NHS Governance – Clinical Governance
Community Pharmacy Scotland

Who we are

We are the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and are the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

We are empowered to represent the owners of Scotland’s 1256 community pharmacies and negotiate on their behalf with the Scottish Government. This covers all matters of terms of service and contractors’ NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

What we do

We work with the Scottish Government on the development of new pharmaceutical care services and ensure that the framework exists to allow the owners of Scotland’s community pharmacies to deliver these services. The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacy contractors and their employee pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

CPS is pleased to respond and contribute to the consultation. The consultation has been approved by our Board, each member of which is an elected member of the contractor network in Scotland.

In compiling our responses to this Call for Views, we have considered in the main, the issues which affect community pharmacy teams and the patients under our care.
Are services safe, effective, and evidence-based?

The Quality Strategy and Governance for Quality Healthcare Agreement clearly set out what is required to deliver services safely, effectively and well evidence based.

Community Pharmacies (CP) in Scotland deliver safe, effective and evidence-based services through continuous monitoring and reviewing of all the practice in our pharmacies.

This has been further enhanced in 2016/17 by the Scottish Government supported Quality Improvement Programme (QI)The programme involves all Scottish CPs in completing and reviewing a series of safety modules and completing a Safety Climate Survey. This allows all team members in all CPs to contribute to, review, monitor and help deliver continuous improvement in their pharmacies.

Further support is planned for this key area in 2017/18.

The continuing development and redesign of both NHS Inform and NHS 24 infrastructures, are instrumental in helping pharmacists to support patients and the self-care agenda. The availability of ECS via the NHS24 national direct line is essential in ensuring the safety and continuity of care for NHS patients, however this must be developed further to provide efficiencies. Availability of a professional to professional direct referral service out of hours allows community pharmacists to triage patients for the NHS, reducing the burden on OOH services.

As we have advised in our response to the Health and Sport call for views on Technology and Innovation, the single most significant risk posed to patients and the public is the inability of community pharmacists to access role-appropriate sections of the ECS, KIS or patient record.

The impacts of not having this functionality include but are not limited to: Pharmacists relying upon patients and carers to volunteer an accurate account of current medication and diagnoses; reliance on OOH services’ resource to act as an intermediary when ECS access is required; Inability to record community pharmacy interventions on a shared platform; Limited ability to tackle priority issues such as polypharmacy without a holistic view of the patient’s history.

As registered and regulated professionals, we are bound by a code of conduct and are thoroughly experienced in information governance matters. As such there is minimal risk to opening access to this information via clinical portals to community pharmacists, particularly as explicit patient consent must be obtained to do so and all episodes of access are recorded.
Our position on this matter is shared by many of our healthcare colleagues, and our joint submission to the consultation on the digital strategy expands upon the points made here, speaking for over 60,000 Scottish healthcare staff.

Progress towards electronic transfer of prescription information for all types of prescription does not appear to be a priority – with the significant efficiencies and benefits to patient safety realised for the majority of GP-generated prescriptions, we believe that both hospital outpatient and independent prescriber prescriptions should now follow suit as soon as possible.

**Are patient and service users’ perspectives taken into account in the planning and delivery of services?**

The Quality Strategy and Governance for Quality Healthcare Agreement clearly set out what is required to ensure planning and delivery of services are appropriate to patient and service users’ needs and perspectives.

This is seen clearly in the development of the Community Pharmacy contract, which has person-centred care at its core.

There are over 1250 community pharmacies in Scotland, covering rural and urban areas and providing the care patients need, close to where they live and work. In addition to dispensing prescriptions, we offer a range of services including Minor Ailment Service (MAS), Public Health Services of Smoking Cessation and Emergency Hormonal Contraception and the Chronic Medication Service for patients with long term conditions.

The pharmacy contract in Scotland has been developed and is remunerated to meet the needs of NHS Scotland

**Do services treat people with dignity and respect?**

The Quality Strategy and Governance for Quality Healthcare Agreement clearly set out what is required to treat people with dignity and respect.

Within Community Pharmacy, we ensure our services and our teams deliver this.

Patients are at the heart of everything we deliver, and we plan, monitor and review our services through our QI and Continuous Improvement and from patient feedback.

**Are staff and the public confident about the safety and quality of NHS services?**
Our Community Pharmacy Staff have this confidence, as they participate in the QI and Scottish Patient Safety Programme, and can see the positive impact these programmes have on safety and quality.

The Public generally expect safety and quality as a given. If, however they have cause to seek detail or reassurance, we provide them with relevant information to answer any questions and ensure confidence in the delivery and continuous improvement of safety and quality in pharmacy.

Do quality of care, effectiveness and efficiency drive decision making in the NHS?

The Quality Strategy and Governance for Quality Healthcare Agreement clearly set out what is required to deliver services safely, effectively and well evidence based.

Service from Community Pharmacy are developed, delivered and remunerated, to meet the needs of NHS Scotland.

We must raise a concern at this point regarding the trend in some current discussions, of an increased focus on potential cost saving when decisions are being made about medicines and pharmacy services. Cost saving is often the primary driver, with care and effectiveness then being considered and delivered. The NHS must be run efficiently, with the consideration of costs incorporated, but care and effectiveness must be the first considerations in the decision-making process.

Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?

In Community Pharmacy, yes.

We have an extensive monitoring and review programme to encourage all team, members to speak up when something goes wrong, ensure remedial action is taken and practice is changed to minimise the chance of a recurrence.

In addition to our internal review systems, the new Duty of Candour and Patient Rights provide external monitoring and review of the work we carry out.