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# Clinical governance requirements for community pharmacies in Wales

Information for pharmacy contractors  
and Local Health Boards



# Clinical governance requirements for community pharmacy

## Introduction

In November 2011 the new Discharge Medicines Review Service and changes to the existing Medicines Use Review service were introduced to the community pharmacy contractual framework in Wales. Amendment of the clinical governance requirements of the contractual framework was the final element of the package of changes.

The clinical governance requirements are set out within paragraph 25, Schedule 2 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 1992, as amended (the Regulations). The Regulations have been amended by the National Health Service (Pharmaceutical Services) (Wales) Amendment Regulations 2011 which came into force on December 31, 2011. Transitional provisions were in place to allow time for community pharmacy contractors that were on a Local Health Board's pharmaceutical list on 30 December 2011 to become compliant with the requirements by March 31, 2012. Pharmacies that were included on a LHB's pharmaceutical list on or after December 31, 2011 had to comply with the new requirements immediately.

## What is clinical governance?

Clinical governance is a framework to ensure continuous quality improvement in health care.

### ***'Doing Well Doing Better'***

*'Doing Well, Doing Better Standards for Health Services in Wales'* came into force from April 1, 2010, they are key to underpinning the vision, values, governance and accountability framework for NHS Wales.

They are at the centre of our drive for continuous improvement in the quality and experience of services and care that citizens of Wales have a reasonable right to expect.

The standards provide a key tool alongside other initiatives, in helping us drive up clinical quality and patient experience. They support us in making changes and improvements at the front line of care to improve our performance and in our drive to reduce harm, waste and variation within and across our services.

These standards set out what our citizens have a reasonable right to expect from our health services. The standards apply to all types and size of services regardless of their setting. They are to be used to plan, design, develop and improve services across all health services and in all healthcare settings. They set out the requirements of what is expected - at every level and in every setting. They will drive the way we work and practice day in, day out, in our pursuit to provide the safest, highest quality and most efficient care and services for the citizens of Wales.

## **Why are these changes being made?**

The changes to the contractual framework will bring community pharmacy in line with the wider clinical governance arrangements in Wales. Compliance with the new clinical governance requirements will help to prepare community pharmacy in Wales for an expanded role in provision of healthcare, where demonstration of quality standards will be a pre-requisite. The changes are not intended to be overly burdensome for community pharmacy.

This document explains the requirements that came into effect on December 31, 2011, as well as the pre-existing requirements. The document also outlines the rationale for the changes so that community pharmacy contractors and LHBs can put the changes into context. Most community pharmacy contractors already provide high quality services and LHBs have supported pharmacy contractors to be compliant with contractual clinical governance requirements; these changes will, therefore, not require most pharmacy contractors to drastically alter the way they work. The amendments reflect good practice.

The document is structured to reflect paragraph 25, Schedule 2 of the Regulations and will reference the specific requirements of the paragraph. The use of the word approved in the paragraph means that there are additional details that community pharmacy contractors must comply with, these are approved by the Welsh Ministers and are defined in this guidance.

## **Relationship between the NHS terms of service and regulation by the General Pharmaceutical Council**

The clinical governance requirement of the community pharmacy contractual framework in Wales should be implemented in conjunction with any standards or guidance for pharmacists, pharmacy superintendents and pharmacy owners set by the General Pharmaceutical Council.

## **1. An acceptable system of clinical governance**

### **1.1 Annual self assessment of compliance**

“A system of clinical governance is "acceptable" if it provides for submission of an annual self assessment of compliance (to an approved level) with those clinical governance components via approved data submission arrangements which allow the Local Health Board to access that assessment,” (paragraph 25(1A)(b), Schedule 2).

LHBs have since 2005 encouraged community pharmacy contractors in Wales to complete and return annual self assessments of compliance with the community pharmacy contractual framework. Whilst in the past completion of such self assessments have not been a contractual requirement, contractors and LHBs have recognised their value in minimising both the frequency of, and the amount of time needed for, contract monitoring visits.

The new requirement now makes the completion and return of an annual self assessment by contractors a contractual requirement. Furthermore the new requirement introduces a single approved format for that self assessment, this means that all contractors in Wales will complete the same self assessment document regardless of the LHB in which they are located. Finally there is a requirement that the arrangements for submission of the annual self assessment are standardised. Visits, by LHBs, for the purpose of monitoring compliance with a contractor’s terms of service visits are described in 2.7 and should normally be completed following submission of the annual self assessment.

The NHS Wales Informatics Service (NWIS) are developing the format of the annual self assessment (the clinical governance toolkit) which will be made available online for annual completion. The self assessment questions are at appendix one.

## **2 Patient and Public Involvement**

### **2.1 Practice Leaflet**

“a requirement that the chemist should produce in an approved manner, and make available in an appropriate manner, a practice leaflet in respect of his pharmacy,” (paragraph 25(2)(a)(i), Schedule 2).

It is important that the practice leaflet is kept up to date to ensure patients receive the correct information about the pharmacy and the services offered. In order to maintain accuracy amendments should be made as and when necessary. Pharmacies must list or describe NHS services available at the pharmacy, including advanced and enhanced services. New requirements on publicising NHS services (see section 2.2) may necessitate a change in wording of practice leaflets. It is recognised that the commissioning of enhanced services may vary over time and there should not be an undue expectation on contractors, by LHBs, to review the practice leaflet every time LHB commissioning arrangements change. It is reasonable however for changes to be incorporated at the next practical opportunity; for example at the next print run. Contractors are, however, expected to take

reasonable steps to ensure that patients, members of the public and other health and social care providers, are not unduly misinformed with regard to the services available from a pharmacy.

Contractors must remember that the use of the NHS Wales identity is strictly controlled. Further information on the use of the NHS Wales brand is available at:

<http://www.wales.nhs.uk/documents/nhs-guidelines-e.pdf>

Requirements for the practice leaflet are available at appendix two.

## 2.2 Publicising NHS Wales Services

“(ii) a requirement that the chemist publicises the NHS services that are available at or from his pharmacy,

(iia) a requirement that where the chemist publicises the NHS services that are available at or from the chemist's pharmacy (whether the chemist is producing their own publicity material or advertising services in material published by another person), the chemist does so in a manner which makes clear that the services are funded as part of the health service,” (paragraph 25(2)(a), Schedule 2).

Contractors are required to publicise all NHS services that are provided at or by their pharmacy, this will include enhanced services where this is agreed by the LHB. As with the practice leaflet, community pharmacy contractors and LHBs should take a balanced view to the need to amend publicity in response to commissioning decisions.

The requirement has been extended to ensure that when contractors publicise NHS services provided at or by the pharmacy, it is made clear that those services are **“funded by NHS Wales”**. This means that while they are free for patients at the point of delivery, it should be clear that the services are in fact paid for by NHS Wales and not the pharmacy. Contractors should review future advertising to ensure they comply with this requirement. The requirement covers all forms of publicity media including radio and TV advertising.

When preparing publicity materials related to NHS services contractors must be mindful of NHS brand guidelines which can be accessed at:

<http://www.wales.nhs.uk/documents/nhs-guidelines-e.pdf>

## 2.3 Patient Satisfaction Survey

“a requirement that the chemist should undertake an approved patient satisfaction survey annually, in an approved manner, including a requirement to publicise the results of the survey and any appropriate action the chemist intends to take,” (paragraph 25(2)(a)(iii), Schedule 2).

Contractors have been required to undertake an annual patient satisfaction survey since April 2005, the aim being to seek the views of patients and members of the

public using the services provided by the pharmacy, this includes essential, advanced and enhanced services. Contractors should use the information from the survey to improve and develop their services. The requirements of the patient satisfaction survey in Wales can be found at annex three.

In addition to completing the survey annually contractors must now publicise the results of the survey and any actions they intend to take as a result. Specifically contractors are expected to:

- Indicate the dates between which the survey was undertaken.
- Indicate the number of survey responses received.
- Summarise the demographic information provided.
- Collate the responses to questions 1 to 9 of the questionnaire at Annex Four.

Responses should be analysed, strengths and areas for improvement identified and a report is to be produced that identifies:

- Areas where the pharmacy is performing most strongly.
- Areas for improvement together with a description of the action that has been taken or is planned to address the issue.

Action should be taken to address issues raised by respondents where this is practicable and proportionate to the issue raised.

The results of the survey must be published:

- In the pharmacy as a leaflet or poster.

And/Or

- On the pharmacy's website

The results of the survey will be a summary of the collated responses (for example the percentage of patients finding the waiting time satisfactory, or otherwise), together with the action taken, or planned to be taken, to address any areas for improvement.

Community pharmacies are reminded of their duties under the Equality Act 2010, for example, producing the survey in large format for patients with impaired vision if requested. Further information on the Act can be found on the Home Office website. The distribution of the survey needs to reflect the pharmacy's business profile, so should be distributed in such a way as to ensure that no cohorts of patients are given undue prominence. For example, surveying only patients who have received MURs, and not those that have received an enhanced service. The survey forms should be distributed across the opening hours of the pharmacy. Where a large proportion of patients receive their medicines by home delivery, arrangements must

be made to ensure that these patients are included in the distribution. The contractor must summarise the demographic information provided.

Contractors who own a number of pharmacies should note that a separate survey should be carried out for each premise and separate reports should be produced.

Requirements for the patient satisfaction survey are available at appendix three.

## **2.4 Monitoring arrangements for owed drugs or appliances**

“monitoring arrangements for drugs or appliances owed to patients but which are out of stock,” (paragraph 25(2)(a)(iv), Schedule 2).

Monitoring arrangements could involve keeping a record of all owing or out of stock medication, using the pharmacy’s IT system of carrying out regular audits.

The requirement within clinical governance to have a process for monitoring owings will help contractors to identify when the reason for owings are within their control. This should assist contractors in minimising the number of times they are unable to fulfil a prescription.

## **2.5 Approved complaints system**

The requirement to operate a complaints system is covered by paragraph 28 of Schedule 2. Contractors must ensure that their complaints system meets the requirements of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

The arrangements for dealing with concerns about NHS services in Wales, including services provided by community pharmacy contractors are called *Putting Things Right*. Further details of *Putting Things Right* can be accessed at:

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

## **2.6 Visits by Community Health Councils**

“a requirement that the chemist co-operates appropriately with Local Community Health Council visits and takes appropriate action following the outcome of such visits,” (paragraph 25(2)(a)(vii), Schedule 2).

This requirement remains unchanged. It is for the local Community Health Council to determine the frequency of visits, but visits would normally be no more than once a year unless follow up visits are required or there is cause for concern.

When permitting authorised representatives to view the activities being undertaken in a pharmacy, care must be taken not to breach the rights of privacy of patients and the public using the pharmacy. For example, the authorised representatives cannot sit in on an MUR consultation, and they should not be in a position where they can read details from the patient medication record computer screen or from prescriptions being dispensed. Sensible precautions to protect the privacy of

patients may be necessary, it is advised that the authorised representatives should normally only require access to parts of the pharmacy accessible to patients.

## **2.7 Compliance with reasonable inspections or review by the Local Health Board or any statutory authority**

“a requirement that the chemist co-operates appropriately with any reasonable inspection or review that the Local Health Board or any relevant statutory authority wishes to undertake,”

This requirement remains unchanged. The LHB or statutory authority may wish to visit pharmacies on a regular basis. Specifically in relation to visits, by LHBs, for the purpose of monitoring compliance with a contractor’s terms of service visits should normally be completed following submission of the annual self assessment described in 1.1 as this will inform discussions at the visit and may serve to reduce the length of time required.

For all other purposes it will be for the LHB or statutory authority (e.g. the Environment Agency in relation to waste management activities) to determine the frequency of visits or reviews, but visits to pharmacies would normally be no more than once a year unless follow up visits are required or there is cause for concern. The pharmacist may request that a representative Community Pharmacy Wales (CPW) is present during a visit, so visits should be arranged by appointment and allow sufficient time for the contractor and CPW to make arrangements.

During a visit a series of questions may be asked and requests may be made to see records that are required to be kept, where these may be disclosed without breaching confidentiality. The contractor should cooperate with the reasonable requests made by the LHB and the LHB should be mindful of the demands placed on the pharmacy staff during the visit, bearing in mind that the first priority for the contractor is delivering a safe and efficient service to the persons using the pharmacy. Such visits should in normal circumstances take no more than two hours to complete.

(Note: the DMR and MUR service specifications now require the patient to consider giving consent to the disclosure of the information about the DMR or MUR to the LHB for monitoring purposes, so records of these services carried out from 1 November 2011 may be disclosed, despite containing patients’ confidential information.)

It is recommended that the LHB or relevant statutory authority should give three to four weeks notice of a planned visit. LHBs may carry out unplanned visits only where they have reasonable cause for concern, and not for routine monitoring, if an unplanned visit is contemplated, it is suggested that the circumstances of the reasonable concerns are discussed with the CPW Regional Executive before the visit takes place, without disclosing confidential information, including the identity of the contractor.

## **2.8 Monitoring arrangements for compliance with the Disability Discrimination Act**

“monitoring arrangements for compliance with the Disability Discrimination Act 1995;” (paragraph 25(2)(a)(ix), Schedule 2).

This requirement remains unchanged. Contractors must comply with the Disability Discrimination Act 1995 (now superseded by the Equality Act 2010), but are not required to provide information to the LHB on specific assessments carried out, or of adjustments made to service provision. The role of the LHB is to seek assurance that contractors are aware of their obligations and are taking steps to ensure compliance with relevant Disability and Equality legislation. Ultimately it is for the courts to determine whether a community pharmacy has complied with the Act or not.

Contractors need to demonstrate that the pharmacy has monitoring arrangements in place to show its compliance with the Equality Act. For example, the contractor may have assessed the extent to which it would be appropriate to install hearing loops, or provide access ramps/wide aisles to allow wheelchair access. The contractor should be able to demonstrate compliance with the Act.

### **3 Clinical audit programme**

“a clinical audit programme (normally of five days), which includes at least one pharmacy-based audit and one multi-disciplinary audit agreed by his Local Health Board in each financial year;” (paragraph 25(2)(b), Schedule 2).

Clinical audit programmes are an important part of practice and allow a pharmacy team to examine whether a service or procedure has reached a specified standard and then, where necessary, use the information to improve this service or procedure. It is important to re-audit to ensure the improvements have been achieved and so complete the audit cycle.

Contractors may choose the topic for their pharmacy-based audit and must complete a multi-disciplinary audit on an area determined by the LHB.

It will normally take up to five days of staff time to complete both audits. This time is cumulative and can be conducted over a number of days or weeks. It does not have to be a pharmacist who completes the audit.

### **4 Risk management programme**

#### **4.1 Procurement and handling of stock**

“arrangements for ensuring that all stock are handled in an appropriate way,” (paragraph 25(2)(c)(i), Schedule 2).

This requirement remains unchanged. A standard operating procedure (SOP) covering this issue is required by the Responsible Pharmacist regulations.

## 4.2 Maintenance of equipment

“arrangements for ensuring that all equipment used in the provision of pharmaceutical services is maintained appropriately,” (paragraph 25(2)(c)(ii), Schedule 2).

This requirement remains unchanged. Contractors will wish to ensure that they have appropriate arrangements in place (e.g. service contracts) for the regular maintenance of equipment used in the provision of pharmaceutical services. LHBs may ask to see documentation relating to the maintenance of equipment in order to be satisfied that appropriate arrangements are in place or, for example, wish to see that monitoring records for fridge temperatures are being kept. It should however be noted that some of these matters relating to premises are also monitored as part of the General Pharmaceutical Council’s inspections, and LHBs should avoid duplication where possible.

## 4.3 Incident reporting

“an approved incident reporting system, together with arrangements for analysing and responding to critical incidents, which comprises of —

(aa) a patient safety incident log;

(bb) a near-miss log; and

(cc) the reporting of patient safety incidents to the National Patient Safety Agency,” (paragraph 25(2)(c)(iii), Schedule 2).

There are new requirements for the incident reporting system. Contractors are required to maintain a log of patient safety incidents, containing specified information, and to report appropriate patient safety incidents to the National Patient Safety Agency (NPSA) or its successor organisation through the online National Reporting and Learning Service (NRLS), using the NPSA defined levels of harm. The NRLS can be accessed at:

<http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/>

A patient safety incident is any unintended or unexpected incident that could have or did lead to harm for one or more patients receiving NHS-funded healthcare.

A near miss, referred to by the NPSA as a prevented patient safety incident, is defined as:

*“any unexpected or unintended incident that was prevented, resulting in no harm to one or more patients receiving NHS-funded healthcare. The incident could have been prevented by an action, an individual, timing, or by chance or luck.”*

The content of the log of patient safety incidents should be used to help identify trends, or to highlight weaknesses in pharmacy systems and procedures. Appropriate staff are required to participate in the analyses of critical incidents. Such

analyses should only involve relevant staff involved in providing NHS services that would have legitimate input into the analyses of the patient safety incidents. On some occasions this will need to involve counter staff and other times they will not.

There is some sensitivity about such records for dispensing errors, because under the Medicines Act 1968 a dispensing error could constitute a criminal offence. Until there are changes to the Medicines Act 1968, contractors must report through the anonymised arrangements to the NRLS and are encouraged to learn from their own investigations.

Incidents must be reported to the NRLS via the website

<https://www.eforms.nrls.nhs.uk/staffreport/>

Contractors may use their own reporting forms to support NRLS reporting and for the information that should remain in the pharmacy patient safety incident log.

Examples of patient safety incidents include:

- No harm – impact prevented (near miss) – error noticed before medicine was handed over to patient.
- No harm – impacted not prevented – error noticed by someone other than pharmacy staff but none was used or taken.
- Low harm - error noticed by someone other than pharmacy staff, medicine used or taken but no harm done.
- Moderate – patient used or took medicine which caused noticeable side effects.
- Severe - patient used or took medicine which caused hospitalisation.
- Death.

#### **4.4 Patient safety communications**

“arrangements, including record keeping arrangements, for dealing appropriately and timeously with communications concerning patient safety from the Welsh Ministers, the Medicines and Healthcare products Regulatory Agency and the National Patient Safety Agency,” (paragraph 25(2)(c)(iiia), Schedule 2).

This new requirement formalises what most contractors are already doing in regard to dealing with communications concerning patient safety. However, appropriate arrangements need to be in place to ensure that the information is received by the pharmacy. This will require that pharmacies check their NHS email account, which provides for the NHS Wales Electronic National Alert Service (ENAS) daily. It is expected that a record will be kept of the dates and times at which ENAS is accessed and a record of what the contractor has done to implement or comply with the notice.

The Medicines and Healthcare products Regulatory Agency (MHRA) issues safety advice, warnings, alerts and recalls in respect of medical devices. The Welsh Government also issue other communications concerning patient safety on behalf of the Welsh Ministers. Contractors are required to appropriately deal with all communications concerning patient safety, including keeping a record of what has been done to implement or comply with the communication.

'Appropriately' means that the community pharmacy has taken action to deal with the notice and alerts according to the nature of the alert. Many notices/alerts outline a course of action that contractors are required to follow. Many notices and alerts have an action date and contractors are expected to meet these deadlines in order to be considered to be acting in a 'timeously' manner, i.e. action is taken within the required timescale.

#### **4.5 Standard operating procedures**

“appropriate standard operating procedures, including standard operating procedures in respect of repeatable prescriptions and providing advice and support to people caring for themselves or their families,” (paragraph 25(2)(c)(iv), Schedule 2).

This requirement remains unchanged. In order to ensure standard operating procedures (SOPs) are fit for purpose it is recommended that contractors undertake a review of SOPs every two years or sooner, if there is a material change that means one or more SOPs need updating.

#### **4.6 Waste disposal arrangements**

“appropriate waste disposal arrangements (in addition to those required under paragraphs 12 and 13) for clinical and confidential waste,” (paragraph 25(2)(c)(v), Schedule 2).

This requirement remains unchanged. The reference to Part 2 refers to the disposal service in respect of unwanted drugs (paragraphs 11 to 13, Schedule 2). The Department of Health issued comprehensive guidance on the safe management of healthcare waste in March 2011:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_126345](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126345)

The guidance was produced in partnership with Defra and Department for Transport and with the full support and co-operation of the Regulators (Environment Agency and the Health and Safety Executives) and the Devolved Administrations including Welsh Ministers. Contractors and LHBs may find this guidance useful.

This part of the terms of service therefore concentrates on the pharmacy having appropriate means of disposing of clinical waste (for example protective gloves, sharps, and swabs, if blood testing is undertaken) and for disposing of confidential waste (any paper form of patient-identifiable data including unwanted repeat prescription batch issues or repeat ordering forms, spare patient labels, hand written

notes about patients etc.) Usually a suitable shredder will be required to dispose of modest quantities of confidential paper waste.

#### **4.7 Clinical governance lead person**

“a clinical governance lead person for each pharmacy, appointed as such by the chemist (or that is the chemist), who is knowledgeable about both the pharmacy procedures of that pharmacy and the other NHS services that are available in the locality of that pharmacy,” (paragraph 25(2)(c)(vi), Schedule 2).

This requirement has been extended to clarify the requirements for the person who may act as the clinical governance lead person at each pharmacy.

The clinical governance lead is the main contact at the pharmacy, for the exchange of information on clinical governance between the LHB and the pharmacy. The clinical governance lead can perform this role at more than one pharmacy but it is expected they have good operational knowledge of the pharmacy.

LHBs and contractors will wish to note that the clinical governance lead does not have to be a pharmacist, but they would be expected to have the following:

- A good understanding of clinical governance, the clinical governance requirements and the ability to interpret and explain the Regulations to colleagues.
- The authority to make decisions as appropriate for a clinical governance lead or report to a person who has that authority.

The clinical governance lead is expected to have knowledge of other NHS services that are available in the locality of that pharmacy. The extent of this knowledge is being able to refer patients to local GP practices, dentists and A&E departments. LHBs should ensure that contractors are able to access such information. This could be via the LHB’s website.

#### **4.8 Safeguarding children**

“appropriate child protection procedures,” (paragraph 25(2)(c)(vii), Schedule 2).

The contractor will be responsible for ensuring that relevant staff who provide pharmaceutical services to children are aware of the safeguarding guidance and the local safeguarding children arrangements. This includes the reporting of concerns and so are alert to and act on indications that a child may be being abused, or at risk of abuse or neglect. LHBs will wish to ensure their contractors are aware of the local safeguarding arrangements and reporting procedures for concerns about children.

LHBs often require pharmacists to provide evidence of safeguarding training before being able to provide some services such as domiciliary MURs. Since April 2011 pharmacists providing the National Enhanced Service for *Provision of Emergency Hormonal Contraception* have been required to complete safeguarding training at level two.

The Wales Centre for Pharmacy Professional Education (WCPPE) provides open learning materials for use by pharmacists and pharmacy staff including interactive training at level one:

<http://www.wcppe.org.uk/learning/learning-resources/safeguarding-children-level-1-interactive>

All relevant pharmacy staff must have completed, or be in the process of completing, safeguarding training at level one or equivalent. For staff unable to access the interactive training, including those staff that cannot access WCPPE online, materials can be downloaded by the responsible pharmacist.

Any member of the pharmacy team that has completed safeguarding training at level 2 are not required to complete level one.

#### **4.9 Monitoring arrangements for compliance with the Health and Safety at Work etc Act 1974**

“monitoring arrangements for compliance with the Health and Safety at Work Act etc 1974;” (paragraph 25(2)(c)(viii), Schedule 2).

This requirement remains unchanged.

Contractors must be able to show that they are monitoring health and safety. Contractors can monitor health and safety by, for example, doing spot checks, risk assessments, or by investigating any accidents or ill health suffered in the work place.

The enforcement of this Act is the responsibility of the Health and Safety Executive and Local Authority, and therefore the LHB does not monitor compliance. However, LHBs may monitor whether pharmacists are mindful of their obligations in respect of health and safety legislation and should carry out their reasonable checks during visits, e.g. viewing the pharmacy’s most recent self assessment or HSE inspection report as a means of providing assurance.

Contractors will find the Health and Safety Executive (HSE) website (<http://www.hse.gov.uk/healthservices/index.htm>) useful in ensuring they are complying with the requirements of this Act.

In particular, the guidance *An introduction to health and safety* is a helpful document that explains the requirements and has guidance about different health and safety issues, as well as providing templates for a health and safety policy statement. This can be accessed at:

<http://www.hse.gov.uk/pubns/indg259.pdf>

## **5 Clinical effectiveness programme**

“a clinical effectiveness programme, which includes arrangements for monitoring the effectiveness of the advice given by a chemist in respect of repeatable prescriptions or to people caring for themselves or their families;” (paragraph 25(2)(d), Schedule 2).

This requirement remains unchanged. Contractors will contribute to improving the clinical effectiveness of prescribing through the management and dispensing of repeatable NHS prescriptions, when done in partnership with the patient, the prescriber and in particular, the Medicines Use Review service.

Patients or carers collecting repeat dispensing prescriptions must be counselled to ensure that they require all the medicines, that they are taking their medicines appropriately and to see if they are having any problems with them. Contractors will also wish to ensure that systems are in place to ensure appropriate self-care advice is given to patients by the use of protocols or SOPs.

## **6 Staffing and staff management programme**

### **6.1 Induction of staff and locums**

This requirement remains unchanged. Effective induction is essential to ensure staff compliance with pharmacy systems. It will encourage integration into the team, maximise productivity and realise the full potential of the employee.

Locum induction could consist of a checklist to go through or an induction manual which includes relevant information about the pharmacy's procedures and services including, but not limited to:

- The day-to-day running of the pharmacy including opening hours, key holders, staff hours, break times, commissioned enhanced services.
- The PMR system.
- The whereabouts of SOPs, signposting information, contacts, enhanced service specifications, controlled drug register and the Responsible Pharmacist log.

### **6.2 Training**

“appropriate training for all staff in respect of any role they are asked to perform,” (paragraph 25(2)(e)(ii), Schedule 2).

This requirement remains unchanged. Staff should be given access to the training they need in a timely manner so that they are competent to complete the tasks they are expected to perform. Their progress and performance should be regularly reviewed and they should be given honest and constructive feedback (see the section 6.4 Development needs).

### 6.3 Qualifications and references

“arrangements for the checking of qualifications and references of all staff engaged in the provision of NHS services,” (paragraph 25(2)(e)(iv), Schedule 2).

This requirement remains unchanged. It is recommended that contractors check employees’ qualifications and references before they commence employment. The checking of qualifications should apply to all members of staff whose declared qualifications are relevant to their employment.

For clarity, the contractor must also check the registration status of any pharmacists and pharmacy technicians that are employed or engaged. In the case of locums, the pharmacy should either check the registration themselves, or require the status to be checked by the locum agency as part of the contract with the agency. The registration status of pharmacists and pharmacy technicians can be checked on the GPhC website, but it is advisable to also check their identity using photographic identification such as a driving licence or passport.

Contractors will also wish to ensure that they have systems in place to ensure that all pharmacists and pharmacy technicians maintain their registration with the GPhC. This is of particular importance for superintendent pharmacists, as failure to renew their registration could mean that the body corporate is in breach of the Medicines Act 1968, and breaches of this legislation may lead to action on fitness grounds (which ultimately could result in removal from the pharmaceutical list).

### 6.4 Development needs

“arrangements for identifying and supporting the development needs of all staff engaged in the provision of services as part of the health service including continuing professional development for registered chemists and any necessary accreditation in respect of the provision of directed services,” (paragraph 25(2)(e)(iv), Schedule 2).

This requirement remains unchanged although pharmacy technicians are now required to be registered with the GPhC. The GPhC has issued standards for continuing professional development (CPD) for all pharmacy professionals which can be accessed at:

<http://www.pharmacyregulation.org/standards/continuing-professional-development>

All registered staff should be encouraged to engage in peer support programmes in accordance with the requirements of the GPhC's *Standards of conduct, ethics and performance*, or where it would support a programme of continuous improvement within the pharmacy. One way of meeting this requirement is through staff appraisals and assessment of their competencies to provide contracted services, providing support where improvements are necessary.

## 6.5 Poor performance

“arrangements for addressing poor performance (in conjunction with a Local Health Board as appropriate);” (paragraph 25(2)(e)(v), Schedule 2).

This requirement remains unchanged. Contractors should have arrangements in place to deal with poorly performing staff. These arrangements could include:

- Personal development plans.
- Identification of gaps in performance through regular staff appraisals with action planning.
- Access to training to remedy poor performance.
- Individual peer support and buddying/mentoring.
- Disciplinary procedures where appropriate.

## 6.6 Making a disclosure in the public interest policy (commonly known as whistleblowing’ or ‘raising concerns’)

“(vi) arrangements (which must include a written policy) for ensuring that all staff and locums who, arising out of their employment with the chemist—

(aa) make what is a protected disclosure within the meaning given in section 43A of the Employment Rights Act 1996 (meaning of protected disclosure) have the rights afforded in respect of such disclosures by that Act, and

(bb) provide information in good faith and not for purposes of personal gain to the General Pharmaceutical Council or to a Local Health Board which includes an allegation of a serious nature which they reasonably believe to be substantially true, but disclosure of it is not a protected disclosure within the meaning given in section 43A, have the right not to be subjected to any detriment or to dismissal as a consequence of that act;” (paragraph 25(2)(e)(vi), Schedule 2).

This is a new requirement in the community pharmacy terms of service, but the principles have applied elsewhere in the NHS for some time. If a person working within a pharmacy raises a concern with the pharmacy owner, or their representative, or a relevant external organisation particularly about public or patient safety, then they should be given protection from reprisals under the Public Interest Disclosure Act 1998. This is commonly referred to as ‘whistleblowing’. The law that protects whistleblowers is for the public interest, so people are encouraged to speak out if they find malpractice in the course of their employment, whether that is within the organisation in which they work, or in other organisations.

This requirement goes further than the Employment Rights Act 1996 and encourages disclosures to be made directly to the GPhC or LHB. The requirement applies the spirit of protected disclosure enshrined in the Employment Rights Act to a pharmacy setting. For clarity, locums are also entitled to make a disclosure. The purpose of these new provisions is to require pharmacy owners to develop an open and safe environment within which members of staff and locums can feel

comfortable about raising concerns reasonably and responsibly, without fear of exposure or victimisation. The whistleblowing policy is a vehicle for staff to raise concerns about malpractice within their own organisation as well as external organisations.

Concerns should be raised about issues such as:

- Threat to patient safety, for example irresponsible/illegal prescribing, dispensing, patient abuse, a professional whose health or competence is impairing their fitness to practise.
- Breach of a professional code of conduct, for example the Code of Ethics for pharmacists and pharmacy technicians.
- Criminal offence, for example fraud, theft, illegal diversion of drugs.
- Breach of a legal duty, for example failure to have a responsible pharmacist for each pharmacy.
- Inappropriate behaviour on the part of another employee or employees, for example breaching patient confidentiality, by discussing patient information with other staff members who have no legitimate interest in such matters.
- Danger to health and safety of the public or staff, for example having dangerously deficient electric equipment in use, knowing that there is a fault.
- Danger to the environment, for example irresponsibly and illegally putting returned medicines into the sewer.
- Failure to disclose any of the above.

The GPhC has developed guidance on raising concerns which can be accessed at:

<http://www.pharmacyregulation.org/raising-concerns/health-professional%E2%80%99s-guide>

## **7 Use of Information**

The original wording of paragraph 25(2)(f), Schedule 2 has been substituted with the following two requirements.

### **7.1 Procedures for information management and security**

“an information governance programme, which provides for—

(i) compliance with approved procedures for information management and security,” (paragraph 25(2)(f)(i), Schedule 2).

This clarifies that contractors are required to ensure they comply with the procedures for demonstrating information management and security set out in the online

Information Security Management System (ISMS toolkit) developed by the NHS Wales Informatics Service (NWIS).

Welsh Government and Community Pharmacy Wales have not yet agreed any requirements relating to business continuity however these will be developed and included in future versions of the ISMS toolkit.

## **7.2 Annual self assessment of compliance**

“(ii) submission of an annual self assessment of compliance (to an approved level) with those procedures via approved data submission arrangements which allow the Local Health Board to access that assessment;” (paragraph 25(2)(f)(ii), Schedule 2).

This change formalises the requirement on contractors to submit annual self assessments by 31 March each year using the ISMS Toolkit.

The requirements will be reviewed annually by Welsh Government and NWIS, in consultation with CPW, and generally be published by the October of each financial year in question.

## **8 Premises standards**

This is a new section.

### **8.1 Cleanliness of premises**

“(g)a premises standards programme, which includes—

(i) a system for maintaining cleanliness at the pharmacy which is designed to ensure, in a proportionate manner, that the risk to people at the pharmacy of healthcare acquired infection is minimised,” (paragraph 25(2)(g)(i), Schedule 2).

This is a new requirement. Although community pharmacies are relatively low-risk environments, good infection prevention and control are essential to ensure that people who use them receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone working within healthcare.

For this requirement contractors are expected to maintain good housekeeping, where appropriate e.g. where there are increased risks of spreading infection, the use by staff of alcohol hand gel, tissues and surface cleaners. The use of the word ‘proportionate’ is important. It is not expected that contractors will be required to meet the same standards as surgeons in hospitals, so good standards of hygiene, keeping dispensing benches and consultation rooms clean will be sufficient in many pharmacies. But if the pharmacy is involved in vaccination services, or undertakes diagnostic testing involving phlebotomy, then higher standards of cleanliness will be appropriate.

As contractors expand the range of services they provide they should review their system for maintaining cleanliness to ensure it is proportionate to the risk of infection.

## **8.2 Appropriate environment**

“(ii) arrangements for there to be a clear separation between the areas of a pharmacy which are an appropriate healthcare environment (where patients receive NHS services) and those areas that are a non-healthcare environment.” (paragraph 25(2)(g)(ii), Schedule 2).

This is a new requirement with the intention to ensure that the parts of the premises from which NHS services are provided must be recognisable to patients as premises from which high quality NHS services are available. Patients receive excellent health services and advice at their local community pharmacy and the physical premises should reflect a professional healthcare environment.

This guidance balances maintaining an environment in which patients feel comfortable with an environment that is professional.

Contractors should ensure premises are seen by the public to be open for the provision of pharmaceutical services during core and supplementary opening hours.

The requirements for premises are set out below.

### **8.2.1 Prescription reception**

The prescription reception area should be easily recognised as such and not used for the display of non-healthcare related items. For example, you would not expect to find sweets and confectionary in this area. It should function properly as a healthcare environment. This includes:

- a) Keeping the area where medicines are dispensed or sold clean;  
and
- b) Ensuring that the amount of space available allows staff to perform tasks safely.

### **8.2.2 Clear separation between NHS and non-healthcare areas**

In pharmacies where non-healthcare related goods are provided, to the extent that this can be achieved in a practicable and proportionate manner, there should be a clear separation between the areas displaying non-healthcare related goods and medicinal products. It is recognised that some goods may be used both for medicinal and non-healthcare purposes, these will include items such as sun tan lotions, dental care, foot care, incontinence appliances and vitamins and supplements. Pharmacies could use such items, where it is possible to physically separate non-healthcare related goods and medicinal products, to create a transition between predominantly NHS and purely commercial areas.

### **8.2.3 Patient privacy**

All pharmacy premises should make provision for appropriate levels of privacy for conversations with patients. This will include having in place arrangements for discussions between the pharmacists and patients or members of the public to take place without being overheard by other visitors to the pharmacy. Pharmacy premises must also make provision for such discussions not to be overheard by staff working at the pharmacy at a patient's request. In cases where a patient does not specifically make such a request only those staff whose contracts of employment include confidentiality clauses should be able to overhear any part of the discussion.

### **8.2.4 Consultation areas**

Where there is a confidential consultation area there must be a sign stating this. The consultation area or room must be:

- a) Clean and should not be used for storage of any stock (other than stock that is stored in closed storage units or stock that may be used, sold or supplied during a consultation – for example, hand wipes, emergency hormonal contraception, needle and syringe exchange stock etc).
- b) So laid out and organised that any materials or equipment which are on display are healthcare related; and
- c) So laid out and organised that once a consultation begins, the patient's confidentiality is respected, and no member of staff who is not involved in the consultation understands that they are not able to enter the area unless authorised by the pharmacist, such authority being given only if the confidentiality of the discussions during the consultation is preserved.
- d) Interruptions to the consultation must be kept to an absolute minimum.

### **8.2.5 Waiting areas**

If the pharmacy has a waiting area or seating available for customer use, the seating must be in good working order and appropriate for a healthcare environment. This means that contractors should ensure all seating is capable of being kept clean. Displays, promotional material and general reading materials available in and around the waiting area should be both current and healthcare related (e.g. it would be appropriate for promotional material associated with LHB led public health campaigns to be displayed).

## **9 Implementing this guidance**

This document provides guidance and clarification in support of changes to regulations which came into force, for most pharmacy contractors, on March 31, 2012. Contractors are therefore expected to be compliant with these changes already. However it is recognised that many contractors will have been seeking the

clarification that this guidance provides before making any significant changes to existing procedures, processes and publications.

Therefore LHBs are advised that between now and March 31, 2013 they should support contractors to implement this guidance on the expectation that all contractors will be fully compliant by March 31, 2013.

## Appendix One

### Clinical Governance Toolkit

Theme	Terms of Service 'i' button	Regulation 'i' button	Self Assessment Question	Answer Type
Risk Management	<p>Clarification that the clinical governance lead must be knowledgeable about both the pharmacy procedures at the pharmacy and the other NHS services that are available in the locality.</p> <p>There should be a clinical governance lead person identified in respect of each pharmacy. The Pharmacy's identifiable clinical governance lead applies clinical governance principles to the delivery of services. This includes use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction.</p>	25 (2) (c) (vii)	Who is the clinical governance lead for your pharmacy premises?	Name: Role:
Risk Management	Arrangements are in place for ensuring stock is handled in an appropriate way	25 (2) (c) (i)	Does the pharmacy premises have a documented procedure for ensuring stock is handled appropriately?	Yes/No
			Are there documented procedures in place to ensure that the medicinal products are:	
			ordered in a safe and effective manner?	Yes/No
			stored in a safe and effective manner?	Yes/No
			prepared in a safe and effective manner?	Yes/No
			sold by retail in a safe and effective manner?	Yes/No
			supplied in circumstances corresponding to retail sale in a safe and effective manner?	Yes/No

			delivered outside the pharmacy in a safe and effective manner?	Yes/No
			disposed of in a safe and effective manner?	Yes/No
			Have all relevant staff read these documented procedures?	Yes/No
			Have all staff signed to say they have read, they understand and will follow these procedures?	Yes/No
Risk Management	Arrangements are in place for ensuring that all equipment used in the provision of pharmaceutical services is maintained appropriately	25 (2) (c) (ii)	Does the pharmacy premises have arrangements for ensuring that all equipment used in the provision of pharmaceutical services is maintained appropriately?	Yes/No
			Does the pharmacy premises have service contracts for regular maintenance of all equipment used in the provision of pharmaceutical services?	Yes/No
Risk Management	The pharmacy operates an approved incident reporting system, together with arrangements for analysing and responding to critical incidents	25 (2) (c) (iii)	How are dispensing incidents reported?	Tick all that apply NPSA National Reporting other Learning System (NRLS) Directly to the LHB
			Have you made any reports to the NPSA or LHB following critical incidents this year?	Yes/No
			If so, as a result of critical incidents has it been necessary to modify any procedures in the pharmacy?	Yes/No
Risk Management	Pharmacies are expected to have a patient safety incident log and near-miss log	25(2)(c)(iii)	Does the pharmacy have a documented patient safety log?	Yes/No
			Does the pharmacy have a documented near-miss log?	Yes/No
Risk Management	Appropriate child protection procedures should be in place	25 (2) (c) (vii)	Please indicate The roles of staff that have completed training regarding	Pharmacists Level One or equivalent

			child protection and where known indicate the level of that training	Level Two None Technicians/other dispensary staff Level One or equivalent Level Two None Medicines Counter Assistants Level One or equivalent Level Two None
			Is child protection training updated every three years?	Yes/No
			Are Child Protection Officer contact details available for staff to access for use?	Yes/No
Risk Management	Arrangements are in place for monitoring compliance with the Health and Safety at Work Act 1974	25 (2) (c) (viii)	Has the pharmacy ever received an inspection by the Health and Safety Executive?	Yes/No
			Please indicate the approximate date of the most recent inspection	MM/YYYY
			Please indicate the date of you most recently completed Health and Safety Risk Assessment	MM/YYYY
			Please indicate the date of your most recently Fire Risk Assessment	MM/YYYY
			Are the following on clear display on the pharmacy premises?	Certificate of Public Liability Insurance Health and Safety Poster Certificate or employers liability insurance
Risk Management	Appropriate arrangements for disposal of clinical waste are in place	25 (2) (c) (v)	Does the pharmacy premises have appropriate arrangements for disposal of clinical waste are in place?	Yes/No
Risk Management		25 (2) (e) (vi)	Does the pharmacy have a documented whistle blowing policy?	Yes/No
			Are all staff and locums employed by the pharmacy aware of this whistle blowing policy?	Yes/No
Patient and Public Involvement	The chemist should produce in an approved manner and make available in an	25 (2) (a) (i)	Does the pharmacy premises have a practice leaflet	Yes/No

	approved manner a practice leaflet in respect of the pharmacy		available?	
			Does the practice leaflet comply with the requirements for Wales?	Yes/No
Patient and Public Involvement	The chemist publicises the availability of NHS services at the pharmacy	25 (2) (a) (ii)	How does the pharmacy publicise the available NHS services provided at the pharmacy premises?	Tick all that apply
				Practice leaflet
				Website
				Other
			Does the pharmacy clearly indicate in its publications which services provided are funded by NHS Wales?	Yes/No
Patient and Public Involvement	The chemist shall undertake an approved patient satisfaction survey in an approved manner	25 (2) (a) (iii)	When did you carry out the annual Community Pharmacy Patient Questionnaire for 2012/13?	MM
			How many questionnaires were returned?	Insert number
			Please indicate your area of best performance	Free text
			Please indicate your area of worst performance	Free text
			Please indicate any actions you are taking as a result	Free text
			Where does the pharmacy premises publish the results/analysis of the annual community pharmacy patient questionnaire?	Tick all that apply
				In a leaflet
				In a poster
				Website
Patient and Public Involvement	The pharmacy shall have monitoring arrangements for drugs or appliances which are owed to patients but are out of stock	25 (2) (a) (iv)	Does the pharmacy provide written receipts to patients advising when they are owed any drugs or appliances	Yes/No
Patient and Public Involvement	The pharmacy must have in place arrangement for handling and consideration of complaints about any matters connected with the provision of pharmaceutical services which comply with the National Health Service (Concerns and Redress Arrangements)(Wales) Regulation 2011	28 (1)	Is information relating to "Putting Things Right" available and displayed in the pharmacy?	Yes/No
			Does the pharmacy have a documented concerns procedure?	Yes/No

			Have all relevant staff read the policy	Yes/No
			Have all relevant staff read and signed to say they understand and will follow it?	Yes/No
Risk Management	Patient safety notices, alerts and other communications concerning patient safety issued by the MHRA, the NPSA or successor body, and the Welsh Government should be acted upon within required timescales	25 (2) (c) (iiia)	Do you have access to the Electronic National Alert System (ENAS)	Yes/No
			Do you access your approved NHS email account for receipt of ENAS at least once a day	Yes/No
			Do you maintain, for your pharmacy premises, a documented record of action status required in response to communications concerning patient safety (e.g. no action required/action required)?	Yes/No
Services	The pharmacy shall have in place monitoring arrangements for compliance with the Disability Discrimination Act 1995	25 (2) (a) (viii)	Do you conduct assessments of patients identified as potentially requiring reasonable adjustments to the presentation of their medicines?	Yes/No
Risk Management/ Premises	Pharmacies should keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection is minimised	25 (2) (g) (i)	Does the pharmacy have a cleaning schedule which is up to date?	Yes/No
			Does the pharmacy have documented infection control procedures?	Yes/No
Premises	There should be a clear separation between the healthcare environment (where patients will receive NHS services) and the non-professional areas of the pharmacy	25 (2) (g) (ii)	Is the healthcare provision environment of the pharmacy premises clearly designated?	Yes/No
Premises	The pharmacy shall have in place monitoring arrangements for compliance with the Disability Discrimination Act 1995		Does the pharmacy premises provide arrangements for ensuring access to the pharmacy services for disabled patients?	Yes/No
Clinical Audit	The pharmacy shall participate in a clinical audit	25 (2) (b)	Have you completed the multidisciplinary	Yes/No

	programme in each financial year		audit required by the LHB in the current financial year?	
Clinical Audit	The pharmacy shall participate in a clinical audit programme in each financial year	25 (2) (b)	Have you completed pharmacy based audit in the current financial year?	Yes/No
			What was the title of the audit?	Free text
			Have you produced a summary of the audit results?	Yes/No
			Have you taken any action as a result of the audit?	Yes/No
Staff	covered off in IG	25 (2) (c) (v)	Have all pharmacy staff signed a confidentiality agreement, either as part of their employment contract or, as a separate undertaking?	Yes/No
Staff	covered off in IG	25 (2) (e) (iii)	Does the pharmacy undertake relevant pre-employment checks for all staff?	Yes/No
Staff	covered off in IG	25 (2) (e) (i)	Does the pharmacy undertake an induction of new staff including locum pharmacists?	Yes/No
Staff	covered off in IG	25 (2) (e) (iv)	Does the pharmacy have in place arrangements for annual appraisal of staff?	Yes/No
Staff	covered off in IG	25 (2) (e) (iv)	Do all staff have personal development plans?	Yes/No
Clinical Effectiveness		25 (2) (d)	Systems are in place to ensure appropriate self-care advice is given to patients?	Yes/No
		25 (2) (d)	SOPs are in place to ensure appropriate operation of NHS services?	Yes/No
	covered off in IG		Does the pharmacy have a Business Continuity Plan?	Yes/No

## Appendix Two

### Requirements for practice leaflets

The practice leaflet published (*in English or Welsh language*) must include the following:

1. Name, address and telephone number of the pharmacy.
2. If owned by a company based elsewhere, the contact details for their head office.
3. Opening hours.
4. List or description of NHS services available at the pharmacy (including Advanced, and Enhanced services).
5. Access arrangements for disabled customers.
6. NHS Direct Wales details as follows:

"When the pharmacy is closed, health advice and information, including details of other local health services, is available round the clock from NHS Wales Direct. Contact **NHS Wales Direct online** at <http://www.nhsdirect.wales.nhs.uk/> or using the **NHS Direct Wales telephone service** at **0845 4647**"

7. Notice that the pharmacy is not obliged to serve violent or abusive customers;
8. Notice that the pharmacy complies with the Data Protection Act and the NHS code on confidentiality;
9. Detail of how to find out more about services offered, comment on those services, or make a complaint;
10. Contact details of the local LHB; and
11. The leaflet may, under a separate heading "Other services we provide", refer to healthcare-related non-NHS services provided by the pharmacy.
12. The leaflet must be printed using a plain font in minimum size 12 pt (the minimum size recommended by the Royal National Institute for the Blind), with sufficient contrast between print and background colour.
13. The leaflet must be branded with the **NHS Wales logo** and the pharmacy descriptor line "Providing NHS Services" in the bottom right hand corner on the first page. The NHS Wales logo must, as a registered trademark, be used in accordance with the NHS Wales identity guidelines available at: <http://www.wales.nhs.uk/documents/nhs-guidelines-e.pdf>

14. The leaflet may be branded with the pharmacy/practice logo where the pharmacy has one.

For logo artwork, further information and advice contact:  
[nhswaleslogo@wales.gsi.gov.uk](mailto:nhswaleslogo@wales.gsi.gov.uk)

## Appendix Three

### Patient Satisfaction Survey Requirements

1. Pharmacists must undertake a patient satisfaction survey annually.
2. If contractors add additional questions, they must be related to healthcare service provision.
3. The minimum number of returned surveys for analysis required each year is proportional to dispensing volume, as outlined in the table below:

<b>Average monthly script volume (Items)</b>	<b>Minimum number of returned surveys</b>
0-2000	50
2001-4000	75
4001-6000	100
6001-8000	125
8001-upwards	150

4. The questionnaire must be free from adverts.
5. The questionnaire must include questions which ascertain the following demographic information:
  - a. The age of the respondent.
  - b. Whether the respondent is male or female.
  - c. Whether the respondent is accessing NHS services for themselves or on behalf of someone for whom they are a carer; and
  - d. Where the respondent is accessing NHS services on behalf of someone for whom they are a carer whether that person is a child under 16, someone with a longstanding illness or neither of these.
6. The questionnaire must be accompanied by:
  - a. An explanation as to what it is for.
  - b. Instructions on how to complete it.
  - c. Options for it to be returned.
  - d. A description of what will be done with the responses provided.

7. There must be at least two choices as to how questionnaires can be returned. For example:

- a. Return it to the pharmacy.
- b. Return it to a location other than the pharmacy.
- c. Reply electronically.

8. The survey must be distributed from the premises to which it refers.

9. Surveys must be distributed only to persons who have received NHS services from the pharmacy.

10. Surveys must be distributed in a way which reasonably reflects the pharmacy's business profile. For example:

- a. It is unacceptable to survey all patients who have received an medicine use review (MUR), but none who have received an enhanced service.
- b. Surveys should be distributed evenly over the opening hours of the pharmacy, including weekends and extended hours where applicable.
- c. Where the pharmacy delivers a significant number of prescriptions to patients' homes, consideration needs to be given to ensure a suitable distribution of surveys to these patients.

11. The pharmacy must summarise the demographic information provided (questions 11 to 13) and collate the responses to the nine mandatory survey questions (questions 1 to 9). Responses should be analysed and strengths and areas for improvement identified.

12. Where practicable action should be taken to address issues raised by respondents, in a manner that is proportionate to the issue raised.

13. The pharmacy must publish the results of the survey. This report should identify the areas, by analysis of survey questions 1 to 9, where the pharmacy is performing most strongly and the areas for improvement together and include a description of the action taken or planned. The report must include the demographic information provided in questions 11 to 13.

14. The results must be published via one or more of the following options:

- a. In the pharmacy, as a leaflet or poster.
- b. On the pharmacy's website.

## Appendix Four

### Community Pharmacy Patient Questionnaire

*This section is about why you visited the pharmacy today*

#### 1. Why did you visit this pharmacy today?

To collect a prescription for: Yourself  Someone else  Both  **OR**

For some other reason (please write in the reason for your visit):

*If you did not collect a prescription, please go to 3.*

#### 2. If you collected a prescription today, were you able to collect it straight away, did you have to wait in the pharmacy or did you come back later to collect it?

Straight away  Waited in pharmacy  Came back later

#### 3. How satisfied were you with the time it took to provide your prescription and/or any other NHS services you required?

Not at all satisfied  Not very satisfied  Fairly satisfied  Very Satisfied

---

*This section is about the pharmacy and the staff who work there more generally, not just for today's visit*

#### 4. Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

	Very good	Fairly good	Fairly poor	Very poor	Don't know
a) The cleanliness of the pharmacy	<input type="checkbox"/>				
b) The comfort and convenience of the waiting areas (e.g. seating or standing room)	<input type="checkbox"/>				
c) Having in stock the medicines/appliances you need	<input type="checkbox"/>				
d) Offering a clear and well	<input type="checkbox"/>				

- organised layout
- e) How long you have to wait to be served
- Having somewhere
- f) available where you could speak without being overheard, if you wanted

**5. Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there?** Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

- |  | Very good                | Fairly good              | Fairly poor              | Very poor                | Don't know               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Being polite and taking the time to listen to what you want | <input type="checkbox"/> |
| b) Answering any queries you may have                          | <input type="checkbox"/> |
| c) The service you received from the pharmacist                | <input type="checkbox"/> |
| d) The service you received from the other pharmacy staff      | <input type="checkbox"/> |
| e) Providing an efficient service                              | <input type="checkbox"/> |
| f) The staff overall   | <input type="checkbox"/> |

**6. Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services:**

- |   | Very well                | Fairly well              | Not very well            | Not very well at all     | Never used               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Providing advice on a current health problem or a longer term health condition | <input type="checkbox"/> |
| b) Providing general advice on leading a more healthy lifestyle                   | <input type="checkbox"/> |
| c) Disposing of medicines you no longer need                                      | <input type="checkbox"/> |
| d) Providing advice on health services or information available elsewhere         | <input type="checkbox"/> |

**7. Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?**

- Stopping smoking  Yes  No
- Healthy eating  Yes  No
- Physical exercise  Yes  No

**8. Which of the following best describes how you use this pharmacy?**

- This is the pharmacy that you choose to visit if possible
- This is one of several pharmacies that you use when you need to
- This pharmacy was just convenient for you today

**9. Finally, taking everything into account - the staff, the shop and the service provided - how would you rate the pharmacy where you received this questionnaire?**

- Excellent  Very Good  Good  Fair  Poor

**10. If you have any comments about how the service from this pharmacy could be improved, please write them in here:**

*[Insert here, if required, additional questions relating to healthcare service provision]  
These last few questions are just to help us categorise your answers*

**Q11 How old are you?**

- 16-19  20-24  25-34  35-44  45-54  55-64
- 65+  \_\_\_\_\_

- Q12 Are you...** Male  Female
-

**Q 13 Which of the following apply to you:**

- You are accessing the pharmacy service for yourself.....
- You have, or care for, children under 16 .....
- You are a carer for someone with a longstanding illness or infirmity...

Thank you for completing this questionnaire