

**NHS Prescription Services**

**CPAF Screening Questionnaire 2021/22**

**Important information about this document**

This is a reference copy of the Community Pharmacy Assurance Framework Screening Questionnaire, the questionnaire must be completed via a separate online form through the NHSBSA MYS portal between Monday 28 June 2021 and midnight Saturday 24 July 2021. It is now a regulatory requirement to complete the CPAF Screening Questionnaire which is carried out on an annual basis. Please visit the NHSBSA website for the latest information: https://[www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-) contractors/dispensing-contractors-information/community-pharmacy-assurance- framework-cpaf.

Please do not attempt to submit this form as the 2021/22 version of the questionnaire must be completed through the online form accessed by the NHSBSA MYS portal. If you do not have access to the MYS portal, the NHSBSA will contact you separately to provide a link to the online form.

This printable copy of the questionnaire has been published for reference purposes and as a training tool. It allows pharmacies to assure themselves that they are compliant with the Terms of Service under the community pharmacy contractual framework when the screening questionnaire is not taking place. This document can be saved or printed to keep as a record.

Please note that this version of the questionnaire should not be submitted and will not appear in any reports produced as part of the CPAF exercise.

Pharmacies that complete this questionnaire are still be required to complete the online version of the CPAF questionnaire.

We need to assure ourselves that all services commissioned by the NHS are of consistent high quality. The CPAF Screening Questionnaire is a short self-assessment tool to help us identify which pharmacies we will ask to provide further assurance by completing the full CPAF to provide evidence they meet their terms of service and decide whether to arrange a contract monitoring visit.

All pharmacies will be asked to complete this questionnaire. Many of the questions are the same as the 2019/20 CPAF Screening Questionnaire however three have been retired and three new questions added. We will look at this together with information from other sources to select pharmacies we are considering for contract monitoring visits.

If your pharmacy is being considered for a full monitoring visit you will be requested to complete and return the full Community Pharmacy Assurance Framework (CPAF) pre visit questionnaire. However both PSNC and NHS England recommend that all Pharmacy contractors make use of the full CPAF pre visit questionnaire to assure themselves that they are compliant with Terms of Service as set out in the NHS (Pharmaceutical and Local Pharmaceutical) Regulations 2013.

The questions asked in this assessment questionnaire are indicators of the level of compliance with the terms of service. Contractors should also satisfy themselves that they are compliant with the terms of service, which are set out in Schedule 4 of:

* The NHS (Pharmaceutical and Local Pharmaceutical) Regulations 2013 as amended.
* see also: [www.psnc.org.uk/cpaf](http://www.psnc.org.uk/cpaf)

The questionnaire will take between 10 and 20 minutes to complete. Please ensure you read all questions and answers carefully. Some questions may require multiple answers and therefore tick all boxes that apply. The questions are in three sections:

* Section 1 asks for information to make sure we can correctly identify your pharmacy and confirm who is completing the questions on behalf of your pharmacy.
* Section 2 includes 10 questions (five have been retired for 2021/22). You should select the statements that most closely match what actually happens in your pharmacy, bearing in mind you must be able to provide evidence to validate your selections (you may subsequently be asked to provide this evidence during a contract monitoring visit).
* Section 3 allows you to provide feedback and requires you to make a declaration that the pharmacy has the evidence to support the answers given, and that they truly and accurately reflect how the Pharmacy complies with the terms of service as set out in the NHS (Pharmaceutical and Local Pharmaceutical) Regulations 2013 as amended.

**Pharmacy Information**

Questions marked with a red asterisk must be completed.

Pharmacy ODS Code\*

Pharmacy Trading Name\*

Your name\*

Are you usually the responsible pharmacist at the pharmacy premises?\*

Yes No



**On average, how many hours a week are you the responsible pharmacist at this pharmacy?\***

0-15 16-30 31-45 46-60 61-75 76-90 91+

Please state your job role - indicate all that apply.\*



Owner/contractor

Manager (Non-pharmacist) Manager (Pharmacist) Pharmacist

Dispenser Technician Superintendent

Other (please specify)

**Pharmacy Attainment Questions**

**Attainment Level Checklist**

Please tick the boxes below to show which criteria your pharmacy meets. To attain **Level 1** you must select all **Level 1 criteria**

To attain **Level 2** you must select all **Level 1 and all Level 2 criteria**

To attain **Level 3** you must select all **Level 1 and all Level 2 criteria** and select **at least one of the Level 3 criteria** (if more than one option is available)

**Question 1: Standard Operating Procedures (SOPs)**

**Please answer question 1 while considering the following SOPs:**

* **Dispensing drugs and appliances**
* **Repeat dispensing**
* **Providing advice and support to people caring for themselves or their families**

**Requirements for having SOPs are included in a number of different pieces of legislation or specification, for instance,**

* **The Medicines (Pharmacies) (Responsible pharmacist), Regulations 2008**
* **NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**
* **Enhanced Services that are commissioned locally**



We have SOPs for dispensing, repeat dispensing, support for self-care and the discharge medicines service

The SOPs have been formally reviewed every two years or earlier if needed

**Level 1**



Each of the SOPs have been read by every staff member to which it applies

Staff fully understand the SOPs and work in accordance with them

**Level 2**



An audit of staff adherence with SOPs has been conducted within the last 2 years and action has been taken as a result of the audit

**Level 3**

**Question 2: Prescribed Medicines Advice**

**This question was retired for 2018/19 and no longer needs to be completed. The question remains on this form only for administration purposes therefore no action is required from contractors.**

**Please go to question 3**

**Question 3: Storage of Prescribed Drugs and Return of Unwanted Medicines**

**When we hand out a medicine that we have dispensed, information on safe storage and returns is provided by:**



Information is made available in the pharmacy e.g. displayed on a poster or on the dispensing bag or on the website

**Level 1**



Extra information given verbally when we believe it needs reinforcement

**Level 2**



Printed information in an electronic or printed format supplied to patients on high risk medicines

**Level 3**

**Question 4: Repeat Dispensing**

**For the purposes of this questionnaire repeat dispensing means 'batch prescriptions', i.e. NHS repeatable prescriptions.**

**Has your pharmacy dispensed one or more repeatable prescriptions in the last year?\***

Yes No



If you answer no to the question above, please answer the following questions as to what you would do if you were to receive a repeat dispensing prescription.

**Thinking about repeatable dispensing, for each batch dispensing:**



We have trained relevant staff to be able to deliver the repeat dispensing service

We ask the patient (or their representative) whether the patient's condition has changed each time we issue a batch prescription

**Level 1**



We ask the patient (or their representative) whether each item is still needed

If the patient doesn't need an item we record that it wasn't supplied

**Level 2**



We regularly review reasons why items are not supplied and provide relevant feedback to the prescriber/patient where appropriate

**Level 3**

**Question 5: Owings**

**This question was retired for 2018/19 and no longer needs to be completed. The question remains on this form only for administration purposes therefore no action is required from contractors.**

**Please go to question 6**

**Question 6: Prescription Based Interventions**

**When appropriate we provide advice to people presenting prescriptions who appear to:**

* **have diabetes**
* **be at risk of coronary heart disease (especially those with high blood pressure)**
* **smoke or are overweight**

**with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to that person's personal circumstances by:**



Providing leaflets or other printed material, providing information in electronic format, signposting to suitable websites, or holding information on the pharmacy’s website for patients to self-select

Providing additional advice directly to the patient/carer when asked

**Level 1**



Taking opportunities to provide advice directly to patients/carers where appropriate for the above patient groups

Making a note where appropriate of the advice in a form that facilitates audit of provision of the service and follow up care for the person given the advice

**Level 2**



Using records of previous advice given to follow up with patients when necessary

Actively seeking opportunities to provide ongoing support backed up with written information or information in an electric format e.g. leaflet when dispensing their blood pressure medication (following the first time)

**Level 3**

**Question 7: Signposting**

**NHS England & Improvement advises that you use the NHS website (www.nhs.uk), the NHS England & Improvement website (www.england.nhs.uk), and local CCG and Local Authority websites to obtain up to date signposting information in addition to any paper based or emailed information that may be supplied from time to time.**

**When a customer requires advice or treatment which we do not provide in our pharmacy we:**



Use signposting information to find out where the customer can get the advice or treatment they need and provide them with the details

**Level 1**



Make a note where appropriate of the information provided in a form that facilitates audit of provision of the service and follow up care for the person given signposting information

**Level 2**



Use the record of the written referral to follow up with customers if necessary

We tell customers about local services where individual members of staff know about these from their own knowledge

Use additional information (e.g. leaflets, or from the internet) alongside the signposting information that we have gathered together for ourselves and provide the customer with these details

**Level 3**

**Question 8: Clinical Governance - Risk Management**

**When a patient safety incident occurs in the pharmacy:**



Relevant staff members are informed and know their responsibilities for incident recording investigation and reporting

**Level 1**



We make a patient safety incident report to the National Reporting and Learning System (either directly or via Head Office)

Relevant staff participate in discussion about actions to be taken including detail of any steps to reduce risk of recurrence

Records are kept of the analysis and response to critical incidents

**Level 2**



We discuss past incidents to ensure any actions adopted have been implemented and have effected the desired change

**Level 3**

**Question 9: Clinical Governance - Locums**

**This question was retired for 2021/22 and no longer needs to be completed. The question remains on this form only for administration purposes therefore no action is required from contractors.**

**Please go to question 11**

**Question 10: Training & Performance Management**

**This question was retired for 2021/22 and no longer needs to be completed. The question remains on this form only for administration purposes therefore no action is required from contractors.**

**Please go to question 11**

**Attainment Level Checklist**

Please tick the boxes below to show which criteria your pharmacy meets. To attain **Level 1** you must select all **Level 1 criteria**

To attain **Level 2** you must select all **Level 1 and all Level 2 criteria**

To attain **Level 3** you must select all **Level 1 and all Level 2 criteria** and select **at least one of the Level 3 criteria** (if more than one option is available)

**Question 11: Safeguarding**

**We manage safeguarding issues by:**



The pharmacy has appropriate safeguarding procedures

The pharmacist is aware of how safeguarding issues should be reported and to whom All pharmacy staff are aware of when to raise safeguarding concerns to the pharmacist

**Level 1**



Contact information for safeguarding interventions is kept up to date

The pharmacist and pharmacy technicians have undertaken or renewed training on Safeguarding (Level 2) in the last 2 years

**Level 2**



Any safeguarding issues that have occurred in the pharmacy, or elsewhere, are reflected upon by the pharmacy team

**Level 3**

**Question 12: Pharmacy Based Audit**

**This question was retired for 2021/12 as no pharmacy-based audits were required in 2020/21 due to the COVID-19 response, and no longer needs to be completed. The question remains on this form only for administration purposes therefore no action is required from contractors.**

**Please go to question 13.**

**Attainment Level Checklist**

Please tick the boxes below to show which criteria your pharmacy meets. To attain **Level 1** you must select all **Level 1 criteria**

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**Question 13: The promotion of healthy living**

**Thinking about the pharmacy team, workforce development and engagement:**



All patient-facing pharmacy staff can use the NHS website and other appropriate public health information sources, e.g. PHE Resource Centre, when providing advice on health issues and where appropriate

There is at least one member of the patient-facing pharmacy staff (one full time equivalent or at least one if no full time equivalent employed) who is a qualified health champion (i.e. who has completed the training and assessment of the RSPH level 2 award ‘Understanding Health Improvement’ either online or face to face). If no qualified health champion is in place, the pharmacy is actively training / recruiting staff to have one in place within 6 months

**Level 1**



Patient facing pharmacy staff proactively engage with patients and the public using the pharmacy, to offer them advice, support and signposting to other providers of services in the community

The pharmacy has an appointed health and wellbeing leader from the pharmacy team (with the leader having completed leadership training, internally or through an organisation either via face to face or online training and assessment). If no health and wellbeing leader is in place, the pharmacy is actively training / recruiting staff to have one in place within 6 months

**Level 2**



The pharmacy proactively engages with other health providers and charities to work with the pharmacy to support the delivery of key health messages for the population they serve. (Owing to the nature of DSPs, populations may be across differing localities)

There is a plan in place to train or recruit a new qualified health champion, within 6 months; if the qualified health champion leaves the employment of the pharmacy contractor

There is a plan in place to train or recruit a new health and wellbeing leader, within 6 months if the health and wellbeing leader leaves the employment of the pharmacy contractor

**Level 3**

**Attainment Level Checklist**

Please tick the boxes below to show which criteria your pharmacy meets. To attain **Level 1** you must select all **Level 1 criteria**

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**Question 14: The pharmacy premises and privacy**

**Thinking about the environment where pharmacy services and patient care are delivered:**



The pharmacy premises have a consultation room, clearly designated as a room for confidential conversations, distinct from the general public areas of the pharmacy premises. Both the person receiving the service and the person providing it must be able to be seated together and communicate confidentially. If the pharmacy is a DSP or it has been agreed with NHSE/I that the pharmacy premises are too small for a consultation room to be installed, they have arrangements in place at the pharmacy which enable staff and patients to communicate confidentially by telephone or another live audio link and a live video link. If the pharmacy has not provided any advanced services in the year prior to 01 January 2021, the pharmacy contractor will have an appropriate consultation room by 01 April 2023

**Level 1**



When communicating with patients and the public and offering advice on difficult or sensitive issues, all pharmacy staff offer and maintain patient privacy appropriately

The pharmacy premises have a clearly identified and prominent health promotion zone with up to date health and wellbeing materials to meet the needs of the population they serve. If the pharmacy is a DSP, it has a website with an interactive health promotion page which is clearly promoted to any user of the website when they first access it, which provides public access to a reasonable range of up to date materials that promote healthy lifestyles, by addressing a reasonable range of health issues

**Level 2**



The pharmacy team considers their environmental impact and proactively work to reduce negative environmental impacts. (e.g. recycling of paper materials, recycling of plastic and efficient route- planning for delivery services)

**Level 3**

**Attainment Level Checklist**

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**Question 15: Community Pharmacy Staffing**

**Staff members (including permanent/fixed-term staff members and locums/relief staff; registered pharmacy professionals and support staff):**



Permanent and fixed-term staff have an induction when joining the pharmacy, and a training record is maintained for each staff member

Checks are carried out to ensure that pharmacists and pharmacy technicians have appropriate registration when joining the pharmacy and as appropriate thereafter

**Level 1**



Permanent and fixed-term staff have arrangements for identifying and supporting their development needs in relation to NHS services

There is a process for ensuring staff have necessary accreditations (e.g. to provide any advanced or enhanced services if applicable) and smartcards on joining the pharmacy

Permanent and fixed term staff are subject to a process to address poor performance where this occurs

**Level 2**



Permanent and fixed term staff have an annual appraisal

**Level 3**

Questions marked with a red asterisk must be completed.

**If you have any additional comments you would like to make please type them in below.**

**A copy of your submission will be sent to {PRIMARYRECPT}. If you would like an additional copy sent to a different email address, please give it below.**

**If you would like to receive a message containing details of your submission please enter your email address below.**

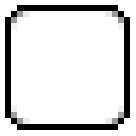
(You should receive the email within 2 hours of submitting the form)

**Declaration**

**Please complete the following declaration by ticking the box below:**

I declare that the pharmacy:

* has evidence to support the answers given, that they are true and accurately reflect how the Pharmacy complies with the terms of service as set out in the NHS (Pharmaceutical and Local Pharmaceutical) Regulations 2013 as amended.

I declare that the pharmacy meets the terms of the above declaration\*