

## Community Pharmacy Assurance Framework 2007/08

### Introduction

The NHS Primary Care Contracting team and PSNC have been working with the NHS, pharmacists and pharmacy organisations to revise the Community Pharmacy Assurance Framework (CPAF), in the light of experience gained over the first two years of the new pharmacy contract.

Experience has shown that the use of a pre-visit questionnaire has enabled visiting teams to concentrate on priority areas, and can also reduce the time spent in the pharmacy. Aligning the pre-visit questionnaire, the monitoring visit and the Contract Workbook produced for pharmacy contractors by PSNC minimises duplication, and helps ensure the components of the pharmacy contract are fully met. A pre-visit questionnaire template is now included within this framework. The new pre-visit questionnaire and monitoring visit sections of each of the CPAF elements should be used together during the monitoring visits to enable a complete picture of the service requirements to be reviewed by PCTs and contractors.

It has also been suggested that contractors and PCTs would find it useful to include a mechanism to receive formal feedback on the PCT approach to contract monitoring in terms of pre and post visit processes. We have included a template feedback form for contractors. This could be used for both pre and post visit comments from the contractor and may be usefully included in any post monitoring report.

We have mapped the references for the Core and Developmental Standards of Standards for Better Health against each of the requirements, and have also identified the precise location of each part of the Terms of Service referred to.

The Clinical Effectiveness Programme elements of ES8 have been expanded in this re-drafted CPAF and we would be interested to hear from PCTs and contractors on their approaches to demonstrating clinical effectiveness under the contractual framework requirements and any examples of good practice in this area.

Primary Care Trusts have sought advice on the monitoring of pharmacies that open under the exemption for pharmacies offering to provide pharmaceutical services for at least 100 hours per week and internet pharmacies. A template monitoring form, prepared by Chorley and South Ribble Primary Care Trust, has been available on the NHS Primary Care Contracting website for some time, and we have included it in this framework. This is included as an illustrative example and PCTs should adapt it for local purposes or develop their own. Monitoring should be done consistently across all pharmacy contractors, but internet pharmacies may pose a unique challenge to PCTs in terms of monitoring and PCC would be interested in hearing from any PCTs who have developed models of good practice in this area.

Some of the questions that have been asked by Primary Care Trusts since the introduction of the Community Pharmacy Assurance Framework concern the action that can be taken in the event of non-compliance. The Department of Health published guidance, which we have now incorporated into this Framework.

To sit alongside this updated CPAF, a stakeholder group has also further reviewed and updated the 'Strategic Tests' for PCTs, bringing them in line with the new commissioning agenda within the NHS. This document is also included as part of the resource pack for PCTs and SHAs.

Although the use of the Community Pharmacy Assurance Framework is not mandatory, we hope that Primary Care Trusts will continue to use it, and we welcome comments and suggestions that can be used to refine it further year on year. Any examples of good practice, such as those outlined above, would be gratefully received and the continued feedback of PCTs and contractors on the use of the CPAF is useful for future developments in the suite of resources. Any comments or examples can be submitted to the PCC Team at [cpaf@pcc.nhs.uk](mailto:cpaf@pcc.nhs.uk).

## Components of the framework

1. Principles underpinning the development of this resource
2. Use of the framework
3. Pre-visit questionnaire declaration template
4. Contractor feedback - pre and post visit feedback on PCT approach
5. Essential Service 1 - Dispensing
  - Essential Service 2 – Repeat dispensing
  - Essential Service 3 – Disposal of unwanted medicines
  - Essential Service 4 – Promotion of healthy lifestyles
  - Essential Service 5 - Signposting
  - Essential Service 6 – Support for self care
  - Essential Service 8 – Clinical governance
6. Advanced Services – Medicines Use Review
7. Monitoring of hours and Directed Services
8. Guidance on non-compliance
9. Top Ten Tips for using the Community Pharmacy Assurance Framework
10. Community Pharmacy Strategic Commissioning Tests – realising the benefits of the contractual framework – PCT performance against the Strategic Tests

## Principles underpinning the development of this resource

| <b>Key principles for Monitoring Community Pharmacy Contractors' compliance with the contractual framework</b>   |  |
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| <p><b>1. Consistency</b></p> <p>Monitoring the contractual framework for community pharmacy should be in line with other key workstreams and principles adopted across NHS organisations/staff groups and providers locally and nationally, and be generally the same wherever it is applied in terms of location or type of provider. This should not detract from allowing some local flexibility, this is helpful and constructive to the monitoring process for both PCTs and providers.</p> | <ul style="list-style-type: none"> <li>• National policy, e.g. Standards for Better Health</li> <li>• Primary care agendas</li> <li>• Reflect monitoring arrangements for the Quality and Outcomes Framework</li> <li>• Consistency across SHA and PCT boundaries</li> <li>• Consistency between types of pharmacy (e.g. independent, multiple, internet)</li> </ul>   |
| <p><b>2. Collaborative/Supportive</b></p> <p>Full engagement of potential stakeholders in the development of and implementation of the monitoring tool will be crucial to maximising the opportunities for quality improvements in pharmaceutical services.</p>  | <ul style="list-style-type: none"> <li>• Transparency of requirements and clarity of purpose – there should be no surprises</li> <li>• Collaboration locally with contractors, other health care/pharmacy providers, patient groups, LPC</li> <li>• Team approach – PCTs may consider using one team to monitor all primary care contractors</li> <li>• Collaboration with other agencies including for example, Healthcare Commission, Audit Commission, RPSGB, Patient Forums, Overview and Scrutiny Committees etc., to promote sharing of resources, surveys, reports, audit, avoid duplication of effort and limit burden on contractors</li> <li>• Compromise between 'light touch' and over-regulation</li> </ul> |
| <p><b>3. Clarity of purpose</b></p> <p>Each element of the monitoring should have a clear purpose <b>and</b> be legally robust in order to justify PCT decisions on performance.</p>   | <ul style="list-style-type: none"> <li>• Do they measure what they are intended to measure – how far should the evidence demonstrate quality of service and improvements in patient care versus a 'tick-box' exercise?</li> <li>• Measure of strict compliance with requirements of regulations (e.g. YES/NO)</li> <li>• What are the limits of PCT authority to require 'extra' evidence?</li> <li>• Measure of degree of compliance with regulations (e.g. how far has compliance been achieved)?</li> <li>• How will the results be used (e.g. lead to action plan by contractor for improvement, lead to action by PCT for development/support, inform future monitoring)?</li> </ul>                                |
| <p><b>4. Ease of use</b></p>   | <ul style="list-style-type: none"> <li>• The evidence required should be reasonably straightforward to collect and not too time consuming</li> <li>• An initial self-assessment by contractors may help reduce time and breadth of inspection and allow PCTs and contractors to focus on areas for development and support</li> </ul>  |

## Use of the framework

The format of the Community Pharmacy Assurance Framework documentation has been amended by the addition of pre-visit questionnaire questions, which build upon the self assessment forms used by some PCTs. Within each of the services, the first section consists of the pre-visit questionnaire – the information requested could all be produced in advance of a visit, and it is suitable for self declaration (subject to appropriate levels of PCT verification).

The second section contains the matters for which assessment by a monitoring team is more appropriate.

In both sections, paragraph numbers of the Chemists' Terms of Service and the Core and Developmental Standards of S4BH are included, so that PCTs and pharmacy contractors can quickly access the relevant provision.

In a number of instances in the frameworks there is reference to pharmacies demonstrating their processes and staff understanding of them, via the existence of a SOP. Where it is not a **requirement** to have a SOP, this has been made clear, but rather a suggested good practice route for pharmacies to evidence their compliance.

### **Pre-visit Questionnaire**

Primary Care Trusts can decide if they are to ask pharmacy contractors to complete a pre-visit questionnaire, and contractors can choose to do so, or decline. However, if the contractor does not return a pre-visit questionnaire, then the monitoring visit may be lengthened, so that those points can be assessed during the visit. The pre-visit questionnaire contains notes which are intended to inform the contractor why the information is sought, and the checks that may be carried out during the monitoring visit, and therefore may be reassuring to the contractor and encourage completion and return.

### **Monitoring documentation**

As an alternative to separating out the pre-visit questionnaire, Primary Care Trusts could send the complete documentation to the contractor, asking for completion of the greyed out boxes, and return of the whole document. When this is returned, the whole document can then be taken for completion by the monitoring team – so keeping all the documentation together. It also informs the contractor of the monitoring process – and the questions that are likely to be asked.

Primary Care Trusts have used the Community Pharmacy Assurance Framework and monitoring visits to highlight areas of good practice, or to remind contractors of legislative matters for which the Primary Care Trust does not have a monitoring role. In order to continue these very beneficial reminders, without leading to concern by contractors that monitoring reports contain 'non enforceable 'good practice', these are included in the self assessment sections, some useful tips are set out under the heading 'Don't forget'