

How do you use your local pharmacy?

We'd like your help to improve what is on offer in our local pharmacies by answering a few questions about the way you use them.

Your responses will help us to write a local Pharmaceutical Needs Assessment, which will help to ensure that your local pharmacy provides the services you need both now and in the future.

Once you've answered the questions below just hand it to a member of staff behind the counter. Alternatively, take this form away with you and visit www.gateshead.gov.uk/consultationsnew to complete it online.

Thank you for your help - **Gateshead Health and Wellbeing Board**



Complete it online at www.gateshead.gov.uk/consultationsnew

How you use pharmacies

1. How often do you visit this or any other pharmacy?

(Please tick one box only)

- At least once a week
- At least monthly
- At least every three months
- At least every six months
- At least once a year
- Less than once a year

2. Do you always visit the same pharmacy?

(Please tick one box only)

- Always
- Usually
- No

3. Think about the pharmacy you visit most often, how do you usually get there?

(Please tick one box only)

- On foot
- Public transport
- Car or taxi
- Other

4. Thinking about the same pharmacy, is it easy or difficult to get there on foot or by public transport?

(Please tick one box only in each column)

| | On foot | Public transport |
|------------|--------------------------|--------------------------|
| Easy | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficult | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> | <input type="checkbox"/> |

5. Again, thinking of the same pharmacy, what type of pharmacy is it?

(Please tick one box only)

- On the High street
- In a supermarket
- In a Doctor's surgery
- Other

6. Have you ever needed something from a pharmacy but found it was closed at the time?

(Please tick one box only)

- Yes
- No (Go to Q9)
- Don't know

7. What did you need?

8. What did you do when you realised it was closed?

(Please tick one box only)

- Went to another pharmacy
- Went to a walk-in centre
- Waited until the pharmacy was open
- Went to a hospital
- Other

9. When you visit a pharmacy, which services do you use and are there any that you would be likely to use if they were available?

(Please tick all that apply)

| | I use this | Likely to use if available | | I use this | Likely to use if available |
|--|--------------------------|----------------------------|---|--------------------------|----------------------------|
| General Pharmacy Services | | | Sexual Health | | |
| Dispensing of prescriptions | <input type="checkbox"/> | | Pregnancy testing | <input type="checkbox"/> | <input type="checkbox"/> |
| Buying over the counter medicines | <input type="checkbox"/> | | Chlamydia screening/treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| Advice from your pharmacist (e.g. medicines/lifestyle) | <input type="checkbox"/> | | Emergency hormonal contraception (<i>morning after pill</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| Disposing of old or unwanted medicines | <input type="checkbox"/> | | Erectile dysfunction service | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine review/check | <input type="checkbox"/> | | Substance Misuse/ Palliative Care | | |
| Smoking, Alcohol and Weight Management | | | Needle exchange or safe disposal of needles/syringes | <input type="checkbox"/> | <input type="checkbox"/> |
| Stop smoking service | <input type="checkbox"/> | <input type="checkbox"/> | Specialist drugs service (e.g. palliative care drugs or supervised consumption of methadone) | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol advice | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Weight management | <input type="checkbox"/> | <input type="checkbox"/> | Checks/Screening/ Monitoring | | |
| Vaccinations | | | Anti-coagulant monitoring (e.g. warfarin) | <input type="checkbox"/> | <input type="checkbox"/> |
| Children's nasal flu vaccination | <input type="checkbox"/> | <input type="checkbox"/> | Health check (e.g. blood pressure, cholesterol or glucose check) | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult flu vaccination | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Pneumonia vaccination | <input type="checkbox"/> | <input type="checkbox"/> | NHS minor ailments scheme (free over the counter medicine for those not paying for prescriptions) | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel vaccinations | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other | | | | | |
| Hair loss service | <input type="checkbox"/> | <input type="checkbox"/> | | | |

10. Is there anything else you'd like to tell us about the pharmacy that you use?

11. Please tell us your age?

12. Are you...?

(Please tick one box only)

- Male
- Female
- Transgender

13. What is your postcode?

(Your postcode does not identify your individual address)

14. What is your ethnicity?

(Please tick one box only)

- White British White Other Mixed Asian Black Other