



Customer Survey Results 2019-2020

Manchester Chemist, Unit 11, 20-22 Mary Street, Manchester, M 1DZ

Thank you to all of you who spared the time to fill in the questionnaires we gave you last year, especially for those of you who made the wonderful comments below!

Fantastic pharmacy - Always delivers my medicines ontime

Amazing staff - who are very helpful

Delivery driver always very friendly

Q3) If you used the pharmacy service for another NHS service, how satisfied were you with the time it took to provide this service?

Very Satisfied

77%

Q5) Again, including any previous use of this pharmacy, how would you rate the pharmacist(s) and the other staff who work there?

Very Good

79.80%

Q9) Finally, taking everything into account - the staff the service provided - how would you rate this pharmacy?

Excellent

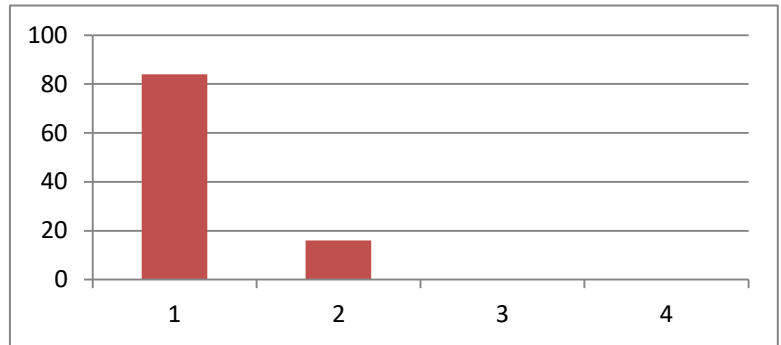
77%

Total questionnaires returned: 75

1) Why did you use this pharmacy service?

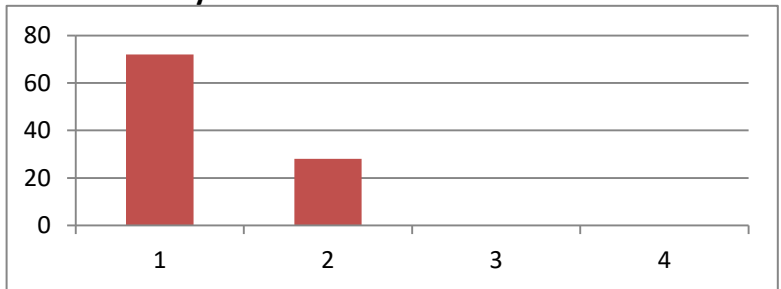
To collect a prescription for :

	No.	% Form
1 Yourself	63	84
2 Someone else	12	16
3 Obtain a script for yourself and someone	0	0
4 Other	0	0



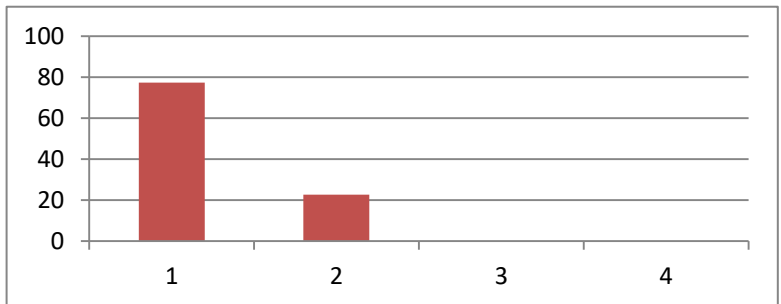
2) If you had a prescription delivered today, how satisfied were you with the time it took?

	No.	% Form
1 Very satisfied	54	72
2 Fairly satisfied	21	28
3 Not very satisfied	0	0
4 Not at all satisfied	0	0



3) If you used the pharmacy for another NHS service, how satisfied were you with the time it took to provide this service?

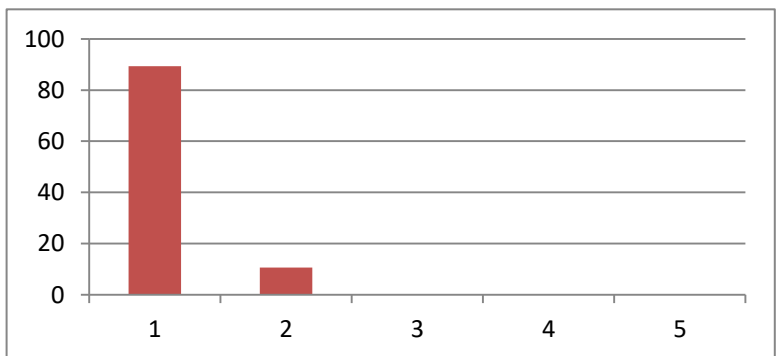
	No.	% Form
1 Very satisfied	58	77
2 Fairly satisfied	17	23
3 Not very satisfied	0	0
4 Not at all satisfied	0	0



4) Thinking about any previous use of the pharmacy as well as today, how would you rate the pharmacy on the following factors?

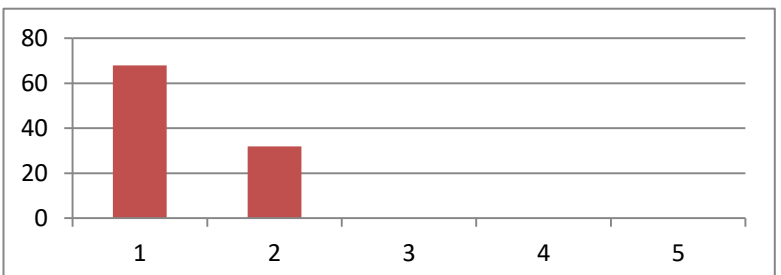
a) The ease of contacting the pharmacy

	No.	% Form
1 Very Good	67	89
2 Fairly Good	8	11
3 Fairly Poor	0	0
4 Very Poor	0	0
5 Don't Know	0	0



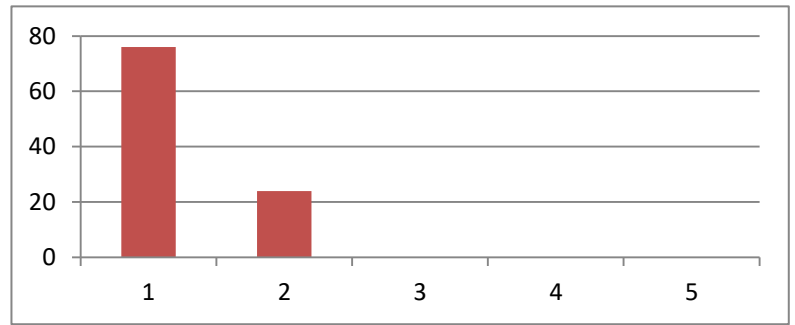
b) The ease of being able to speak to a pharmacist

	No.	% Form
1 Very Good	51	68
2 Fairly Good	24	32
3 Fairly Poor	0	0
4 Very Poor	0	0
5 Don't Know	0	0



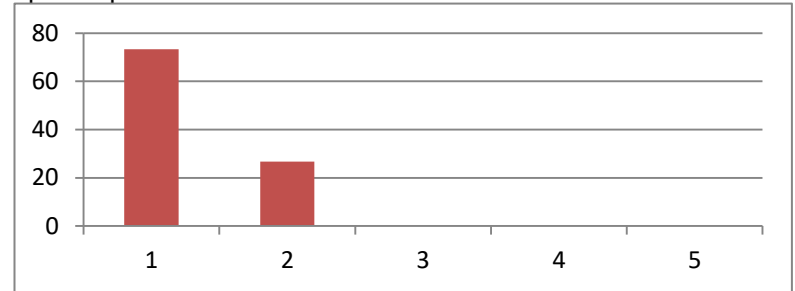
c) Having in stock the medicine/appliances that you need

	No.	% Form
Very Good 1	57	76
Fairly Good 2	18	24
Fairly Poor 3	0	0
Very Poor 4	0	0
Don't Know 5	0	0



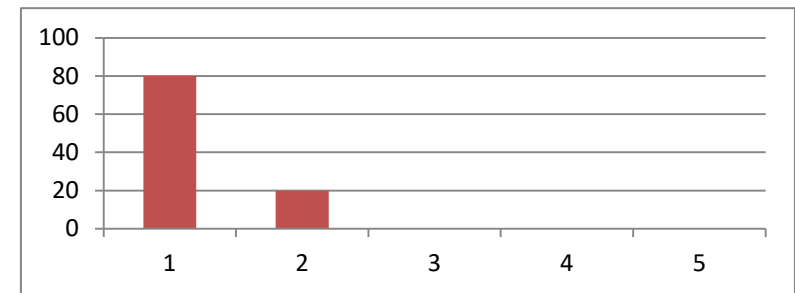
d) The quality of packaging used for the delivery of your prescription

	No.	% Form
Very Good 1	55	73
Fairly Good 2	20	27
Fairly Poor 3	0	0
Very Poor 4	0	0
Don't Know 5	0	0



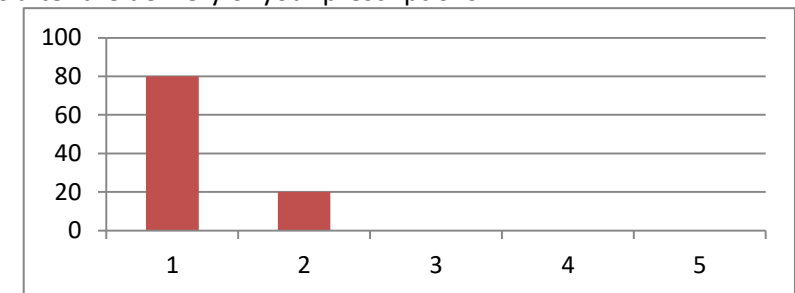
e) The condition in which you received your prescription

	No.	% Form
Very Good 1	60	80
Fairly Good 2	15	20
Fairly Poor 3	0	0
Very Poor 4	0	0
Don't Know 5	0	0



f) Having someone available to deal with any problems after the delivery of your prescriptions

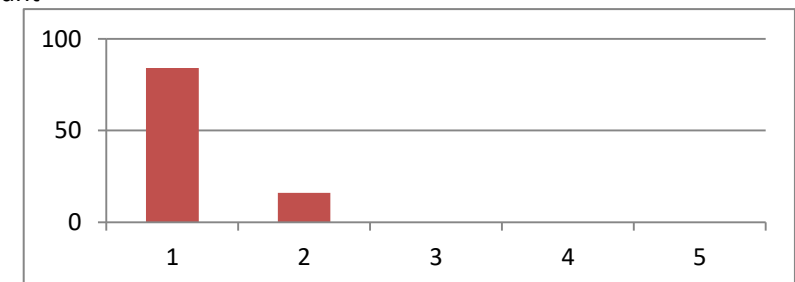
	No.	% Form
Very Good 1	60	80
Fairly Good 2	15	20
Fairly Poor 3	0	0
Very Poor 4	0	0
Don't Know 5	0	0



5) Again, including any previous use of this pharmacy, how would you rate the pharmacist(s) and the other staff who work there?

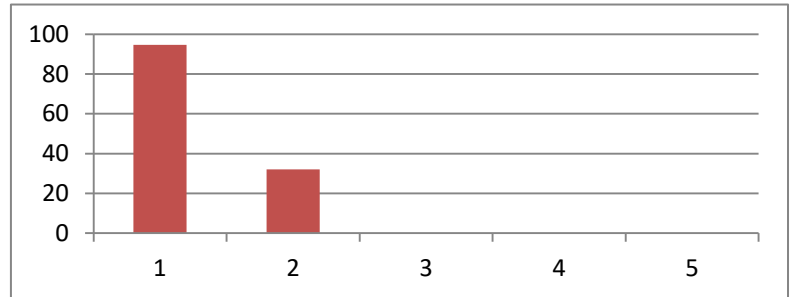
a) Being polite and taking time to listen to what you want

	No.	% Form
Very Good 1	63	84
Fairly Good 2	12	16
Fairly Poor 3	0	0
Very Poor 4	0	0
Don't Know 5	0	0



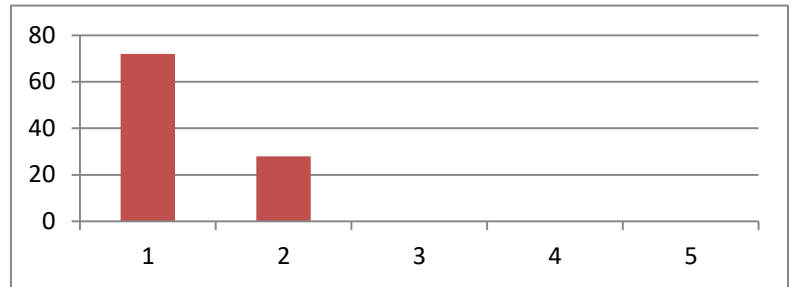
b) Answering any queries you may have

		No.	% Form
Very Good	1	71	95
Fairly Good	2	24	32
Fairly Poor	3	0	0
Very Poor	4	0	0
Don't Know	5	0	0



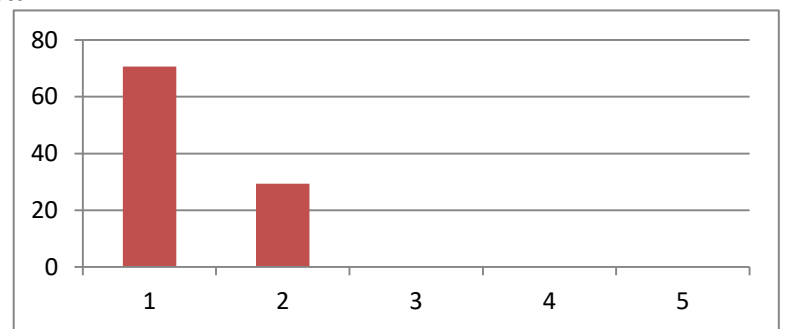
c) The service you received from the pharmacist

		No.	% Form
Very Good	1	54	72
Fairly Good	2	21	28
Fairly Poor	3	0	0
Very Poor	4	0	0
Don't Know	5	0	0



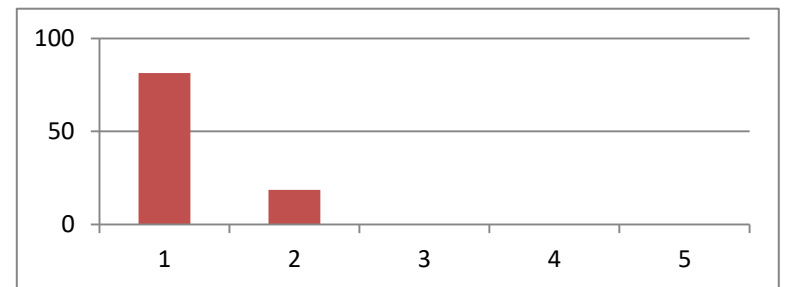
d) The service you received from the other pharmacy staff

		No.	% Form
Very Good	1	53	71
Fairly Good	2	22	29
Fairly Poor	3	0	0
Very Poor	4	0	0
Don't Know	5	0	0



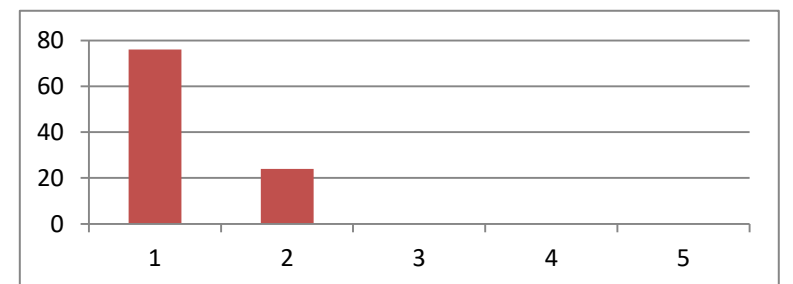
e) Providing an efficient service

		No.	% Form
Very Good	1	61	81
Fairly Good	2	14	19
Fairly Poor	3	0	0
Very Poor	4	0	0
Don't Know	5	0	0



f) The staff overall

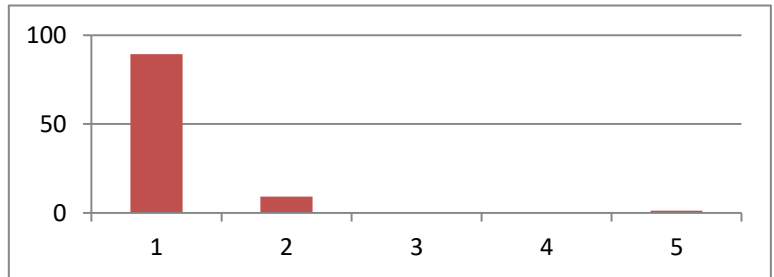
		No.	% Form
Very Good	1	57	76
Fairly Good	2	18	24
Fairly Poor	3	0	0
Very Poor	4	0	0
Don't Know	5	0	0



6) Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services?

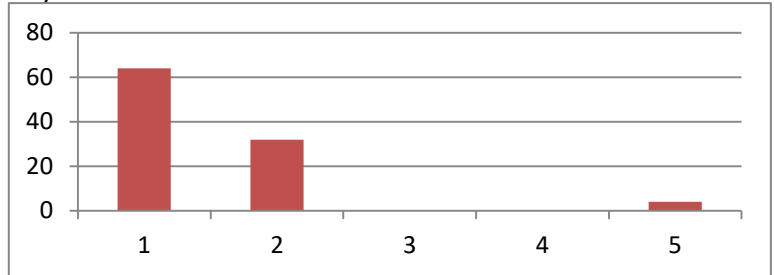
a) Providing advice on a current health problem or longer term health condition

	No.	% Form
Very Good 1	67	89
Fairly Good 2	7	9
Fairly Poor 3	0	0
Very Poor 4	0	0
Don't Know 5	1	1



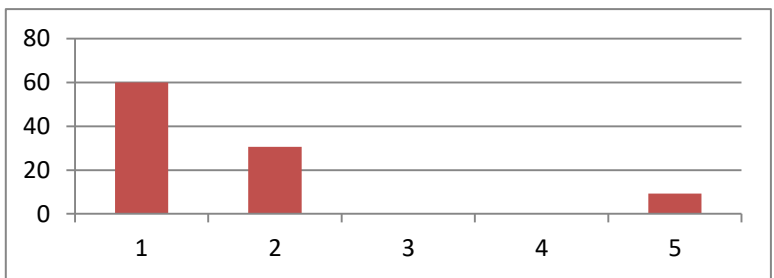
b) Providing general advice on leading a more healthy lifestyle

	No.	% Form
Very Good 1	48	64
Fairly Good 2	24	32
Fairly Poor 3	0	0
Very Poor 4	0	0
Don't Know 5	3	4



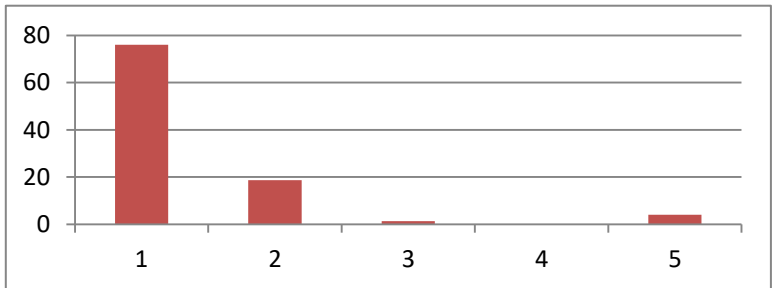
c) Disposing of medicines you no longer need

	No.	% Form
Very Good 1	45	60
Fairly Good 2	23	31
Fairly Poor 3	0	0
Very Poor 4	0	0
Don't Know 5	7	9



d) Providing advice on health services or information available elsewhere

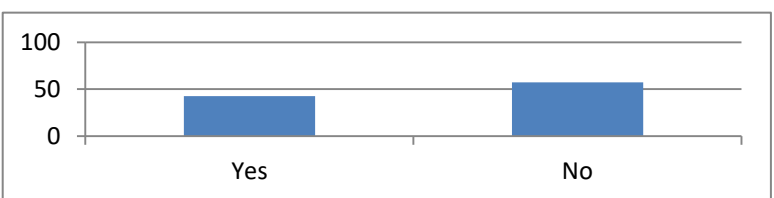
	No.	% Form
Very Good 1	57	76
Fairly Good 2	14	19
Fairly Poor 3	1	1
Very Poor 4	0	0
Don't Know 5	3	4



7) Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?

a) Stopping Smoking

	No.	% Form
Yes 1	32	43
No 2	43	57



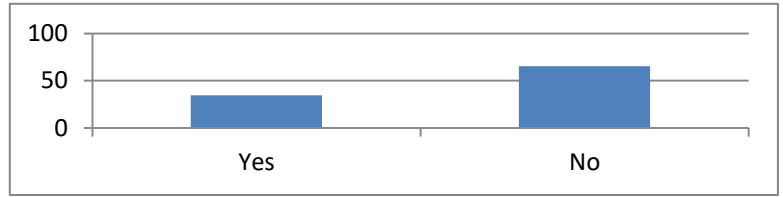
b) Healthy Eating

	No.	% Form
Yes 1	29	39
No 2	46	61



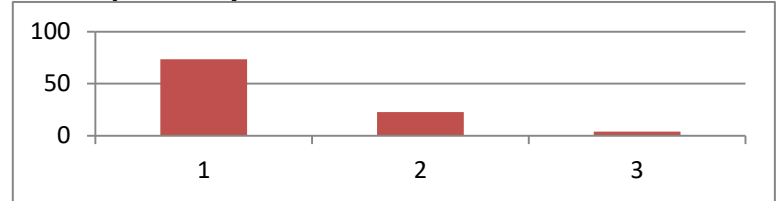
c) Physical Exercise

		No.	% Form
Yes	1	26	35
No	2	49	65



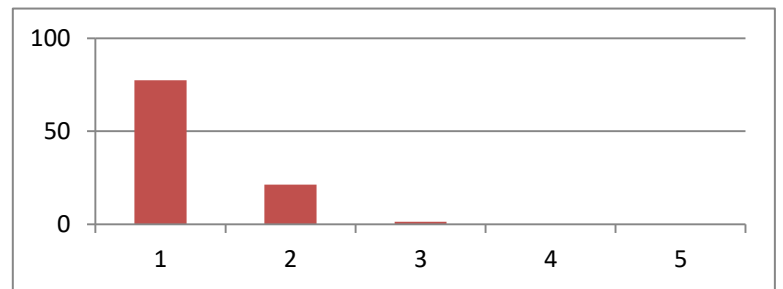
8) Which of the following best describes how you use this pharmacy?

		No.	% Form
Choose to use if possible	1	55	73
One of several I use	2	17	23
Just convenient this time	3	3	4



9) Finally, taking everything into account - the staff, the services provided - how would you rate this pharmacy?

		No.	% Form
Excellent	1	58	77
Very good	2	16	21
Good	3	1	1
Fair	4	0	0
Poor	5	0	0

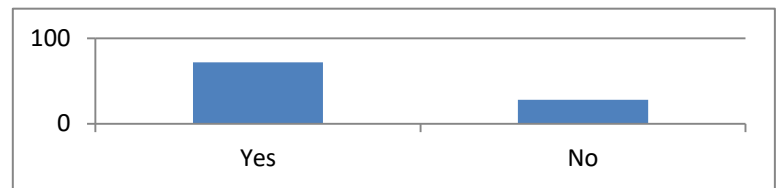


10) If you have any comments about how the service from this pharmacy could be improved, please write them in here:

11) Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?

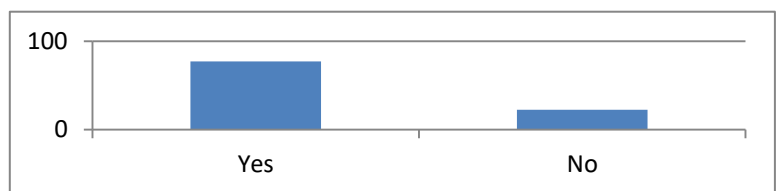
a) After you receive services or advice from us, we may retain some of your health information so that we can better help when you next visit the pharmacy. We always keep this information safely stored and kept absolutely confidential. Are you happy with the way we do this?

		No.	% Form
Yes	1	54	72
No	2	21	28



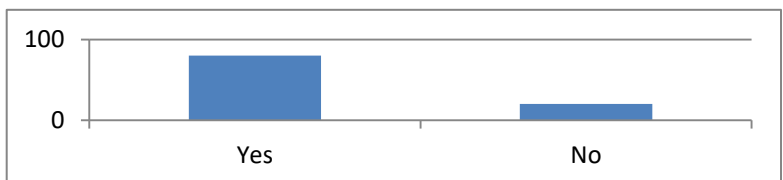
b) In certain circumstances, the pharmacy may need to ask your consent to share your data with another healthcare professional to support your care. We will never pass on your health information without your express permission. Has the pharmacy ever asked for your consent like this?

		No.	% Form
Yes	1	58	77
No	2	17	23



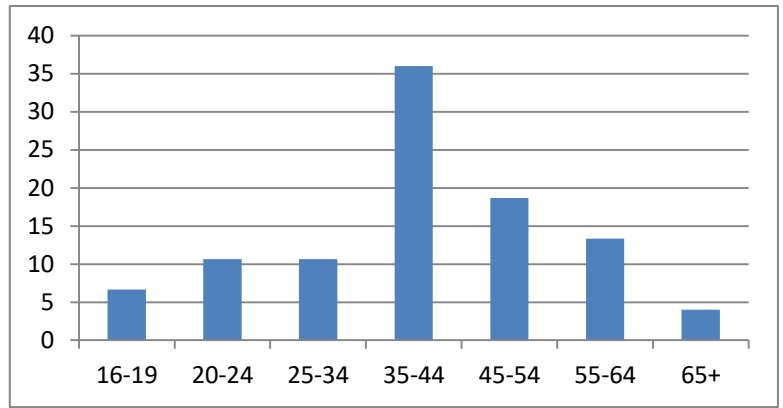
c) If so, do you feel your wishes were respected?

		No.	% Form
Yes	1	60	80
No	2	15	20



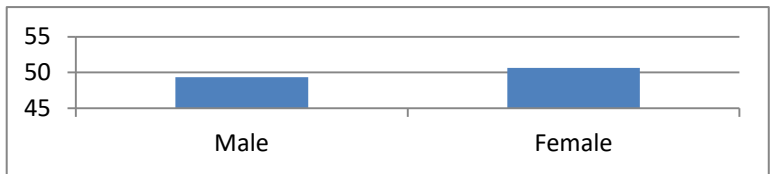
12) How old are you?

		No.	% Form
16-19	1	5	7
20-24	2	8	11
25-34	3	8	11
35-44	4	27	36
45-54	5	14	19
55-64	6	10	13
65+	7	3	4



13) Are you:

	No.	% Form
Male	37	49
Female	38	51



14) Which of the following applies to you:

	No.	% Form
You have or care for a child(ren) under 16	17	7
You are a carer for a sufferer of long standing	4	7
Neither	54	72

