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 between Monday 3 June and Sunday 30 June 2019. 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 2019/20 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. Many of the questions are the same as last year however two have been retired and two 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
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 (two have been retired for 2018/19). 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.
Section 1

Pharmacy Information

Questions marked with a red asterisk must be completed.

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)
Section 2

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

<table>
<thead>
<tr>
<th>Level 1</th>
<th>We have SOPs for dispensing, repeat dispensing and support for self care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The SOPs have been formally reviewed every two years or earlier if needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
<th>Each of the SOPs have been read by every staff member to which it applies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff fully understand the SOPs and work in accordance with them</td>
</tr>
</tbody>
</table>

| 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 |
Pharmacy Attainment Questions

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
### 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 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:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>Information is made available in the pharmacy e.g. displayed on a poster or on the dispensing bag or on the website</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>Extra information given verbally when we believe it needs reinforcement</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td>Printed information supplied to patients on high risk medicines</td>
</tr>
</tbody>
</table>
Pharmacy Attainment Questions

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

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:

- Level 1
  - [ ] 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 2
  - [ ] 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 3
  - [ ] We regularly review reasons why items are not supplied and provide relevant feedback to the prescriber/patient where appropriate
Pharmacy Attainment Questions

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:

| Level 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 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 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) |
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 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 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

Level 3  
☐ 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
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)

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

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

**Level 1**
- Relevant staff members are informed and know their responsibilities for incident recording, investigation and reporting

**Level 2**
- 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 3**
- We discuss past incidents to ensure any actions adopted have been implemented and have effected the desired change
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 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:

- **Level 1**
  - Checks their availability and books them
  - Informs them of the pharmacy location, opening times and key contacts

- **Level 2**
  - 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

- **Level 3**
  - 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
## 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 10: Training & Performance Management

**Staff members:**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Keep up to date by reading pharmacy training material on an ad hoc basis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have a training record</td>
</tr>
<tr>
<td></td>
<td>Undergo an induction when joining the pharmacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
<th>Have an induction that includes a training needs assessment in respect of any role they are asked to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have a training needs assessment that aligns their training needs with the needs of the business</td>
</tr>
<tr>
<td></td>
<td>Are supported to access training appropriate to meet needs identified</td>
</tr>
<tr>
<td></td>
<td>Are subject to a process to address poor performance where this occurs</td>
</tr>
</tbody>
</table>

| Level 3          | Have an annual appraisal                                                 |
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 11: Safeguarding**

We manage safeguarding issues by:

**Level 1**
- [ ] 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 2**
- [ ] Contact information for safeguarding interventions is kept up to date
- [ ] The pharmacist and pharmacy technicians have received appropriate training on safeguarding

**Level 3**
- [ ] Any safeguarding issues that have occurred in the pharmacy, or elsewhere, are reflected upon by the pharmacy team
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 12: Pharmacy Based Audit

Thinking about your pharmacy based audit in 2018/19:

Level 1

☐ The pharmacy has completed one pharmacy based clinical audit in 2018/19
  The subject of the 2018/19 audit was:

Level 2

☐ The pharmacy based clinical audit in 2018/19 had a clear purpose and objective
☐ The pharmacy based clinical audit in 2018/19 identifies audit outcomes
☐ Any actions identified in the pharmacy based clinical audit to improve care for patients were implemented

Level 3

☐ More than one pharmacy based clinical audit was conducted in 2018/19
Feedback and Declaration

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.

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*