

May 2019

## **PSNC Briefing 021/19: CPAF screening process for 2019/20**

Community pharmacy contractors in England may be aware that the annual Community Pharmacy Assurance Framework (CPAF) screening questionnaire, part of NHS England's contract monitoring process will shortly be available to complete. Consistent with previous years, the questionnaire consists of 10 active questions which contractors are asked to answer.

This PSNC briefing builds upon guidance from last year, explains updates to this year's questionnaire (relating to safeguarding and the pharmacy-based audit) and includes guidance on other areas which we have previously provided.

Contractors are reminded that the terms of service including the clinical governance requirements of the CPCF must be complied with throughout the year. The CPAF process has been in place nationally for a number of years and so if contractors are invited to complete other surveys requesting them to confirm that clinical governance requirements have been completed for last year then pharmacy teams can signpost the relevant commissioner to the CPAF process.

### **Results from 2018/19 and updates to this year's questionnaire**

The CPAF cycle for last year was successful with a positive 98.2% of contractors responding to the CPAF screening questionnaire.

PSNC has worked with NHS England to reflect upon and review contractor feedback from last year's screening survey. Contractor feedback showed that pharmacies aimed to attain level 3 and exceed their terms of service. Therefore, PSNC agreed with NHS England new wording to the safeguarding question to make it possible for contractors to attain Level 3 without requiring a safeguarding issue to have occurred in their pharmacy.

This year's screening questionnaire has also been updated so that the pharmacy-based audit question relates to contractors' 2018/19 audit activity.

### **When**

This year's CPAF screening questionnaire will be available for completion from **Monday 3rd June to Sunday 30th June 2019**.

### **How**

Community pharmacies should receive information and instructions on how to complete the screening questionnaire either via email from the NHS Business Services Authority (NHSBSA) or from their own Head Office. Contractors are advised to contact NHSBSA by emailing [nhsbsa.cpaf@nhs.net](mailto:nhsbsa.cpaf@nhs.net) if they have not received details of the questionnaire by now, or if they have any problems or queries completing the questionnaire. For more information, please visit NHS BSA's [website](#).

### **How many**

There remain 10 active questions which contractors are asked to answer. In addition, previous questions relating to prescribed medicines advice (question 2) and owings (question 5) are retired which means that these no longer need to be completed.

## Why

The vast majority of community pharmacies complete the screening questions to avoid unnecessary monitoring visits and demonstrate compliance with the terms of service.

## Compliance

Community pharmacies are expected to attain up to at least Level 2 (i.e. you comply with levels 1 and 2) for each CPAF screening question, which would indicate general compliance with the terms of service.

## Safeguarding (Question 11)

### Question 11: Safeguarding

#### We manage safeguarding issues by:

<b>Level 1</b>	<input type="checkbox"/> The pharmacy has appropriate safeguarding procedures <input type="checkbox"/> The pharmacist is aware of how safeguarding issues should be reported and to whom <input type="checkbox"/> All pharmacy staff are aware of when to raise safeguarding concerns to the pharmacist
<b>Level 2</b>	<input type="checkbox"/> Contact information for safeguarding interventions is kept up to date <input type="checkbox"/> The pharmacist and pharmacy technicians have received appropriate training on safeguarding
<b>Level 3</b>	<input type="checkbox"/> Any safeguarding issues that have occurred in the pharmacy, or elsewhere, are reflected upon by the pharmacy team

The addition of the words “or elsewhere” attached to Level 3 above means that pharmacy teams may reflect upon a safeguarding issue which occurred elsewhere other than in the pharmacy. For example, a news article report of a high-profile safeguarding incident which occurred somewhere else could be reflected upon and discussed by the pharmacy team in a team meeting. Contractors will appreciate that they may be asked to provide sight of this reflection as part of a contract monitoring visit to the pharmacy so it is important this reflection and discussion be documented possibly in the minutes of the team meeting, or in a reflection piece by the registered pharmacist or technician as part of their revalidation records which could include a summary of the discussion/reflection by the pharmacy team.

Therefore, it is now possible for contractors to achieve level 3 without the occurrence of safeguarding incidences in their pharmacy provided the pharmacy has reflected on the safeguarding issue(s) and documented this.

Broadly, contractors who have:

- Achieved the previous Quality Payments safeguarding criterion** (and are therefore aware of ... *how safeguarding issues should be reported and to whom* ... and have ... *received appropriate training on safeguarding* ...; and
- Implemented appropriate safeguarding procedures in the pharmacy** (including, for example, ... *all pharmacy staff are aware of when to raise safeguarding concerns* ... and have *up to date... contact information for safeguarding interventions* ...).

will comply with levels 1 and 2 of this CPAF question and may also comply with level 3 (... safeguarding issues ... are reflected upon by the pharmacy team...). Considering each question:

**Appropriate safeguarding procedures** - the terms of service require *appropriate safeguarding procedures for service users*, which could be in the form of a written policy or procedure. What is important is that the pharmacy team is aware of safeguarding issues, how to identify at risk children and adults at risk and how to escalate and report safeguarding concerns.

**Pharmacist aware of how safeguarding issues should be reported and to whom** - the LPC may have contact details for local safeguarding organisations but if not, then the pharmacy team could contact the social care team at the relevant local authority and ask to speak to a member of the safeguarding team for advice. You can insert your postcode to search for your local authority on this [website](#).

**Pharmacy team is aware of when to raise safeguarding concerns with the pharmacist** – Staff awareness of when to raise concerns with the pharmacist which should be undertaken through informal training such as brief training at a team meeting.

**Contact information for safeguarding interventions is kept up to date** – again, the LPC may have contact details for local safeguarding organisations but if not, then the pharmacy team could contact the social care team at the relevant local authority and ask to speak to a member of the safeguarding team for advice.

**The pharmacist and pharmacy technicians (if any) have received appropriate safeguarding training** – one of the previous Quality Payments<sup>1</sup> criteria is that *'On the day of the review 80% of registered pharmacy professionals (pharmacists and pharmacy technicians) working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years'* which may support the pharmacy to meet this CPAF level 2 question. The pharmacy will need to consider how it ensures that all pharmacists and pharmacy technicians have received appropriate safeguarding training.

**The pharmacy team reflects upon any safeguarding issues that have occurred** – it is helpful if any reflection is documented especially where a contractor wishes to demonstrate attainment of Level 3.

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<sup>1</sup> At the time of writing, a decision has not yet been made on the future of the Quality Payments Scheme.

## Pharmacy based audit (Question 12)

### Question 12: Pharmacy Based Audit

#### Thinking about your pharmacy based audit in 2018/19:

<b>Level 1</b>	<input type="checkbox"/> The pharmacy has completed one pharmacy based clinical audit in 2018/19 The subject of the 2018/19 audit was: <input style="width: 400px;" type="text"/>
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<b>Level 2</b>	<input type="checkbox"/> The pharmacy based clinical audit in 2018/19 had a clear purpose and objective
	<input type="checkbox"/> The pharmacy based clinical audit in 2018/19 identifies audit outcomes
	<input type="checkbox"/> Any actions identified in the pharmacy based clinical audit to improve care for patients were implemented

<b>Level 3</b>	<input type="checkbox"/> More than one pharmacy based clinical audit was conducted in 2018/19
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For this year's screening questionnaire this question is updated to reflect contractor's 2018/19 audit activity, contractors should have undertaken at least one clinical audit on a topic of their choice. Clinical audit guidance is available on the [PSNC website](#).

Comparing the clinical audit guidance with the CPAF questions:

Clinical audit guidance	CPAF
identify the problem or objective	have a clear purpose and objective
involve analysis of the data, identifying areas for improvement	identify audit outcomes
involve the community pharmacy making any necessary changes for the benefit of patients	any actions identified to improve care for patients were implemented

Last year, NHS England nationally determined an audit on the provision of advice to people with diabetes on the importance of them receiving an annual seasonal influenza vaccination. This should, therefore, allow the attainment of level 3 to be more straightforward, for many contractors. Contractors are reminded that Level 3 can be attained where they have undertaken an additional voluntary clinical audit (in addition to the clinical audit required under the terms of service) and a number template audits developed by PSNC and others for use by pharmacy teams are available on the [clinical audit section](#) of the PSNC website.

## Repeat Dispensing (repeatable NHS Prescriptions) – Question 4

The key change to this question is to make clear that even if you do not currently undertake Repeat Dispensing and therefore answer ‘no’ to the initial question, you should still go on to complete the remainder of the question on Repeat Dispensing – on the basis of what you would do if you were to receive a Repeat Dispensing prescription (repeatable NHS prescription).

## Prescription based interventions (Question 6) and Signposting (Question 7)

The terms of service relating to the promotion of healthy lifestyles (prescription-based interventions), signposting and support for self-care all require records to be kept ‘*in appropriate cases*’.

There are CPAF screening questions relating to healthy lifestyles (prescription-based interventions) and signposting. Questions 6 and 7.

The terms of service indicate that if it is *appropriate* to keep a record, the pharmacy should do so in a form that facilitates auditing of the provision of pharmaceutical services by the pharmacy, and the follow-up care for the person to whom or in respect of whom the advice has been given.

For each provision of advice, intervention, or referral, the pharmacy will need to consider whether a record is *appropriate*, for example, to improve patient care and examples may include:

- if a patient of the pharmacy with diabetes presents with foot problems, a record of advice given may be recorded for the purposes of follow-up care, because a person with diabetes is at much greater risk of developing serious foot problems i.e. raised blood sugar can damage sensation in their feet; (prescription-based intervention);
- an elderly patient has repeatedly purchased a cough medicine. The pharmacy may refer the patient to their GP, as appropriate. In some situations, a persistent cough in a patient who is above a certain age may have a more sinister underlying cause which needs further investigation. (signposting); and
- a mother brings her three-month old child to the pharmacy with a fever and the pharmacy team supplies her with a suitable product and advice. Due to the age of the child, it may be appropriate to keep records. (Self-care).

## Locums (Question 9)

Contractors should answer the clinical governance question concerning locums (question 9) even if they do not engage the services of locums. Community pharmacies must have a *staffing and staff management programme which includes arrangements for appropriate induction for staff (including locums) and arrangements for the checking of qualifications and references of all staff engaged in the provision of NHS services*. Contractors should answer the question with reference to their process for engaging locums, to confirm that the pharmacy or person responsible for such matters would carry out the necessary checks on a locum’s registration with the General Pharmaceutical Council (GPhC) etc. if a locum were engaged.

If you have queries on this PSNC Briefing or you require more information please contact [William Goh, Regulations Officer](mailto:William.Goh@psnc.org.uk).