
Appendix C

Contractor Questionnaire

Pharmaceutical Needs Assessment Community Pharmacy Questionnaire

The Sutton 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. 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 PNA Steering Group has been established to oversee the development of the PNA. This group has broad membership including Andrew McCoig from the Merton, Sutton & Wandsworth 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, providing details of the type of contract you hold, your pharmacy's opening hours and confirming the services which you are currently commissioned to provide.

You can access the survey by going online to:

<http://portal.elesurvey.com/pna-sutton-pharmacy/>

In addition, we are seeking information on:

- Examples of non-commissioned services (i.e. non-NHS services) which you offer
- Meeting the needs of those with a disability
- Languages, other than English, which may be spoken by your staff
- Consultation areas within pharmacies

Given the importance of the PNA we are working to a relatively tight timeline. We would, therefore, be grateful if you could complete the questionnaire by 9 June 2017. We do not envisage that it will take much longer than 15 - 20 minutes to complete.

We would also ask you to note that we have commissioned Webstar Lane Ltd, a specialist consultancy to support with the Pharmaceutical Needs Assessment development. If you have any questions, please do not hesitate to contact Musa Dhalla on 07932 740675 (email: md@webstar-lane.co.uk) or Vanessa Lane on 07880 602088 (email: 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")</i> | |
| 1.2 | Company Name (i.e. legal entity) | |
| 1.3 | Trading Name (i.e. name on signage) | |
| 1.4 | Pharmacy Address (from where the services are provided) | |
| 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"/> ₁ Yes <input type="checkbox"/> ₀ No |

| 2. Type of Contract | | |
|---------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 | Contract Type | <p>Please confirm the type of contract held:</p> <p><input type="checkbox"/>₁ National Pharmaceutical Services Contract ONLY → Go to 2.3</p> <p><input type="checkbox"/>₂ Local Pharmaceutical Services Contract ONLY → Go to 2.2</p> <p><input type="checkbox"/>₃ 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 LPS contract:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| 2.3 | Contracts granted under an “Exempt Category” | <p>a. Has your National Pharmaceutical Services Contract has been granted under an “Exempt” category?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No</p> <p>b. If yes, please indicate the relevant category:</p> <p><input type="checkbox"/>₁ 100 Hour Pharmacy <input type="checkbox"/>₂ Mail order or internet based pharmacy (i.e. distance selling)</p> <p><input type="checkbox"/>₃ Out of Town Shopping Development <input type="checkbox"/>₄ One Stop Primary Care Centre</p> <p><input type="checkbox"/>₅ Consolidation</p> |
| 2.4 | Pharmacy Access Scheme | <p>Has your pharmacy been included as part of the Pharmacy Access Scheme?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ Applied but awaiting decision</p> |

| 3. Pharmacy Opening Hours | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|--|
| | | 3.1 Total Opening Hours | | | | 3.2 Core Hours | | | |
| | | Please state the full opening hours for your pharmacy (i.e. your core and supplementary hours) in this section | | | | Please state your core 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 Please use 24 hour clock e.g. 08:00 or 18:00 | | | | A community pharmacy must open for a minimum of 40 core hours unless it has been granted a contract under the "100 hour exemption" or if NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Core hours <u>cannot</u> be amended without consent from NHS England. Please use 24 hour clock e.g. 08:00 or 18:00 | | | |
| | | Opening time | Closing Time | Lunch-time closure (from - to) | | Opening time | Closing Time | Lunch-time closure (from - to) | |
| a | Monday | | | | | | | | |
| b | Tuesday | | | | | | | | |
| c | Wednesday | | | | | | | | |
| d | Thursday | | | | | | | | |
| e | Friday | | | | | | | | |
| f | Saturday | | | | | | | | |
| g | Sunday | | | | | | | | |
| 3.3a Do you have plans to change, or are you considering changing your opening hours before the end of January 2018? | | <input type="checkbox"/> No <input type="checkbox"/> Yes → | | | | 3.3b 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 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 | Medicines use reviews (MURs) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓ | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | |
| B | New medicine service (NMS) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓ | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | |
| C | Appliance use reviews (AURs) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓ | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | |
| D | Stoma Appliance Customisation Service (SACS) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓ | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | |
| E | Flu Vaccination | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓ | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | |
| 4.4 | 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"/> ₁ Registered <input type="checkbox"/> ₀ No → <input type="checkbox"/> ₂ Plan to Register | | |

* 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 Sutton or NHS Sutton 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 Commissioned to Provide <i>In order to answer "Yes", you <u>must have signed an SLA or NHS Contract</u> and be paid for the service</i> | 5.2 Willing to provide in future? <i><u>ONLY</u> 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 | Supply of emergency contraception | <input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | | |
| b | Chlamydia screening service | <input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | | |
| c | Integrated sexual health service | <input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | | |
| d | Needle exchange service | <input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | | |
| e | Supervised consumption of methadone/buprenorphine | <input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | | |
| f | Smoking cessation service | <input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | | |
| g | London vaccination service | <input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | | |

5. Enhanced & Locally Commissioned Service Provision

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| Service | | 5.1 Commissioned to Provide <i>In order to answer "Yes", you <u>must have signed an SLA or NHS Contract</u> and be paid for the service</i> | 5.2 Willing to provide in future? <i><u>ONLY</u> 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* |
|----------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| h | Minor ailments scheme | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → | | |
| i | Anti-coagulation service | <input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No → | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ 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? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | 6.2 If “Yes”, you may wish to provide further details in the box below: <div style="height: 60px; border: 1px solid black;"></div> |
| 6.3 Does your pharmacy offer a service to care homes in relation to the support and advice on storage, supply and administration of drugs or appliances? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | 6.4 If “Yes”, you may wish to provide further details in the box below: <div style="height: 60px; border: 1px solid black;"></div> |

*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. You may add rows if you wish*

| Service | | Brief description of service |
|---------|--|------------------------------|
| 6.5 | | |
| 6.6 | | |
| 6.7 | | |

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. Please click / tick the relevant box to indicate your response

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>7.1 Please confirm that you are able to make reasonable and proportionate adjustments for:</p> <p>Wheel chair users <input type="checkbox"/>₁ Yes <input type="checkbox"/>₀ No</p> <p>Those with hearing impairment <input type="checkbox"/>₁ Yes <input type="checkbox"/>₀ No</p> <p>Those with visual impairment <input type="checkbox"/>₁ Yes <input type="checkbox"/>₀ No</p> <p>Those with cognitive impairment <input type="checkbox"/>₁ Yes <input type="checkbox"/>₀ No</p> | <p>7.5 We invite you to provide details or comments if you wish</p> |
| <p>7.2 Does your pharmacy offer a dementia friendly environment?</p> <p><i>See Appendix A for information</i></p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ Working towards this</p> <p><input type="checkbox"/>₀ No</p> | |
| <p>7.3 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> |
| <p>7.4 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?</p> | <p>No. registered pharmacy professionals working at the pharmacy</p> <p>No. registered pharmacy professionals that have achieved level 2 status</p> <p>% registered pharmacy professionals achieving level 2 status</p> |

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?

- ☐ ₁ Yes - nhs.net → **Go to 8.2**
- ☐ ₂ No, but planned within 12 months
- ☐ ₃ No, but planned in > 12 months
- ☐ ₄ No and no future plans

8.2 Do you always use NHS.net to exchange patient identifiable information

- ☐ ₁ Yes
- ☐ ₂ No,

9 Languages other than English

9.1 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

| | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------|----------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| 10.1 How many consultation areas does your pharmacy have? | <input type="checkbox"/> ₁ None → Go to Q.10.6 <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ 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"/> ₁ None <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ 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> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/>₁ Sink with hot water</td> <td style="width: 33%;"><input type="checkbox"/>₅ CCTV</td> <td style="width: 33%;"><input type="checkbox"/>₉ Hearing loop</td> </tr> <tr> <td><input type="checkbox"/>₂ Examination couch</td> <td><input type="checkbox"/>₆ Telephone</td> <td><input type="checkbox"/>₁₀ Computer terminal</td> </tr> <tr> <td><input type="checkbox"/>₃ Patient toilet facilities near by</td> <td><input type="checkbox"/>₇ Space for a chaperone</td> <td><input type="checkbox"/>₁₁ PMR access</td> </tr> <tr> <td><input type="checkbox"/>₄ Panic button</td> <td><input type="checkbox"/>₈ Wheel chair access</td> <td><input type="checkbox"/>₁₂ Internet access</td> </tr> </table> | | <input type="checkbox"/> ₁ Sink with hot water | <input type="checkbox"/> ₅ CCTV | <input type="checkbox"/> ₉ Hearing loop | <input type="checkbox"/> ₂ Examination couch | <input type="checkbox"/> ₆ Telephone | <input type="checkbox"/> ₁₀ Computer terminal | <input type="checkbox"/> ₃ Patient toilet facilities near by | <input type="checkbox"/> ₇ Space for a chaperone | <input type="checkbox"/> ₁₁ PMR access | <input type="checkbox"/> ₄ Panic button | <input type="checkbox"/> ₈ Wheel chair access | <input type="checkbox"/> ₁₂ Internet access |
| <input type="checkbox"/> ₁ Sink with hot water | <input type="checkbox"/> ₅ CCTV | <input type="checkbox"/> ₉ Hearing loop | | | | | | | | | | | | |
| <input type="checkbox"/> ₂ Examination couch | <input type="checkbox"/> ₆ Telephone | <input type="checkbox"/> ₁₀ Computer terminal | | | | | | | | | | | | |
| <input type="checkbox"/> ₃ Patient toilet facilities near by | <input type="checkbox"/> ₇ Space for a chaperone | <input type="checkbox"/> ₁₁ PMR access | | | | | | | | | | | | |
| <input type="checkbox"/> ₄ Panic button | <input type="checkbox"/> ₈ Wheel chair access | <input type="checkbox"/> ₁₂ Internet access | | | | | | | | | | | | |
| 10.6 Do you plan to introduce a consultation area in the future? | <input type="checkbox"/> ₀ No → Go to Q.10.7 <input type="checkbox"/> ₁ Yes – within 12 months <input type="checkbox"/> ₂ Yes – more than 12 months | | | | | | | | | | | | | |
| 10.7 If you have no plans for a consultation area, it would be helpful to understand your reasons for this. <div style="text-align: right;">→</div> | | | | | | | | | | | | | | |

11 Looking to the Future

*In this section, we wish to seek your views on services, whether locally commissioned or privately based, 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 |
|------------------|--|---------------------------------------------------------------|
| 11.1 | | |
| 11.2 | | |
| 11.3 | | |
| 11.4 | | |

12 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.

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.*