

PharmOutcomes - Live System

Exit

# PharmOutcomes® Delivering Evidence

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## Service Design

## PNA Questionnaire (Preview)

- Go to Service Design page
- Edit Service Accreditations

## 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.

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

### Core hours of opening

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

Monday Open

Monday Close

Monday Lunchtime (from  - to)

Tuesday Open

Tuesday Close

Tuesday Lunchtime (from - to)

Wednesday Open

Wednesday Close

Wednesday Lunchtime (from - to)

Thursday Open

Thursday Close

Thursday Lunchtime (from - to)

Friday Open

Friday Close

Friday Lunchtime (from - to)

Saturday Open

Saturday Close

Saturday Lunchtime (from - to)

Sunday Open  Sunday Close   
 Sunday Lunchtime (from  - to

**Total hours of opening (Core + Supplementary)**

Please complete your total hours of opening

Monday Open  Monday Close   
 Monday Lunchtime (from  - to

Tuesday Open  Tuesday Close   
 Tuesday Lunchtime (from  - to

Wednesday Open  Wednesday Close   
 Wednesday Lunchtime (from  - to

Thursday Open  Thursday Close   
 Thursday Lunchtime (from  - to

Friday Open  Friday Close   
 Friday Lunchtime (from  - to

Saturday Open  Saturday Close   
 Saturday Lunchtime (from  - to

Sunday Open  Sunday Close   
 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

Medicines Use Review  Yes  Soon  No service

New Medicine Service  Yes  Soon  No

Appliance Use Review  Yes  Soon  No service

Stoma Appliance  Yes  Soon  No Customisation service

### 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  CP  WA  WT  WF Service  PP

Anti-viral Distribution  CP  WA  WT  WF Service  PP

Care Home Service  CP  WA  WT  WF  PP

Chlamydia Treatment  CP  WA  WT  WF Service  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.

Emergency Hormonal Contraception Service  CP  WA  WT  WF  
 PP

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

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

Independent Prescribing Service  CP  WA  WT  WF  
 PP

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 Support Service:  CP  WA  WT  WF  
 PP  
 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 Optimisation Service  CP  WA  WT  WF  
 PP

Therapeutic areas covered (if providing)

Needle and Syringe Exchange Service  CP  WA  WT  WF  
 PP

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

**On Demand Availability of Specialist Drugs Service:**

Directly Observed  CP  WA  WT  WF  
 Therapy  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  CP  WA  WT  WF  
 Service  PP

Schools Service  CP  WA  WT  WF  
 PP

**Screening Service:**

Alcohol  CP  WA  WT  WF  
 PP

Chlamydia  CP  WA  WT  WF  
 PP

Cholesterol  CP  WA  WT  WF  
 PP

Diabetes  CP  WA  WT  WF  
 PP

Gonorrhoea  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



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Thank you for completing this PNA questionnaire.

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Test Values

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