



Consultation Survey on the Pharmaceutical Needs Assessment 2022

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

The consultation opens **9th May until 8th July 2022**.

Please read the Draft City of London PNA in full, then answer the questionnaire below.

The information in the questionnaire you provide is confidential. All responses to these questions are anonymous and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation).

For more details on the Public Health privacy notice please visit:

<https://www.cityoflondon.gov.uk/footer/privacy-notice>

Your views on the Draft City of London PNA

Questions 1-5 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 City of London PNA does not identify any gaps in the provision of pharmaceutical services.

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

Please explain your reason(s) below:

Q2. The Draft City of London PNA reflects the current provision (supply) of pharmaceutical services within the City of London. (See Sections 3, 4, and 6 of the Draft City of London PNA)

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

Please explain your reason(s) below:



Q3. The Draft City of London PNA reflects the current pharmaceutical needs of the City of London residents. (See Section 6 of the Draft City of London PNA)

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

Please explain your reason(s) below:

Q4. The Draft City of London PNA reflects the future (over the next three years) pharmaceutical needs of the City of London residents. (See Section 6 of the Draft City of London PNA)

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 City of London PNA?
(See the Executive Summary of the Draft City of London 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 the City of London?



Your interest in the PNA

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

- | | |
|---|--|
| <input type="checkbox"/> A member of the public who is resident | <input type="checkbox"/> A carer |
| <input type="checkbox"/> A member of the public who works in the City | <input type="checkbox"/> A GP |
| <input type="checkbox"/> A healthcare or social care professional | <input type="checkbox"/> An employee of City Council |
| <input type="checkbox"/> A member of City Council (councillor) | <input type="checkbox"/> A business / organisation |
| <input type="checkbox"/> A voluntary or community sector organisation | <input type="checkbox"/> A pharmacist <input type="checkbox"/> Other |

If responding on behalf of a business / organisation, please tell us its name:

About you

Why do we monitor?

To help us continually improve our services. You can help us find out who we're reaching by providing the following details.

It is your choice whether you answer these questions. Your replies will not be used in a way that identifies you however they will help us to understand how community needs may vary; and helps us make informed decisions on how we develop services and target resources.

Q8. Age: What is your age group?

- | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16-17 | <input type="checkbox"/> 18-24 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 65-84 | <input type="checkbox"/> 85+ | |

Q9. Caring responsibilities: A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Do you regularly provide unpaid support caring for someone?

- Yes No

Q10. Disability: Under the Equality Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. **Do you consider yourself to be disabled?**

- Yes No



Q11. Ethnicity: Are you:

White:

- | | |
|---|---|
| <input type="checkbox"/> White – British | <input type="checkbox"/> White – English |
| <input type="checkbox"/> White – Welsh | <input type="checkbox"/> White – Scottish |
| <input type="checkbox"/> White – Northern Irish | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> White – Australian / New Zealander |
| <input type="checkbox"/> White – European Mixed | <input type="checkbox"/> White – Italian |
| <input type="checkbox"/> White – Kurdish | <input type="checkbox"/> White – North American |
| <input type="checkbox"/> White – Other Eastern European | <input type="checkbox"/> White – Other Western European |
| <input type="checkbox"/> White – Polish | <input type="checkbox"/> White – Turkish |
| <input type="checkbox"/> White – Turkish Cypriot | <input type="checkbox"/> White – Other, please describe _____ |

Mixed or multiple background:

- | | |
|--|---|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Any other mixed background _____ |

Asian or Asian British:

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Sri Lankan Sinhalese | <input type="checkbox"/> Sri Lankan Tamil | <input type="checkbox"/> Sri Lankan other |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian, please describe _____ | | |

Black or Black British:

- | | | |
|---|---|--|
| <input type="checkbox"/> Black British | <input type="checkbox"/> Black – Angolan | <input type="checkbox"/> Black – Caribbean |
| <input type="checkbox"/> Black – Congolese | <input type="checkbox"/> Black – Ghanaian | <input type="checkbox"/> Black – Nigerian |
| <input type="checkbox"/> Black – Sierra Leonean | <input type="checkbox"/> Black – Somali | <input type="checkbox"/> Black – Sudanese |
| <input type="checkbox"/> Other Black African, please describe _____ | | |

Other Ethnic Group:

- | | | | |
|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Afghan | <input type="checkbox"/> Egyptian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Iranian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Kurdish | <input type="checkbox"/> Latin / South / Central American | | <input type="checkbox"/> Lebanese |
| <input type="checkbox"/> Libyan | <input type="checkbox"/> Malay | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Polynesian |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Turkish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yemeni |
| <input type="checkbox"/> Jewish/Charedi Jew | <input type="checkbox"/> Any other ethnic group _____ | | |
| <input type="checkbox"/> Information not yet obtained | <input type="checkbox"/> Prefer not to say | | |



Q12. Gender: Are you:

- Male Female Prefer to use your own term _____

Q13. Gender: Is your gender different to the sex you were assumed to be at birth?

- Yes, it's different No, it's the same

Q14. Religion or belief: Are you or do you have:

- Atheist/no religious belief Buddhist Charedi Christian
 Hindu Jewish Muslim Secular beliefs Sikh
 Other, please state if you wish: _____

Q15. Sexual orientation: Are you:

- Bisexual Gay man Lesbian/Gay woman Heterosexual
 Other, please state if you wish: _____

Q16. Pregnancy or maternity: Have you been pregnant and/or on maternity leave during the past 2 years?

- Yes No

Thank you for completing this survey