

# Contractor survey to support the PQS 2021/22 PCN domain

## Introduction and data sharing confirmation

Completing this short survey will assist you and your Pharmacy PCN Lead to complete the actions necessary to meet the PCN domain requirements within the PQS 2021/22.

Please return the completed survey to [insert.email@address.co.uk](mailto:insert.email@address.co.uk) by **deadline date**.

This survey is an electronic form and will allow answers to be entered electronically in the spaces provided if completed in Microsoft Word. Forms can then be saved and emailed to your Pharmacy PCN Lead at the above email address. PDF versions of this form cannot be completed electronically and will need to be completed by hand.

Contractors acknowledge and confirm that by providing the data in this survey, they consent to the information being shared with the Local Pharmaceutical Committee, their PCN Pharmacy Lead, the PCN Clinical Director and the general practices within the PCN.

The minimum dataset required is indicated by an \*. Contractors must provide this information as a minimum and attend the PCN Pharmacy Lead organised contractor discussion to be able to declare against the appropriate PQS PCN domain. Contractors are however encouraged to complete the survey as fully as possible to assist your PCN Pharmacy Lead to build the best possible PCN community pharmacy flu plan to share with the PCN Clinical Director.

Contractors unwilling to share any data or who do not participate in either the data capture or the subsequent discussions with the PCN Pharmacy Lead, despite three attempts to follow up, via two separate methods of communication, will not be deemed to have participated in the PQS PCN domain and will not be eligible to claim payment for completion of either of the PQS PCN domain.

## Pharmacy details

- \*Name of person submitting survey: Click or tap here to enter text.
- \*Pharmacy name: Click or tap here to enter text.
- \*ODS code: Click or tap here to enter text.
- \*Address: Click or tap here to enter text.
- \*Postcode: Click or tap here to enter text.
- \*Telephone number: Click or tap here to enter text.
- \*NHSmail shared mailbox address: Click or tap here to enter text.

## PCN flu dataset

1. **\*Will you be, or have you been, offering NHS flu vaccinations this season between 1st September 2021 and 31st January 2022?**

Yes       No

*If your answer is no, and you will not be vaccinating any patients aged 65 during that period, you will not be eligible to declare against the PQS 2021/22 Primary Care Network (PCN) domain (Please go to question 8).*

**2. How will you be offering NHS flu vaccinations this season? (between 1st September 2021 and 31st January 2022) (Please tick all that apply)**

**For all selected choices please indicate if any of these are new this year. (Please tick all that apply)**

		<b>New this year?</b>
By appointment	<input type="checkbox"/>	<input type="checkbox"/>
Walk-in (no appointment needed)	<input type="checkbox"/>	<input type="checkbox"/>
Evenings (after 5pm)	<input type="checkbox"/>	<input type="checkbox"/>
On Saturdays	<input type="checkbox"/>	<input type="checkbox"/>
On Sundays	<input type="checkbox"/>	<input type="checkbox"/>

**3. Will you be providing any off-site vaccinations (i.e. off the pharmacy premises)?**

Yes       No       Not yet sure

*If you are providing vaccinations other than in your pharmacy during usual opening hours, then please give more details (venue and date, if confirmed):*

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

**4. Have you provided, or are you able to provide if requested, domiciliary vaccinations this season?**

Yes       No       Not yet sure

**If yes, did you provide domiciliary vaccinations last year?**

Yes       No

**5. Have you provided, or are you able to provide if requested, care home vaccinations this season?**

Yes       No       Not yet sure

**If yes, did you provide care home vaccinations last year?**

Yes       No

**6. Have you discussed provision of the flu service this year with your local GP practice(s)?**

Yes       No

**7. Are you currently providing, or planning to provide, flu vaccinations as part of a general practice or PCN organised event?**

Yes       No

**If yes, please provide details and the date(s):**

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

**Thank you for completing this survey.**