

The local Pharmaceutical needs assessment is a survey that Public Health within local government is undertaking to make sure that pharmacies across Berkshire are providing the right services, in the right locations, to support residents.

As part of this confidential survey we want to get your views on services, so your answers are important to us. The survey is confidential and will be used to plan our services.

**Please complete this survey and place it into the collection box**

## 1 Do you use?

- Community pharmacy .....
- A dispensing appliance supplier?  
(someone who supplies appliances such as incontinence and stoma products) .....
- An internet pharmacy? (a service where medicines are ordered on-line and delivered by post) .....

## 2 How often do you use a pharmacy?

- More than once a month .....
- Once a month .....
- 3–11 times a year .....
- Less than 3 times a year .....

## 3 Which of the following services do you currently use at a pharmacy?

- Sunday opening .....
- Late night opening (after 7pm) .....
- Early morning opening (before 9am) .....
- Prescription dispensing .....
- Buying over the counter medicines .....
- Buying travel medicines (e.g. anti-malarials) .....
- Medicines advice and reviews .....
- Delivery of medicines to my home .....
- Collection of prescription from my surgery .....
- Long-term condition advice (e.g. help with your diabetes/asthma) .....
- Respiratory Services .....
- Emergency hormonal contraception (morning-after pill) .....
- Cancer treatment support services .....
- Substance misuse Service .....
- Alcohol support services .....
- Stop smoking service .....
- Health tests, e.g. cholesterol, blood pressure .....
- Healthy weight advice .....

- 'Flu vaccination .....
- Diabetes screening - Private...  NHS...
- Blood pressure check - Private...  NHS...

## 4 Which of the following services would you use at a pharmacy, if available?

- Sunday opening .....
- Late night opening (after 7pm ) .....
- Early morning opening (before 9am ) .....
- Prescription dispensing .....
- Buying over the counter medicines .....
- Buying travel medicines (e.g. anti-malarials) .....
- Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit) .....
- Electronic prescription service .....
- Medicines advice and reviews .....
- Delivery of medicines to my home .....
- Collection of prescription from my surgery .....
- Long-term condition advice (e.g. help with your diabetes/asthma) .....
- Respiratory services .....
- Emergency hormonal contraception (morning-after pill) .....
- Cancer treatment support services .....
- Substance misuse service .....
- Alcohol support services .....
- Stop smoking service .....
- Health tests, e.g. cholesterol, blood pressure .....
- Healthy weight advice .....
- 'Flu vaccination .....
- Diabetes screening .....
- Blood pressure check .....
- Other (please specify) .....
- .....

**5** Are you able to get to a pharmacy of your choice?

Yes... No...

**6** Do you use one pharmacy regularly?

Yes... No...

**7** Reason for using your regular pharmacy

**Location**

- In the supermarket .....
- In town/shopping area .....
- Near to my doctors .....
- Near to home .....
- Near to work .....
- Other .....

**Services**

- They offer a delivery service .....
- They offer a collection service .....
- The staff speak my first language .....
- The staff are knowledgeable .....
- The staff are friendly .....
- Other .....

**8** How do you usually travel to your usual pharmacy?

- Walk .....
- Car (passenger) .....
- Car (driver) .....
- Taxi .....
- Bus .....
- Bicycle .....

**9** How long does it take you to travel to your pharmacy?

- Less than 15 mins .....
- 15 – 30 mins .....
- 30-60 mins .....
- Over an hour .....

**10** How important are the following pharmacy services?

	Very Important	Important	Unimportant
Home delivery of your medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription collection from your surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacy having a wide range of things I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacist taking time to listen/provide advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private areas to speak to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shorter waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late opening times (after 7pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11** How satisfied were you with the following services at your regular pharmacy?

	Very Satisfied	Satisfied	Unsatisfied
The pharmacy having the things I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacist taking time to talk to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private consultation areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 12 About You

● **My age is:**

- Prefer not to say .....
- 65-74 .....
- 55-64 .....
- 45-54 .....
- 70+ .....
- 35-44 .....
- 25-34 .....
- 18-24 .....

● **I would describe my sexuality as:**

- Prefer not to say .....
- Heterosexual (Straight) .....
- Lesbian .....
- Gay .....
- Bisexual .....
- Other .....

● **Please tell us your faith or religion:**

- Prefer not to say .....
- Christian .....
- Muslim .....
- Hindu .....
- No faith or religion .....
- Other .....

● **I would describe my ethnic origin as:**

- British White .....
- White Other .....
- Irish .....
- Pakistani .....
- Asian .....
- Indian .....
- Bangladeshi .....
- Black Caribbean .....
- Black African .....
- Gypsy/Irish Traveller .....
- Other .....

● **Do you consider yourself to be disabled?**

Yes...  No...

● **What is your marital status?**

- Single .....
- Married .....
- Life-partner .....
- Civil Partnership .....
- Other .....
- Prefer not to say .....

● **Which of the following best describes your working situation?**

- I work as volunteer .....
- I am working part-time .....
- I am working full-time .....
- I am retired .....
- I am not working .....
- Prefer not to say .....

*Thank you!*