**Consultation on the draft Pharmaceutical Needs Assessment (PNA) for Surrey 2025: screen reader accessible word version**

# **Overview**

**Surrey Health and Wellbeing Board has produced the first draft of its 2025 Pharmaceutical Needs Assessment (PNA) report. It is a statutory duty for the Health and Wellbeing Boards to publish a PNA and keep it up to date.**

**The draft PNA report is available at** [**Surrey-I Draft Pharmaceutical Needs Assessment 2025**](https://www.surreyi.gov.uk/dataset/em6oy/draft-pharmaceutical-needs-assessment-2025)**.**

**The aim of the Surrey PNA is to describe the current and future needs for pharmaceutical services in Surrey. It achieves this by providing an overview of pharmacy services in Surrey (what is provided and where) and then makes assessment around whether what is currently in place meets the needs of residents, both now and in the future. The focus of the assessment is around access to pharmacy services. The assessment of service quality (e.g. medicines stock, staff expertise, waiting times) are outside the scope of the PNA.**

**The document is used by local NHS leaders, helping them determine whether to approve changes to the pharmaceutical provision in Surrey. This may include applications for new pharmacies to open, consolidation of existing pharmacies or changes to location. It may also help a person who wishes to provide pharmacy services understand the areas in Surrey with the greatest need.**

**The PNA Steering Group welcome comments on the current draft of the PNA and is open to all. Your feedback will be used to inform the final report which is scheduled for Publication in April 2025**

**We therefore invite you to view and comment during the consultation period:**

**Monday 25th November 2024 to Friday 24th January 2025 at 11:59pm.**

**Please note that any responses received after this time may not be included in the findings report.**

**The purpose of the consultation is to received feedback on the accuracy of the report and the extent to which the findings reflect the views of the those living and working in Surrey. We wish to encourage a wide range of individuals, organisations, groups and healthcare professionals to provide opinions their views.**

**Your comments are valuable and highly appreciated. After reading the draft PNA report, please complete this online PNA consultation questionnaire to give your feedback before the consultation close date on Friday 24th January 2025.**

## **Accessibility Statement**

**This is a screen reader accessible of the PNA consultation questionnaire.**

**Any questionnaires answered on the Screen Reader Accessible Microsoft Word version or the Large Print version may be completed digitally, or printed and answered, scanned and emailed directly to Surrey County Council using this email address: public.health@surreycc.gov.uk**

**Or questionnaires may be printed and returned via post to:**

**Attention: PNA public health**

**Surrey County Council**

**Woodhatch Place, 11 Cockshot Hill**

**Reigate**

**RH2 8EF**

**If you would like us to send you a printed version of the questionnaire in an accessible format, please email us on public.health@surreycc.gov.uk and we will post a questionnaire out to you with a pre-paid envelope.**

**If you have any queries about the PNA, or require a copy of the PNA or this questionnaire in hard copy or a different alternative format, please contact us and we will do our best to assist you:**

**Email: public.health@surreycc.gov.uk**

**SMS text number: 07816188630**

**Telephone number: 07816188630**

## **Privacy notice**

**Surrey County Council is seeking your views, comments, and information about you in order to understand the needs for pharmaceutical services in Surrey. Your participation in this consultation is voluntary. All responses are confidential and no personal identifiable information will be used in the report. You may refuse to take part or stop taking part at any time without penalty. The data you provide will help us understand how views may vary amongst different types of people. This data will be held in accordance with GDPR (general data protection regulation). Please see our website Data Protection page for further details:** [**Adult Social Care - Privacy Notice**](https://www.surreycc.gov.uk/council-and-democracy/your-privacy/our-privacy-notices/adult-social-care)

**If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the Information Commissioner’s Office.**

**By completing this questionnaire, you are consenting to the collection and storage of your data in line with our Data Protection Policy. If you wish to receive a copy of this, please use the contact details provided above.**

# **Consultation questionnaire**

**The questions below relate to the first draft of Surrey’s 2025 Pharmaceutical Needs Assessment (PNA). Please refer to this document (which can be found here:** [**Pharmaceutical Needs Assessment 2025 Draft – Surrey-i (surreyi.gov.uk))**](https://www.surreyi.gov.uk/dataset/em6oy/draft-pharmaceutical-needs-assessment-2025) **in order to respond to this consultation questionnaire.**

**If you have any specific feedback in relation to each of these questions could you please provide as much detail as possible, including page numbers or section headings in order to help us identify and accurately address your comments. We thank you for your time.**

**If you require a copy of the PNA or this questionnaire in hard copy or a different alternative format please contact us using the details provided on the overview page and we will do our best to assist you.**

**Please state the extent to which you agree or disagree with the following statements.**

**Question 1**

**The PNA clearly explains its purpose and how it will be used.**

**Option 1. Strongly agree**

**Option 2. Agree**

**Option 3. Neither agree or disagree**

**Option 4. Disagree**

**Option 5. Strongly disagree**

**Option 6. I don’t know**

**Answer one of the above six options; please state answer below.**

**Please provide further information on your answer below:**

**Question 2**

**The PNA clearly explains the steps involved in its development.**

**Option 1. Strongly agree**

**Option 2. Agree**

**Option 3. Neither agree or disagree**

**Option 4. Disagree**

**Option 5. Strongly disagree**

**Option 6. I don’t know**

**Answer one of the above six options; please state answer below.**

**Please provide further information on your answer below:**

**Question 3**

**The PNA clearly explains its findings and recommendations, including if there were any gaps found in pharmacy provision in Surrey.**

**Option 1. Strongly agree**

**Option 2. Agree**

**Option 3. Neither agree or disagree**

**Option 4. Disagree**

**Option 5. Strongly disagree**

**Option 6. I don’t know**

**Answer one of the above six options; please state answer below.**

**Please provide further information on your answer below:**

**Question 4**

**The PNA provides an understanding of the health and wellbeing needs of Surrey residents.**

**Option 1. Strongly agree**

**Option 2. Agree**

**Option 3. Neither agree or disagree**

**Option 4. Disagree**

**Option 5. Strongly disagree**

**Option 6. I don’t know**

**Answer one of the above six options; please state answer below.**

**Please provide further information on your answer below:**

**Question 5**

**The PNA provides an overview of the pharmacy services on offer in Surrey.**

**Option 1. Strongly agree**

**Option 2. Agree**

**Option 3. Neither agree or disagree**

**Option 4. Disagree**

**Option 5. Strongly disagree**

**Option 6. I don’t know**

**Answer one of the above six options; please state answer below.**

**Please provide further information on your answer below:**

**Question 6**

**The PNA takes into consideration the views of residents captured in the resident surveys.**

**Option 1. Strongly agree**

**Option 2. Agree**

**Option 3. Neither agree or disagree**

**Option 4. Disagree**

**Option 5. Strongly disagree**

**Option 6. I don’t know**

**Answer one of the above six options; please state answer below.**

**Please provide further information on your answer below:**

**Question 7**

**I agree with the conclusion and recommendations in the PNA.**

**Option 1. Strongly agree**

**Option 2. Agree**

**Option 3. Neither agree or disagree**

**Option 4. Disagree**

**Option 5. Strongly disagree**

**Option 6. I don’t know**

**Answer one of the above six options; please state answer below.**

**Please provide further information on your answer below:**

**Question 8**

**The PNA provides the information needed for local NHS leaders to decide on future pharmacy applications and changes in provision.**

**Option 1. Strongly agree**

**Option 2. Agree**

**Option 3. Neither agree or disagree**

**Option 4. Disagree**

**Option 5. Strongly disagree**

**Option 6. I don’t know**

**Answer one of the above six options; please state answer below.**

**Please provide further information on your answer below:**

**Question 9**

**Please take this opportunity to provide further comments on the draft PNA.**

**Please answer below:**

# **About You**

**Question 10**

**Are you responding as:**

**Option 1. As a member of the public?**

**Option 2. As a health and social care professional?**

**Option 3. On behalf of a business or as a sole trader?**

**Option 4. On behalf of an organisation?**

**Answer one of the above six options; please state answer below.**

**If you answered that you are responding as a member of the public, please end the survey. We thank you for your participation.**

**If you answered that you are responding as a health and social care professional, please answer question 11b and then end the survey.**

**If you answered that you are responding on behalf of a business/ sole trader or organisation, please answer question 11a and then end the survey.**

**Question 11a**

**If responding on behalf of a business/ sole trader or organisation, please state your details below:**

**Business Organisation Name (please state below):**

**Business Organisation Address (please state below):**

**Question 11b**

**If responding as a health and social care professional, please provide further details of your role below:**

**Thank you for completing this survey.**