

Pharmaceutical Needs Assessment

Consultation Response Form

Appendix G

**Barnet Pharmaceutical Needs Assessment
Consultation Response Form**

1. About you - please provide the details requested below. *This is very important in case we have any questions with respect to the feedback you provide*

Name					
Job Title					
Pharmacy Name Or Organisation Name					
Address					
Telephone No.					
Please confirm that you are happy for us to store these details in case we need to contact you about your feedback?	<i>Please indicate response using * or delete as applicable</i> <table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			

2. Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?

*Please indicate response using * or delete as applicable*

Yes		No		Not sure	
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If "No" or "Not sure", please explain why in the box below:

3. Does Section 1.3 clearly set out the scope of the PNA?

*Please indicate response using * or delete as applicable*

Yes		No		Not sure	
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If "No" or "Not sure", please explain why in the box below:

4. Does Section 2 clearly set out the local context and implications for the PNA?

*Please indicate response using * or delete as applicable*

Yes		No		Not sure	
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If "No" or "Not sure", please explain why in the box below:

5. Do you think that the pharmaceutical needs of the population have been accurately reflected within the PNA?

*Please indicate response using * or delete as applicable*

Yes		No		Not sure	
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If "No" or "Not sure", please explain why in the box below:

6. For each of the services below, please indicate if you agree that the PNA has provided a reasonable description of the service and if you agree with the conclusions?

*Please indicate response using * or delete as applicable for each service*

Section 3.2.1: Essential Services	Yes		No		Not sure	
Section 3.2.3.1: Medicines Use Reviews	Yes		No		Not sure	
Section 3.2.3.2: New Medicine Service	Yes		No		Not sure	
Section 3.2.3.3: Appliance Use Review Service	Yes		No		Not sure	
Section 3.2.3.4: Stoma Appliance Customisation Service	Yes		No		Not sure	
Section 3.2.4.1: London Pharmacy Vaccination Service	Yes		No		Not sure	
Section 3.3.2: Emergency Hormonal Contraception	Yes		No		Not sure	
Section 3.3.3: Stop Smoking	Yes		No		Not sure	
Section 3.3.4: Supervised Consumption	Yes		No		Not sure	
Section 3.3.5: Needle and Syringe Programme	Yes		No		Not sure	
Section 3.3.6: Alcohol IBA	Yes		No		Not sure	

If you have answered “No” or “Not sure” to one or more of the above please explain why in the box below:

7. Do you agree with the “Looking to the Future” section as set out in section 3.4?

*Please indicate response using * or delete as applicable*

Yes		No		Not sure	
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If “Yes”, please explain why in the box below:

8. Are you aware of any pharmaceutical services, which have been commissioned, but which have not been included in the PNA?

<i>Please indicate response using * or delete as applicable</i>					
Yes		No		Not sure	

If "Yes", please explain why in the box below:

9. Is there any additional information which you think should be included in the PNA (and which you have not mentioned above)?

<i>Please indicate response using * or delete as applicable</i>					
Yes		No		Not sure	

If "Yes", please explain why in the box below:

10. NHS England only:
Has the PNA provided you with enough information to inform market entry decisions

<i>Please indicate response using * or delete as applicable</i>					
Yes		No		Not sure	

If "Yes", please explain why in the box below:

11. Service Commissioners only:

Has the PNA provided you with enough information to inform how you may commission services from pharmacy in the future?

*Please indicate response using * or delete as applicable*

Yes		No		Not sure	
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If "Yes", please explain why in the box below:

12. Community Pharmacies only:

Has the PNA provided you with enough information to help your own future service provision and plans?

*Please indicate response using * or delete as applicable*

Yes		No		Not sure	
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If "Yes", please explain why in the box below:

13. Community Pharmacies only:

Please review the information in Appendix E (Opening Hours) and Appendix F (Service Provision) for accuracy? If you identify any issues please provide details below

	Is the information Accurate? <i>Please indicate response using * or delete as applicable</i>				If "No", please provide details:
Opening Hours	Yes		No		
Service Provision	Yes		No		

14. If you have any further comments, please detail these in the box below

Please return this feedback form, by email, to pna-consultation@webstar-lane.co.uk, noting that the deadline for submitting comments is midnight on 26 March 2015.