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

Where there is a consultation area
Is this enclosed?  ○ Yes  ○ No  ○ NA
NA 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

□ Yes  □ Soon  □ No
Medicines Use Review service
New Medicine Service ☐ Yes ☐ Soon ☐ No
Urgent Medicine Supply ☐ Yes ☐ Soon ☐ No
Appliance Use Review service
Stoma Appliance ☐ Yes ☐ Soon ☐ No
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 Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Anti-viral Distribution Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Care Home Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Chlamydia Treatment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Contraception Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

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) ☐

End of Disease specific Medicines Management Service options.

☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Emergency Hormonal Contraception Service

Gluten Free Food Supply Service
☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(i.e. not supply on PP(0))

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 ELS3 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
(adults and children)
☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy
☐ CP ☐ WA ☐ WT ☐ WF ☐ 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 Service □ CP □ WA □ WT □ WF □ PP
Schools Service □ CP □ WA □ WT □ WF □ PP

Screening Service:
  Alcohol □ CP □ WA □ WT □ WF □ PP
  Cholesterol □ CP □ WA □ WT □ WF □ PP
  Diabetes □ 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

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 □ CP □ WA □ WT □ WF □ PP
  Counselling Service

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
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?

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