

Service Design PNA Questionnaire 2017 (Preview)

- Browse Service Library
- View service accreditations
- Edit Service Design
- Preview Claim for this service
- View/Edit Claim Amounts

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 [insert name of local contact here](#) for advise 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

Trading Name

Post Code

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

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

Can we store the above information and use this to contact you?
Consent to store Yes No

Is this pharmacy open

Core hours of opening

Please complete your core hours of opening. Enter closed if closed

Monday Open <input type="text"/>	Monday Close <input type="text"/>
	Monday Lunchtime (from - to) <input type="text"/>
Tuesday Open <input type="text"/>	Tuesday Close <input type="text"/>
	Tuesday Lunchtime (from - to) <input type="text"/>
Wednesday Open <input type="text"/>	Wednesday Close <input type="text"/>
	Wednesday Lunchtime (from - to) <input type="text"/>
Thursday Open <input type="text"/>	Thursday Close <input type="text"/>
	Thursday Lunchtime (from - to) <input type="text"/>
Friday Open <input type="text"/>	Friday Close <input type="text"/>
	Friday Lunchtime (from - to) <input type="text"/>
Saturday Open <input type="text"/>	Saturday Close <input type="text"/>

		Saturday <input type="text"/>
		Lunchtime (from - to)
Sunday Open <input type="text"/>		Sunday Close <input type="text"/>
		Sunday Lunchtime (from - to)

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

Monday Open <input type="text"/>		Monday Close <input type="text"/>
		Monday Lunchtime (from - to)
Tuesday Open <input type="text"/>		Tuesday Close <input type="text"/>
		Tuesday Lunchtime (from - to)
Wednesday Open <input type="text"/>		Wednesday Close <input type="text"/>
		Wednesday Lunchtime (from - to)
Thursday Open <input type="text"/>		Thursday Close <input type="text"/>
		Thursday Lunchtime (from - to)
Friday Open <input type="text"/>		Friday Close <input type="text"/>
		Friday Lunchtime (from - to)
Saturday Open <input type="text"/>		Saturday Close <input type="text"/>
		Saturday Lunchtime (from - to)
Sunday Open <input type="text"/>		Sunday Close <input type="text"/>
		Sunday Lunchtime (from - to)

Consultation Facilities

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- Available (including wheelchair access) on the premises
- Available (without wheelchair access) on premises
- Planned within next 12 months
- No consultation room available
- Other

If Other please specify

Where there is a consultation area

Is this enclosed? Yes No N/A
N/A if no consultation room

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

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

- Handwashing in consultation area
 - Hand washing facilities close to consultation area
 - Have access to toilet facilities
 - None
- Tick all that apply

Information Technology

Is the pharmacy EPS* R2 enabled?

- Yes, EPS R2 enabled
 - Planning to become EPS R2 enabled in the next 12 months
 - No current plans to provide EPS R2
- EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

- Microsoft word
 - Microsoft Excel
 - Microsoft Access
 - PDF
 - Unable to open or view any file formats
- Please tick all that apply

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- Yes - All types, or
 - Yes, excluding stoma appliances, or
 - Yes, excluding incontinence appliances, or
 - Yes, excluding stoma and incontinence appliances, or
 - Yes, just dressings, or
 - None
 - 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

Yes Soon No

Medicines Use Review service

New Medicine Service Yes Soon No

Urgent Medicines Supply (NUMSAS) Yes Soon No

Appliance Use Review service Yes Soon No

Stoma Appliance Customisation service Yes Soon No

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.

CP - Currently Providing NHS funded service

WA - Willing and able to provide if commissioned

WT - Willing to provide if commissioned but would need training

WF - Willing to provide if commissioned but require facilities adjustment

PP - Currently providing private service

If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service CP WA WT WF PP

Anti-viral Distribution Service CP WA WT WF PP

Care Home Service CP WA WT WF PP

Chlamydia Treatment Service CP WA WT WF PP

Contraception Service CP WA WT WF PP
(not an EHC service)

Local Authority Commissioned Services
List services already commissioned in your locality here

Disease Specific Medicines Management Service:

Allergies CP WA WT WF PP

Alzheimer's/dementia CP WA WT WF PP

Asthma CP WA WT WF PP

CHD CP WA WT WF PP

Depression CP WA WT WF PP

Diabetes type I CP WA WT WF PP

Diabetes type II CP WA WT WF PP

Epilepsy CP WA WT WF PP

Heart Failure CP WA WT WF PP

Hypertension CP WA WT WF PP

Parkinson's disease CP WA WT WF PP

Other (please state - including funding source)

Area Team Services
List your Area Team commissioned services here

End of Disease specific Medicines Management Service options.

CP WA WT WF PP

Emergency Hormonal
Contraception Service

Gluten Free Food Supply CP WA WT WF PP
Service (i.e. not supply on FP10)

Home Delivery Service CP WA WT WF PP
(not appliances)

Independent Prescribing CP WA WT WF PP
Service

Therapeutic areas covered
(if providing)

Language Access Service CP WA WT WF PP

Note: This is not the NMS or MUR service.

Medication Review Service CP WA WT WF PP

Medicines Assessment and Compliance Support Service:

Medicines Management CP WA WT WF PP
Support Service: i.e. the EL23 service (previously the Vulnerable
Elderly / Adults Service)

DomMAR Carer's Charts CP WA WT WF PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme CP WA WT WF PP

MUR Plus/Medicines CP WA WT WF PP
Optimisation Service

Therapeutic areas covered
(if providing)

Needle and Syringe CP WA WT WF PP
Exchange Service

Obesity management CP WA WT WF PP
(adults and children)

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy CP WA WT WF PP

If yes state which
medicines

Out of hours services CP WA WT WF PP

Palliative Care scheme CP WA WT WF PP

End of On Demand Availability of Specialist Drugs Service options

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 but indicate
who commissions the service by ticking the boxes below and annotating
each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction AT LA CCG Pr
Service Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD
services

Medicines available

Phlebotomy Service CP WA WT WF PP

Prescriber Support Service CP WA WT WF PP

Schools Service CP WA WT WF PP

Screening Service:

Alcohol CP WA WT WF PP

Cholesterol CP WA WT WF PP

Diabetes CP WA WT WF PP

H. pylori CP WA WT WF PP

HbA1C CP WA WT WF PP

Hepatitis CP WA WT WF PP

HIV CP WA WT WF PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service CP WA WT WF PP

Other vaccinations

Childhood vaccinations CP WA WT WF PP

HPV CP WA WT WF PP

Hepatitis B CP WA WT WF PP
(at risk workers or patients)

Travel vaccines CP WA WT WF PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service CP WA WT WF PP

Stop Smoking Service:

NRT Voucher Service CP WA WT WF PP

Smoking Cessation Counselling Service CP WA WT WF PP

End of Stop Smoking Service options

Supervised Administration CP WA WT WF PP
Of methadone, buprenorphine etc.

End of Supervised Administration Service options

Supplementary prescribing CP WA WT WF PP

Which therapy area

Vascular Risk Assessment Service CP WA WT WF PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- Yes
 Currently working towards HLP status
 No

If Yes, how many Healthy Living Champions do you currently have? Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries Yes No

Delivery of dispensed medicines - Free of charge on request Yes No

Delivery of dispensed medicines - Selected patient groups

List criteria

Delivery of dispensed medicines - Selected areas

List areas

Delivery of dispensed medicines - chargeable Yes No

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone

For person completing the form, if different to pharmacy number given above