

Community Pharmacy Contract Monitoring Questionnaire 2009/10

This questionnaire must be completed by the pharmacist in charge and returned to:

Ruth Hallett, Contracting Manager, Primary Care Directorate, NHS Coventry
Christchurch House, Greyfriars Lane, Coventry, CV1 2GQ

by

Friday 12th March 2010

Please remember to keep a copy of the completed questionnaire at the pharmacy

If you require an electronic version of this questionnaire, please request by email to:

Resham Dhillon, Primary Care Officer, Primary Care Directorate: **resham.dhillon@coventrypct.nhs.uk**

If you require any further clarification regarding this questionnaire please contact:

Ruth Hallett, Primary Care Contracting Manager, ruth.hallett@coventrypct.nhs.uk, 02476 246 040

Questionnaire declaration

Contractor Details	
Eprise No:	
Contractor Name	
Address (including postcode)	
Telephone number	
Email address	
Correspondence Address if different (including postcode)	
Contractor Declaration – <i>please note that this must be completed by the contractor or an appropriately authorised pharmacist</i>	
I can confirm that the questionnaire has, to the best of my knowledge and belief, been completed accurately	
Signed	Print Name:
Pharmacist RPSGB Reg Number:	
Position in pharmacy:	Date:

Essential Service 1 – Dispensing			
Ref	Questions	Pharmacy response	For PCT use only
ES 1.1	When was the dispensing SOPs last reviewed?	(Date)	
ES1.1a	Is this date recorded on the current SOPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 1.2	Does the SOP cover the time estimates that should be given to customers if asked how long a prescription will take to prepare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 1.3	Is the pharmacy claiming the on-going allowance for the Electronic Prescription Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 1.4	What percentage of prescriptions that come into your pharmacy are bar coded?	%	
ES 1.5	What percentage of these bar coded prescriptions do you process via Electronic Prescription Service (EPS)?	%	
ES 1.6	Can you verify that your smartcard is working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 1.7	If the lead pharmacist is not in the pharmacy and you have locum cover can the EPS service still be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 1.8	Does the pharmacy provide an owing note to patients if a prescription cannot be fulfilled when it is first presented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 1.8a	Does the pharmacy keep a written record of prescriptions owing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ES 1.9	People are reminded to store their medicines safely : (please indicate all methods that apply) <p style="text-align: right;"> orally <input type="checkbox"/> on dispensing bags <input type="checkbox"/> on labels <input type="checkbox"/> a notice in the pharmacy <input type="checkbox"/> </p>		
ES 1.10	People are reminded to return unwanted medicines to the pharmacy for safe destruction (please indicate all methods that apply) <p style="text-align: right;"> orally <input type="checkbox"/> on dispensing bags <input type="checkbox"/> on labels <input type="checkbox"/> a notice in the pharmacy <input type="checkbox"/> </p>		

Essential Service 2 – Repeat Dispensing			
Ref	Questions	Pharmacy response	For PCT use only
ES 2.1	Does the pharmacy have a Standard Operating Procedure (SOP), which covers all aspects of repeat dispensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 2.2	Is the repeat dispensing SOP signed by all relevant staff to say they have read it, understand it, and will follow it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 2.3	When was the repeat dispensing SOP last reviewed?	(Date)	

ES 2.4	Does the SOP include references to the points below being confirmed with the patient when they collect medication dispensed through the repeat dispensing scheme? Please tick those that apply The Patient: a) is taking, and is likely to continue to take the drug appropriately b) is not suffering from any side effects of the treatment which indicates the need or desirability of reviewing the patient's treatment c) that the medication regimen has not altered in a way which indicates the need or desirability of reviewing the treatment d) there have been no changes to the health of the patient to whom the prescription relates which indicate the need or desirability of reviewing the patient's treatment?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ES 2.5	Does the SOP require pharmacy staff to provide appropriate advice to patients with repeatable prescriptions, in particular the importance of only requesting those items which they actually need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 2.6	Is this SOP procedure routinely adopted by all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 2.7	Does the pharmacy have secure storage for repeatable prescriptions and batch issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 2.8	Does the pharmacy keep records that provide for an audit trail of supplies dispensed and advice given against repeatable prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 2.9	If yes, how many people on the repeat dispensing scheme have been referred back to the prescriber in the past 12 months?		

Essential Service 3 – Disposal of Unwanted Medicines			
Ref	Questions	Pharmacy response	For PCT use only
ES 3.1	Does the pharmacy have a Standard Operating Procedure (SOP) or other documented process which covers the receipt, storage, handling (including segregating hazardous waste and incompatible products if appropriate), record keeping and disposal of unwanted drugs, including the denaturing of controlled drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ES 3.2	When was the SOP/protocol for the receipt, storage, handling (including segregating hazardous waste and incompatible products if appropriate), record keeping and disposal of unwanted drugs, last reviewed?	(Date)	
ES 3.3	Does the pharmacy have a suitable bin or bins (where segregation is required) for unwanted medicines, which is / are stored safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 3.3a	Are these bins collected by the waste contractor with sufficient regularity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 3.4	Have members of staff been trained, in order to protect themselves and others from harm, and to protect the environment in respect of the handling of waste drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 3.5	Does the pharmacy have appropriate protective equipment, including gloves, overalls and materials to deal with spillages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 3.6	Does the pharmacy have a controlled drug denaturing kit(s) or other appropriate method of denaturing controlled drugs available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Essential Service 4 – Promotion of Healthy Lifestyles

Ref	Questions	Pharmacy response		For PCT use only
ES 4.1	Does the pharmacy have a Standard Operating Procedure, which covers the identification of appropriate patients, and the giving of opportunistic advice that is signed by all relevant staff to say they have read it, understand it, and will follow it?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES 4.2	When was the SOP last reviewed?	(Date)		
ES 4.3	Which public health campaigns have you participated in during the last 12 months? Please list. a) Got a Cough? <input type="checkbox"/> b) Flu – catch it bin it kill it <input type="checkbox"/> c) Seasonal Flu vaccination <input type="checkbox"/> d) Other (please state)			
ES 4.4	For each campaign identified above, how many people were provided with advice by the pharmacy? (If known)	Campaign	No. of people	

Public Health Campaigns form part of Essential Services 4 – Promotion of healthy lifestyles, please complete some further details about the campaigns in which your pharmacy participated.

Public Health Campaign – ‘Got a Cough?’ Campaign			
<i>To be completed by pharmacies that took part in this campaign</i>			
Ref	Questions	Pharmacy response	For PCT use only
PH 1.1	Please state briefly how your pharmacy supported the ‘Got a Cough?’ Campaign.		
PH 1.2	Did any of your staff attend the ‘Got a Cough?’ training event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PH 1.2a	Please state number of each type of staff that attended training	Pharmacists Technicians Counter staff	
PH 1.3	As a result of interventions in your pharmacy as part of this campaign, which (if any) of the following did you uncover a) Persistent cough in an asthmatic patient possibly due to under treatment or poor compliance b) Persistent cough in patient receiving an ACE Inhibitor c) Persistent cough in a smoker d) Persistent cough of unknown origin warranting referral	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH 1.4	As a result of interventions under the scheme did you signpost to any of the following: a) Pharmacy MUR service b) NHS stop smoking service	<input type="checkbox"/> <input type="checkbox"/>	

PH 1.5	Did you refer any patients to their GP as a result of a "Got a Cough?" intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PH 1.5a	If yes, approximately how many referrals did you make over a 4-week period?		

Public Health Campaign – Pandemic Flu Campaign <i>To be completed by pharmacies that took part in this campaign</i>			
Ref	Questions	Pharmacy response	For PCT use only
PH 2.1	Please state briefly how your pharmacy supported the NHS Coventry Pandemic Flu Public Health Campaign.		

Essential Service 5 – Signposting			
Ref	Questions	Pharmacy response	For PCT use only
ES 5.1	Does the pharmacy have a Standard Operating Procedure (SOP) or other documented process that covers the provision of sign posting to alternative sources of advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 5.2	Does the pharmacy have a reference booklet or list of other health and social care providers to whom patients may be sign-posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 5.3	Does the pharmacy use written referral forms, in appropriate cases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 5.3a	If yes, how many referrals has the pharmacy made in the past 12 months?		

Essential Service 6 – Support for Self-care			
Ref	Questions	Pharmacy response	For PCT use only
ES 6.1	Does the pharmacy have a Standard Operating Procedure (SOP), Medicines Sales Protocol or other documented process for self care advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ES 6.2	When was the SOP/Protocol last reviewed?	(Date)	
ES 6.2a	Is the review date recorded on the SOP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 6.2	Have relevant members of staff been trained (or are undertaking training) on the SOP, Medicines Sales Protocol or other documented process for self-care advice, and meet the minimum requirements of the RPSGB for medicines counter assistants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 6.3	To support self care, does the pharmacy have a range of patient leaflets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Essential Service 8 – Clinical Governance			
Ref	Questions	Pharmacy response	For PCT use only
ES 8.1	Who is your clinical governance lead?	(Name)	
ES 8.2	Does the pharmacy have a pharmacy practice leaflet? If 'Yes' include a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.3	How is the availability of NHS services from the pharmacy published?	<input type="checkbox"/> Practice / other leaflet <input type="checkbox"/> Website <input type="checkbox"/> Other -	
ES 8.4	When did the pharmacy carry out, or when is it anticipated carrying out the annual Community Pharmacy Patient Questionnaire (formerly called a patient satisfaction survey)?	(Date)	
ES 8.5	Was an analysis of the patient survey results carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.6	What actions were taken as a result of the survey? Please list		

ES 8.5	Does the pharmacy have an approved Standard Operating Procedure (SOP) or other written Complaints Procedure, which is understood by all relevant staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.6	Do you have a leaflet outlining your complaints procedure, which is available to patients and members of the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.7	Do you maintain a record of complaints received (including the findings of any investigations and actions you have taken as a result)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.8	Which pharmacy based clinical audit has been carried out in the last 12 months?	(Subject of audit)	
ES 8.9	Does the pharmacy have arrangements in place to ensure that all equipment used in the provision of pharmaceutical services is maintained appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.10	Does the pharmacy have an approved incident reporting system in place, together with arrangements for analysing and responding to critical incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.11	How many incidents have been reported and analysed over the past 12 months?	(No. of incidents)	
ES 8.11a	Are incidents routinely fed in to the PCT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES8.11b	If Yes, how is this done?		
ES8.11c	If No, what are the reasons for not doing so?		
ES 8.12	Does the pharmacy have appropriate child protection procedures in place, in line with national and local guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.12a	Do these procedures include contact details of local child protection officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ES 8.13	How are staff made aware of local child protection procedures?		
ES 8.14	Is appropriate training for all staff in place in respect of any role they are asked to perform, including a written induction programme for members of staff and locums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.15	Does the pharmacy have written records of training for all members of staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.16	Have the qualifications and references of all pharmacists and other members of staff undertaking any activities within the NHS pharmaceutical services been checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.17	Does the pharmacy have monitoring arrangements and appropriate training for staff in place in respect of compliance with the Data Protection Act 1998 and 'Confidentiality: the NHS Code of Practice'?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.18	How do you access local and national prescribing guidelines on a regular basis?		
ES 8.19	How do you and your team keep up to date with new evidence and best practice?		
ES 8.20	Do you have an up to date Continuing Professional Development Record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.20a	In what form is your record kept?	Paper Record <input type="checkbox"/> Electronic Record <input type="checkbox"/>	
ES 8.19	Do you have arrangements in place to monitor medicines or appliances owed to patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ES 8.20	Do you take action as a result of monitoring out of stock items? For example, is it possible to identify inconsistent prescribing patterns or failures in stock replenishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Advanced Services – Medicines Use Review (MUR) & Prescription Intervention Service

Only to be completed where service is provided

Ref	Questions	Pharmacy response	For PCT use only
AS 1	Has a copy of each pharmacist's MUR certificate been supplied to the PCT before providing MUR services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AS 2	Please list the name(s) of accredited pharmacists that currently provide MUR services from the pharmacy	(list)	
AS 3	Does the pharmacy have a consultation area meeting the following requirements: <ul style="list-style-type: none"> • clearly designated • seating for the patient and pharmacist • conversations in consultation area cannot be overheard 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AS 4	Have any MURs been conducted out side the pharmacy? If so have you obtained PCT permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
AS 5	How many MURs have been undertaken from the pharmacy in the financial year 2009/10?	(number on the pharmacy premises) (number in other premises – if approved by the PCT)	
AS 6	If you have provided less that 400 (the full quota) MURs, what are the main reasons for your pharmacy not completing the full quota?		

ENHANCED SERVICES. Please indicate all services provided by the pharmacy (i.e. for which a signed SLA has been submitted to the PCT)		Pharmacy response		For PCT use only
Ref	Service	Service provided	Date of last claim	
EnS1	Eprise Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS1a	If No, please state the reason/s why you do not participate in this scheme			
EnS2	Not Dispensed Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS2a	If No, please state the reason/s why you do not participate in this scheme			
EnS3	Stop Smoking Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS4	Weight Management Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS5	Minor Ailment Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS6	Phlebotomy Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS7a	ASC Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS7b	Chlamydia screening	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS8a	Supervised Methadone Consumption Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EnS8b	Needle Exchange Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS10	Palliative Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnS11	Cardiovascular Disease Service (Healthy LifeCheck)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnSa	Are all pharmacists (including locums) or appropriate staff, accredited to provide all of the enhanced services the pharmacy offers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EnSb	If no, how do you ensure the provision of services when accredited individuals are absent?			

Enhanced Service 7 – Sexual Health Services (ASC and Chlamydia Screening) <i>To be completed by pharmacies that provide these services</i>			
Ref	Questions	Pharmacy response	For PCT use only
SS1.1	Do you offer a free pregnancy test under the ASC scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SS1.2	If a pregnancy test is completed on the premises is a Chlamydia screen also always done? (unless the patient has opted out)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SS1.3	How many members of staff are trained to deliver Chlamydia screening?	(No. of staff)	

SS1.4	<p>The returns rate for Chlamydia screening is low, although lots of testing kits are issued. How do you explain the importance of these tests to patients and try to persuade them to be screened. Please tick all that apply.</p> <p>a) Have a customer toilet on the premises and get them to complete the test before they leave. <input type="checkbox"/></p> <p>b) Recommend that they go to nearby toilets and bring the test back to you straight away. <input type="checkbox"/></p> <p>c) Tell them that the test can be posted back after they have completed it at their own convenience. <input type="checkbox"/></p> <p>d) Explain how easy it is to perform the test. <input type="checkbox"/></p> <p>e) Explain the problems if Chlamydia remains untreated. <input type="checkbox"/></p> <p>f) Other (please list) <input type="checkbox"/></p>		
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Enhanced Service 8 – Methadone and Needle Exchange Services <i>To be completed by pharmacies that provide this service</i>			
Ref	Questions	Pharmacy response	For PCT use only
M1.1	<p>For all supervised methadone consumption and the needle exchange service is the private consultation area used?</p> <p>a) Supervised Methadone Consumption <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Needle Exchange Service <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) If no, why do you not use the consultation area?</p>		

M1.2	Have you/your staff received training on substance misuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M1.2a	If yes, then please indicate what type of training this was and date completed		
M1.3	Do you and all staff know where to signpost patients for help with any drug related problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Enhanced Service 11 – Cardiovascular Disease Service (Healthy Life Check) <i>To be completed by pharmacies that provide this service</i>			
Ref	Questions	Pharmacy response	For PCT use only
CVD1.1	Did you attend the CVD service training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CVD1.2	Have you purchased the service-accredited equipment to enable you to deliver this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CVD1.3	How many NHS Health Checks have you done to date?		

Information Governance <i>To be completed by ALL pharmacies</i>			
Ref	Questions	Pharmacy response	For PCT use only
IG 1	Are you aware of the requirement for the pharmacy to complete a baseline assessment on the Information Governance Toolkit by 31 March 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IG 2	Have you assigned responsibility for Information Governance within your pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IG 2a	If yes, who is the pharmacy's Information Governance Lead Name Role: Email Address:		
IG 3	Have you received a copy of the NHS Information Governance pharmacy contractor workbook provided to all contractors by PSNC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Criminal Record Bureau (CRB) Checks <i>To be completed by ALL pharmacies</i>			
Ref	Questions	Pharmacy response	For PCT use only
CRB 1	Has the pharmacy signed the SLA agreement with the PCT as the Umbrella Body for CRB checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CRB 2	Have all relevant staff had enhanced CRB checks carried out? If not, are all relevant staff in the process of obtaining enhanced CRB checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTROLLED DRUGS (CDs): To be completed by ALL pharmacies

Ref	Governance of Controlled Drugs	Pharmacy response	Details (where applicable)
CD 1.1	Do you have written standard operating procedures (SOPS) covering the handling and management of CDs, appropriate to the activities carried out at the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 1.2	Do you update your SOPS in line with new regulations and inform all relevant staff of changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 1.3	Do you have appropriate procedures for the initial and continuing training or development of all staff involved in the prescribing, handling, and supply of CDs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 1.4	Do you have a private controlled drug account number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Ref	CD Stock	Pharmacy response	Details (where applicable)
CD 2.1	When did you last check your CD stock levels?	(date)	
CD 2.2	How often does date checking of CD stock take place?		
CD 2.3	Are out of date/obsolete/patient returned CDs segregated from other CDs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Ref	Security and safe custody of CDs on premises	Pharmacy response	Details (where applicable)
CD 3.1	Is access to CDs controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 3.1a	If yes, then how?		
CD 3.2	Is your CD cabinet fixed securely either to a wall or floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
CD 3.3	Do you have in place a local procedure for dealing with a significant event/critical incident* involving CDs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CD 3.4	How many CD incidents have been recorded at your pharmacy in the past year?		
CD 3.4a	What actions have been taken as a result of these incidents?		
CD 3.5	Have they been reported to the CD Officer at NHS Coventry?	<input type="checkbox"/> Yes	
CD 3.5a	If no, why have incidents not been reported?	<input type="checkbox"/> No	

*Significant events/critical incidents includes any incident where a patient is harmed or nearly harmed and includes 'near misses', when things almost go wrong.

Ref	CD Registers	Pharmacy response	Details (where applicable)
CD 4.1	Have you identified any discrepancies between running totals and actual CDs held in the last 12 months? If yes, please give further details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 4.2	Do you maintain records of all receipts and supplies of CDs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 4.2a	If yes, for how long do you keep records?		
CD 4.3	Do use an electronic CD register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 4.4	Are you planning on installing an electronic register on your computer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 4.4a	If yes, when is this planned?	(date)	

Ref	Destruction or disposal of CDs - Stock CDs / Patients' Returns	Pharmacy response	Details (where applicable)
CD 5.1	How often do you aim to destroy out of date or obsolete stock CDs?		
CD 5.2	Do you have any out of date or obsolete stock CDs currently awaiting destruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 5.2a	If so, please advise quantities.		
CD 5.3	Who usually witnesses your stock destruction?		Name: Role:
CD 5.4	When was the last-witnessed CD stock destruction?		Date:
CD 5.5	Are records of stock destruction kept in the CD register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CD 5.6	How often do you destroy patient returns?		
CD 5.7	Does someone witness the destruction of patient returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Thank you for completing the community pharmacy contract monitoring questionnaire 2009-10.

Please return your completed questionnaire to the address on the front page.

All contractors are required to complete a questionnaire for each individual pharmacy in Coventry.

All questionnaires must be returned by Friday 12th March 2010.

Any pharmacy that does not return a completed questionnaire by this date will be deemed to have failed to comply with the contract monitoring process.