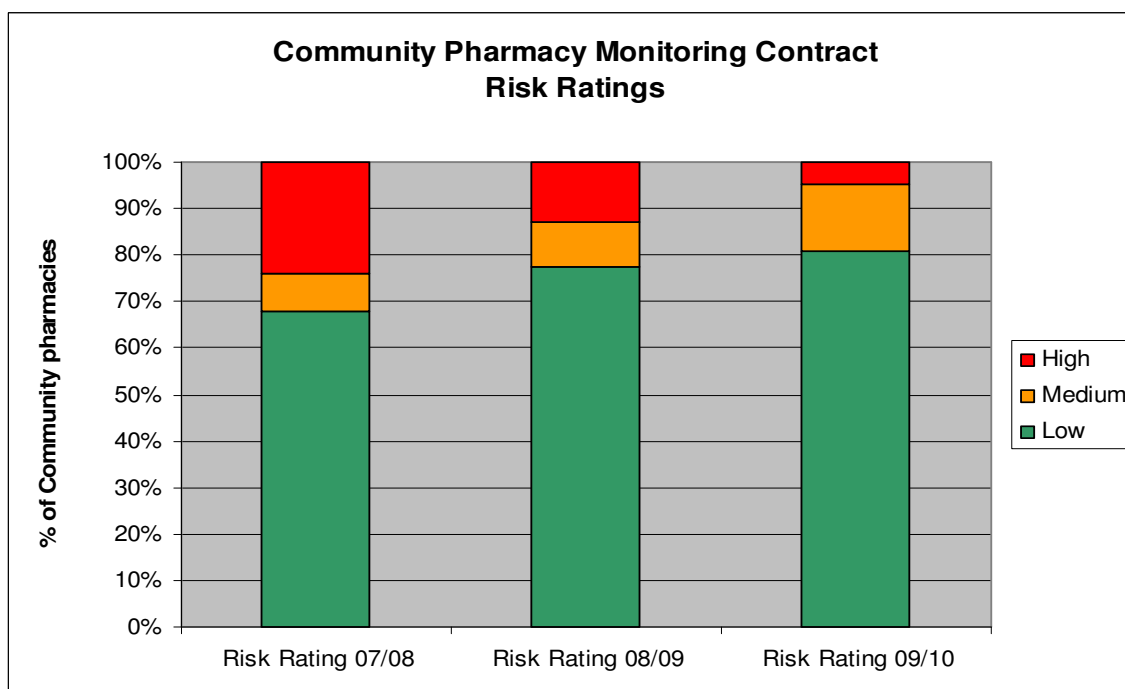


## Community Pharmacy Contract Monitoring 2009/10 Summary

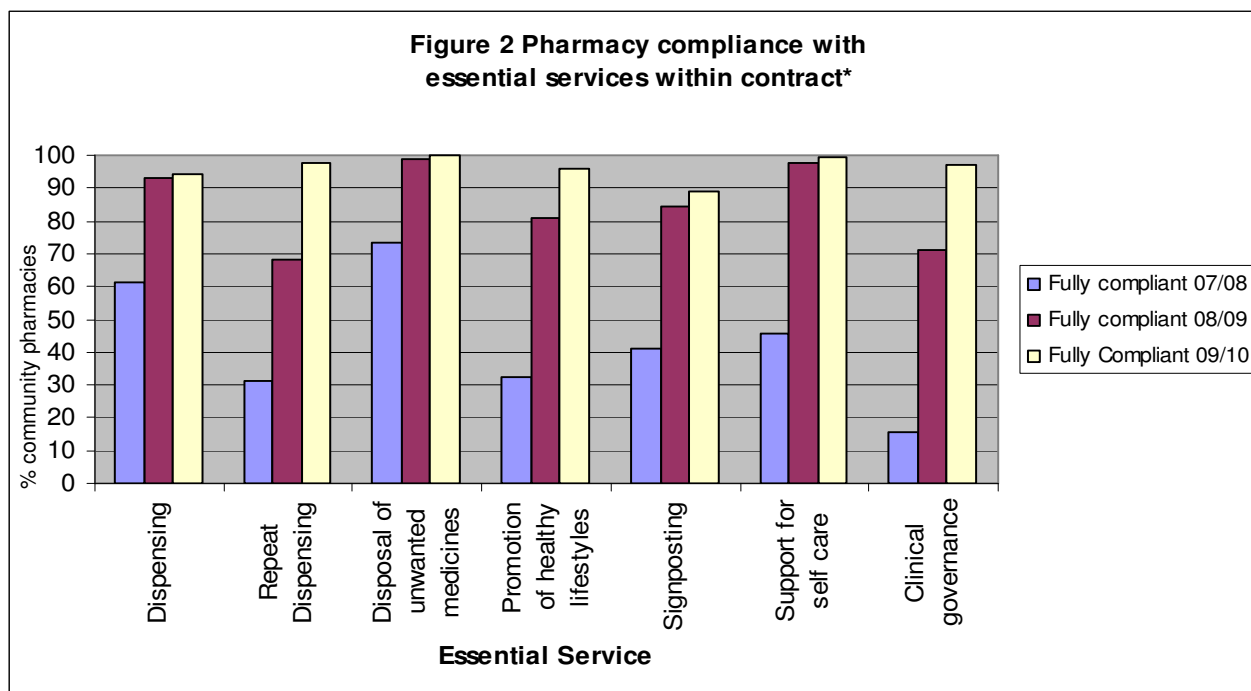
This paper summarises the contract monitoring process that took place in Coventry between February and April 2010.

- All 84 community pharmacies completed a detailed contract monitoring self assessment questionnaire
- 31 pharmacies received a monitoring visit and an action plan
- There was no practice that endangered patient safety found during the visits
- Year on year improvements of contractor risk ratings (Figure 1) and compliance with the pharmacy contract (Figure 2) can be seen
- The contract visits were welcomed by pharmacists who could see the developmental value of the process
- The development of a clear process to deal with non compliance in 08/09 has assisted in encouraging pharmacists to complete their action plans

**Figure 1** – All pharmacies were risk rated in respect of their response to the self assessment questionnaire and compliance with previous action plans



**Figure 2 – A year on year comparison of compliance with sections of the contract**



\* As stated in Self Assessment Questionnaire

**Table 1 – Main findings from pharmacy visits**

Area discussed at visit	Visit Findings
Requesting repeat prescriptions on behalf of patients	There is a risk that pharmacies order prescriptions on behalf of patients when they do not need them. In general, when questioned pharmacies had in place processes to track prescriptions to ensure that they had permission from patients to order prescriptions on their behalf and only the medicines required were requested. Often, these processes were not written in policy and there was a need to ensure that policy reflected the process – where necessary this was added to a pharmacy’s action plan.
Repeat dispensing scheme	There are five specific questions that need to be asked as part of this scheme. The majority of staff and pharmacists questioned were aware of the questions. It was stressed that they need to be asked <u>every</u> time a patient requests medicine as part of the repeat dispensing scheme.
Electronic Prescription Service (EPS)	The use of EPS across pharmacies varied significantly. Several were found to have no ability to use EPS, others use the system for the majority of scripts. With the advent of EPS phase 2 it will become vital that pharmacies are conversant with the system and this was communicated during the visits.

Patient Survey	The vast majority of pharmacies visited had carried out, or were in the process of completing, a patient survey. In some pharmacies the analysis of the survey and then acting upon the results was not occurring, and was included in their action plan. Some of the good practice showed that a full discussion with the staff team had taken place to think about improvements that could be made as a result of the survey.
Storage and handling of controlled drugs	This area of work is taken very seriously by pharmacies. As a result, robust systems for storage and handling of controlled drugs were seen in all the pharmacies.

### **Good Practice**

It was evident from the visits that both standards of pharmacy premises and service provision by pharmacies had improved.

The visiting teams were welcomed by many pharmacists who saw the visits as an opportunity to reflect and develop their services.

One pharmacy contacted the PCT and requested a visit for the purpose of understanding how they were performing and where they could do better.

This positive dialogue is due to the positive attitude of pharmacies, the continued dialogue between pharmacies and the PCT, and the familiarity of pharmacies with the visiting personnel – the independent pharmacists used on the visits have been working in this way in Coventry for four years.

Clear systems and processes were found to be in place in many pharmacies.

### **Areas for Development**

The nuts and bolts of the contract seem now to be widely understood by pharmacies, the areas identified for improvement are really the next steps in development, for example:

- Ensuring that the quality processes carried out are reflected in the policy documents
- Pharmacists considering what clinical audits would be most appropriate for their business, carrying them out and reflecting on the results
- Taking steps to be more reflective about practice, near misses and incidents in the pharmacy
- Greater involvement of staff in the day to day running of the pharmacy, thinking more about staff development and using skill mix within the team

These points have been fed back into the Medicines Management team to be highlighted as areas of good practice and areas for development at the local pharmacy development meetings and with the Local Pharmacy Committee.