

Herefordshire Pharmaceutical Needs Assessment 2017

- public survey

1. What is your full 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?

97% *Individual*

3% *Group/organisation*

If as a group/organisation please describe below:

3. Where would you normally obtain any prescribed medicines?

71% *Community pharmacy*

29% *Dispensing GP practice*

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

5% *Yes*

95% *No*

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

2% *Yes, as a regular
pharmacy*

3% *Yes, but only
occasionally*

95% *No*

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

9% *Once a week*

17% *Every couple of months*

20% *Once every couple of weeks*

16% *Less often*

39% *Once a month*

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

92% *Yourself*

1% *Someone who is not a family member for
whom you are a carer*

51% *A family member*

6% *Other, please specify*

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

36% *Access issues e.g. disability, lack of transport*

26% *Opening hours are not suitable for the patient*

27% *Age of patient e.g. child under 16*

20% *Other, please specify (40 comments)*

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

89% *Yes*

11% *No*

10. In terms of staff and services, why do you use this pharmacy/dispensing practice regularly? (please tick all that apply)

83% *The staff are friendly*

38% *They offer a collection service*

72% *The staff are knowledgeable*

19% *They offer a delivery service*

31% *The staff speak my first language (please specify your first language below)*

11% *They offer another service which I use*

Please specify your first language (86 comments)

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

19% *In the supermarket*

25% *In town/shopping area*

43% *Near to home*

51% *Near to my doctors/It is my doctors*

12% *Near to work*

1% *Not applicable as I use an internet/distant selling pharmacy only*

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

58% *Car (driver)*

13% *Car (passenger)*

6% *Public transport*

47% *Walk*

4% *Cycle*

1% *Other*

0% *Not applicable as I use an internet/distant selling pharmacy only*

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

50% *Less than 10 minutes*

35% *10 to 19 minutes*

13% *20 to 30 minutes*

1% *More than 30 minutes*

1% *Not applicable as I use an internet pharmacy only*

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

- | | |
|--|---|
| 1% <i>Location of pharmacy/dispensing practice</i> | 78% <i>No difficulties</i> |
| 2% <i>Availability of public transport</i> | 0% <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)

- | | |
|----------------|---------------|
| 63% <i>Yes</i> | 38% <i>No</i> |
|----------------|---------------|

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

- | | |
|----------------|---------------|
| 39% <i>Yes</i> | 61% <i>No</i> |
|----------------|---------------|

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

- | | |
|----------------|---------------|
| 29% <i>Yes</i> | 71% <i>No</i> |
|----------------|---------------|

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

- | | |
|-----------------------|--------------------------|
| 53% <i>Saturdays</i> | 33% <i>After 8pm</i> |
| 43% <i>Sundays</i> | 28% <i>None of these</i> |
| 14% <i>Before 9am</i> | |

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

- | | |
|----------------------|---------------------|
| 44% <i>Excellent</i> | 5% <i>Poor</i> |
| 35% <i>Good</i> | 3% <i>Very poor</i> |
| 13% <i>Average</i> | |

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

- | | |
|----------------|-----------------------|
| 81% <i>Yes</i> | 12% <i>No opinion</i> |
| 7% <i>No</i> | |

If no, how could this be improved? (23 comments)

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

- | | |
|----------------------|---------------------|
| 56% <i>Excellent</i> | 3% <i>Poor</i> |
| 28% <i>Good</i> | 1% <i>Very Poor</i> |
| 11% <i>Average</i> | |

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?(81 comments)

If you use a community pharmacy or internet/distant selling pharmacy please also complete the questions 23-25.

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	60%	39%	1%	0%
Friendly staff	57%	39%	4%	0%
Knowledgeable staff	78%	21%	1%	0%
Location of pharmacy	57%	40%	3%	0%
Waiting/delivery times	46%	48%	6%	0%
Private consultation areas	36%	43%	19%	2%
The pharmacist taking time to listen and talk to you	57%	36%	6%	1%
The pharmacy having the things you need	72%	27%	1%	0%
Prescription collection service from your surgery	54%	30%	14%	2%
Home delivery of your medication	19%	23%	48%	10%

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	48%	43%	7%	2%
Friendly staff	61%	35%	3%	0%
Knowledgeable staff	59%	37%	3%	1%
Location of pharmacy	61%	37%	2%	0%
Waiting/delivery times	48%	42%	8%	2%
Private consultation areas	42%	50%	5%	3%
The pharmacist taking time to listen and talk to you	50%	43%	5%	2%
The pharmacy having the things you need	48%	43%	6%	3%
Prescription collection service from your surgery	51%	42%	5%	2%
Home delivery of your medication	36%	50%	9%	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	93%	3%	0%	0%	1%	3%
Blood pressure check	43%	39%	15%	1%	1%	0%
Cancer treatment support services	62%	28%	2%	1%	2%	5%
Collection of prescription from my surgery	16%	11%	64%	8%	1%	0%
Delivery of medicines to my home	59%	23%	15%	1%	2%	0%
Diabetes screening	50%	38%	8%	1%	2%	1%
Early morning opening (before 9am)	50%	34%	14%	2%	0%	0%
Electronic prescription service	22%	20%	45%	5%	2%	5%
Emergency hormonal contraception (morning after pill)	76%	12%	8%	1%	1%	2%
Flu vaccination service	40%	25%	31%	3%	1%	0%
Health tests, e.g. cholesterol, blood pressure	35%	47%	13%	3%	1%	0%
Healthy weight advice	55%	33%	11%	0%	1%	0%
Late night opening (after 7pm)	44%	41%	9%	4%	0%	2%
Long term condition advice	49%	29%	17%	0%	2%	2%
Medicine use reviews	39%	30%	25%	2%	2%	2%
Access to advice on minor ailments to avoid a GP visit	18%	42%	33%	2%	3%	1%
Prescription dispensing	12%	16%	65%	5%	2%	0%
Private consultation room	23%	24%	47%	4%	1%	1%
Purchase travel medicines	41%	29%	24%	3%	0%	2%
Purchase over the counter medicines	15%	20%	59%	4%	1%	0%
Respiratory Services e.g. inhaler technique	60%	25%	11%	1%	1%	2%
Stop smoking service	83%	10%	2%	1%	2%	2%
Substance misuse service	89%	6%	1%	0%	0%	3%
Sunday opening	42%	38%	15%	3%	1%	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?

31% *Male*

69% *Female*

27. What is your age band?

0% 0-15 years	14% 25-44 years	21% 65-74 years
8% 16-24 years	39% 45-64 years	18% 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?

19% *Yes - limited a little* 12% *Yes - limited a lot* 70% *No*

If yes, please specify any particular requirements when using this service:(33 comments)

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

63% <i>English</i>	1% <i>Scottish</i>	25% <i>British</i>
7% <i>Welsh</i>	0% <i>Northern Irish</i>	0% <i>Irish</i>
3% <i>Other, please specify (6 comments)</i>		

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

95% *White British/English/Welsh/Scottish/Northern Irish*
3% *Other White (please specify)*
2% *Any other ethnic group (please specify)*

Other White or any other ethnic group (Please specify) (8 comments)

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)

3% *Yes* 97% *No*

If yes, please specify:(8 comments)

Thank you for your time