

Coventry and Warwickshire PNA

Community Pharmacy Survey

Premises Details

| | |
|--|--|
| Contractor Code (ODS Code) | |
| Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) | |
| If part of a Chain, is the person completing this survey a member of staff in the pharmacy or Head Office? | Local Member of Staff <input type="checkbox"/> Head Office <input type="checkbox"/> |
| Trading Name | |
| Address of Contractor pharmacy | |
| Is this pharmacy one which is entitled to Pharmacy Access Scheme payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly |
| Is this pharmacy a 100-hour pharmacy? | <input type="checkbox"/> Yes |
| Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract) | <input type="checkbox"/> Yes |
| Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy) | <input type="checkbox"/> Yes |
| Pharmacy email address | |
| Pharmacy telephone | |
| Pharmacy fax (if applicable) | |
| Pharmacy website address (if applicable) | |
| Can the LPC store the above information and use it to contact you? | <input type="checkbox"/> Yes |

Core hours of opening

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

Supplementary hours of opening

| Day | Open from (am) | To (am) | Open from (pm) | To (pm) |
|-----------|----------------|---------|----------------|---------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

Bank Holiday Rotas

| | | |
|---|------------------------------|-----------------------------|
| Does the pharmacy participate in bank holiday rota arrangements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Pharmacy Access

| | |
|---|--|
| Can customers legally park within 50 metres of the Pharmacy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can customers park within 10 metres of your pharmacy? (e.g. with a blue badge) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a bus stop within walking distance of the pharmacy? • If yes, how long does it take to walk? | <input type="checkbox"/> Yes <input type="checkbox"/> No Minutes |
| Are there any steps to climb when entering the pharmacy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the entrance of the pharmacy suitable for customers using wheelchairs, pushchairs and walking frames unaided? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all areas of the pharmacy floor accessible by wheelchair? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have other facilities in the pharmacy aimed at helping disabled people access your services? If yes, tick as many as appropriate • Automatic door assistance • Bell at front door • Disabled toilet facility • Hearing loop • Large print labels/leaflets • Wheelchair ramp access Other (Please specify) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Consultation facilities

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

| | | |
|---|---|--|
| On premises | None, or | <input type="checkbox"/> |
| | Available (including wheelchair access), or | <input type="checkbox"/> |
| | Available (without wheelchair access), or | <input type="checkbox"/> |
| | Planned within the next 12 months, or | <input type="checkbox"/> |
| | Other (specify) | |
| Where there is a consultation area, is it a closed room? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there seating for 3 people? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a bench or table suitable for writing or examining medicines / products? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there an examination couch that could be used for simple physical examinations? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there other facilities e.g. scales, height chart (Please specify) | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a computer terminal within the area to access patient records and the internet? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any planned improvements due to be completed over the next 6 months? If yes, please provide details | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your consultation room been used to deliver services by other professionals? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If not, would you consider making it available where appropriate? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the pharmacy carry out DDA assessments? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|------------------------------------|--------------------------|
| During consultations are there hand-washing facilities | In the consultation area, or | <input type="checkbox"/> |
| | Close to the consultation area, or | <input type="checkbox"/> |
| | None | <input type="checkbox"/> |

| | |
|---|--|
| Patients attending for consultations have access to toilet facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | | |
|----------------------------|--|--|
| Off-site consultation area | The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | The pharmacy is willing to undertake consultations in patient's home / other suitable site | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IT Facilities

Select any that apply.

| | | |
|--|--|--|
| Please specify how many computers have access to the PMR | | |
| Do your computers have access to the internet? Please specify how many | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If yes, do you have full access or only to certain websites? | | <input type="checkbox"/> Full <input type="checkbox"/> Limited |
| Can the internet be accessed while the PMR system is running? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the pharmacy have facility to open documents in the following formats? | | |
| <ul style="list-style-type: none"> MS Word MS Excel MS Access PDF | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Does the pharmacy access emails on a daily basis? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use NHS mail? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please provide the email address that can be used for official communications and is accessible to all authorised members of staff | | |
| Do you have a printer that will print A4 size paper | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the pharmacy have a website? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Electronic Prescription Service Release 2 enabled | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NHS Summary Care Record enabled | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Up to date NHS Choice entry | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Information on Pharmacy Services

| | |
|--|--|
| Do you promote your services online? If so, where? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you promote your services in other ways other than online? Please give a brief description | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you provide easy read information on clinical topics and services | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Staffing

Please state the total hours worked by your staff per week

| | | |
|---------------------------------|--|-------|
| Drivers | | hours |
| Counter staff | | hours |
| Pharmacy Technicians | | hours |
| Accredited Checking Technicians | | hours |
| Pharmacists | | hours |

| | | |
|---|--|-------|
| Dispensing Assistants | | hours |
| Other (please specify) | | hours |
| Are there any periods when there is more than one pharmacist on duty? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, for how many hours per week are the two pharmacists working? | | |
| Is your pharmacy premises approved for pre-registration training | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What foreign languages are spoken by staff | | |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> | |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> | |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> | |
| <input type="checkbox"/> Czech | <input type="checkbox"/> | |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> | |
| <input type="checkbox"/> French | <input type="checkbox"/> | |
| <input type="checkbox"/> Georgian | <input type="checkbox"/> | |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> | |
| <input type="checkbox"/> Kurdish | <input type="checkbox"/> | |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> | |
| <input type="checkbox"/> Polish | <input type="checkbox"/> | |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> | |
| <input type="checkbox"/> Somali | <input type="checkbox"/> | |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> | |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> | |
| <input type="checkbox"/> None of these | <input type="checkbox"/> | |
| Disclosure and Barring Service (DBS) checks? | | |
| Has your regular Pharmacist been assessed under the DBS? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are your regular Locums assessed under the DBS? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Quality Payment Scheme

| | |
|---|--|
| <p>Did your pharmacy meet all four gateway criteria listed below for April 2017:</p> <ul style="list-style-type: none"> • Provision of at least one specified Advanced Service; • Have their NHS Choices entry up to date; • Have the ability for staff to send and receive NHS mail • Ongoing utilisation of the Electronic Prescription Service. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>If you met the gateway criteria, which of the following quality criteria did you meet and how many points were you awarded:</p> <ol style="list-style-type: none"> 1. Written safety report <input type="checkbox"/> 2. Level 2 Safeguarding for 80% of staff in the last two years <input type="checkbox"/> 3. Community Pharmacy Patient Questionnaire from the last 12 months is publicly available: <ol style="list-style-type: none"> a. On NHS Choices or <input type="checkbox"/> b. Pharmacy website for distance selling pharmacies <input type="checkbox"/> 4. The pharmacy is a healthy living pharmacy level 1 <input type="checkbox"/> 5. Total increase in Summary Care Record Access <input type="checkbox"/> 6. NHS 111 Directory of Services entry is up to date <input type="checkbox"/> 7. Evidence of asthma patients being referred for an asthma review <input type="checkbox"/> 8. 80% of patient facing staff are trained 'Dementia Friends' <input type="checkbox"/> | |

Healthy Living Pharmacies (HLP)

Select the one that applies.

| | |
|---|--|
| <p>The pharmacy has achieved HLP status</p> <ul style="list-style-type: none"> • If so, have you achieved any recognition for the quality of your services other than the Quality Payments Scheme? • Would you support a 'Sign Up to Quality Charter' to promote quality standards in community pharmacy? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Is the pharmacy working toward HLP status</p> <ul style="list-style-type: none"> • If not, would you be interested in becoming a Healthy Living Pharmacy? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

Services

Does the pharmacy dispense appliances? (please tick one)

| | |
|--|--------------------------|
| Yes – All types, or | <input type="checkbox"/> |
| Yes, excluding stoma appliances, or | <input type="checkbox"/> |
| Yes, excluding incontinence appliances, or | <input type="checkbox"/> |
| Yes, excluding stoma and incontinence appliances, or | <input type="checkbox"/> |
| Yes, just dressings, or | <input type="checkbox"/> |
| Other (please specify) | |
| None | <input type="checkbox"/> |

Advanced services

Does the pharmacy provide the following services?

| | Yes | Intending to begin within next 12 months | No - not intending to provide | No – referred elsewhere |
|---|--------------------------|--|-------------------------------|--------------------------|
| Medicines Use Review service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| New Medicine Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appliance Use Review service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stoma Appliance Customisation service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flu Vaccination Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NHS Urgent Medicine Supply Advanced Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Locally Commissioned Services – Warwickshire Pharmacies

Which of the locally commissioned services does the pharmacy provide?

| | Yes | No - Intending to begin within next 12 months | No - not intending to provide | No – referred elsewhere |
|------------------------|--------------------------|---|-------------------------------|--------------------------|
| Smoking cessation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NRT Supply | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervised consumption | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needle Exchange | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EHC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Locally Commissioned Services – Coventry Pharmacies

Which of the locally commissioned services does the pharmacy provide?

| | Yes | No - Intending to begin within next 12 months | No - not intending to provide | No – referred elsewhere |
|--|--|--|--|--|
| ASC Sexual Health Service <ul style="list-style-type: none"> • EHC • Chlamydia screening • C-Card Distribution • Pregnancy Testing | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Drug Action Services <ul style="list-style-type: none"> • Needle Exchange • Supervised Consumption | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Not dispensed service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis Medicine Supervision Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minor Ailment PILOT scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking Cessation Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phlebotomy Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Enhanced¹ and Other Locally Commissioned Services

Which of the following services does the pharmacy provide, or would be willing to provide?

| | Currently providing under contract with the local NHS England Team | Currently providing under contract with CCG | Currently providing under contract with Local Authority | Willing to provide if commissioned | Not able or willing to provide |
|---|--|---|---|------------------------------------|--------------------------------|
| Anticoagulant Monitoring Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anti-viral Distribution Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care Home Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disease Specific Medicines Management Service: | | | | | |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alzheimer's/dementia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COPD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes type I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes type II | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parkinson's disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please state) | | | | | |
| Emergency Supply Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gluten Free Food Supply Service (i.e. not via FP10) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

² These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

| | Currently providing under contract with the local NHS England Team | Currently providing under contract with CCG | Currently providing under contract with Local Authority | Willing to provide if commissioned | Not able or willing to provide |
|---|--|---|---|------------------------------------|--------------------------------|
| Home Delivery Service (not appliances) ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent Prescribing Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If currently providing an Independent Prescribing Service, what therapeutic areas are covered? | | | | | |
| Language Access Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication Review Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicines Assessment and Compliance Support Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MUR Plus/Medicines Optimisation Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered? | | | | | |
| Obesity management (adults and children) ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not Dispensed Scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On Demand Availability of Specialist Drugs Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Out of Hours Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient Group Direction Service (name the medicines covered by the Patient Group Direction) | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phlebotomy Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescriber Support Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Schools Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Currently providing under contract with the local NHS England Team | Currently providing under contract with CCG | Currently providing under contract with Local Authority | Willing to provide if commissioned | Not able or willing to provide |
|--|--|---|---|------------------------------------|--------------------------------|
| Screening Service | | | | | |
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cholesterol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gonorrhoea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. pylori | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HbA1C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please state) | | | | | |
| Other vaccinations⁽²⁾ | | | | | |
| Childhood vaccinations | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis (at risk workers or patients) | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HPV | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel vaccines | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other – (please state) | | | | | |
| Sharps Disposal Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplementary Prescribing Service (what therapeutic areas are covered?) | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Vascular Risk Assessment Service (NHS Health Check) ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER SERVICES | | | | | |
| OTHER: Please detail any other services you provide / want to provide not listed above | | | | | |

Non-commissioned services

Does the pharmacy provide any of the following? (Please tick all that apply)

| | |
|---|--------------------------|
| Delivery of dispensed medicines – Free of charge on request | <input type="checkbox"/> |
| Delivery of dispensed medicines – Selected patient groups (list criteria) | |
| Delivery of dispensed medicines – Selected areas (list areas) | |
| Delivery of dispensed medicines - Chargeable | <input type="checkbox"/> |
| Monitored Dosage Systems – Free of charge on request | <input type="checkbox"/> |
| Monitored Dosage Systems – chargeable | <input type="checkbox"/> |
| None of these | <input type="checkbox"/> |

Prescription Ordering Processes – Coventry & Warwickshire Pharmacies

| | |
|--|--|
| Do you collect prescriptions from GP practices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you order prescriptions on behalf of patients? If so, how do you communicate the prescription ordering process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you communicate the Electronic Prescription Service process to patients? If so, how? | |

Prescription Ordering Processes – Coventry Pharmacies Only

| | |
|--|--|
| Are any of your local surgeries part of the Prescription Ordering Direct (POD) scheme that is manned by the CCG? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you provide information about the POD scheme to patients? If so, how? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional services

| | |
|---|--|
| Warwickshire only – Do you refer patients to the Fitter Futures programme? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|---|--|
| Would your pharmacy be willing to purchase and promote assistive technology products to support people they see to improve hydration and prevent injury from falls? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Details of the person completing this form:

| | |
|---|--|
| Contact name of person completing questionnaire, if | |
|---|--|

| | |
|--------------------------|--|
| questions arise | |
| Role/ position | |
| Contact telephone number | |