Appendix G: NHS GG&C Flu Vaccination Service - Community Pharmacy Evaluation

Thank you for participating in the NHS Greater Glasgow and Clyde pilot project utilising Community Pharmacies to deliver the NHS flu vaccination programme for 2019-2020. We are keen to hear about your experiences and hope you will complete this short evaluation to help inform service development and explore its sustainability. Please return a completed form to: Community Pharmacy Development, Clarkston Court, 56 Busby Rd, Glasgow G76 7AT. Fax: 0141 201 6044. Email: gg-uhb.cpdevteam@nhs.net

Pre-Season
1. Communication and Support
   Were you provided with sufficient information and support? □ Yes □ No

During Season
2. Capacity to Deliver Service
   Did you have sufficient time to deliver the service? □ Yes □ No

3. Patient Demand for Service
   Did you ever have to turn patients away?
   Estimate frequency and provide details.
   ..................................................................................................................
   Did you receive any enquiries for patients not covered under the PGD?
   Estimate and provide details. □ Yes □ No

4. Data Collection and Reporting
   Were you satisfied with documentation, screening form, consent, patient questionnaires etc. Please provide details
   ..................................................................................................................

5. Ordering and Supply of Vaccine
   Did you have sufficient stock to deal with patient demand? If not, what date did the supply run out?
   ..................................................................................................................

6. Storage and handling of vaccine
   Was storage space in fridge sufficient for NHS stock? □ Yes □ No
   Was any NHS stock subject to a cold chain incident? □ Yes □ No

Post Season
7. Waste Disposal
   Were arrangements for waste disposal satisfactory? □ Yes □ No

8. Vaccine Return
   Did you have much NHS stock left at the end of the season?
   How much? .................................................................................................
   □ Yes □ No

9. Willingness to Participate in Future
   Would you wish to be involved in this service next year? □ Yes □ No

Other
10. Unintended Consequences
    Was there any impact on any other pharmacy services?
    Please provide details?
    ..................................................................................................................
Any other comments or suggestions for improvement?

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Thank you for taking the time to complete this questionnaire. Please return to:

Community Pharmacy Development
Clarkston Court
56 Busby Road
Glasgow
G76 7AT
Or GG-UBH.cpdevteam@nhs.net