

July 2022

PSNC Briefing 017/22: CPAF screening process for 2022/23

This PSNC Briefing provides guidance for community pharmacy contractors and their teams on the Community Pharmacy Assurance Framework (CPAF) screening process and includes the screening questions for 2022/23.

The CPAF screening questionnaire, part of NHS England's contract monitoring process, is taking place this year and will shortly be available to complete. Consistent with previous years, the questionnaire has ten questions which contractors are required to answer.

As a result of NHS regulations introduced at the end of 2020, completion of CPAF is now a requirement of the Terms of Service. Therefore, contractors must complete the screening questionnaire and, if required, the full CPAF questionnaire.

Key points for 2022/23

When will the CPAF screening questionnaire be available?

The 2022/23 CPAF screening questionnaire will be available for completion from **approximately 1am on Monday 18th July 2022 until midnight on Wednesday 31st August 2022** through the NHS Business Service Authority's (NHSBSA) [Manage Your Service \(MYS\) portal](#). Contractors who are not yet signed up to MYS will be able to complete the questionnaire online.

How to complete the screening questionnaire

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

If a contractor does not receive details of the questionnaire by Tuesday 19th July 2022 or wants to raise any problems or queries about completing the questionnaire, they are advised to contact NHSBSA by emailing nhsbsa.cpaf@nhs.net.

The screening questionnaire should take between 10-20 minutes to complete.

Why this questionnaire is important

Completing the CPAF process:

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

CPAF levels

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

Changes since CPAF 2021/22

Nine of the topics have remained the same as for 2021/22 with minor changes being made to some of the wording in the questions. The topic of standard operating procedures has been removed for 2022/23 and the topic of opening hours has been added.

Please note, some of the previous screening questions have now been retired, however, the question topics remain on the CPAF form. No action is required on these sections, but this is the reason why some of the questions below do not appear in a sequential order.

CPAF screening questions and further information

The questions for the CPAF screening questionnaire are included below along with, where appropriate, further guidance (the questions are also available on the [NHSBSA website](#)). In most cases the further information is part of the [Regs Reminder](#) (previous Regs Explainer) series of articles published by PSNC on the NHS regulations at the end of 2020, and the [NHS guidance](#) on the regulations.

When answering the questions contractors should select the statements that most closely match what happens in their pharmacy, bearing in mind that contractors may be asked to provide evidence to validate their selections (and that they may subsequently be asked to provide this evidence during a contract monitoring visit).

Topic 1: Storage of prescribed drugs and return of unwanted medicines

Q3. When we hand out a medicine that we have dispensed, information on safe storage and returns is provided by:	
Level 1	Information being 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

Contractors are reminded that there was a 'Return of unwanted and used inhalers' criterion in the 2021/22 Pharmacy Quality Scheme (PQS), which required pharmacy teams to advise patients their carer or representatives, for whom they have dispensed an inhaler about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal. Contractors may have decided to continue this approach (contractors were able to stop this requirement as part of PQS on 31st January 2022) and therefore this should also be considered when assessing what CPAF Level the pharmacy has attained for this topic and what evidence they have available to validate their answer.

Topic 2: Repeat dispensing

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

Q4. Has your pharmacy dispensed one or more repeatable prescriptions in the last year?

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	<ul style="list-style-type: none"> • 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 items against a batch prescription
Level 2	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • We regularly review reasons why items are not supplied and provide relevant feedback to the prescriber/patient where appropriate

Making records of clinically significant interventions

The Terms of Service relating to repeat dispensing require pharmacies to keep and maintain records of clinically significant interventions in cases involving repeatable prescriptions. These will include instances where:

- the pharmacy has notified the prescriber that a supply of medicines or appliances have been refused;
- the patient is referred back to prescriber for further advice if supply of medicines or appliances has been refused; and

- the pharmacy notifies the prescriber of any clinically significant issues arising in connection with the prescription.

Further information and resources on repeat dispensing can be found on our [Repeat dispensing page](#).

Topic 3: Prescription based interventions

Q6. 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)

Making records in appropriate cases

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*'.

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*. An example of where it may be appropriate to make a record would be if a patient 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.

Actively seeking opportunities to provide ongoing support

Contractors who are seeking to achieve CPAF Level 3 for this topic, are reminded that if they are providing the Hypertension Case-Finding Service, they may be 'actively seeking opportunities to provide ongoing support' to patients, for example, who smoke or are overweight by highlighting/providing the service and/or providing them with written information on the service. Pharmacies may also be providing locally commissioned services e.g. a smoking cessation service, etc that they could advise patients about to again be 'actively seeking opportunities to provide ongoing support'.

In addition, contractors may have participated in the 2021/22 PQS and have completed or updated a weight management action plan on how they would assist a person who would like support with their weight, proactively discussed weight management with at least 25 patients and referred at least one patient to either a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme (as part of the Healthy living support Domain). Contractors may have decided to continue this approach (contractors were required to have completed the requirements for the 2021/22 PQS by 31st March 2022) and therefore this should also be considered when assessing what CPAF Level the pharmacy has attained for this topic and what evidence is available to validate their answer.

Topic 4: Signposting

Q7. NHS England advises that you use the NHS website (www.nhs.uk), the NHS England website (www.england.nhs.uk), local CCG/ICB 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	<ul style="list-style-type: none"> Use signposting information to find out where the customer can get the advice or treatment they need and provide them with the details 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Use the record of the written referral to follow up with customers if necessary 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

Making records (where appropriate)

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.

Signposting includes:

- referral to another provider of health or social care services or support where the pharmacy cannot provide the advice, support or treatment needed; and
- referral to another pharmacy or dispensing appliance contractor where, on presentation of a prescription form or repeatable prescription, the pharmacy is unable to provide an appliance or stoma appliance customisation because the provision of the appliance or customisation is not within the pharmacy's normal course of business.

Topic 5: Clinical governance - risk management

Q. When a patient safety incident occurs in the pharmacy:

Level 1	<ul style="list-style-type: none"> Relevant staff members are informed and know their responsibilities for incident recording investigation and reporting
Level 2	<ul style="list-style-type: none"> We make a patient safety incident report to the Learning From Patient Safety Events (LFPSE) service (successor to the National Reporting and Learning System) 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	<ul style="list-style-type: none"> We discuss past incidents to ensure any actions adopted have been implemented and have effected the desired change

Patient safety reporting

When answering this question, contractors are reminded that if they participated in the 2021/22 PQS, that there was a 'Patient safety report' Gateway criterion. Contractors may have decided to continue completing a monthly patient safety report to allow them to complete an annual report in the future and therefore this, along with the actions and learnings from the report should be considered when assessing what CPAF Level the pharmacy has attained for this topic.

Further information and resources on safety incident reporting, including how to report patient safety incidents via the LFPSE service can be found on our [Patient safety incident reporting page](#).

Topic 6: Safeguarding

Q11. We manage safeguarding issues by ensuring that:

Level 1	<ul style="list-style-type: none"> 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 with the pharmacist
Level 2	<ul style="list-style-type: none"> 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 3	<ul style="list-style-type: none"> Any safeguarding issues that have occurred in the pharmacy, or elsewhere, are reflected upon by the pharmacy team

CPAF Level 1

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.

Your 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. There is also the [NHS Safeguarding app](#), which provides information on how to report a safeguarding concern and a directory of safeguarding contacts for every local authority in England, searchable by region. The app can be downloaded by visiting your device's appropriate app store and searching for 'NHS Safeguarding'.

Pharmacy staff are not required to have undergone formal safeguarding training to meet the requirement of Level 1 of 'all pharmacy staff are aware of when to raise safeguarding concerns with the pharmacist'. Informal training such as brief training at a team meeting is acceptable.

CPAF Level 2

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 or refer to the [NHS Safeguarding app](#), as highlighted above.

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.

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 were required to ensure they were 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 (pharmacists and pharmacy technicians) working in the pharmacy have attained level 2 Safeguarding in the last two years.

More information is available in the [NHS England regulations guidance](#).

Safeguarding Level 3 webinar

The NHS England Community Pharmacy and Safeguarding Teams hosted a webinar on Level 3 Safeguarding on Thursday 30th June 2022 (this will also be available on-demand on the [Health Education England e-learning for health website](#) soon).

Although this was a Level 3 webinar, pharmacy professionals, should be aware that they are still required to have attained level 2 safeguarding in the last two years. Attendance at this webinar or watching the webinar on-demand does not meet the Terms of Service safeguarding level 2 requirement.

CPAF Level 3

The words 'or elsewhere' attached to Level 3 in the CPAF safeguarding question above means that pharmacy teams may reflect upon a safeguarding issue which occurred elsewhere other than in the pharmacy. For example, a news article 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 are documented possibly in the minutes of the team meeting, or in a reflection piece by the pharmacist or pharmacy technician as part of their revalidation records which could include a summary of the discussion/reflection by the pharmacy team.

Therefore, it is 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.

Topic 7: The promotion of healthy living

Q13. Thinking about the pharmacy team, workforce development and engagement we can confirm that:	
Level 1	<ul style="list-style-type: none"> • All patient-facing pharmacy staff can access the NHS website and other appropriate public health information sources when providing advice on health issues and where appropriate • 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 is employed) who is a qualified health champion. 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	<ul style="list-style-type: none"> • 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. 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	<ul style="list-style-type: none"> • 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 distance selling pharmacies (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

From 1st January 2021, all pharmacies (including DSPs) 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 PQS.

To ensure contractors continue to meet their Terms of Service requirements, it is recommended they review their compliance against the requirements **every three years**.

Guidance and a range of resources to help contractors become and maintain HLP requirements can be found on our [HLP page](#).

Topic 8: The pharmacy premises and privacy

Q14. Thinking about the environment where pharmacy services and patientcare are delivered we confirm that:	
Level 1	<ul style="list-style-type: none"> a) 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; OR b) The pharmacy is a DSP or it has been agreed with NHS England that the pharmacy premises are too small for a consultation room to be installed • AND has arrangements in place which enable staff and patients to communicate confidentially by telephone or another live audio link and a live video link

Level 2	<ul style="list-style-type: none"> c) When communicating with patients and the public and offering advice on difficult or sensitive issues, all pharmacy staff offer and maintain patient privacy appropriately d) 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	<ul style="list-style-type: none"> • The pharmacy team considers their environmental impact and proactively works to reduce negative environmental impacts (e.g. recycling of paper materials, recycling of plastic and efficient route-planning for delivery services).

Consultation room requirements

Information on the Terms of Service requirements for a consultation room can be found in the [Regis Reminder](#) on consultation rooms and remote consultations. There are alternative requirements for some pharmacies, for example, 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 NHS England regional team (NHS England has [published a form](#) on which to make this request).

NHS England 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 NHS England is 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 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.

Topic 9: Community pharmacy staffing

Q15. In relation to staff members (including permanent/fixed-term staff members and locums/relief staff; registered pharmacy professionals and support staff) we confirm that:

Level 1	<ul style="list-style-type: none"> 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 2	<ul style="list-style-type: none"> 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 3	<ul style="list-style-type: none"> Permanent and fixed term staff have an annual appraisal

Topic 10: Opening hours, temporary and emergency closures

(NB: If your pharmacy is part of a pharmacy multiple/chain, this question might involve you working with your Head Office team. If you are unsure, you should confirm with them if any of this is actioned on your behalf by them).

Q16. Thinking about the pharmacy's contracted opening hours, any changes that have been made to those hours during the past year, and any temporary/emergency closures, we confirm that:

Level 1	<ul style="list-style-type: none"> We are aware our opening hours are part of our contractual arrangements with NHS England We are aware of how to action changes to our contracted hours (including how to apply for and notify those changes as needed)
Level 2	<ul style="list-style-type: none"> We update or validate our online profiles (e.g. Directory of Services (DoS), NHS website) each quarter to help patients access services As far as possible, we have contingency arrangements to ensure we can maintain our contracted opening hours, and notify any emergency closures to NHS England
Level 3	<ul style="list-style-type: none"> We update local prescribers (eg GP practices, substance misuse clinics, walk-in centres etc) if we have to close in an emergency or at short notice We work with our local NHS England regional team (which may be through our LPC) to provide information on our bank holiday opening hours / confirm bank holiday closures when requested

Opening hours and planned temporary suspension of opening hours

Information on the process to follow to change a pharmacy's opening hours and to temporarily suspend the provision of pharmaceutical services can be found on our [Opening hours page](#).

Updating Directory of Services and NHS website profiles

Contractors must ensure there is a comprehensive and accurate profile for their pharmacy in the DoS and on the NHS website (www.nhs.uk). Contractors must also ensure they verify and, where necessary, update the information contained in DoS and their NHS profile at least once each quarter of the financial year (contractors are reminded that for the current quarter this must be completed **by 30th September 2022** and that this should be completed by using the [new NHS Profile Manager tool](#)).

Further information on the Terms of Service requirements can be found in the [Updating DoS profiles Regs reminder](#) and the [Updating NHS website profiles Regs reminder](#).

Unplanned/emergency temporary suspension of opening hours

During the COVID-19 pandemic, the Secretary of State's emergency declaration made allowances to maintain the resilience of the pharmacy network, which included changes to the rules and requirements around opening hours. From 1st April 2022, as the Government moves to its next stage in the pandemic recovery, the normal pharmacy Terms of Service rules and requirements around unplanned closures of community pharmacies resumed.

According to the (normal) regulations, contractors must notify NHS England of any unplanned closures for staff illness or other reasonable cause, defined as something that is beyond a contractor's control. Contractors should make arrangements with other pharmacies in the area for the continued provision of pharmaceutical services and make reasonable endeavours to resume services at the pharmacy as soon as is practicable. If a contractor complies with these requirements, they will **not** be in breach of the Terms of Service under the NHS Regulations.

[**PSNC Briefing 011/22: Temporary closures of community pharmacies**](#) provides guidance on the rules that must now be followed. The guidance considers various aspects of the requirements, highlighting the key issues that contractors should be aware of. [**PSNC Briefing 019/20: Emergency closure checklist for community pharmacy**](#) also explains the contractual, IT and other actions needed if a contractor is faced with a risk of a short-term closure of their pharmacy because of COVID-19 or for another reason.

Notification of opening intentions on bank holidays

Contractors are encouraged to inform NHS England whether their premises will be open on Bank Holidays. This information is of critical importance to NHS England for its planning of pharmacy provision during holiday periods. There may be sufficient pharmacy coverage, but if not, a voluntary or directed rota may be agreed with contractors, usually through the LPC.

If NHS England is not able to determine sufficient pharmacy coverage, its options include issuing directions to one or more pharmacies, requiring them to open. This is not in the best interests of all concerned if there are other suitable pharmacies that would have been open – so PSNC recommends that all pharmacies notify their intentions – and open as they have notified.

Further general information on opening hours and how to notify NHS England of changes to opening hours or an intention to open on a Bank Holiday can be found on our [**Opening hours page**](#).

If having read this PSNC Briefing and the information and resources on the PSNC website you have further queries about the service, or you require more information please contact the [**PSNC Regulations Team**](#).