

# **Appendix B**

## **Community Pharmacy Questionnaire**

## Pharmaceutical Needs Assessment Community Pharmacy Questionnaire

Please complete and return this questionnaire by **Monday 21 July 2014**. This should be marked for the attention of Vanessa Lane and emailed to the following address: [pna-support@webstar-lane.co.uk](mailto:pna-support@webstar-lane.co.uk). Alternatively, you may prefer to return this by post to the following address: London Borough Haringey PNA Questionnaire, c/o Webstar Lane 336 Pinner Road, 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  |  |
| 1.5                 | Postcode   |  |
| 1.6                 | Email address <i>(we will use this to communicate with you about the PNA, including for the formal consultation)</i> |  |
| 1.7                 | Telephone Number   |  |
| 1.8                 | Fax Number   |  |
| 1.9                 | Name of person(s) we should contact with any queries (if different from above)                                       |  |
| 1.10                | Please confirm we may store the above details and use these to contact you   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No |

## 2. Type of Contract

|            |   |  |
|------------|---|--|
| <b>2.1</b> | <b>Contracts granted under an "Exempt" Category</b> | <p><b>Please indicate if any of the following apply:</b></p> <p><input type="checkbox"/> <sub>1</sub> 100 Hour Pharmacy</p> <p><input type="checkbox"/> <sub>2</sub> Mail order or internet based pharmacy (i.e. distance selling)</p> <p><input type="checkbox"/> <sub>3</sub> Out of Town Shopping Development</p> <p><input type="checkbox"/> <sub>4</sub> Not applicable</p> |
|------------|---|--|

## 3. Pharmacy Opening Hours

|          |                  | 3.1 Total Opening Hours  |              |                        | 3.2 Core Hours   |              |                        |
|----------|------------------|--|--------------|------------------------|--|--------------|------------------------|
|          |                  | <i>Please state the <b>full opening hours</b> for your pharmacy (i.e. your core and supplementary hours) in this section</i>                           |              |                        | <i>Please state your <b>core hours</b> 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</i> |              |                        | <i>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) |
| <b>a</b> | <b>Monday</b>    |  |              |                        |  |              |                        |
| <b>b</b> | <b>Tuesday</b>   |  |              |                        |  |              |                        |
| <b>c</b> | <b>Wednesday</b> |  |              |                        |  |              |                        |
| <b>d</b> | <b>Thursday</b>  |  |              |                        |  |              |                        |
| <b>e</b> | <b>Friday</b>    |  |              |                        |  |              |                        |
| <b>f</b> | <b>Saturday</b>  |  |              |                        |  |              |                        |
| <b>g</b> | <b>Sunday</b>    |  |              |                        |  |              |                        |

## 4. Advanced Service Provision

| Service |                                       | 4.1 Currently Provided  | 4.2 Willing to provide in future?<br><i>ONLY answer if service <b>NOT</b> currently provided</i> | 4.3 <i>It would be helpful to understand why pharmacies <b>may not wish</b> to provide a given service. We invite you to provide your reason(s) in this column*</i> |
|---------|---------------------------------------|---|--|---|
| a       | Medicines use reviews                 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →<br>↓ | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →             |   |
| b       | New medicine service                  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →<br>↓ | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →             |   |
| c       | Appliance use reviews                 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →<br>↓ | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →             |   |
| d       | Stoma Appliance Customisation Service | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →      | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> 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 of Haringey, NHS Haringey Clinical Commissioning Group. **Please click or tick the relevant box to indicate your response.***

| Service |   | 5.1 Currently Provided<br><i>In order to answer "Yes", you <b>must have signed an SLA</b> and be paid for the service</i> | 5.2 Willing to provide in future?<br><i><b>ONLY</b> answer if service <b>NOT</b> currently provided</i> | 5.3 For pharmacies <b>providing a service or willing to provide a service in the future</b> , 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 <b>may not wish</b> to provide a given service. We invite you to provide your reason(s) in this column* |
|---------|---|---|---|--|--|
| a       | Minor ailments                                | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| b       | Seasonal Influenza Vaccination                | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| c       | End of Life Care & Other Specialist Medicines | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| d       | Healthy Start Vitamins                        | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| e       | Smoking cessation                             | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| f       | Needle Exchange                               | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| g       | Supervised consumption of Subutex & Methadone | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |

## 5. Enhanced & Locally Commissioned Service Provision

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|   | Service   | 5.1 Currently Provided<br><i>In order to answer "Yes", you <b>must have signed an SLA</b> and be paid for the service</i> | 5.2 Willing to provide in future?<br><i><b>ONLY</b> answer if service <b>NOT</b> currently provided</i> | 5.3 For pharmacies <b>providing a service or willing to provide a service in the future</b> , 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 <b>may not wish</b> to provide a given service. We invite you to provide your reason(s) in this column* |
|---|---|---|---|--|--|
| h | Chlamydia screening and treatment   | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| i | Emergency Hormonal Contraception (EHC) supply under PGD   | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| j | Anti-coagulant and stroke prevention service  | <input type="checkbox"/> <sub>1</sub> Yes<br>↓<br><input type="checkbox"/> <sub>0</sub> No →                              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>0</sub> No →                 |  |  |
| k | 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 this information will be non-attributable; it will only be used for planning & 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 / tick the relevant box to indicate your response

|   |   |   |
|---|---|---|
| <p>7.1 Can wheel chair users access <b>all public areas and services</b> within your premises?</p>  | <p><input type="checkbox"/><sub>1</sub> Yes      <input type="checkbox"/><sub>0</sub> 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?<br/><i>Please tick all that apply</i></p>   | <p><input type="checkbox"/><sub>1</sub> Hearing Loop<br/> <input type="checkbox"/><sub>2</sub> Signing<br/> <input type="checkbox"/><sub>3</sub> Other - please specify →<br/> <input type="checkbox"/><sub>4</sub> None</p>  |   |
| <p>7.4 Which of the following facilities, to aid those who are visually impaired, do you have?<br/><i>Please tick all that apply</i></p>  | <p><input type="checkbox"/><sub>1</sub> Braille<br/> <input type="checkbox"/><sub>2</sub> Large print labels<br/> <input type="checkbox"/><sub>3</sub> Other - please specify →<br/> <input type="checkbox"/><sub>4</sub> None</p>  |   |
| <p>7.5 What support do you offer for those with cognitive impairment e.g.:</p> <ul style="list-style-type: none"> <li>▪ People with dementia</li> <li>▪ People with learning disabilities etc.?</li> </ul> <p><i>Please tick all that apply</i></p> | <p><input type="checkbox"/><sub>1</sub> ‘Aide memoire’ for their medicines<br/> <input type="checkbox"/><sub>2</sub> Monitored Dosage Systems<br/> <input type="checkbox"/><sub>3</sub> Easy to read information<br/> <input type="checkbox"/><sub>4</sub> Large print labels<br/> <input type="checkbox"/><sub>5</sub> Other - please specify →<br/> <input type="checkbox"/><sub>6</sub> None</p> |   |



## 8. Languages other than English

|  |  |    |    |
|--|--|----|----|
| <b>8.1 Please provide details of any languages, other than English, spoken by your or your staff (you may add rows if necessary)</b> | a.   | b. | c. |
|  | d.   | e. | f. |
|  | g.   | h. | i. |
| <b>8.2 Do you have access to translation services, if you require them for a patient?</b>  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No |    |    |

## 9. Secure Exchange of Information

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

|  |   |   |
|--|---|---|
| <b>9.1 Does the pharmacy have a secure N3 connection?</b>                    | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No, but planned within 12 months <input type="checkbox"/> <sub>3</sub> No, planned in >12 months <input type="checkbox"/> <sub>4</sub> No and no future plans   |   |
| <b>9.2 Does your pharmacy have an nhs.net or other secure email account?</b> | <input type="checkbox"/> <sub>1</sub> Yes - nhs.net<br><input type="checkbox"/> <sub>2</sub> Yes - other secure email - please go to 9.3 and provide details: →<br><input type="checkbox"/> <sub>3</sub> No, but planned within 12 months<br><input type="checkbox"/> <sub>4</sub> No, but planned in > 12 months<br><input type="checkbox"/> <sub>5</sub> No and no future plans | <b>9.3 Please provide details of secure email (other than nhs.net) below:</b><br><br><br><br> |

## 10. 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

|   |   |   |
|---|---|---|
| <b>10.1</b> How many consultation areas does your pharmacy have?  | <input type="checkbox"/> <sub>1</sub> None → Go to <b>Q.10.6</b> <input type="checkbox"/> <sub>2</sub> One <input type="checkbox"/> <sub>3</sub> More than one →                            | <b>10.2</b> If more than one please say how many: _____ |
| <b>10.3</b> How many consultation areas are a closed room?  | <input type="checkbox"/> <sub>1</sub> None <input type="checkbox"/> <sub>2</sub> One <input type="checkbox"/> <sub>3</sub> More than one →  | <b>10.4</b> Please state how many are closed: _____     |
| <b>10.5</b> Characteristics of the consultation area(s)<br><br>If you have more than one consultation area then please tick any that apply to any of the consultation areas in your pharmacy.<br><br><i>Please click on / tick the box where a feature applies</i><br><br><i>Leave blank where it doesn't apply</i> | <input type="checkbox"/> <sub>1</sub> Sink with hot water <input type="checkbox"/> <sub>5</sub> CCTV <input type="checkbox"/> <sub>9</sub> Hearing loop                                     |   |
|   | <input type="checkbox"/> <sub>2</sub> Examination couch <input type="checkbox"/> <sub>6</sub> Telephone <input type="checkbox"/> <sub>10</sub> Computer terminal                            |   |
|   | <input type="checkbox"/> <sub>3</sub> Patient toilet facilities near by <input type="checkbox"/> <sub>7</sub> Space for a chaperone <input type="checkbox"/> <sub>11</sub> PMR access       |   |
|   | <input type="checkbox"/> <sub>4</sub> Panic button <input type="checkbox"/> <sub>8</sub> Wheel chair access <input type="checkbox"/> <sub>12</sub> Internet access                          |   |
| <b>10.6</b> Do you plan to introduce a consultation area in the future?   | <input type="checkbox"/> <sub>0</sub> No → Go to <b>Q.10.7</b> <input type="checkbox"/> <sub>1</sub> Yes – within 12 months <input type="checkbox"/> <sub>2</sub> Yes – more than 12 months |   |
| <b>10.7</b> If you have no plans for a consultation area, it would be helpful to understand your reasons for this.<br><br>Please describe them: →   |   |   |

## 11. Enhancements to Patient Care

Please provide details of any facilities or services which your pharmacy has in place (and which have not already been identified within this questionnaire) to enhance patient access, care or confidentiality. Please click on / tick the relevant box to indicate your response

|   |   |   |
|---|---|---|
| <b>11.1 Pharmacist consultations within a patient's home?</b> | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →<br>↓ | <b>11.2 If "No", please indicate if you would be willing to offer this in the future:</b><br><br><input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No |
| <b>11.3 Pharmacist consultations within a Care Home?</b>      | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →<br>↓ | <b>11.4 If "No", please indicate if you would be willing to offer this in the future:</b><br><br><input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No |
| <b>11.5 Pharmacist consultations within the work place?</b>   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →<br>↓ | <b>11.6 If "No", please indicate if you would be willing to offer this in the future:</b><br><br><input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No |
| <b>11.7 Pharmacist consultations within a GP surgery?</b>     | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →<br>↓ | <b>11.8 If "No", please indicate if you would be willing to offer this in the future:</b><br><br><input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No |
| <b>11.9 Other enhancement(s)</b>                              | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No →      | <b>11.12 If "Yes", please provide details below:</b>  |

## 12. 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 |
|------------------|--|---|
| 12.1             |  |   |
| 12.2             |  |   |
| 12.3             |  |   |
| 12.4             |  |   |

## 13. 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 **Monday 21 July 2014**. This should be marked for the attention of Vanessa Lane and emailed to the following address: [pna-support@webstar-lane.co.uk](mailto:pna-support@webstar-lane.co.uk). Alternatively, you may prefer to return this by post to the following address: London Borough Haringey PNA Questionnaire, c/o Webstar Lane 336 Pinner Road, Harrow HA1 4LB.