

## Appendix B: Berkshire PNA Public Survey 2017

The PNA Public Survey was available online. This provides a summary of the questions included in the survey.

### 1. Which Local Authority area do you live in?

- Bracknell Forest.....
- Slough.....
- Reading.....
- Royal Borough of Windsor and Maidenhead.....
- West Berkshire.....
- Wokingham.....
- Not Sure.....

If you have said you are "Not Sure", which town do you live in?

### 2. Do you use?

- Community Pharmacy.....
- A Dispensing Appliance Supplier (someone who supplies appliances such as incontinence and stoma products).....
- An Internet Pharmacy (a service where medicines are ordered online and delivered by post).....

### 3. How often do you use a Pharmacy?

- More than once a month.....
- Once a month.....
- 3-11 times a year.....
- Less than 3 times a year.....

### 4. How do you usually travel to your usual Pharmacy?

- Walk.....
- Car (Passenger).....
- Car (Driver).....
- Taxi.....
- Bus.....
- Bicycle.....

### 5. How long does it take you to travel to your Pharmacy?

- Less than 15 mins.....
- 15-30 mins.....
- 30-60 mins.....
- Over an hour.....

### 6. Which of the following services do you currently use at a Pharmacy?

- Sunday Opening.....
- Late Night Opening (after 7pm).....
- Early Morning Opening (before 9am).....
- Prescription Dispensing.....
- Buying over the counter medicines.....
- Buying travel medicines (e.g. anti-malarials).....
- Medicines advice and reviews.....
- Delivery of medicines to my home.....
- Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice).....
- Long-term condition advice (e.g. help with your diabetes or asthma).....
- Respiratory services.....
- Emergency Hormonal Contraception (Morning-after pill)..

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- Cancer treatment support services.....
- Substance misuse service.....
- Alcohol support services.....
- Stop smoking service.....
- Health tests (e.g. cholesterol, blood pressure).....
- Healthy weight advice.....
- Flu Vaccination.....
- Diabetes screening.....
- Blood Pressure check/screening.....

**7. Which of the following chronic health conditions do you visit your pharmacy for?**

- Hypertension.....
- Ischaemic heart disease (Coronary heart disease) .....
- Diabetes (Type 1 or 2) .....
- Chronic kidney disease.....
- Stroke/Transient ischaemic attack (TIA) .....
- Atrial Fibrillation.....
- Heart Failure.....
- Chronic Liver Disease .....
- Chronic Obstructive Pulmonary Disease (COPD/Asthma)
- Cancer.....
- Severe Mental Illness.....
- Depression.....
- Dementia.....
- Parkinson’s Disease.....
- Osteoarthritis.....
- Epilepsy.....
- Rheumatoid Arthritis.....
- Neurological Disorders (e.g. Multiple Sclerosis) .....
- None.....

**7b. [If chronic health condition is selected in Qu7] Which of the following services do you visit your pharmacy for because of your chronic health condition?**

- Prescription medicine.....
- Over the counter medicines.....
- Advice about medicines for condition and interactions with other medicines.....
- Advice on managing symptoms of one or more chronic health conditions.....

**8. Which of the following services would you use at a Pharmacy if available?**

- Sunday Opening.....
- Late Night Opening (after 7pm).....
- Diabetes screening.....
- Flu Vaccination.....
- Healthy weight advice.....
- Health tests (e.g. cholesterol, blood pressure).....
- Stop smoking service.....
- Alcohol support services.....
- Substance misuse service.....
- Cancer treatment support services.....
- Emergency Hormonal Contraception (Morning-after pill)..
- Respiratory services.....
- Long-term condition advice (e.g. help with your diabetes or asthma).....
- Early Morning Opening (before 9am).....
- Prescription Dispensing.....
- Buying over the counter medicines.....
- Buying travel medicines (e.g. anti-malarials).....
- Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit).....

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- Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice).....
- Medicines advice and reviews.....
- Delivery of medicines to my home.....
- Collection of prescription from my surgery.....
- Blood Pressure check.....
- Antibiotic treatment for Chlamydia infection.....
- Other.....

**9. Are you able to get to a Pharmacy of your choice?**

- Yes
- No

**10. Do you use one Pharmacy regularly?**

- Yes
- No

**11. What is the main location reason for using your regular Pharmacy? [choose one]**

- In the supermarket.....
- In town/shopping area.....
- Near to my doctors.....
- Near to home.....
- Near to work.....
- Other.....

**12. What are the reason for using your regular Pharmacy? [choose as many as apply]**

- They offer a delivery service.....
- They offer a collection service.....
- The staff speak my first language.....
- The staff are knowledgeable.....
- The staff are friendly.....
- Other.....

**13. How important are the following Pharmacy services?**

- Home delivery of your medication
- Very important     Important     Unimportant

- Prescription collection from your surgery
- Very important     Important     Unimportant

- The Pharmacy having a wide range of things I need
- Very important     Important     Unimportant

- The Pharmacist taking time to listen/provide advice
- Very important     Important     Unimportant

- Private areas to speak to the Pharmacist
- Very important     Important     Unimportant

- Shorter waiting times
- Very important     Important     Unimportant

- Knowledgeable staff
- Very important     Important     Unimportant

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### Location

Very important     Important     Unimportant

### Late opening times (after 7pm)

Very important     Important     Unimportant

### Information available in different languages

Very important     Important     Unimportant

### 14. How satisfied were you with the following services at your regular Pharmacy?

#### The Pharmacy having the things I need

Very important     Important     Unimportant

#### The Pharmacist taking time to talk to me

Very important     Important     Unimportant

#### Private consultation areas

Very important     Important     Unimportant

#### Waiting times

Very important     Important     Unimportant

#### Staff attitude

Very important     Important     Unimportant

#### Knowledgeable staff

Very important     Important     Unimportant

### Location

Very important     Important     Unimportant

### Personal Details

*We value all people in Berkshire and want to make sure that everyone can access our services, that they provide for people's needs and that we continue to improve what we provide. Please complete these questions which will also help us to see if there are any differences between the views of different groups and needs within our community. All the information you give will be kept completely confidential, no individual will be identifiable. It will be used to inform the planning and improve the delivery of the council's services. All details are kept in strict confidence at all times in compliance with the Data Protection Act 1998. Please note that to provide this information is optional either completely or in part.*

### Are you?

Male  
 Female

Under 18  
 18-34  
 35-49  
 50-64  
 65-79  
 80+

### To which of these groups do you consider you belong?

White  
 English/Welsh/Scottish/Northern Irish/British  
 Irish  
 Gypsy/Irish Traveller  
 Show people/Circus  
 Any other White background

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### Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

### Asian or Asian British

- Indian
- Pakistani
- Nepali
- Bangladeshi
- Chinese
- Filipino
- Any other Asian background

### Black or Black British

- African
- Caribbean
- Any other Black background

### Arab/Other Ethnic group

- Arab
- Other Ethnic group

Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes
- No

Are your day-to-day activities limited because of your health problem or disability?

- Yes
- No

How would you describe your religion/belief?

- None
- Christian (all Christian denominations)
- Buddhist
- Jewish
- Hindu
- Muslim
- Sikh
- Other

What is your marital status?

- Single
- Married
- Life-partner
- Civil Partnership
- Other
- Prefer not to say

How would you describe your sexual orientation?

- Heterosexual/Straight
- Gay Man
- Lesbian/Gay Woman
- Bisexual
- Prefer not to say

Which of the following best describes your working situation?

- I work as a volunteer
- I am working part-time
- I am working full-time
- I am retired
- I am not working
- Prefer not to say

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