

Local Pharmacy Questionnaire

Introduction

The Royal Borough of Greenwich is interested in hearing about your experience with local pharmacies and has commissioned Healthy Dialogues to carry out this survey and engage with local residents to find out their views. So, if you live, work or study in Greenwich, we would like to hear from you!

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. We want to understand what services people are using at their local pharmacies and what they think about them.

What you tell us will help us in producing a local 'Pharmaceutical Needs Assessment' (PNA). This helps local NHS organisations and the Council to 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.

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

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

This survey will be open until the **10th of Nov 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)

- Once a week
- Once a month
- Once in 3 months
- Once in 6 months

- Once a year
- Less than once a year

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 and close to home/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
- Partner/Spouse
- Children
- Parent(s)
- Other family member
- Friend or neighbour
- Other (please specify) _____

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

- Weekday
- Weekend
- 6am - 9am
- 9am - 12pm
- 12pm - 2pm
- 2pm-5pm
- 5pm-9pm
- 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	Aware of but don't use	Would 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

To ensure that the survey is representative of the population of the Borough, please help us by filling in 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. SE10 0

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"/> 10-15 years | <input type="checkbox"/> 56- 65 years |
| <input type="checkbox"/> 16- 25 years | <input type="checkbox"/> 66- 75 years |
| <input type="checkbox"/> 26 - 35 years | <input type="checkbox"/> 76- 85 years |
| <input type="checkbox"/> 36 - 45 years | <input type="checkbox"/> 86 years or over |
| <input type="checkbox"/> 46 - 55 years | |

4. What is your ethnic group? (please select only one option)

White

- British
- Irish
- Gypsy/Traveller
- Any other White background, please describe_____

Black/ African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/ Caribbean Black background, please describe_____

Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any Mixed or Multiple ethnic background, please describe_____

Other ethnic group

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

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please describe

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

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Jewish | |
- _____

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

- Work full-time
- Work part-time
- Full or part time time carer
- 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 describe your disability

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 describe
your long-term condition

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.