

Public Consultation on Pharmacy Services to inform the Derbyshire and Derby City Pharmaceutical Needs Assessment

The local Pharmaceutical Needs Assessment is being reviewed at the moment. This is a document that says what our need for pharmacies in Derby and Derbyshire is. The document is used to decide whether new pharmacies should be given permission to open.

The people writing the document want to hear from you. They have produced a questionnaire to help them to find out more about what local people need. It asks questions like:

- Are you able to get to the pharmacy of your choice?
- What services would you like to see available in your pharmacy?
- How satisfied are you with your pharmacy?

Please fill in the questionnaire below.

The deadline for completion is Sunday 7th December 2014.

Pharmacy Needs in Derbyshire & Derby City

Have Your Say on NHS Pharmacy Services in Derbyshire and Derby City

- Are you able to get to a pharmacy of your choice?
- What services would you like to see delivered by your pharmacy?
- How satisfied are you with your pharmacy?

Join the consultation to help shape the future of local NHS pharmacies or if you prefer a postal survey, please telephone 01773-880786

Participation in this survey is purely voluntary.

Your responses will be treated as confidential. Our survey report will be written in a way that means that individual consultation responses cannot be identified.

Pharmacy Needs Assessment Public Consultation Survey 2014/15

Q1. Do you use any of the following (please tick all boxes that apply)			
	Yes	No	Other (please specify)
A community pharmacy			
A dispensing appliance contractor			
An internet / distance selling pharmacy			

Q2. What methods do you use to communicate with your usual pharmacy (please tick all boxes which apply)	
Face to Face	
Telephone	
Internet/Website	
E-mail	
I don't usually communicate with my pharmacy	

Q3. How often would you say you use a pharmacy for health purposes (please tick only 1 box)	
Once a week	
More than once a week	
Once every couple of weeks	
Once a month	
Once every couple of months	
Less often	

Q4. Do you usually use the same pharmacy (please tick only 1 box)	
Yes	
No	
I don't use a pharmacy	

Q5. How long have you been using your usual pharmacy (please tick only 1 box)	
Less than a year	
1-4 years	
Over 4 years	
I don't have a usual pharmacy	

Q6. Have you in the last 12 months been offered and/or had a medicines use review with your pharmacist? (please tick only one box)	
Yes	
No	
I don't take any prescribed medicines	

Q7. Why do you use the pharmacy you use most often (please tick any boxes that apply)	
Q7a. Location	
Near to work	
Near to home	
Near to my doctors	
In town/shopping area	
In the supermarket	
Other (please specify)	

Q7b. Services	
The staff are friendly	
The staff are knowledgeable	
The staff speak my first language	
They offer a collection service	
They offer a delivery service	
They offer another service which I use	
Other (please specify)	

Q8. Are you able to get to a pharmacy of your choice? (please tick only 1 box)	
Yes (independently)	
Yes (with help)	
No (I have mobility issues)	
No (I am housebound)	
No (my preferred pharmacy does not have suitable access for my needs)	
Other (please specify)	

Q9. How do you usually travel to your pharmacy? (please tick only 1 box)	
Walk	
Bicycle	
Bus	
Car (driver)	
Car (passenger)	
Taxi	
I don't, I use the pharmacy delivery service	
Other (please specify)	

Q10. Are you able to access all the services your pharmacy offers in the way you would choose to? (please tick only 1 box)	
Yes	
No (please specify why not)	
I don't know what pharmacy services are available to me	

Q11. How far do you currently travel to you usual pharmacy? (please tick only 1 box)	
Less than half a mile	
Between half a mile and one mile	
1-2 miles	
2-3 miles	
More than 3 miles	
Other (please specify)	

Q12. How far would you be willing to travel to a pharmacy? (please tick only 1 box)	
Less than half a mile	
Between half a mile and one mile	
1-2 miles	
2-3 miles	
More than 3 miles	
Other (please specify)	

Q13. Does your pharmacy offer a prescription delivery service? (please tick only 1 box)	
Yes	
No	
Don't know	

Q14. Please tell us how important (or otherwise) the following community pharmacy features and services are to you (please tick all boxes which apply to your needs under the relevant category)

	Essential	Fairly important	Unimportant	Not necessary	Not sure
Early morning opening (before 9am)					
Late night opening (after 7pm)					
Saturday opening					
Sunday opening					
Convenient location					
Knowledgeable staff					
Friendly staff					
Staff that take time to listen to my needs					
Private consultation area					
Electronic prescription service					
Delivery of medicines to my home					
Ordering repeat prescriptions on my behalf					
Collection of prescription from my surgery					
Buying over the counter medicines					
Prescription dispensing					
Advice on my prescribed / over-the-counter medicines					
Disposal of waste medicines					
Having the medicines and products in store when I need them					
Medicine use reviews (sometimes called medicines checkup/MOT)					
Advice on managing my / my families minor ailments / illnesses					
Long term condition advice					
Signposting me to other health/ social care services					
Flu vaccination					
Advice on leading a healthy lifestyle					
Diabetes screening					
Health tests e.g. cholesterol, blood pressure, etc.					
Blood pressure check					
Stop smoking service					
Substance misuse services					
Buying medicines to protect against malaria					
Emergency hormonal contraception (morning after pill)					

Q15. Overall, how satisfied are you with the service you receive from your pharmacy? (please tick one answer only)	
Very satisfied	
Unsatisfied	
Unsatisfied	
Very unsatisfied	
Other (please specify)	

The following questions are optional but if answered would greatly enhance our survey by ensuring we meet all Derbyshire and Derby City residents' needs in the future delivery of pharmacy services.

Q16. What local authority area do you live in (please tick one answer only)?			
Amber Valley		Bolsover	
Chesterfield		Derby	
Derbyshire Dales		Erewash	
High Peak		North East Derbyshire	
South Derbyshire			

Q17. What is your gender (please tick one answer only)?	
Male	
Female	
Prefer not to say	

Q18. My age group is: (please tick one answer only)?	
<18	
18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75-84	
85 or over	
Prefer not to say	

Q19. I would describe my ethnic origin as: (please tick one answer only)			
White		Asian	
English/Welsh/Scottish/Northern Irish		Indian	
Irish		Pakistani	
Gypsy/Irish Traveller		Bangladeshi	
Any other		Chinese	
		Any other Asian background	
Mixed multiple ethnic groups		African/Caribbean	
White and Black African		African	
White and Black Caribbean		Caribbean	
White and Asian		Any other Black/African/Caribbean background	
Any other mixed/multiple ethnic background			
Arab			
Any other ethnic background			
Prefer not to say			
Yes			
No			

Q20. Do you identify with the gender you were assigned at birth (please tick one answer only)?	
Yes	
No	
Prefer not to say	

Q21. I would describe my sexuality as: (please tick one answer only)?	
Bisexual	
Gay	
Heterosexual (straight)	
Lesbian	
Prefer not to say	
Other (please specify)	

Q22. Do you consider yourself to be disabled? (please tick one answer only)?	
Yes	
No	
Prefer not to say	

Q23. What is your faith or religion? (please tick one answer only)?	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Other (please specify)	
I do not consider myself to have a faith or religion	

Q24. What is your marital status? (please tick one answer only)?	
Civil partnership	
Divorced	
Life partner	
Married	
Separated	
Single	
Other	
Prefer not to say	

Q25. Which of the following best describes your working situation? (please tick one answer only)?	
I am unemployed	
I am not working due to sickness or disability	
I am self employed	
I am retired	
I am working full-time	
I am working part-time	
I am a carer	
I work as a volunteer	
Other (please specify)	
Prefer not to say	

Thank you for taking part in the pharmacy consultation; your time is very much appreciated. Your responses will be used to plan and commission future NHS pharmacy provision and services and your responses will be treated in the strictest confidence.