

<b>Comments received from professionals during the consultation for the Kent Pharmaceutical Needs Assessment 2018</b>			
<b>Comments have been cut and pasted directly from the responses as written without amending for spelling or grammar. Names and addresses have been removed to anonymise the information for general publication.</b>			
<b>Q4a current provision of services</b>	<b>Comments by responders</b>	<b>Type of comment</b>	<b>Response by PNA steering group</b>
Health care professional	All provisions are adequate or good, which is great to read. It's a shame that all services provided are not recorded in the PNA as it would be good to see which Pharmacies are providing which services to the public so we could see what service is needed.	Services	Local pharmaceutical services are not part of the PNA. However we are planning to list them alongside the PNA for completeness.
A neighbouring Health and Wellbeing Board	There is a clear summary of overall provision. There is a very good explanation of controlled localities and rural deprivation. The document acknowledges that the maps need updating. The document recognises the importance of 100 hour pharmacy provision n.b. the 100 hour pharmacies appear in the legend but do not appear on the Kent wide map.	Positive	Lack of completeness of legend had already been noted and changed
A local dispensing doctor's practice	The current pharmacy provision for the population in our local practice area is meeting local need. The 3 practices in the *****area provide efficient and effective dispensing services as identified in CQC reports and patient feedback.	Positive	Thank you for your feedback
A local Clinical Commissioning Group	From analysis is adequate pharmaceutical provision in Dartford Gravesham and Swanley area, which neighbours NHS Bexley CCG	Positive	Thank you for your feedback

A local Clinical Commissioning Group	The comment: "Therefore pharmaceutical services are mainly good across the area from Mondays to Fridays and we do not need any more providers in the area except 1) There will be a need for pharmaceutical services in the Leybourne Chase development and in the Peters Village development, within the life of this PNA. 2) Services are poor within the smaller villages on Saturdays and all villages on Sundays. 3) Much of the current and proposed development in the area will result in the landscape changing from rural to urban. This may have an effect on current provision in these areas. 4) Future developments in Paddock Wood and Fort Halstead need to be reviewed regularly" I tend to agree with the statement made above. With respect to point 3, we have to be particularly mindful of the current medical and pharmaceutical service provided by the local practices and the impact on their financial viability in the introduction of a new community pharmacy. This would leave patients in a vulnerable position trying to register with a practice which could be a fair distance from their home. Some patients will be housebound hence making them more vulnerable and possibly leaving them without a GP.	Access	Affect on current providers already stated in PNA. The PNA is not directed to assess the viability of any pharmaceutical services. There is no mention of closure of any pharmaceutical services within the PNA.
A local dispensing doctor's practice	I have read the document and looked at the information regarding the area in which I practice, and believe it to be accurate.	Positive	Thank you for your feedback
A local dispensing doctor's practice	In the covering document it highlights that there is a good level of pharmaceutical services in our area with a high proportion of dispensing doctors and community pharmacies. Page 12 in the PNA for Kent document lists Essential Services provided by community pharmacies. However, these are also all provided by *****: Dispensing of medicines and appliances Repeat dispensing Waste management Public health campaigns Signposting Support for self-care Clinical governance Delivery services We annually participate in the DSQS and undertake Medicines Reviews for at least 10% of our dispensing patients. Most of the local community pharmacies will also, upon request, deliver to our patients	Quality & performance	The PNA does not assess either the quality or the performance of any pharmaceutical providers and is not directed to take this into account when assessing ACCESS to services. This is the responsibility of the relevant organisation which manages/oversees these contracts.
A local district or borough council	Whilst the reflection of current provision seems to be accurate from my current knowledge, I do not have detailed enough knowledge of the finer details of provision to be able to respond with authority.	Positive	
<b>Q 5a Current needs of patients</b>			
<b>Q 5a Current needs of patients</b>	<b>Comments by responders</b>	<b>Type of comment</b>	<b>Response by PNA steering group</b>
Health care professional	It confirms it is adequate and good in comparison of how the population are.	Positive	Thank you for your feedback
A neighbouring Health and Wellbeing Board	As commented by the Members there needs to be further information from the consultation about how the needs of hard to each groups will be met. How will a representative sample of the population be obtained by the consultation?	Query	Check and amend in the EqIA
A local Clinical Commissioning Group	Your analysis seems to reflect the needs of your population and the new developments in the area	Positive	Thank you for your feedback
A local Clinical Commissioning Group	As Q4a	Access	As Q4a

A local dispensing doctor's practice	Whilst I agree that providing pharmaceutical services for the rapidly increasing population south of Maidstone along the Sutton Road corridor needs to be born in mind, the development of any new pharmacy within the practice areas of *****would have grave implications for the viability of both practices. Dispensing income in both cases provides the vast majority of profit, and neither practice would be viable without this. Regrettably our only possible response if this were to happen would be to close our practice or hand in our notice to the CCG, potentially leaving 6000 patients without a GP, at a time when GP recruitment is known to be difficult or impossible. This sounds drastic but is a matter of fact. I hope that this can be born in mind when considering the local population needs. Indeed the whole purpose of the Doctors Dispensing Scheme is to allow rural practices to be viable, and this must be born in mind when any future changes in pharmacy provision are made.	Viability	Changes to rural areas are assessed by rurality review not PNA. The PNA is not directed to assess the viability of any pharmaceutical services. There is no mention of closure of any pharmaceutical services within the PNA.
A local dispensing doctor's practice	There are sufficient pharmaceutical services available from Monday to Friday, provided by both dispensing doctors and community pharmacies in our area. This practice has never received a patient complaint regarding lack of provision or at weekends. However, we understand that needs do change. We regularly audit the service we provide and we are currently looking at extended hours and external collection points for those patients who commute or who cannot visit the practice during the week (Pharmaself 24). From previous audits, we identified that, due to the rural locality of some of our patients, some would benefit from a delivery service. This has been in place for over 3 years and has been very successful, having received 100% satisfaction in our latest patient survey. This service includes the use of an appliance contractor to deliver dressings and appliances to non-dispensing patients. This has significantly reduced the number of wasted visits by our district nurses. In addition, we make prescribing savings by only supplying the number of dressings that are required, and by monitoring requests. We robustly believe that the pharmaceutical services in our locality are at least adequate and there is no rationale to identify need for additional pharmaceutical services.	Quality & performance	The PNA does not assess either the quality or the performance of any pharmaceutical providers and is not directed to take this into account when assessing ACCESS to services. This is the responsibility of the relevant organisation which manages/oversees these contracts.
A local district or borough council	The population growth reflects the current areas of growth in the borough, most notably Finberry (Weald East) and Tenterden (Tenterden South) and Repton (Godinton) wards.	Positive	Data came from this council.
<b>Q6 any other comments</b>	<b>Comments by responders</b>	<b>Type of comment</b>	<b>Response by PNA steering group</b>
A local Clinical Commissioning Group	CCG commissioned services listed separately	Services	Local CCG services are not part of the PNA. However we are planning to list them alongside the PNA so will amend where necessary.

A neighbouring Health and Wellbeing Board	<p>The comment on P.9 para 3 about care homes may need rewording. This is a very general statement.</p> <p>Whilst care homes will receive deliveries from contractors, they do need regular medicines management advice from local pharmacies. They also are in receipt of interim prescriptions on a regular basis.</p>	Access	Most of the Care Homes in Kent have a contract with a multiple national provider. All advice is part of this contract.
A local dispensing doctor's practice	<p>These comments are put forward by **** at ****.The *** is a dispensing practice in a rural area and we have 3550 patients registered with us , dispensing to 1800 patients. We are members of The Dispensing Doctors Association and achieve the targets necessary for the Dispensing Services Quality Scheme for NHS West Kent CCG. We strive to maintain high quality dispensing services with standard operating procedures to ensure safe and responsive practice.The practice has robust procedures to monitor any dispensing errors or failures in service and respond to these as an organisation to improve procedures and patient safety. This was recognised by the CQC inspection undertaken at the practice in December 2017 and mentioned in the CQC report. The rating for all parameters in the CQC report was good.Quote from CQC report: named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Dispensing stock checks were conducted every three months ".Close professional relationships are maintained with our neighbouring practices, ***** . Regular meetings are held between these practices to share best practice and learning from significant events, including dispensing subjects. In total these 3 practices provide services for around 9,500 patients. I agree with my colleagues who have commented that any threat to dispensing services provided by these practices would have grave consequences for the viability and sustainability of their business models and thus could threaten both the pharmaceutical services and also the general practice services to this population.</p> <p>We strongly believe that there is no unmet pharmaceutical need in our area currently and that future need can be met using current pharmaceutical services and services from the dispensing practices.</p>	Quality & performance	The PNA is not directed to assess the viability of any pharmaceutical services. There is no mention of closure of any pharmaceutical services within the PNA. The PNA does not assess either the quality or the performance of any pharmaceutical providers and is not directed to take this into account when assessing ACCESS to services. This is the responsibility of the relevant organisation which manages/oversees these contracts.

A local Clinical Commissioning Group	We feel the current provision of pharmaceutical services is good and covers the pharmaceutical needs of the population in West Kent. The provision of '100 hour' pharmacies needs to be maintained and may need to be expanded in some areas in West Kent i.e. opening on Sundays and evenings . The dispensing practices in rural/ controlled need to be preserved as the introduction of a news community pharmacy in the rural area particular the Weald area is likely to destabilise the medical services / practices in the area. Any application must demonstrate that it can improve on the availability of services across the specific area without destabilising the current providers.	Access	The PNA is not directed to assess the viability of any pharmaceutical services. There is no mention of closure of any pharmaceutical services within the PNA
A local dispensing doctor's practice	This document has been completed by****senior GP at ****. We are a dispensing medical practice and have a practice population of 3600 patients. We are classed as a rural general practice and have highly satisfactory quality of outcomes from CQC (Care Quality Commission) as well as patient survey and results. We are members of The Dispensing Doctors Association and also take part in Dispensing Services Quality Scheme for NHS West Kent CCG. We strongly believe that upon completion of this questionnaire we agree that there is no existing unmet need for pharmaceutical services in the area or any future unmet need over and above the dispensing services we offer from our local practice. We would also like to underpin this statement by supporting the two other local dispensing practices in our local area of ****and *****who both dispense to local patients. The total number of patients registered at the three practices is between 9-10,000 patients. For purposes of clarity and demonstration of intent, we have listed and documented objective evidence to support our dispensing services. We would like to confidently state that dispensing services at our practice are of the highest quality and we pride ourselves on excellent customer services, safe prescribing and dispensing and quality assurance. We would also like to extend this belief to the two local practices stated previously as the senior GP completing the questionnaire document has worked extensively in both environments and in a position to report confidently. We have discussed in detail the consultation and pharmaceutical needs assessment both with the Local Medical Council as well as the Dispensing Doctors Association Board. We do believe that any threat to dispensing accreditation and abilities at our practice, as well as those of our neighbouring practices, would define grave consequences for viability and sustainability of the business models. Thus this would directly threaten the ability to service and provide primary care services and medical cover for 3600 local patients as well as globally up to 10,000 patients in the locality. This undoubtedly signals as significant concern for general practice services in the area should dispensing abilities become compromised. In august 2017 we undertook our first CQC inspection at the practice. We achieved a standard of 'Outstanding' across the domains due to practice quality. The inspection team comprised of a chief	Quality & performance	The PNA is not directed to assess the viability of any pharmaceutical services. There is no mention of closure of any pharmaceutical services within the PNA. The PNA does not assess either the quality or the performance of any pharmaceutical providers and is not directed to take this into account when assessing ACCESS to services. This is the responsibility of the relevant organisation which manages/oversees these contracts.

A local dispensing doctor's practice	We have a robust Repeat Prescribing Protocol to monitor patients' medication and use regularly. This protocol has been highlighted by the West Kent Clinical Commissioning Group as being a model standard. This has been adapted and implemented by other practices. Our latest Care Quality Commission report rated this practice as Good in all areas and highlighted some areas of excellence. In particular, our management and monitoring of significant events was praised. We have a very low rate of dispensing errors, due to highly trained, qualified and effective team and individuals. We regularly review our staffing levels with workload and patient list size to ensure that we have sufficient staff to maintain a safe and efficient service. Dispensary regularly monitors elderly and vulnerable patients in conjunction with our volunteer delivery drivers, e.g. living conditions, general health and well-being, and any concerns are reported to our GPs, District Nurses and/or Health & Social Care Co-ordinator.	Quality & performance	The PNA does not assess either the quality or the performance of any pharmaceutical providers and is not directed to take this into account when assessing ACCESS to services. This is the responsibility of the relevant organisation which manages/oversees these contracts.
A local district or borough council	Good morning There is great concern about the number of new build with the lack of services for medicines dispensing in and around leybourne west malling and wider area as the local chemist cannot process or dispense in a reasonable time due to excess demand or lack of stock requiring multiple visits. When an application and consequent appeal we were told there was enough capacity this is not the case and some review is necessary. I do hope this is helpful	Access	This area is currently rural. Rurality review already ongoing

A local district or borough council	<p>The Council welcomes the focus on future housing developments to project future need. These developments are highlighted within the emerging Local Plan and those developments which are either already underway or have outline planning permission. Chilmington Green is the largest housing development in the borough with 5,750 homes expected to be completed over a period of about 20 years. House building will start on site in 2018 with first occupations in 2019. The council is working with the lead developer, Hodson Developments to set up a community management organisation which will adopt and own all community assets (excluding schools and highways). This portfolio of assets includes a community hub to be built and open by the occupation of 1800 homes which will include an eight GP practice (or equivalent). The council is working with many partners (through a working group) to bring forward this facility which will be located at the heart of the district centre. The Group includes, the Ashford CCG and KCC (including Public Health). Clearly, given the Hub will not be open for five-eight years, there is a need for early services on site to provide for the community and/or signposting to existing facilities which have the capacity to support new residents. Early provision is also being discussed and could consider early pharmacy provision too. Given the central location of the community hub and the opportunities this provides to deliver a range of services and facilities from one central location, the council and its partners would welcome a discussion to look at possible sites for a a pharmacy within the district centre and agree the best location given the uniqueness and high quality approach which is being applied to Chilmington Green. A discussion about the type of pharmacy which could be provided at Chilmington and its associated opening hours would be helpful. The opportunity to have other service provisions from a pharmacy in Chilmington Green (potentially in partnership with the GP surgery) such as public health services, non NHS and private services and the chance to create a Healthy Living Pharmacy would be welcome. The council would welcome further information on the provision of a pharmacy at Repton, given there is land set aside for health service provision.</p>	Access	Already identified in PNA. PNA will be amended if appropriate
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<p>Lay member of PHE HLP task Group. Personal response as this is my home county</p>	<p>1.) There is scant reference to the need for Pharmacy to engage with Parish Councils in respect of their Neighbourhood Plan which after local referendum becomes part of the LA plan. The Pharmacy is an infrastructure on register of asset like the Post Office, School, Library etc The adoption of a neighbourhood plan delineates the area for future house building.etc. 2.) Some of the documents refer to a five year projection while others take a longer term view. This is complementary to the Neighbourhood Plan. 3.) In view of the proposals to take some items out of the prescription list in favour of OTC advice and recommended purchase, these should be the same in all CCG's (there may be areas where discretion to provide additional items could be argued for) The recognition (it is shameful that 75 since Beverage we are still discussing one of his "Five Giants" that poor Health and deprivation go hand in hand will not be helped for instance for someone on benefits. Removal of a "Free" medication is a direct loss to their available income for rent, heating diet etc. The Cabinet Papers   1940's Origins of the Welfare State 4.)The progress to HLP accreditation is slowed by multiple commissioners excluding or having different service provision. Policy is to accelerate this with provision of all Framework Services. Minor Ailment P&amp; GSL medication. 5.) I either missed or there is little mention of proactive patient /practice engagement – the main plank of HLP Level 2,- This could be done through PPG awareness meetings or presentation to local voluntary sector organisations, or Newsletter. How is "One You" to be implemented? 6.) One of the biggest difficulties in achieving HLP Accreditation I see is the lack of floor space in many Rural Pharmacies and the difficulty of maintaining a viable business as foot fall decreases I see no proposals to help such businesses. 7.) There are paragraphs that are repeated in each CCG statement with more or less the same meaning..Care Homes for instance sure it is only necessary to show a variation from the overarching document. 8.) I did not find any reference to Gypsies and Travellers or foreign language services for ethnic communities.9.) There are recommendations in each CCG statement. I feel there should be priorities set for the next PNA period and a statement on those set in the previous PNA10.) I hear there are proposals to withdraw on line repeats due to over ordering</p>	<p>Multiple comments</p>	<p>Many of the comments made by this responder are important and relevant but are separate from the purpose of the PNA where the remit is "Can patients actually access in Kent, the pharmaceutical services defined in the regulations. The Steering Group thanks the responder for their very detailed feedback which they will consider individually, discuss with the responder if necessary and refer onto the relevant organisation. Changes to PNA will be made where appropriate</p>
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Q7 EqlA	Comments by responders	Type of comment	Response by PNA steering group
A neighbouring Health and Wellbeing Board	As commented by the Members there needs to be further information from the consultation about how the needs of hard to each groups will be met. How will a representative sample of the population be obtained by the consultation?	Query	Check and amend in the EqlA
A local dispensing doctor's practice	Please see comments listed in question 6 reply with reference to impact on patients and staff with any threat to dispensing at the surgery	Re dispensing services	The PNA is not directed to assess the viability of any pharmaceutical services. There is no mention of closure of any pharmaceutical services within the PNA
A local dispensing doctor's practice	Only what I have said in Q5a, qualified further by the fact that our patients are extremely satisfied with the service that hey are getting at present, with both ***** scoring repeatedly amongst the highest in the country in the National GP Survey. Dispensing contributes significantly to the high levels of satisfaction.	Performance & Quality	The PNA does not assess either the quality or the performance of any pharmaceutical providers and is not directed to take this into account when assessing ACCESS to services. This is the responsibility of the relevant organisation which manages/oversees these contracts.
Lay member of PHE HLP task Group. Personal response as this is my home county	I did not find any reference to Gypsies and Travellers or foreign language services for ethnic communities.	EqlA	Check and amend in the EqlA