

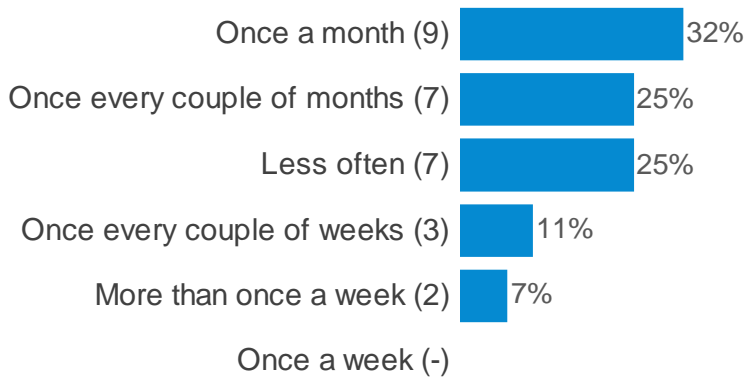
V2 Derbys and Derby City Pharmacy Services

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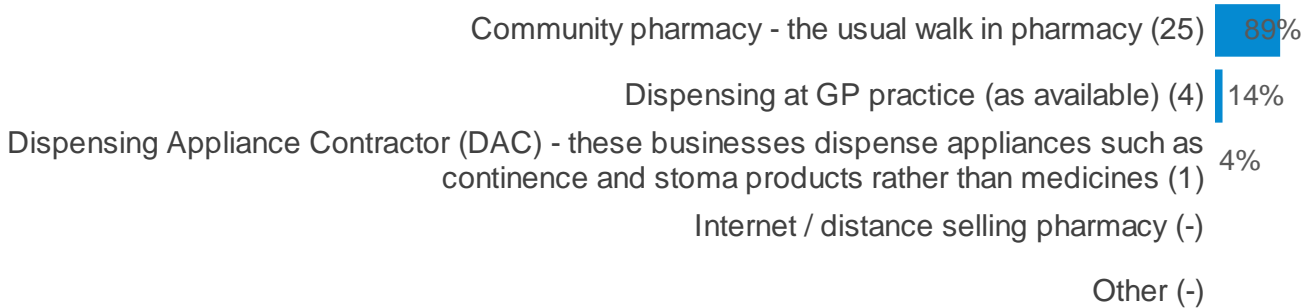
This report was generated on 15/01/18. Overall 28 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

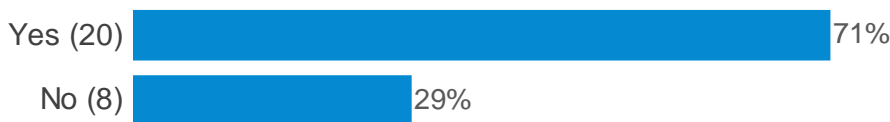
How often would you say you use a pharmacy for health purposes?
(Please select one option)



Which of the following types of pharmacy do you use?
(Please select all that apply)



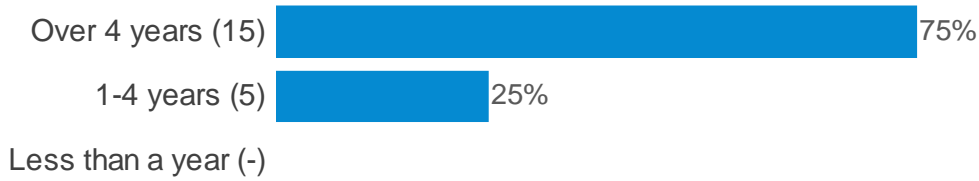
Do you usually use the same pharmacy?
(Please select one option)



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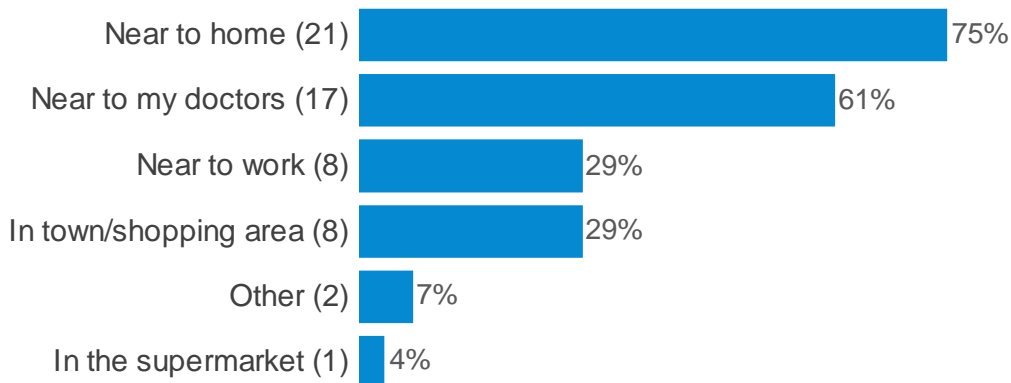
How long have you been using your usual pharmacy?

(Please select one option)



Where is the pharmacy that you use most often / are likely to use located?

(Please select all that apply)



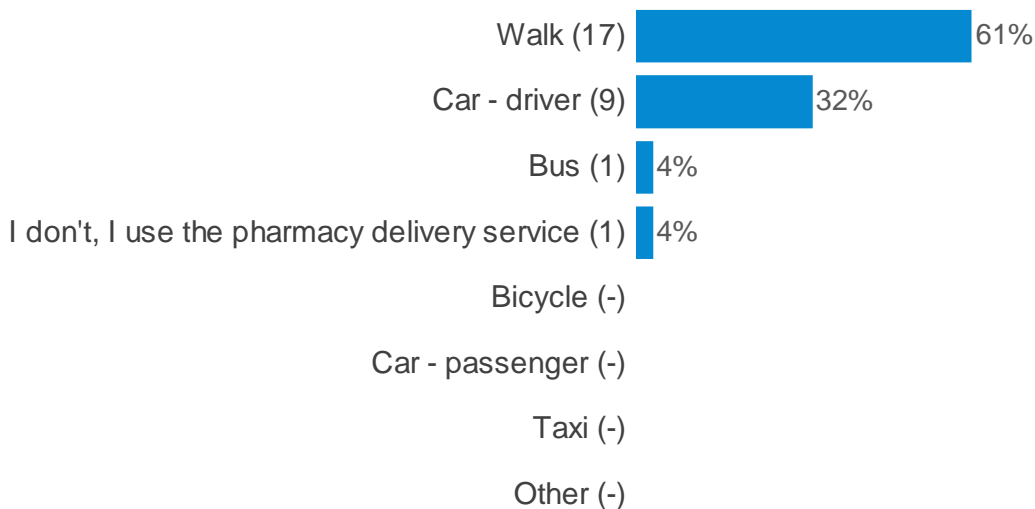
You selected 'other' please specify

For Ostomy supplies

Where I can park and drop in freely.

How do you usually travel to your pharmacy?

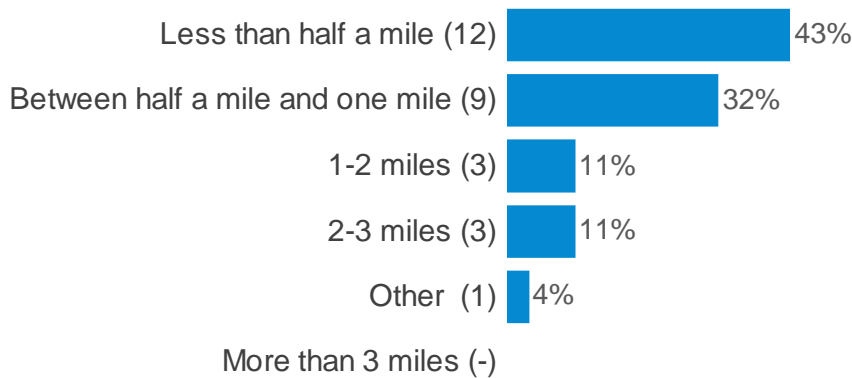
(Please select one option) (Statement or question here)



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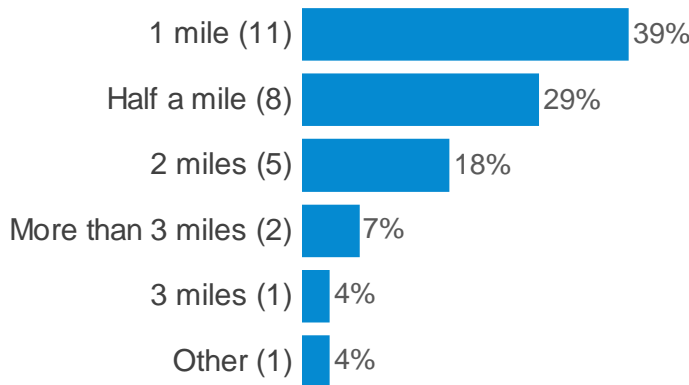
How far do you travel to your usual pharmacy?

(Please select one option) (Statement or question here)



How far would you be willing to travel to a pharmacy?

(Please select one option) (Statement or question here)

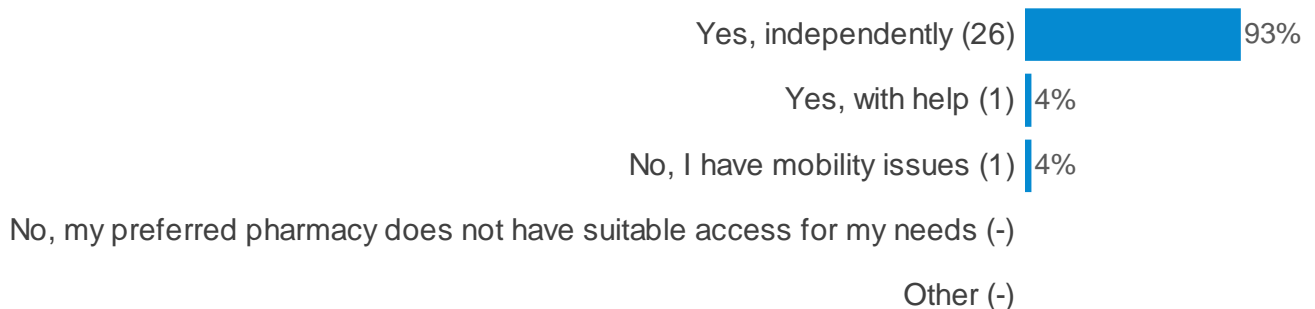


You answered 'other' please tell us how far you would be willing to travel to a pharmacy

walk like I do now - better for the environment and my health

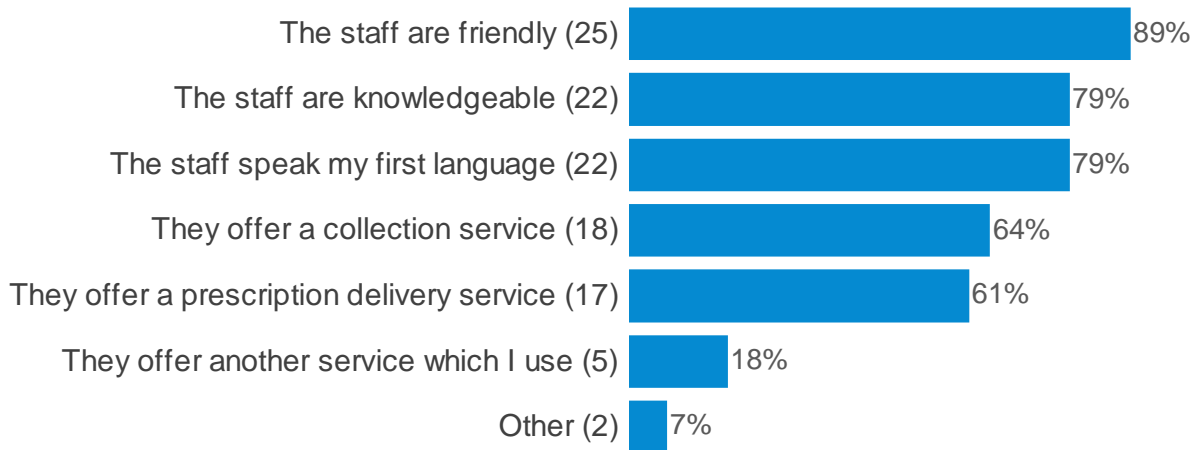
Are you able to get to the pharmacy of your choice?

(Please select one option)



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Thinking about the pharmacy you use / are likely to use most often, which of the statements below do you agree with? **(Please select all that apply)**

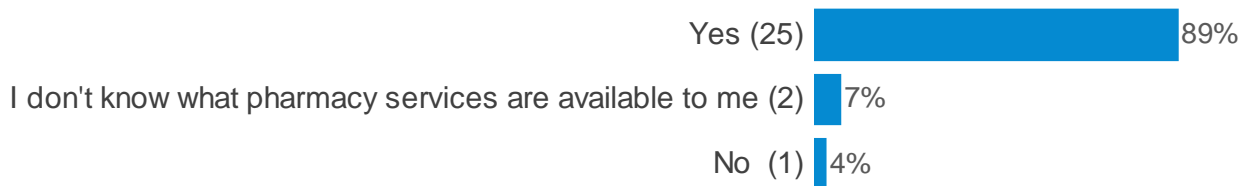


You selected 'other' please specify

I am able to get veterinary prescriptions filled

I have a complex kidney condition, and staff at my pharmacy have been trained in kidney problems

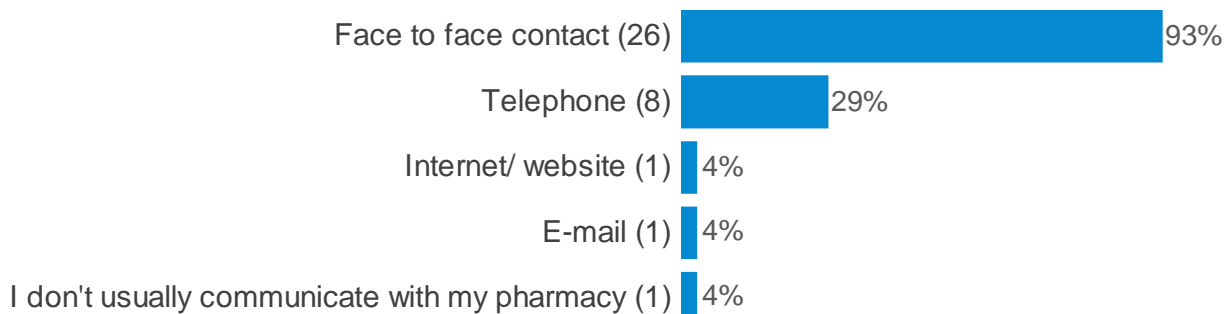
Are you able to access all the services your pharmacy offers in the way you would choose to? **(Please select one option)**



You answered 'no' please say why you are not able to access all of the services offered by your pharmacy

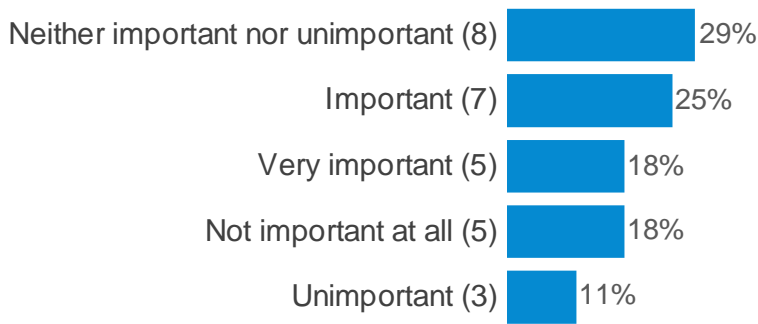
Some drugs just aren't available

Which methods do you use to communicate with your usual pharmacy? **(Please select all that apply)**

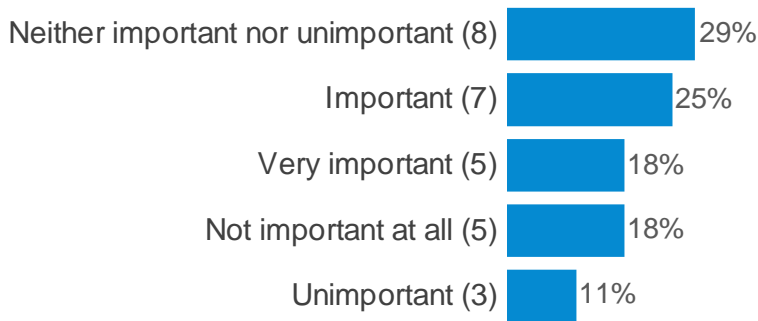


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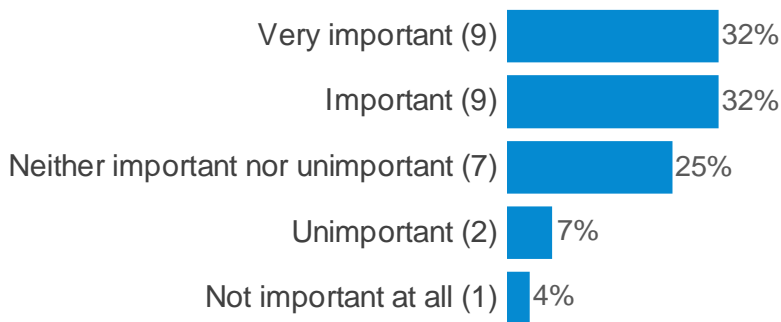
How important are the following community pharmacy features to you?
(Please select one option on each row) (Early morning opening (before 9am))



How important are the following community pharmacy features to you?
(Please select one option on each row) (Late night opening (after 7pm))

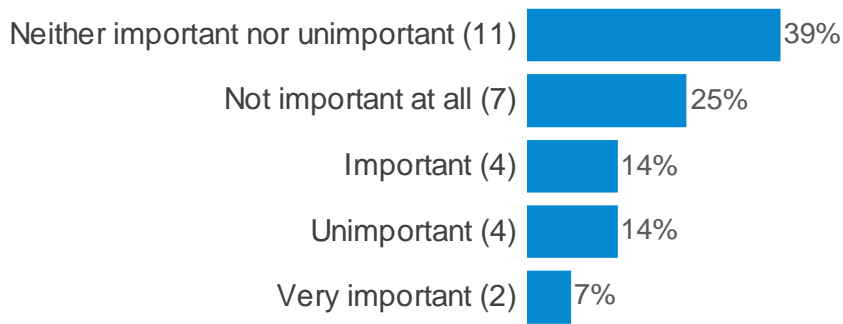


How important are the following community pharmacy features to you?
(Please select one option on each row) (Saturday opening)

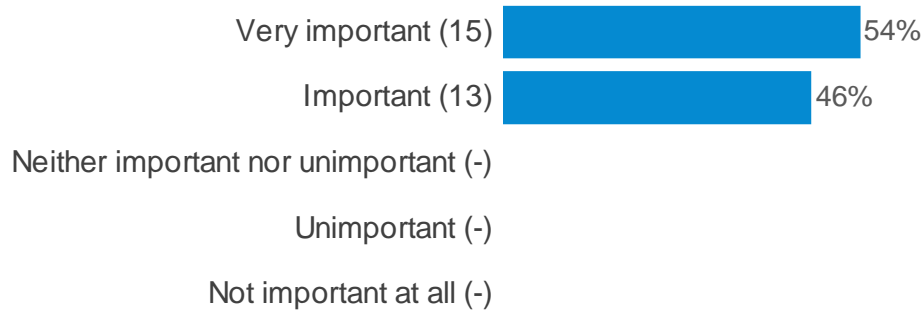


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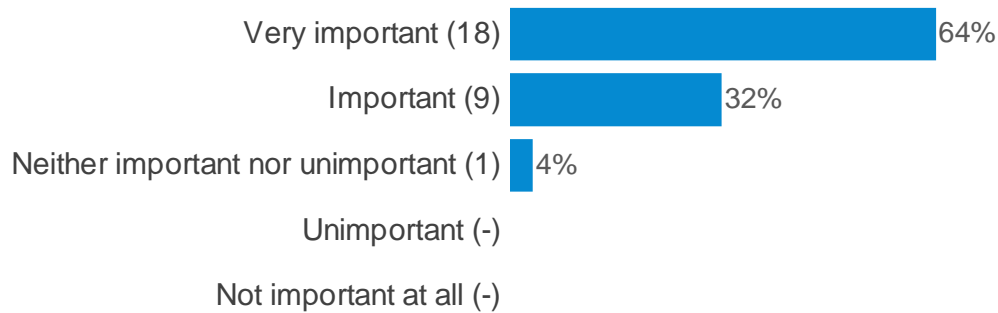
How important are the following community pharmacy features to you?
(Please select one option on each row) (Sunday opening)



How important are the following community pharmacy features to you?
(Please select one option on each row) (Convenient location)

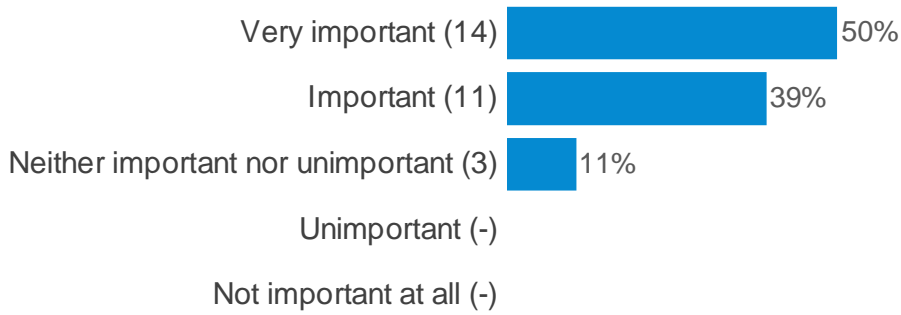


How important are the following community pharmacy features to you?
(Please select one option on each row) (Knowledgeable staff)

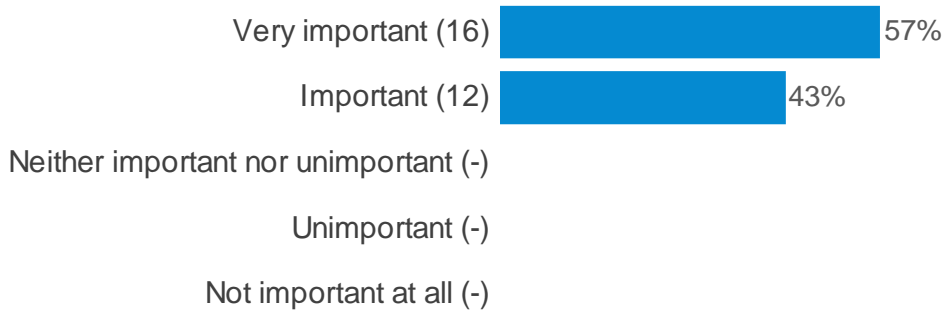


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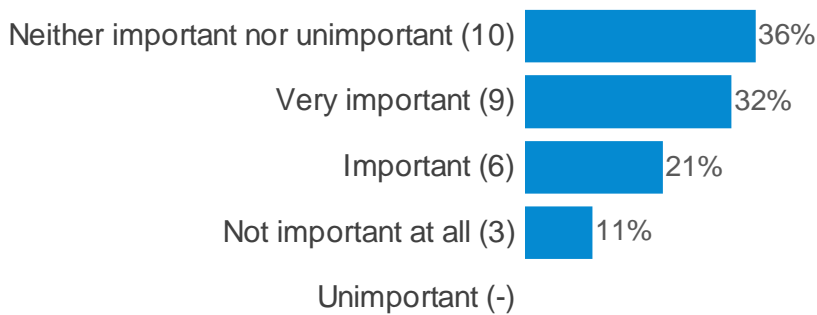
How important are the following community pharmacy features to you?
(Please select one option on each row) (Friendly staff)



How important are the following community pharmacy features to you?
(Please select one option on each row) (Staff that take time to listen to my needs)

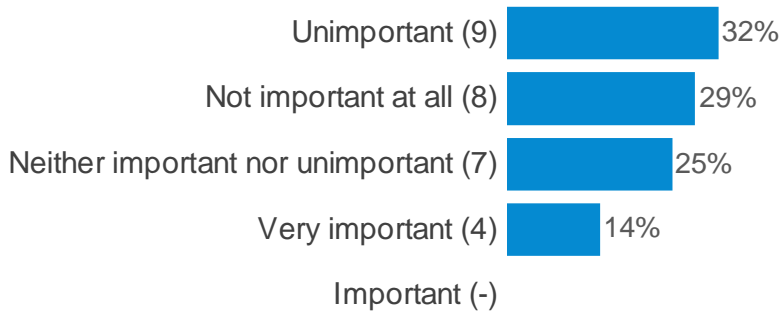


How important are the following community pharmacy features to you?
(Please select one option on each row) (Electronic prescription service)

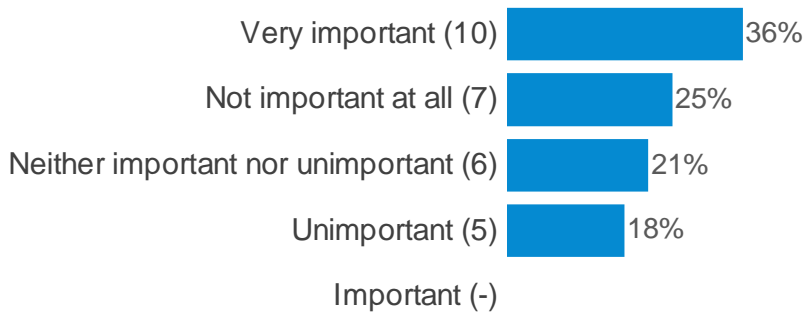


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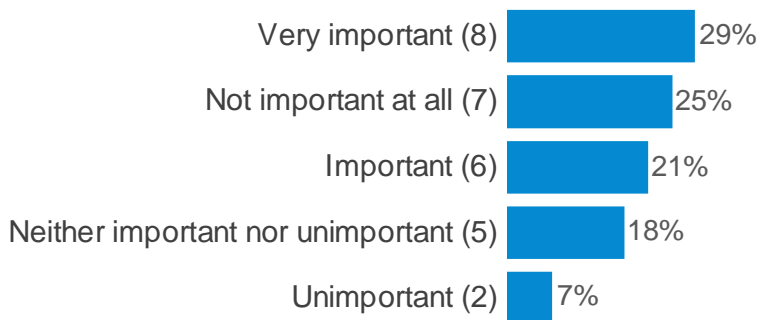
How important are the following community pharmacy features to you?
(Please select one option on each row) (Delivery of medicines to my home)



How important are the following community pharmacy features to you?
(Please select one option on each row) (Ordering repeat prescriptions on my behalf)

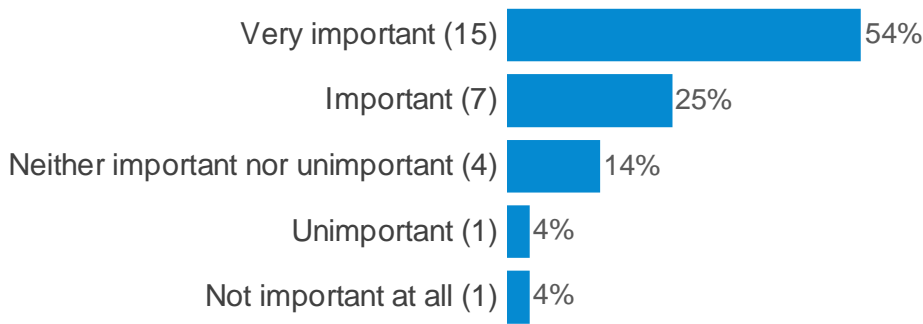


How important are the following community pharmacy features to you?
(Please select one option on each row) (Collection of prescription from my surgery)

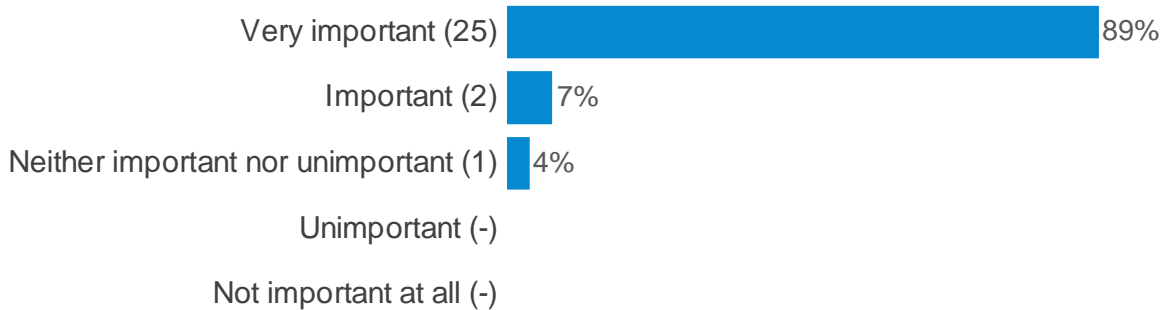


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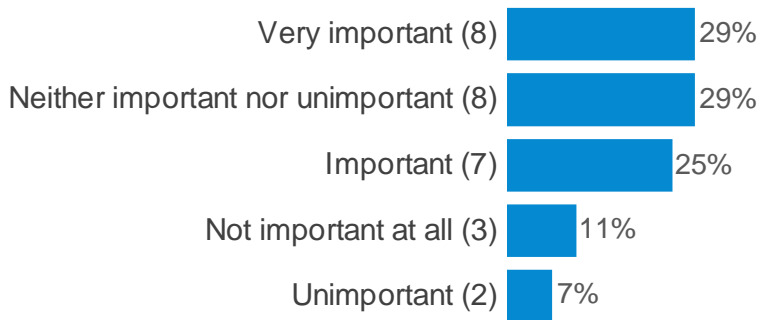
How important are the following community pharmacy features to you?
(Please select one option on each row) (Buying over the counter medicines)



How important are the following community pharmacy features to you?
(Please select one option on each row) (Prescription dispensing)



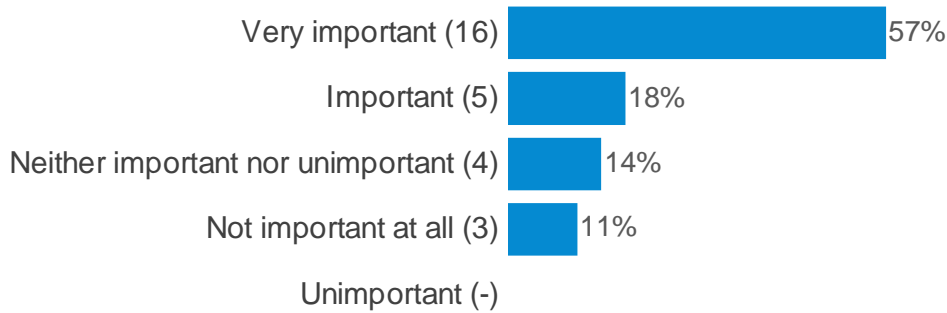
How important are the following community pharmacy features to you?
(Please select one option on each row) (Private consultation area)



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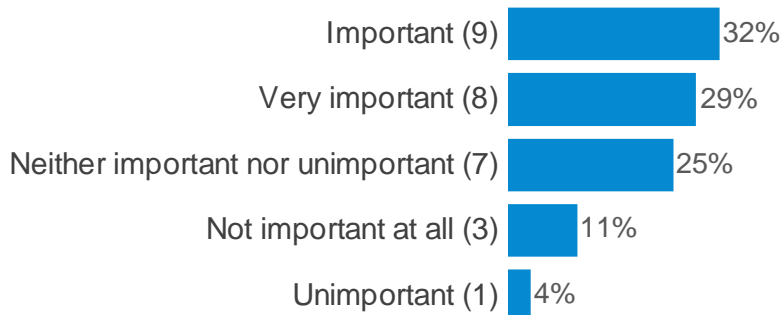
How important are the following community pharmacy features to you?

(Please select one option on each row) (Advice on my prescribed/over the counter medicines)



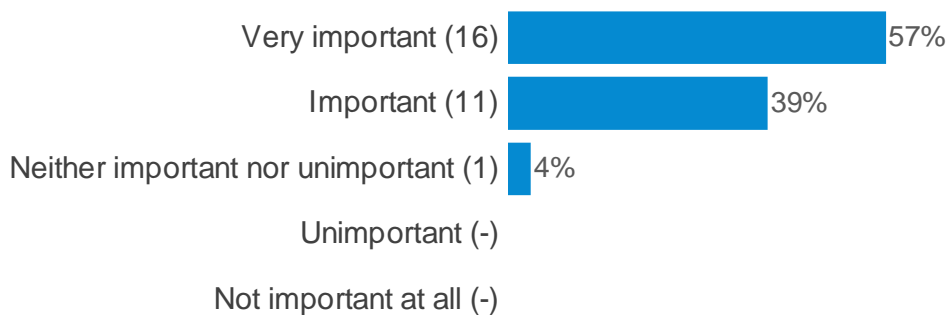
How important are the following community pharmacy features to you?

(Please select one option on each row) (Disposal of waste medicines)



How important are the following community pharmacy features to you?

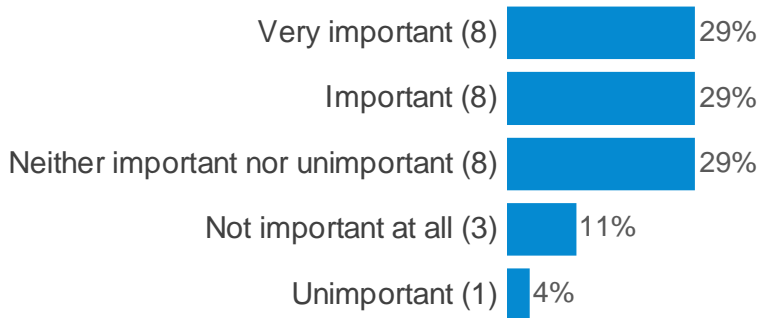
(Please select one option on each row) (Having the medicines and products in store when I need them)



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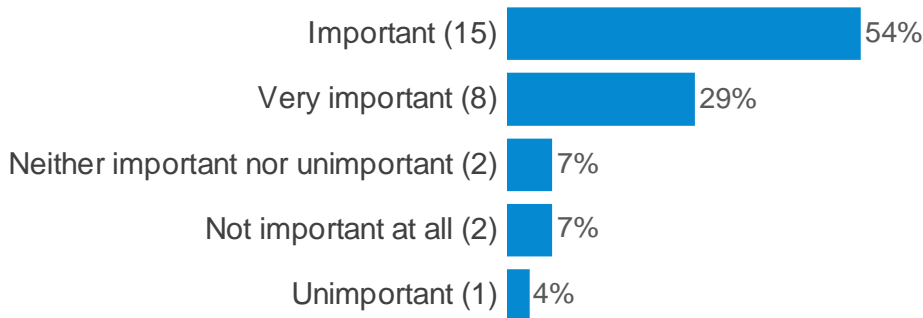
How important are the following community pharmacy features to you?

(Please select one option on each row) (Medicine use reviews / medicines checkup / MOT)



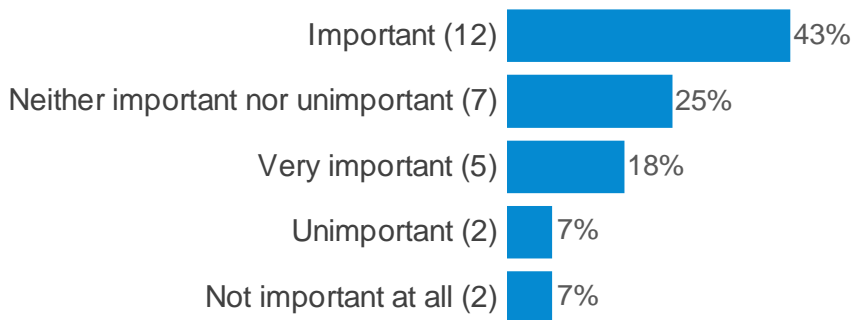
How important are the following community pharmacy features to you?

(Please select one option on each row) (Advice on managing my / my family's minor ailments / illnesses)



How important are the following community pharmacy features to you?

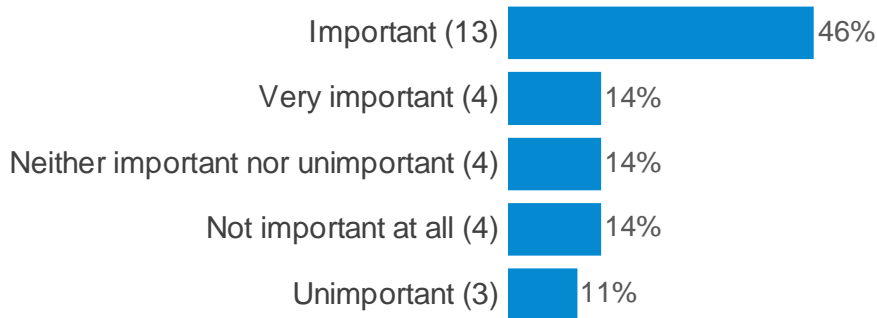
(Please select one option on each row) (Long term condition advice)



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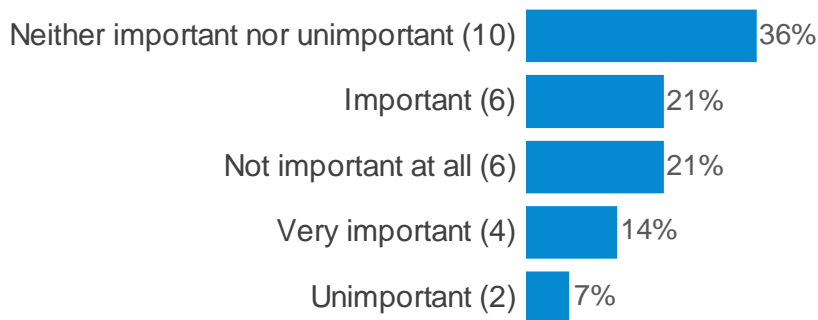
How important are the following community pharmacy features to you?

(Please select one option on each row) (Signposting me to other health / social care services)



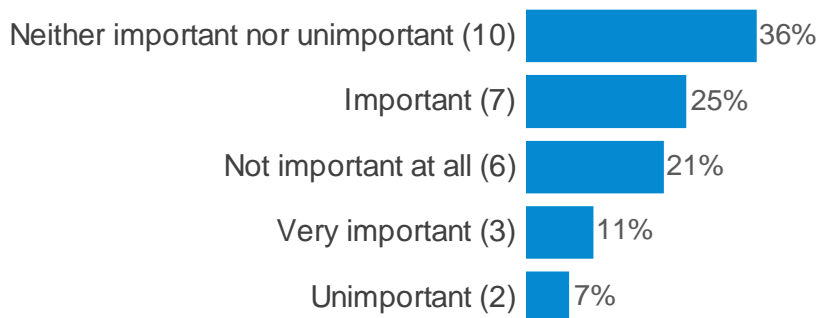
How important are the following community pharmacy features to you?

(Please select one option on each row) (Flu vaccination)



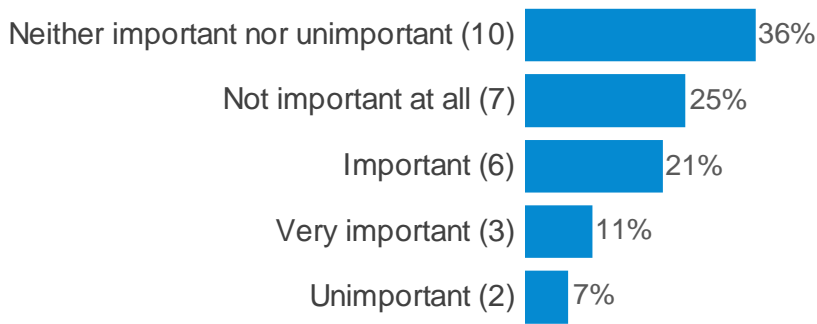
How important are the following community pharmacy features to you?

(Please select one option on each row) (Advice on leading a healthy lifestyle)

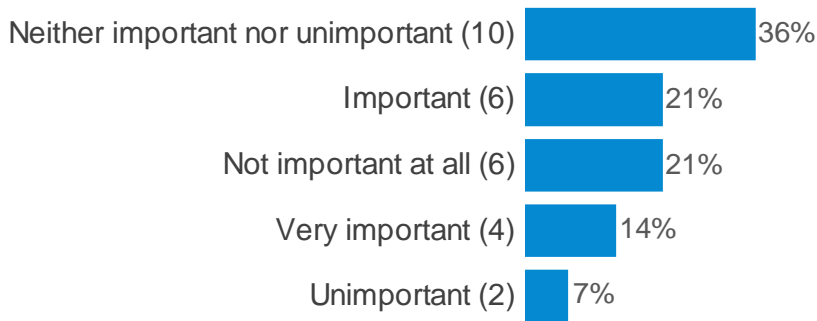


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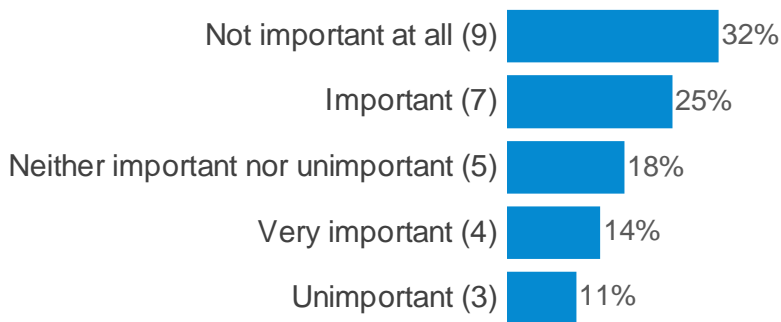
How important are the following community pharmacy features to you?
(Please select one option on each row) (Diabetes screening)



How important are the following community pharmacy features to you?
(Please select one option on each row) (Health tests - cholesterol, blood pressure etc.)

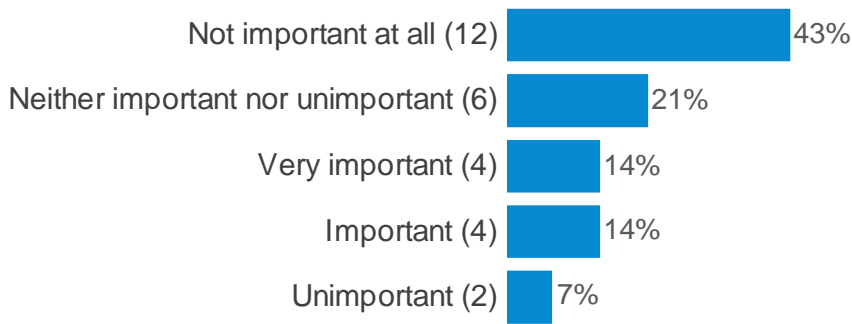


How important are the following community pharmacy features to you?
(Please select one option on each row) (Stop smoking advice)

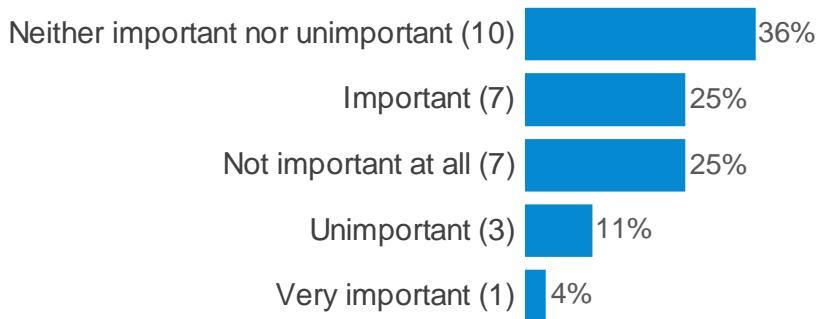


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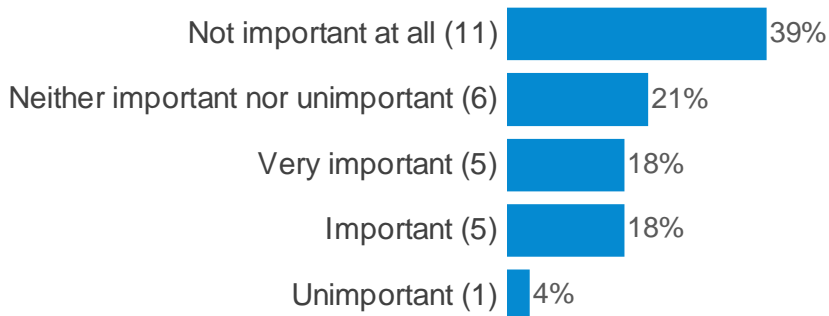
How important are the following community pharmacy features to you?
(Please select one option on each row) (Substance misuse services)



How important are the following community pharmacy features to you?
(Please select one option on each row) (Buying medicines to protect against malaria)



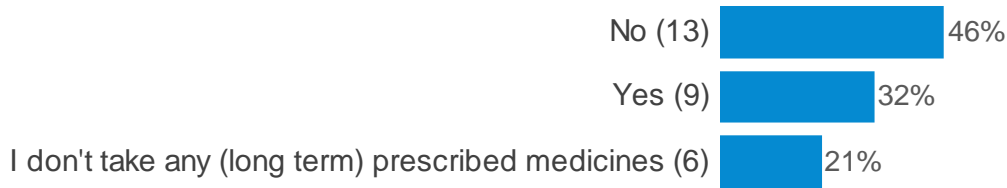
How important are the following community pharmacy features to you?
(Please select one option on each row) (Emergency hormonal contraception pill (morning after pill))



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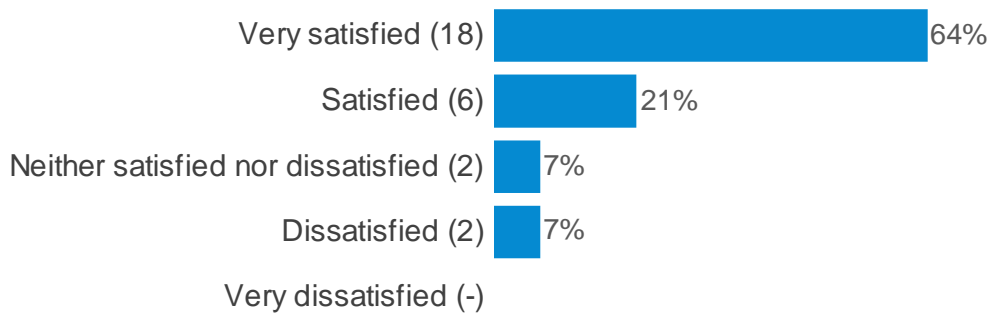
In the last 12 months have you been offered and/or had a medicines use review with your pharmacist?

(Please select one option)



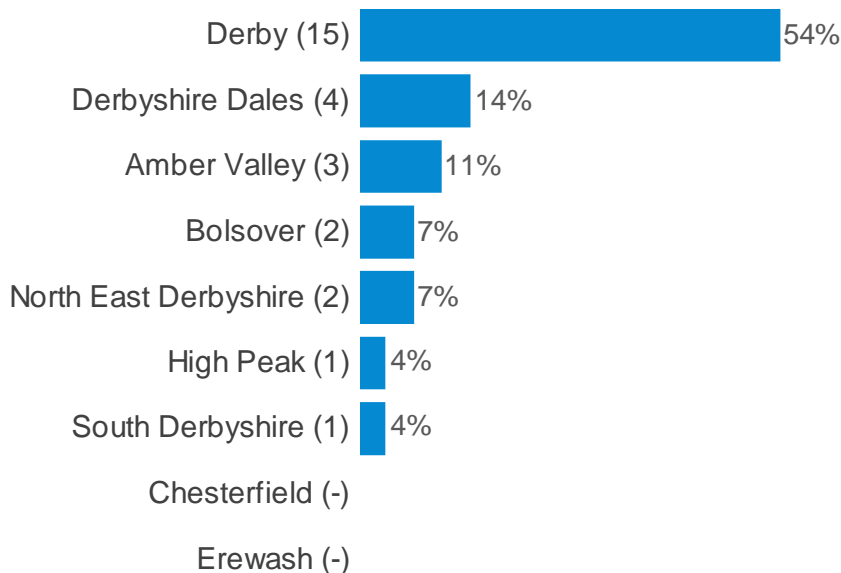
Overall, how satisfied are you with the service you receive from your pharmacy?

(Please select one option)



Which local authority area do you live in?

(Please select one option)



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Are you ... **(Please select one option)**

male? (13)  50%

female? (13)  50%

Is your gender the same as you were assigned to at birth? **(Please select one option)**

Yes (26)  100%

No (-)

What was your age on your last birthday? **(Please tell us your age in years)**

57

59

75

72

76

65

27

47

68 years

65

60

83

51

75

78

55

59

Null

62

49

Over 21

28

27

47

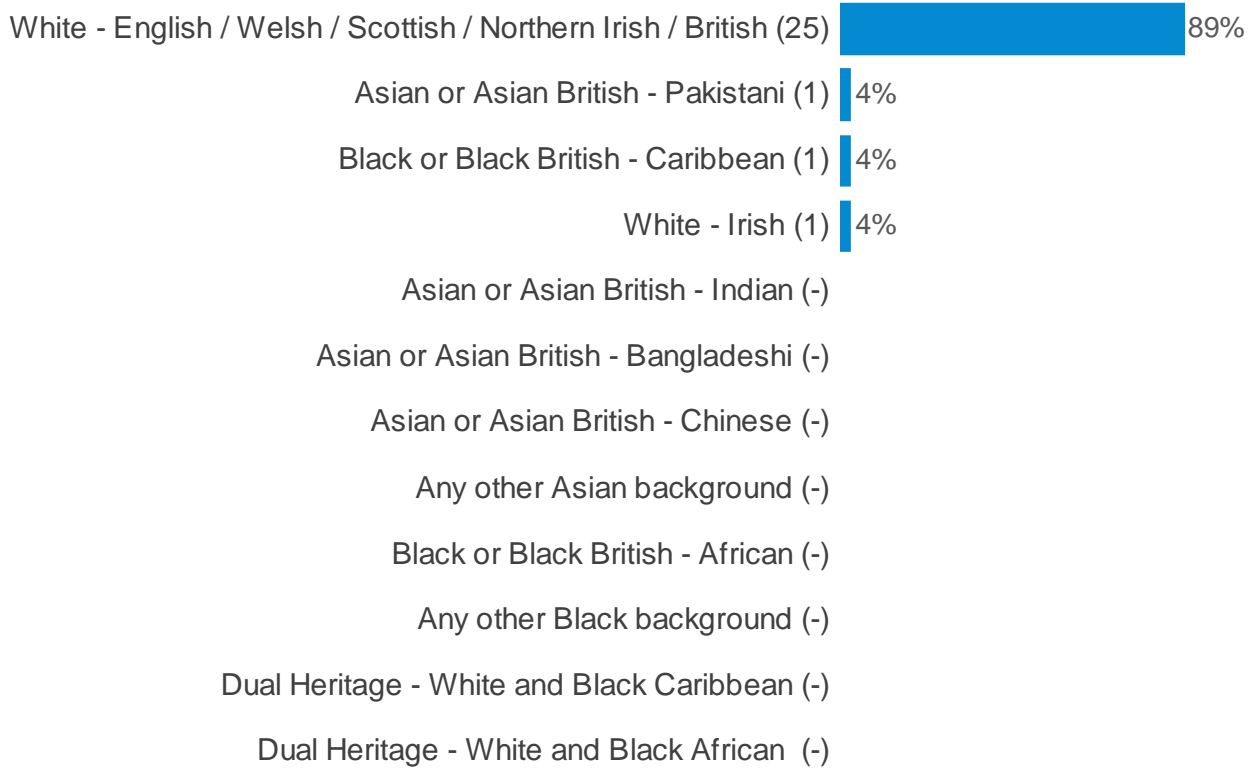
74

37

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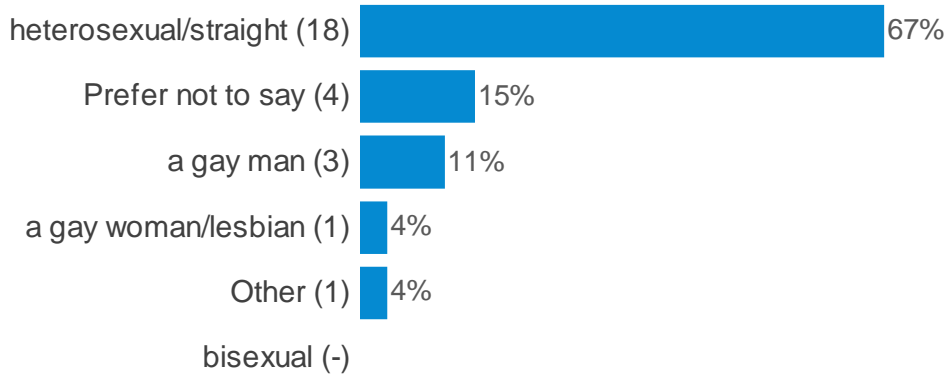
To which group do you consider you belong?

(Please select one option) (16. To which group do you consider you belong?)



I consider myself to be...

(Please select one option)



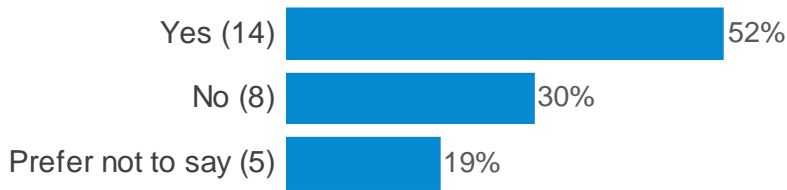
Do you consider yourself to be a disabled person?

(Please select one option)

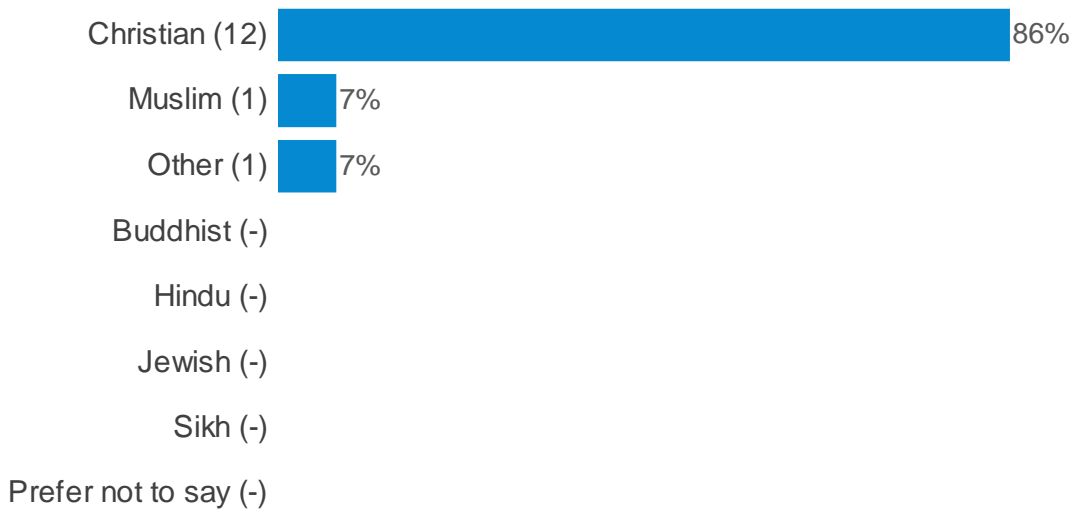


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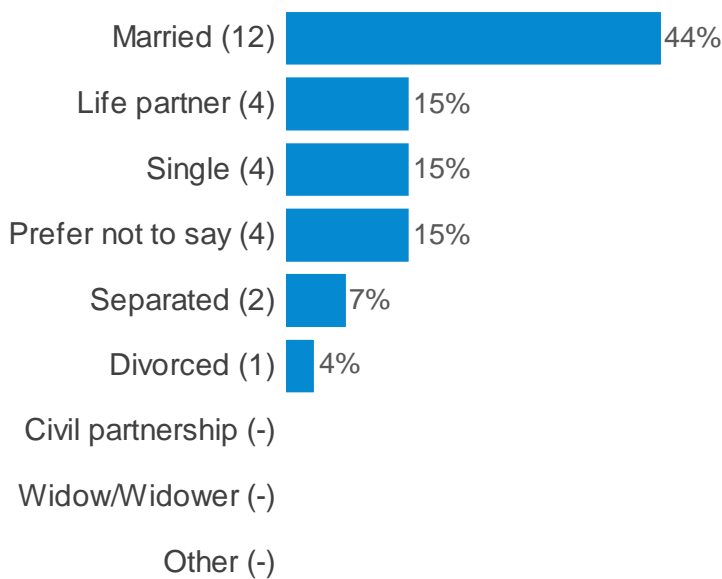
Do you have any religious beliefs?
(Please select one option)



To which religion do you belong?
(Please select one option)



What is your marital status?
(Please select one option)



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Which of the following best describes your working situation?
(Please select one option)

