

Patient survey for the pharmaceutical needs assessment

Local Pharmacy Services Survey

We are inviting you to tell us about pharmacy services in your area.

The services we are looking at include local services that you get from pharmacies (or chemists). To do a good job, we need to regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'Pharmaceutical Needs Assessment' and we are preparing one at the moment for Southampton with the help of a company called Primary Care Commissioning (PCC) who specialise in this kind of work.

Many people call them chemists but in this survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription or buy medicines which you can only buy from a pharmacy. We don't mean the pharmacy at the hospital or the part of a pharmacy where you buy beauty products.

We are carrying out this survey to help us understand how local people use pharmacy services and what you may need in the future.

Your views are important to us so please spare a few minutes to complete this survey.

We really want and value your input, but if you don't want to take part, please just ignore this survey; your decision will not affect the care you receive from the NHS or your pharmacy in any way.

The questionnaire is completely anonymous, you don't have to give your name and address and any information you do give will not be linked to you.

Your personal data are held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice.

The results of our survey will be available on the council website later this year.

If you would like more information about the survey, or have questions on how to complete the questionnaire, please email sarah.turtle@pcc.nhs.uk

Yours faithfully

Dr Andrew Mortimore

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Director of Public Health, Southampton.

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How you use your pharmacy - either in person or by having someone else go t...

1. Why and how often do you usually use a pharmacy? (please tick any or all that apply)

	About once a week	About once a month	Less than once a month	Never
To get a prescription for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get a prescription for someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone else gets my prescription for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To buy medicines for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To buy medicines for someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone else buys medicines for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get advice for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get advice for someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone else gets advice for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get a service the pharmacy offers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

2. Do you...?

- Use the same pharmacy all of the time
- Use different pharmacies but visit one most often
- Use different pharmacies and none more frequently than any other
- I never use a pharmacy

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3. If you can remember the name of the pharmacy you use most often then type it here:

4. Why do you use this pharmacy? (please tick all that apply to you)

- | | |
|--|--|
| <input type="checkbox"/> Close to my home | <input type="checkbox"/> I've always used this pharmacy |
| <input type="checkbox"/> Close to work | <input type="checkbox"/> The service is quick |
| <input type="checkbox"/> Close to my doctor | <input type="checkbox"/> They usually have what I need in stock |
| <input type="checkbox"/> Close to children's school or nursery | <input type="checkbox"/> They have good opening hours |
| <input type="checkbox"/> Close to other shops | <input type="checkbox"/> The pharmacy collects my prescription and delivers my medicines |
| <input type="checkbox"/> The pharmacy delivers | <input type="checkbox"/> The pharmacy was recommended to me |
| <input type="checkbox"/> It is easy to get to the pharmacy | <input type="checkbox"/> They provide good advice & information |
| <input type="checkbox"/> It is easy to park at the pharmacy | <input type="checkbox"/> The customer service |
| <input type="checkbox"/> I just like the pharmacy | <input type="checkbox"/> It's a well known big chain |
| <input type="checkbox"/> I trust the people there | <input type="checkbox"/> It's not one of the big chains |
| <input type="checkbox"/> The people know me and look after me | <input type="checkbox"/> There is a private area if I need to talk to the pharmacist |
| <input type="checkbox"/> They don't know me | |
| <input type="checkbox"/> Other (please specify) | |

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5. Is there a more convenient or nearer pharmacy that for some reason you don't use?

- Yes
- No

6. ...and if yes, why don't you use that pharmacy?

- It is not easy to park
- There is not enough privacy
- I have had a bad experience in the past
- It's not open when I need it
- The service is too slow
- It's not wheelchair/baby buggy friendly
- They don't have what I need in stock

Other (please specify)

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How you use your pharmacy - either in person or by having someone else go t...

7. If you go to the pharmacy yourself, how do you usually get there?

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Car |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Bike |
| <input type="checkbox"/> Train | <input type="checkbox"/> Taxi |

Other (please specify)

8. ...and how long does it usually take to get there?

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes

9. Overall, how easy is it for you to get to the pharmacy?

- Easy
- OK
- Difficult

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How you use your pharmacy - either in person or by having someone else go t...

10. How would you find out information about a pharmacy e.g. opening times or services offered? (tick any or all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Call them | <input type="checkbox"/> Ask a friend |
| <input type="checkbox"/> Call 111 | <input type="checkbox"/> Pop in and ask |
| <input type="checkbox"/> Use the NHS Choices website | <input type="checkbox"/> Look in the window |
| <input type="checkbox"/> Search the internet | <input type="checkbox"/> From a local newspaper |
| <input type="checkbox"/> Other (please specify) | |

11. We'd like to understand how easy it is for you to communicate with your pharmacist:

	Yes	No, but I have someone who will translate for me	No, I would prefer this in another language
Are you able to talk to a pharmacist in English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to read information in English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us which language you prefer to speak and read (if not English)

12. Do you feel able to discuss something private with a pharmacist?

- Yes
- No

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13. When is it most convenient for you to use a pharmacy? (please tick all that apply)

	Normal weekday	Saturday	Sunday
Before 9am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 9am and noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between noon and 2pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 2pm and 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 5pm and 8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After 8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. If there has been a time recently when you weren't able to use your normal pharmacy, what did you do?

- | | |
|---|---|
| <input type="checkbox"/> Went to another pharmacy | <input type="checkbox"/> Went to a hospital |
| <input type="checkbox"/> Waited until the pharmacy was open | <input type="checkbox"/> Went to a Walk In Centre |
| <input type="checkbox"/> Went to my GP | <input type="checkbox"/> Called 111 |

Other (please specify)

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Services from your pharmacist

**15. Your pharmacy may offer some of the free NHS services listed below - please tell us what you know about them.
(Please scroll down to see all the options and tick any or all that apply).**

	I know they offer this service	I didn't know this service was on offer	I have used this service
Stop smoking help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help watching your weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart health check ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol check ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure check ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning after pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticoagulation (blood thinners) checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten free foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia tests and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for minor ailments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposal of injecting equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes check ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head lice treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraception supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Condoms



Pregnancy testing



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Services from your pharmacist

16. Has your pharmacist ever talked to you about:

	Yes, and the advice was welcome	Yes, but I wasn't interested	No, and I would like some advice	No, and I don't need advice	I can't remember
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Are there any other services you would like to see available at your pharmacy?

18. Is there anything else you would like to tell us about local pharmacy services?

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About you

Please complete the following information; completing it will help us to ensure we are involving a wide range of patients and members of the public that are representative of the local population. We aim to constantly monitor and review the ways in which we involve local people in decision making to improve health outcomes and patient experience.

19. What gender are you?

- Male
- Female
- Transgender
- Would rather not say

20. What age are you?

- Under 16
- 16 to 25
- 26 to 35
- 36 to 45
- 46 to 55
- 56 to 65
- Over 66

21. Do you have to pay prescription charges?

- Yes
- No
- Don't know

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About you

22. Do you consider yourself to have a disability?

- Registered disabled
- Unregistered disabled
- Not disabled
- Would rather not say

23. Are you housebound?

- Yes
- No

24. Do you have easy access to the internet?

- Yes
- No

25. Please tell us your postcode - we only want to know which part of Southampton you live in so to make sure we only know the general area, please do not tell us the last two letters.

For example:

If your postcode is SO14 7LY just type SO14 7 in the box below, for SO14 3ZH, just type SO14 3

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About you

26. What is your work situation?

- Full-time (days)
- Full-time (nights)
- In full time education
- House wife/ husband
- Part-time
- Retired
- Unemployed

Other (please specify)

27. To which of these ethnic groups would you say you belong?

- White British
- White Irish
- Any other White background
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Other Mixed background
- Asian or Asian British Indian
- Asian or Asian British Pakistani
- Asian or Asian British Bangladeshi
- Other Asian background
- Black or Black British Caribbean
- Black or Black British African
- Any other Black background
- Chinese
- Any other ethnic group
- Rather not say

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Thank you

Thank you for your help - your views are valuable to us

The following questions are only on the test version so you can leave your comments and we can get back to you if necessary.

28. Your name

29. Your email address

30. Your organisation

31. Your comments