



Hillingdon Pharmaceutical Needs Assessment 2018

Appendix 5: Pharmacy Survey

March 2018

DRAFT

Pharmaceutical Needs Assessment 2018

Appendix 5: Survey

Pharmaceutical Needs Assessment, Pharmacy Survey 2018

*Required



Pharmacy Details

ODS Code (PPD Code)

Name of Contractor (ie name of individual, partnership or company owning the pharmacy business)

Trading Name

Address of pharmacy premises

Address 2

Town

Borough

Postcode

Pharmacy email address

Pharmacy telephone number

Pharmacy fax

Pharmacy website address

Please answer the following questions. *

	Yes	No
Can we store the above information and use this to contact you?	<input type="radio"/>	<input type="radio"/>
Are you an appliance only contractor?	<input type="radio"/>	<input type="radio"/>
Are you a 100 hour contract pharmacy?	<input type="radio"/>	<input type="radio"/>
Is the pharmacy a distance selling pharmacy? (i.e. It cannot provide essential services to persons present at the pharmacy)	<input type="radio"/>	<input type="radio"/>
Does the pharmacy hold a Local Pharmaceutical Services (LPS) contract? (ie It is not the standard pharmaceutical service contract)	<input type="radio"/>	<input type="radio"/>
Is your pharmacy private? (ie no NHS contract)	<input type="radio"/>	<input type="radio"/>
Is the pharmacy entitled to Pharmacy Access Scheme Payments?	<input type="radio"/>	<input type="radio"/>

Is your pharmacy independent or part of a national group?

- Independent
- Group with 2-5 pharmacies
- Group with 6-10 pharmacies
- Group with more than 10 pharmacies

Opening Times and Accessibility

Please indicate the times your pharmacy is open.

Please complete opening and closing times followed by lunchtime hours in 24 hour format for each day i.e. 09:00 - 17:00 13:00 - 14:00

If you have days that you are closed please input CLOSED.

If your pharmacy does not close for lunch please input NO LUNCH.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

With regard to the above opening times, what are your core contracted hours at the pharmacy?

Please complete opening and closing times followed by lunchtime hours in 24 hour format for each day i.e. 09:00 - 17:00 13:00 - 14:00

If you have days that you are closed please input CLOSED.

If your pharmacy does not close for lunch please input NO LUNCH.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Does your pharmacy provide printed information in the following formats?

- Easy Read
- Large prints
- Braille
- None of these

Consultation Areas and Premises

Please answer the following questions about your premises. *

	Yes	No	No, but planned within the next 12 months	Don't know
There are free car parking facilities available close to the premises during opening hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car parking facilities that require payment are available close to the premises during opening hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabled car parking facilities are available close to the premises during opening hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultation area /room is clearly signposted as a private consultation area within the pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversations in the consultation area/room cannot be overheard when talking at normal speaking volumes by other patients and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seating is available for patients and staff within the consultation area/room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand washing facilities are available close to the consultation area/room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients have access to toilet facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a consultation area/room which complies with MUR/NMS requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultation area/room is accessible to wheelchair users with ramped access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The consultation area/room is accessible to wheelchair users with wide door	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultation area/room is accessible to wheelchair users with electric door	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can undertake consultations in patients' homes (or other suitable sites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The access to the pharmacy premises complies with the Equalities Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is access to an offsite consultation area/room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Information Technology

Please answer the following questions on your Electronic Prescription Service.

	Yes	Intended within the next 12 months	No intention	Don't know
Is your system 'Release 2' enabled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have access to an IT system within the consultation area/room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have said you have access to an IT system within a consultation area/room. Does this IT system have access to patient records?

- Yes
- Intending to within the next 12 months
- No and no intention to gain access
- Don't know

Please answer the following questions on the software/file formats on your pharmacy IT system. *

	Yes	No
Do you have access to a Microsoft Office package (eg Word/Excel)?	<input type="radio"/>	<input type="radio"/>
Do you have access to NHS.net email?	<input type="radio"/>	<input type="radio"/>
Is NHS mail being used?	<input type="radio"/>	<input type="radio"/>
Is your NHS Summary of Care Records (SCR) enabled?	<input type="radio"/>	<input type="radio"/>
Do you have an up to date NHS choice entry?	<input type="radio"/>	<input type="radio"/>

Services

Does your pharmacy dispense the appliances below?

	Yes	Intending to begin within the next 12 months	No and not intending to
Stoma appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incontinence appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Just dressings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your pharmacy dispenses other appliances please provide information in the text box provided below.

Are the following **ADVANCED** services offered? *

	Yes	Intending to begin within the next 12 months	No and not intending to provide	Don't know
Medicines Use Review (MUR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appliances Use Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stoma Appliance Customisation	<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"/>
NHS urgent medicine supply advanced service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other than the dispensing services, does your pharmacy offer any of the following disease specific services? *

	Currently provide via NHS	Currently provide privately	Currently provide via Local Authority	Would be willing to provide if commissioned	Not willing or able to provide
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's/Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Type I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Type II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your pharmacy offers any other disease specific services please provide information in the text box provided below.

Services - Part 2

Are the following screening and monitoring services offered at your pharmacy? *

	Currently provide via NHS	Currently provide privately	Currently provide via Local Authority	Would be willing to provide if commissioned	Not willing or able to provide
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticoagulant monitoring service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes management	<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"/>
Spot HIV testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your pharmacy offers any other screening and monitoring services please provide information in the text box provided below.



Are the following vaccinations services offered at your pharmacy? *

	Currently provide via NHS	Currently provide privately	Currently provide via Local Authority	Would be willing to provide if commissioned	Not willing or able to provide
Pneumococcal or pneumo jab (PCV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotavirus vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningitis C (Men C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5-in-1 vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hib/Men C (booster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MMR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal influenza vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intranasal flu vaccine for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-in-1 pre-school booster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV vaccine (girls only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-in-1 teenage booster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chickenpox vaccination (varicella)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shingles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BCG (tuberculosis) vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis A immunisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B immunisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningococcal meningitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rabies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japanese encephalitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tick-borne encephalitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis (TB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellow fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diphtheria, polio and tetanus (combined booster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Typhoid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whooping cough (Pertussis for children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whooping cough (Pertussis for pregnant women)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunisations and travel vaccines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your pharmacy offers any other vaccination services please provide information in the text box provided below.

Services - Part 3

Are the following other services offered at your pharmacy? *

	Currently provide via NHS	Currently provide privately	Currently provide via Local Authority	Would be willing to provide if commissioned	Not willing or able to provide
Advice to Care Homes Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia treatment service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Hormonal Contraception service - 72 hours (Levonorgestrel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Hormonal Contraception service - 120 hours (Ulipristal)	<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/Supplementary Prescribing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language access service e.g. language line	<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"/>
Diet and nutrition advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet and nutritional supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitored Dosage Service (MDS)/Medicine Reminder Services (MRS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor Ailment 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"/>
Obesity management (adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity management (children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGD: Erectile Dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGD: Weight Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGD: Quit Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGD: Hair Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGD: Malaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGD: Emergency Hormonal Contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGD: Oral Contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGD: Chlamydia treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adrenaline Injection	<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"/>
Prescriber support service to General Practice	<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"/>
Substance misuse service - supervised consumption	<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"/>
Sharps disposal service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NHS Health Checks (Vascular risk assessment) service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In hours palliative care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of hours palliative care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-viral Distribution service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collection of prescription from GP practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Service - delivery of dispensed medicines (Free)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Service - delivery of dispensed medicines (Chargeable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Service - delivery of dispensed medicines (Selected areas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there are any other services offered at your pharmacy please provide information in the text box below.

Does your pharmacy provide any of the following non-commissioned services? *

	Yes	No
Collection of prescriptions from GP surgeries	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - free of charge on request	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - free of charge to selected patient groups only	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - selected areas	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - chargeable	<input type="radio"/>	<input type="radio"/>
Repeat prescription services	<input type="radio"/>	<input type="radio"/>
The pharmacy has achieved Healthy Living Pharmacy (HLP) status?	<input type="radio"/>	<input type="radio"/>
The pharmacy is working towards Healthy Living Pharmacy (HLP) status?	<input type="radio"/>	<input type="radio"/>

Skills/Working Relationships

Please confirm the number of pharmacist hours a week within your pharmacy.

Do you have any pharmacists with a specialist interest (PHWSI)?

- Yes
- No
- Don't know

How many other support staff do you have in your pharmacy (in WTE)? Please include any dispensing staff and dispensing appliance contractors.

In addition to English, please list any languages spoken by members of staff at the pharmacy.

Do you have Health Champions working with your pharmacy?

- Yes
- No
- Don't know

If 'Yes', how many?

Do you have any Health Trainers working with your pharmacy?

- Yes
- No
- Don't know

Do you have any Dementia Friends working with your pharmacy?

- Yes
- No
- Don't know

What could be done or changed to improve pharmaceutical services for your local population?

What do you see as the major opportunities and challenges for pharmaceutical services locally in the next three years?

Do you have any other comments?

Please read the statements below and select the most appropriate response. *

	Yes, totally	Yes, partly	Not at all
The clinical skills in your pharmacy are well utilised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a good relationship with local General Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a good relationship with your local Clinical Commissioning Group (CCG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a good relationship with your local authority (Public Health/Adult Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a good relationship with your NHS England local area team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Details

Your name

Your position

Contact telephone number

Your email address

How would you like to complete this survey in the future?

- Online
- Email
- Hard copy (paper version)

DRAFT