

## Community Pharmacy questionnaire

A Pharmaceutical Needs Assessment (PNA) must present an accurate picture of pharmaceutical service need and provision and will therefore highlight and summarise areas where provision is deemed to be inadequate i.e. "pharmaceutical needs". In view of the important commissioning decisions that will be made with reference to the PNA, contractors will recognise the dangers of using incomplete or inaccurate information. For this reason your active co-operation with the following questionnaire is essential. Please ensure that all details are supplied as requested and checked for accuracy.

Please complete this short questionnaire by 13th July 2014. Please note that the questionnaire needs to be completed in one session and cannot be saved for completion later.

Thank you for your support and co-operation

## Pharmacy details

### \*1. Please fill in yours details

Contractor Code (OCS Code)

Name of contractor (i.e. name of individual, partnership or company owning the business)

Trading Name (i.e. the name above the door that patients associate with your pharmacy):

Address of pharmacy including postcode

Pharmacy email address (that is checked daily when the premises are open)

Pharmacy telephone number

Pharmacy fax number

Does the pharmacy have an NHS.net email address? If so, please provide

### \*2. Person completing this form:

Name

Date

Contact telephone number if questions arise:

## Access

### 3. Accessibility

Is free car parking available for patients outside the pharmacy?

Is disabled parking available outside the pharmacy?

Is the door to the pharmacy accessible for customers using pushchairs, wheelchairs and walking frames?

Are there any steps to climb when entering the pharmacy?

Yes

No

**4. Has the pharmacy made any adjustments or alterations to enable physical access e.g. automatic doors or ramps? If so, please give details.**

**\*5. Does the pharmacy have a public facing website?**

Yes

No

If yes, please provide website address below

**\*6. When was the pharmacy's NHS Choices profile last updated (month/year)**

**\*7. What are your core opening hours - e.g 9.00am - 5.00pm**

Monday morning

Monday afternoon

Tuesday morning

Tuesday afternoon

Wednesday morning

Wednesday afternoon

Thursday morning

Thursday afternoon

Friday morning

Friday afternoon

Saturday morning

Saturday afternoon

Sunday morning

Sunday afternoon

**\*8. What are your supplementary hours**

Monday morning	<input type="text"/>
Monday afternoon	<input type="text"/>
Tuesday morning	<input type="text"/>
Tuesday afternoon	<input type="text"/>
Wednesday morning	<input type="text"/>
Wednesday afternoon	<input type="text"/>
Thursday morning	<input type="text"/>
Thursday afternoon	<input type="text"/>
Friday morning	<input type="text"/>
Friday afternoon	<input type="text"/>
Saturday morning	<input type="text"/>
Saturday afternoon	<input type="text"/>
Sunday morning	<input type="text"/>
Sunday afternoon	<input type="text"/>

**\*9. Does the pharmacy close for lunch?**

Yes

No

Please state when closed and which days of the week

## Workforce

### 10. Please state the total hours worked by your staff per week

Driver(s)	<input type="text"/>
Counter Staff	<input type="text"/>
Pharmacy Technician(s)	<input type="text"/>
Accredited Checking Technician(s)	<input type="text"/>
Pharmacist(s)	<input type="text"/>
Other (please state title)	<input type="text"/>

### \*11. Are there any periods when there is more than one pharmacist on duty?

Yes

No

If yes, for how many hours per week?

### \*12. Is your pharmacy premises approved for pre-registration training?

Yes

No

How many pre-registration pharmacists do you have?

### 13. What languages are spoken by staff in addition to English?

**\*14. Is your pharmacy willing to undertake consultations in patient's homes?**

Yes

No

**\*15. Has the regular pharmacist been assessed under the Disclosure and Barring Service (DBS) (Previously CRB check)**

Yes

No

## Facilities

**\*16. Is the pharmacy equipped with a consultation area (CA) meeting the specifications within The Pharmaceutical Services (Advanced and Enhanced Services) Directions 2013?**

Yes

No

**17. If your answer was yes to Q16 please answers questions below**

	Yes	No
Is it a closed room with door?	<input type="radio"/>	<input type="radio"/>
Accessible via wheelchair?	<input type="radio"/>	<input type="radio"/>
Are there hand washing facilities in the consultation area?	<input type="radio"/>	<input type="radio"/>
Do service users attending have access to toilet facilities?	<input type="radio"/>	<input type="radio"/>
Does the CA have a working computer that is linked to the PMR?	<input type="radio"/>	<input type="radio"/>
Does the CA allow internet access (e.g. for signposting)?	<input type="radio"/>	<input type="radio"/>

Are there any other facilities in the CA e.g. couch, height charts/scales? Please specify

**\*18. Is there a hearing loop in the pharmacy?**

Yes

No



**\*19. What is the approximate size of the CA (in metres) ?**

**20. Are there any planned improvements due to be completed over the next 6 months? If yes, please provide details:**

## IT - Electronic Prescription Service

### \*21. Is the pharmacy

	Release 2 enabled?	Intending to become Release 2 enabled within next 12 months?
Yes	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>

### \*22. Does the pharmacy have the facility to open documents in the following formats:

	Yes	No
Microsoft Word	<input type="radio"/>	<input type="radio"/>
Microsoft Excel	<input type="radio"/>	<input type="radio"/>
Microsoft Access	<input type="radio"/>	<input type="radio"/>
PDF	<input type="radio"/>	<input type="radio"/>
Are all computers linked and with access to patient records?	<input type="radio"/>	<input type="radio"/>
When open, does the pharmacy access emails on a daily basis?	<input type="radio"/>	<input type="radio"/>

How many working computers does the pharmacy have for dispensing?

### \*23. Does the pharmacy have access to the internet?

Yes  No

**\*24. If yes to Q23 does the pharmacy have the following**

Full internet access

Access to certain websites only

Yes

No

## Services

**\*25. Does the pharmacy dispense appliances? (Please tick the appropriate box)**

- Yes – all types
- Yes – excluding stoma appliances
- Yes – excluding incontinence appliances
- Yes – excluding stoma and incontinence appliances
- Yes – just dressings
- None

**\*26. Is your pharmacy part of the Healthy Living Pharmacy programme?**

- Yes
- No

**27. If no to Q26, are you planning to join the programme within the next 6 months?**

- Yes
- No

**\*28. Which of the following locally commissioned services does the pharmacy provide?**

- Supervised methadone & buprenorphine
- Needle exchange
- Pick and mix
- Sharps collection
- EHC
- Champix supply
- NRT vouchers
- Alcohol (brief intervention)
- Stop smoking
- Healthcheck
- Pivo Tell

**\*29. Does the pharmacy provide an Independent Prescribing Service?**

- Yes  No

**\*30. Does the pharmacy participate in bank holiday rota arrangements?**

- Yes  No

**\*31. Advanced Services - Does the pharmacy provide any of the following advance services?**

	Yes	No
New Medicines Service	<input type="radio"/>	<input type="radio"/>
Medicines Use Review Service (MUR)	<input type="radio"/>	<input type="radio"/>
Appliance Use Review Service	<input type="radio"/>	<input type="radio"/>
Stoma Appliance Customisation Service	<input type="radio"/>	<input type="radio"/>

If your pharmacy provides the MUR service, how many MURs have you completed over the last 12 months

**\*32. Non NHS Funded Services -Does the pharmacy provide any of the following:**

	Yes	No
Collection of prescriptions from surgeries	<input type="radio"/>	<input type="radio"/>
Collection of prescriptions from surgeries which includes putting in the repeat request slip	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines – Free of charge	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines – Chargeable	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines – Selected patient groups only?	<input type="radio"/>	<input type="radio"/>

**\*33. Does the pharmacy provide any of the following?**

	Yes	No	Free of charge	Chargeable
BP measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the pharmacy provide any other private service e.g. vaccinations, health checks? If yes, please give details.

**\*34. Does the pharmacy provide a monitored dosage system (MDS) service?**

- Yes  No

**35. If yes to Q34 please provide details.**

**\*36. Is there a charge for the MDS service?**

- Yes  
 No  
 Sometimes  
 N/A

**\*37. Does the pharmacy carry out DDA assessments?**

Yes

No

If yes which assessment tool is used?

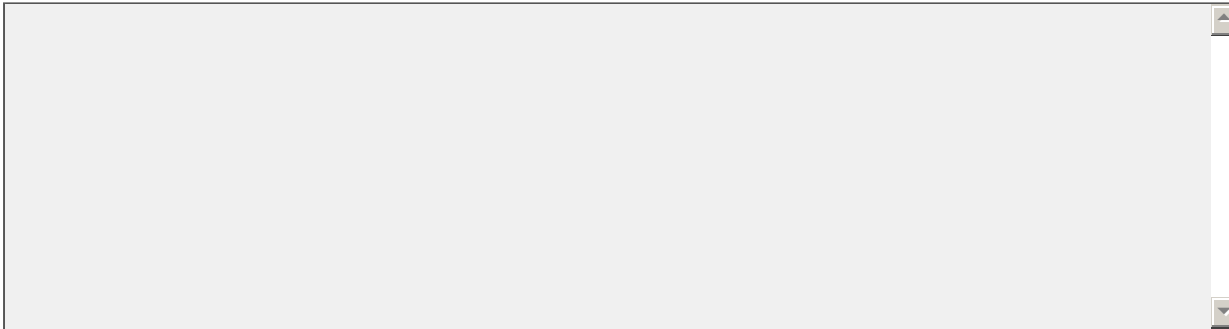


**\*38. Does the pharmacy provide any other compliance aids?**

Yes

No

If yes, please provide details.



**39. Any other comments**

**Is there anything you would like to add on the subject of assessment of pharmaceutical needs in your area:**

