NHS

Primary Care Contracting

Top ten tips for conducting pharmacy visits

The following Top Ten Tips on the practical aspects of "how to" monitor the new contractual framework have been developed from suggestions and comments received from PCTs, LPCs, community pharmacists and others during the road-test and first two years of the CPAF.

These are suggestions based on PCTs/community pharmacists experience and may be of assistance to other PCTs in the development of local arrangements.

1. The assessment team

The team visiting the community pharmacy should comprise at least two members of the PCT:

- one familiar with primary care contracting, including the detail of the new contractual framework for community pharmacy, and;
- one familiar with the business of community pharmacy.

It is likely that at least one of these will be a pharmacist, if not, the team should ensure it has access to appropriate pharmaceutical advice.

Where the pharmacy member of the team is a pharmacy contractor or is employed by a contractor this person may only be included on the assessment team with the prior agreement of the contractor being assessed.

Additionally, if requested by the contractor an, LPC representative will be in attendance.
It may be appropriate to include others on the visiting team, however, please consider the practicalities of a community pharmacy.
Wherever possible keep the number of people visiting the pharmacy to a minimum.

2. Frequency of visits

PCTs with large numbers of contractors may find they cannot visit all pharmacies every year and will need to prioritise their visits taking into account factors such as patient safety and value for money. It is recommended that all pharmacies will have a 'baseline' visit to provide an assessment and schedule for future visits and to identify support the needed

Where a contractor is identified as requiring additional support to meet the requirements for Essential Services, supplementary visit(s) may be needed, in year, to provide support and assess progress.

As experience develops a “light-touch” approach may be appropriate so that assessment visits may be targeted at:

- those contractors identified as needing additional support in the implementation of the contractual framework;
- those who are demonstrating exceptionally good practice or innovation; - to enable understanding and sharing of ideas
- and some chosen as a random sample of practices in the PCT.

3. Planning the visit

Plan the visit. Where appropriate send the contractor the pre-visit questionnaire, for completion and return to the PCT. 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.

Review the pre-visit questionnaire and work out your information requirements for the visit and what you would like to discuss with the pharmacy contractor. Share this agenda with the contractor well in advance of the visit. Include information and/or evidence you wish to review during the visit, so that they too can prepare for visit. Bear in mind the principles of consistency, collaborative, clarity of purpose and simplicity.

The contractor may also wish to submit a pre-visit feedback form on the PCTs approach to contract monitoring on the new template provided as part of the CPAF resources. If so, these may highlight areas for discussion during the visit.

The community pharmacy assurance framework, gives examples of information that may provide evidence of the compliance by the pharmacy whilst protecting confidential and other sensitive information. Some information may be obtained by extracting data from patient medication records, or other records maintained in the pharmacy. The PCT and pharmacy must follow data protection and confidentiality procedures. Until an IT solution is available, there must be a balance between the demands for information required for monitoring and the workload on pharmacy contractors and their staff. Therefore, when the pharmacist is required to produce manually, copies of his record, upper limits of 20 examples are suggested. It is also important to bear in mind that many pharmacies do not have access to photocopiers or fax machines, and therefore demands should not be made for copies of documents – they should be examined on the premises.

Give adequate notice. Contact the pharmacy personally to fix a date. Aim to make the visit no longer than two hours to minimise disruption to the pharmacy.
Avoid busy times of the day and year. Ask the pharmacist in charge if they would like any other person there to support them e.g. representative from the LPC, area or regional manager if a multiple pharmacy group. Discuss practical issues related to the visit with the pharmacist e.g. what are the busy times, has premises got the space to accommodate the review team? - don't expect the pharmacy to have an office; what information does the pharmacy already have ? Ask contractor to make these available on the day or in advance where this is possible.

Don't ask for information for the sake of it – only request information that you will use to monitor implementation. .Confirm the purpose, expected duration, whom you want to see and who will be coming with you in writing. Take proof of identity.

Ask the pharmacist to ensure all relevant members of the pharmacy team are involved in the visit e.g. the pharmacy manager if he or she is not the pharmacist, likewise the clinical governance lead if he or she is not the pharmacist.

4. Funding

Participating in monitoring activities is a requirement of the new contractual framework. The nationally negotiated funding includes remuneration for all activities associated with providing pharmaceutical services, including participation in monitoring, so no additional funding is required from PCTs. Some pharmacy contractors may engage a locum for the duration of the monitoring visit, but this is not mandatory. You should be sensitive to the constraints within community pharmacy particularly if the pharmacist has no locum present, and needs to attend to patients or customers. Agreeing a suitable time for the visit, when the pharmacist anticipates that there will be lowest demands on his time from his patients, could reduce interruptions and shorten the visit.

5. The visit

On the day, be flexible. Expect interruptions and limited space. Build in extra time to allow for this. Remember that at all times, the priority for the pharmacist and the pharmacy staff will be providing a safe pharmacy service and attending to their customer's needs. Ask the pharmacy staff to explain to customers, if need be, you are visitors (not new members of staff who are not serving them!).

Remain objective at all times; stick to the facts – and don't make assumptions. Only monitor the contract against the requirements of the framework - to assist PCTs and pharmacy contractors, the CPAF monitoring documents reproduce all the requirements of the contractual framework in the left hand column, together with references of where the requirement appears in the Terms of Service. So if a requirement is in the first column, the pharmacist must comply, but, if a requirement does not appear in the first column, then it is not a requirement of the contract, and should not be part of the monitoring process. At the end of the visit, summarise the visit and your findings on-site and share this feedback with the contractor. Ask the contractor to counter-sign your records confirming these findings from the visit. Tell the contractor what will happen next.

6. After the visit

After the visit, write a draft report. Keep it simple. If the contractor wishes to feedback their comments on the visit, it may be useful to include this in the report.

Identify any areas for support, action or follow-up points and timescales Be specific about areas which do not meet the requirements of the Regulations.

Suggest to the pharmacist this is shared with all those involved in the visit. Ask the responsible member of staff (manager, director or superintendent) to check for any factual inaccuracies. These should be corrected and a final report sent to the responsible member of staff to sign as an accurate record of discussions and findings. Say when the next visit planned.

7. Confidentiality, Freedom of Information, Corporate Governance

Be aware that PCTs as public bodies are subject to the provisions of the Freedom of Information Act, and that documents in their possession may be requested.
Therefore a person completing a community pharmacy assurance report should bear in mind that the information may enter the public domain.

Some information identified during the course of the process may be commercially sensitive (including, for example, numbers of prescriptions dispensed) or involve sensitive personal information about patients or pharmacy employees. To protect the confidentiality of this information, it should not be recorded in the report.

Ensure all review and audit procedures comply with confidentiality principles and the Data Protection Act.

Keep a retrievable record in the PCT for audit purposes.

Ensure that all procedures with respect to corporate governance are followed. In particular PCT should liaise with the Local Counter Fraud Specialist to develop a protocol for action in cases where there may be potential fraud issues.

8. Action if criteria for Essential Services are not met

Pharmacies who are not satisfactorily complying with the specifications for Essential Services cannot provide Advanced Services. Follow the DH guidance on non-compliance included as part of the CPAF resources.

Where the requirements for Essential Services are outstanding the PCT assessment team and contractor should agree an appropriate action plan for improvement. Patient safety will be the priority.

9. Appeals

There is no provision for appeals in the regulations and the assurance framework is aimed to be as supportive as possible; there may be, however, rare occasions where the PCT assessment team and the contractor fail to agree. The contractor may wish to seek arbitration through the LPC.

If there is still disagreement, it is suggested that resolution should be through the Strategic Health Authority (SHA) who should seek independent advice from another LPC and PCT.

10. Sharing good practice

You should aim to feedback, to contractors in the PCT, the general results from the assessments, and provide an opportunity for contractors to share their experience with colleagues and the PCT team.

This will provide an opportunity for PCTs and contractors to further develop local support on specific issues as well as supportive approaches to the monitoring arrangements in order to assure improvements in patient care, value for money, share innovation in service provision and development of community pharmacy services in line with local health care needs.

GLOSSARY

"approved"	Some sections of the regulations refer to an "approved" system or manner for example: ES8 "the pharmacy should produce in an approved manner ……practice leaflet"; ES8 "an approved complaints system…" These refer to approval conferred in Secretary of State's (SoS) Directions. Where the SoS directions are pending, current national recommendations/protocols where they exist should be followed.
BNF	British National Formulary
CD	Controlled Drugs
CPD	Continuing Professional Development
CPPE	Centre for Postgraduate Pharmacy Education www.cppe.man.ac.uk
DDA	Disability Discrimination Act
DH	Department of Health http://dh.gov.uk
ES	Essential Service
FP34C	Returns sent by contractor to Prescription Pricing Division (PPD) of the NHS Business Services Authority to declare staff hours and claim payment
HASAWA	Health and Safety at Work Act
LPC	Local Pharmaceutical Committee
MUR	Medicines Use Review
NHS	National Health Service
NPSA	National Patient Safety Agency www.npsa.nhs.uk
Community Pharmacy Patient Questionnaire	The Community Pharmacy Patient Questionnaire (formerly the 'Patient Satisfaction Survey' has been agreed between the Department of Health and PSNC. Pharmacy contractors will be required to complete this within the 2007/08 year.
PCC	Primary Care Contracting http://www.primarycarecontracting.nhs.uk
PCT	Primary Care Trust
Portfolio of Evidence	A collection of real examples of practice as "evidence" to demonstrate competency/compliance with the new contractual framework. The PSNC have developed a contract workbook to support and assist pharmacists in the collection of relevant, supporting evidence.
PPD	Prescription Pricing Division of the NHS Business Services Authority
PPI	Patient and Public Involvement
PSNC	Pharmaceutical Services Negotiating Committee http://www.psnc.org.uk

<table>
<tr><td>RPSGB</td><td>The Royal Pharmaceutical Society of Great Britain www.rpsgb.org</td></tr>
<tr><td>SHA</td><td>Strategic Health Authority</td></tr>
<tr><td>“short questions”</td><td>Some of the evidence collected during a visit may include “short questions to relevant staff”. This evidence may be appropriate to demonstrate, for example, that the pharmacy staff involved in a procedure are aware of the SOP, have received training to support its implementation and can describe what they do in practice.

It is suggested that this may take the form of informal discussion with the staff member for a few minutes. Questions should be short and to the point and may cover areas of uncertainty as identified in the self-assessment questionnaire. The following are examples of typical questions which might be used; the assessment team will, however, need to develop its own questions relevant to local circumstances.

ES8 - Clinical Governance
Complaints system
- How would you respond to a patient who complains they have received the incorrect medication?
- Are you aware of the pharmacy complaints procedure - have you signed that you have seen, read and understood this?
- What training have you received about dealing with such complaints?

ES4 – Promotion of Healthy Lifestyles
- if a patient is supplied with medication for diabetes are you involved with providing additional advice to the patient?
- If so what advice do you provide?
- Is there a written procedure/guideline you can follow? (show it to me)
- In what circumstances would you refer the patient to other sources of information and advice?.
- Where would you refer the patient to?
- Do you keep a record of any of the advice you have given? (show me where you keep these records)</td></tr>
<tr><td>SOP</td><td>Standard Operating Procedure</td></tr>
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