

**Leicester City Pharmaceutical Needs Assessment: Public Consultation  
Report January 2015**



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## 1. Introduction

Leicester City draft Pharmaceutical Needs Assessment Public Consultation ran from 29 September to 12 December 2014.

The consultation asked for feedback from the statutory consultees but was also distributed more widely in order to ensure that as wide a population as possible was represented, particularly those from 'seldom heard groups'.

This document gives a full report of the feedback received during the consultation, including feedback recorded at public engagement meetings. Feedback was received in the form of standalone statements, answers to questionnaires (both on line and hard copy) and discussion at engagement events.

## **2. Executive Summary**

### **2.1 Consultees and distribution**

The range of statutory bodies required was consulted with. Not all responded.

The consultation was distributed widely electronically to all statutory consultees and to other groups likely to be interested, such as the 'membership' of the local Clinical Commissioning Group. It was supplemented by hard copies which were sent to all libraries, pharmacies and dispensing GPs in Leicester City. Hard copies were also made available on request. The consultation was publicised on Leicester City website and via their media and social media outlets.

An easy read version of the consultation document was developed and this was distributed to seldom heard groups and discussed at 13 targeted consultation events. A public meeting was organised on 12 November and although only a small number of people attended, a pharmacist from Leicester City and a Healthwatch representative provided useful feedback and real insight about access, range of services and cultural differences within Leicester City's population.

Two additional emails were also sent to statutory consultees and other groups during the course of the consultation.

More detail of the consultation documents, distribution and consultation events is at Appendix A (Leicester City PNA Consultation Document), Appendix B (Leicester PNA Easy Read Consultation Document), Appendix C (Leicester City PNA Targeted Events) and Appendix D (Leicester City PNA Public Consultation Distribution).

### **2.2 Responses and results of the consultation**

Response statements were received from Leicestershire Health and Wellbeing Board, Leicestershire and Rutland LPC, Leicester City Council Health and Wellbeing Board and Health Scrutiny Commission and Healthwatch. Questionnaires were completed by NHS England and a number of other organisations including a Leicester City Councillor and a number of pharmacies.

144 people completed the questionnaire, either online or on the printed copies. The respondents reflected a reasonably representative spread of the demography. In addition, there was feedback from meetings with groups and organisations which is also included in the responses below.

Key themes were:

- Most people felt that the purpose of the PNA had been adequately explained, however a small number felt that it was difficult to understand, or that there were language issues

- The majority of respondents felt that the PNA provides an adequate assessment of pharmaceutical services in Leicestershire. The issues raised by those who did not were to do with the relatively small size of the sample of the pre-consultation engagement, and the perceived needs of the Somali community
- Around two thirds of those who answered the main questionnaire, and half of those who answered the easy read questionnaire felt that the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Leicestershire population and again those who did not gave a number of reasons, including the need for better access, need for better services in the St Matthews area, better communication, more publicity for services and waiting times
- Two thirds of those who answered the main questionnaire agreed that the current pharmacy provision and services in Leicester are adequate, but only one third agreed of those who answered the easy read questionnaire. The themes of those who did not agree included lack of awareness of advanced and community based services, and a lack of these services in some pharmacies, the need for better communication and cultural awareness, an imbalance in provision of community pharmacies, so that there are some areas of the city where there is not easy access to a pharmacy and a request for extended opening hours in some areas. The point was made that ward based data can cause problems in overall assessment of provision
- Gaps in services should be filled but current provision should not necessarily be reduced in areas where there are larger numbers of providers, because of the importance of choice
- Three quarters of respondents to the main survey agreed with the PNA conclusions and recommendations but only half of those who responded to the easy read version agree. Those who did not gave a number of reasons and recommendations, again on the themes of communication, publicity and distribution of community pharmacies
- The idea of additional community services is welcomed and encouraged, particularly health checks including blood pressure and cholesterol and flu vaccinations. There were specific recommendations that there should be advice on healthy fasting, TB, rickets and children's oral health and flu vaccinations
- In general people feel that they receive a good service from local pharmacies
- Some groups, particularly those with disabilities such as deafness, or from ethnic minorities, would like better communication in the form of translation/interpretation and equalities issues should be addressed, including preparing an Equalities Impact Assessment at the end of the PNA process
- People feel that the wide variety of services offered by pharmacists is not publicised enough. There should be pharmacy based health campaigns and promotions
- Publicity about pharmacy services should be available in community venues as well as pharmacists and should be easy to read/understand
- Opening times need to be extended in some areas
- Out of hours information should be more widely available
- There are issues to do with certain locations, particularly St Matthews and New Parks

- There should be consideration of advanced service provision with a greater focus on cross border issues e.g. with Leicestershire
- The mechanism for pharmacies to be accredited to provide additional services needs to be clearer
- There should be more qualitative measurement of pharmacy services and a differentiation between contracted services and voluntary services
- There should be more discussion of why some services which could be delivered are currently capped

The monitoring data showed that a wider variety of people were consulted with than in the pre-consultation engagement, and they were more representative of the population in terms of age group and racial background in particular. There was a large representation from the Muslim community.

### **2.3 Conclusion**

The feedback provides a number of useful pointers for additions and amendments to the PNA.

### **3. The Consultation**

The consultation was presented through a consultation document with a questionnaire, and an easy read version of the document with a simplified questionnaire. These documents brought together the main themes and highlights from the full draft Pharmaceutical Needs Assessment (PNA). They were available in hard copy and electronically, and the main questionnaire was also available interactively online. The consultation document was available on request in translation. The City Council developed a website page containing both versions of the consultation document, the full draft PNA and a link to the online questionnaire, <http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/pharmaceutical-needs-assessment/>.

The full questionnaires are included within Appendix A: Leicester City PNA Consultation Document and Appendix B: Leicester City PNA Easy Read Consultation Document.

### **4. Statutory Consultees Overview**

During the 60 day consultation period a range of statutory bodies had to be consulted. A full list of the organisations contacted can be found at Appendix D: Leicester City PNA Distribution. Not all of them responded, but those who did either sent a statement, or completed a questionnaire. The statements are given at the beginning of the analysis. Where they completed questionnaires, the responses have been included within the main body of the report entitled 'Comments received on behalf of an organisation'.

### **5. Distribution and Publicity**

The PNA information and link to the questionnaire were distributed widely electronically to the statutory consultees and a wider range of groups. The full

distribution list is at Appendix D: Leicester PNA Distribution. Hard copies of the consultation document were sent to all of Leicester's libraries (14) and to all of the Leicester City's pharmacies (87). Further printed copies were also made available on request.

An easy read version of the consultation document was produced and this was used extensively at meetings with 'seldom heard groups' and was also distributed on request (see also below).

The consultation was publicised via a media release sent out by Leicester City Council, and social media e.g. Twitter (11,200 current total followers of the Council plus 455 followers for the Council Consultation Hub). The PNA information was also available online via the council website; it was viewed 245 times (average time viewing information 5 minutes 10 seconds) during the consultation. It was also sent to 7,000 internal council staff and via Twitter.

Two additional emails were also sent to statutory consultees and other groups during the course of the consultation. One gave an extended closure date, extending the closure from 28 November to 12 December, and one reminded people that the consultation would shortly close.

## **6. Consultation Activities/Seldom Heard Groups**

A public meeting was held on 12 November at Leicester Town Hall. Three people attended this meeting, a pharmacist, a member of the public whose profession was a mental health nurse and a representative from Leicester Healthwatch.

During this meeting it was suggested by the pharmacist who had read the full draft PNA that there might be a disparity between the information concerning the number of pharmacists in the Spinney Hills 'ward' and the reality within the St Matthews area of the ward. As a direct response to this, outreach was conducted within this area by use of the summary consultation document and the easy read version. The easy read document was also translated into Somalian as this is the community that predominantly lives in the St Matthews area. This can be found at Appendix E: Leicester City PNA Easy Read Somalian Consultation Document. More than 50 people from the Somalian community completed the easy read survey, either in Somalian or in English, and a number of people from the Somalian community were within the group of 67 people who completed the main survey, in some cases with help from a translator.

In addition to the widely publicised public meeting, a wide range of groups was engaged with to ensure that where possible 'seldom heard groups' could have their say. There was an emphasis on engaging with people who fall within the younger demographic of Leicestershire's population, those from Black and Minority Ethnic (BME) populations, and mothers and young families. This was following the low responses from these groups received from the pre-consultation engagement activities earlier in the year. Other groups engaged with included the Lesbian, Gay, Transgender, Bisexual community, members of the Sikh, Muslim and Hindu community, Leicester City Youth Council and Youth Advisors and members of the



deaf community. A full list of the PNA targeted events can be found at Appendix C (Leicester PNA Targeted Events).

At meetings with these groups, the PNA information was either presented by using the public consultation summary document or the easy read version or both, dependent on the individual or group. In some cases the PNA information was sent electronically or copies were given to voluntary sector organisations for distribution to their specific community (e.g. Voluntary Action LeicesterShire, Healthwatch, Carers).

During the consultation period 13 engagement events were attended in order to promote the PNA. Full details are available at Appendix C (Leicester PNA Targeted Events).

The main themes and highlights from these engagement activities have been included within the main body of the report within the appropriate sections.

## **7. Organisational statements and responses received from meetings with statutory consultees**

### **7.1 Response from NHS England**

The current level of service provision meets the needs of the population of Leicester.

Future services and how community pharmacy can contribute to the health needs of the population should be based on the outcome of the Equality Impact Assessment which we understand will be carried out following the consultation.

ATs (Area Teams) could consider the provision of flu vaccinations by community pharmacists. The following comments relate to the PNA summary document. Pages 13 and 14, Para 13 Conclusions and draft recommendations.

Suggest an additional bullet point:

- Ensure that pharmaceutical services are mapped to local needs as it relates to this PNA.
- Suggest a change to 2<sup>nd</sup> bullet point on Page 14, to read:
- Explore how the existing pharmacy infrastructure can be encouraged to engage more with the services to be commissioned. Currently this bullet point appears to imply that additional pharmacies are required in certain areas, whilst the PNA clearly states elsewhere that the current coverage is adequate.

Suggest a change to 5<sup>th</sup> bullet point on Page 14 to read:

- Include pharmacies in commissioning strategies and in plans for healthcare across Leicester as a whole.

## **7.2 Leicestershire and Rutland Local Pharmaceutical Committee (LPC) response to the draft Pharmaceutical Needs Assessment (PNA) for Leicester City.**

Leicestershire and Rutland LPC welcomes an up to date PNA that will be used to inform commissioning and support decisions regarding control of entry by assessing provision and need for pharmaceutical services in Leicester, linking with the JSNA to improve the Health and Wellbeing of the people of Leicester. The development of a robust and insightful PNA is critical for the proper planning of pharmaceutical services with regards to the Community Pharmacy Contract and NHS Regulations relating to market entry.

The comments the LPC has below relate to the full PNA consultation document. The LPC also read and reviewed the consultation summary and the consultation document and noted some information which had been transposed between the documents.

The first observation the LPC has on the draft PNA is that there are many opportunities in which community pharmacy can support both the Health and Wellbeing Strategic objectives and also the health priorities of the City Clinical Commissioning Group (CCG). Some of the existing services currently commissioned, whether centrally through the contract e.g. Medicines Use Reviews (MUR) and New Medicines Service (NMS) or locally (smoking cessation) could indeed be better targeted towards priority areas, were other stakeholders better engaged. However for the majority of both priority lists, it is worth noting that there are no currently commissioned services delivered through pharmacy. The LPC would urge commissioners to review this situation.

### Commissioning challenges

Some further clarity regarding who commissions (or could commission in the future) what from pharmacies would be welcomed. There are numerous statements that are factually correct regarding provision of services from various pharmacy outlets in the city, these indicate pharmacies that have been commissioned to provide services but there is little information regarding the volume, quantity and potential impact of this provision. The mechanism to become accredited to provide additional services isn't clear and therefore the PNA could be misleading as it doesn't refer to the barriers that are in place that prevent pharmacies engaging with services, the LPC would ask if there is in fact a gap in commissioning.

### Improving accessibility and reach through pharmacy

Leicester has a diverse population base with some specific challenges which community pharmacy can support directly. Pharmacy employees are often from the area local to the pharmacy and therefore language barriers often seen in other healthcare settings often pose less of an issue for pharmacy. In addition the ease of access and extended hours mean that hard to reach and high risk

populations, such as the homeless, would be able to access services through pharmacy, were these services available.

#### More qualitative evaluation of commissioned services

We feel the draft PNA often focuses on quantitative measurements but with little context, particularly regarding the targeted delivery of the NHSE commissioned services of MUR and NMS e.g. with the NMS service, delivery per head of population is a less relevant statistic as NMS can only be provided in response to the generation of a prescription for a medicine within the target groups. One source of qualitative data is that pharmacies report their activity and intervention outcomes on a quarterly basis the NHSE area team. The area team could provide qualitative information on the delivery of these services, for example numbers of GP referrals due to issues. The LPC recognise that there is potential to release more value from these services through better engagement e.g. GPs and secondary care, who could refer patients directly into pharmacy for these services. It is worth noting that subsequent to the development of the PNA, the scope of the MUR service is being extended in 2015 to encompass a wider range of conditions and to increase the percentage of targeted reviews that pharmacies undertake. The NMS has also been recently re-commissioned after the full review which clearly demonstrated the cost saving to the NHS of this valuable service.

#### Review of voluntary services

Whilst the PNA focuses on NHSE commissioned services, there isn't sufficient differentiation between contracted services and other provided services (such as prescription delivery, compliance aids and MDS, BP measurement, near patient testing etc.) which are voluntary, and not commissioned.

#### Wider issues with community based services

The LPC would contend that the observations on community based services require more clarification, not least of which is whether they commissioned in the area or not e.g. Healthy Living Pharmacy, Alcohol Intervention. The current provision of community based services in pharmacy depends on a number of factors including:

- **Viability** of delivering the service, whether from the numbers accessing the service (in response to need)
- **Operational issues** such as achieving accreditation for EHC and minor ailments, having toilet facilities for chlamydia screening or getting referrals such as needed for the H. Pylori screening
- **Service exclusions** (for example Ella One for EHC)
- **The financial viability** of delivering the service.

Where the PNA highlights these services and or areas with potential for increased delivery, the LPC would urge the HWB to identify the reasons behind

the reduced provision and engage with commissioners to address these issues e.g. the current cap on minor ailment provision.

#### Quantitative ratio rationale

Throughout the PNA there are multiple references to the number of pharmacies per population and whether this is greater or lower than the national average. There is no evidence to show an optimal number of pharmacies per ward and the LPC feel strongly that all of these figures should have some narrative. Furthermore there is reference to a lower number of pharmacies per population for services such as smoking cessation in deprived areas such as New Parks, again, there is no narrative to this statement; is there any data that the pharmacies in these areas deliver these services at a greater or lesser level both quantitatively and qualitatively? The LPC is concerned that artificial gaps may be indicated through this simple data presentation which may not adequately reflect the service provision in a specific area. The LPC believe that in such a densely populated area, with good cross City access and transport links, using pure ward based data causes difficulties when applied as simply as above. The LPC would contend that patients do not generally recognise ward boundaries when accessing services; Patients access the services they need at the location they want to, as was shown with the majority of patients responding “That they accessed a pharmacy that was convenient for them”. Also it is worth noting that the wards vary significantly in terms of focus- for example Freeman’s ward of which a large proportion is leisure or industrial units.

#### Core, supplementary and contractual hours

With reference to the opening hours of pharmacies, we would like to see core and supplementary hours in the PNA with some explanatory notes regarding the difference between these and also clarification that the 100 hour pharmacies must remain open for a 100 hours as a contractual requirement. There is one ESPS LPS contract in the city, the LPC would like to emphasise the importance of this pharmacy to the local population and that this contract will terminate in March 2015 unless re-commissioned by NHSE.

#### Recognising and reflecting patients’ views

It is pleasing to see that patients recognise the value of community pharmacy as has been shown by the survey results, albeit on a statistically small sample. The results mirror those that community pharmacies see in their annual satisfaction surveys, where patients value the relationship they build up with the pharmacist and their team. Indeed there is evidence nationally of patients valuing the access, choice and quality of services available through community pharmacy which has led to high profile recognition of the valuable role pharmacy can play in services such as influenza vaccination and cardiovascular checks. Both of these are services which pharmacy in Leicester has previously demonstrated added value to patients and yet both are services which have over recent years been decommissioned. It is therefore ironic that

these services have been highlighted by patients in the consultation as services that they would wish to access through pharmacy.

### The role of EPS

The apparent understanding in the PNA of the electronic prescription service (EPS) is of some concern to the LPC. EPS is already in place and active across the City. The service is designed to send prescription messages through to pharmacies without the need for patients to transport pieces of paper, with a view to ultimately simplifying systems for prescribing, dispensing and calculating payments throughout the NHS. It is not designed to reduce face to face contact at the pharmacy through automatic delivery services.

### Service overprovision?

The draft recommendations relating to equity of services include points which the LPC would concur with e.g. the need to continually review access and provision of essential and advanced services and the need to investigate the variation between community based service provision across pharmacies, and recommend changes to commissioners that would increase the number of providers in areas where gaps are absolutely identified. However the suggestion that there is over-provision where pharmacies are located close together takes away one of the key principles of healthcare provision- and that is patient choice. Offering the service from multiple outlets does not cost more. It offers more choice and improved access for patients wishing to access those services.

### Recognising pharmacy's ability of flexible and accessible delivery

On a final note the theme of the PNA doesn't really do any justice to the contribution that community pharmacies in Leicester do make to the health needs of the local population. This contribution could be extended if commissioners engaged with the LPC to tailor commissioned services to meet the needs identified in the JSNA. There is no recognition of the multiple languages spoken by pharmacy teams to meet local need.

### Future proofing plans

The radical changes in the NHS means that this PNA needs to be dynamic and future proof. It needs to have regard to changes in service design and delivery such as those planned through the Better Care Fund. The LPC would be happy to work with commissioners to design and develop innovative services that can add value to the health of the population of Leicester.

**In addition to this feedback, a meeting was held with Leicestershire Pharmaceutical Committee, at which they discussed this public consultation and the two concurrent PNA public consultations in Leicester and Rutland.**

**The key points they made are captured in their feedback above.**

### **7.3 Leicester Health and Wellbeing Scrutiny Commission**

EXTRACT OF MINUTES OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION HELD ON 4 NOVEMBER 2014.

#### **64. PHARMACEUTICAL NEEDS ASSESSMENT**

The Divisional Director, Public Health, submitted a report on the public consultation currently being undertaken on the Draft Pharmaceutical Needs Assessment (PNA). The consultation started on 29 September 2014 and was originally scheduled to end on 28 November 2014, but it had now been extended to 12 December 2014, to ensure that everyone had the benefit of a 60 day consultation period in which to submit their comments. Members were requested to consider the conclusions and draft recommendations outlined in Section 13 of the consultation document and to give views on these and any matters within the scope of the PNA.

The Divisional Director stated that:-

- From 1 April 2013 every Health and Wellbeing Board in England had a statutory responsibility to keep an up to date statement of the needs for pharmaceutical services of the population in its area, known as the PNA.
- The first PNA must be issued by 1 April 2015 and then subsequently kept up to date by supplementary statements detailing any changes.
- The PNA did not cover pharmacies in hospitals or prisons.
- There appeared to be enough pharmacies for the total population and no one was required to travel excessive distances to access one. However, some pharmacies were outside the City boundary and those within the City were not evenly distributed resulting in clusters of pharmacies in localised areas.

The Healthwatch representative commented on the need for different language skills in pharmacies situated in the east and west areas of the City reflecting the different demographics of each area. It was also suggested that there was an opportunity for pharmacies to be utilised to give advice on such issues as healthy fasting for patients with multiple health conditions (based upon national guidance), travelling abroad and avoiding returning with communicable diseases, tuberculosis, rickets and oral health in children etc to reflect local requirements. An Equality Impact Assessment should also be prepared at the end of consultation process.

Following discussion of the report, the Divisional Director made the following responses and comments:-

- The provision of advice on specific topics could be included in the essential services contract with pharmacies. NHS England currently

held the responsibility for all pharmacy contracts and there would need to be a shift in this responsibility to allow local authorities to have more control over the issues that were relevant to local health issues.

- The outcomes of the PNA would provide NHS England with the information necessary to assess whether there was a need for more pharmacies in the City.
- The pharmacies in Leicester were mixture of large national chains, some local chains and a number of independent operators. The distribution and clustering of pharmacies within the City had resulted from historical commercial decisions by the owners/operators of the pharmacies.
- There were a number of consultation meetings taking place and comments on the consultation could also be submitted through the Council's website.

Members' comments concerning pharmacies being utilised to provide additional specialist advice on health issues as a mechanism to contribute in helping to divert patients away from GPs and other health services in line with the aims of the Better Care Together Programme was noted and would be fed into the process.

The Chair commented that travelling 1-2 miles to access a pharmacy was more difficult in areas of deprivation where there was generally less access to the use of a car, a larger proportion of children in the population and a prevalence of more health inequalities.

**RESOLVED:**

- 1) That the consultation process for the PNA be considered appropriate.
- 2) That the Commission receive an executive summary of the outcome of the consultation process on the PNA outlining the recommendations and giving a synopsis of those consulted and the numbers of responses.

**ACTION**

The Scrutiny Policy Officer to add the item to the future work programme.

The Divisional Director Public Health to make arrangements for the report to be submitted after the consultation process has been completed.



## **7.4 Leicestershire County Council**

### **Health and Wellbeing Board Feedback on Leicester City Council's Pharmaceutical Needs Assessment**

Response prepared by Janine Dellar on behalf of Mike Sandys, Director of Public Health, Leicestershire County Council

- 1) Do you think the purpose of the PNA has been adequately explained

Yes

- 2) Do you think the PNA provides an adequate assessment of pharmaceutical services in Leicester?

Yes

- 3) Do you think the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Leicester population?

In part

For advanced services,

Due to the varied nature of the provision of advanced services within Leicester city there is uncertainty as to the impact this could have on advanced services provision within Leicestershire. The findings from the PNA don't suggest any impact (negative or positive) on Leicestershire's services but in view of the projected rise in people with long term conditions such as diabetes over the next 5 years in Leicester, there is a need to regularly review the situation.

We would like Leicester City to think about advanced service provision with some greater focus on cross border issues

- 4) Do you agree that the current pharmacy provision and services in Leicester are adequate?

As above – we would like to see a review of the cross border issues where service provision in Leicester can impact on the residents and services of Leicestershire

- 5) Do you agree with the PNA conclusions and recommendations?

Yes

The provision of community based pharmacy services in Leicester is adequate to meet the current needs of the population. All community pharmacies in Leicester provide essential services and some provide advanced and community based services to varying degrees with the West of the city lacking more in some of these

services. There is a need to encourage sign up to these advanced and community based services by pharmacies in the west of Leicester city and encourage improved delivery across most pharmacies in the city.

There is currently no indication of an impact (positively or negatively) on pharmacy service provision in Leicestershire resulting from Leicester city's pharmacy service provision levels. However, with the projected increase in people in Leicester with long term illness as well as issues of quality and uniformity of access to advanced and community based services, it is important that Leicester continues to monitor the situation to ensure that provision of community pharmacy services remains adequate over the coming years.

- 6) Do you have any other comments? Please specify below with reference to page and section number in either the full PNA or the PNA summary?

Please see attached report that was submitted to Leicestershire's Health and Wellbeing Board.

## **7.5 Healthwatch Leicester's response to the Leicester City Council Pharmaceutical Needs Assessment**

Healthwatch Leicester supports the recommendations made in the draft Pharmaceutical Needs Assessment that outlines the current pharmacy provision and proposed changes.

Healthwatch Leicester welcomes the recognition that the needs of a younger and ethnically diverse population are supported.

Healthwatch Leicester believes that, alongside local health agencies, pharmacies also should be encouraged to take into account local health inequalities and recognising that some population groups within those localities may have greater needs than others. There is a strong need for pharmacies to play more proactive and engaging role in local communities.

Healthwatch Leicester feels the role of local pharmacies is to present their services in more appealing way to the public, not just being seen as dispensing facilities. There are already a number of innovative projects being delivered by local pharmacies and this championing approach should be shared across all. Further focus on provision of self-help and support for people with long-term conditions, could be implemented easing the growing GP pressures.

Assurance should be given that any existing or future services are accessible, including communication needs, to all people irrespective of their race or ethnicity, religious or non-religious beliefs, as well as socio-economic and residential status, disability, and substance use/misuse.

Being mindful of the diversity and the demographics of the City residents, pharmacies opening hours and convenience need to be adapted, to ensure that the younger and working population is able to have equal access to the provision. Recognising the pharmacies' footfall, Healthwatch Leicester would welcome even further expansion of health promotion initiatives and campaigns in pharmacy settings, as this can make a very positive contribution into improving the City health and reducing growing number of health inequalities among City residents.

In the light of the above, more collaboration is needed among local partners to promote and support local communities to work in partnership with community pharmacists to address local health and social wellbeing needs using a community development approach. Consideration should be given to a workforce development to ensure pharmacy staff reflects the social and ethnic backgrounds of the populations they serve, as this will, in particular help to improve access by hard to reach groups within the health improvement agenda.

### **Conclusion**

Healthwatch Leicester, as the local consumer champion for health and social care, aims to work with local partners to ensure that the above are recognised and placed at the heart of the review.

## 7.6 Conclusion

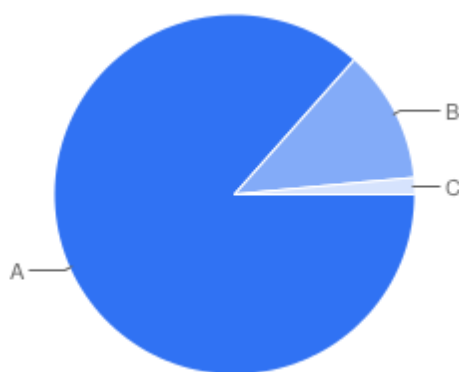
These statements give detailed responses and recommendations from key organisations involved in delivering healthcare locally, including the local authority's Health Scrutiny Commission, the Local Pharmaceutical Committee, NHS England, Leicestershire County Council and Healthwatch which represents the voice of patients and the public. Other key organisations' responses are given in the feedback below.

## 8. Leicester City Pharmaceutical Needs Assessment: The Results

This next section analyses the results of the consultation according to the questionnaires that were filled in, both by individuals and by organisations. Altogether 144 people completed the questionnaire; 67 completed the main survey, and 77 people completed the easy read questionnaire. In addition, there was feedback from meetings with groups and organisations which is also included in the responses below.

### 8.1 Q1: Results from the main survey

**Q1. Do you think the purpose of the PNA has been adequately explained?**



Answer Choices	Percentage	Responses
<i>A: Yes</i>	86.57%	58
<i>B: No</i>	11.94%	8
<i>C: Not Answered</i>	1.493%	1
<i>Total</i>		67

#### Comments Received

- The overall purpose of the PNA has been explained in general - rather vague - terms. However, it is not clear how, why and by whom the criteria used for making the assessment have been selected nor what is considered to be adequate provision. There seems to be more emphasis on relative rather than absolute need and unmet need.
- I have not been explained adequately as people have certain data that is protected or restricted and they cannot sometimes understand why. There are also staff that depend on a client's understanding and expectations of the medical/nursing/pharmaceutical services to respond with the correct pharmaceutical service. If a client cannot obtain their data, despite using the

correct channels to try to locate it, how can they be expected to co-operate with medical treatment that will include pharmaceutical supply? Mostly people like this have been marginalized which also adds a section that does not have to be there to their assessments for treatment. If there is no remit for clients to benefit from training or employment and they cannot register for incapacity or disablement despite having disabling conditions or conditions that make them suffer for incapacity, how can the medical and nursing staff plan treatment? I am sure that when people realize that access to their own information has meant they cannot be open with their own family, they will be qualified to judge but not necessarily to bring up their own children, train for a career or be employed. I am certain that many medical and nursing personnel experience the fear that one day the people that they are treating will demand equality and will be a lot more knowledgeable about the "neglect game" than the people managing some of the public services, not to mention the political, moral and social subterfuge that is held and used by a great number of Managers who work in public services when staff or clients display non-compliance.

When these issues are tackled it is likely that pharmaceutical issues will need to be reviewed but until that time, I really cannot see any point in doing this. However, I will wait to see the results of this consultation before I take any action with regard to my understanding and structural change.

- It's not done in a simple way to understand
- There are diversity communities in Leicester and they need their communication barriers to be considered.
- Because my language is Somali
- It assumes that people have knowledge of how pharmacies are planned, commissioned or how they apply, or even that they understand what these words mean!
- Language barriers

## 8.2 Q1: Analysis Main Survey

From the 67 people who responded to the main survey, 86.57% (58 responses) did agree that the purpose of the PNA has been adequately explained. Even though the sample size in relation to this question is a small representation of Leicester City's population it does provide a reasonable indication that the information contained within the PNA is sufficient and adequate to the audiences that reviewed it and completed the survey.

However, there were comments about some of the language used and general understanding of the PNA information by the general public who may not be familiar with the commissioning process. This does not show whether the comments relate to the full PNA consultation document or the plain English summary consultation document which was also distributed and used at targeted engagement events. However, comments included, *"It's not done in a simple way to understand" and "It assumes that people have knowledge of how pharmacies are planned, commissioned or how they apply, or even that they understand what these words mean!"*

Cultural differences were also addressed within the comments for this *“There are diversity communities in Leicester and they need there communication barriers to be considered.”* Also *“Language barriers”*.

### 8.3 Q1: Engagement Events Feedback

At the targeted engagement events for seldom heard groups, there was no unfavourable or adversely negative feedback about Question 1. People generally thought that the information in the plain English summary consultation document was very informative. Generally, people were also very engaged with the purpose of the PNA and very much welcomed the opportunity to review the information and to be able to provide their comment.

There was also a positive reaction to the wide range of information that has been analysed and brought together in the draft PNA. This allowed people to understand the purpose of the PNA and the role it plays when commissioners are looking at future services. Generally, people found the statistical information very insightful and informative particularly when looking at the ‘Health needs of the population of Leicester’. There was particular interest in the statistics that highlighted the higher than national death rates in relation to heart disease, stroke and Chronic Obstructive Pulmonary Disease. Also, the lower life expectancy on average for the people who live in Leicester; people seemed to have been unaware of certain demanding health needs and pressures on health care services within Leicester.

Particular feedback from engagement events that involved younger people (under 20’s), those who have language barrier, either due to not speaking English as a first language or due to a communication disability (deafness) or from areas of Leicester that are more deprived were also that they were not aware of all the services that a pharmacy provides, other than the essential services. This was especially prevalent in connection to ‘community based services’ and in particular the sexual health services that can be offered by a participating pharmacy. Many were not aware that emergency hormonal contraception, more commonly known as the morning after pill, could be accessed through this service.

In connection to ‘advanced services’, feedback received from all of the targeted engagement events revealed that the majority of people were unaware of these type of services. The relatively few number of people who were aware of these services knew about them because they used them.

This has highlighted a possible requirement for pharmacies to advertise and communicate their advanced and community based services more widely and in targeted areas where these services would be of most benefit. (For example engagement activity feedback from the New Parks area and LE3 area highlighted that some people did not realise that sexual health services could be offered).

Feedback from all the targeted engagement events received indicated that people would like to see an increased presence of all of the type of services pharmacies can provide, not only advertised and promoted within the pharmacies but also within other outlets within the community. For example, there could be promotion through a

community magazine like Leicester City's *Leicester Link*, through community centres or through schools and other places accessed by young people.

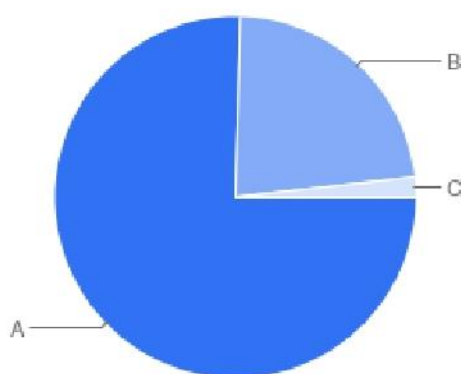
### 8.4 Q1: Conclusion

Most people felt that the purpose of the PNA was adequately explained. Where they had issues or queries they were usually to do with the use of language.

Engagement showed that there was a lack of awareness of certain services, and that people would welcome additional services, and this is addressed in more detail later on.

## 9. Q2: Results from the main survey

**Q2. Do you think the PNA provides an adequate assessment of pharmaceutical services in Leicester?**



Answer Choices	Percentage	Responses
<b>A: Yes</b>	74.63%	50
<b>B: No</b>	23.88%	16
<b>C: Not Answered</b>	1.493%	1
<i>Total</i>		67

### Comments received

- Only 75 of 333,812 residents completed a questionnaire. This tiny proportion is unlikely to be representative of the total population of Leicester (or adults in Leicester). The document does not give a profile of these respondents. Nor does it state the process of selection of residents to be invited to complete a survey or the response rate. It would be useful to include a copy of the questionnaire as an appendix to the main document.



- Similarly only 36 unspecified health and social care professionals completed a survey. Again, no profile is given nor details of the method of selection or response rate. I would also like to see a copy of this questionnaire as an appendix.
- In view of comments (3), it is likely the pharmaceutical services studied only apply to half of the people using prescribed medication as the other half may have developed strategies that include their contribution by: co-working; team playing and working; publicity raising; supporting the local and national NHS organizations; working independently; supporting others.
- Don't know
- Only 75 people responded surely that is not very representative of the population of Leicester
- There is a big need for Somali orientated pharmacies in our community,
- (written on behalf of participant) this is because I speak little English and struggle to communicate with pharmacists in my local pharmacy, my first language is Somali
- (written on behalf of participant) the Somali community needs a Somali based pharmacy that helps individuals like me to understand more about the medications and how to take them
- We need to be able to use Somali based pharmacies where medications can be explained to use in a language we can understand
- We need more Somali based pharmacies to support non-English speaking individuals
- Because of my language problems
- Only 75 people responded surely that is not very representative of the population of Leicester
- The sample size of 75 patients is too small to be representative
- No service in Somali language
- Absolutely
- Only 75 people responded
- Would be beneficial to play more of an active role re healthcare. e.g. instead of GP to a pharmacy for first contact if necessary
- They don't understand my medicines

## 9.1 Q2: Analysis and Conclusion

66 people responded to this question from the total of 67 who responded to the main PNA survey; 74.63% (50 responses) did feel that the information contained within the PNA was adequate.

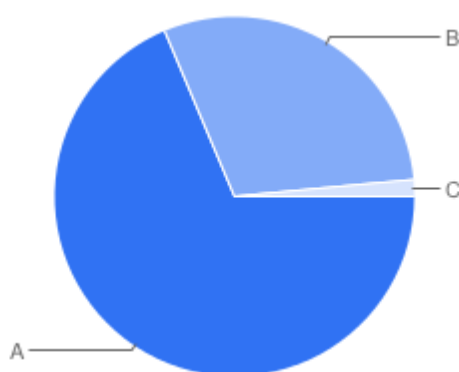
As noted in 'Section 6. Consultation Activities / Seldom Heard Groups' a large number of people from the Somalian community completed questionnaires, and as a result in connection to Question 2, approximately 50% of the comments about Question 2 were from this community. It has been reported that within the St Matthews area there is one pharmacy available which is a multiple pharmacy only open for 46.5 hours a week and only during the weekdays. The Somalian community feel that the language barriers and the operating hours impede them in accessing essential services. *"(written on behalf of participant) the Somali community needs a Somali based pharmacy that helps individuals like me to*

*understand more about the medications and how to take them*". Comments also highlighted that there is difficulty in understanding prescribed medications. "...Somali community needs a Somali based pharmacy that helps individuals like me to understand more about the medications and how to take them".

The other comments received were mainly addressing the sample size in connection to the pre-engagement activities which asked people how they found their current pharmaceutical service. This was conducted prior to the public consultation. *"Only 75 of 333.812 residents completed a questionnaire. This tiny proportion is unlikely to be representative of the total population of Leicester (or adults in Leicester). The document does not give a profile of these respondents. Nor does it state the process of selection of residents to be invited to complete a survey or the response rate..."*

### 10. Q3: Results from the main survey

**Do you think the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Leicester population?**



Answer Choices	Percentage	Responses
<b>A: Yes</b>	68.66%	46
<b>B: No</b>	29.85%	20
<b>C: Not Answered</b>	1.493%	1
<i>Total</i>		67

#### Comments from members of the public

- There are no Somali pharmacy that provide the support that is need (written on behalf of participant)
- It relies on people having email which a lot of older citizens do not have access to and they are heavy chemist users
- there is no Somali speaking staff that work in a pharmacy that can provide me with the information that I need regarding my medications

- Please see final comments
- There is a gap for the city demographic changes.
- As the Somali population is growing and ageing many individuals like myself are struggling to get information regarding our long term conditions such as diabetes, and the need for Somali based is very strong (written on behalf of participant)
- No because there are many gaps in my views. For example as Somali community we finding difficult get full interpretation of what services were provided through the assessment.
- The current level of service provision meets the needs of the population of Leicester. Future services and how community pharmacy can contribute to the health needs of the population should be based on the outcome of the Equality Impact Assessment which we understand will be carried out following the consultation.
- How can you plan for the future
- Don't know
- Please see my responses in the previous two boxes. I would also like to see information about the extent of provision of delivery of medicines to a patient's home.
- No. Because people may be medicating themselves and people may realize that the side-effects of drugs do not necessarily mean the person who is prescribed the medication suffers from the side-effects that can be confused with the effect that "embedding" of repeated denial of service attacks seems to bring about. This in itself, is marginalizing and it is known that it has been used as a reason to deny someone proper access to treatment by some of the medical, nursing, managerial and security/safeguarding personnel.
- I was very impressed by the breadth of the report. I had no idea it would be as interesting as it was
- With death rates for heart disease stroke and COPD statistically higher already though needs to be made for other conditions that may rise as a consequence for example tuberculosis for instance
- Language barrier
- No, because I continue to struggle understanding information given to me from pharmacies.
- I like to get service in Somali language
- I don't understand well in the English Language
- Again, there is a lack of pharmacies in Leicester who provide information to non-English speaking people
- As for question 2. The sample size of 85 patients is too small to form a representative view

Comments received on behalf of an organisation (please note – in some cases it was stated that people were completing a questionnaire on behalf of an organisation, but they did not state the name of the organisation)

There were no additional comments received from organisations, apart from those listed as part of more lengthy responses in Section 7.

### 10.1 Q3: Analysis

From the comments received there are mixed opinions ‘whether the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Leicester’s population?’ This is reflected within the results, 68.66% (46 responses) did feel that it was a satisfactory overview whilst 29.85% (20 responses) disagreed. It is noted that one person skipped this question.

This is very much dependent on the locality of the responder and where within the city they are accessing pharmacy services. A strong theme relates to the language barrier felt by the Somalian community and other groups/individuals where English is not a first language. This is also apparent in feedback received from the engagement work carried out within the Hindu, Sikh and Muslim communities. Also the feedback indicates a need for increased support in connection to health care services particularly for ageing communities.

*“As the Somali population is growing and ageing many individuals like myself are struggling to get information regarding our long term conditions such as diabetes, and the need for Somali based is very strong (written on behalf of participant)”*

Another communication barrier was people’s lack of understanding of the medications that they are prescribed. *“No, because I continue to struggle understanding information given to me from pharmacies.”*

Another commonality from the feedback received from engagement events and a comment received from the main survey is prescribed medications being given to people other than the person who has been prescribed the medication *“No. Because people may be medicating themselves and people may realize that the side-effects of drugs do not necessarily mean the person who is prescribed the medication suffers from the side-effects that can be confused with the effect that "embedding" of repeated denial of service attacks seems to bring about...”* It is not known in this particular case whether it is due to a language barrier being in place preventing access.

## 10.2 Q1/3: Easy Read Questionnaire Results

The results for this question from the easy read questionnaire correspond to Q3 in the main survey.

### Q1 Do you think the Pharmaceutical Needs Assessment gives a good view of the current and future chemist needs?

Answered: 67 Skipped: 10



Answer Choices	Percentage	Responses
Yes	52.24%	35
No	47.76%	32
<i>Total</i>		67

#### Comments Received:

- No, they take too long to process and sometimes don't always have it in stock. They never say what's the medicine is for and how to use it.
- Its fine
- To an extent
- because it have to wait for over an hour
- Inconsistent service, sometimes good advice

- this question is for difficult for me
- yes it is for someone who speaks the language
- no, because it cannot express myself as it do not speak the language
- we do not get all the services that are mentioned and it would like to know what has been allocated for Somalis
- We do not get many things to do with our community
- because it have problems
- Does not give a good assessment
- Does not give a good assessment
- don't giving a good assessment
- Not a good assessment
- not a good assessment
- Do not agree
- There is not a clear explanation
- maybe
- The service that is meant for the Somali they are not getting
- Yes, but it feel that vaccinations and holiday jabs should be more widely available through chemists for reasonable prices, if chargeable. More/greater inspections or evaluations of chemist services
- I hope they will give the help and support that people need

### 10.3 Q1/3: Easy Read Analysis and Engagement Event Feedback

The results from this question in relation to the easy read questionnaire shows that from the 67 people who responded to this question (10 skipped it) 52.24% (35 responses) did agree that 'the PNA assessment gives a good view of the current and future chemist needs' whilst 47.76% (32 responses) did not agree.

60% of the comments received for this question relate to language barriers or a lack of cultural understanding that prevented them accessing pharmacy services.

Discussion at the engagement events showed that although in general people agreed that the PNA provides an adequate assessment, there were some areas of concern among the 'seldom heard groups' in terms of their current and future access to pharmaceutical services.

From the targeted events particularly within the Sikh, Hindu and Muslim communities about the provision of services (especially 'advanced services' and 'community based services') it has been indicated that having easy read or information in another language would be beneficial. People talked of numerous instances when communication barriers were in place preventing a person accessing services if it's more than collecting prescribed medication. These situations are usually overcome with the help of a friend and/or family member who can provide support and communicate on their behalf.

Also, of those people who are older than 75 and have a long term condition, the majority get their prescriptions delivered, so do not regularly see their pharmacist face to face.

Those who did not agree it was ‘a good view of the current and future chemist needs’ were mainly those who completed the easy read questionnaire in the St Matthews area where there is a strong established Somalian community. From those individuals who completed the easy read survey and looking at the equalities monitoring data there appears to be a widespread language barrier (speaking English) for those individuals 35 years and older. The translated Somalian questionnaire can be found at Appendix E Leicester City PNA Easy Read Consultation Document Somalian Community.

Further to the easy read questionnaire made available in Somalia an insight into this community and their pharmaceutical healthcare needs has been provided by a pharmacist who attended the PNA public meeting on the 12 November which can be found at Appendix F Leicester City PNA Pharmacist Feedback (St Matthews Area). An extract has been provided below.

*“The plight of this community is exacerbated by linguistic and cultural barriers. The 2011 census established that 18.2% of the Spinney Hills ward’s inhabitants do not speak English at all. Recent arrival of non-English speaking immigrants of Somali and eastern European origin could explain this figure. However, since 93.2% of the ward’s population are of non-white origin, it is safe to assume that a large proportion of those that do not speak English at all in this ward, are of Somali descent. Even if this obstacle were to be overcome, they are still faced with a cultural barrier to effective communication of their needs. The Somali perception of illness, treatment and long-term adherence is out of touch with the practice of western medicine. As an example, being overweight is a sign of not only “wealth”, but “health” as well. Hence, it comes as no surprise that obesity is identified as a problem in Somali communities. Another example is attributing organic mental illnesses to spirit possession, evil eye and sorcery. In the light of this, knowledge of cultural issues affecting effective communication is crucial and has the additional benefit of lowering the threshold for health service users to seek help in a timely manner.”*

Understanding prescribed medications was also addressed as a barrier in accessing essential services from those seldom heard groups in connection to young people. This was particularly addressed from those individuals who are a part of the Leicester Y-Pod scheme. This scheme supports young individuals (16 years – 21 year olds) for whom the Leicester City Council has a direct responsibility (i.e. “looked after young people”) and who are classed as requiring additional support and those who are leaving care or ex-offenders. Feedback revealed that in some cases further explanations could be carried out to support the young people in understanding the medication that they are prescribed. “...They never say what’s the medicine is for and how to use it.” and “Inconsistent service, sometimes good advice”.

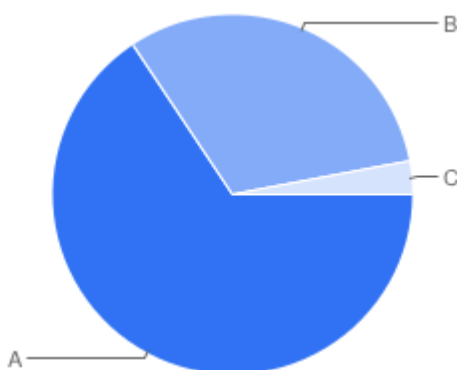
## 10.4 Q1/3: Conclusion

In summary, the key points that arise in answer to the question **Do you think the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Leicester population?/Do you think the PNA gives a good assessment of current and future chemist needs?** are:

- The perceived need for more/better access to community pharmacy services in the St Matthews area
- The need for 'easy read' materials and more communication about medication
- The need for better access, including translation and cultural awareness in certain BME communities, the deaf community and other 'seldom heard groups'
- The need for more publicity of advance and community based services
- Waiting times after handing in a prescription

## 11. Q4: Results from the main survey

**Do you agree that the current pharmacy provision and services in Leicester are adequate?** (please refer to section 4 of the PNA or section 3 to section 8 of the summary)



Answer Choices	Percentage	Responses
<i>A: Yes</i>	<i>65.67%</i>	<i>44</i>
<i>B: No</i>	<i>31.34%</i>	<i>21</i>
<i>C: Not Answered</i>	<i>2.985%</i>	<i>2</i>
<i>Total</i>		<i>67</i>



## Comments Received from members of the public

- It sounds as though the current pharmacy provision is patchy. On the whole, with a few notable exceptions, essential pharmacy provision may be adequate on the criteria used. However, there appears to be considerable unmet need and missed opportunities to provide patient and public information and advice, which may help the population make more effective and appropriate use of drugs and appliances; prevent disease; detect health problems early; get help with smoking and other drug addictions; et alia. There probably needs to be more widespread availability and advertising of minor ailments services and palliative services.
- The opening hours for some of the pharmacies are not just not adequate.
- There does appear to be an imbalance between certain services in different parts of the city; whether these can be explained by demand is not clear from the document I read.
- There are always areas where more open pharmacies could be beneficial. and there often is a problem because of the inability to file hospital prescriptions in outside pharmacies
- West of the Town yes, East no
- It is not satisfactory. I know this as I have visited by doctor with minor health problems and it has been disputed whether my health problems have happened as a result of self-neglect. If the correct treatment/advice had been given when I first presented, then often there is no need for strong medication. It is obvious that the GPs and prescribing authority uses information obtained from other sectors or advisors without the patient, themselves, being fully knowledgeable about this.
- I visited 2 pharmacists on the Narborough Road trying to purchase eumovate. The first said it was out of stock and difficult to obtain but I could order it. The second said it was now on prescription. In the meanwhile I have a terrible itch for which eumovate was prescribed by a doctor some time back. I have found it very difficult to purchase simple supplies, some of which are available in garages, without mentioning that they are for someone at home who is ill. The quiz questions are endless and ridiculous - it would be easy to lie but I am not good at that and end up having to go to the garage.
- I tried to buy a packet of sinutab, which was on show but behind the counter but was unable to do so. Big Sister has taken over the pharmacists - go to the garage!
- It is not adequate for our self. for me I find difficult when it comes to interpretation of the drugs. I always get someone to interpret for me my drugs.
- Because the Somali speakers needs has to be considered due to language barriers.
- due to the fact that I speak very little English, there are not any pharmacies that provide the support and assistance that is need as there is no Somali orientated pharmacies that can aid us in supporting us with information in a language that we can understand (written on behalf of participant)
- (written on behalf of participant) because I don't speak very good English I barely understand what information is passed onto me and would greatly benefit from a Somali led pharmacy

- Waiting Times at pharmacies are too long for prescriptions
- I have difficulties in speaking English. Therefore I struggle with advice and explanations about medications in English.
- Because we don't have a Somali speakers of pharmacy provision
- Although service provision is higher than the national average overall, some areas are grossly under served and this needs to be addressed. Also, pharmacies in Leicester appear to concentrate on providing essential services mainly. Whereas there is a range of additional services that could be offered and are not being.
- I have always had my needs met quickly and adequately.
- I think our Leicester pharmaceuticals need to assess the right medication for the patient. I think they should check to make sure the medicines are not dangerous for patients and assess the right dosage. I think the pharmaceuticals should plan for a better fast service in providing medication to patients depending what treatment they need it for. I think there should be a new pharmacy in my local area where I live where people can see their GP faster than booking appointments. A pharmacy should be built so people don't have to walk a bit far or up a big hill to attend appointments to see GP, Pharmacists.

#### Comments received on behalf of an organisation not already recorded

- In the Abbey Ward the analysis shows a lack of pharmacy provision, well below the national average and second lowest after New Parks. (*Leicester City Councillor*)
- We should be commissioned to do more services i.e.: Blood Glucose monitoring, Blood pressure, Cholesterol checks, Flu vaccinations, INR checks. All the above would ease the pressure on Hospitals and GPs (*Pearl Chemist*)

### 11.1 Q4: Analysis

Although from the results state 65.67% (44 responses) agree that the current pharmacy provision and services in Leicester are adequate 31.34% (21 responses) disagree. Two people skipped this question.

The comments provide two main themes, firstly that there may be possible imbalances with pharmaceutical services provided within the city. This applies both to availability of 'advanced services' and 'community based services' and also the concentration of pharmacies which varies in the city.

*“Although service provision is higher than the national average overall, some areas are grossly under served and this needs to be addressed. Also, pharmacies in Leicester appear to concentrate on providing essential services mainly. Whereas there is a range of additional services that could be offered and are not being.”*

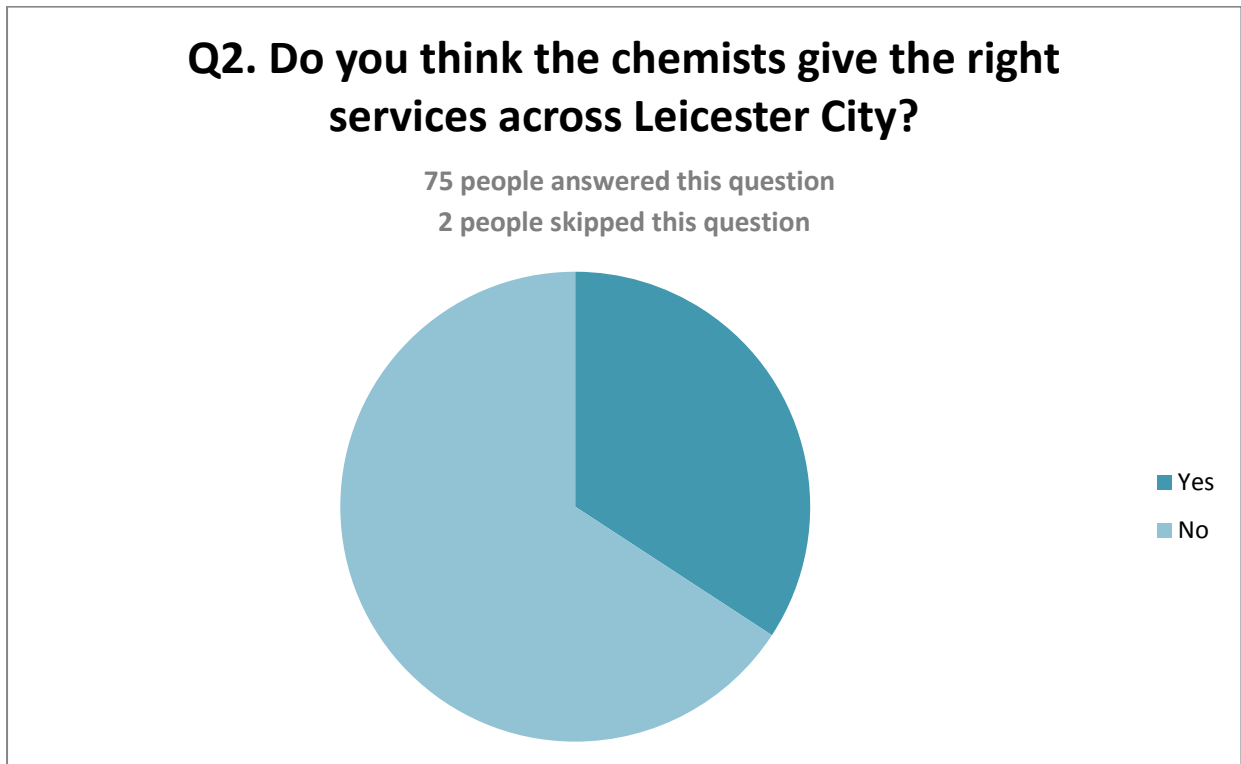
Another possible imbalance of services is the conflicting advice and availability of certain products and the acquiring of such products through avenues which are not healthcare related. *“The first said it was out of stock and difficult to obtain but I could order it. The second said it was now on prescription... I have found it very difficult to*

*purchase simple supplies, some of which are available in garages, without mentioning that they are for someone at home who is ill.”*

The other strong theme relates to communication barriers and pharmaceutical services not addressing the cultural differences which are prevalent within the city. *“I have difficulties in speaking English. Therefore I struggle with advice and explanations about medications in English.”*

### 11.2 Q2/4: Results from the easy read questionnaire

The results generated from this question from the easy read questionnaire correspond to Q4 from the main survey.



Answer Choices	Responses	Percentage
Yes	26	34.67%
No	49	65.34%
<i>Total</i>	75	

## Comments Received:

- Because many pharmacists do not explain things well and in this case it found it difficult for my mother to understand well.
- They don't know what they job role involves.
- They need to be more helpful
- Because if you get a prescription they don't always give advice on how to take things
- Because the service MUR and NMS needs interpretation. And a pharmacy first in the area
- It is important to find out the problems/needs of the people
- The elderly people that are using the pharmacy and live in this area need a pharmacy where they can speak their language
- Problems with opening hours in sat Matthews
- The services provided are not sufficient which makes me go to Highfield sometimes
- Personally it has problems with language and I'm an elderly person living in St Matthews
- Problems with opening hours in St Matthews
- Because of cultural difference - tend to feel shy about certain issues
- Always get medicines that are not halal
- Because sometimes it do not understand English, and need translating in my own language
- English is not sufficient to explain the medication
- Language
- It speak Somali and they are no staff that speak Somali
- They are no Somali speaking staff
- I do not get the medicines it need on the day it need them
- Facing problems Somali pharmacist needed
- I do not know which services are provided and there is not pharmacy first - go to Highfield to get that
- When it needs medication it takes my son with me
- Needs an interpreter for MURs
- I need explanation sometime and it does not get all the services in sat Matthews
- I do not think that all the services are provided especially in St Matthews
- Language is a problem for me and opening times is not enough
- They are not enough professionals that can help our people
- You do not get the whole prescription that has been prescribed a lot of work needs to be done
- They are not enough services given
- I do not get the services it need
- I work in sat Matthews and the pharmacy is always closed when it finish work
- Most of them do not give the right medication as there is no system to check
- Language barriers
- I do not get there all of my medications sometimes
- Language issues
- I use the St Matthews pharmacy and it does not think that it is efficient

- It would be nice to get advice in Somali
- I live in St Matthews - Lloyd's pharmacy lack of understanding
- Opening times not enough
- Language
- Difficulties with language
- As instead of being a chemist they sell the Koran, Indian spices, and hot drinks. They sell equipment for disabled people; I think they should refer them to social services.
- Medication is not always correct
- As a disabled person I struggle to walk and I would have to catch a bus to get there but no guarantee to say it's ready to be picked up and my daughter takes me.

### 11.3 Q 2/4: Easy Read Analysis Feedback

From the data received for this question 65.33% (49 responses) in relation to seldom heard groups disagreed with the statement that the chemists across Leicester give the right services across the city. 34.67% (26 responses) however agreed and no-one skipped this question.

45 out of the responses who disagreed with this question provided additional comments. From reviewing the comments the feedback provided can be separated into 3 major themes which are putting barricades or obstacles in place. Firstly, **communication barriers** which can be further separated into language and cultural differences, 24 of the comments provided were of this nature. Language barriers impede services such as medicine use reviews, "*Needs an interpreter for MURs*" and "*Because of cultural difference - tend to feel shy about certain issues*". From the engagement work carried out this also appears to affect other groups who may have difficulty in expressing themselves due to a disability, for example members of the deaf community.

Another cultural difference was when the medication provided does not comply with a religious belief system, for example halal.

The second theme is **operating hours** and not meeting the needs of the people trying to access this service; 5 responses were of this nature. From reviewing the localities of the responders and from the comments provided this appears to be an issue predominantly within the St Matthews area. "*I work in St Matthews and the pharmacy is always closed when it finish work*".

The third could be classed as **the availability of services**, 13 responses were under this category. This relates to not knowing what services can be provided by a pharmacy. "*I do not know which services are provided and there is not pharmacy first - go to Highfield to get that*". Also "*I do not get the services I need.*" Other comments within this category focus on not acquiring or not being provided full prescribed medications.

## 11.4 Q2/4: Engagement Feedback

Discussion at the engagement events showed that most people were not aware of the 'additional services' and the 'community based services' a pharmacy can provide other than providing essential services. Where people may not have English as their first language or they have other issues such as for example deafness or low/medium learning difficulties this is putting barriers in place to accessing all the services that their local pharmacy may offer.

For example during the public consultation period, engagement work was carried out with the deaf and hard of hearing community in the form of attending a deaf community event called the '*Deaf Community Speaks up on Local Health*'. This was in conjunction with Healthwatch Leicester, Leicester Deaf Forum and the British Deaf Association. The purpose of this event was to present the findings on healthcare services accessed by the deaf community.

The report which was a mixture of Leicestershire and Leicester City responders (40% lived in Leicestershire / 60% from Leicester City) addressed a variety of healthcare services that the deaf community have accessed within the last 12 months. It is noted that 2,325 of people are registered as deaf and hard of hearing in Leicester. Of the responders, 77% had used pharmaceutical services within the last 12 months and 81% of these were happy with using this particular healthcare service. From all of the services accessed, pharmaceutical services was the service that this community was happiest with.

However, further engagement work revealed that people from the deaf community do find there are barriers when their need goes beyond essential services. There can be communication barriers unless the pharmacist is known to them. Also, they find the type of written information available at pharmacists particularly concerning medicines too complex. '*Participant information produced by health services should be more accessible, too many 'big' words*'. This could also support the need for easy read or visual information to be available within pharmacies for this group.

When asking this group if they would like to see an occasional 'drop in service' in the community where the pharmacist was deaf aware or had an interpreter present they agreed that they would see this as a beneficial service. However, it was noted that the interpreter has to be registered to the required standard from the British Deaf Association.

Further engagement work carried out with the deaf community in particular with black and minority ethnic communities revealed mixed responses to whether or not 'the chemist provides the right services'. In most cases it was revealed that those individuals who frequent pharmacies that are known to them and for those individuals who have built up a strong relationship with their pharmacist, they have not encountered any problems and are happy with the services provided. This is because the pharmacist knows the individual.

The issue people have encountered and have feedback is when they go to a pharmacy where they are not known or not regular. In these cases the person would use a family member or friend to support them.

Engagement work carried out within the Braunstone Frith area of Leicester with parents of young children gave positive feedback about the provision of pharmacy services in their vicinity. This is due to a Pharmacy First scheme in operation in this area which this particular group regularly use. They use the service for minor ailments instead of going to the GP surgery in the first instance.

Engagement work carried out within the New Parks area and in particular the Vision Sure Start Centre gave an opportunity to discuss pharmaceutical services in connection to the PNA with the resident health visitor and midwifery services that are located in-house. They said that local residents had problems accessing pharmacy services as there was not a pharmacy within the vicinity. This was further compounded as the majority of residents did not have access to car. Feedback also uncovered that in the majority of cases people would go to the GP surgery in the first instance, even if the ailment was only minor and would only access a pharmacy for essential services (collecting their prescribed medication).

Therefore there may be a correlation in the ability to access a pharmacy and in particular a 'Pharmacy First' scheme and using a pharmacy for a source of advice and possibly 'community based' and 'advanced services'. This could have a possible impact on reducing GP appointments.

#### **11.5 Q2/4: Conclusion in answer to the question**

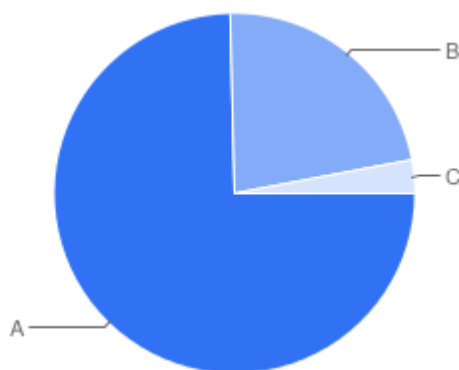
**Do you agree that the current pharmacy provision and services in Leicester are adequate?/Do you think chemists give the right services across Leicester City?**

The main points in answer to this question were as follows:

- Lack of awareness of advanced and community based services, and a lack of these services in some pharmacies
- Need for better communication and cultural awareness, including translation, easy read information and communication with groups such as the deaf community
- An imbalance in provision of community pharmacies, so that there are some areas of the city where there is not easy access to a pharmacy (e.g. St Matthews, New Parks)
- Potential for Pharmacy First schemes to encourage more use of pharmacies as first port of call for advice instead of going straight to GP
- Request for extended opening hours in some areas
- Some queries about whether the right medication is supplied

## 12. Q5: Results from the main survey

Do you agree with the PNA conclusions and draft recommendations? (Please refer to section 10 in the PNA or section 13 of the summary)



Answer Choices	Percentage	Responses
<i>A: Yes</i>	74.63%	50
<i>B: No</i>	22.39%	15
<i>C: Not Answered</i>	2.985%	2
<i>Total</i>		67

### Comments received from members of the public

- But action as well as analysis, please.
- I also want to see more pharmacies open for longer hours, in parallel with increased GP hours.
- Whilst the overall provision might be acceptable, there are significant variations in areas with significant deprivation such as my ward Abbey. There is an urgent need to look at pharmacy provision in Abbey Ward particularly around Mowmacre, Stocking Farm and Abbey Rise.
- If the PNA concludes themselves, yes
- Don't know
- I always travel to get the service. Because most of the time Lloyds pharmacy is close e.g. on Saturdays.
- I agree with the notion that pharmacies need to stay open for longer times,
- (written on behalf of participant) we need a Somali pharmacy that can support elderly people like me
- I do not like the idea of not having face to face contact with a chemist. Chemists need to have good parking and to be open during the weekends.



- Because we have not seen anybody about
- We seem to be accepting that 'adequate' is good enough. The conclusions and draft recommendations all appear to be a little introverted - not inspirational
- To say something is adequate is not overwhelming. The conclusions and recommendations seem to be about monitoring and reviewing and not much about specific planned actions to improve the situation. It seems to be about an adequate provision instead of overseeing or planning for an improved service.
- Promoting the sharing of patient information with pharmacists will need an additional tier of security and not everyone would want sensitive information passed on. Although I do agree with the second recommendations.
- I don't think they are strong enough points

### Comments received from organisations

There were no additional comments received on behalf of organisations to this question, apart from those already listed in Section 7.

### 12.1 Q5: Analysis

74.63% (50 responses) agreed with the PNA conclusions and recommendations and 22.39% (15 responses) disagreed with this statement. Two people skipped this question.

From those individuals who provided comment there appears to be a strong desire for pharmacy services to have a more increased presence and impact to improve health support within the community. Within the comments there is also an aspiration to improve the current service.

*“To say something is adequate is not overwhelming. The conclusions and recommendations seem to be about monitoring and reviewing and not much about specific planned actions to improve the situation. It seems to be about an adequate provision instead of overseeing or planning for an improved service.”*

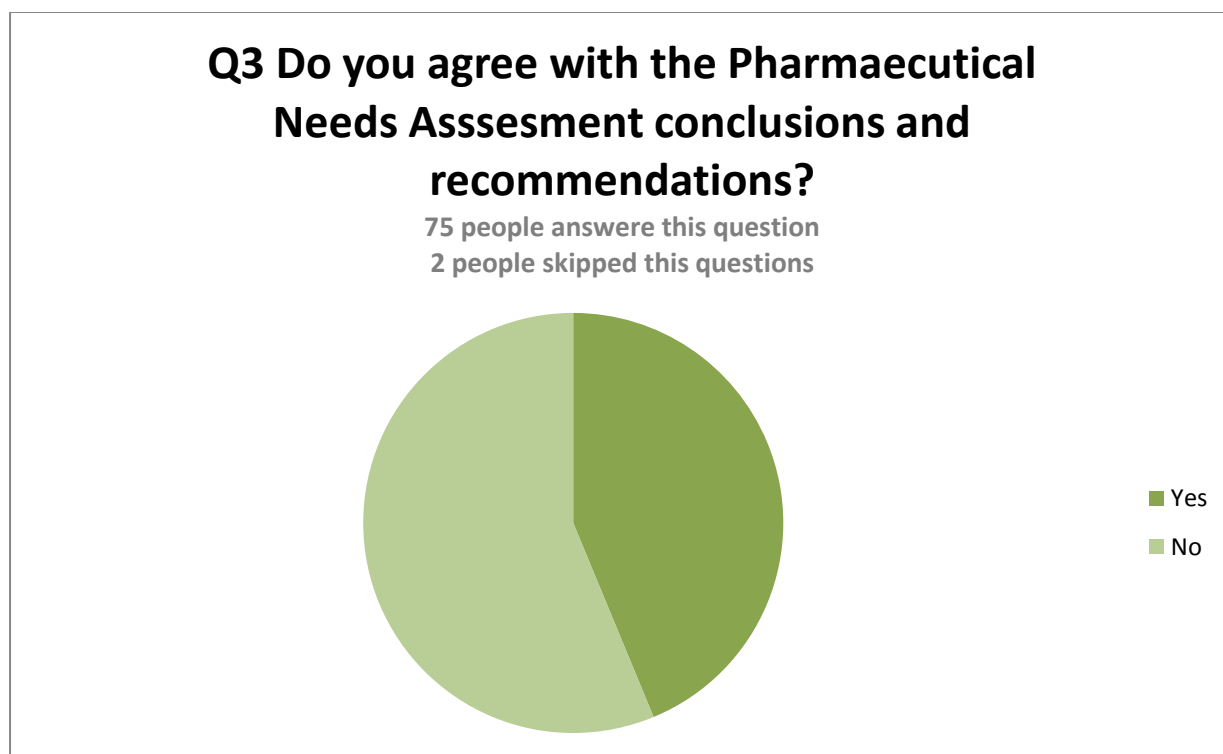
Other areas addressed are the disparity of pharmacies concentrated across the city especially within deprived areas. *“Whilst the overall provision might be acceptable, there are significant variations in areas with significant deprivation such as my ward Abbey.”*

There was concern about the sharing of patient information with pharmacists – security of information is an issue.

Various access issues were also commented on, including opening times and parking.

## 12.2 Q3/5: Results from the easy read questionnaire

The results generated from this question from the easy read questionnaire correspond to Q5 from the main survey.



Answer Choices	Responses	Percent
Yes	35	46.67%
No	40	53.34%

Total Respondents: 75

### Comments received:

- I don't know, a bit hard to understand too much info. Should not be able to get it online as people will be claiming for medicines they don't need
- sort of
- I do not know
- the needs of the are re not met because of opening hours - Somali pharmacist

- the quality of the pharmacy needs to be check
- this is the first time it hear about PNA
- do not speak the language
- because it do not get sufficient explanation
- we do not get the right explanation and have language problems
- a lot of needs as females
- need a Somali pharmacy that provides for Somali community - St Matthews
- no Somali speaking pharmacist
- it need explanation of my medicines
- it did not know that this service is not there
- where are the things meant for the Somalis
- there is a need language barriers / cultural needs
- it or not understand the people working there
- longer opening hours
- I do not see sufficient services
- I do not get some of the services
- Not all the services are provided in St Matthews. Do not understand the medication. language issues
- There needs to be improved relationship between the patient, gap and the pharmacy.
- You can only take or not to take it you understand it
- we do not get all the services
- I think they should be checked on a more regular basis
- They are many places that do not have pharmacy
- They should committee to control (yearly basis)
- contact between patient doctor and pharmacist needs to be improvised
- A lot needs to be corrected - contact between the pharmacist/gap and the patient needs to be improved
- To assess the needs is going to take a lot effort
- There is no good relationship
- there is a problem with communication , language barrier
- I do not think that all the services have been mentioned are provided by pharmacy and especially for people who do not speak the English language
- question 3 - language issues need to be addressed
- For example they are no Somali working in the pharmacy and difficult for elderly people who do not speak English
- No explanation of advice or medicine
- Additions, as per box 1
- This will hopefully reach people with disabilities.

### **12.3 Q3/5: Easy Read Analysis**

60% (45 responses) of the seldom heard groups who responded to this question did not agree with the conclusion and proposed recommendations displayed in the PNA information. 46.67% (35 responses) however did agree.

The majority of the comments received in response to this question relate to the needs of the Somalian community. They highlight that language barriers are preventing this community from accessing the services. Approximately 80% of the comments received relate to this highlighted need.

### **12.4 Q3/5: Engagement Feedback**

At the engagement events, people welcomed the suggested services that could be possibly commissioned to expand the current community based services, for example NHS Health Checks.

However those individuals who experienced a communication barrier which is either due to not speaking English as a first language or due to a disability would like procedures to put into place either in the form of easy read information or a drop in service providing interpreters.

Feedback also welcomed the proposed additional community based services in relation to blood pressure checks and cholesterol checks. These would benefit those who suffer from a long term condition or fall within the older age category. Those who have a long term condition addressed how the relationship would work with their GP practice in connection to the interchange of patient records.

People also commented on the difficulty of getting a GP appointment and said they would welcome drop-in being available, perhaps in a community centre.

They made the point that sometimes when prescribed medication is delivered, there is not enough to last until the next delivery date and this should be addressed.

The deaf community group welcomed the recommendations 'Consider introducing visits to assess the quality of premises and services at individual pharmacies and work with them to improve where this is necessary' and also 'Consider greater monitoring and quality visits to promote service improvement and ensure effectiveness.'

### **12.5 Q3/5: Conclusion in answer to the question Do you agree with the PNA conclusions and recommendations?**

A summary of main points in answer to this question is as follows:

- Many people agreed with the conclusions and recommendations, but there were some additional recommendations and comments
- Communication issues relating to language and disability barriers should be addressed

- People would like the issue of disparity of provision across the city to be addressed
- Opening times are an issue for some people and they would like them to be extended; parking is also an issue
- There is concern about the sharing of patient information with pharmacists – security of information is an issue.

### 13. Q6: Results from the main survey

**Question 6: Do you have any other comments? Please specify below with reference to page and section number in either the full PNA or the PNA summary**

There are **30** responses to this part of the questionnaire.

#### Comments received from members of the public

- I would like an appendix listing all the pharmacies included in the survey, arranged by ward.
- I have the following suggestions:
  1. The opening hours of the pharmacies need to be increased in particular over the weekends when the GP surgery is closed. This will mean less people turning up at the Urgent care centres or A& E thus reducing the overall cost and time pressures for the Urgent care centres and A&Es.
  2. I think there should be good communication between the GP Surgeries and pharmacies. This will mean effective sharing of patients' information and prescribing the right drugs between GPs and Pharmacies. Many times the GPs prescribe a particular drug but the pharmacy does not have them in stock. So it is a waste of time for the patient and the GP as he has to go back to the GP or wait for a few days. Prescriptions should also be dispensed electronically thus saving on paper and time.
  3. There should be clear guidelines as to what is chargeable and what is not - especially for children under the age of 16. Some GPs refuse to see children for minor ailments and ask them to be taken to the Pharmacy and the pharmacy says that this service is chargeable. However, when you go to another pharmacy they see the child free of charge. There is no clarity.
- I think that doctor dispensing is important for people living in villages without access to alternative pharmaceutical services.
- No
- No
- No
- None
- None
- we need community base pharmacy
- N/A
- (written on behalf of participant who does not speak English)  
in relation to section 10 long-term conditions, I am a type 1 diabetic and I am on long term medications for this, by having a Somali led pharmacy where the

staff speak my language and are able to explain to me information about my condition would be greatly beneficial

- I am just considering, if we can have a longer hours open the pharmacy, like in an emergency
- I agree the waiting times concern mentioned and don't see how the recommendations will change this.
- Pharmacies are adequate, Doctors are not! You can't replace Doctors with pharmacies!
- Very happy with my pharmacy
- In reference to (10) - Long term conditions I suffer from high blood pressure and regularly have my blood pressure checked also I'm on regular tablets to control my blood pressure. Due to the fact that I speak very little English and Somali is first language I struggle understanding information. Therefore I need to be able to use a Somali based pharmacy where medications can be explained to me in a language that I can understand.
- Pages 10 - 12, section 11 & 12 Summary. The low provision in New Parks needs to be addressed. Without the detailed information it's hard to draw conclusions but it seems that there may be a low provision of pharmacy services in council estates. And where provided these are the bare minimum. Recently the over taxed and very busy EyresMonsell pharmacy was relieved by a porta cabin pharmacy. This may be a good idea to quickly increase pharmacy provision in New Parks and other deprived areas. This may be a good idea to quickly increase pharmacy provision in New Parks and other deprived areas.
- None
- I think that awareness of services offered is an issue, rather than a lack of services.
- It will be good to see an extension of services within pharmacies as part of a more integrated health service.
- I appreciate undertaking consultations is not easy. I am not sure this format will achieve a size able or representative sample. Need to keep reviewing new approaches.
- I use my chemist a lot, as a disabled person I like going to the same chemist as they know me.
- Pharmacies like to be adjacent to doctor's surgeries so that may influence location of pharmacies in certain areas. Healthy living should have a significant finding prevention is better rather than cure.
- Page 12 - pharmacists is a great service - minor ailments 'keep and expand slightly' Page 14 - quality visits yes, but do not harass pharmacy's as they do a fab job under pressure and stress
- At this time I suffer from heart disease COPD and diabetes. I am on 15 different medications and have been since 2010. I have never been monitored or advised as to any long term effects
- Youth Council Member - Leic City. Further promotional of sexual health clinics
- In reference to (10) long term conditions I suffer from high blood pressure and regularly have my blood pressure checked and I am on regular medications to control my blood pressure. Due to the fact that I speak very little English and Somali my first language struggle understanding information. I would be very

beneficial to me and many like myself to be able to use a Somali based pharmacy where medications can be explained to me.

### Comments received from organisations (in addition to those listed at Section 7)

- Whilst the overall provision might be acceptable, there are significant variation in areas with significant deprivation such as my ward Abbey. There is an urgent need to look at pharmacy provision in Abbey Ward particularly around Mowmacre, Stocking Farm and Abbey Rise. *(Leicester City Councillor)*
- Would have been useful to list services per pharmacy. This way we could have cross-referenced, to make sure you had the correct picture of pharmacy services. Can't be sure you have got the correct info. *(Co-op pharmacy)*
- Patients complain that they have to wait for a long time to get the above tests as the GPs' and Nurses are very busy. Why can't the Pharmacist be allowed to carry these tests. Pharmacists are underused by the NHS. *(Pearl Chemist)*

## 13.1 Q6: Analysis

The comments provide feedback on a number of themes. Summarised, these include:

**Available pharmacy services** – There is a need for community pharmacies to openly communicate what services are available.

**Opening Hours** – Improved access to pharmaceutical services during unsocial hours, for example week nights and weekends.

**Healthy Living Advice** – Increased communication and awareness of how pharmacies can support the health needs of the community especially with a targeted approach.

**Language and Cultural Barriers** – An increased awareness of cultural differences and language barriers and how they can be addressed. Also consideration of whether pharmacy staff should be able to speak the language of community where they are based or provide a drop in service where an interpreter is available.

**Low provision of pharmacies in some areas of the city** – This has been highlighted as an issue in a number of areas of the city, including New Parks, and St Matthews

**Increased patient monitoring and support** - especially to those individuals who suffer from a long term condition.

## 13.2 Q4/6 Results from the easy read questionnaire

The results generated from this question from the easy read questionnaire correspond to Q6 from the main survey.

**Do you have any other comments? Please specify below with reference to page and section number in either the full PNA or the PNA summary**

- I would prefer to have a local community pharmacy orientates for the community e.g. Somali community
- Provide healthy living advice. Benefit from blood pressure and cholesterol checks. Also a drop in service. Would like other languages available Punjabi (group presentation ( Sikh Community Centre – Group Discussion responses)
- No
- No
- No
- Pharmacy should employ people who speak the language of the community
- Somali pharmacy needed
- we would like a Somali pharmacy that is close to St Matthews
- we would like a pharmacy that represent our needs and as is situated where we are ether most
- we need a Somali speaking pharmacy
- longer opening hours
- all the Somali need a Somali speaking pharmacist that can explain the drugs
- no
- longer opening hours
- it would like Somali speaking people in healthcare centres
- Somali do not get the services they need
- I would like to have a pharmacy that support Somali people
- Opening times to be increased and provide the services that the Somalis need in St Matthews
- It would be nice to have a Somali pharmacy
- Nice to have a Somali pharmacy
- We need a Somali community pharmacy
- It would like to consideration for people who do not speak the language English and to make an assessment of how many pharmacies' ARE NEEDED. for example St Matthews where it used to live in where it still use the pharmacy think there needs to be more pharmacies in St Matthews. No staff working there from the community. whilst the English of the Somali people are not that great
- Staff should be representative of the local community
- it would like that minority should be taken into consideration as in language and welcome if there was a pharmacy in St Matthews - that people live in St Matthews work in
- I do not know what it am entitled too
- There is a problem in terms of finding it difficult to get information
- Provide healthy living advice for the elderly



- Provide other languages - Punjabi Drop in service would be beneficial Blood pressure and cholesterol checks would be beneficial
- Provide healthy living advice for the elderly Provide other languages - Punjabi Drop in service would be beneficial Blood pressure and cholesterol checks would be beneficial
- Prescriptions sometimes cannot be located at the chemist I go to
- I feel comfortable with my local chemist - they know me there and they know I'm deaf. They speak clearly so it can lip-read and they write things down.
- I take my brother with me to the chemist to help me communicate as it am deaf and my English is not very good
- Deaf awareness training to be recommended to all chemists to improve their service to the public.
- More information needed about which chemists are open and at what times and what services they provide like a website on the internet
- As a deaf man it would help me if they got my medication done correctly and speak to me and not shout at me.
- I would like to see better communications with chemist staff and G.P surgery staff. I asked if they could call me before taking my father's medication to his home. It's only so I can be there. I have my own disabilities; I don't need extra staff (stress).

### 13.3 Q4/6: Easy Read Analysis

In response to this question 45 responses were received. The majority centred around the pharmacist understanding cultural and communication issues.

- Easy read information to be available (especially needed for those groups who are new to the UK, do not speak English as their first language or have another barrier preventing communication). People had mixed issues accessing a chemist depending on the level of English they spoke. This will affect whether they are able to use any advanced or community based services that are offered.
- Informal drop in service for older people e.g. cholesterol checks / blood pressure
- Informal drop in service for new parents
- Travel vaccination clinic
- Targeted promotion of the pharmaceutical services available at the local community pharmacy for example advanced services and community based
- Promotion of out of hours routes
- Advertising pharmacy hours
- A desire for more healthy living advice especially within the Sikh, Hindu and Somalian communities
- More cultural awareness for example supporting people who are taking medication, for example halal. Targeted services to those groups
- An occasional drop in service with a pharmacist who is 'deaf aware' or has an interpreter present where members of the deaf community can go and speak to the pharmacist in order to get support and advice. NHS Health checks could also be carried out at this time. From engaging with the deaf community there was a need for more medicine use reviews for members of the deaf

community who have a long term condition and also for information to be presented in an easy read fashion.

- More sensitivity or an awareness of the cultural differences within the Leicester population.

#### **13.4 Q4/6: Conclusion**

The comments from both the main questionnaire and the easy read questionnaire reinforced the themes identified in earlier feedback:

- Better communication and cultural awareness
- More promotion of advanced and community based services
- Better spaced coverage of community pharmacies across the whole of Leicester, including areas currently under-served
- Additional services to include healthy living advice, blood pressure and cholesterol checks, checks for TB, rickets, children's oral health, advice on healthy fasting

#### **14. Consultation Conclusion**

The responses received from the main survey, the easy read survey and the targeted engagement work have provided a real insight into those who regularly access pharmacy services in Leicester. The responses from the statutory consultees provided feedback from those with partnership, provider or commissioning responsibilities relating to community pharmacies.

The consultation work with seldom heard groups as well as the work undertaken with the wider community provided people the opportunity to review the information and compare it to their own experiences, challenging it if they wish. People have also used the opportunity to provide feedback about whether their needs are being met, and what in their opinion needs to change to improve services.

The main themes in the consultation which can help to shape the final version of the PNA are as follows:

- In general, an appreciation of community pharmacy services and a desire for them to have an increased presence and impact to improve health within the community
- The need for better communication with certain seldom heard groups, including the deaf community and BME groups – this could include easy read information, a drop in interpretation service, and cultural awareness training as appropriate
- More provision of community pharmacies in areas that are not currently very well served, for example St Matthews and New Parks. If this is put in place it may ease pressure on GPs as people will use pharmacies more as a first port of call e.g. Pharmacy First schemes
- The need for better advertising of pharmacy opening times, out of hours provision, and advance and community based services (e.g. sexual health

services) , not only within pharmacies, but within community and other avenues such as libraries, community magazines etc., with targeted promotion as appropriate

- A welcome for more community based services but with a joined up approach so resources are not 'wasted' or patient safety compromised. A particular welcome for NHS health checks and healthy living advice for older people
- An interest in the Healthy Living pharmacy model

## 15. Equalities Monitoring: Results from the Main Survey

The next set of data is in answer to the equalities monitoring questions. The first set of information relates to those who completed the main survey. The second set relates to those who completed the easy read version.

### Q7: Are you responding on behalf of an organisation?

The information in response to this question is at Appendix H: Responses on behalf of an organisation.

### Question 8: Which part of Leicester do you live in? Please state the name of your ward or area

There are **54** responses to this part of the question.

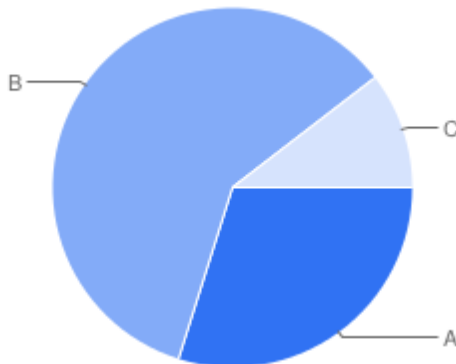
The information in response to this question is at Appendix G : Locality of responders from the main survey.

### Q9: Please state the first 4 letters and numbers of your postcode e.g. LE2 8 etc.

There are **52** responses to this part of the question

The information in response to this question is at Appendix G: Locality of responders from the main survey

### Q10: What is your gender?



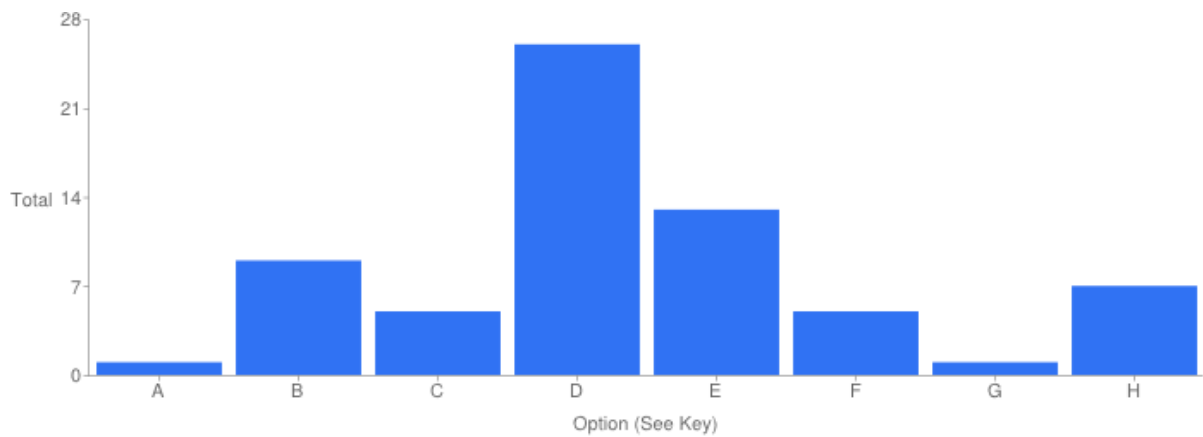
#### Key Option Total Percent of All

**A:** Male - Responses 20 (29.85%)

**B:** Female – Responses 40 (59.70%)

**C:** Not Answered - 7 (10.45%)

### Q11: What is your age?

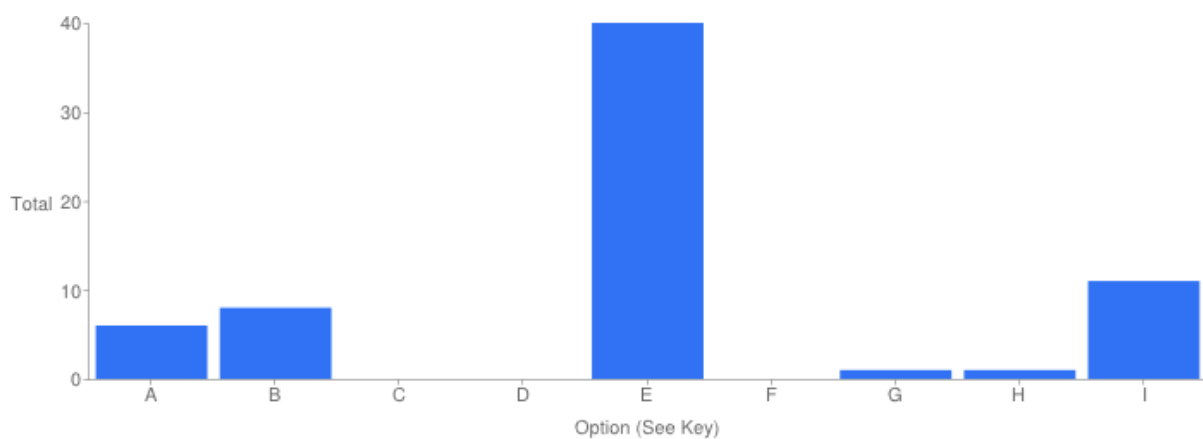


### Key

- A:** Under 16 - Responses 1 (1.493%)
- B:** 16 - 24 – Responses 9 (13.43%)
- C:** 25 - 34 – Responses 5 (7.463%)
- D:** 35 – 59 - Responses 26 (38.81%)
- E:** 60 - 74 – Responses 13 (19.40%)
- F:** 75+ - Responses 5 (7.463%)
- G:** Prefer not to say - Responses 1 (1.493%)
- H:** Not Answered – Responses 7 (10.45%)

Total responses: 67

### Q12: What is your ethnic group?

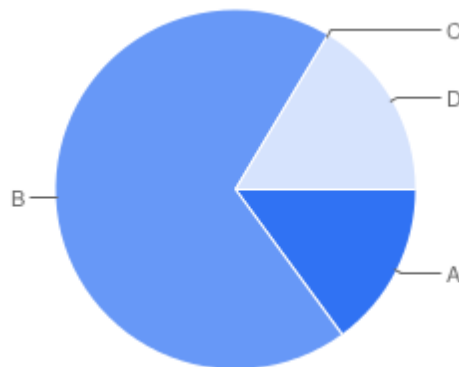


## Key

- A: Asian or Asian British – Responses 6 (8.955%)
- B: Black or Black British - Responses 8 (11.94%)
- C: Chinese – Responses 0 (0%)
- D: Mixed dual heritage – Responses 0 (0%)
- E: White or White British - Responses 40 (59.70%)
- F: Gypsy/Romany/Irish traveller – Responses 0 (0%)
- G: Prefer not to say – Responses 1 (1.493%)
- H: Other please specify below - Responses 1 (1.493%)
- I: Not Answered – Responses 11 (16.42%)

Total responses: 67

## Q13: Do you consider yourself to have a disability?

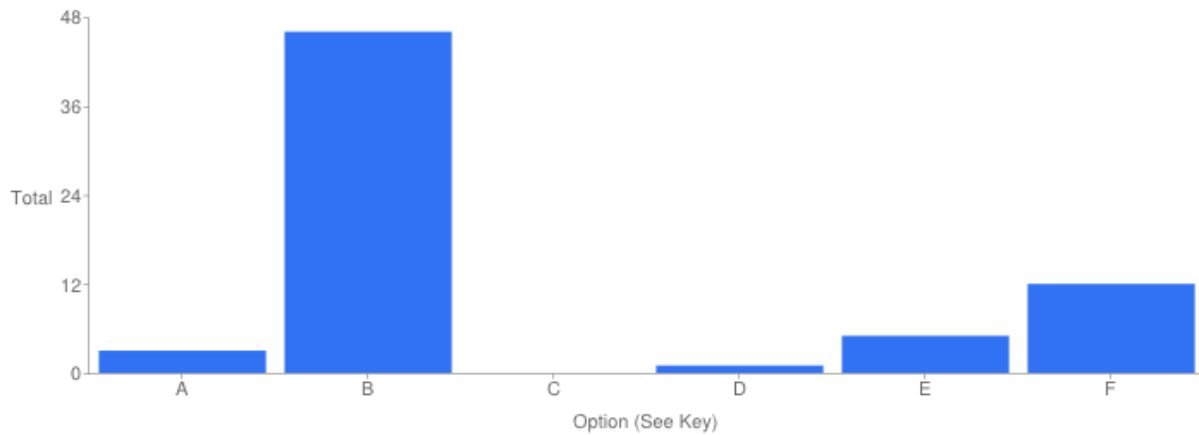


## Key

- A: Yes - Responses 10 (14.93%)
- B: No – Responses 46 (68.66%)
- C: Prefer not to say – Responses 0 (0%)
- D: Not Answered - Responses 11 (16.42%)

Total responses: 67

**Q14: What is your sexual orientation?**

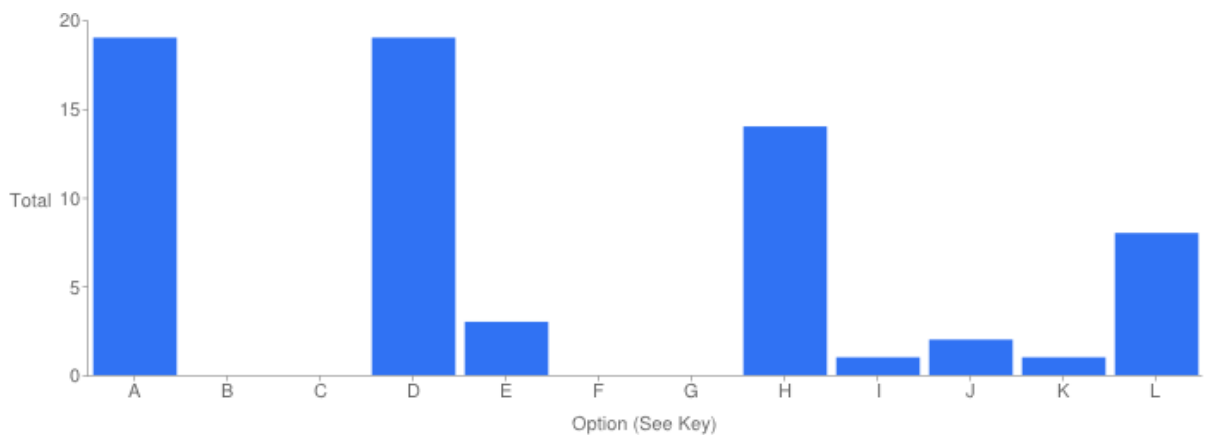


**Key**

- A:** Bisexual - Responses 3 (4.478%)
- B:** Heterosexual – Responses 46 (68.66%)
- C:** Gay – Responses 0 (0%)
- D:** Lesbian - Responses 1 (1.493%)
- E:** Prefer not to say - Responses 5 (7.463%)
- F:** Not Answered - Responses 12 (17.91%)

Total responses: 67

**Q15: What is your religion and belief?**



**Key**

- A:** No religion - Responses 19 (28.36%)
- B:** Baha'l – Responses 0 (0%)
- C:** Buddhist – Responses 0 (0%)
- D:** Christian – Responses 19 (28.36%)

**E:** Hindu - Responses 3 (4.478%)  
**F:** Jain – Responses 0 (0%)  
**G:** Jewish – Responses 0 (0%)  
**H:** Muslim – Responses 14 (20.90%)  
**I:** Sikh – Responses 1 (1.493%)  
**J:** Prefer not to say - Responses 2 (2.985%)  
**K:** Other please specify – Responses 1 (1.493%)  
**L:** Not Answered - Responses 8 (11.94%)

Total responses 67



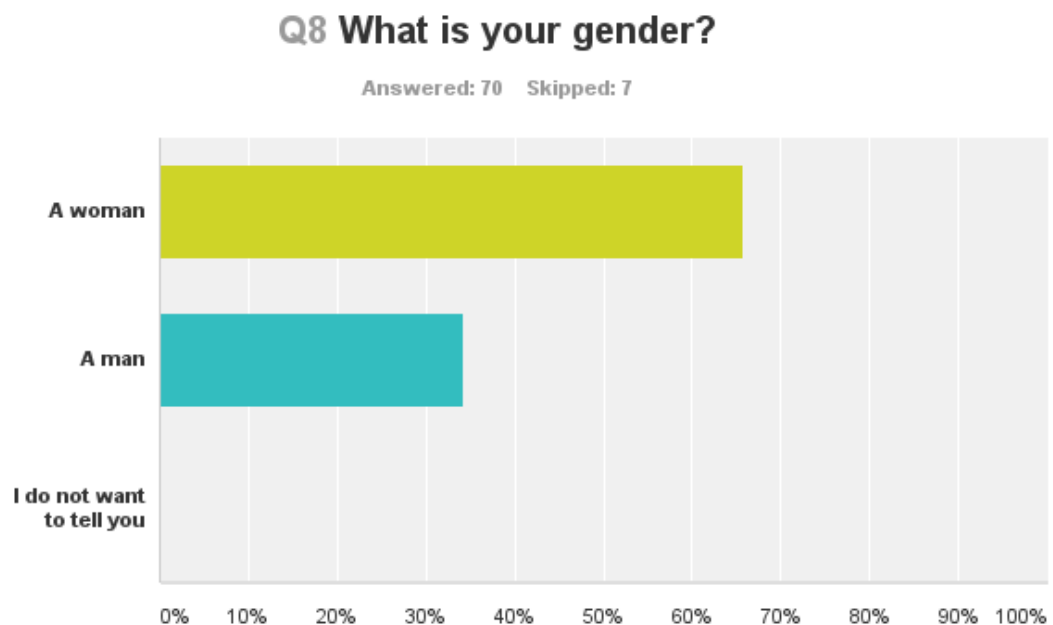
## 16. Equalities Monitoring: Results from the easy read survey

### Are you responding on behalf of an organisation?

The information in response to this question is at Appendix I: Responses on behalf of an organisation.

### Which part of Leicester do you live in? Please state the name of your ward or area

The information in response to this question is at Appendix I : Locality of responders from the main survey.

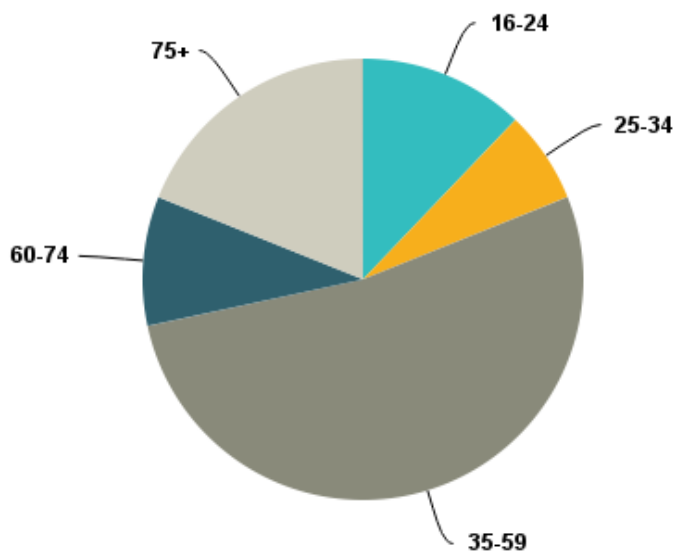


Answer Choices	Responses	Percentage
<i>A woman</i>	46	65.71%
<i>A man</i>	24	34.29%
<i>I do not want to tell you</i>	0	0.00%

*Total Respondents: 70*

### Q9 What is your age?

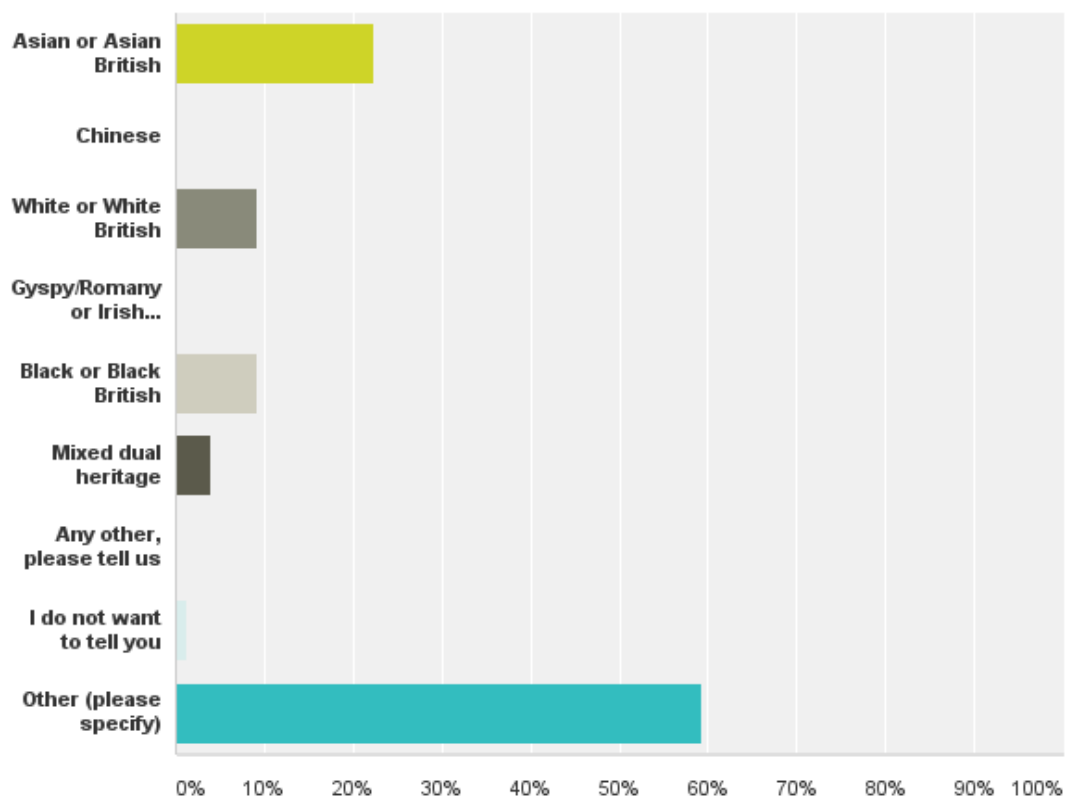
Answered: 74 Skipped: 3



Answer Choices	Responses	Percentage
<i>Under 16</i>	0	0.00%
16-24	9	12.16%
25-34	5	6.76%
35-59	39	52.70%
60-74	7	9.46%
75+	14	18.92%
<i>I do not want to tell you</i>	0	0.00%
<i>Total</i>	74	

## Q10 What culture do you come from?

Answered: 76 Skipped: 1



Answer Choices	Responses	Percentage
<i>Asian or Asian British</i>	17	22.37%
<i>Chinese</i>	0	0.00%
<i>White or White British</i>	7	9.21%
<i>Gypsy/Romany or Irish Traveller</i>	0	0.00%
<i>Black or Black British</i>	7	9.21%
<i>Mixed dual heritage</i>	3	3.95%
	0	0.00%

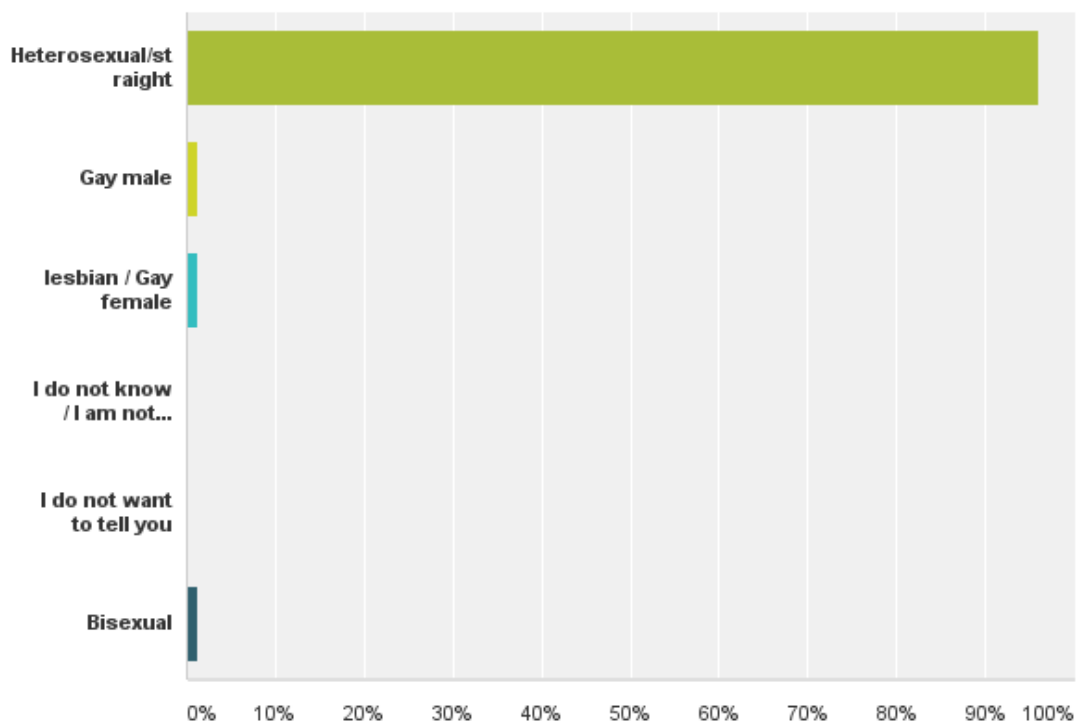
Answer Choices	Responses	Percentage
<i>Any other, please tell us</i>		
<i>I do not want to tell you</i>	1	1.32%
<i>Responses Other (please specify)</i>	45	59.21%
Total Respondents: 76		

Other comments provided

- **Somali – 44**
- **Indian / White British – 1**

**Q11 Which of the following best describes how you think about yourself?**

Answered: 76 Skipped: 1

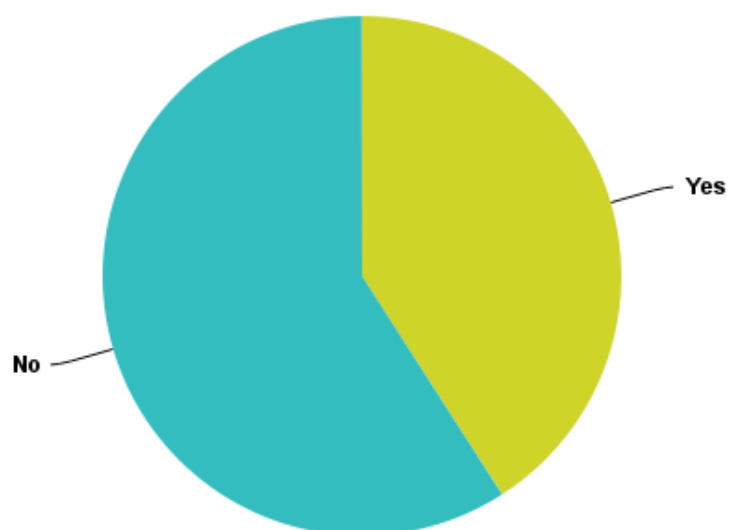


Answer Choices	Responses	Percentage
<i>Heterosexual/straight</i>	73	96.05%
<i>Gay male</i>	1	1.32%
<i>lesbian / Gay female</i>	1	1.32%
<i>I do not know / I am not sure?</i>	0	0.00%
<i>I do not want to tell you</i>	0	0.00%
<i>Bisexual</i>	1	1.32%

Total Respondents: 76

### Q12 Do you consider yourself to have a disability?

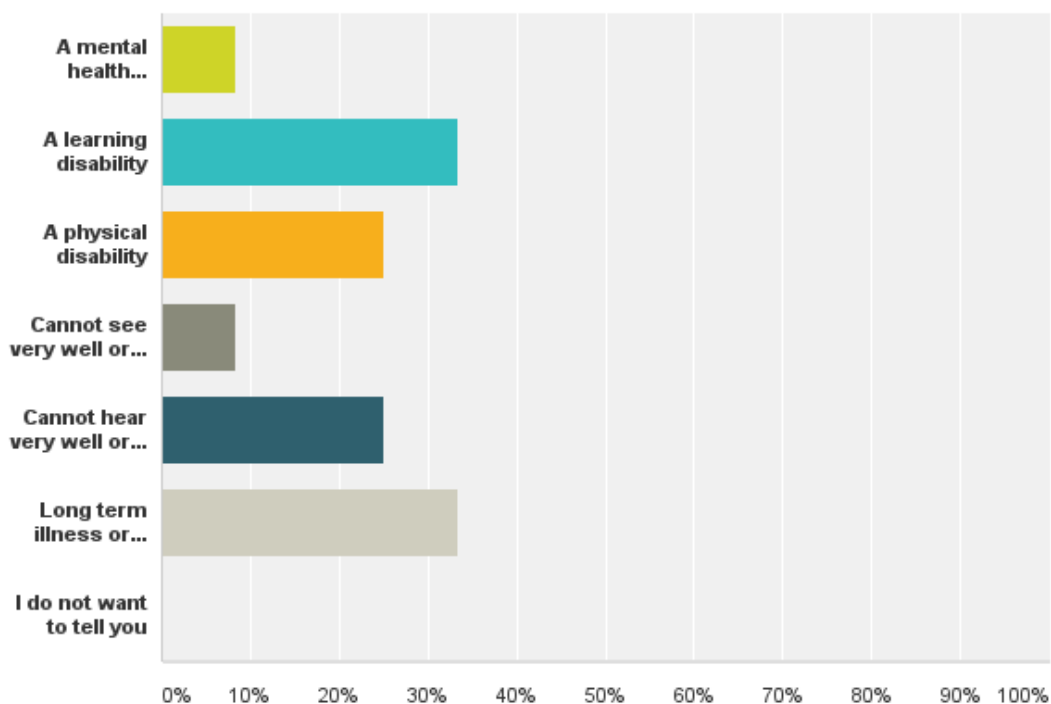
Answered: 66 Skipped: 11



Answer Choices	Responses	Percentage
Yes	27	40.91%
No	39	59.09%
<i>Total</i>	66	

### Q13 If yes, what sort of disability do you have?

Answered: 24 Skipped: 53



Answer Choices	Responses	Percentage
<i>A mental health condition</i>	2	8.33%
<i>A learning disability</i>	8	33.33%
<i>A physical disability</i>	6	25.00%

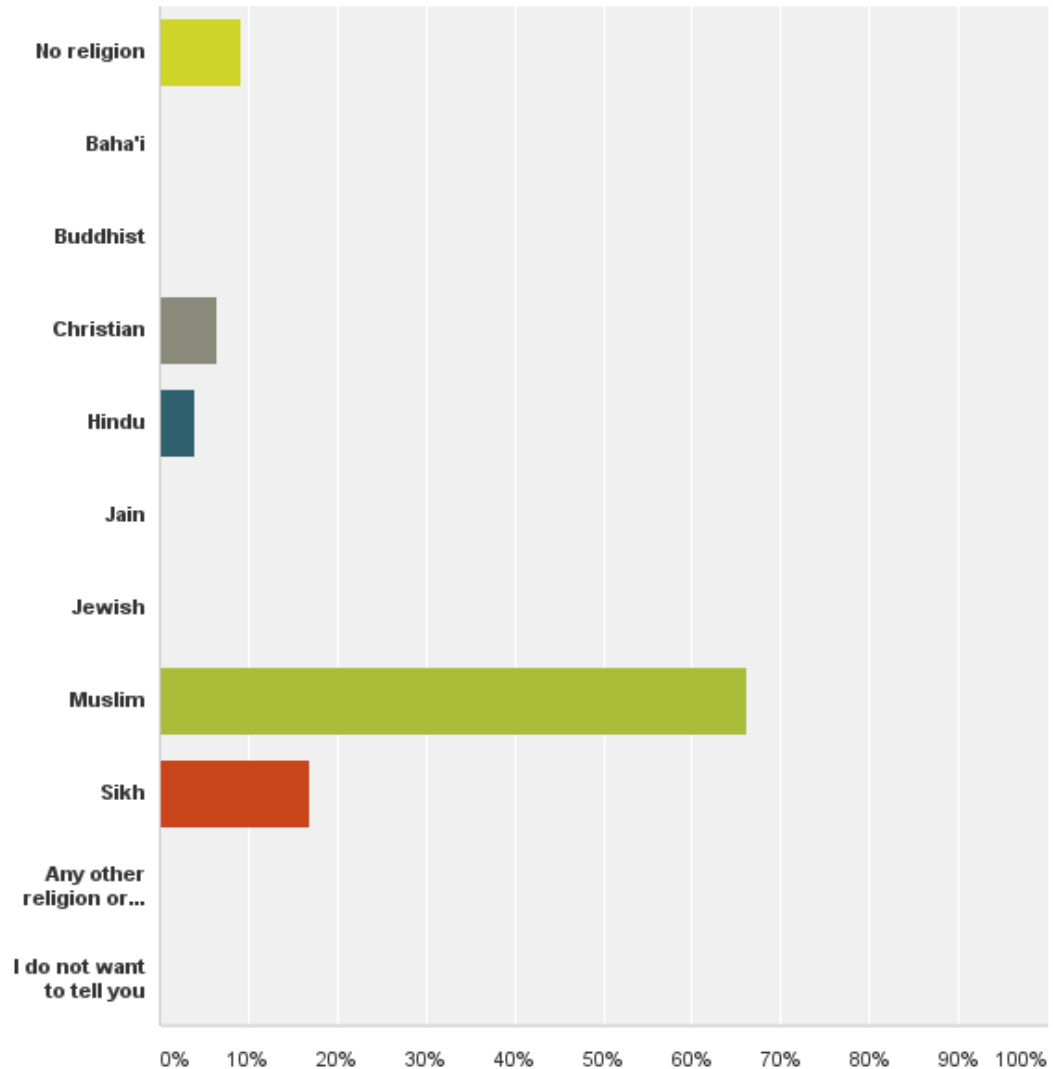
Answer Choices	Responses	Percentage
<i>Cannot see very well or at all</i>	2	8.33%
<i>Cannot hear very well or not at all</i>	6	25.00%
<i>Long term illness or disease</i>	8	33.33%
<i>I do not want to tell you</i>	0	0.00%
Total Respondents: 24		

Other comments received:

- Chronic illness x2
- Diabetic

## Q14 What is your religious identity or belief?

Answered: 77 Skipped: 0



Answer Choices	Responses	Percentage
<i>No religion</i>	7	9.09%
<i>Baha'i</i>	0	0.00%
<i>Buddhist</i>	0	0.00%
<i>Christian</i>	5	6.49%



<b>Answer Choices</b>	<b>Responses</b>	<b>Percentage</b>
<i>Hindu</i>	3	3.90%
<i>Jain</i>	0	0.00%
<i>Jewish</i>	0	0.00%
<i>Muslim</i>	51	66.23%
<i>Sikh</i>	13	16.88%
<i>Any other religion or belief, please tell us</i>	0	0.00%
<i>I do not want to tell you</i>	0	0.00%
Total Respondents: 77		

- **Appendix A: Leicester City PNA Consultation Document (see pdf attached)**
- **Appendix B: Leicester City PNA Easy Read Consultation Document (see pdf attached)**

### **Appendix C: Leicester City PNA Targeted Events**

<b>Date 2014</b>	<b>Name of the Event</b>	<b>Number Attended</b>
13 October	St Matthews Centre Community Centre (Library / Parent & Toddler Group)	20
15 October	Leicester City Parent and Carer's Forum and AGM.	10
18 November	East and West Project (BME / women's group – Hindu and Sikh)	16
6 November	Action Deafness (BME Group – St Matthews centre)	8
12 November	Sikh Community Centre - Learning disability group - Elderly lunch club	20
12 November	Leicester City PNA Public Meeting, Leicester Town Hall	3
24 November	Leicester City Council Youth Council & Young Advisors	30
25 November	Children and Young People Forum – Voluntary Action	75

	Leicestershire (City and County event Disseminated Info)	
24 December	Deaf Community Speaks up on Local Health Services	35
8 December	Braunstone Frith, Vision Sure Start Centre 'Stay 'N' Play	10
11 December	New Parks, Vision Sure Start 'Stay 'N' Play	14
4 December	Manor House Community Centre - Toddlers Group - BME elderly group	25
29 November	Carers Rights Day (Leicester Curve) Disseminated information	50

<b>Date of Event</b>	18 November 2014
<b>Name of Event Attended</b>	East & West Community project
<b>Name of Rep who attended</b>	Emma Dashfield
<b>Total Number of attendees</b>	16 (females Hindu's and Sikhs)
<b>Summary of points from event</b>	<p>PNA</p> <ul style="list-style-type: none"> <li>• No problem in accessing a pharmacy</li> <li>• They were all aware of the essential services that are provided by a pharmacy.</li> <li>• Not aware of the advanced services provided by a pharmacy.</li> <li>• Would be encouraged to access these services more so they do not have to go a GP all of the time.</li> <li>• Would like further information on how that would work in relation to patient records and information transferring from the GP surgery to the pharmacy.</li> </ul> <p>Overall feedback</p> <ul style="list-style-type: none"> <li>• More sensitivity or an awareness of the cultural differences within the Leicester City population.</li> <li>• Literature to be provided in alternative languages or easy read. It was also feedback that they use family members to help them understand</li> <li>• More awareness of different needs</li> <li>• Would benefit from a drop in clinic in terms of blood pressure and cholesterol checks.</li> <li>• They generally use the same pharmacy or have their medications delivered. There was an issue by raised some individuals where they are not given enough medication to cover the entire period until the next delivery of their medication. Resulting in them having to go back to the GP surgery in order to get another prescription.</li> </ul>

<b>Date of Event</b>	4 December 2014
<b>Name of Event Attended</b>	Manor House Community Centre
<b>Name of Rep who attended</b>	Emma Dashfield
<b>Total Number of attendees</b>	25 Split between parents with young children, elderly BME group and general people within the community centre. Community centre also acts as a food bank for the community.
<b>Summary of points from event</b>	<p>PNA</p> <ul style="list-style-type: none"> <li>• Access to a pharmacy in the LE3 area was not a problem and generally it was reported back they tended to use the same pharmacy each time. However, this was through ease (high concentration in the LE3 area) and not because of a built up relationship that they had with a pharmacist.</li> <li>• Mixed knowledge of the services that a pharmacy could provide in terms of community based services. Some were not aware of the sexual health services that could be provided by a pharmacist for example the morning after pill. However, some have used the stop smoking cessation services provided.</li> <li>• None were aware of the advanced services provided by a pharmacist.</li> <li>• Parent and young toddler group – people would generally go to a GP surgery for advice or if they had a concern in relation to their child rather than go to a pharmacist in the first instance for advice.</li> <li>• BME coffee morning group. Again, no problem in accessing a pharmacy and the majority suffered a long term condition where medication is delivered to them. They were not aware of the advanced services potentially offered by a pharmacy and there was interest in accessing them.</li> </ul> <p>Overall feedback</p> <ul style="list-style-type: none"> <li>• Feedback was received in relation to improved</li> </ul>

	<p>communication in within pharmacies in terms of the community based and advanced services offered.</p> <ul style="list-style-type: none"><li>• More sensitivity or an awareness of the cultural differences within the Leicester City population.</li><li>• Literature to be provided in alternative languages or easy read.</li><li>• More awareness of different needs</li><li>• BME group - Would benefit from a drop in clinic in terms of blood pressure and cholesterol checks and services more aligned to the older generation.</li><li>• Drop in Service targeted to services for young children and also the older generation could also be beneficial.</li></ul>
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<b>Date of Event</b>	12 November 2014
<b>Name of Event Attended</b>	Sikh Community Centre
<b>Name of Rep who attended</b>	Emma Dashfield
<b>Total Number of attendees</b>	20 (mixed genders)
<b>Summary of points from event</b>	<p>PNA</p> <ul style="list-style-type: none"> <li>• No problem in accessing a pharmacy. All had easy access to a pharmacy and generally used the same one each time. Although the majority access a pharmacy essential services in terms of prescriptions through delivery service.</li> <li>• They were not aware of the advanced services provided by a pharmacy. As the majority had long term conditions they used the services deemed as advanced services through a GP surgery.</li> <li>• Would be encouraged to use advanced services at the pharmacy but would like further information on how that would work through patients record information transferring from a GP surgery and pharmacy and vice versa.</li> </ul> <p>Overall feedback</p> <ul style="list-style-type: none"> <li>• More sensitivity or an awareness of the cultural differences within the Leicester City population.</li> <li>• Literature to be provided in alternative languages or easy read.</li> <li>• More awareness of different needs</li> <li>• Would benefit from a drop in clinic in terms of blood pressure and cholesterol checks.</li> </ul> <p>Learning disability group – Easy read information too complex. PNA information disseminated to carers.</p>

<b>Date of Event</b>	6 November
<b>Name of Event Attended</b>	Action Deafness BME Group – St Matthews Area
<b>Name of Rep who attended</b>	Emma Dashfield
<b>Total Number of attendees</b>	8
<b>Summary of points from event</b>	<p>PNA</p> <ul style="list-style-type: none"> <li>• Mixed access issues and experiences in obtaining pharmacy services</li> <li>• Tend to use the same pharmacy were they are known (St Matthews Area)</li> <li>• They we're not aware of the advanced services provided by possible participating pharmacies. Would be encouraged to use services if more information was provided within pharmacies and the greater community. The same for community based services.</li> <li>• No negative comments to PNA Information and welcomed opportunity to comment</li> <li>• Would welcome the proposed recommendations and conclusions in respect to monitoring quality of services and sites</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>• Negative experiences highlighted that local pharmacy sell the Quran; they also sell Indian spices and hot drinks. They also sell disability aid and equipment which can be accessed through social care services.</li> <li>• If the pharmacy is not deaf aware issues arise when obtaining medications. Family members of friends are used as a support mechanism.</li> <li>• Positive experiences in accessing pharmacy services if the pharmacist is known to them.</li> </ul>



<b>Date of Event</b>	8 December
<b>Name of Event Attended</b>	Braunstone Frith Vision Sure Start Childrens Centre 'Stay N Play'
<b>Name of Rep who attended</b>	Emma Dashfield
<b>Total Number of attendees</b>	10
<b>Summary of points from event</b>	<p>PNA</p> <ul style="list-style-type: none"> <li>• No access issues. All had easy access to a pharmacy and generally used the same one each time which is a pharmacy first scheme.</li> <li>• Very positive feedback in relation to the pharmacy first pharmacy that is in operation in the vicinity. Examples have been provided where they have accessed this pharmacy for a minor ailment instead of going to a GP in the first instance.</li> <li>• They were not aware of the advanced services provided by a pharmacy. Also not aware of all the community based services that a pharmacy can offer .</li> <li>• Would be encouraged to use advanced services at the pharmacy if more information communication was provided. Also would like further information on community based services.</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>• People do tend to regularly use pharmacy services in this area due to the pharmacy being involved in a pharmacy first scheme.</li> </ul>

<b>Date of Event</b>	11 December
<b>Name of Event Attended</b>	New Parks Sure Start Childrens Centre 'Stay N Play'
<b>Name of Rep who attended</b>	Emma Dashfield
<b>Total Number of attendees</b>	14
<b>Summary of points from event</b>	<p>PNA</p> <ul style="list-style-type: none"> <li>• Access issues for pharmacy services unless you had transportation. Those who have access to a car use a variety of pharmacies.</li> <li>• Only access essential services from a pharmacy. Collection of prescribed medication only.</li> <li>• They were not aware of the advanced services provided by a pharmacy. Also not aware of all the community based services that a pharmacy can offer.</li> <li>• Possibly would be encouraged to use advanced services at the pharmacy if more information communication was provided. Also would like further information on community based services.</li> <li>• They did not realise the full breadth of services on offer</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>• From speaking with health visitors and the midwifery services that are provided in-house people would go to the GP surgery in all cases even for a minor ailment. Would not use the pharmacy as a source of advice.</li> <li>• Access issues are a major concern in this vicinity. Especially to those individuals who do not have their own transportation</li> <li>• Communicating pharmacy services in a targeted approach would benefit the community. Explored if the community gets Leicester Link but from feedback apparently they do not receive this publication</li> </ul>

<b>Date of Event</b>	15 October
<b>Name of Event Attended</b>	Leicester City Parent and Career Forum – Annual General Meeting
<b>Name of Rep who attended</b>	Emma Dashfield
<b>Total Number of attendees</b>	10
<b>Summary of points from event</b>	<p>PNA</p> <ul style="list-style-type: none"> <li>• No access issues in relation to obtaining pharmacy services</li> <li>• They we're not aware of the advanced services provided by possible participating pharmacies. Would be encouraged to use services if more information was provided within pharmacies and the greater community.</li> <li>• Did know about community based services but again would be encouraged to use services if more information was provided in order to further disseminate the information to their groups. Further communication within to be pharmacies and within the community.</li> <li>• No negative comments to PNA Information</li> <li>• The group were very much interested in the healthy living pharmacy and what model is used in relation to this. (Information was provided to answer this question)</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>• An attendee from Leicestershire Partnership Trust who works involved in transitioning from child to adult services enquired with the consent age in collecting prescribed medication. . (Information was provided to answer this question)</li> </ul>

## Appendix D: Leicester City PNA Public Consultation Distribution

Name of Organisation	Distribution Method
Leicester City Health and Wellbeing Board	Electronic Distribution
Leicester City County Council Health Scrutiny Committee	Electronic Distribution
Local Professional Network Chair for Pharmacy	Electronic Distribution
NHS England	Electronic Distribution
Leicester City Clinical Commissioning Group	Electronic Distribution
Local Pharmacy Committee	Electronic Distribution
Local Medical Council	Electronic Distribution
Directors of Public Health	Electronic Distribution
Healthwatch Leicester	Electronic Distribution
NHS provider trusts: University Hospitals Leicester NHS Trust and Leicestershire Partnership Trust	Electronic Distribution
NHS England	Electronic Distribution
Leicester Libraries (14 libraries across the City)	Hard Copies: 140 copies (10 copies provided per library)
Leicestershire Ethnic Minority Partnership (LEMP) (includes the city)	Electronic Distribution
Leicester City Council Communication Team	Electronic Distribution
<ul style="list-style-type: none"> <li>- <u>Social Media Outlets</u> Tweets – 11,200 followers (a wide variety of organisations such as the local PHE group, NHS groups, local and national businesses) Consultation Hub – 755 followers</li> <li>- <u>Online PNA presence</u> Visits to PNA Total views – 245 Averaging - 5 mins 10 secs viewing</li> <li>- <u>Internal communication channels</u> 7000 Internal staff</li> </ul>	
Age UK Leicester	Electronic Distribution
Voluntary Action Leicestershire	Electronic Distribution and Hard Copies (20)
The Race Equality Centre	Electronic Distribution
Leicester Youth Council and Young Advisors	Electronic Distribution & 50 Hard Copies (for further distribution)
Clasp The Carers Centre	Electronic Distribution including social media

Leicestershire Partnership NHS Trust	Electronic Distribution
Leicester City Vision Sure Start Children Centres	Online Promotion & Hard Copies
SENDIASS (formerly Parent Partnership Service)	Electronic Distribution & Hard Copies (20)
Family Information Directory - Leicester City Council	Electronic Distribution
Maternity & New Parent Groups (Bumps Babies & Beyond)	Electronic Distribution
Carers Right Day – The Curve Leicester	Hard Copies (30)
Action Deafness	Online Promotion and Easy Read Hard copies (15)
Leicester City Council Active Involvement Youth Worker for Children and Young People's Services. Leicester Youth Service	Electronic Distribution & Hard Copies (20)
Leicester City Council – Youth Advisors	Electronic Distribution & Hard Copies (20)
East Park Activity Group (Learning Disability Group) Sikh Community Centre.	Electronic Distribution & Hard Copies (20)
Leicester City GP practice managers and nurses	Electronic Distribution
All Leicester Pharmacies. There are 87 pharmacies within the County)	Hard Copies: 870 copies (10 per pharmacy) and Electronic Distribution
All Leicester GPs	Electronic Distribution
Leicester Lesbian Gay Bisexual & Transgender Centre (supporting people in Leicester, Leicestershire & Rutland)	Hard Copies (50)
YPOD 'young person's shadow board' (made up young care leavers and young people known to youth offending services)	Hard Copies (10)
YMCA 'Young Men's Christian Association'	Hard Copies (10) Hard Copy (1)
Action on Hearing Loss (the new name for RNID)	
Oakland's Primary School ( A special needs primary school) accessed through 'Parent and Carer Forum'	Electronic Distribution
Leicester City Council - Community Engagement Officers	Electronic Distribution
Leicester City Council – Pregnancy and Maternity Groups	Electronic Distribution
Muslim communities operating in the St Matthews area	Hard Copies (50+)
Leicester City Town Hall	Hard Copies (20)
Leicester Community Services	Electronic Distribution
Parent and Carer Forum	Electronic Distribution (including social

	media dissemination) & Hard Copies (20)
Greater East Midlands Commissioning Support Unit Internal Staff	Electronic Distribution & Hard Copies (50)
<b>Leicester City Online Media Presence</b>	
Leicester City Clinical Commissioning Group	<a href="http://webcache.googleusercontent.com/search?q=cache:PoZqPrIRvvQJ:https://www.leicestercityccg.nhs.uk/health-in-your-hands/tell-us-your-views/current-consultations-and-surveys/+&amp;cd=4&amp;hl=en&amp;ct=clnk&amp;gl=uk">http://webcache.googleusercontent.com/search?q=cache:PoZqPrIRvvQJ:https://www.leicestercityccg.nhs.uk/health-in-your-hands/tell-us-your-views/current-consultations-and-surveys/+&amp;cd=4&amp;hl=en&amp;ct=clnk&amp;gl=uk</a>
Local Pharmaceutical Committee	<a href="http://psnc.org.uk/leicestershire-and-rutland-lpc/our-news/pna-consultation-city-county-rutland/">http://psnc.org.uk/leicestershire-and-rutland-lpc/our-news/pna-consultation-city-county-rutland/</a>
Voluntary Action Leicestershire	<a href="http://www.valonline.org.uk/news/general-news/2014/nov/have-your-say-leicester-city-and-leicestershire-pharmaceutical-needs-asse#.VLO2a9KsWrQ">http://www.valonline.org.uk/news/general-news/2014/nov/have-your-say-leicester-city-and-leicestershire-pharmaceutical-needs-asse#.VLO2a9KsWrQ</a>

**Appendix E: Leicester City PNA Easy Read Consultation Document ‘Somalian Community’ (see pdf)**

**Appendix F: Leicester City Pharmacist Feedback (St Matthews Area) (see pdf)**

## Appendix G: Locality of responders from the main survey.

54 people answered this question / 23 people skipped this question

Which part of Leicester do you live in? Please state the name of your ward or area - Your ward	Total Responses
(Birstall)	1
Abbey	1
Aylestone	2
Beaumont Leys	1
Belgrave	1
Blaby	2
braunstone	2
Braunstone Firth	4
Charnwood	1
clarendon park	1
Eyres Monsell	1
Freemans	1
Goodwood	1
Hamilton	2
Humberstone	3
Knighton	2
LE3	1
New Parks	1
Loughborough (Rainbows supports families from both County & City)	1
Rowley Fields	1
Rushey Mead	1
Saffron Lane	1
st Matthews	8
Spinney Hill Ward	1
Stoneygate	1
West Knighton	1
Westcotes	5
Western Park	6
<b>Total Responses</b>	<b>54</b>

**What is your postcode? Please state the first four letters.**

49 people answered this question

28 people skipped this question

<b>Please state the first four letters of your postcode</b>	<b>Total Responses</b>
LE (unknown)	1
LE1	15
LE1 2	2
LE18 1	1
Le2	5
LE2 0	1
Le2 7	1
LE2 9GT	1
Le3	1
le4	3
LE4 0	1
le4 8	1
LE5	12
LE5 0	1
LE5 3	1
LE5 4	1
LE5 6	1
<b>Total Responses</b>	<b>49</b>



## Appendix H: Responses on behalf of an organisation (main survey)

Responses on behalf of an organisation/statutory consulters	Questions Agreed	Questions Disagreed	Provided additional comments Q6
LLRLMC	All		No
Rowlands Pharmacy	All		No
Leicester City Councillor	Q1, Q2, Q3	Q4, Q5	No
NHS England, Leicester & Lincolnshire	Q1, Q2, Q4, Q5	Q3	Yes
Co-op Pharmacy	All	N/A	Yes
Healthwatch Leicester	Q1, Q2, Q4, Q5	Q3	Yes
Pearl Chemist	Q1, Q2, Q3, Q5	Q4	Yes
Rainbows Children Hospice	All	N/a	Yes
Unknown Organisation x1	All	N/a	No
Unknown Organisation x2	All	N/a	No

## Appendix I: Locality of responders from the easy read survey

### Q6. What part of Leicester do you live in?

57 people answered this question

20 people skipped this question

Which part of Leicester do you live in?	Total Responses
Abbey	1
Beaumont leys	3
Belgrave	4
Beaumont leys	1
City Centre	6
Dont Know (unknown)	1
Evington	1
Glen Parva	2
Highfield	5
Humberstone	1
Narborough rd	1
New Park	3
Northfields	1
Spinney Hills	4
St Matthews	22
Wigston	1
<b>Total Responses</b>	<b>57</b>

### Q7. What is your postcode?

49 people answered this question

28 people skipped this question

Please state the first four letters of your postcode	Total Responses
LE (unknown)	1
LE1	15
LE1 2	2
LE18 1	1
Le2	5
LE2 0	1
Le2 7	1
LE2 9GT	1

<b>Le3</b>	<b>1</b>
<b>le4</b>	<b>3</b>
<b>LE4 0</b>	<b>1</b>
<b>le4 8</b>	<b>1</b>
<b>LE5</b>	<b>12</b>
<b>LE5 0</b>	<b>1</b>
<b>LE5 3</b>	<b>1</b>
<b>LE5 4</b>	<b>1</b>
<b>LE5 6</b>	<b>1</b>
<b>Total Responses</b>	<b>49</b>