

# Pharmaceutical Needs Assessment Consultation

## Overview

### What is a Pharmaceutical Needs Assessment (PNA)?

The government requires all Health and Wellbeing Boards to produce an assessment of their local pharmaceutical services every three years. This document is called the Pharmaceutical Needs Assessment (PNA) and Sutton's next PNA will be published in November 2022.

The PNA is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision.

### What are Pharmaceutical Services?

Pharmaceutical services are one of the many services currently provided under the NHS by community pharmacies and include:

- dispensing of medicines and appliances on prescription
- sale of medicines to the public
- providing advice to the public on medicines, coping with ill health or general health and wellbeing
- receiving waste medicines for safe destruction

### Who will use the Pharmaceutical Needs Assessment?

The PNA will be used by NHS England, the London Borough of Sutton, and the South West London Integrated Care System to make decisions when applications for new pharmacies are received, and for the commissioning of other services that could be delivered by community pharmacies and other providers.

### Who are we consulting and why?

We are required to consult with any patient, consumer or community group in the borough who has an interest in the provision of pharmaceutical services. It is assumed that everyone living in Sutton may require services provided by community pharmacies and appliance contractors. We are therefore consulting with the entire resident population of Sutton and welcome the views from anyone living in Sutton or anyone providing pharmaceutical services in Sutton.

Your comments will inform the final Pharmaceutical Needs Assessment which will be produced by November 14th 2022

### When will the consultation take place?

The consultation will take place from Monday 15th August 2022 until midnight on 14th October 2022.

Please read the Sutton Draft PNA and Executive Summary before completing the survey.

### How to take part

The draft PNA and the executive summary of the PNA can be found attached at the bottom of this page.

#### Online

A link to the consultation questions can be found below.

#### By post

If you require a paper version of the draft PNA or consultation questions, please contact Paul Hudson either via email ([paul.hudson@sutton.gov.uk](mailto:paul.hudson@sutton.gov.uk)) or telephone (075623 07119) and a copy will be sent to you within 14 days. The consultation questions can also be downloaded from the bottom of this page and printed from home. Please post completed consultation questions to: Public Health Department, Civic Offices, St Nicholas Way, Sutton, London, SM1 1EA.

*Sutton Borough Council has been delegated responsibility from the Sutton Health and Wellbeing Board to undertake this Pharmaceutical Needs Assessment. The Council has engaged Soar Beyond Ltd, a health consultancy, to facilitate the process and provide expertise in undertaking the assessment.*

## Consultation on the London Borough of Sutton Pharmaceutical Needs Assessment 2022

Thank you for participating in the consultation on the Sutton Pharmaceutical Needs Assessment (PNA) 2022. The consultation opens Monday 15th August until Friday 14th October 2022. Please read the 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.

### 1 What is your name?

Name

### 2 What is your email address?

If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

Email

Your interest in the PNA

**3** Are you mainly responding as? (Please select one option)*(Required)**Please select only one item*

- A member of the public
- A carer
- A pharmacist
- A GP
- A healthcare or social care professional
- An employee of Sutton Council
- A member of Sutton Council (councillor)
- A business/ organisation
- A voluntary or community sector organisation
- Other

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

**Your views on the Draft Sutton PNA**

Questions 5-9 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.

**4** The Draft Sutton PNA reflects the current provision (supply) of pharmaceutical services within the London Borough of Sutton. (See Sections 3, 4 & 6 of the Draft PNA)*(Required)**Please select only one item*

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

Please explain your reason(s) below:

**5** The Draft Sutton PNA reflects the current pharmaceutical needs of Sutton residents. (See Section 7 of the Draft PNA)

*(Required)*

*Please select only one item*

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

Please explain your reason(s) below:

**6** The draft Sutton PNA has not identified any gaps in the provision of pharmaceutical services.

*(Required)*

*Please select only one item*

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

Please explain your reason(s) below:

7 The Draft Sutton PNA reflects the future (over the next three years) pharmaceutical needs of Sutton residents. (See Section 7 of the Draft PNA)

*(Required)*

*Please select only one item*

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

Please explain your reason(s) below:

8 With reference to the conclusions, included in the executive summary and section 7 of the Draft PNA, do you:

*(Required)*

*Please select only one item*

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

Please explain your reason(s) below:

9 Do you have any other comments you would like to make with regards to the PNA or any pharmaceutical services in Sutton?

## A bit about you

These questions are for monitoring and analysis purposes only. We are asking them so that through this consultation we are able to give due regard to our residents' protected characteristics under the Equality Act 2010.

It is not compulsory to answer these questions, any information you provide will be kept strictly confidential.

For more information on how Sutton processes your personal information please visit our [Privacy Notice](#)

<[https://www.sutton.gov.uk/downloads/file/3789/privacy\\_policy](https://www.sutton.gov.uk/downloads/file/3789/privacy_policy)> . Any comments you make may be made public on the Council's website however we will remove all personally identifiable information

### 10 In which age group are you?

*Please select only one item*

- Under 16 years
- 16 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 - 74 years
- 75 - 84 years
- 85+ years
- Prefer not to say

### 11 How would you describe your ethnic group or background?

*Please select only one item*

- Asian/ Asian British
- Black/ African/ Caribbean/ Black British
- Mixed or multiple ethnic groups
- White
- Other ethnic group
- Prefer not to say

### 12 Do you consider yourself to have a disability? (A physical or mental impairment which has a long-term adverse effect on your ability to carry out normal day to day activities - The Equality Act 2010). Please tick all that apply.

*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
- Prefer not to say

**13** Which of the following best describes your gender?*Please select only one item*

- Female
- Male
- Prefer to self-describe
- Prefer not to say

**14** What is your sexual orientation?*Please select only one item*

- Bisexual
- Gay woman/ lesbian
- Gay man
- Heterosexual
- Other
- Prefer not to say

**15** What is your faith/ religion/ belief?*Please select only one item*

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Humanist
- Jewish
- Muslim
- Sikh
- Other religion or belief
- No religion or belief
- Prefer not to say

**16** Are you pregnant or on maternity leave, or have you recently returned from maternity leave (within the last year)?*Please select only one item*

- Yes
- No
- Prefer not to say

**17** Do you have any caring responsibilities? Please tick all that apply.*Please select only one item*

- Yes, Children
- Yes, Children with disability or additional need
- Yes, Parent with disability or additional need
- Yes, Partner with disability or additional need
- Yes, Other dependents
- No
- Prefer not to say

**18** What is your marital status?*Please select only one item*

- Cohabiting
- Civil partnership
- Divorced
- Married
- Single
- Separated
- Widowed
- Other
- Prefer not to say

**19** How did you hear about this consultation?*Please select only one item*

- Letter delivered to my home
- Sutton Council Website
- Sutton Scene e-bulletin
- Facebook
- Twitter
- Word of mouth
- From my library
- From my Councillor

Other, please state below:

**20** Which statement best applies to you?

*Please select only one item*

- Working - full time (30+ hrs/wk)
- Working - part time (8-29 hrs/week)
- Working - (under 8 hrs/week)
- Self-employed
- Housewife/husband
- Retired
- Registered unemployed
- Unemployed but not registered
- Permanently sick/disabled
- On a training scheme
- Voluntary work
- Student
- Full-time carer
- Other
- Prefer not to say