

# **Community Pharmacy Patient Questionnaire (CPPQ) Report 2019-20**

**For**

**Orrell Park Pharmacy**

**65a Moss Lane, L9 8AE  
Merseyside**



## Summary of the information recorded in the report.

Summary of the information recorded below. The CCG or successor organisation may want to see this on monitoring visits or at other times (it can be paper based or electronic) (the ranking is the order from 1 to 21, of the percentage responses, as either satisfied or dissatisfied with 1 being the most satisfied or the most dissatisfied as appropriate)

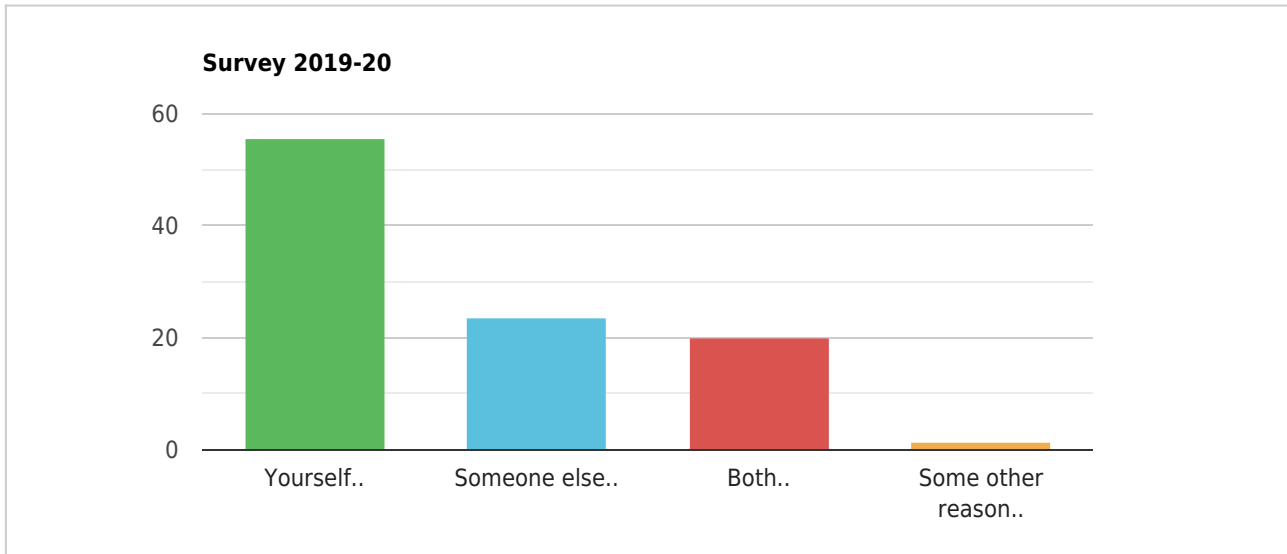
Question	Dissatisfied	Ranking	Satisfied	Ranking
Question 9: Finally, taking everything into account - the staff, the shop and the service provided - <i>How would you rate the pharmacy where you received this questionnaire?</i>	0	9	100	1
Question 4e: Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is: <b>(Option: How long you have to wait to be served)</b>	0	18	99	2
Question 5f: Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is: <b>(Option: The staff overall)</b>	0	5	99	3
Question 4a: Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is: <b>(Option: The cleanliness of the pharmacy)</b>	0	16	99	4
Question 5e: Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is: <b>(Option: Providing an efficient service)</b>	0	6	99	5
Question 5c: Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is: <b>(Option: The service you received from the pharmacist)</b>	0	21	99	6
Question 5d: Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is: <b>(Option: The service you received from the other pharmacy staff)</b>	0	10	99	7
Question 3b: After you receive services or advice from us, we may retain some of your health information so that we're best placed to help when you next visit the pharmacy. We always ensure this information is safely stored and kept absolutely confidential. Are you unhappy with our procedures or do you have any concerns?	2	3	98	8
Question 3a: How satisfied were you with the time it took to provide your prescription and/or any other NHS services you required?	1	4	98	9
Question 5a: Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is: <b>(Option: Being polite and taking</b>	0	13	97	10

**the time to listen to what you want)**

Question 3d: Whenever the pharmacy has asked for your consent, do you feel that your wishes were respected?	3	2	97	11
Question 4c: Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is: <b>(Option: Having in stock the medicines/appliances you need)</b>	0	14	96	12
Question 4b: Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is: <b>(Option: The comfort and convenience of the waiting areas (e.g. seating or standing room))</b>	0	15	95	13
Question 4d: Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is: <b>(Option: Offering a clear and well organised layout)</b>	0	17	95	14
Question 5b: Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is: <b>(Option: Answering any queries you may have)</b>	0	19	93	15
Question 4f: Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is: <b>(Option: Having somewhere available where you could speak without being overheard, if you wanted to)</b>	0	20	93	16
Question 6a: Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services? <b>(Option: Providing advice on a current health problem or a longer term health condition)</b>	0	7	65	17
Question 6c: Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services? <b>(Option: Disposing of medicines you no longer need)</b>	0	11	65	18
Question 6b: Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services? <b>(Option: Providing general advice on leading a more healthy lifestyle)</b>	0	12	59	19
Question 6d: Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services? <b>(Option: Providing advice on health services or information available elsewhere)</b>	0	8	58	20
Question 3c: 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?	54	1	46	21

# Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 1: Why did you visit this pharmacy today? To collect a prescription for:**



Yourself <b>55%</b>	Someone else <b>23%</b>	Both <b>20%</b>	Some other reason <b>1%</b>
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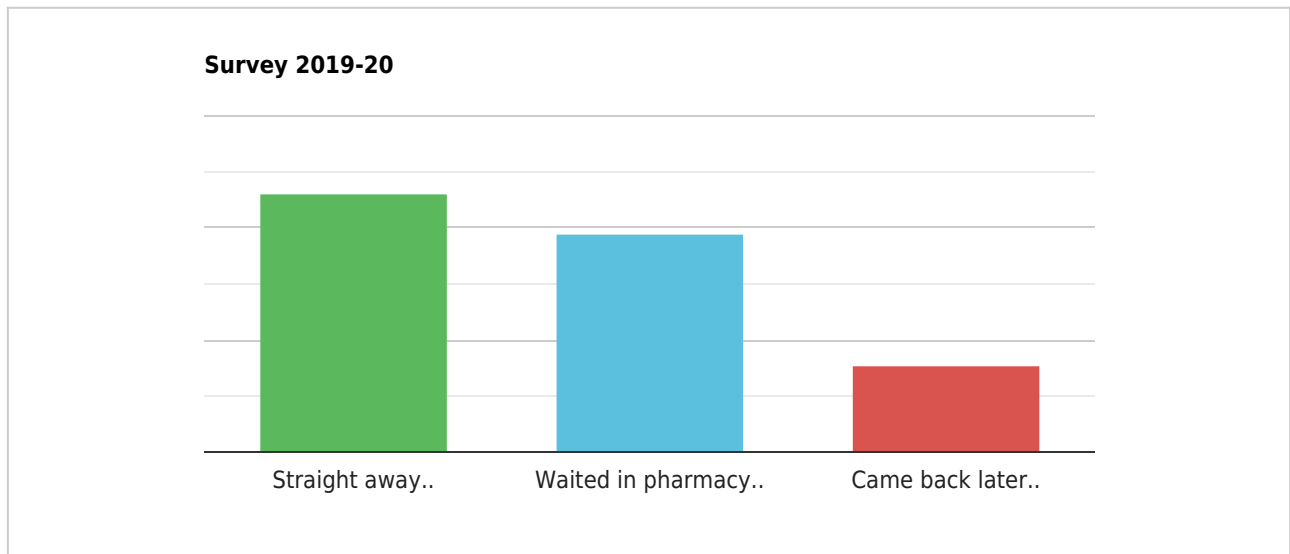
<b>No</b>	<b>Other Reasons</b>
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**Comments:**

Majority of patients call in for themselves

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 2: If you collected a prescription today, were you able to collect it straight away, did you have to wait in the pharmacy or did you come back later to collect it? If you did not collect a prescription, please go to Q3.**



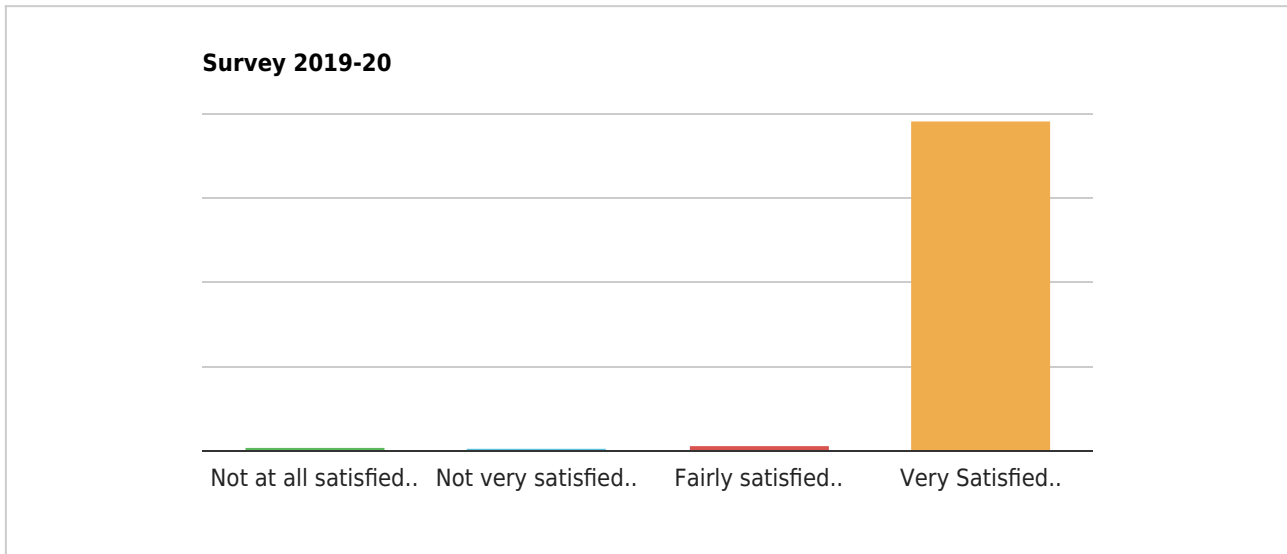
Straight away <b>46%</b>	Waited in pharmacy <b>39%</b>	Came back later <b>15%</b>
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**Comments:**

# Community Pharmacy Patient Questionnaire Survey

## Results for Orrell Park Pharmacy

**Question 3a: How satisfied were you with the time it took to provide your prescription and/or any other NHS services you required?**

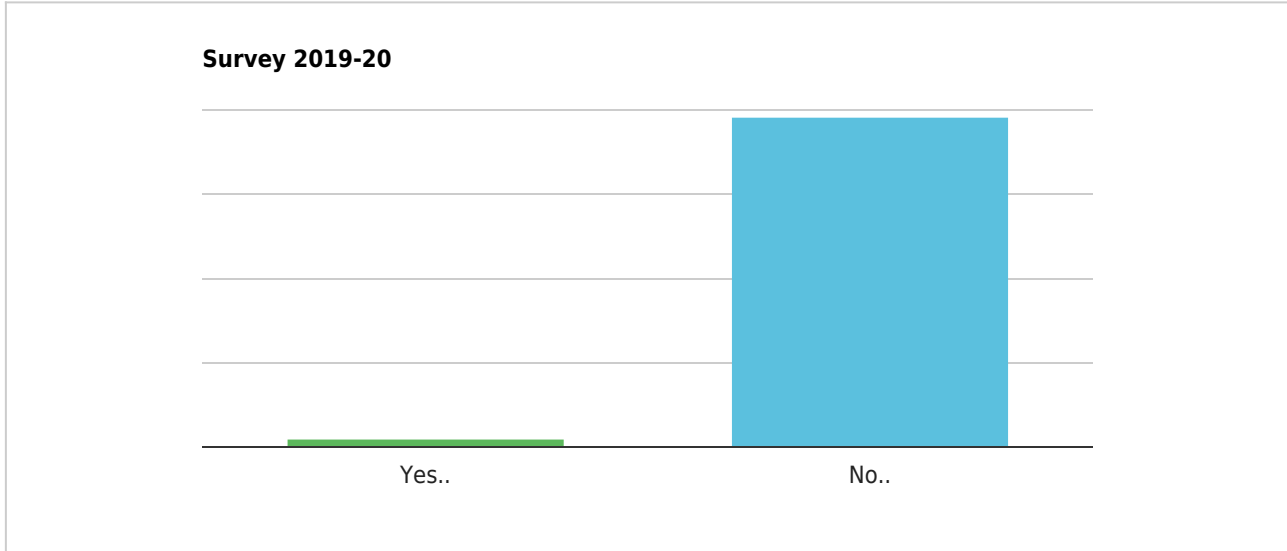


Not at all satisfied <b>1%</b>	Not very satisfied <b>0%</b>	Fairly satisfied <b>1%</b>	Very Satisfied <b>98%</b>
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**Comments:**  
great result

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 3b: After you receive services or advice from us, we may retain some of your health information so that we're best placed to help when you next visit the pharmacy. We always ensure this information is safely stored and kept absolutely confidential. Are you unhappy with our procedures or do you have any concerns?**

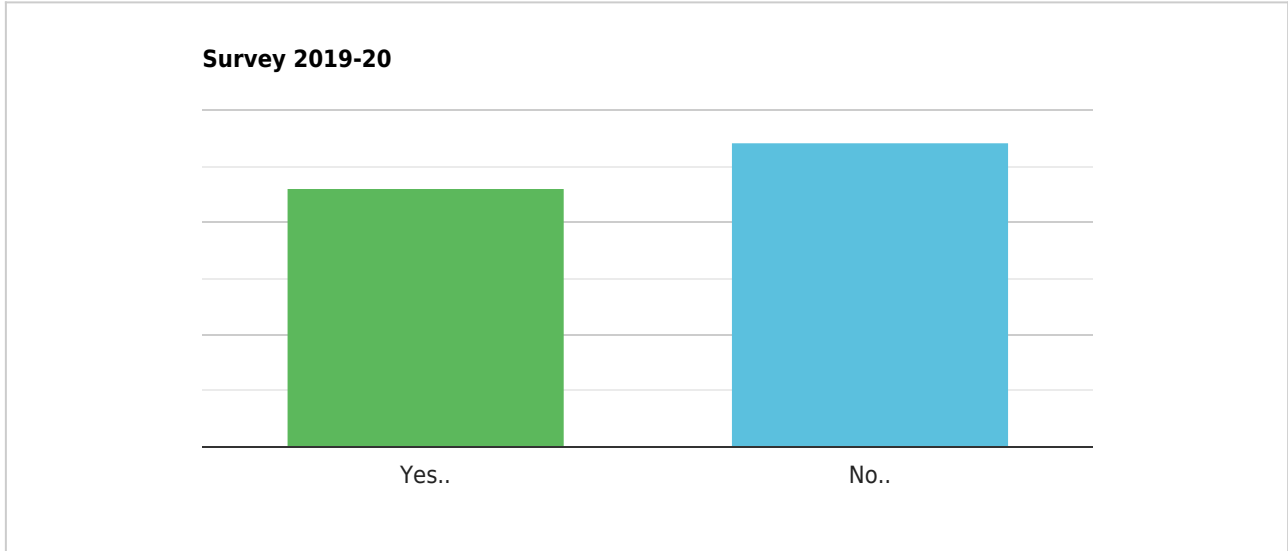


Yes <b>2%</b>	No <b>98%</b>
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**Comments:**  
Good result

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 3c: 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?**



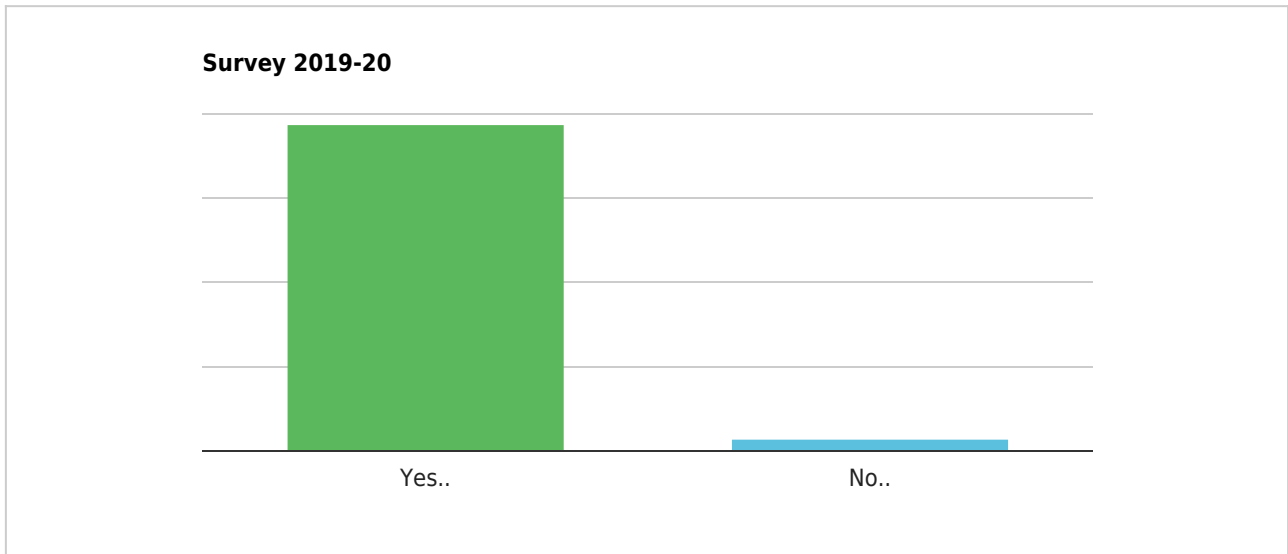
Yes <b>46%</b>	No <b>54%</b>
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**Comments:**



## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 3d: Whenever the pharmacy has asked for your consent, do you feel that your wishes were respected?**



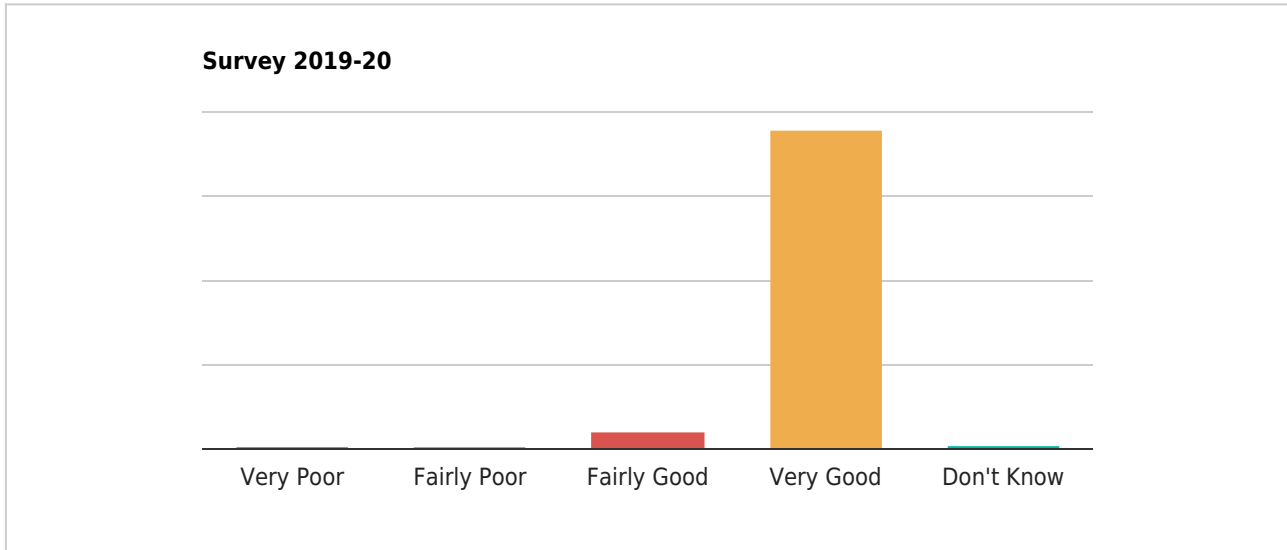
Yes <b>97%</b>	No <b>3%</b>
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**Comments:**  
Good result

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 4a:** Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

**(Option: The cleanliness of the pharmacy)**



Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>95%</b>	<b>1%</b>

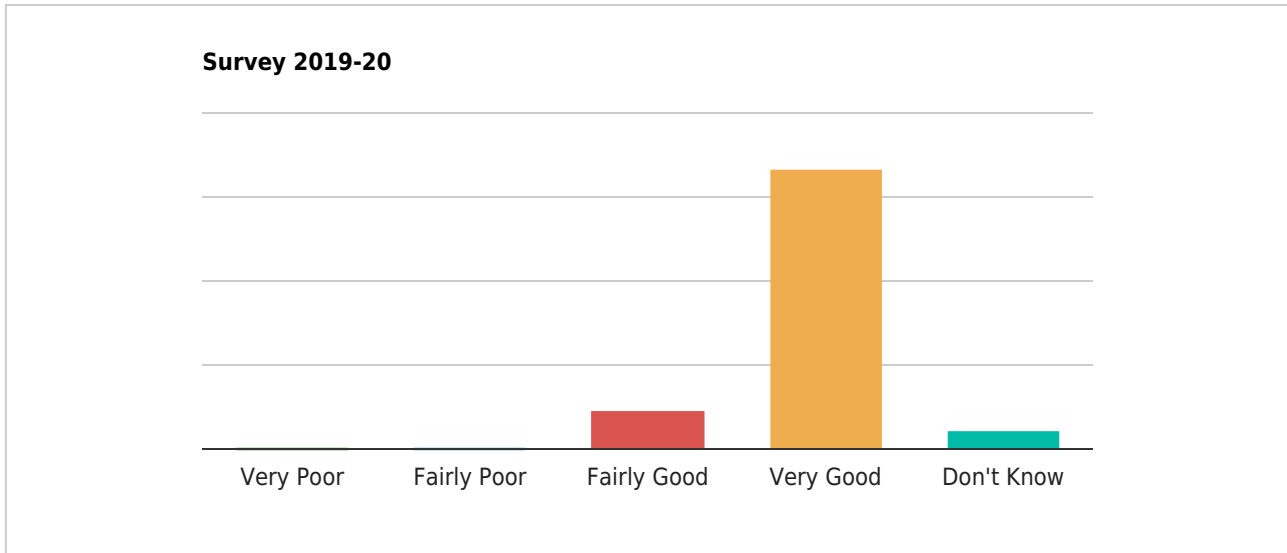
**Comments:**

Great result

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 4b:** Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

**(Option: The comfort and convenience of the waiting areas (e.g. seating or standing room))**



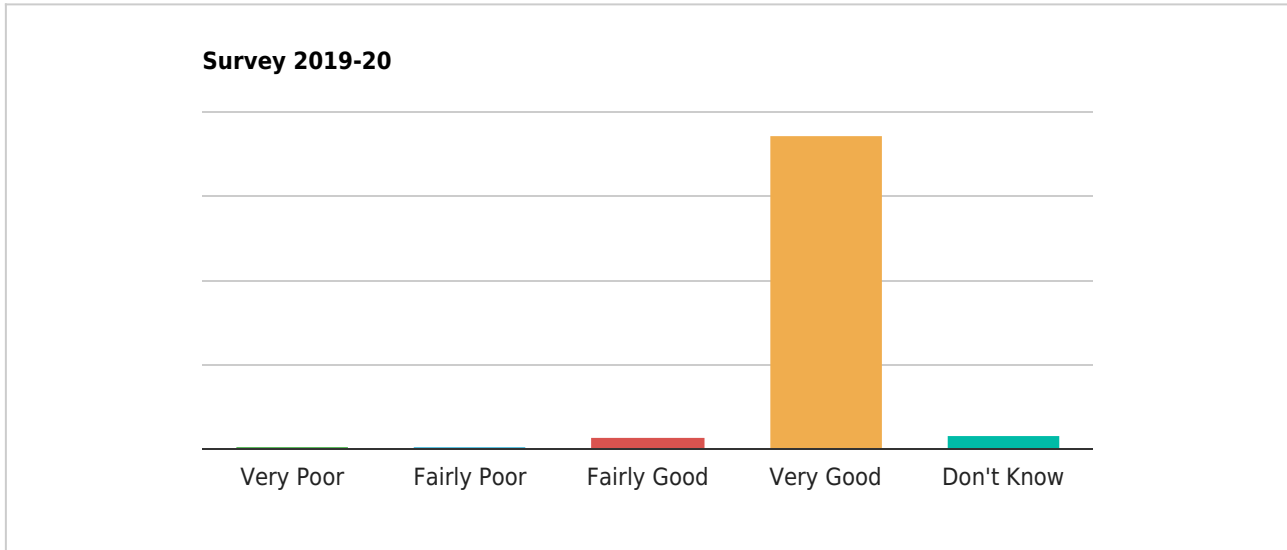
Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>11%</b>	<b>83%</b>	<b>5%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 4c:** Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

**(Option: Having in stock the medicines/appliances you need)**



Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>93%</b>	<b>4%</b>

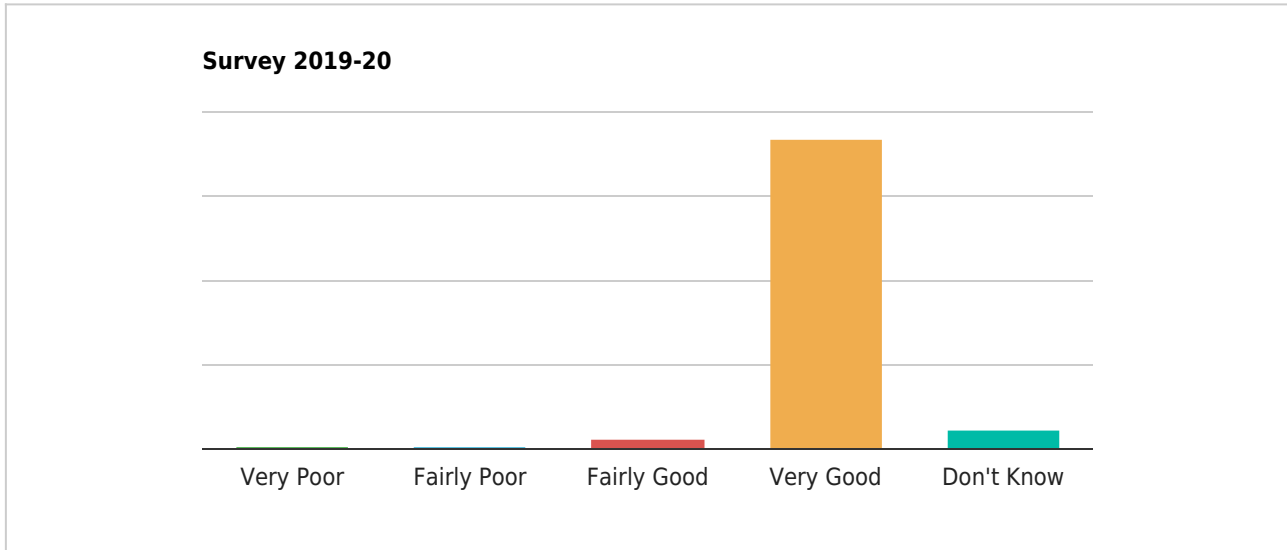
**Comments:**

Great result

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 4d:** Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

**(Option: Offering a clear and well organised layout)**



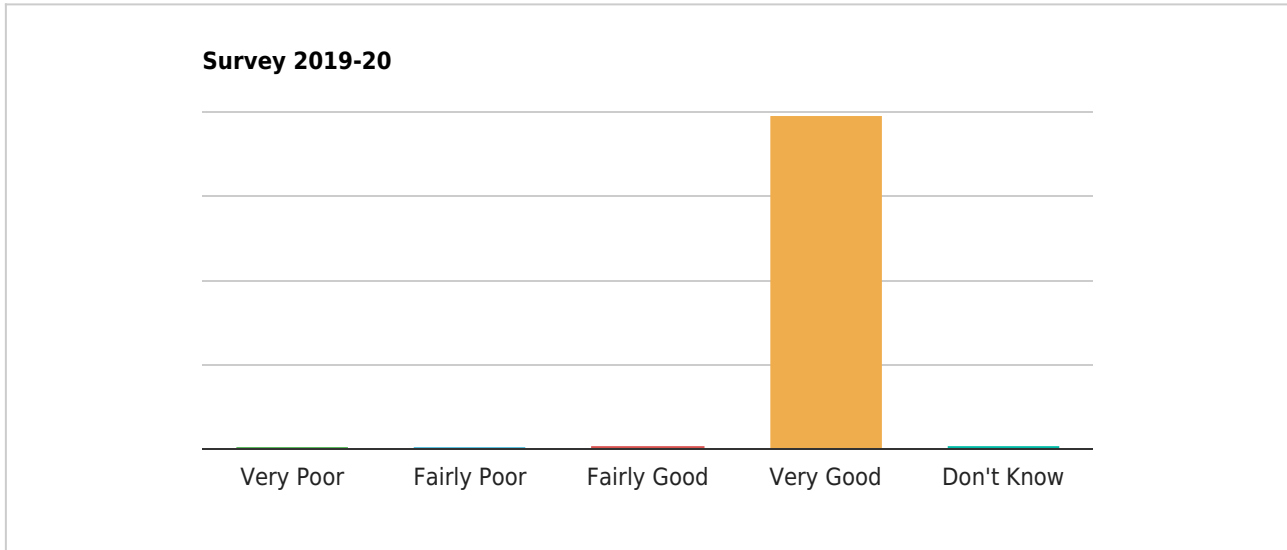
Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>92%</b>	<b>5%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 4e:** Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

**(Option: How long you have to wait to be served)**



Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>99%</b>	<b>1%</b>

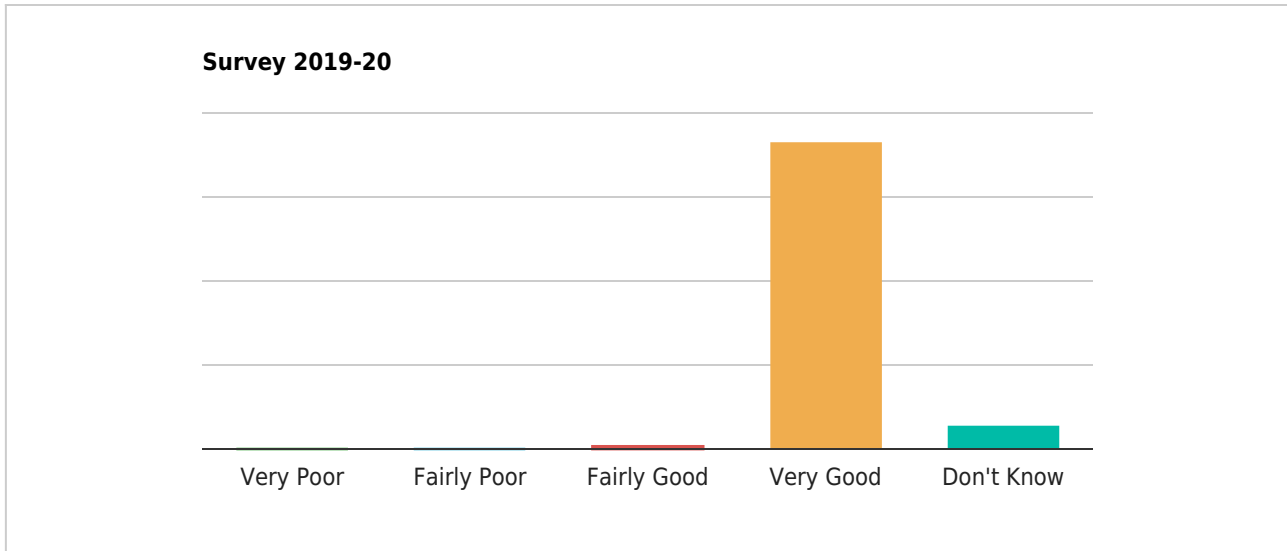
**Comments:**

Great result

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 4f:** Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

**(Option: Having somewhere available where you could speak without being overheard, if you wanted to)**



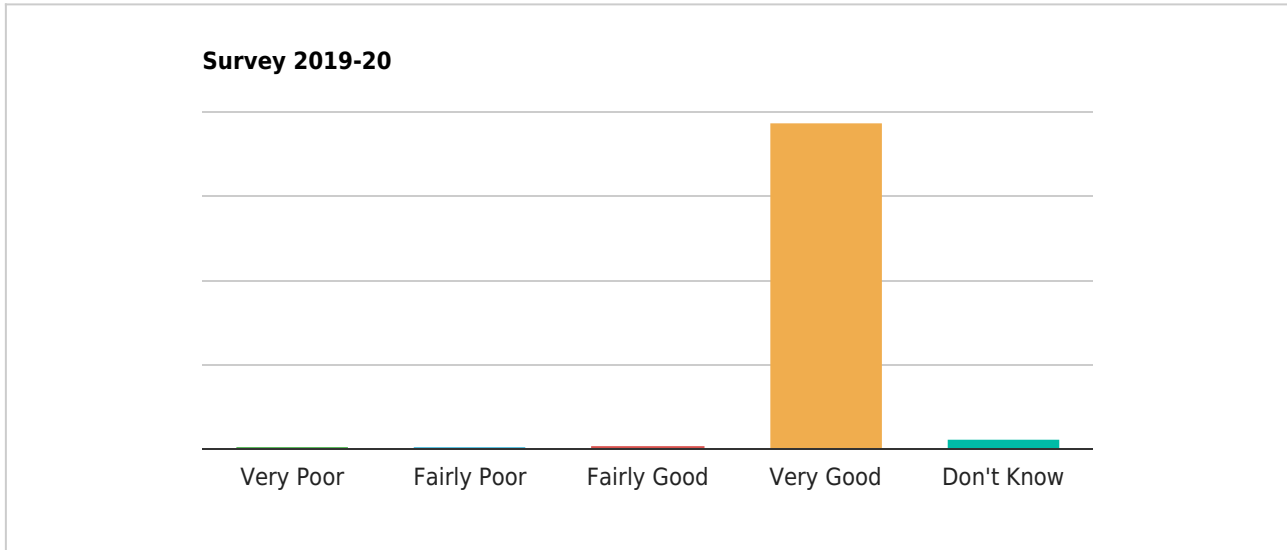
Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>91%</b>	<b>7%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 5a:** Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

**(Option: *Being polite and taking the time to listen to what you want*)**



Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>97%</b>	<b>3%</b>

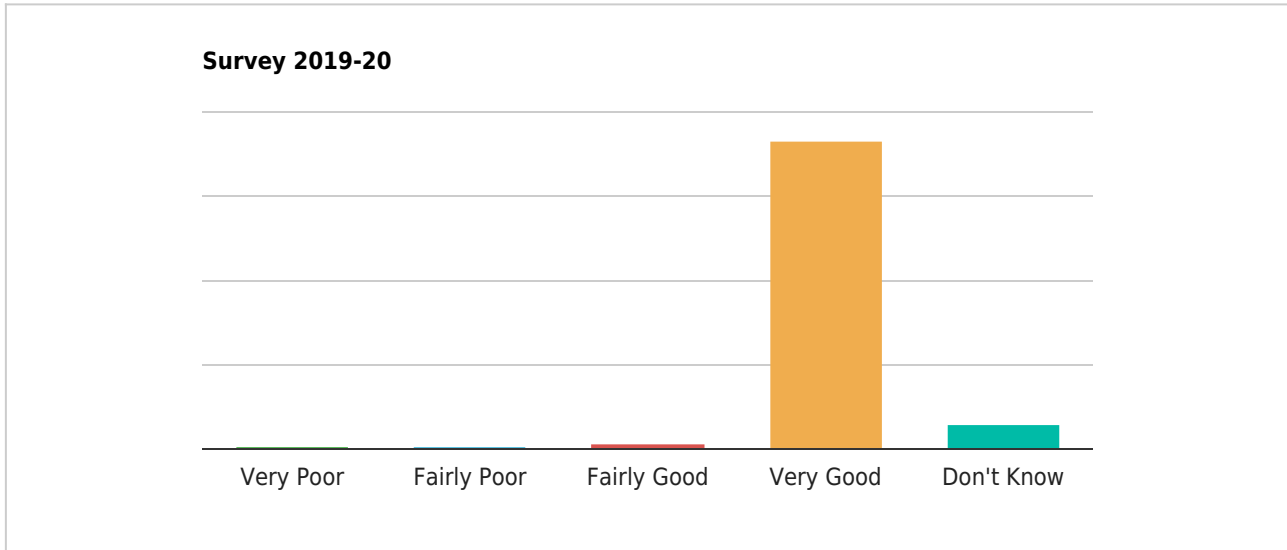
**Comments:**



## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 5b:** Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

**(Option: Answering any queries you may have)**



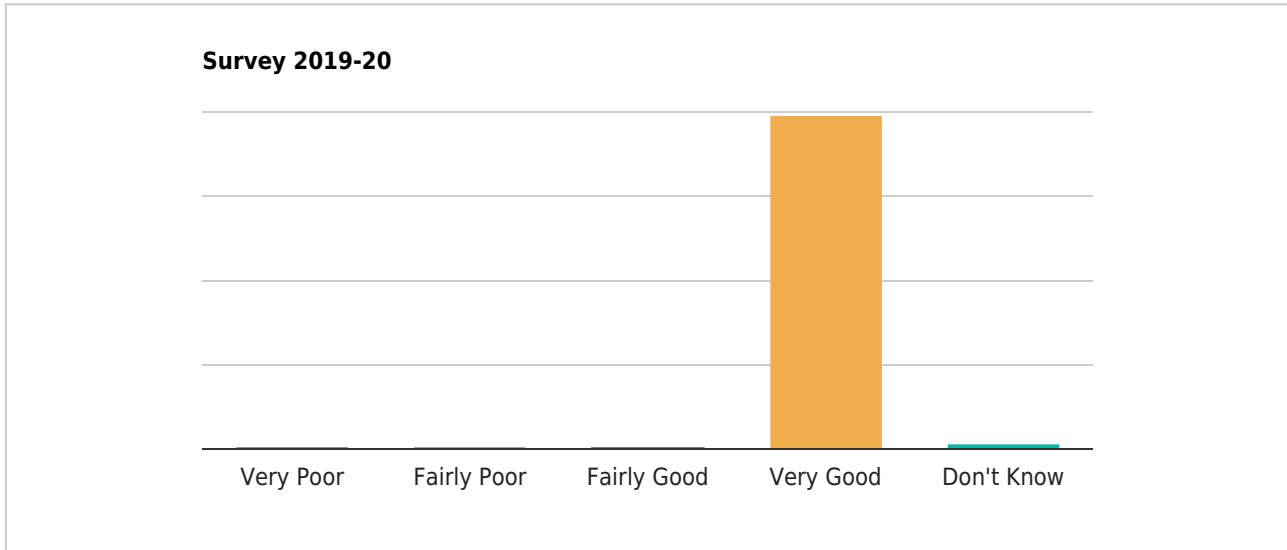
Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>91%</b>	<b>7%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 5c:** Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

**(Option: The service you received from the pharmacist)**



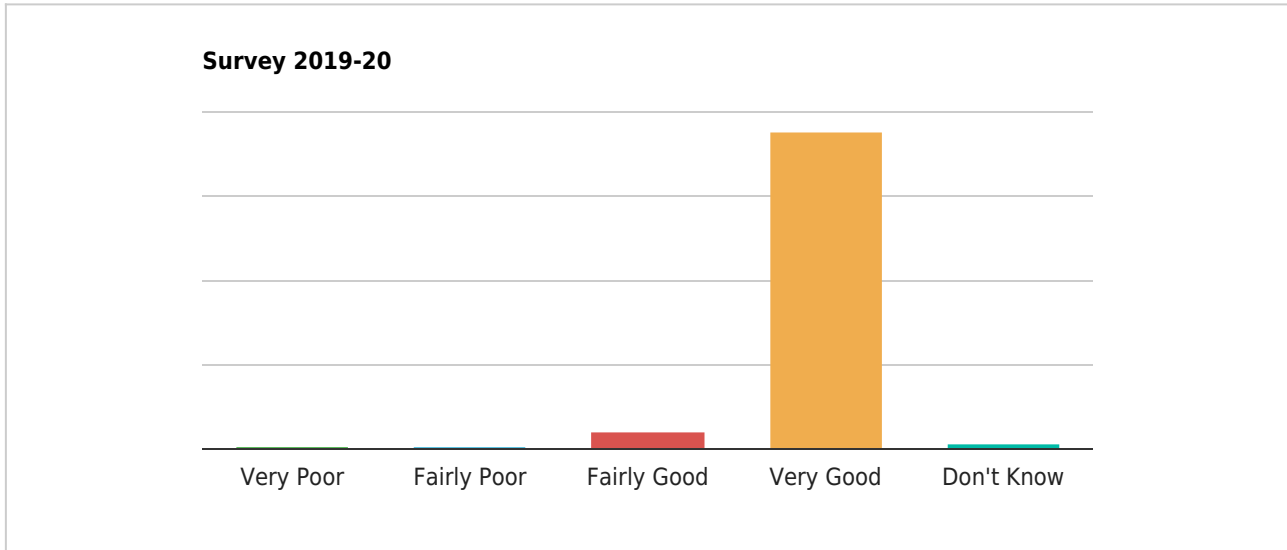
Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>99%</b>	<b>1%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 5d:** Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

**(Option: The service you received from the other pharmacy staff)**



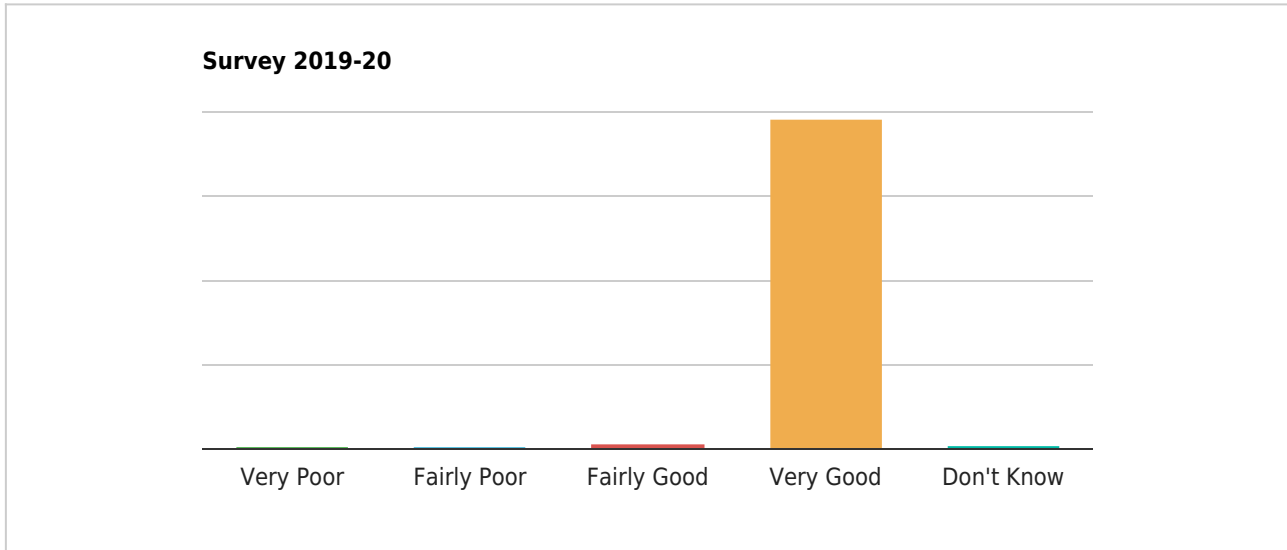
Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>94%</b>	<b>1%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 5e:** Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

**(Option: Providing an efficient service)**



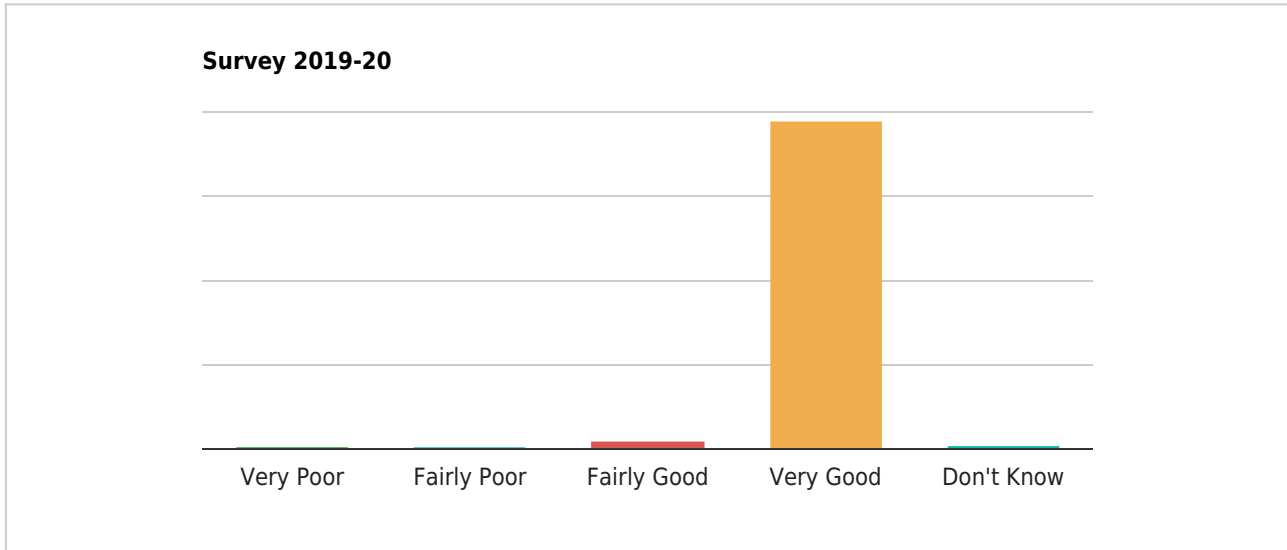
Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>98%</b>	<b>1%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 5f:** Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

**(Option: The staff overall)**



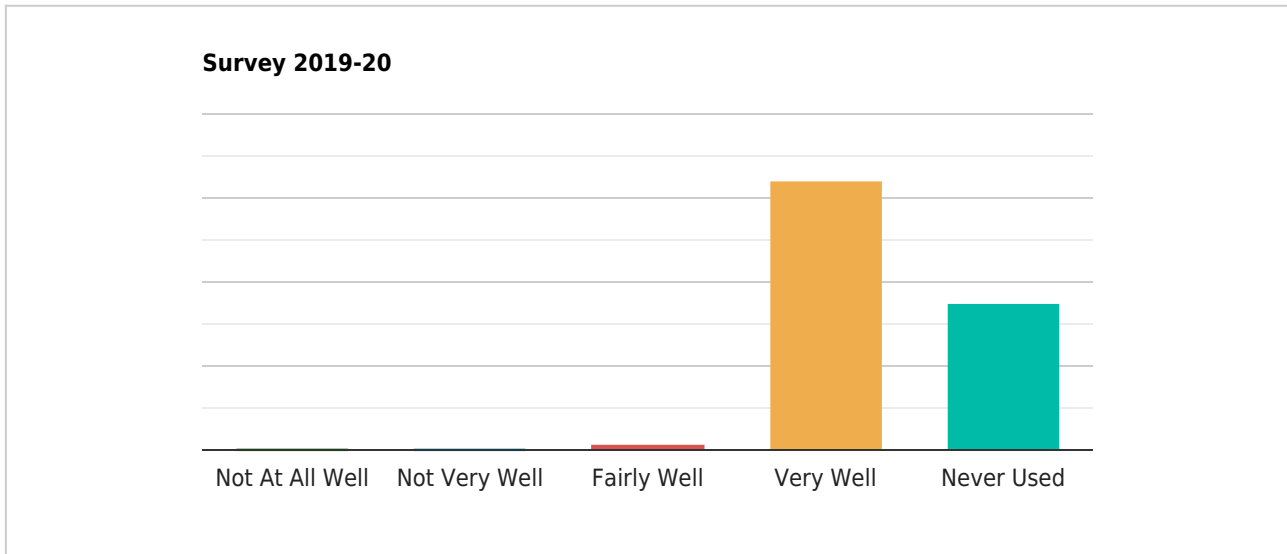
Very Poor	Fairly Poor	Fairly Good	Very Good	Don't Know
<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>97%</b>	<b>1%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

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

**(Option: Providing advice on a current health problem or a longer term health condition)**

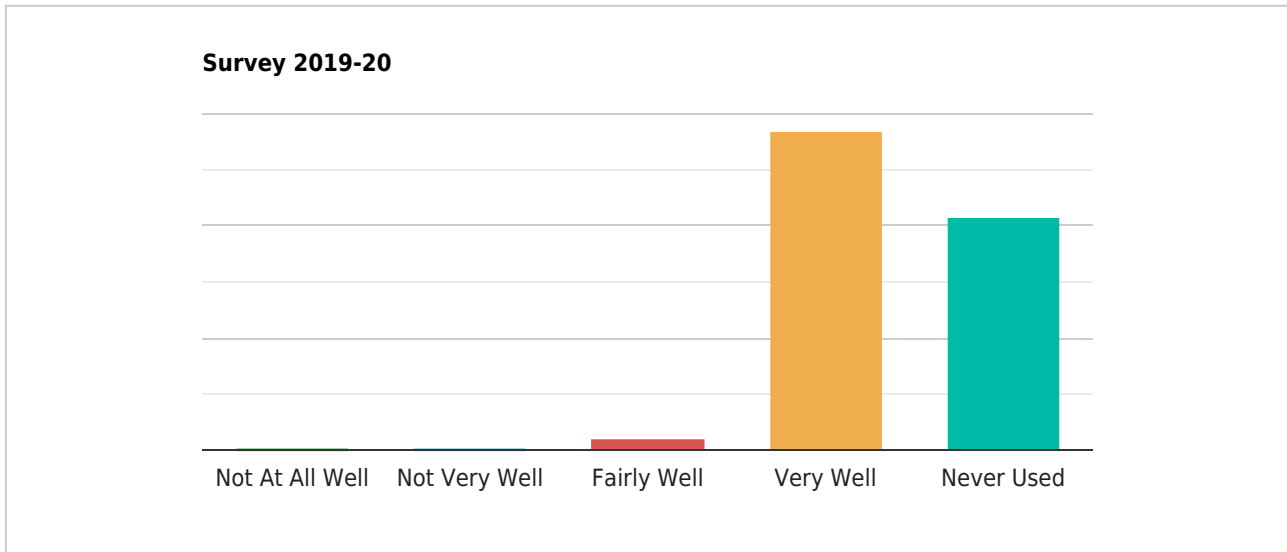


Not At All Well	Not Very Well	Fairly Well	Very Well	Never Used
<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>64%</b>	<b>35%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 6b:** Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services?  
*(Option: Providing general advice on leading a more healthy lifestyle)*



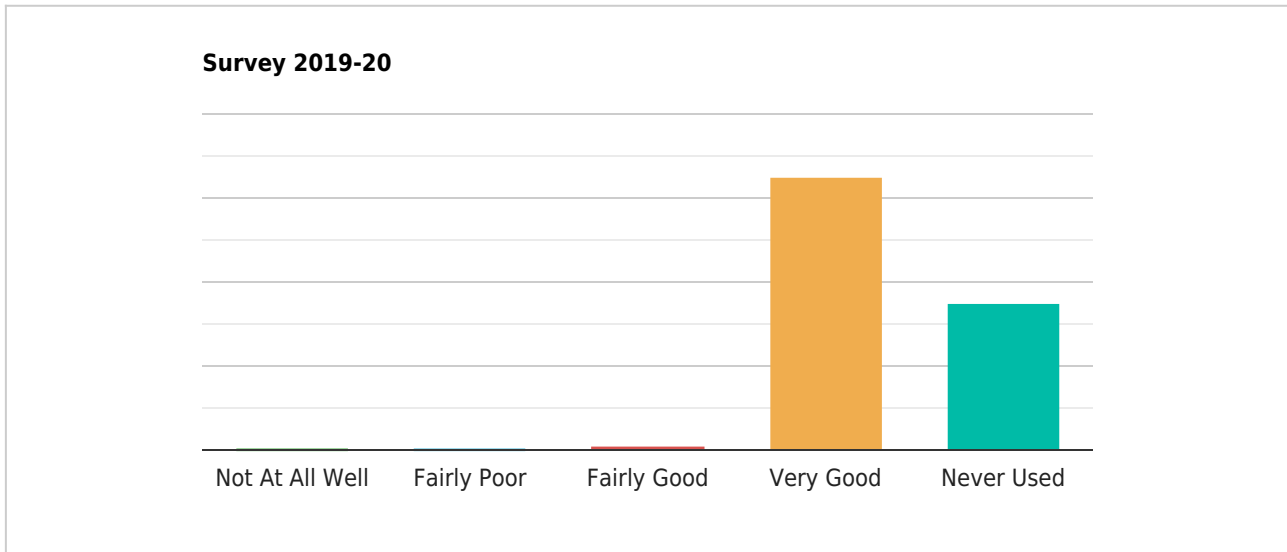
Not At All Well	Not Very Well	Fairly Well	Very Well	Never Used
<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>57%</b>	<b>41%</b>

**Comments:**

Being a healthy living pharmacy we encourage my staff and patients to consider healthier options eg reducing meat consumption , increase in vegetables

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 6c:** Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services?  
*(Option: Disposing of medicines you no longer need)*



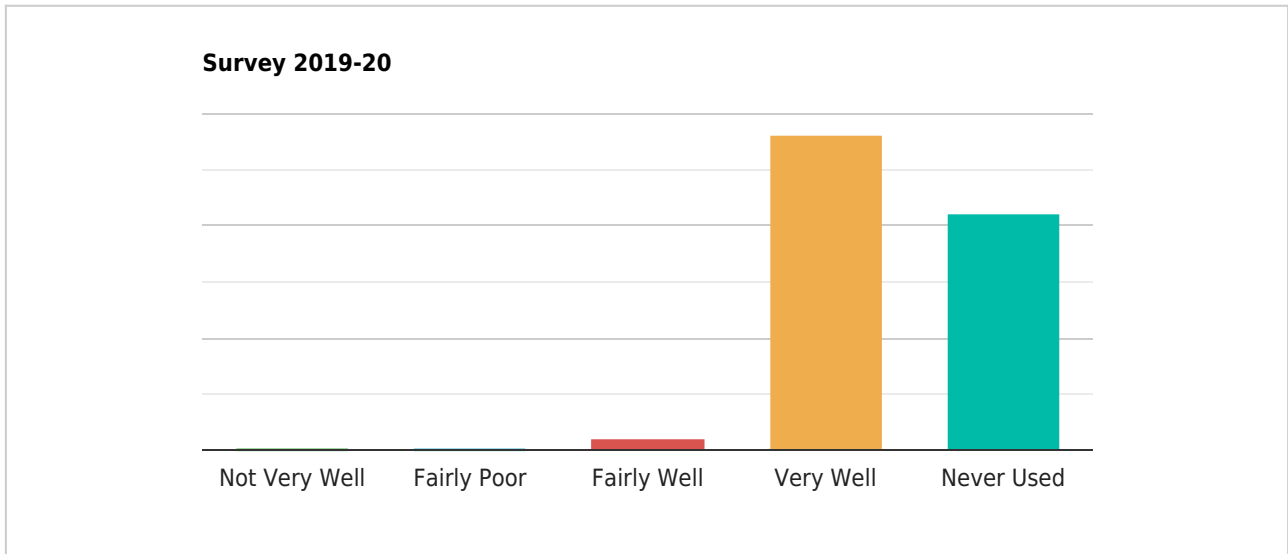
Not At All Well	Fairly Poor	Fairly Good	Very Good	Never Used
<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>65%</b>	<b>35%</b>

**Comments:**



## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 6d:** Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services?  
*(Option: Providing advice on health services or information available elsewhere)*

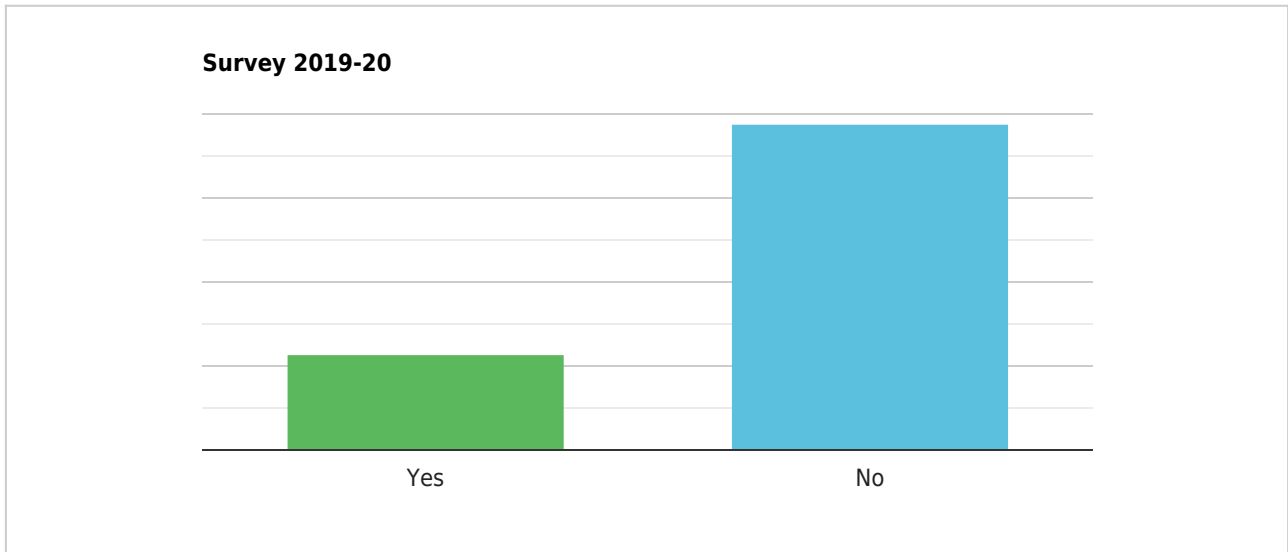


Not Very Well	Fairly Poor	Fairly Well	Very Well	Never Used
<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>56%</b>	<b>42%</b>

**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 7a:** Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?  
**(Option: Stopping smoking)**

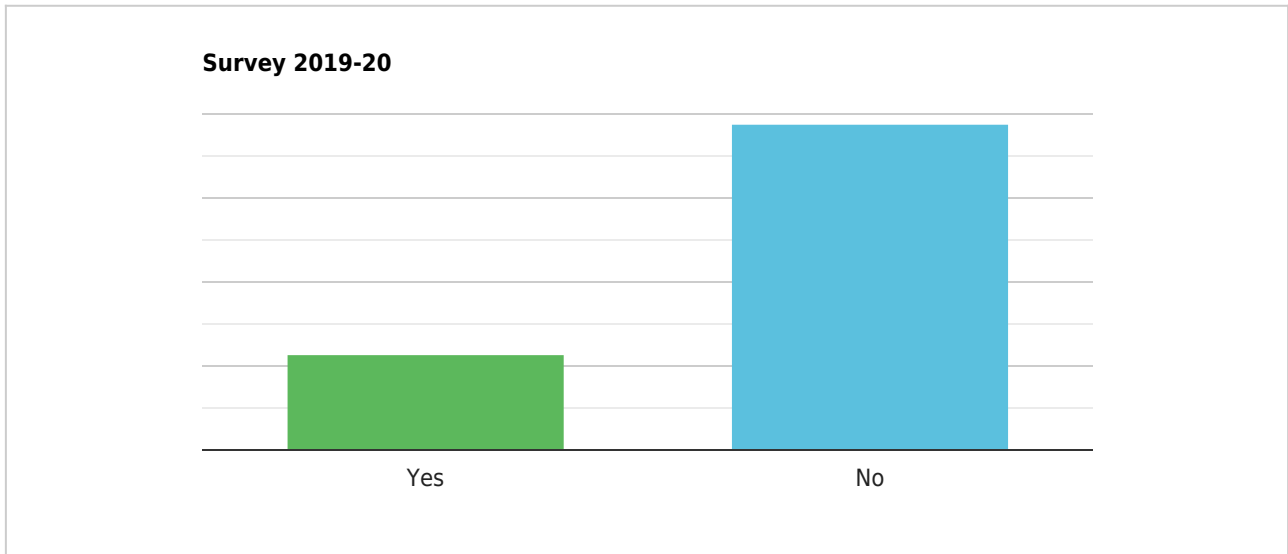


Yes <b>23%</b>	No <b>77%</b>
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**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 7b:** Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?  
**(Option: Healthy eating)**

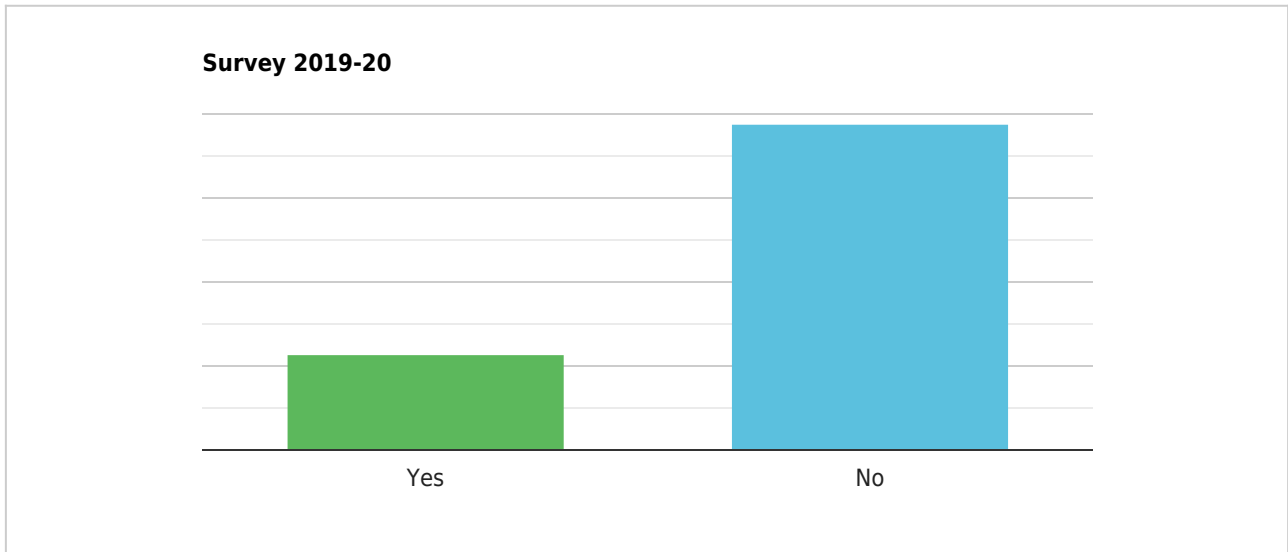


Yes <b>23%</b>	No <b>77%</b>
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**Comments:**  
Need to improve on this score

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 7c:** Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?  
**(Option: Physical exercise)**

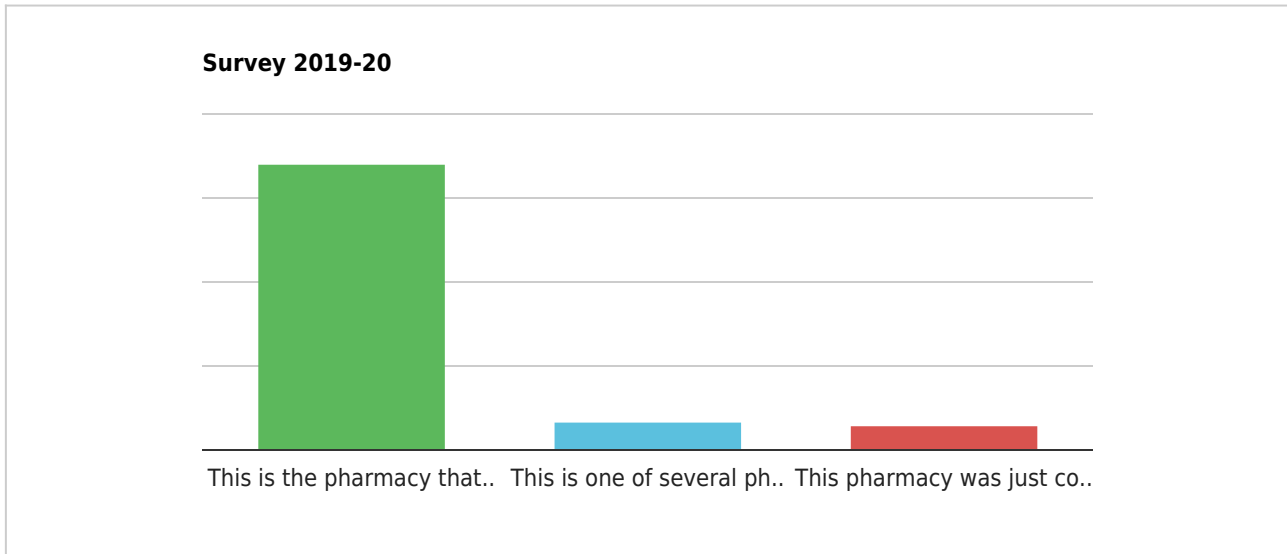


Yes <b>23%</b>	No <b>77%</b>
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**Comments:**  
Need to improve on this score

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 8: Which of the following best describes how you use this pharmacy?**

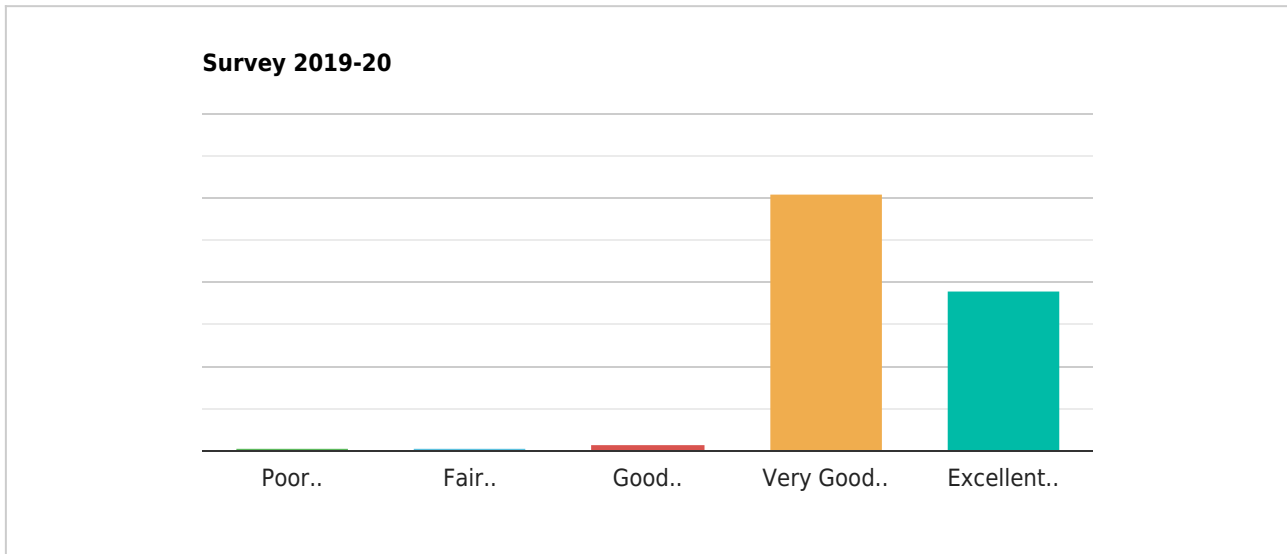


This is the pharmacy that you choose to visit if possible <b>85%</b>	This is one of several pharmacies that you use when you need to <b>8%</b>	This pharmacy was just convenient for you today <b>7%</b>
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**Comments:**

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

**Question 9: Finally, taking everything into account - the staff, the shop and the service provided - How would you rate the pharmacy where you received this questionnaire?**



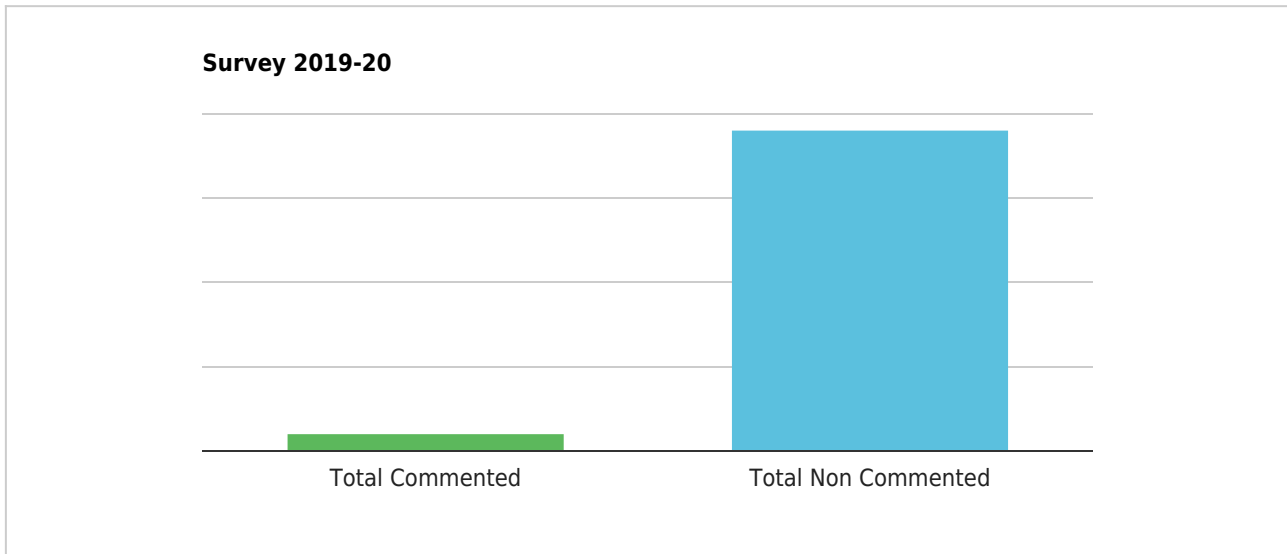
Poor <b>0%</b>	Fair <b>0%</b>	Good <b>1%</b>	Very Good <b>61%</b>	Excellent <b>38%</b>
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**Comments:**

Room for improvement

## Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

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



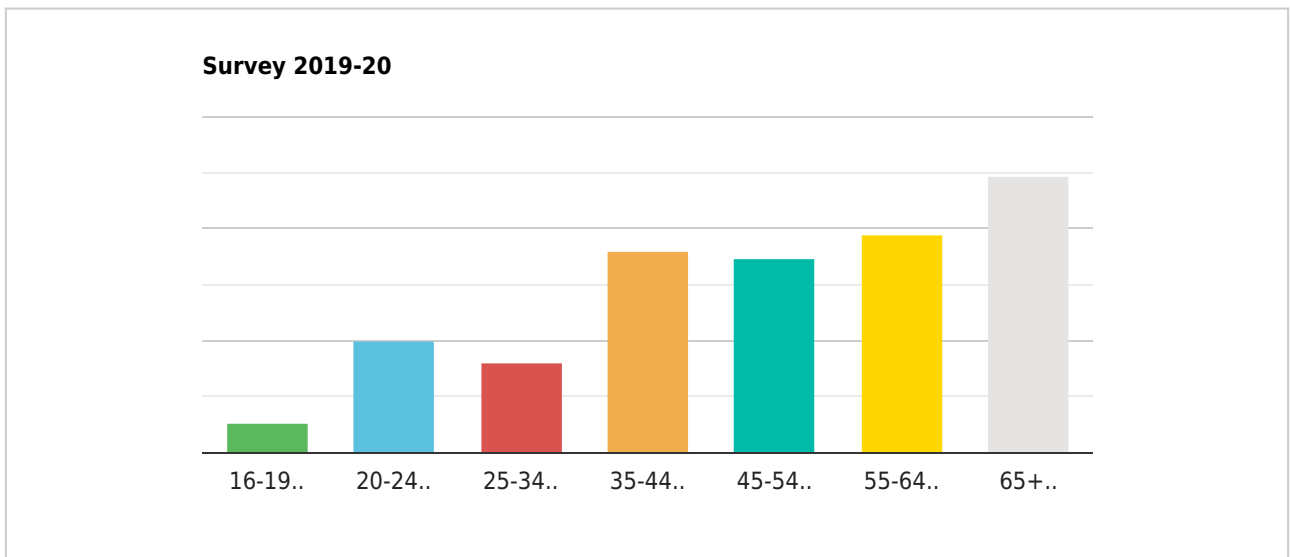
Total Commented <b>5%</b>	Total Non Commented <b>95%</b>
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No	Comments
1	Nice staff always available for advice and help.
2	No improvements needed , this is an excellent pharmacy and all the staff are very friendly and professional.
3	always very satisfactory and pleasant service.
4	VERY CARING, WOULD NOT USE ANY OTHER PHARMACY
5	extremely helpful and caring
6	No improvement the staff have been amazing during this stressful time
7	Excellent service
8	fantastic pharmacy

**Comments:**  
Great Comments

# Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

## Question 11: How old are you?



16-19	20-24	25-34	35-44	45-54	55-64	65+
<b>3%</b>	<b>10%</b>	<b>8%</b>	<b>18%</b>	<b>17%</b>	<b>19%</b>	<b>25%</b>

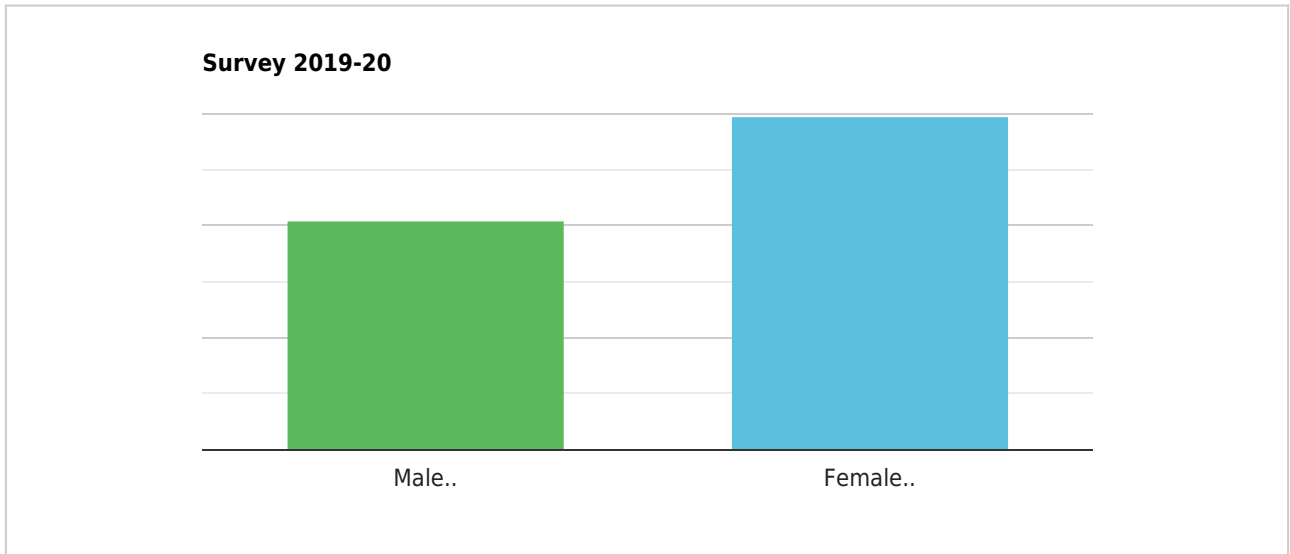
### Comments:

Great mix of all ages use the pharmacy



# Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

## Question 12: Are you...



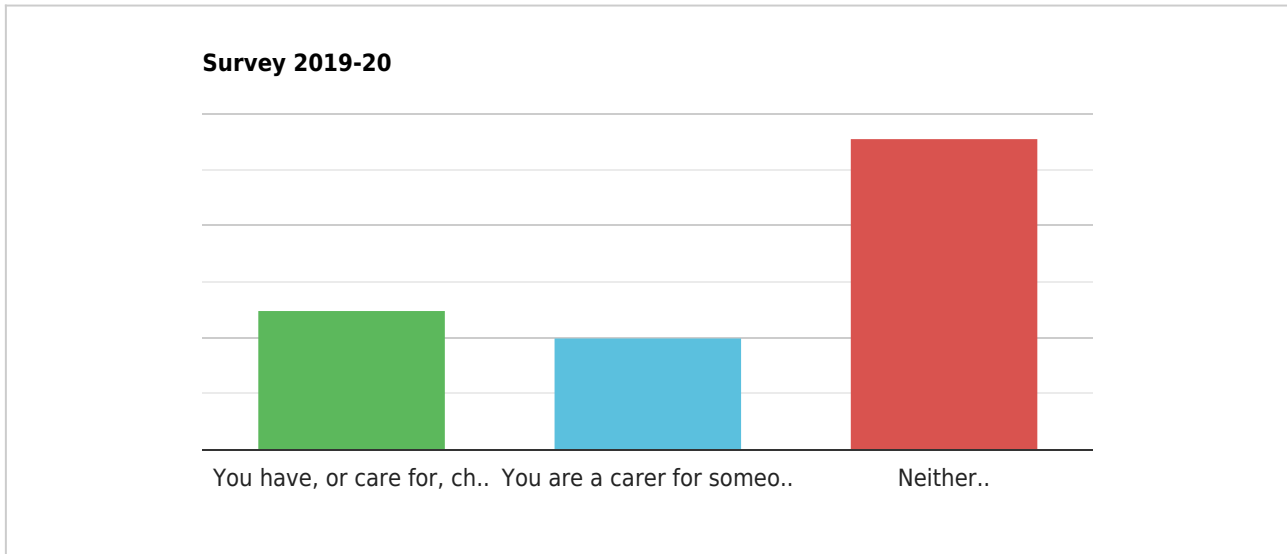
Male <b>41%</b>	Female <b>59%</b>
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### Comments:

May need to promote more male targeted products

# Community Pharmacy Patient Questionnaire Survey Results for Orrell Park Pharmacy

Question 13: Which of the following apply to you:



You have, or care for, children under 16 <b>25%</b>	You are a carer for someone with a longstanding illness or infirmity... <b>20%</b>	Neither <b>55%</b>
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Comments:

## Areas where the pharmacy is performing strongly

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### First area in which the pharmacy performed well:

Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

#### (The cleanliness of the pharmacy)

Very Poor <b>0%</b>	Fairly Poor <b>0%</b>	Fairly Good <b>5%</b>	Very Good <b>95%</b>	Don't Know <b>1%</b>
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**Comments:** The staff make sure the pharmacy looks clean and professional at all times

### Second area in which the pharmacy performed well:

Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

#### (Having in stock the medicines/appliances you need)

Very Poor <b>0%</b>	Fairly Poor <b>0%</b>	Fairly Good <b>3%</b>	Very Good <b>93%</b>	Don't Know <b>4%</b>
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**Comments:** We try to stock and order majority of medicines in a timely manor and also utilise our other pharmacy as a back up if the order is still on route to pharmacy

### Third area in which the pharmacy performed well:

Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

#### (How long you have to wait to be served)

Very Poor <b>0%</b>	Fairly Poor <b>0%</b>	Fairly Good <b>1%</b>	Very Good <b>99%</b>	Don't Know <b>1%</b>
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**Comments:** Majority of patients are served immediatley

## Area identified that needs improvement

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### First area in which the pharmacy needs improvement:

Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?  
**(Healthy eating)**

Yes <b>23%</b>	No <b>77%</b>
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**Comments:** Obesity is increasing every year , so make sure leaflets are on display and any posters from Public heal England

### Second area in which the pharmacy needs improvement:

Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?  
**(Physical exercise)**

Yes <b>23%</b>	No <b>77%</b>
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**Comments:** In the next 12 months we need to display and advertise on social media ways to increase physical exercise . Promote gyms , park walks etc now that lockdown restrictions have been lifted. Display Public Health England posters on the media screen in the pharmacy

### Third area in which the pharmacy needs improvement:

Finally, taking everything into account - the staff, the shop and the service provided -

Poor <b>0%</b>	Fair <b>0%</b>	Good <b>1%</b>	Very Good <b>61%</b>	Excellent <b>38%</b>
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**Comments:** In the next 12 months we will try and improve this score