## Annex 2. Annual self-declaration form

### ICB Assurance Framework

### Delegated Primary Care Functions - Self-certification

For each question, please rate your response following the key provided below. Full details of what assurance is required for each domain is set out in Table 1 of the Framework.

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| --- | --- |
| **Red** | Non-compliant |
| **Amber** | Compliant but some risks identified |
| **Green** | Fully compliant |

|  |  |
| --- | --- |
| **ICB Name** |  |
| **Year to which certification applies** |  |

|  |  |  |
| --- | --- | --- |
| **General** | | |
|  | **R/A/G Rating** | **Comments** |
| **Compliance with the Delegation Agreement**  Has the ICB complied with the terms and associated responsibilities and measures required to ensure the effective and efficient exercise of the Delegated Functions? |  | If Red or Amber, please provide further details |
| **Governance structures**  Does the ICB have the appropriate governance structures for the delegated functions in place to enable the commissioning and delivery of high quality care |  | If Red or Amber, please provide further details |
| **Pharmaceutical Services** | | |
|  | **R/A/G Rating** | **Comments** |
| **Compliance with mandated Guidance issued by NHS England** | | |
| Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Pharmacy Manual)? |  | If Red or Amber, please provide further details |
| **Service provision and planning** | | |
| Has the ICB been actively involved with all Pharmaceutical Needs Assessments (PNA) in their area, as undertaken by HWBs in year? |  | If Red or Amber, please provide further details |
| Has the ICB assured itself that there are no material gaps (as defined by the PNA) in pharmaceutical provision and has it taken action to address any gaps identified? |  | If Red or Amber, please provide further details |
| Can the ICB confirm that all payments made to community pharmacy contractors, dispensing appliance contractors and dispensing doctors are as outlined in the Drug Tariff, in line with usual NHSBSA custom and practice or are made within other formal contractual routes (e.g. LPS contracts or NHS Standard Contract)? |  | If Red or Amber, please provide further details |
| Can the ICB confirm that all contracts put in place for local enhanced services are in line with [The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf)? |  | If Red or Amber, please provide further details |
| Has the ICB obtained written consent of NHS England prior to making any new LPS schemes? |  | If Red or Amber, please provide further details |
| Can the ICB confirm that all applications for the Pharmaceutical List received by the ICB related to community pharmacy contractors, dispensing appliance contractors and dispensing doctors have been decided within their regulatory timescales? Reasons should be provided where this is not the case. |  | If Red or Amber, please provide further details |
| **Contractor/ Provider compliance and performance** | | |
| Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary. |  | If Red or Amber, please provide further details |
| Can the ICB confirm that contractors have completed the Community Pharmacy Assurance Framework (CPAF) and it has taken appropriate action where this is not the case? |  | If Red or Amber, please provide further details |
| **Primary Ophthalmic Services** | | |
|  | **R/A/G Rating** | **Comments** |
| **Compliance with mandated Guidance issued by NHS England** | | |
| Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Eye Health Policy Book)? |  | If Red or Amber, please provide further details |
| **Service provision and planning** | | |
| Can the ICB confirm that it has the necessary processes in place to plan and manage service provision. |  | If Red or Amber, please provide further details |
| **Contracting** | | |
| Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently. |  | If Red or Amber, please provide further details |
| **Contractor/ Provider compliance and performance** | | |
| Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary. |  | If Red or Amber, please provide further details |
| **Dental Services** | | |
|  | **R/A/G Rating** | **Comments** |
| **Compliance with mandated Guidance issued by NHS England** | | |
| Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Policy Book for Primary Dental Services)? |  | If Red or Amber, please provide further details |
| **Service provision and planning** | | |
| Can the ICB confirm that it has the necessary processes in place to plan and manage service provision. |  | If Red or Amber, please provide further details |
| **Contracting** | | |
| Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently. |  | If Red or Amber, please provide further details |
| Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support? |  | If Red or Amber, please provide further details |
| **Contractor/ Provider compliance and performance** | | |
| Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary. |  | If Red or Amber, please provide further details |
| **Primary Medical Services** | | |
|  | **R/A/G Rating** |  |
| **Compliance with mandated Guidance issued by NHS England** | | |
| Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Primary Medical Care Policy and Guidance Manual? |  | If Red or Amber, please provide further details |
| **Service provision and planning** | | |
| Can the ICB confirm that it has the necessary processes in place to plan and manage service provision |  | If Red or Amber, please provide further details |
| **Contracting** | | |
| Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support? |  | If Red or Amber, please provide further details |
| Does the ICB have processes to implement Premises Costs Directions Functions? |  | If Red or Amber, please provide further details |
| **Contractor/ Provider compliance and performance** | | |
| Has the ICB got the appropriate systems and processes in place to manage quality and performance of providers? Has the ICB taken appropriate action where necessary. |  | If Red or Amber, please provide further details |