**Help us help you Evaluation Questionnaire March 2019**

1. **Name of pharmacy …………………………………………………………………………………**
2. **What is your pharmacy post code?..........................**
3. **What is your pharmacy F code?..................................**
4. **Did you display/use the campaign materials?**

Yes – Please go to question 6.

No – Please explain why you didn’t take part in the campaign?

……………………….…………..................................................................................................................

1. **Please provide name and contact details of the nominated lead for future health campaigns? …………………………………………………………………………………………….…**Questionnaire END
2. **Who took ownership of the campaign in your pharmacy?**
	1. **Pharmacist**
	2. **Store Manager**
	3. **Pharmacy technician**
	4. **Other staff member**
3. **Please provide contact details of the campaign lead?**

**Name………………………………………………..**

**Email address……………………………………..**

**Phone Number ……………………………………**

1. **In order to monitor/improve the distribution route for campaign materials to pharmacies, please advise which of the below categories best fits your pharmacy: (check box – 1 only)**
* **Small chain & Independent**
* **Boots**
* **Morrison’s**
* **Superdrug**
* **Rowlands**
* **Tesco**
* **Lloyds**
* **Lloyds in Sainsbury’s**
* **ASDA**
* **Well**
* **Day Lewis**
* **Pasab**

**Campaign outcomes:**

1. **How many conversations did you have with patients/customers regarding the campaign? ………………………….………………………………………………………………….**
2. **How many patients who received Medicine Usage Reviews (MUR’s)/New Medicine Service (NMS) consultations did you have a conversation with about the campaign? …………………………………………………………………………………………………….**
3. **How many patients, as a result of your campaign conversations, did you refer to another healthcare provider e.g. GP, ED for further consultation and/or treatment?**

**……………………………………………………………………………………………………...**

1. **In what ways did you promote the campaign?**
2. **Social Media (Facebook, Twitter etc.)**
3. **Special Event put on by your pharmacy**
4. **Other please state ………………………………………………….**
5. **None of the above**
6. **On a scale of 1-5 (1 being very poor and 5 being Excellent) please identify:**
* **How well informed was your pharmacy regarding preparation for the campaign?**
* **How easy it was to identify the campaign pack?**
* **How easy it was to use the campaign materials?**
1. **Are there any training or support needs you would like to see from NHSE/PHE regarding future campaigns? Options: (please select preferred answers)**
2. **Webinars**
3. **Online training**
4. **Face to face training**
5. **No further support required**
6. **Other please state (free text box)……………………………………………………**
7. **Please tell us what worked well and what didn’t work so well during the campaign.……………………………………………………………………………………………..**
8. **Please provide details about your most positive outcome/experience of the campaign. We love to hear about your ‘good news stories’ resulting from the campaigns. If you wish to elaborate further or have any photographs of your health campaign displays please contact:** **England.pharmacysouthwest@nhs.net** **CHANGE THIS ADDRESS FOR THE DIFFERENT AREA TEAMS (DETAILS IN ATTACHED EMAIL). THANKS. (free text).**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………**

*Thank you for your support during this Pharmacy Contract campaign and for making a positive impact on the health and wellbeing of your local population. We will be producing an evaluation fand will ensure you receive a report on the impact of the campaign.*