

Pharmaceutical Needs Assessment

Consultation Feedback & Response

Appendix H

Consultation Feedback & Outcome

1. Accuracy

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

Organisation	Suggested Inaccuracy	PNA Steering Group Decision	PNA Amended?
Pelican Healthcare Ltd NW9 5XY	<ul style="list-style-type: none"> ▪ We offer Stoma Appliance Customisation and Appliance Use Reviews 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the DAC had been included in the relevant sections of the draft PNA for the Stoma Appliance Customisation Service and Appliance Use reviews, but was inadvertently omitted from Appendix F ▪ It was agreed that Appendix F should be updated to address this 	Yes
Cullimore Chemist HA8 8SX	<ul style="list-style-type: none"> ▪ NHS England have been advised that the pharmacy wishes to change its opening hours with immediate effect: <ul style="list-style-type: none"> ○ Mon - Fri: 09:00 - 18:00 ○ Saturday: 09:00 - 13:00 ○ Sunday: 10:00 - 14:00 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the draft PNA was based on weekday opening of 09:00 – 18:00; closed on Saturday; 10:00 – 13:00 on Sundays ▪ The following amendments were agreed: <ul style="list-style-type: none"> ○ The tables, maps and text will be updated to reflect the fact that the pharmacy now opens on a Saturday ○ The text will be updated to reflect longer opening hours on a Sunday ○ Appendix E will be updated to reflect the revised pharmacy opening hours 	Yes
Parry Jones Pharmacy EN5 5UR	<ul style="list-style-type: none"> ▪ Stop Smoking Services are provided 	<ul style="list-style-type: none"> ▪ Barnet Commissioners have confirmed that this pharmacy has been commissioned to provide the service ▪ The tables, maps, text and Appendix F will be updated to reflect this change 	Yes
Boots UK	<ul style="list-style-type: none"> ▪ Boots (Whetstone) N20 9HJ closes at 6:30pm Mon-Fri, not 7pm as listed 	<ul style="list-style-type: none"> ▪ Appendix E shows that the pharmacy closes at 18:30 ▪ No changes are required 	No
Boots UK	<ul style="list-style-type: none"> ▪ Boots N20 9HS and Boots NW7 3LH do not provide needle exchange service 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that Boots N20 9HS was included on the original list, provided by Barnet, of pharmacies which had been commissioned to provide the service; and Boots NW7 3LH had stated in the community pharmacy questionnaire that they provided the service ▪ Barnet commissioners have subsequently confirmed that neither pharmacy offers the service ▪ The tables, map, text and Appendix F will be updated 	Yes
Boots UK	<ul style="list-style-type: none"> ▪ Boots N12 9QR does provide the London Pharmacy Vaccination Service 	<ul style="list-style-type: none"> ▪ Appendix F shows that this pharmacy does provide the service ▪ No changes are required 	No

Organisation	Suggested Inaccuracy	PNA Steering Group Decision	PNA Amended?
Mango Pharmacy HA8 7HF	<ul style="list-style-type: none"> ▪ We offer EHC but this isn't mentioned in Appendix F 	<ul style="list-style-type: none"> ▪ The pharmacy wasn't included on the original list, provided by the Barnet Commissioner, of pharmacies which have been commissioned to provide the service ▪ It was noted that the pharmacy has sent evidence that they have been accredited and Barnet has now confirmed that the pharmacy has now been commissioned ▪ The tables, map, text and Appendix F will be updated 	Yes
Pharmco Chemists HA8 9BU	<ul style="list-style-type: none"> ▪ Pharmco opening hours are 9am - 5pm on Thursday not Friday as stated 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the correct hours have been used for the PNA ▪ However, Appendix E included a typographical error which will be amended 	Yes
Pharmco Chemists HA8 9BU	<ul style="list-style-type: none"> ▪ The Chemists now provide supervised consumption 	<ul style="list-style-type: none"> ▪ The pharmacy wasn't included on the original list, provided by the Barnet Commissioner, of pharmacies which have been commissioned to provide the service ▪ Barnet has confirmed that the pharmacy has now been commissioned to provide the service ▪ The tables, map, text and Appendix F will be updated to reflect this inaccuracy and a number of other changes in commissioning 	Yes
NHS England London Region	<ul style="list-style-type: none"> ▪ Details of pharmacies with differences in core hours: ▪ There are number of pharmacies where the core hours held by NHS England appear to differ from those opening hours listed in Appendix E. ▪ In line with the regulations, these hours cannot be listed as there is no evidence that a change to core hours was agreed by either NHS England or Barnet PCT. ▪ We attach a spreadsheet which highlights where the core hours held by NHS England are different and what those core hours are. ▪ NHS England will write to these contractors informing them of the information held by NHS England and advising them of the process to follow if they wish to apply for those hours to be changed 	<ul style="list-style-type: none"> ▪ Following a post-consultation follow up question, NHS England has confirmed that the following amendment is required: <ul style="list-style-type: none"> ○ FVX21 Regent Pharmacy. The core hours do not list lunch hours, these should be removed. 	Yes

2. Detailed Comments

This section sets out the detailed comments which were received during the formal consultation and summarises the response of the PNA Steering Group. The section has been organised in accordance with the specific questions asked within the consultation response template which, which can be found in Appendix G of the PNA; where no specific comments were received then this noted.

For each question, we summarise the percentage of respondents who agreed, disagreed or were not sure with respect to the information contained within the PNA (noting that respondents who did not answer a given question, those that did not return the feedback response form and those for whom a question was not applicable were excluded from this analysis).

We then list the specific comments received and set out the PNA Steering Group decision noting whether or not the PNA has been amended. Where no specific comments were received in relation to a question then we explicitly state this. Where a respondent did not use the response template then the comment has been included in the most relevant section. On occasion, a comment may have been moved to a more relevant section within this document.

Has the purpose of the PNA been explained sufficiently (PNA Section 1.1)?			
Yes = 100% (n=17)	No = 0%	Not sure = 0%	Not answered / Feedback Form Not Used (n=3)
No detailed comments received			

Does Section 1.3 of the PNA clearly set out the scope?			
Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Yes = 100% (n=17)	No = 0%	Not sure = 0%	Not answered / Feedback Form Not Used (n=3)
Boots UK	<ul style="list-style-type: none"> PURM service commissioned by NHS London not listed on page 5 but mentioned on page 40. Should it also be included on page 5? 	<ul style="list-style-type: none"> The PNA Steering Group was advised that the Pharmacy Urgent Repeat Medication (PURM) Service is a pilot scheme The future of the service has not yet been decided and this is the reason that it hasn't been included within the scope of the PNA as set out on page 5 of the draft PNA The PNA Steering Group noted the comment and determined that no changes were required 	No

Does Section 2 clearly set out the local context and implications for the PNA?

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Yes = 88.2% (n=15)	No = 5.9% (n=1) Not sure = 5.9% (n=1)	Not answered / Feedback Form Not Used (n=3)	
NHS England London Region	<ul style="list-style-type: none"> The table on page 18 is blurred and difficult to read. 	<ul style="list-style-type: none"> The PNA Steering Group was advised that the table is not available in a higher resolution format It was noted that whilst it is difficult to read, the text is still legible The comment was noted 	No
NHS England London Region	<ul style="list-style-type: none"> We note the references on page 20 to the formation of GP federations, and the development of Community based hubs, however there is no detail of these, and no assessment as to whether these might change or otherwise have an impact on the need for pharmaceutical services 	<ul style="list-style-type: none"> The PNA Steering Group was advised that no information was available on GP federations and community based hubs at the time of writing NHS Barnet CCG confirmed that there are 3 GP localities: North, South and West which align with the PNA localities of Chipping Barnet, Finchley & Golders Green and Hendon respectively; and that there are 5 GP networks (one locality has one network; and the other localities have two networks each) The information from the CCG also included an overview of key priorities and pilots It was agreed that the PNA would be updated to include this additional information 	No

Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?

Yes = 76.5% (n=13)	No = 17.6% (n=3)	Not sure = 5.9% (n=1)	Not answered / Feedback Form Not Used (n=3)
<ul style="list-style-type: none"> A number of respondents raised comments in relation to pharmacy opening hours under this question during the consultation These comments have been moved to the next question which explored the extent to which the draft PNA provides a reasonable description of the service and the conclusions for each service 			

For each of the below, please indicate if you agree that the PNA has provided a reasonable description of the service and if you agree with the conclusions?

	Yes	No	Not Sure	Not answered / Feedback form not used / Answer not clear
Essential Services	93.3% (n=14)	0% (n=0)	6.7% (n=1)	n=5
Medicines Use Reviews & Prescription Intervention Service	73.3% (n=11)	20.0% (n=3)	6.7% (n=1)	n=5
New Medicine Service	73.3% (n=11)	20.0% (n=3)	6.7% (n=1)	n=5
Appliance Use Reviews	93.3% (n=14)	0% (n=0)	6.7% (n=1)	n=5
Stoma Appliance Customisation Service	80.0% (n=12)	6.7% (n=1)	13.3% (n=2)	n=5
London Pharmacy Vaccination Service	80.0% (n=12)	6.7% (n=1)	13.3% (n=2)	n=5
Emergency Hormonal Contraception	78.6% (n=11)	14.3% (n=2)	7.1% (n=1)	n=6
Stop Smoking Service	85.7% (n=12)	7.1% (n=1)	7.1% (n=1)	n=6
Supervised Consumption	78.6% (n=11)	14.3% (n=2)	7.1% (n=1)	n=6
Needle & Syringe Programme	71.4% (n=10)	21.4% (n=3)	7.1% (n=1)	n=6
Alcohol IBA	71.4% (n=10)	7.1% (n=1)	21.4% (n=3)	n=6

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	<ul style="list-style-type: none"> The statements on Page 27 the statement (last point in each) on Deprivation and Population densities appear to contradict one another around the number of pharmacies 	<ul style="list-style-type: none"> The PNA Steering Group was advised that the draft PNA (page 27) looks at the distribution of pharmacies taking into account deprivation and population density It was noted that these are two very different parameters, therefore, it is not necessarily surprising that the findings provide potentially conflicting information on the number of pharmacies in some areas. However, the text, table and maps demonstrate that some areas e.g. Burnt Oak which has higher levels of deprivation and a high population density but a low number of pharmacies per head The PNA Steering Group noted the comment but determined that no changes were required 	No
NHS England London Region	<ul style="list-style-type: none"> Not clear on the map on pages 29 which is the DAC contract – colours are very similar 	<ul style="list-style-type: none"> The PNA Steering Group noted that the maps use a range of colours to denote different types of pharmacy and the DAC; and that the legend states “DAC” to differentiate this contractor from the pharmacies It was agreed that, because other changes were required to the maps, that the colour of the symbol denoting the DAC would be amended 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	<ul style="list-style-type: none"> ▪ There is reference in a number of places, including on maps, of a pharmacy that opens for at least 100 hours per week (The maps on pages 29 & 30 identify this as Warman-Freed Pharmacy). ▪ Whilst this pharmacy does open such hours, it would be useful to highlight that it was not granted a “100 hour exemption” and therefore there is the potential that this pharmacy could reduce its hours in the future without having to apply to NHS England 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that: <ul style="list-style-type: none"> ○ Page 26 summarises the type of pharmacy contract; if the pharmacy which opens for 100 hours had had a contract granted under the exemptions then this would have been noted on this page ○ Page 31 makes reference to one pharmacy opening for 100 hours. ▪ The PNA Steering Group agreed that it would be made clear that there are no pharmacies granted under the 100 exemption (page 26); and that the following statement would be incorporated into the text on page 31 <i>“In terms of overall opening hours, 1 pharmacy is open for more than 100 hours (this is not a 100 hour contract granted under the exemption); and a further 5 are open for more than 80 hours; there is potential for all these pharmacies to change their hours in the future”</i> 	Yes
NHS England London Region	<ul style="list-style-type: none"> ▪ On Page 31 the PNA refers to a Bank Holiday rota, and that NHS England commissions an enhanced service on “Special Bank Holidays” and refers to up to a maximum of 6 pharmacies open between the hours of 10am and 6pm. For clarity, the only days that NHS England commissions a service is on Christmas Day and Easter Sunday. ▪ The LPS pharmacy at Finchley Memorial Hospital is open 365 days per year, and in addition NHS England currently commissions a small number of pharmacies in addition to ensure provision. This is reviewed each year. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the text in the draft PNA is based on the service level agreement provided by the NHS England ▪ However, it was agreed that the draft PNA will be updated to reflect the statements of clarity provided by NHS England during the consultation ▪ The PNA Steering Group also determined that the final PNA should also reflect that other bank holidays aren’t included in the current arrangement as follows: <i>“Whilst Fairview Pharmacy is open from 8am – 8pm on 365 days a year, there is a gap on other Bank Holidays because NHS England does not commission a rota on these days”</i> 	Yes
NHS England London Region	<ul style="list-style-type: none"> ▪ On page 26 it is stated that NHS England has no plans to review the LPS contract at FMH. This is not accurate – the contract sets out that there should be a 6-monthly review between the contract holder and NHS England. ▪ We can confirm that NHS England has no plans to terminate this contract and has no reasons to expect the contract not to run for the full 10 years 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment and agreed that page 26 of the final PNA would be amended to reflect NHS England’s comments 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	<ul style="list-style-type: none"> ▪ The PNA refers to the ESPLPS contract. The contract holder has now been given notice that it will terminate on 31st March 2015. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that following a post-consultation question, NHS England has provided the following text for the final PNA: <i>“All pharmacies in London that held an ESPLPS contract on the 31st March 2015 were returned to the relevant pharmaceutical lists. This means that Cullimore Pharmacy is now on the pharmaceutical list in Barnet HWB area. It is for the pharmacy owners to decide if they wish to submit an LPS proposal for NHS England to consider, bearing in mind the factors and criteria NHS England London Region has already made public that it will use to assess any such applications”</i> ▪ It was agreed that this text would be incorporated into the PNA 	Yes
Barnet, Enfield & Haringey LPC	<ul style="list-style-type: none"> ▪ The ESPLPS pharmacy called Cullimore Chemist, HA8 8SX, within Hale Ward, based in Hendon Locality at the time of writing the draft PNA faces an uncertain future if it returns to the pharmaceutical list (as described on page 26). This pharmacy currently holds an Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract. ▪ The ESPLPS is a national scheme that provides pharmacy contractors, located more than 1km from the nearest pharmacy with guaranteed income if their dispensing volume falls below 26,400 items per annum. The aim of this service is to secure provision of pharmacy services in areas where a pharmacy would otherwise not be viable. ▪ This pharmacy will have a right of return to the pharmaceutical list from 1 April 2015. With this option there is a risk that the pharmacy may not be financially viable in the future, which may prompt closure. The impact of this risk could be closure which would affect a sizable population to the rear of Glengall Road within the Hale Ward, Edgware, within Hendon Locality which would find themselves without a pharmacy and healthcare facility. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group considered the information provided by the LPC and discussed the wider implications associated with this pharmacy returning to the pharmaceutical list, noting the following: <ul style="list-style-type: none"> ○ The pharmacy continues to dispense a low number of items ○ It is located in Hale ward and Hendon locality both of which have a below average number of pharmacies per 100,000 population; the pharmacy serves to increase choice in the area and its location is particularly accessible to the population who live to the rear of Glengall Road ○ Hale ward has a moderate population density (population density is not available at LSOA level to provide a more detailed assessment) ○ The pharmacy is located adjacent to areas which have higher levels of deprivation ▪ Taking the above factors into consideration, the PNA Steering Group agreed that the final PNA would include the following text: <ul style="list-style-type: none"> ○ Page 48 “Capacity will be further reduced if the ESPLPS pharmacy ceases to be viable” ○ Add “there will be a specific gap in the Hale ward and surrounding area which the pharmacy currently serves” 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	<ul style="list-style-type: none"> ▪ We understand that the multiple deprivation score in this super-locality may be lower than that for Hale ward as a whole. ▪ Closure of this pharmacy might prompt another application to open a pharmacy in much the same place. ▪ We should like the Health and Wellbeing Board to support the establishment of this pharmacy to help the needs of a population in this area who may find themselves without healthcare within a reasonable distance. 		
Barnet, Enfield & Haringey LPC	<ul style="list-style-type: none"> ▪ On page 38, if 4,000,088 prescription items were dispensed by Barnet pharmacies, then a further 1,044,159 were dispensed out of the Borough of Barnet with 12.2% dispensed as shown in the table on page 39. ▪ This figure equates to 615398 prescriptions. Perhaps the tables may need to reflect this fact please? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group reviewed the text on page 38 and 39 of the draft PNA. This states that: <ul style="list-style-type: none"> ○ The total number of items dispensed against prescriptions issued by Barnet prescribers was 5,044,119 ○ Barnet pharmacies dispensed 79.3% of these items and the remaining 20.7% i.e. 1,044,031 items, were either dispensed outside of the area or were personally administered by GPs ○ The table provides details of the pharmacies & DACS which dispensed the highest number of Barnet prescriptions. These organisations account for 12.2% of the total items ○ This means that 8.5% of items were dispensed or personally administered by the remaining organisations (noting that a total of 3,788 organisations dispensed or administered an item) ○ Totals were not included in the table because the information represents a small proportion of the organisations which dispensed prescriptions ▪ The PNA Steering Group noted the comment but determined that no changes were required to the PNA 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Barnet, Enfield & Haringey LPC	<ul style="list-style-type: none"> ▪ The table on page 40 of the draft PNA indicates opening hours of both GPs and pharmacies. ▪ From this table it can be shown that the provision pharmacy makes to local primary care is far greater than that of GPs on Saturdays and Sundays within the Borough of Barnet. Hence we contend the comments made within the assessment “looking at the future” on page 95 are unjustified in relation to increasing the opening hours for community pharmacies at weekends. ▪ Nevertheless the provision that is made around the Borough after 19.00 hours and 20.00 hours on weekdays is enough to meet the current demands with pharmacies opening to midnight in various places. ▪ The LPC would concede that there may be an increase in demand for prescriptions to be dispensed as a result of practices opening to see patients prior to 9 am in the mornings. ▪ We note that 44 practices open prior to 8 am weekdays and 11 prior to 7am weekdays. We do not know from the table whether those eleven are part of those 44 GP practices? ▪ Could this issue be clarified within the PNA? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group reviewed the relevant pages within the draft PNA (pages 40, 41, 50 and 95) ▪ The opening hours, which are proposed as part of the HWB future aspirations for pharmacy services and premises on page 95, reflect the fact that it is desirable for the full range of pharmaceutical (essential, advanced and enhanced) and locally commissioned services to be available during extended hours. The table also notes that, where relevant, that hours should be co-ordinated with GP opening. The intention of the aspirations is to discourage submission of applications which are based on the minimum 40 core hours and which do not demonstrate a willingness to provide the full range of services ▪ In relation to the graphs comparing GP opening hours (pages 40 & 41), each time band shows the number of GP practices which are open on one or more days a week. Therefore, up to 11 practices are open by 7am; and up to 44 practices are open by 8am. So the 11 practices are part of the 44 practices ▪ The PNA Steering Group concluded that the document was sufficient clear and determined that no changes were required 	No
Barnet, Enfield & Haringey LPC	<ul style="list-style-type: none"> ▪ We disagree with the statement on page 40 around “The Future”, which says In the future, “if Barnet GPs move towards a 7 day a week service, the current pattern of pharmacy opening hours is unlikely to be sufficient to meet the pharmaceutical needs of our population, in terms of being able to access their medicines in a timely manner”. ▪ The LPC say there is currently no evidence to support this statement, the evidence we do have is shown on the table on page 40, to which we have made valid comment. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment relates to pages 40, 41, 51 and 96 of the draft PNA ▪ It was agreed that the statement would be reworded as follows: <i>“if Barnet GPs move to a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed, to ensure that pharmaceutical needs are met in terms of residents securing timely access to medicines following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known.”</i> 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Barnet, Enfield & Haringey LPC	<ul style="list-style-type: none"> ▪ On page 40 the LPC suggest that the two pharmacies that are open close to the Barnet border both in Brent and Enfield are open providing pharmaceutical services during the extended period surgery hours. ▪ Perhaps these pharmacies could be highlighted with name and address and opening hours on this page of the PNA please? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the pharmacies which open by 8am and which remain open later in the evening and which are close to the border are: <ul style="list-style-type: none"> ○ Asda, NW9 0AS ○ Boots, N14 5BN ▪ It was agreed to update the PNA with the names of the pharmacies and post codes 	Yes
Fairview Pharmacy N12 0JE	<ul style="list-style-type: none"> ▪ The pharmaceutical needs have not been considered accurately in the context of unscheduled care providers. ▪ For the WIC at Edgware, the majority of medication is provided at the point of use using pre-packs and virtually no FP10s are used to prescribe medication. However, the PNA states there is a gap in provision which is incorrect. ▪ The local pharmacies around the WIC in Burnt Oak have written to NHS England directly, as well as the LPC expressing an interest in providing a service should the need be identified. Fairview Pharmacy in particular has been in discussions over the years and most recently with the commissioners at CLCH (Central London Community Healthcare). The response has always been there is no need as the majority of medication is provided at the point of need. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group reviewed pages 41, 47, 48 and 50 of the draft PNA ▪ Post consultation CLCH NHS Trust has confirmed that: <ul style="list-style-type: none"> ○ The number of FP10s issued from ECH WIC is 536; and FMH WIC was 15,460 ○ There are no plans to change the arrangement as the CCG is still responsible for the budget ○ In 2016/17, the budget may be devolved to CLCH at which point the Trust may explore opportunities for VAT efficiencies and current arrangements for prescribing and supply of medicines. It is not known what the implications for NHS Pharmaceutical Services will be (if any) at the time of publication ▪ The Steering Group discussed the text within the draft PNA in the context of the new information. It was determined that whilst pharmacy opening hours do not necessarily align with those of the WICs, that this was not a gap because pharmaceutical services would only be required rarely ▪ It was agreed that the final PNA would be updated to this effect 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Barnet, Enfield & Haringey LPC	<ul style="list-style-type: none"> ▪ It has been mentioned on page 41 that Edgware Community Hospital ECH is open to provide walk in centre services as an unscheduled care provider to the public. It is also mentioned that a potential gap exists in relation to the provision of pharmaceutical services. ▪ We disagree entirely with the suggestion that pharmaceutical services may be required close to Edgware Community Hospital to meet out of hours prescriptions. The LPC has had many discussions with ECH asking them to issue prescriptions, but they have steadfastly refused over a number of years. Their reply is that they provide pre-packed “to take away” medicine to cover the needs of their patients. ▪ Hence we believe the need you have identified with regard to ECH is erroneous. ▪ We would like the PNA to not reflect a gap in provision with regard to ECH. The LPC disagrees with the conclusions stated. ▪ We consider the use of out of hours rota arrangements a better way to meet any future need no matter how small that need might be with pharmacies sharing that load between them equitably with the commissioner providing some financial support. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that this comment is similar to that raised by Fairview Pharmacy and have been dealt with as above ▪ It was noted that NHS England have advised HWBs not to make any firm recommendations with respect to how identified needs (current and future) and improvements (current and future) should be met i.e. the PNA should stop at articulating the need. Whilst it is accepted that additional hours could be provided by the existing network of pharmacies, perhaps by way of a rota, it is not appropriate to state this as a potential solution within the PNA. This is because it is for commissioners to determine how these needs and improvements should be met ▪ It was determined that no further changes, over and above those agreed above, were required 	No
Burnt Oak Pharmacy HA8 5EP (Out of area pharmacy)	<ul style="list-style-type: none"> ▪ The PNA states there is a gap in the provision of services out of hours, this is incorrect and the Edgware walk in centre does dispense majority of their medication in pre-packs. ▪ I have written to the LPC alongside the other pharmacies in the Burnt oak area if there were a gap pharmacy services provision we would be more than happy to fill any requirements that were identified. 	<ul style="list-style-type: none"> ▪ PNA Steering Group noted that this comment is similar to those raised by Fairview Pharmacy and the LPC above and that no further changes were required 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Central London Community Healthcare (CLCH) NHS Trust SW1E 6QP	<ul style="list-style-type: none"> ▪ Barnet is served well with pharmacies with respect to opening hours. I agree there would be benefit in having a 'rota' in place for evenings and Sunday openings to reflect FP10s that may be issued by unscheduled care providers or if GP surgery times are extended. ▪ As stated on page 41, the walk in centres hold stock to supply patients and would in rare circumstances issue FP10s. ▪ I am not convinced there is a gap in pharmaceutical provision that necessitates additional pharmacy contracts being granted. Barnet is served well with pharmacies with respect to opening hours. I agree there would be benefit in having a 'rota' in place for evenings and Sunday openings to reflect FP10s that may be issued by unscheduled care providers or if GP surgery times are extended. 	<ul style="list-style-type: none"> ▪ PNA Steering Group noted that this comment is similar to those raised by Fairview Pharmacy and the LPC and that no further changes were required ▪ The PNA Steering Group was advised that the recommendation for an additional pharmacy (page 51 of the draft PNA relates to meeting the pharmaceutical needs arising from a growing population and regeneration of areas within the Hendon locality rather than the misalignment of pharmacy opening hours with other services ▪ In response to a post consultation question, CLCH provided the following information on the future use of FP10 prescriptions (page 44 of the draft PNA): <ul style="list-style-type: none"> ○ There are no current plans to change the arrangement as the CCG is still responsible for the budget ○ In 2016/17, the budget may be devolved to CLCH at which point the Trust may explore opportunities for VAT efficiencies and current arrangements for prescribing and supply of medicines. It is not known what the implications for NHS Pharmaceutical Services will be (if any) at the time of publication ▪ It was agreed that the final PNA would be updated to include this additional information 	Yes
NHS England London Region	<ul style="list-style-type: none"> ▪ Apart from the references to new health centres (on page 46 and then referred to elsewhere) it is not clear if the HWB has clarified if there are any other plans for changes to primary medical care provision. If it has not identified any such plans it would be helpful for this to be stated 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment and agreed that the following statement would be included in the final PNA: <i>"At the time of publication we are not aware of any other plans with respect to changes in primary medical care provision"</i> 	Yes
NHS England London Region	<ul style="list-style-type: none"> ▪ Page 50 – there is a mention of Pharmacy opening hours being out of date on NHS Choices – it is to be noted that Pharmacies have access to NHS Choices and can amend these hours (following approval from NHSE) to reflect their current opening hours. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment but determined that no changes were required to the final PNA, as the comment relates to service delivery rather than pharmaceutical needs 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	<ul style="list-style-type: none"> ▪ A statement of the pharmaceutical services that the HWB has identified as services that are provided: (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services). ▪ No. Although the PNA does on page 39 list the pharmacies and DAC providers that are outside the HWB area which dispense 20% of scripts issued by Barnet prescribers and on pages 38 -41 provide an overview of dispensing, the narrative does not meet the requirements of this regulation. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment referred to page 38 – 39 of the draft PNA ▪ NHS England has not stated why the section does not meet the requirement of the Regulations ▪ The Regulations only require a statement to be included if such services have been identified ▪ Page 39 notes the important role played by cross border dispensing and provides information on the out of area pharmacies and DACs which dispensed the highest numbers of Barnet prescriptions ▪ Taking this into account the PNA Steering Group determined that the draft PNA does meet the requirements of the regulations 	No
NHS England London Region	<ul style="list-style-type: none"> ▪ Schedule 1, paragraph 4 – improvements and better access: gaps in provision 4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied ▪ (b) Would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area. ▪ No, although we note on Page 40 of the PNA discusses the future and states: <ul style="list-style-type: none"> ○ if Barnet GPs move towards a 7 day a week service, the current pattern of pharmacy opening hours is unlikely to be sufficient to meet the pharmaceutical needs of our population, in terms of being able to access their medicines in a timely manner ○ It also mentions the PURM and whether this would continue in the future – the HWBB are in support of its continuation to help in improving access to medicines as long as it proved value for money and reduced pressure on GP and unscheduled care services 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment refers to page 40 of the PNA ▪ NHS England has not stated why the section does not meet the requirement of the Regulations ▪ The Regulations only require a statement to be included if such services have been identified ▪ The PNA Steering Group determined that the draft PNA does meet the requirements of the regulations in that it supports the roll out of the PURM service if this is demonstrated to represent value for money and deliver reduced pressure on GP and unscheduled care services ▪ It was noted that the potential move of GPs to a 7 day week service is actually a future pharmaceutical need and not relevant to this Regulation (which relates to improvements) 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	<ul style="list-style-type: none"> ▪ Does the PNA demonstrate that the following have been taken into consideration with regard to “identifying future needs”? ▪ Yes – as set out on pages 46 -48 there are three developments with a possibility of 2,550 new homes in the following areas over the next 8-10 years in Mill Hill, Colindale, Brent Cross and Cricklewood. ▪ However it is difficult to link these developments to the population growths referred to elsewhere – e.g. on page 48 it suggests that the population in Hendon will rise by 12,000 by 2018. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised the comment refers to pages 45 – 48 of the PNA: <ul style="list-style-type: none"> ○ Page 45 – the table projects population growth for wards and localities between 2014 and 2018 ○ Page 46 – provides for each locality a summary of the significant developments which are anticipated ▪ It was agreed to swap the page order and that it would be made clear that Brent Cross and Cricklewood fall within West Hendon & Golders Green ward respectively 	Yes
NHS England London Region	<ul style="list-style-type: none"> ▪ Page 47 – mention is made of Brentwood & Cricklewood – this should be Brent Cross. Additionally there is a newer document which outlines timescales of some of these developments – would suggest referring to the 2015-2025 Barnet Strategy document 	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed that the inaccuracy on page 47 should be amended ▪ The page would be updated to reflect the 2015-2025 (noting that this strategy document is still draft and subject to change) 	Yes
NHS England London Region	<ul style="list-style-type: none"> ▪ Schedule 1, paragraph 2 – necessary services: gaps in provision 2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area. ▪ Yes, but the statements on future need of essential services (pages 48, 51 and 96) do not quite follow the requirements of this regulation and as a result are ambiguous and open to interpretation. ▪ In particular the PNA states that “additional pharmacies may be required in the Hendon locality...”, but then states “we have estimated that two additional pharmacies would be sufficient...”. The latter statement suggests that the HWB has come to a conclusion that there is a clear need for additional pharmacies, but this is inconsistent with 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment refers to pages 48, 51 and 96 and the relevant paragraphs were reviewed ▪ It was agreed that the text was potentially misleading and agreed that the following amendments: <ul style="list-style-type: none"> ○ Page 48: make it clear that there “may” be a future need to increase pharmaceutical provision ○ Remove the reference to 2, 4 and 6 pharmacies; making it clear that an additional 2 pharmacies would maintain the locality at around the Barnet average ○ Page 96, make it clear that the future need is dependent upon assumptions in terms of population growth, housing etc. coming to fruition 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	<p>the previous phrase “may be required”.</p> <ul style="list-style-type: none"> ▪ Furthermore, the narrative on page 48 refers to either 2, 4 or 6 pharmacies being required. Whilst we believe this refers to the number of pharmacies that would be required to maintain the average number of pharmacies at either the current Barnet, London and England average of pharmacies per population, we are concerned this could be open to misinterpretation, and could be read as setting out that there is a need for 6 additional pharmacies in the locality. This needs to be clarified ▪ We note that the PNA acknowledges that future requirements are based on the assumption that all of the developments will deliver as planned and in the timelines mentioned. The PNA acknowledges that these developments will come into fruition beyond the life of this PNA and will require to be revisited. 		
Boots UK	<ul style="list-style-type: none"> ▪ Pages 47-48 mention future gaps but not current gaps. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that pages 47 and 48 of the draft PNA relate to the future capacity of pharmaceutical services; and this is the reason why current gaps are not specifically detailed ▪ The conclusions on page 50 and 51 of the draft PNA set out the current and future gaps; and the consequent current and future pharmaceutical needs ▪ The PNA Steering Group noted the comment but agreed no changes were required 	No
NHS England London Region	<ul style="list-style-type: none"> ▪ We note that the PNA on several pages (pages 50, 56 and 70) refers to there being “potential gaps” in the provision of a number of services. This is confusing, and it would be better if the document clarified whether there is a gap or not in the services – the word “potential” is unhelpful. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed that the use of the word potential was unhelpful and agreed to change this on all relevant pages 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
<p>NHS England London Region</p>	<p>MURs</p> <ul style="list-style-type: none"> ▪ We believe that this service should be assessed as necessary. ▪ In addition, the PNA has identified that 8 pharmacies do not offer the service at all, but needs to explain the reasons for it - there is insufficient information for existing pharmacy owners / potential applicants to understand what the implications of these gaps. Even where a pharmacy does not have a consultation area and no space to develop one, the Directions allow for the pharmacy to still deliver the service. ▪ We also note the principles set out on page 24 that describe the criteria used when considering if a service was to be deemed necessary or one that is not necessary but secures improvements or better access. These are very helpful, however we have difficulty following how these principles have led to both MUR and NMS being deemed to be not necessary. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group reconsidered whether or not the MUR service should be determined as necessary to meet the pharmaceutical needs of the population ▪ It was noted that this decision had been made following a detailed discussion at a previous PNA Steering Group meeting to which NHS England had been invited but had not attended ▪ The PNA sets out the reasons underpinning the decision to determine the service as being relevant; whilst the service does meet some of the criteria (page 24) which make it <i>more likely</i> to be determine as necessary, a key reason for the final decision is that other services and professions offer medicines reviews which are comparable to the MUR service ▪ The final decision of the PNA Steering Group was that its determination that MURs are relevant still applied ▪ In relation to pharmacies not providing the service, the PNA Steering Group was advised as follows: <ul style="list-style-type: none"> ○ Pharmacies were not asked to provide reasons as to why they do not offer the service in the community pharmacy questionnaire so the information is not available ○ The 3 month rule means that a resident cannot access the service from an alternative pharmacy; therefore the gap cannot be met through the granting of new contracts. Therefore, the PNA recommends under 'further provision' that 'we would like to see all pharmacies offering MURs' the same section suggests that offering MURs in the domiciliary setting would improve access for people who cannot get to the pharmacy. ▪ The Steering Group was of the opinion that pharmacies not offering the service is a commissioning issue and anticipates that NHS England will work with the pharmacies to understand why the service is not offered ▪ The following amendment was agreed: <i>"Providing MURs in the domiciliary setting will allow pharmacies without a consultation area to deliver the service"</i> 	<p>Yes</p>

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Barnet, Enfield & Haringey MH Trust	<ul style="list-style-type: none"> ▪ Systematic review of the implications for the PNA Targeting MURs to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder will support achievement of local strategic priorities in terms of improving outcomes and helping to reduce medicines waste. ▪ It would be useful if community pharmacists could be actively encouraged to target patients with a mental health condition for the 30% of MURs which are not tied to the other specified conditions 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the PNA page 23 already notes that targeting MURs at people with a history of mental illness ▪ The comment was noted 	No
NHS England London Region	<p>NMS</p> <ul style="list-style-type: none"> ▪ We believe that this service should be assessed as necessary. The PNA has identified that 18 pharmacies do not offer the service at all, but needs to explain the reasons for it - there is insufficient information for existing pharmacy owners / potential applicants to understand what the implications of these gaps ▪ We also note the principles set out on page 24 that describe the criteria used when considering if a service was to be deemed necessary or one that is not necessary but secures improvements or better access. These are very helpful, however we have difficulty following how these principles have led to both MUR and NMS being deemed to be not necessary 	<ul style="list-style-type: none"> ▪ The PNA Steering Group reconsidered whether or not the NMS should be determined as necessary and that this decision had been made following a detailed discussion at a PNA Steering Group meeting to which NHS England had been invited but had not attended ▪ The PNA sets out the reasons underpinning the decision to determine the service as being relevant; whilst the service does meet some of the criteria (page 24) which make it <i>more likely</i> to be determine as necessary, key reasons for the final decision is that other services and professions offer medicines reviews which are comparable to the NMS; and the long term future of the service is currently not known ▪ The final decision of the PNA Steering Group was that its determination that the NMS is relevant still applied ▪ In relation to pharmacies not providing the service: <ul style="list-style-type: none"> ○ Pharmacies were not asked to provide reasons as to why they do not offer the service in the community pharmacy questionnaire ○ The draft PNA makes the recommendation under 'further provision' that 'we would like to see all pharmacies offering the NMS; and for those pharmacies which don't offer the service to signpost to pharmacies which do ▪ The PNA Steering Group was of the opinion that pharmacies not offering the service is a commissioning issue for NHS England to address ▪ The PNA Steering Group concluded that no changes were required for the final PNA 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Oakdale Pharmacy N2 8AQ	<p>MURS and NMS</p> <ul style="list-style-type: none"> ▪ MURs and the NMS are important services in Pharmacies. It is important to know why certain Pharmacies are not hitting the required numbers in line with their dispensing numbers. ▪ The Pharmacies that are not hitting adequate numbers in relation to their dispensing should be approached to find the reasons why as the community/patients are missing out of an important service which helps the patient understand their medication and get them to use the medication correctly and properly. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment refers to pages 53 – 60 of the draft PNA ▪ It was noted that the comment raises an important point with respect to variability in performance; however, this is a commissioning / monitoring issue rather than information which needs to be included within the PNA ▪ The PNA Steering Group determined that no changes were required 	No
NHS England London Region	<p>AURs</p> <ul style="list-style-type: none"> ▪ On page 64 there is reference to 7 pharmacies providing AUR service. NHS England has no record of any arrangements having been made with any pharmacy in Barnet to provide this service, and has no records of any pharmacy having been paid for providing an AUR since April 2013. ▪ We believe that the HWB should clarify with those pharmacies whether they have met the requirements set out in the Drug Tariff to be able to provide the service 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that information on which pharmacies provide AURs together with activity data, was requested from NHS England but not provided ▪ For this reason the PNA relies on information provided by the pharmacies in the community pharmacy questionnaire ▪ It was noted that the same methodology has been used for the SAC service, but this has not been questioned by NHS England ▪ The PNA Steering Group believes that it is the responsibility of NHS England, as the commissioner of NHS Pharmaceutical services, to assure itself that pharmacies meet the requirements set out in the Drug Tariff to provide the service ▪ In the event that it transpires that one or more pharmacies are not accredited to provide AURs then a supplementary statement will be issued ▪ The final PNA will be amended to note that none of the pharmacies which offer the service have been active since 2013 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
<p>Pelican Healthcare Limited NW9 5XY</p>	<ul style="list-style-type: none"> ▪ We are Dispensing Appliance Contractors, based in London. We specialise in dispensing Ostomy/Continence appliances from section 9 of the Drug Tariff. ▪ All our Customer Care Staff have a BTEC qualification in Ostomy and Continence care, and as such can offer friendly help and advice and thus help with the patient's pathway from hospital to home. ▪ We offer EPS for surgeries who offer this service too, as well as a bespoke cutting service for ostomy appliances. ▪ As we specialise in this area, we are able to monitor stock, liaising GP Practices and the Patient, on a monthly basis and so avoid stock piling. ▪ All our staff are also trained to spot any excessive ordering (which may be the onset of skin issues) This can easily be resolved, by liaising with either the NHS nurse or if required one of our own Community, Specialist Stoma Care Nurses, who would also be available to conduct a visit if necessary, and sort out any issues. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment, which describes the specific services offered by the DAC 	<p>No</p>
<p>NHS England London Region</p>	<ul style="list-style-type: none"> ▪ Schedule 1, paragraph 3 – other relevant services: current provision 3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided: (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area ▪ No. Although the PNA makes several statements about services being relevant, the statements fail to meet the regulatory requirements in that they do NOT state if the services have secured improvements or better access to pharmaceutical services in its area. <ul style="list-style-type: none"> ○ Pg 56 – MUR – the PNA describes this service as “relevant to meet the pharmaceutical needs 	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed the following amendments to the wording: ▪ MURs – <i>“We have determined that MURs are not necessary to meet a pharmaceutical need, but are relevant in that they improve access to medicines reviews and clinical support for the following reasons..”</i> ▪ SACS – <i>“Our analysis of dispensing indicates that Barnet residents may choose to access stoma customisation both within and outside of the area. They may also opt to receive stoma customisation support from the hospital or clinic providing their ongoing care i.e. the pharmacy or DAC based service offers improvements in relation to choice and accessibility”</i> ▪ AURs – <i>“The service potentially provide a choice of provider for people who prefer to use a pharmacy or</i> 	<p>Yes</p>

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	<p>of the population”</p> <ul style="list-style-type: none"> ○ Pg 60 – NMS – the PNA states that the service “is relevant in that it improves access to medicine reviews and clinical support”. ○ Page 63 – Stoma appliance customisation service is deemed as relevant for 2 reasons, one of which is access to stoma based customisation and the other that it provides theoretical but unproven benefits. ○ Page 66 - AURs – the PNA states they are relevant because the service is available from pharmacy and non-pharmacy providers, and that there is insufficient evidence to demonstrate improved patient outcomes. ○ We do note that the PNA does state that on pg 70 that the London Pharmacy Vaccination Service is not necessary but relevant and offers improved choice and access – we believe this does meet the regulatory requirements. However the statement on page 96 that identifies a current need for the commissioning of the Vaccination Service from as many pharmacies as possible in Barnet suggests that this service is considered necessary, and therefore does not appear to align with the narrative on page 70. 	<p><i>DAC based service rather than the hospital or clinic providing their ongoing care; as such the service may improve accessibility”</i></p> <ul style="list-style-type: none"> ▪ The PNA Steering Group determined that no amendment was required for the NMS because the statement already notes the service improves access [to medicine reviews and clinical support] and already states that it is not necessary to meet the pharmaceutical needs of the population ▪ The PNA Steering Group confirmed its original determination that the London Pharmacy vaccination service is a relevant service. It agreed to move the statement on page 96 of the draft PNA from current need to current improvements 	
<p>NHS England London Region</p>	<p>London Pharmacy Vaccination Service</p> <ul style="list-style-type: none"> ▪ There is an inconsistency on the numbers of pharmacies listed as providing the Vaccination service. ▪ On page 67 it states 46 pharmacies; on page 70 it refers to 32. We believe the correct figure for 2014/15 is that 46 pharmacies in Barnet were commissioned to provide the service. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised the correct number of pharmacies is 46 and that the inaccuracy will be amended 	<p>Yes</p>
<p>Oakdale Pharmacy N2 8AQ</p>	<ul style="list-style-type: none"> ▪ The amount of medicine wastage by patients not taking the medicines correctly and how Pharmacies can minimise this. This should be quantified and the possible savings that can be achieved reported back to the commissioners. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that there is no local data on the amount of medicines wastage in Barnet ▪ The comment was noted 	<p>No</p>

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Oakdale Pharmacy N2 8AQ	<ul style="list-style-type: none"> I have recently taken over the Pharmacy and very keen to offer these services e.g. EHC but cannot get a response from the commissioners to allow me to offer the service. This could have been an opportunity for new Pharmacies to apply for a contract in the area, however the present Pharmacies are wanting to offer the service but no opportunity to get accredited. 	<ul style="list-style-type: none"> The PNA Steering Group noted the comment and agreed that these difficulties should be flagged with NHS England and the CCG for further consideration 	No
H Haria Chemist N11 1NE	<ul style="list-style-type: none"> We do not have the right facilities to perform these services adequately 	<ul style="list-style-type: none"> The PNA Steering Group was advised that this comment had been made in the context of the pharmacy's own service provision and in relation to enhanced and locally commissioned service The comment was noted 	No
Boots UK	<ul style="list-style-type: none"> I think that it would be helpful to clearly specify which services are necessary and which are relevant and if there are gaps or not early on in the document. 	<ul style="list-style-type: none"> The PNA Steering Group felt that the PNA is well structured and it is easy to find the information as to which services are necessary and which are relevant It did not agree with the suggestion that summary tables or an executive summary were required 	No
Pharmacy Finchley & Golders Green	<p>Pharmaceutical & Locally Commissioned Services</p> <ul style="list-style-type: none"> Some of the services are planned for August 2015 when I have a new pharmacist working with me on 2-3 days each week and will therefore have time to carry out the services. Needle exchange - I have asked about but have been told there is enough provision in the area Some of the services are planned for August 2015 when I have a new pharmacist working with me on 2-3 days each week and will therefore have time to carry out the services. Needle exchange - I have asked about but have been told there is enough provision in the area 	<ul style="list-style-type: none"> The PNA Steering Group was asked to note that: <ul style="list-style-type: none"> The pharmacy requested that its details were not stored so the locality only has been provided The pharmacy seems to have answered all questions in section 3.2 - 3.3 from the perspective of their own services rather than the content of the PNA Section 3.2 - 3.3 The PNA Steering Group noted the comment and agreed that the willingness to provide services will be flagged with commissioners 	No

Do you agree with the “Looking to the Future” section (section 3.4)?

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Yes = 55.6% (n=10)	No = 16.7% (n=3)	Not sure = 27.8% (n=5)	Not answered / Feedback Form Not Used (n=2)
Chief Pharmacist Barnet, Enfield & Haringey MH Trust	<ul style="list-style-type: none"> ▪ Specifically with promoting the agenda of community pharmacy being widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment which supports the PNA recommendations 	No
Links Pharmacy N2 0SZ	<ul style="list-style-type: none"> ▪ The vision is set out and explained at an appropriate level 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment 	No
Barnet, Enfield & Haringey LPC	<ul style="list-style-type: none"> ▪ On page 92 “The Assessment 3.4- Looking to the Future” the introduction contradicts the view based purely on statistics reached elsewhere in the draft PNA. It states “Capacity, within our existing network, which is currently under-utilised and which provides a real opportunity to expand the role and services provided”. ▪ The logic described about extra pharmacies being required is articulated on the basis that there is less than the average number of pharmacies per 100,000 people in an area. ▪ The LPC is concerned about two opposing views from the Health and Wellbeing Board within the same document effectively dealing with the same subject, e.g. page 96 under future need re: essential services where you estimate two further (additional) pharmacies may be needed to be sufficient to maintain the current Barnet average. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised the comment refers to the following statement (page 92): “Capacity, within our existing network, which is currently under-utilised and which provides a real opportunity to expand the role and services provided” ▪ The statement refers to current capacity but also reflects the fact that a relatively small number of pharmacies have been commissioned to provide some of the existing locally commissioned services; and that there are opportunities to commission a broader range of services from pharmacies ▪ The LPC correctly identifies that capacity is lower in some localities (Chipping Barnet and Hendon) whereas Finchley & Golders Green is generally well resourced ▪ It is proposed that the statement be reworded: “<i>Under-utilisation of our existing network of pharmacies which provides a real opportunity to expand the role and services provided</i>” 	Yes
Mango Pharmacy HA8 7HF	<ul style="list-style-type: none"> ▪ PNA includes in future commissioning minor ailments scheme which should be rolled out across ALL pharmacies, not just a handful of them 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that page 93 makes reference to development and roll-out of a minor ailments scheme ▪ It was confirmed that the service is still a pilot and that a paper has been submitted to the CCG Board with respect to wider roll out ▪ The comment was noted 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Boots UK	<ul style="list-style-type: none"> ▪ It would be great if anticoagulation monitoring services could be commissioned through pharmacies as this is a much more convenient model for patients and is cost effective for commissioners. ▪ Similarly NHS health checks can easily be delivered through pharmacy. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that NHS Health Checks have been included as a service which may be commissioned from pharmacy on page 94 ▪ The CCG confirmed there are no specific plans to commission anticoagulation services directly from community pharmacy. However, in the future should the CCG invite tenders for the provision of a community based anti-coagulation service then community pharmacies will be entitled to submit bids as part of this process 	No
Barnet, Enfield & Haringey LPC	<ul style="list-style-type: none"> ▪ The LPC understands that any improvement in opening hours suggested by the Health and Wellbeing Board would be aspirational, but in reality the provision of greater time from a professional and business perspective must be accompanied by the reality that the services are likely to be used by the population as a whole. ▪ Limited use of professional services on Sundays, Saturdays and Saturday evenings and early mornings may place a strain on those providing such services. ▪ The LPC disagrees with the conclusions stated. ▪ We consider the use of out of hours rota arrangements a better way to meet any future need no matter how small that need might be with pharmacies sharing that load between them equitably with the commissioner providing some financial support. ▪ We should like the conclusions drawn to be tempered with phrases that signify the current reality in terms of provision of services by pharmacies with pharmacy professionals providing those services. The draft PNA is the basis of a Pharmaceutical Needs Assessment. ▪ Community pharmacies across the Borough provide ready and easy access to patients and the public. If such need existed universally on Sundays the LPC is sure community pharmacies would respond. ▪ As for extended hours openings early mornings 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment refers to references, throughout the PNA, to improvements in access which could be achieved through extending opening hours on weekdays; weekends and Sundays; & the HWB aspirations for pharmacy services and premises (page 95) and the summary of gaps (page 96). ▪ The improvements recognise that the availability of pharmaceutical and locally commissioned services is reduced at these time of days; and such improvements may be helpful for people of working age who work full time or provide important access to services e.g. EHC out of hours and at weekends ▪ With respect to an out of hours rota as a means of providing additional hours, it is recognised that this would potentially provide a solution for essential services (but not necessarily for other advanced, enhanced and locally commissioned services as not all pharmacies offer these); however, NHS England has advised HWBs not to make any firm recommendations with respect to how identified needs (current and future) and improvements (current and future) should be met i.e. the PNA should stop at articulating the need because it is for the commissioners to determine how these needs and improvements should be met ▪ Page 95 is intended to set out aspirations of the HWB to be considered by those who are making applications to provide pharmaceutical services 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	<p>and late evenings and late Saturday evenings, providing pharmaceutical resource for the few would not necessarily be “good value for money” if these were commissioned services which the Council Taxpayer or Taxpayer were expected to pick up.</p> <ul style="list-style-type: none"> ▪ The LPC is always willing to help facilitate “pharmacy rota” services to help meet the needs of a small group of people within the Borough with defined needs. ▪ A robust assessment has been carried out which indicates there is currently and before 2018 limited new need; if new need were apparent, then resources would be required to meet that the need. ▪ Community pharmacies are willing to seek accreditation to provide high quality advanced and enhanced services should they be required and commissioned. ▪ Community pharmacy is more than pulling its weight in terms of the service of healthcare provision across the Borough and beyond its borders. ▪ Patients and the public are able to access from each pharmacy in the Borough a minimum of 40 core contracted hours each week, with many pharmacies providing their highly qualified professional services over quoted additional hours which require three months’ notice to NHS England before they can withdraw from those quoted additional hours, even for a temporary period. ▪ The LPC understands there may be some changes to opening hours of GP surgeries, but the detail of how many extra patients would be seen by GPs is absent from this PNA, as such, it is impossible to say what services may be needed to match an unspecified demand. ▪ The LPC has said previously that community pharmacies will always meet any unmet need 	<ul style="list-style-type: none"> ▪ The purpose is to discourage applications which are based upon a minimum service level of 40 hours and no ambition to provide a wider range of pharmaceutical and locally commissioned service ▪ In the draft PNA, the aspirations do not apply to existing contractors (except where specific gaps or opportunities have been identified and as summarised throughout the draft PNA and on pages 96 & 97 of the draft PNA) and it was agreed that this may be an oversight ▪ The PNA Steering Group agreed to incorporate the following rewording into the text on page 95 as follows: <i>“Throughout the document, we have identified the HWB aspirations for pharmacy premises and services, for existing contractors. These are summarised in the table on the right. It follows, we would anticipate that these aspirations be prioritised for future applications”</i> 	

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	<p>should there be such a need.</p> <ul style="list-style-type: none"> ▪ If there were extra demand an existing pharmacy business would always strive to meet such activity, as this would make good professional and business sense. ▪ All services if provided over longer hours may give greater choice to patients and the public, but such choice with no or little demand may result in resources being wasted. ▪ Resources are finite and the provision of extra resource to improve choice may not necessarily meet those aims and objectives when the resource could be targeted more effectively at tackling unmet need in another location. This is why the LPC believes the use of targeted “Rota” arrangements could meet need rather than satisfying the notion of improved choice. 		
NHS England London Region	<ul style="list-style-type: none"> ▪ We are concerned that the aspiration of pharmacy services and premises as defined by the HWB and set out on page 95 could be viewed as a template for potential applicants to use this as the basis for submitting and application to fill a gap where none of these services are being currently being provided by contractors in Barnet 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment refers to the aspirations for pharmacy services and premises as set out in the table on page 95 of the PNA. As such, it is similar to the comment above made by the LPC and no additional amendments over and above those already described are required 	No
Boots UK	<ul style="list-style-type: none"> ▪ I don't feel that the aspirations for pharmacy opening hours are realistic bearing in mind that the pharmacy contract model doesn't account for extended hours – the hours mentioned are far more than the core 40 hours which is what pharmacies are required to open by their NHS contract. ▪ Would an extended opening hours' service be commissioned to cover the extra opening hours to make it commercially viable if the footfall during the extended hours didn't warrant opening? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment refers to references to extending opening hours throughout the PNA as well as page 95 ▪ NHS England has asked HWBs not to make firm recommendations with respect to how identified needs and improvements should be met i.e. the PNA should not go beyond articulating the needs and improvements. This is because it is for commissioners to determine how to address the gaps, needs and improvements through commissioning strategy. It may be that NHS England does commission a service but it is not for the PNA to direct this ▪ The PNA Steering Group noted the comment 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Oakdale Pharmacy N2 8AQ	<ul style="list-style-type: none"> ▪ The document states applications that would be prioritised for future applications for Pharmaceutical services. ▪ This is very dangerous for future applications as it's very clear that the present Pharmacies are wanting to offer the services but the commissioners are not providing the ways of getting accredited for providing the service. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that this comment is similar to that raised by the LPC and NHS England above and that no additional amendments over and above those already described are required ▪ The concerns regarding the commissioning of services and support with accreditation were noted with a view to flagging this with commissioners 	No
Boots UK	<ul style="list-style-type: none"> ▪ A need for enhanced consultation room facilities will be driven by commissioned services so if no services are commissioned that require a sink then there is no incentive for a pharmacy to invest in installing one. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the comment refers to the aspirations for pharmacy services and premises as set out in the table on page 95 of the PNA ▪ It was noted that some existing services e.g. London Pharmacy vaccination service require appropriate infection control measures (which would include a sink) to be in place; and some of the potential future services e.g. NHS Health Checks, would require this facility if commissioned ▪ The PNA Steering Group noted the comment 	No
Pelican Healthcare Limited NW9 5XY	<ul style="list-style-type: none"> ▪ We believe that if a need exists then, it is our duty to facilitate this need, adapting the way we do our daily business to suit the needs of a patient, and thus reducing the demand on other services. ▪ We have also had a patient first motto, and this has continued throughout our Company at all our sites. ▪ Our DAC has adapted through the years to ensure that we can offer the best service possible to our patients. ▪ Our staff ensure that they work closely with the surgeries to ensure that, prescriptions are managed correctly and requests are made for items that are required and not just repeated. ▪ With the way we work closely with the Patients, this avoids un-necessary demands on other services, using our own specialist nurses for help and advice and where necessary visits to assist any problems a patient may have. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment which has been made from the perspective of the service which the DAC provides 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Oakdale Pharmacy N2 8AQ	<ul style="list-style-type: none"> ▪ TCES is an important service that could be provided by Pharmacies. ▪ Providing mobility aids to the house bound or those just coming home from Hospital would be an invaluable service and would speed up patients leaving Hospital beds earlier. ▪ Could this service not be commissioned from Pharmacy? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that “Transforming Community Equipment Services” have been successfully commissioned from pharmacies in some areas ▪ It was noted that there is CLCH and LA store for mobility aids, so a service is already commissioned. Furthermore, there is no identified need to commission the service via community pharmacy 	No

Are you aware of any pharmaceutical services, which have been commissioned, but which have not been included in the PNA?			
Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Pelican Healthcare Limited NW9 5XY	<ul style="list-style-type: none"> ▪ Although we have been on previous documentation, it would be great to see us there with an explanation of what we do as a Dispensing Appliance Contractor, and specialise in. ▪ We have found that knowledge of what we do and offer is not widely available to Patients and GP's where a need for our services exists. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the following sections make reference to the DAC: <ul style="list-style-type: none"> ○ Scope (page 5) – provides an overview of the essential and advanced services provided by DACs ○ Dispensing (page 39) makes reference to DACs in relation to the dispensing of prescriptions issued by Barnet prescribers ○ Stoma Appliance Customisation Service (pages 61 – 63) and AURs (pages 64 – 66), where the analysis and text makes reference to this DACs and DACs in general ▪ The PNA Steering Group agreed to amend the PNA (page 39 of the draft) to make reference to DACs providing repeat dispensing and EPS 	Yes

Is there any additional information which should be included in the PNA?

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
<p>NHS England London Region</p>	<ul style="list-style-type: none"> ▪ Apart from a single reference to them on page 5, the PNA does not set out how it has taken into consideration the provision of pharmaceutical services to residents living in care homes. We believe this to be an omission 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that this observation, by NHS England, is not correct. The following pages make reference to Care Homes: <ul style="list-style-type: none"> ○ Page 14, under Older People which mentions the increased vulnerability of those living in care homes to depression ○ Page 14, there is dedicated section to care homes, which notes recommendations from the NICE guidance SC1 in relation to medicines management ○ Page 95, includes an aspiration for pharmacies to provide advanced services in the domiciliary setting, including care homes (subject to NHS England approval) ▪ The PNA Steering Group concluded that the PNA makes sufficient reference to the specific pharmaceutical needs of people in care homes; and outside of these, their needs have been considered alongside the general population 	<p>No</p>
<p>NHS England London Region</p>	<ul style="list-style-type: none"> ▪ What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves? <ul style="list-style-type: none"> ○ The PNA states (pg 23) that they are piloting a MAS and are developing a pharmacy led service. However there is no further explanation of this. ○ Pg 92 discusses “looking to the future” potential service developments but also stresses that their local strategies are still in developments so are unable to set out specific circumstances where services will be commissioned. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the minor ailments service is still a pilot and that the PNA provides as much information as is available at the time of publication ▪ The comment was noted 	<p>No</p>

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	<ul style="list-style-type: none"> ▪ Reference is made on page 24 to using 2012/13 pharmacy data from the HSCIC. 2013/14 data has been available on that site since November 2014. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that HSCIC data, as described on page 24 of the draft PNA, has been used for benchmarking purposes ▪ The 2013/14 data hasn't been used for the PNA because this does not provide the same level of detail as the 2012/13 data i.e. information is only available at local area team, regional & England level ▪ Whilst the updated information could be used for the regional and England comparison, this would mean that the benchmarking data for the CIPFA comparator areas would not be comparable 	No
NHS England London Region	<p>Does the PNA consider the following factors in terms of “benefits of sufficient choice - What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?</p> <ul style="list-style-type: none"> ▪ No. Although the PNA does state that there is good access and choice of pharmacy, we cannot find any narrative that describes the choice of providers. Whilst this could be implied by the information given in terms of the names of the pharmacies, these are the trading names and do not always identify the owners. The PNA states that in most localities there is good access and choice of pharmacy. <p>The PNA does identify that there are some areas of Barnet where residents may need to travel more than a mile to access a pharmacy – this is particularly where there are lower population densities. (eg page 27). The PNA has discussed that the borough will need additional providers due the level of development in the borough, it discusses the need for an additional 2 pharmacies to maintain the Barnet average.</p>	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the NHS England standard operating procedure proposes its own parameters for considering choice; however, the Regulations only require that HWBs consider “whether in its area there is sufficient choice with regard to obtaining pharmaceutical services” and do not include any further explicit requirements about how this assessment should be made ▪ The draft PNA states the factors which were taking into account when considering choice. These were considered in a detailed discussion paper by the PNA Steering Group on the 8 September 2014; the paper included an appendix setting out a summary of previous ‘unforeseen’ benefit applications. ▪ Contractor type (independent pharmacies and multiples; and more than one pharmacy in an area) was included within the discussion paper. All localities include a mix of contractor types. This was not considered to be relevant to the quality or availability of services. ‘Contractor Type’ had not formed the basis of any unforeseen benefits applications or appeals ▪ As well as considering choice in relation to the number of pharmacies per 100,000 and opening hours, the draft PNA looks at choice in relation to disabilities and protected characteristics (page 42 & 49) and in relation to non-pharmacy providers (e.g. SACs and AURs services, London Pharmacy Vaccination Service, EHC) 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Pelican Healthcare Limited NW9 5XY	<ul style="list-style-type: none"> I think it would be great if Trusts had access to literature from Pharmacies and DAC's so that as well as building a case file via this PNA, there could be information as to what is being accessed by patients to confirm how they publicise their services, ensuring that essential services do reach the end users. 	<ul style="list-style-type: none"> PNA Steering Group was advised that page 51 of the draft PNA includes the following statement "<i>There is a need to provide up to date information on pharmacy services and opening hours in a variety of forms, rather than relying on NHS Choices</i>" It was that this would be amended to include dispensing appliance contractor services 	Yes
Pelican Healthcare Limited NW9 5XY	<ul style="list-style-type: none"> As there are no dedicated questions for DAC's, I feel that we may be overlooked, and would like to see a dedicated section for our licences, and knowledge about our services. 	<ul style="list-style-type: none"> Question 9 on the consultation response form inadvertently did not make reference to DACs, however, the draft PNA does include DACs in the analysis in the relevant sections (refer to comment and response on page 30 of this appendix) The PNA Steering Group determined that no further changes, over and above those already agreed, were required 	No
NHS England London Region	<ul style="list-style-type: none"> The PNA does not appear to have taken into consideration how dental services can have an impact on the need for pharmaceutical services 	<ul style="list-style-type: none"> The PNA Steering Group was advised that pharmaceutical services in relation to dental needs may include dispensing FP10 prescriptions, supplying sugar free medicines, and provision of health promotion advice However, it determined that a detailed assessment of dental services (and the optometry contractor profession) was not warranted "Supply of sugar free medicines may be particularly beneficial for children" will be added to the 'meeting the needs of those with protected characteristics' 	Yes
NHS England London Region	<ul style="list-style-type: none"> Schedule 1, paragraph 3 – other relevant services: current provision 3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided: (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area; No. However, in making a number of statements highlighted above (SACs and AURs) the PNA does refer to these also being provided from outside of the area of the HWB. 	<ul style="list-style-type: none"> It was noted that NHS England has not stated why the section does not meet the requirement of the Regulations The Regulations only require a statement of pharmaceutical services to be included if such services have been identified The PNA Steering Group determined that the draft PNA does meet the requirements of the regulations in that it makes reference to AURs and SACs, provided from outside the HWB area and explores the contribution made by these providers (as highlighted by NHS England in its comment) 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	<ul style="list-style-type: none"> Schedule 1, paragraph 3 – other relevant services: current provision 3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided (c) in or outside the area of the HWB and, whilst not being services of the types described in subparagraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area. We cannot find such a statement. 	<ul style="list-style-type: none"> The PNA Steering Group was advised that the Regulations only require that HWBs make a statement if it has identified such services In Barnet, no pharmaceutical services have been identified outside of the area other than those described within the draft PNA and this is the reason that the PNA is silent 	No

Has the PNA provided adequate information to inform market entry decisions (NHS England only) or how you will commission services from pharmacy (all service commissioners)?

- NHS England stated that the draft PNA required clarification and amendment to reflect the detailed comments made in the consultation (as described throughout this appendix)
- No comments were received from potential service commissioners in relation to how services are commissioned from pharmacy

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

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Yes = 33.3% (n=4)	No = 8.3% (n=1) Not sure = 58.3% (n=7)	Not answered / Feedback Form Not Used / Not applicable (n=8)	
Links Pharmacy N2 0SZ	<ul style="list-style-type: none"> I am in a position to pursue by approaching the commissioner with propositions to provide services where currently there is a gap and as a result an opportunity 	<ul style="list-style-type: none"> The PNA Steering Group noted the comment 	No
Mango Pharmacy HA8 7HF	<ul style="list-style-type: none"> Section 3.4 provides an insight into future service provision 	<ul style="list-style-type: none"> The PNA Steering Group noted the comment 	No