

PNA 2018 Pharmacy Questionnaire for Local Professionals

Community pharmacies and the role that they play within the everyday lives of patients, public and healthcare professionals have changed and are evolving in accordance with the ever changing needs of the people they serve.

Since April 2013, all Health and Wellbeing Boards across England have assumed statutory responsibility to publish and update their locally driven 'Pharmaceutical Needs Assessments' (PNAs), which will help to ensure everyone living in England has the right access to conveniently located pharmacy services which satisfy the needs of the people they serve. Currently, each of the Health and Wellbeing Boards within Leicester, Leicestershire and Rutland is working with the three Public Health Teams in Leicestershire County Council, Leicester City Council and Rutland County Council to produce their local PNAs on behalf of the Health and Wellbeing Boards by April 2018.

In order to obtain and gain a better understanding of how community pharmacies serve the population of Leicester City, Leicestershire and Rutland, this questionnaire seeks local professionals views, experiences and opinions of how community pharmacies serve the public and what, if anything, could be done to improve the service. These responses will be an essential local resource for identifying pharmaceutical services and identifying any gaps in Leicester, Leicestershire and Rutland.

Please note: Your responses to the main part of the survey (Q2 to Q46, including your comments) may be released to the general public in full under the Freedom of Information Act 2000. Responses to Question 1 will be held securely and will not be subject to release under Freedom of Information legislation, nor passed on to any third party.

Please complete this questionnaire before the 30th June 2017

Premises Details

Q1 Please provide the premises details and the name of the person completing this survey

Contractor code

Contact name

Position

Q2 Approximately, how many over the counter enquiries does the pharmacy get per year?

- 0-500
- 501-1,000
- 1,001-5,000
- 5,001-10,000
- 10,001-25,000
- 25,001-50,000
- 50,001+

Consultation Facilities

Q3 Is there a consultation area on the premises (that meets the criteria for the Medicines Use Review Service)?

Yes

No

Q4 If yes

Yes

No

Does this have wheelchair access?

Is the consultation area in a closed room?

Are there hand washing facilities in the area?

Are there hand washing facilities close to the area?

Q5 Are you planning to provide a consultation area within the next 12 months?

Yes

No

Q6 If yes...

Yes

No

Don't know

Will it have wheelchair access?

Will the consultation area be in a closed room?

Will there be hand washing facilities in the area?

Will there be hand washing facilities close to the area?

Q7 How many consultations would you see in the consultation room in an average week?

Q8 Does the pharmacy have access to an off-site consultation area (i.e. one which the former Primary Care Trust or Area Team has given consent for use)?

Yes

No

Q9 Is the pharmacy willing to undertake consultations in...

Yes

No

A patients home

Other suitable site

Q10 Do patients attending for consultation have access to toilet facilities?

Yes

No

Q11 Can consultations be adapted for patients with the following disabilities?

Yes

No

Mental health

Learning disabilities

Physical disabilities

Sensory disabilities

Q12 If yes, what adaptations do you make?

Languages

Q13 Which of the following languages are spoken by pharmacy staff (in addition to English)

- Gujarati
- Polish
- Panjabi
- Chinese
- Bengali (or Sylheti or Chatgaya)
- Arabic
- Urdu
- French
- Spanish
- Tamil
- Portuguese
- Other (please specify)

Please specify 'other'

Q14 What percentage of your opening hours is covered by staff who speak the following languages?

Gujarati

%

Polish

%

Panjabi

%

Chinese	<input type="text"/>	%
Bengali (or Sylheti or Chatgaya)	<input type="text"/>	%
Arabic	<input type="text"/>	%
Urdu	<input type="text"/>	%
French	<input type="text"/>	%
Spanish	<input type="text"/>	%
Tamil	<input type="text"/>	%
Portuguese	<input type="text"/>	%
Other	<input type="text"/>	%

Q15 Please provide further explanation if necessary

Q16 In the past year, approximately how many visits have been by patients who do not speak English?

- None
- 1-4
- 5-9
- 10-14
- 15-19
- 20 or more
- Don't know

Q17 If a patient who is unable to speak English attends the pharmacy, what is the usual course of action? Tick all applicable

- They are served by a member of staff who can speak that language
- Use a language service
- Other (please specify)

Please specify 'other'

Q18 How many times have you used the language service over the last 12 months?

- None
- 1-4
- 5-9
- 10-14
- 15-19
- 20 or more
- Don't know

IT Facilities

Q19 Which of the following IT facilities does the pharmacy have?

	Yes	No
Electronic Prescription Service (EPS)	<input type="radio"/>	<input type="radio"/>
An nhs.net email address	<input type="radio"/>	<input type="radio"/>
Access to Summary Care Records	<input type="radio"/>	<input type="radio"/>

Q20 Do you intend to become enabled for the Electronic Prescription Service in the next 12 months?

- Yes
- No

Q21 Do you use the Summary Care Records?

- Yes
- No

Workforce

Q22 How many Full Time Equivalent staff (37.5 hours per week) do you have in the following positions (excluding locums)?

Community Pharmacist (MPharm)

Community Pharmacist with clinical diploma

Independent Prescriber Pharmacist (IPPs)

Accredited Pharmacy Technicians	<input type="text"/>
Accuracy Checking Technicians	<input type="text"/>
Dispenser	<input type="text"/>
Medicines Counter Assistant	<input type="text"/>

Q23 Please provide further explanation if necessary

Q24 Do you use locums?

- Yes
 No

Q25 What proportion of your staff are locums?

 %

Q26 How many Full Time Equivalent locum staff (37.5 hours per week) do you have in the following positions?

Community Pharmacist (MPharm)	<input type="text"/>
Community Pharmacist with clinical diploma	<input type="text"/>
Independent Prescriber Pharmacist (IPPs)	<input type="text"/>
Accredited Pharmacy Technicians	<input type="text"/>
Accuracy Checking Technicians	<input type="text"/>
Dispenser	<input type="text"/>
Medicines Counter Assistant	<input type="text"/>

Q27 Do you use locums for hard to fill vacancies?

- Yes
 No

Services

Q28 Does the pharmacy provide the following **Essential Services**?

	Yes	No, but intend to within 12 months	No, but intend to longer term	No, and do not intend to
Dispensing medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Repeat dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposal of Unwanted Medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotion of Healthy Lifestyles (Public Health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for Self-Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Governance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29 Does the pharmacy provide the following **Advanced Services**?

	Yes	No, but intend to within 12 months	No, but intend to longer term	No, and do not intend to
Medicines Use Review Service (MUR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Medicines Service (NMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appliance Use Review Service (AUR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stoma Appliance Customisation Service (SAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS Seasonal Flu Vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q30 Which of the following **NHS England** commissioned services do you currently provide? Please tick all that apply.

- Anticoagulant monitoring services
- Care Home Service
- Chlamydia testing service
- Emergency Supply of Medicines (at NHS expense)
- Home Delivery Services (not appliances)
- Gluten Free Food Supply Service (i.e. not via FP10)
- Independent (Prescribing Service)
- Language Access Review
- Medication Review Service
- Medicines Assessment and Compliance Support
- Needle and Syringe Exchange Service
- On demand availability of specialist drug service
- Out of Hours Service
- Prescriber Support Service
- Schools Service
- Sharps Disposal Service
- Supervised Administration Service

Q31 Which of the following **NHS England** commissioned service would you be willing to provide?

	Yes	Yes (but need training)	Yes (but need facilities)	Yes (but need training <u>and</u> facilities)	No
Anticoagulant monitoring services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Home Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia testing service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Supply of Medicines (at NHS expense)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Services (not appliances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent (Prescribing Service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Access Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Review Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Assessment and Compliance Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle and Syringe Exchange Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On demand availability of specialist drug service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of Hours Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriber Support Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharps Disposal Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised Administration Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q32 Which of the following **Local Authority** commissioned services do you currently provide?
Please tick all that apply.

- Emergency hormonal contraception service
- Smoking cessation pharmacotherapy
- Alcohol screening and brief interventions
- Supervised consumption
- Needle and syringe programme
- NHS Health Check
- Contraceptive services
- Sexual health screening services
- Stop Smoking Service
- Chlamydia testing and treatment
- Weight management

Q33 Which of the following **Local Authority** commissioned service would you be willing to provide?

	Yes	Yes (but need training)	Yes (but need facilities)	Yes (but need training <u>and</u> facilities)	No
Emergency hormonal contraception service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cessation pharmacotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol screening and brief interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle and syringe programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS Health Check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health screening services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop Smoking Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia testing and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q34 Which of the following **CCG** commissioned services do you currently provide? Please tick all that apply.

- Minor Ailment Scheme
- Palliative Care Scheme
- MUR Plus Service
- Palliative Care
- Phlebotomy Service

Q35 Which of the following **CCG** commissioned service would you be willing to provide?

	Yes	Yes (but need training)	Yes (but need facilities)	Yes (but need training <u>and</u> facilities)	No
Minor Ailment Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative Care Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MUR Plus Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebotomy Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q36 Which of the following **Non-NHS** commissioned services do you currently provide? Please tick all that apply.

- Cholesterol
- Diabetes
- Gonorrhoea
- H. pylori
- HbA1C
- Hepatitis
- HIV
- Childhood vaccinations
- Hepatitis (at risk workers or patients)
- HPV
- Patient Group Direction Service
- Travel vaccinations
- Other vaccinations
- Period delay
- Emergency contraception
- Contraception
- Champix
- Travel medication
- Erectile dysfunction
- Salbutamol inhalers
- Weight loss
- Chlamydia
- Hay fever (fexofenadine)
- Hair loss

Q37 Which of the following **Non-NHS** commissioned service would you be willing to provide?

	Yes	Yes (but need training)	Yes (but need facilities)	Yes (but need training <u>and</u> facilities)	No
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. pylori	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HbA1C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childhood vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis (at risk workers or patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Group Direction Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Period delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Champix	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erectile dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salbutamol inhalers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay fever (fexofenadine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q38 Does the pharmacy provide any of the following **Non-NHS funded** services? Tick all applicable

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines to patients - free of charge on request
- Delivery of dispensed medicines to patients - chargeable
- Blood pressure monitoring
- Supply medicines to care homes
- Supply other appliances to care homes
- Other (please specify)

Please specify 'other'

Lifestyle and pharmacy

Q39 Does the pharmacy provide any of the following...? Tick all applicable

- Brief advice on lifestyles, e.g. stop smoking, weight management etc.
- Signposting to lifestyle services, e.g. stop smoking, weight management, exercise etc.
- Referral to lifestyle services, e.g. stop smoking, weight management, exercise etc.

Q40 Does the pharmacy do any extra promotional work?

Yes

No

If yes, what is this?

Q41 Do you have Healthy Living Pharmacy (HLP) status?

Yes

No

Q42 If yes, which level?

Level 1

Level 2

Q43 If no, are you working towards Health Living Pharmacy (HLP) status?

Yes

No

Q44 If yes, what level do you intend attaining?

Level 1

Level 2

Q45 How many actual staff have achieved the following

Leadership training

Health Champion training

RSPH level 2

Equality Statement

Q46 Is your pharmacy compliant with the Equality Act 2010?

Yes

No

Q47 Does your pharmacy provide Monitored Dosage Systems (MDS) for patients not covered by the Equality Act 2010?

Yes

No

Pharmacy Facilities Overall

Q48 Which of the services you provide would you identify as being most important?

1

2

3

4

5

Q49 How would you describe the current provision of pharmacies in your area?

Excellent Good Adequate Poor Very poor Don't know

Amount of pharmacies

Location of pharmacies

Range of services provided by pharmacies

If poor, why is this?

Q50 Is there a need for more pharmacies in your local area?

Yes

No

Don't know

If yes, please give further details

Thank you for your assistance.

Please click the 'Submit' button to send your responses to us. Please click the button only once.

Data Protection: Personal data supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. Leicestershire County Council will not share any information collected from Question 1 in this survey with its partners. The information will be held in accordance with the council's records management and retention policy.