

**Questionnaire to survey experience of Community Pharmacy Provision of Emergency Contraception & Chlamydia Testing & Treatment Services – January 2009**

1. Are you aware of the following services?

- Chlamydia Testing & Treatment Yes/No
- Emergency Contraception Yes/No

2. Have you signed and returned the PGDs authorising NHS supply of medicines for the services?

- Chlamydia Testing & Treatment Yes/No
- Emergency Contraception Yes/No

3. Have you provided any of these services yet? If so, for how many patients?

- Chlamydia Testing & Treatment
- Emergency Contraception

4. Have any supplies been for patients younger than 16?

- Chlamydia Testing & Treatment Yes/No
- If so for how many?
- Emergency Contraception Yes/No
- If so for how many?

5. Have you had any concerns about caring for a vulnerable patient e.g. someone less than 16 years, and if so did the information available in the PGD help?

6. Is there any additional support you would like to see?

7. If you have received your publicity poster and chlamydia postal test kit please answer the following questions, but do not delay responding if you have not.

- Have you received the Publicity poster? Yes/No
- Have you displayed it ? Yes/No
- If not – why not?

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- Do you have any suggestions for a future draft?

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8. Have you received the chlamydia postal test kits?

- Are you confident in explaining their use to patients who need them? Yes/No

9. Are there any other comments you wish to make?

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We are keen to receive replies from each pharmacist, even although that will often mean more than one reply per pharmacy. Responses should be sent to

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ML1 3BW  
FAX 01698 245091  
BY FRIDAY 16<sup>TH</sup> JANUARY 2009.**

Reply sent by	Name	Signature & Date
Pharmacy Address		
Contractor Code		