

# NHS Prescription Services CPAF Screening Questionnaire 2017/18

### **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 seperate online form between Monday 12 June and Sunday 9 July 2017. The Screening Questionnaire will be 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-contractors/payments-and-pricing/community-pharmacy-assurance-framework-cpaf.

The 2017/18 version of the questionnaire must be filled in via the online form so please do not attempt to submit this form. You can view instructions and access the online form by clicking the link above.

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.

### **About the Community Pharmacy Assurance Framework**

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 which asks the same questions as last year. 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

### **About this questionnaire**

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. 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**

All required fields are marked with a red asterisk. 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)

### **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 <u>Level 3</u> you must select <u>all Level 1</u> and <u>all Level 2 criteria</u> and select <u>at least one of the Level 3 criteria</u> (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 appliancesRepeat dispensingProviding 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 2008NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013Enhanced Services that are commissioned locally

| Level   | We have SOPs for dispensing, repeat dispensing and support for self care  |
|---------|---|
| 1       | The SOPs have been formally reviewed every two years or earlier if needed   |
|         |   |
| Level   | Each of the SOPs have been read by every staff member to which it applies   |
| 2       | Staff fully understand the SOPs and work in accordance with them  |
|         |   |
| Level 3 | 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 |
|         |   |

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### **Question 2: Prescribed Medicines Advice**

This question refers to providing advice to a patient to enable them to use their drugs or appliances appropriately and to meet their needs for general information about their prescribed medicines.

When dispensing a prescription, either to a patient within the pharmacy or by delivery to their home, please indicate do you usually give them advice about their medicines?

| When the patient asks for advice   |  |  |
|--|--|--|
| When the patient has not had the item before   |  |  |
|  |  |  |
| When we believe they need advice   |  |  |
|  |  |  |
| Every time we hand out a prescription (unless we have recorded that we have given appropriate advice about the medicine or appliance on an earlier occasion) |  |  |
|  |  |  |

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# **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:

| Level Information is made available in the pharmacy or on the website e.g. displayed on a poster or on the dispensing bag |
|---|
| Level 2 Extra information being given verbally when we believe it needs reinforcement                                     |
| Level 3 Printed information being reinforced more frequently for high risk medicines                                      |

Level

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# Attainment Level Checklist If your pharmacy has dispensed one or more repeatable prescriptions in the last year please tick the boxes that will be displayed 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 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 Thinking about repeatable dispensing, for each batch dispensing: We ask the patient whether their condition has changed Level We ask the patient whether they actually need each item

We regularly review reasons why items are not supplied and provide relevant feedback to the

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

prescriber/patient where appropriate

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### **Question 5: Owings**

### When we owe a prescribed medicine to a patient we:

| Level      | Note the amount and inform the patient   |
|------------|--|
| 1          | Record the owing in the pharmacy (e.g. on the PMR)   |
|            |  |
| Level      | Inform the patient of what is owed and when it should be ready   |
| 2          | Review owings on a regular basis   |
|            |  |
| Level<br>3 | Actively work to reduce the number of owing items by reviewing stock levels or finding alternative suppliers |

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### **Question 6: Prescription Based Interventions**

When appropriate we provide advice to people presenting prescriptions who appear to: have diabetesbe at risk of coronary heart disease (especially those with high blood pressure)smoke or are overweightwith the aim of increasing the person's knowledge and understanding of the health issues which are relevant to that person's personal circumstances by:

| Level<br>1 | Providing leaflets in the pharmacy or on the website for patients to self-select   |
|------------|--|
|            | Providing additional advice directly to the patient/carer when asked   |
|            |  |
| Level<br>2 | 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<br>3 | 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 e.g. leaflet when dispensing their blood pressure medication (following the first time) |

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### **Question 7: Signposting**

NHS England advises that you use NHS Choices (www.nhs.uk), the NHS England website, 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:

| Level<br>1 | Use signposting information to find out where the customer can get the advice or treatment they need and provide them with the details  |  |  |  |
|------------|---|--|--|--|
|            |   |  |  |  |
| Level 2    | 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          |  |  |  |
|            |   |  |  |  |
|            | Use the record of the written referral to follow up with customers if necessary   |  |  |  |
| Level      | 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 |  |  |  |

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### **Question 8: Clinical Governance - Risk Management: Incident Reporting**

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

| Level<br>1 | Relevant staff members are informed and know their responsibilities for incident recording investigation and reporting        |
|------------|---|
|            |   |
|            | We make a patient safety incident report to the National Reporting and Learning System (either directly or via Head Office)   |
| Level<br>2 | 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 3    | We discuss past incidents to ensure any actions adopted have been implemented and have effected the desired change            |

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### **Question 9: Clinical Governance - Locums**

It is recognised that some of the process of engaging a locum may be undertaken by someone who is not at the pharmacy, if this is the case please contact the relevant person to establish your current processes:

When a locum is engaged the person(s) responsible for engaging the locum and ensuring they are able to perform the required tasks:

| Checks their availability and books them   |
|--|
| Informs them of location, opening times and key contacts   |
|  |
| Checks their registration with the GPhC  |
| Carries out appropriate checks where required e.g. for MUR accreditation and smartcards (if the pharmacy is enabled for the electronic prescription service) |
| Provides all other information the locum will need to be able to perform their duties  |
|  |
| Speaks to, or asks another representative from the pharmacy to speak to the locum beforehand to discuss anything they might reasonably need to know          |
| Provides feedback to the locum following their employment - either directly or indirectly  |
|  |

Have an annual appraisal

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Are supported to access training appropriate to meet needs identified

Are subject to a process to address poor performance where this occurs

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