

Patient survey

Help shape the future of your local pharmacy services in Bartley by completing this short survey. Or visit – <https://www.engage.england.nhs.uk/survey/26ad74d1> – to complete the online version.

1. How often do you use Forest Pharmacy? [please circle]

Once a week | Once a fortnight | Once a month | Once or twice a year | Never

2. How do you usually travel to the pharmacy? [please circle]

By foot | Car | Public transport | other: (please provide more details) _____

3. Approximately how long does it take you to get to the pharmacy? [please tick]

- Less than 10 minutes
 More than 10 minutes but less than 20 minutes
 More than 20 minutes

4. How would you find contact details for Forest Pharmacy? [please circle]

Internet | Telephone directory | NHS Choices | Local information poster | Other (please provide more details) _____

5. The pharmacy currently opens 8:30am until 2:30pm, Monday to Friday. If these opening hours are not convenient for you, what times would you like the pharmacy to open? [please circle]

Weekday before 9am | weekdays after 3pm | weekdays after 5pm | Saturdays | Sundays

6. If you haven't used the pharmacy over the last year, why is this? [please circle]

Location is inconvenient | Opening hours | Difficult access e.g. limited parking nearby | Services not provided / Other, please state: _____

7. Which of the following services do you use if available from the pharmacy? [please circle]

- | | |
|---|---|
| <input type="checkbox"/> Dispensing | <input type="checkbox"/> Needle exchange service |
| <input type="checkbox"/> Medicines Use Review | <input type="checkbox"/> NHS Stop Smoking Service |
| <input type="checkbox"/> New Medicines Service | <input type="checkbox"/> Advice on health condition |
| <input type="checkbox"/> NHS Flu vaccination service | <input type="checkbox"/> Advice on healthy living |
| <input type="checkbox"/> Emergency contraception | <input type="checkbox"/> Advice on other NHS services |
| <input type="checkbox"/> Supervised consumption service | <input type="checkbox"/> Other, please state: _____ |
- _____

8. Are there any services currently not provided by the pharmacy that you would like to use?

- | | |
|---|--|
| <input type="checkbox"/> Medicines Use Review | <input type="checkbox"/> Needle exchange service |
| <input type="checkbox"/> New Medicines Service | <input type="checkbox"/> NHS Flu vaccination service |
| <input type="checkbox"/> Emergency Hormonal contraception | <input type="checkbox"/> NHS Stop Smoking Service |
| <input type="checkbox"/> Emergency contraception | <input type="checkbox"/> Other, please state: _____ |
| <input type="checkbox"/> Supervised consumption service | _____ |

9. What is important to you in receiving a service from your pharmacy? [please circle]

Distance to travel | Easy access | Opening hours | Range of services | Other: _____

10. Within the last 12 months have you ever been unable to have your prescription dispensed because the pharmacy was closed? [please circle]

Yes | No – please briefly describe the situation _____

11. If you are not able to use this pharmacy, which pharmacy do you use? _____

12. Are you [please circle]: Male | Female

13. Age [please circle]: 21 and under | 22 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 and over

14. Please state your ethnic background? _____

15. Do you consider yourself to have a disability? *The Equality Act of 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period) or substantial adverse effects on their ability to carry out day to day activities* [please circle]

Physical impairment (please state) / Sensory impairment (please state) / Mental health condition / Learning disability or difficulty / Long term illness (please state) / other (please state)

Any additional comments: _____

The closing date for all feedback is Friday 14 August 2015. If you have any questions about this survey, please call 01138 252758.

Thank you for taking the time to complete this survey.