

## Appendix F: Berkshire PNA Formal Consultation Survey 2017

The PNA Formal Consultation Survey was available online. This provides a summary of the questions included in the survey.

### In what capacity are you responding to this consultation?

- Member of the public .....   
Member of a Health & Wellbeing Board.....   
Member of the health care workforce.....   
Other.....

If you have said "Other", please state your capacity

If you selected "Member of the healthcare workforce" please clarify from the list below

- Member of a community Pharmacy team.....   
NHS England.....   
Local Pharmaceutical Committee.....   
Local Medical Committee .....   
Local Optical Committee .....   
Local Dental Committee.....   
Health & Wellbeing Board.....   
CCG.....   
GP or other member of a General Practice team .....   
Other healthcare professional (please state).....

### Which local authority area do you live in?

(If you are responding as a healthcare professional or organisation, please select the local authorities you are responding about)

- Bracknell Forest Council.....   
Reading Borough Council.....   
Slough Borough Council .....   
Royal Borough of Windsor and Maidenhead.....   
West Berkshire Council.....   
Wokingham Borough Council.....

### Did you take part in the August 2017 PNA survey?

- Yes .....   
No .....

### 1. Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?

- Yes .....   
No .....   
Not Sure .....

If you answered "No" or "Not sure" please explain why

### 2. Does the document clearly set out the scope of the PNA (Section B)?

- Yes .....   
No .....   
Not Sure .....

If you answered "No" or "Not sure" please explain why

### 3. Does the document clearly set out the local context and the implications for the PNA (Section C)?

- Yes .....   
No .....   
Not Sure .....

If you answered "No" or "Not sure" please explain why

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**4. Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?**

- Yes .....
- No .....
- Not Sure .....

If you answered "No" or "Not sure" please explain why

**5. Are you aware of any pharmaceutical service currently provided which have not been included within the PNA?**

- Yes .....
- No .....
- Not Sure .....

If you answered "Yes" or "Not sure" please explain why

**6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?**

- Yes .....
- No .....
- Not Sure .....

If you answered "No" or "Not sure" please explain why

**7. Please indicate below if you agree with the conclusions for the services described (Section G)**

	Yes	No	Not sure
Current necessary provision of pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current gaps in pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future gaps in pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current additional provision of pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for improvements and/or better access to pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of other services which affect the need for pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" or "Not sure" to one or more of the above questions, please explain why

**8. Is there any additional information which you think should be included in the PNA?**

- Yes .....
- No .....
- Not Sure .....

If you answered "Yes" or "Not sure" please explain why

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**For professional stakeholders only (Q9)**

**9. Has the PNA provided adequate information to inform:**

	Yes	No	Not sure
Market entry decisions <i>(NHS England only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you may commission services from pharmacies in the future <i>(All commissioners)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" or "Not sure" please explain why

**If you have any further comments, please enter them in the box below**

**For pharmacies and dispensing appliance contractors only (Q10)**

**10. Does the PNA give enough information to help your own future service provision and plans?**

- Yes .....
- No .....
- Not Sure .....

If you answered "No" or "Not sure" please explain why