

B&NES Pharmaceutical Needs Assessment 2018 to 2021

Consultation

The Bath and North East Somerset Health and Wellbeing Board is currently consulting on its draft 2018 Pharmaceutical Needs Assessment (PNA).

The PNA is a document which assesses whether the provision of local pharmaceutical services across the area is sufficient to meet the health and wellbeing needs of the local population.

It considers whether we have enough pharmacies, and whether they provide the right services for local people now and in the future. It is also intended to assist the NHS and other local commissioners to develop future pharmaceutical services.

Why are we consulting?

A draft PNA document has been prepared and we would like your views on it.

What happens next?

The feedback from this consultation will inform the final PNA document which will be available by 1st April 2018.

Stakeholder

Is your interest in this PNA as a:

- Member of the public
- Ward Councilor
- Commissioner of services
- Pharmaceutical service provider
- Voluntary, community or social enterprise organisation
- Business organisation
- Other (please state)

If you are responding to this consultation on behalf of a group or organisation, please state which:

Purpose and scope

Is the purpose and scope of the PNA clear?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If no, please explain:

Pharmaceutical service provision

Are you aware of any current pharmaceutical services that are not mentioned in the draft PNA?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide details here:

Are you aware of any future changes to pharmaceutical services which aren't identified within the draft PNA?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide details here:

Pharmaceutical need

Are there any current or anticipated needs for pharmaceutical services in B&NES which aren't considered within the draft PNA?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide details here:

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Are you aware of any barriers to accessing pharmaceutical services which should be identified within the PNA?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes (for example due to building access issues, transport availability or lack of information about services) please explain:

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Key findings

Do you agree with the key findings contained within the draft PNA?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If no, please be specific about which findings and why:

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Further comments

Please include any further comments you would like to make here:

About you

Please can you tell us some details about yourself or, if responding on behalf of an organisation, a profile of the people that you support or represent.

Age group

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Under 16 |
| <input type="checkbox"/> | 16-24 |
| <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+ |
| <input type="checkbox"/> | Prefer not to say |

Gender

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Something else (please outline below)
<input type="text"/>	

Do you identify as transgender or do you have a trans history? For the purposes of this question 'transgender' is defined as an individual who lives in a gender identity that is different to their sex assigned at birth.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

Ethnicity

<input type="checkbox"/>	WHITE – English/Welsh/Scottish/Northern Irish/British
<input type="checkbox"/>	WHITE – Irish
<input type="checkbox"/>	WHITE – Eastern European
<input type="checkbox"/>	WHITE – Gypsy or Irish Traveler
<input type="checkbox"/>	WHITE – Mixed European
<input type="checkbox"/>	WHITE – Any other White background
<input type="checkbox"/>	BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH – Caribbean
<input type="checkbox"/>	BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH – African
<input type="checkbox"/>	BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH – Any other black background
<input type="checkbox"/>	ASIAN OR ASIAN BRITISH – Indian
<input type="checkbox"/>	ASIAN OR ASIAN BRITISH – Pakistani
<input type="checkbox"/>	ASIAN OR ASIAN BRITISH – Bangladeshi
<input type="checkbox"/>	ASIAN OR ASIAN BRITISH – Chinese
<input type="checkbox"/>	ASIAN OR ASIAN BRITISH – Any other Asian background
<input type="checkbox"/>	OTHER ETHNIC GROUP – Arab
<input type="checkbox"/>	OTHER ETHNIC GROUP – Any other ethnic group
<input type="checkbox"/>	MIXED/MULTIPLE ETHNIC GROUPS – White and Black Caribbean
<input type="checkbox"/>	MIXED/MULTIPLE ETHNIC GROUPS – White and Black African

- MIXED/MULTIPLE ETHNIC GROUPS – White and Asian
- MIXED/MULTIPLE ETHNIC GROUPS – Any other mixed background
- Prefer not to say

Religion / belief

- No religion
 - Christian
 - Buddhist
 - Muslim
 - Hindu
 - Jewish
 - Sikh
 - Atheist
 - Other
 - Prefer not to say
 - Something else (please outline below)
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Sexual orientation

- Bisexual
 - Gay
 - Heterosexual
 - Lesbian
 - Prefer not to say
 - Something else (please outline below)
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Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to say

If yes, it would be helpful for us to know what type(s) of disability you have:

- Long term condition
- Mental health condition
- Learning disability
- Physical disability
- Sensory loss

Postcode: _____

Return address:

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