PharmOutcomes®

Pharmaceutical Needs Assessment Questionnaire

Date of completion: 05-May-2014

Pharmacy Name: _____
Primary identification

Postcode: _____ [Search]

Address: _____

Trading Name: _____

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

PNA Easy Guide

To help complete please download the Easy Guide

PSNC Template Document

To help fill in this PharmOutcomes service you may find it useful to download the questions, fill them in offline and then complete the service. Click here to download the PDF and here to download the Word doc.

Total hours of opening (Core + Supplementary)

Please complete your full hours of opening
If closed please enter **Closed**
Help completing this section click here

Monday Open: _____   Monday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Monday Lunchtime (from - to): _____ Text box

Tuesday Open: _____   Tuesday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Tuesday Lunchtime (from - to): _____ Text box

Wednesday Open: _____   Wednesday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Wednesday Lunchtime (from - to): _____ Text box

Thursday Open: _____   Thursday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Thursday Lunchtime (from - to): _____ Text box

Friday Open: _____   Friday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Friday Lunchtime (from - to): _____ Text box

Saturday Open: _____   Saturday Close: _____
Text box   Text box

Saturday Lunchtime (from - to): _____ Text box

Sunday Open: _____   Sunday Close: _____
Text box   Text box

Sunday Lunchtime (from - to): _____ Text box

Core hours of opening

Enter **No Core Hours** if closed.
Help completing this section click here

Monday Open: _____   Monday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Monday Lunchtime (from - to): _____ Text box

Tuesday Open: _____   Tuesday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Tuesday Lunchtime (from - to): _____ Text box

Wednesday Open: _____   Wednesday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Wednesday Lunchtime (from - to): _____ Text box

Thursday Open: _____   Thursday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Thursday Lunchtime (from - to): _____ Text box

Friday Open: _____   Friday Close: _____
Time (24 hour clock)   Time (24 hour clock)

Friday Lunchtime (from - to): _____ Text box

Saturday Open: _____   Saturday Close: _____
Time or "no core hrs"   Time or "no core hrs"

Saturday Lunchtime (from - to): _____ Text box

Sunday Open: _____   Sunday Close: _____
Time or "no core hrs"   Time or "no core hrs"

Sunday Lunchtime (from - to): _____ Text box

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

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

Service	Yes	Soon	No
Medicines Use Review service	☐ Yes	☐ Soon	☐ No
New Medicine Service	☐ Yes	☐ Soon	☐ No
Appliance Use Review service	☐ Yes	☐ Soon	☐ No
Stoma Appliance Customisation service	☐ Yes	☐ Soon	☐ No

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

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.

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

Local Authority Commissioned Services

List services already commissioned in your locality here

Disease Specific Medicines Management Service:

	CP	WA	WT	WF	PP
Allergies	☐	☐	☐	☐	☐
Alzheimer's/dementia	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
CHD	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐
Diabetes type I	☐	☐	☐	☐	☐
Diabetes type II	☐	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐	☐
Heart Failure	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Parkinson's disease	☐	☐	☐	☐	☐

Other (please state - including funding source) [   ]

End of Disease specific Medicines Management Service options.

	CP	WA	WT	WF	PP
Emergency Hormonal Contraception Service	☐	☐	☐	☐	☐
Gluten Free Food Supply Service (i.e. not supply on FP10)	☐	☐	☐	☐	☐
Home Delivery Service (not appliances)	☐	☐	☐	☐	☐
Independent Prescribing Service	☐	☐	☐	☐	☐

Therapeutic areas covered (if providing) [   ]

	CP	WA	WT	WF	PP
Language Access Service	☐	☐	☐	☐	☐

Note: This is not the NMS or MUR service.

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 Service Not including EHC (see separate question)   ☐ AT ☐ LA ☐ CCG ☐ Pr

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

Medicines available [   ]

	CP	WA	WT	WF	PP
Phlebotomy Service	☐	☐	☐	☐	☐
Prescriber Support Service	☐	☐	☐	☐	☐
Schools Service	☐	☐	☐	☐	☐

Screening Service:

	CP	WA	WT	WF	PP
Alcohol	☐	☐	☐	☐	☐
Chlamydia	☐	☐	☐	☐	☐
Cholesterol	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Gonorrhoea	☐	☐	☐	☐	☐
H. pylori	☐	☐	☐	☐	☐
HbA1C	☐	☐	☐	☐	☐
Hepatitis	☐	☐	☐	☐	☐
HIV	☐	☐	☐	☐	☐

Other Screening (please state - including funding source) [   ]

End of screening service options

	CP	WA	WT	WF	PP
Medication Review Service	☐	☐	☐	☐	☐

Medicines Assessment and Compliance Support Service:

	CP	WA	WT	WF	PP
Medicines Management Support Service: i.e. the EL23 service (previously the Vulnerable Elderly / Adults Service)	☐	☐	☐	☐	☐
DomMAR Carer's Charts	☐	☐	☐	☐	☐

End of Medicines Assessment and Compliance Support options.

	CP	WA	WT	WF	PP
Minor Ailments Scheme	☐	☐	☐	☐	☐
MUR Plus/Medicines Optimisation Service	☐	☐	☐	☐	☐

Therapeutic areas covered (if providing) [   ]

	CP	WA	WT	WF	PP
Needle and Syringe Exchange Service	☐	☐	☐	☐	☐
Obesity management (adults and children)	☐	☐	☐	☐	☐

On Demand Availability of Specialist Drugs Service:

	CP	WA	WT	WF	PP
Directly Observed Therapy	☐	☐	☐	☐	☐

If yes state which medicines [   ]

	CP	WA	WT	WF	PP
Out of hours services	○	○	○	○	○
Palliative Care scheme	☐	☐	☐	☐	☐

End of On Demand Availability of Specialist Drugs 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

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

Thank you for completing this PNA questionnaire.