



## Have your say on the updated Pharmaceutical Needs Assessment for 2022

Thanks for taking the time to take part in this consultation. Before you do, make sure you have read the document showing the draft Pharmaceutical Needs Assessment (PNA) for South Gloucestershire

Please complete this survey by 8th September 2022

Q1 **Are you responding to this consultation...?**

- |  |  |
|--|--|
| <input type="checkbox"/> As a member of the public                                 | <input type="checkbox"/> On behalf of a business               |
| <input type="checkbox"/> As a health or social care professional                   | <input type="checkbox"/> On behalf of a Parish or Town Council |
| <input type="checkbox"/> As a pharmacist or provider of pharmacy services          | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> On behalf of a voluntary or community sector organisation |  |

Q1a If 'other' please specify:

Q2 **Do you think that the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in South Gloucestershire?**

- Yes  No  Don't know

Q2a **If you answered 'no' Why do you say that?**

Q3 **Do you feel that the pharmaceutical needs of the population of South Gloucestershire have been adequately reflected in the draft PNA document?**

- Yes  No  Don't know

Q3a **If you answered 'no' Why do you say that?**

- Q4 **From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?**
- Yes  No  Don't know

Q5 **Why do you say that?**

Q6 **The PNA does not identify any gaps in the provision of necessary services (including the dispensing of prescriptions). Do you agree with this assessment?**

Yes  No  Don't know

Q6a **If you answered 'no'  
Why do you say that?**

Q7 **Do you agree with the conclusions contained within the draft PNA?**

Yes  No  Don't know

Q7a **If you answered 'no'  
Why do you say that?**

Q8 **Please use this space to make any other comments about the PNA or pharmacy services in South Gloucestershire that you think are relevant.**

## About you

This section is really important as it helps us to gain a better understanding of the needs of different service users, the views of different people and how they could be impacted by any changes. This information will remain confidential and will be used for analysis purposes only. Your personal information will not be published and individuals will not be identified.

If you are answering as a professional or on behalf of an organisation, you do not need to complete this section

Q9

**Are you...?**

Male

Female

Prefer not to say

Q10

**How old are you?**

17 or under

25 - 44

65+

18 - 24

45 - 64

Prefer not to say

Q11 **Do you consider yourself to be disabled?** (please tick all that apply)

No

Prefer not to say

Yes - Physical impairment

Yes - Sensory impairment

Yes - Mental health condition

Yes - Learning disability/ difficulty or cognitive impairment

Yes - Long standing illness or health condition

Yes - Other (please state below)

Q11a If 'other' please specify:

Q12 **Your ethnicity:**

Arab/Arab British

Asian/Asian British – Bangladeshi

Asian/Asian British – Indian

Asian/Asian British – Pakistani

Asian/Asian British – Chinese

Asian/Asian British – Other

Black/African/Caribbean/Black British – African

Black/African/Caribbean/Black British – Caribbean

Black/African/Caribbean/Black British – Other

Gypsy or Traveller of Irish Heritage

Mixed/Multiple Ethnic Groups – White & Asian

Mixed/Multiple Ethnic Groups – White & Black African

Mixed/Multiple Ethnic Groups – White & Black Caribbean

Mixed/Multiple Ethnic Groups – Other

White – English/Welsh/Scottish/Northern Irish/British

White – Irish

White – Other (please state)

Other ethnic group (please state)

Prefer not to say

Q12a Other, please tell us:

Q13 **What is your religion?**

- |                                   |                              |  |
|-----------------------------------|------------------------------|--|
| <input type="radio"/> No religion | <input type="radio"/> Hindu  | <input type="radio"/> Sikh                         |
| <input type="radio"/> Buddhist    | <input type="radio"/> Jewish | <input type="radio"/> Any other religion or belief |
| <input type="radio"/> Christian   | <input type="radio"/> Muslim | <input type="radio"/> Prefer not to say            |

Q14 **What is your sexual orientation?**

- |  |  |   |
|--|--|---|
| <input type="radio"/> Hetrosexual (straight) | <input type="radio"/> Lesbian, gay or bisexual | <input type="radio"/> Prefer not to say |
|--|--|---|

Q15 **Are you transgender?**

- |                           |                          |   |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to say |
|---------------------------|--------------------------|---|

Q16 **Are you currently, or have you previously, served in the UK Armed Forces?**

- No
- Yes - currently serving
- Yes - previously served in Regular Armed Forces
- Yes - previously served in Reserve Armed Forces
- Prefer not to say

Thank you for taking the time to respond to this survey. Please return this survey or any comments before **8th September 2022** by post to:  
FREEPOST SGC, South Gloucestershire Council, Corporate Research & Consultation Team, PNA2022, Council offices, Badminton Road, Yate, BRISTOL, BS37 5AF