

Pharmaceutical Needs Assessment Public and patient Survey Questionnaire: large print accessible word version

We would like to understand your experience of going to a pharmacy so that we can best plan for services going forward. The services we are looking at include local services that you receive from pharmacies (or chemists) and dispensing doctors. To do a good job, we need to regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'pharmaceutical needs assessment' and we are preparing this in Surrey at the moment.

Many people call them chemists but in this survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription or buy medicines which you can only buy from a pharmacy or to talk to a pharmacist for advice about an illness that you may have or medicines that you take. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products.

The preliminary results of this questionnaire will be published in the draft pharmaceutical needs assessment which Surrey County Council will consult on in Winter 2024/25. Full results will be

published on Surrey-I in the final pharmaceutical needs assessment by Spring 2025.

Your views are important to us so please spare a few minutes to complete this questionnaire. There are a maximum 14 questions to answer about your experience of pharmacies and about you. We anticipate it will take you 10 to 15 minutes to complete.

We really would like and value your input, but if you don't want to take part, please just ignore this questionnaire; your decision will not affect the care you receive from the NHS or your pharmacy in any way.

The questionnaire is anonymous; you don't have to give your name and address. Any information you do give will not be linked to you.

Accessibility Statement

This is a screen reader accessible version of the PNA consultation questionnaire.

Any questionnaires answered on the Screen Reader Accessible Microsoft Word version or the Large Print version may be completed digitally, or printed and answered, scanned and emailed directly to Surrey County Council using this email address: public.health@surreycc.gov.uk

Or questionnaires may be printed and returned via post to:

Attention: PNA public health

**Surrey County Council
Woodhatch Place, 11 Cockshot Hill
Reigate
RH2 8EF**

If you would like us to send you a printed version of the questionnaire in an accessible format, please email us on public.health@surreycc.gov.uk or text 02085 417976 and we will post a questionnaire out to you with a pre-paid envelope.

**If you have any queries about the PNA, or require a copy of the PNA or this questionnaire in hard copy or a different alternative format, please contact us and we will do our best to assist you:
Email: public.health@surreycc.gov.uk
SMS text number: 02085 417976
Telephone number: 02085 417976**

Question 1a. Please select the District or Borough which the pharmacy you regularly use is located in. If you don't know the district or borough your usual pharmacy is located in, please use the GOV.uk district finder ([Find your local council - GOV.UK \(www.gov.uk\)](http://www.gov.uk)) by inputting your pharmacy's postcode.

- Option 1. Elmbridge**
- Option 2. Epsom and Ewell**
- Option 3. Guildford**
- Option 4. Mole Valley**
- Option 5. Reigate and Banstead**
- Option 6. Runnymede**
- Option 7. Spelthorne**
- Option 8. Surrey Heath**
- Option 9. Tandridge**
- Option 10. Waverley**
- Option 11. Woking**
- Option 12. Not in Surrey**

Answer one of the above twelve options; please state answer

Question 1b. Please state the full address of the pharmacy you most regularly use. If you use an online or distance selling pharmacy more frequently than a physical pharmacy, please state that instead.

Please state answer

Question 2. Thinking about your visits to a local pharmacy, do you...

Option 1. Always or almost always use the same pharmacy

Option 2. Will often use other pharmacies but have one that I typically use

Option 3. Use different pharmacies with no preference for one in particular

Option 4. I don't use pharmacies

Answer one of the above four options, please state answer

Question 3. What factor or factors influence your choice of which local pharmacy?

Option 1. Familiarity

Option 2. Location

Option 3. Opening hours

Option 4. Services on offer

Answer as many of the above four options as apply; please state answer

If you answered Option 2. Location to the above question, please answer Question 3b. If you did not answer that option, please skip ahead to Question 4.

Question 3b. If location is an important factor: What is it about the location of the pharmacy that is most important to you?

Option 1. It is close to where I live

Option 2. It is close to friends and / or family

Option 3. It is close to where I work

Option 4. It is located close to another place I need or want to visit

Option 5. It is close to my GP surgery

Option 6. Something else

Answer one of the above six options, please state answer

Question 4. When you need to use the pharmacy, how easy or difficult would you say it is to do that?

Option 1. Very easy

Option 2. Somewhat easy

Option 3. Neither easy or difficult

Option 4. Somewhat difficult

Option 5. Very difficult

Answer one of the above five options, please state answer

If you answered Option 4. Somewhat difficult or Option 5. Very difficult to the above question, please answer Question 4b. If you did not answer either of these options, please skip ahead to Question 5.

Question 4b. In the previous question, you said that you can find it difficult to use the pharmacy. What is the factor or factors that make it difficult?

Option 1. I have a health condition that makes it hard to visit in person

Option 2. The pharmacy is a long way from where I live

Option 3. It is not open when I need it to be

Option 4. Something else

Answer as many of the above four options as apply; please state answer

Question 5. Which days is it most convenient for you to visit a pharmacy?

Option 1. Weekdays (Mondays to Fridays)

Option 2. Weekends (Saturdays to Sundays)

Option 3. Any

Answer one of the above three options, please state answer

Question 6. Which time is it most convenient for you to visit a pharmacy?

Option 1. Before 9am

Option 2. Between 9am and 12pm

Option 3. Between 12pm and 6pm

Option 4. After 6pm

Option 5. Any

Answer one of the above five options, please state answer

Question 7. How would you typically travel to the pharmacy?

Option 1. Walk

Option 2. Cycle

Option 3. Car or other motor vehicle

Option 4. Public transport

Answer one of the above four options, please state answer

Question 8. And thinking about a typical visit to the pharmacy, how long would you say it usually takes you to get there?

Option 1. Under 10 minutes

- Option 2. Between 10 and 20 minutes**
- Option 3. Over 20 minutes**

Answer one of the above three options, please state answer

Question 9. Thinking again about a typical visit to a pharmacy, what would your reasons for those visits be?

- Option 1. To pick up a prescription for myself**
- Option 2. To pick up a prescription for someone I live with**
- Option 3. To pick up a prescription for someone I don't live with (e.g. as an unpaid carer)**
- Option 4. To seek advice from the pharmacist**
- Option 5. To buy 'over the counter' medicines or products**
- Option 6. To seek a service (e.g. flu vaccination/ Dosette box service)**
- Option 7. Something else**

Answer as many of the above seven options as apply; please state answer

Question 10. Thinking about those reasons why you typically visit a pharmacy, do you feel that your needs on these visits are met?

- Option 1. Always or almost always met**
- Option 2. Frequently met**
- Option 3. Sometimes met**
- Option 4. Infrequently met**
- Option 5. Never or almost never met**

Answer one of the above five options, please state answer

If you answered Option 4. Infrequently met or Option 5. Never or almost never met to the above question, please answer Question 10b. If you did not answer either of these options, please skip ahead to Question 12.

Question 10b. You said that your needs are never, almost never or infrequently met for some visits to your pharmacy. What reason or reasons would you say make you feel this way?

- Option 1. There are services I need or want which are not offered**
- Option 2. The pharmacy is often closed when I want to use it**
- Option 3. The medicines and / or products I want are not always in stock**
- Option 4. I feel the staff are not knowledgeable**
- Question 5. Something else**

Answer as many of the above five options as apply; please state answer

If you answered Option 5. Something else to the above question, please specify your answer below:

If you answered Option 1. There are services I need or want which are not offered to the above question, please answer Question 11. If you did not answer either of these options, please skip ahead to Question 12.

Question 11. Please describe the services you sought from the pharmacy which were not offered below:

Question 12. If you receive a prescription delivery service how often does this occur? Note delivery of prescriptions is a private service provided by some pharmacies and not funded by the NHS.

Option 1. Always

Option 2. Sometimes

Option 3. Never

Answer one of the above three options, please state answer

Question 13. Do you also use an online or distance selling pharmacy?

Option 1. Yes

Option 2. No

Option 3. Sometimes

Option 4. I did not know it was an option

Option 5. Not sure

Answer one of the above five options, please state answer

Question 14. If you needed medication outside of your pharmacies usual opening hours, where would you go next?

Option 1. Accident and Emergency (A&E) department

Option 2. Walk in centre

Option 3. A different pharmacy

Option 4. NHS 111

Option 5. Somewhere else

Answer one of the above five options, please state answer

Question 15. Community pharmacists are able to manage a range of common health conditions (ear/sinus infections, skin infections, shingles, sore throat and uncomplicated urinary tract infections). How likely would you be to seek support for these conditions from a community pharmacy in the first instance?

Option 1. Very likely

Option 2. Likely

Option 3. Not sure

Option 4. Unlikely

Option 5. Never or extremely unlikely

Answer one of the above five options, please state answer

Thank you for completing this survey.