

Nottinghamshire Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2025 Public Questionnaire

Tell us how you access and use pharmacy services in Nottinghamshire

We want to hear how you access and use services from pharmacies/chemists in Nottinghamshire to help us develop services in the future. Your views will help inform our Pharmaceutical Needs Assessment (PNA) which will look at local health needs, the level of pharmacy services, how accessible they are, and how these will be maintained and developed in the future.

The word 'pharmacy' is used in this questionnaire, but many people call them chemists. By pharmacy we mean the place you would use to get a prescription or buy medicines over the counter. You might also use a pharmacy to talk to a pharmacist for advice about an illness or medicines. We don't mean the pharmacy at a hospital or the part of the pharmacy where you buy beauty or grooming products.

We would be grateful if you could answer some questions about your own experience and views. **The information you provide in the questionnaire is confidential.** Please see the privacy statement below. Please be honest with your answers so we can get a clear picture of the areas where pharmacies are already fulfilling your needs well and areas that need improvement.

We will use your feedback to help develop our draft of the Pharmaceutical Needs Assessment which will then be available for public consultation in 2025.

Tell us what you think by completing our survey.

The questionnaire should take no longer than five minutes to complete.

For a paper copy of the questionnaire, an easy read version or other language, please contact: PharmaceuticalNeedsAssessment@nottscc.gov.uk

If you would like to complete this online, please scan the QR code below or follow the link <https://consult.nottinghamshire.gov.uk/communications/pharmaceutical-needs-assessment>



The survey closes on 31 December 2024

N.B. All responses and respondent details are anonymous. Any information provided will be kept in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit: <https://www.nottinghamshire.gov.uk/global-content/privacy>

All questions below refer to your community pharmacy / local chemist

1) Why do you usually visit a pharmacy?

Options	Please tick all that apply
To buy over-the-counter medicines	<input type="checkbox"/>
To collect prescriptions for myself	<input type="checkbox"/>
To collect prescriptions for somebody else	<input type="checkbox"/>
To get advice from a pharmacist	<input type="checkbox"/>
To get NHS support and treatment for a minor illness	<input type="checkbox"/>
Referred by NHS 111 for an urgent medicine supply	<input type="checkbox"/>
To get regular oral contraceptive pill	<input type="checkbox"/>
To get emergency contraception (also known as the "morning after pill")	<input type="checkbox"/>
To use the blood-pressure test service	<input type="checkbox"/>
To use a privately funded service	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>

2) How often have you visited or contacted a pharmacy in the last six months?

Options	Please tick one option
Once a week or more	<input type="checkbox"/>
A few times a month	<input type="checkbox"/>
Once a month	<input type="checkbox"/>
Once every few months	<input type="checkbox"/>
Once in six months	<input type="checkbox"/>
I have not visited/contacted a pharmacy in the last six months	<input type="checkbox"/>

3) What time and day is most convenient for you to use a pharmacy? (Please tick one day for each time that applies to you)

Please tick one day for each time that applies to you	Weekday	Saturday	Sunday
Before 9am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9am - 1pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1pm - 7pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After 7pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Do you have a regular local community pharmacy?

Options	Please tick one option
Yes, a community pharmacy / local chemist shop or building	<input type="checkbox"/>
Yes, an internet/online pharmacy - (This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online. Prescriptions are received electronically or by paper and dispensing medication is sent via a courier to your home)	<input type="checkbox"/>
Yes, a combination of both	<input type="checkbox"/>
No	<input type="checkbox"/>

5) Is there a specific reason you prefer your current pharmacy, even though there might be others nearby or more convenient?

Options	Please tick one option
No	<input type="checkbox"/>
Yes, please specify _____	<input type="checkbox"/>

6) What influences your choice of pharmacy? (Please tick one level of importance for each reason)

Reason for choice of pharmacy	Very important	Important	Not important
Quality of service (expertise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility (wheelchair/ buggy access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (languages/ interpreting service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space to have a private consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) How do you usually travel to the pharmacy?

Options	Please tick one option
Walk	<input type="checkbox"/>
Car	<input type="checkbox"/>
Public transport	<input type="checkbox"/>
Taxi	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>
Wheelchair/ mobility scooter	<input type="checkbox"/>
Someone goes for me / takes me	<input type="checkbox"/>
I don't travel, I use an online pharmacy	<input type="checkbox"/>
I don't travel, I utilise a delivery service	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>

8) How long does it approximately take you to travel to the pharmacy?

Options	Please tick one option
Less than 20 minutes	<input type="checkbox"/>
20-30 minutes	<input type="checkbox"/>
30-40 minutes	<input type="checkbox"/>
More than 40 minutes	<input type="checkbox"/>
N/A- I don't travel to the pharmacy	<input type="checkbox"/>

9) Are there any services you would like pharmacies to be able to offer?

10) Do you have any other comments that you would like to add regarding services provided by pharmacies in Nottinghamshire?

About you

The Council and partners are committed to ensuring that all of its services are delivered fairly and in compliance with its public sector duties within the Equality Act 2010. The questions in this section are voluntary but the more information you provide, then the more we can learn about customers' views of our services.

11) What is your age?

Options	Please tick one option
Under 18	<input type="checkbox"/>
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"/>

12) What is your gender?

Options	Please tick one option
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Prefer to self-describe, please specify _____	<input type="checkbox"/>

13) What is your ethnic origin?

Options	Please tick one option
White - English/Welsh/Scottish/ Northern Irish/British	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>
White - Gypsy or Traveller	<input type="checkbox"/>
White - any other background, please specify _____	<input type="checkbox"/>
Mixed - Black Caribbean & White	<input type="checkbox"/>
Mixed - Black African & White	<input type="checkbox"/>
Mixed - Asian & White	<input type="checkbox"/>
Mixed - any other mixed background, please specify _____	<input type="checkbox"/>
Asian/Asian British - Indian	<input type="checkbox"/>
Asian/Asian British - Pakistani	<input type="checkbox"/>
Asian/Asian British - Bangladeshi	<input type="checkbox"/>
Asian/Asian British - Chinese	<input type="checkbox"/>
Asian/Asian British - Any other Asian background, please specify _____	<input type="checkbox"/>
Black/Black British	<input type="checkbox"/>
Black/Black British - African	<input type="checkbox"/>
Black/Black British - Caribbean	<input type="checkbox"/>
Black/Black British - Any other Black, background, please specify _____	<input type="checkbox"/>
Arab	<input type="checkbox"/>
Any other ethnic group, please specify _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

14) Do you have a long-term health need or disability?

Options	Please tick one option
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

15) Please specify what access needs you have (Please tick all that apply)

Options	Please tick all that apply
Mobility	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>

16) What is your current employment status?

Options	Please tick one option
Employed in full-time job (30 hours plus per week)	<input type="checkbox"/>
Employed in part-time job (under 30 hours per week)	<input type="checkbox"/>
Self employed - full-time	<input type="checkbox"/>
Self-employed - part-time	<input type="checkbox"/>
Employed on an apprenticeship	<input type="checkbox"/>
Full-time education or training (not working)	<input type="checkbox"/>
Unemployed and not currently seeking work	<input type="checkbox"/>
Unemployed and seeking work	<input type="checkbox"/>

Unemployed and unable to work	<input type="checkbox"/>
Long-term sick or disabled	<input type="checkbox"/>
Wholly retired from work	<input type="checkbox"/>
Looking after family/home (e.g. homemaker, carer)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Not working - other, please specify _____	<input type="checkbox"/>

17) What is your religion or belief?

Options	Please tick one option
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
No religion or belief	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

18) What is your sexual orientation?

Options	Please tick one option
Heterosexual/straight	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

19) Where do you live?

Options	Please tick one option
Ashfield	<input type="checkbox"/>
Bassetlaw	<input type="checkbox"/>
Broxtowe	<input type="checkbox"/>
Gedling	<input type="checkbox"/>
Mansfield	<input type="checkbox"/>
Newark and Sherwood	<input type="checkbox"/>
Rushcliffe	<input type="checkbox"/>
Nottingham City	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>