

GENERAL PUBLIC VIEWS OF SPECIFIC MEDICINES RELATED SERVICES PROVIDED BY COMMUNITY PHARMACIES IN KENT

PART A: YOUR USE OF MEDICINES AND PHARMACIES

1. How would you describe your general health at the moment?

- Very good Good Fair Poor Very poor

2. Do you take any prescribed medicines regularly?

- Yes, up to 4 Yes, between 5 and 8 Yes, more than 8 No, none

3. On average, how often did you go to a pharmacy for any reason?

- Once a week Once a fortnight Once a month
 Once every 2 months Once every 3 months Once in the past 6 months
 Never Not sure Other (specify).....

4. How often do you do the following things when you go to a pharmacy?

	Always	Sometimes	Never
Have a prescription dispensed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy medicines (e.g. painkillers, things for hay fever or cold, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy dietary supplements (e.g. vitamins, mineral etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy toiletries or beauty products (e.g. toothpaste, shampoo, make-up, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get advice about medicines you have bought or had on a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get advice about minor health problems (e.g. skin problems, upset stomach, viruses, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are you worried about any problems relating to medicines prescribed for you or anyone you care for?

- Yes No

(If yes, please tell us about them here and then ask them how worried they are)

For each: indicate how worried you are eg are you very worried or just a bit worried)

6. If you were to experience any issues relating to your medicines, would you consider going to a pharmacy to get advice?

- Yes No

(If not, can you tell me why not)

(If not specified, ask where they would go)

PART B: PHARMACY SERVICES RELATED TO PRESCRIPTION MEDICINES

7. I am going to describe a number of pharmacy services, please tell me whether you have ever used each of the following services and whether you would be prepared to do this in the future.
(Please answer both parts)

Have you ever:	Have you ever done this?	Would you be prepared to do this in future?		
		Yes	Maybe	No
been given advice about using medicines which you have just collected				
a) in a private consultation room in the pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) in a quiet area of the pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) across the pharmacy counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been given advice about using <u>new</u> medicines which you have just collected				
a) in a private consultation room in the pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) in a quiet area of the pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) across the pharmacy counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had a discussion with a pharmacist about medicines				
a) because you were recently discharged from hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) because you were taking a particular medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had a general review of your medicines use with a pharmacist in a private consultation room				
given a pharmacist permission to				
a) telephone you to follow up about advice already provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) share your information with the NHS organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) share your information with your doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would any of the following reasons make you consider using one of the services we have just discussed?

	Yes	No	Not sure
The pharmacist asked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to help the pharmacist out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had problems with my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought that the pharmacist could help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to know more about my medicines generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other reason – please tell us here

9. I want to find out about your expectation and experience of pharmacy services. Please tell me what you would expect if you received advice from a pharmacist about your medicines and whether you have experienced this. *This question has two parts, please answer both parts.*

On getting advice about my prescribed medicines I would expect that	Would you expect this?			Have you experienced this?
	Yes	No	May be	
the pharmacist helped me to know more about my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
the pharmacist helped me to understand better how to use my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
the pharmacist would encourage me to take my medicines as the doctor expects me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
the pharmacist helped me to sort out any problems with my prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
I would need to order fewer medicines or do so less often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
I got some benefit from talking to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes* <input type="checkbox"/> No

** Continue with the following three statements if you had experienced any of the above ...*

As a result of the experiences you indicated just now, would you say that:

	Yes*	No
a) my relationship with the pharmacist changed	<input type="checkbox"/>	<input type="checkbox"/>
b) my view of the pharmacist as a health care professional changed	<input type="checkbox"/>	<input type="checkbox"/>
c) my awareness of the pharmacist's knowledge about medicines changed	<input type="checkbox"/>	<input type="checkbox"/>

***If yes to any or all of questions a to c above; explore and record here**

.....

10. Have you ever heard of the services which some pharmacists provide about medicines?

New medicines service No Yes

Medicines use review service No Yes

PART C: YOUR PREFERENCES FOR PHARMACIES

11. On a visit to the pharmacy, what is the longest time that you would be happy to wait to talk to the Pharmacist?
- No more than 5 minutes No more than 15 minutes
 No more than 10 minutes More than 15 minutes
12. On a visit to the pharmacy, what is the longest time that you would be happy to talk to the Pharmacist about your medicines ?
- No more than 5 minutes No more than 30 minutes
 No more than 15 minutes More than 30 minutes
13. Would you be happy to make an appointment for a return visit, if
- a) the pharmacist did not have time to speak to you straight away?
- Yes No
- b) a more detailed discussion or a follow up was necessary?
- Yes No
14. If you do have to make an appointment to talk to the Pharmacist, how long would you be happy to wait for?
- No more than 4 hours No more than 1 day No more than 4 days
 No more than 1 week Longer than 1 week
15. Please tell us what you think about the following statements, they are about the type of pharmacy you would choose to go to, to get advice and information about your new or continuing medicines

	Agree	Disagree	Don't mind / Not sure
I prefer to use the same pharmacy every time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy owned by a large company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy owned by the pharmacist who works there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy in a supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy near to where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy near to where I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy near to my doctor's surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need a pharmacy that is open in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need a pharmacy that is open on a Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need a pharmacy that is open on a Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. I want to find out your preferences for the type of pharmacy where you will use pharmacy services. Which of the following factors would you take into consideration when deciding whether to use services about prescription medicines in a pharmacy.

	Agree	Disagree	Don't mind / Not sure
I prefer to use a pharmacy where I recognise the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy where the pharmacist knows who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to talk to a pharmacist who is the same sex as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy where the pharmacist appears approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to talk to a pharmacist who has previously given me time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer not to interrupt a pharmacist who appears to be busy in the dispensary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer not to speak to the pharmacist where other people can overhear my conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to talk to a pharmacist in a private room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust the pharmacist to keep my personal information confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy where they have previously been able to meet my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy that I believe has a good working relationship with my GP surgery (or other healthcare professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer not to share my reasons for asking to speak with the pharmacist with pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy where the pharmacy staff make it easy for me to speak to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to use a pharmacy where pharmacy staff know me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust the pharmacy staff to keep my personal information confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Is there anything else that might affect your choice of pharmacy?

- Yes No Not sure

If yes, can you specify what.....

PART D: YOUR VIEWS ON PROMOTION OF PHARMACY SERVICES

18. Please read the list below of the different ways that you might find out about a pharmacy service. For each of them, please tell us whether or not promoting pharmacy services in that way would encourage you to use them.

	Would promoting services in this way encourage you to use them?		
	Yes	Maybe	No
Advertised on a poster/leaflet in a public place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a leaflet dropped through my door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised in a local newspaper/local free paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a local radio station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a local TV channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised by sending information to my email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a poster/leaflet in a pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a poster/leaflet in a doctor surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Included on a healthcare website (e.g. <i>NHS choices</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by my family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by the pharmacist or pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by my doctor or another health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you have any other comments about promoting pharmacy services?

Yes No

Record comments here

PART E: ABOUT YOU

This part has some questions about you to help us understand how different types of people think.

20. Are you

- Male Female

21. What is your age group?

- 24 and under 25-34 35-44
 45-54 55-64 65 and Over

22. Which ethnic group best describe you? (Please tick **one** box only)

- White Mixed Asian or Asian British
 Black or Black British Chinese Other

23. What is the highest level of education you have completed?

- None Primary/ Few years secondary
 Secondary completed College/Further education
 Bachelor degree Higher degree
 Still studying (Please tell us what level are you in).....

24. What is your current working status?

- Full-time Part-time Retired Not working

25. What is your current or most recent job? (Please tick **one** that best describes your occupation)

- Higher managerial and professional occupations
(e.g. manager or director of a large institution, engineer, doctor, lawyer etc...)
 Lower managerial and professional occupation
(e.g. nurse, teaching professionals, scientific technician, financial officer, sport player etc...)
 Intermediate occupation
(e.g. electronic technician, teaching assistant, secretary etc...)
 Small employers and own account workers
(e.g. shopkeeper, beauty salon manager, taxi/cab driver etc...)
 Lower supervisory occupation and technical occupation
(e.g. care worker, cleaning supervisor, transport operative etc...)
 Semi-routine occupation
(e.g. fitness instructor, receptionist, , road builder, crane driver etc...)
 Routine occupation
(e.g. cleaner, packer, hairdresser, bar staff, butcher, florist etc...)
 Never worked and long-term unemployed
 Other (Please tell us here)

26. Please tell us your full postcode (we will **not** contact you or pass your details on to anyone else)

Thank you very much for taking the time to complete this survey.
Your ideas/opinions will be very important in helping to improve the quality of services provided in our pharmacies.

medway school of pharmacy

Community Pharmacists' views and experience of Pharmacy based medicines advisory services such as Medicines Use Reviews (MURs) and the New Medicines Service (NMS)

This questionnaire is divided into 5 sections, which focus on:

- You and the Pharmacy that you are working in today
- Your views on patient perceptions and experiences of pharmacy based medicines advisory services
- Your views and experiences of pharmacy based medicines advisory services
- Patient preferences for pharmacies offering medicines advisory services
- Your views on the promotion of pharmacy based medicines advisory services

Instructions for participants

- All questions relate to the pharmacy you are working in today
- Please answer all sections of the questionnaire
- Please answer the questions by ticking the appropriate box or writing in the space provided. If you do not wish to answer a particular question, please leave it blank and continue to the next question.
- Please return your completed questionnaire in the freepost envelope provided.

All the information that you provide on the questionnaire **will remain anonymous**. A code number has been included on your questionnaire only so that we can follow up pharmacists who do not return their questionnaire.

Thank you for your help

Questionnaire Number

This number will only be used to follow-up non-responders

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Section 1: About you and the Pharmacy that you are working in today

About You:

1. What is your year of birth?

19__

2. Are you?

Male

Female

3. In which year did you register as a Pharmacist in Great Britain?

4. What is your role in the Pharmacy?

Manager/ Sole Pharmacist

Additional Pharmacist

Locum

Superintendent

5. Do you hold any postgraduate qualifications or special professional interests?

Yes

No

If yes please describe:

About the Pharmacy:

6. Indicate which of the following represents the size of the organisation that owns the pharmacy?

(Please tick the box which most closely represents your pharmacy)

Independent/ sole ownership

Medium chain (11-30 pharmacies)

Small chain (2-10 pharmacies)

Large multiple (31 or more pharmacies)

7. Where is the Pharmacy located?

(Please tick the box which most closely represents your pharmacy)

High Street (town/ suburban)

Supermarket

Shopping centre (precinct in town)

Rural/ Village

Shopping Centre (out of town)

Attached to GP surgery

Other (please state)

8. Is your pharmacy open? (please tick all that apply)

In the evening (after 6pm)

All day Saturday

Saturday half-day

On Sundays

9. Would you describe your average prescription volume as

Low (< 2500 items per month)

Average (2500-5000 items per month)

High (>5000 items per month)

10. For Medicine Use Reviews (MURs)

If this information isn't readily available, please leave blank and proceed to the next question.

In the last month, approximately how many MURs (including targeted MURs) were undertaken in your pharmacy?

How many of these were targeted MURs?

Thinking of last month's targeted MURs approximately how were they divided?
For example if your targeted MURs were equally distributed between the 3 categories please write 33% in each box.

Respiratory diseases

 %

Recent discharge from hospital

 %

High risk medicines
(NSAIDs, anticoagulants, antiplatelets, diuretics)

 %

On average how long does an MUR consultation take?

minutes

11. For the New Medicine Service (NMS)

In the last month, approximately how many patients were **recruited** for NMS in your pharmacy?

In the last month, approximately how many NMS reviews were **completed** in your pharmacy?

On average how long do NMS consultations take?

a) NMS recruitment consultation

minutes

b) NMS recruitment consultation

minutes

c) NMS recruitment consultation

minutes

Section 2: YOUR VIEWS on PATIENT perceptions and experiences of pharmacy based medicines advisory services

12. How many of your patients do you think are aware of the MUR service?

Most Less than half

Approximately half Very few

13. In your opinion, when a patient agrees to have an MUR do they know what the purpose of this service is?

Yes No Not sure

14. How many of your patients do you think are aware of the NMS service?

Most Less than half

Approximately half Very few

15. In your opinion, when a patient agrees to have an NMS consultation do they know what the purpose of this service is?

Yes No Not sure

16. When a patient agrees to an MUR/ NMS why do you think that they do this?

(please indicate whether you agree or disagree with each statement)

	Agree	Not sure	Disagree
They are entitled to receive this free service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacist asked them to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Pharmacist needed to speak to them about their medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They wanted to help the pharmacist out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They had problems with their medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They thought that it would benefit them in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They had specific questions about their medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They wanted to know more about their medicines generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They had time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other reason – please tell us here</i>			

17. We want to find out how **you think patients could benefit** from an MUR or NMS consultation and from your experience of conducting an MUR/ NMS **whether you think that these potential benefits are realised**

On getting advice about prescribed medicines during an MUR or the NMS		How patients could expect to benefit from the consultation			How patients actually benefit from the consultation		
		Yes	Maybe	No	Yes	Maybe	No
the advice that patients receive is of value to them	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
patients know more about their medicines	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
patients understand better how to use their medicines	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
patients are more likely to adhere to their medicines	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
any problems with their prescription medicines can be sorted out	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
patients would stockpile or waste fewer medicines	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
patients would get some benefit talking to the pharmacist	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From your experience of conducting MURs and the NMS,

18. Do you think that patients want these services?

Yes

No

Not sure

19. Do you think that patients need these services?

Yes

No

Not sure

20. Do you think that patients need a different service(s) to meet their needs?

Yes

No

Not sure

If Yes, please describe what different services are needed.

Section 3: YOUR VIEWS and EXPERIENCE of pharmacy based medicines advisory services

21. We would also like to know what you think are the **possible benefits to you** of conducting MURs and the NMS and whether you think these benefits are actually achieved through the process

Giving advice on prescribed medicines to patients within the MUR/ NMS consultation		What are the possible benefits to me from the consultation			What are the actual benefits I experience from the consultation		
		Yes	Maybe	No	Yes	Maybe	No
improves my relationship with patients	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helps patients to realise that I am knowledgeable about medicines	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
improves my relationship with GPs	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gives me professional satisfaction	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has positively changed patients' views on my role within the healthcare team	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
provides support to improve patient adherence which is valued by GPs	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my consultation skills have improved through providing this service	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
enhances my professional reputation (as long as I provide a high quality service)	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients having to sign a consent form confirming that they have received the service devalues the professional status of pharmacy	MUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: PATIENT PREFERENCES for PHARMACIES offering medicines advisory services

The following questions ask what you think patient preferences are for pharmacies offering medicines advisory services such as MURs and the NMS.

22. What is the longest time that you think that a patient would be happy to wait to talk to the Pharmacist?

- No more than 5 minutes No more than 15 minutes
 No more than 10 minutes More than 15 minutes

23. Do you think that patients are happy to make an appointment for a return visit if a more detailed discussion or a follow up was necessary or the pharmacist did not have time to speak to them straight away?

- Yes No

24. How long do you think that a patient is happy to wait for an appointment to talk to the Pharmacist about their medicines?

- No more than 4 hours No more than 4 days Longer than 1 week
 No more than 1 day No more than 1 week

25. What is the longest time that you think that a patient is happy to talk to the Pharmacist about their medicines?

- No more than 5 minutes No more than 30 minutes
 No more than 15 minutes More than 30 minutes

26. Please tell us which of the following do you think patients consider when they choose where to go to get advice and information from a Pharmacist about their new or continuing medicines.

	Agree	Don't mind / Not sure	Disagree
Patients prefer to use the same pharmacy every time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy owned by a large company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy owned by the pharmacist who works there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy in a supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy near to where they live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy near to where they work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy near to their doctor's surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer a pharmacy that is open in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer a pharmacy that is open on a Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer a pharmacy that is open on a Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. We would also like to find out which of the following factors you think that patients would take into consideration when deciding whether to use Pharmacy medicines advisory services.

	Agree	Don't mind / Not sure	Disagree
Patients prefer to use a pharmacy where they know the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy where the pharmacist knows who they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to talk to a pharmacist who is the same sex as them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy where the pharmacist appears approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to talk to a pharmacist who has previously given them time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer not to interrupt a pharmacist who appears to be busy in the dispensary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer not to speak to the pharmacist where other people can overhear their conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to talk to a pharmacist in a private room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients know that they can trust the pharmacist to keep their personal information confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy where their needs have previously been met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy that they believe has a good working relationship with their GP surgery (or other healthcare professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer not to share their reasons for asking to speak with the pharmacist with pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy where the pharmacy staff make it easy for them to speak to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients prefer to use a pharmacy where the pharmacy staff know them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients trust the pharmacy staff to keep their personal information confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Is there anything else that you think might affect a patient's choice of pharmacy for medicines advisory services?

- Yes No

If yes, can you specify what

Section 5: YOUR VIEWS on the PROMOTION of pharmacy based medicines advisory services

29. Please read the list below of the different ways that medicines advisory services could be promoted.

	Would promoting services in this way encourage patients to use them?		
	Yes	Maybe	No
Advertised on a poster/leaflet in a public place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a leaflet dropped through their door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised in a local newspaper/local free paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a local radio station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a local TV channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised by sending information to their email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a poster/leaflet in a pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertised on a poster/leaflet in a doctor surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Included on a healthcare website (<i>e.g. NHS choices</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by their family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by the pharmacist or pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by their doctor or another health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Please read the list below and decide whether you think they are responsible for promoting medicines advisory services.

	Yes	Maybe	No		Yes	Maybe	No
The Local NHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Pharmacy representatives e.g. PSNC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The NHS nationally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The pharmacy profession e.g. PSNC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Medical Profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Pharmacy representatives e.g. LPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Do you have any other comments about promoting pharmacy services?

Yes

No

If yes, please record your comments here

32. If you have any general comments on how pharmacists could best meet the medicines advisory needs of patients please write your comments here.

Many thanks!

Please return your completed questionnaire in the pre-paid envelope provided.