



Bolton Council

**PHARMACEUTICAL
NEEDS ASSESSMENT:
APPENDIX 5**

2014/15

PHARMACY CONTRACTOR SURVEY TEMPLATE

Pharmaceutical Needs Assessment Pharmacy contractor Questionnaire (to be primarily used as an online version)

Premises

1 What is the name of your pharmacy?*

[Pick from list including OCS code]

2 Please give the name & contact details of the person completing this questionnaire, in case questions arise:

Name

Job title

Email

Tel

3 What are your pharmacy's core opening hours?*

This should add up to either 40 or 100 hours

	Open from	To	Lunchtime close	Lunchtime reopen
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

4 What are your pharmacy's total opening hours?*

	Open from	To	Lunchtime close	Lunchtime reopen
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

5 Is there a separate room within the pharmacy for consultations with patients and customers, meeting the criteria for Medicines Use Review?

- Clearly signposted as a private consultation area within the pharmacy
- Conversations in the consultation room cannot be overheard when talking at normal speaking volumes by other patients and staff
- Seating is available for patients and staff within the room

Yes ➔ go to next question No, planned within the next 12 months No, not planned

6 How many consultation rooms do you have?

Rooms:

7 For each of the following statements, please indicate if you have or have not or are planning to have in the consultation area?

Repeat if there are multiple rooms/ areas

	Yes	No	Planned within the next 12 months
There is a sink within or near the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a computer connected to your PMR and with access to the internet within the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accessibility

8 Which of the following languages other than English do you offer customers access to?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Oromo |
| <input type="checkbox"/> BSL | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Slovak |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> None |
| <input type="checkbox"/> Other | |
-

9 How do customers who use a wheelchair access the pharmacy?

- Wheelchair users can access the pharmacy Independently with level access No level access, wheelchair users alert staff to their needs e.g. using a bell

10 Do you have a hearing loop available?

Yes No Don't know

- 11 **Do you offer assistance for customers with visual impairment?**
E.g. do you print labels in large print, provide braille printing on packaging
- Yes No Don't know

Staff

- 12 **How many pharmacists practice in the pharmacy in total?**
(Please include full time, part time, and regular locums)

Number of people:

Number of Whole Time Equivalent (WTE) posts:

- 13 **How many Pharmacy Technicians are employed by the pharmacy?**

Number of people:

Number of Whole Time Equivalent (WTE) posts:

- 14 **How many Dispensing Assistants are employed by the pharmacy?**

Number of people:

Number of Whole Time Equivalent (WTE) posts:

- 15 **How many of the pharmacy's Dispensing Assistants have completed or are working towards an NVQ level 2 or equivalent?**

Already completed: Working towards:

- 16 **How many of the pharmacy's Dispensing Assistants have completed or are working towards an NVQ level 3 or equivalent?**

Already completed: Working towards:

- 17 **How many of the pharmacy's Dispensing Assistants have completed or are working towards an accuracy checking technician course?**

Already completed: Working towards:

Medicines and prescription services

- 18 **Does your pharmacy provide prescription collection from GP practices?**

Yes ➔ go to question **Error!** No ➔ go to question 19
Reference source not found.

- 19 **Does your pharmacy provide medicines delivery service?**

Yes ➔ go to next question No ➔ go to question 31

20 Is it available just for a specific patient group?

No Yes ➔ If yes, which group?

21 Do you manage repeat prescription requests for patients?

No Yes

22 Is your pharmacy set up to receive EPS2 prescriptions?

No Yes

23 Does your pharmacy provide medicines use reviews?

No ➔ go to next question Yes ➔ go to question 31

24 Do you plan to start this service?

No Yes ➔ If yes, when?

25 Does your pharmacy provide the New Medicines Service?

No ➔ go to next question Yes ➔ go to question 31

26 Do you plan to start this service?

No Yes ➔ If yes, when?

Other services

27 Does your pharmacy dispense Part IX appliances?

No ➔ go to next question Yes ➔ go to question 29

28 Do you plan to start this service?

No ➔ go to question 31 Yes ➔ If yes, when?

29 Does your pharmacy provide Appliance Use Reviews?

No ➔ go to next question Yes ➔ go to question 31

30 Do you plan to start this service?

No Yes ➔ If yes, when?

31 Does your pharmacy provide any of the following services, if not, is your pharmacy willing to provide in the future?

(Please note willingness to provide a service does not mean it will be commissioned from a pharmacy; the decision to commission will be based on local need and affordability)

* = required question

	Yes	No but willing to provide	No and not willing to provide
Minor ailment scheme (Pharmacy First)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observed consumption scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Administration Record scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of EHC under PGD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia treatment service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of palliative care medicines scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking counselling + NRT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking counselling + NRT + provision of varenicline/ bupropion under PGD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32 Does your pharmacy provide any of the following services, and is a charge made?

	Not offered	Yes free service	Yes chargeable service
EHC through OTC sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure measuring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucose testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To develop community pharmacy we need your views about the possible services that could be introduced or extended.

33 Which of the following services would you be willing to provide now, or in future?

The information you give us is confidential. It will be used in the development of our Pharmaceutical needs assessment. It will not be disclosed to anyone else.

	Could do now & willing to do now	Could do & would be willing to do with further training	Could do & would be willing to do with changes to premises	Could do & would be willing to do with appropriate equipment	Would not want to do this	Not sure
Management and provision of gluten free products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency supply of prescription medicines scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* = required question

	Could do now & willing to do now	Could do & would be willing to do with further training	Could do & would be willing to do with changes to premises	Could do & would be willing to do with appropriate equipment	Would not want to do this	Not sure
Weight management service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol awareness service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia medicines management service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines assessment & compliance support service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service:						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal influenza vaccination service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular risk assessment service (NHS health check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34 Which would be your top 3 priorities?

	Top priority	Second priority	Third priority
Management and provision of gluten free products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency supply of prescription medicines scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* = required question

	Top priority	Second priority	Third priority
Alcohol awareness service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/ dementia medicines management service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines assessment & compliance support service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service:			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal influenza vaccination service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular risk assessment service (NHS health check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>