



# Consultation on a draft Pharmaceutical Needs Assessment (“PNA”)

Full results summary

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Southampton City Council undertook public consultation on a draft Pharmaceutical Needs Assessment (PNA) for Southampton.

The consultation took place between **Monday 31 March** and **Friday 30 May 2025**.

The aim of this consultation was to:

- Communicate clearly to residents and stakeholders the proposed content of the Pharmaceutical Needs Assessment;
- Ensure any resident, business or stakeholder who wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have, and;
- Allow participants to propose alternative suggestions for consideration which they feel could achieve the objective in a different way.

This report summarises the aims, principles, methodology and results of the public consultation. It provides a summary of the consultation responses both for the consideration of decision makers and any interested individuals and stakeholders.

It is important to be mindful that a consultation is not a vote, it is an opportunity for stakeholders to express their views, concerns and alternatives to a proposal. Equally, responses from the consultation should be considered in full before any final decisions are made. This report outlines in detail the representations made during the consultation period so that decision makers can consider what has been said alongside other information.

The agreed approach for this consultation was to use an online questionnaire as the main route for feedback. Questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure respondents are aware of the background and detail of the proposals.

Respondents could also write letters or emails to provide feedback on the proposals. Emails or letters from stakeholders that contained consultation feedback were collated and analysed as a part of the overall consultation.

The consultation was promoted, in line with the communications plan from the Public Health Communications Officer in the following ways:

- Posts on social media channels
- Links via the Southampton City Council website, and
- Emails sent to specified organisations

Questionnaire results have been analysed and presented in graphs within this report. Respondents were given opportunities to provide written feedback on the proposals. In addition, anyone could provide feedback in letters and emails. We have provided examples quotes of the free text feedback provided.



The key findings of the consultation are:

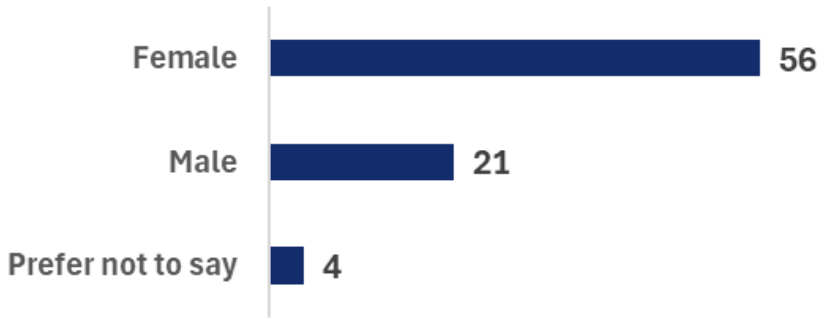
There were 91 respondents of which 82 were members of the public.

Overall, the conclusion of the consultation is that 56.0% agree with the consultation and 27.5% disagree

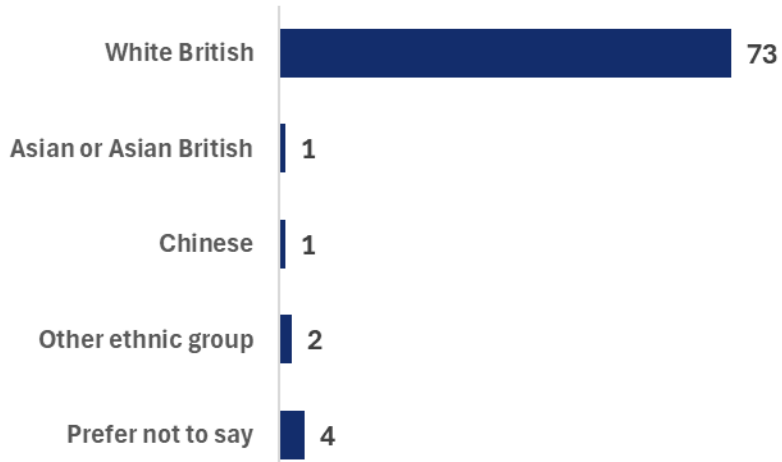


Overall, there were **91** separate responses to the consultation. Only the **81** respondents who answered the public survey could respond to the complete demographic questions. The following page includes demographic breakdowns of the respondents by count.

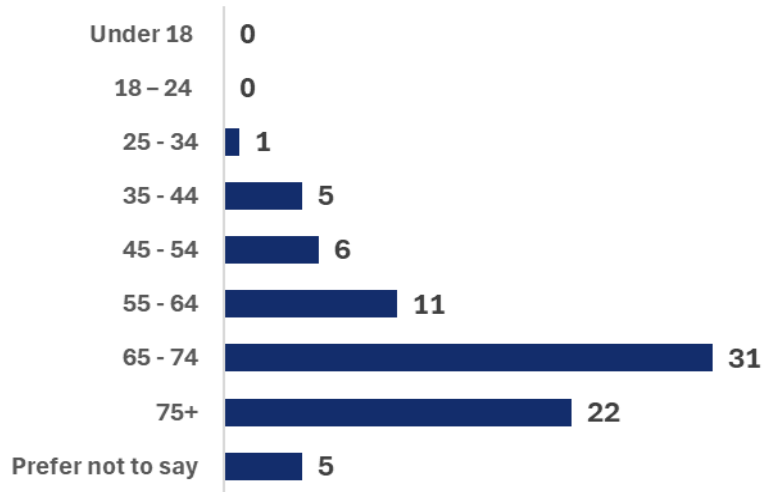
What is your sex?



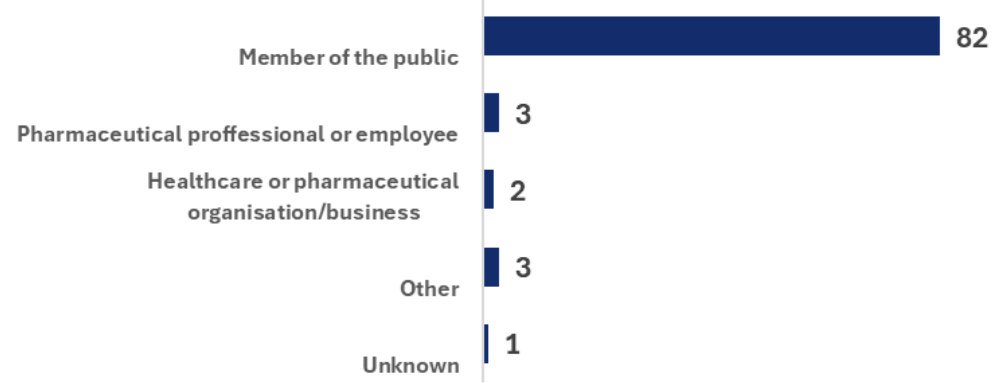
How would you describe your ethnic group?



What is your age?



Which of the following best describes your interest in this consultation?





Consultation respondents were asked if they would like to respond to either a short or detailed version of the consultation questionnaire, with the detailed version having more questions covering different parts of the draft PNA. The additional questions for the detailed version of the survey.

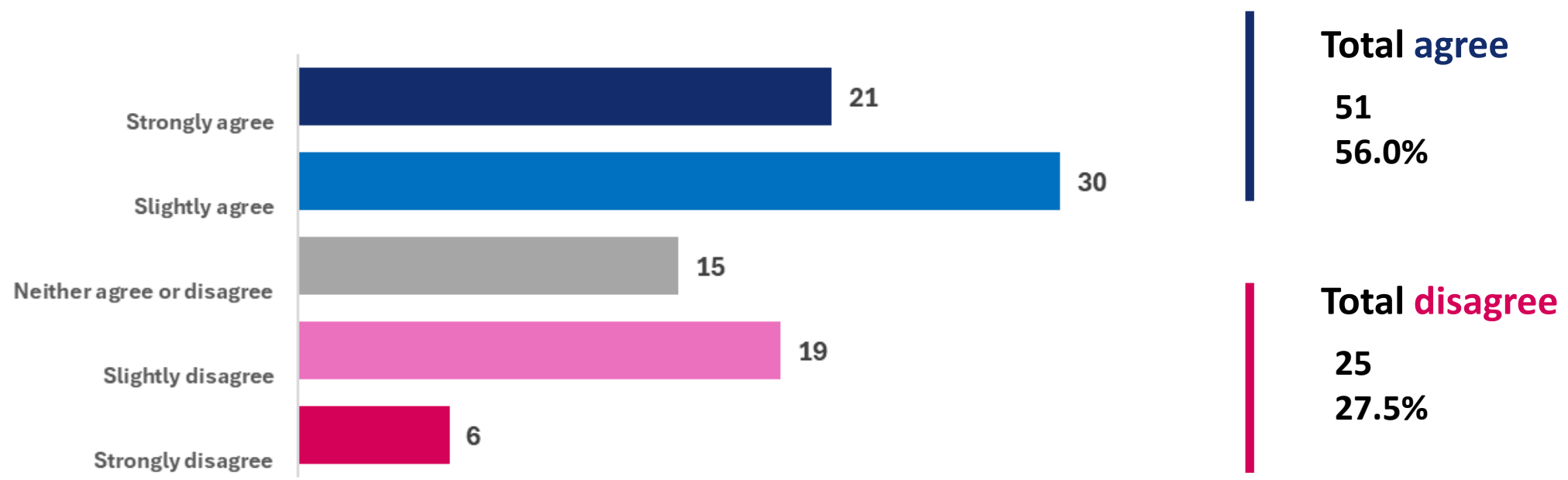
12 out of 91 respondents to the online questionnaire answered the detailed version of the consultation questionnaire. A table summarising their responses to the additional questions in the detailed consultation can be found below.

To what extent do you agree or disagree...	Strongly agree	Slightly agree	Neither agree or disagree	Slightly disagree	Strongly disagree
The Draft Pharmaceutical Needs Assessment reflects the current provision of pharmaceutical services within your area	4	4	1	0	3
All NHS services that you believe could be provided in the community pharmacy setting that have been highlighted	5	3	2	0	2
The Draft Pharmaceutical Needs Assessment reflects the needs of your area's population	3	5	3	0	1
The Draft Pharmaceutical Needs Assessment identifies all gaps in service provision of which you are aware	4	2	1	3	2
Market entry	3	4	0	3	1
How pharmaceutical services may be commissioned in the future	3	4	2	1	2
Future pharmaceutical services provision and plans for pharmacies	2	3	3	3	1

“A Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area, which is used by NHS England when responding to applications for opening of additional pharmacies, relocation of premises and amendments to opening hours for pharmaceutical services. A PNA is not, therefore, a typical health needs assessment.

This includes all respondents; members of the public and professional groups

**To what extent do you agree or disagree with the conclusions of the draft Pharmaceutical Needs Assessment?**






Source: PNA public consultation, March to May 2025



Summary and selection of the free text provided:

If you disagree, or have any comments, impacts, suggestions or alternatives you feel we should consider within the draft Pharmaceutical Needs Assessment, please provide details:

- **Informed consent and transparency:**

*“Oh good, does this mean full informed consent ahead of intervention and PIL & MHRA yellow card scheme notified before   given...and transparency from the pharmacies in the region so any social media post advocating pharmaceutical product lists how much paid to the pharmacy by NHS contract and requirements to link in said post side-effects etc  “*

- **Dispensing tools:**

*“I would be helpful to explore in more depth the pharmacies offering dispensing tools like nomad systems or dosette boxes to enable better concordance with treatment”*

- **Pharmacy provision and services:**

*“The draft pays little heed to the qualitative aspects of pharmacy provision; for example, the quality of facilities for confidential discussion with the pharmacist, the open and public dispensation of controlled drugs to those with, presumably, substance abuse issues, and waiting / sitting provision for patients waiting brief periods of time for their prescription to be made ready.”*

*“Current number of pharmacies is fine but there needs to be better provision within them e.g. more reliable medication availability, immunisation service etc”*



- **Operational challenges:**

*“The existing pharmacies are always too busy, too rushed and not open enough hours. Our local pharmacy can not always get a pharmacist and some days they are forced to stay shut until a pharmacist can be located.”*

- **Access and availability:**

*“I have to use a pharmacy further away from my home, as the nearest pharmacy will not order in the exact item as prescribed (getting an alternative only). Therefore, I have to pay a delivery cost to get it, as it is not reachable by public transport. The local pharmacy badly organised and has too many people trying to access it , especially as they also deal with drug and alcohol treatments”*

*“I have frequently been to pick up my medication from a pharmacy to find that it is not available or”*

- **Communication and awareness:**

*“I feel that people are still not clear about what a pharmacy/ pharmacist can offer as an alternative to seeing a Doctor or health professional at the doctor's. This does need a communication strategy”*

*“I feel we need to keep all the pharmaceutical services and make sure that every area has the service they need. This is even if more have to be created.”*

*“There are not enough established premises available offering a variety of products and services”*

*“There’s less than there used to be, do not hold stock suitable for families and especially near me everything is restricted by time etc”*



- **Pharmacy closures and overcrowding:**

*“Many chemist shops have closed, those that remain are often crowded and slow to serve”*

*“My local pharmacy is always very busy. The pharmacy has taken on many extra tasks, some taken over from GPs, they have many consultations, medication to give to drug addicts, and more. The population has increased also, immigration has increased too, adding to our population.”*

- **Prescription Processing:**

*“Clarity about length of time between placing a prescription and collecting a prescription.”*

- **Delivery services:**

*“Pharmacies are starting to end delivery services due ,apparently according to my local pharmacy, lack of funding. Finding pharmacy open after 5 on a Sunday is impossible. Pharmacies should be available in all areas at all times over weekends.”*



- **Late-night and out-of-hours services:**

*“Opening times make it tricky for many folks get the pharamcy care they need at the times they need it. This city could do mucn better there!”*

*“Although the number of pharmacies may be sufficient to meet current and short-term future needs, the availability of late-night/Out-of-Hours (OOH) pharmacies could do with improvement”*

*“I question the range of local out of hours availability of pharmacies at night on Sunday and bank holidays”*

*“Whilst I agree that there is a good coverage of pharmacies with a good range open early and late to allow for easy access for people in the city. It appears there are 2 pharmacies open until 9pm (and 2 pharmacies until 8pm). I would like to comment about the availability of a pharmacy open beyond 9pm to cope with later evening/late night dispensing for patients issued a prescription from the Urgent Treatment centre which is open daily until 10pm. Do we know about demand and need for pharmacy services beyond 9pm for late prescriptions.”*

*“Agree with most except need for a 24 hours pharmacy”*

- **Comments on the report:**

- *“Not enough research or discussion regarding what society requires or how to provide it. No research or discussion regarding accommodating physically disabled who require controlled drugs unable to be sent by post for those who struggle to get 1.6km. 1.6km often too far for physically disabled to reach easily, very limited out of standard working hours open, no consideration of size of pharmacy or time for them to obtain necessary prescriptions”*