

Herefordshire Pharmaceutical Needs Assessment 2014 - Public survey

Herefordshire Council's public health team is conducting a public survey as part of the Pharmaceutical Needs Assessment to better understand the views of local people on pharmacy services. This survey will assess whether the current services are meeting the needs of local people. Your views will help us to improve the health services that pharmacies have to offer and plan future services. Please take few minutes to complete this questionnaire.

Please note that any information you provide will be treated as strictly confidential and will only be used for the purposes described above. It will not be shared with any other parties. Any comments provided may be included in anonymous form in any published results.

Your personal information will be held and used in accordance with the Data Protection Act 1998. The council will not disclose such information to any unauthorised person or body but where appropriate, will use such information when improving its various functions and services.

If you have any queries, require help to complete this form or would like it in another format or language, please call the strategic intelligence team on 01432 261944 or email researchteam@herefordshire.gov.uk.

1. What is the first part of your postcode? (we will not be able to identify you from this limited information)

100%

2. Are you responding as an individual or representing a group? (If as a group/organisation please describe below)

100% *Individual*

0% *Group/organisation*

100%

3. Where would you normally obtain any prescribed medicines?

70% *Community pharmacy*

30% *Dispensing GP practice*

4. Do you use a medical appliance supplier? (e.g. for incontinence products or wound dressings)

4% *Yes*

96% *No*

5. Do you use an internet/distant selling pharmacy? (who do not have walk-in premises)

1% *Yes, as a regular pharmacy*

7% *Yes, but only occasionally*

92% *No*

6. How often do you use a community pharmacy/dispensing practice?

4% *Once a week*

23% *Every couple of months*

18% *Once every couple of weeks*

19% *Less often*

36% *Once a month*

7. Who would you normally visit a community pharmacy/dispensing practice for? (please tick all that apply)

91%	<i>Yourself</i>	2%	<i>Someone who is not a family member for whom you are a carer</i>	
52%	<i>A family member</i>	2%	<i>Other, please specify</i>	100%

8. If you visit a community pharmacy/dispensing practice on behalf of someone else, please give a reason why: (please tick all that apply)

38%	<i>Access issues e.g. disability, lack of transport</i>	16%	<i>Opening hours are not suitable for the patient</i>	
29%	<i>Age of patient e.g. child under 16</i>	29%	<i>Other, please specify</i>	100%

9. Do you have a regular community pharmacy/dispensing practice?

86%	<i>Yes</i>	14%	<i>No</i>
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10. In terms of staff and services, why do you use this pharmacy/dispensing practice regularly? (please tick all that apply)

80%	<i>The staff are friendly</i>	44%	<i>They offer a collection service</i>
68%	<i>The staff are knowledgeable</i>	31%	<i>They offer a delivery service</i>
28%	<i>The staff speak my first language (please specify your first language below)</i>	9%	<i>They offer another service which I use</i>

Please specify your first language

100%

11. In terms of location, why do you use this pharmacy/dispensing practice regularly? (please tick all that apply)

13%	<i>In the supermarket</i>	22%	<i>In town/shopping area</i>
44%	<i>Near to home</i>	65%	<i>Near to my doctors/It is my doctors</i>
9%	<i>Near to work</i>	1%	<i>Not applicable as I use an internet/distant selling pharmacy only</i>

12. How do you usually travel to your pharmacy/dispensing practice? (please tick all that apply)

59%	<i>Car (driver)</i>	13%	<i>Car (passenger)</i>
6%	<i>Public transport</i>	40%	<i>Walk</i>
3%	<i>Cycle</i>	1%	<i>Other</i>
0%	<i>Not applicable as I use an internet/distant selling pharmacy only</i>		

13. On average, how long does it take you to travel to your pharmacy/dispensing practice?

- | | | | |
|-----|--|-----|-----------------------------|
| 53% | <i>Less than 10 minutes</i> | 28% | <i>10 to 19 minutes</i> |
| 16% | <i>20 to 30 minutes</i> | 1% | <i>More than 30 minutes</i> |
| 1% | <i>Not applicable as I use an internet pharmacy only</i> | | |

14. Do you have any difficulties when travelling to your pharmacy or dispensing practice?

- | | | | |
|-----|---|-----|--|
| 2% | <i>Location of pharmacy/dispensing practice</i> | 71% | <i>No difficulties</i> |
| 7% | <i>Availability of public transport</i> | 1% | <i>Not applicable as I use an internet pharmacy only</i> |
| 1% | <i>Cost of public transport</i> | | |
| 18% | <i>Parking difficulties</i> | | |

15. Did you know that there are community pharmacies in Herefordshire that are open extended hours (e.g. early mornings, late nights and weekends)

- | | | | |
|-----|------------|-----|-----------|
| 60% | <i>Yes</i> | 40% | <i>No</i> |
|-----|------------|-----|-----------|

16. Do you know where these community pharmacies are located?

- | | | | |
|-----|------------|-----|-----------|
| 34% | <i>Yes</i> | 66% | <i>No</i> |
|-----|------------|-----|-----------|

17. Have you used these community pharmacies early in the morning, later at night or at weekends?

- | | | | |
|-----|------------|-----|-----------|
| 21% | <i>Yes</i> | 79% | <i>No</i> |
|-----|------------|-----|-----------|

18. At what times would you, or do you, find extended hours community pharmacies most useful? (please tick all that apply)

- | | | | |
|-----|-------------------|-----|----------------------|
| 55% | <i>Saturdays</i> | 32% | <i>After 8pm</i> |
| 46% | <i>Sundays</i> | 24% | <i>None of these</i> |
| 19% | <i>Before 9am</i> | | |

19. How do you rate the ease of obtaining medication e.g. waiting times or availability of medicines?

- | | | | |
|-----|------------------|----|------------------|
| 42% | <i>Excellent</i> | 3% | <i>Poor</i> |
| 36% | <i>Good</i> | 3% | <i>Very poor</i> |
| 16% | <i>Average</i> | | |

20. Do you feel that you are provided with sufficient information about your medication e.g. dosage, possible side effects?

- | | | | |
|-----|------------|-----|-------------------|
| 79% | <i>Yes</i> | 10% | <i>No opinion</i> |
| 11% | <i>No</i> | | |

If no, how could this be improved?

100%

21. How would you rate your overall satisfaction with you pharmacy/dispensing practice?

52% *Excellent*

3% *Poor*

32% *Good*

1% *Very Poor*

12% *Average*

22. Are there any extra services you would like to see being provided by your community pharmacy/dispensing practice, or do you have other comments you would like to make?

100%

If you use a community pharmacy or internet/distant selling pharmacy please also complete the following:

23. How important are the following aspects of the pharmacy services?

	<i>Very Important</i>	<i>Important</i>	<i>Unimportant</i>	<i>Very unimportant</i>
Opening hours	64%	32%	2%	1%
Friendly staff	58%	38%	3%	1%
Knowledgeable staff	80%	18%	2%	0%
Location of pharmacy	64%	33%	2%	1%
Waiting/delivery times	52%	45%	3%	0%
Private consultation areas	31%	43%	24%	3%
The pharmacist taking time to listen and talk to you	54%	37%	8%	1%
The pharmacy having the things you need	74%	26%	0%	0%
Prescription collection service from your surgery	47%	30%	20%	3%
Home delivery of your medication	22%	23%	47%	8%

24. How satisfied were you with the following aspects of services at your community pharmacy or internet/distant selling pharmacy?

	<i>Very satisfied</i>	<i>Satisfied</i>	<i>Unsatisfied</i>	<i>Very unsatisfied</i>
Opening hours	40%	48%	12%	0%
Staff attitude	60%	34%	6%	1%
Knowledgeable staff	58%	37%	5%	1%
Location	53%	41%	5%	1%
Waiting/delivery times	36%	54%	7%	3%
Private consultation areas	32%	57%	9%	2%
The pharmacist taking time to listen and talk to you	43%	49%	5%	3%
Prescription collection service from your surgery	45%	46%	6%	3%
Home delivery of your medication	35%	55%	5%	5%

25. Which of the following products/services would you use at a community or internet/distant selling pharmacy if available (make each option mandatory before moving onto next question)?

	<i>No-I have not used this service at my pharmacy and am not interested in it</i>	<i>No-but I would like to use this service at the local pharmacy</i>	<i>Yes-and this service met my needs</i>	<i>Yes-and this service met some of my needs</i>	<i>Yes-although this service did not address my needs at all</i>	<i>I don't know what this is</i>
Alcohol support services	92%	2%	1%	0%	0%	6%
Blood pressure check	49%	38%	10%	1%	1%	2%
Cancer treatment support services	58%	27%	5%	1%	2%	7%
Collection of prescription from my surgery	23%	13%	57%	5%	2%	1%
Delivery of medicines to my home	57%	24%	16%	1%	1%	1%
Diabetes screening	55%	34%	7%	0%	2%	2%
Early morning opening (before 9am)	58%	27%	9%	3%	2%	1%
Electronic prescription service	30%	25%	34%	4%	1%	7%
Emergency hormonal contraception (morning after pill)	86%	5%	5%	0%	1%	2%
Flu vaccination service	53%	25%	17%	2%	1%	1%
Health tests, e.g. cholesterol, blood pressure	45%	37%	13%	2%	1%	2%
Healthy weight advice	55%	32%	8%	2%	1%	2%
Late night opening (after 7pm)	46%	40%	9%	1%	3%	1%
Long term condition advice	48%	34%	10%	3%	1%	4%
Medicine use reviews	42%	36%	15%	3%	1%	3%
Minor ailment scheme (Access to certain subsidised over the counter medicines to avoid a GP visit)	27%	53%	16%	1%	1%	3%
Prescription dispensing	15%	21%	56%	5%	1%	2%
Private consultation room	37%	28%	30%	1%	1%	3%
Purchased anti-malarials	69%	16%	9%	2%	1%	4%
Purchased over the counter medicines	15%	18%	59%	6%	1%	1%
Respiratory Services e.g. inhaler technique	64%	21%	8%	1%	1%	4%
Stop smoking service	82%	9%	5%	0%	1%	3%
Substance misuse service	90%	4%	2%	0%	1%	4%
Sunday opening	48%	37%	10%	1%	2%	2%

ABOUT YOU: This information helps us to ensure that our services are accessible to all. It will only be used for the purpose of statistical monitoring, treated as confidential and not used to identify you.

26. What is your gender?

37% *Male*

63% *Female*

27. What is your age band?

0% *0-15 years*

19% *25-44 years*

25% *65-74 years*

2% *16-24 years*

37% *45-64 years*

17% *75+ years*

28. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

15% *Yes - limited a little*

17% *Yes - limited a lot*

67% *No*

If yes, please specify any particular requirements when using this service:

100%

29. How would you describe your national identity? (Tick as many as apply)

70% *English*

1% *Scottish*

22% *British*

4% *Welsh*

1% *Northern Irish*

1% *Irish*

4% *Other, please specify*

100%

30. How would you describe your ethnic group? (Please tick one box only)

96% *White British/English/Welsh/Scottish/Northern Irish*

1% *Other White (please specify)*

3% *Any other ethnic group (please specify)*

Other White (please specify)

100%

Any other ethnic group (please specify)

0%

31. Do you feel that you were treated differently (positively or negatively) because of who you are? (e.g. your age, gender, disability or ethnicity)

5% *Yes*

95% *No*

If yes, please specify:

100%

Thank you for your time in completing this questionnaire