

Appendix B

Public Survey

Community Pharmacy Survey

Southend-on-Sea Borough Council is reviewing the services provided by its local pharmacies (also known as community pharmacies, high street chemists) to make sure that these meet the needs of local people and to look at what new services may be required in the future.

Your views, as someone who lives, and uses pharmacy services, within the Southend-on-Sea area are very valuable to us and we thank you for taking the time to complete our survey.

When answering the questions, we would ask that you think about your most recent experiences of using a pharmacy. This questionnaire should take no longer than 15 minutes to complete.

To ensure personal information about you is secure, all of your answers will be treated in the strictest confidence and will be stored securely. If you are unsure of any question, then please select the 'I don't know' option. If a question is not relevant to you, then please select the 'not relevant' option.

Please *do not* use your experience of using the hospital pharmacy as we are only looking at the local community pharmacies.

Section 1 - How you use pharmacy services

1. What do you generally use your pharmacy for?

Please tick all that apply

- | | | | | | |
|-----------------------------------|--------------------------|-----------------------------------|-------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To get a medicine on prescription | To buy a medicine | To get advice from the pharmacist | To shop for non-medical goods | Other | I don't use pharmacy services |

If you answered 'Other' please give details:

If you answered "I don't use pharmacy services" please go to question 1a.

For all other responses, please go to question 2.

1a. Does someone else access pharmacy services on your behalf?

Please tick one option only

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No |

If you answered "No" please go to question 28.

1b. If yes, please tick all that apply:

- | | | | | | |
|--------------------------|---|---|------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A family member or carer | A pharmacy orders my prescriptions and delivers them to my home | I order prescriptions online and these are delivered to my home | I go online to buy medicines | I go online for advice | Other |

If you answered 'Other' please give details:

Please now go to question 28.

2. How often do you use a pharmacy?

Please tick one option only

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| At least once a day | At least once a week | At least once a month | Once or twice a year | Other |

If you answered 'Other' please give details:

3. Do you prefer to use the same pharmacy?

Please tick one option only

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No |

If you answered "No" please go to question 4.

3a. What do you like about this pharmacy?

3b. What could be improved about this pharmacy?

4. Where do you normally visit a pharmacy?

Please tick one option only

- | | |
|---|---|
| <input type="checkbox"/> Near to where I live | <input type="checkbox"/> Near to my GP surgery |
| <input type="checkbox"/> Near to my place of work | <input type="checkbox"/> Near to my children's school/nursery |
| <input type="checkbox"/> Near to the shops I use | <input type="checkbox"/> The pharmacy which is most convenient at the time I need to use it |
| <input type="checkbox"/> Other | |

If you answered 'Other' please give details:

5. Where would you prefer to visit a pharmacy?

Please tick one option only

- | | |
|---|---|
| <input type="checkbox"/> Near to where I live | <input type="checkbox"/> Near to my GP surgery |
| <input type="checkbox"/> Near to my place of work | <input type="checkbox"/> Near to my children's school/nursery |
| <input type="checkbox"/> Near to the shops I use | <input type="checkbox"/> The pharmacy which is most convenient at the time I need to use it |
| <input type="checkbox"/> No preference | <input type="checkbox"/> Other |

If you answered 'Other' please give details:

6. What day do you most prefer to use a pharmacy?

Please tick one option only

- | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weekday
(Monday -
Friday) | Saturday | Sunday | No preference |

7. What time do you most prefer to use a pharmacy?

Please tick one option only

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Before 9am | 9am - 5.30pm | After 5.30pm | No preference |

8. Which of the following services have you used in the last 12 months?

Please tick all that apply

<input type="checkbox"/>	<p>Medicines Use Reviews (A discussion with the pharmacist about your medicines and how you use these)</p>	<input type="checkbox"/>	<p>New Medicine Service (Support and help from the pharmacist for people who are taking a new medicine)</p>
<input type="checkbox"/>	<p>Flu vaccination (Administration of flu vaccination by a pharmacist, to people who are eligible to vaccination on the NHS (as an alternative to going to the GP))</p>	<input type="checkbox"/>	<p>Stop Smoking (Advice and support to help people to quit smoking)</p>
<input type="checkbox"/>	<p>Chlamydia screening and treatment to those aged 24 years and under (A simple test which can be used to identify chlamydia infection; and supply of treatment for those with a positive test)</p>	<input type="checkbox"/>	<p>Needle and syringe programme for people who inject illicit drugs (Supply of clean equipment, disposal of used equipment and advice)</p>
<input type="checkbox"/>	<p>Supervised consumption of medicines (Pharmacy provides advice to and supervises the patient to take their medicines as prescribed by the doctor)</p>	<input type="checkbox"/>	<p>Appliance reviews e.g. catheters, stoma appliances etc (A discussion with a pharmacist (or your appliance supplier) about how you use your appliance(s))</p>
<input type="checkbox"/>	<p>Stoma appliance customisation service (A service provided by your pharmacist (or your appliance supplier) to help make sure your appliance fits well and is comfortable)</p>	<input type="checkbox"/>	<p>Repeat Prescription and Repeat Dispensing Services (Services which may be offered by pharmacies to support you with obtaining a new supply of your repeat medicines)</p>
<input type="checkbox"/>	<p>Emergency hormonal contraception to those aged 24 years and under (The supply of emergency contraception (sometimes called the 'morning after pill'))</p>	<input type="checkbox"/>	<p>I'd prefer not to say</p>
<input type="checkbox"/>	<p>I haven't used any of these services</p>		

9. If you use, or need to use, one of the following services, would you be happy to use an alternative pharmacy or would you prefer to use your regular pharmacy?

Please tick one option only in each row

	Regular Pharmacy	Alternative Pharmacy	Don't mind	Not relevant
Medicines Use Reviews (A discussion with the pharmacist about your medicines and how you use these)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service (Support and help from the pharmacist for people who are taking a new medicine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu vaccination (Administration of flu vaccination by a pharmacist, to people who are eligible to vaccination on the NHS (as an alternative to going to the GP))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Stop Smoking" (Advice and support to help people to quit smoking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency hormonal contraception to those aged 24 years and under (The supply of emergency contraception (sometimes called the 'morning after pill'))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening and treatment to those aged 24 years and under (A simple test which can be used to identify chlamydia infection; and supply of treatment for those with a positive test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and syringe programme for people who inject illicit drugs (Supply of clean equipment, disposal of used equipment and advice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised consumption of medicines (Pharmacy provides advice to and supervises the patient to take their medicines as prescribed by the doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance reviews e.g. catheters, stoma appliances etc (A discussion with a pharmacist (or your appliance supplier) about how you use your appliance(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma appliance customisation service (A service provided by your pharmacist (or your appliance supplier) to help make sure your appliance fits well and is comfortable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat Prescription and Repeat Dispensing Services (Services which may be offered by pharmacies to support you with obtaining a new supply of your repeat medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you have a minor illness (e.g. cough, cold, indigestion etc.) what would you usually do first;

Please tick one option only in each column

	To get advice	To receive treatment
A pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>	<input type="checkbox"/>
Service		
GP	<input type="checkbox"/>	<input type="checkbox"/>
A&E	<input type="checkbox"/>	<input type="checkbox"/>
Go online	<input type="checkbox"/>	<input type="checkbox"/>
Treat myself	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Other' please give details:

10b. Please describe why was this your preferred option?

11. If you run out of a prescribed medicine when your GP surgery is closed, what would you do:

Please tick one option only

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nothing and wait until the surgery is open | Visit a pharmacy | Call the NHS 111 service | Other |

If you answered 'Other' please give details:

Section 2 - Your most recent experience of using a pharmacy

12. The last time you needed to use a pharmacy, how did you access it?

Please tick one option only

- | | | | | | |
|--------------------------|--------------------------|------------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I went in person | I telephoned for advice | I had my medicines delivered | My carer / family / friend went for me | I went online | Other |

If you answered "I went online" or "Other" please go to question 27.

If you answered 'Other' please give details:

13. The last time you visited a pharmacy, was it easy to get to?

Please tick one option only

- Yes No Not relevant

If no, please describe why:

14. How did you travel to the pharmacy?

Please tick one option only

- By car By public transport On foot Other

If you answered 'Other' please give details:

15. Approximately how long did it take you to get to the pharmacy?

Please tick one option only

- Less than 5 minutes 5 - 10 minutes 11 - 20 minutes 21 - 30 minutes Other

If you answered 'Other' please give details:

16. Do you think this was a reasonable travelling time?

Please tick one option only

- Yes No

If no, how long would be reasonable?

17. How do you rate your most recent experience of using this pharmacy?

Please tick one option only

- Excellent Good Acceptable Poor Very poor

17a. If you answered Excellent, Good or Acceptable, please tell us what you liked about this pharmacy?

17b. If you answered Poor or Very Poor, please tell us what you would improve about this pharmacy?

Section 3 - Meeting your needs

18. Generally, how satisfied are you with pharmacy opening hours?

Please tick one option only in each row

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
Monday - Friday (9am - 5.30pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday - Friday (evenings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18a. Please explain why:

19. Within the last 12 months, have you seen a GP in the morning or evening OR seen the out of hours' (emergency) doctor and not been able to get a prescription dispensed because the local pharmacy is closed?

Please tick one option only

- Yes No Don't know Not relevant to me

If you didn't answer YES, please go to question 20.

19a. On what day was the pharmacy closed?

Please tick one option only

- Weekday morning Weekday evening Saturday Sunday Bank Holiday Can't remember

20. If you need advice on the medicines you are taking, where would you go to?

Please tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Practice nurse |
| <input type="checkbox"/> Pharmacist in GP practice | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Hospital doctor | <input type="checkbox"/> Hospital pharmacy |
| <input type="checkbox"/> Online | <input type="checkbox"/> Not relevant - I am not taking any medicines |

21. In your experience, are the pharmacies in your area easily accessible for people in wheelchairs or for prams/pushchairs?

Please tick one option only

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | Don't know | Not relevant to me (I don't use a wheelchair or pram/pushchair) |

If you answered 'No', please describe why not:

22. If you have a hearing impairment, does your regular pharmacy have facilities available to help you communicate e.g. a hearing loop?

Please tick one option only

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | Don't know | Not relevant to me - I do not have a hearing impairment |

If you answered 'No', how does the pharmacy communicate effectively?

23. If you are visually impaired, does your pharmacy provide large print labels on your medicines?

Please tick one option only

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | Don't know | Not relevant to me |

If you answered 'No', would this be helpful to you?

24. If you are blind (or someone you care for is blind), does your pharmacy try and provide containers with braille?

Please tick one option only

Yes

No

Don't know

Not relevant to
me

If you answered 'No', would this be helpful to you?

25. If you are suffering from a condition that impacts on your ability to leave your home without assistance, does your regular pharmacy provide a home delivery service for your medicines?

Please tick one option only

Yes

No

Don't know

Not relevant to
me

If you answered 'No', would this be helpful to you?

26. Is there sufficient privacy in your pharmacy when discussing sensitive issues with your pharmacist?

Please tick one option only

Yes

No

Don't know

Not relevant to
me

If you answered 'No', please describe how it could be better?

27. Do you think pharmacies have a role to play in providing advice on how to stay healthy?

Please tick one option only

Yes

No

Don't know

If you answered 'No', please describe why not:

28. In the future, which other services do you think pharmacies should or could provide - please list below:

Section 4 - About you

About you: This section is optional but getting this information will enable us to get a picture of who has been involved in this consultation.

Privacy and confidentiality: Some questions may feel personal; the information we collect will be kept strictly confidential in accordance with the Data Protection Act. Personal information will only be used for the purposes described above and will not be passed on to third party organisations. Any information you provide will be held securely and destroyed in accordance with the Data Protection Act 1998 and Southend-on-Sea Borough Council Document Retention and Disposal guidance.

Promoting Equality: Southend-on-Sea Borough Council has a duty to assess the impact of its work on the local population with a focus on certain groups that include: race, age, disability and gender. The Council is aware that these groups and others may experience more difficulties in accessing local services.

29. Which of the following do you identify yourself as?

Please tick one option only

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Female | Male | Other | Prefer not to say |

If you answered 'Other' please specify:

30. What age are you?

Please tick one option only

- | | |
|--|----------------------------------|
| <input type="checkbox"/> 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+ |
| <input type="checkbox"/> Prefer not to say | |

31. What is your ethnic origin?

Please tick one option only

- White - British, Irish, White other
- Mixed - White and Black Caribbean, White and Black African, White and Asian, Mixed other
- Asian/Asian British - Indian, Pakistani, Bangladeshi, Asian/Asian British other
- Black/Black British - Caribbean, African, Black/Black British other, Chinese
- Other ethnic group
- Prefer not to say

32. What is your religion?

Please tick one option only

- Buddhist
- Hindu
- Muslim
- No religion
- Prefer not to say
- Christian (inc. Church of England, Catholic, Protestant and any other Christian denomination)
- Jewish
- Sikh
- Other

33. Are you a carer?

Please tick one option only

- Yes
- No
- Prefer not to say

34. Do you consider yourself to have a disability as defined under the Equality Act? (The Equality Act defines a disability as "a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities")

Please tick one option only

- Yes
- No
- Prefer not to say

34a. How does this affect you?

Please tick all that apply

- Hearing
- Sight
- Physically
- Mentally
- Other

If you answered 'Other', please state:

35. Is English your first language?

Please tick one option only

Yes

No

Prefer not to
say

If you answered 'No', what is your first language?

36. To ensure that pharmacy services are in the right locations across Southend-on-Sea, we invite you to give your full postcode:

Thank you for taking the time to complete this survey, your responses will be considered as part of the development of the PNA.