

Community Pharmacy Assurance Framework (CPAF)



Pre visit questionnaire

PLEASE NOTE

Pharmacies that are required to complete the CPAF Pre visit questionnaire will be contacted directly to complete an interactive web based version of the questionnaire.

The formatting in this PDF version may differ from the official interactive online questionnaire and is provided to allow pharmacies to view the questionnaire and assure themselves that they are compliant with the Terms of Service under the community pharmacy contractual framework.

This version of the questionnaire should not be submitted and will not appear in any reports produced as part of the CPAF exercise.

To access the questionnaire enter your pharmacy ODS code:

It starts with an F and is entered on your prescription submission document at the end of each month.
All letters should be uppercase and no spaces should be entered.

If you have a query about accessing or using this questionnaire, please email nhsbsa.cpaf@nhs.net, including your pharmacy ODS/F code and pharmacy contact details in your message.

If you have any other queries please refer to the PSNC website www.psnc.org.uk.

This questionnaire should only be completed for the pharmacy listed below. If these details do not relate to your pharmacy please do not complete the questionnaire. Let us know by sending an email to nhsbsa.cpa@nhs.net, include in your message the pharmacy ODS/F code shown below and the ODS/F code and contact details of your pharmacy.

Pharmacy details:

Pharmacy ODS code	{Pharm.FCode}
Pharmacy name	{Pharm.Name}
Pharmacy address 1	{Pharm.Addr1}
Pharmacy address 2	{Pharm.Addr2}
Pharmacy address 3	{Pharm.Addr3}
Pharmacy address 4	{Pharm.Addr4}
Pharmacy postcode	{Pharm.PCode}
Pharmacy email	{Pharm.Email}

Instructions:

You must answer all the questions in the 'Essential Services' section. There are additional questions for each of the Advanced Services. You only need to answer questions about the Advanced Services you provide.

A summary of your progress is shown at the bottom of each page. You can amend the answer to any question if required before submitting the questionnaire. To do this, simply use the back and next buttons at the bottom of each page to navigate to the relevant section, and then amend your answer as needed. Do not use your internet browser back button as this will cause an error.

There are website links to further information throughout the questionnaire. Clicking a link will open a new browser window or tab and you will need to return to the questionnaire to continue.

You can save your responses by clicking the save button at the bottom of the screen in the questionnaire, so you don't have to complete it in one sitting. You can click on the link in the email invite, or if you were contacted by your head office to complete the questionnaire re-enter your pharmacy ODS/F code at the login screen, and the responses you have previously entered will be loaded into the questionnaire.

If you have a query about accessing or using the questionnaire, please contact nhsbsa.cpaf@nhs.net and include the details of your pharmacy including your ODS/F code.

If you have any other queries please refer to the PSNC website www.psnc.org.uk.

Essential Service 1 - Dispensing pre-visit questionnaire

Service description

The supply of medicines and appliances** ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Click [here](#) to access a question and answer document about recording advice, interventions and referrals in community pharmacies which you may find useful to refer to when answering the Essential Services questions.

** Pharmacies are required to supply any drugs ordered via a prescription. With regards appliances they are only required to supply those that they supply in the normal course of their business.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:
Performing appropriate legal, clinical and accuracy checks
Having safe systems of operation, in line with clinical governance requirements
Having systems in place to guarantee the integrity of products supplied
Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:
Providing information and advice to the patient or carer on the safe use of their medicine or appliance
Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Statutory Instrument number 349 - www.legislation.gov.uk/uksi/2013/349/contents/made

Essential Service 1 - Dispensing pre-visit questionnaire

ES1-1: The pharmacy shall have appropriate standard operating procedures (SOPs), including SOPs in respect of dispensing drugs and appliances, repeatable prescriptions and providing advice and support to people caring for themselves or their families.

ToS - 28(2)(c)(v)

Additional information:

NHS England does not need or want to check SOPs in detail, as it is for the contractor to ensure they are fit for purpose and provide adequate direction to staff to enable safe working practices. NHS England may ask to see the signature sheet during the visit.

Does the pharmacy have a dispensing SOP, which has been read and understood by staff to which it applies and the staff work in accordance to it?

☐ Yes

☐ No

ES1-2

When was the SOP last reviewed?

Month (MM)

Year (YYYY)

ES1-3: - Orders for NHS medicines and such appliances, supplied in the normal course of the pharmacy business, are dispensed for patients on presentation of a prescription, with reasonable promptness.

ToS - 5(2)

Additional information:

The Community Pharmacy Patient Questionnaire (CPPQ) can provide valuable feedback on the patient's perception of the promptness of service. The CPPQ results could help indicate patient satisfaction or dissatisfaction with the time taken for prescriptions to be dispensed.

Does the pharmacy have sufficient resources (staff and stock) to ensure drugs are dispensed with reasonable promptness?

☐ Yes

☐ No

ES1-4: If asked to do so, the pharmacist shall give an estimate of the time when the drugs or appliances will be ready; and if they are not ready by then, the pharmacist shall give a revised estimate of the time when they will be ready.

ToS - 7(1)

Additional information:

Patients might ask, when presenting a prescription, how long it will take to dispense. It is important for realistic estimates to be given.

When dispensing a prescription, do staff give a time estimate if asked, taking account of stock levels, workload and pharmacist availability?

☐ Yes

☐ No

ES1-5-1: Before providing any drugs or appliances, the pharmacist shall ask any person who makes a declaration that the person named on the prescription form or the repeatable prescription does not have to pay the prescription charges to produce satisfactory evidence of such entitlement.

ToS - 7(3) and (4)

Additional information:

The NHS relies on pharmacists and their staff to request proof of entitlement as part of the measures to reduce patient fraud.

NHS England may monitor exemption declarations and the frequency of 'evidence not seen' endorsements.

NHS England may observe prescription reception procedures during monitoring visits.

Remember, no evidence needs to be produced if the exemption is age related and the patient's date of birth is printed on the prescription or if the patient is a prisoner on release and presents an appropriate prescription.

During the COVID-19 pandemic, patients were not required to sign prescriptions or make a written declaration of exemption. This requirement has resumed, so processes should be in place for this.

Do the pharmacy staff ask for proof of entitlement when checking exemption declarations?

☐ Yes

☐ No

ES1-5-2: In any case where no satisfactory evidence is produced, the pharmacist must ensure that before the drugs or appliances are provided that the person who was asked to produce that evidence is advised, in appropriate terms, that checks are routinely undertaken to ascertain entitlement to exemption or remission of charges as part of the arrangements for preventing or detecting fraud or error in relation to such claims.

ToS - 7(3A)

Additional information:

The dispensing SOP could include providing advice, in appropriate terms, about checks that are routinely undertaken. During the monitoring visit, NHS England may discuss how and when this advice is given.

Do the pharmacy staff ensure that advice, in appropriate terms, is given about routine checks where no satisfactory evidence of entitlement is produced for entitlement to exemption or remission of prescription charges?

☐ Yes

☐ No

ES1-6-1: All pharmacies shall ensure that appropriate advice is given to patients about any drug or appliance provided to them to enable them to utilise the drug or appliance appropriately and to meet the patient's reasonable needs for general information about the drug or appliance.

ToS – 10(1)(a)

Additional information:

The pharmacy should ensure the dispensing SOP includes providing advice to patients.

Do the pharmacy staff ensure that appropriate advice is given to patients?

☐ Yes

☐ No

ES1-6-2: All pharmacies shall ensure that appropriate advice about the benefits of repeat dispensing is given to any patient who has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term), and requires regular medicines in respect of that condition. This should include, where appropriate, advice that encourages the patient to discuss repeat dispensing of that medicine with their GP.

ToS - 8(2)(da)

Additional information:

The dispensing SOP could include providing appropriate advice about the benefits of repeat dispensing. During the monitoring visit, NHS England may discuss how and when this advice is given.

Do the pharmacy staff ensure that appropriate advice is given to patients about the benefits of repeat dispensing?

☐ Yes

☐ No

ES1-7: Patients are advised on the safe storage and keeping of medicines or appliances and returning unwanted medicines or appliances to the pharmacy premises for safe destruction.
ToS – 10(1)(b)

*Additional information:
When handing out medicines especially to patients who might have young children, do you give an oral reminder to store them out of children's reach? These important safety messages can often be reinforced with written messages on the dispensing bag or labels.*

How do you remind people to store their medicines safely? *(tick all that apply)*

☐ Verbally

☐ Dispensing label

☐ Dispensing bags

☐ No reminder given

☐ Other

Please specify

ES1-8:

Additional information:

Don't forget – as returned controlled drugs now require additional procedures for safe disposal, and hazardous medicines must be segregated, it may be useful to ask patients to return those separately or to keep them separate from any bags of assorted returns.

How do you remind people to return unwanted medicines to the pharmacy for safe destruction? (tick all that apply)

☐ Verbally

☐ Posters

☐ Dispensing label

☐ Practice leaflets

☐ Dispensing bags

☐ No reminder given

☐ Other

Please specify

ES1-9: When providing appliances to patients the pharmacist must provide appropriate advice in particular on the importance of only requesting those items which they actually need, and for those purposes, have regard to the details contained in the records in respect of the provision of appliances and prescribing pattern relating to the patient in question.

ToS - 10(1)(d)

Do the pharmacy staff provide advice to patients presenting prescriptions for appliances on the need to only order appliances that are actually needed?

☐ Yes

☐ No

☐ N/A The pharmacy does not provide appliances

ES1-10: When supplying appliances, the pharmacist shall provide the patient with a written note of the pharmacy's name, address and telephone number

ToS –10(1)(o)

Additional information:

This may be included on the dispensing label on each item or alternatively may be provided on a separate piece of information included with all supplies.

Does the pharmacy provide the name, address and telephone number of the premises with all appliances supplied?

☐ Yes

☐ No

☐ N/A The pharmacy does not provide appliances

ES1-11: Where a pharmacist is presented with a non-electronic prescription form or receives an electronic prescription and the order is for an appliance of a type requiring measuring and fitting (e.g. a truss) the pharmacist shall make all necessary arrangements for the measuring of the person and the fitting of the appliance.

ToS – 8(4)

Additional information:

NHS England may ask the pharmacist what arrangements are made for measuring and fitting these appliances.

Does the pharmacy have suitable arrangements for measuring and fitting of trusses and hosiery?

☐ Yes

☐ No

☐ N/A The pharmacy does not provide appliances requiring measuring or fitting

Question is not in use for the current survey.

Please continue to the next question.

ES1-13: A pharmacist must, if requested to do so by any person, and where the Electronic Prescribing Service is temporarily unavailable, provide them with details of at least 2 NHS pharmacists in the area where EPS is available, if these details are known. TOS 11(1)

Additional information:

During the monitoring visit, you may be asked questions about the EPS service.

Are staff able to provide details of 2 other pharmacists in the area who provide EPS if it is temporarily available in your pharmacy?

☐ Yes

☐ No

ES1-14: The pharmacist shall, if requested to do so by any person, enter in that person's Patient Demographics Service (PDS) patient details the dispensing contractor chosen by that person (ie the nominated contractor).

Is the pharmacist or authorised member of staff able to set the nomination of a dispensing contractor at the patient's request?

☐ Yes

☐ No

ES1-15: If the pharmacist provides a drug or appliance under an electronic prescription, they must provide the patient, if the patient so requests, with a written record of the drugs or appliances ordered on that prescription and, in the case of an electronic repeatable prescription, of the number of occasions on which it can be dispensed.

ToS – 10(1)(i)

Additional information:

*Further information regarding the issuing of written information for items prescribed on an electronic prescription or electronic repeatable prescription can be found on the NHS Digital website. ***

*** Information regarding EPS can be found on the NHS Digital website <https://digital.nhs.uk/eps>*

Are there arrangements for issuing a written copy of the drugs or appliances prescribed on an electronic prescription or electronic repeatable prescription?

☐ Yes

☐ No

ES1-16:

Are there arrangements for including in the written copy of an electronic prescription, the number of times it can be dispensed?

☐ Yes

☐ No

ES1-17: A pharmacist may refuse to provide drugs or appliances ordered on a prescription in certain circumstances.

ToS – 9(1)

Additional information:

These arrangements could be covered within the SOP.

During the monitoring visit, NHS England may discuss these criteria with the pharmacist to assess understanding.

Are staff aware of the circumstances that may be relevant for a refusal to supply and know what actions to take in such circumstances?

☐ Yes

☐ No

ES1-18: In connection with the services provided ... a pharmacist shall ... keep and maintain records ... of drugs and appliances provided, in order to facilitate the continued care of the patient.

ToS – 10(1)(f)(i)

Additional information:

Maintaining comprehensive records and referring to them when dispensing is essential for the safe treatment of patients. NHS England will not ask to see individual records unless they are investigating a specific complaint. They may observe the dispensing process during the visit (without intruding on patient confidentiality) in order to see that records are being made.

Does the pharmacy maintain records of all NHS prescriptions dispensed?

☐ Yes

☐ No

ES1-19: Where deemed clinically appropriate by the pharmacist, records will be made of advice given and any interventions or referrals made.

ToS – 10(1)(f)(ii)

Additional information:

NHS England may ask to see evidence that records are kept or discuss with you the circumstances when records might be appropriate.

The following link includes a Q&A section on recording advice, interventions and referrals in community pharmacies: <http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/>

Have you made any records in relation to dispensing of advice given and any interventions or referrals made during the last 12 months?

☐ Yes

☐ No

Please provide an estimate of how often significant interventions are recorded in your pharmacy:

☐ Daily

☐ Weekly

☐ Monthly

☐ Less than monthly

Where do you keep records of significant interventions?

☐ Patient Medication Record

☐ Separate computer record

☐ Paper record

☐ Other

Please specify

Don't forget, records do not always need to be made by the pharmacist – make good use of skill mix.

ES1-20: In connection with the services provided ... a pharmacist shall ... provide a patient with a written note of any drug or appliance which is owed, and inform the patient when it is expected that the drug or appliance will become available, and keep and maintain records ... of notes provided.
ToS – 10(1)(e) and 10(1)(f)(iii)

Additional information:

NHS England will not be asking to see individual owing notes, but may ask to see how records of owings are maintained. Don't forget, analysis of owings can help identify common problems with stock holding and improve the service provided.

Does the pharmacy provide an owing note to patients if a prescription cannot be fulfilled when it is first presented and keep records of owings?

☐ Yes

☐ No

ES1-21: Referral

Where a pharmacist is unable to provide an appliance or stoma appliance customisation, they shall if the patient consents, refer the prescription form or repeatable prescription to another supplier of appliances.
ToS – 10(2)(a)

Additional information:

NHS England will require assurance that patients give their consent for their prescription to be referred to another supplier of appliances.

Where the pharmacy does not provide an appliance or stoma appliance customisation, does the pharmacy have arrangements which requires the patient's consent, to refer them to another supplier?

☐ Yes

☐ No

ES1-22: Where a pharmacist is unable to provide an appliance or stoma appliance customisation, they shall if the patient does not consent to a referral, supply the patient with the contact details of at least two other suppliers of appliances who are able to provide the appliance or stoma appliance customisation where these details are known to the pharmacist.

ToS – 10(2)(b)

Where the patient does not consent to their prescription being referred, do the pharmacy arrangements provide for patients to be given contact details of at least two other suppliers of appliances who are able to provide the appliance or stoma appliance customisation where these details are known to the pharmacist?

☐ Yes

☐ No

☐ NHS England has not provided contact details

ES1-23: Signposting

If the pharmacist 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, the pharmacist shall if the patient consents, refer the prescription form or repeatable prescription to another supplier of appliances.

ToS – 20(2)(a)

Additional information:

NHS England will require assurance that patients give their consent for their prescription to be referred to another supplier of appliances.

Do the pharmacy arrangements provide for referral of prescriptions for appliances or requests for stoma appliance customisation to a supplier of appliances where the pharmacy does not provide the appliance/stoma appliance customisation and where the patient consents to this happening?

☐ Yes

☐ No

ES1-24: If the pharmacist 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, the pharmacist shall if the patient does not consent to a referral, provide the patient with contact details of at least two people who are suppliers of appliances who are able to provide the appliance or stoma appliance customisation (as the case may be), if these details are known to the pharmacist.

ToS – 20(2)(b)

If the patient does not consent to a direct referral of a prescription to another supplier of appliances, does the pharmacy have an appropriate procedure for providing information to a patient of at least two alternative providers for either the supply of an appliance or stoma appliance customisation (if these details are known to the pharmacist)?

☐ Yes

☐ No

☐ NHS England has not provided contact details

ES1-25: Additional requirements in relation to specified appliances**

Home delivery

A pharmacist who dispenses specified appliances ...shall provide a home delivery service in respect of those appliances.

The pharmacist must offer to deliver the specified appliance to the patient's home.

If the patient accepts that offer, the delivery must be made with reasonable promptness and at such time as is agreed with the patient.

ToS – 12(2)(a) and (b)

Additional information:

Items covered within this provision are annotated within the appropriate sections of the Drug Tariff.

The timing of this delivery should be in agreement with the patient.

A SOP for home delivery of specified items is recommended.

****Specified appliance** - certain appliances listed in Part IXA of the Drug Tariff (a catheter appliance including a catheter accessory and maintenance solution, a laryngectomy or tracheostomy appliance, an anal irrigation system, a vacuum pump or constrictor ring for erectile dysfunction, or a wound drainage pouch); an incontinence appliance listed in Part IXB of the Drug Tariff; or a stoma appliance listed in Part IXC of the Drug Tariff.

Does the pharmacy provide specified appliances?

☐ Yes

☐ No

Does the pharmacy have appropriate arrangements for home delivery of 'specified appliances'?

☐ Yes

☐ No

ES1-26: The specified appliance must be delivered in a package which displays no writing or other markings which could indicate its content.

The manner of delivery of the package and any supplementary items must not convey the type of appliance being delivered.

ToS – 12(2)(c) and (d)

Additional information:

NHS England may ask to see the type of external packaging used for home deliveries and the vehicle(s) used.

For home deliveries of specified appliances, do the packaging and the vehicle used ensure there is no indication of the type of product being delivered?

☐ Yes

☐ No

ES1-27: Supplementary items

Where a specified appliance is provided (whether by home delivery or otherwise), the pharmacist shall provide a reasonable supply of appropriate supplementary items (such as disposable wipes and disposal bags).

Additional information:

Items covered within this provision are annotated within the appropriate sections of the Drug Tariff.

Does the pharmacy have arrangements to ensure supply of supplementary items with 'specified appliances'?

☐ Yes

☐ No

ES1-28: Access to expert clinical advice**

Where a specified appliance is provided (whether by home delivery or otherwise) the pharmacist shall ensure that the patient may consult a person to obtain expert clinical advice regarding the appliance; or if the pharmacist believes it is appropriate to do so, shall—refer the patient to a prescriber, or offer the patient an appliance use review. ToS – 12(3)

** Expert clinical advice in relation to a specified appliance is advice which is given by a person who is suitably trained and who has relevant experience in respect of the appliance.

Additional information:

Remember that in appropriate cases, the pharmacist should refer the patient back to the prescriber, or offer the patient an appliance use review

What are the arrangements for providing patients with access to expert clinical advice about their 'specified appliances'?

☐ In pharmacy

☐ Telephone advice line

☐ None

ES1-29: Where a pharmacist provides a telephone care line in respect of dispensing specified appliances, the pharmacist shall ensure that during out of hours periods**. Advice is made available to patients through that telephone care line; or the telephone number of NHS 111, or website address of NHS 111 on line, is made available to patients through the telephone care line. ToS - 12(5)

** Out of hours - means the times outside the contractor's agreed core and supplementary opening hours

What arrangements are made in the out of hours period for any telephone care line for patients receiving 'specified appliances'?

☐ Telephone care line available 24/7

☐ Telephone refers to NHS Direct services

☐ No special arrangements made for out of hours advice

ES1-30: If the pharmacist is unable to provide an appliance use review the pharmacist must give the patient the contact details of at least two people who are suppliers of appliances who are able to arrange for the service to be provided, if these details are known to the supplier of appliances. ToS - 12(4)

Additional information:

Note also, that under the Essential Service 5 (Signposting) there is a requirement to keep records of advice given or referrals made. See CPAF Essential Service 5 - signposting

Do the pharmacy arrangements provide for the provision of contact details of two suppliers of appliances who could provide an appliance use review (AUR) where the pharmacy cannot provide this service?

☐ Yes

☐ No

☐ N/A The pharmacy is always able to provide AUR services

ES1-31: Inducements

Neither a pharmacist nor any person employed or engaged by the pharmacy shall give, promise or offer any person any gift or reward as an inducement to presenting an order for drugs or appliances, nominating the pharmacist (as part of the EPS), or for providing contact details of alternative suppliers of appliances, or for the provision of any directed service, or for- referring a prescription to another supplier of appliances and providing no additional service in connection with the item on that prescription. They also shall not give, promise or offer to any relevant person any gift or reward as an inducement to or in consideration of them recommending to any person that they present to the pharmacist a prescription, nominate the pharmacist as their dispensing contractor (as part of the EPS), or ask the pharmacist to provide them with any directed service.

ToS – 30

Additional information:

NHS England will seek assurance that the pharmacy procedures ensure that no inducements contravening these are offered. The 'relevant person' means any person who performs or provides NHS Services, and includes an NHS body such as NHS England or a hospital trust, a primary medical services contractor (e.g. the owner of a GP practice) or any persons employed or engaged by any of these bodies.

Has the pharmacist informed all the staff or persons engaged by the pharmacy that they must not give, promise or offer any persons any gift or reward as an inducement?

☐ Yes

☐ No

Essential Service 2 - Repeat dispensing pre-visit questionnaire

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber. To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient. To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Statutory Instrument number 349 - www.legislation.gov.uk/uksi/2013/349/contents/made

Essential Service 2 - Repeat dispensing pre-visit questionnaire

ES2-1: The pharmacy shall have appropriate standard operating procedures (SOPs), including SOPs in respect of dispensing drugs and appliances, repeatable prescriptions and providing advice and support to people caring for themselves or their families.
ToS - 28(2)(c)(v)

Additional information:
The majority of repeat dispensing is now carried out via EPS release 2 and is termed electronic repeat Dispensing (eRD). Pharmacists must undertake appropriate training in respect of repeat dispensing and successful completion of the CPPE repeat dispensing e-learning and e-assessment available at: www.cppe.ac.uk/services/repeat-dispensing?ByTheme=true&theme=27&ID=28 is one way to provide evidence of training having been undertaken.

Pharmacy teams should also be familiar with their own repeat dispensing SOP and other training materials related to repeat dispensing. The PSNC website has available links to training and resources for pharmacy teams at: psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/

Does the pharmacy have a repeat dispensing SOP, which has been read and understood by staff to which it applies and the staff work in accordance to it?

☐ Yes☐ No

ES2-2

Additional information:
This should be indicated on the SOP.

What Date was the repeat dispensing SOP last reviewed?

Month (MM)

Year (YYYY)

ES2-3: Repeatable Prescriptions for NHS medicines and such appliances, supplied in the normal course of the pharmacy business, are dispensed for patients on presentation of a prescription, with reasonable promptness.
ToS - 5(2)

Additional information:
The Community Pharmacy Patient Questionnaire (CPPQ) can provide valuable feedback on the patient's perception of the promptness of service.

Does the pharmacy have sufficient resources (staff and stock) to ensure drugs are dispensed with reasonable promptness?

☐ Yes☐ No

ES2-4: A pharmacist must refuse to provide a drug or appliance ordered on a repeatable prescription in certain circumstances.

ToS - 9(2) and 9(3)

Additional information:

These arrangements could be covered within the SOP.

The circumstances where a pharmacist MUST refuse to dispense includes where the prescriber is not entitled to prescribe the particular drug, it is not signed by the prescriber or it has passed its expiry date; and for repeatable prescriptions where the pharmacy has no record of the prescription (if it is not the first dispensing), the pharmacy does not have the associated batch issue (for non-electronic repeatable prescriptions), if to do so is not in accordance with intervals specified on the prescription, if the prescription was issued more than 6 months previously (and this is the first dispensing) or the prescription was signed more than 12 months previously, or the prescriber has informed the pharmacy that it is no longer required.

The circumstances where a pharmacy MUST refuse to dispense includes the pharmacy reasonably believes the prescription is not a genuine order, it appears that the prescriber has made an error and to supply would be contrary to the pharmacist's clinical judgement, the patient or a person accompanying the patient threatens, or subjects any persons in the pharmacy to violence, the patient or a person accompanying the patient commits or threatens to commit a criminal offence, the prescription does not contain the prescriber identification used by the NHSBSA for apportioning the costs.

During the monitoring visit, NHS England may discuss these criteria with the pharmacist to assess understanding. NHS England may ask to see confirmation that the pharmacy is keeping records of patients referred back to the prescriber where a refusal to supply has taken place.

Are staff aware of the circumstances that may be relevant for a refusal to supply and know what actions to take in such circumstances?

☐ Yes

☐ No

ES2-5: Where a patient requests the supply of drugs or appliances ordered on a repeatable prescription (other than on the first occasion that he makes such a request), the pharmacist must be satisfied with regards to certain issues.

ToS - 9(4)

Additional information:

These arrangements could be covered within the SOP.

Before supplying against a repeatable prescription, the pharmacist must be satisfied that the patient is taking or using the drug or appliance appropriately and is likely to continue to do so, the patient is not suffering any side effects which indicates the desirability of reviewing the patient's treatment, the medication or manner of use of the appliance by the patient has not altered in a way which indicates the desirability of reviewing the patient's treatment, and there have been no changes to the health of the patient which indicates the desirability of reviewing the patient's treatment.

Does the pharmacist establish that it is clinically appropriate to dispense the prescription?

☐ Yes

☐ No

ES2-6: A pharmacist shall provide appropriate advice to patients to whom they provide drugs or appliances in accordance with a repeatable prescription in particular on the importance of only requesting those items which they actually need.

For these purposes the pharmacist shall have regard to the details contained in the patient's record in respect of the provision of appliances and the prescribing pattern for that patient.

ToS – 10(1)(c) and 28(2)(c)(iv)

Do the pharmacy staff provide appropriate advice in particular about the importance of only requesting items they actually need?

☐ Yes

☐ No

ES2-7:

Do the pharmacy staff refer to the patient's records when dispensing appliances to establish the prescribing pattern in order to advise about appropriate ordering?

☐ Yes

☐ No

ES2-8: Pharmacists should undertake appropriate training.

ToS – 10(1)(g)

Additional information:

Pharmacy contractors are responsible for ensuring pharmacists they employ are competent to provide the repeat dispensing service. At the monitoring visit, you may be asked for production of certificates or other evidence.

Do all the pharmacists employed or engaged by the pharmacy, have certificates or evidence of training in repeat dispensing?

☐ Yes

☐ No

ES2-9: If a pharmacist takes possession of a non-electronic repeatable prescription or an associated batch issue, securely store that repeatable prescription or associated batch issue.
ToS – 10(1)(h)

Additional information:

During the monitoring visit, NHS England may ask to see your secure storage.

The storage should ensure that patients or other members of the public cannot access them.

Do you have secure storage for repeatable prescriptions and batch issues?

☐ Yes

☐ No

ES2-10: The pharmacist will maintain records of repeatable prescriptions in such a form as to provide a clear audit trail of supplies under the repeatable prescription (including dates and quantities supplied).
ToS – 10(1)(j)

Additional information:

NHS England will not ask to see individual records, but you may be asked to show how records of supplies are maintained.

Do you keep records that provide for an audit trail of supplies made against repeatable prescriptions?

☐ Yes

☐ No

ES2-11: The pharmacist must destroy any surplus batch issues relating to medicines or appliances which are not required, or where the patient is refused the medicines or appliances in accordance with paragraph 9 of the Terms of Service.
ToS – 10(1)(k)

Additional information:

As these contain sensitive personal information, they must be destroyed as confidential waste (e.g. using a paper shredder or confidential waste service).

During the visit, NHS England may ask to see how you destroy confidential waste.

Do you have appropriate means of destroying surplus batch issues?

☐ Yes

☐ No

ES2-12: The pharmacist ensures the patient is referred back to prescriber for further advice if supply of medicines or appliances has been refused.

ToS – 10(1)(l)

Additional information:

NHS England does not anticipate that a typical pharmacy will experience the need for large numbers of patients to be referred back to prescribers but may ask to see evidence of referrals discuss with you the circumstances when referral might be appropriate.

The following link includes a Q&A section on recording advice, interventions and referrals in community pharmacies: <http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/>

Have you made any records of patients who have been referred back to the prescriber in the last 12 months?

☐ Yes

☐ No

Please provide an estimate of how often records of patients who have been referred back to the prescriber if supply of medicines or appliances has been refused are made in your pharmacy:

☐ Daily

☐ Weekly

☐ Monthly

☐ Less than monthly

Where do you keep records of patients who have been referred back to the prescriber if supply of medicines or appliances has been refused?

☐ Patient Medical Record

☐ Separate computer record

☐ Paper record

☐ Other

Please specify

Don't forget, records do not always need to be made by the pharmacist – make good use of skill mix.

ES2-13: Notify the prescriber of any clinically significant issues arising in connection with the prescription and keep a record of that notification
ToS – 10(1)(m)

Additional information:

NHS England does not anticipate that a typical pharmacy will experience the need for large numbers of notification of clinically significant issues on repeatable prescriptions but may ask to see evidence of notifications or discuss with you the circumstances when notification might be appropriate.

The following link includes a Q&A section on recording advice, interventions and referrals in community pharmacies: <http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/>.

Have you made any records of patients who have been referred back to the prescriber in the last 12 months?

☐ Yes

☐ No

Please provide an estimate of how often records of notifications of clinically significant issues are made in your pharmacy:

☐ Daily

☐ Weekly

☐ Monthly

☐ Less than monthly

Where do you keep records of notifications of clinically significant issues?

☐ Patient Medication Record

☐ Separate computer record

☐ Paper Record

☐ Other

Please specify

Don't forget, records do not always need to be made by the pharmacist – make good use of skill mix.

ES2-14: Ensure the prescriber is notified if supply of medicines or appliances has been refused
ToS – 10(1)(n)

Additional information:

NHS England anticipates that the typical pharmacy will only need to refuse to dispense prescriptions under paragraph 9(4) (see above for the situations that give rise to the need to refuse) in exceptional cases but may ask to see evidence of notification forms or records or discuss with you the circumstances when refusal might be appropriate.

The following link includes a Q&A section on recording advice, interventions and referrals in community pharmacies: <http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/>.

Have you made any records of notifications to prescribers of patients who have been refused under paragraph 9(4) during the last 12 months?

☐ Yes

☐ No

Please provide an estimate of how often records of notifications to prescribers of patients who have been refused under paragraph 9(4) are made in your pharmacy:

☐ Daily

☐ Weekly

☐ Monthly

☐ Less than monthly

Where do you keep records of notifications to prescribers of patients who have been refused under paragraph 9(4)?

☐ Patient Medication Record

☐ Separate computer record

☐ Paper Record

☐ Other

Please specify

Don't forget, records do not always need to be made by the pharmacist – make good use of skill mix.

Essential Service 3 - Disposal of unwanted medicines pre-visit questionnaire

Service description

Acceptance, by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England will need to have in place suitable arrangements for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomesTo ensure the public has an easy method of safely disposing of unwanted medicines.To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non secure methods.To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Statutory Instrument number 349 - www.legislation.gov.uk/uksi/2013/349/contents/made

Essential Service 3 - Disposal of unwanted medicines pre-visit questionnaire

ES3-1: A pharmacist shall accept and dispose of unwanted drugs presented to him for disposal from a private household, a children’s home or a residential care home where NHS England in whose area the pharmacy is located has in place suitable arrangements for the collection and disposal of medicines from pharmacies.
ToS - 14(1)

*Note, a SOP is not required for this service, but a written SOP would assist you in meeting your obligations to operate the service safely for staff, and to protect the environment.
Don't forget, the legislation dealing with waste medicines is complex. Guidance has been issued by the Department of Health.**
The pharmacy should have alternative arrangements in place for disposal of items that fall outside the requirements of this particular term of service.*

** Safe management of healthcare waste - <https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>

Does the pharmacy have Standard Operating Procedures (SOPs) which cover the receipt, storage, handling (including segregating hazardous waste and incompatible products if appropriate), record keeping and disposal of unwanted drugs, including the denaturing of controlled drugs, which has been read and understood by staff to which it applies and the staff work in accordance to it?

☐ Yes☐ No

ES3-2: Store the drugs in containers provided by the waste disposal contractor retained by NHS England, for the purpose of storing drugs of that description.
ToS - 14(3)(b)

*During the monitoring visit, NHS England may ask to see the storage.**
Don't forget, medicines held in the pharmacy for NHS dispensing purposes can be disposed of in the same bins, but they must be properly described as originating in the pharmacy on the waste disposal consignment or transfer notes.
Disposal of sharps is not an Essential Service, so NHS England does not need to provide collection arrangements for sharps – however, NHS England does not expect you to accept sharps unless arrangements have been made. Please discuss sharps with NHS England.*

** The enforcement of the legislation on waste is the responsibility of the Environment Agency. However, compliance with statutory requirements related to the storing or disposal of waste is also a requirement of the terms of service – see paragraph 14(3)(c).

Does the pharmacy have suitable bins for unwanted medicines, which are stored safely?

☐ Yes☐ No

ES3-3: Comply with any other statutory requirements in respect of storing or the disposal of drugs of that description.

ToS - 14(3)(c)

Additional information:

Pharmacies should check that they meet the requirements of the exemption for 'temporary storage at a collection point'[1]:

Waste is stored in a secure container; limited treatment (for example separation of recyclable packaging, shredding or obliteration of confidential materials e.g. patient names on labels); no products with a flash point of less than 21oC are stored; no greater than 50 cubic metres of waste is stored (if that waste will be 'recovered' elsewhere) or otherwise not exceeding 5 cubic metres; different waste types are not mixed; and the waste cannot generally be stored for longer than 3 months.

Do you meet other relevant regulations?

☐ Yes

☐ No

ES3-4:

Additional information:

During the monitoring visit, NHS England may ask to see the consignment notes and waste transfer notes.

Do you retain in the pharmacy the consignment notes for at least three years?

☐ Yes

☐ No

Do you retain in the pharmacy the waste transfer notes for at least two years?

☐ Yes

☐ No

ES3-5:

Do you store returned medicines securely?

This means you take precautions to ensure waste cannot escape from the container and the public cannot access it.

☐ Yes

☐ No

ES3-6: Ensure all staff are aware of the risks associated with the handling of waste drugs and the correct procedures to be used to minimise those risks
ToS - 15(a)

*Additional information:
During monitoring visits NHS England may ask appropriate members of staff questions to assess their understanding of the requirements.*

Have members of staff been trained, in order to protect themselves and others from harm, and to protect the environment?
☐ Yes ☐ No

ES3-7: Ensure that the pharmacist and any staff, have readily available and close to any place where waste drugs are stored appropriate protective equipment, including gloves, overalls and materials to deal with spillages.
ToS - 15(b)

*Additional information:
NHS England may ask to see this protective equipment during our monitoring visit.*

Do you have protective equipment, including gloves, overalls and materials to deal with spills?

☐ Yes ☐ No

ES3-8:

*Additional information:
The use of a CD denaturing kit is not mandatory, but is recommended. If you do not use a CD denaturing kit, then NHS England may ask you, during the monitoring visit, to describe how you denature controlled drugs in a way that protects staff and the environment.*

Do you have access to a controlled drug denaturing kit when required?

☐ Yes ☐ No

Essential Service 4 - Promotion of healthy lifestyles pre-visit questionnaire

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have diabetes; or be at risk of coronary heart disease, especially those with high blood pressure; or who smoke; or are overweight, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.

Aims and intended outcomes To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health. To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Statutory Instrument number 349 - www.legislation.gov.uk/uksi/2013/349/contents/made

Essential Service 4 - Promotion of healthy lifestyles pre-visit questionnaire

ES4-1: The pharmacist and their staff shall, as appropriate, provide advice to people presenting prescriptions, who have diabetes, are 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.
ToS - 17(1)

Additional information:
Note, an SOP is not required for this service, but a written SOP would assist you in providing guidance to members of staff and locums. When considering what is appropriate for the prescription linked intervention, it is expected that pharmacists or their staff have a discussion lasting up to about 3 minutes. Healthy lifestyle advice should be provided when patients first present a prescription and at regular intervals thereafter.
The health advice should include stopping smoking, reduction of alcohol intake, diet and nutrition, physical activity and weight management, as appropriate

Does the pharmacy have a Standard Operating Procedure (SOP) which covers the identification of appropriate patients, and the giving of opportunistic advice which has been read and understood by staff to which it applies and the staff work in accordance to it?

☐ Yes

☐ No

ES4-2

What date was the SOP which covers the identification of appropriate patients last amended?

Month (MM)

Year (YYYY)

ES4-3: The advice may be backed up, as appropriate, by the provision of written information, e.g. leaflets, and by referring the person to other sources of information or advice.
ToS - 17(2)

Additional information:
Note: The use of the NHS Website is not a requirement of the terms of service, but the leaflets that are available on it are evidence based and consistent with government policy and will help you to deliver this element of the pharmaceutical services consistently and effectively.
Further copies of these resources can be downloaded from www.nhs.uk
Over 700 leaflets are available on the website for downloading as well as videos. Additionally many leaflets are available in languages other than English.
It would be helpful for you to refer to public health resources in any SOP to remind staff and locum pharmacists of their availability.
NHS England may ask to see the public health resources you use during monitoring visits. Remember, the premises approved particulars require that any available leaflets on health and social care issues should be up to date. NHS England may ask to see leaflets during monitoring visits.

Which leaflets do you have available (for example, those available on the NHS Website), which can increase such patients’ knowledge and understanding of the health issues relevant to their personal circumstances?

☐ No leaflets available

☐ Following leaflets available:

List leaflets below:

ES4-4: A pharmacist shall, in appropriate cases, keep and maintain a record of advice, and that record shall be in a form that facilitates auditing of the provision of pharmaceutical services by the pharmacist; and follow-up care for the person who has been given the advice.

ToS - 17(3)

Additional information:

The pharmacy is required, in appropriate cases, to maintain records of advice given. NHS England may ask to see evidence that records are kept or discuss with you the circumstances when records might be appropriate.

The following link includes a Q&A section on recording advice, interventions and referrals in community pharmacies: <http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/>.

Have you made any records of advice in relation to prescription linked interventions during the last 12 months?

☐ Yes

☐ No

Please provide an estimate of how often records of advice in relation to prescription linked interventions are made in your pharmacy:

☐ Daily

☐ Weekly

☐ Monthly

☐ Less than monthly

Where do you keep records of advice in relation to prescription linked interventions?

☐ Patient Medication Record

☐ Separate computer record

☐ Paper record

☐ Other

Please specify

Don't forget, records do not always need to be made by the pharmacist – make good use of skill mix.

ES4-5: Health campaigns

At the request of the NHS England pharmacists and their staff shall participate, in a manner reasonably requested by NHS England, in up to six health campaigns in each year to promote health messages to users of the pharmacy. NHS England will determine the topics of the campaigns and will provide any appropriate support, e.g. briefing packs and patient literature to support campaign messages.

Where requested to do so by NHS England, the pharmacy should record the number of people to whom information has been provided as part of the campaigns.

During the COVID-19 pandemic, only 2 health campaigns ran, and to help ease service pressures, contractors were not required to undertake further campaigns.

ToS -18

Have you told your regional NHS England team the number of people that you've given advice to during health campaigns in the last 12 months?

☐ Yes

☐ No

☐ Not applicable (the local team did not request the information)

If the local team did not request that you submit the number of people to whom you have given advice in the course of public health campaigns during the last 12 months, how many public health campaigns have you participated in?

Essential Service 5 - Signposting pre-visit questionnaire

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomesTo inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisationsTo enable people to contact and/or access further care and support appropriate to their needsTo minimise inappropriate use of health and social care services.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer also to the Pharmaceutical Services Negotiating Committee, when completing the questionnaire.

The terms of service are set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Statutory Instrument number 349 - www.legislation.gov.uk/uksi/2013/349/contents/made

Essential Service 5 - Signposting pre-visit questionnaire

ES5-1: Having regard to the need to minimise inappropriate use of health and social care services and of support services, when appropriate, where it appears to a pharmacist or the pharmacy staff that a person using the pharmacy requires advice, treatment, or support that the pharmacy cannot provide, but another health and social care or support service provider, of which the pharmacist is aware, is likely to be able to provide that advice, treatment, or support, the pharmacist should provide contact details of that provider.**
ToS - 20(1)

** NHS England advises that you use the NHS Website (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.

Additional information:

Note, a SOP is not required for this service, but a written SOP would assist you in providing guidance to members of staff and locums, as well as supporting evidence to demonstrate compliance with this element of the contract.

Remember, if you do use an SOP, you should review it at least every two years, or whenever there is an incident that indicates it may be out of date.

Does the pharmacy have a Standard Operating Procedure (SOP) which covers the provision of signposting to alternative sources of advice which is signed by all relevant staff to say they have read it, understand it, and will follow it?

☐ Yes

☐ No

ES5-2

What date was the SOP which covers the provision of signposting to alternative sources of advice last amended?

Month (MM)

Year (YYYY)

ES5-3:

Additional information:

Note: having a list of providers is not a specific requirement, but it may help you meet this requirement so NHS England may provide a list. NHS England may ask members of staff about signposting to other providers of health or social care, during monitoring visits.

Does the pharmacy have a list of other health and social care providers to whom you may signpost patients?

☐ Yes

☐ No

ES5-4: Where appropriate, a referral may be made by means of a written note.
ToS - 20(3)

Additional information:

NHS England may ask to see blank referral forms during monitoring visits.

Does the pharmacy use written referral forms, in appropriate cases?

☐ Yes

☐ No

ES5-5: A pharmacist shall, in appropriate cases, keep and maintain a record of information given or referral made, and that record shall be in a form that facilitates auditing of the provision of pharmaceutical services by the pharmacist; and follow-up care for the person who has been given the information or in respect of whom the referral has been made.

ToS - 20(4)

Additional information:

The pharmacy is required, in appropriate cases, to maintain records of information given or referrals made. NHS England may ask to see evidence that records are kept or discuss with you the circumstances when records might be appropriate.

The following link includes a Q&A section on recording advice, interventions and referrals in community pharmacies: <http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/>

Have you made any records of information given or referrals made during the last 12 months?

☐ Yes

☐ No

Please provide an estimate of how often records of information given or referrals made are made in your pharmacy:

☐ Daily

☐ Weekly

☐ Monthly

☐ Less than monthly

Where do you keep records of information given or referrals made?

☐ Patient Medication Record

☐ Separate computer record

☐ Paper record

☐ Other

Please specify

Don't forget, records do not always need to be made by the pharmacist – make good use of skill mix.

Essential Service 6 - Support for self-care pre-visit questionnaire

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

To enhance access and choice for people who wish to care for themselves or their families
People, including carers, are provided with appropriate advice to help them self manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in Essential Service - promotion of healthy lifestyles service
People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
To minimise inappropriate use of health and social care services.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Statutory Instrument number 349 - www.legislation.gov.uk/uksi/2013/349/contents/made

Essential Service 6 - Support for self-care pre-visit questionnaire

ES6-1: The pharmacy shall have appropriate standard operating procedures, including SOPs in respect of dispensing drugs and appliances, repeatable prescriptions and providing advice and support to people caring for themselves or their families.
ToS - 28(2)(c)(v)

Additional information:
NHS England does not need or want to check SOPs in detail, as it is for the contractor to ensure they are fit for purpose and provide adequate direction to staff to enable safe working practices. NHS England may ask to see the signature sheet during the visit.

Does the pharmacy have a support for self-care SOP (which may be a medicines sales protocol), signed by all relevant staff to say they have read it, understand it, and will follow it?

☐ Yes

☐ No

ES6-2

What date was the support for self-care SOP last reviewed?

Month (MM)

Year (YYYY)

ES6-3: Where it appears to a pharmacist or the pharmacy staff, having regard to the need to minimise the inappropriate use of health and social care services, that a person using the pharmacy would benefit from advice from the pharmacist or the pharmacy staff to help in managing a medical condition (including, in the case of a carer, to help a carer assist in the management of another person's medical condition) the pharmacist or pharmacy staff shall provide advice, to the patient using the pharmacy as regards to managing the medical condition, including, as appropriate, advice on: Treatment options, including advice on the selection and use of appropriate medicines which are not POMs.
ToS - 22(1)

Additional information:
During monitoring visits, NHS England may ask questions of staff about advice that is available, and for example, the opportunity to involve the pharmacist where necessary.

Do the appropriate pharmacy staff provide advice to persons seeking support for managing their own conditions, which includes treatment options?

☐ Yes

☐ No

ES6-4:

Additional information:

NHS England may ask to see certificates during monitoring visits.

Have relevant members of staff been trained (or are undertaking training) on the SOP or Medicines Sales Protocol, and met the minimum requirements of the General Pharmaceutical Council?**

☐ Yes

☐ No

****** The 'Standards for pharmacy owners and superintendent pharmacists of retail pharmacy businesses' includes a requirement at paragraph 3.1: Make sure your staff have or will undertake appropriate training to attain the skills, knowledge and competency, including sufficient language competence for their role. See: www.pharmacyregulation.org/sites/default/files/Standards%20for%20owners%20and%20superintendent%20pharmacist%20of%20retail%20pharmacy%20businesses%20s.pdf

ES6-5:

Additional information:

NHS England may ask to see leaflets during monitoring visits. Remember, the premises approved particulars require that any available leaflets on health and social care issues should be up to date.

To support self care, do you have a range of patient leaflets?

☐ Yes

☐ No

ES6-6: A pharmacist shall, in appropriate cases, keep and maintain a record of advice given and of any drugs supplied when advice was given, and that record shall be in a form that facilitates auditing of the provision of pharmaceutical services by the pharmacist; and follow-up care for the person to whom or in respect of whom the advice has been given.

ToS - 22(2)

Additional information:

The pharmacy is required, in appropriate cases, to maintain records of advice given or drugs supplied. NHS England may ask to see evidence that records are kept or discuss with you the circumstances when records might be appropriate.

The following link includes a Q&A section on recording advice, interventions and referrals in community pharmacies: <http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/>.

Have you made any records of advice given and of any drugs supplied when advice was given during the last 12 months?

☐ Yes

☐ No

Please provide an estimate of how often records of advice given and of any drugs supplied when advice is given are made in your pharmacy:

☐ Daily

☐ Weekly

☐ Monthly

☐ Less than monthly

Where do you keep records of advice given and of any drugs supplied when advice is given?

☐ Patient Medication Record

☐ Separate computer record

☐ Paper record

☐ Other

Please specify

Don't forget, records do not always need to be made by the pharmacist – make good use of skill mix.

Clinical Governance Pre-visit Questionnaire

Service description

Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction.

Definition of clinical governance

Clinical governance is a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. There are seven key components: Patient and public involvement; clinical audit; risk management; clinical effectiveness programmes; staffing and staff management; education, training and continuing professional and personal development; and use of information to support clinical governance and health care delivery.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Statutory Instrument number 349 - www.legislation.gov.uk/uksi/2013/349/contents/made.

Approved particulars released by the Secretary of State should be read alongside the terms of service - www.dh.gov.uk/health/2012/03/approved-particulars/.

They cover additional requirements for: Practice leaflets Patient satisfaction survey Incident reporting Information governance Premises

Clinical Governance Pre-visit Questionnaire

CG-1: There should be a clinical governance lead for each pharmacy.

ToS - 28(2)(c)(vii)

Additional information:

There is a specimen job description available at www.psn.org.uk/cg

Do you have a clinical governance lead?

☐ Yes

☐ No

Name of clinical governance lead:

CG-2: The clinical governance lead should be knowledgeable about both the pharmacy procedures of that pharmacy and the other NHS services that are available in the locality of that pharmacy.

ToS - 28(2)(c)(vii)

Additional information:

The information about other services may be known through local contact, or it may have been provided by NHS England, or obtained from the NHS Website.

Does the clinical governance lead have knowledge of the pharmacy procedures?

☐ Yes

☐ No

Does the clinical governance lead have knowledge of local NHS providers e.g. GP and dental surgeries nearby, and the nearest accident and emergency unit?

☐ Yes

☐ No

CG-3: Patient and public involvement programme

The pharmacy should produce, in an approved manner, and make available in an appropriate manner a practice leaflet.

Pharmacy contractors were not required to update the leaflet during the COVID-19 pandemic to ease pressures on the service. This requirement has resumed however in line with the Terms of Service.

ToS - 28(2)(a)(i)

Additional information:

The information that must be included in the practice leaflet is set out in the approved particulars.

Do you have a pharmacy practice leaflet, containing the information required?

☐ Yes

☐ No

CG-4: The pharmacy should publicise the Essential Services and any Advanced Services which are being provided at or from the pharmacy.

ToS - 28(2)(a)(ii)

Additional information:

NHS England may ask to see publicity during monitoring visits.

How do you publish the availability of Essential Services and any Advanced Services that you may provide from your pharmacy?

☐ Practice leaflet

☐ Poster

☐ Other leaflet

☐ Window display

☐ Website

☐ Service ladder

☐ Other

If Other, describe below:

CG-5: Where the pharmacy publicises Essential or Directed Services (Advanced and Enhanced Services) that are available at or from the pharmacy, the pharmacy should do so in a manner that makes clear that the services are funded as part of the NHS.

ToS - 28(2)(a)(iii)

Additional information:

*The NHS Branding guidelines rules** do not permit the use of the NHS logo promote or advertise private (non-NHS funded) products or services which may be offered by the pharmacy.*

*** <https://www.england.nhs.uk/nhsidentity/identity-guidelines/primary-care-logo/>*

Does all publicity for the Essential, Advanced and Enhanced Services provided by the pharmacy contractor make clear that these are funded as part of the NHS?

☐ Yes

☐ No

CG-6: The pharmacy should undertake an approved patient satisfaction survey annually, in an approved manner.
Pharmacy contractors were not required to update the leaflet during the COVID-19 pandemic to ease pressures on the service. The annual requirement has resumed in 2021/22 however in line with the Terms of Service.
ToS - 28(2)(a)(iv)

Additional information:
The approved particulars set out the requirements for the survey.

On what date did you last complete the survey? If you have not yet carried out the survey, enter the month and year in which you expect to complete the survey.

Month (MM)

Year (YYYY)

Additional information:
Pharmacies are required to summarise the demographic information provided and collate the responses to the nine mandatory questions. The results must be published and a report produced to identify the areas where the pharmacy is performing most strongly and the areas for improvement, together with a description of the action taken or planned.

On what date did you publish the results? If you have not yet published the results, enter the month and year in which you expect to do so.

Month (MM)

Year (YYYY)

Additional information:
The results must be published via one or more of the following options:In the pharmacy, as a leaflet or posterOn the pharmacy's websiteOn the pharmacy's NHS Website profile (if and when this functionality is available)

How have you publicised the outcome of the survey?

<input type="checkbox"/> Leaflet in pharmacy	<input type="checkbox"/> Pharmacy website	<input type="checkbox"/> Not published
<input type="checkbox"/> Poster in pharmacy	<input type="checkbox"/> NHS Website	

If you have made changes as a result of the survey what were they?

CG-7: Monitoring arrangements for medicines or appliances owed to patients, which are not in stock, should be in place.
ToS - 28(2)(a)(v)

*Additional information:
NHS England may want to discuss these arrangements during the visit.*

Do you have arrangements in place to monitor medicines or appliances owed to patients?

☐ Yes ☐ No

*Additional information:
NHS England may discuss the procedures during monitoring visits.*

Do you take action as a result of monitoring out of stock items? For example, is it possible to identify inconsistent prescribing patterns or failures in stock replenishment?

☐ Yes ☐ No

CG-8: An approved complaints system should be in place that meets the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009**. ToS - 34

The function may be carried out by Central Teams, if you are unsure please check before answering.

** These regulations can be found at www.legislation.gov.uk/uksi/2009/309/contents/made

Additional information:
The arrangements for dealing with complaints must be such as to ensure that—
complaints are dealt with efficiently;complaints are properly investigated;complainants are treated with respect and
courtesy;complainants receive, so far as is reasonably practical—assistance to enable them to understand the procedure in
relation to complaints; oradvice on where they may obtain such assistance;complainants receive a timely and appropriate
response;complainants are told the outcome of the investigation of their complaint; andaction is taken if necessary in the light
of the outcome of a complaint.

Has the pharmacy put in place arrangements for dealing with complaints?

More information is available at www.psn.org.uk/cg

☐ Yes ☐ No

Additional information:
The 2009 Regulations requires each responsible body to designate a person to be responsible for ensuring compliance with
the complaints arrangements. This will normally be the pharmacy contractor (if the pharmacy business is undertaken by a sole
proprietor) or the Chief Executive of a body corporate, or one of the partners if the pharmacy business is undertaken by a
partnership.

Who is the ‘responsible person’ for ensuring compliance with the regulations?

Additional information:
This could be the contractor, or it could be a member of staff authorised by the contractor to ensure that day to day issues
relating to complaints are dealt with

Who is the complaints manager, who is responsible for handling complaints on a day to day basis?

Additional information:

NHS England may ask to see any information that is provided to patients or other members of the public, who want to know about your complaints procedure, during monitoring visits.

Do you have information outlining your complaints procedure, which is available to patients or other members of the public?

☐ Yes

☐ No

Additional information:

NHS England may discuss complaints in general during monitoring visits. NHS England will not ask to see individual complaints records, but may wish to be satisfied that you are keeping records, and are taking appropriate action.

Do you maintain a record of complaints received (including the findings of any investigations and actions you have taken as a result)?

☐ Yes

☐ No

Additional information:

The 2009 Regulations require that you produce an annual report, which must be available to any person on request.

Pharmacy contractors were not required to collate or report on complaints received during the COVID-19 pandemic to ease pressures on the service. The annual requirement has resumed in 2021/22.

What was the date of your last complaints Annual Report?

Month (MM)

Year (YYYY)

Additional information:

The annual report must also be sent to NHS England as soon as reasonably practicable after the end of the year to which it relates (the year runs from April to March).

Pharmacy contractors were not required to collate or report on complaints received during the COVID-19 pandemic to ease pressures on the service. The annual requirement has resumed in 2021/22.

What date was your last complaints Annual Report sent to NHS England?

☐ The report was not sent

Month (MM)

Year (YYYY)

CG-9: Monitoring arrangements in respect of compliance with the Equality Act 2010 are in place.

ToS - 28(2)(a)(vii)

The function may be carried out by Central Teams, if you are unsure please check before answering.

Additional information:

There are two aspects to the disability legislation – the first is the arrangements made for access to your premises, by persons who have a disability.

NHS England will be checking that you have arrangements in place in which you monitor your compliance with the disability legislation.

For example, do you keep a log of complaints about lack of access; do you record and respond to comments made by persons with a disability about improvements that might be made?

NHS England will not be carrying out any assessment of whether persons with a disability can access the premises, but may discuss how you review your compliance with the legislation.

On what date did you last review your arrangements for accessibility to your pharmacy by people with a disability?

Month (MM)

Year (YYYY)

Additional information:

This is the second aspect to the legislation – the assessment of disabilities and identification of adjustments necessary.

The enforcement of the legislation is for the courts, not NHS England, so the monitoring team will only wish to ensure that you give due consideration to your obligations. NHS England may do this by discussing with you during monitoring visits your process for the assessment of patients, the adjustments that might be appropriate and records that are helpful. However, NHS England will not attempt to suggest how you must act in order to meet your obligations.

Do you carry out assessments of patients, and keep these together with records of adjustments made in the course of supplying medicines?

☐ Yes

☐ No

CG-10: Clinical audit programme

A clinical audit programme (normally of five days) is in place, which includes at least one pharmacy based audit and one other audit agreed by NHS England in each financial year.

ToS - 28(2)(b)

Additional information:

NHS England may wish to discuss with you during monitoring visits the audit that you carried out, and if it is possible, to see the record of the audit, so long as there is no intrusion into confidential patient information.

Pharmacy contractors were not required to undertake any audits during the the COVID-19 pandemic to ease pressures on the service. The requirement to undertake audits detailed in the Terms of Service has resumed for 2021 /22.

You were not required to undertake a pharmacy based audit in 20/21. However, if you did undertake an audit, or have done so since April 2021, what was the audit topic?

If you made any changes as a result of the audit what were they?

CG-11: Risk management programme

Arrangements are in place to ensure that all stock is procured and handled in an appropriate way.

ToS – 28(2)(c)(i)

Additional information:

Note, whilst a SOP is not required under the terms of service, the Responsible Pharmacist regulations do require appropriate SOPs. The NHS does require that there are arrangements to ensure stock is procured and handled in an appropriate manner, and NHS England may wish to discuss the arrangements with all relevant staff.

Does the pharmacy have a SOP, which has been read and understood by staff to which it applies and the staff work in accordance to it?

☐ Yes

☐ No

CG-12: All equipment used in the provision of pharmaceutical services is maintained appropriately.
ToS - 28(2)(c)(ii)

Additional information:

NHS England may ask to see documentation relating to the regular maintenance or for example, wish to see that you are keeping records of fridge temperatures.

Do you have maintenance contracts for equipment used in the provision of pharmaceutical services e.g. computer, fridge, tablet counter?

☐ Yes

☐ No

CG-13: An approved incident reporting system is in place, together with arrangements for analysing and responding to critical incidents.

ToS - 28(2)(c)(iii)

Additional information:

The incident reporting system must capture the information set out in the approved particulars. During monitoring visits, NHS England may ask to see that you are keeping such records, but will not wish to examine individual records.

Do you have a patient safety incident reporting system which meets the requirements of the approved particulars?

☐ Yes

☐ No

Additional information:

Patient safety incidents must be reported to the NRLS (known as LFPSE as of summer 2021)

Do you or your organisation report patient safety incidents to the National Reporting and Learning Service (NRLS) (known as LFPSE as of summer 2021)?

☐ Yes

☐ No

Additional information:

Appropriate staff are required to participate in the analyses of critical incidents and the analyses must only involve relevant staff involved in providing NHS services who would have legitimate input into the analyses of the patient safety incidents. NHS England may discuss with you the types of learning that arises from investigating critical incidents/near misses. If the opportunity arises, NHS England may be able to share with you learning from other pharmacies, as well as taking away any learning that you would be willing to share with NHS England and other pharmacies.

Do you have arrangements in place to allow the pharmacy team to participate in the analysis of critical incidents?

☐ Yes

☐ No

CG-14: Premises must be registered with the Central Alerting System (CAS) operated by the MHRA, and arrangements are in place, including record keeping arrangements, for dealing appropriately and timeously with communications concerning patient safety from the Secretary of State** and NHS England. ToS 29c(5)(a) and ToS - 28(2)(c)(iv)

** The Medicines and Healthcare Products Regulatory Agency (MHRA), which is an executive agency of the Department of Health, issues safety advice, warnings, alerts and recalls in respect of medical devices on behalf of the Secretary of State, and also safety advice, warnings, alerts and recalls in respect of medicines on behalf of the Secretary of State and the Minister for Health, Social Services and Public Safety, acting jointly. The Department of Health also, separately, issues other communications concerning patient safety, on behalf of the Secretary of State

Additional information:
NHS England may ask to see the records of the action taken, to assure themselves that the action was taken timeously (in good time). NHS England may also wish to discuss the action taken, to assure itself that appropriate action was taken.

Do you have records to show safety alerts have been dealt with?
☐ Yes ☐ No

CG-15: Appropriate waste disposal arrangements for clinical and confidential waste are in place. ToS - 28(2)(c)(vi)

Additional information:
The disposal of confidential waste may need a shredder, or may be outsourced to a professional confidential waste contractor. During a monitoring visit NHS England may ask how you dispose of confidential waste.

Do you have an appropriate mechanism for the disposal of confidential waste?
☐ Yes ☐ No

CG-16: The pharmacy should have appropriate safeguarding procedures for service users.
ToS - 28(2)(c)(viii)

Additional information:

NHS England may discuss with pharmacists during monitoring visits, the local arrangements for safeguarding procedures to assess understanding and compliance.

Training is available from CPPE. see www.rpharms.com/support-tools/protecting-children-and-young-people.asp (members only)

Have relevant staff been trained concerning safeguarding procedures?

☐ Yes

☐ No

Additional information:

NHS England will supply details and may ask for confirmation that you have these during monitoring visits.

Do you have contact details of local safeguarding team?

☐ Yes

☐ No

CG-17-1: A pharmacist must have access to summary care records at the pharmacy premises and must ensure that access is constant and reliable. Where access is available, the pharmacy must access the summary care record wherever in the pharmacist's clinical judgement it is appropriate to do so.
ToS – 29A

Additional information: Information can be found on the NHS Digital Website here: systems.digital.nhs.uk/scr/pharmacy and PSNC here: <http://psnc.org.uk/contract-it/pharmacy-it/electronic-health-records/summary-care-record-scr-home/>

Do pharmacists and authorised pharmacy staff have access to Summary Care Records?

☐ Yes

☐ No

Does the pharmacy have a SOP for using Summary Care Records?

☐ Yes

☐ No

Have authorised pharmacy staff made use of Summary Care Records in the last 12 months?

☐ Yes

☐ No

CG-17-2: Monitoring arrangements in respect of compliance with the Health and Safety at Work etc. Act 1974 are in place

ToS - 28(2)(c)(ix)

For multiples this function may be carried out by Central Teams, if you are unsure please check before answering.

Additional information:

The enforcement of HASAWA is the responsibility of the Health and Safety Executive/Local Authority, and therefore NHS England does not monitor compliance, but may wish to discuss your monitoring arrangements during the visit. Don't forget, the Health and Safety Executive website provides valuable information to help you comply with your obligations.

On what date did you last carry out a Health and Safety risk assessment?

Month (MM)

Year (YYYY)

On what date did you last carry out a Fire risk assessment?

Month (MM)

Year (YYYY)

CG-17-3: Does your pharmacy have an NHS Mail shared inbox, with at least 2 current registered users able to access it?

ToS 29C (1) & (2)

Additional information:

This requirement was implemented during 2020.

Does your pharmacy have an NHS Mail shared inbox, with at least 2 current registered users able to access it?

☐ Yes

☐ No

CG-17-4: Does the pharmacy have processes in place to update the DoS profile if there are any changes?
ToS 29C (3)

Additional information:

The requirements relating to Directory of Service (DoS) profiles were enacted from November 2020.

Does the pharmacy have processes in place to update the DoS profile if there are any changes?

☐ Yes

☐ No

Does the pharmacy have processes to ensure that the DoS profile is validated at least once each quarter?

☐ Yes

☐ No

CG-17-5: Does the pharmacy have processes in place to update the entry on the NHS.uk website if there are any changes?
ToS 29C (4)

Additional information:

The requirements relating to the pharmacy entry on the NHS.uk website were enacted from November 2020.

Does the pharmacy have processes in place to update the entry on the NHS.uk website if there are any changes?

☐ Yes

☐ No

Does the pharmacy have processes to ensure that the entry on the NHS.uk website is validated at least once each quarter?

☐ Yes

☐ No

CG-18: Clinical effectiveness programme

A clinical effectiveness programme is in place, which includes arrangements for ensuring that appropriate advice is given by a pharmacist in respect of repeatable prescriptions or to people caring for themselves or their families.

ToS – 28(2)(d)

Additional information:

The requirement to provide advice in respect of a repeatable prescription is included in Essential Service 2, and will be assessed in that section of the CPAF. Similarly the provision of advice for persons caring for themselves or their families is covered in Essential Service 4 and is assessed in that section.

Note: Clinical effectiveness systems should also be designed to improve concordance and to reduce wastage. NHS England may discuss your clinical effectiveness programme during the monitoring visit to see how you seek to improve concordance and decrease wastage.

Do you have a clinical effectiveness programme in place which includes having up to date reference sources, such as BNF and Drug Tariff?

☐ Yes

☐ No

When supporting self care under ES6, the staff may need access not only to the medicines sales protocol, but also to other up to date reference books. It is important that they know what information is available, and how to access it, if the pharmacy is going to make good use of skill mix.

Do your staff know how to use the above reference sources?

☐ Yes

☐ No

Additional information:

Where members of staff are providing advice to patients and other members of the public, they must be able to make a decision to refer to the pharmacist in appropriate circumstances. The quality assurance of the advice given and the triggers for referrals to the pharmacist may be discussed during a monitoring visit.

Do your staff know when to refer to the pharmacist?

☐ Yes

☐ No

CG-19: Staff and staff management programme

Arrangements for appropriate induction for staff and locums.

ToS – 28(2)(e)(i)

The function may be carried out by Central Teams, if you are unsure please check before answering.

Additional information:

NHS England may ask to see the programme and any documentation during monitoring visits – see below

Do you have an induction programme for members of staff?

☐

Yes

☐

No

Do you have an induction programme for locums?

☐

Yes

☐

No

CG-20: Appropriate training for all staff is in place in respect of any role they are asked to perform.

ToS - 28(2)(e)(ii)

Additional information:

NHS England may ask to see training records during monitoring visits.

Do you have records of training for all members of staff?

☐

Yes

☐

No

CG-21: The qualifications and references of all staff engaged in providing NHS services are checked.

ToS - 28(2)(e)(iii)

Additional information:

NHS England may ask to see records during monitoring visits, but will not ask to see individual references.

Have you checked the qualifications and references of all pharmacists and other members of staff undertaking any activities within the provision of NHS pharmaceutical services?

☐

Yes

☐

No

CG-22: Arrangements for identifying and supporting the development needs of all staff engaged in the provision of NHS services are in place.

ToS - 28(2)(e)(iv)

Additional information:

NHS England may ask to see records during monitoring visits.

Do you have evidence of continuous professional development and accreditation attained by registered pharmacists and registered pharmacy technicians in respect of the provision of directed services (this could be any Advanced or Enhanced Services commissioned by NHS England)?

☐ Yes

☐ No

CG-23: Arrangements are in place for addressing poor performance.

ToS - 28(2)(e)(v)

Additional information:

NHS England may ask to see records during monitoring visits.

Do you have arrangements in place to address poor performance (in conjunction with NHS England as appropriate)?

☐ Yes

☐ No

CG-23: Arrangements are in place (which must include a written policy) for ensuring that all staff and locums who, arising out of their employment with the pharmacist—make what is a protected disclosure within the meaning given in section 43A of the Employment Rights Act 1996 (meaning of protected disclosure) have the rights afforded in respect of such disclosures by that Act, and provide information in good faith and not for purposes of personal gain to the General Pharmaceutical Council or to NHS England which includes an allegation of a serious nature which they reasonably believe to be substantially true, but disclosure of it is not a protected disclosure within the meaning given in section 43A, have the right not to be subjected to any detriment or to dismissal as a consequence of that act. ToS - 28 (2)(e)(vi)

Additional information:

NHS England may ask to see your written policy on raising concerns during monitoring visits.

The Social Partnership Forum has published guidance for the Department of Health to help NHS organisations develop and implement a whistle blowing policy. This includes a template raising concerns policy. You can download the guidance from the NHS Employers website.

*The General Pharmaceutical Council has also published 'In Practice - Guidance on raising concerns' **.*

** <http://www.pharmacyregulation.org/raising-concerns>

Do you have arrangements in place (in a written policy) to encourage staff, including locums, to raise concerns (commonly known as whistle-blowing)?

☐ Yes

☐ No

CG-24: Information governance programme

The pharmacy has an information governance programme, which provides for compliance with approved procedures for information management and security.

ToS - 28(2)(f)(i)

Additional information:

*Approved particulars for the information governance programme require pharmacies to comply with the standards set out in the DSP **.*

The approved particulars will be amended from time to time to ensure that confidential information is given appropriate protection.

Deadlines for completion of the DSP were amended in 2020 because of the COVID-19 pandemic to reduce pressures on the service. The new DSP for 2021/22 also opened in July 2021 for completion by June 2022.

** <https://www.dsptoolkit.nhs.uk/News/2021-2022-standard>

Do you have arrangements to comply with the required levels of confidentiality and compliance with the Data Protection Act set out in the Data Security and Protection Toolkit (DSP)?

☐ Yes

☐ No

CG-25: The pharmacy has an information governance programme which provides for submission of an annual self assessment of compliance (to an approved level) with those procedures via approved data submission arrangements which allow NHS England to access that assessment.

ToS - 28(2)(f)(ii)

Additional information:

Each financial year (April to March), the standards to be reached will be reviewed, and published. Once the pharmacy has completed its annual IG self assessment, it will be able to respond positively to this question, if it has achieved the level required.

Have you submitted your annual assessment of compliance within the last 12 months?

☐ Yes

☐ No

CG-26: Premises standards programme

The pharmacy has a premises standards programme, which includes a system for maintaining cleanliness at the pharmacy which is designed to ensure, in a proportionate manner, that the risk to people at the pharmacy of health care acquired infection is minimised,

ToS – 28(2)(g)(i)

Additional information:

During the COVID-19 pandemic enhanced infection control procedures were recommended to protect staff and patients.

During any visit, NHS England may wish to discuss any additional systems and processes that the pharmacy has implemented to meet these requirements.

Does the pharmacy have appropriate systems for maintaining cleanliness, designed to minimise the risk of health care acquired infection?

☐ Yes

☐ No

CG-27: The pharmacy has a premises standards programme, which includes arrangements for compliance, in the areas of the pharmacy in which patients receive NHS services, with any approved particulars that are designed to ensure, in a proportionate manner, that those areas are an appropriate environment in which to receive health care.

ToS – 28(2)(g)(ii)

Additional information:

The parts of the premises from which NHS services are provided must be recognisable to patients as premises from which high quality NHS services are available, should be generally clean and look professional, and literature on health and social care issues that is available should be up to date. Patients should be able to easily identify areas used for NHS healthcare, for example the prescription reception area and confidential consultation areas. Where practicable the areas used for NHS healthcare should be distinct from areas used for non-healthcare related services.

Do you have arrangements in place to ensure the areas of the pharmacy in which patients receive NHS services comply with the approved particulars?

☐ Yes

☐ No

Additional information:

This question does not apply to distance selling pharmacies.

The premises should have the appearance of being open to members of the public who are outside the premises

Is the pharmacy seen by the public to be open for the provision of pharmaceutical services during its core and supplementary opening hours?

☐ Yes

☐ No

Additional information:

This question does not apply to distance selling pharmacies.

An arrangement whereby a doorbell is used to summon a response from a member of staff is not sufficient.

Where, for reasons such as security, the doors to the premises are kept locked during any core or supplementary opening hours, is the pharmacy laid out and organised for the following:

a) Is a member of staff posted immediately inside the door, or a hatch, so that members of the public seeking pharmaceutical services can see that there are staff on the premises available to provide pharmaceutical services?

☐ Yes

☐ No

☐ Not applicable

CG-27: The pharmacy has a premises standards programme, which includes arrangements for compliance, in the areas of the pharmacy in which patients receive NHS services, with any approved particulars that are designed to ensure, in a proportionate manner, that those areas are an appropriate environment in which to receive health care.

ToS – 28(2)(g)(ii)

Additional information:

This question does not apply to distance selling pharmacies.

NHS England may wish to assess compliance with these requirements outside of normal contract monitoring visit hours.

b) Do staff invite the member of the public to enter the premises if this is necessary to preserve the confidentiality of any discussions, if the facilities needed for the provision of pharmaceutical services are available only inside the premises?

☐ Yes

☐ No

☐ Not applicable

Additional information:

This includes: keeping the area where medicines are dispensed or sold clean; ensuring that the amount of space available allows staff to perform tasks safely; and ensuring the prescription reception area is easily recognisable as such and not used for the display of non healthcare related items, has appropriate facilities for signing the reverse of prescriptions, and has a notice about the NHS prescription charge.

Does the area of the premises from which NHS services are provided function properly as a healthcare environment?

☐ Yes

☐ No

Additional information:

The manner in which this is achieved must be practicable and proportionate.

Where non healthcare related goods are provided, is there a buffer area between the displays for medicinal products and the non healthcare related items?

☐ Yes

☐ No

CG-27: The pharmacy has a premises standards programme, which includes arrangements for compliance, in the areas of the pharmacy in which patients receive NHS services, with any approved particulars that are designed to ensure, in a proportionate manner, that those areas are an appropriate environment in which to receive health care.

ToS – 28(2)(g)(ii)

Additional information:

This requirement is in addition to the requirements for those areas used for the provision of Advanced Services.

Are there appropriate levels of privacy for conversations with patients?

☐ Yes

☐ No

Is there a sign indicating you have a consultation room for use by patients wishing to speak confidentially to pharmacy staff?

☐ Yes

☐ No

☐ Not applicable - I am not required to have a consultation room under ToS 28A

Additional information:

The consultation area or room must be: clean and should not be used for storage of any stock (other than stock that is stored in closed storage units or stock that may be used, sold or supplied during a consultation – for example, hand wipes, emergency hormonal contraception, needle and syringe exchange stock etc.); so laid out and organised that any materials or equipment which are on display are healthcare related; and so laid out and organised that once a consultation begins, the patient's confidentiality is respected, and no member of staff who is not involved in the consultation is able to enter the area unless authorised by the pharmacist, such authority being given only if the confidentiality of the discussions during the consultation is preserved. Interruptions to the consultation must be kept to a minimum.

Does your consultation room meet the requirements of the approved particulars?

☐ Yes

☐ No

☐ Not applicable - I am not required to have a consultation room under ToS 28A

Additional information:

Any seating provided must be in good working order.

If you have a waiting area or seating available for customer use, are these also appropriate for a healthcare environment?

☐ Yes

☐ No

☐ Not applicable

Medicines Delivery Service - Essential Service

Service description

The Terms of Service for all pharmacy contractors, except distance selling pharmacies (DSP), have been amended to require contractors to help eligible patients to receive their prescriptions. The service is made up of two elements: an Essential Service and an Advanced Service. This section covers the Essential Service only. The Advance Service will be covered in Questions AS-MDS-1 to AS-MDS-10.

Aims

The aim of this service is to ensure that eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf, and where a volunteer is not able to collect and deliver the medicines, can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from COVID-19.

The details of patient eligibility and area the service is commissioned for is included in the relevant announcement made by NHS England and NHS Improvement. These can be seen at <https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-community-pharmacy/>.

MDS-1: The contractor has notified NHS England or the relevant PCT of its intention to provide services as part of a New Medicine Service, in the form approved for that purpose by NHS England.
SD 6(3)

Does the pharmacy have processes in place to ensure that patients eligible for the MDS are able to access this service?

☐ Yes

☐ No

☐ **Not applicable** (Only available to Distance Selling Pharmacies)

MDS-2:

Does the pharmacy have processes in place to ensure that patients eligible for the MDS are able to access this through collection of items by an authorised person?

☐ Yes

☐ No

☐ **Not applicable** (Only available to Distance Selling Pharmacies)

MDS-3:

Where a volunteer is to be used, is the pharmacist satisfied that the volunteer is an appropriate person to deliver medicines to the patient, and can make the delivery within any timescale outlined?

☐ Yes

☐ No

☐ **Not applicable** (Only available to Distance Selling Pharmacies)

Advanced Services

The following sections help you and NHS England to assess compliance with the requirements for the Advanced Services.

Don't forget: If the pharmacy is not satisfactorily complying with the requirements of the terms of service for the Essential Services (as assessed above), the pharmacy is not eligible to provide any of the Advanced Services.

You should therefore ensure that the pharmacy is compliant with the terms of service when providing the Essential Services and if not, introduce an action plan to remedy any shortcomings as soon as practicable.

Advanced Services - Medicines Delivery Service

Service description

The Community Pharmacy Home Delivery Service during the COVID-19 outbreak was originally commissioned throughout England from community pharmacies (and a similar service from dispensing doctors) on 10 April 2020 to ensure delivery of medicines to eligible patients who should not present in the pharmacy.

This service is currently commissioned nationally for Self-Isolating patients only. However, since the introduction of the service it has been also been commissioned at various times for Clinically Extremely Vulnerable patients (CEV) nationally or in local lockdown areas according to need. See <https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-community-pharmacy/>.

The full service specification can be found at: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1198_Home-delivery-during-the-COVID19-outbreak-Service-Spec-and-guidanceV7.pdf.

Do you offer the Advanced Service element of the Medicines Delivery Service?

☐ Yes

☐ No

Advanced Services - Medicines Delivery Service

AS-MDS-1:

Does the pharmacy contractor have a standard operating procedure (SOP) in place for the MDS?

☐ Yes

☐ No

AS-MDS-2:

Does the MDS SOP include procedures to ensure health and safety and infection control procedures are maintained?

☐ Yes

☐ No

AS-MDS-3:

Are staff involved in the provision of MDS working to the SOP?

☐ Yes

☐ No

AS-MDS-4:

Does the Pharmacy SOP include a process to confirm that a delivery made under this service is only made to eligible patients?

(Note: eligible means those patients whose address is within an area specified in the relevant announcements made by NHS England and NHS Improvement, and who cannot have the medicines delivered by a friend, relative, or local volunteer)

☐ Yes

☐ No

AS-MDS-5:

Is the MDS available throughout the pharmacy's contracted opening hours?

☐ Yes

☐ No

AS-MDS-6:

Does the pharmacy provide the MDS on behalf of another pharmacy that has dispensed the prescription?

☐ Yes

☐ No

AS-MDS-7:

Does the pharmacy maintain appropriate records to ensure effective ongoing service provision and to support post-payment verification?
(This should include, as a minimum, details of the eligible patients to whom a delivery was made under this service, including the NHS Test and Trace Account ID reference number, the postcode of the patient's address, and the date of the delivery.)

☐ Yes

☐ No

Advanced Services - New medicine service

Service description

The NMS is an Advanced Service which demonstrates increased patient medicine adherence compared with normal practice, which translates into increased health gain at reduced overall cost.

The service is available to all patients, prescribed eligible new medicines, with appropriate consent and will involve carers and parents/guardians where that consent cannot be given by the patient themselves, e.g. younger children and for people who are unable to give consent but may benefit from the service.

Aims

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, in order- as regards the long term condition-to help reduce symptoms and long term complications, and in particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support; and to help the patients-make informed choices about their care, self-manage their long term conditions, adhere to agreed treatment programmes, and make appropriate lifestyle changes.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Do you offer the Advanced Service for the New Medicine Service?

☐ Yes

☐ No

Advanced Services - New medicine service

AS-NMS-1:

Does the pharmacy have a Standard Operating Procedure (SOP) in place for the service which explains the service, eligibility criteria for it and the roles that pharmacy staff may be required to perform as part of it?

☐ Yes

☐ No

AS-NMS-2:

Does the pharmacy retain a copy of either the previously issued MUR certificate or a completed NMS self assessment form for each pharmacist providing the service? (The NMS self assessment form can be downloaded from psnc.org.uk/nms)

☐ Yes

☐ No

AS-NMS-3:

Does the pharmacy provide the service to patients remotely (ie patients not in the pharmacy premises)?

☐ Yes

☐ No

AS-NMS-4:

Does the pharmacy have arrangements in place which enable staff and patients to communicate confidentially by telephone or another live audio link or live video link, from a confidential area (which may be a consultation room) within the pharmacy?

☐ Yes

☐ No

AS-NMS-5:

Does pharmacy provide the service to patients in their homes?

☐ Yes

☐ No

AS-NMS-6:

Does the pharmacy have appropriate safeguarding arrangements in place? (This includes ensuring pharmacists have a valid DBS certificate, and there are appropriate procedures and indemnity arrangements in place.)

☐ Yes

☐ No

Advanced Services - Community Pharmacist Consultation Service

Do you offer the Community Pharmacist Consultation Service (CPCS)?

☐ Yes

☐ No

Advanced Services - Community Pharmacist Consultation Service

AS-CPCS-1:

Do you have an up to date SOP in place for the service?

☐ Yes ☐ No

AS-CPCS-2:

Does the pharmacy have a process in place to ensure that all pharmacy team members are aware of the service to allow the service to be delivered in line with the service specification?

☐ Yes ☐ No

AS-CPCS-3:

Do you have procedures in place to ensure that referrals are reviewed and dealt with in a timely manner?

☐ Yes ☐ No

AS-CPCS-4:

Does the pharmacy have a consultation area (which may be the consultation room) from which the CPCS should be provided?

☐ Yes ☐ No

Advanced Services - Seasonal Influenza Vaccination

Service description

Flu is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. This Advanced Service allows pharmacy staff to identify people eligible for flu vaccination and encourage them to be vaccinated.

Aims

The service aims to sustain and maximise uptake of flu vaccine in at risk groups as well as to improve convenience and choice of provider for patients.

Do you offer the Seasonal Influenza Vaccination Advanced Service?

☐ Yes

☐ No

Advanced Services - Seasonal Influenza Vaccination

AS-FLU-1:

Do you have an up to date SOP in place for this service?
(Note: the SOP should also include procedures to ensure health and safety and infection control procedures are maintained.)

☐ Yes

☐ No

AS-FLU-2:

Are staff aware of which patients are/are not eligible for vaccination under this service?

☐ Yes

☐ No

AS-FLU-3:

Do you use an electronic recording system that allows you to record patient consent, patient information and vaccination details, and to transmit a vaccination record to the patient's GP practice?

☐ Yes

☐ No

AS-FLU-4:

Are the staff involved in providing vaccinations under this service aware of how to manually record patient information and vaccination details, and to send a manual vaccination record to the patient's GP practice?

☐ Yes

☐ No

AS-FLU-5:

How long do you retain manual records for?

AS-FLU-6:

Do you offer vaccinations under this service off-site (eg in patient's own homes etc)?

☐ Yes

☐ No

AS-FLU-7:

Do you have processes in place to ensure patient safety?
This should include appropriate safeguarding arrangements (eg DBS checks for pharmacists providing the vaccination) and disposal of clinical waste.

☐ Yes

☐ No

AS-FLU-8:

Do you have a declaration of competence?

☐ Yes

☐ No

AS-FLU-9:

Does the pharmacy have a process in place to ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks?

☐ Yes

☐ No

AS-FLU-10:

Does pharmacy have a needle stick injury procedure in place?

☐ Yes

☐ No

AS-FLU-11:

Does the pharmacy have arrangements in place to ensure that staff involved in the provision of this service are advised that as there is a small risk that they could come into contact with blood borne viruses?

☐ Yes

☐ No

AS-FLU-12:

Does the pharmacy have a process in place to ensure that pharmacy staff providing the service are advised to have a Hepatitis B vaccination (and the risks of not doing so)?

☐ Yes

☐ No

Advanced Services - Hepatitis C Antibody Testing

Service description

Hepatitis C virus (HCV) is an infectious, blood borne virus that affects the liver and is predominately transmitted by contact with infected blood. In the UK, those at highest risk of contracting HCV are people who inject drugs (PWIDs), i.e. any individual who injects illicit drugs, e.g. steroids or heroin, but who hasn't yet moved to the point of accepting treatment for their substance use.

The Community Pharmacy Hepatitis C Antibody Testing Service supports PWIDS, who are not engaged in community drug and alcohol treatment services, to receive an HCV test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service). Where the test produces a positive result, the PWID will be referred for appropriate further testing and treatment via the relevant Operational Delivery Network (ODN).

Further details of the service and eligible patient cohorts can be found in the published service specification: <https://www.england.nhs.uk/publication/service-specification-community-pharmacy-hepatitis-c-antibody-testing-service-advanced-service/>.

Do you offer the Hepatitis C Antibody Testing Advanced Service?

☐ Yes

☐ No

Advanced Services - Hepatitis C Antibody Testing

AS-HEPC-1:

Does the pharmacy have a Standard Operating Procedure (SOP) in place for the service which explains the service, eligibility criteria for it and the roles that pharmacy staff may be required to perform as part of it?

(Note: the SOP should also include procedures to ensure health and safety and infection control procedures are maintained.)

☐ Yes

☐ No

AS-HEPC-2:

Does the pharmacy have a process in place to ensure pharmacists and pharmacy staff providing the service have the necessary knowledge and skills to do so?

☐ Yes

☐ No

AS-HEPC-3:

Do the pharmacy staff providing the service have access to the pharmacy's shared NHSmail mailbox and the Hepatitis C IT Registry?

☐ Yes

☐ No

AS-HEPC-4:

Does the pharmacy have a process in place to ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks?

☐ Yes

☐ No

AS-HEPC-5:

Does pharmacy have a needle stick injury procedure in place?

☐ Yes

☐ No

AS-HEPC-6:

Does the pharmacy have arrangements in place to ensure that staff involved in the provision of this service are advised that as there is a small risk that they could come into contact with blood borne viruses?

☐ Yes

☐ No

AS-HEPC-7:

Does the pharmacy have a process in place to ensure that pharmacy staff providing the service are advised to have a Hepatitis B vaccination (and the risks of not doing so)?

☐ Yes

☐ No

AS-HEPC-8:

Do you capture and retain the required dataset?

☐ Yes

☐ No

AS-HEPC-9:

How long do you store the HEPC dataset for?

AS-HEPC-10:

Do you send a copy of the GP feedback form to the GP where appropriate?

☐ Yes

☐ No

AS-HEPC-11:

Do you obtain written consent from each patient prior to undertaking a HEPC test?

☐ Yes

☐ No

Service description

An appliance use review (AUR) is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims of AUR service

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any 'specified appliance' by:establishing the way the patient uses the specified appliance and the patient's experience of such use;identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient;advising the patient on the safe and appropriate storage of the specified appliance;advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

Specified appliances are:any of the following appliances listed in Part IXA of the Drug Tariff -a catheter appliance (including a catheter accessory and maintenance solution),a laryngectomy or tracheostomy appliance,an anal irrigation system,a vacuum pump or constrictor ring for erectile dysfunction, ora wound drainage pouch;an incontinence appliance listed in Part IXB of the Drug Tariff; ora stoma appliance listed in Part IXC of the Drug Tariff.

Completion of this form is required by NHS England. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.**

** www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013

Do you offer the Advanced Service for the Appliance Use Review Services?

☐ Yes

☐ No

Appliance Advanced Services - Appliance use review services

AUR-1 Before any arrangements are entered into, NHS England (or before 1 April 2013 the relevant PCT) and NHSBSA Prescription Services have each been supplied with: (a) a notice b that the contractor wishes to provide AUR services (b) a statement of whether or not the contractor proposes to provide any services to patients at home, and (c) unless services are to be provided solely during visits to a patient at home, a statement of each location at which services are to be provided. SD – 11(3)

*Additional information:
Before the service can be undertaken the Advanced Services declaration form and statements, where relevant, must be sent to NHS England and NHSBSA Prescription Services. On receipt NHSBSA Prescription Services will make the necessary payment arrangements.*

(a) Have the Advanced Services declaration form and statements, where relevant, been supplied to NHS England or the relevant preceding PCT?

☐ Yes ☐ No

(b) Have the Advanced Services declaration form and statements, where relevant, been supplied to the NHSBSA Prescription Services?

☐ Yes ☐ No

AUR-2: Only a pharmacist or specialist nurse is permitted to review the use of specified Appliances. SD – 12(3)(a)

*Additional information:
Whilst some paperwork and administration (such as booking appointments) can be carried out by other members of staff, the only persons permitted to provide the services are pharmacists and specialist nurses.*

Are pharmacists or specialist nurses the only people providing the AUR service?

☐ Yes ☐ No

AUR-3: NHS England or the relevant preceeding PCT has been supplied with the following information in relation to each pharmacist or specialist nurse who, as part of the AUR services to be provided by the contractor, is to review the use of specified appliances—full name;documentary evidence of qualifications; anddetails as to competency in respect of the use of specified appliances.SD - 11(4)

*Additional information:
NHS England should confirm receipt of the information.*

Has information about the pharmacists and specialist nurses been supplied to NHS England or the relevant preceding PCT?
☐ Yes ☐ No

AUR-4: The contractor is satisfactorily complying with their obligations for terms of service and clinical governance.
SD - 11(5)(a)

Are you complying with your terms of service as set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 including having an acceptable system of clinical governance?
☐ Yes ☐ No

AUR-5: The contractor has procedures in place to ensure referral of a patient to the prescriber of the appliance in any case where a matter relating to a patient's use of a specified appliance arises in the course of an AUR but falls outside the scope of the service.
SD - 11(5)(b)

*Additional information:
NHS England may wish to see the procedures for referral.*

Do you have appropriate referral procedures?
☐ Yes ☐ No

AUR-6: Where any AUR is to be carried out at the contractor's premises, there is a consultation area which-is distinct from the general public areasat all times when a pharmacist or specialist nurse is reviewing the use of specified appliances, is clearly designated as an area for confidential consultationallows all persons taking part in the review to sit down together and talk at normal speaking volumes without being overheard by other visitors to, or staff at, the premises, andhaving regard to the nature of specified appliances and the underlying purpose of AUR services, is suitable for a consultation to determine how a patient uses an appliance and the extent of the patient's knowledge about it.SD – 11(6)
)

*Additional information:
NHS England may arrange to visit the site where AURs are provided from to ensure the consultation area is appropriate and meets the requirements.*

Does the pharmacy have a consultation area that meets these criteria?
☐ Yes ☐ No

AUR-7: Where reasonably possible, an AUR service must be provided within 2 working days of the day on which a patient requests a review or agrees to one at the suggestion of the contractor.
SD - 12(4)(a)

*Additional information:
NHS England may wish to check that there have been no reports of any delays in the service being provided.*

Are all AURs carried out within the required timeframe where reasonably possible?

☐ Yes ☐ No

AUR-8: The pharmacist or specialist nurse who reviews the patient’s use of a specified appliance must obtain the patient’s prior written consent to receiving the AUR service.
SD - 12(4)(b)

*Additional information:
NHS England may wish to check these procedures and that there have been no reports of the service being provided without gaining prior written consent from the patient.*

Do you obtain written consent from each patient prior to undertaking the AUR service?

☐ Yes ☐ No

AUR-9: A record of each AUR must be completed. Each record must include- the date of the review of the patient's use of the specified appliance, the name of the pharmacist or specialist nurse who carried out the review, the name of the patient and the address at which the review took place, the name of any other person present (and their relationship with the patient), the reason why a review is required, the advice given to the patient, and any intervention made. SD - 12(4)(c) and (d)

Additional information:

NHS England may wish to see a sample of anonymised records. NHS England may, when making arrangements for a monitoring visit, ask that a number of records be anonymised for monitoring purposes. As the records must be retained for at least 12 months, a sample of 5% of completed records over the previous 12 months would be appropriate if the record is on paper. Where electronic records are kept, anonymisation may be automatic, in which case, a greater number could be made available for monitoring purposes.

Do you make appropriate records according to the requirements?

☐ Yes

☐ No

AUR-10: The patient must be informed in writing that the record will be kept and that information from it will be forwarded in accordance with Direction 12(5)(a) to (d) (see below)

SD - 12(4)(e)

Additional information:

NHS England may wish to check these procedures and that there have been no reports of the service being provided without providing this information to the patient.

Do you have appropriate procedures in place to inform the patient, in writing, that the records will be kept and forwarded as required by the Directions?

☐ Yes

☐ No

AUR-11: The arrangements for offsite AURs must ensure that a copy of the record of an AUR service must be forwarded to the contractor for storage by the reviewing pharmacist or specialist nurse.
SD - 12(5)(a)

Additional information:

NHS England may wish to check these procedures.

Note: Records of AUR services may be in the form of an electronic record and may be stored electronically.

Do you have appropriate procedures in place to ensure a copy of the AUR record is forwarded by the pharmacist or specialist nurse to the contractor?

☐ Yes

☐ No

AUR-12: The arrangements must ensure that if the patient is a registered patient, the following information is sent to the provider of primary medical services with which the patient is registered: the date of the review of the patient's use of the specified appliance, the name of the pharmacist or specialist nurse who carried out the review, the name of the patient and the address at which the review took place. SD - 12(5)(b)

Additional information:

NHS England may wish to check these procedures and that there have been no reports of the service being provided without this information being forwarded to the GP.

NHS England may wish to see a sample of anonymised records and information that have been forwarded.

Do you have appropriate procedures in place to ensure relevant information is forwarded to the patient's GP practice?

☐ Yes

☐ No

AUR-13: The arrangements must ensure that if the patient is a registered patient, and the pharmacist or specialist nurse considers it necessary for the provider of primary medical services with which the patient is registered to be aware of other information from the record, all such information must be forwarded to that provider.
SD - 12(5)(c)

Additional information:
NHS England may wish to check these procedures and that there have been no reports of the service being provided without this information being forwarded to the GP.
NHS England may wish to see a sample of anonymised records and information that have been forwarded.

Do you have appropriate procedures to ensure other relevant information is forwarded to the patient’s GP?

☐ Yes

☐ No

AUR-14: The arrangements must ensure that any information forwarded to any provider of primary medical services under Direction 12(5)(b) or 12(5)(c) must be copied to any nurse who is employed or engaged by a provider, under arrangements with a clinical commissioning group, of services as part of the health service, and providing relevant health care services to the patient, if it is known that there is such a nurse.
SD - 12(5)(d)

Additional information:
NHS England may wish to see a sample of anonymised records and information that have been forwarded.

Do you have appropriate procedures for forwarding this information to any nurse who is employed by a provider of health services who works with the patient’s GP, where you know of such a nurse?

☐ Yes (for those where nurses are known)

☐ No

☐ Not aware of any such nurses

AUR-15: The arrangements must include that each record must be retained for a minimum period of 12 months or for such longer period as NHS England may reasonably require. SD - 12(5)(e)

*Additional information:
NHS England may require that you retain records for a period longer than 12 months*

How long do you store the AUR dataset for?

AUR-16: The maximum number of AURs for which a contractor is eligible for payment in any financial year is not more than 1/35th of the aggregate number of specified appliances dispensed during that financial year by the contractor.
SD - 13

*Additional information:
NHS England will verify claims either during monitoring visits or as a standalone post-payment verification exercise.
For the purposes of the Directions the financial year is 1 April to 31 March.*

Do you have a system for identifying the number of AURs that can be claimed in any financial year?

☐ Yes☐ No

Appliance Advanced Services - Stoma appliance customisation services

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:
the stoma appliance to be customised is listed in Part IXC of the Drug Tariff;the customisation involves modification to the same specification of multiple identical parts for use with an appliance; andmodification is based on the patient’s measurement or record of those measurements and if applicable, a template.

Aims

The underlying purpose of the service is to:ensure the proper use and comfortable fitting of the stoma appliance by a patient; andimprove the duration of usage of the appliance, thereby reducing wastage of such appliances.

Completion of this form is required by the NHS Commissioning Board. It covers matters that can be self-assessed, and apart from random checks for verification purposes, avoids the need for these matters to be covered during visits. Pharmacy contractors might find it helpful to refer to the PSNC website psnc.org.uk/ when completing the questionnaire.

The terms of service are set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Do you offer the Advanced Service for the Stoma Appliance Customisation Services?

☐ Yes

☐ No

Appliance Advanced Services - Stoma appliance customisation services

SAC-1: Before any arrangements are entered into, NHS England (or before 1 April 2013 the relevant PCT) and NHSBSA Prescription Services have each been supplied with a notice that the contractor wishes to provide the stoma appliance customisation service.
SD - 9(3)

Additional information:

Before the service can be undertaken the Advanced Services declaration form must be sent to NHS England and NHSBSA Prescription Services. On receipt NHSBSA Prescription Services will make the necessary payment arrangements.

(a) Has the Advanced Services declaration form been supplied to NHS England or the relevant preceding PCT?**

☐ Yes

☐ No

** www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013

(b) Has the Advanced Services declaration form been supplied to NHSBSA Prescription Services?

☐ Yes

☐ No

SAC-2: The contractor must be satisfactorily complying with their terms of service and have an acceptable system of clinical governance.
SD - 9(4)(a)

Are you complying with your terms of service as set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 including having an acceptable system of clinical governance?

☐ Yes

☐ No

SAC-3: The contractor has procedures in place to ensure referral of a patient to the prescriber of the appliance in any case where—a customised stoma appliance is not suitable for further customisation, or a stoma appliance has been customised and is not a proper fit for the patient.
SD - 9(4)(b)

Additional information:
NHS England may wish to see the procedures for referral.

Do you have appropriate referral procedures in place to ensure the referral of a patient: Where a customised stoma appliance is not suitable for further customisation?

☐ Yes ☐ No

Do you have appropriate referral procedures in place to ensure the referral of a patient: Where a stoma appliance has been customised and is not a proper fit?

☐ Yes ☐ No

SAC-4: Stoma appliance customisation must be provided at an ‘acceptable location.’ This means either an area within the premises which-is distinct from the general public areas,at all times when stoma appliance customisation services are being provided is clearly designated as a private area,is suitable and designated forthe retention of appropriate equipment for stoma appliance customisationthe carrying out of modification of stoma appliancesthe volume of stoma appliances that may be customised at any given time.

Or an area elsewhere than at the contractor’s premises which-is distinct from the general public areas of the premises in which it is situated,at all times when stoma appliance customisation services are being provided is clearly designated as a private area, andis suitable and designated forthe retention of appropriate equipment for stoma appliance customisationthe carrying out of modification of stoma appliancesthe volume of stoma appliances that may be customised at any given time.

SD - 9(5)

Additional information:
NHS England may arrange to visit the premises to review the area where stoma appliance customisation will be carried out to ensure compliance with the requirements for an acceptable location.

Does the area in which the stoma appliance customisation is being carried out comply with all the requirements for an ‘acceptable location’?

☐ Yes within the premises

☐ Yes at alternative premises

☐ No

Address of alternative premises:

SAC-5: Where stoma appliance customisation services are to be provided elsewhere than at the contractor's premises, procedures must be in place to ensure co-operation with any reasonable inspection or review of the premises by NHS England of the area where the services are provided.
SD - 9(6)

Additional information:

NHS England may arrange to visit to review the area where stoma appliance customisation will be carried out to ensure compliance with the requirements for an acceptable location.

If the service is provided elsewhere than at the contractor's premises, are suitable arrangements in place to co-operate with a reasonable inspection by NHS England?

☐ Yes

☐ No

SAC-6: Only appropriately trained and qualified persons are permitted to customise a stoma appliance
SD - 10(2)(a)

Additional information:

NHS England may wish to see evidence of qualifications and training.

Do you have evidence of the training and qualifications for the persons carrying out the service?

☐ Yes

☐ No

SAC-7: A record of each stoma customisation must be completed containing-details of advice given;the type of stoma appliance customised;dimensions used in respect of the modification of parts of the appliance;measurements of the patient (if taken);dimensions of any template made or modification of any existing template;any referrals made to the prescriber; andsuch other details as may be specified in the arrangements made with the contractor.
SD - 10(2)(b) and (c)

Additional information:
NHS England may wish to see a sample of anonymised records during a monitoring visit.
NHS England may, when making arrangements for a monitoring visit, ask that a number of records be anonymised for monitoring purposes. As the records must be retained for at least 12 months, a sample of 5% of completed records over the previous 12 months would be appropriate if the record is on paper. Where electronic records are kept, anonymisation may be automatic, in which case, a greater number could be made available for monitoring purposes.
Note: Stoma appliance customisation records may be in the form of an electronic record and may be stored electronically.

Do you keep appropriate records according to the requirements?
☐ Yes ☐ No

SAC-8: Each record must be retained for a minimum period of 12 months or such longer period as NHS England may reasonably require. SD – 10(2)(d)

Additional information:
NHS England may require that you retain records for a period longer than 12 months

How long do you store the stoma appliance customisations dataset for?

SAC-9: A copy of the record must be supplied to the patient or, if requested by the patient, to the prescriber or another health care professional.
SD - 10(2)(e)

Additional information:
NHS England may wish to see the procedures for providing copies.

Do you have suitable arrangements for providing a copy of the record to either the patient or the prescriber or healthcare professional as required?

☐ Yes ☐ No

You can use the 'Back' and 'Next' buttons at the bottom of the questionnaire to check questions you have answered. Once you have submitted the questionnaire you cannot amend your response.

Please ensure you click the submit button below to complete the questionnaire and send us your response.