



# Hillingdon Pharmaceutical Needs Assessment 2022

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Appendix 4b: Patient Survey

October 2022

# Patient Survey



## Patient experience survey 2022

We want to know what you think about local pharmacy services in your area. Hillingdon's Health and Wellbeing Board is asking people across the borough for their views. This will help the NHS to plan for the future and ensure that local pharmacies offer high quality and accessible services. We are also interested in your views on how pharmacy services can be improved.

What you tell us will inform the Hillingdon Pharmaceutical Needs Assessment (PNA). We will consult on the draft Pharmaceutical Needs Assessment in 2022. Please can you spare 10 minutes to complete this questionnaire. There are no right or wrong answers to the questions.

The survey is anonymous and we will ensure that the Board will not be able to identify you from any of the answers you give. Thank you very much for taking part in this survey.

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1. Are you a resident within Hillingdon borough?

- Yes
- No

2. If yes, Where do you live?

3. If no, where do you live?

## Where you get your medicine

4. Where are you most likely to get your prescription medicine from?

- A pharmacy/chemist's shop
- A delivery from your usual pharmacy
- A dispensary in your GP practice
- Other eg online dispensing

5. If you get your prescription from a dispensary in your GP practice, please provide the name below

Enter your answer

5. If you said you use a pharmacy/chemist's shop or receive a delivery from them, is your usual one based in Hillingdon?

- Yes
- No

## Using pharmacy services

In answering the rest of the questions, please think about pharmacy or pharmacies that you visit the most, in other words, your usual pharmacy.

6. How often do you use a pharmacy for a health reason? Please tick one box.  
Health reasons include health advice, prescriptions and over-the-counter medication.

- A few times a month
- Once a month
- Every two to three months
- Once or twice a year
- Not in last 12 months

7. How do you receive your medicines?

- Delivered free
- Pay for delivery
- Collect

8. If you have it delivered, please tell us why?

9. How would you rate the advice you receive about taking your medicines at:

	Good	Fair	Poor	N/A
pharmacy/chemists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP practice dispensary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An online-only pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Accessing pharmacy services

Please answer for the situation as it has been during past year

10. When do you most commonly use pharmacy services?

Please also answer if someone uses pharmacy services on your behalf.

- Between 9am-6pm on weekdays
- After 6pm on weekdays
- At the weekend

11. Do the opening hours for pharmacy services meet your needs? Please tick one box

Please also answer if someone uses pharmacy services on your behalf.

- Yes
- NO

12. If you said no, please tell us why

Enter your answer

13. Please rate your access to your usual pharmacy services. Please tick one box in each row

Please also answer if someone uses pharmacy services on your behalf.

**How easy is it:**

	Good	Fair	Poor
To find an open pharmacy during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To find an open pharmacy in the evening (after 6pm)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To find an open pharmacy at weekends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To find an open pharmacy on Bank Holidays?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### The services offered by pharmacies

14. Do you know if the following services are offered by your usual pharmacy?  
Please tick one box in each row

	Yes, offered locally	Not offered locally	Don't know
Flu vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop smoking advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent supply of medicines if you run out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. If you are aware of other services in the pharmacy, please state in the comment box below.

16. In the last 12 months have you looked after a relative or friend living in Hillingdon who is terminally ill?

- Yes  
 No

17. If yes, please tell us about your experience with accessing specialist medicines to help manage their illness?

18. Have you stopped using a pharmacy in the past 12 months due to concerns or issues with their service?

- Yes  
 No

19. If yes, please explain why you now avoid them or why you have stopped using them:

### Your pharmacy services

20. Do you agree or disagree with the following statements?  
Please tick one box in each row

	Agree	Neither agree nor disagree	Disagree	N/A
I prefer to see my regular pharmacist rather than someone I don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I want to, I can speak to my pharmacist without being overheard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pharmacist gives me clear advice on how medicines should be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pharmacist provides a good service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Do you have any suggestions for how your usual pharmacy could improve their medicine and health services?

DRY

## Meeting your needs

22. Do you have any access needs relating to a physical disability?

For example to access your usual pharmacy services you may need: accessible parking, or help to get in and out of the pharmacy and move around.

Yes

No

23. If you said yes, does your pharmacy meet these physical access needs?

Always

Sometimes

Never

24. If you said 'sometimes' or 'never' please explain.

Enter your answer

25. Do you have any communication needs?

For example, do you need information in different formats, such as large print or audio, or in another language?

Yes

No

26. If you said yes, does your pharmacy meet your communication needs?

Always

Sometimes

Never



27. If you said 'sometimes' or 'never' please explain.

Enter your answer

28. Do you help an adult family member or friend to use pharmacy services?

For example, picking up medicines, requesting repeat prescriptions or helping them to take their medicines.

Yes

No

29. If you said yes, does your usual pharmacy meet your needs as a carer?

Always

Sometimes

Never

30. If you said 'sometimes' or 'never' please explain.

Enter your answer

31. Do you have any suggestions for how your usual pharmacy could improve the way they meet your needs and support you?

Enter your answer

### About you (Optional)

You don't have to answer the questions in this section, but it will help us to make sure that everyone is treated fairly and equally if you do. Your information will only be used and reported anonymously to support the consultation, engagement or feedback activity you are taking part in. We will keep your individual information for a period of up to five years and we won't keep it any longer than is necessary. Please get in touch with the named contact for this activity if you would like more information.

Read the full privacy notice here: <https://www.hillingdon.gov.uk/privacy>

32. Are you

- Male
- Female
- Prefer not to say

33. Which of these age groups do you belong to?

- Under 18
- 25-34
- 35-44
- 45-54
- 55-59
- 60-64
- 65-74
- 75+
- Prefer not to say



34. To which of these ethnic groups do you feel you belong?

- White British
- White Irish
- White Gypsy/Roma
- White Irish traveller
- White other
- Mixed white and black Caribbean
- Mixed white and black African
- Mixed white and Asian
- Mixed other
- Asian or Asian British Indian
- Asian or Asian British Pakistani
- Asian or Asian British Bangladeshi
- Asian or Asian British other
- Black or Black British Caribbean
- Black or Black British African
- Black or Black British other
- Arab
- Chinese
- Prefer not to say
- Other



### About you (continued)

The Equality Act 2010 describes a person as disabled if they have a longstanding 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.

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

For example, whether you have a physical or mental impairment that has a 'substantial' and 'longterm' negative effect on your ability to do normal daily activities.

- Yes
- No
- Prefer not to say

36. If you answered yes to the above, please tell us the type of impairment that applies to you.  
Please select all that applies.

- Physical impairment
- Sensory impairment (hearing and sight)
- Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epilepsy
- Mental health condition
- Learning disability
- Prefer not to say
- Other

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