

Local Views needed for Local Pharmacies

Introduction and background

Coventry City Council and Warwickshire County Council are working in partnership with the NHS to understand how you use pharmacies (or chemists) and the services they provide that are most important to you.

Those based in Coventry may recall a similar survey conducted between October 2016 and February 2017 by Healthwatch that focused on pharmacy services. However, this survey focuses on your experiences in more detail.

The information that you provide is completely confidential and anonymous.

This survey closes at 8am on Monday 18th September 2017

Should you wish to speak to someone about this consultation or about the survey, please contact us on:

Telephone: 0121 612 3806

Email: mlcsu.researchservices@nhs.net

HOW TO RETURN THIS QUESTIONNAIRE

Please return this questionnaire in the freepost envelope provided. You do not need to use a stamp.

You can also fill in this survey online at: <http://tinyurl.com/CovWarPNA-Public-Survey>

Thank you in advance for taking the time to complete this survey.

The data controller is NHS Midlands and Lancashire CSU. The information from this survey will be used to improve Coventry and Warwickshire Pharmacy services, the information may be shared with Coventry and Warwickshire City Council partners to improve service delivery across the city. Your response will be temporarily stored on Elesurvey's secure servers based in the UK. Elesurvey undertakes not to disclose the responses to others without lawful grounds.

Section 1 – The pharmacies you use and why

| 1. Which of the following best describes your location? | |
|---|--|
| Coventry | |
| Warwickshire | |

| 2. Please provide details of the last pharmacy you used? <i>(please include as much as you know)</i> | |
|--|--|
| Name of Pharmacy | |
| Road | |
| Town/City | |
| Postcode | |

| 3. Is this the pharmacy that you normally use? | |
|--|--|
| Yes – Proceed to Q4 | |
| No – Proceed to Q3 | |

| 4. If no, which pharmacy do you normally use? <i>(please include as much as you know)</i> | |
|---|--|
| Name of Pharmacy | |
| Road | |
| Town/City | |
| Postcode | |

| 5. Thinking about the pharmacy you normally use, how do you normally travel to it? <i>(please tick one)</i> | |
|--|--|
| Car (driver) | |
| Car (passenger) | |
| Public transport | |
| Bicycle | |
| Taxi | |
| Walk | |
| Other (please specify) | |

| 6. Typically, how long does it take you to get there in minutes? |
|--|
| Answer: |

| 7. Again thinking about your normal pharmacy, what are your main reasons for choosing to visit this pharmacy? <i>(Please select up to 5 reasons)</i> | |
|--|--|
| Friendly and polite | |
| A quick service | |
| Can provide you with the right advice when you're unwell | |
| Can advise you on living a more healthy lifestyle | |
| A room for a private consultancy is available | |
| Stocks the medicine / items I require | |
| Provides advice and guidance about where to go for health advice and assistance | |
| The pharmacist takes time to talk to me | |
| The pharmacy delivers my prescriptions | |
| I have confidence in the pharmacy | |
| I can park the car there easily | |
| It is near my home | |
| It is near my work | |
| It is near/ at my local GP surgery | |
| It is easy to get to whilst shopping | |
| It has good public transport links (e.g. bus) | |
| Convenient opening hours | |
| I can visit the pharmacy in the evening and weekend | |
| Other (please specify) | |

| 8. Thinking about your last visit to a pharmacy, who did you visit for? <i>(please tick one)</i> | |
|--|--|
| For yourself | |
| For a child under the age of 12 months | |
| For a child between 13 months and 5 years | |
| For a child between 6 years and 16 years | |
| For a member of your family aged 17+ | |
| For a friend/neighbour etc. aged 17+ | |
| Other (please specify) | |

| 9. Why did you go to the pharmacy? (please tick one) | |
|---|--|
| For a prescription (to have a prescription dispensed) | |
| To buy an over the counter medicine (e.g. paracetamol or plasters) | |
| For advice (e.g. on medicines, illnesses, symptoms you were experiencing, minor ailments) | |
| Other (please specify) | |

| 10. Overall, how satisfied were you with your last visit to the pharmacy? <i>(Please tick one)</i> | |
|--|--|
| Very satisfied | |
| Fairly satisfied | |
| Neither satisfied not dissatisfied | |
| Fairly dissatisfied | |
| Very dissatisfied | |

11. Please explain why you were or were not satisfied with your last visit.

| 12. Have you used an internet pharmacy in the last year? | |
|---|--|
| Yes – Proceed to Q13 | |
| No – Proceed to Q15 | |
| Unsure – Proceed to Q15 | |

| 13. Why did you use the internet pharmacy? <i>(please tick all that apply)</i> | |
|--|--|
| Easier than visiting a high street pharmacy i.e. more convenient | |
| It's more private and I don't have to ask/pay for the items over the counter | |
| The items were cheaper | |
| I could not find them in my pharmacy or other shop | |
| I can buy larger amounts of the item i.e. buying in bulk | |
| I don't know if I can buy the item from a high street pharmacy | |
| Other (please specify) | |

14. If you can remember please tell us the name of the website / internet pharmacy you used?

Section 2 – Pharmacy opening hours

| 15. To what extent are you happy with the opening hours of the pharmacy you normally use? (please tick one) | |
|---|--------------------------|
| Very happy | <input type="checkbox"/> |
| Happy | <input type="checkbox"/> |
| Neither happy nor unhappy | <input type="checkbox"/> |
| Unhappy | <input type="checkbox"/> |
| Very unhappy | <input type="checkbox"/> |

| 16. Did you know some pharmacies are open outside 9-5, Monday to Friday? | |
|--|--------------------------|
| Yes – Proceed to Q17 | <input type="checkbox"/> |
| No – Proceed to Q18 | <input type="checkbox"/> |

| 17. Do you know which pharmacies are open at these times? | |
|---|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

| 18. When do you usually visit? (Please tick all that apply) | | | |
|--|--------------------------|------------------|--------------------------|
| Midnight – 8am | <input type="checkbox"/> | 8pm to midnight | <input type="checkbox"/> |
| Between 8am and 12pm | <input type="checkbox"/> | Monday to Friday | <input type="checkbox"/> |
| Between 12pm and 5pm | <input type="checkbox"/> | Saturday | <input type="checkbox"/> |
| Between 5pm and 8pm | <input type="checkbox"/> | Sunday | <input type="checkbox"/> |

Section 3 – Pharmacy Services

| 19. To what extent do you agree/disagree with the following statement... <i>“I am always able to access the pharmacy services I require, when I need them.”</i> (please tick one) | |
|---|--------------------------|
| Strongly agree | <input type="checkbox"/> |
| Slightly agree | <input type="checkbox"/> |
| Neither agree nor disagree | <input type="checkbox"/> |
| Slightly disagree | <input type="checkbox"/> |
| Strongly disagree | <input type="checkbox"/> |

20. Thinking about the services provided by the pharmacies in your area, which of the following are you aware of?

| | Yes | No |
|--|-----|----|
| Collection of prescriptions from surgeries | | |
| Collection of prescriptions from surgeries which includes putting in the repeat request slip | | |
| Repeat Dispensing: If you are regularly being prescribed the same medicines, you may be able to get prescriptions for up to 6-12 months issued as a batch of forward dated prescription by your GP | | |
| Disposing of Old Medicines: If you or your family have medicines that are out of date or you no longer need, you can take them to a pharmacy so they can be safely destroyed | | |
| Healthy Living Advice: Your local pharmacy team can provide advice on a range of subjects to help you and your family live well, e.g. what food you should eat to stay healthy, healthy levels of alcohol etc. | | |
| Information about other health services: If your pharmacy team can't help you with a particular issue, they can help you find out who you need to speak to and where to go to get the support you need | | |
| Staying healthy and recovering from illness: Pharmacy team can help you to avoid getting ill, they can also help you to use your medicines properly so you can recover quickly if you do get ill | | |
| Discussing your prescription medicines: You can arrange a private meeting with your pharmacist to discuss how you feel your medicines are working | | |
| New prescription medicines: When your GP gives you a new medicine, you can meet with your pharmacist to make sure you know how to use it properly to get the best out of it | | |
| Using Medical Devices: Some people with severe conditions or after surgery need to use devices which can be complicated. Your pharmacist can meet with you to discuss any problems you have | | |
| Getting an emergency supply of medication from the pharmacy: This when you run out of your medicines or leave them at home while on holiday and the pharmacy provides you with a few days supply under certain circumstances | | |
| Sexual Health Services: Some pharmacies provide a range of services to help people practice safe sex, use contraception to avoid unplanned pregnancies, and to treat sexually transmitted infections | | |
| Tuberculosis Treatment: Pharmacies storing the treatment you need to take if you have been diagnosed with Tuberculosis and providing you with the medicine to treat the condition | | |
| Seeing a Pharmacist instead of a GP: There are some conditions that you can get treated by your pharmacy team instead of having to wait for a GP appointment e.g. aches and pains, coughs, colds | | |
| Stopping Smoking: Pharmacy teams can help you to quit by providing advice and treatment | | |
| Blood test: You can go to some pharmacies to have your blood sample taken | | |
| Flu Jabs: You can get the flu jab at pharmacies in the same way as it is provided by GP practices in that anyone eligible for a free flu jab at a GP practice is also eligible for the jab in pharmacies that offer the NHS England commissioned service. | | |
| Travel vaccines: Some pharmacies provide injections that you need to have when travelling to some foreign countries | | |
| Immunisations: Some pharmacies provide some of the jabs your children would normally have in a GP practice | | |
| Health Tests: Some pharmacies test for things like high cholesterol, diabetes, blood pressure, weight | | |
| Pain Relief Medicines for Complex Illnesses (e.g. Cancer): Certain pharmacies keep regular stocks of medicines like Morphine so that people who need strong pain relief do not go without it | | |

21. Focussing on the services you have used, how satisfied are you with each of them?

(Please tick your level of satisfaction for the services you have used. For those you haven't used, please leave the row blank)

| | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
|--|-----------------------|------------------|----------------|---------------------|--------------------------|------------|
| Collection of prescriptions from surgeries | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Collection of prescriptions from surgeries which includes putting in the repeat request slip | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Repeat Dispensing | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Disposing of Old Medicines | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Healthy Living Advice | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Information about other health services | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Staying healthy and recovering from illness | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Discussing your prescription medicines | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| New prescription medicines | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Using Medical Devices | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Getting an emergency supply of medication from the pharmacy | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Sexual Health Services | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Tuberculosis Treatment | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Seeing a Pharmacist instead of a GP | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Stopping Smoking | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Blood tests | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Flu Jabs | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Travel vaccines | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Immunisations | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Health Tests | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |
| Pain Relief Medicines for Complex Illnesses (e.g. Cancer) | Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied | N/A |

22. Thinking about the services you're not aware of, which of the following services would you like to use if they were available in your local pharmacies?

(Please tick all that apply)

| | |
|--|--|
| Collection of prescriptions from surgeries | |
| Collection of prescriptions from surgeries which includes putting in the repeat request slip | |
| Repeat Dispensing: If you are regularly being prescribed the same medicines, you may be able to get prescriptions for up to 6-12 months issued as a batch of forward dated prescription by your GP | |
| Disposing of Old Medicines: If you or your family have medicines that are out of date or you no longer need, you can take them to the pharmacy so they can be destroyed in a safe manner | |
| Healthy Living Advice: Your local pharmacy team can provide advice on a range of subjects to help you and your family live well, e.g. what food you should to eat to stay healthy, healthy levels of alcohol etc. | |
| Information about other health services: If your pharmacy team can't help you with a particular issue, they can help you find out who you need to speak to and where to go to get the support you need | |
| Staying healthy and recovering from illness: Pharmacy team can help you to avoid getting ill, they can also help you to use your medicines properly so you can recover quickly if you do get ill | |
| Discussing your prescription medicines: You can arrange a private meeting with your pharmacist to discuss how you feel your medicines are working | |
| New prescription medicines: When your GP gives you a new medicine, you can meet with your pharmacist to make sure you know how to use it properly to get the best out of it | |
| Using Medical Devices: Some people with severe conditions or after surgery need to use devices which can be complicated. Your pharmacist can meet with you to discuss any problems you have | |
| Getting an emergency supply of medication from the pharmacy: This when you run out of your medicines or leave them at home while on holiday and the pharmacy provides you with a few days supply under certain circumstances | |
| Sexual Health Services: Some pharmacies provide a range of services to help people practice safe sex, use contraception to avoid unplanned pregnancies, and to treat sexually transmitted infections | |
| Tuberculosis Treatment: Pharmacies storing the treatment you need to take if you have been diagnosed with Tuberculosis and providing you with the medicine to treat the condition | |
| Seeing a Pharmacist instead of a GP: There are some conditions that you can get treated by your pharmacy team instead of having to wait for a GP appointment e.g. aches and pains, coughs, colds | |
| Stopping Smoking: Pharmacy teams can help you to quit by providing advice and treatment | |
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| Health Tests: Some pharmacies test for things like high cholesterol, diabetes, blood pressure, weight | |
| Pain Relief Medicines for Complex Illnesses (e.g. Cancer): Certain pharmacies keep regular stocks of medicines like Morphine so that people who need strong pain relief do not go without it | |
| Please outline any other services you'd like to use here | |

Section 4 – Obtaining advice at the pharmacy

23. Have you ever been given advice on any of the services offered at the pharmacy?

Yes – Proceed to Q24

No – Proceed to Q25

24. Thinking about the last time you received advice by the pharmacist, please rate the advice you were given on the following...

(Where 5 is 'very good' and 1 is 'very poor')

| | 1 – very poor | 2 | 3 | 4 | 5 – very good |
|--|---------------|---|---|---|---------------|
| The way the advice was communicated to you (e.g. spoken, written down) | | | | | |
| Relevance of the advice to you and your needs | | | | | |
| Overall usefulness of the advice | | | | | |

25. Please share any further comments about pharmacy services here.

Section 4 – About you

We want to make sure we have listened to a diverse and representative group of people from across Coventry and Warwickshire. You are not obliged to answer these questions however we would greatly appreciate it if you did.

We will not be able to identify you from any of the information provided below in this questionnaire.

26. Please provide your postcode, so we can identify pharmacy provision in your area

27. How would you best describe yourself?

Employed or self-employed (working)

Student

Fulltime parent

Unemployed

Retired

Other (please specify)

| 28. Which age group do you fall into? | |
|--|--|
| 10 - 14 | |
| 15 - 19 | |
| 20 - 24 | |
| 25 - 29 | |
| 30 - 34 | |
| 35 - 39 | |
| 40 - 44 | |
| 45 - 49 | |
| 50 - 54 | |
| 55 - 59 | |
| 60 - 64 | |
| 65 - 69 | |
| 70 - 74 | |
| 75 - 79 | |
| 80 + | |

| 29. What is your sexual orientation? | |
|---|--|
| Heterosexual or straight | |
| Bisexual | |
| Gay man | |
| Gay women/ lesbian | |
| Prefer not to say | |

| 30. What is your gender? | |
|---------------------------------|--|
| Female | |
| Male | |
| Intersex | |
| Transgender | |
| Prefer not to say | |

| 31. How would you describe your ethnic origin? | | | |
|--|--|---------------------------|---|
| ASIAN OR ASIAN BRITISH: | | WHITE | |
| | Bangladeshi | | British (includes English/ Welsh/ Scottish/ Northern Irish) |
| | Indian | | Irish |
| | Pakistani | | Gypsy/ Irish Traveller |
| | Any other Asian background (please specify) | | Any other White background (please specify) |
| BLACK OR BLACK BRITISH | | OTHER ETHNIC GROUP | |
| | African | | Chinese |
| | Caribbean | | Arab |
| | Any other Black background (please specify) | | Any other Ethnic group (please specify) |
| MIXED | | Prefer not to say | |
| | White and Asian | | |
| | White and Black African | | |
| | White and Black Caribbean | | |
| | Any other Mixed background (please specify) | | |

| 32. Do you consider yourself to have a disability? | | | |
|--|-------------------|--|----|
| | Yes | | No |
| | Prefer not to say | | |

Thank you for taking the time to complete our survey. Your views are important to us.