

# Appendix I

## Consultation Response Questions and Form

## Bromley Pharmaceutical Needs Assessment Consultation Response Form

**1. About you - please can you provide the following information**  
*This is very important in case we have any questions with respect to the feedback you provide:*

Name					
Job Title					
Pharmacy Name Or Organisation					
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?	Please indicate using * or delete as applicable <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">No</td> <td style="width: 25%;"></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 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 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 the implications for the PNA?**

Please indicate 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 the needs of the population, and the impact upon the need for pharmaceutical services, have been accurately reflected throughout the PNA?**

Please indicate 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 service, please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?**

Please indicate using \* or delete as applicable:

<b>Section 3.2.1: Essential Services</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

**Section 3.2.3: Advanced Services**

Please indicate using \* or delete as applicable:

<b>Section 3.2.3.1: Medicines Use Reviews</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

**6. For each service, please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions? (cont...)**

Please indicate using \* or delete as applicable:

<b>Section 3.2.3.2: New Medicine Service</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

<b>Section 3.2.3.3: Stoma Appliance Customisation Service</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

<b>Section 3.2.3.4: Appliance Use Reviews</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

<b>Section 3.2.3.5: Flu Vaccination</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

**Section 3.2.4: Enhanced Services**

Please indicate using \* or delete as applicable:

<b>Section 3.2.4.1: London Pharmacy Vaccination Service</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

**6. For each service, please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions? (cont...)**

**Section 3.3 Locally Commissioned Services**

<b>Section 3.3.2: Tailored Dispensing Service</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

<b>Section 3.3.3: Needle &amp; Syringe Exchange</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

<b>Section 3.3.4: Supervised Administration of Opiates</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, please explain why in the box below:

<b>Section 3.3.5: Sexual Health Service</b>	Yes		No		Not sure	
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If you have answered “No” or “Not sure”, 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 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:

**8. Community pharmacies only.**

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

	<b>Is the information Accurate?</b> Please indicate using * or delete as applicable				<b>If "No", please provide details:</b>
<b>Opening Hours</b> <i>Please note if pharmacy reported hours were not aligned with core hours on the NHS pharmaceutical list we used the core hours</i>	Yes		No		

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

**9. Community Pharmacies Only**

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

Please indicate using \* or delete as applicable

Yes		No		Not sure	
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If "No" or "Not sure", please provide details in the box below:

**10. NHS England Only:**

**Has the PNA provided adequate information to inform market entry decisions?**

Please indicate using \* or delete as applicable

Yes		No		Not sure	
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If "No" or "Not sure", please provide details in the box below:

**11. Services Commissioners & Potential Services Commissioners only**

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

Please indicate using \* or delete as applicable

Yes		No		Not sure	
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If “No” or “Not sure”, please provide details in the box below:

**12. If you have any further comments, please enter them in the box below (question applies to all):**

Thank you for response.

If you have opted to complete this form electronically, rather than submit your comments online, then please return this feedback form **via email** to:

Vanessa Lane ([vl@webstar-lane.co.uk](mailto:vl@webstar-lane.co.uk))

All feedback received by **midnight on the 20 December 2017** will be collated and presented to the PNA Steering Group, for consideration on behalf of the HWB. **Any comments received after this date will not be accepted.**

A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how the comments have been acted upon.

We anticipate that the new PNA document will be published at the beginning of February 2018.