ROYAL PHARMACEUTICAL SOCIETY

Professional Standards for Hospital Pharmacy Services

For providers of pharmacy services in or to acute hospital, mental health, private, community service, prison, hospice and ambulance settings

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NICE accredited
www.nice.org.uk/accreditation

NICE has accredited the process used by the Royal Pharmaceutical Society to produce its professional guidance and standards. Accreditation is valid for 5 years from 17 February 2017.
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AIHO
Association of Independent Healthcare Organisations

aspcp
The Association of Supportive and Palliative Care Pharmacy

Association of Teaching Hospital Pharmacists

ASSOCIATION OF PHARMACY TECHNICIANS UK FOUNDED 1952

CMHP
College of Mental Health Pharmacy

NHS Scotland Directors of Pharmacy

NHS SCOTLAND

PCCP network

Royal College of Nursing

SEPG

UKCPA
CLINICAL PHARMACY ASSOCIATION

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Introduction

- To provide professional standards that are supportive, enabling and professionally challenging is a key function of a leadership body.

- There is a clear imperative for the providers of all pharmacy services to use professional standards to improve and develop services that are safe and put the needs of patients first.

- The importance of professional standards alongside regulatory standards in supporting patient safety is repeatedly emphasised [1,2,3] Figure 1 illustrates where the RPS professional standards fit in relation to regulatory standards.

"THE GENERAL PHARMACEUTICAL COUNCIL BELIEVES THAT PHARMACISTS AND THEIR TEAMS SHOULD BE AWARE OF AND USE ALL RELEVANT PROFESSIONAL STANDARDS AND GUIDANCE, BOTH REGULATORY AND PROFESSIONAL, TO DELIVER PERSON-CENTRED CARE AND GOOD QUALITY OUTCOMES."

Duncan Rudkin, Chief Executive, GPhC

"THE CARE QUALITY COMMISSION EXPECTS PROVIDERS TO TAKE ACCOUNT OF RELEVANT PROFESSIONAL STANDARDS AND GUIDANCE TO ENSURE THE SAFE AND EFFECTIVE USE OF MEDICINES. WHEN WE INSPECT WE ASK ORGANISATIONS HOW THEY ENSURE THAT THE CARE THEY DELIVER IS IN LINE WITH CURRENT LEGISLATION, STANDARDS AND EVIDENCE-BASED GUIDANCE."

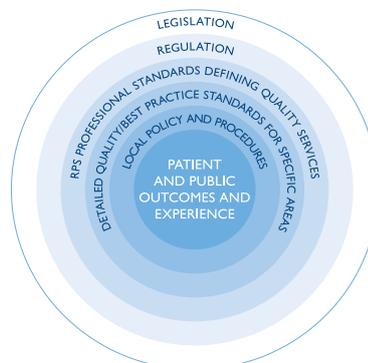Sarah Billington FRPharmS, Head of Medicines Optimisation, Care Quality Commission

- These standards replace the 2014 standards for hospital pharmacy services. The standards have been updated using the RPS process for the development of standards and guidance. The literature review that underpinned the update can be found on the RPS website.

- The development and updating of the professional standards has been led by the pharmacy profession with multidisciplinary and lay input. See Appendix 1 for who has been involved.

FIGURE 1 WHERE RPS PROFESSIONAL STANDARDS SIT

Scope of the professional standards for hospital services

- The professional standards describe **quality pharmacy services** (or 'what good looks like'). The standards provide a broad framework that will support pharmacists and their teams to continually improve services, shape future services and roles, and deliver high quality patient care across all settings and sectors.

- The professional standards support professional practice and encourage a culture of openness, transparency and candour that puts patients first by encouraging professionalism.

- Ultimately, the standards will help patients experience a consistent quality of service within and across healthcare providers that will protect them from incidents of avoidable harm and help them to get the best outcomes from their medicines.

- The standards cover pharmacy services, whether provided internally or outsourced, and are applicable **across the full range of service providers.** They are applicable in and across acute hospital, mental health, private, community service, prison, hospice and ambulance settings.

- The standards have been updated to ensure that as new and more integrated models of care develop the professional standards will continue to be applicable.

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[1] Francis R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. 2013.
https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

[2] Berwick D. A promise to learn - a commitment to act: Improving the Safety of Patients in England. 2013.
https://www.gov.uk/government/publications/berwick-review-into-patient-safety

[3] Trusted to Care. An independent Review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg University Health Board. 2014.
http://gov.wales/topics/health/publications/health/reports/care/?lang=en

Uses of the professional standards

- The standards give patients a clear picture of what they should expect in order to support their choices about, and use of, medicines when they experience care provided by (and transfer between) care providers.

- Chief Pharmacists/Directors of Pharmacy have a consistent set of standards against which they can be held accountable and can use as a framework to continually improve services, and innovate in their own organisations and with partners who deliver local health services.

"THE PHARMACY MANAGEMENT TEAM USED THE PROFESSIONAL STANDARDS TO CARRY OUT A GAP ANALYSIS AND FORMULATE AN ACTION PLAN TO BRIDGE THOSE GAPS. THE STANDARDS ARE ALSO USED TO PROVIDE ORGANISATIONAL ASSURANCE OF SAFETY AND QUALITY. ACROSS THE EAST MIDLANDS THE STANDARDS WERE USED TO BENCHMARK SERVICES IN ORDER TO IDENTIFY AREAS OF STRENGTH TO ALLOW FOR SHARING OF EXPERTISE OR RESOURCE ACROSS THE REGION, AND TO IDENTIFY PRIORITIES FOR COLLABORATIVE WORKING."

Claire Ellwood MRPharmS, Chief Pharmacist, University Hospitals of Leicester NHS Trust

- The entire pharmacy team has a framework that allows them to recognise, develop and deliver the best possible outcomes for patients from pharmacy services.

"THE STANDARDS HAVE BEEN USED WIDELY ACROSS NHS WALES WITHIN THE MANAGED SECTOR. THEY HAVE BEEN USED TO ASSESS AND ALLOW REVIEW OF CURRENT WORKING PRACTICE BOTH WITHIN INDIVIDUAL HEALTH BOARDS AND ACROSS WALES. REVIEW OF THE STANDARDS HAS RESULTED IN IMPROVED SHARING OF BEST PRACTICE AND IDENTIFICATION OF KEY GAPS IN THE PERFORMANCE AND ASPIRATIONS FOR DELIVERY OF QUALITY PHARMACY SERVICES."

Paul Harris MRPharmS, Chair, Welsh Pharmaceutical Committee

- Commissioners/purchasers of pharmacy services, regulators, insurers, Governments, and legislators can use the standards as a framework for safety and quality that will help to inform and complement their own standards and outcomes.

"THE RPS PROFESSIONAL STANDARDS FOR HOSPITAL SERVICES COMPLEMENT WHAT IS HAPPENING IN SCOTLAND WHERE WE HAVE DEVELOPED A QUALITY OF CARE FRAMEWORK THAT OFFERS NEW COMPREHENSIVE ASSESSMENTS OF THE QUALITY OF HEALTHCARE. WE HAVE ALSO WORKED CLOSELY WITH THE ROYAL PHARMACEUTICAL SOCIETY AND OTHER BODIES IN RAISING AWARENESS OF ERROR REPORTING AND CREATING A CULTURE WITHIN PHARMACY SERVICES ACROSS SCOTLAND. THESE PROFESSIONAL STANDARDS BUILD ON THIS WORK AND PROVIDE A STRATEGIC FRAMEWORK THAT ALL PHARMACISTS CAN USE IN EVERYDAY PRACTICE."

Laura McIver, Chief Pharmacist, Healthcare Improvement Scotland

- The standards can be used to support benchmarking. See also RPS definitions to support meaningful benchmarking.

"THE STANDARDS WERE USED IN NUFFIELD HEALTH INITIALLY TO PROVIDE A BASELINE ASSESSMENT OF THE PHARMACY SERVICE WITHIN ALL OUR HOSPITALS TO SEE WHAT AREAS NEEDED TO BE IMPROVED. THE IMPROVEMENTS IDENTIFIED WERE USED TO DEVELOP A PLAN TO SUPPORT THE INDIVIDUAL PHARMACY SERVICES ACROSS OUR 31 HOSPITALS. EVERY YEAR SINCE THE STANDARDS WERE PUBLISHED OUR SERVICES HAVE BEEN REVIEWED AGAINST THEM BOTH CENTRALLY AND INDIVIDUALLY BY EACH HOSPITAL."

Tracy Ewing MRPharmS, Chief Pharmacist, Nuffield Health

- The standards provide a basis to develop more detailed standards for other areas for example homecare services and secure environments.

"THE STANDARDS ARE USED BY MEMBERS OF THE GUILD OF HEALTHCARE PHARMACISTS FOR: SELF-EVALUATION AND BENCHMARKING, WITH DEVELOPMENT OF ASSOCIATED ACTION PLANS; THE DEVELOPMENT OF PHARMACY AND MEDICINES OPTIMISATION ORGANISATIONAL AND CROSS-ORGANISATIONAL STRATEGIES; AND IN PREPARATION FOR AND DURING REGULATORY INSPECTIONS (CARE QUALITY COMMISSION AND GENERAL PHARMACEUTICAL COUNCIL)."

Ewan Maule, Chair of Practice, Guild of Healthcare Pharmacists

Resources to support implementation of the standards

- An associated standards handbook provides links to legal and regulatory frameworks, international standards, core standards required by 'systems' regulators, as well as signposting to more detailed guidance, resources and support tools.

- Examples of practice and case studies from organisations across GB that illustrate application of the standards will be hosted on the RPS website. Organisations are encouraged to submit further examples to RPS as well as feedback on the standards more generally. (support@rpharms.com)

Structure of the professional standards

- There are eight overarching standards grouped into three domains.

- Each standard is defined by dimensions and statements that describe what a quality service should deliver. Figure 2 provides an overview of the standards.

- Box 1 provides tips on putting the standards into practice.

BOX 1: PUTTING THE STANDARDS INTO PRACTICE

When using the standards, remember:

- The eight standards are linked, so there may be overlap between the three different domains. To ensure that the standards are used to fully reflect a quality service, we recommend that all eight standards are reviewed.

- The overarching standards are relevant to the breadth of pharmacy service providers; however, some of the underpinning dimensions and statements may be more relevant to some services than others. You should expect to spend some time thinking about how the standards apply to the context of your service.

- Similarly, there may be variation in the evidence used to assure the delivery of the standards and the processes used to measure the achievement of the standards, in different organisations.

- You can download a blank version of the standards in Excel format to use as a template with space for notes, evidence and actions.

Before you start don't forget to review on the RPS website:

- The standards Handbook to see how a standard relates to legislation, regulation, other national guidance or to find useful support resources.

- The examples of practice supporting the standards to see how colleagues are implementing the standards locally.

- The RPS standard definitions for benchmarking metrics. These will help support meaningful benchmarking between organisations.

- The RPS quality systems hub, which contains links to resources that support organisations to implement quality systems such as the hospital standards.

FIGURE 2: Overview of the eight standards

DOMAIN ONE

STANDARD ONE: PUTTING PATIENTS FIRST

1.1 Patient focused services

1.2 Information about medicines

1.3 Support with effective medicines use

STANDARD TWO: EPISODE OF CARE

2.1 At pre-admission, on admission or at first contact

2.2 Care of the patient

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DOMAIN TWO

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5.3 Prepared or manufactured unlicensed medicines

5.4 Dispensing

DOMAIN THREE

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6.2 Strategic leadership

6.3 Operational leadership

6.4 Clinical leadership

STANDARD SEVEN: SYSTEMS GOVERNANCE AND FINANCIAL MANAGEMENT

7.1 Systems governance

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STANDARD EIGHT: WORKFORCE

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8.2 Workforce planning

8.3 Workforce quality and assurance

The professional standards

STANDARD 1: PUTTING PATIENTS FIRST

Pharmacy services enable patients to be fully involved in their own care and to make shared decisions about their treatment and their medicines[4].

The standards refer to patient throughout however where the patient has a carer it is expected that the statements would apply equally to carers.

1.1 Patient focused services

The principle of "no decision about me, without me" underpins the design and delivery of pharmacy services.

a. Patients are treated with compassion, dignity and respect by all members of the pharmacy team.

b. The pharmacy team routinely introduce themselves, their role and purpose to patients.

c. The views of patients are routinely sought to inform the development and delivery of pharmacy services, enabling patients to have direct input into the services that they receive.

d. The pharmacy team use the skills necessary to engage in meaningful conversations with patients about their care to enable shared decision making.

1.2 Information about medicines

Patients have access to information and support in order to make shared decisions about the use of medicines or the implications of choosing not to take them*.

When patients lack capacity appropriate procedures should be followed including those for Deprivation of Liberties, safeguarding and covert administration.

a. The pharmacy team provides the leadership, systems support and expertise to ensure that services can:

- Provide patients with information about medicines, their unwanted effects and how to manage and where possible avoid them, in a form that they can access and understand;

- Where feasible, provide information that is culturally appropriate and accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English; and

- Give patients the opportunity to have meaningful discussions about their medicines and treatments with an appropriate healthcare professional.

b. The pharmacy team actively promotes and facilitate the provision of clear, understandable information about medicines throughout the organisation and wider health system.

c. Patients can get easy access to a pharmacy team member to discuss their medicines either face-to-face, via telephone help-lines or using other digital media. This includes during a care episode and, where appropriate, after transfer to another care setting.

1.3 Support with effective medicines use

Systems are in place to identify patients who may need support, or to allow patients to request support with medicines choice and use.

a. Patients' beliefs and expectations about, and experiences of, taking their medicines are routinely explored to identify support required. Where difficulties are identified, further specialist input is provided.

b. In partnership with the patient, medicines regimens are simplified as far as possible, doses optimised and medicines stopped when agreed it is in the best interests of the patient.

c. After assessment appropriate aids are made available to support patient adherence if necessary.

d. Liaison with other healthcare professions or agencies outside the organisation is undertaken where ongoing support with medicines is needed.

e. When care is transferred to another setting, patients are referred or signposted to appropriate follow-up or support if needed with their medicines.

[4] For England, see also RPS Medicines Optimisation: Helping patients to make the most of medicines 2014
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf

STANDARD 2: EPISODE OF CARE

Patients' medicines requirements are regularly assessed and responded to in order to keep patients safe and to optimise their outcomes from medicines[4].

2.1 At pre-admission, on admission or at first contact

Patients' medicines are reviewed to ensure an accurate medication history, for clinical appropriateness and to identify patients in need of further pharmacy support.

a. The pharmacy team provides the leadership, systems support and expertise that enables a multidisciplinary team to:

- Reconcile patients' medicines and optimise treatment to identify and avoid potential medication-related problems before a planned admission;

- Reconcile patients' medicines within 24 hours of hospital admission to avoid unintentional changes to medication[5];

- Effectively document patients' medication histories and identify medicines related admissions as part of the admission process;

- Ensure patients' medicines are available from the time that their next dose is needed minimising missed doses of medicines[5];

- Identify patients in need of pharmacy support and pharmaceutical care planning and document support necessary in the patient's record;

- Identify potential medicines problems affecting discharge or transfer to another care setting so that they can be addressed to avoid risks to patient care and extending the patient's episode of care; and

- Enable patients to bring their own medicines into the care setting with them; and ensure policy and procedures are available that support staff to encourage and allow appropriate self-administration of medicines[6].

2.2 Care of the patient

Patients have their medicines reviewed by pharmacy team members who play an active role in the clinical management of patients. Patients can access the pharmacy expertise that they need to ensure that their medicines are clinically appropriate, and their outcomes from medicines are optimised.

a. Treatment requirements are clinically reviewed to optimise outcomes from any medicines prescribed; frequency and level of review adjusted according to patient need.

b. Systems are in place to identify patients who are most likely to benefit from clinical pharmacy support.

c. Pharmaceutical care given is documented in the patient's record.

d. The pharmacy team work with colleagues to ensure that medicines are available and administered on time to avoid omissions and delay in treatment. Pharmacy team members may also administer medicines to patients independently and/or support others during medicines administration rounds.

e. Pharmacy team members are integrated into multidisciplinary teams across the organisation and provide patient facing clinical services to ensure safe and appropriate medicines use for all patients, whatever the setting.

f. Pharmacist prescribers[7] are integrated into relevant care pathways and prescribing regularly.

g. Pharmacy team members optimise treatment for patients, especially with identified high-risk medicines and antimicrobials. Teams ensure that medicines are used in accordance with local policies and/or reflect what is recognised as good clinical practice.

h. Patients, medical and nursing teams have access to pharmacy expertise when needed. Specialist/advanced/consultant level pharmacists work in clinical specialties to maximise the availability of expert resource to other members of the multidisciplinary team for the benefit of patients receiving care in that area.

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[4] For England, see also RPS Medicines Optimisation: Helping patients to make the most of medicines 2014
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf

[5] See also Royal Pharmaceutical Society. Hospital pharmacy benchmarking metrics – RPS definitions for use by hospital pharmacy teams. 2017
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Hospital%20pharmacy/Hospital%20pharmacy%20benchmarking%20metrics.pdf

[6] See also Royal Pharmaceutical Society. Safe and Secure Handling of Medicines (currently being updated).
https://www.rpharms.com/making-a-difference/projects-and-campaigns/safe-and-secure-handling-of-medicines

[7] See also Royal Pharmaceutical Society. A competency framework for all prescribers. 2016:
https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

2.3 Patients' outcomes

Patients' goals and outcomes from, and experiences of treatment with, medicines are documented, monitored and optimised.

a. As part of a multidisciplinary team, the pharmacy team monitor patients' responses to their medicines including any unwanted effects of medicines. Appropriate action is taken where problems (potential and actual) are identified.

b. The pharmacy team provides the leadership, systems support and expertise that enables healthcare professionals to:

- Help patients to avoid and/or minimise adverse events resulting from their medicines; and

- Document, report* and manage any adverse events that do arise recognising duty of candour and the need for transparency.

Adverse events should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) (via the Yellow Card Scheme) and patients empowered to report.

STANDARD 3: INTEGRATED TRANSFER OF CARE

Health and social care practitioners receive and share relevant information about the patient and their medicines when a patient transfers from one care setting to another[8].

3.1 Patient needs

Patients are given information about their medicines and have their expressed needs for information met.

a. The pharmacy team provides the leadership, systems support and expertise to enable the organisation to support continuity of care and:

- Give patients information about their medicines in a form that they can understand before discharge or transfer to another service;

- Advise patients who to contact if they need more information about their medicines, who will prescribe continuing treatment and how to access further supplies;

- Identify and put in place measures to support patients at high risk of experiencing problems with their medicines on transfer to another care setting; and

- Help patients find pharmacy support to improve health and wellbeing using public health services and activities when appropriate[9].

3.2 Professional responsibilities

Accurate and complete information about the patient's medicines is transferred to the health or social care professional(s) taking over care of the patient at the time of transfer. Arrangements are in place to ensure a safe supply of medicines for the patient and ongoing support where necessary.

a. The pharmacy team provides the leadership, systems support and expertise to enable the organisation to:

- Transfer information about patients' medicines to the professional(s) taking over care of the patient (e.g. general practitioner, community pharmacist, care home, or domiciliary care agency staff);

- Ensure the accuracy, legibility and timeliness of information transfer;

- Ensure that patients have access to an ongoing supply of their medicines (based on local agreement and individual patient need) and share information so that their medicines can be reconciled by the health professionals taking over responsibility for care; and

- Monitor, identify and minimise delays to patients' discharge or transfer due to delays in medicines to being supplied.

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[8] See also Royal Pharmaceutical Society. Keeping patients safe when they transfer between care providers - getting the medicines right. June 2012
https://www.rpharms.com/resources/reports/getting-the-medicines-right

[9] See also Royal Pharmaceutical Society. Professional Standards for Public Health Practice for Pharmacy
https://www.rpharms.com/resources/professional-standards/professional-standards-for-public-health

STANDARD 4: MEDICINES GOVERNANCE

Pharmacy expertise is available seven days a week to support the safe and effective use of medicines. The pharmacy team leads a multidisciplinary approach to safe medication practices.

4.1 Effective management of medicines

Medicines policy aims to improve patients' outcomes both on an individual and population basis maximising safety, effectiveness and the value obtained from medicines use.

a. A multidisciplinary group provides a focal point for the development of medicines policy, procedures and guidance within the organisation. It is appropriately resourced with pharmacist leadership and support.

b. The pharmacy team leads the development and implementation of processes that ensure prescribing is safe, evidence-based, consistent with local, regional and/or national commissioning/purchasing arrangements, and linked to treatment guidelines, protocols, formularies and local patient pathways.

c. Local horizon scanning processes enable early discussions with clinicians, local partners and commissioners/purchasers about the financial and service implications of the introduction of new medicines, new indications or new therapeutic practices.

d. Controlled drugs are managed in line with the requirements of the Misuse of Drugs legislation. Regular updates and concerns about controlled drugs are reported to the Controlled Drugs Accountable Officer.

e. Governance arrangements, aligned to medicines regulations, are in place for the management of all medicines. This includes off-label use of licensed medicines, unlicensed medicines, radiopharmaceuticals, Investigational Medicinal Products and Advanced Therapy Medicinal Products.

4.2 Support for other health and social care staff

Health and social care staff prescribing, handling, administering and monitoring the effects of medicines have relevant, up-to-date, evidence-based information, policies and pharmaceutical expertise, and products available to them at the point of care.

a. The pharmacy team supports induction, and ongoing training and education in the best practice use of medicines for relevant clinical and support staff across the organisation.

b. Pharmacy team members are accessible in (or to) clinical areas/teams to provide advice for other health and social care staff on the choice, use and handling of medicines.

c. Access to a medicines information service (working to national standards for medicine information) is available to health and social care teams.

d. The pharmacy team works to ensure that prescribers are supported in their everyday activities with readily-accessible information and guidance.

e. Injections when used should be ready-to-administer wherever possible, particularly for high risk medicines[6].

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[6] See also Royal Pharmaceutical Society. Safe and Secure Handling of Medicines (currently being updated). https://www.rpharms.com/making-a-difference/projects-and-campaigns/safe-and-secure-handling-of-medicines

4.3 Digital technology and informatics to support medicines use

A multidisciplinary team including senior pharmacy team members lead the development of digital systems that support medicines use across the organisation and the wider health system.

a. Pharmacy services utilise digital systems (including automation) to underpin and transform the delivery of medicines optimisation/pharmaceutical care services.

b. The pharmacy leadership and workforce have the necessary skills in clinical informatics to maximise the use of systems to support optimisation and transformation of medicines use.

c. Information generated through digital systems is used to optimise care with medicines and to support benchmarking and performance management (accommodating information governance and privacy issues).

d. Pharmacy informatics leaders ensure that digital systems comply with required standards and enable interoperability.

e. Processes are in place to ensure that any system content relating to medicines is appropriately governed and backed up. This includes looking for and managing unintended consequences of content changes or updates.

f. The pharmacy team is directly involved with the procurement, implementation, operation and development of electronic prescribing and medicines administration systems.

4.4 Safe systems of care

The Chief Pharmacist leads a multidisciplinary approach across the organisation that ensures all aspects of medicines use within the organisation are safe.

a. The Chief Pharmacist ensures that pharmacy services operate a safety culture that aligns with the RPS professional standards for reporting, learning, sharing, taking actions and review of incidents[10].

b. The pharmacy team lead on developing, monitoring, reporting and improving metrics relating to safe use of medicines, for example, unintentional omitted and delayed doses are monitored, minimised and managed[5].

c. The pharmacy team actively facilitates the timely implementation of relevant national therapeutic guidance and national patient safety guidance.

d. Systems are in place to ensure appropriate and timely responses to national alerts. These include national patient safety alerts, and Medicines and Healthcare products Regulatory Agency and supplier-led defective medicines alerts and recalls, and medicines shortages.

4.5 Safety culture

The Chief Pharmacist ensures that medication safety has a high profile, both within their organisation and with partner organisations including those providing outsourced services.

a. The Chief Pharmacist has responsibility for medication safety and has direct access to Board support for the management of medicines safety in the organisation.

b. The organisation has an identified individual/team with the experience, time and resources responsible for overview, reporting and learning from adverse events or near misses (for example Medication Safety Officer or equivalent).

c. The Chief Pharmacist has representation on all high-level medicines safety and governance groups.

d. An appropriate member of the pharmacy team must lead or be party to, serious incident investigations directly involving medicines or involving harm from the use of medicines.

e. Systems and processes are in place to ensure other medication incidents are identified, recorded, monitored, appropriately reported*, investigated and practice changed and shared to minimise recurrence.

f. The pharmacy team actively works with, and where necessary intervenes with prescribers, patients and other healthcare professionals to ensure medicines are safe and effective.

g. Systems are in place to ensure patients who have experienced a medication error are informed, apologised to, and appraised of any action being taken to rectify the error in line with duty of candour.

h. Learning from medication errors, near misses and systems failures related to medicines is shared with the multidisciplinary team and the whole organisation if appropriate, and acted upon to improve practice and safety.

i. Shared learning is reviewed, reported at Board level on a regular basis, and shared within professional networks.

Where appropriate feeding into schemes such as the National Reporting and Learning System.

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[5] See also Royal Pharmaceutical Society. Hospital pharmacy benchmarking metrics – RPS definitions for use by hospital pharmacy teams. 2017
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Hospital%20pharmacy/Hospital%20pharmacy%20benchmarking%20metrics.pdf

[10] See also Royal Pharmaceutical Society, Pharmacy Forum Northern Ireland and Association of Pharmacy Technicians UK. Professional Standards for the reporting, learning, sharing, taking action and review of incidents. November 2016.
https://www.rpharms.com/resources/professional-standards/professional-standards-for-error-reporting

STANDARD 5: EFFICIENT SUPPLY OF MEDICINES

Medicines are available or can be readily made available to meet patients' needs whenever the patient needs them.

5.1 Medicines procurement

Medicines procurement is managed by pharmacy teams with relevant specialist expertise and knowledge in a transparent and professional way. Quality assured medicines are procured through robust and appropriate processes.

a. All medicines (licensed and unlicensed) are assessed and assured to be of appropriate quality that can meet clinical need before supply to patients.

b. Procurement decisions are informed by clinical practice and formulary systems to ensure that medicines meet the needs of patients and the healthcare staff prescribing and administering them.

c. Medicines procurement takes into account nationally, regionally or locally negotiated contracts and the quality and safety of the products.

d. Contingency plans and systems are in place to manage product recalls and shortages of medicines and ensure continuity of care.

e. Medicines procured are safely and securely received and stored in pharmacy, in accordance with relevant professional guidance[6] and legislation.

5.2 Distribution, storage and unused medicines

Medicines are safely and securely distributed and stored in a secure and suitable environment prior to administration in line with professional guidance[6].

a. Supply systems ensure that clinical areas have timely access to medicines needed routinely. Where necessary, medicines needed urgently outside core pharmacy service hours can be obtained.

b. Policies, standard operating procedures and systems, informed and monitored by the pharmacy team, underpin the legal, secure and appropriate handling and storage of medicines wherever they are located.

c. Audit trails and governance processes are in place to underpin the supply, storage and disposal of medicines.

DOMAIN TWO

5.3 Prepared or manufactured unlicensed medicines

Any medicines custom-made by, or for, the organisation are quality assured and appropriate for their intended use.

a. Use of any type of unlicensed medicine, including those that are aseptically or extemporaneously prepared is clinically justified and consistently in line with regulatory requirements*, adhering to the principles of risk benefit to the patient and using licensed medicines wherever possible[11].

b. Aseptic preparation in-house or outsourced is routinely subject to internal and external audit[12].

c. Robust operator and product protection systems are in place, in particular where products that are potentially hazardous to the operator or patient are made for example chemotherapy and radiopharmaceuticals.

d. Appropriate quality assurance and control systems underpin the selection, management and use of all unlicensed medicines, whether made in-house or outsourced.

* as specified by the Medicines and Healthcare products Regulation Agency (https://www.gov.uk/government/publications/supply-unlicensed-medicinal-products-specials)

5.4 Dispensing

Medicines that are clinically appropriate are dispensed or prepared accurately, and available when needed.

a. Before dispensing or preparation of named patient supply, prescriptions are reviewed for clinical appropriateness by a pharmacist.

b. Systems are in place to prioritise dispensing in order to minimise the risks of omitted and delayed doses of critical medicines or of delayed discharge/transfer.

c. Dispensing processes make appropriate use of technology, efficient ways of working and skill mix.

d. Systems are in place to allow traceability of all dispensed medicines.

e. Medicines are labelled for safety in line with legal requirements and professional guidance[13].

f. Systems are in place to identify and review the causes of dispensing errors, including near misses, to minimise the future risk of these reoccurring.

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[11] See also Royal Pharmaceutical Society. Professional guidance for the procurement and supply of Specials. December 2015 https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/specials-professional-guidance.pdf

[12] See also Beaney, A ed on behalf of the Royal Pharmaceutical Society and NHS Pharmaceutical Quality Assurance Committee. Quality assurance of aseptic preparation services: Standards. 5th edition. 2016 www.rpharms.com/qaaps

[13] See also Royal Pharmaceutical Society. Medicines Ethics and Practice. https://www.rpharms.com/resources/publications/medicines-ethics-and-practice-mep

STANDARD 6: LEADERSHIP

Pharmacy has strong professional leadership, a clear strategic vision and the governance and controls assurance necessary to ensure patients are safe and get the best from their medicines[14].

6.1 Professionalism and professional leadership

The pharmacy team recognises that they have a duty of care to patients and act in patients' best interests at all times.

a. The Chief Pharmacist leads by example through commitment, encouragement, compassion and a continued learning approach.

b. The Chief Pharmacist promotes a just, open and transparent culture[15].

c. Professional leadership at all levels is encouraged and developed across the pharmacy team.

d. The pharmacy team behaves in a candid, open and transparent way promoting equality and diversity.

e. Clinical supervision is an integral part of pharmacy team development.

f. All members of the pharmacy team are encouraged and supported to raise any professional concerns they may have both from within the pharmacy service, and from other parts of the organisation.

g. Professional concerns are investigated and, if substantiated, dealt with at an appropriate level in the organisation.

h. All members of the pharmacy team manage conflicts of interest in line with organisational, national and professional guidance[16].

6.2 Strategic leadership

The Chief Pharmacist ensures that the organisation maintains a clear vision for pharmacy services and optimal use of medicines across the organisation and wider healthcare system.

a. The Chief Pharmacist is accountable for the quality of pharmacy services across the organisation, the quality of medicines used and ensuring that the organisation has safe and legal medicines policies and procedures.

b. The Chief Pharmacist is, or reports to, a designated executive board member.

c. The Chief Pharmacist provides assurance to the Board about the safe and effective use of medicines within the organisation through routine governance processes and risk management reporting.

d. The organisation has a strategy and implementation plan to ensure that patients get the best outcomes from medicines that has Board approval and support, and is regularly reviewed.

e. The Chief Pharmacist collaborates on transformation of and innovation in service delivery to better meet patients' needs, including the adoption of national initiatives and guidance, and encouraging the active involvement of patients.

f. The Chief Pharmacist engages with the health community to develop a whole system approach to medicines and public health, including emergency preparedness, resilience and response.

6.3 Operational leadership

Pharmacy services are patient focused, safe, effective and efficiently delivered in line with national, regional and organisational priorities, and the range and level of healthcare commissioned/purchased.

a. The type and level of resources required to deliver safe, effective and efficient pharmacy services and to support the safe and secure use of medicines are identified and available to the Chief Pharmacist.

b. Agreed key performance and quality indicators are in place to enable internal and external assessment of the operational performance of pharmacy services. Operational performance is benchmarked against other relevant organisations using key information sources[5].

c. All outsourced pharmacy services (including homecare[17] and supply functions) are performance-managed through Service Level Agreements and contract quality monitoring. Immediate action is taken if services fail to meet contracted standards.

d. The pharmacy service structure has clear lines of professional and organisational responsibility established and is regularly reviewed.

e. Feedback from patients and colleagues inform the development of services.

f. Opportunities for collaboration and sharing best practice across healthcare organisations are identified and exploited.

6.4 Clinical leadership

The pharmacy team is recognised as leading on medicines, medicines use and innovations in medicines technology both within the organisation and across the health system.

a. The pharmacy team provides leadership, advice, support and education to other clinicians and support staff about safe, cost-effective medicines usage.

b. The pharmacy team ensures that their input is an integral part of the design of any services involving medicines.

c. The pharmacy team supports the development of integrated care pathways that involve medicines as a treatment option.

d. The pharmacy team leads, actively participates in and publishes research and quality improvement projects and seeks opportunities to work with academia and other research partners.

e. The pharmacy team provides leadership and education on the introduction of complex therapies (genomics, personalised and precision medicine etc) in collaboration with the multidisciplinary team. The potential implications for service delivery are understood and new or innovative services are planned and designed around the needs of patients.

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[5] *See also Royal Pharmaceutical Society. Hospital pharmacy benchmarking metrics – RPS definitions for use by hospital pharmacy teams. 2017*
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Hospital%20pharmacy/Hospital%20pharmacy%20benchmarking%20metrics.pdf

[17] *See also Royal Pharmaceutical Society. Professional Standards for Homecare Services in England. 2013*
https://www.rpharms.com/resources/professional-standards/professional-standards-for-homecare-services

STANDARD 7: SYSTEMS GOVERNANCE AND FINANCIAL MANAGEMENT

Safe systems of work are established and pharmacy services have sound financial management.

7.1 Systems governance

Systems of work are established that are safe, productive, support continuous quality improvement, are regularly audited and comply with relevant regulations.

a. The continuous quality improvement and development of systems is informed by a programme of audit and/or other improvement techniques/methodologies[18].

b. Care contributions are documented and audited to demonstrate the impact of the service on patient outcomes.

c. Pharmacy services have effective feedback systems for patients and staff to use which are aligned to organisational systems and encourage patient safety, continuous learning and service improvements.

d. All pharmacy team members are trained in information governance to safeguard patient-identifiable information about care/medicines supplied.

e. Governance systems are in place for working with the pharmaceutical industry.

f. Working environments are planned and maintained in line with Health and Safety requirements, regulatory and professional best practice standards.

g. Equipment and systems are maintained and operated only by appropriately trained members of the team or external contractors.

h. Standard operating procedures are in place for the delivery of all pharmacy services across the organisation.

i. Business continuity plans are developed, tested and maintained for all services. Risk registers with appropriate escalation mechanisms are maintained.

7.2 Financial management

Robust business planning, financial planning, cost improvement plans and reporting are undertaken.

a. A business plan for pharmacy services, incorporating finance, service, capacity and workforce plans, linked to the organisation's corporate plan is devised, implemented and monitored.

b. National initiatives and guidance relating to medicines and pharmacy are incorporated into service planning activities.

c. Medicines use and expenditure reports are interpreted and used to support budget management and monitoring of clinical practice.

d. The pharmacy team regularly engages with commissioners and primary care to review prescribing in order to deliver value across the health system.

STANDARD 8: WORKFORCE

The pharmacy team has the right skill mix, capability and capacity to provide safe, quality services to patients.

8.1 Strategic workforce development

The pharmacy team is developed to meet the needs of patients across the health and social care system.

a. Workforce development is in the pharmacy strategic plan and linked to the organisational strategic workforce plan.

b. Workforce development takes a needs-based approach focusing on future service needs and new models of care, and engaging with local service planners, education commissioners and members of the multi-disciplinary team.

c. Skill mix is reviewed across the pharmacy and wider clinical team taking into account changing patient demographics, advances in technology and the effective use of available and future staff resources.

d. Roles are designed that support new models of integrated care that enable collaboration across the wider multi-disciplinary team in all sectors.

e. The outcomes of workforce development plans deliver cost-effective use of staff practising at their highest skill level.

f. The development of advanced pharmacy roles achieves the right balance between generalists and specialists necessary to meet the needs of patients and the organisation.

8.2 Workforce planning

The pharmacy workforce is planned to ensure sustainability.

a. In collaboration with local commissioners the training pipeline secures sustainable numbers within all parts of the pharmacy team.

b. Imbalances in supply and demand for pharmacy staff are understood and corrective measures put in place considering quality, accessibility and acceptability for patients and the organisation.

c. Succession planning arrangements are in place and are linked to workforce training and personal development plans.

8.3 Workforce quality assurance

Operational policies, procedures and plans are in place to ensure that the pharmacy workforce is managed and appropriately resourced in order to support service quality, productivity and safety.

a. All members of the pharmacy team are clear about their role and responsibilities and aware of their level of performance and competency as part of a robust annual appraisal, and performance and talent review process. Personal development plans highlight appropriate professional, managerial and leadership frameworks, tools and assessments.

b. Staffing levels are reviewed and set to ensure the delivery of safe daily services. The Chief Pharmacist determines levels locally taking account of national guidance where it exists.

c. A culture of lifelong learning is demonstrated and all members of the pharmacy team acknowledge their role as learners, educators and trainers. Tutors, mentors and trainers are trained appropriately and meet the relevant RPS, and Association of Pharmacy Technicians UK (APTUK) standards and guidance.

d. Continued learning and professional/personal development opportunities are provided for all members of the pharmacy team.

e. Pharmacists and pharmacy technicians have access to early years vocational training programmes and support. For example, the RPS Foundation Programme[19], the APTUK Foundation Pharmacy Framework.

f. All pharmacists registered for greater than two years are encouraged to be RPS Faculty[20] members or equivalent.

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[19] See the RPS Foundation Programme: https://www.rpharms.com/professional-development/foundation-programme
[20] See RPS Faculty Programme: https://www.rpharms.com/professional-development/faculty

GLOSSARY

ADVANCED THERAPY MEDICINAL PRODUCTS	Advanced therapy medicinal products (ATMPs) are medicines for human use that are based on genes or cells. ATMPs can be classified into four main groups: gene therapy medicines; somatic-cell therapy medicines; tissues-engineered medicines; and combined ATMPs. http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general_content_000294.jsp
APTUK	The Association of Pharmacy Technicians UK is the Professional Leadership Body for registered pharmacy technicians working in the UK.
CARER	A person who provides support and assistance, formal or informal, with various activities to patients. This may be emotional or financial support, as well as hands-on help with different tasks. Carer in this document is an umbrella term also used to cover parents, patient advocates or representatives. The RPS professional standards refer to patient throughout however where the patient has a carer it is expected that the statements could apply equally to carers.
CHIEF PHARMACIST/ DIRECTOR OF PHARMACY	The senior pharmacist with overall responsibility for pharmacy services or medicines optimisation/ pharmaceutical care in the organisation. Organisations across GB have a range of different names for this role. In this document for brevity we refer to Chief Pharmacist throughout.
CLINICAL SUPERVISION	A formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide range of situations. It is an activity that brings two or more professionals together in order to reflect upon and review clinical practice.
DEPRIVATION OF LIBERTIES	The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm. https://www.scie.org.uk/mca/dols/at-a-glance
DUTY OF CANDOUR	Health professionals must be open and honest with patients when things go wrong. This is also known as 'the duty of candour'. https://www.pharmacyregulation.org/sites/default/files/joint_statement_on_the_professional_duty_of_candour.pdf
FIRST CONTACT	The first point at which a patient accesses pharmacy services this could be (but is not limited to) ambulatory care, community clinics, intermediate care, health and justice settings, hospices.
INTER-OPERABILITY	With new models of care emerging and evolving, there is a clear need for more effective information sharing between care settings, organisations and geographies, as well as between professionals and citizens, to optimise patient outcomes and quality of care. Interoperability describes the ability of IT systems across health and care to exchange and make use of information.
INFORMATICS AND CLINICAL INFORMATICS	Informatics is a general term used to refer to biomedical informatics and its many areas of application and practice (e.g. bioinformatics, clinical informatics, public health informatics). Clinical informatics involves the capture, communication and use of data and clinical knowledge to support health professionals.

MEDICATION ERRORS	National Reporting and Learning Systems (NRLS) defines a 'patient safety incident' (PSI) as, 'any unintended or unexpected incident, which could have or did lead to harm for one or more patients receiving NHS care'. Medication errors are any PSIs where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or providing advice on medicines. These PSIs can be divided into two categories; errors of commission or errors of omission. The former include, for example, wrong medicine or wrong dose. The latter include, for example, omitted dose or a failure to monitor, such as international normalised ratio for anticoagulant therapy.
NATIONAL REPORTING AND LEARNING SYSTEM	The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. https://report.nrls.nhs.uk/nrlsreporting/
PATIENT	Used as an umbrella term to cover the full range of people using pharmacy services across sectors this includes children and young adults, service users and clients.
PHARMACY TEAM	Pharmacy team encompasses all staff working in the delivery of pharmacy services.
SHARED DECISION MAKING	An approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.

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Association of Supportive and Palliative Care Pharmacy

Association of Teaching Hospital Pharmacists

East Kent University NHS Foundation Trust

European Association of Hospital Pharmacists

General Pharmaceutical Council

Guild of Healthcare Pharmacists

Heart of England Foundation Trust

HSCH Consulting Ltd

ISGS PharmaSolutions

Lancashire Care NHS Foundation Trust

Neonatal and Paediatric Pharmacists Group

NHS Greater Glasgow and Clyde Area Pharmaceutical Committee

NHS Improvement

NHS Scotland

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