

# Warwickshire & Coventry PNA Dispensing Doctors Questionnaire

## GENERAL

|  |                          |
|--|--------------------------|
| <b>1. Within which of the following areas are you located?</b> |                          |
| Coventry   | <input type="checkbox"/> |
| Warwickshire   | <input type="checkbox"/> |

|  |  |
|--|--|
| <b>2. Details of person completing this survey</b> |  |
| Full name  |  |
| Email address                                      |  |
| Contact number                                     |  |

|   |  |
|---|--|
| <b>3. Surgery Details</b>                     |  |
| GP Practice Code                              |  |
| Practice Name                                 |  |
| Address                                       |  |
| Email address (one that is checked regularly) |  |
| Telephone number                              |  |
| Fax number                                    |  |
| Practice public facing website address        |  |

## ACCESS

|  |                          |
|--|--------------------------|
| <b>4. Please select the transport facilities that are available within 100 metres of the surgery</b> |                          |
| Bus Stop   | <input type="checkbox"/> |
| Train Station  | <input type="checkbox"/> |
| Cycle Track  | <input type="checkbox"/> |
| Free Parking   | <input type="checkbox"/> |
| Disabled Parking   | <input type="checkbox"/> |
| Paid Parking   | <input type="checkbox"/> |
| Motorcycle parking   | <input type="checkbox"/> |
| Onsite parking   | <input type="checkbox"/> |
| Other – please specify:  |                          |

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>5. Premises details</b>                                     |                          |                          |
|  | Yes                      | No                       |
| Is the door to the premises accessible for prams, buggies, whe | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |
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| elchairs and walking frames?  |                          |                          |
| Are there any steps to climb when entering the premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the premises comply with the 2010 Equalities Act?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any adjustments or alterations been made to the premises to enable physical access e.g. automatic doors or ramps? If so, please give details here (please specify) |                          |                          |

## Opening Hours

### 6. Dispensing Hours

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

### 7. Surgery Opening Hours

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

## WORKFORCE

|  |  |
|--|--|
| 8. How many people dispense medicines                              | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time<br><input type="checkbox"/> Regular Locum   |
| 9. Please advise the total number of hours worked by the following | <input type="checkbox"/> Dispensing Assistant(s) (NVQ Level2 or equivalent)<br><input type="checkbox"/> Dispensing Technician(s)<br><input type="checkbox"/> Accredited Checking Technician(s)<br><input type="checkbox"/> Pharmacist(s) |

|   |   |
|---|---|
|   | <input type="checkbox"/> Other please state title and hours |
| 10. What languages are spoken by dispensary staff in addition to English? |   |

## Facilities

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| 11. Is there are hearing loop or equivalent in the dispensary area                 |  |
| 12. Are there any planned improvements due to be completed over the next 6 months? |  |
| 13. Is the site subject to any of the following development constraints?           | <input type="checkbox"/> Listed Building<br><input type="checkbox"/> Conversation Area<br><input type="checkbox"/> Limited room for expansion<br>Other: please specify below |

## IT

|   |  |
|---|--|
| 14. Is the Dispensary:  | <input type="checkbox"/> Release 2 Enabled<br><input type="checkbox"/> Intending to become enabled in the next 12 months<br><input type="checkbox"/> Not intending to become enabled |
| 15. Does the dispensary have the facility to open documents in the following formats: | <input type="checkbox"/> Microsoft Word<br><input type="checkbox"/> Microsoft Excel<br><input type="checkbox"/> Microsoft Access<br><input type="checkbox"/> PDF                     |
| 16. Does the dispensary access emails on a daily basis when the premises are open?    |  |

## Services

|   |  |
|---|--|
| 17. Does the dispensary dispense appliances?<br>(please tick appropriate box) | <input type="checkbox"/> Yes – all types<br><input type="checkbox"/> Yes – excluding stoma appliances<br><input type="checkbox"/> Yes – excluding incontinence appliances<br><input type="checkbox"/> Yes - excluding stoma and incontinence appliances<br><input type="checkbox"/> Yes – just dressings<br><input type="checkbox"/> Yes – just hosiery<br><input type="checkbox"/> None |
| 18. Non-NHS Funded Services – Does the  | <input type="checkbox"/> Free delivery of dispensed medicines  |

|   |  |
|---|--|
| dispensary provide any of the following:  | <input type="checkbox"/> Chargeable delivery of dispensed medicines<br><input type="checkbox"/> Delivery of dispensed medicines – only for selected patient groups |
| 19. Are there any other pharmaceutical services provided by the dispensary that you would like considered in PNA? |  |
| 20. Does the dispensary provide a monitored dosage system service?  | <input type="checkbox"/> Yes – free of charge<br><input type="checkbox"/> Yes - chargeable   |
| 21. Does the dispensary provide any other medication compliance aids?   | Please provide details if yes  |