

# Salford Pharmaceutical Needs Assessment 2022

## Public Survey

Salford Health and Wellbeing Board is working to ensure everyone living in Salford has the right access to pharmacy services to improve your health., services such as dispensing prescriptions and medicines and offering testing and screening for common conditions. This survey is about community pharmacies (typically located in shopping areas or close to GP surgeries).

### **What will the survey be used for?**

This survey will help the Health and Wellbeing Board understand what pharmacy services people use most, what services they want, and how they feel about access to pharmacies. By completing the survey, you are making sure that your views influence the services currently delivered in your local pharmacy, or that could be provided in future. Your opinions will help us to develop the right services.

### **Is the questionnaire anonymous and confidential?**

Yes. To make sure that all your answers will remain anonymous and confidential, please DO NOT write your name or address anywhere in the survey.

### **How much time do I need?**

The survey will take about 10 minutes to complete. We need to get a minimum number of responses to validate the survey so please respond by **24<sup>th</sup> May** to make your views count.

### **Can I see the results?**

We expect that the results will be available in October 2022. If you would like to see the overall results, please send a request to [intelligence@salford.gov.uk](mailto:intelligence@salford.gov.uk) and we will send you a link when they are made public.

### **How we use your information**

The Health and Wellbeing Board will use your personal information for the purpose of completing the Pharmaceutical Needs Assessment. Detailed information about how we handle personal information is set out in the council's Primary Privacy Notice and Service Specific Privacy Notices which are accessible on our [General Data Protection Regulation \(GDPR\) page](#).

**Where do I return the survey?**

If returning a copy of this survey by post, please send the completed survey to:

Pharmacy Survey,  
Public Health,  
Unity House,  
Salford Civic Centre,  
Swinton,  
Salford,  
M27 5FS

**Thank you for taking part in this survey!**

## Use of pharmacies

A 'community pharmacy', also known as a chemist, is a place where you can obtain prescriptions and buy medicines, as well as get basic advice about your health.

1. Have you visited a community pharmacy in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you purchased items such as incontinence products or wound dressings in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever ordered your prescriptions online?	<input type="checkbox"/> Yes <input type="checkbox"/> No, but was aware this was possible <input type="checkbox"/> No, was not aware this was possible
4. How often would you say you use a community pharmacy, on average?	<input type="checkbox"/> Once a week <input type="checkbox"/> Once every couple of weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Once every couple of months <input type="checkbox"/> Less often

A 'regular pharmacy' is a specific community pharmacy that you choose to use most of the time.

5. Do you have a regular pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No, go to Question 10
6. In terms of location, why do you use this pharmacy regularly? (one answer only)	<input type="checkbox"/> Near to home <input type="checkbox"/> Near to work <input type="checkbox"/> Near to my doctor <input type="checkbox"/> Near to town / shopping area <input type="checkbox"/> In the supermarket Other (please specify)
7. In terms of staff and services, why do you use this pharmacy regularly? (Please tick as many as appropriate)	<input type="checkbox"/> Staff are friendly <input type="checkbox"/> Staff are knowledgeable <input type="checkbox"/> Staff speak my first language (other than English) If so, my first language is: <input type="checkbox"/> The pharmacy offers a collection service <input type="checkbox"/> The pharmacy offers a delivery service <input type="checkbox"/> The pharmacy offers medicines in a compliance blister pack <input type="checkbox"/> Staff speak my first language (other than English) Other (please specify)
8. If your regular pharmacy was not open, or didn't have the things you need, would you:	<input type="checkbox"/> Wait for them to open, or to get what I need back in stock

	<input type="checkbox"/> Find another pharmacy
9. How do you usually travel to your regular pharmacy?	<input type="checkbox"/> Walk <input type="checkbox"/> Car (as a driver) <input type="checkbox"/> Car (as a passenger) <input type="checkbox"/> Bus <input type="checkbox"/> Cycle <input type="checkbox"/> Taxi <input type="checkbox"/> Don't travel to the pharmacy as everything is delivered Other (please specify)
10. How far from your home or place of work would you be willing to travel to a pharmacy?	<input type="checkbox"/> Less than one mile <input type="checkbox"/> Between one and two miles <input type="checkbox"/> Between two and three miles <input type="checkbox"/> More than three miles
11. Are you able to get to a pharmacy of your choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I'm housebound <input type="checkbox"/> No, I have mobility issues <input type="checkbox"/> No, my preferred pharmacy does not have access suitable for my needs Other (please specify)

### Aspects of pharmacy services – importance and satisfaction

12. How **important** are each of the following aspects of pharmacy services, from very important to very unimportant?

	Very important	Important	Unimportant	Very unimportant
Early opening times (before 9am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late opening times (after 7pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility (e.g., being able to park close by)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private areas to speak to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Saturday opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How **satisfied** are you with each of the following aspects of service at your regular pharmacy, from very satisfied to very unsatisfied? If you do not have a regular pharmacy, please comment on your last visit to a pharmacy.

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied
Being open when you need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private consultation areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacist taking time to talk to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacy having the things you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Use of specific pharmacy services

14. Please indicate for the following services provided by pharmacies whether:

- You have used this service in the last three months
- You have used this service within the last year
- You have not used this service, but you may need or wish to use it in future
- You are unsure what this service is, or it is not applicable to your needs

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Unsure what this is / not applicable to my needs
Alcohol support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer treatment support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Collection of prescription from my surgery/ GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of prescription from pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 lateral flow test collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of medicines to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early morning opening (before 9am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Hormonal Contraception (morning after pill)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Weight advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late night opening (after 7pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine use reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progesterone-only contraceptive pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased anti-malaria drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased over-the-counter medicines without prescription (e.g. paracetamol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased a pregnancy test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service (supplies of nicotine replacement, e.g. patches or gum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service (advice and support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice about a long-term condition (i.e. a life-long / permanent condition managed with treatment or support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Are there any other services you would like your pharmacy to offer?

Please specify

16. Overall, how satisfied are you with the service you receive from your regular pharmacy? If you do not have a regular pharmacy, please comment on your last visit to a pharmacy.

<input type="checkbox"/> Very satisfied
<input type="checkbox"/> Satisfied
<input type="checkbox"/> Unsatisfied
<input type="checkbox"/> Very unsatisfied

### Background information

We are committed to supporting all our communities and providing our services to everyone fairly and with respect. To make sure we do this we need to collect the information below. You do **not** have to fill in this section, but it will assist us to offer better services. Detailed information about how we handle personal information is set out in the council's Primary Privacy Notice and Service Specific Privacy Notices which are accessible on our [General Data Protection Regulation \(GDPR\) page](#).

17. What is the first part of your postcode? (3 or 4 digits, e.g. M17) We will not be able to identify you from this limited information. Please do **not** give your full postcode.

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18. What is your sex? (A question about gender identify will follow):

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

19. Is the gender you identify with the same as your sex registered at birth?

Yes	<input type="checkbox"/>
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No, write in gender identity	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

20. My age group is:

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+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

21. I would describe my ethnic origin as:

<b>White</b>	
English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>
<b>Mixed/Multiple ethnic groups</b>	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed/Multiple ethnic background	<input type="checkbox"/>
<b>Asian/Asian British</b>	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>
<b>Black/ African/Caribbean/Black British</b>	



African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black/African/Caribbean background	<input type="checkbox"/>
<b>Other ethnic group</b>	
Arab	<input type="checkbox"/>
Any other ethnic group, please describe	
Prefer not to say	<input type="checkbox"/>

22. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes	<input type="checkbox"/>
No, go to Question 24	<input type="checkbox"/>
Prefer not to say, go to Question 24	<input type="checkbox"/>

23. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

Yes, a lot	<input type="checkbox"/>
Yes, a little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

24. What is your religion?

No religion	<input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Any other religion, please describe	

Prefer not to say	<input type="checkbox"/>
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25. Which of the following best describes your sexual orientation?

Straight / Heterosexual	<input type="checkbox"/>
Gay or Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other sexual orientation	
Prefer not to say	<input type="checkbox"/>

26. What is your marital status?

Never married and never registered a Civil Partnership	<input type="checkbox"/>
Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Formerly in a Civil Partnership which is now legally dissolved	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Surviving partner from a registered civil partnership	
Prefer not to say	<input type="checkbox"/>

27. Which of the following best describes your working situation?

Working full time	<input type="checkbox"/>
Working part time	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>
Not working – studying	<input type="checkbox"/>
Not working – unemployed	<input type="checkbox"/>
Not working – looking after home / family	<input type="checkbox"/>
Not working – long term sick / disabled	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Other	
Prefer not to say	<input type="checkbox"/>

28. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

No	<input type="checkbox"/>
Yes, 9 hours a week or less	<input type="checkbox"/>
Yes, 10 to 19 hours a week	<input type="checkbox"/>
Yes, 20 to 34 hours a week	<input type="checkbox"/>
Yes, 35 to 49 hours a week	<input type="checkbox"/>
Yes, 50 or more hours a week	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

29. Are you or your spouse/partner pregnant, or during the last 12 months given birth or adopted a child?

Pregnant	<input type="checkbox"/>
Gave birth in the last 12 months	<input type="checkbox"/>
Adopted a child in the last 12 months	<input type="checkbox"/>
None of the above	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**Thank you for taking part in the Salford Pharmaceutical Needs Assessment Public Survey, your responses have been saved.**