

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 explain your reason(s) below:

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

Agree Disagree Neutral I don't know / can't say

Please explain your reason(s) below:

Q3. The 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:



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BEXLEY

Trusted by Bexley residents

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) below:

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) below:

Q6. Do you have any other comments you would like to make with regards to the PNA or any pharmaceutical services in Bexley?

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

Q8. What is your gender? (Please select one answer)

- Male Female Other, please specify _____ Prefer not to say

Q9. Is your gender identity the same as the gender you were assigned at birth? (Please select one answer)

- Yes No Prefer not to say

Q10. What is your age? (Please select one answer)

- Under 18 18-29 30-44 45-59
 60-74 75+ Prefer not to say

Q11. Do you consider yourself disabled or have a long-standing illness? (Under the Equality Act 2010 a person is considered to have a disability if they have a physical or mental impairment which has a sustained and long-term adverse effect on their ability to carry out normal day to day activities) (Please select all that apply)

- No Yes, affecting mobility Yes, affecting hearing
 Yes, affecting vision Yes, a learning disability Yes, mental ill-health
 Yes, another form of disability, please specify _____ Prefer not to say

Q12. What is your ethnic background? (Please select one answer)

- 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 belief? (Please select one answer)

- Buddhist Christian Hindu
 Jewish Muslim Sikh
 No religion Other, please specify _____ Prefer not to say

Q14. What is your sexual orientation? (Please select one answer)

- Heterosexual / Straight Gay Lesbian Bisexual
 Other, please specify _____ Prefer not to say

Thank you for completing this survey