

# Have your say on the draft Pharmaceutical Needs Assessment 2018

Every three years, pharmaceutical needs assessments (PNAs) are carried out around the country to ensure that local community pharmacies –"chemist shops" - are meeting the pharmaceutical needs of local people.

The PNA helps NHS England manage and make decisions about requests from pharmacists or pharmacy businesses to set up new community pharmacies, merge businesses, or move premises within Leicestershire. They also provide insight into other areas where improvements can be made.

Preparing PNAs is the responsibility of Health and Wellbeing Boards. These Boards bring together local authorities, the NHS and other key partners to improve the health and wellbeing of their local areas.

Please note that PNAs focus solely on community pharmaceutical services and do not cover pharmacies in hospitals or prisons.

The Leicestershire Health and Wellbeing Board has now created a draft PNA for Leicestershire and we would like your comments on it. This is your opportunity to share your views.

To have your say, please read the consultation document (www.leicestershire.gov.uk/pharmaceutical-needs-assessment) before completing the questionnaire.

Thank you for your assistance. Your views are important to us.

Please note: Your responses to the main part of the survey (Q1 to Q12, including your comments) may be released to the general public in full under the Freedom of Information Act 2000. Any responses to the questions in the 'About you' section of the questionnaire will be held securely and will not be subject to release under Freedom of Information legislation, nor passed on to any third party.

### Your role

Q1 In what role are you responding to this consultation? Please select <u>one</u> option only.

Member of council staff	
Dispensing doctor	
Pharmacist/appliance contractor	r
Clinical Commissioning Group employee	employee
NHS England employee	
NHS Trust employee	
Other health or social care professional (please specify below)	essional (please specify below)
Other (please specify below)	
Please specify 'other'	

If you said 'Member of the public' to Q1, please skip to Q3.

Q2 If you represent an organisation, please provide your details.

Name:	
Role:	
Organisation:	
Organisation postcode:	

This information may be subject to disclosure under the Freedom of Information Act 2000

Are you providing your organisation's official response to the consultation or a personal/professional view? Please tick <u>one</u> option only

Official response

Personal/professional view

### Your views on the draft PNA

Purpose

Q3 To what extent do you agree or disagree that the purpose of the PNA is clearly explained in the draft?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Why do you say th	is?				

### Current provision

Q4 To what extent do you agree or disagree that the draft PNA adequately reflects the current community pharmacy provision in Leicestershire?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Why do you say th	is?				
L					

Q5 Are there any pharmaceutical services currently provided in Leicestershire that have not been highlighted within the draft PNA?

Yes	No	Don't know	
If yes, what are thes	e?		

#### Population needs

Q6 To what extent do you agree or disagree that the needs of the population of Leicestershire have been adequately reflected in the draft PNA?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Why do you say th	is?				

Q7 Are there any gaps or issues in pharmaceutical provision in Leicestershire that have not been reflected in the draft PNA?

Yes	No	Don't know
If yes, what are these?		

#### Recommendations

Q8 To what extent do you agree or disagree with the recommendations in the draft PNA?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Why do you say th	is?				

If you said 'Member of the public' to Q1, please skip to Q10.

Q9 What, if anything, do you think you/your organisation could do to take these recommendations forward?

#### Any other comments

Q10 Is there anything else you think should be included in the PNA?

Yes	No	Don't know		
f yes, what are these	e?			

Q11 Do you have any other comments?

Q12 Finally, please could you let us know why you chose to take part in this consultation, as this will help us understand more fully the responses we receive?

If you said 'Member of the public' to Q1, please complete the 'About you' section. Otherwise please skip to the end.

## About you

Leicestershire County Council is committed to ensuring that its services, policies and practices are free from discrimination and prejudice and that they meet the needs of all sections of the community.

We would therefore be grateful if you would answer the questions below. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Q13 What is your gend	der identity?	
Female		
	nandar nan binar ata)	
U Other (e.g. pan	gender, non-binary etc.)	
Q14 Is your gender ide	entity the same as the ge	ender you were assigned at birth?
☐ Yes	,	, .
□ No		
Q15 What was your ag	ge on your last birthday?	
Under 15	35-44	65-74
15-24	45-54	75-84
25-34	55-64	85 and over
Q16 What is your full p		
I his will allow us	to understand the types	of areas people live. It will not identify your house
	a atanding illnaad diaak	allity or infirmity?
	ng-standing illness, disab	
U Yes		
l No		
018 What is your ethn	ic group? Please tick on	e hox only
White	10 group : 1 10000 tiok <u>orr</u>	Black or Black British
Mixed		Other ethnic group
	Pritich	
Asian or Asian E	SHUSH	

Q19 What is your religion?	
No religion	Jewish
Christian (all denominations)	Muslim
Buddhist	Sikh
Hindu	Any other religion

Q20 Are you an employee of Leicestershire County Council?

Yes		
No No		

Q21 Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it, but we would be grateful if you could tick the box next to the category which describes your sexual orientation.

Bi-sexual	Lesbian
Gay	Other
Heterosexual / straight	

Thank you for your assistance. Your views are important to us.

When the consultation closes on 2nd January 2018, we will report the results back to the Health and Wellbeing Board in April 2018.

Please return your completed survey to: Pharmaceutical Needs Assessment 2017 consultation, Room 300B, Leicestershire County Council, Have Your Say, FREEPOST NAT 18685, Leicester, LE3 8XR

**Data Protection**: Personal data supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. Leicestershire County Council will not share any information collected from the 'About you' section of this survey with its partners. The information will be held in accordance with the council's records management and retention policy. Information which is not in the 'About you' section of the questionnaire may be subject to disclosure under the Freedom of Information Act 2000.