

Appendix E: Consultation report: responses

This chapter provides a summary of the consultation for Islington's PNA and the comments received.

Consultation process

The draft PNA was approved by Islington's HWB on 15 October 2014. Following approval, it was published for consultation on 20 October 2014, and closed on 19 December 2014.

The draft PNA and information about the consultation process was available online at the dedicated consultation page: www.islington.gov.uk/PNAconsultation. The consultation questions took the form of an online survey, with questions targeted for organisations or residents. For example, pharmacists were asked to comment on the draft PNA, as well as confirm their opening hours and the services they offer, while residents were only asked to comment on the PNA and complete optional equality monitoring information. Paper versions of the consultation questions and the report were available on request. The full list of questions is available in Appendix D.

An invitation to reply to the consultation, the draft PNA, and supporting documentation was sent to all organisations stipulated in the requirements, as well as to other key stakeholders. In addition, the consultation was publicised to Islington residents. Of the organisations covered in the requirements, the following were asked to respond:

- Camden and Islington Local Pharmaceutical Committee
- Islington Local Medical Committee
- Islington pharmacy contractors
- Healthwatch Islington
- Royal Free London NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- The Whittington Hospital NHS Trust
- Central and North West London Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Camden and Islington NHS Foundation Trust
- NHS England
- Islington Health and Wellbeing Board
- Neighbouring HWBs (Camden, City of London, Hackney and Haringey)

Advertising the consultation

The PNA consultation was advertised through multiple channels. Where possible, individual emails were sent to consultees and organisations and invited to respond. This included the mandatory

organisations listed above, as well as other local health groups such as the Local Dental and Optical Committees, and the Health Scrutiny Committee. The consultation was also advertised on the Islington Council and CCG website, Islington CCG GP newsletters, voluntary sector newsletters, Twitter, focus group participants from the qualitative research undertaken by OPM, and other bulletins including a bulletin for Carers in Islington and the Council's eBulletin to residents. It was also presented to LPC members at their AGM in November 2014 by the Director of Public Health.

Responses to the consultation

In total, feedback was received from four individuals and eight organisations during the consultation period. The organisations that submitted a response were: the Local Pharmaceutical Committee, NHS England, Islington Clinical Commissioning Group, Breathe Easy Islington, and three pharmacies. In general, respondents agreed with the conclusions and recommendations described in the draft PNA. The PNA Steering Group reviewed the responses and discussed the changes to be made to the report before its final publication.

The LPC, NHS England, and the Clinical Commissioning Group made comments on the Consultation draft, highlighting areas of the text that required amendments to ensure that services were defined accurately and to avoid ambiguity around conclusions and recommendations. NHS England's response also highlighted a number of areas where conclusions need a more explicit reference back to the Schedule 1 requirements to ensure that the PNA clearly met the guidelines. These changes have been incorporated in the final report.

Specific comments and suggestions on how to improve services have been collated into themes, and described in Table E1. The Steering Group believes that each of the comments on the draft report have been met by the final draft of the PNA.

Table E1: Analysis of PNA consultation responses

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Accuracy of the pharmaceutical list and data shown			
Chapter 5	<p>Camden and Islington LPC reflected concern that the Pharmaceutical List supplied by NHSE is not accurate for Islington and neighbouring boroughs. NHS England have also made similar comments.</p> <p>One pharmacy suggested that the verification of pharmacy data to check the data supplied by NHS England was only carried out late in the process drafting the PNA.</p>	<p>The Steering Group received the Pharmaceutical List for Islington from NHS England in July 2014, as well as those in neighbouring boroughs. Members of the Steering Group felt that the list contained errors relating to opening hours and the services provided.</p> <p>To ensure the accuracy of the assessments included in the PNA, the LPC organised a data verification exercise with local pharmacies in September 2014. Updated information was included in the draft PNA, and any other corrections received during the consultation period were also included. NHS England has since committed to provide updated information in January 2015, following review of the opening hours included in the draft, which will be incorporated into the final version of the PNA.</p> <p>In addition, the qualitative research described in section 5.6 included a specific questionnaire for pharmacies and pharmacists in the Islington area which asked for comments and suggestions on ways in which services could be improved. These findings have been included when making the final assessments.</p>	<p>Yes - the PNA SG accepts these comments. Pharmacy provision information, including opening hours, will be amended once the final pharmaceutical list is received from NHS England.</p>

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Chapter 5	One pharmacy requested that more data was included about access to cross-border services as these should be considered when making market entry decisions.	The Steering Group also requested information about the provision of services in the neighbouring boroughs, but these lists were not received in full from NHS England and so it was not possible to include this information in the draft PNA. The PNA for each of the neighbouring boroughs would however include this information, if necessary to reference.	Yes - the PNA SG accepts these comments. Once an accurate list is received from NHS England, this information will be amended for the final version.
Section 5.1.1	There was one request to show pharmacies by ward, as well as transport links across Islington and neighbouring boroughs.	The maps currently show the major roads and the London Underground, Overground, and National Rail stations. The maps showing opening hours for weekday and weekends also show pharmacies in neighbouring boroughs, by opening hours. A map with pharmacies plotted with ward boundaries is provided (map 5.6), showing smoking prevalence by ward. Showing the transport links in any more detail, and showing the pharmacies along with ward boundaries, would serve to make the maps harder to read in most instances.	No – the PNA SG does not agree with the proposed change.

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Sections 5.1 – 5.5	Pharmacies in neighbouring boroughs and their opening times, which are shown in maps 5.2, 5.3, and 5.4 for weekdays, Saturday, and Sunday respectively.	At the time of producing the consultation draft we had not received complete information on the Advanced and Enhanced services being provided by pharmacies in neighbouring boroughs, so have not included neighbouring pharmacies in these maps.	Yes - the PNA SG accepts this comment. Maps will be amended once the final list is received from NHSE.
Current and future provision of pharmaceutical services			
Sections 5.2 – 5.5	Two pharmacies suggested that there should be more information about the services pharmacies would be willing to provide.	Data of this type is out of scope of the PNA, but are taken into account in other areas of work.	No – the PNA SG does not agree with the proposed change.
Section 5.1	The importance of pharmacy services being open at a similar time to primary care out of hours GP services was reiterated.	Accessible pharmacy services with opening hours matching those of other services is already highlighted in the report, as is the importance of raising the awareness of late and extending opening pharmacies.	Yes – the PNA SG will be amended the section to include information on GP opening hours as well as other relevant services.

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Sections 5.3 – 5.5	Standardised service specifications for commissioned services, on a London-wide level, were also mentioned, as these could potentially help provide better outcomes, particularly for the MAS.	Standardised service specifications are also out of scope of the PNA, but the request has been noted by the PNA Steering Group; the CCG have already requested amendments to the scheme but this was postponed pending future commissioning decisions related to the scheme.	No changes necessary.
Final assessments of services			
Section 5.3	<p>Medicines Use Review:</p> <p>One pharmacy recommended that the service specification creates an inherent gap in service provision by including the length of time a patient must have used a pharmacy in order to be eligible for the service.</p>	<p>The MUR service specification is set nationally. The specification requires that the patient must have been using the pharmacy for the previous 3 months. Most patients receive their repeat prescriptions on an 8 week cycle therefore a minimum 3 month period known to the pharmacy seems reasonable to maximise the impact from the MUR and avoid multiple MURs. The PNA SG feels that the 3 month rule is broadly appropriate for regular customers. However, our boroughs have very high transient population with a huge difference between daytime and resident populations, different from the national picture. However, there may be scope for the removal of the 3 month rule for prescription interventions where a Pharmacist spots an issue and intervenes. This would be an appropriate change given the unique dynamics of our populations.</p>	No changes necessary.

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Section 5.3	MUR / NMS: Joint working between secondary care and pharmacies in Islington could improve MUR and NMS provision by linking discharge MURs from hospital into the community.	The value of MURs and NMS on discharge from hospital is well-recognised and there is already a recommendation in the MUR service specification for patients discharged from hospital to have an MUR within 4-8 weeks. Improving integrated care and secondary care referrals to community pharmacy are ongoing priorities. CCGs in North Central London are collaborating to develop a 'Commissioning for Quality and Innovation' (CQUIN) or equivalent award system for Trusts that support frail and vulnerable older people on discharge to receive their medicines in an efficient and supported way and refer patients to their community pharmacy for an MUR or NMS. A recently published toolkit from the Royal Pharmaceutical Society to support efficient referrals to community pharmacy will be utilised (http://www.rpharms.com/unsecure-support-resources/referral-toolkit.asp). A domicillary MUR service would be even better from as it helps the patient understand their new medication regime and gives assurance that any old medicines will be removed, hence reducing the chances of the patient taking the wrong (old meds), improving safety and potentially reducing medication related hospital admissions.	No changes necessary.

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Section 5.4	<p>Flu vaccination: One pharmacy suggested that achievement in pharmacies could be compared to that in GP practices in Islington.</p>	<p>Comparing vaccination achievement in pharmacies against GP Practices is not possible. GP Practices have a defined list of patients, and therefore it is possible to track the proportion of patients who have received a vaccination. The same is not true of pharmacies as people are not 'registered' at a pharmacy. With pharmacies providing 5% of vaccinations comparing them directly against GP Practices would be unfair.</p>	<p>No – the PNA SG does not agree with the proposed change.</p>
Section 5.5	<p>NHS Health Checks:</p> <p>One pharmacy suggested that a review of the NHS Health Checks service was carried out, and the outcomes considered before recommending that the number of NHS Health Checks carried out in pharmacies was increased. The same pharmacy also stated that the service should not be constrained by IT requirements and be easy for patients to access.</p> <p>One pharmacy recommended that</p>	<p>Pharmacies are one component of a wider approach to delivery of health checks across Camden. This wider model is currently being reviewed, with the intention of developing a new approach to provision over the next 12 months. Whilst this is occurring we do not want there to be a break in provision of current service offered through pharmacies. As such the intention is to continue with the current provision for now but to develop the approach in line with the findings of our wider review.</p>	<p>No changes necessary.</p>

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	<p>an increase in the number of pharmacies providing NHS Health Checks or the anti-coagulation service would support better access to care.</p>		
General comments			
All	<p>The statements made in the PNA draft about raising awareness of opening hours, what services pharmacies provide would be greatly welcomed, and would have a positive effect for residents and the health benefits.</p>	<p>We welcome the comments on opening hours, and the steering group will ensure work continues to improve awareness of pharmacy provision in Islington.</p>	<p>No changes necessary.</p>