

# 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

**Question 3:** Are you answering about the **Leicestershire** or **Rutland** Pharmaceutical Needs Assessment?

- Leicestershire
- Rutland





**Question 4:** Do you agree or disagree that we have explained why we need a Pharmaceutical Needs Assessment on page 3 of ‘**Pharmacy Services Report**’?



Agree strongly



Agree



Not sure



Disagree



Strongly disagree



Don't know

Why do you say this?





**Question 5:** Do you agree or disagree that ‘**Pharmacy Services Report**’ explains how we provide pharmacies in the county?



Agree strongly



Agree



Not sure



Disagree



Strongly disagree



Don't know

Why do you say this?





**Question 6:** Are there any other pharmacy services that we have not mentioned?

Yes

No

Don't know



If 'Yes', what are these?



**Question 7:** Do you agree or disagree that the 'Pharmacy Services Report' explains what pharmacies are needed in the county?



Agree strongly



Agree



Not sure



Disagree



Strongly disagree



Don't know



Why do you say this?



**Question 8:** Are there any other pharmacy services that are needed, or issues that we have not mentioned?

Yes

No

Don't know



If 'Yes', what are these?



**Question 9:** Do you agree or disagree with what we say should happen on page 13 of 'Pharmacy Services Report'?



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 11:** Is there anything else that should be included in the '**Pharmacy Services Report**'?

Yes

No

Don't know



If 'Yes', what are these?

**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...

- Male
- Female
- Other



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

- Yes
- No

**Question 16:** How old are you?



- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Under 15   | <input type="checkbox"/> 15 - 24 |
| <input type="checkbox"/> 25 - 34    | <input type="checkbox"/> 35 - 44 |
| <input type="checkbox"/> 45 - 54    | <input type="checkbox"/> 55 - 64 |
| <input type="checkbox"/> 65 - 74    | <input type="checkbox"/> 75 - 84 |
| <input type="checkbox"/> 85 or over |                                  |



**Question 17:** What is your post code?



**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?

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion



**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](mailto:natalie.greasley@leics.gov.uk)



Tel: **0116 3054266**



Web: [www.leicestershire.gov.uk/  
pharmaceutical-needs-assessment](http://www.leicestershire.gov.uk/pharmaceutical-needs-assessment)

or

[www.rutland.gov.uk/my-council/  
have-your-say/public-consultations/  
pharmaceutical-needs-assessments/](http://www.rutland.gov.uk/my-council/have-your-say/public-consultations/pharmaceutical-needs-assessments/)



Post:

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