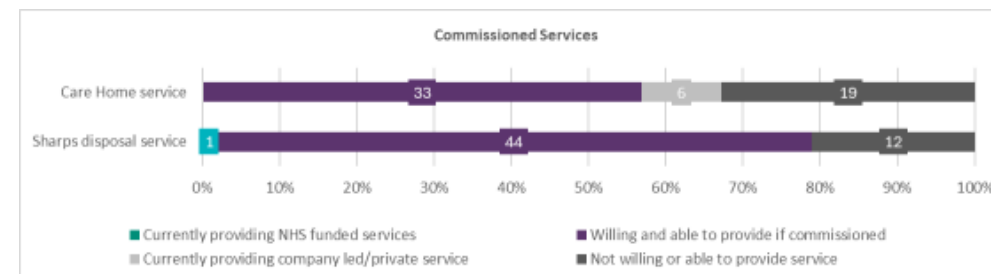
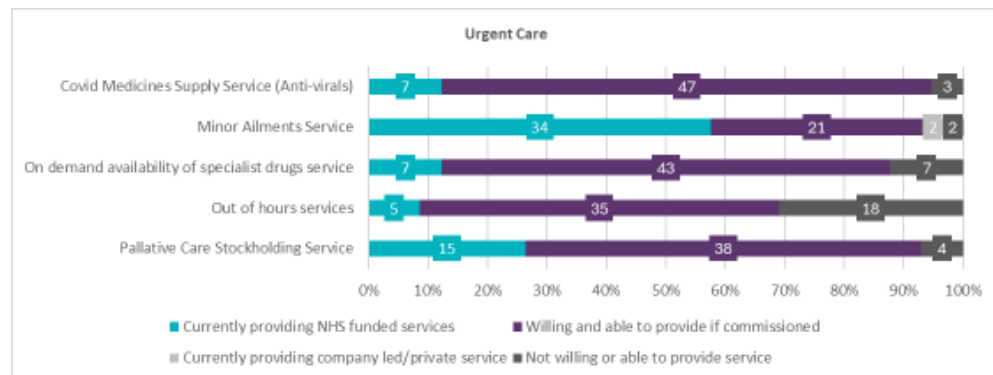
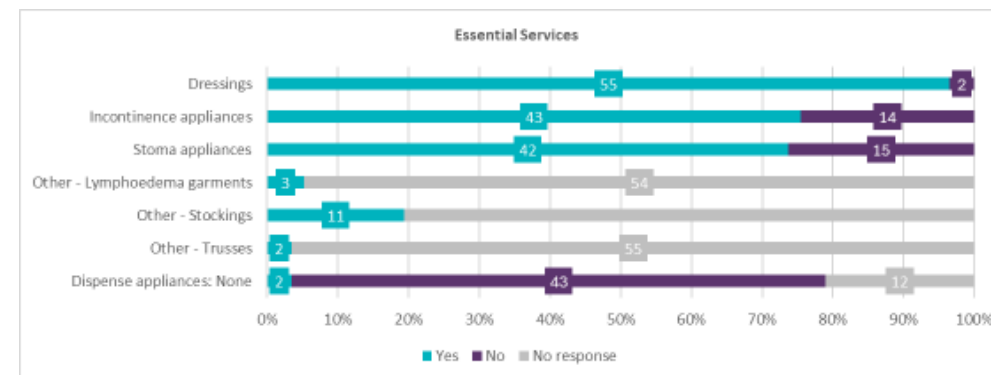
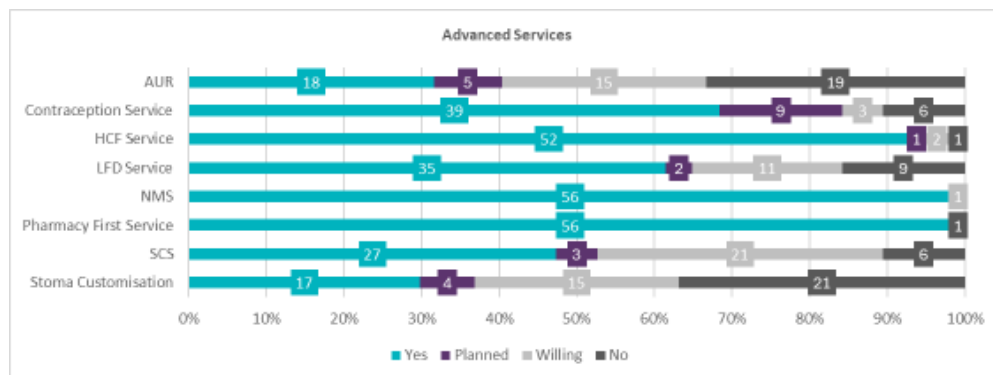
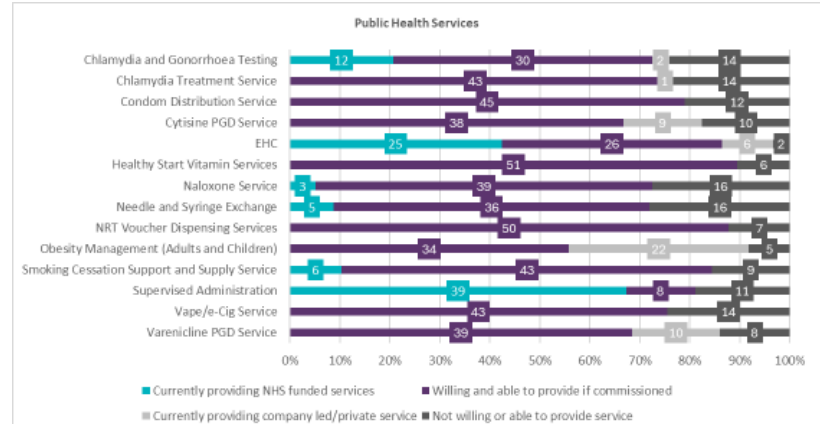
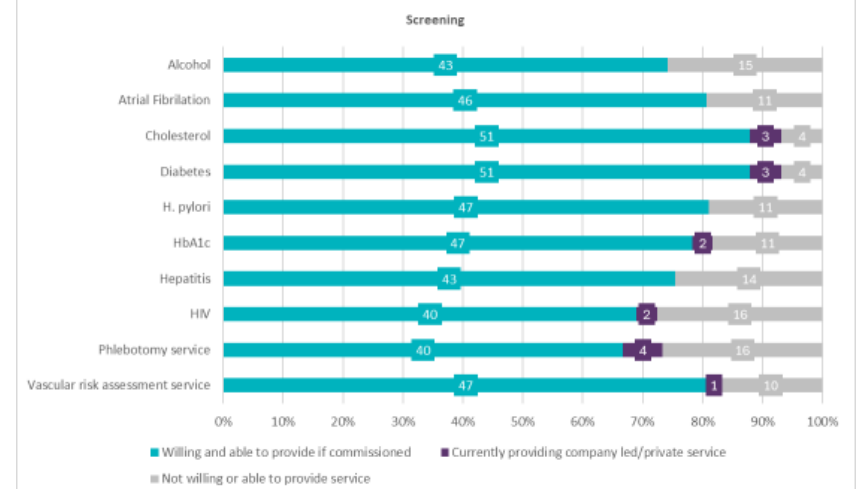
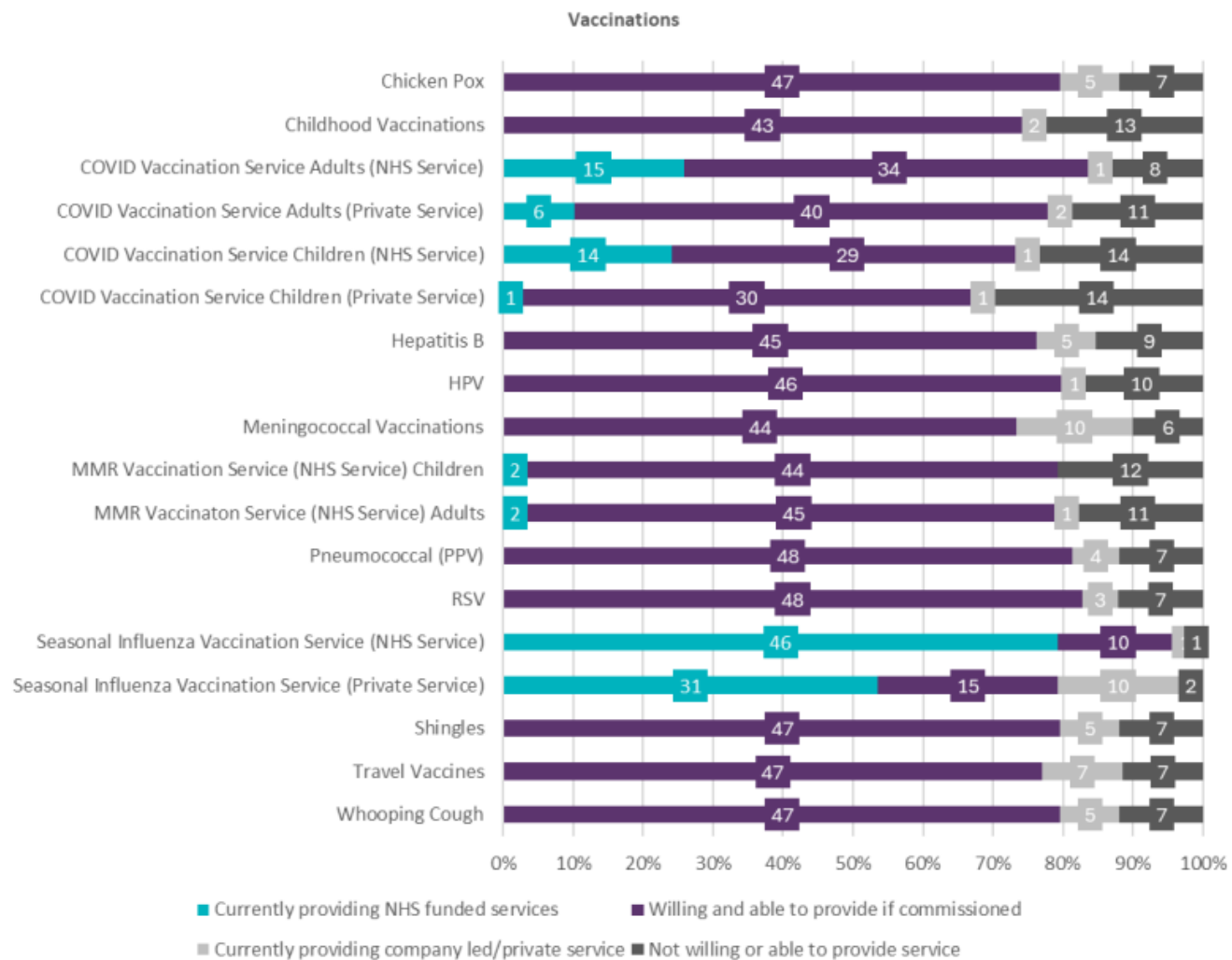
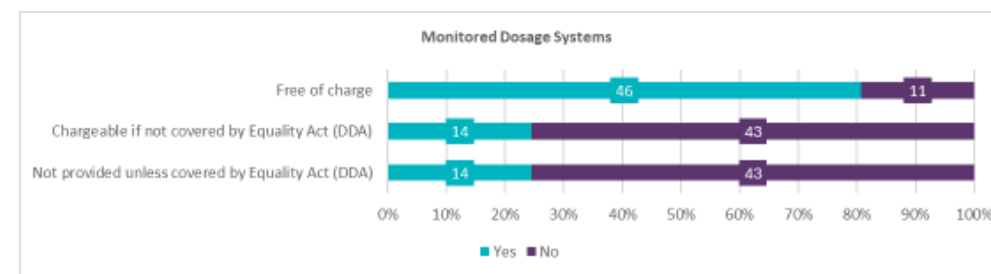
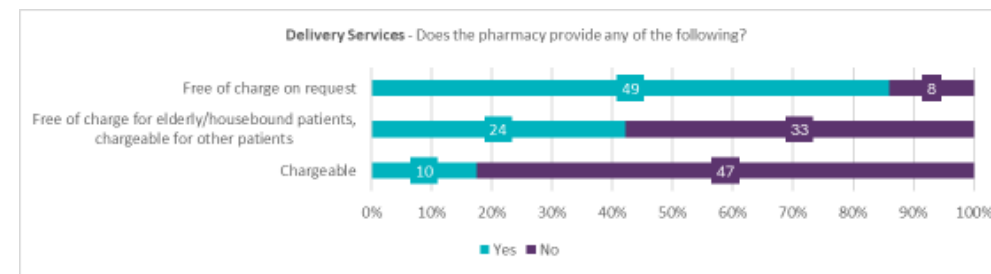
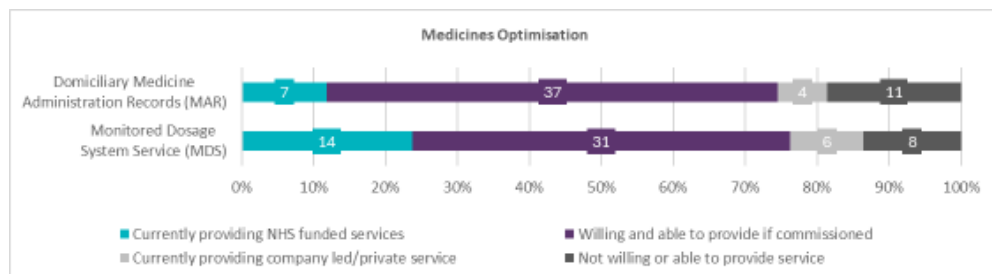


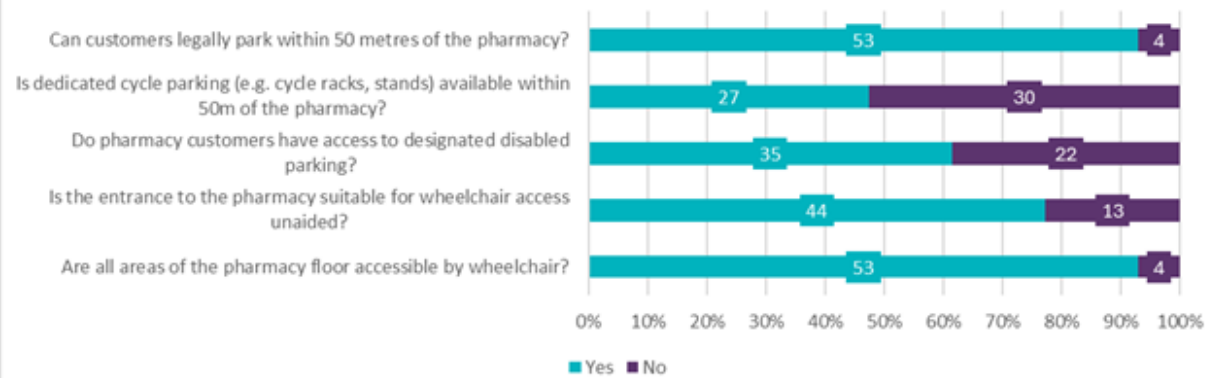
## Appendix 4 – Pharmacy Survey Results



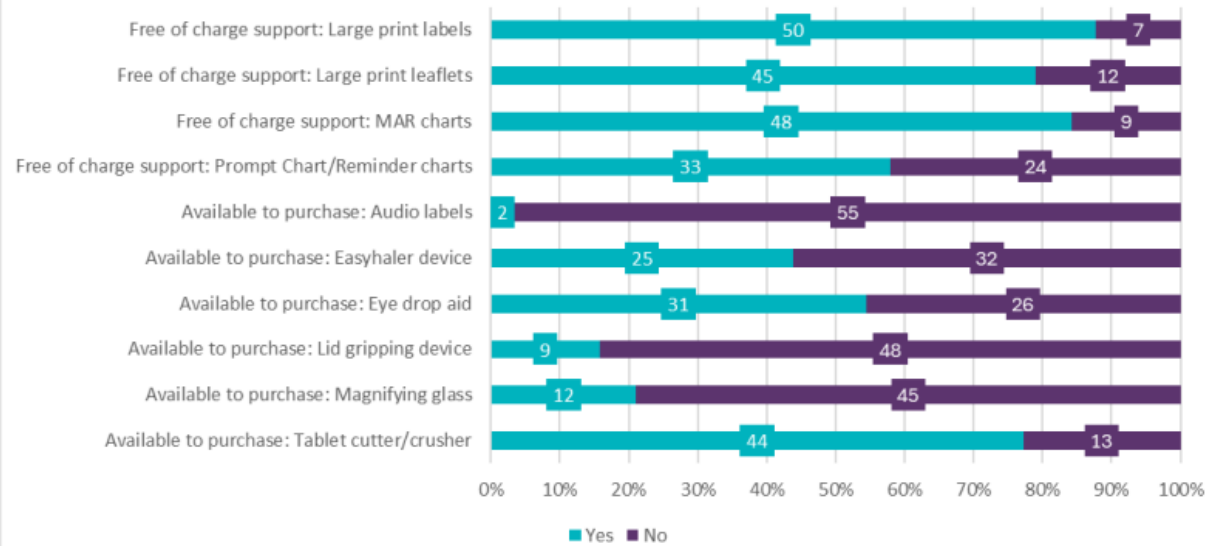




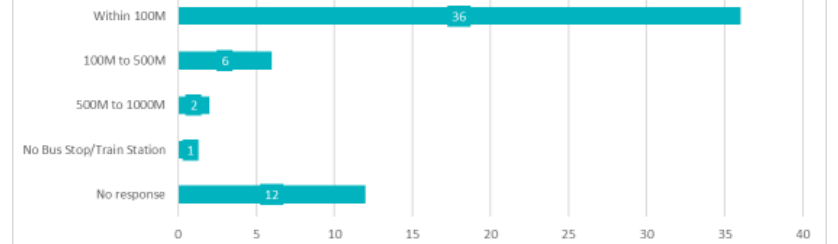
### Accessibility



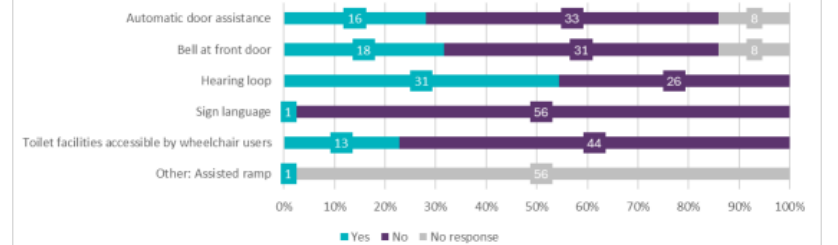
### Are the following in available in your pharmacy for patients who require extra support with their medicines? (This could be free of charge or as available for purchase)

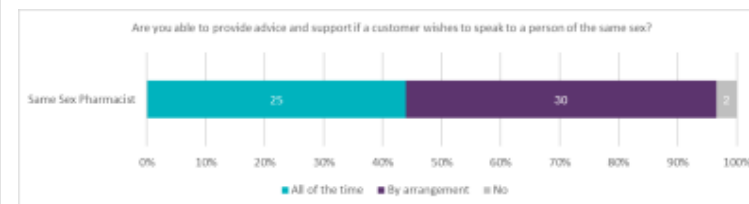
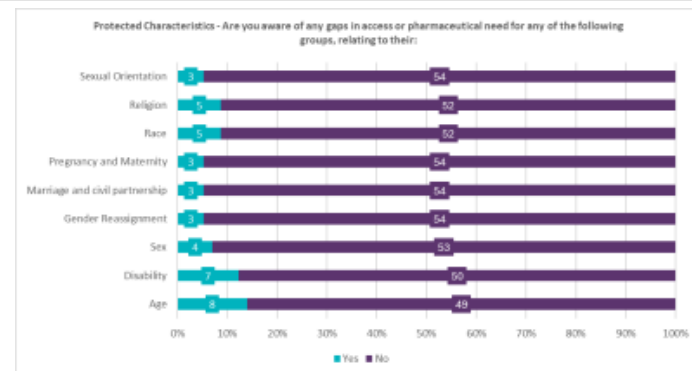
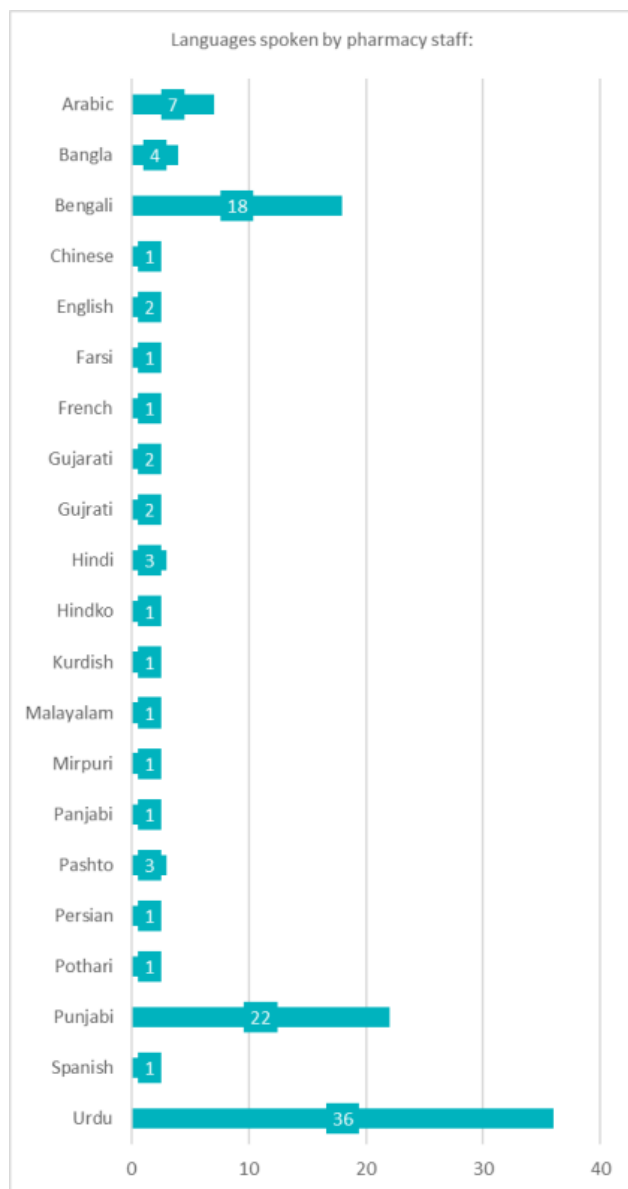


### How far is the nearest bus stop/train station?



### Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?





**Potential for increased demand - If there was increased demand for pharmaceutical services (e.g. dispensing, advanced and locally commissioned services) in your local area; through new housing developments, nearby pharmacies closing, etc. demand in your pharmacy may increase. With this in mind please select the option that best reflects your situation at the moment:**

We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area	51
We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area	6

### IP - Scope of practice

Asthma x 3
Minor Ailments x 6
Hypertension x 2
Skincare
Weight loss
ACP X 2 - Working in surgeries/walk in centres - both have masters

### If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

The biggest area of concern for me is providing services for the elderly and vulnerable. Because of the funding crisis more and more pharmacy's have started stopping services such as free deliveries or free MDS compliance aids. This directly impacts the elderly and vulnerable patients in particular. At Apex we offer free delivery service which will not change but we have had to look at MDS systems as these are paid by the company. we have not made any changes but may have to look at this in the future if funding is not available.

I feel there is a gap and lack of support for disabled patients and vulnerable adults, especially now a lot of pharmacy's are stopping free delivery and free MDS compliance aids due to the funding crisis. I feel this significantly increases the disadvantage these patients would have when accessing services. Patient led ordering is a great idea but I also feel generally a lot of the community especially in our locality will be at a disadvantage due to the language barrier/lack of education, technologically challenged and perhaps this needs to be looked at. Also people from specific race, backgrounds and religion are less likely to be forthcoming with screening/preventative measures, access and availability to these services locally will significantly help reduce burden on the NHS and councils

Patients are almost scared into believing their nomination choice is not up to them. Pharmacies applying underhanded tactics to re-nominate patients without their consent. An example, we nominated an elderly patient with her consent. Upon her first delivery we realised she was very confused about her medication and had boxes dating back to early 2023. So we got rid of all her old meds, kept the current month ones, made a temporary note for her of when to take each one and told her from next month we will order your medications AND put them in blister packs for you (as she was currently ordering herself). A day later the surgery rings saying the patient was confused and didn't have any medication. We informed her of the situation and our solution to which the surgery was happy with and eager to recommend to the patient but she switched back to her old pharmacy out of fear, later telling us she got in trouble for coming to us. Now we don't know the pharmacies version of events so I can hold judgement and not accuse anyone of anything. But this patient had been ordering her medication incorrectly for at least two years without being identified and in need of blister packs for around the same time. The gap is in the amount of patients, elderly and non elderly, who are probably in need of a pharmacy to order for them and to be on MDS but with no way to identify them

People from specific race, backgrounds and religion are less likely to be forthcoming with screening/preventative measures, access and availability to these services locally will significantly help reduce burden on the NHS and councils

Many services could be commissioned in the local community pharmacies, taking the burden off the GP practices and the hospitals.

