

Pharmaceutical Needs Assessment Consultation response form

The Herefordshire Health and Wellbeing Board is undertaking a formal consultation on their draft Pharmaceutical Needs Assessment (PNA), co-ordinated by the research and intelligence team at Herefordshire Council. This consultation provides an opportunity to help shape the future of pharmacy services in Herefordshire. We want to make sure that pharmacies that provide high quality services people need and use, and we want to work with pharmacists, patients and customers to improve services that may need improving.

The draft PNA report can be accessed here. Please complete this questionnaire promptly and accurately to ensure that the final PNA report is as accurate and comprehensive as possible, and that it can support you to benefit from excellent pharmacy services in Herefordshire.

All feedback received by the closing date will be collated for consideration by Herefordshire Health and Wellbeing Board. A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how the comments have been acted upon.

Any information you provide will be treated as strictly confidential and will only be used for the purposes described here and will not be shared with any other parties. Any comments provided may be included in anonymous form in the published results.

If you have any queries, need help to complete the questionnaire or would like it in another format or language, please e-mail: researchteam@herefordshire.gov.uk

The questionnaire

1. **Do you feel that the purpose of the PNA has been explained sufficiently?**
(Please refer to section 1 of the PNA for more detail)

Yes

No

If no, please explain why:

2. **Do you agree with the key findings about pharmaceutical services in Herefordshire?**
(Please refer to section 3 of the PNA for more detail)

Yes

No

If no, please explain why:

3. Do you feel the information contained within the PNA adequately reflects the current provision by community pharmacies within Herefordshire?
(Please refer to section 3 of the PNA for more detail)

Yes

No

If no, please explain why:

- 4.a 4a. Do you agree that the current and future needs of the population of Herefordshire are adequately reflected?

Yes

No

If no, please explain why:

- 4.b Do you agree that the current pharmacy provision and services in Herefordshire are adequate?

Yes

No

If no, please explain why:

5. Are there any pharmaceutical services currently provided that you are aware of that are not highlighted within the PNA?
(Please refer to section 3.2 of the PNA for discussion of current service provision)

Yes

No

If yes, please let us know which service(s):

6. Do you think that pharmacy services are available at convenient locations and opening times in Herefordshire?

Yes

No

If no, please explain why:

7. Question for Community Pharmacies only

Has the PNA given you adequate information to inform your own future service provision?

Yes

No

If no, please explain why:

8. Question for NHS England only

Has the PNA provided adequate information to inform market entry decisions?

Yes

No

If no, please explain why:

9. For all respondents

Is there any additional information that you feel should be included in the PNA?

Yes

No

If yes, please provide details:

**10. Do you agree with the conclusions reached in the PNA?
(Please refer to section 3 in the PNA)**

Yes

No

Please explain:

**11. If you have any further comments please let us know in the box below.
(Please reference the section and page in the PNA report).**

About you

So that we can understand whether the responses to our questionnaire are representative of the local population and other key stakeholders, we would like you to complete the information below. All information will remain confidential and will not be used for any other purpose.

Please let us know whether you are responding as:

A patient

A health or social care professional

A community pharmacy contractor

A community service provider

A residential home

A nursing care home

On behalf of an organisation, please state which organisation below:

Other, please provide details below:

On behalf of an organisation, please state which organisation:

Other, please provide details:

What is your gender?

Male

Female

What is your age band:

Less than 16 years

16-24 years

25-44 years

45-64 years

65-74 years

75+ years

Do you consider yourself to have a long term condition or disability as defined under the Equality Act?

(The Equality Act defines a disability as a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities')

Yes

No

Do you provide care for anyone (e.g. a parent, child, other) who has any form of disability, long-term condition, terminal illness or mental health problems related to old age or other age?

Yes

No

Are your day to day activities limited because of any health problem or disability which has lasted or is expected to last at least 12 months?

Yes

No

How would you describe your national identity? (Tick as many as apply)

English

Scottish

British

Welsh

Northern Irish

Irish

Other (please specify):

How would you describe your ethnic group? (Please tick one box only)

White British/English/Welsh/Scottish/Northern Irish

Other White (please specify below)

Any other ethnic group (please specify below)

Other White (please specify)

Any other ethnic group (please specify)

Thank you for taking the time to complete this questionnaire.