

Community Pharmacy Questionnaire

Introduction

This consultation, aims to review the current services and identify any gaps or improvements that need to be made for pharmacy services in Kensington and Chelsea. Feedback from this consultation and report will be used to help the NHS decide on applications for new pharmacies, and applications for changes at existing pharmacies.

The current report has been produced by looking at the health needs of the population, the current pharmacy network and its services and public views on current services. It has drawn on research material and has been advised by a stakeholder group that looked at different aspects of pharmacy services.

We invite you to take this opportunity to give us your views on this research and the conclusions and recommendations drawn from it.

The information you provide will only be used for the Pharmaceutical Needs Assessment 2018-2021. Your answers will be kept anonymous and we will not share your information with any third parties.

The answers you provide for this consultation will help shape the final pharmaceutical needs assessment for Kensington and Chelsea, which will be completed and published by 1st April 2018. Your participation should take no longer than 10 minutes. This survey will be open until the 5th February 2018.

We appreciate you taking time out to complete the survey.

1. What is the name of the pharmacy you use most often?

2. What services do you already use at your pharmacy or will use if they were made available? (please tick all that apply)

Obtaining prescription medicines	
Repeat prescriptions	
Over the counter medications	
Home delivery service and prescription collection service	
Prescription collection service	
Electronic prescription service	
Emergency supply of prescription medicines	
Specialist medication service (for example palliative care)	
New medicines service/ Medicine use reviews	
Disposal of unwanted medicines	
Advice from Pharmacist about how to take prescription medication or what over the counter medication to buy	
Advice from Pharmacist on how to manage minor ailments/injuries such as cold, cough etc.	
Advice from Pharmacist on Healthy lifestyles such as alcohol, weight management etc.	
Stop smoking/Nicotine replacement therapy	
Substance misuse services	
Needle exchange	
Health checks including blood glucose, cholesterol, blood pressure and BMI (height and weight)	
Chlamydia screening or treatment	
Condom distribution	
Emergency contraception (morning after pill)	
Flu vaccination service	
Pneumonia vaccination service	
Meningitis vaccination Service	
Travel vaccination service	
StrepA Sore Throat Test and Treat	
StrepB test screening in pregnancy	
Blood Pressure measurement service	



3. What do you like about your pharmacy?

4. What could be improved about your pharmacy?

5. Do you have any other comment about your pharmacy?

6. Do you have any comments about the Draft Pharmaceutical Needs Assessment?





Equalities monitoring

So that we can ensure that our survey is representative of the population we would like you to complete the information below. This will only be used for the purposes of monitoring and will not be passed on for use by third parties.

1. Please state the first 4 letters and numbers of your postcode (Residence/University/College/Place of work) e.g. WC1E 7

2. What is your gender? (please select only one option)

- Male
- Female
- Transgender
- Prefer not to say

3. What age group are you in? (please select only one option)

- 10-18 years
- 18- 20 years
- 21 - 30 years
- 31 - 40 years
- 41 - 50 years
- 51 - 60 years
- 61 - 70 years
- 71 - 80 years
- 81 years or over

4. What is your ethnic group?

Choose one option that best describes your ethnic group or background

White

- English
- Scottish
- Other British
- Irish
- Gypsy/Traveller
- Polish
- Any other White ethnic group, please describe_____

Mixed or Multiple ethnic groups

- Any Mixed or Multiple ethnic groups, please describe_____

Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Black/ Black British

- African, African Scottish or African British
- Any other African, please describe
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Any other Caribbean or Black, please describe_____

Other ethnic group

- Arab, Arab Scottish or Arab British
 - Any other ethnic group, please describe
- _____

- Chinese, Chinese Scottish or Chinese British
 - Any other Asian, please describe
-

5. What is your religion and belief? (please select only one option)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Jewish | |

6. Which of the following best describes your working situation? (please select only one option)

- Work full-time
- Work part-time
- Student
- Unemployed
- Retired
- Prefer not to say

7. Do you consider yourself to have a disability?

Disability is defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

- Yes
- No
- Prefer not to say

If yes, please explain

8. Do you have a long-term condition?

A long-term condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples are diabetes, heart disease etc

- Yes
- No
- Prefer not to say

If yes, please explain

9. How would you define your sexual orientation? (please select only one option)

- Bisexual (an attraction to both men and women)
- Gay man
- Gay woman / Lesbian



- Heterosexual/Straight
- Transgender
- Other (please specify)
- Prefer not to say

10. How would you state your relationship status? (please select only one option)

- Civil Partnership
- Married
- Single
- Co-habiting
- Prefer not to say

11. Are you pregnant/breastfeeding?

- Yes
- No

Thank you once again for taking the time to complete our survey.

If you would like to get involved in the public consultation of the completed Pharmaceutical Needs Assessment please email PNA@healthydialogues.co.uk.

