



# Quick and easy survey about pharmacies and chemists in Sefton.

## Hello.

What do you think about the pharmacies you use in Sefton? Are there enough? Are they in the right places, and open at times which suit you?



Please let us know your opinions on community pharmacy services by completing this survey quick and easy survey.

The current closing date for the survey is Monday 2<sup>nd</sup> December.

## Who should complete this survey?

Completing the survey is voluntary, but we would like to hear from anyone who lives in Sefton and who uses high street pharmacies and chemists.

It is very important to understand the experiences of people who might find it harder to go to a pharmacy or get the help they need. For example, someone who has

- A physical or learning disability.
- Little money.
- English as a second language.
- A hearing or sight impairment or other communication differences.
- A temporary address or is homeless.
- with alcohol or drugs, experience of abuse or neglect, or who feels isolated.





It is also valuable to hear from people who are likely to use pharmacy services a lot. For example,

- Seniors.
- Carers.
- Those with a serious physical or mental health condition.
- Parents.

### What is this survey about? What is it for?

This survey usually happens once every three years. Information the survey answers goes into a big report called the Pharmaceutical Needs Assessment (PNA for short). The current PNA is available here.

The survey results will be studied along with other kinds of information to decide whether there are any places in Sefton that need more or different community pharmacy services. The PNA report can help businesses decide if they should apply to open a new pharmacy in Sefton.

### Do I have to do the survey?

No. It is your choice whether you answer some, all, or none of the questions. If you are unsure about doing the survey talking to someone you trust may help you decide.





## Do I have to give my name?

No. The survey does not ask your name. This means any information you put in the survey cannot be linked to you, i.e. the survey is anonymous.

## Who will see my answers?

Only a few people involved in writing the report will be able to look at the survey responses.



Information collected from this quick and easy survey, whether online or on paper will be kept safe and secure on Liverpool and Sefton Councils' computer network or at the Magdalen House council building in Bootle. The information will only be kept for as long as it is needed to write the reports. It will be deleted or disposed of confidentially no later than nine months after the final PNA report is published.



Click [here](#) to read the Sefton Council privacy notice for this survey.

## How can I find out about what the survey discovers?

An early summary of the findings will be reported at the Sefton consultation and engagement panel in the new year and publicised on the Council website.

A summary of the results and main points from this survey will also be included in the main PNA report, which will be published online on the Sefton Council website in October 2025.





## What if I have a complaint about something to do with a local pharmacy?

This survey is not the right way to raise a complaint about a particular pharmacy or about something that happened to you at a pharmacy. You should begin by explaining to the person in charge at the pharmacy what happened and why you are dissatisfied.



If you feel that you could not resolve your issues with the pharmacy directly then please contact [NHS England feedback and complaints](#) or phone 0300 311 22 33 for further options.



### Survey starts here.

Q1. Which local authority area do you live in?

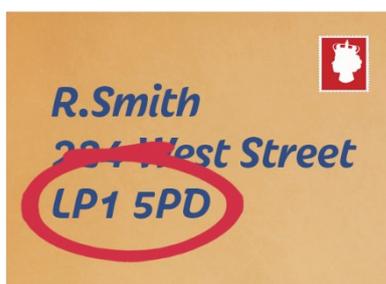
**Tick one box** to show where you live.



- Cheshire East.
- Cheshire West and Chester.
- Halton.
- Knowsley.
- Liverpool.
- Sefton.
- St. Helens.



- Warrington.
- Wirral.
- Other (please write the name in the box below).



## Q2. What is your postcode?

Please write the first four numbers of your postcode in the box below.

For example, if your full postcode is L20 3NJ write L20 3 in the box.



## Q3. Why do you usually go to the pharmacy?

It may help to think about the last time you used a pharmacy.

**Tick one or more boxes** to show why you go to the pharmacy.

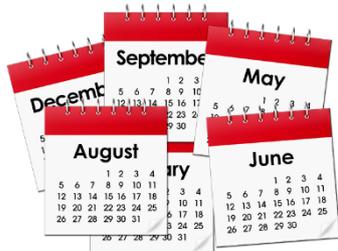
- To collect my prescription.
- To collect a prescription for someone else.
- To get advice from the pharmacist.
- To buy other non-prescription ('over the counter') medications.
- To use a pharmacy service, for example a blood pressure check.
- To return unused or out of date medicines.



- I could not get a GP appointment.
- I was advised to go by the GP or NHS111.
- Other (please write the reason in the box below).

### Q4. When did you last use a pharmacy?

**Tick one box** to show when you last went to the pharmacy.



- In the last week.
- In the last two weeks.
- In the last month.
- In the last three months.
- In the last six months.
- Longer than six months ago.

### Q5. What time is most convenient for you to use a pharmacy?

It may help to think about the last time you **Tick one box** to show the most convenient time for you.



- Morning.
- Lunchtime (between 12pm and 2pm).
- Afternoon.
- Evening (after 5pm).
- Don't know.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

## Q6. What day of the week is most convenient for you to use a pharmacy?

It may help to think about the last time you used a pharmacy.

**Tick one box** to show the most convenient time in the week for you.

- A Monday, Tuesday, Wednesday, Thursday, or Friday.
- Saturday.
- Sunday.
- Don't know.



## Q7. What influences which pharmacy you usually go to?

**Tick one or more boxes** to show why you go to this pharmacy.

- It is close to my doctor's surgery.
- It is close to my home.
- It is close to other shops I use.
- It is close to my children's school or nursery.
- It is easy to park nearby.
- It is near to the bus stop / train station.
- It is close to where I work.
- It is close to/in my local supermarket.
- Other (please write the reason in the box below).



## Q8. Is there a more convenient pharmacy that you don't use?

**Tick one box.**



- No.
- Yes. What is better about the pharmacy you prefer to go to? Write your answer in the box below.

## Q9. How do you travel to the pharmacy?

**Tick one or more boxes** to show how you usually get to the pharmacy?



- Walking.
- Public transport.
- Car.
- Motorbike
- Taxi.
- Bicycle.
- Mobility Transport.
- None. I used an online pharmacy.
- Other (please write in the box below).

## Q10. How long does the journey to your pharmacy usually take?

**Tick one box** to show the travel time to get to the pharmacy.



- 5 minutes or less.
- 6-10 minutes.
- 11-15 minutes.
- 16-20 minutes.
- 21-25 minutes.
- 26-30 minutes.
- 31 minutes or longer.
- Does not apply. (Choose this option if the pharmacy usually delivers prescription medication to your house, or if you order it from an online pharmacy).

## About you questions.

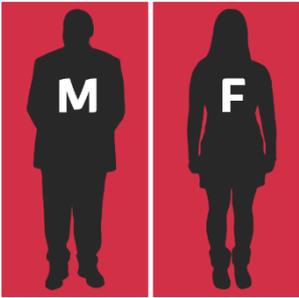
We would like to ask some questions to help us understand more about the range of different people who took part in this survey.

You can answer all, some, or none of the following questions. Please answer as little or as much as you want. You can also tick the 'prefer not to say' option.



## Q11. Are you?

**Tick one box** to tell us your gender.



- Male.
- Female.
- Non-binary.
- Prefer not to say.

## Q12. How old are you?

**Tick one box** to show which age group you are in.



- 16-20 years.
- 21-30 years.
- 31-40 years.
- 41-50 years.
- 51-60 years.
- 60-69 years.
- 70 years or over.
- Prefer not to say.

## Q13. Are you a Carer?

**Tick one box.**

- Yes.
- No.



## Q14. Do you have any of the following?

**Tick one or more boxes** to tell us about health conditions and disabilities.



- Physical disability.
- Visual impairment.
- Hearing impairment/Deaf.
- Mental health condition/mental distress.
- Learning disability.
- Long term illness that affects your daily activity.
- Prefer not to say.
- Other (please write in the box below).

## Q15. Which ethnic group do you belong to?

- Tick one box** that best describes your ethnicity.
- Asian or Asian British – Bangladeshi.
- Asian or Asian British – Chinese.
- Asian or Asian British – Indian.
- Asian or Asian British – Pakistani.
- Asian or Asian British - Other Asian.
- Black or Black British – African.
- Black or Black British – Caribbean.
- Black or Black British - Other Black.



- Mixed or Multiple ethnic groups - White and Asian.
- Mixed or Multiple ethnic groups - White and Black African.
- Mixed or Multiple ethnic groups - White and Black Caribbean.
- Mixed or Multiple ethnic groups - Other Mixed or Multiple ethnic groups.
- White - English, Welsh, Scottish, Northern Irish or British.
- White - Irish.
- White - Gypsy or Irish Traveller.
- White – Roma.
- White - Other White.
- Other ethnic group – Arab.
- Other ethnic group - Any other ethnic group.
- Prefer not to say.



## Q16. Do you have a religion or belief?

- Yes.
- No.
- Prefer not to say.

## Q17. If you ticked yes in the last question, please tick one of the options below.

- Buddhist.
- Christian.
- Hindu.
- Jewish.
- Muslim.
- Sikh.



## Q18. How would you describe your sexuality?



- Heterosexual.
- Homosexual.
- Bisexual.
- Pansexual.
- Prefer not to say.
- Other (please write in the box below).

## Q19. Do you live in the gender you were given at birth?



- Yes.
- No.
- Prefer not to say.