. 10 posts were issued throughout

the consultation period. The posts shared were seen by 24,788 people and generated 450 clicks to the consultation page. The breakdown of all social media responses is shown below:

Engagement levels with social media posts advertising the draft PNA consultation

	Reach / Impressions	Clicks
Facebook	15,198	314
Twitter	6,752	103
LinkedIn	2,838	33
Total Shared	24,788	450

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online. The questions developed were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 21 June until 21 August 2022.

The consultation page was viewed a total of 2,557 times by 1,025 visitors. This shows that most visitors viewed the page at least twice. The PNA document was added to the [Kent Public Health Observatory](#) due to its size and a link added the Let's talk Kent consultation page for people to access it.

Also available on the Let's Talk Kent consultation page were word versions of the questionnaire for both the public and professionals and the Equality Impact Assessment. In total these documents were downloaded 43 times.

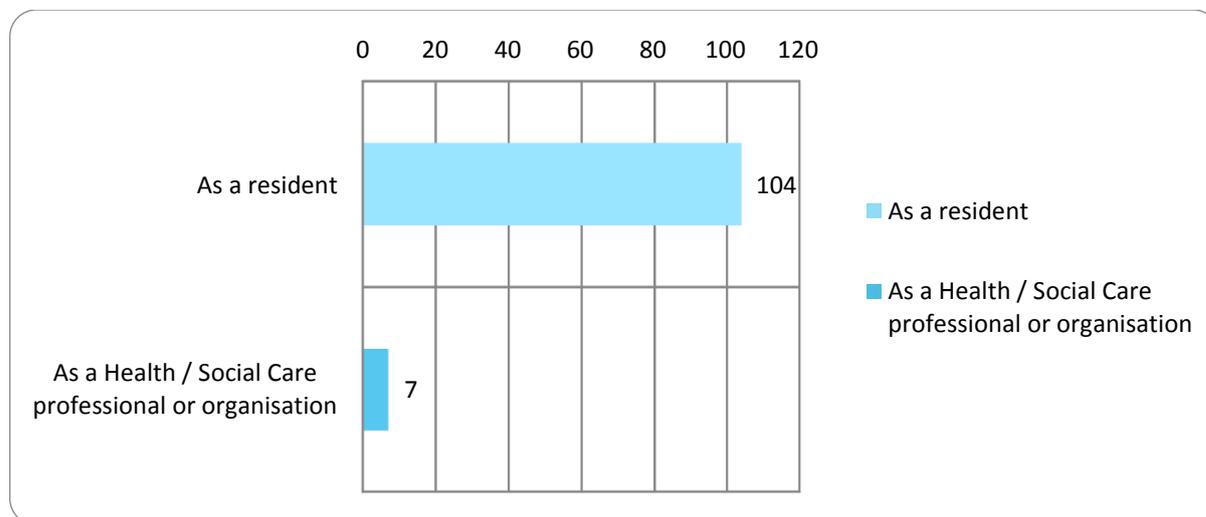
The consultation was open to both the public and organisations. The questions were the same for both with an additional question for the public as well as some optional demographic questions at the end.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

3. Responses

The consultation received 121 responses, including two hard copies which were entered into the electronic consultation questionnaire and six email responses. All responses have been considered in writing this report.

Respondents to the online questionnaire identified themselves as the following:

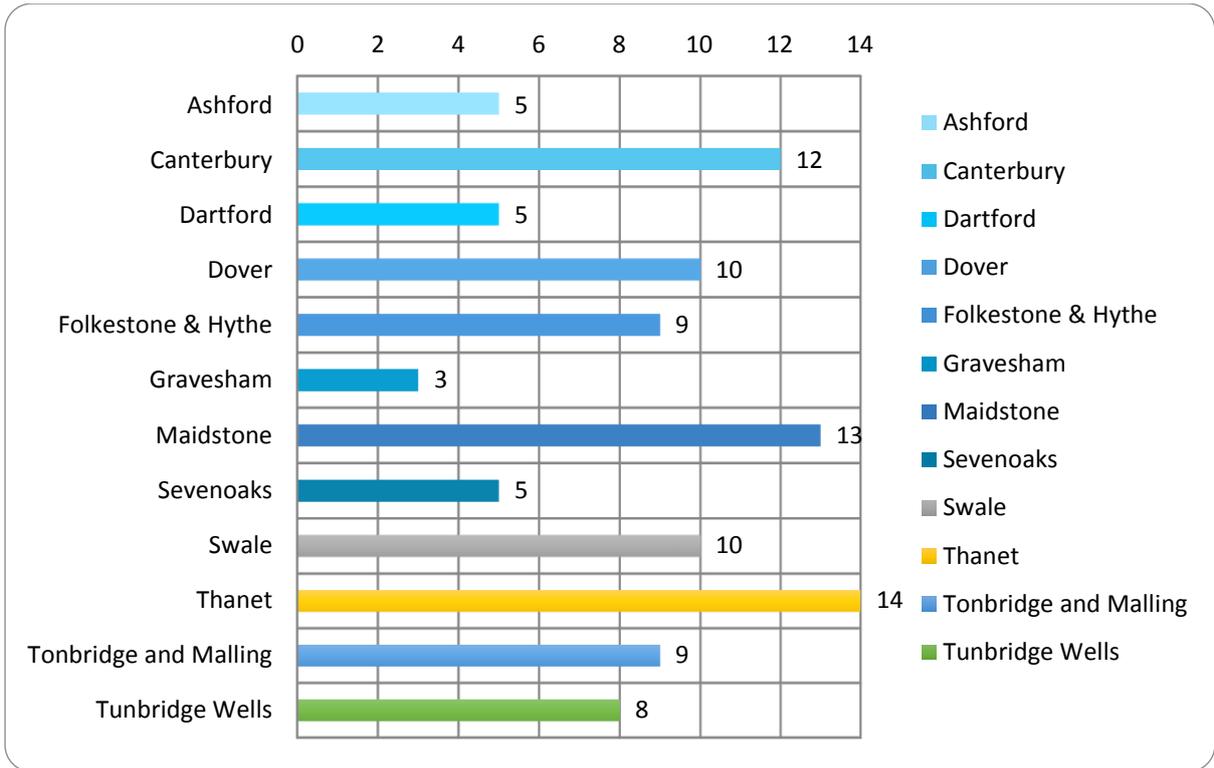


Responses were received from the following types of organisations:

- Local parish and district council e.g., Sevenoaks District Council
- Local private health service provider
- Kent County Council
- NHS England

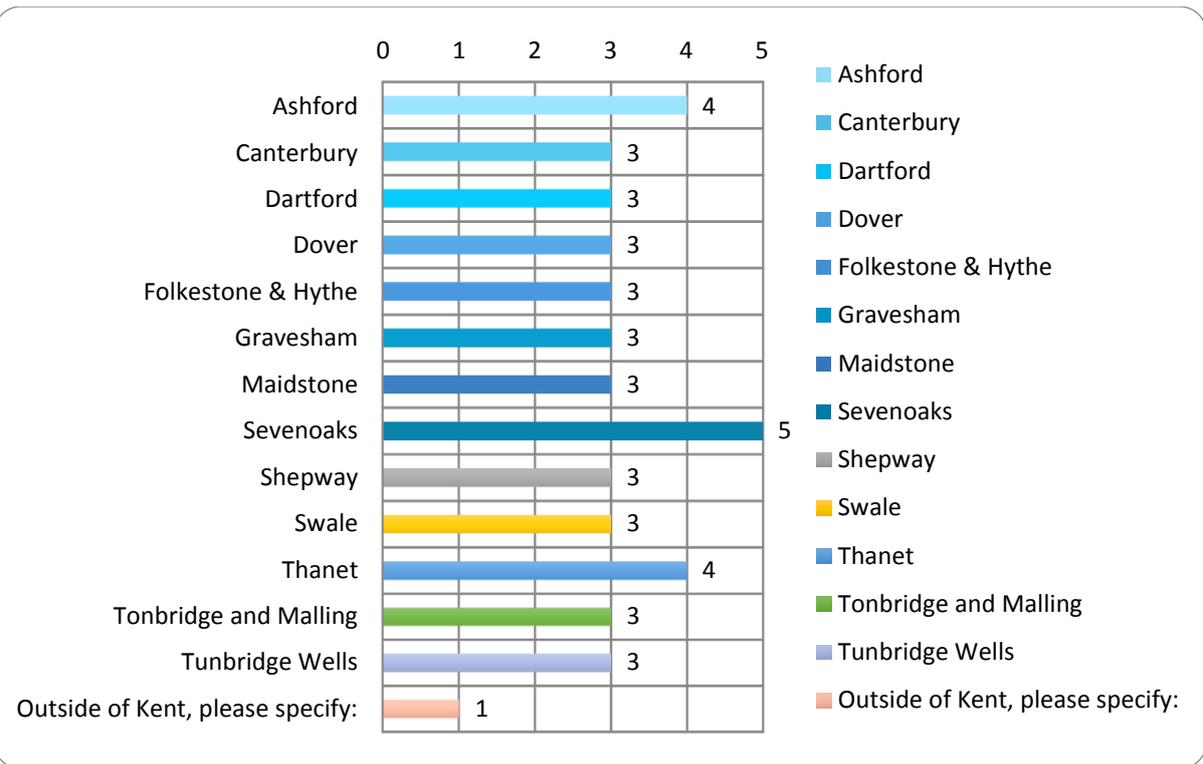
We asked respondents in the questionnaire to **'tell us which district/borough you live in.'** 103 responses were received, and they identified themselves as living in the following districts:

District/Borough	Number of responses
Ashford	5
Canterbury	12
Dartford	5
Dover	10
Folkestone & Hythe	9
Gravesham	3
Maidstone	13
Sevenoaks	5
Swale	5
Thanet	10
Tonbridge and Malling	14
Tunbridge Wells	9



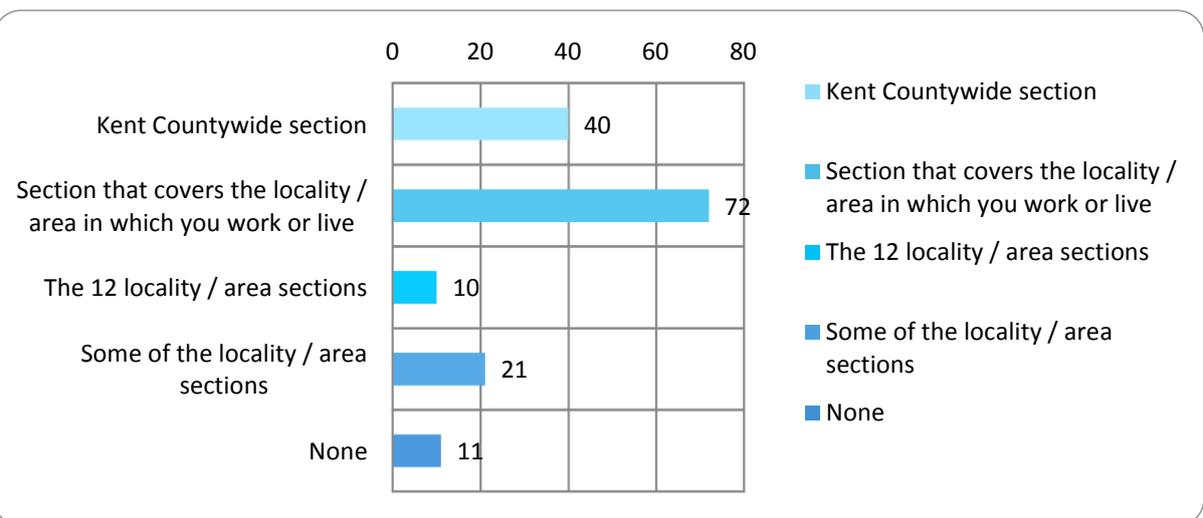
We asked respondents in the questionnaire to ‘tell us which locality you cover in your work.’ 44 responses were received, and they identified themselves as working in the following districts:

District/Borough	Number of responses
Ashford	4
Canterbury	3
Dartford	3
Dover	3
Folkestone & Hythe	3
Gravesham	3
Maidstone	3
Sevenoaks	5
Swale	3
Thanet	3
Tonbridge and Malling	4
Tunbridge Wells	3

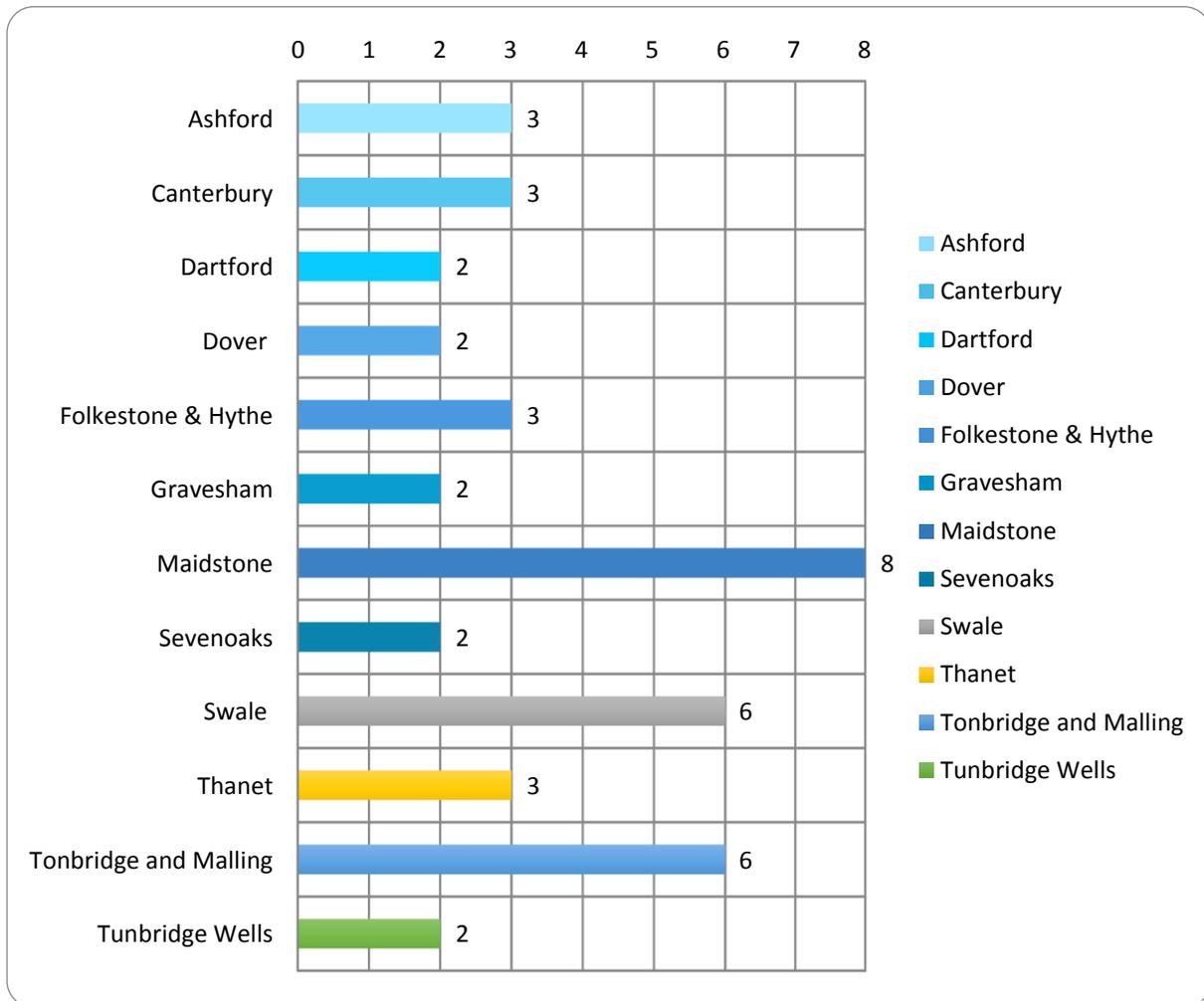


The person who responded as outside of Kent stated that they worked across the South East of England, as well as Hampshire, Dorset and Northampton.

We asked respondents to tell us ‘Which of the following sections of the PNA document have you read?’ The following sections of the PNA document were identified:



Of those that selected 'Some of the locality / area sections' we asked them to identify '**which of the locality / area sections you have read**'. The chart below shows the area sections that were identified:

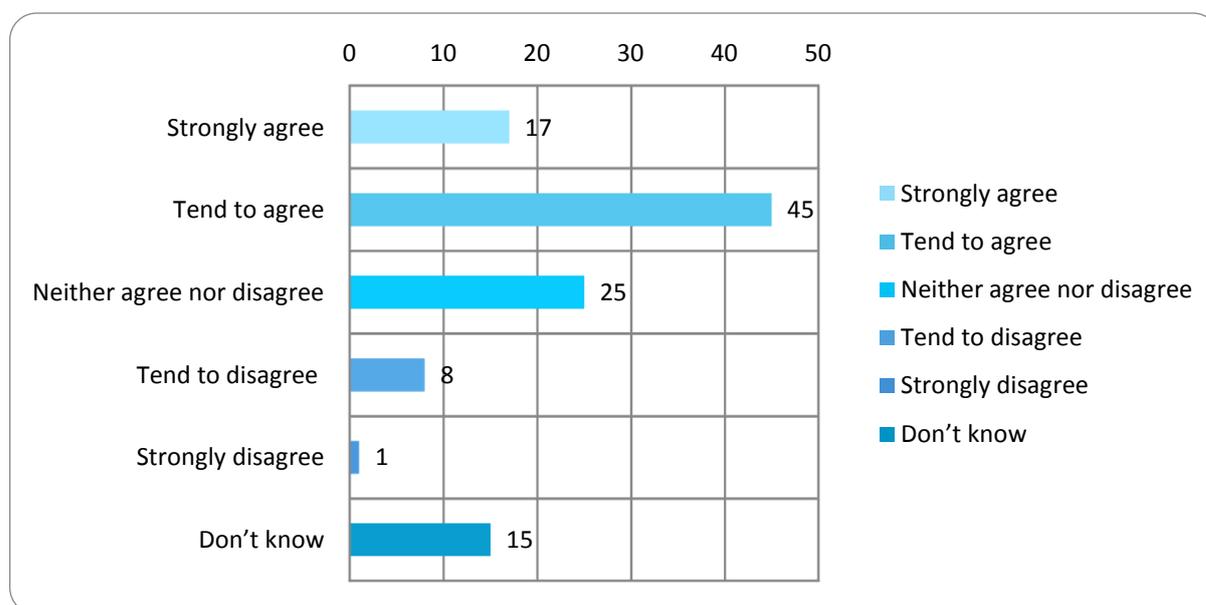


District/Borough	Number of responses
Ashford	3
Canterbury	3
Dartford	2
Dover	2
Folkestone & Hythe	3
Gravesham	2
Maidstone	8
Sevenoaks	2
Swale	6
Thanet	3
Tonbridge and Malling	6
Tunbridge Wells	2

4. Summary of questionnaire responses and Health and Wellbeing Board considerations

In asking 'To what extent do you agree or disagree that the information in the draft documents is a good reflection of the current pharmaceutical service provision within the locality(s) / area in which you work / live?

The PNA Steering Group were pleased to note 113 responses were received in response to this question. 62 agreed (tend or strongly) to the question and eight (disagreed) and one email response strongly disagreed. Three were not relevant to the question or within the remit of the consultation.



The PNA Steering Group was pleased to note the 52 comments from those who answered that they agreed (tend or strongly). Examples of the responses received are shown below:

- I found the report to be in-depth and comprehensive. The background populous reporting gave good insight into current and future needs. The latter being so important for future planning and pharmaceutical services to these areas
- The report is extremely detailed in challenges faced by local people, based on talking with friends and neighbours, being able to register with a GP and access a pharmacy
- Very clear analysis and metric data
- Because it appears to accurately reflect the situation
- all aspects and the section on Sevenoaks accurately reflects my experience of accessing health care facilities and the local

Sevenoaks District Council provided this comment:

- Based on the statistical data presented on the dispersal of pharmacies it is understandable that the conclusion has been drawn that the provision is adequate. However, I would argue that on the basis that we are seeing increases in population particularly in older-age demographics (more likely to place a demand on pharmacy services), who are less likely perhaps to be car drivers and more likely to be socially isolated. Sevenoaks exists in the top 50% of population per pharmacy in Kent and is above the England average. Therefore the addition of one pharmacy within area of Halstead would potentially add local value and better serve neighbouring areas of Knockhill, Badgers Mount and potentially Well Hill.

The PNA Steering Group has relooked at the data for the Halstead, Knockholt, Badgers Mount and Well Hill areas and has not altered the conclusion, that there is sufficient pharmaceutical provision now and in the lifetime of the PNA.

Sevenoaks Parish Council raised concerns that the PNA did not reflect the finding of Health Watch 2022. The PNA Steering Group note these comments but are unable to address them within the legislated remit of the PNA.

In response to the comment below regarding the survey of contractors, the PNA Steering Group acknowledges the disappointing response from appliance contractor and dispensing practices. The Board provides assurance that contractors were encouraged to respond by issuing reminders by email, telephone calls, newsletters, professional body communications. The dispensing doctors and pharmaceutical contractor had representation on the PNA Steering Group via the Local Pharmaceutical Committee and Local Medical Committee.

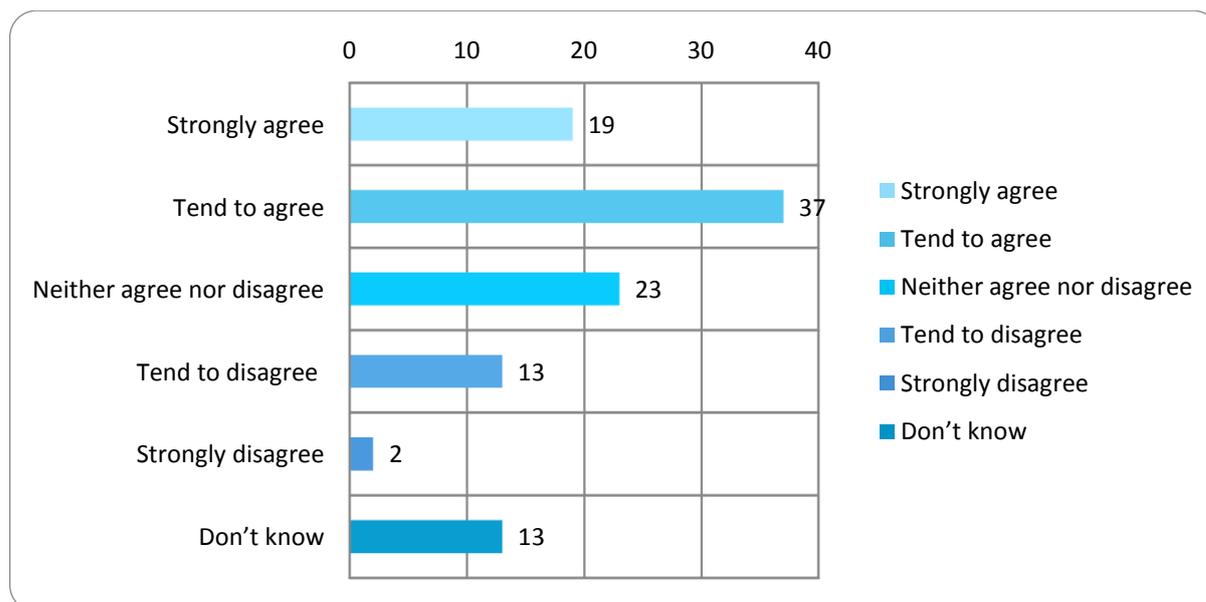
- I am concerned about the percentage of respondents from Pharmacies, Appliance Contractors and Dispensing GP Practices. The response rates were 69%, 0% and 16.7% respectively. How confident can you be that the results are totally reflective of the current situation? I would have thought that as the survey is compulsory, responses to the questionnaires that you send should be mandatory. Having said that, this is a very good piece of work but subject to the number of areas that chose not to respond.

In answering 'tend to disagree' seven respondents explained why they gave this reply. There were concerns that the information regarding housing developments and pharmacies closing is changing continually, thus making the assessment of pharmaceutical provision inaccurate. The PNA Steering Group acknowledge that data used in the PNA document is taken at a single point in time and that the situation is continually changing. The PNA document will be reviewed in totality in three years however if circumstances change substantially in a particular area in line with the Regulations, a needs assessment may be undertaken for that area.

The one response that strongly disagreed did so because of concerns regarding increase in population in the Staplehurst area and the poor performance of pharmaceutical services. The population data in the PNA document has been checked and for the lifetime of the document (3 years) is correct. It is acknowledged that future provision of pharmaceutical services must be carefully monitored in light of housing developments and transport infrastructure.

The question **‘To what extent do you agree or disagree that the information in the draft documents is a good reflection of the needs of the population in the locality(s) / area in which you work / live?’**

The PNA Steering Group were pleased to note 110 responses were received in response to this question. 56 agreed (tend or strongly) to the question and 15 disagreed. An email was also received which disagreed to this question.



59 comments were left in response to this question. Seven were not relevant to the question or within the remit of the consultation.

The PNA Steering Group was pleased to note the 40 comments from those who answered that they agreed (strongly or tend to). Here is a sample of the comments received:

- It explained the numbers and requirements needed by residents for pharmacies in detail
- Accurate reflection
- The details in the report are thorough and address ALL the health care issues associated with the modern lifestyle in an ageing population. It leaves no stone unturned!
- As stated the draft document gave in depth area by area information with some surprising results. It could therefore importantly reflect the needs of the population and project future needs.
- It appears to match my own observations and experiences.

In answering 'tend to disagree' three respondents explained why in their specific localities/areas greater details was required to encompass complexities of the locality/area. It was noted that Swale is a particularly complex area with many services provided by Medway. The Health and Wellbeing Board has worked and will continue to work with Medway when considering pharmaceutical needs of Kent. Thanet residents highlighted that this area has particular health needs. These have been considered when writing the PNA document.

Ten responses were received that neither agreed nor disagreed. These were general comments about the PNA document which are discussed later in this report.

We asked respondents to '**tell us if they had any comments on the PNA document**'. 29 responses were received of these eight were not relevant.

The eight responses received that were not relevant to the PNA document remit did make valid points. These comments have been noted and will be used anonymously to inform discussions in other forums to improve quality of pharmaceutical services and the general health of the population of Kent.

The 21 comments have been grouped into the following, format, content, concerns, and quality of pharmaceutical services.

Format

Six comments were received about the format of the draft PNA document, of which two comments were pleased with the format and three related to the difficulty in seeing the detail on the maps.

- A formatting issue is when you zoom in on the maps they lose definition & cannot be read but maybe this will be rectified in the final document?

This issue has been improved in the final word version and work continues to improve in the PDF version.

The following comment was received regarding ease of access:

- Easy to access even for someone with little computer ability

Content

Seven comments were received regarding the complexity and length of the draft PNA document. Four stating that it is too complex and lengthy and two stating that more detail was required. A suggestion was made in one comment that each area section should have a short summary.

The PNA Steering Group note that the length and complexity of the draft PNA document reflects the requirements of the Regulations, and the detailed information is required by NHS England to make determinations on applications for opening or closing of pharmacies. Consideration was given to providing a summary for each area section of the PNA document, the conclusion for each area section provides a synopsis of the information used to reach the conclusion.

Clarity was sort as to the identity of pharmacies in a table on pages 257/58. This was provided and the said table amended in the final version of the PNA document.

The following comment was received:

- The pressures on hospital and GP services is increasing. The government appears to have recognised that there has to be a move to treat/manage/prevent illness in the community which will place an increasing load on pharmacies and health centres. It was not clear to me if this had been fully recognised in the PNA document.

The PNA Steering Group note that the increasing demand on pharmacies was considered when writing the draft PNA document, but it acknowledged that this is not clearly identified.

The following comment was received regarding locally commissioned services, which fall outside the remit of the PNA.

- For the more marginal services – e.g., screenings, giving up smoking advice etc - I would have liked to have seen details of the number of people using those services and something to indicate the effectiveness - e.g. how many people gave up smoking afterwards, or had a screening that led to a diagnosis of the condition for which they were screened. etc.

The locally commissioned pharmaceutical services are not with in the remit of the PNA process. These services are being reviewed currently by KCC Public Health Team.

Concerns

Population

Three comments raised concerns regarding the growing population of Kent and the need for pharmaceutical services. The PNA Steering Group acknowledge that the PNA document has considered the known proposed housing developments, at this moment in time, when considering the future pharmaceutical needs over the next three years. It is noted that this situation can alter and there is the option over the next three years to review particular areas should the needs arise.

Access to pharmaceutical Services

Three comments were received regarding access to pharmaceutical services.

One related to the provision of an out of hours pharmacy at an acute trust. This is not within the remit of the PNA but has been forwarded to the relevant acute trust chief pharmacist.

A second raised concerns that pharmacies were closing for lunch breaks. This was legally permitted under the pandemic regulations but should not be the case now.

The third raised concerns about the imminent permanent closure of a local pharmacy, however on checking, NHS England have not yet received a closure application from the said pharmacy.

'If you are responding as a resident, do you have any other comments specifically about any of the following:

- **accessing either a pharmacy or dispensing doctor's surgery to obtain your prescribed medicines**
- **the advice given by the pharmacy or dispensing doctor's surgery around the safe and effective use of these medicines any general health advice offered to help you keep yourself well.'**

77 responses were received, 18 of these were not relevant to the PNA process or consultation.

Access

Eight responses were received regarding access to pharmaceutical services. These included concerns regarding reducing bus services, this is an area that the Health and Wellbeing Board will consider when asked to comment on applications for opening, closing or relocation of pharmacies.

The responses also raised the importance of delivery services from both dispensing doctors and community pharmacies to those with mobility problems. Although this is not within the remit of the PNA, it is acknowledged that this is an important issue.

Responses also raised the issue of short-term closures of pharmacies, due to staff sickness or staffing capacity. One respondent suggested that a poster is displayed on the door when closed to say where the nearest open pharmacy is. It is noted that legislation during the pandemic permitted short term closures. This is now no longer in place. It also noted that national guidance regarding unforeseen short-term closure does include the posting of alternative pharmacies location and opening hours. This guidance was resent to pharmacist by Pharmaceutical Services Negotiating Committee (PSNC) on the 4 August 2022.

10 responses were about the increased demand on their pharmacy which has resulted in long queues and increased waiting times. This is a national issue due to increased service provision and a reduced number of pharmacists working in community pharmacy. At present high-level discussions are taking place to find solutions for this.

Prescribing and dispensing system

10 responses made comment on the prescribing and supply system for medicines.

A mixture of comments was received about the NHS App and electronic ordering repeat medication systems with equal numbers praising it and those stating how poor it is.

- We use the NHS app for ordering repeat prescriptions. The system works very well. Prescriptions can always be collected from the pharmacy the next day. One-off prescriptions are often ready the same day.

Comments relating to the prescribing and dispensing process also raised the issue the length of time between requesting a prescription, it being written and then dispensed. As was the lack of supplies in pharmacies which resulted in repeat visits.

Dispensing Doctors

There were three responses received which were specific to dispensing doctors; two of which asked the question why there are pharmacies near dispensing practices. This is an historic anomaly of legislation. General doctors' practices are permitted to dispense to patients who live greater than 1.6km from a pharmacy. It is the patient's choice as to where they have their medication dispensed.

Quality of Pharmaceutical Advice

Seven responses were received regarding poor quality of pharmaceutical advice or services provided, each of these related to a specific pharmacy. Quality of pharmaceutical services is not within the remit of the PNA process. Concerns regarding quality of pharmaceutical services should be referred to NHS England.

14 responses related to good provision of pharmaceutical advice; stating that the manner in which the advice was given was personable and professional.

The Kent and Medway Integrated Care Board (ICB) have recently initiated a programme of work focused on integrating community pharmacy clinical services into the wider NHS. The aim of this work is to improve patient experience, support health inequalities, improve accessibility and support reduction of pressure in the existing system.

5. Equality analysis

This section of the report details the demographics of the respondents to the consultation, the prevalence of those people with protected characteristics or caring responsibilities. These questions were optional for respondents to answer and were only asked to those in who completed the questionnaire as a resident. A total of 24 respondents provided answers to these questions.

The tables and statements below show the demographic profile of Kent residents responding to the consultation.

Question: Are you male or female?

	Consultation Total
Male	10
Female	13
Prefer not to say / blank	1

Question: Is your gender the same as your birth?

23 respondents answered this question, of which 22 stated that they were the same gender and one preferred not to answer the question.

Question: Which of these age groups applies to you?

	Consultation Total
35-49	1
50-59	3
60-64	2
65-74	12
75-84	5
Prefer not to say / blank	1

There were no respondents within the age range of 16 to 34.

Question: Do you regard yourself as belonging to a particular religion or holding a belief?

	Consultation Total
Yes	11
No	8
Prefer not to say / blank	5

Of those that said that answered yes, all stated that they were Christian.

Question: Do you consider yourself to be disabled as set out in the Equality Act 2010?

Of the 24 that responded five stated they considered themselves as having a disability. Three stated that they have a physical impairment and three that they have a longstanding illness or health condition. For this question respondents were able to select all that applied to them.

Question: Are you a Carer?

The consultation asked if respondents are Carers i.e., those that care unpaid for family and friends with illness. Of the 24 respondents, six stated that they were a Carer.

Question: Are you bisexual, gay man, heterosexual/straight or prefer not to say?

24 respondents answered the question asking about their sexual orientation, of which 20 stated they were heterosexual/straight and four preferred not to answer the question.

Question: To which of these ethnic groups do you feel you belong?

	Consultation Total
White English	19
Mixed White & Black African	1
White other background	2
Prefer not to say / blank	2

Of the two that stated, 'White other', one stated they were white European and the other stated white Anglo German.

We then asked respondents a question on the Equality Impact Assessment (EqIA) that was created for the consultation: **'We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity, please add any comments.'**

26 comments were received in total. Seven agreed with Equality Impact Assessment with one stating that it was 'Absolutely first-rate analysis'. Six stated the EqIA was a waste of time and resource and 12 comments raised points to be consider.

Comments were received regarding elderly; young and disabled persons being disadvantaged with access to pharmaceutical services. The PNA Steering Group acknowledge these comments. They note that data regarding many different demographics including ages, disabilities and disease states is included in the PNA document and due regard has been taken of this information when coming to the conclusions.

The needs of the elderly and disabled are carefully considered when applications for relocation or new pharmacies are considered. Often site visits are taken by the public health pharmaceutical advisor to view access for the elderly, disabled persons and parents with push chairs. These visits include looking at pavement surfaces, positions of bollards, car parking, bus routes, road crossings and talking to those who live locally.

This comment:

- 20 minutes ought to be a lesser distance in calculation for SENIORS (over 65s.) and if considered to be 40-minute walk RETURN this would be substantial exertion for those with mobility issues and over age70s.

This comment was noted and will be carefully considered when future applications are received.

The PNA Steering Group noted that comments raised the need to consider delivery services particularly for residents of rural areas. It is noted that provision of delivery services is not part of the PNA, but it is a topic that is being discussed both locally and nationally. It also acknowledged that distance selling pharmacies provide an alternative means of obtaining medicines and provide a delivery service.

A comment raised the need for extended opening hours. The PNA Steering Group note that the PNA document considers the provision of extended and weekend opening hours in each area.

The PNA Steering Group noted that concerns were raised about the possibility of digitally excluding people from services.

The following comment made valid points:

- The Equality Impact Assessment appears to lack any possible issues that may be experienced by different protected groups & following mitigations, just saying 'No' to the questions seems to lack due thought & analysis. For example, disabled people, particularly with multi morbidity & the elderly are much more likely to have difficulty accessing pharmacies personally for prescriptions but mitigations such as delivery of prescriptions is a useful counter. Not to identify any appears very poor. Similarly, where distance in rural areas is an issue, problems can become magnified. I can't believe that there are no issues for any of the protected characteristics and suggest a further look at this area is undertaken.

The PNA Steering Group acknowledge these points and have amended the EQIA. It notes that:

- in determining the present and future pharmaceutical requirements of Kent residents' data on age, disease, car ownership, transport etc were considered in depth for each area.
- the emergence of distance selling pharmacies provides an alternative for those that require a medicines delivery service to their homes.
- each pharmacy has a legal duty to make provision for access by disabled persons
- the need for funded medicines services is being discussed both locally and nationally.

The responses to the questions about religious belief, disability, carers, sexual orientation and ethnicity were reviewed to ensure responses were received from a fair representation of Kents population.

6. Summary conclusions

The PNA Steering Group is pleased to note that the overall response to the consultation has been positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision have been missed and the main conclusions are agreed with.

The amended PNA will be reviewed and adopted by the Health and Wellbeing Board on the 16 September 2022 and published by the 1 October 2022 on the Kent Public Health Observatory website.

7. Amendments

The following amendments have been made to the pharmaceutical needs assessment document:

- Page 257/258 names of pharmacies added to table.
- Page 122 – replaced housing development map
- Page 126 – replaced Canterbury population density map
- Page 201 – replaced F&H population density map
- Page 202 – replaced F&H deprivation map
- Page 270 – changed figures for Staplehurst housing developments