

# South Tyneside Pharmaceutical Needs Assessment Public Survey

## Introduction

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 service you need both now and in the future.

If you know someone who needs this survey in a different format, for example large print, Braille or a different language, please call the Public Health Team on 0191 424 7773.

If you are viewing a paper version of this survey, it can either be returned to your local pharmacy or completed electronically at: <https://www.surveymonkey.co.uk/r/SouthTynesidePharmacySurvey>

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## About You

For starters, we have a few questions about your demographics...

### 1. How old are you?

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="radio"/> Under 15 | <input type="radio"/> 55-59       |
| <input type="radio"/> 15-19    | <input type="radio"/> 60-64       |
| <input type="radio"/> 20-24    | <input type="radio"/> 65-69       |
| <input type="radio"/> 25-29    | <input type="radio"/> 70-74       |
| <input type="radio"/> 30-34    | <input type="radio"/> 75-79       |
| <input type="radio"/> 35-39    | <input type="radio"/> 80-84       |
| <input type="radio"/> 40-49    | <input type="radio"/> 85 and over |
| <input type="radio"/> 50-54    |                                   |

## 2. Which of the following options best describes how you think of yourself?

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="radio"/> Woman       | <input type="radio"/> Trans Man  |
| <input type="radio"/> Man         | <input type="radio"/> Non-binary |
| <input type="radio"/> Trans Woman | <input type="radio"/> Other      |

## 3. Ethnicity

- |  |   |
|--|---|
| <input type="radio"/> White British                                    | <input type="radio"/> Asian or Asian British ( Indian)      |
| <input type="radio"/> White Irish                                      | <input type="radio"/> Asian or Asian British (Pakistani)    |
| <input type="radio"/> Any other white background                       | <input type="radio"/> Asian or Asian British ( Bangladeshi) |
| <input type="radio"/> Mixed white and black ( Caribbean)               | <input type="radio"/> Any other Asian background            |
| <input type="radio"/> Mixed white and black ( White and Black African) | <input type="radio"/> Black or Black British                |
| <input type="radio"/> Mixed White and Asian                            | <input type="radio"/> Chinese                               |
| <input type="radio"/> Any other mixed background                       | <input type="radio"/> Prefer not to say                     |
| <input type="radio"/> Other (please specify)                           |   |

## 4. What is your postcode? ( *Your postcode does not identify your individual address*)

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## How you use pharmacies

## 5. How often do you visit a pharmacy?

- |   |   |
|---|---|
| <input type="radio"/> At least once a week        | <input type="radio"/> At least every six months |
| <input type="radio"/> At least monthly            | <input type="radio"/> At least once a year      |
| <input type="radio"/> At least every three months | <input type="radio"/> Less than once a year     |

**6. Do you always visit the same pharmacy?**

- ☐ Always
- ☐ Usually
- ☐ No

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

- ☐ On foot
- ☐ Public Transport
- ☐ Car or taxi
- ☐ Cycle
- ☐ Other

**8. Thinking about the same pharmacy, is it easy or difficult to get there on foot?**

- ☐ Easy
- ☐ Difficult
- ☐ Don't know

**9. Thinking about the same pharmacy, is it easy or difficult to get there by public transport?**

- ☐ Easy
- ☐ Difficult
- ☐ Don't know

**10. What type of pharmacy do you visit most often?**

- ☐ High street pharmacy
- ☐ Pharmacy in a supermarket
- ☐ Pharmacy in a doctors surgery
- ☐ Other (please specify)

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

- ☐ Yes
- ☐ No
- ☐ Don't know

**12. If yes to question 11, what did you need?**

**13. If yes to question 11, what did you do when you realised it was closed?**

- |  |  |
|--|--|
| <input type="radio"/> Went to another pharmacy | <input type="radio"/> Waited until the pharmacy was open |
| <input type="radio"/> Went to a hospital       | <input type="radio"/> Other                              |
| <input type="radio"/> Went to a Walk in Centre |  |

**14. Is there anything else you'd like to tell us about the pharmacy you visit most often?**

## South Tyneside Pharmaceutical Needs Assessment Public Survey

### When you visit a pharmacy...

This last section is about which services you use and whether there any services you would be likely to use if they were available?

## 15. General pharmacy services

	I use this	Likely to use if available
Dispensing of prescriptions	<input type="radio"/>	<input type="radio"/>
Buying over the counter medicines	<input type="radio"/>	<input type="radio"/>
Advice from your pharmacist	<input type="radio"/>	<input type="radio"/>
Disposing of old or unwanted medicines	<input type="radio"/>	<input type="radio"/>
Medicine review/ check	<input type="radio"/>	<input type="radio"/>

## 16. Smoking, Alcohol and Weight Management

	I use this	Likely to use if available
Stop smoking service	<input type="radio"/>	<input type="radio"/>
Alcohol advice	<input type="radio"/>	<input type="radio"/>
Weight management	<input type="radio"/>	<input type="radio"/>

## 17. Vaccinations

	I use this	Likely to use if available
Children's nasal and flu vaccination	<input type="radio"/>	<input type="radio"/>
Adult flu vaccination	<input type="radio"/>	<input type="radio"/>
Pneumonia flu vaccination	<input type="radio"/>	<input type="radio"/>
Travel vaccinations	<input type="radio"/>	<input type="radio"/>
Other type of vaccination	<input type="radio"/>	<input type="radio"/>

## 18. Sexual health

	I use this	Likely to use if available
Pregnancy testing	<input type="radio"/>	<input type="radio"/>
Chlamydia screening/treatment	<input type="radio"/>	<input type="radio"/>
Emergency hormonal contraception ( <i>morning after pill</i> )	<input type="radio"/>	<input type="radio"/>
Erectile dysfunction service	<input type="radio"/>	<input type="radio"/>

## 19. Substance Misuse/Palliative Care

	I use this	Likely to use if available
Needle exchange or Safe disposal of needles/syringes	<input type="radio"/>	<input type="radio"/>
Specialist drug service ( <i>Palliative care drugs or supervised consumption of methadone</i> )	<input type="radio"/>	<input type="radio"/>

## 20. Checks/Screening/Monitoring

	I use this	Likely to use if available
Anti- coagulant monitoring (e.g. <i>Warfarin</i> )	<input type="radio"/>	<input type="radio"/>
Health check ( <i>e.g. blood pressure, cholesterol or glucose check</i> )	<input type="radio"/>	<input type="radio"/>
Think pharmacy first ( <i>rapid access for minor ailments without having to make an appointment to see a GP</i> )	<input type="radio"/>	<input type="radio"/>