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**Knowsley Pharmacy**

**Needs Assessment Survey**

**Tell us what you think?**

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Easy Read Version

|  |  |
| --- | --- |
|  | We have recently written a new report on local pharmacies and what they offer. It is called a **Pharmaceutical Needs Assessment** **PNA** for short.  |
|  | How can you help us?  |
|  | We want to know what you think about our **PNA.** We will look at what you say and think about changing the PNA if we need to. |
|  | Please read the report and then answer the questions at the end. [Read the PNA by clicking on these words](https://www.knowsley.gov.uk/council-and-elections/consultations/pharmaceutical-needs-assessment-report) |
|  | We need your answers by 11:59pm onSunday 3rd August 2025. |
|  | You can answer the PNA survey questions on a computer, using the link below. [Knowsley 60-day PNA consultation](https://forms.office.com/Pages/ResponsePage.aspx?id=pR7b3BA7okm_j1_VntzXYn5BaAq0j2xOvdkFqDOngGNUNEpDQjg1MldDRlkyUlRONjZTSFlHOEpNTS4u) |
|  | You can fill in a paper copy of the PNA by e-mailing knowsley.intelligence@knowsley.gov.uk or calling 0151 443 3380 |
|  | What will we do with what you tell us? |
|  | We will use what you tell us to help plan the services at pharmacies. |
|  | None of the questions ask you for any personal information such you’re your name, address or date of birth The questions that we would like you to answer are below.  |
|  | Please put a tick (✓) in the box for the answer which you want to give  |

**Question 1.**

**Has the reason for the pharmaceutical needs assessment been explained?**

Please tick one box:

|  |  |  |
| --- | --- | --- |
|  | **Yes** |  |
|  | **No**  |  |
|  | **Don’t know**  |  |

**If no, please let us know why (below)** Please do not include any information about yourself like your name, address, date of birth.

|  |  |
| --- | --- |
|    | **Answer**  |

**Question 2.**

**Do you think the report is right about the health and other needs of people living in Knowsley?**

Please tick one box

|  |  |  |
| --- | --- | --- |
|  | **Yes**  |  |
|  | **No**  |  |
|  | **Don’t know**  |  |

**If no, let us know why in this box** Please do not include any information about yourself like your name, address, date of birth.

|  |  |
| --- | --- |
|  | **Answer:**  |

**Question 3.**

**Do you think the report is right about the pharmaceutical services that we have across Knowsley?**

Please tick one box

|  |  |  |
| --- | --- | --- |
|  | **Yes**  |  |
|  | **No**  |  |
|  | **Don’t know**  |  |

**If no, let us know why in this box** Please do not include any information about yourself like your name, address, date of birth.

|  |  |
| --- | --- |
|        | **Answer**  |

**Question 4.**

**Do you think there are any pharmacy services that are not in the report but should be?**

Please tick one box

|  |  |  |
| --- | --- | --- |
|  | **Yes**  |  |
|  | **No**  |  |
|  | **Don’t know**  |  |

**If yes, let us know why in this box** Please do not include any information about yourself like your name, address, date of birth.

|  |  |
| --- | --- |
|     | **Answer**  |

**Question 5.**

**Do you think the report is right about what people in Knowsley need from their local pharmacies?**

Please tick one box

|  |  |  |
| --- | --- | --- |
|  | **Yes**  |  |
|  | **No**  |  |
|  | **Don’t know**  |  |

 **If no, let us know why in this box** Please do not include any information about yourself like your name, address, date of birth.

|  |  |
| --- | --- |
|    | **Answer**  |

**Question 6.**

**Do you agree or disagree with what we have put in this report about Knowsley pharmacies and the services?**

Please tick one box

|  |  |  |
| --- | --- | --- |
|  | **Agree**  |  |
|  | **Disagree**  |  |
|  | **Don’t know**  |  |

**Let us know why you picked this answer in this box** Please do not include any information about yourself like your name, address, date of birth.

|  |  |
| --- | --- |
|       | **Answer**  |

**Question 7.**

**Is there anything else you would like to tell us about pharmacies, their services or the Knowsley Pharmaceutical Needs Assessment 2025-2028?**

Please tick one box

|  |  |  |
| --- | --- | --- |
|  | **Yes**  |  |
|  | **No**  |  |
|  | **Don’t know**  |  |

**If yes, let us know why in this box** Please do not include any information about yourself like your name, address, date of birth.

|  |  |
| --- | --- |
|     | **Answer**  |

#### THANK YOU FOR TAKING PART

|  |  |
| --- | --- |
| **Paper copies can be returned in the prepaid envelope provided or posted to:**  | **Or dropped off at the following address for the attention of PNA Lead**  |
| **Knowsley Council** **FAO PNA Lead**Public Health5th Floor Municipal Building Archway RoadHuytonL36 9YU | **Knowsley Council** **FAO PNA Lead**Public HealthNutgrove VillaWestmorland RoadHuytonL36 6GA |