Appendix A: Berkshire Pharmacy PNA Survey

PharmOutcomes® Delivering Evidence

Home   Services   Assessments   Reports   Claims   Admin   Help

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 14-Aug-2017

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 _____   Monday Close _____

                                  Monday Lunchtime (from - to) _____

Tuesday Open _____   Tuesday Close _____

                                  Tuesday Lunchtime (from - to) _____

Wednesday Open _____   Wednesday Close _____

                                  Wednesday Lunchtime (from - to) _____

Thursday Open _____   Thursday Close _____

                                  Thursday Lunchtime (from - to) _____

Friday Open _____   Friday Close _____

                                  Friday Lunchtime (from - to) _____

Saturday Open _____   Saturday Close _____

| | Saturday Lunchtime (from - to) | _____ |
| | | |

| Sunday Open | _____ | | Sunday Close | _____ |
| | | | Sunday Lunchtime (from - to) | _____ |

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

| Monday Open | _____ | | Monday Close | _____ |
| | | | Monday Lunchtime (from - to) | _____ |

| Tuesday Open | _____ | | Tuesday Close | _____ |
| | | | Tuesday Lunchtime (from - to) | _____ |

| Wednesday Open | _____ | | Wednesday Close | _____ |
| | | | Wednesday Lunchtime (from - to) | _____ |

| Thursday Open | _____ | | Thursday Close | _____ |
| | | | Thursday Lunchtime (from - to) | _____ |

| Friday Open | _____ | | Friday Close | _____ |
| | | | Friday Lunchtime (from - to) | _____ |

| Saturday Open | _____ | | Saturday Close | _____ |
| | | | Saturday Lunchtime (from - to) | _____ |

| Sunday Open | _____ | | Sunday Close | _____ |
| | | | Sunday Lunchtime (from - to) | _____ |

Consultation Facilities

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 ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Vaccination Service

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 ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Counselling Service

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

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

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

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

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