

This questionnaire can also be completed online at

Q1. Has the purpose of the PNA been explained sufficiently?

Yes No *Please circle as appropriate*

If no, please let us know why.

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Q2. Has the scope of the PNA has been explained sufficiently?

Yes No *Please circle as appropriate*

If no, please let us know why.

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Q3. Are localities clearly defined throughout the draft PNA?

Yes No *Please circle as appropriate*

If no, please let us know why.

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Q4. Does the PNA reflect the current provision of pharmaceutical services within Oxfordshire?

Yes No Don't know *Please circle as appropriate*

If yes, please let us know which services.

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Q5. Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the PNA?

Yes No *Please circle as appropriate*

If no, please let us know which services.

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Q6. Does the draft PNA reflect the needs of the Oxfordshire population?

Yes No Don't know *Please circle as appropriate.*

If no, please let us know why

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Q7. Has the PNA provided adequate information to inform market entry decisions?

Yes No *Please circle as appropriate*

If no, please let us know why.

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Q8. Has the PNA provided adequate information to inform how services may be commissioned in the future?

Yes No *Please circle as appropriate*

If no, please let us know which organisations should be contacted.

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Q9. Has the PNA provided enough information to inform future service provision and plans for pharmacies and dispensing appliance contractors?

Yes No *Please circle as appropriate*

If no, please let us know what these are.

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Q10. Are there any services that could be provided in the community pharmacy setting in the future that have not been highlighted?

Yes No *Please circle as appropriate*

If yes, please let us know which services.

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Q11. Do you agree with the conclusions of the PNA?

Yes No Don't know *Please circle as appropriate*

If no, please let us know why.

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Q12. Do you have any other comments? Please specify below with reference to page and section number.

Yes No *Please circle as appropriate*

If yes, please let us know what these are.

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PLEASE COMPLETE:

Please select how you are responding ((*please tick*))

on behalf of a pharmacy / dispensing appliance contractor /
dispensing GP (please provide details)

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on behalf of another organisation
(please provide details - your name, role and organisation name):

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as a councillor
(please give your name and the area you represent):

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.....
.....

a personal response

Please return this questionnaire to

Sue Lygo
Public Health (Oxfordshire PNA
Consultation) Oxfordshire County
Council
County Hall
Oxford OX1 1NO