

## Appendix E: Pharmacy contractor questionnaire




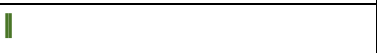
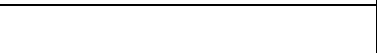


Total responses received:<sup>1</sup> 99

### 1) Premises and contact details

- Provided contractor code (ODS Code) – 98
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 97
- Provided trading name – 94
- Provided address of contractor pharmacy – 73



### 2) Does the pharmacy dispense appliances?

Answered – 96; skipped – 3

None		1%	1
Yes – All types		68%	65
Yes, excluding stoma appliances, or		28%	27
Yes, excluding incontinence appliances, or		2%	2
Yes, excluding stoma and incontinence appliances, or		0%	0
Yes, just dressings, or		1%	1
Other (please specify)		0%	0

### 3) Is there a particular need for a locally commissioned service in your area?

Answered – 95; skipped – 4

Yes (please specify below what is the service requirement and why)		22%	21
No		78%	74

Please specify:











CPCS	6	EHC	4
Smoking cessation	3	Supervised consumption	3
Emergency supply service	2	Needle exchange	2
Weight management	1	Palliative care	1
Hypertension	1	Ella – rather than levonelle	1

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Independent prescribing	1	Out -ofhours service	1
UTI antibiotics, impetigo treatment, conjunctivitis in children	1	C-Card and vaccinations	1
Blood pressure and blood glucose	1	Cholesterol and BMI checks	1
Diabetes screening with Hb1aC test	1	Unsure, as new to the area	1

#### 4) Non-commissioned services: Does the pharmacy provide any of the following?

Answered – 96; skipped – 3

Collection of prescriptions from GP practices			
Yes		92%	88
No		8%	8
Delivery of dispensed medicines – Selected patient groups			
Yes		86%	76
No		14%	12
Delivery of dispensed medicines – Selected areas			
Yes		44%	38
No		56%	48
Delivery of dispensed medicines – Free of charge on request			
Yes		58%	52
No		42%	37
Delivery of dispensed medicines – With charge			
Yes		56%	50
No		44%	40

Please list your criteria for selected patient groups:



Elderly/frail/housebound	41	Any criteria as charged	10
End of life free of charge	4	All patient groups	2
Care homes	1	Stoma/emergency supply	1

Please list your criteria for selected areas:

Locally	8	All of England	2
5-mile radius	1	3-mile radius	1

**5) Are there any services you would like to provide that are not currently commissioned in your area?**

Answered – 96; skipped – 3

Yes		16%	15
No		84%	81

Please specify:

CPCS	5	Minor ailments	3
Weight management	1	Ella one prescribing	1
C-Card	1	Patient self-referral system	1
Needle exchange	1	Adults screening – insulin resistance	1
Willing to provide all services if commissioned	1	Happy to take on any properly funded local services	1

**6) Details of the person completing this form:**

- Provided name of person completing questionnaire on behalf of the contractor – 96

Provided contact telephone number – 70