## 5. PCN 2024/25 DES Assurance - CVD (Prevention & Diagnosis)

## Overview

Please complete the following short survey as part of the 2024/25 PCN DES Assurance process.

This is one of six short surveys which are required to be completed by PCNs by 31st March 2025.

Please see below 'Related' section which provides:

- PCN DES 2023-24 Good Practice and 2024-25 Assurance Approach
- 2024-25 PCN DES Part A Clinical & Support Services Section 8
- 2024-25 PCN DES Contract Specification PCN requirements and entitlements

CVD (Prevention & Diagnosis) (1/2)

1 What is your name?

2 What is your email address?

## 3 Which NCL borough is your PCN located?

Please select only one item

Barnet

Camden

C Enfield

Haringey

Islington

4 What is your PCN name?

5 What is your PCN code?

CVD (Prevention & Diagnosis) (2/2)

**6** Do you have a process in place to support the exchange of information with community pharmacies, including a process for accepting and documenting referrals between community pharmacies and GP practices for the Community Pharmacy Blood Pressure Check Service?

Please select only one item

C	)	Yes
(	)	No

If no, please provide further information

7 Describe how you are continuing to work with community pharmacies to improve access to blood pressure checks.