

**Community Pharmacy North Yorkshire - Healthwatch Survey**

Thank you for taking part in this survey. Healthwatch York and Healthwatch North Yorkshire are working alongside Community Pharmacy North Yorkshire. We want to understand your views on community pharmacy. Your responses will help our local community pharmacies to understand what we do well and what we may need to improve   
   
The survey is anonymous. It takes about 5-10 minutes to fill it in. The survey is open until Friday 16 June.  
   
Thank you in advance for your time and help. We really appreciate it.

Please return this survey to:

Freepost RTEG-BLES-RRYJ

Healthwatch York

15 Priory Street

York YO1 6ET

### **1. How often do you visit your local community pharmacy?**

ShapeDaily ShapeQuarterly

ShapeWeekly Shape Once or twice per year

ShapeMonthly Shape Never

**2. Which pharmacy do you usually use?**



**3. Reasons for visiting the pharmacy (tick all that apply):**

ShapeCollect prescription/s ShapePurchasing medicines/other goods

ShapeMedicines Advice Shape Blood pressure check

ShapeHealthcare Advice ShapeOther (please specify)

Text Box

**4. How would you rate the level of service you currently receive from your local pharmacy?**

ShapeExcellent Shape Satisfactory

ShapeVery Good Shape Poor

ShapeGood

Any additional comments:



**5. Are there any additional services you would like to see your local pharmacy offer?**



**6. What is usually your first port of call for healthcare advice?**

ShapeGP ShapeInternet

ShapePharmacy Shape A&E

ShapeNHS 111 (telephone or online) ShapeFriends

ShapeOther (please specify)

Text Box

**7. Have you had a FREE NHS flu vaccination this season (between September 2022 and March 2023)?**

ShapeYes ShapeNo

**8. Where did you receive your flu vaccination?**

ShapeGP ShapeVaccination centre

ShapePharmacy Shape Hospital

ShapeOther (please specify)

Text Box

**9. Please tell us why you didn't have a free NHS flu vaccination**

ShapeNot eligible

ShapePreferred not to

ShapeNot eligible but paid for a private flu vaccination

Shape No convenient time/location to access a vaccination

ShapeOther (please specify)

Text Box

**About you**

**The next few questions ask about you.**

**You do not need to answer any of these. But it helps us if you do.**

**10. Please tell us which area of York and North Yorkshire you live in**

ShapeYork ShapeHarrogate and District

ShapeRichmondshire ShapeScarborough

ShapeRyedale ShapeSelby

ShapeCraven ShapeHambleton

**11. Please tell us your age**

Shape17 or younger Shape45-54

Shape18-24 Shape55-64

Shape25-34 Shape65-74

Shape35-44 Shape75 or older

**12. How would you describe your gender?**

Text Box

**13. How good is your health in general?**

ShapeVery Good ShapeBad

ShapeGood ShapeVery Bad

ShapeFair

**14. Do you consider yourself to be:**

ShapeA disabled person

ShapeA carer

ShapeA person with experience of mental ill-health

ShapeA person with a long term health condition

ShapeNone of the above

ShapeOther (please specify)

Text Box

**15. If you would like an electronic copy of the final report, please provide your email address here:**

Text Box

**Thank you for completing our survey.**

Got more to say? Call us on 01904 621133 or email us at [healthwatch@yorkcvs.org.uk](mailto:healthwatch@yorkcvs.org.uk)