

Experiences and use of local pharmacy services in East Lancashire

Why are we doing this questionnaire?

We are currently doing a piece of work looking at community pharmacy services across East Lancashire.

- + Your response to this survey will help us make sure that the pharmacy services in the area are meeting your needs and the needs of local people.
- + You will not be asked for your name or any other personal details.
- + The information you provide will be held confidentially in accordance with the Data Protection Act 1998.

If you have any queries relating to this questionnaire or the general piece of work on community pharmacies, please contact [Lisa Prince, Medicines Management Development Facilitator, NHS East Lancashire on 01282 644806](#)

The survey will only take a few minutes to complete.

Please write carefully within the boxes like this



If you make a mistake shade out the box and mark the correct one



In a few questions you are invited to write comments.

If you do not wish to answer a question for any reason please leave it blank

*Please return the completed survey by 11th September 2010
in the FREEPOST envelope provided and send to:*

**FREEPOST
RRJY-ASBJ-AKTA
East Lancs (PNA Room 47)
Nelson
BB9 5SZ**

Q1. What is your post code?

Q2. Do you have a regular/preferred pharmacy? Yes No

If yes, please can you provide us with details of the pharmacy?

Name:

Address:

The following are statements about your experience of pharmacy.

Please indicate, using a tick, whether you agree or not with each statement.

This information relates to – My regular pharmacy
 Another pharmacy I have used

Q3. If you answered “Yes” to Q2		
How long does it take to travel to your regular/preferred pharmacy?		
0 minutes - I combine it with other activities like other shopping	<input type="checkbox"/>	
0-15 minutes	<input type="checkbox"/>	
16 to 30 minutes	<input type="checkbox"/>	
31minutes or over	<input type="checkbox"/>	
Q4. What is the main reason you visit a local pharmacy?		
Collect a prescription	<input type="checkbox"/>	
To buy over the counter medicines	<input type="checkbox"/>	
For one of the pharmacy services offered	<input type="checkbox"/>	
General advice / information about other health related services I may find useful	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Q5. Pharmacy approach to service, advice, and information	Agree	Disagree
I can always speak to the pharmacist if I need to		
I see a different pharmacist each visit		
Pharmacy / Counter staff offer advice at every opportunity		
Pharmacy/Counter staff always have a professional attitude		
The information leaflets to take away are helpful and suitable for my needs		
There is useful information about other services/advisory bodies/self-help groups available at the pharmacy if I need it		
My overall experience of using this pharmacy is good		
Q6. Standard of your regular / preferred pharmacy’s premises	Yes	No
The pharmacy gives an overall impression of being a clean and tidy professional premise.		
The pharmacy layout gives me easy access to products		
The level of privacy in the pharmacy is satisfactory e.g. consultation area		
Comments		

Q7. In the last 12 months have you wanted to use a pharmacy at a time when there wasn't one open?				Yes	No
Q8. If yes, please tick when it was					
Saturday		Sunday		Bank Holiday	
Evening 6pm-10pm		Night 10pm-8am		Can't remember	
Q9. If yes, please tick what you did					
Waited until a pharmacy was open		Used NHS direct			
Can't remember		Other (specify)			
Q10. What are your views on the following pharmacy services?					
	Have used or currently using	Would consider using if/when needed	Would not use a pharmacy service	Does not apply to me	
Prescription collection and delivery service					
Repeat dispensing service					
Medicine Use Review (medicines MOT, review of how you take your medicines with a pharmacist)					
Minor ailments service					
Stop Smoking Service					
Blood pressure testing and monitoring					
Cholesterol testing and monitoring					
Blood glucose testing and monitoring					
Diabetes screening services					
Weight management services					
Emergency Hormonal Contraception (Morning-after pill)					
Other Sexual health services					
Supervised Consumption of Medicines					
Alcohol support services					
Needle Exchange Service					
Respiratory services e.g. inhaler					
Cancer treatment support services					
Anti-coagulant services e.g. Warfarin					
Out of hours dispensing services					
Flu Vaccination (eg seasonal or swine flu)					
Other/Comments					

Our Population

We would like to ask a few questions about you for monitoring purposes. This will ensure that the survey is representative of the wider NHS East Lancashire population. All your answers will be completely confidential and anonymous

Are you:					
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Age:					
Under 16	<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>
65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>	85+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>				
Ethnicity:					
White - British	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>	White - Other*see below	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
Asian or Asian British - Other* see below	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>
Black or Black British - Other* see below	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	*Other, please specify			

About you:

I can understand healthcare information written in English Yes No

If "No" please specify language

Do you have a disability that affects your access to pharmacy services?

Yes No

If so, please specify what it is

Thank you for taking the time to complete this questionnaire

Please return the completed survey by 11th September 2010 in

the Freepost envelope provided to:

**FREEPOST
RRJY-ASBJ-AKTA
East Lancs (PNA Room 47)
Nelson
BB9 5SZ**