Exit Logged in as: Alison Rogers from Herefordshire County Council

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

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

Date of	completion	30-Jan-2018

Premises Details -

Trading Name

Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

PAS scheme payments? O Yes O No O Possibly

Is this pharmacy a 100 hour pharmacy?

100 hour pharmacy? O Yes O No

Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?

Hold Local O Yes O No Pharmaceutical Services contract?

Is this a Distance Selling	O Yes O No
Pharmacy?	(i.e. it cannot provide Essential Services to persons
i nannaoy i	present at the pharmacy)

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? North South East

O West

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

you?

Consent to store O Yes O No

Core hours of opening -

Please complete your core hours of opening.	
Please enter this in a 24 hour format, e.g. 09:0	10, or 18:30
Monday Open e.g. 09:00, or 18:30	Monday Close e.g. 09:00, or 18:30
Closed for lunch? O Yes O No	

	Tuesday Close	e.g. 09:00, or 18:30
Closed for lunch? O Yes O No		
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? O Yes O No	Thursday Close	e.g. 09:00, or 18:30
Friday Open e.g. 09:00, or 18:30 Closed for lunch? O Yes O No	Friday Close	e.g. 09:00, or 18:30
Saturday Open e.g. 09:00, or 18:30	Saturday Close	e.g. 09:00, or 18:30
Sunday Open e.g. 09:00, or 18:30 If not open please enter 00:00	Sunday Close	e.g. 09:00, or 18:30
Closed for lunch? O Yes O No Total hours of opening (Core + Si	upplementary)	
Please complete your total hours of opening. Please enter this in a 24 hour format, e.g. 09:00		7
	0, or 18:30	
Monday Open e.g. 09:00, or 18:30	0, or 18:30 Monday Close	e.g. 09:00, or 18:30
e.g. 09:00, or 18:30		e.g. 09:00, or 18:30
e.g. 09:00, or 18:30 Closed for lunch? O Yes O No Tuesday Open e.g. 09:00, or 18:30	Monday Close Tuesday Close	e.g. 09:00, or 18:30
e.g. 09:00, or 18:30 Closed for lunch? O Yes O No Tuesday Open e.g. 09:00, or 18:30 Closed for lunch? O Yes O No Wednesday Open e.g. 09:00, or 18:30	Monday Close Tuesday Close	e.g. 09:00, or 18:30 e.g. 09:00, or 18:30 e.g. 09:00, or 18:30

Saturday Open e.g. 09:00, or 18:	30 Saturday Close
If not open please enter 00:00	
Closed for lunch? OY	es O No
Sunday Open e.g. 09:00, or 18:	30 Sunday Close .g. 09:00, or 18:30
lf not open please enter 00:00	
Closed for lunch? O Ye	es ONo
Pharmacy inc Consulta	
Available (including wheeld	ion area? chair access) on the premises nair access) on premises
Is there an approved consultati	ion area? chair access) on the premises nair access) on premises onths
Is there an approved consultati	ion area? chair access) on the premises nair access) on premises onths lable
Is there an approved consultati Available (including wheele Available (without wheelch Planned within next 12 mo No consultation room avail	ion area? chair access) on the premises nair access) on premises onths lable re is >1 pharmacist on duty?
Is there an approved consultati	ion area? chair access) on the premises nair access) on premises onths lable re is >1 pharmacist on duty? for pre- reg training
Is there an approved consultati Available (including wheele Available (without wheelech Planned within next 12 mo No consultation room avail There are times when ther The premises is approved Consultation area has a we	ion area? chair access) on the premises nair access) on premises onths lable re is >1 pharmacist on duty? for pre- reg training
Is there an approved consultati Available (including wheeld Available (without wheelch Planned within next 12 mo No consultation room avail There are times when ther The premises is approved Consultation area has a we	ion area? chair access) on the premises nair access) on premises onths lable re is >1 pharmacist on duty? for pre- reg training orking computer
Is there an approved consultati Available (including wheeled Available (without wheeled Planned within next 12 mo No consultation room avail There are times when ther The premises is approved Consultation area has a we Consultation room comput	ion area? chair access) on the premises nair access) on premises onths lable re is >1 pharmacist on duty? for pre- reg training orking computer rer is linked to dispensary PMR ter allows access to internet for e.g.

What facilities are available to patients during consultations?

Off-site arrangements -

C 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
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NHSmail being used

□ NHS Summary Care Record enabled

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

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 O Yes O Soon O No service New Medicine Service O Yes O Soon O No

- Appliance Use Review O Yes O Soon O No service
- Stoma Appliance O Yes O Soon O No Customisation service

NHS Flu Vaccination O Yes O Soon O No Service

NHS Urgent Medicine O Yes O Soon O No Supply Advanced Service (NUMSAS)

Pharmacy Rota Service ONHS OCCG OLA 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

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https://pharmoutcomes.org/pharmoutcomes/services/enter?preview&id=99974
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Anticoagulant Monitoring Service	О NHS О СС	cg Ola Owp	O NA
Anti-viral Dispensing Service	O CCG O LA	Owp Ona	
Care Home Advice Service	Onhs Oco	g Ola Owp	O NA
Chlamydia Testing Services	O CCG O LA	OWP ONA	
Chlamydia Treatment Service	O CCG O LA	Owp Ona	
Contraception Service	O CCG O LA (not an EHC servi	COWPONA ce)	
Alzheimer's/dementia	ONHS OCC	g Ola Owp	O NA
Asthma	О NHS О СС	g Ola Owp	Ona
CHD	О NHS О СС	g Ola Owp	O NA
COPD	ONHS OCC	g Ola Owp	Ona
Diabetes type I	О NHS О СС	g Ola Owp	Ona
Diabetes type II	ONHS OCC	g Ola Owp	O NA
Epilepsy	ONHS OCC	g Ola Owp	O NA
Heart Failure	О NHS О СС	g Ola Owp	Ona
Hypertension	ONHS OCC	g Ola Owp	O NA
Parkinson's disease	ONHS OCC	g Ola Owp	O NA
Other (please state)]
Emergency Hormonal Contraception Service	O CCG O LA	Owp Ona	1
Emergency Medicines Supply Service	O ccg O la	Owp Ona	
Independent Prescribing Service	O CCG O LA	OWP ONA	
If currently providing an Indep therapeutic areas are covered		ping Service, what	
Therapeutic areas covered (if providing)			
Language Access Service	Onhs Oco	g Ola Owp) O na
Medication Review Service	O NHS O CO Note: This is not t	CG OLA OWP he NMS or MUR servic	O NA e.
Medicines Assessment and Compliance Support Service	Onhs Occ	cg Ola Owp	O NA
Pharmacy First Minor	ONHS OCC	g Ola Owp	O NA
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 O CCG O LA O WP O NA Intervention Scheme

On Demand Availability O NHS O CCG O LA O WP O NA of Specialist Drugs Service

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



Leave blank if not able or willing to provide (NA)

Phlebotomy Service O CCG O LA O WP O NA

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

https://pharmoutcomes.org/pharmoutcomes/services/enter?preview&id=99974

Hepatitis	ONHS	OCCG	Ola	OWP	ONA
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HIV ONHS OCCG OLA OWP ONA

HIV	
Other Screening (please state)	
End of screening service optic	ons
Influenza Vaccination	O CCG O LA O WP O Company led O Other Non Advanced Service
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
Ohanna Dianaad Oanaiaa	Occg Ola Owp Ona
	ONHS OCCG OLA OWP ONA
Behavioural Support	
Stop Smoking - Pharmacotherapy Support	Onhs Occg Ola Owp Ona
Supervised Administration	O NHS O CCG O LA O WP O NA Of methadone,buprenorphine etc.
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	O Yes O 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	

Delivery of dispensed medicines - chargeable	
Monitored Dosage Systems - Free of charge on request	9
Monitored Dosage Systems - chargeable	
MDS- only following assessment	
MAR chart - free on request	
Are other complaince aids provided?	
Describe compliance support aids	
Almost done	
	a locally commissioned service in your c requirement and why.
Other	
Please tell us who has comple you.	eleted this form in case we need to contact
Contact name	•
Contact telephone	For person completing the form, if different to pharmacy number given above
Thank you for completing this	

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Test Values

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