

Pharmaceutical Needs Assessment (PNA) Questionnaire

Introduction

We have developed a draft version of our Pharmaceutical Needs Assessment (PNA). The PNA maps existing pharmaceutical provision against future need and is a basis for determining future pharmaceutical service provision and market entry to support local health need.

The Health Act 2009, places a duty on all Primary Care Trusts to develop and publish a Pharmaceutical Needs Assessment (PNA) that reflects local health needs. The subsequent NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010 mean that each PCT must publish a copy of its approved PNA on or before 1st February 2011.

Reason for this survey

The development of the PNA in NHS East Riding of Yorkshire is being led by the PCT Pharmaceutical Needs Assessment Group. We have developed a draft version PNA which starts to map existing provision against future need. We will be sharing the PNA extensively for comment during August and September 2010 in advance of a complete PNA being published on or before 1 February 2011. We would like to invite you to fill in this questionnaire providing your views on our draft PNA. The closing date for return of the questionnaire is **Friday 1 October**. The PNA and supporting documents, along with information about this survey and the PNA process, is available from our website:

www.eastridingofyorkshire.nhs.uk/pna

Please return this questionnaire to us at the FREEPOST address below:

Engagement Manager
FREEPOST RRZE-LKKK-LJHY
Health House
Grange Park Lane
Willerby
HU10 6DT

Confidentiality

Your answers will be anonymous unless you **choose** to provide us with contact details in Question 14. That means we will only know your postcode, age and gender. We will not be able to identify you or know what answer you gave to each question. In addition, your responses will not be given to any other organisation and are to be used for statistical purposes only.

Any questions?

If you have any queries, please contact the Engagement Manager by telephone on (01482) 672156, by email on contactus@erypct.nhs.uk or write to her using the above FREEPOST address. The Engagement Manager can also arrange to have the questionnaire provided in your preferred language or format.

Thank you for completing this questionnaire.

About the Pharmaceutical Needs Assessment (PNA)

1 Content of the PNA

Please read statements below and tick the relevant box.

Yes No Unsure

- a) The information in the PNA is clear and understandable

If you answered **No**, how can this be improved?

- b) The information presented is useful.

Yes No Unsure

If you answered **No**, please describe how this can be improved and for what purpose:

- c) In my opinion, the content complies with the Regulations (referenced).

Yes No Unsure

If you answered **No**, please detail why not and what can be done to put this right:

2 Process for producing the PNA

Please read statements below and tick the relevant box.

Yes No Unsure

- a) The process for producing the PNA is described adequately.

If you answered **No**, please explain what can be done to put this right:

Pharmaceutical Needs Assessment Questionnaire

b) In my opinion, the process for producing the PNA complies with the Regulations (referenced). Yes No Unsure

If you answered **No**, please suggest what can be done to put this right within the remaining timescale:

3 Do you agree with all of the conclusions reached and recommendations made? Yes No Unsure

If you answered **Yes** please go to question 4.

If you answered **No or Unsure** please continue with this section.

Should any of the conclusions or recommendations be changed? Please explain why:

Are there additional recommendations that you think we should consider? Please explain why:

Please continue on an additional sheet if necessary.

Improvements and better access

All pharmacists provide a set of Essential Services known as ‘core services’, but there are services that only some pharmacists provide. We would like to ask you about these.

4 Prioritising improvements and better access

Please consider the list of enhanced services below and prioritise the three you consider to be important for potential new service development. (Please give each of these elements a different number from 1 to 3 with 1 being the most important and 3 being the least important.)

- | | |
|--|---|
| <input type="checkbox"/> Smoking cessation counselling | <input type="checkbox"/> Medicines Management Services for Specific Conditions |
| <input type="checkbox"/> Needle exchange service | <input type="checkbox"/> Screening and Brief Intervention Service for Alcohol Consumption |
| <input type="checkbox"/> Buprenorphine consumption service | <input type="checkbox"/> Weight management service |
| <input type="checkbox"/> Emergency Supply of Medicines | <input type="checkbox"/> NHS Health Checks |

5 Do you have specific views on the Beverley and Holderness Wards? Yes No (continue to next page)

Please consider the statements below and indicate whether you agree, disagree or are unsure.

	Beverley			Holderness			
	Rural (incl. Leven, Leconfield & Walkington)	St Mary's (incl. Molescroft)	Minster & Woodmansey	North (Hornsea & area)	South West (incl. Hedon, Preston & Thorngumbald)	South East (Withernsea & area)	Mid Holderness (incl. Burstwick, Skirlaugh & Sproatley)
I agree with the statements made about current provision of necessary pharmaceutical services	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure
I agree with the statements made about possible improvements and better access	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure
I agree with the suggestions for potential new pharmaceutical services	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure

Are there other gaps for improvements and better access that you would like to suggest for these wards? (please use the box below to describe)

Would you like to make any other comments about these wards? (please use the box below)

6 Do you have specific views on the Bridlington and Driffield Wards? Yes No (continue to next page)

Please consider the statements below and indicate whether you agree, disagree or are unsure.

	Bridlington			Driffield		
	North	Central and Old Town	South	Driffield & Rural	East Wolds & Coastal (Nafferton, Hutton Cranswick & Brandesburton)	
I agree with the statements made about current provision of necessary pharmaceutical services	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
	Unsure	Unsure	Unsure	Unsure	Unsure	
I agree with the statements made about possible improvements and better access	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
	Unsure	Unsure	Unsure	Unsure	Unsure	
I agree with the suggestions for potential new pharmaceutical services	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
	Unsure	Unsure	Unsure	Unsure	Unsure	

Are there other gaps for improvements and better access or suggestions for future pharmaceutical services that you would like to suggest for these wards? (please use the box below to describe)

Would you like to make any other comments about these wards? (please use the box below)

7 Do you have specific views on the Goole, Howdenshire and West Wolds Wards?

Yes No (continue to next page)

Please consider the statements below and indicate whether you agree, disagree or are unsure.

	Goole		Howdenshire and the West Wolds						
	North (incl. Hook)	South	Snaith, Airmyn, Rawcliffe & Marshland	Howdenshire (incl. Gilberdyke, H-o-S Moor & N Cave)	Howden	Wolds Weighton (Market Weighton & area)	Pocklington Provincial (incl Stamford Bridge & Wilberfoss)		
I agree with the statements made about current provision of necessary pharmaceutical services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	No	No	No	
	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	
I agree with the statements made about possible improvements and better access	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	No	No	No	
	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	
I agree with the suggestions for potential new pharmaceutical services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	No	No	No	
	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	

Are there other gaps for improvements and better access or suggestions for future pharmaceutical services that you would like to suggest for these wards? (please use the box below to describe)

Would you like to make any other comments about these wards? (please use the box below)

8 Do you have specific views on the Haltemprice Wards?

Yes

No (continue to next page)

Please consider the statements below and indicate whether you agree, disagree or are unsure.

	Brough & South Cave			Cottingham			Hessle and area		
	Dale (incl. Elloughton & Skidby)	South Hunsley (incl. N Ferriby & Swanland)		North (incl. Dunswell)	South		Hessle	Tranby (incl. Anlaby)	Willerby & Kirkella
I agree with the statements made about current provision of necessary pharmaceutical services	Yes	Yes		Yes	Yes		Yes	Yes	Yes
	No	No		No	No		No	No	No
	Unsure	Unsure		Unsure	Unsure		Unsure	Unsure	Unsure
I agree with the statements made about possible improvements and better access	Yes	Yes		Yes	Yes		Yes	Yes	Yes
	No	No		No	No		No	No	No
	Unsure	Unsure		Unsure	Unsure		Unsure	Unsure	Unsure
I agree with the suggestions for potential new pharmaceutical services	Yes	Yes		Yes	Yes		Yes	Yes	Yes
	No	No		No	No		No	No	No
	Unsure	Unsure		Unsure	Unsure		Unsure	Unsure	Unsure

Are there other gaps for improvements and better access or suggestions for future pharmaceutical services that you would like to suggest for these wards? (please use the box below to describe)

Would you like to make any other comments about these wards? (please use the box below)

9 Prioritising individual Wards

Please consider the list below and select the six wards that you consider to be priorities for potential service developments. (Please give each of your top six a different number from 1 to 6 with 1 being the most important and 6 being the least important.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Bridlington North | <input type="checkbox"/> South Hunsley | <input type="checkbox"/> South West Holderness |
| <input type="checkbox"/> Bridlington South | <input type="checkbox"/> Hessle | <input type="checkbox"/> South East Holderness |
| <input type="checkbox"/> Wolds Weighton | <input type="checkbox"/> Howdenshire | <input type="checkbox"/> Cottingham North |
| <input type="checkbox"/> Pocklington Provincial | <input type="checkbox"/> Howden | <input type="checkbox"/> Cottingham South |
| <input type="checkbox"/> North Holderness | <input type="checkbox"/> Goole North | <input type="checkbox"/> Willerby & Kirkella |
| <input type="checkbox"/> St Mary's | <input type="checkbox"/> Goole South | <input type="checkbox"/> Minster and Woodmansey |
| <input type="checkbox"/> Beverley Rural | <input type="checkbox"/> Tranby | <input type="checkbox"/> East Wolds & Coastal |
| <input type="checkbox"/> Dale | <input type="checkbox"/> Mid Holderness | <input type="checkbox"/> Bridlington Central
and Old Town |
| <input type="checkbox"/> Driffield and Rural | <input type="checkbox"/> Snaith, Airmyn,
Rawcliffe & Marshland | |

Additional comments

10 Would you like to make any other comments about the PNA?

About you

11 In what capacity are you responding?

(Select one box that best describes you. If you wish to respond in more than one capacity, you may fill in additional questionnaires.)

<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Carer
<input type="checkbox"/> GP	<input type="checkbox"/> Patient group/ voluntary organisation
<input type="checkbox"/> Other clinician/NHS staff	<input type="checkbox"/> Partner organisation
<input type="checkbox"/> Patient	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Member of the public	<input style="width: 400px; height: 25px;" type="text"/>

12 What is the first half of your postcode?

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13 What is your age group?

<input type="checkbox"/> Under 16 years	<input type="checkbox"/> 65 to 74 years
<input type="checkbox"/> 17 to 24 years	<input type="checkbox"/> 75 to 79 years
<input type="checkbox"/> 25 to 44 years	<input type="checkbox"/> 80 years or over
<input type="checkbox"/> 45 to 64 years	<input type="checkbox"/> Prefer not to disclose/ not applicable

14 What is your ethnic background?

<input type="checkbox"/> White	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed/multiple ethnic group	<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Asian/Asian British	<input type="checkbox"/> Other ethnic group (please specify)
<input type="checkbox"/> Black/African/Caribbean/Black British	<input style="width: 400px; height: 25px;" type="text"/>