

Report on the consultation results for Cambridgeshire and Peterborough Joint Pharmaceutical Needs Assessment 2025-2028

Cambridgeshire and Peterborough Health and Wellbeing & Integrated Care Partnership Board

September 2025

Consultation on Draft Pharmaceutical Needs Assessment (PNA) 2025 - 2028

The National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at: <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

Part 2: Regulation 8 sets out the mandatory consultation elements that must be adhered to when completing a new Pharmaceutical Needs Assessment.

The Pharmaceutical needs assessments: information pack Published in May 2013, Updated July 2025 can be found at: [Pharmaceutical needs assessments: information pack - GOV.UK](#)

There is a statutory requirement to consult on the draft PNA, for a minimum period of 60 days, prior to finalisation and publication by the local Health and Wellbeing Board (HWB). Regulations stipulate that the draft document must be distributed to:

- the local pharmaceutical committee
- the local medical committee
- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the HWB
- dispensing doctors included in the dispensing doctor list for the area of the HWB, if any
- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the HWB's area
- Healthwatch, and any other patient, consumer, or community group in the area which the HWB believes has an interest in the provision of pharmaceutical services
- any NHS trust or NHS foundation trust in the HWB's area
- NHS England
- any neighbouring HWB

In addition, the guidance states that *"The HWB is free to consult with any other organisation and/or members of the public if it so wishes but is not obliged to do so. This would include the ICB or ICBs who, as the delegated commissioner of primary care services, is better placed to provide views on the requirements for pharmaceutical services than NHS England"*.

"While there is no requirement to consult with the public on a draft of the PNA, if it is standard practice for the council to consult with the public on technical documents the HWB may wish to open the consultation to the public."

Formal consultation on the draft Pharmaceutical Needs Assessment (PNA) 2025-2028

This local consultation was conducted using a range of methods to reach the mandated consultees and the public, including:

- Media releases to range of local media including Council Websites and Council Social Media platforms.
- Posters in every Library in Cambridgeshire and Peterborough
- Posters in each District Council head quarters

- Promoted by Healthwatch, and the Local Pharmaceutical Committee

The formal consultation was open from Tuesday 22nd July to Monday 22nd September 2025 (62 Days)

The legislation allows for full documentation to be published online, and this was available on Cambridgeshire and Peterborough Insight webpages. These pages provided access to the online survey form and the draft PNA for review, enabling consultees and residents to review the PNA and then leave feedback on its content.

An Easy Read version and translated versions of the PNA survey were also available on request.

At the libraries, residents were able to scan a QR code on posters advertising the PNA consultation which took them directly to the online Draft PNA and survey.

Finally, members of the public could request (via email or telephone) a paper or easy read version of the PNA survey, to be sent to them.

Results of the consultation

This section presents an overview of the results from the PNA consultation and highlights any changes that were made to the draft document on the basis of feedback received.

212 responses were received (of which 7 were blank), 7 from the mandated consultees and 198 from members of the public.

Question: Are you responding as or on behalf of:

- A member of the public
- The local pharmaceutical committee
- The local medical committee
- A pharmacy or dispensing appliance contractor, or a dispensing doctor, included in the pharmaceutical list for the Cambridgeshire and Peterborough Health and Wellbeing Board area
- Any pharmacy contractor that holds a local pharmaceutical services contractor with premises in the Cambridgeshire and Peterborough Health and Wellbeing Board's area
- Healthwatch or another patient, consumer, or community group with an interest in the provision of pharmaceutical services
- Any NHS trust or NHS foundation trust in the Cambridgeshire and Peterborough Health and Wellbeing Board's Area
- NHS improvement
- Any neighbouring health and wellbeing board

Type of respondent	Count
A member of the public	198
The local pharmaceutical committee	0
The local medical committee	0
A pharmacy or dispensing appliance contractor, or a dispensing doctor, included in the pharmaceutical list for the Cambridgeshire and Peterborough Health and Wellbeing Board area	2
Any pharmacy contractor that holds a local pharmaceutical services contractor with premises in the Cambridgeshire and Peterborough Health and Wellbeing Board's area	0
Healthwatch or another patient, consumer, or community group with an interest in the provision of pharmaceutical services	3
Any NHS trust or NHS foundation trust in the Cambridgeshire and Peterborough Health and Wellbeing Board's Area	0
NHS improvement	2
Any neighbouring health and wellbeing board	0

Findings

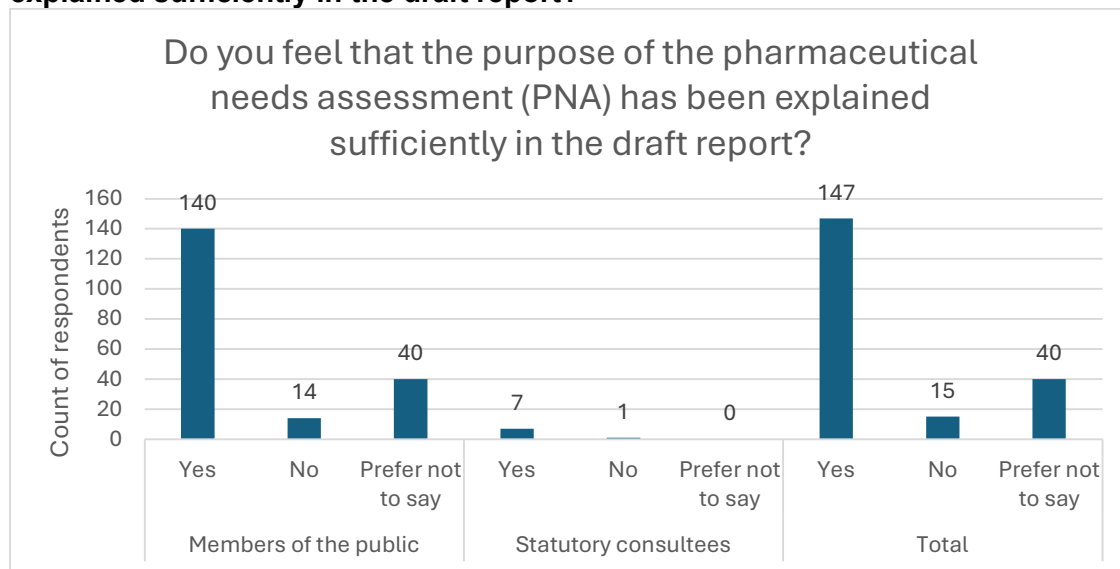
Overall, the responses were positive with the following headlines:

- The purpose of the PNA had been explained (72% of the public, 88% of the Statutory Consultees, (73% overall) agreed)
- The draft PNA reflected the current provision in the area (54% of the public, 71% of the Statutory Consultees, (55% overall) agreed)
- The draft PNA reflected the needs of the area's population (43% of the public, 71% of the Statutory Consultees, (44% overall) agreed) – 39% of responses did not give an opinion
- The draft PNA provides information to inform market entry decisions (57% agreed)

- The draft PNA provides information to inform how pharmaceutical services may be commissioned in the future (57% agreed)
- The draft PNA provides enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors. (71% agreed)
- There are gaps in pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted (14% of the public, 43% of the Statutory Consultees, 15% overall think there are services which have not been highlighted)
- The conclusions that there are sufficient pharmaceutical services across Cambridgeshire and Peterborough (37% of the Public, 43% of the Statutory Consultees, 37% overall agree)

The main question and responses are presented below. A full set of responses to the qualitative responses can be found in the appendix to this report.

Do you feel that the purpose of the pharmaceutical needs assessment (PNA) has been explained sufficiently in the draft report?

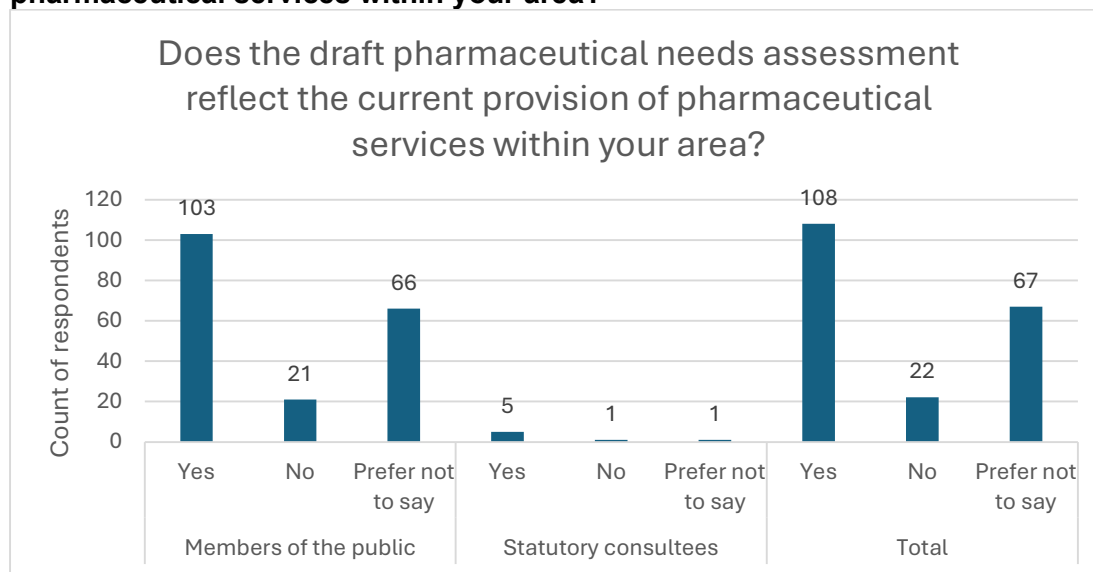


The majority of respondents (73%) feel that the purpose of the PNA has been explained sufficiently, however there were a number who preferred not to give an opinion (20%)

Qualitative Responses

Many of the responses as to why respondents did not feel that the purpose of the PNA had been explained sufficiently concerned lack of time to read the PNA, or they did not understand the PNA.

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

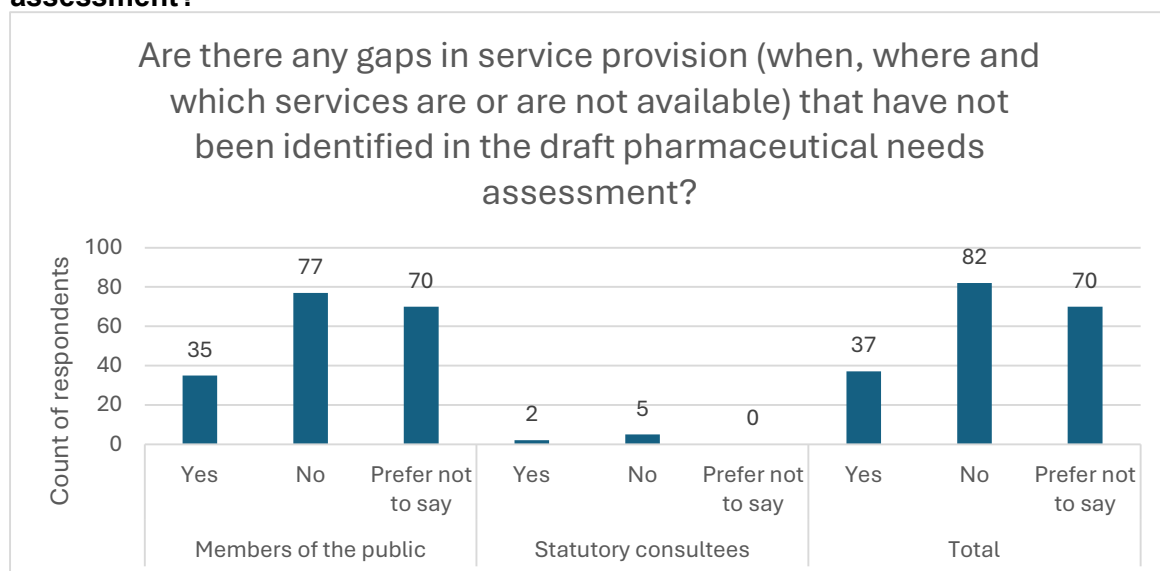


Just over half (55%) of respondents felt that the PNA reflects the current provision of pharmaceutical services in their area, with 34% preferring not to give an opinion.

Qualitative Responses

Some of the main themes from the qualitative responses concerned rurality and transport, recent closures, and impact of growth and lack of a reliable service in the locality.

Are there any gaps in service provision (when, where and which services are or are not available) that have not been identified in the draft pharmaceutical needs assessment?

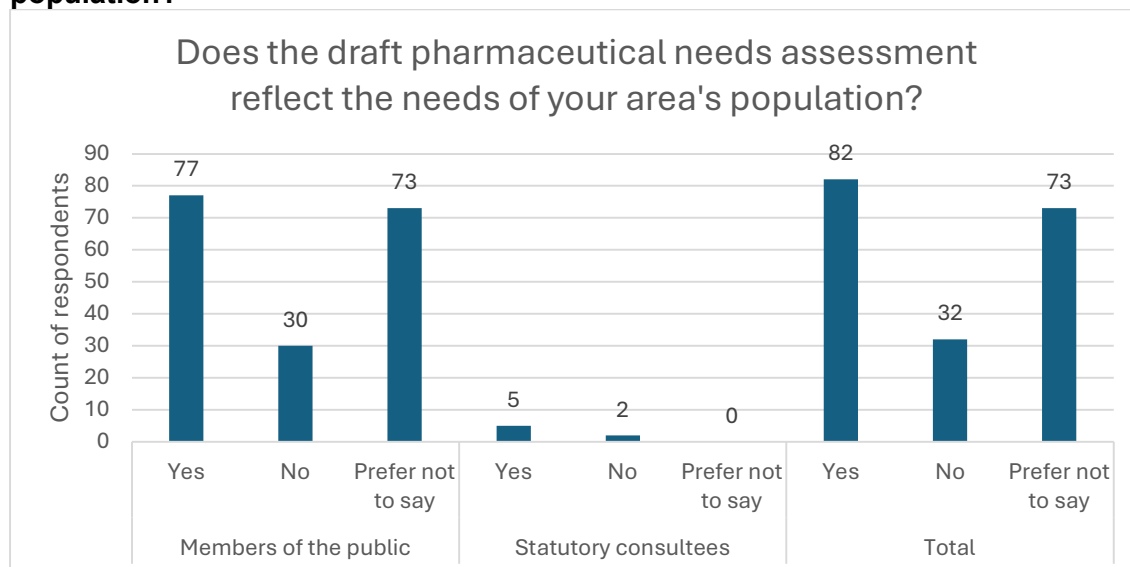


Just under half (43%) of respondents felt that there are no gaps which the PNA has not identified.

Qualitative Responses

Some of the main themes from the qualitative responses concerned opening hours (lack of evening and weekend opening), home delivery services, rurality.

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

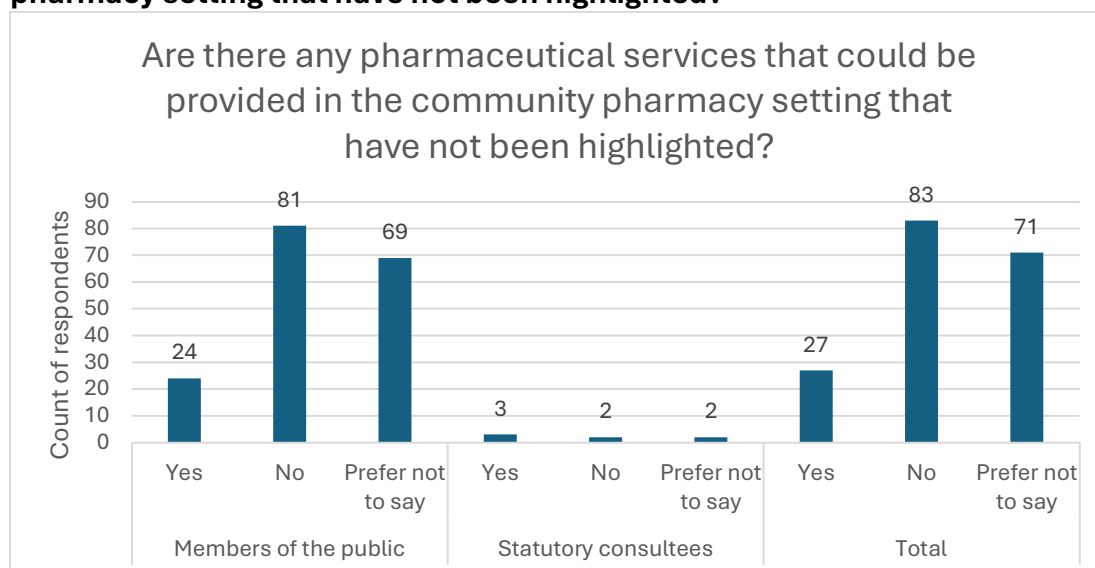


44% of respondents felt that the PNA reflects their local area's population, however 39% preferred not to give a response.

Qualitative Responses

Some of the main themes from the qualitative responses concerned the need for more pharmacies, increase in population and lack of capacity.

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

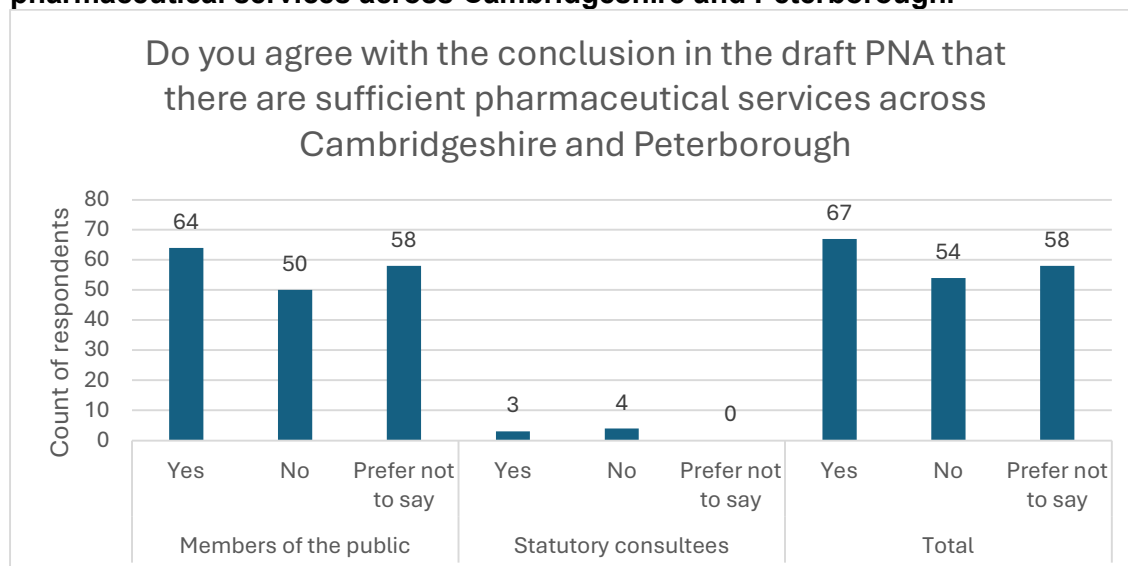


Just under half (46%) of respondents felt that there are no further pharmaceutical services that could be offered in community pharmacies that have not been highlighted in the PNA, however 39% preferred not to give a response.

Qualitative Responses

Some of the main themes from the qualitative responses concerned providing a service for needles and sharps collection/disposal, skin cancer checking, UTI treatment service for men.

Do you agree with the conclusion in the draft PNA that there are sufficient pharmaceutical services across Cambridgeshire and Peterborough.

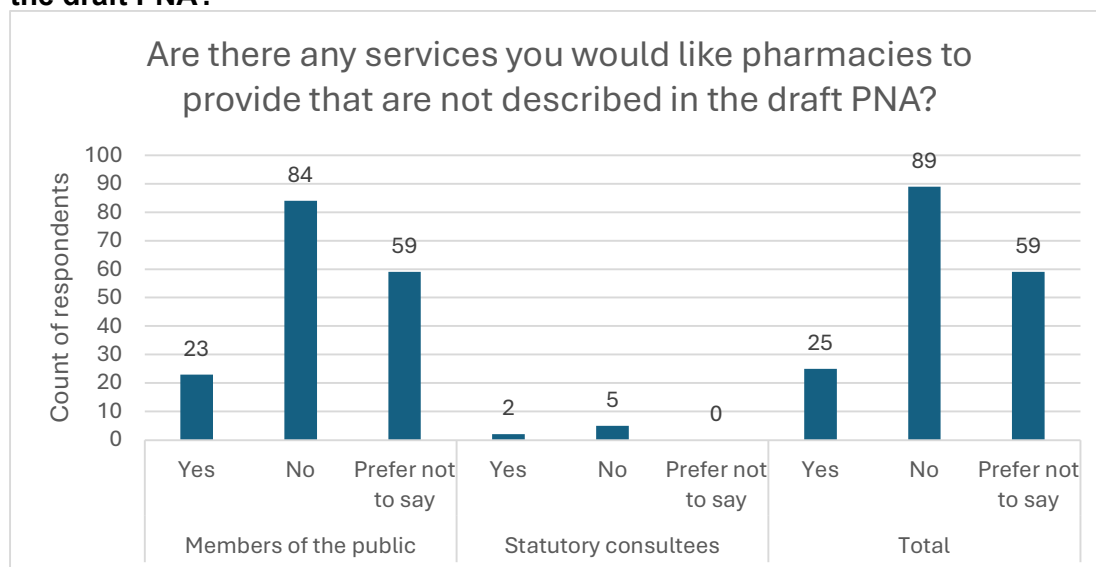


There was a fairly even split in opinion with the PNA finding that there are sufficient pharmaceutical services across Cambridgeshire and Peterborough (37% agree, 30% disagree, and 32% preferred not to say)

Qualitative Responses

Some of the main themes from the qualitative responses concerned rurality and transport (reliance on people's ability to drive), recent closures, pharmacy capacity, and impact of growth.

Are there any services you would like pharmacies to provide that are not described in the draft PNA?



Just over half (51%) of respondents felt that there are no further pharmaceutical services that they would like to see provided that are not already described in the PNA.

Qualitative Responses

There is no overall pattern to the qualitative responses. Suggestions include Sharps disposal, recycling, Skin Cancer services, and signposting to community services.

Conclusions

Two hundred and twelve (212) responses were received. Overall, the vast majority of responses were supportive of the content in the Cambridgeshire and Peterborough Pharmaceutical Needs Assessment (PNA) 2025-2028 and agreed with the conclusions and recommendations made. A number of comments were received where respondents indicated that they disagreed with content or conclusions made. All comments received are presented below (Results of Consultation), along with the response and any resulting action. A number of respondents highlighted operational issues in relation to local pharmacy provision. Addressing operational issues is outside the scope of the PNA, but issues raised will be shared with the most appropriate partner, commissioner and/or contract manager for their consideration and potential action. The content and conclusions in the draft PNA have not been materially changed following this consultation.

Responses to Questions – Qualitative answers

Question	Comment(s) from Respondent	Response on behalf of Cambridgeshire and Peterborough Health and Wellbeing Board
<p>Do you feel that the purpose of the pharmaceutical needs assessment (PNA) has been explained sufficiently in the draft report?</p>	<p>I didn't bother to read it. I don't have time to read what is important to you. This form needs to be in clear English.</p>	<p>Comments noted</p> <p>The PNA Steering Group are aware that the PNA is a large and technical document, and efforts were made to keep the document as succinct as possible, whilst including all the statutory content the legislation and guidance required.</p> <p>An Easy Read version of the questions was also available on request.</p> <p>OUTCOME: No change to the PNA</p>
	<p>I can't remember what it was and I can't go back without losing my answers</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>I have never heard of it</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Can't remember what it is.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>I'm afraid I haven't read it thoroughly</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Didn't really understand it</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Not clear why you're saying there are enough pharmacies but then saying we have a lot less than</p>	<p>Comments noted</p>

	<p>the uk average and regionally lower. Also more new builds which would make it even lower. Only thing it looks like is that Pharmacies have said that they dont think there is a need, but surely they dont want more as then it would take business away from them.</p>	<p>The access to services is based on travel time, although there are fewer pharmacies per 100,000 population in Cambridgeshire and Peterborough compared to England, the majority of residents can still access a pharmacy within 20 minutes.</p> <p>Growth (new builds) was taken into account in the PNA (section 6)</p> <p>OUTCOME: No change to the PNA</p>
	<p>Didn't know about report to make a valid comment</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>I don't know what it is</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>I didn't read it</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>We only have basic services</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>the whole precis of the preamble to the survey was very complex and confusing so I went straight to the survey</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>As usual this document is too long / complicated and does not get to the nitty gritty of services needed, especially in rural areas.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>I don't know what that is</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>PNA purpose has a feedback Bias and inequality - This survey itself is based on feedback only from those who are able to use a computer - it is naturally</p>	<p>Comments noted</p>

	<p>bias towards younger people who can use the internet. It fails to offer postal feedback from the people who often need it the most - the elderly or access by paper from a local location where all can find out about the survey and purpose.</p>	<p>The survey was also available in paper form on request. The breakdown of respondents to the survey is as follows:</p> <table border="1" data-bbox="1406 296 1771 647"> <thead> <tr> <th>Age</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td><16</td> <td>0</td> <td>0</td> </tr> <tr> <td>16-19</td> <td>0</td> <td>0</td> </tr> <tr> <td>20-24</td> <td>1</td> <td>1</td> </tr> <tr> <td>25-34</td> <td>4</td> <td>2</td> </tr> <tr> <td>35-49</td> <td>33</td> <td>17</td> </tr> <tr> <td>50-64</td> <td>67</td> <td>34</td> </tr> <tr> <td>65-74</td> <td>51</td> <td>26</td> </tr> <tr> <td>75-84</td> <td>38</td> <td>19</td> </tr> <tr> <td>85+</td> <td>3</td> <td>2</td> </tr> </tbody> </table> <p>Which shows most online respondents are over 50 years old.</p> <p>OUTCOME: No change to the PNA</p>	Age	Number	%	<16	0	0	16-19	0	0	20-24	1	1	25-34	4	2	35-49	33	17	50-64	67	34	65-74	51	26	75-84	38	19	85+	3	2
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	<p>Haven't had time to study it thoroughly</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>																														
	<p>Don't know what it is</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>																														
	<p>The timelines for when prescriptions are requested, processed, and ready are often not met.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>																														
<p>Does the draft pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?</p>	<p>Not aware of provision for delivery of prescriptions</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>																														
	<p>I have no idea what it is</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>																														

	<p>Chemists local in Cambridgeshire are often closed with no reason, can't access medication, this is a big problem</p>	<p>Comments noted</p> <p>This is an operational issue and outside the scope of the PNA.</p> <p>OUTCOME: No change to the PNA</p>
	<p>I fear not. I'm OK but I'm sure the closure of the Boots Pharmacy on Mitchams Corner, and other Boots pharmacies, has had a negative effect on people's ability to collect their drugs conveniently, and with ease.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>I'm not sure</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>It isn't specific enough and doesn't take into account the impact of development and demographic changes.</p>	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6), and demographic changes were accounted for in section 3.</p> <p>OUTCOME: No change to the PNA</p>
	<p>as already stated no out of hours chemist available</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Prescriptions are often late - GO and Pharmacist fault. I worry about being left without medication.</p>	<p>Comments noted</p> <p>This is an operational issue and outside the scope of the PNA.</p> <p>OUTCOME: No change to the PNA</p>
	<p>Don't know</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>It assumed that public transport services are available every day of the week. For parts of rural</p>	<p>Comments noted</p>

	<p>Cambridgeshire, access to public transport has improved but services are not available from Chatteris on Sundays. Deprivation in the Fens is still statistically high relative to Cambridge and South Cambridgeshire.</p>	<p>Implications of rurality and deprivation have been considered in section 4.2</p> <p>OUTCOME: No change to the PNA</p>									
	<p>I don't feel this is my area of expertise.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>									
	<p>Resources in rural areas south of Cambridge are not meeting demands</p>	<p>Comments noted</p> <p>Implications of rurality and deprivation have been considered in section 4.2</p> <p>OUTCOME: No change to the PNA</p>									
	<p>Rural ish area, limited opening hours / not open on Saturdays! Normally a 20min queue to get served at least. Pharmacies seem to be taking longer to prepare and issue prescriptions!</p>	<p>Comments noted</p> <p>Implications of rurality and deprivation have been considered in section 4.2</p> <p>Waiting times within individual pharmacies are an operational issue and outside the scope of the PNA.</p> <p>OUTCOME: No change to the PNA</p>									
	<p>As above - not reflective of rural areas.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>									
	<p>Doesn't fully cover needs of housebound</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>									
	<p>No because of elderly feedback inequalities. Also because the elderly would be very reluctant to be honest because of fear of being cut off from service if they speak out.</p>	<p>The breakdown of respondents to the survey is as follows:</p> <table border="1" data-bbox="1406 1286 1771 1390"> <thead> <tr> <th>Age</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td><16</td> <td>0</td> <td>0</td> </tr> <tr> <td>16-19</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Age	Number	%	<16	0	0	16-19	0	0
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	The questions lead me to say I'm happy with a pharmacy I have to drive to, but don't provide opportunity to explain why I don't use the two pharmacies we have within walking distance in the village. Gives totally the wrong impression of how I feel about local provision, which we no longer use because they were woefully inefficient and unreliable..	<p>Comments noted</p> <p>Individual pharmacy services are an operational issue and outside the scope of the PNA.</p> <p>OUTCOME: No change to the PNA</p>																					
	Needs greater capacity with rapid expansion of village	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6), and demographic changes were accounted for in section 3.</p> <p>OUTCOME: No change to the PNA</p>																					
	Much more is needed locally	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>																					
	Don't think we have enough coverage, and existing pharmacies seem to struggle to deliver	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>																					
	See comment above	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>																					

	Histon fortunately benefits for local pharmacy service that can offer delivery to some residents. Demands on the service will rise as per the increase in the population of South Cambs, especially due to new housing developments and those proposed.	Comments noted Growth (new builds) was taken into account in the PNA (section 6), and demographic changes were accounted for in section 3. OUTCOME: No change to the PNA
	I don't know enough to answer	Comments noted OUTCOME: No change to the PNA
	Provision and reality are conflicted.	Comments noted OUTCOME: No change to the PNA
	There are 2 Well Pharmacies in the villages of Histon and Impington. One is only open Mon-Friday. They are understaffed and often are not able to fulfill prescriptions. The (IT) interface between the GP surgery and the pharmacy is not 100% reliable.	Comments noted Concerns about service delivery will be passed on the commissioners of the service OUTCOME: No change to the PNA
Are there any gaps in service provision (when, where and which services are or are not available) that have not been identified in the draft pharmaceutical needs assessment?	Some medicines (e.g. ADHD) have been unable to access for some time now. We used to get letters explaining why this was the case and now we don't.	Comments noted Concerns about service delivery will be passed on the commissioners of the service OUTCOME: No change to the PNA
	Home delivery	Comments noted OUTCOME: No change to the PNA
	Pharmacy does not open on Saturday or Sunday so we always have to work round that but it is still preferential to using Boots or Tesco, that do open at weekends..	Comments noted OUTCOME: No change to the PNA
	No idea as I found it all confusing/irrelevant	Comments noted

		OUTCOME: No change to the PNA
	See previous answer about medication tracking in the NHS app and better communications if meds are delayed or out of stock.	Comments noted Concerns about service delivery will be passed on the commissioners of the service
		OUTCOME: No change to the PNA
	Woulbe grat to access flu/Covid vaccines at our local pharmacy to tae pressure off GP but I realise the pharmacy is already very busy as 2 other local pharmacies have close recently	Comments noted Concerns about service delivery is an operational issue and outside the scope of this PNA, but concerns will be passed on the commissioners of the service
		OUTCOME: No change to the PNA
	LACK OF PHARMACIES THAT DO SHARPS DISPOSA	Comments noted
		OUTCOME: No change to the PNA
	Accessing medication and chemists closing/not being open	Comments noted
		OUTCOME: No change to the PNA
	Not open at the weekend	Comments noted
		OUTCOME: No change to the PNA
	I'm not sur	Comments noted
		OUTCOME: No change to the PNA
	No provision on Sunday or evenings in town and no buses to get out of town	Comments noted
		OUTCOME: No change to the PNA
	opening hours, difference in services across areas	Comments noted
		OUTCOME: No change to the PNA
	Based on a thorough review of the **Cambridgeshire and Peterborough Draft Pharmaceutical Needs	Comments noted

	<p>Assessment (PNA) 2025** and applying it specifically to my area (PE13 1NJ / Wisbech, Fenland), the document is generally comprehensive — but there are several potential service gaps that may not have been fully identified or explored, particularly from a local resident perspective: ---</p> <p>### 🔍 Potential Gaps in Service Provision Not Explicitly Identified in the Draft PNA ##### 1. Sunday Opening Hours in Fenland (When & Where) * What the PNA says: Sunday opening is limited in Fenland and North Huntingdonshire, and it is acknowledged as a gap. * Potential oversight: The report does not detail which specific localities (e.g. Wisbech, March, Chatteris) lack Sunday access, nor does it offer a strategy for resolving it (e.g. rotating weekend hours). * Impact: Residents in more rural villages surrounding Wisbech may struggle to obtain urgent medications over the weekend, especially without transport. ##### 2. Service Inequality Between Dispensing GPs and Community Pharmacies (What Services) * What the PNA says: Dispensing GPs provide fewer services than community pharmacies. * What may be missing: No detailed list of services not offered by dispensing GPs is included. This means gaps in advanced services like: * Hypertension case finding * New Medicine Service (NMS) * Emergency Hormonal Contraception (EHC) * Smoking cessation * Impact: Patients reliant on a dispensing GP (common in rural Fenland) may not have reasonable or nearby access to these enhanced services without travelling to a pharmacy in Wisbech town centre. ##### 3. Home Delivery Limitations in Rural Fenland * What the PNA</p>	<p>Although Sunday opening is limited in Fenland, access to pharmacies at the weekend is still available. The localities for the PNA are the 5 district councils and the one unitary council areas, services by village is too small an area for the PNA.</p> <p>The PNA is a statement of the pharmaceutical needs in the Health and Wellbeing Board area and strategy to overcome services gaps e.g. rotating weekend hours outside the scope of the PNA.</p> <p>A detailed list of pharmaceutical services is provided in section 5. Whilst dispensing doctors may not provide the same services and community pharmacies access to a community pharmacy is still possible for the majority of residents within 20 minutes (not withstanding issues around public transport)</p> <p>Home delivery breakdown by geographical area – concerns noted. Not all providers responded to the contractor survey which means any analysis would be inaccurate at a locality level, hence and overview is given.</p> <p>Distance selling pharmacies can be used by anyone in the UK, they are not limited to serving a local population, therefore no meaningful analysis can be done, the guidance for the PNA requires the number of distance selling pharmacies to be included in the PNA.</p>
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says: 70% of respondents provide free delivery services. Gap not fully addressed: It is not broken down by district, nor is there information about delivery frequency, coverage, or eligibility in rural Fenland. Impact: Older or disabled patients with mobility or transport barriers could face delays or barriers in accessing medicines, especially in villages not on major bus routes. 4.

Limited Distance-Selling Pharmacy Use Among Older Adults What the PNA says: There are three distance-selling pharmacies in the region. What's missing: There is no analysis of who uses these services. Older patients (65+) or those with limited digital literacy may not benefit fully. Impact: The presence of online pharmacies doesn't adequately fill access gaps for older or less tech-savvy patients in rural Fenland. 5.

Health Promotion Services – Uneven Access The PNA notes the importance of pharmacies in health promotion (e.g. obesity support, cardiovascular screening), but: There's no locality-specific data showing which pharmacies in Fenland offer these services. Mobile or pop-up outreach models for underserved villages are not discussed. Impact: Residents of deprived or transport-poor villages may miss out on important preventive services. 6.

Awareness and Navigation of Services User experience is underreported — for instance: How easy is it for residents to find out what services are available at local pharmacies? Is there good signposting or referral from GPs and community services? This kind of navigational support gap could particularly affect those with limited digital access, language barriers, or disabilities.

The availability of “health promotion services” (smoking, EHC) are outlined in section 5.5. services offered by individual pharmacies can be found using NHS website [Find services near you - NHS](#)

User experience is outside the scope of the PNA, however as part of this consultation user experience questions were asked and the result will be passed on the service commissioners

OUTCOME: No change to the PNA

	<p>My local pharmacy has failed to follow through on new medication / medication reviews despite seeking my permission to contact me to conduct such reviews. While I am sure that advice is available, I don't feel encouraged to seek it.</p>	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA, but concerns will be passed on the commissioners of the service</p> <p>OUTCOME: No change to the PNA</p>
	<p>There is no pharmacy in NorthWest Cambridge even though it is an area of major residential expansion (Eddington and Darwin Green estates).</p>	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6), and demographic changes were accounted for in section 3.</p> <p>OUTCOME: No change to the PNA</p>
	<p>Access for older housebound people</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>no out of hours service</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>There should be an analysis of floorpace in each pharmacy to establish where private consultation space can be designated. The smaller units obviously need to focus on retail sales to maintain viability. The costs of alterations to create private space for consultations should be considered. Access to S106 funding or CIL money could be possible.</p>	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA, but concerns will be passed on the commissioners of the service</p> <p>OUTCOME: No change to the PNA</p>
	<p>As above Sufficiency in staffing to run an efficient service without limited opening hours</p>	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA, but concerns will be passed on the commissioners of the service</p>

		OUTCOME: No change to the PNA
	Limited weekend / evening cover	Comments noted OUTCOME: No change to the PNA
	They need to be to provide all medication, my mums prescription has to go to two different places because nobody seems to be able to supply the lot	Comments noted Concerns about service delivery is an operational issue and outside the scope of this PNA. OUTCOME: No change to the PNA
	Investment in pharmacy/staff	Comments noted OUTCOME: No change to the PNA
	Rural area problems - not specified enough.	Comments noted Implications of rurality has been considered in section 4.2 OUTCOME: No change to the PNA
	As above	Comments noted OUTCOME: No change to the PNA
	Lunch time and late night collection	Comments noted OUTCOME: No change to the PNA
	Sometimes demand of service is too much for the number of staff	Comments noted OUTCOME: No change to the PNA
	Number of Pharmacies being consulted due to no GP appointments available and when referred by 111.	Comments noted OUTCOME: No change to the PNA
	See answer to 44	Comments noted

		OUTCOME: No change to the PNA
	Many...have already listed. Compared to French Pharmacies there is a very long way to go here.	Comments noted OUTCOME: No change to the PNA
	Don't know	Comments noted OUTCOME: No change to the PNA
	See above	Comments noted OUTCOME: No change to the PNA
	Out of hours service, it appears there's no longer an out of hours pharmacy in this area. Not very useful if you've been prescribed by an emergency 111 GP!	Comments noted OUTCOME: No change to the PNA
	24hour local prescriptions for very ill child dependants	Comments noted OUTCOME: No change to the PNA
	It would be 'nice' to have an offer of a 6 week service supporting people's mental wellbeing - a referral from GP or social prescriber with a counsellor or mental health worker booked through the pharmacy service. Also lots of people are interested in herbal remedies and alternative solutions to healthcare - is there scope for this to be included, even as a pilot?	Comments noted Service delivery i.e. pharmacy and mental health will be passed on the commissioners of the service OUTCOME: No change to the PNA
	hospital prescriptions at weekends	Comments noted OUTCOME: No change to the PNA
	I don't know enough to answer	Comments noted OUTCOME: No change to the PNA
	More knowledge required to answer this.	Comments noted OUTCOME: No change to the PNA
	Environment of pharmacies - lighting is toooooo bright soft lighting. I have Irlen Syndrome.	Comments noted

		<p>Concerns about lighting in pharmacies is an operational issue and outside the scope of this PNA.</p> <p>OUTCOME: No change to the PNA</p>
	<p>see comments</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>This statement is made from my perspective working in the NHSE regional UEC improvement team. A copy of this information was previously sent to HWE who commission for pharmacy regionally. Some of this information has been obtained by word of mouth from local connections, rather than by systematic audit, therefore it may be true in locations other than those specified. As a pharmacist by background, I have been aware for several years of the impact of shortening of pharmacy hours on our ability to supply medicines from the UTC out of hours – for example in Cambridge, after 5pm on a Sunday the nearest open pharmacies are in Peterborough, or Thetford, approximately a 50 mile round trip, and not linked by public transport. Having spoken to NHSE colleagues, there are other impacts on the system. A recent Healthwatch report on pharmacy first also showed that the East of England has the lowest uptake in Pharmacy First across the country. As per the report, factors likely to impact on this are: - Pharmacy closures (healthwatch data shows that Norfolk and Waveney are most significantly affected) - Lack of private consultation space in pharmacies - Public trust in pharmacies impacted by medicines shortages over the last 5+ years. This report does not show pharmacies with reduction in hours since the changes to the 100 hour contract. Individual</p>	<p>Comments noted</p> <p>Data on reductions to opening hours, including 100hrs pharmacies is addressed in section 4.3</p> <p>Funding of Pharmaceutical Services is not within the scope of the PNA</p> <p>OUTCOME: No change to the PNA</p>

	<p>ICBs report they are powerless to address this, as pharmacies are independent contractors, but we know anecdotally that it is a significant problem for patients, and no doubt undermines further the public trust in pharmacies. With regards to pharmacy closures, there are significant variations in available locum rates – alleged caps of £25/hour by multiples, who would apparently prefer to close the pharmacy than pay locum rates, vs £50 in some rural areas of Norfolk. Our regional 111 data shows that uptake on referrals to pharmacies are high for urgent medication supply (90-100%) and low for Pharmacy First and minor ailments (50%, with as low as 20% when referred by clinician). We also have widespread anecdotal reports that sometimes clinicians attempt to refer to pharmacy, or route a prescription via a pharmacy, but there are no open pharmacies to refer or route to. In this case, there is no choice but to divert the patient to an ED. However, it is also known that when pharmacies were incentivised to keep their opening hours accurate on online resources, the accuracy significantly improved. Finally, I am aware of an issue in Peterborough, that no pharmacies will fill Pivotels, so the patient can only have one if they have a relative who is able to fill it. I am also aware that in some areas, GPs will no longer issue 7 day scripts for MDS, and so pharmacies will not fill them.</p> <ul style="list-style-type: none">- Is it possible for some local commissioning (place based) to ensure late opening of pharmacies by area?- Can pharmacies link up with the Better Care Fund to address the issue of Pivotel filling – as this would otherwise mean patients need carers?- Is the UEC capital overspend available to community pharmacies to improve their consultation rooms (I	
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	<p>am aware they do not have access to public funds as they may use rooms for private work, but this seems like a clear occasion of the inverse care law)?</p> <p>The 10 year health plan suggests that community pharmacies will need to be even more available and providing additional services – in the EoE I don't think we will be able to reap the proposed patient and system benefits without addressing these issues.</p>	
	<p>There are often staff shortages at our local pharmacy and we are unable to get the needed medication.</p>	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA.</p> <p>OUTCOME: No change to the PNA</p>
<p>Does the draft pharmaceutical needs assessment reflect the needs of your area's population?</p>	<p>I don't understand this question</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Longer opening hours and more basic medical advic</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>I don't know my area well enough to know this.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>More pharmacies overall. I live in an area that is going to have another 800 homes built in the next few years - and this is on top of hundreds of new build homes built within the last 5 years.</p>	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	<p>There should be more GP Surgeries and more separate Pharmacies</p>	<p>Comments noted</p>

		OUTCOME: No change to the PNA
	MORE LOCAL PHARMACY'S	Comments noted
		OUTCOME: No change to the PNA
	There are too many people for too few pharmaceutical provisions	Comments noted
		OUTCOME: No change to the PNA
	The draft Pharmaceutical Needs Assessment (PNA) 2025 for Cambridgeshire and Peterborough does partially reflect the needs of my area's population (PE13 1NJ – Wisbech, Fenland District), but some important needs are under-addressed or overlooked . Here's a breakdown based on what's in the PNA versus the known health and access needs of Wisbech and surrounding Fenland: --- ### <input checked="" type="checkbox"/> Where the PNA Reflects Local Needs: 1. Acknowledges Poor Health Outcomes in Fenland: * The PNA correctly highlights high deprivation, poor general health, high disability rates (21.2%) , and low life expectancy in Fenland. * It identifies Fenland as an area with greater public health needs and potential inequalities. 2. Notes Lower Pharmacy Density but Balanced by Dispensing GPs: * It recognises that Fenland has fewer community pharmacies per capita but is supported by a high number of dispensing GP practices . * This mixed model is appropriate for a rural area like Fenland. 3. Acknowledges Access Limitations on Sundays: * The report flags limited Sunday pharmacy opening hours in Fenland , a known barrier for timely access. 4. Identifies Population Growth and the Need for Monitoring: * The PNA recognises that housing growth and an ageing population will increase demand, and commits to	<p>Comments noted</p> <p>The localities for the PNA are the 5 district councils and the one unitary council areas, services by village is too small an area for the PNA.</p> <p>A detailed list of pharmaceutical services is provided in section 5. Whilst dispensing doctors may not provide the same services and community pharmacies access to a community pharmacy is still possible for the majority of residents within 20 minutes (not withstanding issues around public transport)</p> <p>User experience is outside the scope of the PNA, however as part of this consultation user experience questions were asked and the result will be passed on the service commissioners</p> <p>OUTCOME: No change to the PNA</p>

monitoring this through supplementary updates. ---
⚠️ ****Where the PNA Falls Short in Reflecting Local Needs:**** 1. ****Lack of Specifics for Fenland's Unique Challenges:**** * The PNA groups all six localities together and does ****not break down service access by village or ward****. * This misses nuanced needs in isolated rural parts of Fenland (e.g. Outwell, Leverington, Elm) where transport is limited. 2. ****Dispensing GPs Not Offering Full Range of Services:**** * The PNA does ****not adequately address the fact that dispensing GPs do not provide many advanced services**** (e.g. smoking cessation, cardiovascular screening, obesity support). * This disproportionately affects rural Fenland patients who rely on those GPs and may not travel easily to community pharmacies in Wisbech. 3. ****Digital Exclusion Not Considered in Delivery or Distance Services:**** * There's ****no mention of barriers**** such as poor internet access or digital literacy, which are higher in deprived rural areas like Fenland. * This affects use of ****online pharmacies and telehealth-based pharmacy consultations****. 4. ****No Real Engagement with Patient Experience in Fenland:**** * Only ****28%** of community pharmacies and ****57%** of dispensing doctors ****responded to the PNA survey.** * There is ****no clear evidence that the patient voice from Fenland was well represented**** — which raises concerns about whether local views have shaped conclusions. 5. ****No Strategic Response to Health Inequalities:**** * Although health inequalities are acknowledged, ****there is no action plan or prioritisation strategy**** for high-need districts like Fenland. * The report fails to specify ****how pharmacies will be better engaged**** in supporting

	<p>smoking cessation, diabetes prevention, and other key issues in the area. --- ### ● **Overall Verdict:** The **draft PNA broadly identifies the key needs of Fenland**, including poor health indicators, rural access challenges, and low pharmacy density. **However**, it falls short in **translating this into specific actions or service commitments**. It lacks: * Detailed local analysis for Fenland * Clear patient input from my area * A strategy to expand services where most needed ...</p>	
	<p>A pharmacy is needed in Northwest Cambridge.</p>	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	<p>growing population needs additional chemist support</p>	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	<p>Better service adapted to size of population.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>The analysis should reflect the Protected characteristics set in the Equality Act and other relevant legislation.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>The population is rapidly growing here and there isn't enough quality medical provision</p>	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	<p>Too many people and only one pharmacy</p>	<p>Comments noted</p>

		OUTCOME: No change to the PNA
	As in response 46, resources do not meet demands in population area with no access by public transport.	Comments noted OUTCOME: No change to the PNA
	Ensure EVERY pharmacy can accept and store NHS issued sharps bin's!!	Comments noted OUTCOME: No change to the PNA
	Capacity to support growing community	Comments noted Growth (new builds) was taken into account in the PNA (section 6). OUTCOME: No change to the PNA
	availability of pharmacy services locally	Comments noted OUTCOME: No change to the PNA
	We have a new town being built next to our village with no new pharmaceutical facilities planned as yet	Comments noted Growth (new builds) was taken into account in the PNA (section 6). OUTCOME: No change to the PNA
	We need a chemist in parnwell	Comments noted OUTCOME: No change to the PNA
	Combined with Histon, our two local pharmacies serve a large and growing population. I think the Impington pharmacy would benefit from larger premises.	Comments noted OUTCOME: No change to the PNA
	More staff	Comments noted OUTCOME: No change to the PNA
	Histon and Impington has grown rapidly and has insufficient pharmacy staff for the population of the	Comments noted

	villages and surrounding villages - hence long waits, long queues, and often with only one member of staff serving, and sometimes not even that.	OUTCOME: No change to the PNA
	The question needs to be put to all users of pharmacies, not just those who have access to computers.	<p>Comments noted</p> <p>The survey was also available in paper form on request. And posters promoting the consultation were displayed in libraries and main council premises and copies were sent to every pharmacy and dispensing practice in Cambridgeshire and Peterborough. To allow residents without internet access the opportunity to take part via paper copies.</p> <p>OUTCOME: No change to the PNA</p>
	See answer to 44	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	More staff and bigger premises to reduce wait time	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	Our village has a population of >11,000 at the last Census. One pharmacy and one GP practice is clearly not enough.	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	More pharmacies to cater for expanding population	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	I don't know enough to answer	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	Individual struggles and reality for service users should be included.	Comments noted

		<p>User experience is outside the scope of the PNA, however as part of this consultation user experience questions were asked and the result will be passed on the service commissioners</p> <p>OUTCOME: No change to the PNA</p>
	see comments	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	The growth of the villages is not being reflected in the growth of GP or pharmacy provision.	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	The staff at our local pharmacy are overworked and therefore there are constant staff changes.	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA.</p> <p>OUTCOME: No change to the PNA</p>
Are there any pharmaceutical services that could be provided in the community pharmacy setting that have not been highlighted?	I'd rather see a GP	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	See previous answers	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	More help with basic care	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	LACK OF PHARMACIES THAT DO SHARPS DISPOSAL	<p>Comments noted</p>

		Additional services requests will be given to the pharmaceutical services commissioners OUTCOME: No change to the PNA
	Mental Health and referrals to social prescribers / community navigators and other EIP services.	Comments noted Additional services requests will be given to the pharmaceutical services commissioners OUTCOME: No change to the PNA
	I'm not sure	Comments noted OUTCOME: No change to the PNA
	Yes, the draft Pharmaceutical Needs Assessment (PNA) 2025 does not fully explore the range of additional pharmaceutical services that could be delivered in the community pharmacy setting — particularly in rural, high-need areas like Wisbech (PE13 1NJ) and Fenland . Below are key services that could be introduced or expanded but are not explicitly highlighted in the draft PNA: --- Pharmaceutical Services Missing or Under-Emphasised 1. Palliative and End-of-Life Medication Access (Urgent Supply) What's missing: There's no detailed provision for end-of-life or just-in-time palliative medication availability , particularly out of hours. Why it matters: Rural patients receiving end-of-life care at home may face delays in obtaining essential medications urgently. What could help: Commissioning pharmacies as palliative care stockists , open extended hours, would fill this gap. 2. Substance Misuse Support & Naloxone Provision What's missing: While drug-related harms are acknowledged in the PNA, it does not	Comments noted Additional services requests will be given to the pharmaceutical services commissioners OUTCOME: No change to the PNA

highlight pharmacy-based harm reduction services**.
* **Why it matters:** Fenland has seen drug-related deaths; pharmacies could help by offering: *
Supervised consumption * **Needle/syringe exchange** * **Naloxone distribution and training**
3. **Falls Risk Assessments and Frailty Screening** * **What's missing:** No mention of pharmacies supporting older adults through **falls prevention programmes**. * **Why it matters:** Fenland has an ageing population with high frailty risk. Community pharmacies are ideally placed for: * **Medicine use reviews for fall-risk drugs** *
Frailty identification and referral ##### 4. **Minor Ailment Service for Vulnerable Groups** * **What's missing:** No reference to a **formal minor ailment scheme** (now often included in "Pharmacy First" but inconsistently adopted). * **Why it matters:** Low-income or rural patients may delay care if over-the-counter medicine is unaffordable. * **What could help:** Reinstatement or commissioning a **free-at-point-of-access minor ailment service** for children, the elderly, or low-income adults. ##### 5. **Mental Health Support and Medication Adherence Services** * **What's missing:** The PNA does not explore the pharmacy's role in **supporting patients with long-term mental health conditions**. * **Why it matters:** Mental health needs are increasing in rural and deprived areas. Pharmacy-based: *
Adherence support * **Wellbeing signposting** *
* **Monitoring for side effects (e.g. antipsychotics)** could reduce GP workload and improve outcomes.
6. **Community Health Checks in Outreach or Pop-Up Settings** * **What's missing:** No mention of **mobile or outreach pharmacy clinics**, especially in rural villages. * **Why it matters:**

	<p>Residents without transport may not visit pharmacies regularly. Pop-up services could deliver: * Blood pressure checks * Cholesterol tests * Diabetes screening * Smoking cessation enrolment ##### 7. **Language and Cultural Access Services** * **What's missing:** The PNA recognises diverse populations in Peterborough and Cambridge but **overlooks translation, interpretation, or cultural mediation** in pharmacy settings. * **Why it matters:** Migrant workers and non-native speakers in Wisbech and Fenland may face **language barriers in medication counselling or screening services**. ##### 8. **Vaccination Outreach or Community Clinics** * **What's missing:** There is little focus on using pharmacies for **expanded or seasonal vaccination delivery**, beyond flu or COVID-19. * **What could help:** * **HPV catch-up vaccines** * **Pneumococcal/shingles in older adults** * **Pop-up COVID/flu boosters in rural settings** --- ### 📄 Summary The draft PNA could be strengthened by considering **community pharmacy commissioning for the following services** in under-served areas like Fenland:</p>	
	<p>Ear wax removal/ hearing services and eye checks</p>	<p>Comments noted</p> <p>Additional services requests will be given to the pharmaceutical services commissioners</p> <p>OUTCOME: No change to the PNA</p>
	<p>Boots close at 2730 Saturday. Riverside hit and miss but not often open Saturday afternoons No Sunday mornings in tiwn</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>It should consider the spatial relationship between dentists and opticians as well as local GP surgeries.</p>	<p>Comments noted</p>

		Dentist and Opticians are outside the scope of the PNA OUTCOME: No change to the PNA
	Repeat prescriptions to be on longer term use instead of once a month, perhaps 3 mthly.	Comments noted OUTCOME: No change to the PNA
	More control over prescription changes/direct contact with the doctors	Comments noted OUTCOME: No change to the PNA
	opening times / can't collect prescriptions if a pharmacist isn't on the premises (even if they have been dispensed and checked). Supplying more than one months supply for long term medications.	Comments noted OUTCOME: No change to the PNA
	Another pharmacy should be built to cope with proposed new town on our doorstep	Comments noted Growth (new builds) was taken into account in the PNA (section 6). OUTCOME: No change to the PNA
	As above, lunch time and late night collections	Comments noted OUTCOME: No change to the PNA
	checking blemishes/moles/lesions for skin cancer	Comments noted Additional services requests will be given to the pharmaceutical services commissioners OUTCOME: No change to the PNA
	Drug reviews, mailing service, dosset pre-preparation.	Comments noted Additional services requests will be given to the pharmaceutical services commissioners OUTCOME: No change to the PNA

	See answer to 44	Comments noted OUTCOME: No change to the PNA
	Mentioned earlier...	Comments noted OUTCOME: No change to the PNA
	Don't know	Comments noted OUTCOME: No change to the PNA
	Pharmacy in Witchford, Ely	Comments noted OUTCOME: No change to the PNA
	I have stated that above in 46.	Comments noted OUTCOME: No change to the PNA
	UTI treatment for men	Comments noted Additional services requests will be given to the pharmaceutical services commissioners OUTCOME: No change to the PNA
	More knowledge required.	Comments noted OUTCOME: No change to the PNA
	Increase staff. Especially during the school times.	Comments noted OUTCOME: No change to the PNA
	When I have seen a special consultant who prescribes a medication I don't believe it should concern my GP except to note it in my health records. The medication request should go directly to the pharmacy.	Comments noted OUTCOME: No change to the PNA
	see comments	Comments noted OUTCOME: No change to the PNA

	see above	Comments noted OUTCOME: No change to the PNA
	Smoking Cessation Service which we aware was decommissioned from the last PNA but would be required if there were to be an increase in demand.	Comments noted OUTCOME: No change to the PNA
	Similar services to what Boots chemists provide.	Comments noted OUTCOME: No change to the PNA
Do you agree with the conclusion in the draft PNA that there are sufficient pharmaceutical services across Cambridgeshire and Peterborough.	Pharmacy needs and hours are not adequately provided for given the population of the area.	Comments noted OUTCOME: No change to the PNA
	I have no idea.	Comments noted OUTCOME: No change to the PNA
	Too many people to cater for	Comments noted OUTCOME: No change to the PNA
	There are not enough chemists in local communities	Comments noted OUTCOME: No change to the PNA
	I don't have information on which to base an answer	Comments noted OUTCOME: No change to the PNA
	Rural villages with poor transport links mean older and disabled or mobility-impaired residents, as well as those with care responsibilities who cannot leave home for long periods of time (or need to carry babies/toddlers with them) are unable to walk/cycle to nearest pharmacy for necessary over the counter	Comments noted OUTCOME: No change to the PNA

	meds and other services not provided by dispensing GP. This is the case of those in Longstanton/Northstowe (pharmacy is in Willingham).	
	I really don't know	Comments noted OUTCOME: No change to the PNA
	Particularly in my area, there is extensive building of new homes.	Comments noted Growth (new builds) was taken into account in the PNA (section 6). OUTCOME: No change to the PNA
	Towns and villages are increasing in size all the time, more services need to be provided	Comments noted Growth (new builds) was taken into account in the PNA (section 6). OUTCOME: No change to the PNA
	Although I am fortunate that I live in an area where there are 3 pharmacies available for the town's population, I doubt this is the case in more rural or smaller locations.	Comments noted OUTCOME: No change to the PNA
	ALL near pharmacy's have been shut down. We have been promised a new one years ago but it never happened.	Comments noted OUTCOME: No change to the PNA
	already said why	Comments noted OUTCOME: No change to the PNA
	The draft PNA reasonably concludes that **on paper**, there are *sufficient pharmaceutical services overall* across Cambridgeshire and Peterborough	Comments noted

	<p>**when measured by volume and geographic spread**, because:</p> <ul style="list-style-type: none"> * There are **132 community pharmacies and 35 dispensing GP practices**, providing good baseline coverage. * Services are **well distributed in urban areas**, with decent weekday and Saturday coverage. * Most people (including in rural areas) live **within a 20-minute drive** of a pharmacy or dispensing GP. * A range of **essential and advanced services** is being delivered, such as: <ul style="list-style-type: none"> * Hypertension case finding * Community Pharmacist Consultation Service (CPCS) * Emergency contraception * High blood pressure and cholesterol screening <p>---</p> <p>Despite the overall service numbers, **the conclusion overlooks real-world barriers and local inequalities**. Specifically:</p> <p>#### 1. **Fenland's Health Needs Are Greater, But Not Matched by Services**</p> <ul style="list-style-type: none"> * Fenland has the **worst health outcomes** (lowest life expectancy, highest disability, highest preventable deaths). * Yet, **pharmacy density is low** (13.8 per 100,000 — well below England average of 20.8), and dispensing GPs offer **limited services**. * The PNA does not explain **how current services 	<p>The localities for the PNA are the 5 district councils and the one unitary council areas, services by village is too small an area for the PNA, however the needs of Fenland are acknowledged throughout the PNA. The issue of what services are available at each pharmacy is a matter for each pharmacy. Each pharmacy decides which services above the core contract they are willing to offer.</p> <p>The opening hours (evening and weekends) is a reflection of the difficulties pharmacies have in staffing and can't be solved via the PNA</p> <p>OUTCOME: No change to the PNA</p>
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adequately meet these elevated needs**.

2. **Sunday and Out-of-Hours Access is Inadequate**

* **Very limited Sunday opening** , especially in Fenland and North Huntingdonshire, is acknowledged but **not resolved**.

* This poses a serious gap for those who fall ill or are discharged from care over the weekend.

3. **Digital and Rural Exclusion Undermines Distance Pharmacy Assumptions**

* The PNA counts **online and mail-order pharmacies** , but many **elderly or digitally excluded patients can't use them**.

* No mitigation is proposed for this exclusion in rural or deprived communities.

4. **No Detail on Service Inequity at Dispensing GP Practices**

* Dispensing doctors are relied on in rural areas, but **do not deliver many advanced services** (e.g. smoking cessation, EHC, cardiovascular screening).

* The PNA fails to quantify or address this **service gap** clearly.

5. **Access ≠ Equity**

* Even where pharmacies exist, there is **no guarantee that services are tailored to local population needs** (e.g. multilingual support, palliative care, substance misuse harm reduction).

	<p>* There is little evidence of proactive outreach, which is essential in low-income or health-deprived communities like parts of Wisbech.</p> <p>---</p> <p>> I partially agree with the conclusion that pharmaceutical services across Cambridgeshire and Peterborough are sufficient in overall quantity, but I have concerns about whether they are equitably accessible and effectively targeted to meet the needs of certain high-need populations — particularly in Fenland.</p> <p>></p> <p>> In areas like Wisbech, where health outcomes are poor and transport and digital exclusion are real issues, the mere presence of pharmacies and dispensing doctors does not guarantee adequate access to all services. Limited Sunday opening, reduced advanced service availability in dispensing practices, and gaps in outreach (e.g. palliative support, mental health, harm reduction) are real concerns.</p> <p>></p> <p>> I would recommend a more place-based review of service sufficiency, especially for rural and deprived communities.</p>	
	<p>It currently costs me £5 in bus fares every time I visit the pharmacy to collect a prescription. I often have to visit two or three times in order to ensure the medicine is ordered and made up. I also have to take time out of work in order to visit the pharmacy</p>	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA.</p>

	because of limited opening hours and the need for follow-up visits. The cost of this, both financial and in terms of time, really adds up over the year.	OUTCOME: No change to the PNA
	I don't know how other areas are covered only my own. What if you live in a village with little or no transport or are housebound like my dad. It is really difficult for him to get his prescriptions as there is no one to go for him or I go at the time I can get there (every other Friday) and the prescription is not ready or is incomplete	Comments noted Concerns about service delivery is an operational issue and outside the scope of this PNA. OUTCOME: No change to the PNA
	In Bretton services are clearly not adequate.	Comments noted OUTCOME: No change to the PNA
	Don't know	Comments noted OUTCOME: No change to the PNA
	There should be an integrated approach to access to services provided by opticians, dentists, hospitals and GP surgeries. Prescriptions are issued by a number of professional providers. Equalisation of access over space and time is required. Access to services on Sundays can be very challenging.	Comments noted OUTCOME: No change to the PNA
	Not available for those who do not drive	Comments noted OUTCOME: No change to the PNA
	Because it's not correct! There isn't enough provision especially in villages where constant house building is expanding populations.	Comments noted Growth (new builds) was taken into account in the PNA (section 6). OUTCOME: No change to the PNA
	Growing communities need access too	Comments noted

		<p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	<p>There might be sufficient, however if they cannot cope with the demand on them or supply sufficient stocks / opening hours then clearly there is a gap which needs filling. Might not be more but forethought to opening times and stocks available to each pharmacy - why would one have access to certain drug supplies and not another, or is that just a stock supply issue?</p>	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA.</p> <p>OUTCOME: No change to the PNA</p>
	<p>See answers above. Resources do not meet demands in terms of ensuring adequate opening hours and staffing.</p>	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA.</p> <p>OUTCOME: No change to the PNA</p>
	<p>Pharmacy and dispensing GPs are already below national and regional averages. With housing development plans, there needs to be a focus on service expansion</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Discharged from hospital, needed more meds, hospital could not do electronic prescription to pharmacy</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Try getting meds in our village after Friday afternoon if you can't drive. Totally inadequate.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>We are an area of high population increase that hasn't been taken into account</p>	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>

	As there is such a lot of building going on, I don't believe that pharmacies (and doctors) have sufficient resource, particularly doctors but also pharmacy hours to sustain the increase in population	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	Takes a long time between ordering repeat prescriptions & getting them	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA.</p> <p>OUTCOME: No change to the PNA</p>
	My nearest pharmacy does not have a full range of medicines or services	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA.</p> <p>OUTCOME: No change to the PNA</p>
	No Enough	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	Because homes are being built all the time and the pharmacies can't cope with the influx of people	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p> <p>OUTCOME: No change to the PNA</p>
	The two pharmacies in Histon and Impington cover a number of villages with growing populations, and the two pharmacies do not have enough staff to provide an efficient and effective service. For example, if someone wants a consultation with the pharmacist, which can take 20 mins or so, the one member of	<p>Comments noted</p> <p>Growth (new builds) was taken into account in the PNA (section 6).</p>

	staff serving cannot cope adequately with the sheer number of people, nor answer questions about the medication being collected, etc etc.	Concerns about service delivery is an operational issue and outside the scope of this PNA. OUTCOME: No change to the PNA
	I do not have enough information to make this call.	Comments noted OUTCOME: No change to the PNA
	Because of the frequent long queues. Sometimes we are told to go home without urgent medication when staff go home. Because we have adjusted our behaviour going to the pharmacy because we know services are often bad. We seek advice and help elsewhere and have lowered our expectations as a result.	Comments noted Concerns about service delivery is an operational issue and outside the scope of this PNA. OUTCOME: No change to the PNA
	There may be sufficient provision but it hasn't proved fit for purpose.	Comments noted OUTCOME: No change to the PNA
	Capacity issues with population growth	Comments noted Growth (new builds) was taken into account in the PNA (section 6). OUTCOME: No change to the PNA
	because I hear constant references to the lack of staff and sometimes shortages of medicines/Drugs	Comments noted OUTCOME: No change to the PNA
	I am only providing feedback on my local area, not the entire county	Comments noted OUTCOME: No change to the PNA
	There could be more. If a pharmacy is unavailable, difficult to find alternatives nearby	Comments noted OUTCOME: No change to the PNA

	Very definitely NOT See earlier comments and compare to pharmacies in France	Comments noted OUTCOME: No change to the PNA
	Quality of the provision is poor, even though the numbers add up. Not well positioned to support growth of population or aging population	Comments noted OUTCOME: No change to the PNA
	Don't know. We have two pharmacies in our village for a population of over 15k which seems adequate.	Comments noted OUTCOME: No change to the PNA
	It's hard to find help if the chemist is closed	Comments noted OUTCOME: No change to the PNA
	There are too few pharmacies close to the villages north of Cambridge, and the ones we do have are often either hidden at the back of a busy supermarket, terribly under funded by the companies that run them or both.	Comments noted OUTCOME: No change to the PNA
	See above	Comments noted OUTCOME: No change to the PNA
	No out of hours pharmacy service any more.	Comments noted OUTCOME: No change to the PNA
	Does not cater sufficiently for expanding population now and and in the future	Comments noted Growth (new builds) was taken into account in the PNA (section 6). OUTCOME: No change to the PNA
	I think there needs to be more with fast rising population and aging population and lack of access to GPs	Comments noted OUTCOME: No change to the PNA
	The pharmacies are overwhelmed with demand	Comments noted OUTCOME: No change to the PNA

	I don't know enough to answer	Comments noted OUTCOME: No change to the PNA
	<p>Whilst written provision and reality maybe different. Pharmacies and GP dispensers are struggling to meet demand for services.</p> <p>End users often discuss their unhappiness with access and the lack of collaboration between Pharmacies and GP services, which directly means that ill people have their lives hindered by a constant feeling of having to manage these services. The same services directly designed to help vulnerable, ill people.</p>	Comments noted OUTCOME: No change to the PNA
	<p>Explanation of long waiting time for prescriptions that is out of stock is not good enough especially when urgently needed or not fully explained. Told come back in a few days.</p> <p>Also should not have to shout out your email address or date of birth or personal address...</p>	Comments noted OUTCOME: No change to the PNA
	If we had a sufficient number of pharmacists there would not be an issue with the quality of services. Doctors should not be responsible for dispensing medication. They have too much control over patients and are not generally held to account.	Comments noted OUTCOME: No change to the PNA
	see comments	Comments noted OUTCOME: No change to the PNA
	see above	Comments noted OUTCOME: No change to the PNA
	Growth across Cammbridgeshire requires corresponding increase in GPs and associated pharmaceutical services.	Comments noted OUTCOME: No change to the PNA

	There are areas where there is little Pharmacy provision	Comments noted OUTCOME: No change to the PNA
	Our local pharmacy often closes at short notice due to staff shortages and no pharmacist.	Comments noted Concerns about service delivery is an operational issue and outside the scope of this PNA. OUTCOME: No change to the PNA
Are there any services you would like pharmacies to provide that are not described in the draft PNA?	When there is a shortage of medicines, which there often are, pharmacists should be allowed to dispense the same medicine / drug but in different doses, ie so patients can take half a double strength tablet, or double a half strength tablet, at their discretion and explaining fully to the patient the dose. This would save having to get it freshly prescribed by a doctor when there is absolutely no necessity. We have often been in this situation.	Comments noted Additional services requests will be given to the pharmaceutical services commissioners OUTCOME: No change to the PNA
	See previous answers	
	SHARPS DISPOSAL	
	Already answered above, mental health and referrals to social prescribers etc.	
	I cast doubt on some pharmacist's ability to advise on simple injuries such as a burn. I poured boiling coffee on my leg and went to Jank's on Eltisley Ave in Cambridge for advice as to what I should do. The locum pharmacist didn't seem to have a clue. Addenbrooke's A&E was a nightmare, so I left there. Ended up finding hydrocolloid plasters for burns in Gt Shelford, miles from home. Hadn't heard of them before - they were 'life changing' in terms of potential scarring. Why didn't Jank know about them and	

	<p>stock them? I have no confidence about pharmacist's knowledge about simple First Aid after that experience.</p> <p>Weight management</p> <p>I'm not sure</p> <p>Yes — there are several valuable services that pharmacies could provide (particularly in rural or high-need areas like Wisbech / PE13 1NJ / Fenland) that are not described or fully addressed in the draft Pharmaceutical Needs Assessment (PNA). These could help reduce health inequalities and GP pressure, while improving outcomes for underserved populations.</p> <p>---</p> <p>Additional Services I Wish to Recommend</p> <p>1. Palliative and End-of-Life (EOL) Medicine Access</p> <p>* Why it matters: Patients receiving end-of-life care at home often need urgent access to specialist medicines, especially outside normal hours.</p> <p>* What to suggest: Commission selected pharmacies as EOL stockists, with 7-day access and appropriate storage and training.</p> <p>2. Supervised Drug Misuse Services (including Naloxone)</p> <p>* Why it matters: Fenland has a growing issue with substance misuse, yet harm reduction isn't clearly built into pharmacy services.</p> <p>* What to suggest: Pharmacies could provide:</p>	
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	<ul style="list-style-type: none">* **Needle/syringe exchange*** **Naloxone distribution and overdose training*** **Supervised methadone/buprenorphine consumption*** Referral to recovery services <p>3. **Minor Ailment Scheme for Vulnerable Groups**</p> <p>* **Why it matters:** Even OTC medicines may be unaffordable for low-income households.</p> <p>* **What to suggest:** A **free minor ailments service** (now often referred to as Pharmacy First) should be expanded, especially for:</p> <ul style="list-style-type: none">* Children under 16* Low-income families* Older people on benefits <p>4. **Mental Health Medication Monitoring & Adherence Support**</p> <p>* **Why it matters:** People with long-term mental health needs often struggle with side effects and adherence.</p> <p>* **What to suggest:** Trained pharmacists could offer:</p> <ul style="list-style-type: none">* Side-effect monitoring* Routine check-ins for medication adherence* Signposting to local mental health or social care services <p>5. **Falls Prevention & Frailty Screening**</p>	
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	<p>* **Why it matters:** Older adults in Fenland are at higher risk of falls and frailty.</p> <p>* **What to suggest:** Pharmacy-led checks for:</p> <ul style="list-style-type: none"> * Fall-risk medications * Referrals to physiotherapy or frailty services <p>6. **Mobile or Pop-Up Pharmacy Services in Villages**</p> <p>* **Why it matters:** Not all rural villages have good access to transport, and even a 20-minute drive isn't practical for everyone.</p> <p>* **What to suggest:** Periodic mobile clinics offering:</p> <ul style="list-style-type: none"> * BP checks * Cholesterol & diabetes screening * Smoking cessation enrolment * Prescription collection points <p>7. **Multilingual Health Advice & Translation Services**</p> <p>* **Why it matters:** Wisbech has a **large Eastern European population**, and language can be a major barrier to medication adherence.</p> <p>* **What to suggest:** Funded translation support (e.g. Polish, Lithuanian, Romanian) in-person or via phone at pharmacy counters.</p> <p>8. **Expanded Vaccination Clinics (Beyond Flu & COVID)**</p> <p>* **Why it matters:** Older adults and at-risk groups</p>	
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	<p>need additional protection (e.g. pneumonia, shingles, HPV catch-up).</p> <p>* **What to suggest:** More proactive community pharmacy campaigns and pop-up vaccination clinics — especially in rural areas.</p> <p>---</p> <p>> Yes. I would like to see pharmacies provide a broader range of services, especially to meet the specific needs of communities like Wisbech and rural Fenland. These include:</p> <p>></p> <ul style="list-style-type: none"> > * End-of-life and urgent palliative medicine access > * Harm reduction services for people at risk of drug misuse > * A minor ailments scheme for low-income and vulnerable residents > * Monitoring and support for people on long-term mental health medicines > * Frailty and falls screening for older adults > * Multilingual health support > * Pop-up outreach clinics in isolated villages > * Expanded vaccination campaigns (pneumococcal, shingles, HPV) <p>></p> <p>> These additions would help tackle local health inequalities and improve access in underserved rural areas.</p>	
	ear checks and cleaning and eye tests	
	Stock levels	
	Used medical needle collection	
	Secure pick up points in rural villages. Village stores/post offices which provide these offer no security	

	Please accept, store and arrange for disposal of ALL NHS sharps bin's	
	Prescribing pharmacies	
	More signposting to community services	
	Recycling of medical packaging	
	Dispensing all prescribed medicines promptly	
	skin cancer checking - by someone who has been trained and can refer if necessary.	
	Extra GP type services for minor injuries or antibiotics.	
	See 44	
	Already said	
	If medicine prescribed unavailable, quick pointers to alternative sources and prescription transfer	
	Please refer to 46.	
	UTI treatment for men	
	Nationally recognised qualifications and experience, kindness, empathy and sympathy, with time to provide real individual care and support for people who are ill.	
	basic ailments could be treated but this would require more training for staff, also more staff in the Pharmacies	
		Comments noted
	see comments	OUTCOME: No change to the PNA
		Comments noted
	see above	OUTCOME: No change to the PNA
Has the draft pharmaceutical needs assessment provided information to inform market	see comments	Comments noted
		OUTCOME: No change to the PNA

entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	Needs to consider delivery radius and availability as well as locale	Comments noted OUTCOME: No change to the PNA
	I do not know what information is required for such decisions.	Comments noted OUTCOME: No change to the PNA
Has the draft pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in future?	I assume the ICB commissions pharmaceutical services? I would prefer to see NHS owned (not for profit) services, co-located with surgeries.s	Comments noted Funding of Pharmaceutical Services in not within the scope of the PNA OUTCOME: No change to the PNA
	I don't see that the services will improve, they only seem to be getting worse.	Comments noted OUTCOME: No change to the PNA
Has the draft pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	see comments	Comments noted OUTCOME: No change to the PNA
	I do not know.	Comments noted OUTCOME: No change to the PNA
If you have any other comments, please share them here.	No idea	Comments noted OUTCOME: No change to the PNA
	I agree with longer/weekend opening to better facilitate those who work	Comments noted

		OUTCOME: No change to the PNA
		Comments noted
	See previous answers.	OUTCOME: No change to the PNA
	It is not clear enough how repeat prescriptions can be delivered to the home rather than requiring patients to go along to the GP surgery every month to pick them up. They also need to be requested either by NHS app or on paper at the surgery. This should not be necessary for medication that is needed for extended periods / for life, such as hypertension meds.	Comments noted Concerns about service delivery is an operational issue and outside the scope of this PNA. OUTCOME: No change to the PNA
		Comments noted The free field text box for responses has an unlimited word count so multiple responses could have been given.
	Survey limits responses to single answers whereas in reality two or more may be of equal priority	OUTCOME: No change to the PNA
	Other Comments: > Thank you for the opportunity to comment on the draft Pharmaceutical Needs Assessment (PNA) for Cambridgeshire and Peterborough. While the document provides a thorough overview of pharmacy provision at a strategic level, I feel it **does not fully reflect the lived experience or nuanced needs** of certain local populations — particularly in **rural, high-need areas like Wisbech and Fenland (PE13 1NJ)** . > > There is a risk in equating the **presence of premises** (pharmacies or dispensing doctors) with **true accessibility** , especially when transport, digital exclusion, language barriers, and Sunday	Comments noted OUTCOME: No change to the PNA

	<p>opening limitations are not fully addressed.</p> <ul style="list-style-type: none"> > > I would like to see more attention paid to **service equity**, particularly in communities with **poor health outcomes, higher levels of deprivation, and older populations**. This includes: <ul style="list-style-type: none"> > > * Clearer differentiation between services provided by pharmacies vs. dispensing doctors > * Increased focus on outreach and mobile services in isolated villages > * More accessible public health services via pharmacies (e.g. mental health support, harm reduction, and vaccination outreach) > * Better representation of community voices in rural districts, not just through pharmacy provider responses > > I support the continued development of pharmacy roles in prevention, screening, and long-term condition management — but ask that implementation be **targeted according to local health inequalities** and not just average provision levels across the county. 	
	<p>Developers should be required to ensure that contracts are in place for essential community facilities such as GP surgeries and pharmacies before they allow residents to move into new estates.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Towns and cities are covered better than villages and rural areas as per usual</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>none</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>

	Just to reiterate that they shouldn't be doing more of the GPs job. They are a pharmacy not a GP practice. Let them focus on dispensing the necessary drugs	Comments noted OUTCOME: No change to the PNA
	We have two pharmacies plus the GP dispensary but the latest they are open till is 7.00pm the one I use is only open till 6.30pm and closes at 1.00pm on Saturday's. I feel that these timings are not helpful for the customers.	Comments noted OUTCOME: No change to the PNA
	Comments have been made about the lack of and poor service in my particular village. Please don't think that we all live near several pharmacies, can drive or have access to public transport. For me the pharmacy services in my village are totally inadequate, do not meet my needs and are costing me money - very unsatisfactory.	Comments noted OUTCOME: No change to the PNA
	None	Comments noted OUTCOME: No change to the PNA
	For repeat prescriptions Drs want 48 hours & pharmacy wants 7 working days. If there's a bank holiday that makes 10 working days. Drs. Won't issue prescriptions more than 10 working days in advance of due date. This makes making sure you get your request in on time very stressful	Comments noted Concerns about service delivery is an operational issue and outside the scope of this PNA. OUTCOME: No change to the PNA
	The quality of the management and staff of the pharmacies is as important as the services they provide. When the Histon and Impington pharmacies were operated by the Coop, they were far more efficient.	Comments noted Concerns about service delivery is an operational issue and outside the scope of this PNA. OUTCOME: No change to the PNA
	Thank you for asking - please make sure you widen your research to cover those who cannot respond	Comments noted

	<p>online but are the most needing often of the services.</p>	<p>The survey was also available in paper form on request. And posters promoting the consultation were displayed in libraries and main council premises and copies were sent to every pharmacy and dispensing practice in Cambridgeshire and Peterborough. To allow residents without internet access the opportunity to take part via paper copies.</p> <p>OUTCOME: No change to the PNA</p>
	<p>Pharmacies can play a major part in reducing pressure on GP services IF they are run efficiently with appropriate training and staff levels. A long way to go here.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>It would be helpful if pharmacies worked more closely with GP surgeries. My mother was under-dispensed by the pharmacy when the manufacturer changed the item, the pharmacy did not notify me or the GP they had under dispensed , so when I saw we were running short I ordered from the GP only for them to refuse as according to their records I didn't need them. I had to go back and forth several times to get this sorted out and in the meantime my elderly mother almost ran out of essential medications. If pharmacies do not or are unable to dispense a prescription as prescribed by the GP they should notify the GP why and by how much they have under dispensed so the GP can alter the quantity to prescribe in future and so they can put in another prescription so patients are not left short of medication.</p>	<p>Comments noted</p> <p>Concerns about service delivery is an operational issue and outside the scope of this PNA.</p> <p>OUTCOME: No change to the PNA</p>
	<p>This document is hugh and unfathomable to the lay person.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>Thank you.</p>	<p>Comments noted</p>

		OUTCOME: No change to the PNA Comments noted
	None	OUTCOME: No change to the PNA Comments noted
	The information section at the beginning of this survey is really hard to navigate and made me not want to complete the survey- is there a more accessible way you could present this? Maybe a video or graphic?	OUTCOME: No change to the PNA Comments noted
	The pharmacies are struggling, with most being owned by large companies interested mainly in profits. This should be included and considered within this assessment please.	Comments noted Funding of Pharmaceutical Services and pharmacy ownership models are not within the scope of the PNA OUTCOME: No change to the PNA
	I have already made comments on this in previous answers.	Comments noted OUTCOME: No change to the PNA
	I think 'prefer not to say' answer doesnt represent my response on a lot of these questions - its more that i don't feel i have sufficient expertise to answer on certain areas. P9 - is this a typo on date(2020 bit)? The last PNA for Cambridgeshire and Peterborough was published in September 2022 and has been kept up to date with a supplementary statement dated July 2020. This PNA (2025) meets the regulatory requirements by being published no later than three years since the last PNA publication. p12 - as the PNA is meant to cover the HWB area-	Comments noted The requirement to consult on the Draft PNA is contained in legislation and in “The Pharmaceutical needs assessments: information pack Published in May 2013, Updated July 2025 can be found at: Pharmaceutical needs assessments: information pack - GOV.UK ” The findings are the findings of the analysis of the data, rather than any conclusions reach as a result of the consultation, in addition the guidance states “ <i>While there is no requirement to consult with the public on a draft of the PNA, it is standard practice for the council to consult with the public</i> ”

	<p>might be worth just tweaking the title of the localities map from ICB to avoid confusion</p> <p>P34- shouldn't this bit be complete prior to the mandatory 60 day consult on the findings presented in the PNA? not sure you can consult on findings without having all the findings? "This is also reflected in the public surveys where XX% of people who responded stated that they can easily access pharmaceutical services. TO BE COMPLETED AFTER PUBLIC CONSULTATION" - you've also pre-empted a positive response...</p> <p>It would be beneficial for clarity to have a list of pharmacies by locality, with their opening hours and services provided in the appendix - rather than just names addresses and codes</p>	<p><i>on technical documents the HWB may wish to open the consultation to the public."</i></p> <p>The opening times of the pharmacies is contained in map form in section 4.30 rather than in the Appendices.</p> <p>OUTCOME: typos corrected, and minor changes made to address these comments.</p>
	<p>see above</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>None</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>
	<p>As above. Pharmacists should stay within their remit, anything else would be them overreaching the ir experience and expertise.</p>	<p>Comments noted</p> <p>OUTCOME: No change to the PNA</p>