

Patient-centred Spacer Care in Community Pharmacy

Pharmacy stamp

Evaluation Form

Please remember to keep a record of all completed patient Spacer Opinion Questionnaires (SpOQ) for future reference, to support any queries from GP practices.

Q1

Approximately how many of your respiratory patients have successfully completed a SpOQ form followed by a discussion with you on spacers during this project?

..... respiratory patients

Q2

Approximately how many respiratory patients have you referred back to primary care, after reviewing a SpOQ and discussing spacers?

..... respiratory patients

To help us understand how useful you found the Spacer Support Pack, please answer the following questions by ticking YES or NO and then providing any further comments in the feedback box at the end of the form:

Q3

I found this pack helpful to guide my discussions with patients about spacers:

Yes No

Q4

Using the SpOQ and Pharmacy spacer checklist has helped my patients using a pressurised metered-dose inhaler (pMDI) and a spacer to improve their technique:

Yes No

Q5

Using the Spacer Support Pack has allowed me to recognise patients who would benefit from a spacer:

Yes No

Q6

The Spacer Patient Information Leaflet (SPIL) was simple enough to help my patients understand the importance and benefit of using a spacer with their pMDI:

Yes No

Your input is important to help us understand how we could improve the Spacer Support Pack. Please provide any further feedback below.

Name of Pharmacist Signature

IMPORTANT

Please scan and email this form via secure NHS email to

Alternatively, we have enclosed 2 stamped addressed envelopes for you to send your feedback in

Developed by Temple Consultancy Ltd.,
funded by sponsorship from Trudell Medical UK Ltd.
Trudell Medical UK Limited, Grove House,
Lutyens Close, Basingstoke, Hampshire. RG24 8AG.
Tel 01256 338 400 email: info@trudellmedical.co.uk