

Appendix K – consultation report

1. Introduction

As part of the PNA process the health board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the health board's area are accurately reflected in the final PNA document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

2. Consultation process

In order to complete this process the health board has consulted with those parties identified under regulation 7 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services:

- Community Pharmacy Wales
- The Bro Taf Local Medical Committee
- Contractors included in its pharmaceutical list
- GPs included in its dispensing doctor list
- GP practices
- The Cwm Taf Morgannwg Community Health Council
- The Cwm Taf Regional Partnership Board
- Merthyr Tydfil County Borough Council
- Rhondda Cynon Taf County Borough Council
- Bridgend County Borough Council
- NHS Welsh Ambulance Service Trust
- NHS Wales Velindre NHS Trust
- Cardiff & Vale University Health Board
- Powys Teaching Local Health Board
- Aneurin Bevan University Health Board
- Swansea Bay University Health Board
- One Voice Wales

Statutory consultees were contacted by email to advise them of the PNA and consultation period. Information was also available via the Cwm Taf Morgannwg website and social media accounts.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online. The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 14th May to the 13th July 2021.

This report outlines the responses, observations and considerations to the consultation. It should be noted that participants in the consultation were not required to complete every question. However, as one respondent did not answer any of the questions and made no observations, the decision was taken to not include them as part of the analysis.

The online consultation received six responses. In addition, one response from Community Pharmacy Wales (CPW) was received via e mail directly to the health board.

The seven respondents identified themselves as the following:

Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	28.6	2
On behalf of an organisation	28.6	4
A personal response	42.9	1
Answered question		7

3. Summary of online questions, responses and the health board's considerations

Only the responses received to the online questions by the six respondents have been summarised in a table under each question. As one respondent replied directly to the health board and did not directly answer the questions, they have not been included.

All observations made to the questions by the seven respondents, have been listed.

Cwm Taf Morgannwg University Health Board has considered and responded to matters raised in relation to these questions and in accordance with the PNA.

Q1. Has the purpose of the pharmaceutical needs assessment been explained?

		Response	
		Percent	Total
1	Yes	100.00%	6
2	No	0.00%	0
3	Don't know	0.00%	0
		Total	6
		Skipped	0

Observations

Please let us know why you answered the question in the way you did:

- By email
- I read the information before starting the questionnaire
- Explanation within the PNA document
- I understand the need for the PNA as a way to review and understand pharmaceutical service provision with the LHB
- CPW is aware of the purpose of a pharmaceutical needs assessment and feels this has been made clear in the PNA document. However, in the introduction 1.1 Purpose of the Pharmaceutical Needs Assessment it is stated:
“In general, their application must offer to meet a need set out in the Health Board’s PNA”.

The words “in general” could possibly be misinterpreted to mean there is an exceptional scenario that could allow someone to apply for a new pharmacy; similar to the Unforeseen Benefit in England, where even if a PNA does not identify a current or future need for a new pharmacy an application can be made to secure improvements or better access to services.

It may be beneficial early on to outline in this section the types of application which are determined against the PNA to avoid any confusion.

Application for changes of ownership and relocations for business type reasons (e.g. lease has expired and need new premises) under Reg 15(1)9b) (ii) aren’t determined against PNA so it may be worth making this clear.

Cwm Taf Morgannwg University Health Board’s consideration

- The observations made are noted. As the words “in general” have been highlighted as having the potential of being misinterpreted, this has been removed from section 1.1 as suggested.

The Regulations are clear as to applications determined having regard to the PNA, and which have specific regulatory tests.

Q2. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

		Response	
		Percent	Total
1	Yes	100.00%	6
2	No	0.00%	0
3	Don't know	0.00%	0
		Total	100%
		Skipped	0

Observations

- Cwm Taf Morgannwg UHB (CTMUHB) has used the information submitted by pharmacy contractors as part of the All Wales Pharmacy Database (AWPD) exercise completed last year to determine current community pharmacy provision. Whilst the detail of which pharmacy contractor provides each of the Advanced and Enhanced services is not contained within the PNA, we would expect that CTMUHB robustly analyses the data and updates any changes prior to publication.

At a cluster level the PNA may not reflect the current provision of pharmaceutical services accurately, as there appears to be some errors in the designation of pharmacies to particular clusters. For example, there are 11 pharmacies listed in Bridgend East. We understand there are actually 12 pharmacies in this cluster.

CPW would suggest that CTMUHB checks that pharmacies are listed in their correct clusters in order to ensure the pharmaceutical needs assessment accurately reflects the current provision of pharmaceutical services at a cluster level.

Cwm Taf Morgannwg University Health Board's consideration

- Cwm Taf Morgannwg University Health Board notes that there is a difference of view as to how many pharmacies are in certain PNA clusters. On reflection, it was considered that PNA section 1.5.2 did not fully make clear the PNA localities used and upon which the historical data was analysed which has now been clarified in the section as not necessarily being coterminous with the Primary Care One clusters established for another purpose. Cwm Taf Morgannwg University Health Board used and analysed based on historical information, which it holds and takes the view that any difference in cluster alignment would be immaterial to the consideration of this PNA for the purpose of the health board's area.

Q3. Are there any gaps in service provision; i.e. when, where and which services are not available that have not been identified in the pharmaceutical needs assessment?

		Response	
		Percent	Total
1	Yes	16.67%	1
2	No	66.67%	4
3	Don't know	16.67%	1
		Total	6
		Skipped	0

Observations

- A new pharmacy contract has been granted in Coity which will open shortly. This contract was awarded under the current regulations but presumably will fill a current gap?
- The when (ie opening hours), where (location of the pharmacies, appliance contractors and dispensing doctors) and which services they provide have been identified by CTMUHB for the purposes of the PNA using data available from various sources including the AWPD. CPW is not able to verify this information.

CPW is aware of existing pharmacies which are not providing an Emergency Medicines Service (EMS), but which could be if they were commissioned. Currently 9 pharmacies are commissioned to provide the EMS Service across RCT and Merthyr Local Authority Areas and 23 across Bridgend LA area. CPW is aware that findings from a recent review of the EMS Pandemic Service has indicated that there would be a benefit to reviewing the current EMS service commissioned within CTMUHB with a view to expanding the service. CPW would urge CTMUHB to undertake the review as soon as possible to ensure that local patients and temporary residents who are unable to obtain a prescription from their usual provider, but who require urgent access to previously prescribed medication are able to use this service; this will reduce the unexpected burden on GPs, OOH providers etc of supplying an urgent prescription. It is understood that other Health Boards are looking to commission all pharmacies to provide the EMS service and in due course it is likely that this Enhanced Service will become an Advanced Service. In the interim, the non-commissioning of these pharmacies may be leading to an inequality in service provision across CTMUHB.

Cwm Taf Morgannwg University Health Board's consideration

- The Cwm Taf Morgannwg University Health Board is mindful of applications for:
 - A new pharmacy contract in the areas of Coity (Bridgend East cluster). This application has been granted on appeal under the 2013 regulations but at the time of writing had not opened and no date has been confirmed by the contractor.
 - Preliminary consent for Sunnyside, Bridgend (Bridgend East cluster). This application was made under the 2013 Regulations prior to March 31st 2021

and was subject to consideration under the 2013 Regulations. However, the health board was notified that the application was withdrawn on the 4th of August 2021.

Both of these applications have been made under the old regulations upon which this PNA offers no view. At the time of writing the PNA, the potential provision was not included in this PNA as neither pharmacy in Coity and Sunnyside had yet opened.

- The health board notes the observations made in relation to the EMS service; however, as no need either current or in specified future circumstances had been identified those services will be reviewed in line with any changes to the Community Pharmacy Contract for Wales.

Q4. Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

		Response	
		Percent	Total
1	Yes	83.33%	5
2	No	16.67%	1
3	Don't know	0.00%	0
		Total	100%
		Skipped	0

Observations

- Please see 3.above regarding Coity
- CPW does not have the data to make this judgement. It is however clear that considerable work has been undertaken to identify population needs and, in general, CPW is happy to accept that the health needs of the population have been reflected in the PNA.

Cwm Taf Morgannwg University Health Board's consideration

- The observations made have been noted.

Q5. Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor, and applications from dispensing doctor?

		Response	
		Percent	Total
1	Yes	100.00	6
2	No	0	0
3	Don't know	0	0
		Total	100%
		Skipped	0

Observations

- The PNA needs to contain copies of designated controlled area maps if it is to meet this requirement.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 non-statutory guidance¹ states:

Page 15 Pharmaceutical Services Provision by GPs –*Within their PNA, LHBs will need to include information on the area or areas that their dispensing doctors have outline consent to dispense to, along with information on which premises those doctors have premises approval for. It is suggested that LHBs either include maps of their controlled localities within their PNA or provide the web link (URL) to where they are published on the LHB's website.*

Page 36 Maps of Controlled Localities - *Under Paragraph 7 of Schedule 3 of the Regulations, LHBs continue to be under a duty to precisely delineate the boundary of any controlled locality that is determined on a map, or to remove the delineated boundary of a locality that has ceased to be a controlled locality. Such maps are to be made available for inspection and should be included in the LHB's PNA. It is important that the boundaries of controlled localities are clearly marked, using appropriate geographical markers, for example rivers, not simply the squared off grid markings overprinted on Ordnance Survey maps. They should also be at a sufficient level of detail to enable any enquirer to tell whether any particular location falls within a controlled locality or not.*

Page 36 Determination that an area is a controlled locality

Changes can occur to the appropriate designation of an area, particularly where an urban area is expanding into the surrounding countryside, or where there has been a substantial development permitted in what has hitherto been a controlled locality. The reverse is much rarer but can happen, for example, where an industrial area in the country (for example mining) ceases.

Without the inclusion of maps of controlled localities there is no assurance that patients receiving pharmaceutical services from their doctor, reside in properly determined controlled localities; there has been a lot of development on the

outskirts of rural towns and, areas that were thought to be controlled localities may no longer be. In addition, unless the Health Board is able to provide evidence by way of a delineated map of their controlled areas the Health Board will not be able to take any action on any application it receives until it has been determined that the application is in a controlled area or not.

CPW reserves the right to inspect maps of controlled area in line with Paragraph 7 of Schedule 3 of the Regulations and, to request a determination as to whether or not an area is controlled in line with Regulation 13 (2).

Cwm Taf Morgannwg University Health Board's consideration

- The quotes from non-statutory guidance are noted. While reference is made to certain regulatory aspects this is not a PNA requirement, and the guidance simply refers to 'should' publish with the PNA without any mandatory obligation to do so.

Q6. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in the health board's area may be commissioned in the future?

		Response	
		Percent	Total
1	Yes	100.00%	6
2	No	0.00%	0
3	Don't know	0.00%	0
		Total	100%
		Skipped	0

Observations

- The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a health board's area for a period of up to five years; the PNA appears to have done this. There is no provision within the PNA to look beyond a five year period.

It is unclear whether a robust exercise will now be undertaken to match the significant opportunities to meet the health needs of local patients with the underutilised capacity in the local community pharmacy network.

Cwm Taf Morgannwg University Health Board's consideration

- The observations received have been noted and should health needs be identified those opportunities and capacity will be considered.

Q7. Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies, dispensing appliance contractors and dispensing doctors?

		Response	
		Percent	Total
1	Yes	80.00%	4
2	No	20.00%	1
3	Don't know	0.00%	0
		Total	5
		100%	
		Skipped	1

Observations

- There is no information that can be used to support informed relocation of pharmacy services. Whilst the draft PNA does not identify any no current or future gaps. It seems not to address the potential issue of over provision of pharmaceutical services and the potential to relocate to areas where access to pharmaceutical services would be improved (even if there is no gap).
- In section 1.5.4 the PNA has assessed pharmacy contractors' ability to increase capacity should there be an increase in demand for pharmaceutical services via the pharmacy contractor questionnaire (AWPD exercise). It clearly identifies that *'88% (97) of pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area and 10% (11) of pharmacies don't have sufficient premises and staffing capacity at present but could make adjustments to manage increase in demand in the area'*.

Population projections for 2018 to 2028 (section 2.2.1) have been included for each of the Local Authority Areas; all of which project an increase in population. The PNA also includes the Local Development Plan (LDP) for Merthyr Tydfil. The LDPs for Bridgend and RCT CBCs are awaiting publication. If these are ready prior to the publication of the PNA we are assuming they will be included.

There are no references to Integrated Medium Term Plans (IMTPs) or Estate Strategies which could include plans for new or consolidated GP premises etc; in the absence of inclusion in the PNA we are assuming that there are no changes of this nature planned for the next 5 years.

It is noted that none of the dispensing doctors responded to the dispensing doctor questionnaire. The absence of answers to the Dispensing Doctor questionnaire leads to a hiatus in the understanding in relation to: the delivery options made available by dispensing doctors; capacity to cope with additional demand and the availability of other dispensing related services.

Cwm Taf Morgannwg University Health Board's consideration

- The above observations have been noted. However, it is not a requirement of the PNA to identify over provision of pharmaceutical services nor to identify the potential to relocate provision. The potential to accommodate increased demand is noted.
- At the time of writing, Cwm Taf Morgannwg University Health Board had regard to the information available at that time.

Q8. Are there any pharmaceutical services that could be provided in the pharmacy setting in the future that have not been highlighted?

		Response	
		Percent	Total
1	Yes	33.33%	2
2	No	33.33%	2
3	Don't know	33.33%	2
		Total	100%
		Skipped	0

Observations

- Independent Prescribing
- I am based in North Bridgend and seemingly we have a higher rate of obesity than the rest of Bridgend and possibly the LHB. A weight management service would be a good addition to our range of services being offered
- The PNA reviews the provision of Essential, Advanced and Enhanced Services in each of the 8 clusters. The review of enhanced services however has been undertaken with reference to the current list of commissioned services and has not looked at those services that could be put in place to meet identified population needs. Page 4 clarifies that *'the purpose of the PNA is to improve the planning and delivery of pharmaceutical services in Cwm Taf Morgannwg University Health Board by considering the pharmaceutical needs of the population and aligning services more closely with them'*. This indicates a willingness to take a broader approach to how community pharmacy could meet the needs of the local population and in doing so to step outside the current range of commissioned services. In support of a broader approach the health board should be encouraged by confirmation in section 1.5.4, following a survey of current contractors, that *'88% (97) of pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area ... and 10% (11) of pharmacies don't have sufficient premises and staffing capacity at present but could make adjustments to manage increase in demand in the area'*.

CPW feels that an opportunity should not be lost to utilise the excellent work undertaken in conducting the PNA in order to develop a comprehensive list of local services to be introduced in the years ahead so that pharmacy capacity and local population needs can be better aligned. For example, section 3.3.4 the data shows that 'Merthyr Tydfil had the highest teenage pregnancy rate

within the health board area with 26.4 conceptions per 1,000 females under 18, which was higher than the average for Wales (18.9 conceptions per 1,000 females under 18). Rhondda Cynon Taf (24.4 conceptions per 1,000 females under 18) also had a higher teenage pregnancy rate than the average for Wales'. Pharmacy Contractors have fed back the desire to offer a contraceptive service, which would tie in well with the existing EHC service or an expanded IP service.

When asked in the Contractor Questionnaire (section 1.5.4) *if there is a requirement for a new service that is currently not available* Pharmacy Contractors suggested a Monitored Dosage System (MDS) service. Section 4.1 highlights *The predicted increase in the number of older people in Cwm Taf Morgannwg University Health Board over the coming years is likely to result in an increase in dementia and chronic conditions such as cardiovascular, respiratory diseases and cancers. It will result in more people needing help, care and support from services. The Joint Commissioning Statement for Older People seeks to ensure that 'older people live longer, healthier, fuller and happier lives; where they are encouraged and supported to maintain their independence for as long as possible, whilst recognising that some may become ill, frail or vulnerable, and ensuring that these people receive the respect, care and support they want and need at the right time and in the right place'.* A MDS service could support people living in their own homes for longer and could tie into the existing Medicines Support @ Home Service which aims to improve individual safety within the domiciliary setting.

Cwm Taf Morgannwg University Health Board's consideration

- The observations made have been noted.
- Chapter 7 of the PNA outlines the national direction for independent prescribing.
- Whilst specific services have been identified, evidence of a need has not been provided such as specific patient groups, lack of supporting services in the area or examples of unmet need.

Q9. Are there any developments that will arise within the lifetime of the pharmaceutical needs assessments that have not been identified? For example, housing developments, regeneration projects, or new premises for the provision of NHS services.

		Response	
		Percent	Total
1	Yes	16.67%	1
2	No	16.67%	1
3	Don't know	66.67%	4
		Total	100%
		Skipped	0

Observations

- I do not know about future housing projects in my locality
- see 3 above
- We are not aware of any developments that may arise within the lifetime of this PNA that have not been identified. However, individual pharmacy contractors, members of the public and others with local knowledge may well alert the health board of any developments they are aware of.

LDPs, IMTPs etc should alert Health Boards to potential housing developments, regeneration projects, or new premises for the provision of NHS services (see Question 7).

Cwm Taf Morgannwg University Health Board's consideration

- The observations made have been noted.

Q10. Do you agree with the conclusions of the pharmaceutical needs assessment?

		Response	
		Percent	Total
1	Yes	83.33%	5
2	No	16.67%	1
3	Don't know	0.00%	0
		Total	6
		Skipped	0

Observations

- see 3 above
- We are in agreement with the conclusions reached in Chapter 16 which indicate that based on the information available at the time of developing the PNA no current or future needs relating to the provision of essential, advanced or enhanced services have been identified in any of the 8 clusters.

Cwm Taf Morgannwg University Health Board's consideration

- The observations made have been noted.

Q11. Do you have any other comments?

		Response	
		Percent	Total
1	Yes	0.00%	0
2	No	100.00%	6
3	Don't know	0.00%	0
		Total	100%
		Skipped	0

Observations

- a) Page 31 – As part of the contractor questionnaire contractors were asked *whether there is a requirement for an existing enhanced service, which is not currently provided in the area*. Some pharmacies gave examples of services which are currently not commissioned ie water for injection; contraceptive service; impetigo treatment and sharp bin distribution and collection. By citing these answers contractors may have misinterpreted the question or thought that they are provided somewhere within the Health Boards area. To avoid any confusion it is suggested that it is made clear that these are not currently commissioned by CTMUHB.

b) Chapter 6 - This Chapter deals with other NHS services which CTMUHB deems affects the need for pharmaceutical services within its area. It is felt that a number of services which impact NHS pharmaceutical services may need to be considered. These include services from Sexual Health Clinics; Specialist Substance Misuse Services; Smoking Cessation Services; dentists; optometrists; Homecare Providers and CAMHS.

c) Cluster Chapters – it would be helpful for the reader if a list of the pharmacies and their addresses were contained within each cluster's chapter.

d) Some of the maps in Chapter 5 are not easily discernible and appear to be missing some of the major towns e.g. Map 9.4 does not name the major town of Maesteg; this makes it very difficult for the reader to distinguish the area the that section/chapter is referring to.

e) Section 1.5.3 (page 22) identifies a real issue in that there is very low awareness of the services offered in community pharmacies in the CTMUHB area. For even the most high profile services the PNA identifies that *'Flu vaccinations (19%, 469 responses) followed by the Common Aliments Scheme (16%, 394 responses) are the services most respondents are aware of as being offered by pharmacies as part of the NHS'*. CPW would suggest that this identifies a real need to step up communications and marketing within the LHB area if transfer of workload away from GP practices and other less appropriate providers is to be achieved. CPW would encourage the health board to embark on a local marketing and awareness raising campaign to encourage the local population to *Choose Well*.

f) CTMUHB has often led the way in how it has utilised its community pharmacy network and CPW has been extremely supportive of this approach, but CPW would like the PNA to be a catalyst to go much further. Section 2.10

confirms the size of the challenge given that '10.8% of adults in the Cwm Taf Morgannwg University Health Board reported being in 'bad or very bad' health, the highest of all the seven health boards and significantly higher than the average for Wales (8.8%)'. At the same time the local community pharmacy network remains the most accessible part of the NHS and one of the few parts able to deliver change at scale without estates investment and costly recruitment. As the key role of a health board is to use its resources effectively to meet the health needs of local people, CPW would expect to see the underutilised capacity in community pharmacy be leveraged to a significantly greater extent over the years ahead, so that local pharmacies can help meet the local needs right in the heart of local communities.

Cwm Taf Morgannwg University Health Board's consideration

The observations made have been noted. Cwm Taf Morgannwg University Health Board has determined that no changes to the PNA were required except for the following:

- A clarifying statement will be added to page 31 to show which services mentioned by respondents to the questionnaire are provided outside of the NHS commissioning framework.

Summary conclusions

The Cwm Taf Morgannwg University Health Board is pleased to note that the overall response to the consultation has been positive and no current or specified future need has been identified. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the main conclusions are agreed with.

Whilst some important matters are outwith the PNA, Cwm Taf Morgannwg University Health Board has restricted its considerations to matters pursuant to the PNA.

Cwm Taf Morgannwg University Health Board would like to thank those who completed the online questionnaire and CPW for the comprehensive assessment provided directly to the health board.

Amendments

The following amendments have been made to the PNA:

- The words "in general" have been removed twice where it appears on both occasions in section 1.1.

~~In general,~~ Their application must also offer to meet a need that is set out in that health board's PNA.

- Section 1.5.2 has been clarified with regard to PNA locality clusters as follows, where additions are shown in italics.

1.5.2 PNA localities

In Wales there are 64 clusters, tasked with improving access to and the quality of primary care to deliver improved local health and wellbeing and reduced health inequalities.

“A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities.”(Primary Care One)

~~In Cwm Taf Morgannwg University Health Board area there are eight clusters. The PNA localities that have been used for the PNA match the boundaries of the eight clusters as shown in map 1.1:~~

There are eight Primary Care One clusters in Cwm Taf Morgannwg University Health Board as shown in Map 1.1:

Map 1.1: Eight *Primary Care One* clusters within Cwm Taf Morgannwg University Health Board

The eight *Primary Care One* clusters sit within and work closely with the three Borough Councils or local authorities as follows:

Table 1.1: Clusters by local authority within Cwm Taf Morgannwg University Health Board

~~Throughout this document the PNA localities will be referred to as clusters to match the terminology used within the Cwm Taf Morgannwg University Health Board.~~

The PNA localities for the purpose of this PNA have been referred to as clusters to utilise familiar terminology given the geographical similarity with Primary Care One clusters although boundaries are not necessarily aligned with the Primary Care One clusters. The PNA locality clusters may differ to reflect the historical data available, which was used and analysed for the purpose of this PNA.

- Section 1.5.4 - A clarifying statement has been added to show which services mentioned by respondents to the questionnaire are provided outside of the NHS commissioning framework:

“It should be noted that water for injection, impetigo treatment and sharps bin distribution and collection are provided outside of the NHS commissioning framework.”

- Minor typographical corrections to the document have been made.

