

WARWICKSHIRE PHARMACEUTICAL NEEDS ASSESSMENT PATIENT QUESTIONNAIRE

What is this questionnaire about? The information you provide in this survey is important and will help us to improve local pharmacy services provided by community pharmacies (chemists), dispensing doctors in rural areas (doctors who also dispense your prescriptions in their own dispensary and not in a pharmacy) and dispensing appliance contractors. This survey should take less than **5 minutes** to complete. All information you provide is anonymous and only the overall outcome of the survey is released, not individual contributions.

ACCESS

1. **Are you on regular medication prescribed by your doctor (GP)?**
 - Yes
 - No

2. **Where do you usually get your prescriptions dispensed?**
 - Usually from the same pharmacy
 - From a number of preferred pharmacies
 - From any convenient pharmacy (no preference)
 - From my GP Practice Dispensary
 - From an internet / mail-order pharmacy
 - Other. Please state

3. **On average, how frequently do you use a pharmacy/ doctors' dispensary / appliance contractor for any reason not just prescriptions?**
 - More than once a week
 - Once a week
 - Once a month
 - Once every 3 months
 - Once or twice a year
 - Rarely if ever

4. **Do you collect your medicines from the pharmacy (or dispensing GP) yourself?**
 - Yes
 - No *If No, please indicate who does:*
 - Friend
 - Neighbour
 - Relative
 - Delivery service
 - Other (please specify e.g. carer).....

5. **How far do you have to travel from your home to get to your nearest pharmacy/dispensing GP?**
 - Less than a mile
 - One to two miles
 - Two to five miles
 - More than five miles

6. **How long is your usual journey time to your nearest pharmacy/dispensing GP?**
 - Under 15 minutes
 - Between 15 & 30 minutes
 - Over 30 minutes

7. **How do you usually travel to access pharmacy services?**
 - Walk
 - By Car
 - By public transport
 - Other (please specify)

8. When in need of a pharmacy service, how easy do you find it to access? (Consider anything that is relevant to you - distance, waiting times, parking, steps, facilities etc.).

- No problems easy to access
- Some issues with access (please indicate issues)
- Significant difficulties to access (please indicate issues)

9. When do you generally access pharmaceutical services?

Please tick the appropriate boxes in the table below

	Monday-Friday	Saturday	Sunday
Before 9am			
9am - 1pm			
1pm - 6pm			
After 6pm			

10. Generally, how satisfied are you with the opening times of community pharmacies, doctors' surgery dispensaries or appliance contractors that you use?

- Very Satisfied
- Satisfied
- Dissatisfied (please specify opening hours you would wish to see)

11. For what reasons do you usually access a pharmacy?

12. Are there any barriers that prevent you from using a pharmacy?

Please tick all that apply

- Lack of confidentiality
- It is difficult to get to a pharmacy
- The pharmacy isn't open when I need to access it
- Long waiting times
- Other (please specify).....

UNWANTED MEDICINES

13. Did you know that you can return any unused / unwanted medicines to either a pharmacy or GP dispensary?

- Yes
- No

14. What do you usually do with any out of date, unwanted or unused medicines?

- Return them to a community pharmacy
- Return them to my GP Practice Dispensary
- Return them to an internet / mail-order pharmacy
- Throw away with household rubbish
- Pour liquids down the sink
- Store them in the house
- Other. Please state

15. How frequently on average do you need to dispose of unused / unwanted medicines?

- Every month
- Every two months
- Twice a year
- Once a year
- Less than once a year

DISPENSING

16. After handing in your prescription, how long do you normally wait at the pharmacy or GP dispensary to have your prescription dispensed?

I wait for:

- Less than five minutes
- Between five to ten minutes
- Between eleven to thirty minutes
- More than thirty minutes
- I return to collect the prescription later. If so, why?.....

17. Do you consider this waiting time to be reasonable?

- Yes
- No

ADVICE AND INFORMATION

18. Are you happy with the amount of information that you normally receive about your medication from your pharmacy or dispensing practice?

- Yes
- No

19. Would you ask your pharmacist for advice about medicines prescribed by your GP?

- Yes
- No

20. Where do you usually go to get advice about buying over the counter (OTC) medicines?

Please tick all that apply

- Always / mostly from the same pharmacy
- From a number of pharmacies
- From a shop or supermarket
- From an internet/ mail-order pharmacy
- Other (please specify)

21. Did you know your pharmacist can provide/offer advice on general health, lifestyle and disease prevention e.g. stopping smoking and healthy eating?

- Yes
- No

22. Where do you usually go for advice about general health, lifestyle and disease prevention?

Please tick all that apply

- Always / mostly from the same pharmacy
- From a number of pharmacies
- From my GP
- From an internet/ mail-order pharmacy
- I do not seek this advice at any type of pharmacy
- Other (please specify)

23. How would you rate your confidence in your pharmacist's advice and knowledge?

- Very high
- High
- Satisfactory
- Low
- Very low

SUPPORT SERVICES

24. Where do you usually go to buy OTC medicines?

Please tick all that apply

- Always / mostly from the same pharmacy
- From a number of pharmacies
- From a shop or supermarket
- From an internet/ mail-order pharmacy
- Other (please specify)

25. Is there a room available where you can talk confidentially to your pharmacist?

- Yes
- No
- Don't know

26. Did you know that you can access the following services from pharmacies?

Please tick all that apply

- Supply of "morning after pill"
- Stop smoking support
- Chlamydia treatment
- Medicines Use Review – to talk to your pharmacist about your medication
- Specialist advice about any newly prescribed medicines
- Disposal of needles/lancets (for people with diabetes)
- Supervised consumption (for treatment of substance misuse clients)
- Needle exchange service (for treatment of substance misuse clients)
- NHS Flu vaccinations

27. Would you or have you ever accessed a pharmacy for any of the services listed below where available?

Please tick all that apply

- Morning after pill
- Stop smoking support
- Chlamydia testing and treatment
- Medicines use review / specialist advice on new medicines
- Treatment on the NHS for minor ailments
- Disposal of needles/lancets (for people with diabetes)
- Supervised consumption (for treatment of substance misuse clients)
- Needle exchange service (for treatment of substance misuse clients)
- NHS Flu Vaccinations
- Advice on safe alcohol limits

28 Do you have any other comments about pharmacy services? Please list any other service that you would like to see pharmacies provide or suggest how current services could be improved? Please give details

About you

We want to ensure that this consultation has reached all sections of the community, so please complete the following questions:

Are you male or female?

Please tick one box

Male Female

How old are you?

Please tick one box

Under 18 18 – 29 30 – 44 45 – 59 60–69 70 plus

Please give the first four digits of your postcode _____

Do you have any children under the age of 16 who live with you?

Please enter you full postcode in the box below:

Yes No

Which of the following best describes your main activity (tick one)

- Employed Full-time (30 hours+)
- Employed part-time (up to 30 hours)
- Student (full or part-time)
- Caring for family members/household
- Retired from paid work
- Unemployed
- Other please state _____

Are you registered with a disability?

Please tick one box

- Yes
- No

Is English your first language?

Please tick one box

- Yes
- No please state first language _____

What is your ethnic group?

Please tick one box

- White British
- White Other please state _____
- Mixed British/Multiple ethnic groups
- Asian or Asian British (Bangladeshi, Indian, Pakistani)
- Asian or Asian British other please state _____
- Black or Black British (Black African, Caribbean)
- Black or Black British Other please state _____
- Other ethnic group please state _____
- Prefer not to say

Thank you for your time.