

# 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

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Q1	In what role are you responding to this consultation? Please select one option only.						
	Member of the public						
	Member of council staff						
Dispensing doctor							
	Pharmacist/appliance contractor Clinical Commissioning Group employee						
	NHS England employee						
	NHS Trust employee						
	Other health or social care professional (please specify below)						
	Other (please specify below)						
	Please specify 'other'						
If yo	said 'Member of the public' to Q1, please skip to Q3.						
If yo	said 'Member of the public' to Q1, please skip to Q3.  f you represent an organisation, please provide your details.						
_							
_	f you represent an organisation, please provide your details.						
_	f you represent an organisation, please provide your details.						
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_	f you represent an organisation, please provide your details.  Role:  Organisation:  Organisation postcode:						
_	f you represent an organisation, please provide your details.  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						

### Your views on the draft PNA

Pur	oose						
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

To what extent of community pha		n in Leicestershi	re?		
Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Why do you say th	nis?				
Are there any n	harmaceutical	services current	ly provided in Leic	estershire tha	it have not be
Are there any p highlighted with Yes	harmaceutical in the draft PN	services current A? Don't know	ly provided in Leic	estershire tha	it have not be
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highlighted with Yes	in the draft PN No	A?	ly provided in Leic	estershire tha	it have not be

Population	needs
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Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't kno
				Ö	
Why do you say th	is?				
Are there any gareflected in the o		pharmaceutica  Don't know	al provision in Leice	estershire tha	t have not b
reflected in the	draft PNA?  No		al provision in Leice	estershire tha	t have not b
reflected in the o	draft PNA?  No		al provision in Leice	estershire tha	t have not k
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reflected in the o	draft PNA?  No		al provision in Leice	estershire tha	t have not k

#### Recommendations

Q8	8 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 yo	u said 'Membe	r of the public'	to Q1, please	skip to Q10.		
Q9	What, if anything	g, do you think v	/ou/your organi	sation could do to	take these	
	recommendation					

Any other comments

Yes	No	Don't know	
f voc. what are the	CO2		
f yes, what are the	56 !		
D	()	1 - 0	
Do you have any	otner comm	ents? ———————	
Finally, please c	ould you let u	s know why you chose to take part in this consu	ıltation, as th
will help us unde	erstand 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.

213 What is your gender identity?							
Male	☐ Male						
Female	Female						
Other (e.g. pangender, non	-binary etc.)						
Q14 Is your gender identity the s	same as the gender y	ou were assigned at birth?					
Yes		-					
No							
Q15 What was your age on your	last birthday?						
Under 15	35-44	65-74					
<u> </u>	45-54	75-84					
25-34	55-64	85 and over					
Q16 What is your full postcode? This will allow us to underst		s people live. It will not identify your house.					
Q17 Do you have a long-standin	g illness, disability or	infirmity?					
Yes							
No							
Q18 What is your ethnic group?	Please tick one box of	only.					
White		Black or Black British					
Mixed		Other ethnic group					
Asian or Asian British		_					

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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 C Yes No	ouncil?
	Many people face discrimination because of thei have decided to ask this monitoring question. Yo grateful if you could tick the box next to the cated	u do not have to answer it, but we would be
	☐ Bi-sexual	Lesbian
	Gay	Other
	Heterosexual / straight	
Than	k you for your assistance. Your views are importa	ant to us.
	n the consultation closes on 2nd January 2018, w Wellbeing Board in April 2018.	ve will report the results back to the Health

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.

