Appendix E: Pharmacy contractor questionnaire

Total responses received: 199

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

¹ 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 patie	nt groups				
Yes		86%	76		
No		14%	12		
Delivery of dispensed medicines – Selected area	S				
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