



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 20 JANUARY 2020 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', written in a cursive style.

Susan Parsonage
Chief Executive
Published on 10 January 2020

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

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The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Ken Miall (Chairman)	Abdul Loyes (Vice-Chairman)	Rachel Bishop-Firth
Jenny Cheng	Guy Grandison	Clive Jones
Adrian Mather	Bill Soane	Alison Swaddle
Jim Frewin		

Substitutes

Gary Cowan		David Hare
Emma Hobbs	Tahir Maher	Malcolm Richards

ITEM NO.	WARD	SUBJECT	PAGE NO.
30.		APOLOGIES To receive any apologies for absence	
31.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 4 September 2019.	5 - 10
32.		DECLARATION OF INTEREST To receive any declarations of interest	
33.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	
34.		MEMBER QUESTION TIME To answer any member questions	
35.	None Specific	HEALTH AND PLANNING To receive an update on health and planning.	11 - 14
36.	None Specific	UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH To receive an update on the work of Healthwatch Wokingham Borough.	15 - 28

37. None Specific

FORWARD PROGRAMME 2019-2020

29 - 30

To consider the forward programme for the remainder of the municipal year.

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 4 SEPTEMBER 2019 FROM 7.00 PM TO 9.05 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Abdul Loyes (Vice-Chairman), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Clive Jones, Adrian Mather and Alison Swaddle

Others Present

Jim Frewin, Councillor
Neil Carr, Democratic and Electoral Services Specialist
Graham Ebers, Deputy Chief Executive

20. APOLOGIES

Apologies for absence were submitted from Nick Durman (Healthwatch), Councillor Bill Soane and Jim Stockley (Healthwatch).

21. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 15 July 2019 were confirmed as a correct record and signed by the Chairman.

22. DECLARATION OF INTEREST

There were no declarations of interest.

23. PUBLIC QUESTION TIME

There were no public questions.

24. MEMBER QUESTION TIME

In accordance with the agreed procedure the Chairman invited Members to submit questions.

24.1 Councillor Gary Cowan asked the Chairman the following question:

Re Item 26 on the Agenda:

Does the Council support the Clinical Commissioning Group (CCG) policy on its provision of healthcare in which rural communities will certainly suffer as a result of their one size fits all policies?

As Councillor Cowan was not in attendance, the following written answer was provided.

Answer

As service provider the CCG decides how health provision is to be delivered and as partners Wokingham Borough Council aim to work with the CCG to facilitate their needs where this is possible.

24.2 Councillor Jim Frewin asked the Chairman the following question:

A recent planning application for a local quarry and cement works highlighted that the planning process does not appear to take health risks as a decision criteria. Will this Committee consider adding to its work programme a review of how the health care community can contribute to planning where there are significant community health concerns and risks as part of the planning application as part of their forward programme?

Answer

The planning system does make a significant contribution to promote the health of our communities through delivery of well planned development that provides a level of facilities and amenities to promote a healthy lifestyle.

I am aware that health risk is often raised by local people as a concern about individual planning proposals such as the recent quarry application. However, national planning rules require that risks to health are only considered by the planning system to the extent that they are not addressed by other regimes, for example environmental protection legislation and policy. If risks are addressed through these other regimes, they are not a material consideration in the planning application process.

The most positive contribution that Health Overview & Scrutiny Committee can make to the planning system is to input into the policy making process. The Local Plan Update is progressing and is scheduled to be the subject of a consultation starting this autumn. If Members are supportive, the Health Overview & Scrutiny Committee may wish to request the opportunity to review and comment on related policies ahead of confirming the consultation.

Supplementary Question

If the Committee decides to give further consideration to this issue, can it look at matters such as the amount of buffer zone between the activity and schools/care homes and the introduction of planning conditions which are difficult to enforce such as monitoring the prevailing wind direction.

Supplementary Answer

The Committee is sympathetic to the request and will consider the matter as part of the discussion of its work programme later on the Agenda.

25. DELAYED TRANSFER OF CARE

The Committee received a presentation on Delayed Transfer of Care, set out on Agenda pages 9 to 26. The presentation was delivered by Janette Ledbrook (Assistant Team Leader, Community Care) and Helen Spokes (Head of Adult Social Care).

The presentation set out a definition of Delayed Transfer of Care (DToC) and highlighted the role of the Health Liaison Team in working with hospitals to arrange safe and timely discharges.

The Health Liaison Team worked primarily with the Royal Berkshire Hospital (acute), Frimley Park Hospital (acute) and Wokingham Community Hospital (reablement).

During the discussion of this item, the following points were made:

- Did the data about admissions include information on readmissions to hospital? It was confirmed that readmitted patients were dealt with by the original worker to ensure a consistent approach.
- What were the different process stages for a typical customer? The different stages were outlined including referral, case allocation, needs assessment, discharge and support. NHS and social care staff worked closely to ensure minimum delays through

the process. Sam Burrows (Berkshire West CCG) commented on the positive improvements to this service over the past two years.

- What proportion of transfers were delayed? It was confirmed that around 10% of transfers were delayed. Joint working was ongoing in order to identify further improvements that could reduce the number of delayed transfers.
- What was the level of agency staff working in the service? It was confirmed that work had been ongoing to reduce the number of agency staff. However, Wokingham Borough was an expensive area to live in, which provided challenges in filling posts on a permanent basis.
- Did the service deal with mental health cases? It was confirmed that interventions under the Mental Health Act were carried out by specialist staff. The Health Liaison Team focussed more on physical needs.
- What was the funding situation for service users from outside the area or outside the country? It was confirmed that, for services users in this country, the home local authority would be recharged for any costs incurred. For service users from outside the EU checks would be carried out to establish whether or not a reciprocal treaty was in place.

RESOLVED That:

- 1) The presentation on Delayed Transfers of Care (DToC) be noted;
- 2) Janette Ledbrook and Helen Spokes be thanked for attending the meeting and answering Member questions.

26. BACKGROUND TO THE CCG AND AN INTRODUCTION TO THE BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP (ICP)

The Committee received a presentation which provided background information on the Berkshire West Clinical Commissioning Group (CCG) and an introduction to the Berkshire West Integrated Care Partnership (ICP). The presentation slides were set out at Agenda pages 27 to 44.

The presentation was delivered by Sam Burrows (Deputy Chief Officer, Berkshire West CCG) and Graham Ebers (Deputy Chief Executive, Wokingham Borough Council).

The presentation provided background information on:

- the Berkshire West CCG, which was established by the Health and Social Care Act (2012);
- the development of Primary Care Networks and Neighbourhoods within the Wokingham Borough;
- linkages with the wider geographical framework – Health and Wellbeing Boards, Berkshire West Integrated Care Partnership and the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System.

During the discussion of this item, the following points were made:

- How did the ambulance and fire and rescue services fit within the structure set out in the presentation? It was confirmed that the ambulance service covered BOB in addition to East Berkshire, Hampshire and the Isle of Wight. The Royal Berkshire Fire and Rescue Service was a key partner in the design and development of neighbourhoods, along with the voluntary sector.
- What was the process for developing response times for the different services? It was confirmed that response times were based on clinical need. Across Berkshire West, £2m per annum was spent on rapid response teams.
- How many Primary Care Networks covered the Wokingham Borough? It was confirmed that there were four Primary Care Networks (PCN). PCNs were groupings of GP practices, community services, social care and the voluntary sector which planned and coordinated care within a neighbourhood comprising 30,000 to 50,000 patients.
- Access to GP appointments was an important local issue. What steps were being taken to reduce waiting times for appointments? It was confirmed that measures were being introduced to ensure same-day appointments for more urgent cases. In relation to other appointments, it was felt that waiting up to three weeks for an appointment was not acceptable. A national access review was under way to address this issue.
- What measures were being considered to recruit and retain staff, especially in light of the potential impact of Brexit? It was confirmed that, as mentioned earlier, the cost of living in the South East provided additional challenges for recruitment and retention. A number of measures were being implemented to address this issue.
- What were the current pressures on the Royal Berkshire Hospital? It was confirmed that A&E patient volumes were generally static. However, the complexity of A&E cases had increased over the past five years. There was some evidence that the birth rate across the CCG area was falling. However, this may change with the significant number of new houses to be built over the next ten years.
- Were there any plans to deliver GP services on Sundays? It was confirmed that GP advice could be accessed on Sundays via the 111 service or attendance at the Royal Berkshire Hospital for more serious cases.
- Were there any concerns about recruitment and retention of GPs, especially in the light of Brexit? There was anecdotal evidence of shortages of doctors and nurses across the region which could be exacerbated following Brexit.
- What progress was being made in relation to the joining up of different IT systems used by different organisations? It was confirmed that, since 2014, the Connected Care IT programme had introduced a common IT platform which meant that GPs and social workers could access patient records quickly and in confidence. This initiative was very much “ahead of the game” compared to other parts of the country.

The Committee also discussed the potential benefits of a wider public understanding of which medical practitioners could prescribe which medicines, e.g. doctors, dentists, nurses, pharmacists, physiotherapists, etc. Also, under what circumstances, if any, was it possible to self-prescribe.

RESOLVED That:

- 1) the presentation on the CCG and the Berkshire West Integrated Care Partnership be noted;
- 2) Sam Burrows and Graham Ebers be thanked for attending the meeting to answer Member questions;
- 3) a further briefing paper be requested, setting out details on which medical practitioners could prescribe which medicines.

27. UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH

As representatives from Healthwatch Wokingham Borough were unable to attend the meeting, this item was not considered.

RESOLVED That the Healthwatch update be deferred to the next meeting of the Committee.

28. FORWARD PROGRAMME

The Committee considered the forward programme for the remainder of the Municipal Year.

The Chairman referred to the recent successful Member training sessions run by the Centre for Public Scrutiny and asked the Committee to consider the provision of a session looking at HOSC issues. Members supported this proposal.

Members discussed the issues relating to the Planning process raised in Councillor Frewin's question and agreed that this be the subject of a report to the next meeting of the Committee.

RESOLVED That:

- 1) the Forward Programme, as amended, be approved;
- 2) a Member training session on HOSC issues be arranged.

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Health Overview and Scrutiny Committee 20 January 2020 – Health and planning

Background

At the September 2019 Health Overview and Scrutiny Committee meeting, Councillor Frewin asked the following question and supplementary question.

Question

A recent planning application for a local quarry and cement works highlighted that the planning process does not appear to take health risks as a decision criteria. Will this Committee consider adding to its work programme a review of how the health care community can contribute to planning where there are significant community health concerns and risks as part of the planning application as part of their forward programme?

Answer

The planning system does make a significant contribution to promote the health of our communities through delivery of well planned development that provides a level of facilities and amenities to promote a healthy lifestyle.

I am aware that health risk is often raised by local people as a concern about individual planning proposals such as the recent quarry application. However, national planning rules require that risks to health are only considered by the planning system to the extent that they are not addressed by other regimes, for example environmental protection legislation and policy. If risks are addressed through these other regimes, they are not a material consideration in the planning application process.

The most positive contribution that Health Overview & Scrutiny Committee can make to the planning system is to input into the policy making process. The Local Plan Update is progressing and is scheduled to be the subject of a consultation starting this autumn. If Members are supportive, the Health Overview & Scrutiny Committee may wish to request the opportunity to review and comment on related policies ahead of confirming the consultation.

Supplementary Question

If the Committee decides to give further consideration to this issue, can it look at matters such as the amount of buffer zone between the activity and schools/care homes and the introduction of planning conditions which are difficult to enforce such as monitoring the prevailing wind direction.

Supplementary Answer

The Committee is sympathetic to the request and will consider the matter as part of the discussion of its work programme later on the Agenda.

The Committee requested a report about the issues relating to the planning process and health raised in Councillor Frewin's question for the Committee's next meeting.

Health in Planning Decisions

Local planning authorities must determine planning applications in accordance with the Development Plan, unless material considerations indicate otherwise. Although the courts have held that health issues controlled by other regulatory regimes cannot be material planning considerations, health issues are addressed in development plans and do inform planning decisions as set out below.

The current development plans are the Council's Core Strategy and the Managing Development Delivery Local Plan and these documents contain policies that overlap with health issues. The replacement development plan, The Local Plan Update (LPU) is to be considered for public consultation at the Council's Executive on 15th January and health and well-being is a theme that runs through this document and is recognised in the LPU's strategic objectives. While specific health issues are not addressed by local plan policies, there is a significant overlap between health and the environmental and social issues that are addressed by the planning system. In addition, the LPU will also be subject to a Health Impact Assessment (HIA),

What can constitute a material consideration is wide and health can be a material consideration. The National Planning Policy Framework states:-

Planning policies and decisions should also ensure that new development is appropriate for its location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment, as well as the potential sensitivity of the site or the wider area to impacts that could arise from the development.

Health related issues are generally addressed through non-planning legislation and regulatory regimes for example:-

- An environmental permit from the Environment Agency for waste
- A license from the local Licensing Authority to operate a public house or takeaway
- Construction site safety is the responsibility of the Health and Safety Executive.

There is often an overlap between these regulatory regimes and the planning process and the local planning authority often consults other agencies about health related matters such as the CCG, Environmental Health and the Health and Safety Executive. The local planning authority takes their views into consideration in assessing planning applications and this can influence the outcome of a planning application and planning conditions. Generally however, the local planning authority will focus on the environmental or amenity conditions that can influence health rather than health itself or the regulations that address this.

Assessing Planning Applications

When planning applications are assessed, there are usually a wide range of material planning considerations that need to be addressed. As each site and proposal is unique, each case must be considered on its individual merits and the weight that is placed on these different issues varies.

Decisions must be based on evidence and conditions must be necessary. For example an Air Quality Management Area that has been monitored and shown to be in excess of air quality targets will be a relevant planning consideration. Also, a standard buffer zone around a certain site accommodating polluting industry could also be shown to be necessary through technical evidence. However, a standard policy such as x m of buffer around a nonspecific site or area such as any school could not be supported through evidence. This would require every school to be assessed and meet the conditions for this policy to be justified. Even if this approach was adopted by policy, this could then be challenged through the planning application process by evidence to show that this is unreasonable or unnecessary.

In addition to the above, the NPPF requires that policies are positively worded and therefore, they should not make statements about what cannot happen such as *there should be no development within x m of a care home*. Instead, a positive policy approach should be adopted for example, *development within x m of a care home will be supported if it can be demonstrated that this will not have an unacceptable impact on the amenity of residents*. Negative policies would not be supported by an Inspector at the forthcoming Examination in Public for the LPU.

Summary

Health is addressed in planning policies and can be a material planning consideration although it is also controlled through other regulations and agencies. Generally however, it is the environmental and social matters that impact on health that are the focus of the planning system.

Each planning proposal must be considered on its own merits and blanket evidenced requirements and policies for development in the interest of health are unlikely to be supported by Planning Inspectors. This is especially as they are negatively rather than positively worded as this would be contrary to the NPPF

Public health and wellbeing is at the heart of the plan making process. In light of this, it is recommended that while the Committee should not make recommendations about how specific planning conditions can be used to address health, it should focus on reviewing the local plan policies and feed into the LPU process.

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Helping patients take their medication

**Are pharmacies in
Wokingham
Borough
supporting residents
assessed as needing
medication
compliance aids
(MCAs)?**

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Introduction

What is a medication compliance aid (MCA)?

Medication compliance aids are a way of dispensing medication for those people who have difficulty remembering to take it due to cognitive impairment or who have physical conditions (such as arthritis or MS) that prevent them from opening packaging. The brand names Dosette® Nomad®, Venalink® and Medidose® are commonly used. The use of MCAs appears to be increasing nationally. (BMJ 2018) <https://www.bmj.com/content/362/bmj.k2801.full>

The medication is packaged by the pharmacist into time slots for 7 days of the week. With some patients taking multiple medications of different doses throughout the day it can be a lifeline.

Before receiving a prescription for an MCA the patient must have a medication review with their GP surgery. The provider will consider other options to help the patient take their medication such as easy read labels before issuing a prescription for an MCA. (The Pharmaceutical Journal, 2019) <https://www.pharmaceutical-journal.com/news-and-analysis/features/are-we-dispensing-too-many-multicompartiment-compliance-aids/20206131.article?firstPass=false>



What prompted this project?

Healthwatch Wokingham Borough were contacted by Age UK Berkshire about a client who had been assessed as needing a medication compliance aid (MCA) but was unable to find a pharmacy to supply her with her medication in this way. Age UK Berkshire's preliminary investigations had led them to believe that this was not just an isolated incident.

Stories we heard

Miss M is 78 and lives alone. She needs a lot of different tablets for various long-term conditions, and previously received her regular medication in a Nomad pack from her local pharmacy in Wokingham. But when she came home from a recent hospital stay she found things had changed - her pharmacy has said it can't provide this service anymore.

Mrs A (86 year old) also discovered she can't order her medications in a medication compliance aid as she did previously. The pharmacist at her GP surgery advised that she had to find a [different] pharmacist which could do it. But she can't find a pharmacy in Wokingham - they have all said they are at capacity and cannot fulfil her prescription in this way. Age UK Berkshire have found a pharmacy in Twyford who are able to do it. But the charity is now having to collect the prescription from Twyford and bring it to Mrs A because she's outside their delivery area.

'I'm really struggling to see and open the medicine packs, and so worried that I'm going to take the wrong pill at the wrong time. Having the easy packs meant I could clearly see what I had to take when. Now I'm worried and confused.'

Mrs M, aged 78

What we did

Healthwatch Wokingham carried out an audit of the pharmacies in Wokingham Borough to understand if this was an issue affecting other vulnerable residents across the area, and assess its extent.

During July and August 2019, we visited or telephoned 28 pharmacies to ask them if they continue to offer MCAs to patients who have been assessed and, if not, the reasons.

Wokingham Pharmacy
Boots Pharmacy, Market Place,
Wokingham
Rose Street Pharmacy
Morrisons Pharmacy, Woosehill
Tesco Pharmacy, Wokingham
Lloyds Pharmacy, Sainsburys, Winnersh
Swallowfield Medical Practice
Jats Pharmacy
Finchampstead Pharmacy
Dukes Pharmacy
McPharlands Pharmacy
Lloyds Pharmacy, Crowthorne
Day Lewis Pharmacy, Lower Earley
Asda Pharmacy, Lower Earley

Boots Pharmacy, Lower Earley
Boots Pharmacy, Early
Shinfield Pharmacy
Boots Pharmacy, Woodley
Day Lewis Pharmacy, Woodley
Superdrug, Woodley
Lloyds Pharmacy, Woodley
Day Lewis Pharmacy, Sonning Common
Day Lewis Pharmacy, Twyford
Fields Pharmacy
Newdays Pharmacy
Lloyds Pharmacy, Wargrave
Lloyds Pharmacy, Binfield
Day Lewis Pharmacy, Spencers Wood

What we learnt

Extent of issue

Our audit revealed that the majority of pharmacies were not taking any new customers who require MCAs. This applies to the whole of Wokingham town, Earley and Lower Earley, Spencers Wood, Swallowfield, Woodley, Sonning, and Winnersh. Three pharmacies did not offer MCAs at all, even for existing customers.

There are pockets of the Borough where new and existing patients could still access MCAs: these were in Twyford, Crowthorne, Finchampstead, and Wargrave.

Reasons given by pharmacies

We heard about the problems that pharmacists face with providing this service.

a) Dispensing time

All pharmacies - even those still taking on new MCA customers - spoke about the length of time it takes to provide a MCA prescription.

It can take an hour to provide prescription medication in a MCA pack compared to five to ten minutes to dispense prescription medication in standard packaging. This is because you have to remove tablets from blister packs and then fill the NOMAD pack, and it also requires extra checking by another member of staff.



b) Staffing issues

Eight of the pharmacies told us that staff shortages were behind their decision to stop offering MCAs to new customers. They did not envisage this being resolved in the near future.

"We aren't able to accept any new MCAs being issued even when someone has been assessed as being in need. This is due to lack of staff, and the time it takes to make up these prescriptions."

c) Financial pressures

Other pharmacies cited the higher cost of providing MCAs compared to medications dispensed in the standard way.

"Profit margins have evaporated and due to cost of resource and time to do these packs it is becoming difficult for pharmacies to justify doing [MCAs]."

Pharmacies highlighted the fact that despite the extra staff time required, they did not receive any more funding for MCAs than normal prescriptions.

d) Concerns about MCAs - error-prone and disempowering?

Only one pharmacy cited concerns over the safety and effectiveness of MCAs in explaining their decision to stop taking on new MCA customers.

"We believe that [MCAs] pose a risk due to error in filling the packs and too many people don't understand what medication they are taking and what it's for. We would rather educate the patient than provide [MCA] packs."

e) Managability ~ storage space and GP prescribing periods

" GPs are causing issues by prescribing too far in advance. They are supposed to give a seven-day prescription for MCAs, but they often give two months. We do not have storage space for this volume."

MCAs take up not just more staff time but more physical space compared to standard packaging. Several pharmacies highlighted the importance of GPs prescribing MCAs for shorter, more manageable periods of time.

" We do not have capacity to take on new [MCA] patients.....unless the GP provides the pharmacy with weekly prescriptions rather than monthly."

"We don't have the storage space or enough staff to manage.... when GPs prescribe monthly."

One pharmacy reported that they used to get weekly prescriptions for MCAs until approximately 18 months ago when they started to receive monthly ones instead. They told Healthwatch Wokingham they thought that the GP surgery might have been following a directive it had been given.

f) Safeguarding patients

We also heard concerns that the time it takes to produce these packs could compromise the pharmacy's obligations to new and existing patients.

" [MCAs] can take up an hour to do and uses lots of resource.... We have a legal obligation to provide medicines to patients on time. If we can't do that because we have taken on too much work, then this becomes a safeguarding issue."



Smaller pharmacies temporarily cushioning the blow

When we spoke to the pharmacists, it became clear that the smaller, independent providers were working hard to try to provide MCAs for their customers. Some are even taking on new customers from neighbouring areas where no local provision exists.

This is an additional pressure on small businesses and most indicated they would not be able to do this indefinitely.

"We are still taking new [MCA] requests at the moment. However, we are taking on new customers from as far as Woodley and Winnersh who can't get [MCA] packs there. We don't get paid for making up the packs and generally deliver these to the customer, for which we aren't paid either. If we get many more requests, we are going to have to start charging new patients."

Conclusions

The majority of pharmacies in Wokingham Borough are not taking any new customers who require MCAs. The most common concerns voiced by pharmacies were dispensing time, resource constraints, manageability (storage space and GP prescribing periods) and fulfilling their legal obligation to patients. There seemed to be a genuine desire to help those who are vulnerable and need assistance with their medication, but many are unable to provide this service. Key issues we identified were:

- 1) **Lack of time and staff resource.** This is potentially linked to the reduction in government funding of pharmacies which is due to remain static for the next five years - <https://www.chemistanddruggist.co.uk/news/dh-bases-frozen-pharmacy-funding-belief-there-are-still-too-many>
- 2) **The GPs prescribing for longer periods of time** rather than weekly. This caused two issues; storage space for the completed MCAs and, arguably, funding as we believe pharmacies are paid per prescription.
- 3) **Lack of information:** We found that many pharmacies were not aware of capacity locally (or lack of it), so they are directing patients to other providers who are also unable to provide MCAs. Our table at Appendix 1 shows availability of MCAs by pharmacies across the Borough. In many areas there are no pharmacies accepting new MCA customers- yet patients would need to contact each pharmacy directly to be able to find this out.



The lack of choice and support with medication for some of our most vulnerable residents causes Healthwatch Wokingham concern. Small, independent pharmacies, charities and organisations such as Age UK Berkshire are helping people currently affected but this is likely to become a bigger issue as time goes on.

Pharmacists are contractually obliged to make 'reasonable adjustments' for those patients covered by the Equality Act 2010 in order to support patients with a long term disability access their medication as instructed. Although we heard that MCAs are not always the preferred solution, if an assessment has been made by a GP that an individual is in need then a MCA should be available to them.

We believe this could be a national issue as we understand the Director of Adult Social Care at Reading Borough Council is aware of similar issues in Reading. We will pass our findings onto Healthwatch England.

We recommend that the CCG, Council, Health Overview and Scrutiny Committee and Health and Wellbeing board look into this issue further.

Healthwatch Wokingham Borough
October 2019

Response received from key organisation 1

To follow when received.



Response received from key organisation 2

To follow when received.



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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
4 March 2020	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Adult Social Care and the challenges around this area	Update	Update	Executive Member for Adults Services and Director Adult Services
	Ambulance response time	Update	Update	SCAS
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

Currently unscheduled topics:

- Draft Quality Accounts (April 2020)
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust

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