

Draft Consultation Report

Method: A 60 day statutory consultation occurred between 19 December 2014 and the 28 February 2015. Table 1 outlines a list of stakeholders to be consulted on the draft PNA was developed and following the regulations relating to the development of the PNA. An email was sent to all surrounding Chairs and support officers of each Health and Wellbeing Board with a link to the PNA document. In addition to this, the draft PNA was promoted by the Local Pharmaceutical Committee (LPC). The consultation was also open to members of the public (although a separate consultation was carried out with the general public and this has already been incorporated into the draft PNA).

Table 1: List of stakeholders invited

Response sent to	Detail	Response received
Local community Pharmacies	62 Pharmacies	Yes (18/62)
Local Pharmaceutical Committee (LPC)	1 LPC	Yes
Local Medical Committee (LMC)	1 LMC	Yes
London-wide (LMC)	1 London-wide LMC	No
Local Patient Groups	Community Action Southwark	No
	Health Watch Southwark	No
Neighbouring HWBB	Bromley HWBB	No
	Croydon HWBB	No
	Lambeth HWBB	No
	Lewisham HWBB	No
Local Hospital trusts	Guys and St Thomas'	No
	Kings NHS Trust	No
	SLAM	Yes
Local CCGs	Southwark CCG	Yes
NHS England		Yes

Local Councils	Southwark council	No
	Lambeth Council	No

The following questions were posed in the consultation. Responders were invited to leave additional comments/feedback.

1. Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?
2. Does Section 1.2 clearly set out the scope of the PNA?
3. Does Section 2 clearly set out the local context and the implications for the PNA?
4. Does the information in Sections 3.2 (Essential Services); 3.4 (Advanced Services); 3.5 (Enhanced Services) and 3.6 (Locally Commissioned Services) provide a reasonable description of the services which are provided by pharmacies and dispensing appliance contractors in Southwark?
5. Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?
6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?
7. Please indicate below if you agree with the conclusions for the services described (in the PNA).
8. Do you agree with “The Future” section as set out in section 3.8?
9. Is there any additional information which you think should be included in the PNA?
10. Has the PNA provided adequate information to inform:
 - Market entry decisions (NHS England only)
 - How you may commission services from pharmacy in the future (All service commissioners)
11. Does the PNA give enough information to help your own future service provision and plans (pharmacies and dispensing appliance contractors only)
12. Community pharmacies & Dispensing Appliance Contractors only. Please can you review the information in Appendix E (Summary of services by pharmacy) for accuracy?
13. If you have any further comments, please enter them in the box below (question applies to all)
14. About you – please can you provide the following information (respondent details)

Each response received was reviewed and analysed to identify any issue raised, which was then considered in relation to the draft PNA. The draft PNA was amended to reflect any changes arising from the consultation responses received. In addition NHS England provided an assessment of the draft Southwark PNA against Schedule 1 paragraph 1 to 6 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349).

Findings: There were 23 responses overall (18 were from community pharmacies and 5 from other stakeholders). Within specific questions valid responses varied depending on the nature of the question being asked as well as the respondent. Two pharmacies only responded to questions related to their services. Table 2 provides a summary of the overall response from all stakeholders and table 3 provides all the qualitative responses and proposed feedback for these from the Southwark Health and Wellbeing Board.

Table 2: Summary of overall response by each question.

Question	Responses (valid responses only)	Number of respondents with comments
1. Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?	21/21 yes	None
2. Does Section 1.2 clearly set out the scope of the PNA?	21/21 yes	None
3. Does Section 2 clearly set out the local context and the implications for the PNA?	19/21 yes 2/21 not sure	Two
4. Does the information in Sections 3.2 (Essential Services); 3.4 (Advanced Services); 3.5 (Enhanced Services) and 3.6 (Locally Commissioned Services) provide a reasonable description of the services which are provided by pharmacies and dispensing appliance contractors in Southwark?	17/21 yes 3/21 not sure 1/21 no	Four
5. Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	17/21 not aware 2/21 not sure 2/21 aware	None
6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	15/21 yes 6/21 not sure	Six
7. Please indicate below if you agree with the conclusions for the services described (in the PNA). <ul style="list-style-type: none"> • Essential services • Medicines Use Reviews • New Medicine Service • Appliance Use Reviews • Stoma Appliance Customisation Services • Seasonal Influenza Vaccination Service • Stop smoking • Sexual health • NHS Health Checks • Supervised administration service • Needle and syringe exchange service 	17/18 agreed; 1 not sure 19/19 agreed 17/19 agreed; 2not sure 16/19 agreed; 2 not sure; 1 no 16/19 agreed; 1 not sure; 2 no 19/19 agreed 18/18 agreed 17/18 agreed; 1 no 17/18 agreed, 1 not sure 15/18 agreed; 3 no	One None One Two Two One One Two Two Two Two Two None

Question	Responses (valid responses only)	Number of respondents with comments
<ul style="list-style-type: none"> Free (vitamin) D distribution 	17/18 agreed; 1 no 18/18 agreed	
8. Do you agree with “The Future” section as set out in section 3.8?	16/21 agreed 4/21 not sure 1/21 no	Five
9. Is there any additional information which you think should be included in the PNA?	11/21 no 3/21 not sure 7/21 yes	Eight
10. Has the PNA provided adequate information to inform:		
<ul style="list-style-type: none"> Market entry decisions (NHS England only) 	1 not sure	One
<ul style="list-style-type: none"> How you may commission services from pharmacy in the future (all service commissioners) 	1 yes	One
11. Does the PNA give enough information to help your own future service provision and plans (pharmacies and dispensing appliance contractors only)	15/17 yes 2/17 not sure	Two
12. Community pharmacies & Dispensing Appliance Contractors only. Please can you review the information in Appendix E (Summary of services by pharmacy) for accuracy?	11/17 yes 6/17 no	Six
13. If you have any further comments, please enter them in the box below (question applies to all)	9/21 provided additional comments	Nine

Table 3: Qualitative responses and draft feedback from the Southwark H&WBB

Ref .	Qualitative response	Response of the Southwark H&WBB
3. Does Section 2 clearly set out the local context and the implications for the PNA?		
1 (F)	Information given is very good, the graphs provided are a bit complicated to understand.	Thank you – Where possible graphs and maps have been modified to aid clarity. Contact details have been included to support interpretation and additional information.
2 (F)	The PNA uses the localities as a means to explain distribution of pharmacies and services rather than take into account the different needs in each locality	Thank you – we have now taken into account the different needs of each locality.
4. Does the information in Sections 3.2 (Essential Services); 3.4 (Advanced Services); 3.5 (Enhanced Services) and 3.6 (Locally Commissioned Services) provide a reasonable description of the services which are provided by pharmacies and dispensing appliance contractors in Southwark?		
3 (NS)	Interested in providing the following services: Stop Smoking; Supervised Administration; Needle Exchange; Vitamin D	This comment is out of scope of the PNA – (issue should be raised with relevant commissioner).
4 (F)	There is enough information on advanced and enhanced services but I feel not much detail given on locally commissioned services	Services included in the PNA reflect the scope of the PNA as set out in the regulations.
5 (F)	The PNA does not name or list providers that lie outside in neighbouring HWB areas or those further afield who may contribute towards meeting the need for pharmaceutical services to the population of Southwark.	Thank you – Pharmacies names and addresses located within 1km of Southwark LA now included in appendix.
6 (F)	There is no analysis of number of Southwark generated prescriptions that are dispensed in neighbouring HWB, and vice versa.	Thank you – at the time of drafting the PNA we are not aware that this data is available. NHS Business Services Authority (NHSBSA) may be able to

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		provide in future).
7 (F)	The PNA states that there are no distance selling pharmacies or DACs located within Southwark, however, no statement or analysis is contained which does/does not identify if distance selling pharmacies or DACs located outside the HWB provide any services to residents of Southwark	Thank you – at the time of drafting the PNA we are not aware that this date is available (NHSBSA may be able to provide in future).
6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?		
8 (F)	There are gaps in pharmaceutical provision in a few areas which the PNA states are residential areas and the access routes to them pass existing pharmacies and when other community pharmacies in neighbouring HWB areas are taken into account that the provision is adequate for the population.	Gaps in Southwark pharmaceutical provision, North East of Southwark bordering river Thames, East of Southwark bordering Lewisham and South Southwark are served adequately by providers from neighbouring H&WBB.
9 (F)	It is not clear to the LMC this decision has been reached – for instance is it known if patients in these areas call 111/their GP/attend casualty more frequently because they have less access to a pharmacy?	This comment is out of scope of the PNA – (issue should be raised with relevant commissioner).
10 (F)	Many pharmacies appear in clusters while the east of Southwark, notably the wards of Nunhead and Livesy, which has a wide area of deprivation, has relatively fewer pharmacies. In addition, although these are the areas in which sexual health issues and drug/alcohol abuse are likely to be higher, there is less availability of pharmacies providing sexual health and supervised administration/needle exchange in these areas.	Clustering of pharmacies is often the result of the alignment with GPs and location to communication / business centres. As a result of this alignment provision for sexual health and drug services around Nunhead & Livesy, could be perceived as a gap. Southwark pharmacies and pharmacies in neighbouring H&WB currently deliver an adequate service to those areas.
11 (F)	The three 100 hour pharmacies are located within supermarkets. This is ideal for shoppers. However, there is possibly a conflict because these environments are probably not ideal places to deal with sexual health and drug related issues. These are the sorts of issues that are	Each of the 100hr pharmacy have a consultation area which is a closed room. Relevant commissioners have taken into consideration the location of a pharmacy and suitability to deliver commissioned services.

Ref .	Qualitative response	Response of the Southwark H&WBB
	likely to benefit from extended hours help, and provision of supportive extended access help outside a shopping area should be considered.	
12 (NS)	Should notices be placed (within pharmacies that have their own consultation rooms) that customers could request a confidential discussion with the pharmacist, so that queries regarding sexual health and other conditions are more likely to be raised?	This comment is out of scope of the PNA, issue should be raised as best practice guidelines pharmacies need to follow for discreet / confidential services and for quality assurance for commissioners.
13 (NS)	It is not clear in the PNA if the new GP extended access clinic positions have been take into account when looking at the provision of pharmacies. These clinics will be open for extended hours on weekdays and at weekends. It will be important that there is close provision of an open pharmacy for maximum effectiveness of these clinics.	Thank you this has been identified as a future need and amended in the PNA. The case for extended GP times in line with pharmacy opening times should be considered by commissioners and providers.
14 (NS)	There is a need for there to be better publicity to the population of Southwark as to which pharmacies are open at weekends and late in the evening, residents do not seem to find this information easy to access. In addition sign posting to the general public and GPs/clinicians with a simple and updatable means of finding out which chemist provides which help including their opening hours.	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.
15 (NS)	There is also a need to try to increase the numbers of pharmacists who will visit/deliver medications to the population in their own homes. A pharmacy delivery service for housebound patients needing emergency medication (and within extended hours) may also be worth considering, especially in the light of the focus on increased care at home.	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.
16 (NS)	The LMC is surprised that so few pharmacists have access to NHS-net email. This has a significant impact, if not increased, in terms of trying to improve communication between primary, secondary care and pharmacies. Potentially this limits what might be delegated to pharmacists unless communication links can be improved.	This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers

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17 (F)	No specific mention of mental health from what I can see, though a suggestion for improving adherence mentioned in the 'Future' section.	<p>Mental Health is mentioned in other considerations in section 2.3.5 page 30 of draft PNA</p> <p>Additional text to include Pharmacy staff can play a role in promoting awareness of good mental health, for example, signposting to information about local support networks, mental health helplines etc.</p> <p>Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended. If necessary, the patient could receive medication by instalment dispensing or through supervised administration.</p>
18 (F)	Some areas like Cathedrals will be changing its demographic in the next few years which may not have been addressed fully	Thank you, ward population change has now been included in the PNA.
19 (F)	Difficult to look at the data provided clearly	Thank you – Where possible graphs and maps have been modified to aid clarity. Contact details have been included to support interpretation and additional information.
20 (F)	<p>With regards to 2.3.4 and Alcohol/Sexual Behaviour and Drug Misuse the pharmaceutical need in Southwark may not have been expressed strongly enough in these 3 areas .The statistics given in all 3 areas clearly show they are all areas for concern vs national and London performance. It would have been helpful if in 2.5 What this means for the PNA and again in 3.8 The Future this had been projected more strongly. It is good that both Sexual Health and Substance Misuse have both been rated 'necessary' and I note the review which is underway in Sexual Health.</p>	2.3.4 refers to lifestyle issues; Wording has been modified and linked to other sections as suggested.

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21 (F)	We are aware that the CCG, the council and Healthwatch carried out patient and public engagement during the development stage of the PNA. Would it be possible to include more analysis and breakdown of the findings from the engagement in the final PNA.	Thank you – we have incorporated the key elements of the patient and public engagement survey as part of the PNA. (We will review and plan to publish any other element later this year for commissioners).
<p>7. Please indicate below if you agree with the conclusions for the services described (in the PNA).</p> <ul style="list-style-type: none"> Essential services / Medicines Use Reviews / New Medicine Service / Appliance Use Reviews / Stoma Appliance Customisation Services / Seasonal Influenza Vaccination Service / Stop smoking / Sexual health / NHS Health Checks / Supervised administration service / Needle and syringe exchange service / Free (vitamin) D distribution 		
22 (F)	Page 51 states: the percentage of people satisfied or very satisfied with opening hours.....36% satisfaction Monday to Friday early morning (before 9.00am).	Thank you – these were incorrectly reported and have been corrected by excluding people who had “no comment”. So for the early morning opening 43% people had no comment on this opening time. Excluding these 64% were either very satisfied or satisfied and 36% not satisfied.
23 (F)	Page 57 states: 51% of respondents said they had been unable to get a prescription dispensed because the pharmacy was closed or out of stock. This is over half of respondents, is this not a significant gap, and if this is a gap then the PNA is required to explain why this does not translate into a need?	<p>Thank you we have modified this section as the question for this in the survey was worded as follows: When asked in the survey: “Have you ever been unable to get a prescription dispensed?”: 56% of respondents answered "Yes"; 39% answered "No" and 2% "Did Not Know".</p> <ul style="list-style-type: none"> Of those who answered yes 40% said this happened once only and 37% said it happened twice (i.e. 77% said it happened only once or twice; 23% said it happened more than twice. 78% of those who answered yes were not able to get a prescription dispensed as the pharmacy was out of stock and 10% the pharmacy was closed.
24 (F)	The PNA does not name or list providers outside the area of the HWB	Thank you – Pharmacies names and addresses located within 1km of Southwark LA now included in appendix.

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25 (F)	NMS-I am disappointed this is rated relevant not necessary. I recognise the uncertainty about the future of the service however the findings from an evaluation were published in August 2014 and were overwhelmingly positive, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued. This was the basis for NHS England's firm decision to continue commissioning the service. Whilst activity in pharmacy may have been low this was due to the uncertainty of the continuity of the service earlier in the year.	Thank you – We have modified wording based on the available evidence and response to consultation.
26 (NS)	As we do not deliver the Service, feel unable to respond	N/A
27 (F)	In the section 3.4.3 it mentions that no pharmacies in Southwark provide ARUs but there is not a gap in service as patients access these at the relevant specialist clinic. However in 'The Future' section it describes how all pharmacies will be prepared to offer AUR to patients. In the conclusion section of 3.4.3 should it acknowledge that although no service gap is recognised to increase patient access it would be encouraged that pharmacies offer this service so the sections are linked?	Thank you – Modified wording based on evidence and response to consultation.
28 (NS)	Stoma Appliance Customisation Service: Have the services that are commissioned in secondary care been looked at and could this be better more convenient and cheaper through pharmacies?	This is not in the scope of the PNA; issue should be raised with commissioners and providers of this service to review.
29 (NS)	As we do not deliver the Service, feel unable to respond	N/A
30 (F)	BUT timely information needs to flow to primary care. The LMC queries the figures quoted in relation to the under 65 at risk group with primary care only immunising 17% as this is not correct.	Thank you – This section has been reviewed and modified to remove any confusion.

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31 (NS)	The system used by pharmacies to record immunisations does not use NHS numbers and it is difficult for practices easily to see who has been immunized. There are a significant number of inaccuracies which creates work for practices and there have also been several incidents where people being given pneumovac vaccine this year by pharmacies that should not have been given it.	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.
32 (NS)	But must communicate with primary care (refers to stop smoking services)	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.
33 (NS)	Definitely need to stop age restriction for EC (emergency contraception)	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.
34 (F)	Sexual Health- approaching 100 hour pharmacies and extended hours pharmacies is a good solution to the gaps-it would also be appropriate that all pharmacies open on a Sunday should be commissioned to meet the demand over the weekend.	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.
35 (NS)	NHS Checks by pharmacies is good but when problems are found, such as obesity, which requires lifestyle changes e.g. diet and exercise, ways of dealing with this could be initiated by the pharmacist rather than be considered as a GP action.	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.
36 (NS)	As we do not deliver the Service, feel unable to respond	N/A

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37 (NS)	We supervise one client but this is not recognised as we do not open on Saturday	This comment is out of scope of the PNA , issue should be considered by commissioners and providers
38 (F)	Supervised Administration-it is hard to agree with the conclusions as I calculate 18 pharmacies are commissioned+10 provide outside of contract (and therefore unpaid) and 33 pharmacies ticked the 'Supervised Methadone' column Appendix E?! A very confusing picture. Does the PNA use only the 18 commissioned pharmacies to identify the gaps or is it using all the pharmacies? This is important if this document will be used for future commissioning and the 10+ pharmacies offering the service at no cost will be distorting the figures. Given that Substance Misuse is such a problem in Southwark it is important that these numbers are accurate and should only include the commissioned pharmacies this will enable commissioners to make the correct decisions to fill the gaps in service and ensure that the pharmacies are being appropriately remunerated for the service.	Service data original included a mix of commissioned and private services collected by the PNA survey. Data now only contains commissioned data. Supervised Methadone has been removed from appendix E .
39 (NS)	Again, this supported Community Pharmacy, However needs to be supported with Training, Funding & futures Services	This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers
40 (NS)	But needs to increase commissioning of services through current pharmacy's Minor Ailments/Health Checks/Methadone Supervision/Contraception	This should be considered by commissioners of services.
8. Do you agree with "The Future" section as set out in section 3.8?		
41 (NS)	The LMC has significant concerns about pharmacists taking on children's immunisations because this can be complex and recently there have been frequent changes to the regimes. It is not clear how pharmacists will know what is needed and how will the notes be updated? Currently communication in relation flu immunisations is not particularly good and it there is the potential for more significant errors to be made in relation to childhood immunizations.	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.

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42 (NS)	There are similar concerns with regard to screening and diagnostic work and it would be better to communicate using NHS Numbers as a way forward using nhs.net email addresses.	This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers
43 (NS)	The Minor Ailments service sounds a very positive service but appropriate communication with primary care will be essential.	This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers
44 (NS)	Is the provision of naloxone injection packs, to be given by pharmacists to high risk groups, going to be under consideration in the future?	This comment is out of scope of the PNA; issue should be considered by commissioners and providers
46 (F)	The future predictions, support Pharmacy, however, strategy changes often mean that this does always translate.	The PNA is a 3 year market entry document. Over the course of the PNA supplementary submissions will be made to address strategy which may change the context of the document.
47 (F)	The Futures section includes “Aspirations for pharmacy....” The purpose of the PNA is to assess current provision and future provision. The PNA needs to be specific as to the current and future needs if any and also in specified circumstances. Aspirations relate to hope and desire it is not clear if these are specific needs?	Thank you – This section has been reviewed and modified
48 (F)	It has been confirmed that the Minor Ailment Scheme will be commissioned from April 2015. All but 8 pharmacies want to provide this service at present but we will be working to a universal service.	Thank you for this feedback.

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9. Is there any additional information which you think should be included in the PNA?		
49 (F)	<p>There is no real mention of the development of Local Care Networks (LCN) in this document and as a provider of services in Southwark the LMC wonders how pharmacy is going to be brought in alongside the development of LCNs. Up until now there has not been any pharmaceutical input from pharmacy into the local provider group that has been working alongside SLIC (Southwark and Lambeth integrated service) – involvement of pharmaceutical services in the LCN providers is essential</p>	<p>Thank you – we have added the following:</p> <p>Locality Care Networks (LCN) are a cohesive population-based network of all professional involved in a person's care with the person at the centre. LCNs are developing across SE London and Southwark CCG has two (North and South).</p> <p>LCNs provide an opportunity for providers to work together at greater scale, through collective working, collaboration or formal merger. Locality models of care could include 'core' GMS/PMS services and cover a range of extended services, including enhanced and non-core services, as well as some community specialist services, depending on the scale that these services are offered at (i.e. borough, locality or other). Opportunities exist for pharmacies to work strategically within these LCNs in Southwark to improve patient centred care and reduce health inequalities. Commissioners and providers need to review these in the light of the PNA.</p>
50 (NS)	<p>With an ageing increasingly housebound population the option for a community based home visiting pharmaceutical service to look after those housebound delivering meds (<i>medicines</i>) with transport would be worth exploring. It is not infrequent that patients are not able to access meds (<i>medicines</i>) until a carer comes after another 24 hours during which time they may get more ill and hospital admission becomes unavoidable. If there was access to a pharmaceutical service that could potentially deliver medication to patients in their own home this might avoid some of these instances.</p>	<p>This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers.</p>
51 (NS)	<p>Point of care testing – this would be useful for patients with an SMI. Would the service be available to all? Do patients need to be referred</p>	<p>This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and</p>

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	by GP or community mental health team?	providers.
52 (NS)	Supervised administration of opiate substitutes – there should be a system for community pharmacies reporting errors to the trust and NHSE.	This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers.
53 (NS)	Mental health - Alerting community mental health teams when patients do not collect medication is a great idea.	This issue should be raised as best practice guidelines and should be considered by commissioners and providers.
54 (NS)	How are all these aspirations to be funded as some changes require some investment?	This comment should be considered by commissioners of services in the light of priorities for meeting these needs.
55 (NS)	Interested in providing the following services: Stop Smoking; Supervised Administration; Needle Exchange; Vitamin D.	This comment is out of scope of the PNA.
56 (F)	There needs to be an appendix for individual pharmacy opening hours. It has been impossible to check opening hours are correct using this document as the maps and tables do not give enough detail.	Thank you for this comment – we have amended the PNA to reflect this. The amended PNA uses total opening hours (core and supplementary as held by NHS England). Discrepancies between NHS England held data and locally collected PNA survey data has been shared with NHS England.
57 (F)	In addition the maps and tables seem to be giving different information e.g. the tables look at opening 8.30am or earlier and closing 19:00 or later but the maps look at opening 9am or earlier and closing 6pm or later. As opening hours are so critical to both market entry and commissioning decisions these need to be absolutely crystal clear to anyone reading this document.	Thank you for this feedback – we have now checked this and amended.
58 (NS)	How to access these services and get more involved contact details	N/A

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59 (F)	In 'The Future' section it could be added that it is envisaged that community pharmacies will work in an integrated way with other health and social care providers to meet the health needs of the population e.g. Local Care Networks.	Thank you for this – we have now amended the PNA to reflect this comment.
10. Has the PNA provided adequate information to inform: <ul style="list-style-type: none"> • Market entry decisions (NHS England only) • How you may commission services from pharmacy in the future (All service commissioners) 		
60 (F)	PNA has mapped current providers and premises within the HWB area (pages 49 & 72); however no list is available with full address of providers' premises.	Thank you for this comment – we have amended this.
61 (F)	The PNA does not name or list providers that lie outside in neighbouring HWB areas or those further afield who may contribute towards meeting the need for pharmaceutical services to the population of Southwark. There is no analysis of number of Southwark generated prescriptions that are dispensed in neighbouring HWB, and vice versa.	Thank you for this comment – we have amended the list of pharmaceutical providers in neighbouring HWBB areas. At the time of drafting the PNA information on prescriptions generated that are dispensed in neighbouring areas and vice versa is not available. We can do a supplementary statement in the future should this information become available to us.
62 (F)	The PNA states that there are no distance selling pharmacies or DACs located within Southwark, however, no statement or analysis is contained which does/does not identify if distance selling pharmacies or DACs located outside the HWB provide any services to residents of Southwark.	At the time of drafting the PNA, information on distance selling pharmacies or DACs located outside the HWB that provide any services to residents of Southwark, is not available. We can do a supplementary statement in the future should this information become available to us.
11. Does the PNA give enough information to help your own future service provision and plans (pharmacies and dispensing appliance contractors only).		
63 (NS)	But needs to increase commissioning of services through current pharmacy's Minor Ailments/Health Checks/Methadone Supervision/Contraception	This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers.

Ref .	Qualitative response	Response of the Southwark H&WBB
64 (NS)	Again, this supported Community Pharmacy, however needs to be supported with Training, Funding & futures Services	This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers.
12. Community pharmacies & Dispensing Appliance Contractors only. Please can you review the information in Appendix E (Summary of services by pharmacy) for accuracy?		
65 (F)	Missing EHC / Don't provide contraception Missing Flu / Chlamydia Test Missing Smoking Cessation / EHC Missing Supervised Administration	Commissioning data has superseded PNA survey data.
66 (F)	As commented earlier in response to Q7 there is a column for Supervised Administration and a column for Supervised Methadone – what is the difference here? It would also be helpful to highlight the commissioned and non-commissioned pharmacies as I note there has been a positive discrepancy in both supervised consumption and stop smoking services.	Thank you this has now been amended - supervised methadone has been removed from the table.
13. If you have any further comments, please enter them in the box below (question applies to all).		
67 (NS)	Southwark LMC would like to see pharmacists provide a free service whereby patients with mild eczema/dermatitis can try out some of the less expensive emollients so patients can choose which emollient is preferred by them and works best for them. This might reduce a huge waste of emollients as large tubs tend to be prescribed which the patients might decide they do not like and so do not use them.	This comment is out of scope of the PNA , issue should be raised as best practice guidelines and should be considered by commissioners and providers
68 (F)	Page 8: Can the Health and Wellbeing Board conclude that there are no gaps in provision of Essential Pharmaceutical Services?	Following amendments to the draft PNA yes SHWBB can conclude this to be the case.

Ref .	Qualitative response	Response of the Southwark H&WBB
69 (F)	Page 45: Can the Health and Wellbeing Board conclude that there are no gaps in provision of Essential Pharmaceutical Services?	Following amendments to the draft PNA yes SHWBB can conclude this to be the case.
70 (F)	Page 60: Can it be assumed or confirmed that with respect to gaps identified with reference to extending opening hours at weekends that NHSE or local commissioners will seek to commission this as a service from the existing network of pharmacies to ensure good alignment of access with GP opening hours.	This issue should be considered by all relevant commissioners.
71 (F)	Page 73: Did the Health and Wellbeing Board conclude that there is a good spread of service provision for this service and also if there is a significant scope for existing pharmacies to increase uptake for MURs?	This refers to MURs. As highlighted in the PNA MURs have been identified as necessary to meet the pharmaceutical needs of the population but there is significant room for improvement in Southwark within existing providers.
72 (F)	Page 80: Did the Health and Wellbeing Board conclude that there is a good spread of service provision for this service and also if there is a significant scope for existing pharmacies to increase uptake for NMS?	This refers to NMS. The HWBB can conclude that there is a good spread for this service. The 2012-13 data on NMS suggested there was some room for increase uptake although the further analysis is required for more recent data.
74 (F)	Page 89: Item 3.5.1 'LCP' should be included in the References under the Glossary	Amended.
75 (F)	Page 100: Other Southwark Pharmacy Contractors have expressed an interest to take up the service if commissioned.	(Refers to Stop Smoking Services). This issue should be considered by commissioners as part of the review of the service.
76 (F)	Page 109: Are there gaps in this service? If so, existing Southwark Pharmacy Contractors are willing to take up the service if commissioned. Are the current numbers of providers meeting current needs?	(Refers to Sexual Health Services). This issue should be considered by commissioners as part of the review of the service.
77	Page 122: Existing Southwark Pharmacy Contractors have expressed	(Refers to Supervised Administration). This issue should be considered by

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(F)	an interest to provide this service to fill any gaps identified by the commissioners if the service is wider commissioned.	commissioners as part of the review of the service.
78 (F)	Page 128: Existing Southwark Pharmacy Contractors have expressed an interest to provide this service to fill any gaps identified by the commissioners if the service is wider commissioned.	(Refers to Needle and Syringe exchange). This issue should be considered by commissioners as part of the review of the service.
79 (F)	Page 129 – 132: 3.6.6. – suggest rename as Healthy Start Vitamins.	The local scheme is a universal compared to the national scheme which is more targeted – hence we have kept the name.
80 (F)	Page 134: Does the current location of pharmacies across the borough supports the population, providing adequate access to pharmaceutical services as currently provided.	Following amendments to the draft PNA yes SHWBB can conclude this to be the case.
81 (F)	Page 136: Sub title: 'Free (Vitamin) D Distribution' – rename as Healthy Start Vitamins	The local scheme is a universal compared to the national scheme which is more targeted – hence we have kept the name.
82 (F)	It was difficult to read the maps.	Thank you – Where possible graphs and maps have been modified to aid clarity.
83 (F)	EPSR2 (<i>Electronic Prescription Service Release 2</i>) beneficial but fails when GP prints px (<i>prescriptions</i>) and does not inform pharmacy - GPs may need further training.	This comment is out of scope of the PNA, issue should be raised as best practice guidelines and should be considered by commissioners and providers.
84 (NS)	Please also note the services not ticked Bonamy Pharmacy is more than willing to provide then if the commissioner decides to commission them from us. We are ready and accredited.	This comment is out of scope of the PNA, issue should be considered by commissioners and providers.
85	For supervised administration of methadone consumption of methadone	This comment is out of scope of the PNA should be considered by

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(NS)	we currently do not have access to how to claim for payment	commissioners and providers.
86 (F)	In the conclusions 3.7 under Essential Services there is a line stating- 'There is no access to dispensing services in the overnight period'. Is this viewed as a Pharmaceutical Need-the patient survey did not suggest it was a need. What is the purpose of this statement? If this were ever deemed to be necessary I would hope all current providers would be consulted before a decision to agree a new contract was agreed.	Thank you - Amended paragraph to highlight while no service this is not a need.
87 (F)	In summary the Southwark PNA, whilst long, is logically set out and a very informative document. Well done for pulling all this information together in one place.	Thank you for your feedback – the length of the document is inevitable due to all the technical requirements.
88 (F)	The maps within the PNA are too small for the level of detail they intend to display; in the printed paper version the detail cannot be seen; online as the magnification increases they become “grainy” and are unable to be read. The use of grey for the 500m and 1km zones is very difficult to read.	Thank you – Where possible graphs and maps have been modified to aid clarity.
89(F)	Not certain what “Pharmacy 800m Southwark” means.	Thank you - A description is now included.
90 (F)	Page 41 states: The primary source used in the assessment is the Southwark Community Pharmacy Survey....Any inaccuracies within the Community Pharmacy Survey are not the responsibility of the HWB... This may be the case, however; it is the responsibility of the HWB to ensure that the information contained within the PNA is accurate.	Thank you – Commissioned data on services and times held by NHS England have now been used. Best efforts for locally collected data have been made to validate however this could be subject to change.
91 (F)	Page 41 the statement “where differences in data were identified this is highlighted”: These differences in data need to be reported and verified with NHS England and not reported in the PNA.	Thank you this had now been amended. Opening times use NHSE data, data held by commissioners has been used for services. Text changed “Where differences in data were identified this was reported to NHS England for verification.”

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92 (F)	Page 44 states: clinical governance arrangements which came into effect from July 2012...Clinical Governance arrangements were introduced as part of the 2005 Regulations, there were amendments in 2012 and there have been further amendments agreed in 2014.	Thank you this has now been amended to: "which were introduced as part of the 2005 Regulations, with amendments in 2012 and further amendments agreed in 2014."
93 (F)	Page 51 states: the percentage of people satisfied or very satisfied with opening hours.....36% satisfaction Monday to Friday early morning (before 9.00am). This means that 74% are not satisfied, is this not significant gap, and if this is a gap then the PNA is required to explain why this does not translate into a need?	Thank you this had now been amended as previously stated.
94 (F)	Page 57 states: 51% of respondents said they had been unable to get a prescription dispensed because the pharmacy was closed or out of stock. This is over half of respondents, is this not a significant gap, and if this is a gap then the PNA is required to explain why this does not translate into a need?	Thank you this had now been amended as previously stated.
95 (F)	Pages 74 & 146 regarding MURs, the identified gap(s) are not clear to the reader, any gaps will need to be explicitly identified and supported by a determination of need.	Thank you this has been amended.
96 (F)	The heading on page 87 is incorrect.	Thank you this has been amended.
97 (F)	Page 89 refers to the LCP Vaccination Service as providing – seasonal influenza vaccination, the service also provides - Pneumococcal polysaccharide vaccine. There is no analysis of number of influenza or PPV vaccinations provided by Southwark pharmacies.	Thank you we will amend to reflect - pharmacies contracted by NHSE to provide seasonal flu vaccination 14/15 were also expected to offer alongside this PPV-23 for pneumonia to 65s and over and those aged 2-64 in clinical at risk groups (who had not already had it).

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		So yes, commissioned alongside seasonal flu. Currently there is no activity data available for either. This has been requested
98 (F)	Page 146 states: that the influenza vaccination service is not targeted at all risk groups, this is not correct	Thank you this has been amended.
99 (F)	Table E – Summary of Services by pharmacy – contains Contractor Codes.	Thank you this had now been amended.
100 (F)	It would be helpful if any reference to NHS England could be written in full and not as NHSE.	Thank you this had now been amended.