

Appendix C

Contractor Questionnaire

Pharmaceutical Needs Assessment Contractor Questionnaire

The Bexley Health and Wellbeing Board (HWB) is developing a new Pharmaceutical Needs Assessment. This is a statutory HWB responsibility, as set out under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and amended in 2014, 2015 and 2016. The same Regulations require NHS England (NHSE) to use the Pharmaceutical Needs Assessment to consider applications to provide pharmaceutical services under the market entry system.

A Steering Group has been established to oversee the development of the PNA. This group has broad membership including Raj Matharu from the Bexley, Bromley & Greenwich Local Pharmaceutical Committee.

It is essential that we have an up to date record of community pharmacy services to inform our assessment and to ensure that the final PNA is accurate. Taking this into account, I would be grateful if you could complete the online questionnaire, designed by the PNA Steering Group

The project timeline is very tight and we would, therefore, be grateful if you could complete the questionnaire by **Friday 29 September 2017**. We do not envisage that it will take much longer than 15 - 20 minutes to complete.

For convenience, you can use the SAVE button to save your partially completed response for submission on return to the link at a later time or date if preferred.

If you are completing a survey for more than one pharmacy you will need to clear your browser of cookies each time. To do this, open the survey link and choose 'History' in the tools menu > 'Clear browsing data' and then select to clear 'Cookies and other site plug-in data'. When you open the link again you will be able to start the survey for another pharmacy.

We have appointed Webstar Lane Ltd to provide project management and support. If you have any questions, please do not hesitate to contact one of the project managers (Musa Dhalla on [07932 740675; md@webstar-lane.co.uk] or Vanessa Lane [07880 602088; vl@webstar-lane.co.uk]) who will be happy to help.

1. Premises Details

1.1.	Contract Code (ODS Code) <i>(Unique identifying code which appears at the top of the schedule of payments that is received from the Pricing Authority each month; previously been called the "NACS" code or "F code"; if you are unsure please state "Don't Know")</i>	
1.2.	Company Name (i.e. Legal Entity)	
1.3.	Trading Name (i.e. name on signage)	
1.4.	Pharmacy Address <i>(from where the services are provided)</i>	
1.5.	Postcode	
1.6.	Email address <i>(We will use this to communicate with you about the PNA, including for the formal consultation)</i>	
1.7.	Telephone Number	
1.8.	Name of person(s) we should contact with any queries	
1.9.	Please confirm we may store the above details and use these to contact you	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Type of Contract – All mandatory

2.1.	Contract Type	<p>Please confirm the type of contract held:</p> <p><input type="checkbox"/> National Pharmaceutical Services Contract ONLY → Go to 2.3</p> <p><input type="checkbox"/> Local Pharmaceutical Services Contract ONLY → Go to 2.2 <i>(Please note that we will ask about locally commissioned services e.g. stop smoking, sexual health, substance misuse etc in section 5)</i></p> <p><input type="checkbox"/> National Pharmaceutical Services Contract AND Local Pharmaceutical Services Contract → Go to 2.2</p>
2.2.	Local Pharmaceutical Services Contracts	<p>Please give brief details of your Local Pharmaceutical Services contract then go to 2.3</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
2.3.	Other Relevant Information	<p>Please indicate if your National Pharmaceutical Services contract has been granted under an “Exempt” category</p> <p><input type="checkbox"/> 100 Hour Pharmacy</p> <p><input type="checkbox"/> Mail order or internet based pharmacy (i.e. distance selling)</p> <p><input type="checkbox"/> Consolidation</p> <p><input type="checkbox"/> Not applicable</p>
2.4.	Pharmacy Access Scheme	<p>Has your pharmacy been included as part of the Pharmacy Access Scheme?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Applied but awaiting decision</p>

3.Total Opening Hours

Please state the **full opening hours** for your pharmacy
(i.e. your core and supplementary hours) in this section

When recording lunch time please record times that the pharmacy is closed to the public or where a full pharmaceutical service is not available

		Opening time	Closing Time	Lunch-time (from - to)	
a	Monday				
b	Tuesday				
c	Wednesday				
d	Thursday				
e	Friday				
f	Saturday				
g	Sunday				
3.2a Do you have plans to change, or are you considering changing your opening hours before the end of March 2018?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
3.2b If yes, it would be helpful if could give details?					

4. Advanced Service Provision

Service		4.1 Currently Provided		4.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>		4.3 <i>It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*</i>
a	Medicines use reviews	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No →	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> No →	
b	New medicine service	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No →	<input type="checkbox"/> Yes	<input type="checkbox"/> No →	
c	Appliance use reviews	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No →	<input type="checkbox"/> Yes	<input type="checkbox"/> No →	
d	Stoma Appliance Customisation Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No →	<input type="checkbox"/> Yes	<input type="checkbox"/> No →	
e	Flu Vaccination	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No →	<input type="checkbox"/> Yes	<input type="checkbox"/> ₀ No →	
f	NHS urgent medicine supply advanced service (NUMSAS) - <i>Have you registered for, or are you planning to register to deliver this service</i>	<input type="checkbox"/> Registered <input type="checkbox"/> Plan to Register	<input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No →	

* Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services

5. Enhanced & Locally Commissioned Service Provision

*This section relates to enhanced services, commissioned by NHS England; and other services which are commissioned locally by the London Borough of Bexley, NHS Bexley Clinical Commissioning Group. If you provide any of these services privately, please provide details in section 6. **Please click or tick the relevant box to indicate your response.***

Service		5.1 Currently Provided <i>In order to answer "Yes", you must have signed an SLA and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
a	London Pharmacy Vaccination Service <i>(Includes flu vaccination for NHS patients not falling within the scope of the flu vaccination advanced service & pneumococcal vaccination)</i>	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No →		
b	Substance Misuse: Needle Exchange	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No →		
c	Substance Misuse: Supervised administration of Methadone, Subutex and Suboxone	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No →		
d	Sexual Health: Chlamydia & Gonorrhoea Screening	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No →		
e	Sexual Health: Chlamydia Treatment under PGD	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No →		
f	Sexual Health: Emergency Hormonal contraception	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No →		
g	Sexual Health: Free Condom Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No →		

* Please note this information will be non-attributable; it will only be used for planning & commissioning services

6. Non- NHS Healthcare Related Services provided in your Pharmacy

6.1 Does your pharmacy offer a repeat prescription collection and delivery service?

☐ Yes

☐ No

6.2 If “Yes”, you may wish to provide further details in the box below:

*Please provide an overview of services which you offer within your pharmacy, which are **NOT commissioned** by an external agency (such as NHS England, Public Health, the CCG, Local Government etc). Non-NHS services may include repeat prescription collection & delivery services; travel clinics; “health checks” e.g. BP measurement, flu vaccinations paid for directly by the patient etc.*

Service		Brief description of service
a		
b		
c		
d		
e		

7. The Pharmacy as a Whole - Meeting the Needs of Those with Disabilities

Pharmacies are required to make reasonable and proportionate adjustments to support the needs of those with protected characteristics under the Equality Act 2010. Please provide details of reasonable arrangements and/or innovations which are in place to meet the needs of those with disabilities (we have included examples which we know are in place in some pharmacies). Please click / tick the relevant box to indicate your response

<p>7.1. Can wheel chair users access all public areas and services within your premises?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No →</p>	<p>7.2. If “No”, please describe below which areas or services are inaccessible:</p>
<p>7.3. Which of the following facilities, to aid those who are hearing impaired, do you have? <i>Please tick all that apply</i></p>	<p><input type="checkbox"/> Hearing Loop <input type="checkbox"/> Signing <input type="checkbox"/> Other - please specify → <input type="checkbox"/> None</p>	
<p>7.4. Which of the following facilities, to aid those who are visually impaired, do you have? <i>Please tick all that apply</i></p>	<p><input type="checkbox"/> Braille <input type="checkbox"/> Large print labels <input type="checkbox"/> Other - please specify → <input type="checkbox"/> None</p>	
<p>7.5. What support do you offer for those with cognitive impairment e.g.:</p> <ul style="list-style-type: none"> ▪ People with dementia ▪ People with learning disabilities ▪ Adults with autism etc.? <p><i>Please tick all that apply</i></p>	<p><input type="checkbox"/> ‘Aide memoire’ for their medicines <input type="checkbox"/> Monitored Dosage Systems <input type="checkbox"/> Easy to read information <input type="checkbox"/> Large print labels <input type="checkbox"/> Other - please specify → <input type="checkbox"/> None</p>	
<p>7.6. How many patient facing staff are trained “Dementia Friends”?</p> <p><i>(See www.dementiafriends.org.uk and the Quality Payments Scheme for Community Pharmacy 2017/18)</i></p>	<p>No. Patient facing Staff</p> <p>No. trained “Dementia Friends”</p> <p>% Patient facing staff trained</p>	

7.7. Does your pharmacy offer a dementia friendly environment? <i>See Appendix A for information</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Working towards this - give details → <input type="checkbox"/> No
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8. Secure Exchange of Information

Please provide details as to how your pharmacy ensures secure exchange of confidential information. Please click / tick the relevant box to indicate your response

8.1. Does your pharmacy have an nhs.net email account?	<input type="checkbox"/> Yes - nhs.net (route to question 8.2) <input type="checkbox"/> No, but planned within 12 months (route to question 9) <input type="checkbox"/> No, but planned in > 12 months (route to question 9) <input type="checkbox"/> No and no future plans (route to question 9)	
8.2. How often do you check your email.net email?	<input type="checkbox"/> Daily: Please state how many times on average <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly: <input type="checkbox"/> Other: Please give details	Approximately how many times:
8.3. Do you always use NHS.net to exchange patient identifiable information	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Languages other than English

Please provide details of any languages, other than English, spoken by your or your staff to a level that you are able to respond to queries and provide information to patients (you may add rows if necessary)	a.	b.	c.
	d.	e.	f.
	g.	h.	i.

10.Consultation Area(s)

Please provide details of your consultation area(s) and its characteristics & facilities. Please click on / tick the relevant box to indicate your response

Please note, the information provided for this question will be used by commissioners to inform the planning and commissioning of locally commissioned services

10.1 How many consultation areas does your pharmacy have?	<input type="checkbox"/> None → Go to Q.10.6 <input type="checkbox"/> One <input type="checkbox"/> More than one →			10.2 If more than one please say how many: _____
10.3 How many consultation areas are a closed room?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> More than one →			10.4 Please state how many are closed: _____
10.5 Characteristics of the consultation area(s) If you have more than one consultation area then please tick any that apply to any of the consultation areas in your pharmacy. <i>Please click on / tick the box where a feature applies</i> <i>Leave blank where it doesn't apply</i>	<input type="checkbox"/> Sink dedicated to hand hygiene only	<input type="checkbox"/> Patient toilet facilities near by	<input type="checkbox"/> Wheel chair access	
	<input type="checkbox"/> Hand hygiene sink has hot and cold running water, via a mixer tap, with elbow operated levers	<input type="checkbox"/> Panic button	<input type="checkbox"/> Hearing loop	
	<input type="checkbox"/> Sink for any other purpose e.g. disposing of blood / / body fluids which must not be disposed of down hand wash basin	<input type="checkbox"/> CCTV	<input type="checkbox"/> Computer terminal	
	<input type="checkbox"/> Paper towels & liquid soap available at hand hygiene sink. No linen towelling	<input type="checkbox"/> Telephone	<input type="checkbox"/> PMR access	
	<input type="checkbox"/> Examination couch with couch roll paper (no linen)	<input type="checkbox"/> Space for a chaperone	<input type="checkbox"/> Internet access	
10.6 Do you plan to introduce a consultation area in the future?	<input type="checkbox"/> No → Go to Q.10.7 <input type="checkbox"/> Yes – within 12 months <input type="checkbox"/> Yes – more than 12 months			

<p>10.7 If you have no plans for a consultation area, it would be helpful to understand your reasons for this.</p> <p>Please describe them: →</p>	
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11.Enhancements to Patient

Please provide details of any facilities or services which your pharmacy has in place (and which have not already been identified within this questionnaire) to enhance patient access, care or confidentiality. Please click on / tick the relevant box to indicate your response

<p>11.1. Pharmacist consultations within a patient's home?</p>	<p> <input type="checkbox"/> Yes ↓ </p> <p> <input type="checkbox"/> No → </p>	<p>11.2. If "No", please indicate if you would be willing to offer this in the future:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>11.3. Pharmacist consultations within a Care Home?</p>	<p> <input type="checkbox"/> Yes ↓ </p> <p> <input type="checkbox"/> No → </p>	<p>11.4. If "No", please indicate if you would be willing to offer this in the future:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>11.5. Pharmacist consultations within the work place?</p>	<p> <input type="checkbox"/> Yes ↓ </p> <p> <input type="checkbox"/> No → </p>	<p>11.6. If "No", please indicate if you would be willing to offer this in the future:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>11.7. Pharmacist consultations within a GP surgery?</p>	<p> <input type="checkbox"/> Yes ↓ </p> <p> <input type="checkbox"/> No → </p>	<p>11.8. If "No", please indicate if you would be willing to offer this in the future:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>11.9. Other enhancement(s)</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No → </p>	<p>11.10. If "Yes", please provide details below:</p>

12. Safeguarding

How many registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years?	<div>No. registered pharmacy professionals working at the pharmacy</div> <div>No. registered pharmacy professionals that have achieved level 2 status</div> <div>% registered pharmacy professionals achieving level 2 status</div>
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13. Looking to the Future

*In this section, we wish to seek your views on services which could potentially be delivered by community pharmacy in the future. We would ask you to base your suggestions on **your knowledge of the healthcare needs of the people who use your pharmacy** when completing this section. Please feel free to add rows if you wish.*

We would also ask you to note, that whilst this information will inform our assessment and statement of pharmaceutical need, this should not be regarded as an indication that these service developments will be commissioned in the future.

	Proposed Service	Rationale, including the health needs which will be addressed
13.1.		
13.2.		
13.3.		
13.4.		

14. Final Thoughts or Comments

If you have any final thoughts or comments, which you think would be relevant to the Pharmaceutical Needs Assessment, please describe them in the box below

Thank you very much for your time. [Transfer to <https://www.bexley.gov.uk/> at end of Survey]

Appendix A

Dementia Friendly Environment Checklist

Please note: this information has been provided for information only. We do not expect pharmacies to complete the checklist

Quiet Space

- Do you have a quiet space for someone who might be feeling anxious or confused? *A few minutes with a supportive person might be all that's needed to continue the transaction.*

Signage

- Are your signs clear, in bold face with good contrast between text and background?
- Is there a contrast between the sign and the surface it is mounted on? *This will allow the person to recognise it as a sign*
- Are the signs fixed to the doors they refer to? *They should not be on adjacent surfaces if at all possible.*
- Are signs at eye level and well-lit?
- Are signs highly stylised or do they use abstract images or icons as representations? *These should be avoided*
- Are signs placed at key decision points for someone who is trying to navigate your premises for the first time? *People with dementia may need such signs every time they come to your premises*
- Are signs for toilets and exits clear? *These are particularly important.*
- Are glass doors clearly marked?

Lighting

- Are entrances well-lit and do they make as much use of natural light as possible?
- Are there pools of bright light or deep shadows? *These should be avoided*

Flooring

- Are there any highly reflective or slippery floor surfaces? *Reflections can cause confusion.*
- Are changes in floor finish flush rather than stepped? *Changes in floor surfaces can cause some confusion due to perceptual problems. If there is a step at the same time you also introduce a trip hazard.*