



# Community Pharmacy and the NHS Quality agenda



**'Quality at the heart of  
everything the NHS does'**

# Quality needs to remain the guiding principle

In the light of the current economic climate, the focus on quality is ever more important. We need to face the tough challenge of making efficiency savings whilst driving quality improvement in the NHS.

Sir David Nicholson, NHS Chief Executive

# Context - NHS Next Stage Review



**Patient, staff and public engagement**

# A definition for Quality

Will I be protected from healthcare acquired infections and avoidable accidents?

Safety

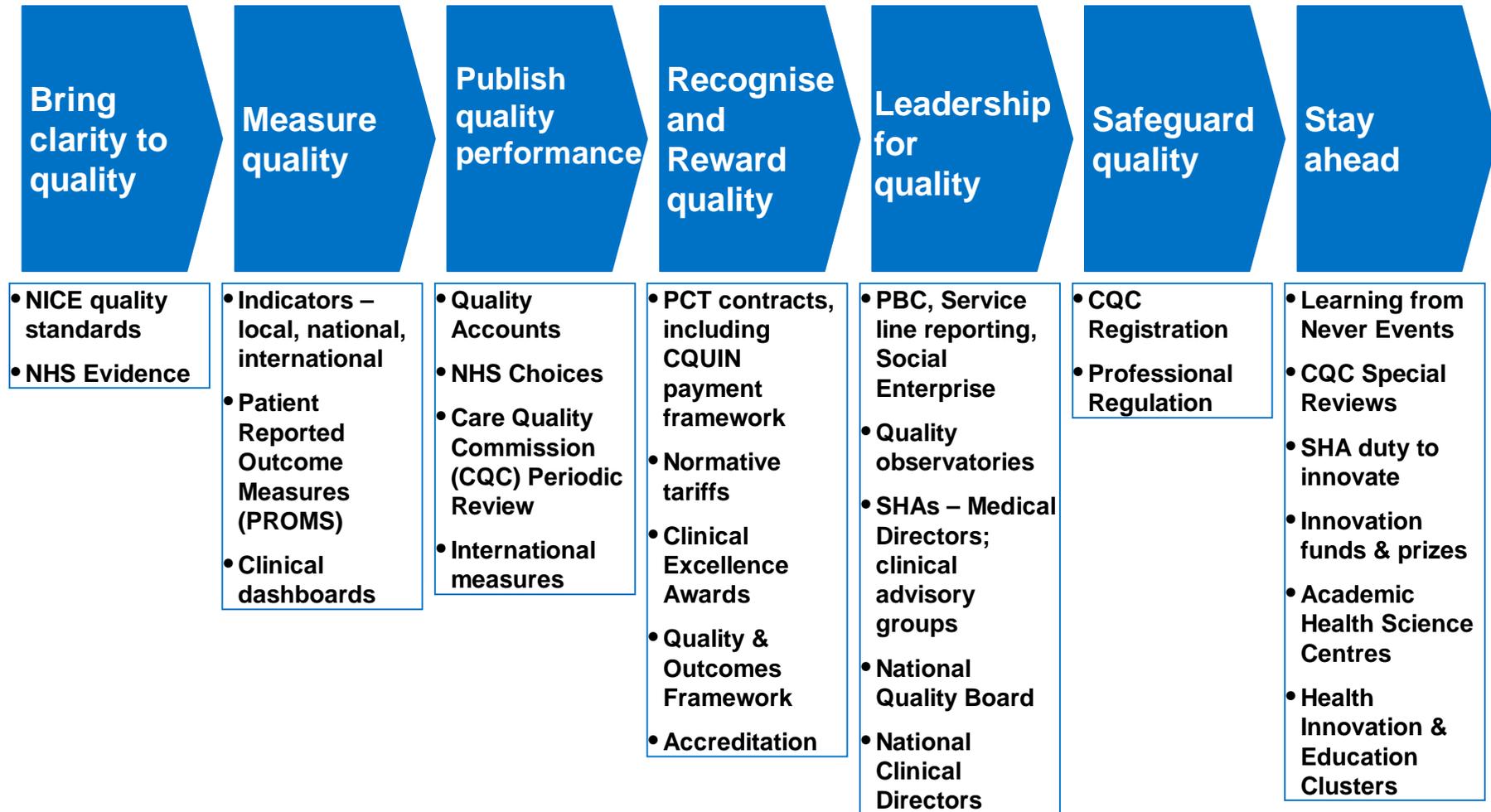
Effectiveness

Experience

What will my experience of the NHS be like?  
Will I be treated with compassion, dignity and respect in a clean, safe and well managed environment?

How will my clinical procedure be carried out?  
What will its result be?  
What about my quality of life after treatment?

# A Quality Framework to enable quality improvement



# National Quality Board

- A multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS

# National Quality Board

- Key functions of the Board are to:
  - ensure the overall alignment of the quality system
  - deliver on specific technical responsibilities
    - to oversee the work to improve quality indicators
    - advise the Secretary of State on the priorities for clinical standards set by NICE
    - make an annual report to the Secretary of State on the state of quality in England using internationally agreed comparable measures
  - assume a wider leadership responsibility for driving the quality agenda and acting as a 'powerhouse for change'

# So how does this apply to pharmacy?

In lots of ways – a few include:

- Revision of the contract's clinical governance framework
- Quality Accounts
- Supplementary/performer lists
  - Safeguarding Vulnerable Groups Act
- PNAs being used as a commissioning tool for high quality services...
- White Paper - development of easily measurable metrics for pharmacy services

# So how does this apply to pharmacy?

- White Paper – devise proposals to ensure effective arrangements are in place to address unwarranted variations in standards and quality of service delivery
- Health Act 2009 powers - more effective performance management tools
  - Remedial action notices
  - Withholding payment
- General Pharmaceutical Council
  - Review of CPD
  - Revalidation (under development)
  - Premises standards

# Clinical governance – current contract requirements

- Identifiable CG lead
- Practice leaflet
- Patient experience questionnaires
- Complaints procedure
- Clinical audits (x2 per year)
- Patient safety incident recording and reporting to National Patient Safety Agency
- Analysis of critical incidents
- Standard Operating Procedures
- Evidence of Pharmacist CPD
- Employment procedures, e.g. induction of staff
- Maintenance of patient records

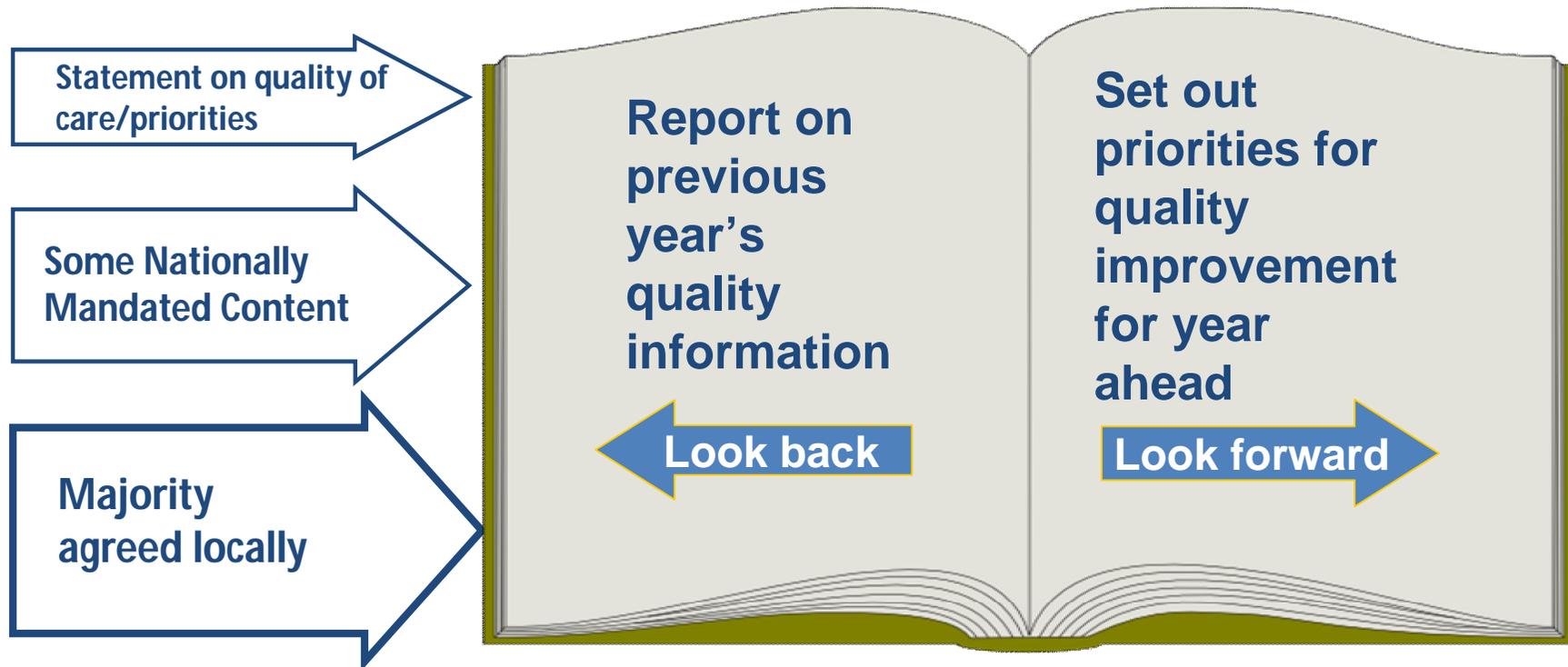
# New clinical governance requirements

# Quality accounts

- Proposal from Darzi review
- Already a requirement for some Trusts
- Initial development of primary care model being undertaken now
- Trials taking place in North East and East of England

# What is a Quality Account?

Annual reports to the public from providers of NHS healthcare on the quality of services that they deliver



# Publish quality performance



The evidence base about the impact of quality reporting – it does lead to quality improvement because providers care about their reputation.

# The aim of Quality Accounts



# Aims of the pilot

- To ensure that the duty to provide a Quality Account can reasonably be extended to primary care in 2011
- To explore the benefits and challenges involved in producing and publishing Quality Accounts in primary care
- To explore the potential form and content for the final requirement – both mandated and advisory
- To use the experiences of those involved in the testing to inform best practice guidance for others when the requirement is introduced
- To assess the costs, burden and other impacts, including the relationship with other initiatives

# Assurance of Quality Accounts

- To ensure they are trustworthy – the reader needs to know that they are:
  - **accurate** – the data are correct
  - **fairly interpreted** – the conclusions drawn from the data are justifiable
  - **representative of services** – in terms of both the range provided and showing improving as well as positive results
- Process for primary care to be determined – may involve PCT, LINKs, OSC

# Challenges for Pharmacy

- Involving patients in the process in a meaningful way
- Cost and time burden
- A lack of indicators and data

# Coverage and timetable

Organisation type* (Common names)	Services provided	Date of regulations coming into force	Reporting year for first Quality Account	Publication date for first Quality Account
Acute Trust	Acute Ambulance Community services Mental Health Services	1 April 2010	2009-10	June 2010
Foundation Trust				
Ambulance Trust				
Learning Disability Trust				
Care Trusts (other than PCT care trusts)				
Mental Health Trust				
PCT provider arm	Community services Primary care Out of hours care Urgent care providers NHS Walk in centres	1 April 2011	2010-11	June 2011**
PCT care trusts				
GP	Primary care Community services Out of hours care	1 April 2011	2010-11	June 2011**
Dentist				
Community pharmacist				
Dispensing Appliance Contractors				
Optometrist				

\* - and independent / voluntary sector equivalents

\*\* - subject to the evaluation and testing exercise

# Measuring Quality

- Pharmacy White Paper proposed development of easily measurable metrics for pharmacy services – currently being developed
- Lack of patient registration presents a challenge when developing clinically focussed indicators/metrics
- Separating out pharmacy's input into patient outcomes is challenging in a team environment
- Pharmacy IT currently doesn't support collection of useful quality data

# Quality indicator examples

- % of prescription interventions
- Number of public health interventions
- Self-care interventions
  - Number of consultations (+/- sale of medicine)
- % owing prescriptions
- % or dispensing errors/near misses

None of these are perfect examples – your thoughts are welcomed!

# Questions and Comments



# New clinical governance requirements

- Implementation – during 2010/11
- Annual review of practice leaflet
- Public information on services should clearly indicate which services are NHS funded

# New clinical governance requirements

- Patient survey - produce an action plan that:
  - summarises the results of the survey
  - summarises the findings of the previous year's survey
  - reports on the activities undertaken in the past year to address patient experience issues
  - sets priorities for the next two years
  - describes how the pharmacist will report the findings to patients
  - describes the plans for achieving the priorities
  - considers the case for collecting additional information on patient experience, for example through surveys of patients with specific illnesses, or consultation with a patient group

# New clinical governance requirements

- Biennial review of SOPs or if there is a material change
- Former child protection arrangements updated to cover safeguarding all vulnerable groups
- Whistle blowing policy
- Cost effectiveness – when re-ordering patients' repeat prescriptions

# New clinical governance requirements

- Patient safety notices, alerts and other communications concerning patient safety issued by the MHRA, NPSA and DH should be acted upon within required timescales
- Cleanliness and infection control measures – systems to ensure that the risk of health care acquired infection to patients is reduced
- Pharmacy development plan - an annual summary of its clinical governance actions which is shared with the PCT

# Pharmacy development plan

- reviewing and learning from complaints (with appropriate audit and action plan)
- patient engagement (including patient survey feedback)
- actions taken wrt patient safety notices
- intervention recording – at least 52 per year (linked to prescription volume)
- training log
- critical incident audit
- SOP development plan
- service development plans
- relationships with others