



Pharmacy Services in Leicestershire and Rutland What do you think?



Pharmaceutical Needs Assessment 2018 Questionnaire

Pharmaceutical Needs Assessment



Every few years we have to look at pharmacy services in our area.



This is called a Pharmaceutical Needs Assessment.



We are looking at:

 What pharmacy services we have and where they are



 What pharmacy services we might need in the future



What do you think?

We want to know what you think about these plans.



Please read through the easy read document called 'Pharmacy Services in Leicestershire' or 'Pharmacy Services in Rutland' and then tell us your views by answering these questions.



We need to have your answers by Tuesday 2nd January 2018.

Your role

Question 1: Are you... A member of the public? A member of the council staff? A doctor? A Pharmacist? A member of the staff at the Clinical Commissioning Group? Someone who works for NHS England? Someone who works for a NHS Trust? Another health or social care professional? - please say Other - please say

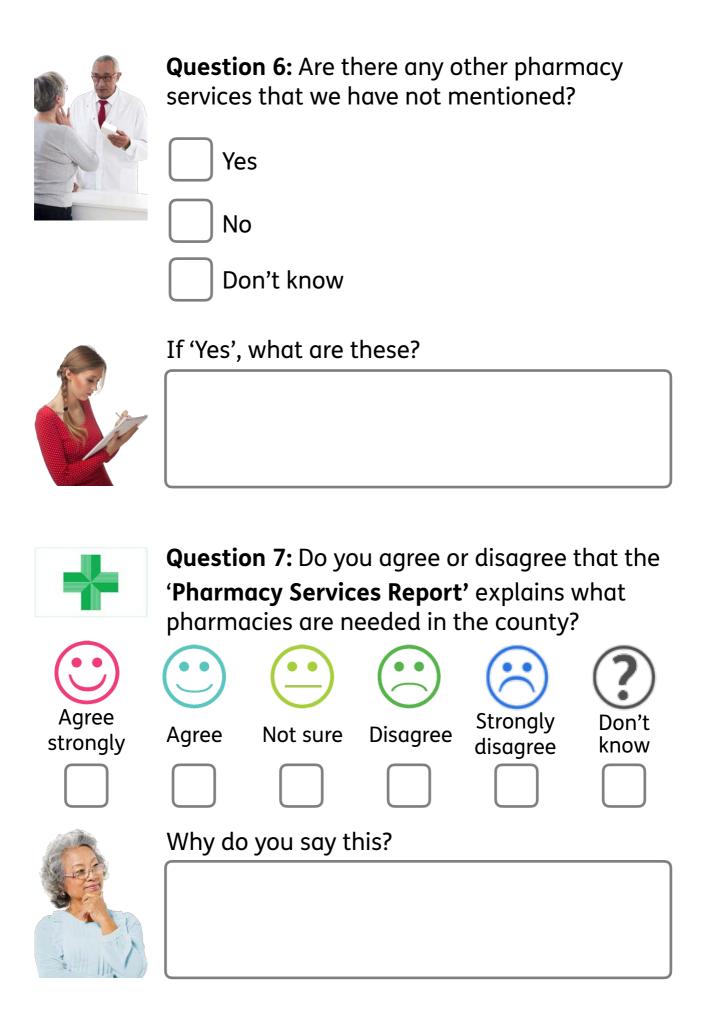
Question 2: If you are answering for an organisation please tell us:

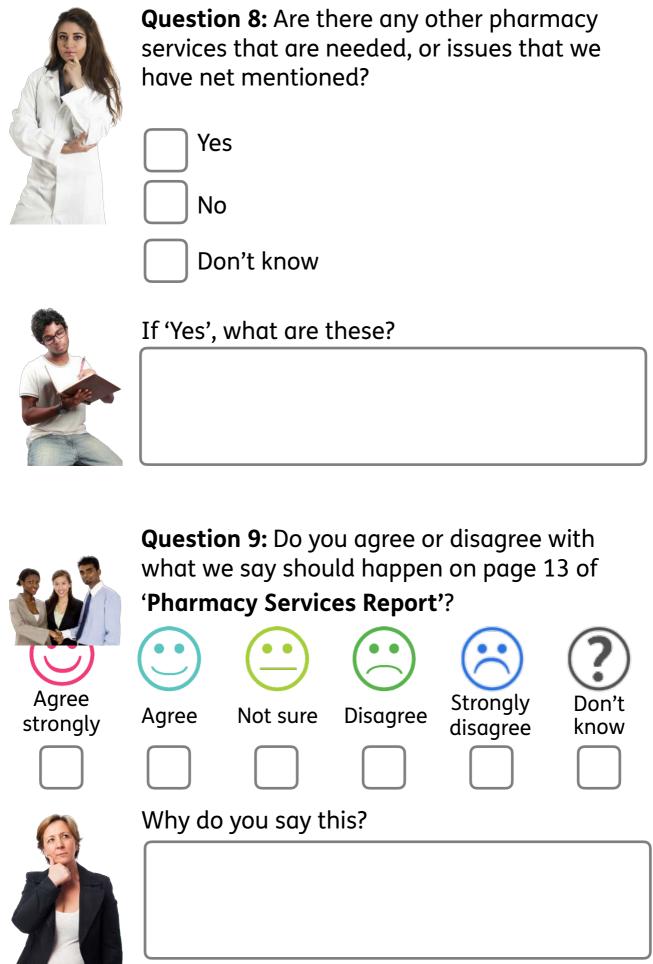
	Your name:
	Your job:
	The organisation:
	The organisation Postcode:
	Are your answers on behalf of the organisation or are they your own opinion?
	On behalf of the organisation
	My own opinion
Pharmacy Services in Leicestershire	Question 3: Are you answering about the Leicestershire or Rutland Pharmaceutical Needs Assessment?
Pharmacy Services in Rutland	Leicestershire
Promocodal Nech	Rutland



Question 4: Do you agree or disagree that we have explained why we need a Pharmaceutical

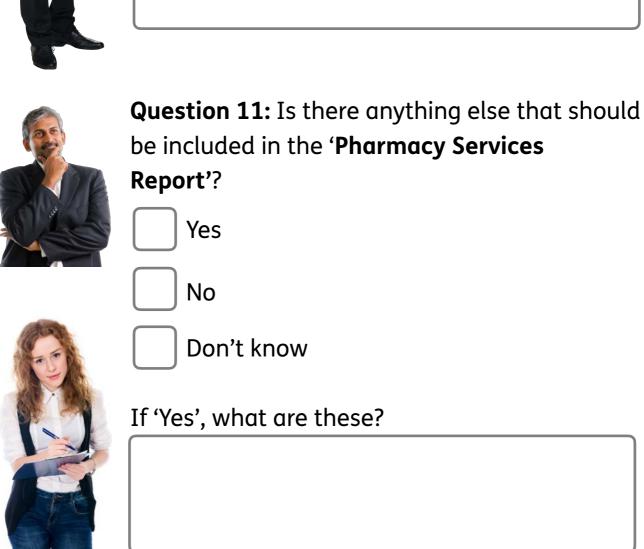
		Assessmen s Report '?	ıt on page	3 of ' Phar i	macy	
					?	
Agree strongly	Agree	Not sure	Disagree	Strongly disagree	Don't know	
	Why do you say this?					
Pharmacy Services in Leicestershire Pharmacy Services in Rutand The Control of	'Pharmo	acy Servic		r disagree t ' explains h ounty?		
				\odot	?	
Agree strongly	Agree	Not sure	Disagree	Strongly disagree	Don't know	
	Why do you say this?					







Question 10: Which of the things we say should happen could you or your organisation work on?





Question 12: Do you have any other comments?



Question 13: Why did you choose to answer this survey?

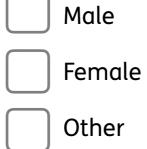
About you



Please answer these questions about yourself. Your answers will help us to be sure we are getting the views from all the different communities in Leicestershire and Rutland.



Question 14: Are you...





Question 15: Is your gender the same as the gender you were given at birth?

Yes No

Question 16: How old are you?



Under 15

45 - 54

65 - 74

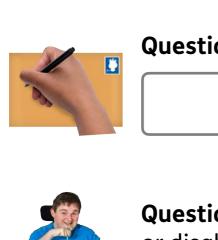
85 or over

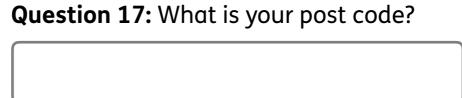
15 - 24

35 - 44

55 - 64

75 - 84







Question 18: Do you have a long term illness or disability?

Yes

No



Question 19: What is your ethnic group?



White

Mixed



Asian

Black

Other

	Question 20: What is your religion?			
90	No religion			
	Christian			
	Buddhist			
	Hindu			
	Jewish			
	Muslim			
	Sikh			
	Any other religion			
Leicestershire Cyty Council Rutland County Council	Question 21: Do you work for Leicestershire County Council or Rutland County Council? Yes No			
	Question 22: Are you			
	Bisexual - attracted to both men and women			
	Gay Man - men who are attracted to men			
	Gay Woman or Lesbian - women who are attracted to women			
	Heterosexual or straight- attracted to people of the opposite sex			
	Other			

Thank you



Thank you for completing this survey.

Please return it by Tuesday 2nd January in the envelope provided.

For more information



If you need more information please contact us at:

Email: natalie.greasley@leics.gov.uk



Tel: 0116 3054266

Web: www.leicestershire.gov.uk/pharmaceutical-needs-assessment

or



www.rutland.gov.uk/my-council/ have-your-say/public-consultations/ pharmaceutical-needs-assessments/



Post:

Leicestershire County Council County Hall Glenfield Leicester LE3 8RA

Easy read by Easy-Read-Online.co.uk