

# ANNEX E – Consultation Reply Form

## Building on strengths: delivering the future – draft Regulations to the Health Act 2009 – Pharmaceutical Needs Assessments

### Consultation Reply Form

Closing date for responses: 28 February 2010

Please fill in and/or tick the appropriate response.

#### Response form

Name:

Devon LPC

Contact address including postcode:

Deer Park Business Centre

Haldon Hill

Kennford Exeter

EX6 7XX

Organisation representing (if appropriate):

Devon community pharmacists

Email

sue@devonlpc.org

## Freedom of Information

We manage the information you provide in response to this consultation in accordance with the Department of Health's [Information Charter](#).

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to colleagues within the UK Health Departments and/or published in a summary of responses to this consultation.

I do not wish my response to be passed to other UK Health Departments

I do not wish my response to be published in a summary of responses

Are you responding:

- *as a member of the public*
- *as a health or social care professional*
- *as a pharmacist/appliance contractor*
- *on behalf of an organisation*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
yes

**Area of work:**

NHS	X
Social Care	
Private Health	
Third Sector	
Regulatory Body	
Professional Body	
Education	
Trade Union	
Local Authority	
Trade Body	
Other (Please give details)	
Independent Contractor to NHS	X
Manufacturer	
Supplier	
Other (where relevant)	

**If you are responding on behalf of an organisation, please indicate which type of organisation you represent:**

NHS	
Social Care	
Private Health/Independent Sector	
Third Sector	
Regulatory Body	
Professional Body	
Education	
Trade Union	
Local Authority	
Trade Body	
Other (Please give details) Representative committee	

<b>In which of the following areas do you live:</b> (please tick <i>one</i> box only)	
North East	
North West	
West Midlands	
South East	
London	
Humberside/Yorkshire	
East Midlands	
East of England	
South West	X
No answer	

**Organisations do not need to answer questions 1-7**

**1** What is your sex?

Tick one box only.

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**2** What is your Age?

Age	
Prefer not to say	

**3** Are your day to day activities limited because of any health problem or disability which has lasted, or is expected to last at least 12 months?

Tick one box only.

Yes, limited	<input type="checkbox"/>
Yes, limited, a little	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**4** Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age?

Tick one box only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**5** What is your ethnic group?

Tick one box only.

**A White**

British

Irish

Any other White background, write below

**B Mixed**

White and Black

White and Black African

White and Asian

Any other Mixed background, write below.

**C Asian, or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, write below

**D Black, or Black British**

Caribbean

African

Any other Black background, write below

**E Chinese, or other ethnic group**

Chinese

Any other, write below

**F Prefer not to say**

**6** What is your religion or belief?  
Tick one box only.

Christian includes Church of  
England, Roman Catholic and all  
other Christian denominations.

None	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, write below	
<input type="text"/>	

**7** Which of the following best  
describes your sexual orientation?  
Tick one box only.

Only answer this question if you  
are aged **16** years or over.

Heterosexual Straight	<input type="checkbox"/>
Lesbian / Gay Woman	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, write below	
<input type="text"/>	

## Building on strengths: delivering the future – draft Regulations to the Health Act 2009 – Pharmaceutical Needs Assessments

### Consultation

#### Consultation Questions

1. The Department welcomes comments and views from all interested parties on the draft Regulations for PNAs, draft accompanying guidance and consultation Impact Assessment.
2. We would particularly welcome views on the following questions:

#### Chapter 2

1. ***Do the requirements for PNAs adequately reflect the likely needs for pharmaceutical services locally?***

***(Yes)***

***No***

*Please circle as appropriate*

***If not, what other needs for pharmaceutical services should be reflected?***

2. ***Are there any other elements which should be included?***

***(Yes)***

***No***

*Please circle as appropriate*

***If yes please let us know which should be included and why.***

***Services being delivered through primary care should be taken into account because of the impact on patients groups and demand for a pharmaceutical service. The NHS Operating Framework and Regional strategic plans also need to be taken into account for the same reasons***

### Chapter 3

3. ***Draft Schedule 3A sets out the mandatory information Primary Care Trusts need to include in their PNAs. Draft Schedule 3A sets out the mandatory information Primary Care Trusts need to include in their PNAs. Do you have any comments on these categories?***

**(Yes)**

**No**

*Please circle as appropriate*

**Comments**

***It is important that the guidance makes it clear that the services reviewed or included in the PNA should be NHS commissioned services provided within community pharmacy, or services that are commissioned through local authorities, for e.g. social services. There is a risk that if PCTs consider private services provided by community pharmacies in their area this could distort the outcome of the PNAs.***

4. ***Are there any other areas which should be mandatory?***

**Yes**

**(No)**

*Please circle as appropriate*

***If yes, please state the information you consider needs to be included and why.***

### Chapter 4

5. ***Are all relevant interested parties included in consultation requirements in draft regulation 3F?***

**Yes**

**(No)**

*Please circle as appropriate*

***If no, please let us know who should also be included and why.***

***Practice based commissioning boards and consortia are making commissioning decisions based on local health needs and must be consulted. It should be mandatory that PCTs consult with neighbouring PCTs and Local Authorities to ensure population needs across boundaries are met.***

6. ***Is a minimum 60 days adequate for consultees to make their responses to the relevant Primary Care Trust?***

**Yes**

**(No)**

*Please circle as appropriate*

***If not, what would be reasonable?***

***A minimum of 90 days should be the consultation period to allow consultation meetings to be arranged and responses formulated***

7. ***Is there further information required on the consultation process?***

**(Yes)**

**No**

*Please circle as appropriate*

***If yes, please provide examples.***

***It should be mandatory for at least one stakeholder consultation to be held during the consultation process to ensure understanding about PNAs and the process. Many lay people or patient groups will understand the concept of a PNA but will tend to look at services for a specific patient group rather than the whole population of an area.***

***PCTs must provide a standard template for responses to ensure replies are structured.***

8. ***Is it clear what the scope of a PNA is and when it should be revised?***

**Yes**

**(No)**

*Please circle as appropriate*

***If not, how could we make it clearer?***

***The PNA must be revised at least annually as part of the JSNA process. it would be better if it was treated as a dynamic document that was refreshed every time there was a change in service delivery or provider base. The timetable for at least an annual revision must be in line with a PCTs overall strategic planning processes.***

9. ***Is it clear what the scope of a supplementary statement is and when it could be produced?***

**Yes**

**(No)**

*Please circle as appropriate*

***If not, how could we make it clearer?***

***If the PNA is treated in a dynamic way and constantly updated there should be no need for a supplementary statement. However, if a supplementary statement is to be produced the guidelines should make it clear that the statement is issued as new pharmacy applications are considered, if there are any closures, or changes to services being commissioned or decommissioned. It should also be issued if there are changes in primary care relating to general practice.***

**Further comments**

10. ***Are there any other relevant comments outside of the above questions?***

***It should be mandatory for PCTs to have published a map showing controlled localities prior to the publication of the pharmaceutical needs assessment.***

***Localities determined in the PNA should reflect at least those defined in the JSNA but may need to be smaller in size depending on the demographics of the area.***

***Any existing contracts held by exempt contractors that were awarded under the 2005 regulations must continue to deliver to the same level as their contract; for example any 100 hour pharmacy should not be allowed to reduce their hours after publication of the PNA***

**Impact Assessment**

**11. Do you agree our estimate of the likely costs and benefits?**

**(Yes)**

**No**

*Please circle as appropriate*

***If not, please indicate and provide evidence, where possible, of any areas of disagreement.***

**Equality Impact Assessment**

**12. Are there matters not included in the Equality Impact Assessment for consultation which should be?**

**Yes**

**(No)**

*Please circle as appropriate*

***If yes, please let us know what they are.***

**13. What further information would support Primary Care Trusts' own equality impact assessment of their PNA?**

***Further information None***

**14. What data and other local information will Primary Care Trusts use to reflect differing local health needs in terms of ethnicity, age, gender, disability or other specific equality issues?**

***Data***