



Tell us what you think of pharmacy services in Hertfordshire

We want to hear what you think of pharmacy services in Hertfordshire to help us develop services in the future. Your views will help us to develop our Pharmacy Needs Assessment (PNA) which will look at health needs in Hertfordshire, the level and accessibility of pharmacy services and how these will be maintained and developed in the future.

We would be grateful if you would take a few minutes to answer some questions about your own experience and views. **The information in the questionnaire you provide is confidential.** Please be honest with your answers so we can accurately assess areas where pharmacies are already performing well and areas that need improvement. Information returned in the 'A bit about you' section will be recorded separately from your questionnaire response.

If you would like to complete this online please go to:

https://www.surveymonkey.co.uk/r/Herts_Public

Or scan the QR code below:



Closing date for this questionnaire is Friday 10th March 2017

Please return paper copies back to the person / the organisation you received it from or send to:

Darren Hagan

Soar Beyond, 1 Marchmont Gate, Maxted Road

Hemel Hempstead

HP2 7BE

Please provide your postcode:

Should you require this questionnaire in any other format or language, please contact:

Imogen Toyer - imogen@soarbeyond.co.uk - 01442 927972

N.B. All information supplied will be kept strictly confidential, held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party.

1) How often have you visited the pharmacy in the last six months?

For yourself:

- Once a week or more
- Once a month
- Once every few months
- Once in six months

For someone else:

- Once a week or more
- Once a month
- Once every few months
- Once in six months

2) Do you have a regular or preferred pharmacy that you visit?

- Yes - if happy to do so, please provide the name and address
- No

3) When considering a choice of pharmacy, which of the following helps you choose? (Please select all that apply)

- Close to home
- Close to GP surgery
- Close to work
- Efficiency
- They offer a specific service
- Expertise / quality of advice
- Friendly staff
- Other, please specify _____

4) Who would you normally visit the pharmacy for? (Please select all that apply)

- Yourself
- A family member
- Neighbour / friend
- Someone you are a carer for
- All of the above
- Other, please specify _____

5) If you visit a pharmacy on behalf of someone else, please give a reason why (you may select more than one answer)

- Opening hours of the pharmacy not suitable for patient
- Most convenient
- Access (for example disability / transport)
- All of the above
- Other, please specify _____

6) How would you usually travel to the pharmacy? (Please select one answer)

- Car
- Taxi
- Public transport
- Walk
- Bicycle
- Other, please specify _____

7) On average, how long does it take you to travel to a pharmacy? (Please select one answer)

- 0 to 15 minutes 16 to 30 minutes Over 30 minutes Varies Don't know

8) Do you have any difficulties when travelling to a pharmacy?

- Yes No

If yes, please select one of the following reasons:

- Location of pharmacy Parking difficulties Public transport availability

Other, please specify _____

9) What is the most convenient day for you to visit a pharmacy? (Please select one answer)

- Monday to Friday Saturday Sunday Varies Don't know

10) When do you prefer to visit a pharmacy? (Please select one answer)

- Morning (8am-12pm) Lunchtime (12pm-2pm) Afternoon (2pm-6pm)
 Early evening (6pm-8pm) Late evening (after 8pm) Varies
 Don't know

11) How regularly do you typically buy an over the counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

- Daily Weekly Fortnightly Monthly Yearly Never

12) Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select all that apply)

- Dispensing of prescriptions Repeat dispensing services
 Needle exchange Advice from your pharmacist
 Buying over the counter medicines Flu vaccination services
 Home delivery and prescription collection services
 Disposal of unwanted medicines
 Detailed discussion with your pharmacist – how you take your existing and newly prescribed medicines
 Stopping smoking / nicotine replacement therapy
 Sexual health services (chlamydia testing / treating, condom distribution, emergency contraception)
 Immediate access to specialist drugs e.g. palliative care medicines
 Supervised consumption of methadone and buprenorphine
 Emergency supply of prescription medicines

Other, please specify _____

13) What services would you like to see provided by your local pharmacy?

	Yes	No	Don't know
Dispensing of prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat dispensing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home delivery and prescription collection services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't know
Needle exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice from your pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying over the counter medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu vaccination services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed discussion with your pharmacist how - to take your existing and newly prescribed medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stopping smoking / nicotine replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health services (chlamydia testing / treating, condom distribution, emergency contraception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate access to specialist drugs e.g. palliative care medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency supply of prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify			

14) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit?

Yes No

15) Have you ever used an internet pharmacy to obtain prescription medicines?

Yes No

16) If yes, how would you rate your overall satisfaction with the internet pharmacy?

Excellent Good Fair Poor

Any other comments you would like to make about your pharmacy?

Thank you for completing this questionnaire

Your answers to this survey are private and will be kept in line with the Data Protection Act. If you wish to be kept informed about the Pharmaceutical Needs Assessment and the consultation we will be running, you can give us your contact details here:

Name: _____

Address: _____

Telephone number: _____ Email: _____

Preferred method of communication: Telephone Email Post

A bit about you

This information is being collected anonymously and will only be used for the purpose of improving Herfordshire's consultation service.

Please note it is not a requirement to complete this section.

<p>This Equal Opportunities Form is confidential and anonymous. It does not ask about your name or address (apart from your postcode). When we receive the completed form, we keep it separate from any other information that could link it to you. The information you give us will remain strictly confidential, will be used for monitoring purposes only, and will only be held for as long as is necessary for monitoring purposes in accordance with the Data Protection Act 1998.</p>										
Postcode										
Age										
Under 18		18 - 24		25 - 34		35 - 44		45 - 54		
55 - 64		65 - 74		75 - 84		85 - 89		90+		
Marital status										
<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Civil Partnership				
<input type="checkbox"/> Divorced			<input type="checkbox"/> Widow/er			<input type="checkbox"/> Prefer not to say				
Gender										
<input type="checkbox"/> Male					<input type="checkbox"/> Female					
Ethnicity										
White			Mixed			Asian or Asian British				
<input type="checkbox"/> British			<input type="checkbox"/> White and Black Caribbean			<input type="checkbox"/> Indian				
<input type="checkbox"/> Irish			<input type="checkbox"/> White and Black African			<input type="checkbox"/> Pakistani				
<input type="checkbox"/> Gypsy or Irish Traveller			<input type="checkbox"/> White and Asian			<input type="checkbox"/> Bangladeshi				
						<input type="checkbox"/> Chinese				
<input type="checkbox"/> Any other White background			<input type="checkbox"/> Any other mixed background			<input type="checkbox"/> Any other Asian background				
Black or Black British			Other Ethnic Group							
<input type="checkbox"/> African			<input type="checkbox"/> Arab <input type="checkbox"/> Prefer not to say							
<input type="checkbox"/> Caribbean			<input type="checkbox"/> Any other ethnic background							
<input type="checkbox"/> Any other black background										
Religion / belief										
<input type="checkbox"/> Buddhist			<input type="checkbox"/> Hindu			<input type="checkbox"/> Muslim		<input type="checkbox"/> Other		
<input type="checkbox"/> Christian			<input type="checkbox"/> Jewish			<input type="checkbox"/> Sikh		<input type="checkbox"/> No religion or belief		
								<input type="checkbox"/> Prefer not to say		
Do you consider yourself to have a disability?					Do you have a caring responsibility for an adult or a child with a disability?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Prefer not to say			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is English your first language? If no, please specify										
<input type="checkbox"/> Yes			<input type="checkbox"/> No			<input type="checkbox"/> Prefer not to say				
Sexual Orientation										
<input type="checkbox"/> Bisexual			<input type="checkbox"/> Gay man			<input type="checkbox"/> Gay woman / lesbian				
<input type="checkbox"/> Heterosexual / straight			<input type="checkbox"/> Prefer not to say							

Why do you want to know more about me?

We are committed to building a community where everyone can flourish and achieve their full potential and the information you give us will help us achieve our commitment of being fair to all. We value diversity and acknowledge that our customers come from different backgrounds and have different needs, experiences and interests. It's really important we get to know you better so that we can plan and deliver fair and include services that are tailored to your specific needs.

The information you give us will enable us to:

- check whether or not our services are equally accessible to everyone who is entitled to them;
- identify and address any barriers to accessing (information about) our services;
- continually improve the services we deliver

What is an Equal Opportunities Form?

Hertfordshire County Council monitors the age, disability, gender, race and preferred first language of our service users, as well as whether or not they have caring responsibilities for an adult or a child with a disability. Where relevant and appropriate to the service questionnaire, for example in relation to health or social care services, we also sometimes ask about the sexual orientation, marital or civil partnership status and religion or belief of service users. We collect this information by asking you to fill in an Equal Opportunities Form. The form is very straightforward and should only take a minute to complete.

Who chooses the questions listed on the Equal Opportunities Form?

The questions in the Equal Opportunities Form are based on legislation (Equality Act 2010); advice from advisory bodies (Equality and Human Rights Commission) and best practice by other local authorities

Is it just Hertfordshire County Council that carries out equal opportunities monitoring?

No. All local authorities across the country monitor characteristics such as the age, gender, disability and ethnic origin of those who use their services.

Do I have to give you this information?

No. All questions in the Equal Opportunities Form are voluntary. If you feel uncomfortable giving us this information, simply tick the 'prefer not to say' box or do not answer the question. However, we can't get things right without your help so we ask you to help us by completing this form.

I've already given you this information, why do you want it again?

We recognise that people's circumstances change all the time and we want to make sure that our services are reflective of people's changing circumstances.

Still have questions? If you have further questions or want more information about this form, please contact Imogen Toyer, Project Executive, imogen@soarbeyond.co.uk