

June 2021

PSNC Briefing 012/21: CPAF screening process for 2021/22

The Community Pharmacy Assurance Framework (CPAF) screening questionnaire, part of NHS England and NHS Improvement's (NHSE&I) contract monitoring process, is taking place this year and will shortly be available to complete. Consistent with previous years, the questionnaire consists of 10 active questions which contractors are asked to answer.

This year CPAF is carried out in accordance with new NHS Regulations introduced at the end of last year and it is a requirement of the Terms of Service that contractors complete the process.

Results from 2019/20

More than 98% of pharmacy contractors responded to the CPAF screening questionnaire as part of the 2019/20 cycle. However, last year (2020/21), the CPAF process did not take place, as part of the measures to support community pharmacies to provide pharmacy services and meet the needs of their patients during the COVID-19 pandemic.

Key points for 2021/22

When will screening take place

The 2021/22 CPAF screening questionnaire will be available for completion from **Monday 28th June 2021 until midnight Saturday 24th July 2021** through the NHS Business Service Authority's [**Manage Your Service \(MYS\) Portal**](#).

If a contractor does not receive details of the questionnaire by Tuesday 29th June 2021 or wants to raise any problems or queries about completing the questionnaire, they are advised to contact the NHSBSA by emailing [**nhsbsa.cpaf@nhs.net**](mailto:nhsbsa.cpaf@nhs.net). For more information, please visit the NHSBSA's [**website**](#).

How to complete the screening questionnaire

Community pharmacies should receive information and instructions on how to complete the screening questionnaire either from the NHSBSA via their shared NHSmail account, or from their own Head Office.

Why it is this questionnaire important

Completing the CPAF process is:

- a requirement of the Terms of Service;
- likely to mean avoiding unnecessary monitoring visits; and
- demonstrates compliance with the Terms of Service by the pharmacy and contractors generally.

Terms of Service changes

As a result of new NHS regulations introduced at the end of last year, completion of CPAF is now a requirement of the Terms of Service. Therefore, contractors must complete the screening questionnaire and, if required, the full questionnaire.

CPAF levels

The expectation is that a minimum of Level 1 and 2 are attained to would indicate compliance with the Terms of Service. Pharmacy contractors who have attained aspects of Level 3 demonstrate exemplary practice and is a level to which contractors should aspire.

Question summary

The screening questions for this year are outlined below, identifying whether they are **repeated** from earlier years, **amended** questions (following contractor feedback) or **new** questions. Most of the amendments recognise Infection Prevention Control measures introduced since the start of the COVID-19 pandemic.

Order of appearance in screening questionnaire	Active question	Repeated/ Amended/ New	Description
1	Question 1	Amended	Standard Operating Procedures (SOPs)
2	Question 3	Amended	Storage of Prescribed Drugs and Return of Unwanted Medicines
3	Question 4	Repeated	Repeat Dispensing
4	Question 6	Amended	Prescription Based Interventions
5	Question 7	Amended	Signposting
6	Question 8	Repeated	Clinical Governance - Risk Management
7	Question 11	Amended	Safeguarding
8	Question 13	New for 21/22	The Promotion of Healthy Living
9	Question 14	New for 21/22	The Pharmacy Premises and Privacy
10	Question 15	New for 21/22	Community Pharmacy Staffing

On the following pages is guidance for each question. For new questions and amended questions, there is a short explanation of what is new and, if appropriate, a link to further information. In most cases the further information is part of the [Regs Reminder](#) (previous Regs Explainer) series of articles published by PSNC on the new NHS regulations at the end of last year, and the [NHS guidance](#) on the new regulations.

Further information or queries

If you still have queries after reading through the guidance on the subsequent pages, please [email Layla Rahman, PSNC Regulations Officer](#) or call 0203 1220 814.

Question 1 – Amended

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

Level 1

- 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 2

- 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 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

The level 1 descriptor has been amended to state “We have SOPs for dispensing, repeat dispensing, support for self-care and the discharge medicines service” because the Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.

Question 3 – Amended

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 1

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

Level 2

- Extra information given verbally when we believe it needs reinforcement

Level 3

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

The level 3 descriptor has been amended to state “information in an electronic or printed format” to support Infection Prevention Control since the start of the COVID-19 pandemic and not disadvantage contractors for not giving out printed materials.

Question 4 – Repeated

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

Question 6 – Amended

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 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 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 or information in an electric format e.g. leaflet when dispensing their blood pressure medication (following the first time)

The level 1 descriptor has been amended to state "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”. This is to recognise that contractors may not have given out printed materials during the COVID-19 pandemic.

The level 3 descriptor has been amended to state “Actively seeking opportunities to provide ongoing support backed up with written information or information in an electric format....”. This is to recognise the use of material in electronic format.

Question 7 – Amended

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:

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

The introductory sentence of question 7 has been amended to update the references to NHS England & Improvement (NHSE&I) and the NHS website.

Question 8 – Repeated

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

Question 11 – Amended

Question 11: Safeguarding

We manage safeguarding issues by:

Level 1	<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
Level 2	<input type="checkbox"/> Contact information for safeguarding interventions is kept up to date <input type="checkbox"/> The pharmacist and pharmacy technicians have undertaken or renewed training on Safeguarding (Level 2) in the last 2 years
Level 3	<input type="checkbox"/> Any safeguarding issues that have occurred in the pharmacy, or elsewhere, are reflected upon by the pharmacy team

The level 2 descriptor has been amended to “The pharmacist and pharmacy technicians have undertaken or renewed training on Safeguarding (Level 2) in the last 2 years”.

As part of the Community Pharmacy Contractual Framework for 2019/20 to 2023/24 it was agreed that the attainment of the following would be an essential requirement for all pharmacies in England:

- Safeguarding Level 2 for all pharmacy professionals in the last two years; and
- Healthy Living Pharmacy (HLP) Level 1 status.

In order to demonstrate this, contractors must be compliant with the [amended 2013 regulations](#), in which the system of clinical governance has been expanded to include the promotion of healthy living (paragraph 28, Schedule 4).

Contractors must ensure they are compliant with the requirements relating to paragraph 28, Schedule 4 from 1st January 2021. For Safeguarding, this means having the evidence available to demonstrate that all pharmacy professionals working in the pharmacy have attained level 2 Safeguarding in the last two years.

More information is available in the [NHSE&I regulations guidance](#).

Question 13 – New for 2021/22

Question 13: The promotion of healthy living

Thinking about the pharmacy team, workforce development and engagement:

Level 1	<input type="checkbox"/> 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 <input type="checkbox"/> 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 2	<input type="checkbox"/> 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 <input type="checkbox"/> 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 3	<input type="checkbox"/> 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) <input type="checkbox"/> 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 <input type="checkbox"/> 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

PSNC provides a guidance and a range of resources to help you become and maintain Healthy Living Pharmacy (HLP) requirements for community pharmacies, see the information in our [HLP website section](#).

From 1st January 2021, all pharmacies had to meet the HLP requirements which are detailed in the [NHSE&I regulations guidance](#), although most pharmacies in England had previously met the HLP Level 1 requirements, following local initiatives with commissioners or the Pharmacy Quality Scheme (PQS).

Question 14 – New for 2021/22

Question 14: The pharmacy premises and privacy

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

Level 1	<input type="checkbox"/> 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 2	<input type="checkbox"/> When communicating with patients and the public and offering advice on difficult or sensitive issues, all pharmacy staff offer and maintain patient privacy appropriately <input type="checkbox"/> 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 3	<input type="checkbox"/> 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)

PSNC information on the Terms of Service requirements for a consultation room can be found in the [Regs Reminder](#) on consultation rooms and remote consultations. There are alternative requirements for some pharmacies, for example, distance selling pharmacies (DSPs), and in a small number of cases exemptions apply which may be time limited.

The requirement for the consultation room is based on the existing requirement for a consultation room which is included in the service specifications of most of the [Advanced services](#); most pharmacies already comply with these requirements.

The requirements for the consultation room are that it is:

- clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying *Consultation room*;
- distinct from the general public areas of the pharmacy premises; and
- a room where both the person receiving the service and the person providing it can be seated together and **communicate confidentially**.

If the pharmacy was included in a pharmaceutical list on 1st January 2021, but no Advanced services were provided at or from the pharmacy during the 12 months ending 31st December 2020, the contractor has until 1st April 2023 to install a consultation room within their pharmacy.

Contractors who open new pharmacy premises must have a consultation room from the first day they open for business.

Small pharmacies

Where a contractor believes that their pharmacy is too small for a consultation room, they need to complete and submit a request to their NHSE&I regional team (NHSE&I has [published a form](#) on which to make this request).

NHSE&I will consider the information provided by the contractor and where it is of the opinion that the pharmacy is too small for a consultation room, it will confirm this with the contractor. The contractor must then ensure that they put 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**.

Where NHSE&I are of the opinion that the pharmacy is **not** too small for a consultation room, the contractor will be advised of this, and they will need to install a consultation room.

Distance Selling Pharmacies (DSPs)

DSPs must ensure that there are 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**.

DSPs can choose to install a consultation room at their pharmacy to allow the provision of Enhanced and Advanced services on the premises, but this is not a requirement of the Terms of Service.

Question 15 – New for 2021/22

Question 15: Community Pharmacy Staffing

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

Level 1	<input type="checkbox"/> Permanent and fixed-term staff have an induction when joining the pharmacy, and a training record is maintained for each staff member <input type="checkbox"/> Checks are carried out to ensure that pharmacists and pharmacy technicians have appropriate registration when joining the pharmacy and as appropriate thereafter
Level 2	<input type="checkbox"/> Permanent and fixed-term staff have arrangements for identifying and supporting their development needs in relation to NHS services <input type="checkbox"/> 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 <input type="checkbox"/> Permanent and fixed term staff are subject to a process to address poor performance where this occurs
Level 3	<input type="checkbox"/> Permanent and fixed term staff have an annual appraisal

Elements of retired questions 9 and 10 have become part of the new question 15.