

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, Dispensing GP 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 Sunday 13th July 2014.

## Please fill in your details below

### \*1. Details of person completing this survey

Full name

Email address

Contact telephone number  
if questions arise:

### \*2. Surgery details

GP Practice Code

Practice Name

Address of practice  
including postcode

Practice email address  
(which is checked daily  
when the premises are  
open)

Practice telephone number

Practice fax number

Practice public facing  
website address

## Access

### \*3. Please tick which transport facilities are available within 100 metres of the premises

- Bus stop
- Train station
- Cycle rack
- Free parking
- Disabled parking
- Paid parking
- Motorcycle parking
- Onsite parking

Other please specify below

### \*4. Please mark the appropriate option

	Yes	No
Is the door to the premises accessible for prams, buggies, wheelchairs and walking frames?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any steps to climb when entering the premises?	<input type="checkbox"/>	<input type="checkbox"/>

Have any adjustments or alterations been made to the premises to enable physical access e.g. automatic doors or ramps? If so, please give details here (please specify)

### \*5. Do the premises comply with the 2010 Equalities Act?

- Yes  No



## Workforce

**\*8. How many people dispense medicines in the dispensary?**

**\*9. How many are:**

Full-time

Part-time

Regular locum

**\*10. Please advise the total number of hours worked by the following:**

Dispensing Assistant(s)  
(NVQ Level2 or equivalent)

Dispensing Technician(s)

Accredited Checking  
Technician(s)

Pharmacist(s)

Other please state title and  
hours

**11. What languages are spoken by dispensary staff in addition to English?**

## Facilities

**\*12. Is there an hearing loop or equivalent in the dispensary area?**

Yes

No

**\*13. Are there any planned improvements due to be completed over the next 6 months?**

Yes

No

If yes, please provide details:

**14. Is the site subject to any of the following development constraints?**

Listed building

Conservation area

Limited Room for expansion

Other please specify below

**15. Electronic Prescription Service****Is the dispensary:**

Release 2 enabled?

Intending to become Release 2 enabled within next 12 months?

Yes

No

**16. Does the dispensary have the facility to open documents in the following formats:** Microsoft Word Microsoft Excel Microsoft Access PDF**\*17. Does the dispensary access emails on a daily basis when the premises are open?** Yes No

## Services

### \*18. Does the dispensary 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
- Yes – just hosiery
- None

### \*19. Non NHS Funded Services

#### Does the dispensary provide any of the following?

	Delivery of dispensed medicines – Free of charge?	Delivery of dispensed medicines – Chargeable?	Delivery of dispensed medicines – Selected patient groups only?
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other pharmaceutical services provided by the dispensary that you would like considered in PNA?

### \*20. Does the dispensary provide a monitored dosage system service?

- Yes
- No

If yes, please provide details below.

### 21. Is there a charge for this service?

- Yes
- No
- N/A



**\*22. Does the dispensary provide any other medication compliance aids?**

Yes

No

If yes, please provide details

**23. Thank you for taking the time to complete this survey.**

**Is there anything you would like to add about assessing pharmaceutical needs in your area?**