

Pharmaceutical Needs Assessment- General Public Survey

Total responses 232

1. Do you have your medicines dispensed at a pharmacy?

- | | |
|----------------|-----------|
| • Yes | 212 (91%) |
| • No | 9 (4%) |
| • Not answered | 11 (5%) |

2. Do you have your medicines dispensed at a dispensing doctor's practice?

- | | |
|----------------|-----------|
| • Yes | 22 (9%) |
| • No | 172 (74%) |
| • Not answered | 38 (16%) |

Two respondents said Yes to Question 1 and 2

3. If you use a pharmacy, how often do you use one? (please tick only one box)

- | | |
|-------------------------------|-----------|
| • Once a week | 10 (4%) |
| • Once every couple of weeks | 51 (22%) |
| • Once a month | 102 (44%) |
| • Once every couple of months | 51 (22%) |
| • Less often | 18 (8%) |
| • Not answered | 0 |

4. Do you have a regular pharmacy?

- | | |
|----------------|-----------|
| • Yes | 208 (90%) |
| • No | 20 (9%) |
| • Not answered | 4 (2%) |

5. In terms of location, why do you use this pharmacy regularly? (please tick only one box)

- | | |
|---------------------------|-----------|
| • Near to home | 121 (52%) |
| • Near to my doctors | 52 (22%) |
| • In town / shopping area | 15 (6%) |
| • In the supermarket | 12 (5%) |
| • Near to my work | 7 (3%) |
| • Other* | 17 (7%) |
| • Not answered | 8 (3%) |

*Other (please specify) see separate sheet

6. If your regular pharmacy was not open, would you... (please tick only one box)

- | | |
|-------------------------|-----------|
| • Wait for them to open | 134 (58%) |
| • Find another pharmacy | 86 (37%) |
| • Not answered | 11 (5%) |

7. If your regular pharmacy didn't have the things you need, would you... (please tick only one)

- | | |
|--------------------------------------|-----------|
| • Wait for them to order the item(s) | 138 (59%) |
| • Find another pharmacy | 83 (36%) |
| • Not answered | 11 (5%) |

8. How do you usually travel to your regular pharmacy? (please tick only one)

- | | |
|--|-----------|
| • Walk | 107 (46%) |
| • Car (driver) | 91 (39%) |
| • Car (passenger) | 9 (4%) |
| • Bus | 8 (3%) |
| • Bicycle | 1 (0.43%) |
| • Taxi | 0 |
| • I have my medicines delivered by the pharmacy | 3 (1%) |
| • I have my medicines collected for me by a member of my family/friend/carer | 3 (1%) |
| • Other* | 1 (0.43%) |
| • Not answered | 9 (4%) |

*Other (please specify): **see separate sheet**

9. If you have any other comments specifically about accessing either a pharmacy (or dispensing doctor's surgery) to obtain your prescribed medicines, the advice given by the pharmacy (or dispensing doctor's surgery) around the safe and effective use of these medicines and any general health advice offered to help you keep yourself well. Please provide these in the box below.

See separate sheet

ABOUT YOU... We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions, and improve our services. If you would rather not answer any of these questions, you don't have to.

10. Are you...?

- | | |
|-----------------------|-----------|
| • Male | 92 (40%) |
| • Female | 137 (59%) |
| • I prefer not to say | 2 (1%) |
| • Not answered | 1 (0.43%) |

11. How old are you?

under 18	1	0.43%
18-24	9	4%
25-39	41	18%
40-49	38	16%
50-59	52	22%
60 plus	91	39%
Not answered	0	0.00%

12. What is your postcode?

.....

13. To which of these ethnic groups do you feel you belong? (Source: 2011 census)

White: British	207	89%
White: Irish	3	1%
White: Gypsy / Roma	0	0.00%
White: Irish Traveller	0	0.00%
White: Other*	2	1%
Mixed: White and Black Caribbean	0	0.00%
Mixed: White and Black African	0	0.00%
Mixed: White and Black Asian	0	0.00%
Mixed: Other*	1	0.43%
Mixed: Arab	0	0.00%
Asian or Asian British: Indian	4	2%
Asian or Asian British: Pakistani	0	0.00%
Asian or Asian British: Bangladeshi	0	0.00%
Asian or Asian British: Other*	0	0.00%
Asian or Asian British: Chinese	1	0.43%
Black or Black British: Caribbean	0	0.00%
Black or Black British: African	0	0.00%
Black or Black British: Other*	0	0.00%
I prefer not to say	0	0.00%
Other: not specified above	9	4%
Not answered	5	2%

*Other Ethnic Group - if your ethnic group is not specified in the list please describe it here:

The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example), are considered to be disabled from the point that they are diagnosed.

14. Do you consider yourself to be disabled as set out in the Equality Act 2010?

Yes	55	24%
No	170	73%
I prefer not to say	4	2%

Not answered	3	1%
--------------	---	----

14a. If you answered Yes to Q.14, please tell us which type of impairment applies to you. You may have more than one type of impairment, so please select all the impairments that apply to you. If none of these applies to you, please select Other, and write in the type of impairment you have.

Physical Impairment	19	8%
Sensory Impairment (hearing, sight or both)	3	1%
Long standing illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes	19	8%
Mental Health condition	6	3%
Learning disability	1	0.43%
I prefer not to say	1	0.43%
Other*	8	3%
Not answered	175	75%

*Other, please specify: see separate sheet

15. Do you regard yourself as belonging to any particular religion or belief?

Yes	93	40%
No	110	47%
I prefer not to say	21	9%
1;2	2	1%
Not answered	6	3%

15a. If you answered Yes to Q.15, which of the following applies to you?

Christian	91	39%
Buddhist	0	0%
Hindu	2	1%
Jewish	0	0%
Muslim	2	1%
Sikh	0	0%
Other*	7	3%
Not answered	130	56%

*Other religion, please specify: