

## Dispensing Doctors Pharmaceutical Needs Assessment Questionnaire 2017

### GENERAL

<b>1. Details of person completing this survey</b>	
Full name	
Email address	
Contact number	

<b>2. Surgery Details</b>	
GP Practice Code	
Practice Name	
Address	
Branch Surgery*	Yes  No
Email address (one that is checked regularly)	
Telephone number	
Fax number	
Practice public facing website address	
Herefordshire GP practices Locality	West: East: North: South

- A Questionnaire needs to be completed for each branch site if a dispensing practice operates from more than one site.

### ACCESS

<b>3. Please select the transport facilities that are available within 100 metres of the surgery</b>	
Bus Stop	
Train Station	
Cycle Track	
Free Parking	
Disabled Parking	
Paid Parking	
Motorcycle parking	
Onsite parking	
Other – please specify:	

<b>4. Premises details</b>		
	Yes	No
Is the door to the premises accessible for prams, buggies, Wheelchairs and walking frames?		
Are there any steps to climb when entering the premises?		
Do the premises comply with the 2010 Equalities Act		
Have any adjustments or alterations been made to the premises to enable physical access e.g. automatic doors or ramps? If so, please give details		

## OPENING HOURS

### 5. Dispensing Hours

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### 6. Surgery Opening Hours

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

## WORKFORCE

7. How many people dispense medicines	Full Time Part Time Regular Locum
8. Please advise the total number of hours worked by the following	Dispensing Assistant(s) (NVQ Level2 or equivalent) Dispensing Technician(s) (NVQ Level 3) GPhC Registered Technician(s) Other please state title and hours
9. What languages are spoken by dispensary staff in addition to English?	

## FACILITIES

10. Is there are hearing loop or equivalent in the dispensary area	
11. Are there any planned improvements due to be completed over the next 6 months?	
12. Is the site subject to any of the following development constraints?	Listed Building Conversation Area Limited room for expansion Other: please specify below

## IT

13. Is the Dispensary:	Electronic Prescription Release 2 Enabled Intending to become enabled in the next 6 months Not intending to become enabled Other – Please Describe:
14. Does the dispensary have the facility to open documents in the following formats:	Microsoft Word Microsoft Excel Microsoft Access PDF
15. Does the dispensary access emails on a daily basis when the premises are open?	

## Services

16. Does the dispensary dispense appliances? (please tick appropriate box)	Yes – all types Yes – excluding stoma appliances Yes – excluding incontinence appliances Yes - excluding stoma and incontinence appliances Yes – just dressings Yes – just hosiery None
17. Non-NHS Funded Services – Does the dispensary provide any of the following:	Free delivery of dispensed medicines Chargeable delivery of dispensed medicines Delivery of dispensed medicines – only for selected patient groups
18. Does the dispensary provide a monitored dosage system service?	Yes – free of charge upon request Yes – chargeable Yes- only after compliance assessment. Please state

	which assessment tool is used.....
19. Does the dispensary provide MAR charts?	<p>Yes- upon request</p> <p>Yes – chargeable</p> <p>Yes – only after compliance assessment. Please state which assessment tool is used.....</p>
20. Does the dispensary provide any other medication compliance aids?	Please provide details if yes
21. Do the dispensary staff undertake any interventions while working in the dispensary and make records of these interventions? E.g. Healthy lifestyle interventions or prescription linked healthy lifestyle interventions	<p>Yes – please describe:</p> <p>No</p>
22. Have you completed a survey of patients using your dispensary in last 12 months?	<p>No</p> <p>Yes- Please describe any outcomes/ changes made to the dispensing service as a result</p>
23. DSQS- is your practice signed up to the NHS England DSQS for 17 18?	<p>Yes</p> <p>No</p>
24. DSQS- Which members of the practice undertake DRUM reviews?	<p>GPs</p> <p>Practice Nurses</p> <p>Dispensary Staff</p> <p>Other – please state</p>
25. For DRUM, do you target patients from particular groups or with specific diseases?	<p>Yes – Please state which target groups:</p> <p>No</p>
26. Do you have a private/ semi-private counselling consultation area attached to the dispensary?	<p>Yes</p> <p>No</p> <p>Plan to develop</p>
27. Are patients provided the opportunity to order their repeat medicines using EMIS Access?	<p>Yes</p> <p>No</p> <p>If no, are there plans to introduce this facility for patients in the next 6 months?</p>
28. Do you have any other arrangements in place to help patients in rural areas access their medicines?	Please state:
29. Are there any other pharmaceutical services provided by the dispensary that you would like to be considered in PNA?	Please state:

**Please complete and return electronically to [Alison.rogers@herefordshireccg.nhs.uk](mailto:Alison.rogers@herefordshireccg.nhs.uk) by 31<sup>st</sup> October 17**