

## Please tell us what you think about pharmacy services in Newcastle

Newcastle City Council would like to hear what you think of pharmacy services in your area to help us develop how these services are delivered in future. Pharmacy services include: dispensing medicines and medical appliances (such as blood pressure monitors), disposing of unwanted or spare medicines, advising patients on how they can care for themselves and manage their medical conditions, providing advice on healthy living, such as Stop Smoking services, and providing medicines and support when people have been discharged from hospital.

Your views will help inform the Pharmaceutical Needs Assessment (PNA) for the next three years. This is when we gather information to help us understand what the health needs are for people living in the Newcastle area, the level and accessibility of pharmacy services in Newcastle, and how these services can be maintained and developed in future to meet people's needs. As part of this, **we need to know what people think about their local pharmacies and the services they provide.**

This questionnaire should take no longer than ten minutes of your time. **You cannot be identified from your answers, and we will keep your answers private.** Please be as open and honest as you can so we can identify areas which need improvement, and develop services for you. The final Pharmaceutical Needs Assessment will be published on the Council's website: [www.newcastle.gov.uk](http://www.newcastle.gov.uk)

You can also take part in our online survey using a smartphone, tablet or laptop, at:

**You can post this form back to us for free in an envelope to:**

**FREEPOST Let's talk**

If you have any questions about this, please email us at:  
[letstalk@newcastle.gov.uk](mailto:letstalk@newcastle.gov.uk), or call: 0191 278 7878

Please give us your views by **Wednesday 2 March 2022.**

**If you need this information in a different format, such as large print, please contact us at:**

**[letstalk@newcastle.gov.uk](mailto:letstalk@newcastle.gov.uk) or call: 0191 278 7878**

## You and your local pharmacy

This part of the form asks about the pharmacy you use (if you use one at the moment), and what you think of the service it provides.

### 1. Why do you usually visit a pharmacy at the moment? (Please tick all the boxes that apply.)

- To get a prescription for myself / someone else
- To buy medicines for myself / someone else
- To get advice for myself / someone else
- To access services (e.g. Stop Smoking services, flu vaccination)
- I do not usually visit a pharmacy at the moment
- Other – please tell us about this:

### 2. How often do you use a pharmacy? (Please tick one box.)

- Every day
- About once a week
- About once every two weeks
- About once a month
- About once or twice a year

### 3. When you visit a pharmacy, what times and days of the week do you prefer to visit on? (Please tick all the boxes that apply.)

- Weekdays before 9am
- Weekdays between 9am and 6pm
- Weekdays after 6pm
- Saturdays
- Sundays
- No particular time

**4. Do you tend to use the same pharmacy each time you visit?  
(Please tick one box.)**

- Yes   
No

**5. If the pharmacy you normally use wasn't open, what would you do? (Please select all that apply.)**

- Go to another pharmacy   
Wait until the pharmacy I normally use was open   
Go to my GP   
Contact the GP Out of Hours (OOH) service   
Call the NHS 111 helpline   
Other – please tell us about this:

**6. How would you rate your overall satisfaction or dissatisfaction with the pharmacy you normally use? (Please tick one box.)**

- Very good   
Good   
Acceptable   
Poor   
Very poor

**7. What is important to you about the location of a pharmacy when you are choosing which one to use? (Please tick all that apply.)**

- Being close to my GP practice
- Being close to my home
- Being close to my workplace or place of education
- Having parking facilities
- Having public transport nearby
- Being in or near a shopping area such as the town centre or a supermarket
- Online provision
- Other – please tell us about this:

**8. Have you needed to speak to a pharmacist directly over the past year? (Please tick one box.)**

- Yes
- No

**9. On the scale from 0 to 10, where '0' is 'extremely dissatisfied' and '10' is 'extremely satisfied' how well, or not, does your local community pharmacy meet your particular needs? (Please tick one box.)**

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>0</b>                 | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 | <b>7</b>                 | <b>8</b>                 | <b>9</b>                 | <b>10</b>                |
| <input type="checkbox"/> |

I do not use my local community pharmacy:

**10. How important are the following things in influencing your choice of pharmacy? (Please tick all that apply.)**

- Accessibility, in other words, being easy to get to and get around with a wheelchair, baby buggy, or something similar
- Being able to speak to the staff in my preferred language
- Being able to walk in without an appointment
- Consultation room to speak to the pharmacist
- Early opening times – open before 9am
- Friendly staff
- Knowledgeable staff
- Late opening times – open after 6pm
- Location
- Provision of online services for example, online consultation
- Short waiting times
- The pharmacist taking time to listen to you
- The pharmacy having things you need
- Other – please tell us about this:

**11. Who do you normally visit or contact a pharmacy for? (Please tick all that apply.)**

- Yourself
- A family member
- A neighbour or friend
- Someone you care for

**12. If you visit or contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please tick all that apply.)**

I do not regularly visit or contact a pharmacy on behalf of someone else

---

The opening hours of the pharmacy are not suitable for them

They are a child or otherwise dependent on me

The person can't access the pharmacy, for example, because they have a disability which makes this very difficult or impossible, or they do not have transport

The person cannot use the delivery service

The person does not have access to digital or online services

The person is too unwell to visit the pharmacy themselves

Other – please tell us about this:

**13. When you use pharmacy services, how do you normally access them? (Please tick up to three options.)**

I travel to the pharmacy by bicycle

I travel to the pharmacy by car

I travel to the pharmacy by public transport, such as the bus or Metro

I travel to the pharmacy by taxi

I walk to the pharmacy

I have a video or telephone call with the pharmacy

I only use collection or delivery services

Other – please tell us about this:

**14. If you travel to a pharmacy in person, on average, how long does it take you to get there? (Please tick one box.)**

- 0-15 minutes
- 16-30 minutes
- Over 30 minutes

**15. Do you feel able to talk about something private / sensitive with a pharmacist? (Please tick one box.)**

- Yes, I do
- No, I do not

**16. Does the pharmacy you usually use have a separate consultation room, where you can't be overheard? (Please tick one box.)**

- Yes
- No
- I don't know

**17. How frequently do you buy 'over the counter' medicine from a pharmacy? This means medicine you do not need a prescription for. (Please tick one box.)**

- Every day
- Once a week
- Once every two weeks
- Once a month
- Once a year
- Less often
- Never

**18. Pharmacies can provide a range of different services, although not every pharmacy provides all of them. Did you know that you could access these services from a pharmacy? (Please tick one box.)**

Services	Yes	No
Advice from a pharmacist	<input type="checkbox"/>	<input type="checkbox"/>
Anti-coagulant monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review (a service where a patient and a pharmacist discuss a medical appliance the patient is using to make sure it is working for them)	<input type="checkbox"/>	<input type="checkbox"/>
Buying 'over the counter' medicines	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/>	<input type="checkbox"/>
Covid-19 lateral flow device (LFD) distribution service	<input type="checkbox"/>	<input type="checkbox"/>
Covid-19 vaccination services	<input type="checkbox"/>	<input type="checkbox"/>
Discharge from hospital service	<input type="checkbox"/>	<input type="checkbox"/>
Dispensing prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>
Disposing of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>
Emergency supply of prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>
Flu vaccination services	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis testing service	<input type="checkbox"/>	<input type="checkbox"/>
Home delivery and prescription collection services	<input type="checkbox"/>	<input type="checkbox"/>
Immediate access to specialist drugs (such as palliative care medication)	<input type="checkbox"/>	<input type="checkbox"/>
Medication review	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange	<input type="checkbox"/>	<input type="checkbox"/>
New medicine service	<input type="checkbox"/>	<input type="checkbox"/>
'Repeat dispensing' services (a service where people can get their regular medicines without asking their GP surgery for a prescription each time)	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health services (such as chlamydia testing / treating, condom distribution, emergency contraception)	<input type="checkbox"/>	<input type="checkbox"/>

Services	Yes	No
Stoma appliance customisation service (for patients who have a stoma)	<input type="checkbox"/>	<input type="checkbox"/>
Stopping smoking or nicotine replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>
Supervised consumption of methadone and buprenorphine (for people needing treatment for addiction)	<input type="checkbox"/>	<input type="checkbox"/>
Travel immunisation	<input type="checkbox"/>	<input type="checkbox"/>
Think Pharmacy First (a service encouraging people to see a pharmacist for minor illnesses and ailments)	<input type="checkbox"/>	<input type="checkbox"/>
A walk-in GP Community Pharmacist Consultation Service (where a GP practice refers people to see a community pharmacist)	<input type="checkbox"/>	<input type="checkbox"/>
Weight management	<input type="checkbox"/>	<input type="checkbox"/>

**19. If you use your pharmacy to collect regular prescription, how do you order your prescriptions? (Please tick all that apply.)**

This does not apply to me because I do not use my pharmacy to collect a regular prescription

- 
- Email to my GP practice
  - NHS app
  - Online request to my GP practice
  - My pharmacy orders my prescription on my behalf
  - Paper request form to my GP practice
  - Paper request form through my pharmacy
  - It varies

20. Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. What types of treatments or advice would you like to receive from pharmacies so they can better serve your needs?

21. Do you have any other comments you would like to make about your pharmacy services, including any improvements or new services you might like to see?

## About you

To make sure we are meeting the needs of everyone who uses pharmacy services in Newcastle, it is important that we ask people who take part in this survey a few questions about themselves. This helps us know more about who has taken part, and if different groups of people in Newcastle have different needs when it comes to using pharmacy services. **You cannot be identified from these questions, and we will not use the information provided for any other reason than to help us understand more about what people need from these services.** The questions are voluntary, so you can leave them blank if you prefer to.

22. Please tell us your postcode

**23. Age (please tick one box)**

- |          |                          |                      |                          |
|----------|--------------------------|----------------------|--------------------------|
| Below 18 | <input type="checkbox"/> | 18 – 24              | <input type="checkbox"/> |
| 25 – 34  | <input type="checkbox"/> | 35 - 44              | <input type="checkbox"/> |
| 45 – 54  | <input type="checkbox"/> | 55 - 64              | <input type="checkbox"/> |
| 65 – 74  | <input type="checkbox"/> | 75 or above          | <input type="checkbox"/> |
|          |                          | Prefer not to answer | <input type="checkbox"/> |

**24. Gender (please tick one box)**

- Male
- Female
- Prefer not to answer
- Prefer to self-describe – please use the space below

**25. Do you consider yourself to be disabled or have a long-standing illness or health condition? (Please tick one box)**

‘Long-standing’ means anything that has troubled you over a period of time or that is likely to affect you over a period of time.

- No
- Yes, and it limits what I can do a bit
- Yes, and it limits what I can do a lot
- Prefer not to answer

**26. Ethnicity (please tick one box)**

**White**

White English / Welsh /  
Scottish / Northern Irish /  
British

Roma, Gypsy or Irish Traveller

White Irish

White Eastern European

Another White background

**Asian or Asian  
British**

Bangladeshi

Chinese

Indian

Pakistani

Another Asian  
background

**Mixed or multiple ethnic  
background**

White and Black African

White and Asian

White and Black Caribbean

Another Mixed or multiple  
ethnic background

**Other ethnic group**

Arab

Another ethnic  
group (please tell us  
about this below)

**Black African, Black Caribbean, or Black British**

African

Caribbean

Another Black / African /  
Caribbean background

Prefer not to say

**27. Do you have caring responsibilities? By this, we mean providing unpaid help and support to a friend, family member or neighbour who needs this due to illness, disability, a mental health problem, problems related to aging, or substance misuse.**

Yes

No

**Thank you for taking the time to give us your views.**