

Pharmaceutical Needs Assessment

*Appendix I
Consultation Feedback & Outcome*

**Croydon Pharmaceutical Needs Assessment
Consultation Feedback and Outcome**

1. Accuracy

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

| Organisation | Suggested Inaccuracy | PNA Steering Group Decision | PNA Amended? |
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| Boots 118-120 Brighton Road, CR5 2ND | <ul style="list-style-type: none"> ▪ Pharmacy is open on Sunday; 10am - 4pm | <ul style="list-style-type: none"> ▪ Pharmaceutical List and Questionnaire both state the pharmacy is closed on Sundays ▪ Boots Healthcare Development Manager has confirmed that the change in hours occurred after the PNA was issued for consultation ▪ Boots is advising NHS England that the supplementary hours have changed (this will take effect mid-April 2015) ▪ The PNA Steering Group noted the change and agreed that the PNA tables, maps and text will be updated to reflect the revised opening hours on a Sunday | Yes |
| Croydon LPC | <ul style="list-style-type: none"> ▪ Shirley Pharmacy ▪ Confirm if NMS provided or not | <ul style="list-style-type: none"> ▪ Shirley Pharmacy did not return a questionnaire ▪ NMS activity data shows no activity for this pharmacy ▪ PNA concludes the pharmacy does not offer the service | No |
| Croydon LPC | <ul style="list-style-type: none"> ▪ Boots Pharmacy, CRO 1LD ▪ Confirm if MURs and NMS are provided | <ul style="list-style-type: none"> ▪ This branch of Boots does not have a consultation area ▪ The questionnaire confirms that these services are not provided | No |
| Croydon LPC | <ul style="list-style-type: none"> ▪ Medipharm opening hours on Saturday are 09:00 - 13:00 not 09:00 - 18:00 | <ul style="list-style-type: none"> ▪ The draft PNA was based on the community pharmacy questionnaire which stated Saturday opening as 09:00 - 18:00. Post consultation the pharmacy has confirmed this was an error. The actual Saturday opening hours are 09:00 -13:00 ▪ The PNA Steering Group noted the change and agreed that the PNA tables, maps and text will be updated to reflect the correct opening hours on a Saturday | Yes |
| Croydon Public Health Team | <p>NHS Health Checks</p> <ul style="list-style-type: none"> ▪ Mayday Community Pharmacy not accredited to provide the service | <ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that this was an error on the map only | Update map |

| Organisation | Suggested Inaccuracy | PNA Steering Group Decision | PNA Amended? |
|-------------------------------------|--|--|--------------|
| Croydon Public Health Team | <p>Stop Smoking Service</p> <ul style="list-style-type: none"> ▪ Questions have been raised regarding the accuracy of pharmacies commissioned and activity data | <ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that: <ul style="list-style-type: none"> ○ A validation exercise, using the results of the questionnaire, historical commissioner lists (CCG and Public Health) and activity data for 2013/14 was underway. A final position would be agreed with the commissioners with respect to which pharmacies have been commissioned to provide the service ○ The activity data was being checked with a view to correcting anomalies in the final PNA ▪ The PNA Steering Group agreed the approach ▪ Following completion of this exercise, the number of pharmacies commissioned to provide the service has been confirmed as 59; and small inaccuracies in the activity data have been identified ▪ The PNA tables, maps and text will be updated | Yes |
| DAAT, Integrated Commissioning Unit | <p>Supervised consumption service</p> <ul style="list-style-type: none"> ▪ 4 pharmacies have been omitted from the PNA (Superdrug CR0 1US; Hobbs Pharmacy CR8 5JE; Andrew McCoig Pharmacy CR0 8TE; Shirley Pharmacy CR0 8SS) ▪ Infohealth Pharmacy CR5 2RA does not provide the service ▪ No. of clients per locality is incorrect | <ul style="list-style-type: none"> ▪ PNA Steering Group noted the inaccuracies and were advised that the commissioners had also confirmed that Lloyds Pharmacy, CR2 8LH is not on the commissioner list ▪ Post meeting it was identified that Boots CR0 6RD and Lloyds CR2 8LG were also omitted from the draft PNA ▪ The PNA tables, text and maps will be updated to reflect the inaccuracies | Yes |
| DAAT, Integrated Commissioning Unit | <p>Needle exchange service</p> <ul style="list-style-type: none"> ▪ There are 15 pharmacies accredited to provide needle and syringe programme ▪ The following pharmacies are not on the list and map: (Shirley Pharmacy CR0 8SS; Sainsbury Pharmacy SE19 3RW; Dougans Pharmacy – CR0 0QF) ▪ Brigstock Pharmacy CR7 7JN does not provide needle and syringe programme | <ul style="list-style-type: none"> ▪ PNA Steering Group noted the inaccuracies ▪ The PNA tables, text and maps will be updated to reflect the inaccuracies | Yes |

2. Detailed Comments

Overall, many respondents were generally very complimentary about the structure, content and level of detail included within the PNA.

This section sets out the detailed comments, which were received during the formal consultation and which required further consideration or decision by the PNA Steering Group. The section has been organised in accordance with the specific questions asked within the consultation response template. Where no specific comments were received then this has been noted. All minor queries e.g. grammatical or typographical errors have been addressed but not included within the report.

| PNA Section 1.1 - Has the purpose of the PNA been explained sufficiently? | | | |
|--|----------------------|-----------------------------|--------------|
| Organisation | Suggested Inaccuracy | PNA Steering Group Decision | PNA Amended? |
| One respondent noted that the rationale for the PNA was clearly explained. No further detailed comments were received. | | | |

| PNA Section 1.3 - Does this clearly set out the scope? | | | |
|--|---|---|--------------|
| Organisation | Detailed Comment | PNA Steering Group Decision | PNA Amended? |
| NHS Croydon CCG | <p>Draft PNA: Page 5</p> <ul style="list-style-type: none"> ▪ The table giving the types and number of pharmacy contracts the ESPLPS or the bolt on LPS at Mayday Community Pharmacy has been included in both the national and the LPS. ▪ Either the bolt on LPS also needs to be added into the national as well making that 74 in total or the ESPLPS should be taken out making it 72. ▪ The internet pharmacy does not appear to be included in the figures | <ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the information in the table is correct in that: <ul style="list-style-type: none"> ○ There are 75 pharmacies and 1 DAC ○ There are 73 pharmacies with a national contract (includes the internet pharmacy & the pharmacy which also has an LPS bolted on) ○ There are 3 LPS contracts (one of these pharmacies also holds a national contract) ▪ It was agreed that additional information would be added to the table to provide greater clarity | Yes |
| NHS Croydon CCG | <p>Draft PNA: Page 5</p> <ul style="list-style-type: none"> ▪ The domiciliary medicines review service is actually commissioned by the Council | <ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the service is funded from the Better Care Fund and is commissioned and managed by the CCG ▪ The PNA will be updated to provide clarity | Yes |

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

| Organisation | Detailed Comment | PNA Steering Group Decision | PNA Amended? |
|---------------------------------|--|---|--------------|
| Public Health Intelligence Team | Draft PNA: Page 8 (Demography) <ul style="list-style-type: none"> ▪ Ethnicity: The section on diversity of language focuses on languages spoken within pharmacies. Much public health information will be in printed format. Do we know anything about the range of languages which information distributed in pharmacies is available in? | <ul style="list-style-type: none"> ▪ PNA Steering Group advised that there is no robust information on the range of languages used for printed material | No |
| Public Health Intelligence Team | Draft PNA: Page 9 (Demography) <ul style="list-style-type: none"> ▪ Population: Section entitled Population is actually about age and should be renamed to reflect this | <ul style="list-style-type: none"> ▪ The PNA Steering Group reviewed the section and did not agree with the comment as references are made to factors other than age | No |
| Public Health Intelligence Team | Draft PNA: Page 10 (Demography) <ul style="list-style-type: none"> ▪ Deprivation & Child Poverty: Can we give the London comparison here as we know London has higher child poverty than the rest of England? | <ul style="list-style-type: none"> ▪ The PNA Steering Group agreed to amend the PNA if the Public Health Intelligence Team could provide the relevant statistic | Yes |
| Public Health Intelligence Team | Draft PNA: Page 10 (Demography) <ul style="list-style-type: none"> ▪ Deprivation & long term unemployment: percentage decrease is confusing, give actual percentage for previous year | <ul style="list-style-type: none"> ▪ The PNA Steering Group agreed the information was confusing and that this should be removed | Yes |
| Public Health Intelligence Team | Draft PNA: Page 11 (Lifestyle) Poor diet: bullet 1 – only given the England comparison not the London one, bullet 2 gives no comparison. We should be consistent with how we compare | <ul style="list-style-type: none"> ▪ The PNA Steering Group agreed to the change if the data was available ▪ Post meeting it was confirmed that the statistics within the PNA came from Croydon’s Health Weight JSNA and relate to 2011/12; this did not include information for London ▪ The Public Health Outcomes Framework includes an updated position for Croydon for 2012/13; but has no comparator data for London and England ▪ The PNA will be updated to include the improved position | Yes |
| Public Health Intelligence Team | Draft PNA: Page 11 (Lifestyle) Risky sexual behaviour: bullet 3 – states that there is a correlation between alcohol and poor sexual health outcomes. However, this does not match the data shown. Croydon has worse sexual health than England as a whole according to all indicators shown BUT has lower proportions of hazardous and harmful alcohol consumption according to the section above. Therefore these data do not support a correlation | <ul style="list-style-type: none"> ▪ The PNA Steering Group noted that it is generally accepted that there is a correlation between alcohol misuse and poor sexual health outcomes; but it acknowledged that the bullet points don’t relate to the statement ▪ It was agreed that the wording of the PNA would be amended so it was clear that this was a general correlation; and that indicators would be included as ‘stand-alone text’ in the Health consequences of lifestyle section | Yes |

| Organisation | Detailed Comment | PNA Steering Group Decision | PNA Amended? |
|---------------------------------|---|---|---------------|
| Public Health Intelligence Team | Draft PNA: Page 12 (Health Needs) <ul style="list-style-type: none"> All sections: I think it would be helpful to include some rates of each of these conditions not just the mortality from them. From a pharmaceutical needs perspective the people living with these conditions are important as they will need to regularly access services | <ul style="list-style-type: none"> The PNA Steering Group was advised that prevalence data is only available based on GP registration (whereas the PNA is based on residency within Croydon); and that the QoF data tends to be estimated with prevalence often under recorded It was agreed that no changes were required | No |
| Public Health Intelligence Team | Draft PNA: Page 12 (Health Needs) <ul style="list-style-type: none"> CVD and Stroke: bullet 2 – example given are all medicinal. Pharmacies also give lifestyle advice, should give a few examples of these too. For example, stop smoking advice | <ul style="list-style-type: none"> The PNA Steering Group noted that the PNA gives examples of lifestyle advice and services offered by pharmacies on page 21 It was agreed that no changes were required | No |
| Public Health Intelligence Team | Draft PNA: Page 13 (Health Needs) <ul style="list-style-type: none"> Drug misuse: The prevalence estimates for HIV, hep B and hep C are all incorrect. According to PHE Shooting Up report, they should be: HBV 17%; HCV 53%; HIV 1.3% | <ul style="list-style-type: none"> The PNA Steering Group agreed that the figures should be checked against the PHE “Shooting Up report” and that the PNA should be amended if incorrect | Yes |
| Public Health Intelligence Team | Draft PNA: Page 13 (Health Needs) <ul style="list-style-type: none"> Alcohol misuse: bullet 2 alcohol dependence differences by ward were reported in the previous section (Lifestyle), don't need to repeat. | <ul style="list-style-type: none"> The PNA Steering Group noted that the information did not need to be repeated and that the PNA would be revised | Yes |
| Public Health Intelligence Team | Draft PNA: Page 13 (Health Needs) <ul style="list-style-type: none"> Sexual Health: <ul style="list-style-type: none"> bullet 1 – I am not sure premature death is the most important consequence of STI and HIV, rather the morbidity associated with infections and the long term health impact with regard to necessary complex treatment Bullet 1.2 I think the HIV prevalence quoted here is diagnosed prevalence, this is an important distinction given the high rates of late diagnosis. Therefore it should be stated as such. To indicate the importance of the undiagnosed fraction you could also give the PHE estimates for ratio of diagnosed to undiagnosed infection (I think the current estimate is 1/5 undiagnosed i.e. a ratio of diagnosed: undiagnosed of 1:4), though this would be available at national level only (I think) | <ul style="list-style-type: none"> The PNA Steering Group agreed that bullet 1 should be amended to include the additional information It was noted that Bullet 1.2 had been taken from the Public Health Outcomes Framework and is as stated in the draft PNA i.e. “People presenting with HIV at late stage of infection”; therefore, no change is required | Yes No |

| Organisation | Detailed Comment | PNA Steering Group Decision | PNA Amended? |
|---------------------------------|--|---|--------------|
| NHS Croydon CCG | Draft PNA: Page 13 (Health Needs) <ul style="list-style-type: none"> Hospital admissions: it would be good to state whether the hospital admissions being quoted are just for CUH or for any hospital that admits a Croydon Patient | <ul style="list-style-type: none"> The PNA Steering Group noted that the data is taken from the Public Health Outcomes Framework and relates to all hospital admissions | No |
| Public Health Intelligence Team | Draft PNA: Page 14 (Health Needs) <ul style="list-style-type: none"> Mental health – is there any ward level information given that this will be important in providing services in the correct locations? | <ul style="list-style-type: none"> The PNA Steering Group noted that no ward (or locality) information was available on mental health | No |
| NHS Croydon CCG | Draft PNA: Page 14 (Health Needs) <ul style="list-style-type: none"> Care homes- we have no care homes that are managed by the council. The council commission beds from approximately 60 care homes. It needs to be made clear that there are not all for older people we have very many learning disability homes and several for mental health rehabilitation | <ul style="list-style-type: none"> The PNA Steering Group noted that the information provided for the draft PNA had implied that the homes were managed by the Council It was agreed that the text would be amended so that is clear that the Council commissions beds from approximately 60 care homes The text will also to be updated to reflect the different types of homes | Yes |
| Public Health Intelligence Team | Draft PNA: Page 14 (Health Needs) <ul style="list-style-type: none"> Care homes – bullets 2-4 it is unclear whether these are Croydon specific estimates (I assume they are given numbers, but we should be specific) | <ul style="list-style-type: none"> The PNA Steering Group noted this information relates to Croydon and that this needs to be made clear in the document | Yes |
| NHS Croydon CCG | Draft PNA: Page 14 (Health Needs) <ul style="list-style-type: none"> Care homes- 5th bullet point, 5th point under that – I don't understand what this meant to say however would suggest the following is included if possible. <ul style="list-style-type: none"> Supporting residents to take a full part in making decisions about their medicines Medicines reconciliation Supporting care homes to determine the best system for supplying medicines for each resident. Produce medicines administration records wherever possible and which meet the requirements of NICE Advise on safe storage Support self-administration Support care homes in deciding the best time for residents to take their medicines including the review of medicines given during busy times. | <ul style="list-style-type: none"> The PNA Steering Group was advised that the bullet points provide a high level summary of NICE recommendations It was agreed that the text would be reworded to note Croydon's priorities, in the light of the NICE recommendations, using the bullet points stated in the detailed comment | Yes |

| Organisation | Detailed Comment | PNA Steering Group Decision | PNA Amended? |
|---------------------------------|---|---|--------------|
| Public Health Intelligence Team | Draft PNA: Page 15 (Health Needs) <ul style="list-style-type: none"> ▪ Disability – unclear whether figures quoted are specific for Croydon or are for England - specify numbers, but we should be specific) | <ul style="list-style-type: none"> ▪ Amend text to make it clear that the statistics relate to Croydon | Yes |
| NHS Croydon CCG | Draft PNA: Page 16 (National Strategy) <ul style="list-style-type: none"> ▪ Can we add in NHSE 5 year plan, which does include making more use of pharmacy | <ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the “5 Year Forward View” hadn’t been published a the time the consultation was initiated ▪ It was noted that the document makes very few specific references to pharmacy - specifically these are: <ul style="list-style-type: none"> ○ <i>“Build the public’s understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit”</i> ○ <i>Multispecialty Community Providers - “As larger group practices they could in future begin employing consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff”</i> ○ <i>Helping patients get the right care, at the right time, in the right place, making more appropriate use of primary care, community mental health teams, ambulance services and community pharmacies, as well as the 379 urgent care centres throughout the country... and far greater use of pharmacists</i> ▪ The PNA agreed that a short summary setting out the headlines from the “Forward view” and the specific opportunities for pharmacy would be included as above | Yes |

| Organisation | Detailed Comment | PNA Steering Group Decision | PNA Amended? |
|-----------------|---|--|--------------|
| NHS Croydon CCG | Draft PNA: Page 17 (Local Strategy) <ul style="list-style-type: none"> Public Health Priorities- it would be helpful if outcomes could be aligned with areas of focus- it seems a bit disjointed e.g. reduction of chlamydia is listed as an outcome but there is no focus on it or anything related to it | <ul style="list-style-type: none"> The PNA Steering Group was advised that the PNA reflects the information as provided by public Health It was noted that Public Health had recently agreed 10 new priorities and that these could be incorporated into the section providing the information is now in the public domain The alternative approach would be to restructure the table so that the outcomes don't sit alongside the areas of focus | Yes |
| NHS Croydon CCG | Draft PNA: Page 18 (Local Strategy) <ul style="list-style-type: none"> CCG Priorities- it would be useful to have a defined separation of the left and right hand side columns to make it easier to read and understand | <ul style="list-style-type: none"> The PNA Steering Group agreed to restructure the table to make the information clearer | Yes |
| NHS Croydon CCG | Draft PNA: Page 21 (Implications for the PNA) <ul style="list-style-type: none"> 2.5.2- screening and diagnostics – could we change the emphasis of ...some have already been commissioned to provide NHS Health Checks. Community pharmacists have been providing from the outset (indeed before GPs) so I think that should be reflected by saying something like –some pharmacies have been providing NHS Health Checks since its inception (we think it is around 4 years) | <ul style="list-style-type: none"> The PNA Steering Group agreed to amend the text as suggested | Yes |

| PNA Section 3.1 and 3.2 - does the information provide a reasonable description of the services which are provided by pharmacies and DACs and do you agree with the conclusions? | | | |
|--|--|--|------------|
| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
| NHS Croydon CCG | Draft PNA: Page 22 (Introduction and Approach) <ul style="list-style-type: none"> It would be useful to give an example of a relevant service as well as necessary [Refers to the table | <ul style="list-style-type: none"> The PNA Steering Group was advised that the comments refers to the table setting out the "Principles for determining necessary or relevant services" and that by definition, any pharmaceutical service or locally commissioned service which wasn't deemed to be necessary would be relevant by default It was agreed that the table heading would be amended to "Principles for determining necessary services" | Yes |

| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
|----------------------------|---|--|------------|
| NHS Croydon CCG | Draft PNA: Page 24 (Distribution) <ul style="list-style-type: none"> Mayday Community Pharmacy- it needs to be made clear that if the LPS is terminated that they will remain open with their hours returned to normal- need to confirm but think it is 9-7.30 (M-F) and 9-6 (Sat) | <ul style="list-style-type: none"> The PNA Steering Group agreed to amend the PNA making it clear that if the out of hours LPS is terminated then the pharmacy will remain open and will revert to its former hours NHS England will be asked to confirm the former hours and these will be included in the final PNA providing the information can be verified | Yes |
| NHS Croydon CCG | Draft PNA: Page 29 (Opening Hours) <ul style="list-style-type: none"> Current picture –weekdays- stating that all pharmacies open from 9am to 5.30pm then this is contradicted when the half day closing is mentioned further down – could a note be added to it? | <ul style="list-style-type: none"> The PNA Steering Group agreed to amend the PNA to state “on most days, pharmacies open from 9am - 5:30pm)” | Yes |
| NHS England | Draft PNA: Page 38 (Cross border dispensing) <ul style="list-style-type: none"> Dispensing – Wandsworth Salts Medilink has now closed in Wandsworth and relocated outside the borough | <ul style="list-style-type: none"> The PNA Steering Group agreed to add a footnote, stating that this DAC has now relocated to a more distant area | Yes |
| NHS Croydon CCG | Draft PNA: Page 41 (Disabilities) <ul style="list-style-type: none"> Meeting the needs of those with disabilities: States that the results are from 74 pharmacies as Shirley did not respond, but I was just wondering if a mention that some of the criteria are not relevant to the internet pharmacy. Including the internet will reduce some of the %ages. | <ul style="list-style-type: none"> The PNA Steering Group was advised that the internet pharmacy provided a full response to this section of the questionnaire; and that they may provide face to face services providing that no essential services are provided as part of the consultation It was agreed that that the pharmacy’s response was relevant and that the PNA did not require change | No |
| Croydon Public Health Team | Draft PNA: Page 41/42 (Disabilities) <ul style="list-style-type: none"> Support for people with sensory impairment: This needs to be an area of need that could be easily achieved, but might be communicated more strongly in the recommendations | <ul style="list-style-type: none"> The PNA Steering Group noted that the Equality Act 2010 requires pharmacies to ‘take reasonable steps’; stronger recommendations in an early draft of the PNA had been softened to reflect this It was determined that no change was required | No |
| NHS England | Draft PNA: Page 44 (Future Capacity) <ul style="list-style-type: none"> No confirmed indication there will be changes in local traffic patterns | <ul style="list-style-type: none"> The PNA Steering Group acknowledged that the PNA document doesn’t make explicit reference to local traffic patterns. However, given the considerable housing developments and improvements in public transport it is likely that there will be changes in traffic patterns It was determined that an amendment was not required because changes in traffic patterns would not materially affect the pharmaceutical needs and/or improvements articulated within this section of the PNA | No |

| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
|-----------------|---|---|------------|
| NHS Croydon CCG | <p>Draft PNA: Page 46 (Future Capacity)</p> <ul style="list-style-type: none"> ▪ Mayday – implications - should something be mentioned about the implications should the LPS be terminated- this would have an adverse impact on the ability of pharmacies to meet the needs of the population | <ul style="list-style-type: none"> ▪ The PNA Steering Group considered the comment and agreed that there would be a gap because of the dependence of the GP out of hours service and the urgent care centre on this pharmacy; and in fact the gap extends across the whole of Croydon because of the loss of the out of hours service ▪ It was agreed that the PNA would be amended to this effect | Yes |
| NHS Croydon CCG | <p>Draft PNA: Page 46 (Future capacity)</p> <ul style="list-style-type: none"> ▪ Woodside and Shirley – implications – I was unsure of which area within this locality was being referred to- in Woodside there are two pharmacies already opening up on Sunday in South Norwood / Woodside, so presumably this should specify Shirley? | <ul style="list-style-type: none"> ▪ The PNA Steering Group re-examined the maps and opening hours ▪ It concluded that there wasn't a need to secure improvements as the small area of the locality concerned has a low population density; and residents would not have to travel much further than a mile to access the pharmacy ▪ The PNA will be amended to reflect there are no future gaps or improvements required | Yes |
| NHS Croydon CCG | <p>Draft PNA: Page 46 - 48 (Future capacity)</p> <ul style="list-style-type: none"> ▪ There have been recommendations about increasing the opening hours of pharmacies without giving any consideration to the viability of this ▪ I know that financial considerations are not part of the PNA however it might be useful to include some wording about taking in account demand and activity ▪ For instance in Purley (page 47) it may well be very desirable to have additional pharmacy hours between 5pm and 8pm on a Sunday however to achieve this would require Tesco to extend their hours (they probably could not do this without extending the hours of the whole store and thus contravene Sunday trading laws) or for another local pharmacy to start to open on Sunday for these hours. ▪ Given the low numbers of prescriptions being issued from the Purley Hospital site this is unlikely to be something that either a pharmacy contractor would find financially viable or that the CCG would commission or that NHSE would want to direct. | <ul style="list-style-type: none"> ▪ The PNA Steering Group re-examined the maps and opening hours (taking into account the fact that Boots, CR5 2ND now opens on a Sunday) ▪ It concluded that: <ul style="list-style-type: none"> ○ That the 'gap' in relation to the opening hours of Purley Hospital would be reflected as a potential opportunity for improvement for the infrequent occasions when people may need to use pharmacies during this period ○ The final PNA will make it clear that the opportunity for improvements on weekday and Saturday evenings and Sundays applies to the wards in the South and the East of the locality | Yes |

| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
|----------------------------|--|---|------------|
| Croydon Public Health Team | Draft PNA: Page 46-48 (Future capacity) <ul style="list-style-type: none"> Number and distribution of pharmacies - Can we make sure that the long term need for new pharmacies is communicated appropriately to the Council's Regeneration team and NHSE by including a mention of these functions in the document? | <ul style="list-style-type: none"> The PNA Steering Group noted that: <ul style="list-style-type: none"> NHS England are responsible for using the PNA to consider market applications the Council's regeneration team has had input into the PNA document; but the team has no control over whether or not new pharmacies may be opened The comment was noted | No |
| NHS Croydon CCG | Draft PNA: Page 50 (Conclusions) <ul style="list-style-type: none"> The last line – should it be specific about there being no pharmacy open between 5pm and 8pm- it implies there is no Sunday opening at all | <ul style="list-style-type: none"> The PNA Steering Group agreed with the comment and this will be revised | Yes |
| Croydon Public Health Team | Draft PNA: Page 23 - 51 (Essential Services) <ul style="list-style-type: none"> A general comment was made that given the fact that essential services, in particular repeat dispensing, sign posting, healthy lifestyles, PH champions and support to self-care are fundamental to achieving the aims of both LA PH and CCG, the commissioning and performance management of the NHSE contract of these services needs to have stronger input from PH and CCG. Can this be added into the recommendations? As in other areas of commissioned services, it is now more important than in the past that local organisations work together with the new commissioners to ensure that services are provided to meet local need. | <ul style="list-style-type: none"> The PNA Steering Group felt that whilst the comment makes an important observation it was not relevant to include a recommendation in the PNA because NHS England is solely responsible for NHS Pharmaceutical services; furthermore, the comment relates to the commissioning and monitoring of pharmaceutical services rather than pharmaceutical need The comment was noted | No |
| NHS Croydon CCG | Draft PNA: Page 52 (Premises - Consultation Areas) <ul style="list-style-type: none"> Does the table include the responses from the internet pharmacy as some of them may not be relevant | <ul style="list-style-type: none"> The PNA Steering Group considered the comment but determined that no change was required for the following reasons: <ul style="list-style-type: none"> The internet pharmacy provided a full response to this section of the questionnaire; and is entitled to provide face to face services Another pharmacy doesn't have a consultation area and the same principle could apply to this pharmacy | No |

| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
|----------------------------|--|--|------------|
| NHS Croydon CCG | <p>Draft PNA: Page 56 (MURs - conclusions)</p> <ul style="list-style-type: none"> This almost reads as if we ought to have more pharmacies so that more people can have MURs because the limit is 400 per pharmacy 73 out of a possible 75 offer them so I am not sure I agree with the conclusions in the last bullet point There is no mention of prescription interventions which may be done by anyone and the 3 month rule does not apply. | <ul style="list-style-type: none"> The PNA Steering Group was advised that 33% of Croydon's pharmacies deliver the maximum number of MURs; and a number are not open during extended hours and weekend. This is why the section concludes that the 3 month rule is potentially problematic and that there are issues with respect to future capacity It was also noted that because people can only access MURs from their regular pharmacy, opening new pharmacies would not provide a solution to address issues with future capacity (the only real solution is for NHS England to lift the 400 MUR per annum cap) It was agreed that the section will be revised to ensure reference to prescription interventions (PIs) and to make it clear that PIs may be accessed from an alternative pharmacy | Yes |
| Croydon Public Health Team | <p>Draft PNA: Page 70</p> <ul style="list-style-type: none"> London Pharmacy Vaccination Service - It may be too early to demonstrate cost effectiveness, but we should include into recommendations that this might be a useful method to improve vaccination uptake in Croydon, especially for flu | <ul style="list-style-type: none"> The PNA Steering Group noted that the "Further Provision" box and the "Future" box already make reference to using pharmacies to improving vaccination rates | No |
| Croydon Public Health Team | <p>Draft PNA: Page 71</p> <ul style="list-style-type: none"> Just wanted to flag up that given the potential enhancement of services and with the development of Healthy Living Pharmacies that review of safeguarding training and referral arrangements is probably needed, particularly in relation to vulnerable adults and children and young people. I know that some services such as specialist sexual health services have robust criteria and arrangements in place around safeguarding, but I would be interested to know what arrangements are in place for other service elements and whether this was queried as part of the PNA | <ul style="list-style-type: none"> The PNA Steering Group noted the comment and advised that this needs to be addressed outside of the PNA process | No |
| Croydon Public Health Team | <p>Draft PNA: Page 72 (Stop Smoking)</p> <ul style="list-style-type: none"> Provider criteria - amend to show that Group support is not a requirement for training | <ul style="list-style-type: none"> The PNA Steering Group agreed to update the PNA | Yes |

| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
|----------------------------|--|--|------------|
| Croydon Public Health Team | Draft PNA: Page 72 (Stop Smoking) <ul style="list-style-type: none"> Current picture -update non-pharmacy providers to include MIND; confirm timescale of activity data; confirm number of pharmacies which have been commissioned to provide the service | <ul style="list-style-type: none"> The PNA Steering Group noted this section is being revisited and the changes which would be made | Yes |
| Croydon Public Health Team | Draft PNA: Page 76 (Stop Smoking) <ul style="list-style-type: none"> The future: 12 week quitters are already included in the incentive scheme | <ul style="list-style-type: none"> The PNA Steering Group noted the required change | Yes |
| Croydon DAAT | Draft PNA: Page 77 (Needle & Syringe Programme) <ul style="list-style-type: none"> Overview: Add - To provide advice on injecting technique and safer injecting practise referring into services as appropriate | <ul style="list-style-type: none"> The PNA Steering Group noted the required change | Yes |
| NHS Croydon CCG | Draft PNA: Page 77 (Needle & Syringe Programme) <ul style="list-style-type: none"> Current picture - Check if SL&M and Foundation 66 still provide this – I think it Turning Point | <ul style="list-style-type: none"> The PNA Steering Group confirmed that Turnaround is now the Provider | Yes |
| Croydon DAAT | Draft PNA: Page 80 (Needle & Syringe Programme) <ul style="list-style-type: none"> Further provision: Most clients are self-referred, however opening hours of syringe exchange schemes need to be advertised widely | <ul style="list-style-type: none"> The PNA Steering Group noted the comment and agreed that this will be reflected in the PNA | Yes |
| Croydon DAAT | Draft PNA: Page 80 (Needle & Syringe Programme) <ul style="list-style-type: none"> Future: no plans to integrate substance misuse services. Not sure what this refers to | <ul style="list-style-type: none"> The PNA Steering Group was advised that in some areas substance misuse services are integrated so that all pharmacies provide the needle & syringe programme, supervised consumption (and in some cases alcohol IBA); this had been discussed with Croydon commissioners but they had advised there were no such plans It was agreed that the statement would be removed | Yes |
| Croydon DAAT | Draft PNA: Page 81 (Supervised consumption) Overview <ul style="list-style-type: none"> To remove all references to SL&M; possibly state commissioned substance misuse prescribing services The service is in main for adults but in rare circumstance under 18's are prescribed for but there is under 18year old protocol in place. Inconsistencies in relation to age information - 18 or 16 (see page 84 - meeting the needs of those with protected characteristics) | <ul style="list-style-type: none"> The PNA Steering Group agreed the following changes: <ul style="list-style-type: none"> Amend text to reflect the fact that there is an under 18 protocol in place; and update the meeting the needs of those with a protected characteristic table Reflect that Turning Point now provides the substance misuse team Update text to demonstrate the Partnership is between prescribers for substance misuse services, community pharmacists, the DAAT and service users | Yes |

| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
|----------------------------|---|--|------------|
| Croydon DAAT | Draft PNA: Page 84 (Supervised consumption) <ul style="list-style-type: none"> Conclusions - Pharmacies are not currently commissioned to deliver HBV vaccines, therefore this statement is unclear | <ul style="list-style-type: none"> The PNA Steering Group was advised that published evidence identifies that one of the benefits of supervised consumption is that service users are more likely to attend for Hepatitis vaccinations (the statement doesn't mean that Croydon pharmacies are administering these vaccinations) It was agreed that the reference to HBV would be removed from the conclusions | Yes |
| NHS Croydon CCG | Draft PNA: Page 88 (Enhanced Sexual Health) <ul style="list-style-type: none"> Chlamydia Treatment - It is incorrect to say that there is immediate referral to GUM for pregnancy. Pregnant women can be treated in pharmacy – only referred to GUM for test of cure later on. | <ul style="list-style-type: none"> The PNA Steering Group noted that the SLA states "Referrals to GUM should be done immediately following the consultation for those clients <u>not eligible</u> for treatment under PGD, who require a full STI screen or who are pregnant and require a test of cure" The PNA will be updated to reflect this | Yes |
| NHS Croydon CCG | Draft PNA: Page 89 (Enhanced Sexual Health) <ul style="list-style-type: none"> Chlamydia Treatment – The CPPE courses are as follows not as stated and are now <ul style="list-style-type: none"> Sexual Health in pharmacies Safeguarding children and vulnerable adults Contraception EHC Dealing with difficult discussions is added for any new pharmacists and will be a requirement for those currently providing the service (deadline next March) so don't know if that also needs to be included. | <ul style="list-style-type: none"> The PNA Steering Group was advised that the training requirements have been amended since this section was written It was agreed to amend the PNA to state "relevant training including CPPE, as required by the SLA" | Yes |
| Boots | Draft PNA: Page 92 (Enhanced Sexual Health) Activity <ul style="list-style-type: none"> We feel that that the lack of activity data per ward & per element of the Sexual Health Service make it very hard to validate the current need in each ward. We are pleased to note that 5 more pharmacies will be included in this service however it will be important to understand how these will be aligned with need in the absence of current activity data at ward level. | <ul style="list-style-type: none"> The PNA Steering Group was advised that locality and ward based activity data wasn't included because this would be identifiable by pharmacy The comments are noted and will be passed to the service commissioners by way of the consultation report | No |
| Croydon Public Health Team | Draft PNA: Page 93 (NHS Health Checks) <ul style="list-style-type: none"> Add "and certain types of dementia" to the first bullet point | <ul style="list-style-type: none"> The PNA Steering Group noted the required change | Yes |

| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
|----------------------------|---|--|------------|
| Croydon Public Health Team | Draft PNA: Page 93 (NHS Health Checks) <ul style="list-style-type: none"> Provider Criteria - Update the competencies i.e. NHS Health Checks Best practice guidance Oct 2013; NHS Health Checks competencies framework 2014 | The PNA Steering Group noted the required change | Yes |
| NHS Croydon CCG | Draft PNA: Page 97 (Minor Ailments Service) <ul style="list-style-type: none"> The current picture – it would be useful to clarify that the 74 pharmacies are all the pharmacies except the internet one so really this is 100% of all relevant pharmacies | <ul style="list-style-type: none"> The PNA Steering Group noted the comment but did not feel the change was necessary; however, a point of accuracy was identified in that 99% of pharmacies provide the service | Yes |
| NHS Croydon CCG | Draft PNA: Page 97, 100 & 113 (Minor Ailments Service) <ul style="list-style-type: none"> Overview, Further provision and conclusions – last bullet point is incorrect- the service is aimed at Croydon residents but out of borough can also access the service (we monitor costs associated with out of Borough use) | <ul style="list-style-type: none"> The PNA Steering Group agreed to amend the PNA to reflect that Croydon residents may access the service irrespective of registration with a Croydon GP | Yes |
| NHS Croydon CCG | Draft PNA: Page 102 (Domiciliary Medicines Review) <ul style="list-style-type: none"> Overview - please remove the whole last bullet point starting 'Pharmacies work....' As this is inaccurate | <ul style="list-style-type: none"> The PNA Steering Group agreed the following amendment to the final bullet point <i>"the service encourages partnership working between pharmacists and health and social care professionals"</i> | Yes |
| NHS Croydon CCG | Draft PNA: Page 102 (Domiciliary Medicines Review) <ul style="list-style-type: none"> Current Picture - 3rd bullet point- please remove unless LPC can confirm that they are managing this locum pool | <ul style="list-style-type: none"> The PNA Steering Group noted that the LPC does manage a locum pool | Yes |
| NHS Croydon CCG | Draft PNA: Page 102 (Domiciliary Medicines Review) <ul style="list-style-type: none"> Table - it would be more accurate to entitle the list as 'Service delivered by pharmacies includes:' Using scope implies that it is the whole of the service when what is listed is only part of it | <ul style="list-style-type: none"> The PNA Steering Group agreed to the proposed amendment | Yes |
| NHS Croydon CCG | Draft PNA: Page 102 (Domiciliary Medicines Review) <ul style="list-style-type: none"> Provider Criteria – we no longer insist on an accreditation to provide MURs now that the service is divorced form the MUR service | <ul style="list-style-type: none"> The PNA Steering Group noted the required amendment | Yes |

| Are you aware of any pharmaceutical services currently provided which have not been included in the PNA? | | | |
|--|--|--|------------|
| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
| NHS England | <ul style="list-style-type: none"> In Dec 2014 NHS England launched a Pharmacy Urgent Repeat Medication (PURM) service, which is to run to April 2015. NHS England has indicated that this service will be evaluated, and if successful consideration will be given to future commissioning of it | <ul style="list-style-type: none"> The PNA Steering Group agreed to include a short summary of the service: <ul style="list-style-type: none"> In December 2014, NHS England launched a Pharmacy Urgent Repeat Medication service. This is a pilot scheme which will run until April 2015 Under the service, NHS 111 refers people directly to pharmacies when they are in need of an emergency supply of medicines The aim of the service is to reduce pressure on unscheduled care services and GP appointments at times of high demand It is our understanding, that NHS England plans to evaluate the PURM service and, if deemed to be successful, we would be supportive of considering the priority for a wider roll alongside other priorities when determining commissioning intentions | Yes |

| Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA? |
|--|
| No detailed comments received |

| Section 3.4: Do you agree with the assessment of future pharmaceutical services? | | | |
|--|--|--|------------|
| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
| Croydon DAAT | <ul style="list-style-type: none"> Disappointing to note that there is no reference throughout this section of substance misuser accessing other healthy lifestyle services; strategies to engage, hard to reach groups, a component of the 2010 Drug Strategy recovery model | <ul style="list-style-type: none"> The PNA Steering Group advised that if further information could be provided with respect to a potential specific service development then this would be included The following text was supplied by the DAAT following the Steering Group meeting: "The Drug Strategy 2010 has a specific focus on recovery with a whole systems approach to achieving positive outcomes. Pharmacy based services are well place to provide substance misusers access to healthy lifestyle services, therefore strategies to engage with hard to reach groups, including substance misusers will need to be developed" | Yes |

| Is there any additional information which should be included in the PNA? | | | |
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| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
| NHS England | <p>The PNA is information rich and would benefit from summary tables e.g.</p> <ul style="list-style-type: none"> ▪ Necessary and relevant services ▪ Summary of services by locality ▪ Number of pharmacies offering the service by locality | <ul style="list-style-type: none"> ▪ The PNA Steering Group noted that Appendix H provides a summary of services by locality and pharmacy ▪ It determined that summary tables weren't required because the document is structured in a user friendly way and is already very long; there is also a risk that there would be over-reliance on the summaries rather than considering the full detail within the PNA | No |
| NHS England | <ul style="list-style-type: none"> ▪ Services summaries on Pages 31, 54, 58, 62, 38 show access to services over time periods, please see questions around the analysis. <ul style="list-style-type: none"> ○ For 8am and earlier – should this read 8am-9am? ○ Pharmacies closed for lunch- did the analysis establish if the pharmacy was physically closed i.e. no service at all, or pharmacist is at lunch but pharmacy was open for GSL sales, patients to hand in prescriptions? | <ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that: <ul style="list-style-type: none"> ○ 8am or earlier was the correct time; this was selected because GP core hours start at 8am and it was therefore reasonable to look at the same for pharmacies ○ The “Pharmacies closed for lunch” is based on the questionnaire and pharmaceutical list. It only includes those pharmacies which show a close during core and supplementary opening hours. The questionnaire did not explore whether or not the pharmacy was open for GSL sales or to hand in prescriptions | No |
| NHS England | <p>The PNA should take into account other ways patients may access medicines other than a community pharmacy i.e. PGDs, Walk in centres, out of hour GP providers supplying medicines, Supply from an acute pharmacy</p> | <ul style="list-style-type: none"> ▪ The PNA Steering Group noted the following: <ul style="list-style-type: none"> ○ The PNA makes reference to PGDs under specific services e.g. sexual health, London Pharmacy Vaccination Service ○ The PNA makes reference to Walk in Centres, the Urgent Care Centre and out of hour GP providers on pages 41 and 43 ○ Page 5 explicitly excludes pharmacy services within NHS Trusts from the scope of the PNA as these do not impact upon market entry decisions | No |

| Organisation | Detailed Comment | Notes to PNA Steering Group | Amend PNA? |
|----------------------------|---|--|------------|
| Croydon Public Health Team | <p>Appendix F - Potential Pharmaceutical Needs Across the Lifecourse; Part 5 Older Persons</p> <ul style="list-style-type: none"> ▪ Incorporate a need for Nutrition; with the relevant pharmacy service being Prescribed oral nutritional supplement review for malnutrition (under nutrition) ▪ As way of background, at any point in time more than 3 million people in the UK are at risk of malnutrition, most (approx. 93%) live in the community. Disease related malnutrition costs in excess of £13 billion per annum, based on malnutrition prevalence figures and the associated costs of both health and social care. ▪ The pharmacy's role is the review of prescribed oral nutritional supplements. | <ul style="list-style-type: none"> ▪ The PNA Steering Group considered the comment but determined that this would not be included as review of prescribed nutritional supplements was not seen to be a role for community pharmacists locally | No |
| Croydon Public Health Team | <p>My main comment is that it would be good strengthen focus on geographical inequalities and on performance. Although there are maps that show location of pharmacies by deprivation, it is sometimes difficult to interpret them. You could e.g. show, average distance to each pharmacy service for people in different deprivation quintiles. This might help NHS E in considering applications to open new pharmacies and pharmacy services.</p> <p>In the "future" section, could the vision section mention</p> <ol style="list-style-type: none"> 1. An aspiration that pharmacy can help to reduce inequalities e.g. through incentivising services in deprived areas, supporting new pharmacies or pharmacy services in deprived areas etc. 2. An aspiration about being the best quality pharmacy i.e. helping poorer performing pharmacies to develop especially in areas of deprivation. This might include evaluation and audit, stronger commissioning, challenge and development networks | <ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the suggested approach for maps was not possible within the resources available for the project (additional data would have to be purchased) ▪ It was noted that many of the maps use distance buffers of 0.5 and 1mile (these weren't used where they made the map more difficult to read) and the narrative within the document provides insights into the implication of service availability, in deprived areas, where relevant ▪ The PNA Steering Group determined that no changes were required in relation to the maps ▪ With respect to the future section, it was agreed to weave the aspiration to reduce inequalities into Croydon's vision for pharmacy ▪ The table on page 112 of the draft PNA, already includes an aspiration to improve the standards care of care e.g. through developing staff to healthy living pharmacy standard ▪ However, the PNA steering Group did not support incentivising pharmacies in deprived areas | Yes |

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)?

No detailed comments provided

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

No detailed comments provided