

Cheshire East Pharmaceutical Needs Assessment 2022-2025: Consultation Feedback Report

As required by legislation, a consultation exercise with stakeholders was carried out between 1 April 2022 and 10 June 2022.

A total of 105 completed responses were received. There were also 354 partial responses: a partial response is where a person has started to complete the survey but never hit the submit button on the final page.

Only 12 respondents answered the questions in relation to whether the PNA supported market entry decisions, future commissioning decisions, and future provision (Question 3.1, Q3.2 & Q3.3). Of these 12 respondents, only a small proportion disagreed i.e., responded either “Tend to disagree” or “Strongly disagree” (Table A). No respondents had strongly disagreed.

The draft PNA concluded that **pharmaceutical provision within Cheshire East is currently adequate**, only 28 out of 105 respondents (27%) agreed with this statement, 13 of whom strongly agreed (question 8.1 in the Table A). Considerably more respondents disagreed with this statement than during the last PNA consultation conducted in 2018, with 55 out of 103 disagreeing (53%). Further analysis of the full responses showed that a large proportion (59%, 61 responses) were from residents of one area, we will refer to this as **Area A**. This disproportionate representation from one area was skewing the analysis of both the closed questions and the concerns raised in the open questions. All other areas outside of Area A will be considered as **Area B**.

The majority also disagreed with the statement that the PNA reflected the needs of the local population (Q5.2). This remains the case when Area A and Area B responses are analysed separately. However, some residents of areas within Area B made specific reference to the provision within Area A. If the responses that relate to the provision in Area A are further excluded from the Area B group, this would result in only 21% disagreeing and most (46%) agreeing that it does reflect the needs.

Table A - Comparison of negative responses to closed questions, responses in relation to Area A and Area B*

Closed Questions	Answer*	Area A		Area B		All Full Responses		Area A vs Area B
Q3.1 market entry decisions	Disagree	0%	0/1	9%	1/11	8%	1/12	Similar
Q3.2 how pharmaceutical services may be commissioned in the future?	Disagree	0%	0/1	27%	3/11	25%	3/12	Significantly different
Q3.3 future pharmaceutical services provision	Disagree	0%	0/1	18%	2/11	17%	2/12	Similar
Q5.1 reflects the current provision	Disagree	77%	47/61	39%	17/44	61%	64/105	Significantly different
Q5.2 reflects the needs	Disagree	79%	46/58	49%	21/43	66%	67/101	Significantly different
Q8.1 Agreement with overall conclusion	Disagree	67%	40/60	35%	15/43	53%	55/103	Significantly different
Q4.1 How clear is the purpose	Unclear	8%	5/60	7%	3/43	8%	8/103	Similar

*Disagree = Tend to disagree + Strongly disagree responses. Unclear = Somewhat unclear + Very unclear responses. Area A- the area over-represented within the consultation- see explanation in the preceding paragraphs. Area B-all other areas outside of Area A.

The table above shows how the two geographies differ: -

- In Area A, 75% (40/61) of respondents disagreed with the overall conclusions, significantly higher than the proportion in the Area B sample where only 35%, 15 out of 43 who responded to this question, disagreed.
- Of those that disagreed, 35 people (88%, 35/40) from Area A gave more detail in the free-text questions.

Within the Area B group, 10 residents (67%) chose to leave further comments. These revealed that a further 6 responses related to the pharmacy provision within Area A. If these were reassigned to Area A responses, only 9 out of 43 or 21% within the Area B group would then disagree with the statement.

When the closed questions were analysed between agree and disagree responses, and clear and unclear responses only, the proportions calculated with confidence intervals show that: all responses were significantly different in Area A, whereas within the Area B group, only the proportions to Q4.1 “How clear is the purpose” were significantly different.

A total of 76 respondents gave additional detail in the open questions: 52 were residents of Area A, a further 8 responses related to the provision in that area and only 16 related to the rest of Cheshire East (21%).

All open responses were analysed to identify themes (Table B):

- Most respondents gave multiple comments spanning several themes across the five open questions.
- There were **190 individual concerns** raised by **76 respondents** across **17 identified themes**
 - 141 (74%) of these were from residents of Area A.
 - A further 24 concerns were from 8 people living outside of Area A but relate to the pharmacy provision within Area A.
 - This leaves 25 concerns not identifiable as relating to Area A.

Table B- Summary of themes from open question responses*

Themes - Performance Issues	Number of people raising this concerns	% of concerns				
		All		Area A residents		Area B residents
Unreliable opening times	25	13%	22	12%	3	2%
Poor service	28	15%	24	13%	4	2%
Inadequate staffing levels	27	14%	21	11%	6	3%
Staff bad attitude	11	6%	9	5%	2	1%
Medications running out, can't fulfil prescriptions	26	14%	21	11%	5	3%
Prescriptions lost	3	2%	3	2%	0	0%
Long delays on prescriptions	19	10%	13	7%	6	3%
	139	73%	113	59%	26	14%
Themes - Other						
Privacy issues	1	1%	1	1%	0	0%
No free delivery of prescriptions	4	2%	3	2%	1	1%
Refusal of GP Practice to use electronic prescriptions	10	5%	8	4%	2	1%
Improvements in Minor ailment/Advice	1	1%	1	1%	0	0%
Equality considerations	8	4%	4	2%	4	2%
Impact of housing developments	7	4%	3	2%	4	2%
Positive feedback	3	2%	0	0%	3	2%
Issue with PNA document	7	4%	3	2%	4	2%
Specific question	1	1%	0	0%	1	1%
Specific recommendations	9	5%	5	3%	4	2%
	51	27%	28	15%	23	12%
Total concerns	190	100%	141	74%	49	26%
Total respondents	76	76	52	52	24	24

*Area A- the area over-represented within the consultation- see explanation in the preceding paragraphs. Area B-all other areas outside of Area A.

Due to the volume of partial responses, we also analysed these to look at the closed question responses, check the themes in the open questions and establish whether they told a similar story to the full responses. Of the 354 partial responses, 108 were blank and a further 179 only answered Q1 or Q1 and Q2, which relate to respondent characteristics rather than views on the PNA itself. Therefore, 287 (81%) were excluded from the analysis.

Of the remaining 67 responses:

- Only 7 respondents made additional comments. There were no new themes identified:
 - 2 respondents, 4 concerns related to Area A –
 - Performance issues: Poor service; unreliable opening times; medications running out; can't fulfil prescriptions.
 - Concerns about future housing developments.
 - 5 respondents, 5 concerns related to other areas –
 - Performance issues: Poor service.
 - Issues with PNA document: size of document; how to identify poor performing contractors.
 - Equity issues: accessibility for older people.

Overall, the partial responses match the full responses in terms of being clear on purpose 63% (40/63) and disagreeing with the conclusions, 50% disagreed with the findings, however, this only represents 4 out of 8 people who responded to Q8.1. Only 5 respondents answered the questions in relation to whether the PNA supported market entry decisions, future commissioning decisions, and future provision (Question 3.1, Q3.2 & Q3.3), none disagreed. Of the partial responses, fewer disagreed that the PNA reflected current provision (Q5.1 37%, 22/60) and need (Q5.2 42%, 25/59). Out of the four people who disagreed with the conclusions of the PNA, only 1 person made additional comments.

**Please note - some of the response denominators are different as some respondents skipped questions. We cannot assume how a person would have responded so they are excluded from the calculation.*

It was not possible to do any geographical analysis on the partial responses as only 3 respondents provided a postcode, all of whom were responding on behalf of organisations as opposed to answering as a resident, so the postcode is not representative of a particular area and 2 of these did not answer any further questions.

Further to the responses received via the consultation questionnaire, we received separate advice regarding specific sections from other departments within Cheshire East Council. Also, targeted advice from other local authority areas' public health departments who are currently producing their own PNAs, where housing developments and pharmacy provision in their area impacts on the information and conclusions of Cheshire East's PNA.

All concerns raised have been duly considered and where necessary appropriate actions taken and documented in a formal action log. This has involved additional wording to clarify the conclusions drawn within the PNA.

An outline of these is given in Table C.

Table C- Consultation feedback and actions taken to address feedback

Consultation response	
Performance issues	Action taken
<p>Various themes related to the performance of community pharmacies: unreliable opening times; poor service; inadequate staffing levels; staff bad attitude; medications running out; can't fulfil prescriptions; long-delays with prescriptions; prescriptions lost.</p> <p>These have been grouped as the response is the same: 113 performance concerns raised in Area A 26- Area B 6 Partial responses: 4 Area A and 2 Area B</p>	<p>Any performance issues with community pharmacies need to be addressed by NHS England (NHSE) who manage the contracts with the pharmacies, this includes core opening hours, Essential and Advanced services (please see section 4.0 for a definition of these). NHSE are responsible for considering applications for new pharmacies (please see section 2.1.3 on purpose of the PNA). NHS England have highlighted that the following issues will be picked up by their quality assurance processes: unreliable opening times; privacy issues; medications running out; and prescriptions lost. However, NHSE also highlighted that poor service inadequate staff levels above the minimum stipulated within the contract, bad staff attitude and long delays are subjective and not performance managed, but NHSE would work with the Local Pharmaceutical Committee to raise any reported concerns with the contractor.</p> <p>An appendix showing the steps residents can take to complain has been developed and included within the PNA, "How to complain" (Appendix H). A link will also be provided on the webpage where the PNA will be held once published.</p> <p>During the Covid-19 pandemic, community pharmacy services were a vital part of the healthcare system and vaccination delivery programme. This did mean that waits for prescriptions were longer, and queues could appear long due to social distancing measures.</p> <p>Residents who are finding it difficult to access their local pharmacy and/or have mobility or transport issues, may be able to request that their prescription is delivered by the pharmacy or posted to them. Many local pharmacies offer delivery services for residents who meet certain criteria, although there may be a charge for this. Distance Selling Pharmacies (also known as internet pharmacies) provide services without face-to-face contact and will deliver by post / courier services. You can nominate any pharmacy to process your prescriptions, not just the one in your neighbourhood. See section 13 for more information on Prescription Collection and Delivery</p>

Consultation response	
	<p>Services. Using the NHS App or a similar online service or app can make the process of ordering repeat prescriptions simple and convenient.</p> <p>All GP Practices should offer Electronic Prescription Service (EPS). We understand that there were problems with a particular GP Practice in Area A, but this has now been resolved.</p> <p>Dispensing GPs support provision in rural areas section 10.</p>
Theme: Electronic Prescription Service and delivery of prescriptions	Action taken
11 Area A 3 Area B	See explanation above regarding EPS, delivery and postal.
Theme: Equity Considerations	Action taken
4 Area A – Older people, disability, and mobility. 4 Area B 1 Partial	<p>A comprehensive Equality Impact Assessment (EIA) was undertaken as part of the PNA process. This led to targeted approaches to specific organisations that supported people with protected characteristics to encourage their engagement in the consultation process.</p> <p>A copy of the EIA will be available on the webpage when the PNA is published and is also available at https://www.cheshireeast.gov.uk/council_and_democracy/council_information/equality-and-diversity/equality_analysis.aspx. This included the additional patient groups identified in the DHSC guidance “PNA: Information pack for local authority health and wellbeing boards” published in October 2021.</p> <p>Section 16 within the PNA looks at protected characteristics and how pharmacies have adapted their premises and services to accommodate some of these. It collated information from both the contractor and public survey. Information, where available, regarding the additional patient groups identified in the DHSC guidance “PNA: Information pack for local authority health and wellbeing boards” published in October 2021 has been included in the 16.0 Ethnicity and Other Protected Characteristics section. Given the nature of these communities, Census 2011 data was considered</p>

Consultation response	
	<p>unreliable. Also, Census 2011 did not include Roma ethnicity. The additional information included related to:</p> <ul style="list-style-type: none"> 16.4.4 Veteran estimates included 16.5.1 Gypsy Roma Traveller communities included 16.5.1 Refugees and Asylum Seekers included 16.7 People in prison, 16.7 People experiencing homelessness <p>Concerns were raised that the poor performance of the local pharmacy provider would impact disproportionately on elderly residents, those with disabilities and mobility issues and their carers. As well as highlighting that performance management issues are managed by NHSE, and providing a guide for residents explaining complaints processes, individuals could also consider EPS, postal and delivery options. (see section above).</p> <p>Anyone can access advice or minor ailments services offered at a pharmacy regardless of having a fixed address or even residency in the area. This means that pharmacies are open to people experiencing homelessness, Gypsy, Roma and Travelling communities, refugees and asylum seekers and visitors to the area for business, holiday, sporting events or visiting friends and relatives.</p>
Privacy issues	Action taken
<p>Disclosure of personal information when others are around.</p> <p>1 Area A</p>	<p>Additional wording included in section 16.6.5 to clarify the public survey results concerning privacy. All pharmacy premises need to provide a consultation room or area. Patients can always ask to have a consultation in private if it is not automatically offered by the pharmacist. If you feel that your needs have not been met, you can complain. (see How to complain guide).</p>
Future housing developments	Action taken
Concerns that pharmacy provision may not be adequate to meet the population needs of	<p>All housing development numbers presented in the PNA are taken from the Local Plan and constrained to the lifetime of the PNA i.e. April 2021 to March 2025. Any prior phases of housing developments will have been considered in the previous PNA 2018. The Local Plan was used to</p>

Consultation response	
<p>various areas once all proposed housing developments are complete:</p> <p>3 Area A 4 Area B 1 Partial responses</p>	<p>estimate the number of houses to be built in each the of care communities and estimated increases in populations were calculated using standard ONS methodology.</p> <p>The Housing Development section 15.2 was revisited in light of concerns raised. Additional mapping was done to confirm findings. As a result, there was minor rewording within the section to clarify the findings and also include new information from Strategic Planning and Stockport Local Authority.</p> <p>The steering group concluded that the original findings are still true, and that planned development and population growth within Cheshire East could be managed within the capacity of existing provision. The PNA has been reviewed by Cheshire East Strategic Planning Department.</p> <p>The public health intelligence team will review housing developments throughout the lifetime of the PNA and will regularly consider the need for supplementary statements.</p> <p>EPS, postal and delivery options can all help support people in rural communities.</p>
<p>Improvements in minor ailment support/advice</p> <p>1 Area A</p>	<p>Commissioned by the ICS (formerly Cheshire CCG)</p> <p>Section 7.2.2 gives details of numbers providing this service.</p>
<p>Issues with PNA document</p>	<p>Action taken</p>
<p>Size of the document and difficult for the general population to understand</p> <p>3 Area A 4 Area B 3 Partial</p>	<p>The PNA is a technical document produced to enable NHSE to consider pharmacy applications (please see section 2.1.3 on purpose of the PNA). We have produced an executive summary and Plain English summary to help the public to understand the findings and key messages.</p>

Consultation response	
<p>1 response within consultation responses re Saturday opening for Boots, Audlem</p> <p>1 E-mail Saturday opening for Rydale, Crewe</p>	<p>Opening hours correct within data workbook and graphs in Section 12 but correct data not pulled through to care community tables Appendix B.</p> <p>Opening hours in Appendix B updated for providers.</p>
<p>Public survey not representative of Cheshire East population</p> <p>1 Area A</p>	<p>The narrative has been expanded in the Appendix A – The Public Survey. It now describes the distribution process used for the patient survey and demonstrates how we endeavoured to capture the views of as many residents and pharmacy users as possible.</p> <p>Unfortunately, we cannot control who completes the survey. We can only promote and make it as widely available as possible. Any learning from this was fed back through the EIA to inform the consultation process.</p>
<p>Quote from one responder: “The emphasis seems to be on the provision of ancillary services that thankfully affect a relatively small proportion of the population, rather than the more general needs of the majority of the population for acute issues and the supply of prescription medication”</p>	<p>The PNA presents data and information on all aspects of pharmaceutical services. Essential Services described in Section 5.0 includes dispensing. Dispensing data is presented in Section 13.0. Essential Core services need to meet standards to comply with NHS England (NHSE) Contract. NHSE also monitors Advanced services.</p>
Specific Issues	Action taken
<p>Blood pressure</p>	<p>Hypertension is one of the chronic conditions identified in Section 17.3.3 and Table 16 within the PNA.</p> <p>Hypertension case finding is a new commissioned Advance service from 1 October 21. (See section 6.1)</p>

Consultation response	
	<p>As of week-ending the 1 July 2022, 59 pharmacies within Cheshire East were signed up to deliver this service.</p> <p>Additional wording giving the current number of pharmacies signed up for to the hypertension case finding service in section 17.3.3 of PNA.</p>
Provision of cheap medicine with toxic ingredients	<p>All medicines are regulated by Medicines and Healthcare products Regulatory Agency (MHRA) and cannot be sold over the counter or supplied on prescription without going through all the marketing authorisation processes with the MHRA. This means that the cost of a medicine will not have any influence on quality.</p> <p>There is always a chance someone will react adversely to any ingredient in any medicine. If you get any side effects, talk to your doctor, pharmacist, or nurse. You can also report side effects directly via the Yellow Card Scheme at: https://yellowcard.mhra.gov.uk/information</p>
Mental health services	<p>There are not any mental health services commissioned from our community pharmacies at present. However, there are pilot projects underway elsewhere in the region, which Cheshire East can learn from in the future.</p>
Extension of GP dispensing - greater flexibility that is patient centred, putting their needs before any commercial arrangements.	<p>There is specific legislation regarding the operation of Dispensing GPs.</p> <p>See Section 10.0 Dispensing Doctors for details</p> <p>Analysis of the dispensing doctors survey concluded that there is no significant gap in provision of Essential pharmaceutical services for the population served by dispensing doctors. See Appendix F for the dispensing doctors survey results.</p>
Ongoing covid vaccination via pharmacies	<p>The recommended delivery model for the Autumn programme is outlined in the published NHS letter regarding COVID-19 Vaccination Autumn / Winter (Phase 3) planning where it recommends deploying delivery models that “spread capacity across community pharmacy, vaccination centres and general practice”.</p>

Consultation response	
	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1327-covid-19-vaccination-autumn-winter-phase-3-planning.pdf
Specific recommendations	Action taken
Nurse triage	Anyone referred to pharmacies from NHS111 or a GP Practitioner will have been triaged or sign-posted by an appropriate individual according to their processes. Pharmacists can triage within the Boundaries of Clinical Practice Statement (BCPS). Nationally this is being considered as future service development.
e-Cigarettes	Section 6.7 talks about the Smoking Cessation Service (SCS), which was commissioned as an Advanced service from 10 March 2022. This will include pharmacists: - <ul style="list-style-type: none"> • Undertaking a CO test; • Provision of behavioural support; and • Supply of Nicotine Replacement Therapy (NRT) – this will be initially determined by the details of NRT supplied at discharge from hospital. Pharmacies can sell NRT products including e-cigarettes in the same way as other retailers.
Improved Hormone Replacement Therapy (HRT) services	This is not within the remit of the PNA. There have been national issues with prescribing and shortages of HRT products. The UK medicines regulator, the MHRA, is proposing to reclassify a product called Gina10, or estradiol - which treats vaginal dryness caused by lack of oestrogen - as a pharmacy medicine. This change would make it available to buy in pharmacies without prescription. Pharmacists will have access to training materials and a checklist to help them identify women who can be offered the treatment.
On-line publication of opening hours not just local press	This is already the case. You can use the NHS “Find a Pharmacy” webpage, this gives you the ability to search by town, city, or postcode in England. It then provides opening times plus map and directions.

Consultation response	
	https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy
Co-ordination between GP and Out of Area Pharmacies	<p>You can nominate any pharmacy to process and deliver your prescriptions, not just the one in your neighbourhood.</p> <p>Anyone can access advice for minor ailments services offered at a pharmacy regardless of having a fixed address or even residency in the area. This means that pharmacies are open to visitors to the area for business, holiday, sporting events or visiting friends and relatives.</p>
1 Email regarding additional planning application	The Housing Development section 15.2 was revisited. Additional mapping was done to confirm findings. There was minor rewording within the section to clarify the findings and include new information from Strategic Planning and Stockport Local Authority.

The Cheshire East PNA Steering Group have examined all the consultation responses received, any additional information collated as part of the response exercise and the reworked sections of the revised PNA. After careful consideration and appropriate advice seeking from NHS England, the steering group has concluded that the original statement remains valid, that there is adequate provision in regard to location, number and distribution of pharmacies providing Essential and Advanced services during standard core hours to meet the needs of the Cheshire East population.

Concerns raised regarding specific pharmacies via this consultation process have been raised with NHSE who manage the pharmacy contracts. The performance and quality of community pharmaceutical providers are outside of the scope of the PNA. However, it is important for residents to raise these concerns, particularly if they affect patient safety. Residents can complain regarding issues relating to a specific pharmacy via the information provided.

Over the lifetime of this PNA, the Health and Wellbeing Board will actively consider pharmacy issues and need over the next three years and regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge¹.

Additional changes after 10 June 2022 following feedback from members PNA steering group

Updates to the wording have been made to reflect changes to the organisation of health and care across Cheshire East since 1 July 2022, and current thinking in relation to this in:

- Executive summary
- 2.1.4
- 2.3.2
- 2.7.3
- 2.8
- 20.5.1
- 20.6.3

A correction regarding the dates of the pharmacy contractors survey was made to section 2.4.3. Section 2.5 has also been updated to describe the approach to public consultation. Section 6.3 has been updated to include the Hepatitis C service extension end date.

¹ Legislation.gov.uk (2013) The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Subsequent assessments. Available from: <https://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>