

Pharmacy Contracting Team

Community Pharmacy Assurance Framework (CPAF) Feedback Document

This document provides community pharmacies with information on the findings following CPAF visits across the region in 2022/23. The purpose is to identify common themes, share best practice and help those contractors who may be identified for a future CPAF visit.

It is recognised that only a small number of pharmacies were visited, ten across the region. This included community pharmacies and a distance selling pharmacy.

The visits are undertaken by a member of the Pharmacy Contracting Team, accompanied by a Pharmacist Clinical Advisor, and sometimes supported by LPC colleagues, where a pharmacy may have requested their support.

Pharmacies were really welcoming, and feedback received from all parties were that the visits were generally a positive experience.

It's clear from the visits that most pharmacies are meeting the CPAF requirements, in line with the Terms of Service (ToS). This is great news particularly recognising the challenging environment community pharmacy staff are working within. There were a few areas for improvement where it was identified that not all ToS were being met but for the majority of pharmacies, the required change has already been implemented and where issues were identified, they could be easily fixed.

The ICB can support in certain areas. For example, some pharmacies were not aware of local safeguarding contacts and the contact details of appliance contractors. As a result, the Pharmacy Contracting Team will share these with all contractors across the East Region.

Disposal of Unwanted Drugs

This is another area where support can be provided to contractors. Anenta are a managing agent engaged by your ICB to support with clinical waste. During some visits it was evident that some pharmacies were not disposing of waste correctly. If you need support on what needs to be disposed of and where, or if you need any additional appropriately coloured bins, email Anenta on support@anenta.com who will be happy to help.

Additionally, the T28 Waste Exemption Registration, allows pharmacies to denature controlled drugs, which complies with the Misuse of Drugs Regulations 2001. To register your exemption, please refer to the link below:

[Register, renew or change waste exemptions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/register-renew-or-change-waste-exemptions)



We have set out below some areas that pharmacies are encouraged to review– these were common themes that came up in a number of visits and are intended as constructive feedback:

Records of Advice Given to Patients and Reports to Evidence Outcomes

Whilst conducting the CPAF visits it was evident that approximately 50% were not fully aware of running reports directly from the PMR system. This was highlighted when discussing the specific areas of the CPAF questionnaire as noted below:

- Dispensing: where deemed clinically appropriate by the pharmacy, records will be made of advice given and any interventions or referrals made and:
Notify the prescriber of any clinically significant issues arising in connection with the prescription and keep a record of that notification.
- Promotion of Healthy Lifestyles and Signposting: 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 for the pharmacist; and follow up care to the patient.
- Support for Self-Care: 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; and follow-up care for the patient whom the advice has been given.

From speaking with the pharmacies during the visits, it was clear that advice was being given to patients verbally but was often not always being recorded and therefore could not be evidenced for reporting purposes when requested.

Pharmacy staff could record advice, interventions, and referrals manually in a written form as and when a patient presents.

Further support and guidance can be found using the link below:

[Contract monitoring - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk)

Incident Reporting and Arrangements for Analysing and Responses.

It was noted that 40% of the pharmacies visited had issues regarding the reporting and analysing of near misses and incident reporting. Those pharmacies with really robust systems in place could evidence that they were:

- Reviewing near misses and errors regularly and considering the root causes and any contributory factors. If processes needed to change, they implement the required changes to prevent recurrence.
- Discussing near misses and errors at regular staff meetings. They were able to provide evidence of these discussions by sharing copies of minutes taken.
- Reporting near misses and errors to Learn From Patient Safety Events service (LFPSE). This can be actioned by the pharmacy directly or via Head Office if applicable. For more information please refer to the link here: [NHS England » Learn from patient safety events \(LFPSE\) service](#)

More support and guidance can be found here:



[Patient safety incident reporting - Community Pharmacy England \(cpe.org.uk\)](https://cpe.org.uk)

Staff Training and Development

50% of pharmacies visited did not have arrangements in place to evidence staff training and how the development needs of staff are supported. All pharmacies had evidence of some staff training which was positive though most could not demonstrate training had been applied to all members of the team. This includes all pharmacists, regular locums and delivery drivers.

Those pharmacies that did it well, had a training log for each member of staff. This helped to track training courses completed and detailed when training needed to be scheduled and renewed. It helped both staff and line managers know when training was required.

For any pharmacies considering implementing a log, it would be useful to include induction, mandatory training, safeguarding training, data protection - any courses enrolled upon and steps towards completion. The log can also include any training under Pharmacy Quality Scheme (if the pharmacy is participating) so all training is recorded in one place.

Some other “quick wins” for pharmacies:

Practice Leaflets

There were a number of pharmacies not compliant with their practice leaflet. Community Pharmacy England provide templates to support pharmacies. Required information to be included within the practice leaflet is outlined within the NHS Approved Particulars and it is recommended that all pharmacies have a quick review of their leaflet to make sure it's meeting all components.

[NHS England » Approved particulars](#)

[Practice leaflet requirements - Community Pharmacy England \(cpe.org.uk\)](https://cpe.org.uk)

Premises Standard Programme

A small number of pharmacies were not fully compliant with their premises standards, which includes arrangements for compliance in areas of the pharmacy where patients receive NHS services.

Again, it would be really helpful if community pharmacies could have a quick review of the approved particulars to check compliance and rectify any areas that need attention:

[NHS England » Approved particulars – premises](#)

Annual Complaints Review

Some pharmacies had not submitted their annual complaints review. An approved complaints system should be in place that meets the requirements of the Terms of Service and NHS Complaints regulations 2009.

As part of this, pharmacies must maintain a record of complaints received and produce an annual complaints report which must be sent to the ICB on an annual basis using the generic email address: hweicbhv.pharmacy@nhs.net



Some pharmacies didn't realise that nil returns must also be submitted annually by 31st March.

For more information, please refer to Community Pharmacy England.

[NHS complaints procedure - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/nhs-complaints-procedure)

Maintenance Documentation of Equipment

During the CPAF visits 40% were not ensuring that all equipment used in the pharmacy was being maintained appropriately. Pharmacies must ensure that maintenance contracts are in place with their suppliers which will also include regular PAT testing. We recommend you keep a log of all equipment that needs testing with dates of last schedule test and a forward planner detailing when checks are next needed. Enter these dates as "diary/calendar" events to ensure they are not missed. If you use a company to attend the premises and complete all testing for you, ask them to send you a reminder.

Whistleblowing

20% of pharmacies visited were not aware of the pharmacy whistleblowing policy. In line with the ToS pharmacies are required to have arrangements in place, which must include a written policy.

For more information and guidance please refer to the link below:

[Raising concerns \(Whistle-blowing\) - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/raising-concerns-whistle-blowing)

We hope this document is useful for contractors. If you do have any queries, please contact hweicbhv.pharmacy@nhs.net or if you need further support, please contact your Local Pharmaceutical Committee.

