

Community Pharmacy Questionnaire

Introduction

If you live, work or study in Westminster, Kensington and Chelsea or Hammersmith and Fulham we would like to hear from you about your local pharmacies.

We are keen to understand what people use community pharmacies for and how they feel about the services being offered. Community pharmacies provide over the counter medication as well as those that your GP prescribes. They also offer a lot of other services including healthy living advice.

What you tell us will help us in producing a local 'Pharmaceutical Needs Assessment' (PNA). This helps NHS England ensure everyone living in your borough has the right access to pharmacy services. Your view counts and will help shape the way services are being delivered from your local pharmacies.

It should not take you more than 5-10 minutes to complete the survey. Remember there are no right or wrong answers.

The information you provide will only be used for the Pharmaceutical Needs Assessment 2018-2021. Your answers will be kept anonymous and we will not share your information with any third parties.

This survey will be open until the **14th of October 2017**

Please note: throughout this survey, where we refer to pharmacy this means pharmacies (chemists) in shops and also pharmacies located within GP surgeries. It does NOT include hospital pharmacies.

We appreciate you taking time out to complete the survey.

1. How often do you use a pharmacy? (please select only one option)

- Weekly
- Monthly
- Yearly
- Less than yearly

2. What is the name of the pharmacy you use most often?

3. Why do you use this pharmacy most often? (please tick all that apply)

- I'm happy with the overall service provided by the Pharmacy
- It is in a good location
- It is close to home
- It is close to work
- It is easy to reach by public transport
- I can park nearby
- It has disabled access
- It is open when I need to go
- The staff are friendly
- The staff are knowledgeable
- I don't have to wait too long for my prescriptions
- It tends to have the prescriptions I need in stock
- I receive private medical treatment nearby
- I use the home delivery service for my medication
- It collects my prescriptions from my GP surgery
- It is close to my GP surgery
- Other (please specify) _____

4. Who do you use the pharmacy mostly for? (please tick all that apply)

- Yourself
- Spouse
- Child
- Parent(s)
- Other family member
- Friend or neighbour

5. When do you prefer to go to your pharmacy? (please tick all that apply)

- Weekday
- 6am - 9am
- 2pm - 5pm



Weekend

9am - 12pm

5pm - 9pm

12pm - 2pm

9pm - 6am

6 What services do you already use at your pharmacy or will use if they were made available? (please tick all that apply)

Service	Already use	Will use if available
Obtaining prescription medicines		
Repeat prescriptions		
Over the counter medications		
Home delivery service and prescription collection service		
Prescription collection service		
Electronic prescription service		
Emergency supply of prescription medicines		
Specialist medication service (for example palliative care)		
New medicines service/ Medicine use reviews		
Disposal of unwanted medicines		
Advice from Pharmacist about how to take prescription medication or what over the counter medication to buy		
Advice from Pharmacist on how to manage minor ailments/injuries such as cold, cough etc.		
Advice from Pharmacist on Healthy lifestyles such as alcohol, weight management etc.		
Stop smoking/Nicotine replacement therapy		
Substance misuse services		
Needle exchange		
Health checks including blood glucose, cholesterol, blood pressure and BMI (height and weight)		
Chlamydia screening or treatment		
Condom distribution		
Emergency contraception (morning after pill)		
Flu vaccination service		
Pneumonia vaccination service		
Meningitis vaccination Service		
Travel vaccination service		
StrepA Sore Throat Test and Treat		
StrepB test screening in pregnancy		
Blood Pressure measurement service		
Any other services you would like to see being provided from your local pharmacy		



7 What could be improved about your Pharmacy?

8 Any other comments

Equalities monitoring

So that we can ensure that our survey is representative of the population we would like you to complete the information below. This will only be used for the purposes of monitoring and will not be passed on for use by third parties.

1. Please state the first 4 letters and numbers of your postcode (Residence/University/College/Place of work) e.g. WC1E 7

2. What is your gender? (please select only one option)

- Male
- Female
- Transgender
- Prefer not to say

3. What age group are you in? (please select only one option)

- | | |
|--|---|
| <input type="checkbox"/> 10-18 years | <input type="checkbox"/> 51 - 60 years |
| <input type="checkbox"/> 18- 20 years | <input type="checkbox"/> 61 - 70 years |
| <input type="checkbox"/> 21 - 30 years | <input type="checkbox"/> 71 - 80 years |
| <input type="checkbox"/> 31 - 40 years | <input type="checkbox"/> 81 years or over |
| <input type="checkbox"/> 41 - 50 years | |



4. What is your ethnic group?

Choose one option that best describes your ethnic group or background

White

- English
- Scottish
- Other British
- Irish
- Gypsy/Traveller
- Polish
- Any other White ethnic group, please describe _____

Black/ Black British

- African, African Scottish or African British
- Any other African, please describe
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Any other Caribbean or Black, please describe _____

Mixed or Multiple ethnic groups

- Any Mixed or Multiple ethnic groups, please describe _____

Other ethnic group

- Arab, Arab Scottish or Arab British
- Any other ethnic group, please describe

Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Any other Asian, please describe

5. What is your religion and belief? (please select only one option)

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other (please specify)

6. Which of the following best describes your working situation? (please select only one option)

- Work full-time
- Work part-time
- Student
- Unemployed
- Retired
- Prefer not to say



7. Do you consider yourself to have a disability?

Disability is defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

- Yes
- No
- Prefer not to say

If yes, please explain

8. Do you have a long-term condition?

A long-term condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples are diabetes, heart disease etc

- Yes
- No
- Prefer not to say

If yes, please explain

9. How would you define your sexual orientation? (please select only one option)

- Bisexual (an attraction to both men and women)
- Gay man
- Gay woman / Lesbian
- Heterosexual/Straight
- Transgender
- Other (please specify)
- Prefer not to say

10. How would you state your relationship status? (please select only one option)

- Civil Partnership
- Married
- Single
- Co-habiting
- Prefer not to say

11. Are you pregnant/breastfeeding?

- Yes
- No

Thank you once again for taking the time to complete our survey.

If you would like to get involved in the public consultation of the completed Pharmaceutical Needs Assessment please email PNA@healthydialogues.co.uk.

