Exit Logged in as: Alison Rogers from Herefordshire County Council

# PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Date of completion 30-Jan-2018

## Service Design

# Community Pharmacy PNA Questionnaire (2017) (Preview)

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

### 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 Alison Rogers

Herefordshire CCG by email for advice 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

Premises Details —					
Treffises Details —	FIEITISES DEtails				
Trading Name					
Is this pharmacy one which is payments?	entitled to Pharmacy Access Scheme				
PAS scheme payments?	O Yes O No O Possibly				
Is this pharmacy a 100 hour p	harmacy?				
100 hour pharmacy?	O Yes O No				
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?					
Hold Local Pharmaceutical Services contract?	O Yes O No (i.e. it is not the "standard" Pharmaceutical Services contract)				
Is this a Distance Selling Pharmacy?	O Yes O No (i.e. it cannot provide Essential Services to persons				

Pharmacy email address

If no email write no email

Pharmacy nhs net
address

Pharmacy telephone

Pharmacy fax

If no fax write no fax

Pharmacy website
address

If no website write no website

-	Which Hfd locality is the pharmacy situated?
	O North
	O South
	O East
	O West
-	

Can the Council store the above information and use this to contact you?

Consent to store O Yes O No

_		_	100
(Core	hours	ot o	pening
	Hours	01 0	

1 0	
Please complete your core hours of opening.	
Please enter this in a 24 hour format, e.g. 09:00	), or 18:30
Monday Open e.g. 09:00, or 18:30	Monday Close
Closed for lunch? O Yes O No	

Tuesday Open e.g. 09:00, or 18:30	Tuesday Close e.g. 09:00, or 18:30				
Closed for lunch? O Yes O No	ii				
Wednesday Open e.g. 09:00, or 18:30  Closed for lunch? O Yes O No	Wednesday Close e.g. 09:00, or 18:30				
Thursday Open e.g. 09:00, or 18:30  Closed for lunch? Yes No	Thursday Close e.g. 09:00, or 18:30				
Friday Open e.g. 09:00, or 18:30  Closed for lunch? Yes No	Friday Close e.g. 09:00, or 18:30				
Saturday Open	Saturday Close e.g. 09:00, or 18:30				
Sunday Open e.g. 09:00, or 18:30	Sunday Close e.g. 09:00, or 18:30				
Closed for lunch? ○ Yes ○ No  Total hours of opening (Core + Supplementary)  Please complete your total hours of opening.  Please enter this in a 24 hour format, e.g. 09:00, or 18:30					
Monday Opene.g. 09:00, or 18:30  Closed for lunch? O Yes O No	Monday Close e.g. 09:00, or 18:30				
Tuesday Open	Tuesday Close e.g. 09:00, or 18:30				
Wednesday Open e.g. 09:00, or 18:30  Closed for lunch? O Yes O No	Wednesday Close e.g. 09:00, or 18:30				
Thursday Opene.g. 09:00, or 18:30  Closed for lunch? O Yes O No	Thursday Close e.g. 09:00, or 18:30				
Friday Open	Friday Close e.g. 09:00, or 18:30				

Closed for lunch? O Yes O No
Saturday Open
If not open please enter 00:00
Closed for lunch? O Yes O No
Sunday Open
If not open please enter 00:00
Closed for lunch? O Yes O No
Pharmacy inc Consultation Facilities
Is there an approved consultation area?
☐ Available (including wheelchair access) on the premises
☐ Available (without wheelchair access) on premises
☐ Planned within next 12 months
☐ No consultation room available
☐ The promises is approved for pre-rog training.
☐ The premises is approved for pre- reg training ☐ Consultation area has a working computer
☐ Consultation area has a working computer ☐ Consultation room computer is linked to dispensary PMR
☐ Consultation room computer allows access to internet for e.g. signposting
☐ There is a hearing loop in the pharmacy
☐ 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
Off-site arrangements
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
Languages
One potential barrier to accessing services at a pharmacy can be
language. To help the local authority better understand any access issues please answer the following question:
What languages other than
English are spoken in the
pharmacy
IT Facilities —
Select any that apply—

☐ Electronic Prescription Service Release 2 enabled
☐ NHSmail being used
☐ NHS Summary Care Record enabled
$\Box$ Up to date NHS Choice entry including Bank Holiday/ rota opening -
EPS R2: Electronic Prescription Service Release 2 -

#### Healthy Living Pharmacies (HLP) -

#### Select the option that applies

- O The pharmacy has achieved HLP Level 1 status
- O The pharmacy is working towards HLP Level 1 status
- O The pharmacy is not currently working toward HLP status

#### Services (appliances) -

Does the pharmacy dispense appliances?

	- Does the pharmacy dispense appliances? ————————————————————————————————————
	O Yes - All types, or -
	O Yes, excluding stoma appliances, or -
	O Yes, excluding incontinence appliances, or -
	O Yes, excluding stoma and incontinence appliances, or -
	O Yes, just dressings, or -
	O None -
	O Other -
	If Other please specify
L	

#### 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

Medicines Use Review service	O Yes	O Soon	O No
New Medicine Service	O Yes	O Soon	O No
Appliance Use Review service	O Yes	O Soon	O No
Stoma Appliance Customisation service	O Yes	O Soon	O No
NHS Flu Vaccination Service	O Yes	O Soon	О No
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	O Yes	O Soon	O No
Pharmacy Pota Sorvico	ONHS	O ccg	OIA OWP ONA

#### Enhanced and Other Locally 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.

NHS - Currently providing under contract with the local NHS England Team

**CCG** - Currently providing under contract with CCG

LA - Currently providing under contract with Local Authority

WP - Willing to provide if commissioned NA - Not able or willing to provide Anticoagulant Monitoring ONHS OCCG OLA OWP ONA Service Anti-viral Dispensing  $\bigcirc$  CCG  $\bigcirc$  LA  $\bigcirc$  WP  $\bigcirc$  NA Care Home Advice ONHS OCCG OLA OWP ONA Service Chlamydia Testing OCCG OLA OWP ONA Services Chlamydia Treatment O CCG O LA O WP O NA Service Contraception Service O CCG O LA O WP O NA (not an EHC service) Alzheimer's/dementia ONHS OCCG OLA OWP ONA Asthma ONHS OCCG OLA OWP ONA CHD ONHS OCCG OLA OWP ONA COPD ONHS OCCG OLA OWP ONA Diabetes type I ONHS OCCG OLA OWP ONA Diabetes type II ONHS OCCG OLA OWP ONA Epilepsy ONHS OCCG OLA OWP ONA Heart Failure ONHS OCCG OLA OWP ONA Hypertension ONHS OCCG OLA OWP ONA Parkinson's disease ONHS OCCG OLA OWP ONA Other (please state) Emergency Hormonal O CCG O LA O WP O NA **Contraception Service** Emergency Medicines  $\bigcirc$  CCG  $\bigcirc$  LA  $\bigcirc$  WP  $\bigcirc$  NA **Supply Service** Independent Prescribing O CCG O LA O WP O NA Service If currently providing an Independent Prescribing Service, what therapeutic areas are covered? Therapeutic areas covered (if providing) Language Access ONHS OCCG OLA OWP ONA Service Medication Review ONHS OCCG OLA OWP ONA Service Note: This is not the NMS or MUR service. Medicines Assessment ONHS OCCG OLA OWP ONA and Compliance Support Service Pharmacy First Minor ONHS OCCG OLA OWP ONA **Ailments Scheme** 

End of Medicines Assessment and Compliance Support options. MUR Plus/Medicines O CCG O LA O WP O NA **Optimisation Service** If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered? Therapeutic areas covered (if providing) Needle and Syringe O NHS O CCG O LA O WP O NA **Exchange Service** Obesity management O CCG O LA O WP O NA (adults and children) Not Dispensed OCCG OLA OWP ONA Intervention Scheme On Demand Availability ONHS OCCG OLA OWP ONA of Specialist Drugs Pharmacy base for Out ONHS OCCG OLA OWP ONA of hours services 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 Patient Group Direction ONHS OCCG OLA OWP ONA Service Not including EHC (see separate question) Please list the names of the medicines/conditions available if providing PGD services Medicines available Leave blank if not able or willing to provide (NA) Phlebotomy Service OCCG OLA OWP ONA Prescriber Support ONHS OCCG OLA OWP ONA Service Advice to Schools ONHS OCCG OLA OWP ONA Service NHS - Currently providing under contract with the local NHS England Team CCG - Currently providing under contract with CCG LA - Currently providing under contract with Local Authority WP - Willing to provide if commissioned NA - Not able or willing to provide Screening Service: Alcohol NHS CCG LA WP NA Cholesterol ONHS OCCG OLA OWP ONA Diabetes ONHS OCCG OLA OWP ONA Gonorrhoea ONHS OCCG OLA OWP ONA H. pylori ONHS OCCG OLA OWP ONA HbA1C ONHS OCCG OLA OWP ONA

Hepatitis	ONHS OCCG OLA OWP (	ANC
HIV	ONHS OCCG OLA OWP (	O NA
Other Screening (please state)		
End of screening service option	ons	
Influenza Vaccination	O CCG O LA OWP O Compa Other Non Advanced Service	ny led O
Other vaccinations		
Childhood vaccinations	OCCG OLA OWP ONA	
Hepatitis	O CCG O LA O WP O NA (at risk workers or patients)	
HPV	OCCG OLA OWP ONA	
Travel vaccines	OCCG OLA OWP ONA	
Other (please state)		
End of Other vaccinations opt	ions	
Sharps Disposal Service	OCCG OLA OWP ONA	
Stop Smoking Service- Behavioural Support	ONHS OCCG OLA OWP (	O NA
Stop Smoking - Pharmacotherapy Support	ONHS OCCG OLA OWP (	Ona
Supervised Administration	O NHS O CCG O LA O WP Of methadone, buprenorphine etc.	ANC
Which therapy area		
Vascular Risk Assessment Service	O CCG O LA O WP O NA NHS Healthchecks	
Non-commissioned	services -	
Does the pharmacy provide a	-	
Collection of prescriptions from surgeries	O Yes O No	
Request px on behalf of patient i.e. managed repeat px system	○ Yes ○ No	
Delivery of dispensed medicines - Free of charge on request	O Yes O No	
Delivery of dispensed medicines - Selected patient groups	List criteria	
Delivery of dispensed medicines - Selected areas		

	List areas				
Delivery of dispensed medicines - chargeable	O Yes	O No			
Monitored Dosage Systems - Free of charge on request	O Yes	O No			
Monitored Dosage Systems - chargeable	O Yes	O No			
MDS- only following assessment	O Yes	O No			
MAR chart - free on request	O Yes	O No			
Are other complaince aids provided?	O Yes	O No			
Describe compliance support aids					
Almost done ——			1		
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.					
Other					
Please tell us who has completed this form in case we need to contact					
you.  Contact name					
Contact telephone		on completing the form, if different number given above	nt to		
Thank you for completing this	PNA qu	uestionnaire.			

Test Values

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