

Pharmaceutical Needs Assessment

Community Pharmacy Questionnaire

Appendix B

Pharmaceutical Needs Assessment Community Pharmacy Questionnaire

Please complete and return this questionnaire by **Wednesday 9 July 2014**

This should be marked for the attention of Vanessa Lane and sent to the following email address: pna-support@webstar-lane.co.uk, or if you prefer may be sent by post to: London Borough Barnet PNA Questionnaire, c/o Webstar Lane 336 Pinner Road, North Harrow HA1 4LB

If you have any queries before completing the questionnaire, please do not hesitate to contact Vanessa on 07880 602088

1. Premises Details		
1.1	Company Name (i.e. Legal Entity)	
1.2	Trading Name	
1.3	Address	
1.4	Address	
1.4	Postcode	
1.4	Email address	
1.5	Telephone Number	
1.6	Fax Number	
1.7	Name of person(s) we should contact with any queries (if different from above)	
1.8	Please confirm we may store the above details and use these to contact you	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No

2. Type of Contract

2.1	Contract Type	<p>Please confirm the type of contract held:</p> <p><input type="checkbox"/>₁ National Pharmaceutical Services Contract ONLY → Go to 2.3</p> <p><input type="checkbox"/>₂ Local Pharmaceutical Services Contract ONLY → Go to 2.2</p> <p><input type="checkbox"/>₃ National Pharmaceutical Services Contract AND Local Pharmaceutical Services Contract → Go to 2.2</p>
2.2	Local Pharmaceutical Services Contracts (including ESPLPS)	<p>Where you hold a Local Pharmaceutical Services contract then please confirm the type of LPS contract:</p> <p><input type="checkbox"/>₁ Essential Small Pharmacy Local Pharmaceutical Services contract → Go to 2.3</p> <p><input type="checkbox"/>₂ Other - please give details in the box below: → Go to 2.3</p> <div data-bbox="645 783 1756 908" style="border: 1px solid black; height: 78px; width: 496px;"></div>
2.3	Other Relevant Information	<p>Please indicate if any of the following apply:</p> <p>Contract granted under an “Exempt” category</p> <p><input type="checkbox"/>₁ 100 Hour Pharmacy</p> <p><input type="checkbox"/>₂ Mail order or internet based pharmacy (i.e. distance selling)</p> <p><input type="checkbox"/>₃ Out of Town Shopping Development</p> <p><input type="checkbox"/>₄ One Stop Primary Care Centre</p> <p><input type="checkbox"/>₅ Not applicable</p>

3. Pharmacy Opening Hours

3. Pharmacy Opening Hours								
		3.1 Total Opening Hours			3.2 Core Hours			
		<i>Please state the full opening hours for your pharmacy (i.e. your core and supplementary hours) in this section</i>			<i>Please state your core hours in this section</i>			
		<i>When recording lunch time please record times that the pharmacy is closed to the public or where a full pharmaceutical service is not available Please use 24 hour clock e.g. 08:00 or 18:00</i>			<i>Please use 24 hour clock e.g. 08:00 or 18:00</i>			
		Opening time	Closing Time	Lunch-time (from - to)	Opening time	Closing Time	Lunch-time (from - to)	
a	Monday							
b	Tuesday							
c	Wednesday							
d	Thursday							
e	Friday							
f	Saturday							
g	Sunday							

4. Advanced Service Provision					
Service		4.1 Currently Provided	4.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	4.3 <i>It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*</i>	
a	Medicines use reviews	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
b	New medicine service	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
c	Appliance use reviews	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
d	Stoma Appliance Customisation Service	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		

* Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services

5. Enhanced & Locally Commissioned Service Provision

*This section relates to enhanced services, commissioned by NHS England; and other services which are commissioned locally by the London Borough Barnet, NHS Barnet Clinical Commissioning Group. **Please click or tick the relevant box to indicate your response.***

Service		5.1 Currently Provided <i>In order to answer "Yes", you must have signed an SLA and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future , it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
a	Minor ailments	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
b	Seasonal flu Vaccine	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
c	Public holiday rotas	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
d	Supervised consumption (drug misuse)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
e	Needle Exchange	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
f	Stop Smoking	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
g	Alcohol IBA	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		

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	Service	5.1 Currently Provided <i>In order to answer "Yes", you must have signed an SLA and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
h	Chlamydia screening	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
i	EHC supply under PGD	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
j	NHS Health Checks	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
k	Targeted MURs - Osteoporosis	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
l	Based on your knowledge of the healthcare needs of the patients and public who use your pharmacy, do you think that any other NHS service should be commissioned?				

* Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services

6. Non- NHS Healthcare Related Services provided in your Pharmacy

*Please provide an overview of services which you offer within your pharmacy, which are **NOT commissioned** by an external agency (such as NHS England, Public Health, the CCG, Local Government etc). Non-NHS services may include repeat prescription collection & delivery services; travel clinics; "health checks" e.g. BP measurement, flu vaccinations paid for directly by the patient etc. You may add rows if you wish*

	Service	Brief description of service
6.1		
6.2		
6.3		
6.4		
6.5		
6.6		

7. The Pharmacy as a Whole - Meeting the Needs of Those with Disabilities

Please provide details of arrangements which are in place to meet the needs of those with disabilities. Please click on / tick the relevant box to indicate your response

<p>7.1 Can wheel chair users access all public areas and services within your premises?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₀ No →</p>	<p>7.2 If “No”, please describe below which areas or services are inaccessible:</p>
<p>7.3 Which of the following facilities, to aid those who are hearing impaired, do you have? <i>Please tick all that apply</i></p>	<p><input type="checkbox"/>₁ Hearing Loop <input type="checkbox"/>₂ Signing <input type="checkbox"/>₃ Other - please specify → <input type="checkbox"/>₄ None</p>	
<p>7.4 Which of the following facilities, to aid those who are visually impaired, do you have? <i>Please tick all that apply</i></p>	<p><input type="checkbox"/>₁ Large print labels <input type="checkbox"/>₂ Braille <input type="checkbox"/>₃ Other - please specify → <input type="checkbox"/>₄ None</p>	
<p>7.5 What support do you offer for those with cognitive impairment e.g.:</p> <ul style="list-style-type: none"> ▪ People with dementia ▪ People with learning disabilities etc.? <p><i>Please tick all that apply</i></p>	<p><input type="checkbox"/>₁ ‘Aide memoire’ for their medicines <input type="checkbox"/>₂ Monitored Dosage Systems <input type="checkbox"/>₃ Easy to read information <input type="checkbox"/>₄ Large print labels <input type="checkbox"/>₅ Other - please specify → <input type="checkbox"/>₆ None</p>	
<p>7.6 Does your pharmacy offer a dementia friendly environment? <i>See Appendix A for information</i></p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ Working towards this - give details → <input type="checkbox"/>₀ No</p>	

8. Languages spoken within the Pharmacy

Please provide details of any languages, other than English, spoken by you or your staff (you may add rows if necessary)

8.1	8.2	8.3	8.4
8.5	8.6	8.7	8.8

9. Consultation Area(s)

Please provide details of your consultation area(s) and its characteristics & facilities. Please click on / tick the relevant box to indicate your response

9.1 How many consultation areas does your pharmacy have?	<input type="checkbox"/> ₁ None → Go to Q.9.6 <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ More than one →	9.2 If more than one please say how many: _____
9.3 How many consultation areas are a closed room ?	<input type="checkbox"/> ₁ None <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ More than one →	9.4 Please state how many are closed: _____
9.5 Characteristics of the consultation area(s) If you have more than one consultation area then please tick any that apply to any of the consultation areas in your pharmacy. <i>Please click on / tick the box where a feature applies</i> <i>Leave blank where it doesn't apply</i>	<input type="checkbox"/> ₁ Sink with hot water <input type="checkbox"/> ₅ CCTV <input type="checkbox"/> ₉ Hearing loop <input type="checkbox"/> ₂ Examination couch <input type="checkbox"/> ₆ Telephone <input type="checkbox"/> ₁₀ Computer terminal <input type="checkbox"/> ₃ Patient toilet facilities near by <input type="checkbox"/> ₇ Space for a chaperone <input type="checkbox"/> ₁₁ PMR access <input type="checkbox"/> ₄ Panic button <input type="checkbox"/> ₈ Wheel chair access <input type="checkbox"/> ₁₂ Internet access	
9.6 Do you plan to introduce a consultation area in the future?	<input type="checkbox"/> ₀ No → Go to Q.9.7 <input type="checkbox"/> ₁ Yes – within 12 months <input type="checkbox"/> ₂ Yes – more than 12 months	
9.7 If you have no plans for a consultation area, it would be helpful to understand your reasons for this. Please describe them: →		
9.8 Are you willing to provide consultations in a patient's home?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	

10. Secure Exchange of Information

Please provide details as to how your pharmacy ensures secure exchange of confidential information. Please click on / tick the relevant box to indicate your response

10.1 Does the pharmacy have a secure N3 connection?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No, but planned within 12 months	<input type="checkbox"/> ₃ No, planned in >12 months	<input type="checkbox"/> ₄ No and no future plans
10.2 Does your pharmacy have an nhs.net email account?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No, but planned within 12 months	<input type="checkbox"/> ₃ No, planned in >12 months	<input type="checkbox"/> ₄ No and no future plans

11. Looking to the Future

*In this section, we wish to seek your views on services which could potentially be delivered by community pharmacy in the future. We would ask you to base your suggestions on **your knowledge of the healthcare needs of the people who use your pharmacy** when completing this section. Please feel free to add rows if you wish. We would also ask you to note, that whilst this information will inform our assessment and statement of pharmaceutical need, this should not be regarded as an indication that these service developments will be commissioned in the future*

	Proposed Service	Rationale, including the health needs which will be addressed
11.1		
11.2		
11.3		
11.4		

12. Final Thoughts or Comments

If you have any final thoughts or comments, which you think would be relevant to the Pharmaceutical Needs Assessment, please describe them in the box below

Thank you very much for your time.

Please complete and return this questionnaire by **Wednesday 9 July 2014.**

This should be marked for the attention of Vanessa Lane and sent to the following email address: pna-support@webstar-lane.co.uk, or if you prefer may be sent by post to:

London Borough Barnet PNA Questionnaire
c/o Webstar Lane
336 Pinner Road
North Harrow
HA1 4LB

Appendix A

Dementia Friendly Environment Checklist

Please note: this information has been provided for information only. We do not expect pharmacies to complete the checklist

Quiet Space

- Do you have a quiet space for someone who might be feeling anxious or confused? *A few minutes with a supportive person might be all that's needed to continue the transaction.*

Signage

- Are your signs clear, in bold face with good contrast between text and background?
- Is there a contrast between the sign and the surface it is mounted on? *This will allow the person to recognise it as a sign*
- Are the signs fixed to the doors they refer to? *They should not be on adjacent surfaces if at all possible.*
- Are signs at eye level and well-lit?
- Are signs highly stylised or use abstract images or icons as representations? *These should be avoided*
- Are signs placed at key decision points for someone who is trying to navigate your premises for the first time? *People with dementia may need such signs every time they come to your premises*
- Are signs for toilets and exits clear? *These are particularly important.*
- Are glass doors clearly marked?

Lighting

- Are entrances well-lit and make as much use of natural light as possible?
- Are there pools of bright light or deep shadows? *These should be avoided*

Flooring

- Are there any highly reflective or slippery floor surfaces? *Reflections can cause confusion.*
- Are changes in floor finish flush rather than stepped? *Changes in floor surfaces can cause some confusion due to perceptual problems. If there is a step at the same time you also introduce a trip hazard.*