

Leicester City Council Pharmaceutical Needs Assessment 2022

Appendix 2: Results of the statutory consultation of the draft PNA

Forty-eight responses were received for the draft PNA consultation between 6th July 2022 and 4th September 2022.

Respondent demographics

Thirty-eight responses were received from members of the public (79%), 3 from council staff members (6%), 2 from NHS Trust representatives (4%) and 2 patient, consumer or community group representatives (4%).

All respondents who provided their age (44, 92%) were over the age of 26. The majority of respondents (34, 71%) were over the age of 56.

Nineteen respondents (40%) were female and twenty respondents (42%) were male.

Thirty-two respondents (67%) were White British, with respondent representatives from the Indian, Caribbean, Other Black Background, White European and White Irish ethnic groups.

Twenty-two respondents (46%) reported to be Christian, seven (15%) to have no religion, three (6%) to be atheist, two (4%) to be Hindu and one respondent (2%) reported to be Muslim.

Fifteen respondents (31%) experienced a disability such as a long standing illness or health condition, a mental health difficulty, a physical or mobility impairment, a social/communication impairment, a specific learning difficulty, a hearing impairment or another impairment, health condition or learning difference not mentioned.

Thirty-two respondents (67%) were heterosexual/straight, four respondents (8%) were gay/lesbian, the remaining respondents preferred not to say or did not answer this question.

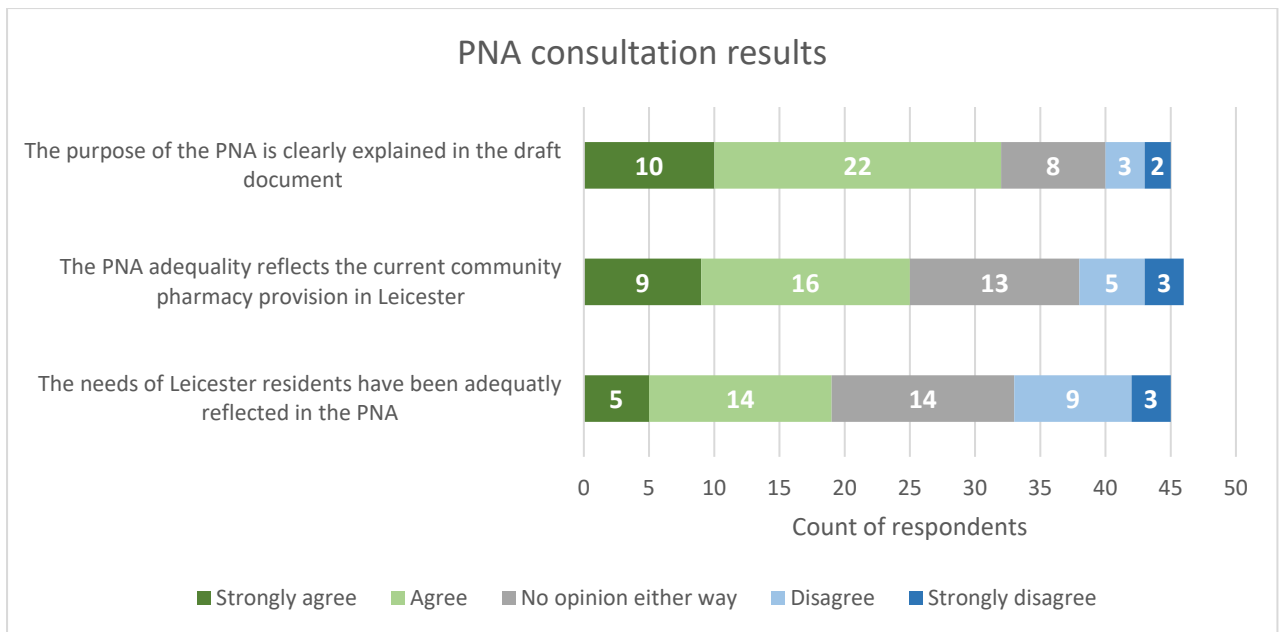
Purpose of the PNA

Thirty-two respondents (67%) agreed/strongly agreed that the purpose of the PNA is clearly explained in the draft document. Five respondents (10%) disagreed/strongly disagreed with this statement.

Twenty-five respondents (52%) agreed/strongly agreed that the PNA adequately reflects the current community pharmacy provision in Leicester, whilst eight respondents (17%) disagreed/strongly disagreed.

Nineteen respondents (40%) agreed/strongly agreed that the needs of Leicester residents have been adequately reflected in the PNA, fourteen respondents (29.17%) had no opinion either way and twelve respondents (25%) disagreed/strongly disagreed.

Figure 1: PNA consultation responses Q1-Q3

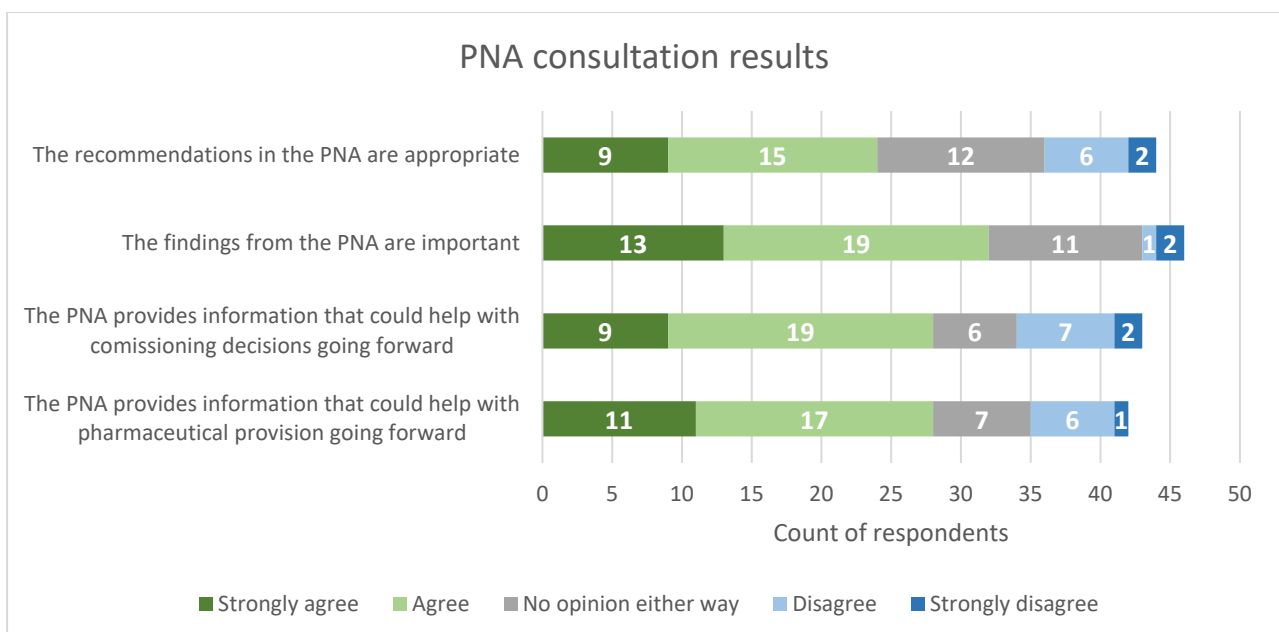


Twenty-four respondents (50%) agreed/strongly agreed that the recommendations in the PNA are appropriate, whilst twelve respondents (25%) had no opinion either way and eight respondents (17%) disagreed/strongly disagreed.

Thirty-two respondents (67%) agreed/strongly agreed that the findings from the PNA analysis are important, with only three respondents (6%) disagreeing/strongly disagreeing with this statement.

Twenty-eight respondents (58%) agreed/strongly agreed that the PNA provides information that could help with commissioning decisions going forward whilst 9 respondents (19%) disagreed/strongly disagreed with this statement.

Twenty-eight respondents (58%) agreed/strongly agreed that the PNA provides information that could help with pharmaceutical provision going forward, seven respondents (15%) disagreed/strongly disagreed.



Ten respondents (21%) were not aware of any pharmaceutical services that are currently provided in Leicester but have not been highlighted within the PNA. Of the four respondents (8%) who were aware of pharmaceutical services currently provided in Leicester that have not been highlighted within the PNA, two respondents either provided no comment or an unrelated comment, one respondent noted doset boxes and electronic medication dispensers and one respondent was referring to secondary care and secure settings and noted that these were specifically and appropriately excluded.

Five respondents (10%) identified gaps or issues in pharmaceutical provision in Leicester that have not been reflected in the draft PNA. These include the need for full access (including data input) to summary care records in order to further develop the clinical services within community pharmacy and T1DM services.

