ID No:

# Community pharmacy: organisational characteristics survey

#### IMPORTANT - PLEASE READ

This is a National Institute of Health Research (NIHR) funded survey of community pharmacies. We are interested in finding out which characteristics of community pharmacy organisations help to maximise their clinical productivity. The findings will be important, both to community pharmacies and NHS commissioners, in developing community pharmacy services.

We are asking community pharmacies in your area to complete this questionnaire. It should only take you about 15 minutes to complete.

#### Everything you say in this questionnaire will remain strictly confidential.

- There is an ID number associated with each questionnaire this is necessary so that we can link your responses to the community pharmacy activity data we will obtain from the NHS Business Services Authority (BSA) and socio-demographic data (e.g. from the National Census). It will also help us to target survey reminders only to pharmacies that have not yet responded.
- Once linked, all identifiers will be removed and <u>data will be stored</u>, <u>analysed and reported</u> <u>anonymously</u>.
- After your responses have been entered onto a computer database, the questionnaire will be securely stored in accordance with data protection regulations and destroyed after five years.

By completing and returning this questionnaire, you are agreeing to our use of activity data relating to your pharmacy, as described above, for research purposes only. It will not be shared with any third party and no single pharmacy or pharmacy chain will be identified in any report arising from this research study.

#### **PLEASE RETURN TO:**

## Dr Sally Jacobs

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, THE UNIVERSITY OF MANCHESTER, MANCHESTER PHARMACY SCHOOL, STOPFORD BUILDING, 1<sup>ST</sup> FLOOR, OXFORD ROAD, MANCHESTER M13 9PT

> National Institute for Health Research

## **BACKGROUND INFORMATION**

Please complete this questionnaire for <u>one pharmacy premises only</u> (see tear-off slip). If you are providing information for more than one pharmacy, please complete one questionnaire per premises.

- 1. Your job title. Which of the following best describes your main role at the pharmacy for which you are completing this questionnaire? (*please tick <u>ONE</u> box only* ☑)
- 2. Type of pharmacy. Which of the following categories describes this pharmacy? (please tick ONE box only 🗹)
  - Independent (< 6 stores)</td>

     Small multiple (6-25 stores)

     Medium multiple (26-200 stores)

     Large multiple (>200 stores)

     Supermarket
- **3.** Geographical location. In what type of area is your pharmacy? (please tick <u>ONE</u> box only ☑)



#### 4. Is your pharmacy situated in a ...? (please tick <u>ONE</u> box only ☑)

High street or row/parade of shops
Shopping centre/mall/precinct
Retail park
Set on its own
Co-located (within the same building) as a GP surgery, walk-in centre or health centre
Other type of location, please state 📧

## 5. Pharmacy characteristics

a) Has this pharmacy been open for three years or more?

Yes
No

b) Is this pharmacy a GPhC-approved training site for pre-registration ('pre-reg') pharmacists?

Yes
No

c) What type of contract does this pharmacy have? (please tick <u>ONE</u> box only ☑)

Standard (40 hour) contract
100 hour pharmacy
Essential Small Pharmacy (i.e. providing services under an ESP local pharmaceutical services (LPS) contract)
Other type of Local Pharmaceutical Services (LPS) pharmacy
Distance selling pharmacy (e.g. online/warehouse pharmacy)

d) Is this pharmacy a Healthy Living Pharmacy (accredited or working towards accreditation)?

Yes
No

6. Opening hours. Please use the table below to indicate the usual opening hours of this pharmacy. 🗷

	Opens	Lunchtime closure times (if applicable)	Closes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

#### 7. Who works in this pharmacy?

Please use the table below to indicate (i) the total number of staff working in the pharmacy <u>and</u> (ii) the number of staff in each category who work in this pharmacy on a typical day. Please count each person once only and use the box most appropriate for their role. (*Please insert number in each box, <u>including yourself and any locums</u> where appropriate). \ll* 

	(i) Total number	(ii) Typical day
Pharmacists		
Registered pharmacy technicians		
Accuracy checking technicians (ACTs)		
Dispensing/Pharmacy assistants		
Healthcare/Medicines counter assistants		
Pre-registration ('pre-reg') trainee pharmacists		
Other, please specify		
<b>TOTAL</b> (This should be the sum of all of the people above)		

#### 8. Use of locums.

a) In the past three months, how often have you used locum pharmacists in this pharmacy? (*Please tick one box only* ☑)



Regularly (e.g. on a daily/weekly basis)

Occasionally (e.g. to cover holidays/sickness/training, etc.)

Rarely (e.g. only once/twice)

Never

b) In the past three months, how many different locum pharmacists have worked at this pharmacy?

Total number of different locum pharmacists used \_\_\_\_\_\_

#### 9. Is the manager of this pharmacy a pharmacist?



#### 10. Who has line management responsibility for the main pharmacist in this pharmacy?

No-one (s/he is self-employed)

A pharmacist

A non-pharmacist

- 11. Changes in staffing levels. Have this pharmacy's staffing levels or skill mix changed over the past 12 months?
  - Yes

es – please go to question 12.

No – please go to question 13.

**12.** Changes in staffing levels. Please use the table below to indicate where the overall number of staff in each category has increased or decreased. (Please tick ☑ to indicate (i) an increase, (ii) a decrease or (iii) no change in staffing levels as appropriate)

	(i) Staffing levels have increased	(ii) Staffing levels have decreased	(iii) No change
Pharmacists			
Registered pharmacy technicians			
Accuracy checking technicians (ACTs)			
Dispensing/Pharmacy assistants			
Healthcare/Medicines counter assistants			
Pre-registration ('pre-reg') trainee pharmacists			
Other, please specify			

**13. Working patterns.** Which of the following most closely describes the usual working pattern of the <u>main</u> <u>pharmacist</u> in this pharmacy? *Please include work outside usual pharmacy opening hours, for example, doing* paperwork. (*Please tick* <u>ONE</u> box only ☑)

Standard hours only (between 8am-6pm)
Standard hours only (with some on-call)
Extended working hours (regularly starting before 8am and/or finishing later than 6pm)
Shifts
No usual pattern

**14. Working hours.** Please use the table below to indicate the usual working hours of the <u>main pharmacist</u> in this pharmacy. <u>Please include any breaks taken, paid or unpaid</u>. Please include work outside usual pharmacy opening hours, for example, doing paperwork. *A* 

	Starts work	Finishes work	Number of rest breaks taken	Total time taken in rest breaks
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

# THE WORKING ENVIRONMENT

#### 15. How would you describe this pharmacy?

The descriptive words at the end of each scale below are opposites. For each question place <u>one</u> tick  $\checkmark$  somewhere along each line to indicate your response. Please base your response on your observation and knowledge of this pharmacy.

a)	How would you describe this pharmacy in terms of its <b>orientation:</b>	Patient	Ļ	I	1	T	T	1	T	ľ	1	_	Medicine
b)	How would you describe this pharmacy in terms of its <b>focus:</b>	Quality	Ļ	1	1	1	1	1	1	I	1	Ļ	Quantity
c)	How would you describe this pharmacy in terms of its pharmacists' work:	Professional	L	1			an.	1	_1	ı	1	_	Technical

**16. Patient safety**. Please indicate your agreement or disagreement with the following statements about this community pharmacy. (*Please mark your answer by placing a tick in the circle*)

Thinking about this pharmacy	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. All staff are constantly assessing risks and looking for improvements	0	0	0	0	0
2. Staff work in "crisis mode" trying to do too much, too quickly	0	0	0	0	0
<ol><li>When an incident is reported, it feels like the person is being reported, not the problem</li></ol>	0	0	0	0	0
<ol> <li>The pharmacy manager/owner seriously considers staff suggestions for improving patient safety</li> </ol>	0	0	0	0	0
<ol> <li>It is just by luck that more serious mistakes don't happen in the pharmacy</li> </ol>	0	0	0	0	0
6. All staff have education and training in safety	0	0	0	0	0
<ol><li>Staff will freely speak up if they see something that may negatively affect patient care</li></ol>	0	0	0	0	0
8. There is a blame culture, so staff are reluctant to report incidents	0	0	0	0	0
9. The pharmacy learns and shares information about safety incidents with staff and other pharmacies	0	0	0	0	0
10.Staff work longer hours than is sensible for patient care	0	0	0	0	0
11. The culture is one of continuous improvement	0	0	0	0	0
12.Staff feel that their mistakes are held against them	0	0	0	0	0
13.Staff routinely discuss ways to prevent incidents from happening again	0	0	0	0	0
14. "Lip service" is paid to patient safety until an actual safety incident occurs	0	0	0	0	0
15.Staff are seen as already trained to do their job, so why would they need more training	0	0	0	0	0
16.The effectiveness of any changes made following an incident are evaluated	0	0	0	0	0
17.Investigations aim to learn from incidents and communicate the findings widely	0	0	0	0	0
18. There are enough staff to handle the workload	0	0	0	0	0
19.Investigations aim to assign blame to individuals	0	0	0	0	0
20.The team has a shared understanding and vision about safety issues; everyone is equally valued and feels free to contribute	0	0	0	0	0
21.Staff are routinely informed about incidents that happen in the pharmacy	0	0	0	0	0
22.Following an incident, there is a real commitment to change throughout the pharmacy	0	0	0	0	0
23. Training in safety has a low priority and is seen as irritating, time consuming and costly	0	0	0	0	0
24.Investigations are seen as learning opportunities	0	0	0	0	0

## PHARMACIST/GP INTEGRATION

We would now like you to think about your nearest GP surgery, the GP surgery from which you receive most prescriptions or the GP surgery with which you have the closest working relationship.

- **17.** If you are <u>unable</u> to identify a GP surgery meeting these criteria, please tick this box *You have now completed the questionnaire. Thank you.*
- <u>OR</u>, if you <u>are</u> able to identify a GP surgery meeting these criteria, please answer the following questions:
- 18. Has anyone from this pharmacy had any face-to-face contact with a representative from this surgery in the last 12 months? (please tick <u>ONE</u> box only ☑)



No – please go to question 21

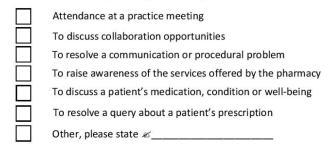
Yes, once in 12 months - please go to question 19

Yes, more than once in 12 months - please go to question 19

**19.** If yes (to Q18), who was this face-to-face contact with? (please tick all that apply , thinking of all occasions when there has been face-to-face contact)



**20.** If yes (to Q18), what was the nature of this meeting/these meetings? (please tick all that apply ☑, thinking of all occasions when there has been face-to-face contact)



21. All things considered, how would you describe this pharmacy's relationship with this surgery? (please tick <u>ONE</u> box only ☑)



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