

Consultation Survey on the Pharmaceutical Needs Assessment 2022

Thank you for participating in the consultation on the Bexley Pharmaceutical Needs Assessment (PNA) 2022.

The consultation opens Monday 23rd May until Friday 22nd July 2022.

Please read the Draft Bexley PNA in full, then answer the questionnaire below. Your answers to this survey are private and will be kept in line with the Data Protection Act.

Your views on the Draft Bexley PNA

The questions below are statements that require a response using the scale provided. Please select 'Agree', 'Disagree', 'Neutral', or 'I don't know / can't say' based upon your personal response.

Q1. The Draft Bexley PNA accurately describes the current provision (supply) of pharmaceutical services within Bexley.

Agree	Disagree	Neutral	I don't know / can't say
Please expla	in your reason(s) b	elow:	

Q2. The Draft Bexley PNA accurately describes the current pharmaceutical needs of Bexley residents.

Agre	е [Disag	ree	Ne	eutral			on't k	now /	can't sa	ay
Please explain your reason(s) below:											
Q3. The	e Draft	Bexley	PNA	reflects	the	future	(over	the	next	three	years)

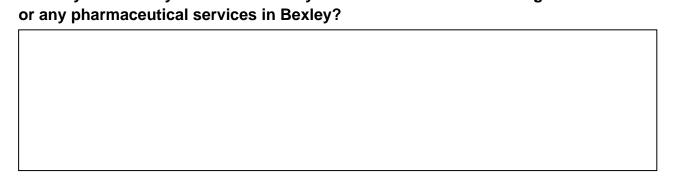
pharmaceutical needs of Bexley residents.							
Agree	Disagree	Neutral	I don't know / can't say				
Please explain your reason(s) below:							



Q4. The Draft Bexley PNA is correct in not identifying any gaps in the provision of pharmaceutical services.

Agree	Disagree	Neutral	I don't know / can't say			
Please explain	your reason(s) be	elow:				
Q5. What is your opinion on the conclusions within the Draft Bexley PNA?						
Agree	Disagree	Neutral	I don't know / can't say			
Please explain	your reason(s) be	elow:				

Q6. Do you have any other comments you would like to make with regards to the PNA



Your interest in the PNA

Q7. Are you mainly responding as? (Please select one option)

A member of the public

A healthcare or social care professional

A voluntary or community sector organisation

Other

If responding on behalf of an organisation, please tell us its name:



About you

/loodt you		
Q8. What is your gender? (Pla	ease select one answer)	
□ Male □ Female □	Other, please specify	□ Prefer not to say
Q9. Is your gender identity th select one answer)	ne same as the gender you were	assigned at birth? (Please
	Prefer not to say	
Q10. What is your age? (Plea	use select one answer)	
□ Under 18 □ 18-29	□ 30-44 □ 4	45-59
□ 60-74 □ 75+	Prefer not to say	
Act 2010 a person is consid	If disabled or have a long-standing dered to have a disability if they ained and long-term adverse effect Please select all that apply)	have a physical or mental
🗆 No	Yes, affecting mobility	Yes, affecting hearing
Yes, affecting vision	Yes, a learning disability	Yes, mental ill-health
□ Yes, another form of disabi	lity, please specify	_ □ Prefer not to say
Q12. What is your ethnic back	kground? (Please select one answ	er)
White British	White – other	Black or Black British
Asian or Asian British	Mixed ethnicity	
□ Other ethnic group, please	specify	□ Prefer not to say
Q13. What is your religion or I	belief? (Please select one answer)	•
Buddhist	Christian	🗆 Hindu
Jewish	□ Muslim	Sikh
□ No religion	\Box Other, please specify	□ Prefer not to say
Q14. What is your sexual orie	entation? (Please select one answe	er)
Heterosexual / Straight	🗆 Gay 🛛 Lesbiar	n 🗆 Bisexual
Other, please specify	Drefer I	not to say

Thank you for completing this survey