

Service Design PNA Questionnaire 2017 (Preview)

- Browse Service Library
- View service accreditations
- Edit Service Design
- Preview Claim for this service
- View/Edit Claim Amounts

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA  
Please complete this questionnaire ONCE only to report the facilities and services offered by your pharmacy.

In the event of any query arising regarding this questionnaire please contact [insert name of local contact here](#) for advise on local arrangements regarding the PNA process

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

Date of completion

Trading Name

Post Code

Is this a Distance Selling Pharmacy?  Yes  No  
(i.e. It cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address   
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address   
If no website write no website

Can we store the above information and use this to contact you?  
Consent to store  Yes  No

Is this pharmacy open

Core hours of opening

Please complete your core hours of opening. Enter closed if closed

Monday Open <input type="text"/>	Monday Close <input type="text"/>
	Monday Lunchtime (from - to) <input type="text"/>
Tuesday Open <input type="text"/>	Tuesday Close <input type="text"/>
	Tuesday Lunchtime (from - to) <input type="text"/>
Wednesday Open <input type="text"/>	Wednesday Close <input type="text"/>
	Wednesday Lunchtime (from - to) <input type="text"/>
Thursday Open <input type="text"/>	Thursday Close <input type="text"/>
	Thursday Lunchtime (from - to) <input type="text"/>
Friday Open <input type="text"/>	Friday Close <input type="text"/>
	Friday Lunchtime (from - to) <input type="text"/>
Saturday Open <input type="text"/>	Saturday Close <input type="text"/>

	Saturday <input type="text"/>
	Lunchtime (from - to)
Sunday Open <input type="text"/>	Sunday Close <input type="text"/>
	Sunday Lunchtime (from - to)

**Total hours of opening (Core + Supplementary)** 

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Please complete your total hours of opening

Monday Open <input type="text"/>	Monday Close <input type="text"/>
	Monday Lunchtime (from - to)
Tuesday Open <input type="text"/>	Tuesday Close <input type="text"/>
	Tuesday Lunchtime (from - to)
Wednesday Open <input type="text"/>	Wednesday Close <input type="text"/>
	Wednesday Lunchtime (from - to)
Thursday Open <input type="text"/>	Thursday Close <input type="text"/>
	Thursday Lunchtime (from - to)
Friday Open <input type="text"/>	Friday Close <input type="text"/>
	Friday Lunchtime (from - to)
Saturday Open <input type="text"/>	Saturday Close <input type="text"/>
	Saturday Lunchtime (from - to)
Sunday Open <input type="text"/>	Sunday Close <input type="text"/>
	Sunday Lunchtime (from - to)

**Consultation Facilities** 

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Consultation areas should meet the standard set out in the contractual framework to offer advanced services

**Is there a consultation area?**

- Available (including wheelchair access) on the premises
- Available (without wheelchair access) on premises
- Planned within next 12 months
- No consultation room available
- Other

If Other please specify

Where there is a consultation area

Is this enclosed?  Yes  No  N/A  
N/A if no consultation room

#### Off-site arrangements

- Off-site consultation room approved by NHS  
 Willing to undertake consultations in patients home/ other suitable site  
 None apply  
 Other   
If Other please specify

### Hand washing and toilet facilities

What facilities are available to patients during consultations?

#### Facilities available

- Handwashing in consultation area  
 Hand washing facilities close to consultation area  
 Have access to toilet facilities  
 None  
Tick all that apply

### Information Technology

#### Is the pharmacy EPS\* R2 enabled?

- Yes, EPS R2 enabled  
 Planning to become EPS R2 enabled in the next 12 months  
 No current plans to provide EPS R2  
EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

#### File format types

- Microsoft word  
 Microsoft Excel  
 Microsoft Access  
 PDF  
 Unable to open or view any file formats  
Please tick all that apply

### Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

#### Does the pharmacy dispense appliances?

- Yes - All types, or  
 Yes, excluding stoma appliances, or  
 Yes, excluding incontinence appliances, or  
 Yes, excluding stoma and incontinence appliances, or  
 Yes, just dressings, or  
 None  
 Other   
If Other please specify

### Advanced Services

Please give details of the Advanced Services provided by your pharmacy.

Please tick the box that applies for each service.

Yes - Currently providing

Soon - Intending to begin within the next 12 months

No - Not Intending to provide

Yes  Soon  No

**Medicines Use Review service**

**New Medicine Service**  Yes  Soon  No

**Urgent Medicines Supply (NUMSAS)**  Yes  Soon  No

**Appliance Use Review service**  Yes  Soon  No

**Stoma Appliance Customisation service**  Yes  Soon  No

## Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services. Please tick the box that applies for each service.

CP - Currently Providing NHS funded service

WA - Willing and able to provide if commissioned

WT - Willing to provide if commissioned but would need training

WF - Willing to provide if commissioned but require facilities adjustment

PP - Currently providing private service

If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service  CP  WA  WT  WF  PP

Anti-viral Distribution Service  CP  WA  WT  WF  PP

Care Home Service  CP  WA  WT  WF  PP

Chlamydia Treatment Service  CP  WA  WT  WF  PP

Contraception Service  CP  WA  WT  WF  PP  
(not an EHC service)

**Local Authority Commissioned Services**  
List services already commissioned in your locality here

### Disease Specific Medicines Management Service:

Allergies  CP  WA  WT  WF  PP

Alzheimer's/dementia  CP  WA  WT  WF  PP

Asthma  CP  WA  WT  WF  PP

CHD  CP  WA  WT  WF  PP

Depression  CP  WA  WT  WF  PP

Diabetes type I  CP  WA  WT  WF  PP

Diabetes type II  CP  WA  WT  WF  PP

Epilepsy  CP  WA  WT  WF  PP

Heart Failure  CP  WA  WT  WF  PP

Hypertension  CP  WA  WT  WF  PP

Parkinson's disease  CP  WA  WT  WF  PP

Other (please state - including funding source)

**Area Team Services**  
List your Area Team commissioned services here

End of Disease specific Medicines Management Service options.

CP  WA  WT  WF  PP

Emergency Hormonal  
Contraception Service

Gluten Free Food Supply  CP  WA  WT  WF  PP  
Service (i.e. not supply on FP10)

Home Delivery Service  CP  WA  WT  WF  PP  
(not appliances)

Independent Prescribing  CP  WA  WT  WF  PP  
Service

Therapeutic areas covered  
(if providing)

Language Access Service  CP  WA  WT  WF  PP

Note: This is not the NMS or MUR service.

Medication Review Service  CP  WA  WT  WF  PP

**Medicines Assessment and Compliance Support Service:**

Medicines Management  CP  WA  WT  WF  PP  
Support Service: i.e. the EL23 service (previously the Vulnerable  
Elderly / Adults Service)

DomMAR Carer's Charts  CP  WA  WT  WF  PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme  CP  WA  WT  WF  PP

MUR Plus/Medicines  CP  WA  WT  WF  PP  
Optimisation Service

Therapeutic areas covered  
(if providing)

Needle and Syringe  CP  WA  WT  WF  PP  
Exchange Service

Obesity management  CP  WA  WT  WF  PP  
(adults and children)

**On Demand Availability of Specialist Drugs Service:**

Directly Observed Therapy  CP  WA  WT  WF  PP

If yes state which   
medicines

Out of hours services  CP  WA  WT  WF  PP

Palliative Care scheme  CP  WA  WT  WF  PP

End of On Demand Availability of Specialist Drugs Service options

**Patient group directions**

Many Local Services involve the supply of a POM using a PGD. please  
list those provided by the pharmacy in the text box below but indicate  
who commissions the service by ticking the boxes below and annotating  
each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction  AT  LA  CCG  Pr  
Service Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD  
services

Medicines available

Phlebotomy Service  CP  WA  WT  WF  PP

Prescriber Support Service  CP  WA  WT  WF  PP

Schools Service  CP  WA  WT  WF  PP

**Screening Service:**

Alcohol  CP  WA  WT  WF  PP

Cholesterol  CP  WA  WT  WF  PP

Diabetes  CP  WA  WT  WF  PP

H. pylori  CP  WA  WT  WF  PP

HbA1C  CP  WA  WT  WF  PP

Hepatitis  CP  WA  WT  WF  PP

HIV  CP  WA  WT  WF  PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service  CP  WA  WT  WF  PP

**Other vaccinations**

Childhood vaccinations  CP  WA  WT  WF  PP

HPV  CP  WA  WT  WF  PP

Hepatitis B  CP  WA  WT  WF  PP  
(at risk workers or patients)

Travel vaccines  CP  WA  WT  WF  PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service  CP  WA  WT  WF  PP

**Stop Smoking Service:**

NRT Voucher Service  CP  WA  WT  WF  PP

Smoking Cessation Counselling Service  CP  WA  WT  WF  PP

End of Stop Smoking Service options

Supervised Administration  CP  WA  WT  WF  PP  
*Of methadone, buprenorphine etc.*

End of Supervised Administration Service options

Supplementary prescribing  CP  WA  WT  WF  PP

Which therapy area

Vascular Risk Assessment Service  CP  WA  WT  WF  PP  
NHS Healthchecks

## Healthy Living Pharmacy

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Is this a Healthy Living Pharmacy

- Yes  
 Currently working towards HLP status  
 No

If Yes, how many Healthy Living Champions do you currently have?  Full Time Equivalents

## Collection and Delivery services

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Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries  Yes  No

Delivery of dispensed medicines - Free of charge on request  Yes  No

Delivery of dispensed medicines - Selected patient groups

List criteria

Delivery of dispensed medicines - Selected areas

List areas

Delivery of dispensed medicines - chargeable  Yes  No

## Languages

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One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

## Almost done

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If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone

For person completing the form, if different to pharmacy number given above