

**Pharmaceutical Needs Assessment**

**Statutory Consultation Report**

**Lincolnshire Health and Wellbeing  
Board**

**July 2022**

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## About

On the 1st of October 2020, the NHS (Pharmaceutical Services) Regulations 2020 came into force requiring Health and Wellbeing Boards (HWB) to produce a Pharmaceutical Needs Assessment (PNA) no less frequently than every three years. A PNA is a review of the locations, the accessibility of, and the services provided, by pharmacies in Lincolnshire. The PNA provides a description of current provision and making available data, to enable effective future planning.

To meet the requirements of the 2020 Regulations, Lincolnshire HWB opened a 60 day (minimum) public consultation on the Draft PNA which was open for comments from 19th April 2022 to 20th June 2022 (63 days).

The Health Scrutiny Committee for Lincolnshire (please see Appendix 5 for more detail) supplied a written reply, stating:

“The Health Scrutiny Committee is satisfied with the PNA’s conclusion, as set out above, that the residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps were identified in the provision of necessary and other relevant services across Lincolnshire.”

## Methodology

Direction for the survey methodology was taken from technical guidance presented in the [Information Pack](#) by the Department for Health and Social Care, published October 2021. Adhering to these guidelines, all statutory duties have been discharged and extended upon by joint working between Public Health and Lincolnshire County Council (LCC) Engagement and Communication.

## Communications and Engagement Plan

A Communications and Engagement Plan was developed and approved by the PNA Steering Group and the LCC Community Engagement Team (please see Appendix 1 for more detail).

The plan included:

- The Lincolnshire Health and Wellbeing Board, LCC Health Scrutiny Committee, LCC Community Engagement Team, Healthwatch Lincolnshire; and the PNA Steering Group identified the minimum list of organisations that were consulted with (please see Appendix 2 for more detail). Links and documentation were emailed to all on the list on 19 April 2022
- Links and documentation were emailed to all County Councillors on 19 April 2022
- Messages were sent on the LCC 'Int Comms' channels; Invitations to contribute were sent to registered users of the [Let's Talk Lincolnshire](#) online engagement tool; and the details were added to town and parish newsletters, 20 April 2022.
- A summary was published in News Lincs – providing a link to the press release, a short summary, and signposting to the consultation, on 20 April 2022.
- Councillors and representatives of partner organisations were briefed during an Adult Care and Community Wellbeing Executive DLT meeting.
- Reminder emails were sent one month after the consultation opened and two weeks prior to consultation closing.

## Equality Impact Assessment

An Equality Impact Assessment was carried out before and after the consultation. Please see Appendix 3 for more detail.

## Accessibility & Inclusivity

- Printed copies of the draft PNA, the questionnaire, and associated documents, were made available upon request, by emailing [HWB@lincolnshire.gov.uk](mailto:HWB@lincolnshire.gov.uk) (external link).
- Help with reading the draft PNA, and with completing the questionnaire, was an offer to anyone contacting Healthwatch Lincolnshire on 01205 820892 or by making a request by email to [info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk).
- Questions regarding diversity were included in the survey, these data being used to monitor public engagement.
- An Equality Impact Assessment is attached as Appendix 3.

## Consultation Returns

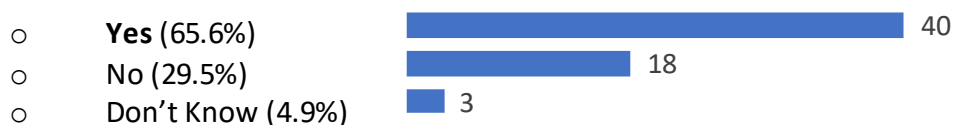
The consultation returns were collected, compiled, and the PNA Steering Group discussed all comments and feedback received on 5<sup>th</sup> July 2022 (Please see Appendix 4 for more detail).

The Let's Talk Lincolnshire consultation webpage for the Draft PNA received:

- 633 Total visits
- 202 Downloads of the Draft PNA 2022
- 46 Downloads of the appendices of the Draft PNA 2022
- 27 Downloads of the Equality Impact Assessment of the Draft PNA 2022

This activity resulted in 63 submissions: 7 from registered users, 53 remained anonymous.

Q1 Do you know why the PNA has been created?

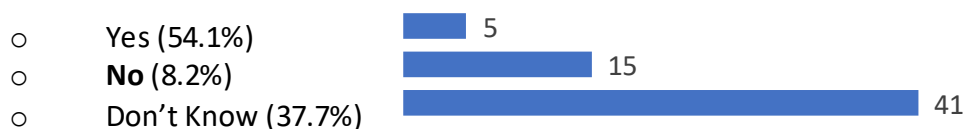


Q2 Does the PNA show the pharmaceutical services near you?



Q3 Text responses from those that answered "No" to Q2 are presented in Appendix 4

Q4 Are there any pharmaceutical services missing from the draft PNA? (i.e., when, where and which services are available)



Q5 Text responses from those that answered "Yes" to the Q4 are presented in Appendix 4

Q6 Does the draft PNA reflect the needs of the people in your area?



Q7 Text responses from those that answered "No" to Q6 are presented in Appendix 4




Q8 Does the draft PNA tell you where new pharmacy services may need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing

premises – or ‘chemists’).

- Yes (21.3%)  13
- No** (27.9%)  17
- Don't Know (50.8%)  31

Q9 Text responses from those that answered “No” to Q8 are presented in Appendix 4

Q10 Has the draft PNA shown how pharmaceutical services may be commissioned in the future? (A commissioned service is one that is paid for by the local authority).

- Yes** (33.3%)  20
- No (10.0%)  6
- Don't Know (56.7%)  34

Q11 Text responses from those that answered “No” to Q10 are presented in Appendix 4

Q12 Has the draft PNA provided enough information so that future provision of pharmaceutical services are secure? And, that the plans for any new pharmacies or dispensing appliance contractors are in place?

- Yes** (30.0%)  18
- No (15.0%)  9
- Don't Know (55.0%)  33

Q13 Text responses from those that answered “No” to Q12 are presented in Appendix 4

Q14 Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?

- Yes (20.0%)  12
- No (20.0%)  12
- Don't Know (60.0%)  36

Q15 Text responses from those that answered “Yes” to Q14 are presented in Appendix 4

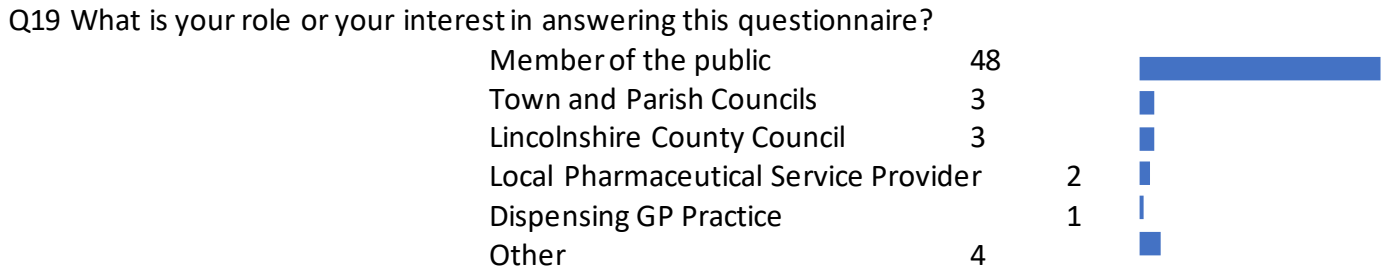
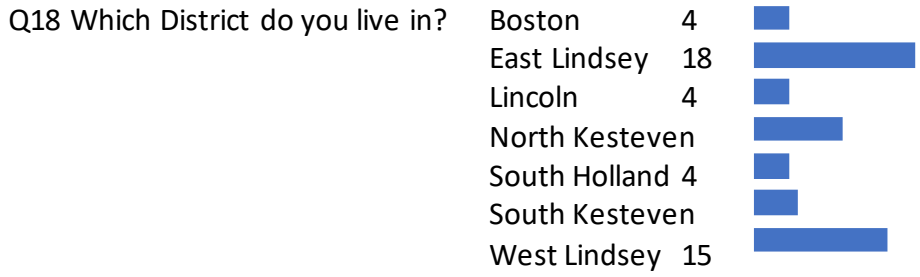
Q16 Do you agree or disagree with the conclusions of the draft PNA?

- Agree** (28.8%)  17
- Disagree (23.7%)  14
- Don't know (47.5%)  28

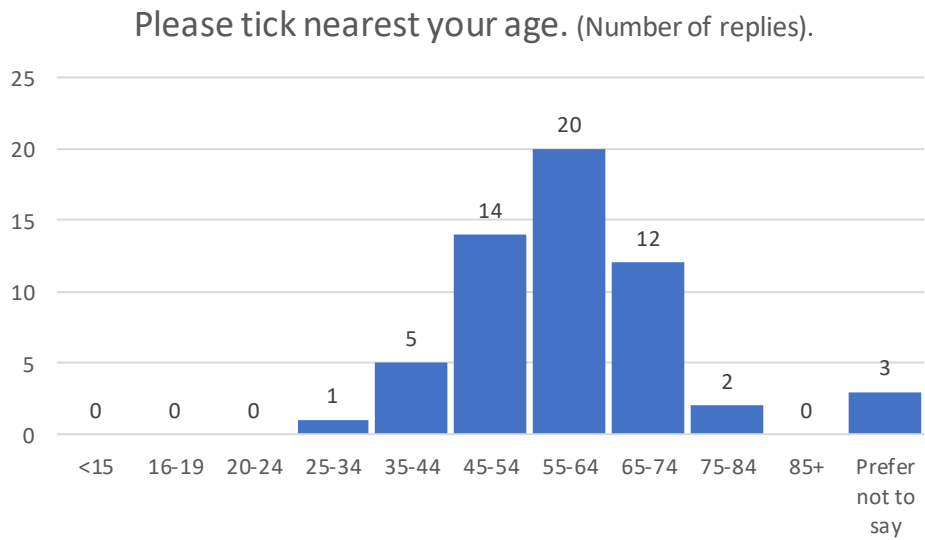
Q17 Please add any other comments...

Comments are appended with formal responses from the HWB and the PNA Steering Group.

Demographics



Q20 Please tick the nearest to your age.



## Appendix 1. PNA Consultation and Engagement Plan

### 1. Introduction and Background

The requirement for the Health and Wellbeing Boards (HWB) to produce a Pharmaceutical Needs Assessment (PNA) is set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. A PNA must include information vital for making well informed decisions on whether local pharmaceutical services in a locality should change.

Decision makers likely to use the PNA include:

- Commissioners of NHS Services who will use the PNA to guide decisions on 'market entry':
  - make decisions on applications for new pharmacy and dispensing appliance contractor premises, or new services
  - make decisions on applications to relocate existing premises
  - commission enhanced services
- Potential contractors, who will use the PNA to apply to open new premises
- Existing pharmacy and dispensing appliance contractors (DACs) who will use the PNA to identify new services which they could provide
- Commissioners in Local Authorities and Integrated Care Systems (ICSs).

The mandatory requirement is for a PNA to inform pharmaceutical service (as defined below) commissioning by NHSE. Other potential uses of the PNA include:

- NHS Litigation Authority's Family Health Service Appeal Unit (FHSAU) will refer to the PNA when hearing appeals on NHSE decisions
- HWBs may refer to the PNA in planning to address health inequalities and improve health i.e., service commissioning that lies outside of the NHSE remit to commission pharmaceutical services
- The courts may refer to the PNA as part of judicial review.

The following are the required consultees on the draft PNA:

- any Local Pharmaceutical Committee (LPC) for its area (including any LPC for part of its area or for its area and that of all or part of the area of one or more other HWBs)
- any Local Medical Committee (LMC) for its area (including any LMC for part of its area or for its area and that of all or part of the area of one or more other HWBs)
- any persons on the pharmaceutical lists and any dispensing doctors list for its area
- any local pharmaceutical services (LPS) chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which, in the opinion of the HWB, has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- NHS England and Improvement
- any neighbouring HWB

Wider partners within the health and care system, including District Councils, were offered the opportunity to respond to the consultation. The Health Scrutiny Committee for



Lincolnshire will also be invited to set up a working group to enable the committee to respond to the consultation.

## **2. Engagement/Consultation approach**

As part of the design stage, and to support the development of the PNA, in addition to the minimum 60-day mandatory consultation, the PNA SG will undertake an engagement exercise with key stakeholder groups seeking views and comments on current pharmaceutical service provision. This will involve:

- Pharmacy contractor questionnaire – via SNAP survey sent by email
- Dispensing GP Practice questionnaire. – via SNAP survey sent by email
- Service user and public engagement – via Healthwatch Lincolnshire.

Responses will be analysed to help inform the draft PNA, updates to the Equality Impact Assessment (EIA) plus any further public engagement needed during the mandatory consultation phase.

The current EIA (last updated June 2021) identified that the following groups would have a positive impact on any recommendations made in the report (the EIA identified no negative impacts):

- Age
- Disability
- Pregnancy and maternity

A minimum 60 day consultation is a mandatory component of the PNA process. The consultation will be on the draft PNA document approved by the HWB at its September 2022 meeting. It is anticipated that the consultation questions will broadly cover the following:

- Has the purpose of the pharmaceutical needs assessment been explained?
- Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
- Are there any gaps in service provision i.e., when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
- Does the draft pharmaceutical needs assessment reflect the needs of your area's population?
- Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e., decisions on applications for new pharmacies and dispensing appliance contractor premises?
- Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?
- Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
- Do you agree with the conclusions of the pharmaceutical needs assessment?
- Do you have any other comments?

- We will also collect some (optional) basic data about the respondent (in line with LCC guidance)

The Pharmaceutical Regulations mandate that the consultation must be for a minimum of 60 days. The planned dates for the consultation are from 19 April 2022 to 20 June 2022.

The regulations also list a range of stakeholders who must be consulted. A stakeholder list (see Section 3) has been developed by the PNA Steering Group and will be used to help distribute the questionnaires.

An Equality Impact Assessment (EIA) was produced in June 2021 to identify any vulnerable groups which may need to be targeted. It will be kept under review and updated following the engagement surveys with Community Pharmacies and dispensing GP practices and the patient and public engagement being completed by Healthwatch Lincolnshire.

### 3. Consultation stakeholders list

Who	Methods of engagement (survey distribution throughout)	Why
Local Pharmaceutical Committee	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Local Medical Committee	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Dispensing Appliance contractors	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Dispensing GP Practices	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Local Pharmaceutical Service Provider	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs

Who	Methods of engagement (survey distribution throughout)	Why
NHS Trust/ Foundation Trust	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
NHS England and Improvement	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Neighbouring HWB	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Healthwatch Lincolnshire	Email to be sent through to their distribution list, for sharing on twitter and Facebook, to take to provider meetings in ICS localities and social group meetings.  These will provide a link to the online survey which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
District Councils & wider partners in the health and care system	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Interested party
Health Scrutiny Committee for Lincolnshire	Draft report presented to the Committee. A working group will be set up to review the document and provide a formal response to the consultation.  The final PNA document will be presented to the committee in September 2022 prior to sign off by the Health and Wellbeing Board in September 2022.	Interested party
Town and Parish Councils	Short article, including details of the consultation and a link to the online survey in the Council's newsletter to Town and Parish Councils.	Interested party

Who	Methods of engagement (survey distribution throughout)	Why
Public	<p>Healthwatch undertaking a range of engagement opportunities as part of the ongoing work programme to gather service user and public views on pharmaceutical services in Lincolnshire.</p> <p>A link to the statutory consultation will be put on the Council's website and promoted through the Council's social media and communication channels including sending the link to the survey to individuals on the Council's engagement database who have expressed an interest in engagement activities on health.</p> <p>We will provide, on request, a paper copy of the draft document and consultation.</p>	As users of pharmaceutical services

#### 4. Communications management

What outcome do we want to achieve?	<ul style="list-style-type: none"> <li>We manage to consult with a good cross section of stakeholders of pharmaceutical services.</li> </ul>
Who are the audiences we need to communicate with?	<ul style="list-style-type: none"> <li>We need to communicate with the groups listed above through the normal channels of engagement used by the council, Healthwatch Lincolnshire and partners, as identified in Section 3.</li> <li>Required consultees need to have the communications distributed to them first and then to cascade everyone else.</li> </ul>
When should communication take place to maximise the chances of the outcome being achieved and minimise the risk?	<ul style="list-style-type: none"> <li>Communications should go out on the first day of any engagement exercise/mandatory consultation.</li> </ul>
How will the communications be coordinated?	<ul style="list-style-type: none"> <li>Communications will be coordinated by the Public Health Division in conjunction with the LCC communications team and ICS communication lead.</li> <li>Emails will be drafted and approved by the Chair of the PNASG to be sent through a formal council email address to the required and non-required consultees.</li> </ul>
What are our key messages?	<ul style="list-style-type: none"> <li>To understand the views of users and providers of pharmaceutical services in Lincolnshire on the current and future provision of services and whether the report accurately reflects this.</li> </ul>
Which channels of communication should we use?	<ul style="list-style-type: none"> <li>Electronic, with paper copies available</li> </ul>

What outcome do we want to achieve?	<ul style="list-style-type: none"> <li>We manage to consult with a good cross section of stakeholders of pharmaceutical services.</li> </ul>
What are the risks associated with the issue?	<ul style="list-style-type: none"> <li>A lack of engagement, however this is to be mitigated by creating this plan and supported by the steering group and their partners.</li> <li>Individual providers may disagree with the report however ensuring the analysis in the report is done in a robust way will allow us to hold up any statements made in the PNA.</li> </ul>
How will we know if we've been successful or not?	<ul style="list-style-type: none"> <li>Key stakeholders engaged. Ensuring we have reached out to the population and tried to engage will ensure we have followed a process and tried to engage with the public. The number of responses will not be a measure of success.</li> </ul>

## 5. Feedback consideration

Feedback will be collated by Public Health and presented to the PNA SG after the consultation. A consultation report will be produced and reported to the Health and Wellbeing Board in September 2022 alongside the final PNA.

## 6 Timeline

The mandatory PNA consultation period needs to run for a minimum of 60 days. The current timeline is as follows:

29 March 2022	Draft PNA document signed off for consultation by the Health and Wellbeing Board
19 April 2022 – 20 June 2022	Mandatory consultation period
June 2022 – September 2022	Feedback reviewed and consultation report produced
27 September 2022	Consultation report presented to the Health and Wellbeing Board and PNA 2022 approved for publication

## Appendix 2. List of stakeholders approached

The following organisations were consulted with on the draft PNA during Tuesday 19 April 2022 and Monday 19 June 2022:

- Dispensing Appliance Contractors
- Dispensing GPs
- District Councils
- East MAS
- Healthwatch Lincolnshire
- LinCa
- Lincolnshire Community Health Services
- Lincolnshire Health and Wellbeing Board Members
- Lincolnshire Health Scrutiny Committee
- Lincolnshire Partnership Foundation Trust
- Local Medical Committee
- Local Pharmaceutical Committee
- Neighbouring Health and Wellbeing boards
- NHS England and NHS Improvement
- Pharmacies
- Primary Care Networks
- Public
- Town and Parish Council
- United Lincolnshire Health Trust
- Voluntary Engagement Team

## Equality Impact Analysis to enable informed decisions

### The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

### Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

**\*\*Please make sure you read the information below so that you understand what is required under the Equality Act 2010\*\***

### Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

### Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

### Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

### **Decision makers duty under the Act**

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to: -

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

## **Conducting an Impact Analysis**

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision-making process.

### **The Lead Officer responsibility**

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

### **Summary of findings**

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision-making report and attach this Equality Impact Analysis to the report.



## Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

### How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

**Proposals for more than one option** If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

**The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.**

## Background Information

<b>Title of the policy / project / service being considered</b>	[Lincolnshire Pharmaceutical Needs Assessment 2022]	<b>Person / people completing analysis</b>	[Alison Christie / Vincent Gibson]
<b>Service Area</b>	[Public Health Division]	<b>Lead Officer</b>	[Alison Christie]
<b>Who is the decision maker?</b>	[Lincolnshire Health and Wellbeing Board]	<b>How was the Equality Impact Analysis undertaken?</b>	[Desk top exercise]
<b>Date of meeting when decision will be made</b>	[27/09/2022]	<b>Version control</b>	[1]
<b>Is this proposed change to an existing policy/service/project or is it new?</b>	[Existing policy/service/project]	<b>LCC directly delivered, commissioned, re-commissioned or de-commissioned?</b>	[Commissioned]
<b>Describe the proposed change</b>	<p>[The 2022 Pharmaceutical Needs Assessment (PNA) for Lincolnshire will assess the provision of pharmaceutical services within Lincolnshire and neighbouring HWB areas. The assessment will make recommendations to fill any gaps in the provision of pharmaceutical services, and also recommendations for improvements and/or better access to current provision. It will pay regard to the existing 2018 PNA, the current JSNA, and other local strategic documents, such as the NHS Long Term Plan. It will not make any recommendation to stop or reduce provision. Conclusions drawn from the assessment will consist of either of the following:</p> <p>A) No change as provision of pharmaceutical services is satisfactory for the population of Lincolnshire; or</p> <p>B) A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Lincolnshire]</p>		

## **Evidencing the impacts**

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

### **Data to support impacts of proposed changes**

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

#### Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

#### Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1<sup>st</sup> April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using BWON.

### Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state 'no positive impact'.

<b>Age</b>	<p><b>Evidence:</b> (Office of national statistics 2019 mid-year estimates for Lincolnshire (published 24 June 2020))</p> <ul style="list-style-type: none"><li>• Population of Lincolnshire: 761,224</li><li>• 19.2% of people are aged under 16 years</li><li>• 59.1% aged 16-64 years (working age)</li><li>• 23.6% of the population is aged over 65 years</li></ul> <p style="text-align: right;"><a href="#">(Link to the Dataset</a> accessed 16/06/2021)</p> <p><b>Impact:</b> Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire</p> <p>Testing these assumptions will be part of the consultation ]</p>
<b>Disability</b>	<p><b>Evidence</b></p> <ul style="list-style-type: none"><li>• There are currently estimated to be 60,000 working age (18-64) adults and 38,000 older people, living in Lincolnshire with a long-term illness or physical disability. (Source: POPPI and PANSI)</li><li>• Of working age adults, there are 10,571 adults with a learning disability in Lincolnshire, 2021.</li><li>• There are 93,541 persons with a "long-term health problem or disability." (NOMIS 2011 Census Data, Accessed May 2021)</li><li>• There are 72,591 working age persons (Aged over 16) with a Long term health problem or disability (NOMIS Projected 2011 Census Data, Accessed May 2021)</li><li>• There are 41,652 aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot. (POPPI, 2021)</li></ul> <p><b>Impact</b></p>

	<p>The PNA takes account of health needs, with a particular focus on the needs of people living with disabilities and long-term health conditions. It will assess access to, and availability of, Pharmaceutical Services in Lincolnshire and will then consider any actions necessary to reduce health inequalities and barriers to pharmaceutical service provision experienced by people with different types of disabilities, such as residents with Learning Difficulties and Disabilities, Deaf residents, residents with Mental Health needs, etc. Options will be considered to improve access and availability.</p> <p>Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire</p> <p>Testing these assumptions will be completed as part of the consultation.]</p>
<p><b>Gender reassignment</b></p>	<p>[No positive impact anticipated ]</p>
<p><b>Marriage and civil partnership</b></p>	<p>[No positive impact anticipated]</p>
<p><b>Pregnancy and maternity</b></p>	<p>[Evidence</p> <p>Good maternal health and wellbeing during pregnancy is essential for a child's health, wellbeing and educational outcomes.</p> <ul style="list-style-type: none"> <li>• For Lincolnshire, the General Fertility Rate (GFR) (Live births per 1,000 for women aged 15-44) was, <b>63.2 in 2010</b> but fell to <b>59.7 in 2016</b>. This reflects both regional and national trends.</li> <li>• In 2014, Boston had the highest GFR at 71.4, Lincoln City the lowest at 54.4. By 2016 Boston GFR was still highest at 67.1 and Lincoln the lowest at 51.2</li> <li>• There is a fall in rate of stillbirths for Lincolnshire <b>from 4.8</b> per 1000 births (ONS, 2016) <b>to 2.8</b> (ONS, 2019)</li> <li>• Lincolnshire: 2014 – 2018, 1.62% of full-term babies were born with low or very low birth weight; the England average is higher at 2.9%. (PH Intelligence Birth Data)</li> </ul> <p>Impact</p> <p>The PNA takes account of health needs, of residents in Lincolnshire. Any recommendation to change in provision may result in a positive impact to those who are pregnant as services will improve if needed.</p>

	Testing these assumptions will be completed as part of the consultation ]
Race	[No positive impact ]
Religion or belief	[No positive impact ]
Sex	[No positive impact]
Sexual orientation	[No positive impact]

**If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.**

Evidence

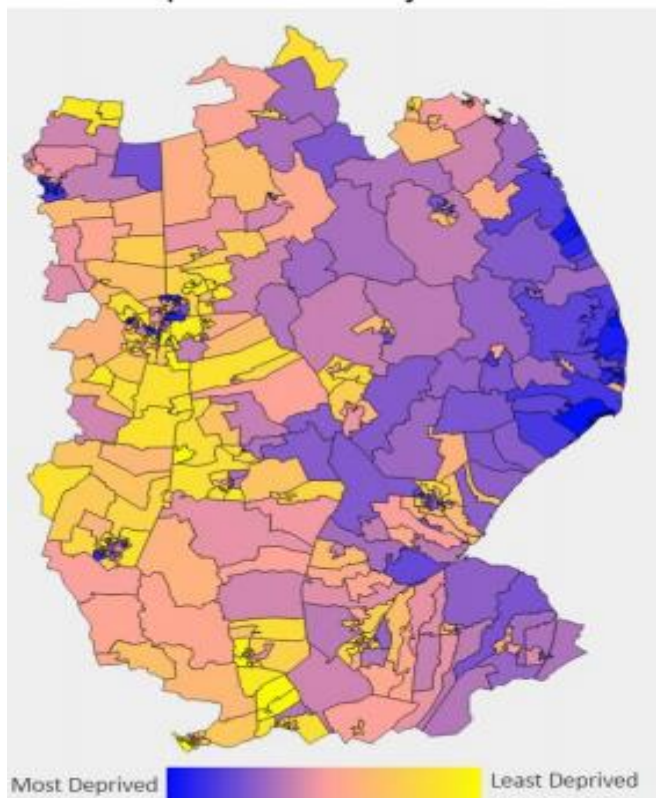
1. There are many communities that live in a rural location in Lincolnshire.

Table 1: Rural-Urban classification of Lincolnshire districts

District	Rural-Urban classification 2011
<b>Boston</b>	Urban with Significant Rural (rural including hub towns 26-49%)
<b>East Lindsey</b>	Mainly Rural (rural including hub towns >=80%)
<b>Lincoln</b>	Urban with City and Town
<b>North Kesteven</b>	Mainly Rural (rural including hub towns >=80%)
<b>South Holland</b>	Largely Rural (rural including hub towns 50-79%)
<b>South Kesteven</b>	Largely Rural (rural including hub towns 50-79%)
<b>West Lindsey</b>	Mainly Rural (rural including hub towns >=80%)

Source: Department for Environment, Food & Rural Affairs, 2011 Rural Urban Classification

## 2. Indices of Deprivation (2019)



This map shows the contrasts that can be seen in the urban areas of Gainsborough, Lincoln, Grantham and Boston in comparison to areas in the rest of the county. A contrast can also be seen when comparing the East Coast to the rest of the county. This general pattern of deprivation across Lincolnshire is in line with the national trend, i.e that urban and coastal areas show higher levels of deprivation than other areas.

The Lincolnshire coastline, particularly the towns of Skegness and Mablethorpe are amongst the most deprived 10 percent of neighbourhoods in the country. In addition, the surrounding Local Super Output Areas are within the most deprived 30 percent, which, for rural areas, is quite unusual.

Further evidence on Indices of Deprivation is available on the LRO - [Lincolnshire Research Observatory - Deprivation and Poverty in Lincolnshire \(research-lincs.org.uk\)](https://research-lincs.org.uk)

### Impact

The PNA will assess and make regard to these communities to ensure they have access to pharmaceutical services by analysing the services provided by distance and population.

Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire



**Adverse/negative impacts**

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

**Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'.**

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Age	[No perceived adverse impact]
Disability	[No perceived adverse impact]
Gender reassignment	[No perceived adverse impact]
Marriage and civil partnership	[No perceived adverse impact]
Pregnancy and maternity	[No perceived adverse impact]

Race	[No perceived adverse impact]
Religion or belief	[No perceived adverse impact]
Sex	[No perceived adverse impact]
Sexual orientation	[No perceived adverse impact]

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If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

[No perceived adverse impact]

## Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this, and you can contact them at [consultation@lincolnshire.gov.uk](mailto:consultation@lincolnshire.gov.uk)

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e., Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted/engaged.

### Objective(s) of the EIA consultation/engagement activity

Prior to the production of the Draft PNA, Healthwatch Lincolnshire included questions about pharmaceutical services and needs as part of their regular engagement activities with service users, patients and the public. This engagement will include engaging with PPGs across the county and with groups with protected characteristics. The purpose of this work is to seek the public's views on access to pharmaceutical services in Lincolnshire. To ensure there is an equality of access for all people within Lincolnshire HWB area.

The consultation will be on the findings of the draft Pharmaceutical Needs Assessment, approved by the HWB at its September 2021 meeting. It is anticipated that the consultation questions will broadly cover the following:

- To what extent do you agree or disagree with this assessment? (The findings on whether there are gaps or not in pharmaceutical provision)
- To what extent do you agree or disagree with the other conclusions contained within the draft PNA
- In your opinion, how accurately does the draft PNA reflect each of the following? (Current provision of pharmaceutical services, current pharmaceutical needs of Lincolnshire's population, and future pharmaceutical needs of Lincolnshire's population (over the next three years))

- Any other comments

Any conclusions drawn from the assessment will be tested during the consultation which is a mandatory 60-day consultation. This is supported by a Consultation and Engagement plan. The conclusions will consist of either of the following:

- No change as provision of pharmaceutical services is satisfactory for the population of Lincolnshire
- A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Lincolnshire

For the consultation, the following are mandatory consultees as per the Pharmaceutical Regulations 2013:

(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f) any NHS trust or NHS foundation trust in its area;

(g) the NHS England

(h) any neighbouring HWB.

]

**Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic**

Age	<p>[We asked, “Would the draft PNA have an impact on you due to any of the following?                  Number of responses:                  Positive impact 6; Negative impact 8; No impact 37 ]</p>
Disability	<p>[Number of responses:                  Positive impact 3; Negative impact 10; No impact 37 ]</p>
Gender reassignment	<p>[Number of responses:                  Positive impact 1; Negative impact 2; No impact 46 ]</p>
Marriage and civil partnership	<p>[Number of responses:                  Positive impact 1; Negative impact 2; No impact 46 ]</p>
Pregnancy and maternity	<p>[The consultation survey included two questions regarding pregnancy,                  1: “Are you pregnant?” No 45; Not applicable 10; Prefer not to say 4, and,                  2: “Have you had a baby in the last 12 months?” No 45; Not applicable 11; Prefer not to say 4                  Having received no comments or queries regarding pregnancy and maternity, there is a high confidence that this area of EIA has been accounted for.]</p>
Race	<p>[Number of responses:                  Positive impact 1; Negative impact 2; No impact 46 ]</p>
Religion or belief	<p>[Number of responses:                  Positive impact 1; Negative impact 2; No impact 46 ]</p>

<p><b>Sex</b></p>	<p>[ <b>Number of responses:</b>  <b>Positive impact 1; Negative impact 5; No impact 44</b> ]</p>
<p><b>Sexual orientation</b></p>	<p>[ <b>Number of responses:</b>  <b>Positive impact 1; Negative impact 1; No impact 47</b> ]</p>
<p><b>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?</b>          The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	<p>[ Yes. Numerous communication channels were used to advertise and raise awareness of the consultation; The consultation period was open longer than the recommended requirement; The number of responses were greatly increased from the previous PNA consultation; The EIA questions relating to Protected characteristics were taken from National Guidance; and the “Roll out” of EIA related content was governed by LCC’s Engagement Team and the PNA Steering Group. ]</p>
<p><b>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</b></p>	<p>[ During discussions of the PNA Steering Group, and in acceptance of the HWB, with oversight from HealthWatch Lincolnshire, analysis of findings resulted in there being no significant changes to be made to the PNA 2022.</p> <p>However, some comments of note have been recorded and shared with those for whom the comments may be useful/of interest; and, analysis of some procedures will be refined for future PNA work. As an example, a more detailed approach to version control for documents which necessitate multiple authors.</p> <p>As the PNA is a recurring duty for the local authority, changes in the pharmaceutical landscape will be addressed as and when they require attention – in addition to, “each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment”, as required by current legislation. (Quoted from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. ]</p>

**Further Details**

<b>Are you handling personal data?</b>	<p>[No]</p> <p>If yes, please give details.</p>
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<b>Actions required</b>	<b>Action</b>	<b>Lead officer</b>	<b>Timescale</b>
Include any actions identified in this analysis for on-going monitoring of impacts.			
<b>Signed off by</b>	[Alison Christie]	<b>Date</b>	[15/08/2022]

Appendix 4. Consultation Comments and Responses

	Submitted by...	Comment	Agreed Steering Group Response
<b>Q2</b>	<b>Does the PNA show the pharmaceutical services near you?</b>		
<b>Q3</b>	<b>If NO, please describe:</b>		
	Anon.	Local needs are limited in LN12 area in both Pharmacists and Pharmacist opening times	Services are delivered where required. East Lindsey has 16.9 community pharmacies per 100,000 population, less than the national average. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey provide many necessary and other additional services.
	Anon.	Don't know what pna is	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.
	Bullrush	PNA is new terminology to me, and Google doesn't recognise this acronym as medical. To find an equivalent "chemist" list must Google "pharmaceutical services" in a town, but only get those in that town excluding the surrounding area.	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.
	Rodge	When reviewing the documents attached to the e-mail related to this questionnaire, I have been unable to find the local service provider's list.	A full Providers List is published in the Appendix 1 of PNA2022.
	Anon.	No services in our village	Anonymous provided Insufficient information for changes to be made to the PNA2022.
<b>Q4</b>	<b>Are there any pharmaceutical services missing from the draft PNA? (i.e., when, where and which services are available)</b>		
<b>Q5</b>	<b>If YES, please describe:</b>		
	Anon.	24/7 access to collect emergency prescriptions	This matter is covered with Out of Hours services. A night opening pharmacy Peterborough is within the 10km boundary of Lincolnshire.
	Bullrush	As above, what is this PNA?	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.



	Anon.	Boots well and Tesco are both very busy . They do an average of 11000 items a month . The waiting times can be up to one hour . This is totally unacceptable. I therefore of the opinion that Bourne needs another pharmacy especially since more than 2000 houses have been built since the last pharmacy was opened . Covid has changed everything and another pharmacy in Bourne will provide a safety net for the population. There have been many times since the last two years that well Tesco and boots have failed to find a pharmacist to cover their stores.	There are three pharmacies in Bourne and two dispensing GP surgery. Distance selling pharmacies are also one of the alternative options available. For the lifetime of the PNA 2022, HWB Lincolnshire and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on available evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a “live document”, the PNA will be revisited at an interval of no greater than three years. In the meantime, any changes affecting provision of pharmaceutical services of interest to the PNA will be addressed through supplementary statements, as per legislative requirements.
	Anon.	The hours that chemists are open in rural areas - there are no Sunday opens within a 20 mile radius	Analyses by Public Health Intelligence team uses drive-time datasets to indicate access to pharmacies. 18% of pharmacies are open on Sundays. 99.2% residents of Lincolnshire can access a community pharmacy on a weekend within a 30-minute drive. Anonymous provided insufficient information for changes to be made to the PNA2022.
	Anon.	Our village needs a pharmaceutical service	Anonymous provided insufficient information for changes to be made to the PNA2022.
<b>Q6</b>	<b>Does the draft PNA reflect the needs of the people in your area?</b>		
<b>Q7</b>	<b>If No, please describe:</b>		
	Anon.	Live rural	No change to document required.

	Anon.	<p>The NHS long term plan describes the case for developing extended primary care teams to work across populations of between 30-50,000 patients. The teams, known as Primary Care Networks consist of general practitioners, nurses, pharmacists and other healthcare professionals working together to achieve improved health outcomes for patients they serve. Continued growth in demand however is placing significant pressure on the supply of general practitioners. As a result of the pandemic general practice is facing a significant challenge in meeting demand. National initiatives to support meeting increasing demand include the Community Pharmacy Consultation Service, a service which is not easily available to patients who reside in Keelby and surrounding area. Lincolnshire and North East Lincolnshire are areas which have difficulty in recruiting general practitioners. In order to help alleviate the problem in GP recruitment the GP Forward View published in 2016 and more recently in the announcement of GP contractual changes from April 2019, NHSE places significant emphasis on the development of clinical roles to support high quality and integrated care delivery for patients. The Roxton Practice has been at the forefront of developing its extended primary care team. Working alongside the general practitioners are four clinical pharmacists, three pharmacy technicians, one superintendent physio delivering joint injection under ultrasound guidance, two paramedics who are both independent prescribers and six advanced nurse practitioners who work autonomously and independently prescribe. The medical and clinical team is supported by care navigators in our centralised contact</p>	<p>Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB have concluded that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a “live document” and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.</p>
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		<p>centre who aim to ensure patients are seen by the most appropriate clinician or service for their condition. The practice is leading the way locally in embracing digital and technological solutions to support care delivery. We now have systems implemented to enable patients to access services via the telephone and online, including our virtual self-care portal. Despite the extensive workforce and technologies in use at the practice it remains a challenge to maintain clinical presence for traditional face to face consultations at our Keelby site during core hours. Previously the practice has had to take the difficult decision to close branch surgeries due to the inability to cover multiple smaller sites. Pharmacy Services A pharmacy co-located with the GP surgery, utilising the same clinical system and managed by clinical pharmacists will enable joined up care for patients, maximising the outcomes resulting from care navigation from our contact centre. The Roxton Practice's recruitment of clinical pharmacists has been a great success, both from a patient experience and workforce supply perspective. They currently provide telephone advice to patients and face to face clinics from our two larger sites of Pilgrim Primary Centre Immingham and Weelsby View Health Centre Grimsby. They do not provide face to face services from Keelby and patients who live in the village and surrounding area do not have access to pharmacy services to supplement core general practice provision. A local pharmacy service in Keelby will educate the population on self-care using over the counter medicines, reducing wastage across NHS services. The promotion of healthier lifestyles with reference to diet, exercise and stopping smoking, helping to reduce admissions</p>	
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		<p>to hospital and contribute to the reduction in deaths from lung cancer. Sexual health and obesity are also our priorities to be actioned within the pharmacy. The pharmacy would also play an active role in providing contraception advice, reducing alcohol intake, advice on diabetes, drug abuse and promoting further NHS services. We would work with patient groups and the community in providing relevant services to the health needs and expectations of the public in line with the PSNC recommendations of using NHS England, Public health England and the DH for public health campaigns. The pharmacy would provide several ways of ordering repeat prescriptions including an online service, electronic prescription service and click and collect to meet the demands of the patients and give them more options to order their prescriptions. We would take pride in providing a “hub and spoke” service integrating some of our efficient services from the practice which would predominately give us more opportunities to make further savings to the NHS. We would provide a home delivery service to the housebound keeping them in touch with the community.</p>	
	Anon.	We need a new provision as our provisions lease only has 18months left	Anonymous provided insufficient information for changes to be made to the PNA2022.
	Anon.	Need more local out of hours pharmacies	Access to emergency medicines during out-of-hour periods is covered by Out of Hours services in Lincolnshire.
	Anon.	Boots Tesco and well use the same 2/3 wholesalers. We need an independent pharmacy who has access to 6-7 different wholesalers and someone who does dosette boxes. There has not been a new pharmacy built since Tesco opened over 10 years ago yet 1000s of more properties have been built. We need a pharmacy for elsey park as ppl	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence.

		with no transport can't walk to Tesco as it's nearly a mile away. 2000 homes have been built in Eley Park with another 500 in the process.	99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	It doesn't address the 2000 homes that have been built and another 500 being built	Anonymous did not provide enough information. In the immediate future, i.e., the lifetime of this document, a need to expand provision may develop. For example, the North Kesteven Forward Plan does account for housing development, but in reality, it could be a number of years for developers to begin 'breaking ground'. Based on existing evidence, HWB concluded that additional pharmacy in Bourne is required not required. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	Services aren't delivered equitably across the county the East Lindsey are is lacking in local services	Existing evidence indicates that services are delivered where required. East Lindsey has 16.9 Community Pharmacies per 100,000 population. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey provide many additional services which are out of scope for the purpose of PNA.

Anon.	<p>Keelby has a population of around 2,400. There has been no significant building of new low cost houses for over 3 decades and the age of the population has significantly changed upwards over that time. Keelby a lively village with: GP Branch Surgery 3 convenience stores, one of which operates a Post Office 2 takeaways 2 Pubs, one selling food Tea Room Village Hall Large Sports Centre used by Football team; Cricket; Bowls Green; tennis courts; Skate Park 2 beauty Salons Primary School 2 Pre-schools Volunteer run Library But no Pharmacy! Residents in the village of Keelby and surrounding area have limited access to pharmaceutical services. The closest pharmacies are located at least 5 miles away in villages and in Immingham (4.2 miles and 5.2miles). However, these are not easy to access without a car and Keelby has a limited bus service. Residents of Keelby who wish to access the Immingham Pharmacies would be required to make at least two separate bus journeys, which could take well over 2 hours. Outline planning has been approved for a new medical centre within the Village, located close to a convenience store which opened summer 2021. The PPG have expressed an interest to our local dispensing GP practice (The Roxton Practice) to open within the footprint of a new medical centre. The Patient Participation Group for the Roxton Practice is fully supportive of this proposal.</p>	<p>Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a “live document” and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.</p>
Anon.	<p>Our pharmacy is being closed on a Saturday shortly and doesn't open on a Sunday meaning people who work Monday to Friday won't be able to collect their drugs. Plus it already takes a week to get repeat prescriptions from the pharmacy once they receive the script from the drs.</p>	<p>Anonymous provided Insufficient information for changes to be made to the PNA2022.</p>

<b>Q8</b>	<b>Does the draft PNA tell you where new pharmacy services may need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing premises – or ‘chemists’).</b>		
<b>Q9</b>	<b>If No, please describe:</b>		
	Anon.	Don't understand question	N/A
	Anon.	One Pharmacist has closed in Mablethorpe and needs replacing	When the outgoing contract was originally granted access to the pharmaceutical list, this was granted by exemption under the National Health Service (Pharmaceutical Services) Regulations 2005. The original contract holder had committed to 100 hours of pharmacy cover per week, and so, bypassed the ‘necessary and expedient’ regulatory test required for standard-hour pharmacies. This meant there may not, initially, have been the need for those hours in that location. The PNA assessed pharmaceutical needs in Mablethorpe on the day that the PNA was published and both steering group and HWB deemed access to be reasonable and patient choice is preserved. The PNA is a “live document” so pharmaceutical needs are continually assessed and will be reassessed if this statement changes, based on future evidence of need.
	Anon.	Insufficient for number of new homes being built	Insufficient information for changes to be made to the PNA2022.
	Anon.	Not enough pharmacist for our growing population. A big shortage of experienced staff	Insufficient information for changes to be made to the PNA2022.
	Anon.	Don't know what this is	Insufficient information for changes to be made to the PNA2022.
	bullrush	There is no publicised PNA, only a conceptual summary.	Insufficient information for changes to be made to the PNA2022.
	rodge	The report indicates that Lincolnshire is adequately covered.	See report from HWB
	Anon.	looks at increases in numbers/vulnerable people in the future only Assumes starting from base where needs are already met. Does not identify the gaps where needs are not met currently	N/A
	Anon.	No but need to	Insufficient information for changes to be made to the PNA2022.

	Anon.	No requirement identified across the area.	Insufficient information for changes to be made to the PNA2022.
	Anon.	We need a new pharmacy in elsey park Bourne to cater for the 2000 homes that have built and 500 in the pipeline	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a “live document”, the PNA is revisited at an interval of no greater than three years.
	Anon.	It says pharmacy services are adequate. I disagree. Well pharmacy is closed all weekend. Boots and Tesco waiting times are long and there have been many times where they are closed due to no pharmacist. We need another pharmacy	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a “live document”, the PNA is revisited at an interval of no greater than three years.
	Anon.	The PNA says there are enough in the county. Personally I think everyone should be able to collect their meds from the drs surgery	Out of scope of PNA2022.



	Anon.	The Roxton Practice, which is based at the Pilgrim Primary Care Centre in Immingham, has been granted outline planning permission to build a new Health Centre in Keelby, with an expectation that it would offer full pharmaceutical services (rather than the 'branch' service available through the present Keelby Health Centre). This is an important opportunity in a village that presently has 950 homes and a population of over 2000, but that also serves as a service centre for a number of surrounding villages. There is currently no direct public transport service to Immingham, anyone without access to a vehicle can only get there by bus by changing in Grimsby. Call Connect does not take people to Immingham because it is 'out of county'. It would be hugely beneficial to many, not least the significant older demographic, to be able to access pharmaceutical services in Keelby.	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a "live document" and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
<b>Q12</b>	<b>Has the draft PNA provided enough information so that future provision of pharmaceutical services are secure? And, that the plans for any new pharmacies or dispensing appliance contractors are in place? (A Dispensing Appliance Contractor deals in equipment and appliances rather than pharmaceuticals or 'drugs').</b>		
<b>Q13</b>	<b>If No, please describe:</b>		
	Anon.	This is the first I have heard of it.	Insufficient information for changes to be made to the PNA2022.
	Anon.	can't answer as dont know any draft	Insufficient information for changes to be made to the PNA2022.
	bullrush	As previous, where is this PNA?	Insufficient information for changes to be made to the PNA2022.
	Anon.	It says we don't need another pharmacy when we clearly do	Insufficient information for changes to be made to the PNA2022.
	Anon.		Insufficient information for changes to be made to the PNA2022.
	Anon.	It says we don't need another pharmacy when we clearly do	Insufficient information for changes to be made to the PNA2022.

	bullrush	There is no publicised PNA, only a conceptual summary.	Insufficient information for changes to be made to the PNA2022.
<b>Q14</b>	<b>Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?</b>		
<b>Q15</b>	<b>If Yes, please describe:</b>		
	Anon.	GPs Trent valley Torksey	Insufficient information for changes to be made to the PNA2022.
	Anon.	Diagnostics eg BP. Osteoporosis. Maybe child vaccinations. Holiday vacs (paid for by client not nhs)	The services mentioned in the comment are not defined as "necessary services" and so are out of scope of the PNA2022.
	Anon.	Get some in Tetney. The village is expanding at an incredible rate but we still have to drive (as there is no suitable public transport) to either Holton-le-Clay or North Thoresby	Rurality, controlled localities and the provision of pharmaceutical services by doctors are clearly defined by NHSEI for which are taken into account for residents living in a controlled locality such as Tetney. Existing evidence indicates that access to pharmaceutical services is satisfactory, and that there is reasonable patient choice for residents of the area. Patient choice include distance selling pharmacies. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. This is referred to in the PNA document.
	Anon.	All pharmacies do home delivery for the disabled	Out of scope of PNA2022.
	Anon.	Lots of community services - CAS, urgent Care home visiting, UTCs etc prescribe and can issue drugs from their own stock. I didn't see this mentioned in the PNA, maybe its not seen as relevant? I think it's a really good way of providing extra cover, especially during OoH. CAS used to have it's own pharmacist, not sure if it still does.	Topic is considered as part of PNA2022 in Appendix 1 as "Other NHS services".
	Anon.	Further and broader close interaction with NHS services to reduce inconvenient trips to hospitals for small activities such as injections.	Out of scope of PNA2022.

	Anon.	Please see Q4 - Keelby	<p>Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a “live document” and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.</p>
	Anon.	We desperately need someone who does blisters and free delivery of meds as boots now charge	Outside the scope of PNA2022.
	Anon.	Tesco and well pharmacy don't do dosette. Boots charge for delivery's.	Out of scope of PNA2022.

	Anon.	Outline planning has been approved for a new medical centre within the Village, located close to a convenience store which opened summer 2021. The PPG have expressed an interest to our local dispensing GP practice (The Roxton Practice) to open within the footprint of a new medical centre. The Patient Participation Group for the Roxton Practice is fully supportive of this proposal.	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a “live document” and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
<b>Q16</b>	<b>Do you agree or disagree with the conclusions of the draft PNA?</b>		
<b>Q17</b>	Anon.	Unnecessary visits to A&E could maybe be reduced if there was 24/7 access to obtain emergency prescriptions.	N/A
	Anon.	I have no idea what the pna is! And I have no idea why you are contacting me. I get my medication from Pharmacy2U because I can't get to a chemist myself	N/A
	Anon.	Unfortunately the LN12 area is suffering from lack of Pharmacist and dispensing Chemist	Services are delivered where required. East Lindsey has 16.9 community pharmacies per 100,000 population. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey

			provide many necessary and other additional services.
	Anon.	Agree in part needs more citizen in put	No changes required to the PNA2022
	Anon.	The purpose of dispensing GP practices was to support patients living a significant distance from the surgery easily to obtain their medication. There are several dispensing GP practices with community pharmacies very close to them (within 500m), so if a patient can access the GP practice they can also access a pharmacy. So the rationale for having a dispensing GP practice in those locations no longer exists. The pharmacy is more convenient as a) they often have the drugs in stock rather than them having to be ordered b) they provide a wider range of services including OTC medication.	Rurality, controlled localities and the provision of pharmaceutical services by GP surgeries are clearly defined by NHSEI and whether or not a patient chooses to use GP or pharmacy services are a matter out-of-scope for the PNA. No changes necessary to PNA2022
	Anon.	this is a very long document. the questionnaire should have highlighted the sections to refer to in order to provide a response. Id love to know how many genuine responses you get back on this questionnaire .. im guessing near zero	PNA2022 Consultation, hosted on Let's Talk Lincolnshire, received 61 reponses. All comments have been responded to and published with the final version of the PNA. No changes necessary to the PNA2022.
	Anon.	The full document is quite wordy and long, but i guess it needs to be. Depending on who has been sent this re the general public the length and jargon may put people off reading and/or commenting on it. Where i live ( In Old Leake) we have a dispensary at our local doctors, which i feel serve us well. They have made some positive changes over that i feel now serves our local cummunity much better.	No changes necessary to the PNA2022.
	Anon.	Already written	No changes necessary to the PNA2022.
	Anon.	Not enough information provided for me to beable to answer these questions	No changes necessary to the PNA2022.
	Anon.	This survey is premature, the superficial overview introducing this survey lacks any meaningful detail to enable any sort of assessment	No changes necessary to the PNA2022.

	Anon.	Ridiculous questionnaire	Lincolnshire HWB is legally required to consult on this documentation. No changes necessary to the PNA2022.
	Anon.	Far, far too much information is leading to massive information overload. Much of the vast quantity of data could be provided in a much more user-friendly and readable form	Lincolnshire HWB is legally required to consult on this documentation. PNA is a very technical document. No changes necessary to the PNA2022.
	Anon.	The cost benefit analysis is significantly missing between the cost of community pharmacies and GP dispensing practices. It is both ethically and morally appropriate and right that this should be done especially when considering potential for future efficiencies in the NHS.	Out of scope of the PNA2022.
	Anon.	Think the report highlight the strategic and data driven need. Perhaps a more service user friendly version. Not sure if I have missed but was there a survey asking service users if the current pharmaceutical services are adequate - opening times etc. Recent experience as a full time working individual is that they are not - many around me close for Lunch ? do open until 9 - 9.30	Contractor opening times have been verified in a pre-engagement survey, of NHSEI data, patients and service users, conducted by Healthwatch Lincolnshire, in 2021. 99.8% of the population of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. This is referred to in the PNA document.


	Anon.	<p>The conclusions is that there are no gaps in provision, looking at generic accessibility to locations that say they can provide pharmacy provision. In practice these locations are not fit for purpose. e.g. Lloyds at Sainsbury Tritton Road Lincoln. In the last 12 months could not dispense medication due to lack of pharmacist 5 times. Lost medication 12 times. Told has dispensed my controlled drug and given it to another person once. Has lost the prescription 12 times. I have been asked to come back after medical should have been ready 12 times, I have been given a receipt for meds they cannot provide 10 times. I have had to wait for prescriptions for up to 2.5 hours. This location will be a tick in the box but in practice does not provide a reliable service for life long medications that cannot be stopped without consequence. The service keeps getting worse. There are bound to the others. This consultation should not just look at numbers and say its fine, it should look at quality of provision provided too. There is no point having pharmacy on paper if in practice it can't deliver pharmacy functions. This exercise seems to be a paper exercise regarding numbers rather than a practical exercise about have easy access to pharmacies that deliver the service. Changing pharmacies is often not an option.</p>	Out of scope of the PNA2022. Concerns regarding quality of provision by individual contractors are dealt with by NHS England directly.
	Anon.	<p>It takes time for pharmacies to be built etc.. and with the increase in population, more heavily weighted to older more morbidity people surely now is the time to look at increasing the number of pharmacies, not in 3 years time.</p>	<p>As a "live document", the PNA will be revisited at an interval of no greater than three years. More imminent changes are also monitored, addressed and published as supplementary statements to the PNA.</p>

Anon.	<p>I don't think my present pharmacy could cope with all the extra demand without a change of premises. Hopefully they will be funded adequately to do this extra work. I do wonder why this is being put on the pharmacies when GP's seem to be doing less and certainly avoiding seeing patients face to face. Would it mean that a trained GP would be based at the pharmacy and won't it just end up the same as our present GP surgery (no appointments, no answering the phone) who still seem to be far too busy to see patients even after Covid restrictions have been 'lifted'? What will GP's do? Will they spend more time with patients, keep proper records and do the jobs they should have always been doing? It seems to me that a 'sore throat' a 'stomach ache' etc might easily be treated as just that and not a symptom of something more serious. Would a pharmacist be able to refer to a specialist or would the patient then need another appointment with a GP? I find the whole idea is perhaps another way of privatising our NHS.</p>	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly.
Anon.	<p>Just because the draft says that there are sufficient pharmacies in my area it doesn't take into account the fact that 1 pharmacy for a growing population (my area is Woodhall Spa) may not be enough. The pharmacy in Woodhall Spa is Boots the Chemist. They seem to have staff shortages quite often including pharmacists which means drugs cannot be given without one on the premises. The nearest other pharmacy would be Coningsby/Horncastle and due to poor transport issues residents may not be able to get to those.</p>	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly.
xx	<p>Far too high a proportion of pharmacy services in many parts of Lincolnshire are provided by Lincolnshire Cooperative resulting in them having a</p>	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly. 99.8% of the resident population of Lincolnshire



		near monopoly in some areas and insufficient choice for those not happy with their services.	have access to a pharmacy within a 20 minute drive time. Additionally, residents of Lincolnshire can access distance selling pharmacies located anywhere in England.
	Anon.	We desperately need a new independent pharmacy in Bourne	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	We desperately need another pharmacy in Bourne. Covid has changed everything.	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	I need to go back and read the PNA	No necessary change to the PNA2022
	Anon.	Surprised to note the lack of mention of obesity as a factor in many of the illnesses listed. Also, female health provision is poor in Lincolnshire, such as HRT and menopause support. There is a lack of sexual health clinics - statistically, the older population is becoming the largest group developing STIs, and probably the least likely to use online provision - maybe women's health could go back to the sexual health clinics, who do, of course, also dispense medication.	Thank you for your comment. PGD-based supply of HRT medicines is out of the scope of "necessary services". No changes necessary to the PNA2022

	Anon.	Needs to be more of a focus of pharmaceutical services n rural Lincolnshire. Thinking outside the box would help in looking at what can be achieved with a smaller radius. It could be GP surgeries could help in opening at a weekend for a few hours	Thank you for your comment. No necessary change to the PNA2022
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		<p align="center"><b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b></p>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**RESPONSE OF THE HEALTH SCRUTINY COMMITTEE  
TO THE CONSULTATION DRAFT OF THE LINCOLNSHIRE PHARMACEUTICAL NEEDS  
ASSESSMENT**

**Introduction**

This is the Health Scrutiny Committee for Lincolnshire’s response to the consultation, being undertaken on behalf of the Lincolnshire Health and Wellbeing Board, on its Pharmaceutical Needs Assessment, which is due to take effective for a three year period beginning on 1 October 2022.

**Main Findings**

Existing and Future Provision in Lincolnshire

The consultation draft of the Lincolnshire Pharmaceutical Needs Assessment includes the following conclusion:

“Conclusion

“The Lincolnshire Health and Wellbeing Board considered the number, distribution, access and choice of pharmaceutical contractors covering each of the seven districts in Lincolnshire and concluded that the existing evidence indicates that residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps have been identified in the provision of necessary and other relevant services hours across Lincolnshire. Changes affecting pharmaceutical provision such as substantial changes in current provision or population demographics will be monitored and reviewed by the HWB and the PNA will be updated with supplementary statements where necessary. Any expansion of services will continue to happen within the existing network of pharmaceutical contractors where possible.”

The Health Scrutiny Committee is satisfied with the PNA’s conclusion, as set out above, that the residents of Lincolnshire are adequately served by providers of pharmaceutical services

and no current and future gaps were identified in the provision of necessary and other relevant services across Lincolnshire. The Committee has accepted the evidence put forward in support of this conclusion, which included:

- (1) Pre-Consultation Engagement – This included public engagement by Healthwatch Lincolnshire, who received submissions from 203 members of the public, of whom 17.3 per cent rated their pharmacy services as ‘poor’ or ‘very poor’. There were no distinct patterns to these responses, both in terms of geography and providers and the concerns raised were outside the scope of the PNA. In addition, questionnaires were sent to community pharmacies and dispensing GP practices.
- (2) Detailed Analysis of the Demographics – Substantial detail was provided in the draft document on the demographics in Lincolnshire, including deprivation and vulnerable populations. Details on the locations of community pharmacies and dispensing GP pharmacies have been included.
- (3) Assessment of the Impact New Developments – The consultation draft of the PNA set out detailed information on new housing developments, anticipated between 2022 and 2036. None of the developments would impact on the demand for services during the lifetime of the 2022 PNA.
- (4) Views of Other Groups – The Lincolnshire Local Pharmaceutical Committee and the Lincolnshire Local Medical Committee had indicated that they are satisfied with the proposed PNA.

#### Monitoring of Provision

The Health Scrutiny Committee is advised that the Health and Wellbeing Board, together with the PNA Steering Group, will continue to monitor changes in current provision or demographics.

#### Reach of Consultation

The Committee generally would like to see as many responses as possible to the consultation. However, the scope of the PNA is specific to its limited statutory purpose, and thus might mean comments are received which fall outside this scope.

#### Other Comments

The Health Scrutiny Committee recognises that the PNA is a framework used to commission pharmacy services and its scope is limited to essential services provided by community pharmacists.