

Public Survey on Pharmacy Services in Hywel Dda University Health Board

We are inviting you to tell us about community pharmacy services in your area.

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 dispensed or buy medicines which you can only buy from a pharmacy. This survey does not include pharmacies within a hospital.

The information from this survey will be used to prepare a Pharmaceutical Needs Assessment (PNA). This will look at where pharmacies are located and how far patients have to travel, what services pharmacies offer and if current services meet the needs of people in Carmarthenshire, Ceredigion and Pembrokeshire. This information will help us decide whether we need more pharmacies or services in particular areas and support us in making decisions to develop and improve services in the future.

Your views are important to us so please spare a few minutes to complete this survey.

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

Your personal data is held in accordance with the General Data Protection Regulations 2018 and the Hywel Dda Information Governance Framework.

The results from this survey will be published in a draft pharmaceutical needs assessment in spring 2021 which will be available on the Health Board's website.

If you would like more information about the survey or have questions on how to complete the survey, please email kelly.white@wales.nhs.uk or 01554 783745.

This survey will close on the 13th of December 2020 – questionnaires received after this date will not be included. Please return this survey in the freepost envelope provided or alternatively to **FREEPOST HYWEL DDA HEALTH BOARD**

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- Please tell us the first part of your postcode - we only want to know which part of Hywel Dda Health Board area you live in, so to make sure we only know the general area, please do not tell us the last two letters.**

For example, if your postcode is [SA15 5LE] just write [SA15 5] in the box below

How you use your pharmacy - either in person or by having someone else go there for you

2. Why do you usually use a pharmacy? Please tick all that apply.

- To get a prescription for myself/someone else
- Someone else gets my prescription for me
- To buy medicines for myself/someone else
- To get advice for myself/someone else
- Someone else gets advice for me
- To get delivery of a prescription
- To access a service (e.g. Smoking cessation, flu vaccination)
- I never visit a pharmacy
- Other (please specify)

3. If you get your medicines delivered from your community pharmacy why is this? Please tick one.

- Unable to access the pharmacy
- Because of working hours
- Other (please specify)
- Because it is more convenient
- Not applicable

4. Do you know that pharmacy deliveries are not an NHS service?

- Yes
- No

5. Do you know that some community pharmacies can offer the following services?

	Yes	No
Common Ailment Service	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception (morning after pill)	<input type="checkbox"/>	<input type="checkbox"/>
Needle Exchange	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicines Supply (repeat medication only)	<input type="checkbox"/>	<input type="checkbox"/>
Return of unused medicines (all pharmacies)	<input type="checkbox"/>	<input type="checkbox"/>

6. How often do you use a pharmacy? Please tick one.

- Daily
- Fortnightly
- Four times a year
- Other (please specify)
- Weekly
- Monthly
- I don't use a pharmacy

7. Which day or days is the most convenient for you to use a pharmacy? (more than one option can be selected)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Sunday | |

8. What time is the most convenient for you to use a pharmacy? Please tick one.

- | | |
|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Before 7am | <input type="checkbox"/> 7am to 9am |
| <input type="checkbox"/> 9am to 12 noon | <input type="checkbox"/> 12 noon to 3pm |
| <input type="checkbox"/> 3pm to 6pm | <input type="checkbox"/> 6pm to 9pm |
| <input type="checkbox"/> 9pm to midnight | |

9. If the pharmacy you normally use wasn't open, what would you do? Please tick all statements that apply.

- | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Go to another pharmacy | <input type="checkbox"/> Wait until the pharmacy was open |
| <input type="checkbox"/> Go to my GP | <input type="checkbox"/> Call 111 |
| <input type="checkbox"/> Go to a Minor Injuries Unit (MIU) / Accident & Emergency Department (A&E) | |
| <input type="checkbox"/> Other (please specify) | |

10. Have you ever experienced difficulties obtaining a prescription when you have accessed 111 or an out of hour's service?

- | | |
|-----------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Not applicable | |

If yes, please provide additional information.

Your choice of pharmacy

11. Please could you tell us whether you: Please tick one.

- Always use the same pharmacy
- Use different pharmacies but I prefer to visit one most often
- Always use different pharmacies
- Rarely use a pharmacy
- Never use a pharmacy

12. We would like to know what influences your choice of pharmacy. Please tick all the statements that apply to you.

- Close to my home/work
- Close to my GP Practice
- Close to other shops/inside a supermarket
- Car parking
- Good opening hours
- Accessible – wheelchair/buggy friendly
- Service is quick
- Pharmacy collects my prescriptions (from my surgery)
- Pharmacy delivers my prescription
- Pharmacy provides good advice and information
- They have what I need in stock
- There is a private area if I need to speak to a staff member
- Other (please specify)

Travelling to a pharmacy

13. If you go to the pharmacy by yourself or with someone, how do you usually get there? Please tick one.

- On foot
- By bus
- By car
- By bike
- By taxi
- Other (please specify)

14. ...and how long does it usually take to get there? Please tick one.

- Less than 5 minutes
- Between 5 and 15 minutes
- Between 15 and 30 minutes
- More than 30 minutes

Pharmacy services in general

15. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick all that apply.

- I would call them
- I would call 111
- I would search the internet
- I would ask a friend
- I would just pop in and ask them
- Look in the window
- Other (please specify)

16. Do you feel able to discuss something private with a pharmacist?

- Yes No
 Never needed to Don't know

17. Is there anything else you would like to tell us about local pharmacy services?

About you

18. How old are you? (Please tick the appropriate box)

- Under 18 18 to 29
 30 to 45 46 to 64
 65 to 79 80+
 Prefer not to say

19. How would you describe your ethnic origin? (Please tick the appropriate box)

- Prefer not to say
 White – White British
 White – White Irish
 White – White Gypsy or Irish Traveller
 White - Other White Background
 Asian or Asian British – Indian
 Asian or Asian British - Bangladeshi
 Asian or Asian British - Pakistani
 Asian or Asian British - Chinese
 Asian or Asian British - Other Asian Background
 Mixed / Multiple ethnic Background - White & Black Caribbean
 Mixed / Multiple ethnic Background - White & Asian
 Mixed / Multiple ethnic Background - White & Black African
 Mixed / Multiple ethnic Background - Other mixed / multiple background
 Black or Black British - Caribbean
 Black or Black British - African
 Black or Black British - Other Black Background
 Other ethnic group – Arab
 Other ethnic group - Any other ethnic group (please state)

20. Do you have a disability? (Please tick the appropriate box)

- Yes No
 Prefer not to say

21. If yes, please tick the appropriate box(es) which best describes your disability?

- Mental health Physical disability
 Hearing impairment Learning disability
 Sight impairment Other (please specify):

22. Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?

- Yes No
 Prefer not to say

23. What is your religion or belief? (Please tick the appropriate box)

- None Christian
 Hindu Jewish
 Muslim Sikh
 Buddhist Prefer not to say
 Other (please specify)

24. What is your sex or current gender? (Please tick all that apply to you)

- Man Woman
 Trans Male/Trans man Trans Female/Trans woman
 Gender variant or Non-binary Intersex
 Prefer not to say Additional Category (Please specify)

25. What sex were you assigned at birth?

- Male Female
 Intersex Prefer not to say

26. If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)

- Asexual Bisexual
 Gay man Gay woman/lesbian
 Heterosexual Pansexual
 Prefer not to say