

Pharmacy Services - Have your say

About this survey

We are seeking your views about the pharmacies you use. By completing this survey, you can help us to make sure that local pharmacy services in your area are providing the right offer and support for you and your family.

A pharmacy or chemist is a place where you can get a prescription dispensed, buy medicines, or ask a pharmacist for advice. A pharmacist is the most qualified person in the pharmacy to dispense and sell medicines and give advice.

The Government requires all Health and Wellbeing Boards to produce an assessment of their local pharmaceutical services every three years. This document is called the Pharmaceutical Needs Assessment (PNA) and the next PNA must be published by 1 October 2025. The local Health and Wellbeing Board is a partnership of key leaders from the local health and care system who work together to improve the health and wellbeing of their local population.

The responses you provide should be on your typical use of your local pharmacy. If you have a complaint, you should in the first instance, use the complaints procedure of that pharmacy. The pharmacy will also have an escalation process if your issue cannot be resolved. If you feel that you could not resolve your issues with the pharmacy directly then please contact NHS England » Feedback and complaints about NHS England or phone 0300 311 22 33 for further options.

The survey is anonymous and should take about 15-20 minutes to complete.

What happens to my views?

Only members of the public health team will be able to see the responses. Any information you provide is private and confidential and will not be shared. Only overall results of this consultation will form part of the PNA. Data is stored and analysed only for the purpose of producing the 2025 – 2028 Pharmaceutical Needs Assessment and for no other purpose and will be destroyed within 9 months of the final PNA being published.

We will always process and store your personal data securely and confidentially. Please see our [Privacy Notice](#) for more information.

If you have any questions about this survey, please email [Public Health Liverpool](#)

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

Pharmacy Services - Have your say

Questions

Q1. The following question is about in which local authority area you live.

Which local authority area do you live in?

- Cheshire East
- Cheshire West & Chester
- Halton
- Knowsley
- Liverpool
- Sefton
- St. Helens
- Warrington
- Wirral
- Other (please specify):

Q2. What is your full postcode?

We ask for your full postcode as it is needed for us to do locality level analysis of response rates, which is a legal requirement of the PNA under the regulations. If you do not want to give your full postcode you can give the first half of it such as L5 or leave blank.

Q3. The following questions are about the last time you used a pharmacy.

Why did you visit the pharmacy? (Please tick all that apply)

- To collect my prescription
- To collect a prescription for someone else
- To get advice from the pharmacist
- To buy other non-prescription medications
- To access a pharmacy service
- To return unused/expired medications
- Unable to get a GP appointment
- Referred by GP practice or other such as NHS111
- Other (please specify):

Q4. When did you last use a pharmacy? (Please tick one answer only)

- 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

Q5. How do you usually get to the pharmacy? (Please tick all that can apply)

- Walking
- Public Transport
- Car
- Motor Bike
- Taxi
- Bicycle
- Mobility Transport
- Used online pharmacy
- Other (please specify):

Q6. How long does the journey to your pharmacy usually take?

- 5 minutes or less
- 6-10 minutes
- 11-15 minutes
- 16-20 minutes
- 21-25 minutes
- 26-30 minutes
- 31 minutes or longer
- Not applicable (please choose this option if you usually have your dispensed prescription via delivery or online pharmacy)

The following questions are about the Pharmacy and ease of access to it.

Q7. Thinking about the location of the pharmacy, which of the following is most important to you? (Please tick all that apply)

- 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
- None of the above
- Other (please specify):

Q8. How easy is it to get to your usual pharmacy? Please tick one answer only.

- Very easy
- Quite easy
- Neither easy or difficult
- Quite difficult
- Very difficult

If you answered quite difficult or very difficult, why?:

Q9. Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?

- Yes
- No
- Don't know

Q10. If you have a disability, a health condition and/or other access needs, can you access your chosen pharmacy?

- Yes
- No
- Don't know

If no, can you please explain your answer here:

Q11. If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?

- Yes
- No
- Don't know
- Not applicable

Q12. If you have mobility issues, are you able to access your chosen pharmacy?

- Yes
- No
- Don't know
- Not applicable

Q13. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

- Yes – Free of charge
- Yes – with a delivery charge
- No - they don't deliver
- Don't know/ I have never used this service

Q14. Can you remember a recent time when you had any problems finding a pharmacy that was open to get a medicine dispensed, to get advice or to buy medicines over the counter?

- Yes
- No (Go to Q16)
- Not sure

Q15. If Yes, what did you need to do? (Please tick one answer only)

- To get medicine(s) on a prescription
- To buy medicine(s) from the pharmacy
- To get advice at the pharmacy
- Other (please specify):

Q16. How satisfied are you with the opening hours of your pharmacy?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

What is the reason for your answer?:

Q17. How many times recently have you needed to use your usual pharmacy when it was closed?

- I haven't needed to use the pharmacy when it was closed (Go to Question 21)
- Once or twice
- Three or four times
- Five or more times

Q18. What day of the week was it?

- Monday to Friday
- Saturday
- Sunday
- Bank Holiday
- Can't remember

Q19. What time of the day was it?

- Morning
- Lunchtime (between 12pm and 2pm)
- Afternoon
- Evening (after 5pm)
- Can't remember

Q20. What did you do when your pharmacy was closed?

- Went to another pharmacy
- Waited until the pharmacy was open
- Went to a hospital
- Went to a Walk in Centre
- Called NHS 111
- Other (please specify):

About any medicines you receive on prescription.

Q21. Did you get a prescription dispensed the last time you used a pharmacy?

- Yes
- No (Go to Q27)
- Can't remember (Go to Q27)

Q22. Did you get all the medicines that you needed on that occasion without waiting?

- Yes (Go to Q27)
- No
- Can't remember

Q23. If you had to wait when picking up your prescribed medication, did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

- Yes
- No, but I would have liked to have been told
- No, but I did not mind
- Can't remember

Q24. If not all your medicines were available on that visit, how long did you have to wait to get the rest of your medicines?

- Later the same day
- The next day
- Two or more days
- More than a week
- Never got it

Q25. Was this a reasonable period of time for you?

- Yes
- No
- Not applicable

Q26. What was the main reason for not getting all your medicines on this occasion? (Please tick one answer only)

- My GP had not prescribed something I wanted
- My prescription had not arrived at the pharmacy

- The pharmacy did not have the medicine in stock to dispense to me
- Other (please specify):

About times when you needed to talk to the pharmacist

Q27. Have you had a consultation with the pharmacist or asked their advice recently?

- Yes
- No (Go to Q31)
- Can't remember (Go to Q31)

Q28. What advice were you given? (ONE answer only)

- Lifestyle advice (e.g. stop smoking, diet and nutrition, physical activity etc.)
- Advice about a minor illness or health problem
- Medicine advice
- Contraception services
- Emergency contraception advice
- Blood pressure monitoring
- Referred to other service
- Other (please specify):

Q29. Where did you have your consultation with the pharmacist?

- At the pharmacy counter
- In the dispensary or a quiet part of the shop
- In a separate room
- Over the telephone
- Other (please specify):

Q30. How do you rate the level of privacy you had when speaking with the pharmacist?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

The next questions are about your level of satisfaction with your usual pharmacy

Q31. How do you feel about the range of services available at the pharmacy? (tick one)

- I wish pharmacies could provide more services for me
- I am satisfied with the range of services pharmacies provide
- Don't know

Q32. Can you please tell us, what is important to you when choosing a pharmacy in terms of products and services?

	Important	Neither important nor unimportant	Unimportant	Don't know/Not applicable
Delivery of medicines to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of products at pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy when speaking to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of prescriptions from my doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of products available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the things I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33. Please tell anything else that has influenced your choice of pharmacy?

Q34. Can you please tell us, how satisfied you are with the services and products offered by your regular pharmacy?

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know/not applicable
Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of medicines to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of products at pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy when speaking to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of prescriptions from my doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of products available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know/not applicable
Knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the things I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35. Please tell us anything else that has influenced your overall satisfaction.

Q36. How would you describe your experience of your local pharmacy and their services over the last 12 months? Please explain in the box below.

About You

We would like to ask you some questions to help improve our understanding of different experiences. Please answer as little or as much as you want. You can always tick 'prefer not to say'. All questions are optional.

Q37. Are You?

- Male
- Female
- Non-Binary
- Prefer not to say

Q38. How Old are you?

- 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

Q39. Are you a Carer?

- Yes
- No

Q40. Do you have any of the following (Please tick all that apply)

- Physical impairment
- Visual impairment
- Hearing impairment/ Deaf
- Mental health impairment/ mental distress
- Learning difficulty
- Long term illness that affects your daily activity
- Prefer not to say
- Other (please specify):

Q41. If you have ticked any of the boxes above, or you have cancer, diabetes, or HIV this would be classed as ‘disability’ under the legislation. Do you consider yourself to be ‘disabled’?

- Yes
- No
- Don't know
- Prefer not to say

Q42. Which ethnic group do you belong to? (Please tick the appropriate box)

- 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

Q43. Do you have a religion or belief?

- Yes
- No
- Prefer not to say

Q44. If "Yes" please tick one of the options below:

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please specify):

Q45. How would you describe your sexual orientation?

- Heterosexual
- Homosexual
- Bisexual person
- Pansexual
- Prefer not to say

Q46. Do you live in the gender you were given at birth?

- Yes
- No
- Prefer not to say