

# Have your say!



## Have your say on the Hywel Dda University Health Board Pharmaceutical Needs Assessment 2021

The NHS (Pharmaceutical Services) Regulations 2020 came into force on 1st October 2020 and included a requirement for health boards to produce a Pharmaceutical Needs Assessment (PNA) by the 1<sup>st</sup> October 2021. This will be the first PNA published by Welsh Health Boards. The Regulations require that a PNA must be undertaken at least every 5 years (or sooner if a Health Board identifies changes to the need for pharmaceutical services which are of a significant extent).

Hywel Dda UHB has drafted its first PNA to assess whether pharmacy services provided within its area meet the pharmaceutical needs of the population in Carmarthenshire, Ceredigion and Pembrokeshire.

The PNA will help the Health Board to manage and make decisions on requests for new pharmacies, relocation of existing pharmacies and the range of services needed.

Please note that the PNA focuses on community pharmacy services, or what you may refer to as “Chemists”.

To have your say, please read the Consultation Summary Document (web link.....) or the full draft PNA (web link.....), before completing the questions.

The Health Board would like your comments on the draft PNA and is undertaking a public consultation from the 14<sup>th</sup> April 2021 to 13<sup>th</sup> June 2021.

If you would like more information about the consultation or have questions about the pharmaceutical needs assessment, please email: .....

***Thank you. Your views are important to us.***

A final version of the PNA will be published by 1<sup>st</sup> October 2021.

## Hywel Dda UHB Draft Pharmaceutical Needs Assessment (PNA) Consultation Questions

### Your role

Q1 In what role are you responding to this consultation?  
*Please select one option only*

- |   |  |
|---|--|
| <input type="checkbox"/> Member of the public                     | <input type="checkbox"/> Member of a Local Authority |
| <input type="checkbox"/> Dispensing Doctor                        | <input type="checkbox"/> Pharmacy Contractor         |
| <input type="checkbox"/> GP Practice                              |  |
| <input type="checkbox"/> Professional Body (please specify below) |  |
| <input type="checkbox"/> Other (please specify below)             |  |

Please specify "other"

If you said "Member of the public" to Q1, please skip to Q3.

Q2 If you represent an organisation, please provide your details.

Name:

Role:

Organisation:

This information may be subject to disclosure under the Freedom of Information Act 2000

Are you providing your organisation's official response to the consultation or a personal/professional view? *Please tick one option only*

- Official response  
 Personal/professional view



## Your views on the draft PNA

### Purpose

Q3 Has the purpose of the Pharmaceutical Needs Assessment been explained?

- Yes       No       Don't know

Why do you say this?

### Current Provision

Q4 Does the pharmaceutical needs assessment reflect the current community pharmacy provision within the Hywel Dda UHB area?

- Yes       No       Don't know

If "No", please let us know which services and which area your comment refers to e.g. whole health board area, a particular county or locality



Q5 Are there any pharmaceutical services currently provided in the Hywel Dda UHB area that have not been highlighted within the draft PNA?

- Yes       No       Don't know

If "Yes", what are these?

### Population Needs

Q6 Does the draft pharmaceutical needs assessment reflect the needs of the Hywel Dda UHB area's population?

- Yes       No       Don't know

If "No", please let us know why and which area your comment refers to.

Q7 Are there any gaps or issues in pharmaceutical provision in the Hywel Dda UHB area that have not been reflected in the draft PNA?

- Yes       No       Don't know

If "Yes", what are these?



Q8 Has the PNA provided information to support decisions i.e. decisions on applications for new pharmacies, relocations and range of services?

- Yes     No     Don't know

If "No" please let us know why.

Q9 Has the PNA provided information to inform how pharmaceutical services in Hywel Dda UHB area may be commissioned in the future?

- Yes     No     Don't know

If "No" please tell us why not.

Q10 Has the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies?

- Yes     No     Don't know

If "No", please let us know.



Q11 Are there any pharmaceutical services that could be provided in the community pharmacy setting that have not been highlighted?

- Yes       No       Don't know

If "Yes" please let us know which ones.

## Conclusions

Q12 Do you agree with the conclusions of the PNA?

- Yes       No       Don't know

If "No", please let us know why.

Q13 Do you have any other comments on the draft PNA?

- Yes       No

If "Yes", please specific below with reference to the page and section number.



**If you said “Member of the Public” to Q1, please complete the “About you” section. Otherwise skip to the end.**

### About you

The Health Board is committed to ensuring that its services, policies and practices are free from discrimination and prejudice and that they meet the needs of all sections of the community.

We would be grateful if you could answer the questions below. You are under no obligation to provide the information, but it would help us greatly if you did.

Q14 What is your gender identity?

- |   |   |
|---|---|
| <input type="checkbox"/> Male                         | <input type="checkbox"/> Trans male/trans man     |
| <input type="checkbox"/> Female                       | <input type="checkbox"/> Trans female/trans woman |
| <input type="checkbox"/> Non-binary or gender variant | <input type="checkbox"/> Prefer not to say        |
| <input type="checkbox"/> Other _____                  |   |

Q15 Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No

Q16 How old are you?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Under 18    | <input type="checkbox"/> 65-79             |
| <input type="checkbox"/> 18-29       | <input type="checkbox"/> 30-45             |
| <input type="checkbox"/> 46-64       | <input type="checkbox"/> 65-79             |
| <input type="checkbox"/> 80 and over | <input type="checkbox"/> Prefer not to say |

Q17 Do you have a disability?

- Yes
- No
- Prefer not to say

Q18 If you answered “Yes to Q17, please tick the box which best describes your disability?

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Sight impairment |
|--|---|



- Learning Disability
- Physical Disability
- Hearing impairment
- Other

Q19 What is your religion or belief?

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Other
- Muslim
- Jewish
- Sikh
- Prefer not to say

Q20 How would you describe your ethnic origin?

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Other ethnic group
- Prefer not to say

Q21 If you are 16 or over, which of the following best describes how you think of yourself?

- Bi-sexual
- Heterosexual/straight
- Prefer not to say
- Gay
- Lesbian

Q22 What would you describe your marital status as?

- Married
- Civil Partnership
- Other
- Single
- Widow/widower
- Prefer not to say

Q23 Are you currently pregnant or have had a baby in the last 6 months?

- Yes
- No
- Prefer not to say

Q24 Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?

- Yes
- No
- Prefer not to say

Q25 Please tell us the first part of your postcode?

We only want to know which part of Hywel Dda Health Board you live in. To make sure we only know the general area, please do not include the last two letters.

For example if you postcode is SA15 5LE, just write SA15 5 in the box below.

**Thank you for completing this consultation questionnaire.**



Following the end of the consultation on the 13th June 2021, the results will be reported back to the Hywel Dda UHB Board, for consideration prior to the publishing of a final PNA by the 1<sup>st</sup> October 2021.

For paper copies only - please return your completed survey using the Freepost envelope provided or alternatively to **FREEPOST HYWEL DDA HEALTH BOARD**