

Pharmacy services in Norfolk

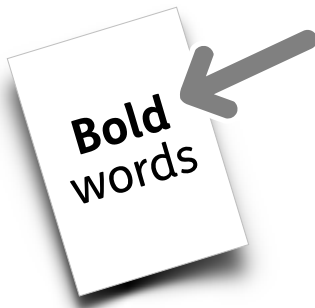
What do you think?



easy
read

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In this easy read document, difficult words are in **bold**. We explain what these words mean in the sentence after they have been used.



Some words are [blue and underlined](#). These are links which will go to another website which has more information.

Introduction



Norfolk Health and Wellbeing Board is looking at pharmacy services in Norfolk.

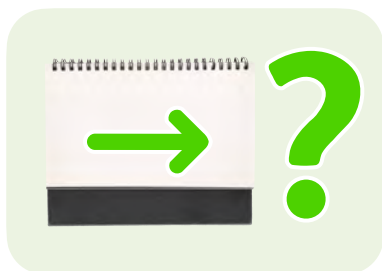
We are thinking about:



- how **accessible** the pharmacy services are.
Accessible means easy to use and suitable for people with different needs.



- what stops people from using the pharmacy services.



- how pharmacy services should be run in the future.



Please tell us what you think by answering these questions.

We need your answers by Friday 4 March 2022.

Questions for you to answer



Question 1: Is there one local pharmacy that you prefer to go to? *Please tick only 1 answer.*



Yes



No



I prefer to use an online pharmacy

I use a mix of both my local pharmacy and an online pharmacy



Question 2: Please tell us how good your pharmacy is at meeting your needs.

1 is very bad and 10 is excellent.



1

2

3

4

5

6

7

8

9

10





Question 3: How often have you been to or contacted a pharmacy in the last 6 months?
Please tick 1 answer for yourself and 1 for someone else.



For yourself

- Once a week or more
- A few times a month
- Once a month
- Once every 2 to 3 months
- Once every 6 months
- I haven't been to or contacted a pharmacy in the last 6 months



For someone else

- Once a week or more
- A few times a month
- Once a month
- Once every 2 to 3 months
- Once every 6 months
- I haven't been to or contacted a pharmacy in the last 6 months



Question 4: If you have not been to or contacted a pharmacy in the last 6 months please tell us why. *Please tick only 1 answer.*

- I have used an online pharmacy
- Someone else has gone for me
- I have not needed a pharmacy
- Other - please say



Question 5: How easy has it been for you to speak to a pharmacist at your pharmacy in the last year?



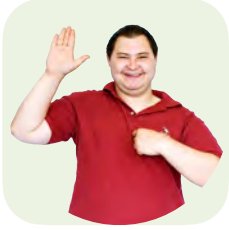
- Very easy
- Quite easy
- It was not easy or difficult



- Quite difficult
- Very difficult



Question 6: Who do you usually go to or contact a pharmacy for? *Please tick all the answers that apply.*



Myself

A member of my family



A neighbour or my friend

Someone I am a carer for



All of these

Other - please say

Question 7: If you go to the pharmacy for someone else, please explain why you go. Please tick all the answers that apply.



The opening hours are not suitable for them



The pharmacy isn't accessible to them

They cannot use the delivery service



I go for a child or someone I look after



They are too ill

They cannot use the online services



All of these

Other - please say



Question 8: When you are choosing a pharmacy, how important are each of these things to you? *Please tick only 1 answer for each.*



Good service from staff

- Extremely important
- Very important
- Quite important
- Only a little important
- Not important at all



Convenience - this is how easy it is for you to use a pharmacy, for example how far away it is, or the times it is open.

- Extremely important
- Very important
- Quite important
- Only a little important
- Not important at all



Accessibility - this is how easy it is to get into the pharmacy and move around.

- Extremely important
- Very important
- Quite important
- Only a little important
- Not important at all



Lots of different medicines and services

- Extremely important
- Very important
- Quite important
- Only a little important
- Not important at all



Is there is anything else that is important to you when you are choosing a pharmacy?



Question 9: Is there a private room at your pharmacy to talk to your pharmacist that is accessible to everyone? Like people who have to use a wheelchair.

Please tick only 1 answer.

- Yes there is a private room and it is accessible to everyone
- Yes there is a private room but it is not accessible to everyone
- No
- I don't know

Is there anything you would like to say about your pharmacy's private room?



Question 10: How do you usually travel to your pharmacy? *Please tick only 1 answer.*

- Bicycle
- Car
- Public transport
- Taxi
- Walk
- Wheelchair or mobility scooter
- I don't travel to the pharmacy, someone goes for me
- I don't travel to the pharmacy, I use an online pharmacy
- I don't travel to the pharmacy, I use the delivery services
- Other - please say

If you answered 'I don't travel to the pharmacy', please go to question 14.

Question 11: If you travel to your pharmacy where do you travel from? *Please tick all the answers that apply.*



Home



Work

Other - please say



Question 12: How long does it take you to travel to your pharmacy? *Please tick only 1 answer.*

0 to 15 minutes

16 to 30 minutes

Over 30 minutes



Question 13: When you travel to your pharmacy do you deal with any of these difficulties? *Please tick all the answers that apply.*



Not enough car park spaces

The pharmacy is too far away



There are not enough services for people who have problems with their eyesight



No I don't face any difficulties

There are not enough services for people who are disabled



There is no public transport



There are not enough services for people who have problems with their hearing

Other - Please say



Question 14: What is the best day for you to go to or contact your pharmacy? *Please tick only 1 answer.*

Monday to Friday

Saturday

Sunday

It varies

I don't mind



Question 15: Is your pharmacy open on the day that is best for you?

Yes

No



Question 16: What is the best time of day for you to go to or contact your pharmacy? *Please tick only 1 answer.*

- Morning (8am to 12pm)
- Lunchtime (12pm to 2pm)
- Afternoon (2pm to 6pm)
- Early evening (6pm to 8pm)
- Late evening (after 8pm)
- It varies
- I don't mind



Question 17: Is your pharmacy open at the time that is best for you?

- Yes
- No



Question 18: How often do you buy something from your pharmacy without a **prescription**?

A **prescription** is the note which says what medicines your doctor thinks you should have.

Please tick only 1 answer.



Every day



Every week

Every fortnight



Every month

Once every 2 to 3 months



Once a year



Just sometimes

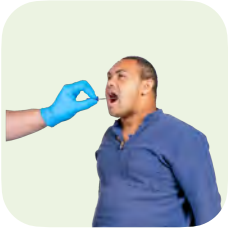
Never

Question 19: Do you know about these services that a pharmacy may provide?



a. They can give you good advice

Yes No Don't know



b. They can give you a Covid-19 test if you need one

Yes No Don't know



c. They can give you a Covid-19 test even if you do not feel poorly

Yes No Don't know



d. They can give you a vaccine or jab for Covid-19

Yes No Don't know



e. They can give you a vaccine or jab for Flu

Yes No Don't know



f. You can buy medicines from them

Yes No Don't know



g. They can give you the medicines that your doctor says you should take

Yes No Don't know



h. They can give you the medical equipment that your doctor says you should have

Yes No Don't know



i. They can give you more medicines when you run out

Yes No Don't know



j. They can deliver your medicines to you at your home

Yes No Don't know



k. They can check you are taking the right medicines

Yes No Don't know



l. They can give you advice about new medicines

Yes No Don't know



m. They will help you after you have come out of hospital

Yes No Don't know



n. They can give you medicines in an emergency

Yes No Don't know



o. They can get rid of old medicines safely

Yes No Don't know



p. They can help you with using medical equipment

Yes No Don't know



q. They will help you after you have had to call NHS 111

Yes No Don't know



r. They can test you to see if you have hepatitis

Yes No Don't know



s. They can help you with your stoma care

Yes No Don't know



t. They can give you new needles and get rid of old ones safely

Yes No Don't know



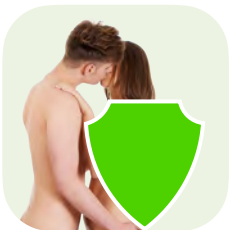
u. They can help you stop smoking

Yes No Don't know



v. They can test to see if you have chlamydia

Yes No Don't know



w. They can help you to be safe when having sex

Yes No Don't know



x. They can help you get specialist medicines

Yes No Don't know



y. They can help you with medicines when you are stopping taking drugs

Yes No Don't know



z. They can give you a vaccine or jab that you need to be able to go to a different country

Yes No Don't know



If you know other services that a pharmacy may provide, please say.

Question 20: What services would you like to see at your pharmacy?



a. Giving good advice

Yes No Don't know



b. Giving you a Covid-19 test if you need one

Yes No Don't know



c. Giving you a Covid-19 test even if you do not feel poorly

Yes No Don't know



d. Giving you a vaccine or jab for Covid-19

Yes No Don't know



e. Giving you a vaccine or jab for the flu

Yes No Don't know



f. Selling medicines

Yes No Don't know



g. Giving you the medicines that your doctor says you should take

Yes No Don't know



h. Giving you the medical equipment that your doctor says you should have

Yes No Don't know



i. Giving you medicines when you run out

Yes No Don't know



j. Delivering your medicines to your home

Yes No Don't know



k. Checking you are taking the right medicines

Yes No Don't know



l. Giving you advice about new medicines.

Yes No Don't know



m. Helping you when you have come out of hospital

Yes No Don't know



n. Giving you medicines in an emergency

Yes No Don't know



o. Getting rid of old medicines safely

Yes No Don't know



p. Helping you with your medical equipment

Yes No Don't know



q. Helping you after you have had to call NHS 111

Yes No Don't know



r. Testing you to see if you have hepatitis

Yes No Don't know



s. Helping you with your stoma care

Yes No Don't know



t. Giving you new needles and getting rid of your old ones safely

Yes No Don't know



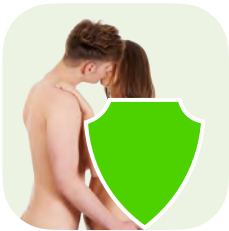
u. Help you to stop smoking

Yes No Don't know



v. Testing to see if you have chlamydia

Yes No Don't know



w. Helping you to be safe when you are having sex

Yes No Don't know



x. Helping you get specialist medicines

Yes No Don't know



y. Helping you with medicines when you are stopping taking drugs

Yes No Don't know



z. Giving you a vaccine or jab that you need to be able to go to a different country

Yes No Don't know



If there are any other services you would like to see at your pharmacy, please say.



Question 21: Does your pharmacy give you your medicines on the same day your prescription is sent to them? *Please tick only 1 answer.*

- Yes
- No - it usually takes 1 day
- No - it usually takes 2 or 3 days
- No - it usually takes more than 3 days
- I don't know



Question 22: Does your pharmacy let you know when you can get your medicines? Like by text message or email. *Please tick only 1 answer.*

- Yes in a way that suits me
- Yes but in a way that does not suit me
- No but I would like to be told
- No and I would not like to be told
- I don't know

Question 23: If you have a regular prescription, how do you order it? *Please tick all the answers that apply.*



I fill in a paper form at my doctor's surgery

I fill in a paper form at my pharmacy



I send an email to my doctor's surgery

I order it online



My pharmacy orders it for me

I use **Electronic Repeat Dispensing (eRD)**



Electronic Repeat Dispensing (eRD) means your regular prescription is set up online. It orders your prescription for you.



I use the NHS app on my phone

It varies

Other - please say



Question 24: Have you ever used eRD?

Yes

No

I don't know / I have never heard of eRD

Is there anything you would like to say about eRD?



Question 25: What could your pharmacy do or offer you to better meet your needs?



Question 26: Do you have any other comments about your pharmacy?

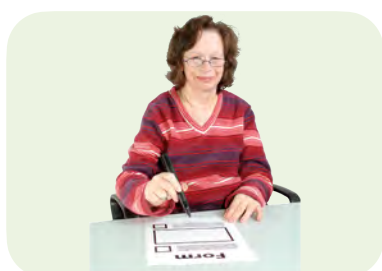
About you



We are collecting some personal information about you to help improve pharmacy services in Norfolk.



These questions will help us to check that we are hearing from all different communities.



Please answer these questions about yourself if you would like to.



Question 27: Who are you answering these questions as? *Please tick only 1 answer.*

- Myself as a member of the public
- A family
- For a volunteering or community group
- For an organisation
- For a business



Question 28: If you are answering these questions for an organisation, group or business please tell us the name.



Question 29: What is your gender? *Please tick only 1 answer.*

Male

Female

Prefer not to say

I have my own description of my gender
- please say



Question 30: How old are you? *Please tick only 1 answer.*

- 0 to 17
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or older
- Prefer not to say



Question 31: Do you have a disability or health issue that affects your day to day life? *Please tick only 1 answer.*

- Yes
- No
- Prefer not to say



Question 32: What is your ethnic background?
Please tick only 1 answer.

- White British
- White Irish
- Other white background
- More than one ethnic background
- Asian / Asian British
- Black / African / Caribbean / Black British
- Prefer not to say
- Other - please say



Question 33: What is your first language? This is the main language that you can speak.

Thank you



Thank you for answering these questions.



Please post your answers by Friday 4 March 2022 to:

Healthwatch Norfolk
Suite 6 Elm Farm
Norwich Common
Wymondham
Norfolk
NR18 0SW

This Easy Read information has been produced by easy-read-online.co.uk