

## The Community Pharmacy Contract Monitoring Visit

### Introduction

This document is to help community pharmacies prepare to receive a primary care organisation contract monitoring assessment visit. We have tried to keep this document simple and informative but concise so it can be used as a quick reference. It provides some real examples of questions posed by the PCOs (primary care organisation) representatives and references of resources available to help pharmacies meet the assessment requirements.

### Monitoring The Community Pharmacy Contract

#### Some Facts

- Pharmacy visits have taken place ever since the PCOs took over the responsibility for the Pharmacy Contract in 2005.
- The aims of the visits are to ensure that high quality standard of pharmaceutical services are provided from contractors and where necessary provide support for improvement.
- Monitoring visits are part of the contract framework, so funding is already in place for any costs such a locums if they are required for the visit.
- Most visits should not take more than 1.5 hours and the PCO will flexible about the timing to reduce the impact on your business, as they will not want to get in the way of you providing a safe pharmacy service.
- PCOs have the right to visit Pharmacies as part of their contract monitoring. If pharmacies are asked to provide copies of documents as evidence, this is not mandatory and is provided by the goodwill of the contractor (they can be viewed during visit).
- On the visit contractors will be asked to provide evidence of Standard Operating Procedures for dispensing, repeat dispensing and self care. The SOPs will not be analysed in detail by the PCO as they are not in a position to determine whether they are appropriate for each individual pharmacy. But will question your staff to try and ascertain knowledge and compliance.
- On identifying an issue of non-compliance the PCO will discuss the problem with the contractor and mutually agree the nature and extent of the problem. An action plan can then be designed to resolve the issue by both parties.
- Any agreed action plans are required to have a minimum of three months in which they can be used to resolve the underlying problem, this had been formally agreed by Department of Health and the PSNC. To confirm the issues have been addressed the PCO will usually re-visit the pharmacy.

#### The Pre-visit self assessment

Before a contractual visit is undertaken by PCOs the pharmacy will usually be sent a pre-visit questionnaire which is to be completed and returned. The questionnaire is likely to be the community pharmacy assurance framework (CPAF) or based on this document which has been produced by the PCC in conjunction with the PSNC. The CPAF document is on first sight an overly large and complicated piece of work, however it is a relatively simple tick box exercise which has some duplication. Contractors have informed us that it take around 6-12 hours to complete.

## The Assessment Areas: Key Advice

### Essential Services

#### 1) Dispensing

- **SOPs should be signed up to** by all staff in the appropriate areas, a good idea would be to produce one sign up sheet for all the operating procedures.
  - This sign up sheet will be requested by the PCO with the pre-visit questionnaire and they will ask when your SOPs were last updated. We have produced a model form ‘Pharmacy employee procedure and training matrix’ which can be used in your pharmacy to record the sign up to procedures and any training undertaken. *Devon LPC Home > Online resources > Essential Services > Clinical Governance*
- **Confidentiality of Patient information.** The NHS code of practice for confidentiality and the Data Protection Act 1998 must be complied with by all relevant staff in the pharmacy.
  - Both of these documents can be found on the LPC’s website and can be used for staff training. *Devon LPC Home > Online Resources > Essential Services > Clinical governance.*
- **A record of interventions** made is a key for pharmacy as it is a point of difference to a direct to door model of drug distribution. So therefore we should be very proactive in recording any interventions we make.
  - Remember that MURs are more often than not an intervention, even if it is an annual MUR. As you may have signposted or provided self care advice which has ‘a direct impact on patient care’.
- **Owing prescriptions** should always have an audit trail which can be inspected by the PCO as RPSGB has stated that for all owing on prescriptions and owing slip should be provided.
- **Disability and Discrimination Act** requires pharmacists to assess patients and their needs with regards to ensuring full access to their medicinal treatments by making ‘reasonable’ adjustments.
  - The LPC has three assessments that can be used to evaluate a person ability to take their medicines and analyse what ‘reasonable changes’ should be made. *Devon LPC Home > Online Resources > Essential Services > Dispensing > Compliance support toolkit.*

#### Quoted Questions?

“Could one of your staff explain what an electronic prescription is and how it can help a patient get their medicines?”

#### Quoted Questions?

“How do you record your interventions recommended by the NPSA guidelines on Warfarin treatment?”

#### 2) Repeat Dispensing

- **SOPs should be signed up to** by all staff in the appropriate areas.
  - A key area PCOs look for with this service is that staff know how to question all patients requesting their medicines, i.e. they seek to ensure all supplies are necessary.
- **CPPE certificates for the repeat dispensing course** should be available as each pharmacist is required to have completed the course.

- **Recording changes to Repeat Prescriptions** you should be able to demonstrate that you have an audit trail for all your repeat dispensing. The audit trail should include records of any issues with the patients repeat medication.
  - A good tip here is to have a repeat card for your patient and a repeat card for the pharmacy where you can write any changes instigated by the doctor and any interventions made by you or your staff for example where you have refused supply. This can then be kept safely in a lockable filling cabinet.

### 3) Disposal Of Unwanted Medicines

- **A SOP is not a mandatory requirement (except for schedule 2 CDs)**
- **Waste transfer notes** should always be retained in the pharmacy so that they can be inspected. You may have documents for the collection of NHS returned waste (the PCO contracted service), for the collection of out of date OTC and POMs and lastly any confidential waste that is not shredded.
- **Handling of waste** is a major area of risk for your staff. Even if you don't have a SOP for waste, you should have some process that is known by your staff to handle the waste.
  - This process should cover returned medicines, out of date medicines and spillage of medicines (do you have a spillage kit?).
- **Controlled drugs: patient returns and out of date controlled drugs** is unlikely to be looked at by the PCO as this is the RPSGB inspectors role, however this is an important area.
  - **Patient returns CDs:** The regulation 'The controlled drugs supervision and management 2006' states that procedures for maintaining a record of the CDs specified in Schedule 2 are required. Therefore pharmacists are advised to record patient returned scheduled 2 CDs and their destruction (preferably witnessed by a technician or pharmacist).
  - **Out of date CDs:** When a pharmacy needs to destroy out of date schedule 2 controlled drugs they must only destroy them in the presence of an authorised witness. The authorised witness can be supplied from your PCO if you are an independent or small chain pharmacy, while a multiple pharmacy group will have their own witnesses.

#### Quoted Questions?

"Where do you dispose of any out of date hormonal replacement tablets/patches?"

*Hint: This is harmful waste, thus use cytotoxic bin*

### 4) Promotion Of Healthy Lifestyles

- **A SOP is not a mandatory requirement**
- **The Public Health campaigns** that are requested by the PCO to be promoted in the pharmacy (up to a max of 6) should be recorded with accompanying evidence of activity undertaken.
  - For each campaign as evidence of activity you could record some of the advice provided using the pharmacies intervention recording systems.
- **Ad hoc advice** should be provided by all staff members in the pharmacy to people opportunistically with diabetes, heart disease, smokers and those who are obese.
  - Your staff need to be aware of their responsibility to provide this ad hoc advice. A simple way to prove this would be to complete some records of advice given, you could even include the lifestyle recommendations provided in a MUR as evidence.

## 5) Signposting

- **A SOP is not a mandatory requirement**
- **Referrals** should be provided to patients who require further support that the pharmacy can not provide.
  - Referrals made should be recorded to give evidence of the provision of this service. You could use your intervention recording systems or PMR to record this.
- **Health and Social care providers list** is a useful reference to have in your pharmacy, it can provide you with service vendors to refer patients to.
  - Contact your PCO and ask if they have such a reference resource that they could provide you.

## 6) Support for self care

- **SOP or a Medicines Sales Protocol** should be signed up to by all relevant staff to ensure high quality advice is provided and to reduce inappropriate use of health care services by patients if they can be supported in the pharmacy. A medicine sales protocol has been required by the RPSGB since 1995.
  - The LPC has provided a medicine sales protocol that can be accessed on the Devon LPC website. *Devon LPC Home > Online Resources > Essential Services > Self Care*
- **Information for self care support** should be available in your pharmacy on common diseases.
  - This can be as simple as having a good selection of leaflets from certain charities. More commonly now pharmacies have access to the internet and the massive resources it has which can be used to provide printed advice.

## 7) Clinical Governance

- **A Clinical governance lead** should be appointed in every pharmacy.
- **The Pharmacy's practice leaflet** must be available to the public to indicate the Pharmacy's services. The leaflet must have the required content as stated by the PSNC in their publication. In addition the practice leaflet should contain a statement of how customers can make comments known about the pharmacy's services.
  - Guidance can be found on the PCSNC's website. *PSNC Home > Pharmacy Contract & Services > Essential Services > Clinical governance.*
- **The Community Pharmacy Patient Questionnaire.** The pharmacy should have a written summary of the results and consequential actions that were necessary to address areas of weakness and to improve quality of service. This needs to be available for the PCO monitoring visit.
- **Customer complaints** need to be handled with a methodical process that all the staff are aware of however, a SOP is not required. The pharmacy should also maintain a record of the comments and complaints made with any actions resulting from the events.
  - The LPC has a complaints guidance, standard operating procedure and template form on the website. *Devon LPC Home > Online Resources > Essential Services > Clinical governance.*

- **Disability and Discrimination Act 1995**, this act affects the pharmacy in two ways. Firstly the accessibility to the pharmacy of people with disabilities must be considered and secondly the accessibility of disabled persons to their medicines (as stated earlier under dispensing). The pharmacy is expected to assess any problems that a disabled person might have in accessing the pharmacy's services and to make 'reasonable changes' where necessary. The PCO will not carry out an assessment in both of these areas but, they may discuss the process used to assess patients and how you record interventions.
- **A Clinical Audit Programme** which must include one pharmacy based audit and one multidisciplinary audit which is set by your PCO. These should be undertaken by each pharmacy every year. The PCO will request the details of audits carried out so you should hold records of the audits completed in the pharmacy.
  - The RPSGB has some excellent audit resources on their website, which can be used as an off the shelf ready to use template if you find yourself short of ideas. *RPSGB Home > Registration and support > Audit resources.*
- **Risk management** is an area of clinical governance that encompasses many different tasks which are completed to reduce the risk of unintended events.
  - i, Incident reporting and Near misses:** The area includes the use of incident reporting in the pharmacy and near misses, where the pharmacy is expected to undertake investigation into such occurrences and devise if necessary an action plan.
    - The LPC has a usefull template form that can be found on the website. *Devon LPC Home > Online Resources > Essential Services > Clinical governance.*
  - ii, Child protection:** The area also covers how the pharmacy ensures that child protection responsibilities are met.
    - The RSPGB has a Child protection training document which can be used for pharmacists and pharmacy staff. *RPSGB Home > Information and resources > Download society publications > Guidance documents.*
  - iii, Maintenance of equipment:** The equipment used in providing the pharmacy's services should be maintained to a regular schedule and the records of work carried out must then be kept as evidence.
    - The LPC has a good document indicating the recommended schedule for maintenance with the commonly used pharmacy equipment. *Devon LPC Home > Online Resources > Essential Services > Clinical governance.*
- **Employee development and training needs** should be supported in the pharmacy. Any training which been undertaken should be recorded along with any identified development needs for individual staff members.
  - The LPC has produced an employee training and procedure matrix which can be found on the website. *Devon LPC Home > Online resources > Essential Services > Clinical Governance*
  - For more information on training events, you can use the Devon LPC website. *Devon LPC Home > Events.*