Pharmaceutical Needs Assessment - Review
15 November 2017 to 22 January 2018

Consultation Questionnaire

Please note: if you are responding as a Health / Social Care professional or on behalf of an organisation, please go online to www.kent.gov.uk/pharmaceuticalneeds to access an alternative consultation questionnaire.

The Health and Wellbeing Board produced a Pharmaceutical Needs Assessment (PNA) in 2015. This has been used by the NHS to decide whether to approve applications for new pharmacies in an area and by commissioners to identify local health needs that could be addressed by pharmacy services.

It is now time to review the PNA to ensure that the needs of the Kent population are identified correctly. A refreshed version of the PNA will be published by April 2018.

As part of this process, the Health and Wellbeing Board is now consulting with Health and Social Care professionals, organisations and people that use pharmacy services to finalise the content of the PNA.

What information do you need before completing the questionnaire?

We recommend that you read the draft PNA documents before filling in this questionnaire. All consultation materials are available online at www.kent.gov.uk/pharmaceuticalneeds

To respond to the consultation please fill in the online questionnaire on the website. Alternatively, fill in the Word version and submit it to the following email address: PNA@kent.gov.uk or to: PNA Consultation, Public Health, Sessions House, Kent County Council, County Road, Maidstone, Kent, ME14 1XQ.

Please ensure your response reaches us by 22 January 2018.

Alternative Formats: If you need this questionnaire or any of the consultation documents in an alternative format, please email alternativeformats@kent.gov.uk or call 03000 421553 (text relay service number: 18001 03000 421553). This number goes to an answering machine, which is monitored during office hours.

Privacy: Kent County Council collects and processes personal information in order to provide a range of public services. Kent County Council respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the Data Protection Act 1998.
Section 1 – About You

Q1. Please tell us which district/borough you live in.

Please select one option.

- Ashford
- Canterbury
- Dartford
- Dover
- Gravesham
- Maidstone
- Sevenoaks
- Shepway
- Swale
- Thanet
- Tonbridge and Malling
- Tunbridge Wells

Q2. Please tell us your postcode:

We use this to help us to analyse our data. It will not be used to identify who you are.
Section 2 – About your use of pharmacies

Q3. Do you have your medicines dispensed at a pharmacy?
*Please select one option.*

- [ ] Yes
- [ ] No
- [ ] Don’t know

Q4. Do you have your medicines dispensed at a dispensing doctor’s practice?

*This is a surgery where the doctor can supply the medication as well as prescribe it. This only applies where the surgery holds a contract to dispense and the patient lives in a very rural location making access to normal pharmaceutical services difficult.*

*Please select one option.*

- [ ] Yes
- [ ] No
- [ ] Don’t know

Q5. If you use a pharmacy, how often do you use one?

*Please select one option.*

- [ ] One or more times per week
- [ ] Once every couple of weeks
- [ ] Once a month
- [ ] Once every couple of months
- [ ] Less often
- [ ] Don’t know
- [ ] Not applicable
Q6. Do you have a regular pharmacy that you use?  
*Please select one option.*

- Yes
- No
- Don’t know
- Not applicable

*If you have answered Yes to Q6, please answer Q7 to Q10 below. Otherwise, please go to Q11.*

Q7. In terms of location, what is the main reason you use this pharmacy regularly?  
*Please select one option.*

- Near to work
- Near to home
- Near to my doctors
- In town/shopping area
- In the supermarket
- Other, please specify:
Q8. If your regular pharmacy was not open, would you...

*Please select one option.*

- Wait for it to open
- Find another pharmacy
- Don’t know

Q9. If your regular pharmacy didn't have the things you need, would you...

*Please select one option.*

- Wait for it to order the things you need
- Find another pharmacy
- Don’t know

Q10. How do you usually travel to your regular pharmacy?

*Please select one option.*

- Walk
- Car (driver)
- Car (passenger)
- Bus
- Bicycle
- Taxi
- Other, please specify:
Section 3 – Your views on the Pharmaceutical Needs Assessment (PNA) documents

Q11. Which of the following PNA consultation documents have you read?  
*Please select all that apply.*

- Countywide document
- The document that covers the area in which you live
- All 7 area documents
- None
- Don’t know

Q12. Please tell us if you have any comments on the PNA documents.
Q13. If you have any other comments specifically about any of the following, please provide them in the box below:

- accessing either a pharmacy or dispensing doctor’s surgery to obtain your prescribed medicines
- the advice given by the pharmacy or dispensing doctor’s surgery around the safe and effective use of these medicines
- any general health advice offered to help you keep yourself well
Q14. We have completed an Equality Impact Assessment (EqIA) to see whether the Pharmaceutical Needs Assessment could affect anyone unfairly. We welcome your views on the assumptions we have made and the conclusions we have drawn.

The EqIA can be viewed online at [www.kent.gov.uk/pharmaceuticalneeds](http://www.kent.gov.uk/pharmaceuticalneeds) or copies can be requested by email PNA@kent.gov.uk or telephone: 03000 415818.

We welcome your views on the EqIA.

*Please write in below.*
Section 4 - More About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

Q15. Are you......? Please select one option.

- Male
- Female
- I prefer not to say

Q16. Is your Gender the same as your birth? Please select one option.

- Yes
- No
- I prefer not to say

Q17. Which of these age groups applies to you? Please select one option.

- 0-15
- 16-24
- 25-34
- 35-49
- 50-59
- 60-64
- 65-74
- 75-84
- 85 + over
- I prefer not to say
Q18. Do you regard yourself as belonging to a particular religion or holding a belief? Please select one option

☐ Yes  ☐ No  ☐ I prefer not to say

Q18a. If you answered ‘Yes’ to Q18, which of the following applies to you? Please select one option.

☐ Christian  ☐ Hindu  ☐ Muslim  ☐ I prefer not to say

☐ Buddhist  ☐ Jewish  ☐ Sikh  ☐ Other

Please write in below

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q19. Do you consider yourself to be disabled as set out in the Equality Act 2010? Please select one option

☐ Yes  ☐ No  ☐ I prefer not to say

Q19a. If you answered ‘Yes’ to Q19, please tell us the type of impairment that applies to you.

You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select ‘Other’, and give brief details of the impairment you have.

☐ Physical impairment

☐ Sensory impairment (hearing, sight or both)
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Longstanding illness or health condition, or epilepsy

[ ] Mental health condition

[ ] Learning disability

[ ] I prefer not to say

A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

Q20. Are you a Carer?

[ ] Yes

[ ] No

[ ] I prefer not to say

Q21. To which of these ethnic groups do you feel you belong?

Please select one option. (Source: 2011 Census)

White English

[ ] Mixed White & Black Caribbean

Mixed White & Black Caribbean

Mixed White & Black African

White Scottish

[ ] Mixed White & Asian

Mixed White & Asian

Mixed Other*

White Welsh

[ ] Black or Black British Caribbean

Black or Black British Caribbean

Black or Black British African

White Northern Irish

[ ] Black or Black British Other*

Black or Black British Other*

White Irish

[ ] Arab

Arab

Asian or Asian British Indian

[ ] Chinese

Chinese

Asian or Asian British Pakistani

[ ] I prefer not to say

I prefer not to say

Asian or Asian British Bangladeshi

Asian or Asian British Other*

Asian or Asian British Other*

*Other Ethnic Group - If your ethnic group is not specified on the list, please describe it here

[ ]
Q22. Are you...?  Please select one option.

- Heterosexual/Straight
- Bi/Bisexual
- Gay woman/Lesbian
- Gay man
- Other
- I prefer not to say

Thank you for taking the time to complete this questionnaire.