

# Community Pharmacy Clinical Governance Assessment

## Name and address of Pharmacy

Name of Pharmacy _____	PCG/PCT/LHG Area _____
Address _____	
_____	
_____	
_____	
_____	

### A) Continuing professional development

#### 1. Pharmacists

How many pharmacists practise in the pharmacy?

How many of these pharmacists have personal development plans?

How many of these pharmacists are subject to annual appraisal?

Full time	Part time	Regular locum

#### 2. Pre-registration Graduates

Is the pharmacy approved for pre-registration graduate training?

Is a pre-registration graduate currently undergoing training in the pharmacy?

Yes	No

#### 3. Dispensers

How many dispensers does the pharmacy have?

How many of these

a) have a recognised dispensing qualification?

b) are working towards a qualification?

c) have a personal development plan?

d) are subject to annual appraisal?

#### 4. Medicines Counter Assistants

How many medicines counter assistants does the pharmacy have?

How many of these

a) have a recognised medicines counter assistant qualification?

b) are working towards a qualification?

c) have a personal development plan?

d) are subject to annual appraisal?

## B) Evidence based practice

### 5. Reference sources

Does the pharmacy hold current versions of the following books:

	Yes	No
Martindale: The Complete Drug Reference		
British National Formulary		
Medicines, Ethics and Practice		
Data Sheet Compendium		
Drug Tariff		

Yes	No

Do you keep any other reference material in the pharmacy?

(Please give details of other reference sources kept in the pharmacy)

### 6. Electronic reference sources

	Yes	No
Do you have access to the internet in the pharmacy?		
Do you have access to electronic sources of information (e.g. e-BNF, Martindales on-line, etc)?		

(Please give details of electronic reference sources kept in or accessible through the pharmacy)

### 7. Other reference sources

Do you have up to date copies of

	Yes	No
Local GP formularies		
Local prescribing/clinical guidelines		

Do you have a system for dissemination of new information received, such as local prescribing/clinical guidelines, within the pharmacy?

Yes	No

## C) Audit

8. Have you undertaken any audits in the past year?

Yes	No

(Please give brief details of any audits conducted over the past year.)

Topic(s) audited \_\_\_\_\_ Main changes/improvements made \_\_\_\_\_

**D) Research and Development**

9. Have you undertaken any research projects in the past year?

Yes	No

(Please give details of projects completed or on-going)

**E) Effective monitoring of clinical care**

**10. Patient Medication Records**

Do you keep patient medication records (PMRs)?

Are the PMRs computerised?

Does the pharmacy computer provide warnings about interactions?

Yes	No

Do you record clinical details about your regular patients (e.g. diagnosis, allergies, etc.)?

All regular patients

Most regular patients

Some regular patients

None


When you make a serious intervention with a GP or a patient, do you make a record either in the PMR or a separate place?

All of the time

Most of the time

Some of the time

Never


**F) Risk Management**

**11. Procedures**

Does your pharmacy have written procedures for the following?

Purchasing of medicines from bona fide suppliers

Dispensing process from receipt to handing out

Extemporaneous dispensing

Dealing with drugs alerts/recalls

Health & Safety

Complaints

Yes	No

Dispensing errors

Expiry date checking

Monitored dosage systems (if used)

Disposal of waste

Delivery of medicines

Induction of locums

Yes	No

## 12. Record keeping

Do you keep records of the following?

	Yes	No
Fridge temperature		
Fridge cleaning		
Freezer compartment defrosting (if applicable)		
Tablet counter cleaning		
Storage checks		
Dispensing errors		

How frequently do you have the balances serviced?

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How frequently do you have the electronic tablet counter(s) serviced?

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13. Do you have any other systems for managing/reducing risk?

## G) Confidentiality

14. Do you have written procedures for ensuring patient confidentiality?

Yes	No

## H) Public involvement

15. Do you involve the public in evaluating or planning your services?  
(E.g. customer satisfaction surveys, focus groups, etc.)

Yes	No

## Comments

Please add comments or give any additional information in the space provided.

**Community Pharmacy Clinical Governance  
Assessment – Additional Services**

# Health screening (e.g. cholesterol testing)

## 1. Screening services

What screening services do you provide?

Blood pressure monitoring	<input type="checkbox"/>
Cholesterol testing	<input type="checkbox"/>
H pylori testing	<input type="checkbox"/>
Osteoporosis testing	<input type="checkbox"/>
Pregnancy testing	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

Which service does this answer refer to?

Blood pressure monitoring	<input type="checkbox"/>
Cholesterol testing	<input type="checkbox"/>
H pylori testing	<input type="checkbox"/>
Osteoporosis testing	<input type="checkbox"/>
Pregnancy testing	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

**PLEASE NOTE - If you provide more than one screening service, please photocopy these pages and complete one per service provided.**

## 2. Procedures

Does your pharmacy have written procedures for the following?

	Yes	No
Patient consent	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
History taking	<input type="checkbox"/>	<input type="checkbox"/>
Counselling patients about the limitations of the test	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting the results	<input type="checkbox"/>	<input type="checkbox"/>
	<b>N/A</b>	<input type="checkbox"/>
Blood sampling	<input type="checkbox"/>	<input type="checkbox"/>
Testing the sample	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of clinical waste	<input type="checkbox"/>	<input type="checkbox"/>
Servicing of machines	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Training

Have all those who may provide the service in the pharmacy satisfactorily completed a training programme provided by the supplier?

Yes	No

Has any further training on health screening been undertaken?

Please give details of any further training undertaken

### 4. Testing

Do you conduct the test on the premises?

Yes	No

**If No, go to Question 5**

How often are the machines serviced?

Are you a member of an external quality assessment scheme?

Yes	No

If Yes, please state which scheme.

Do you send blind samples to an external laboratory in order to validate your procedures?

Yes	No

If Yes, how frequently do you do this?

Do you have another quality assurance mechanism?

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If Yes, please give details below.

### 5. Evaluation

Do you keep records of the following?

The results of screening tests with full patient identification details.

Servicing of machines.

Quality assurance results.

Yes	No

# Domiciliary oxygen services

## 1. Procedures

Does your pharmacy have written procedures for the following?

	Yes	No
Storage of cylinders		
Delivery		
Servicing of equipment		
Patient counselling		
Record keeping		

## 2. Servicing

How often is the oxygen equipment serviced?

## 3. Training

Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on domiciliary oxygen services?

Has any further training on domiciliary oxygen services been undertaken?

Please give details of any further training undertaken

Yes	No

## 4. Evaluation

Do you keep records of the following?

	Yes	No
Number of sets, cylinders and other equipment out on loan		
The patient's full name, address and telephone number		
The prescriber's name, address and telephone number		
Advice given to patient on home visits		
Visits made to confirm the condition of equipment and the correct operation of the equipment by the patient or carer		
The unit number and service record, related to individual patient		
Any training undertaken by the pharmacist or staff in the use of oxygen equipment		

# Services to residential and/or nursing homes

## 1. Procedures

Does your pharmacy have written procedures for the following?

Dispensing for residential and nursing homes

Frequency of visits

Monitored dosage systems (if used)

If Yes, does the procedure include:

Interim supplies

Changes to medication

Controlled drugs

Recording of advice given (if conducted)

Medication reviews (if conducted)

	Yes	No
Dispensing for residential and nursing homes		
Frequency of visits		
N/A		
Monitored dosage systems (if used)		

Interim supplies		
Changes to medication		
Controlled drugs		
Recording of advice given (if conducted)		
Medication reviews (if conducted)		

## 2. Training

Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on services to residential/nursing homes?

Has any further training on services to residential/nursing homes been undertaken?

Please give details of any further training undertaken

	Yes	No
Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on services to residential/nursing homes?		
Has any further training on services to residential/nursing homes been undertaken?		

## 3. Evaluation

Do you keep records of the following?

The date on which the visit was made

Names of individuals seen (patients, care staff and other health professionals)

Clinical interventions made and advice given

Training of care staff (if conducted)

	Yes	No
The date on which the visit was made		
Names of individuals seen (patients, care staff and other health professionals)		
Clinical interventions made and advice given		
Training of care staff (if conducted)		

# Needle and syringe exchange schemes

## 1. Procedures

Does your pharmacy have written procedures for the following?

Minimising the risk to staff and members of the public

Ensuring the security of stock and premises

Seeking to avoid, and action in the event of, needlestick injuries

Dealing with spillage or contamination with potentially infected blood or body fluids

Yes	No

## 2. Training

Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on needle and syringe exchange schemes?

Has any further training on needle and syringe exchange schemes been undertaken?

Please give details of any further training undertaken

Yes	No

## 3. Evaluation

Do you keep records of the following?

Number of clients using the scheme

Number of needles and syringes issued (preferably to each client)

Number of used needles and syringes returned (preferably by each client)

Dates of removal of sharps containers

Yes	No

# Instalment dispensing services

## 1. Procedures

Does your pharmacy have written procedures for the following?

	Yes	No
Ensuring the security of staff, stock and premises		
Staff awareness of perceived health risks involved in providing services to drug misusers		
Seeking to avoid, and action in the event of, needlestick injuries		
Dealing with spillage or contamination with potentially infected blood or body fluids		
Dispensing of daily doses of methadone or other preparations		
	N/A	
Supervised administration of methadone (if conducted)		

## 2. Training

	Yes	No
Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on instalment dispensing services?		
Has any further training on instalment dispensing services or drug misuse been undertaken?		
Please give details of any further training undertaken		

## 3. Evaluation

Do you evaluate the service in any of the following ways?

	Yes	No
Checking the stocks of methadone or other Controlled Drugs		
Monitoring the frequency with which patients come for methadone or other instalment preparations on the prescribed days.		
Monitoring the security arrangements, staff concerns and safety.		