

Pharmaceutical Needs Assessment Public Survey

Overview

The purpose of this survey is to gather insight into how people experience pharmaceutical care across the Isle of Man. We want to hear from patients, carers, and the public about the services they receive from community pharmacies, the pharmacy at Noble's Hospital (Manx Care), medical centres, and online providers.

In addition to understanding current experiences, the survey seeks to identify people's needs and expectations for pharmacy services in the future, ensuring that provision is accessible, effective, and aligned with the health needs of our population.

Why your views matter

Public views will inform the development of a new **Pharmaceutical Needs Assessment (PNA)** for the Isle of Man. The purpose of a PNA is to assess the current and future pharmaceutical needs of the population and to determine whether the provision of current pharmacy services is sufficient to meet those needs.

A survey of this kind has not been undertaken since the last PNA in 2019, and your input is vital to ensure that pharmacy services remain accessible, effective, and responsive. The PNA will consider the full range of services delivered by pharmacists and pharmacy technicians — from community pharmacies and online providers to those working within Noble's Hospital (Manx Care) and other medical practices.

The findings will guide decisions about what services should be available as part of pharmaceutical care, how they are delivered, and how they can best support the public. By contributing to this consultation, you will help shape the future of pharmacy provision across the island.

What happens next

The document will provide a summary of the views expressed on each topic. The summary will then be subject to consultation in Spring 2026 with all the providers of pharmaceutical care on the Island to allow them to contribute.

Once this information has been received by the DHSC a draft Pharmaceutical Needs Assessment will be produced for consideration by the Department in Summer 2026.

Finally, the Department aims to publish the PNA in Autumn 2026.

Reasonable adjustments and alternative formats

The Department is committed to equal opportunities and our aim is to make our documents easy to use and accessible to all.

The Department will take steps to accommodate any reasonable adjustments and provide such assistance as may reasonably be required to enable access or reply to this consultation.

If this document is required in another format or assistance is required with accessing or replying to this consultation, please email StrategyandPolicy.DHSC@gov.im

Responding to this survey and questions

This consultation can be responded to by clicking on the 'Online survey' link below.

Alternatively you can download a paper version of this consultation from the 'Related' section below and email it to StrategyandPolicy.DHSC@gov.im or post it to:

Department of Health and Social Care,
Head Office,
1st Floor Belgravia House,
Circular Road,
Douglas,
IM1 1AE

About you

Depending on the answers you give, the survey may skip some questions.

1 What are the first 3 digits of your postcode?

2 When you last visited a pharmacy / contacted a pharmacist for advice which one did you visit?

(Required)

Please select only one item

- ☐ Noble's Hospital Pharmacy
- ☐ Costain Pharmacy, Ballasalla
- ☐ Kingsley Muti, Ballasalla
- ☐ Clear Pharmacy, Braddan
- ☐ Castle Pharmacy, Castletown
- ☐ Clear Pharmacy, Castletown
- ☐ Boots the Chemist, Douglas
- ☐ Hemensley's Pharmacy, Douglas
- ☐ Kinrade's Pharmacy, Douglas
- ☐ Clear Pharmacy, Anagh Coar, Douglas
- ☐ Clear Pharmacy, Castle Street, Douglas
- ☐ Clear Pharmacy, Governors Hill, Douglas
- ☐ Clear Pharmacy, Tesco, Victoria Road, Douglas
- ☐ Clear Pharmacy, Woodbourne Road, Douglas
- ☐ Karson's Pharmacy, Kirk Michael
- ☐ Laxey Chemist, Laxey
- ☐ Karson's Pharmacy, Onchan
- ☐ Clear Pharmacy, Onchan
- ☐ Clear Pharmacy, Peel
- ☐ Cowley Pharmacy, Peel
- ☐ Clear Pharmacy, Darnills, Station Road, Port Erin
- ☐ Clear Pharmacy, Church Road, Port Erin
- ☐ Clear Pharmacy, Port St Mary
- ☐ Baker's Pharmacy, Ramsey
- ☐ Clear Pharmacy, Parliament Street, Ramsey
- ☐ Clear Pharmacy, Tesco, Bowring Road, Ramsey
- ☐ Clear Pharmacy, St Paul's Square, Ramsey
- ☐ 420 Pharma, Strand Street, Douglas
- ☐ Thrive Healthcare, Douglas
- ☐ Internet/online pharmacy
- ☐ An off-island pharmacy (provide details of general location)

If you visited an off-island pharmacy, please provide details of the general location of the pharmacy

3 May we publish your response?

Please read our [Privacy Policy](#) for more details and your rights.

More information

- Publish anonymously – only your responses **may** be published on the hub
- Do not publish – **nothing will** be published publicly on the hub (your response will only be part of a larger summary response document)

(Required)

Please select only one item

- ☐ Yes, you may publish my response anonymously
- ☐ No, please do not publish my response

About your last visit to a community pharmacy

4 When you last visited a community pharmacy was it as a patient, carer, healthcare professional or customer?

Please select only one item

- ☐ Patient (for a prescription, to buy non-prescription medical products or to use medical services)
- ☐ Carer (visiting on behalf of someone else who is unable to attend the pharmacy themselves)
- ☐ Healthcare professional (visiting as part of your job role)
- ☐ Customer (buying non-medical products e.g. toiletries)

5 Why did you last visit a community pharmacy? (Please tick all that apply)

Please select all that apply

- ☐ To collect a one-off Manx Care prescription
- ☐ To collect a repeat Manx Care prescription
- ☐ To collect a one-off private prescription
- ☐ To collect a repeat private prescription
- ☐ To get advice from the pharmacists or pharmacy staff
- ☐ To access a private pharmacy service e.g. vaccination
- ☐ To use the Manx Care Minor Ailments Scheme
- ☐ To buy medications without a prescription e.g. paracetamol, ibuprofen
- ☐ To return unused/expired medications
- ☐ Other (please specify below)

If other, please specify:

Information on the [Manx Care Minor Ailments Scheme \(opens in a new tab\)](https://www.gov.im/minor-ailments-scheme) <<https://www.gov.im/minor-ailments-scheme>> .

6 When you last visited a pharmacy did you want to get a prescription dispensed?

Please select only one item

- ☐ Yes
- ☐ No
- ☐ Can't remember

Medicine quantities

7 Did you get all the medicines and the full quantity required on your first visit or did you have to return later?

Please select only one item

- ☐ Yes, I got all my medicine at the full quantity
- ☐ No, I did not get all my medicine and had to return later
- ☐ Can't remember

8 If you DID NOT get the full quantity of medicines required, how long did you have to wait to get them?

Please select only one item

- ☐ Later the same day
- ☐ The next day
- ☐ Two or more days
- ☐ More than a week
- ☐ Never got it
- ☐ Can't remember

Getting to the pharmacy

9 When did you last use a pharmacy?

Please select only one item

- ☐ In the last week
- ☐ 1 to 2 weeks ago
- ☐ 2 weeks to 1 month ago
- ☐ 1 to 3 months ago
- ☐ 3 to 6 months ago
- ☐ More than 6 months ago

10 How do you usually get to the pharmacy you use most often? (Please tick all that apply)

Please select all that apply

- ☐ Walking
- ☐ Public Transport
- ☐ Car/Motorbike
- ☐ Taxi
- ☐ Bicycle
- ☐ Mobility Transport
- ☐ Other (please specify below)

If other, please specify:

11 Thinking about the location of the pharmacy you use most often, which of the following is most important to you?

(Please tick all that apply)

Please select all that apply

- ☐ It is close to my GP surgery or medical centre
- ☐ It is close to my home
- ☐ It is close to other shops I use
- ☐ It is close to my children's school or nursery
- ☐ It is easy to park nearby
- ☐ It is near to a bus stop
- ☐ It is close to where I work
- ☐ It is close to/in my local supermarket
- ☐ Other (please specify below)

If other, please specify:

12 How easy is it to get to your usual pharmacy?

Please select only one item

- ☐ Very easy
- ☐ Quite easy
- ☐ Neither easy or difficult
- ☐ Quite difficult
- ☐ Very difficult

Difficulty getting to the pharmacy

13 What makes it difficult to get to your usual pharmacy? (Please tick all that apply)

Please select all that apply

- ☐ Distance to the pharmacy
- ☐ Traffic problems
- ☐ Lack of parking
- ☐ Not close to a bus stop
- ☐ Personal mobility difficulties
- ☐ Need additional support e.g. escort or driver
- ☐ Other (please specify below)

If other, please specify:

14 If you answered 'personal mobility difficulties' above, are you able to park your vehicle close enough to your usual pharmacy?

Please select only one item

- ☐ Yes
- ☐ No
- ☐ Not applicable

Getting to the pharmacy - continued

15 Do mobility difficulties, a disability, health issues, or other requirements affect how you enter and/or access your usual pharmacy?

Please select only one item

- ☐ Yes
☐ No

If yes, please describe how:

16 In the last 12 months have you had any problems finding a pharmacy that was open when you wanted to use one?

Please select only one item

- ☐ Yes, I have had problems finding an open pharmacy
☐ No, I have not had any problems finding an open pharmacy

17 If you answered 'yes, I had problems finding an open pharmacy' to the previous question, what did you need to do at the pharmacy?

Please select only one item

- ☐ To get medicine(s) on a prescription
☐ To buy non-prescription medicine(s)
☐ To get advice at the pharmacy
☐ Other (please specify below)

If other, please specify:

Your usual pharmacy

18 Does your usual pharmacy deliver medication to your home?

Please select only one item

- ☐ Yes – free of charge
☐ Yes – with a delivery charge
☐ No - they don't deliver
☐ Don't know / I have never used this service

19 How satisfied are you with the opening hours of your usual pharmacy?

Please select only one item

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

20 How could the opening hours of your usual pharmacy be improved? (Please tick all that apply)

Please select all that apply

- ☐ Open earlier on a Monday to Friday
- ☐ Open later on a Monday to Friday
- ☐ Open earlier on a Saturday
- ☐ Open later on a Saturday
- ☐ Open on a Sunday
- ☐ Open over lunchtimes
- ☐ Co-ordinate with GP surgery or medical centre opening times
- ☐ Not applicable
- ☐ Other (please specify below)

If other, please specify:

21 Have there been any times recently when you have needed to use your usual pharmacy when it was closed?

Please select only one item

- ☐ Yes, I needed to go but it was closed
- ☐ No, I haven't needed to go recently

22 If you answered 'Yes, I needed to go but it was closed' to the previous question, what did you do as a result of your usual pharmacy being closed?

Please select only one item

- ☐ Went to another pharmacy
- ☐ Waited until the pharmacy was open
- ☐ Went to the GP surgery or Medical Centre
- ☐ Went to Noble's hospital
- ☐ Went to Ramsey District Cottage Hospital's MIU (Minor Injury and Illness Unit)
- ☐ Called MEDS (Manx Emergency Doctor Service)
- ☐ Other (please specify below)

If other, please specify:

23 Have you had a consultation with the pharmacist or asked their advice recently?

Please select only one item

- ☐ Yes, I have
- ☐ No, I haven't
- ☐ I can't remember

Pharmacist advice

24 What advice were you given? (Please tick all that apply)

Please select all that apply

- ☐ Lifestyle advice (e.g. stop smoking, diet and nutrition, physical activity etc.)
- ☐ Advice about a minor illness or health problem
- ☐ Medicine advice
- ☐ Emergency contraception advice
- ☐ Advice to visit or use another healthcare service
- ☐ Other advice (please specify below)

If other, please specify:

25 Where did you have your consultation with the pharmacist?

Please select only one item

- ☐ At the pharmacy counter
- ☐ In the dispensary or a quiet part of the pharmacy
- ☐ In a separate room
- ☐ Over the telephone
- ☐ Other place (please specify below)

If other, please specify:

26 How do you rate the level of privacy you had when speaking with the pharmacist?

Please select only one item

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Not applicable

Pharmacy services

27 Are you satisfied with the range of services provided by the pharmacies that you use?

Please select only one item

- ☐ Yes, I am satisfied
- ☐ No, I am not satisfied
- ☐ I don't know

28 Are there any other services that you would like to be available at the pharmacies you visit? (Please tick all that apply)

Please select all that apply

- ☐ The pharmacist being able to prescribe medication
- ☐ Covid/flu vaccinations
- ☐ Winter health checks
- ☐ Asthma reviews
- ☐ Contraception services
- ☐ Vitamin B12 injections
- ☐ Blood pressure monitoring service
- ☐ Travel health/vaccinations
- ☐ Other (provide details below)
- ☐ No

If other, please specify:

29 What is important to you when choosing a pharmacy in terms of products and services?

	Important	Neither important nor unimportant	Unimportant	Don't know / not applicable
Opening times <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting times <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having the medications I need <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledgeable staff <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly staff <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They collect prescriptions from medical centres <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They will deliver medicines to my home <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Privacy when speaking to the pharmacist <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The range of services offered <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30 Please tell us about anything else that might influence your choice of pharmacy:

31 How would you prefer to access information about pharmacy opening times? (Rank your top 3 in order of preference)

	First	Second	Third
Manx Care website <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manx Care social media <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online news <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspapers <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacies e.g. notices or posters <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community wellbeing partnerships <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP surgery or Medical Centre <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith organisations <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third sector groups/charities <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please provide details below) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please specify:

32 In the last 12 months have you paid for any private services provided by a pharmacy? (Please tick all that apply)*Please select all that apply*

- ☐ No
☐ Yes, I have collected a one-off prescription from a private healthcare provider
☐ Yes, I have collected a repeat prescription from a private healthcare provider
☐ Yes, travel clinic e.g. Dengue fever vaccination, Rabies vaccination
☐ Yes, weight loss service
☐ Yes, Covid 19 or flu vaccination
☐ Yes, nicotine replacement therapy service
☐ Yes, medicinal cannabis
☐ Yes, vitamin B12 injection
☐ Other (please specify below)

If other, please specify:

33 Would you like to share your experience's of Noble's Hospital pharmacy?

(Required)

Please select only one item

- ☐ Yes, I would
- ☐ No, I would like to finish the consultation

Visiting Noble's Hospital pharmacy

34 Why did you last visit or use the Noble's Hospital pharmacy? (Please tick all that apply)

Please select all that apply

- ☐ To collect medication for a Manx Care patient
- ☐ To get advice from the pharmacist or pharmacy technician
- ☐ To return unused/expired medication
- ☐ Other (please specify below)

If other, please specify:

35 When did you last use the Noble's Hospital pharmacy?

Please select only one item

- ☐ In the last week
- ☐ 1 to 2 weeks ago
- ☐ 2 weeks to 1 month ago
- ☐ 1 to 3 months ago
- ☐ 3 to 6 months ago
- ☐ More than 6 months ago

36 How satisfied are you with the opening hours of Noble's pharmacy?

Please select only one item

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

37 If you think that the opening hours of Noble's pharmacy could be improved, how do you think this could be done?
(Please tick all that apply)

Please select all that apply

- ☐ Open earlier on a Monday to Friday (before 8:45am)
- ☐ Open later on a Monday to Friday (after 5:15pm)
- ☐ Open earlier on a Saturday (before 9am)
- ☐ Open later on a Saturday (after 12:30pm)
- ☐ Provide a delivery service
- ☐ Not applicable
- ☐ Other (please provide details below)

If other, please specify:

38 When you last visited Noble's Hospital pharmacy, was it as a patient, carer or healthcare professional?

Please select only one item

- ☐ Patient (for a prescription, to buy non-prescription medical products or to use medical services)
- ☐ Carer (visiting on behalf of someone else who is unable to attend the pharmacy themselves)
- ☐ Healthcare professional (visiting as part of your job role)

Noble's Hospital pharmacy - Healthcare professionals

39 Have you recently needed to use Noble's pharmacy out of hours?

Please select only one item

- ☐ Yes, I have
- ☐ No, I have not

40 If you answered 'Yes, I have' to the previous question, please provide details on what you did as a result of Noble's pharmacy being closed:

41 Have you asked the hospital pharmacist or pharmacy technician for advice recently?

Please select only one item

- ☐ Yes, when I was on the ward or clinic
- ☐ Yes, when I was collecting medication from the hospital pharmacy
- ☐ No, I haven't asked for advice
- ☐ I can't remember

42 If you answered 'Yes' to the previous question, what type of advice did you ask for?

Please select only one item

- ☐ Advice on a new medication that a patient was starting
- ☐ Advice on a current medication that a patient was taking
- ☐ Can't remember
- ☐ Other (please specify below)

If other, please specify:

Noble's Hospital Pharmacy advice - Patient or carer

43 Have you asked the hospital pharmacist or pharmacy technician for advice recently?

Please select only one item

- ☐ Yes, when I was on the ward or clinic
- ☐ Yes, when I was collecting medication from the hospital pharmacy
- ☐ No
- ☐ I can't remember

44 If you answered 'Yes' to the previous question, what type of advice did you ask for?

Please select only one item

- ☐ Advice on a new medication that I, or someone I'm a carer for, was starting
- ☐ Advice on a current medication that I, or someone I'm a carer for, was taking
- ☐ I can't remember
- ☐ Other (please specify below)

Advice

45 Did you receive the advice you were looking for?

Please select only one item

- ☐ Yes, I did
- ☐ No, I did not
- ☐ I can't remember

46 Where were you when you asked for advice?

Please select only one item

- ☐ On the ward
- ☐ In the clinic
- ☐ In the hospital pharmacy
- ☐ By telephone from home
- ☐ Can't remember
- ☐ Other (please specify below)

If other, please specify:

Accessing Noble's Hospital pharmacy

47 How easy is it to get to the Hospital pharmacy?

Please select only one item

- ☐ Very easy
- ☐ Quite easy
- ☐ Neither easy or difficult
- ☐ Quite difficult
- ☐ Very difficult

48 Do disability, health, or other requirements affect how you access the hospital pharmacy?

Please select only one item

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

49 What could be done to make it easier for you to access the hospital pharmacy?

Please give your comments or suggestions:

50 How do you arrange collection of your medication if you are not able to collect it from Noble's pharmacy?

Please select only one item

- ☐ Carer, relative or friend collects it instead
- ☐ Ask for the medication to be sent to Ramsey District Cottage Hospital
- ☐ Ask for the medication to be sent to my GP practice for collection
- ☐ Other (please provide details below)
- ☐ Not applicable

If other, please specify:

51 When you last visited Noble's pharmacy did you get all the medicines that you needed without having to wait?

Please select only one item

- ☐ Yes, I did
- ☐ No, I did not
- ☐ I can't remember

Waiting for medication at Noble's Hospital pharmacy

52 If you had to wait when picking up your prescribed medication, did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

Please select only one item

- ☐ Yes, they told me
- ☐ No, but I would have liked to have been told
- ☐ No, but I did not mind
- ☐ I can't remember

53 If not all of the medicines were available on that visit, how long did you have to wait to obtain them?

Please select only one item

- ☐ Later the same day
- ☐ The next day
- ☐ Two or more days
- ☐ More than a week
- ☐ Never got it
- ☐ I can't remember
- ☐ Not applicable

54 Was this a reasonable period of time for you to wait?

Please select only one item

- ☐ Yes, it was
- ☐ No, it wasn't
- ☐ Not applicable

55 What was the main reason for the delay in getting all your medicines on this occasion?

Please select only one item

- ☐ My speciality team had not prescribed the medication
- ☐ The hospital pharmacy did not have the prescription so could not process it
- ☐ The hospital pharmacy did not have the medicine in stock so could not dispense it
- ☐ I can't remember
- ☐ Other (please specify below)

If other, please specify:

Service improvements

56 Can you think of any way Noble's pharmacy services could be improved?

Please give your comments or suggestions:

If you wish to share your experiences of any other pharmacies, please submit this consultation and start a new one.