

Contract Monitoring Hints and Tips – for year 2011/12

GENERAL ADVICE

Pharmacies should complete the contract monitoring forms as if they were preparing for a contract monitoring visit. Keeping pharmacy files up to date and in order will ensure that this is an easy process. Some reminders:

- An index is extremely helpful for locating and identifying records quickly.
- Records for ES1, ES4, ES5 and ES6 should be dated (this is particularly an issue when paper records are used).
- Interventions, advice and support are not solely the responsibility of the pharmacist. All staff can help in recording evidence to show compliance with the contract.

The Contract Workbook which was published in 2009 is an excellent resource for preparation. It is available from:

<http://www.psn.org.uk/publications.php?category=44&search=1>

All staff should be involved in recording evidence to support compliance with the contract and pharmacists should delegate responsibility to appropriate staff members. If every member of staff made one record to support each Essential Service in which they are involved every week, then, even in a small pharmacy there would be many records available.

SPECIFIC DOCUMENTATION AND SERVICES

SOPs

- Check that all staff have signed all the SOPs relevant to their role. It has frequently been found that SOPs related to Support for Self Care and Dealing with Returned Medicines had not been read and signed.
- It is helpful if the names of the staff are printed alongside signatures as it is often difficult to decipher signatures.
- If there is a new SOP or set of SOPs please remove the old ones from the current file and archive.
- It is useful to have an index for the SOPs.
- SOPs should be reviewed at least every two years. There should be dated evidence of the review having taken place.
- SOPs are living documents and so should be updated to reflect any amendments to practice following incidents, alerts etc. Where SOPs have been asked for following alerts e.g. Methotrexate, insulin etc. these may be stand alone SOPs or additions to existing SOPs.

Essential Services

ES1

- It is expected that pharmacies will have made many interventions and that a sample of at least 20 (during the previous 12 months) will be available for monitoring purposes. Most pharmacy IT systems can now record interventions on the PMR under the patients medical record and reports can be produced detailing the type and number of interventions. NHS Cambridgeshire (NHSC) strongly recommends this form of intervention recording. It stores the information record under the patient details where it is most useful and is then easily retrievable for contract monitoring purposes.
- However, some pharmacists and their staff were not aware that they had this facility. Others were aware but did not know how to use it.

ES2

- Although many pharmacies are not receiving any Repeat Dispensing prescriptions, all pharmacy staff should be aware and be able to give information about the service. Therefore, all staff should read and sign the SOP for Repeat Dispensing and be able to deliver the service on request.
- Most pharmacies are now claiming EPS1 payments and so must be able to demonstrate that they are able to process bar coded prescription tokens. This may be tested by the monitoring team.

ES3

- All staff should read and sign the SOP for handling returned medicines and be aware of the risks and safety issues. A list of hazardous medicines should be near waste bins.

ES4

- There are two parts to this service. The participation in up to 6 public health campaigns each year and the provision of opportunistic healthy lifestyle advice to patients receiving prescriptions who appear to have diabetes or are at risk of coronary heart disease. Target especially those patients with high blood pressure, or who are overweight or who smoke.
- NHSC has notified the pharmacies when the campaigns will happen on the Community Pharmacy contractual timeline. If campaign materials have not been received in the days preceding the expected campaign, the Medicines Management Team should be contacted immediately. All campaigns have a data collection form which is required to be return to NHSC within the specified timescales. If NHSC does not receive the form it will be assumed that the pharmacy did not participate and are not complying with the contract. Please keep a copy of all data collection forms that have been returned to NHSC.
- Records of opportunistic Healthy Lifestyle advice is one of the areas where pharmacists seem to have difficulty. Some suggestions to help what is seen as an awkward encounter are:

1. Have a good range of appropriate leaflets that can be offered to patients when giving out prescriptions.
2. Say "NHSC has asked us to talk to everyone about healthy lifestyles"
3. Give healthy lifestyle advice at the end of MURs and record that advice has been given on the PMR.
4. Use the Department of Health Public Health Resources to support staff in delivering health messages. These are available at:
<http://www.pharmacymeetspublichealth.org.uk/publichealthresources.html>

ES5

- Records could include referral to appropriate services - e.g. doctor, nurse, dentist, chiropodist, optician, sexual health clinics, support organisations, web sites etc. Some pharmacies record referrals on the PMR, others use a record sheet kept on the pharmacy counter. It is expected that at least 20 records (over the previous 12 months) will be available to view for monitoring purposes.

ES6

- This covers advice given to help people derive maximum benefit from looking after themselves and their families. It is something that pharmacists and staff do every day. It is expected that at least 20 records (over the previous 12 months) will be available to view for monitoring purposes. Some pharmacies will have some records on the PMR, others are using a record sheet on the pharmacy counter.

Suggestions to help delivery of service:

Link this to training. Choose a topic perhaps related to the season, provide refresher training and ask staff to record advice given on this topic. Use the Department of Health Public Health Resources to support staff in delivering health messages.

These are available at:

<http://www.pharmacymeetspublichealth.org.uk/publichealthresources.html>

ES8

There are many aspects to this service:

- Pharmacies are required to carry out a Patient Questionnaire. What changes to improve patient service have been made or are planned as a result of the Patient Questionnaire?
- Pharmacies must participate in a PCT led audit and carry out their own practice based audit. The subject of the practice audit is requested on the monitoring form. Audits should have a purpose and an outcome. There are a number of audit templates available on the RPSGB website. Evidence of these audits should be available on any contract monitoring visit. How have they helped/developed good practice?
- Child protection – all staff should receive information on child protection issues. Some companies provide their own documents, but if needed information is available on the RPSGB website; there is a CPPE distance learning course; and NHSC has previously provided courses. Currently, a distance learning Child Protection package is available from NHSC at:

www.safeguardingchildrenincambs.nhs.uk . Independent contractor staff will need to fill in the access code: NHSC. Any training should be evidenced by staff signatures. The Delivery Driver must also be included.

- Safety Alerts – Evidence should be provided that the system for dealing with alerts is robust. Alerts should be signed and dated as having been actioned and filed in chronological/numerical order. Checks should be made to ensure that no alerts are missed. It is a good idea to store alerts either on the PMR or in a ring binder and not a loose file which is difficult to keep in order. Separating the different kind of alerts with dividers can make it easier to check that no alerts have been missed. Some pharmacies use a form on which they records all alerts, the alert number, when they have been actioned and by whom. A template can be requested from the Medicines Management Team. Copies of alerts can be accessed on the following websites:
 - MHRA Alerts: <http://www.mhra.gov.uk/Safetyinformation/Safetywarningsalertsandrecalls/index.htm>
 - NPSA Alerts: <http://www.nrls.npsa.nhs.uk/resources/>
- All pharmacies must have an incident recording and reporting system in place. These incidents must be reported to the NPSA to enable national learning from the incidents. Incidents in the pharmacy should be investigated using a Root Cause Analysis. This should help inform any changes to procedures or learning that the pharmacy should undertake to minimise the risk of the incident recurring. These should then be documented and be available for the monitoring team to report evidence of learning from incidents.
- Clinical Effectiveness plans are in place to ensure appropriate self care advice is given to patients and pharmacies will contribute to the clinical effectiveness of prescribing. Do you have protocols, standard algorithms or SOPs in place to support the provision of self care advice? In the provision of the Repeat Dispensing Service and MURs can you evidence that the pharmacy is contributing to the clinical effectiveness of prescribing?
- Training records - It is a good idea to set up files with relevant certificates (or copies) and details of ongoing training by staff. If training is done electronically then records of this need to be accessible.
- Information Governance - The pharmacy needs to be able demonstrate that they are at level two of the National Information Governance Toolkit as completed by all contractors by 31st March 2011. Contractors and employees need to comply with legal obligations on data protection and confidentiality. Appropriate patient records, including interventions, are maintained and utilised to improve patient care. The connecting for health website contains information and updates on the Information Governance Toolkit and is available at: <https://www.igt.connectingforhealth.nhs.uk>

- Locum induction information should be available and should include information needed to deliver the full range of services. Where pharmacies are unable to provide services due to unaccredited locums then patients should be signposted appropriately. Reports of issues with drug misuse services have been attributed to poor communication with locums. Pharmacies should be satisfied that communication systems in this area are in place.
- Complaints - Pharmacies must produce an annual report of complaints received and send it to NHSC. Has the pharmacy sent in its report for 2010-2011? It should be sent to NHSC as soon as possible after the 31st March each year. Please refer to the PSNC website for guidance and templates.
- Following the NPSA alert in January "Vaccine Cold Storage", contractors storing vaccines must have a cold chain storage policy. This would be good practice for all medicines which need refrigeration storage. NHSC has produced a vaccine and medicines cold chain storage policy which is available for contractors to adopt and adapt for their own use. Copies are available from the Medicines Management Team.

MURs

In general these are being kept in better order. Claims are verified by a manual count and this process is facilitated by:

1. Not overfilling the files. Ring binders easily burst open when too full.
2. File the MURs in the month in which they are claimed. If the SOP is required to be filed alphabetically then please prepare them in monthly order for monitoring purposes.
3. Keep individual forms together either stapled or in plastic pockets.
4. It is advisable to make a physical count of the MURs before entering the number in the monthly PPA form.
5. Have any templates for conducting your MURs available for viewing.
6. It would be useful to have a sample of MURs ready to demonstrate adherence to the PCT MUR guidance.
7. Evidence that MURs are leading to improved health outcomes would be extremely beneficial.

Enhanced Services

NHSC and its partner organisation Addaction currently commission nine services across Cambridgeshire. These are:

- Chlamydia Screening and Testing
- Emergency Hormonal Contraception
- Minor Ailments Service
- Needle Exchange
- Not Dispensed Scheme
- Smoking Cessation Service
- Specials Scheme
- Supervised Methadone and Subutex Scheme
- Palliative Care Scheme

Records of the delivery of these services should be available to evidence service delivery and need to be available at any visit. The Medicines Management Team would be pleased to discuss service delivery to understand what is working well, what could be improved and discuss suggestions for service improvement.

Contract Monitoring Visits

It is intended that compliance with the contract framework will be demonstrated by returning the monitoring form. This should then mean only a sample of pharmacies should need to be visited to provide assurance of compliance.

Contract monitoring visits will be conducted with contractors in NHSC and NHS Peterborough from September 2011 as follows:

- 15% of all contractors plus
- Those contractors where there are concerns
- Those contractors who have not returned the assessment form
- New community pharmacies (and DACs)

A letter confirming the appointment will list areas which will be highlighted at the visit, and the Medicines Management Team may be contacted with any queries.

On the day of the visit, all documentation should be prepared to be reviewed. This ensures that the monitoring visit can be conducted without interrupting the normal activities in the pharmacy. It is very useful if there is a room or area that can be used during the visit.

Summary

Good planning and preparation will result in a visit that saves time and inconvenience for everyone involved. Having documents available in advance and maintaining good record keeping means any queries can be resolved quickly and easily. This provides time for discussions and queries around good practice instead of searching for evidence.

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