

### 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.

If you have a query about accessing or using this questionnaire, please email [pharmacysupport@nhsbsa.nhs.uk](mailto:pharmacysupport@nhsbsa.nhs.uk), including your pharmacy ODS/F code and pharmacy contact details in your message.

If you have any other queries please refer to the Community Pharmacy England website [www.cpe.org.uk](http://www.cpe.org.uk).

## **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.

If you have a query about accessing or using the questionnaire, please contact [pharmacysupport@nhsbsa.nhs.uk](mailto:pharmacysupport@nhsbsa.nhs.uk) and include the details of your pharmacy including your ODS/F code.

If you have any other queries please refer to the Community Pharmacy England website [www.cpe.org.uk](http://www.cpe.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.

# Essential Service 1 - Dispensing pre-visit questionnaire

## **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 the commissioner. 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 Community Pharmacy England website [cpe.org.uk](http://cpe.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](http://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 the discharge medicines service, 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 commissioner 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. The commissioner 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)

## Essential Service 1 - Dispensing pre-visit questionnaire

**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)

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

Yes

No

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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. The commissioner may monitor exemption declarations and the frequency of 'evidence not seen' endorsements. The commissioner 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.*

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

Yes

No



## Essential Service 1 - Dispensing pre-visit questionnaire

**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, the commissioner may discuss how and when this advice is given. Satisfactory evidence includes evidence derived from a check, known as a real time exemption check, of electronic records that are managed by the NHSBSA for the purposes (amongst other purposes) of providing advice, assistance and support to patients or their representatives in respect of whether a charge is payable under the Charges Regulations.*

**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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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 -10(1)(da)

*Additional information:*

*The dispensing SOP could include providing appropriate advice about the benefits of repeat dispensing. During the monitoring visit, the commissioner 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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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)**

- |   |  |
|---|--|
| <input type="checkbox"/> Verbally         | <input type="checkbox"/> Dispensing bags   |
| <input type="checkbox"/> Dispensing label | <input type="checkbox"/> No reminder given |
| <input type="checkbox"/> Other            |  |

**Please specify**

# Essential Service 1 - Dispensing pre-visit questionnaire

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)**

- |   |  |
|---|--|
| <input type="checkbox"/> Verbally         | <input type="checkbox"/> Posters           |
| <input type="checkbox"/> Dispensing label | <input type="checkbox"/> Practice leaflets |
| <input type="checkbox"/> Dispensing bags  | <input type="checkbox"/> No reminder given |
| <input type="checkbox"/> Other            |  |

**Please specify**

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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:*

*The commissioner 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



## Essential Service 1 - Dispensing pre-visit questionnaire

**ES1-12:** Electronic prescribing

Drug Tariff Part VIA – Payment for Essential Services (Pharmacy Contractors)

**Question is not in use for the current survey.**

**Please continue to the next question.**

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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).

ToS 11(2)

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

Yes

No

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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, the commissioner 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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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. The commissioner 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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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:*

*The commissioner 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:  
<https://cpe.org.uk/quality-and-regulations/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.

## Essential Service 1 - Dispensing pre-visit questionnaire

**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:*

*The commissioner 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



## Essential Service 1 - Dispensing pre-visit questionnaire

### 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:*

*The commissioner 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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

The Commissioner has not provided contact details

## Essential Service 1 - Dispensing pre-visit questionnaire

### 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:*

*The commissioner 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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

The Commissioner has not provided contact details

# Essential Service 1 - Dispensing pre-visit questionnaire

## 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

## Essential Service 1 - Dispensing pre-visit questionnaire

**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:*

*The commissioner 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

## Essential Service 1 - Dispensing pre-visit questionnaire

### 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).

ToS - 12(3)

*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

# Essential Service 1 - Dispensing pre-visit questionnaire

## 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



## Essential Service 1 - Dispensing pre-visit questionnaire

**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<sup>\*\*</sup>: 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)

<sup>\*\*</sup> 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

No special arrangements made for out of hours advice

Telephone refers to NHS Direct services

## Essential Service 1 - Dispensing pre-visit questionnaire

**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

## Essential Service 1 - Dispensing pre-visit questionnaire

### 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:*

*The commissioner 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 the commissioner 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 the commissioner. 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 Community Pharmacy England website [cpe.org.uk](http://cpe.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](http://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 the discharge medicines service, 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](http://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 Community Pharmacy England website has available links to training and resources for pharmacy teams at: <https://cpe.org.uk/national-pharmacy-services/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(3)

**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), 9(2b), 9(3), 9(3b)

*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, the commissioner may discuss these criteria with the pharmacist to assess understanding. The commissioner 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 10(1)(d)

**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)

**Question is not in use for the current survey.**

**Please continue to the next question.**

**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, the commissioner 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:*

*The commissioner 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, the commissioner 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:*

*The commissioner 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 any such referrals and/or 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:*

*<https://cpe.org.uk/quality-and-regulations/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:*

*The commissioner 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: <https://cpe.org.uk/quality-and-regulations/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:*

*The commissioner 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:  
<https://cpe.org.uk/quality-and-regulations/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. The commissioner will need to have in place suitable arrangements for the collection and disposal of waste medicines from pharmacies.

**Aims and intended outcomes** To 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 the commissioner. 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 Community Pharmacy England website [cpe.org.uk](http://cpe.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](http://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 the commissioner 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.england.nhs.uk/wp-content/uploads/2021/05/B2159iii-health-technical-memorandum-07-01.pdf>

**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 the commissioner, for the purpose of storing drugs of that description.

ToS - 14(3)(b)

*During the monitoring visit, the commissioner 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 the commissioner does not need to provide collection arrangements for sharps – however, the commissioner does not expect you to accept sharps unless arrangements have been made. Please discuss sharps with the commissioner.*

**\*\*** 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, the commissioner 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 the commissioner 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:*

*The commissioner 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 the commissioner 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 the commissioner. 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 Community Pharmacy England website [cpe.org.uk](http://cpe.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](http://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](http://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.*

*The commissioner 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. The commissioner 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. The commissioner 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: <https://cpe.org.uk/quality-and-regulations/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 commissioner, pharmacists and their staff shall participate, in a manner reasonably requested by the commissioner, in up to six health campaigns in each financial year to promote health messages to users of the pharmacy. Where requested to do so by the commissioner, the pharmacy should record the number of people to whom information has been provided as part of the campaigns and information reasonably requested, which is in an anonymised form if it would otherwise identify any person for the purposes of evaluating the effectiveness of the campaign.

ToS -18

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

- Yes
- No
- Not applicable (the commissioner did not request the information)

**If the commissioner 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 outcomes** To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations To enable people to contact and/or access further care and support appropriate to their needs To minimise inappropriate use of health and social care services.

Completion of this form is required by the commissioner. 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](http://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](http://www.nhs.uk)), the NHS England website, local commissioner 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 the commissioner may provide a list. The commissioner 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:*

*The commissioner 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. The commissioner 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:  
<https://cpe.org.uk/quality-and-regulations/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 the commissioner. 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 Community Pharmacy England website [cpe.org.uk](http://cpe.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](http://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 (SOPs), including SOPs in respect of the discharge medicines service, 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 commissioner 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. The commissioner 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, the commissioner 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:*

*The commissioner 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 registered pharmacies includes a requirement at paragraph 2.2: Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training. See: [https://www.pharmacyregulation.org/sites/default/files/document/standards\\_for\\_registered\\_pharmacies\\_june\\_2018\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/document/standards_for_registered_pharmacies_june_2018_0.pdf)

## ES6-5:

*Additional information:*

*The commissioner 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. The commissioner 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: <https://cpe.org.uk/quality-and-regulations/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.

## Essential Service 7 - Discharge Medicines service

**ES7-1:** The pharmacy shall have appropriate standard operating procedures, including SOPs in respect of the discharge medicines service, dispensing drugs and appliances, repeatable prescriptions and providing advice and support to people caring for themselves or their families. The pharmacist must have procedures in place (as part of its SOPs) for checking at appropriate intervals on days on which the pharmacy premises are open for business whether the pharmacist has received any referrals, which are in the form or manner approved for this purpose by the commissioner.

ToS - 22C(1), 28(2)(c)(v)

*Additional information:*

*The commissioner 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. The commissioner may ask to see the signature sheet during the visit.*

**Does the pharmacy have a discharge medicines service SOP, signed by all relevant staff to say they have read it, understand it, and will follow it?**

Yes

No

**ES7-2:**

**What date was the discharge medicines service SOP last reviewed?**

Month (MM)

Year (YYYY)

**ES7-3:** If the pharmacist receives a DMS referral in respect of a health service patient requesting stage 1 of the service (as well as stages 2 and 3), the pharmacist must, as soon as possible but within 72 hours of receiving the referral (excluding hours of days on which the pharmacy premises are not open for business), as stage 1 of the service review the actions requested and act on those requested act on those requested actions, to the extent that the pharmacist, in the exercise of their clinical judgement, considers appropriate.

TOS - 22C(2)(a)

**Does the pharmacy have sufficient resources (staff) to ensure that DMS referrals are able to be acted upon as requested within 72 hours?**

Yes

No

**ES7-4:** Where deemed appropriate, keep and maintain records of DMS referrals received and of any actions taken.

TOS - 22C(2)(e)

*Additional information:*

*The commissioner 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: <https://cpe.org.uk/quality-and-regulations/the-pharmacy-contract/contract-monitoring/>*

**Have you made any records in relation to DMS referrals during the last 12 months?**

Yes

No

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

- Daily
- Monthly
- Weekly
- Less than monthly

**Where do you keep records of significant interventions?**

- Patient Medication Record
- Separate Computer Record
- Paper Record
- Other

**Please specify**

# 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 the commissioner. 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 Community Pharmacy England website [cpe.org.uk](http://cpe.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](http://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/](http://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 <https://cpe.org.uk/quality-and-regulations/clinical-governance/>*

**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 the commissioner, 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.

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:*

*The commissioner 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:** 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:*

*The commissioner 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:*

*The commissioner 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-7:** 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/ukxi/2009/309/contents/made](http://www.legislation.gov.uk/ukxi/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; or advice 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; and action 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 <https://cpe.org.uk/quality-and-regulations/clinical-governance/>**

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:*

*The commissioner 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:*

*The commissioner may discuss complaints in general during monitoring visits. The commissioner 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.*

**What was the date of your last complaints Annual Report?**

Month (MM)

Year (YYYY)

*Additional information:*

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

**What date was your last complaints Annual Report sent to the commissioner?**

The report was not sent

Month (MM)

Year (YYYY)

**CG-8:** 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.*

*The commissioner 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?*

*The commissioner 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 the commissioner, so the monitoring team will only wish to ensure that you give due consideration to your obligations. The commissioner 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, the commissioner 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-9: Audit programme**

An audit programme is in place, which in each financial year includes at least one clinical audit specified by the pharmacist and one other either clinical or policy based audit which the commissioner will specify.

ToS - 28(2)(b)

*Additional information:*

*The commissioner 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.*

**Which pharmacy based audit have you carried out in the last 12 months?**

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

**CG-10: 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 the commissioner 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-11:** All equipment used in the provision of pharmaceutical services is maintained appropriately.  
ToS - 28(2)(c)(ii)

*Additional information:*

*The commissioner 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-12:** 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, the commissioner 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:*

*Please note this questionnaire is looking at processes for 2022/23. NRLS has now switched to LFPSE. Please ensure staff are registered with LFPSE to record ongoing patient safety events.*

**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.*

*The commissioner may discuss with you the types of learning that arises from investigating critical incidents/near misses. If the opportunity arises, the commissioner 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 the commissioner 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-13:** 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 the commissioner.

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:*

*The commissioner may ask to see the records of the action taken, to assure themselves that the action was taken timeously (in good time). The commissioner 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-14:** 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 the commissioner may ask how you dispose of confidential waste.*

**Do you have an appropriate mechanism for the disposal of confidential waste?**

Yes

No

**CG-15:** The pharmacy should have appropriate safeguarding procedures for service users.  
ToS - 28(2)(c)(viii)

*Additional information:*

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

*Training is available from CPPE. see <https://www.rpharms.com/resources/pharmacy-guides/safeguarding> (members only)*

**Have relevant staff been trained concerning safeguarding procedures?**

Yes

No

*Additional information:*

*The commissioner 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-16-1:** 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 here on the Community Pharmacy England website: <https://cpe.org.uk/digital-and-technology/electronic-health-records/summary-care-record-scr/>*

**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-16-2:** 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 the commissioner 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-16-3:** The pharmacist must ensure that pharmacy staff at the pharmacy premises (including locums) have access to, and are able to send and receive NHSmail from a premises specific NHSmail account, with at least 2 members of pharmacy staff having live, linked NHSmail accounts.  
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-16-4:** Pharmacist must ensure there is a comprehensive and accurate pharmacy profile in respect of the pharmacy premises in the NHS England DoS and must verify and update the information contained in that profile at least once each quarter of the financial year.  
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-16-5:** The pharmacist must ensure that there is a comprehensive and accurate pharmacy profile in respect of the pharmacy premises on the NHS.uk website and must verify and update the information contained in that profile at least once each quarter of the financial year.  
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-17: 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. The commissioner 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-18:** 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:*

*The commissioner 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-19:** 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:*

*The commissioner may ask to see training records during monitoring visits.*

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

Yes

No

**CG-20:** The qualifications and references of all staff engaged in providing NHS services are checked.

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

*Additional information:*

*The commissioner 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-21:** 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:*

*The commissioner may ask to see records during monitoring visits.*

**Do you have evidence of continuous professional development, certification, declarations of competence 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 the commissioner)?**

Yes

No

**CG-22:** Arrangements are in place for addressing poor performance.

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

*Additional information:*

*The commissioner may ask to see records during monitoring visits.*

**Do you have arrangements in place to address poor performance (in conjunction with the commissioner 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:*

*The commissioner 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.*

\*\* <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 the commissioner 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, the commissioner 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 and for the promotion of healthy living.  
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-28:** 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.*

*The commissioner 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-29:** 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

**CG-30:** The pharmacy has a staffing and staff management programme, which includes a requirement that the pharmacist undertakes an approved workforce survey annually, in an approved manner  
ToS 28(2)(e)(iiia)

**Did you submit the annual workforce survey in autumn 2022?**

Yes

No

