



Royal
Pharmaceutical
Society
of Great Britain



Clinical Governance Support Team

Clinical Governance, Standards for Better Health and the New Community Pharmacy Contract (England & Wales) Making the links

We are all committed to improving standards of practice and in July 2004 the NHS developed the Standards for Better Health. These were developed by the Healthcare Commission and consist of 24 core and 13 developmental standards which set out the level of quality all organisations providing NHS care should meet or aspire to. Copies of the standards can be found at

<http://www.dh.gov.uk/assetRoot/04/08/66/66/04086666.pdf>

It would be helpful to relate these standards to the community pharmacy contract so that PCOs can assess how much progress is being made. To this end the RPSBG and NCGST have undertaken a mapping exercise to demonstrate how the new pharmacy contract links to the standards and where the key sources of evidence can be found. The first table links the core standards to the essential services and highlights evidence that may be available to demonstrate achievement of that standard. The second table shows how pharmacy contractors can contribute towards the PCO achieving the developmental standards

Each PCO has to provide an annual statement of compliance to the Healthcare Commission in relation to the Standards for Better Health. All PCOs, and the organisations they contract with, must currently comply with the core standards and also be taking action in the developmental areas. These tables will allow PCOs to assess where and how their pharmacy contractors are complying with the standards. From a pharmacy contractor's point of view, this document is intended to inform the process and no action is required.

This exercise reflects the good practice already embedded within pharmacy services, although not all organisations will be able to provide all of the evidence at this stage.

This document is intended as guidance for pharmacists and PCOs and is intended to run alongside the Pharmacy Contract monitoring toolkit being produced by Primary Care Contracting (formerly NaTPaCT).

The Standards of Better Health have been mapped to the Pharmacy Contract as outlined in the PSNC booklet 'The New Contract for Community Pharmacy 2004'

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Table 1 – Core Standards

Patient safety	Patient safety continued	Clinical and cost effectiveness	Governance
<p>Core standard 1 – Health care organisations protect patients through systems that:</p> <p>a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents</p> <p>b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales</p> <p>ES8 – 2.3.3, 2.3.4</p> <ul style="list-style-type: none"> Pharmacists are reporting to the NPSA National Reporting and Learning System or localised scheme Drug Alerts acted upon when received Complaints procedure and records Chaperone policy in place <p>Core standard 2 – Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations</p> <p>ES8 – 2.3.11</p> <ul style="list-style-type: none"> Evidence they are aware of RPSGB child protection guidelines <p>Core standard 3 – Health care organisations protect patients by following NICE Interventional Procedures guidance</p> <p>ES6 – 3.1, 3.2 ES8 – 2.4.2, 2.7.1</p> <ul style="list-style-type: none"> PMR's maintained Evidence-Based guidance e.g. NICE, local policy followed when advice given to prescribers or patients <p>This standard will rarely be applicable to community pharmacists.</p>	<p>Core standard 4 – Health care organisations keep patients, staff and visitors safe by having systems to ensure that</p> <p>a) the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA</p> <p>b) all risk associated with the acquisition and use of medical devices are minimised</p> <p>c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities are well managed</p> <p>d) medicines are handled safely and securely</p> <p>e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment</p> <p>ES1 ES2 ES3 ES8 – 2.3.1, 2.3.2, 2.3.7, 2.3.8</p> <ul style="list-style-type: none"> SOP for Dispensing, Repeat Dispensing, Stock control, Medicine storage in place and updated regularly SOP for waste disposal in place (not a contractual requirement) CoSHH adhered to Adverse reaction reporting carried out Record of equipment maintenance checks kept <p>Training for all of the above</p>	<p>Core standard 5 – Health care organisations ensure</p> <p>a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and developing treatment and care</p> <p>ES8 – 2.4.1</p> <ul style="list-style-type: none"> NICE guidance is followed whenever advice is given to prescribers or patients <p>b) clinical care and treatment are carried out under supervision and leadership</p> <p>ES8 – 2.3.9</p> <ul style="list-style-type: none"> Named CG lead Comply with guidelines for supervision of P Meds Protected time for clinical governance for staff available Leadership responsibilities in job description of pharmacist and / or CG lead Link to mentoring schemes e.g. supplementary prescribing Leadership training undertaken if available <p>c) clinicians continuously update skills and techniques relevant to their clinical work</p> <p>ES8 – 2.5.2, 2.5.4, 2.6.1, 2.6.2</p> <ul style="list-style-type: none"> Appraisals carried out Personal Development Plans developed Evidence of CPD Process to notify staff to training courses/ learning materials that may be relevant to their role <p>d) clinicians participate in regular clinical audit and reviews of clinical services</p> <p>ES8 – 2.2.1</p> <ul style="list-style-type: none"> Evidence of audit process showing staff involvement, feedback and outcomes Evidence of participation in Multidisciplinary audit Serious incident reporting to NRLS or local scheme <p>Core standard 6 – Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met</p> <p>ES5 ES8 – 2.1.6, 2.1.7</p> <ul style="list-style-type: none"> Reports of visits by other organisations kept and acted on e.g. PPIF Records of referrals made List of appropriate health & social care providers available Child protection policy followed Local initiatives, PCT policy 	<p>Core standard 7 – Health care organisations</p> <p>a) apply the principles of sound clinical and corporate governance</p> <p>b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resource</p> <p>c) undertake systematic risk assessment and risk management</p> <p>d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources</p> <p>e) challenge discrimination, promote equality and respect human rights</p> <p>f) meet the existing performance requirements set out in the annex</p> <p>ES8 -1.1, 1.3, 2.3.5, 2.3.6</p> <ul style="list-style-type: none"> NHS Pharmaceutical Services Regulations 2005 Analysis of patient surveys Evidence of learning from complaints, significant events & adverse incidents Practice meetings & practice development plans Risk management policy Dispensing SOP including patient charges to ensure probity Antidiscrimination issues (age, faith, disability etc), compliance with Race relations Amendment Act, Human Rights Act Access to interpreters via PCO Chaperone policy in place Annual declaration on controlled drugs <p>Core standard 8 – Health care organisations support their staff through</p> <p>a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services</p> <p>b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under representation of minority groups</p> <p>ES8 – 2.5.1, 2.5.4, 2.5.5</p> <ul style="list-style-type: none"> Whistle blowing policy – local & RPSGB Personal development plans Record of appraisal & induction

Governance continued	Patient Focus	Patient Focus continued	Accessible & responsive care
<p>Core standard 9 – Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required</p> <p>ES8 – 2.1.4, 2.7.2, 2.7.3, 2.7.4, 2.7.5</p> <ul style="list-style-type: none"> Evidence of monitoring of owed stock All staff have a contract Evidence of staff training to fit their role Systems to manage breaches of information <p>Core standard 10 – Health care organisations</p> <ol style="list-style-type: none"> undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies require that all employed professionals abide by relevant published codes of professional practice <p>ES8 – 2.5.3</p> <ul style="list-style-type: none"> ID & Health checks e.g. Hep B RPSGB registration for pharmacists & technicians Evidence of qualifications System to check staff abiding to codes of professional practice Employment legislation <p>Core standard 11 – Health care organisations ensure that staff concerned with all aspects of the provision of health care</p> <ol style="list-style-type: none"> are appropriately recruited, trained and qualified for the work they undertake participate in mandatory training programmes participate in further professional and occupational development commensurate with their work throughout their working lives <p>ES8 – 2.5, 2.6</p> <ul style="list-style-type: none"> Policy on staff development - PDPs Mandatory training where identified Evidence of pharmacist CPD Antidiscrimination issues (e.g. faith, disability etc), compliance with Race relations Amendment Act and Human Rights Act Employment legislation, recruitment processes <p>Core standard 12 – Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied</p> <ul style="list-style-type: none"> Awareness of national & local policy 	<p>Core standard 13a – Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect</p> <p>ES8 2.1.5</p> <ul style="list-style-type: none"> Patient survey carried out and results reviewed Policies on confidentiality & training on this area Customer care training DDA awareness Access to interpreters via PCT Complaints / Suggestions box Monitoring of all the above <p>Core standard 13b – Health care organisations have systems in place to ensure that appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information</p> <ul style="list-style-type: none"> Awareness of local policy on consent Consent policy, particularly when enhanced services are available <p>Core standard 13c- Health care organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised legislation to the contrary</p> <p>ES8 – 2.7.3</p> <ul style="list-style-type: none"> Information leaflets on confidentiality available Staff awareness of confidentiality policies Compliance with <i>access to health records 1998, Data Protection 98, Caldicott 97, Confidentiality NHS code of practice 2003?</i> <p>Core standard 14 – Health care organisations have systems in place to ensure that patients, their relatives and carers</p> <ol style="list-style-type: none"> have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on quality of services are not discriminated against when complaints are made are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery <p>ES8 – 2.1.5, 2.1.3</p> <ul style="list-style-type: none"> Protocol for managing complaints Continuous improvement based on feedback Complaints system understood by staff Patient information on complaints procedures 	<ul style="list-style-type: none"> Provide support for others to make complaint on their behalf e.g. links with PALs, ICAS and CAB Regular review of the complaints procedure Patient survey carried out and results reviewed Practice toolkit for local resolution, (Healthcare Commission 2004) Monitor/analyse compliments/comments & other forms of feedback Monitor response times for complaints Feedback shared with staff Feedback used to improve services <p>Core standard 15 – Where food is provided, health care organisations have systems in place to ensure that</p> <ol style="list-style-type: none"> patients are provided with a choice and that it is prepared safely and provides a balanced diet patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day <ul style="list-style-type: none"> Promotion of Healthy Eating within the pharmacy Links with Dieticians, Nutritionists etc Awareness of social care support e.g. Meals on Wheels <p>Core standard 16 – Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care</p> <p>ES8 – 2.1.1, 2.1.2, 2.7.6, 2.7.7</p> <p>ES5</p> <ul style="list-style-type: none"> Practice leaflet available PILs given with medication Display of opening times Patient surveys and results reviewed Monitor feedback on the quality of service provision / information provided Staff aware of need to explain to patients about medication etc Patients have opportunities to ask questions Support or provide advocacy services 	<p>Core standard 17 – The views of patients, their carers and others are sought and taken into account in designing, planning and delivering and improving health care services</p> <p>ES8 – 2.1.3, 2.1.5, 2.1.6</p> <ul style="list-style-type: none"> Enhanced services e.g. minor ailments Awareness of and acting on PCT patient surveys Patient survey (one / year) results reviewed and acted on Complaints monitoring / Suggestion box Working with PALs and PPI fora <p>Core standard 18 – Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably</p> <p>ES5</p> <p>ES8 – 2.1.8</p> <ul style="list-style-type: none"> Opening times displayed PCO informed of pharmacy working hours Compliance with regulations, Standards for Better Health and local SLAs <p>Core standard 19 – Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services</p> <p>ES1</p> <p>ES8 – 2.7.6</p> <ul style="list-style-type: none"> OOHs availability & information for patients (provided by PCT) Involved in PCT schemes A&E referrals & facilities Links with local health & social care teams Emergency supplies Enhanced services such as PGDs, supply of EHC, NHS Direct links

Care Environment & Amenities	Public Health	Public Health continued	
<p>Core standard 20 – Health care services are provided in environments which promote effective care and optimise health outcomes by being</p> <p>a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation</p> <p>b) supportive of patient privacy and confidentiality</p> <p>ES8 – 2.3.10, 2.1.8, 2.7.3, 2.5.1</p> <ul style="list-style-type: none"> • Compliance with Health & Safety Act • Reporting of Health & Safety incidents • DDA audit data if available • Environmental emergency plans (e.g. power failure) in place • Risk assessments (e.g. CoSHH) undertaken • Zero tolerance policy for violence towards staff • Facilities to ensure patient confidentiality • Secure storage of records – Caldicott, particularly patient identifiable information <p>Core standard 21 – Health care services are provided in environments which promote effective health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the specification for clean NHS premises</p> <ul style="list-style-type: none"> • Results of practice visit report if carried out by e.g. PCT, PPI fora, RPSGB inspectors etc • Care environment designed to needs of particular patient groups • DDA audit data if available • Patient survey results reviewed and acted on • Staff surveys / practice meetings • RPSGB Premises audit • Adherence to COSHH and Environment Agency regulations (July 2005) 	<p>Core standard 22 – Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by</p> <p>a) co-operating with each other and with local authorities and other organisations</p> <p>b) ensuring that the local Director of Public Health’s Annual Report informs their policies and practices</p> <p>c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships</p> <p>ES1 2.1 ES4 ES5 ES6</p> <ul style="list-style-type: none"> • PILs (an existing dispensing requirement) • PMRs / Referral records • Evidence of contribution to at least 6 local campaigns • Staff awareness of campaigns and public health in general • PCT briefing packs and patient literature to support campaigns <p>Core standard 23 – Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections</p> <ul style="list-style-type: none"> • Enhanced Services e.g. anticoagulant clinics, stop smoking schemes, weight management etc • Service specification outlining aims and intended outcomes • Monitoring & feedback of service outcomes to the staff and the PCT • Participation in Pharmacy needs assessment 	<p>Core standard 24 – Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services</p> <ul style="list-style-type: none"> • Major Incident plan : pharmacy based (e.g. power failure, fire, floods etc) and / or input into PCT plan • Risk assessment carried out regularly 	

Core standards are those that are laid out in the Standards for Better Health

This is the how the pharmacy contract essential services link to the core standards

This is examples of evidence and will sometimes include examples over and above the core pharmacy contractual obligations

Table 2 – Developmental Standards

Patient safety	Clinical and cost effectiveness	Governance	Governance cont
<p>Developmental standard 1 – Health care organisations continuously & systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another</p> <p>ES1 ES2 ES3 ES6 – 3.1, 3.2 ES8 – 2.3.1, 2.3.2, 2.3.3, 2.3.4, 2.3.7, 2.3.8, 2.3.11, 2.4.2, 2.7.1</p> <ul style="list-style-type: none"> Evidence of regular reviews of SOPs for dispensing and repeat dispensing (annually and / or when major changes which will affect SOPs or significant incidents events reported) Evidence of reporting to the NPSA National Reporting and Learning System Using PDSA (plan, do, study, act) audit cycles to act on patient surveys and complaints involving the whole pharmacy team Review of service provision in line with local needs Involvement in multidisciplinary care pathway meetings and events Involvement in discharge planning and improvement of discharge procedures 	<p>Developmental standard 2 – Patients receive effective treatment and care that:</p> <ol style="list-style-type: none"> conform to nationally agreed best practice, particularly as defined in NSFs, NICE guidance, national plans and agreed national guidance on service delivery take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences are well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations and is delivered by healthcare professionals who make clinical decisions based on evidence-based practice <p>ES4 ES5 ES8 – 2.1.6, 2.1.7, 2.2.1, 2.4.1, 2.4.1, 2.5.2, 2.5.4, 2.6.1, 2.6.2</p> <ul style="list-style-type: none"> Evidence of acting within local protocols Participation in local meetings around therapeutic, evidence-based care Patient information leaflets available and used Evidence of documentation of discussions with patients and patient involvement in choice of treatment e.g. MURs Signposting to relevant organisations / professionals Referrals to relevant professionals / organisations Involvement in joint planning with local groups Evidence of keeping up to date in therapeutic areas i.e. CPD records Evidence of acting upon reports of visits by e.g. PCT, PPI fora, RPSGB inspectors etc Evidence of learning from, and making changes, as a result of audit 	<p>Developmental standard 3 – Integrated governance arrangements representing best practice are in place in all health care organisations and across all health communities and clinical networks</p> <p>ES8 -1.1, 1.3, 2.3.5, 2.3.6</p> <ul style="list-style-type: none"> Involvement in development of local strategy and policy e.g. via PCT, LPC etc Input into shared documents / policies across the PCT <p>Developmental standard 4 – Health care organisations work together to</p> <ol style="list-style-type: none"> ensure that the principles of clinical governance are underpinning the work of every clinical team and service implement a cycle of continuous quality improvement and ensure effective clinical and managerial leadership and accountability <p>ES8</p> <ul style="list-style-type: none"> Input into local CG strategies Audit of services provided to demonstrate they are underpinned by CG e.g. quality assurance etc Self assessment of compliance with the pharmacy contract using primary care contracting monitoring toolkit or locally agreed alternative <p>Developmental standard 5 – Health care organisations work together and with social care organisations to meet the changing needs of their population by</p> <ol style="list-style-type: none"> having an appropriately constituted workforce with appropriate skill mix across the community ensuring the continuous improvement of services through better ways of working <p>ES8 – 2.5.2, 2.7.2, 2.7.3, 2.7.4, 2.7.5</p> <ul style="list-style-type: none"> Evidence of appropriate skill mix in the pharmacy e.g. number of dispensing staff etc Involvement in local recruitment and retention policies Involvement in development of local SLAs and the LDP <p>Developmental standard 6 – Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patient care, choice and service planning</p>	<p>ES8 – 2.7.1,</p> <ul style="list-style-type: none"> Evidence of shared records (with patient's consent) It systems regularly backed up and updated Involvement in Connecting for Health projects where available <p>Developmental standard 7 – Health care organisations work to enhance patient care by adopting best practice in human resources management and continuously improving staff satisfaction</p> <p>ES8 – 2.5, 2.6</p> <ul style="list-style-type: none"> Results of staff satisfaction surveys Staff appraisals Involvement in recruitment and retention policies Involvement in Investors for People Involvement in quality improvement and accreditation schemes

Patient Focus	Accessible & responsive care	Care environment & amenities	Public Health
<p>Developmental standard 8 – Health care organisations continuously improve the patient experience, based on the feedback of patients, carers and relatives</p> <p>ES8 2.1.3, 2.1.5, 2.3.3, 2.3.4,</p> <ul style="list-style-type: none"> Evidence of actions taken following outcomes of patient satisfaction survey Evidence of actions taken following review of customer complaints Evidence of discussion of complaints and results of survey with whole pharmacy team Evidence of actions taken following analysis of critical events <p>Developmental standard 9 – Patients, service users, and where appropriate, carers receive timely and suitable information, when they need and want it, on treatment, care, services, prevention and health promotion and are</p> <ol style="list-style-type: none"> encouraged to express their preferences and supported to make choices and shared decisions about their own health <p>ES4 – 3.1, 3.2, ES5 and ES6</p> <ul style="list-style-type: none"> Development of patient care plans e.g. via MURs, repeat dispensing, medication reviews etc Evidence of self care advice given <p>Developmental standard 10 – Patients and service users, particularly those with long-term conditions, are helped to contribute to planning of their care and are provided with opportunities and resources to develop competence in self care</p> <p>ES4 ES6</p> <ul style="list-style-type: none"> Patient involvement in the development of pharmacy services and health promotion events Involvement in Expert patient programme Involvement in patient support groups e.g. attendance at meetings as expert 	<p>Developmental standard 11 – Health care organisations plan and deliver health care which</p> <ol style="list-style-type: none"> reflects the views and health needs of the population served and which is based on nationally agreed evidence or best practice maximises patient choice ensures access (including equity of access) to services through a range of providers and routes of access and uses locally agreed guidance, guidelines or protocols for admission, referral and discharge that accord with the latest national expectations on access to services <p>ES7 ES8 – 2.1.3, 2.1.5, 2.1.6</p> <ul style="list-style-type: none"> Involvement in local SLAs and LDPs Team reviews and actions results of patient satisfaction survey and complaints Evidence of DDA review and change made Evidence that local and national guidance on access are being followed Evidence of innovations or changes made following patients survey and complaints review Evidence of actions taken following visit report by e.g. PPI for a, PCTs, RPSGB inspectors etc Participation in enhanced services such as minor ailment schemes and out of hours provision 	<p>Developmental standard 12 – Health care is provided in well-designed environments that</p> <ol style="list-style-type: none"> promote patient and staff well-being, and meet patient’s needs and preferences, and staff concerns and <p>b) are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infection</p> <p>ES8 – 2.1.8, 2.3.10, 2.5.1, 2.7.3</p> <ul style="list-style-type: none"> Results of DDA review and changes made where applicable Evidence of quality assurance and quality control of services provided by the pharmacy Result of actions undertaken following visit reports from e.g. PCTs, PPI for a, RPSGB inspectors etc 	<p>Developmental Standard 13 – Health care organisations</p> <ol style="list-style-type: none"> identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role and implement effective programmes to improve health and reduce health inequalities protect their populations from identified current and new hazards to health and take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services <p>ES1 2.1 ES4 ES5 ES6</p> <ul style="list-style-type: none"> Participation in public health campaigns and service development in locally identified areas Pro-active health promotion within the pharmacy Evidence that safety alerts e.g. drug alerts are acted on Involvement in the planning of LDPs and LDPs contain community pharmacy services Patient involvement in service development Participation in enhanced services such as stopping smoking and supervised methadone

Developmental standards are those that are laid out in the Standards for Better Health

This is the how the pharmacy contract essential services link to the developmental standards

These are examples of evidence pharmacy contractors could supply to show they reach, or are working towards, the developmental standard. These are mainly over and above what is required as a core contractual obligation under the new pharmacy contract.