

SECTION 2: IMPLEMENTATION IN PRACTICES; LEARNING FROM THE DEVELOPMENT SITES

Professional Standards For Hospital Pharmacy Services

One year on – sharing experience
from the development sites

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SECTION 2 Implementation in practice; learning from the development sites

Here we share experience and insights from the development sites. Structured around four questions – see box 1 - this section contains valuable information for anyone who wants to start putting the standards into practice in their own organisation.

Box 1: We asked the sites about:

1. The benefits of implementing the standards
2. The challenges of implementing the standards
3. What service changes were made?
4. What changed for patients?

Overall the response to being part of the programme was very positive. In particular the networking and sharing of ideas was valued, although the evidence gathering and finding time to do this alongside the 'day job' was a challenge for some.

2.1 The benefits

One year on, the standards are a valuable resource and **template** for hospital pharmacy services, providing the full spectrum of service standards in a consolidated form. The UK wide and cross-sector applicability has been well received, helping to bring **consistency** to pharmacy services, though service review has shown that not all standards are suitable for all types of services. Sites have found the standards particularly useful as a **resource** to demonstrate what pharmacy actually 'do' within an organisation and the level of competency required by staff in order to deliver these services. For many sites, the standards have been used as a significant lever for **improvement, investment** and to support **business cases**. Other feedback on the key benefits of the standards fell into the following categories:

Service Review: Nearly all the sites used the standards to conduct a full service review, enabling organisations to set a baseline and identify any gaps or areas that had not been previously considered

e.g. patient experience. Reviewing services has helped some organisations to develop shared goals and objectives, which has pulled pharmacy teams together and encouraged staff to get more involved. It also highlighted where services were excelling and providing value to patients, giving a sense of achievement in today's busy NHS.

Sites used gap analysis to help prioritise resources and services for improvement. Alternatively, the standards were used as an assurance framework, reassuring chief pharmacists that their service is meeting peer reviewed, nationally agreed standards.

Improving daily practice: For many sites, the standards were integrated into daily practice, helping them to focus on action plans and move forwards with implementing service changes. They helped by providing a framework to 'hang' other areas of practice onto e.g. NPSA Alerts, reviews for regulators and insurers, governance reporting etc. enabling reporting to be more consistent and transparent, which for many sites is important in the delivery of their service.

Benchmarking: The standards highlighted many discussions around benchmarking, with some regions now looking to benchmark with one another to ensure a consistent quality of care and improve on any gaps across the region. For some sites, self-benchmarking has helped to identify and collate key performance indicators.

Engagement: Many sites reported that having a set of standards to work towards has helped increase the profile of pharmacy and services within the Trust. One site reported setting up a team of technicians, senior and junior pharmacists, and service managers to implement the standards. This enabled all areas of the service to be reviewed, as well as raised awareness of the standards and professional practice.

"Getting involved in the development sites programme has been a real opportunity to continue to develop our service and stay at the forefront of practice". Catherine Bouchard [Royal Brompton and Harefield NHS FT].

2.2 The challenges

There were a number of challenges associated with implementing the standards, namely **time** and **resources** (workforce) – nearly all the sites found these to be a challenge and for some this affected their capacity to complete the programme. There were challenges around the scope of the standards themselves, with sites reporting that some standards are very focused on acute hospital services so can be difficult to apply in community settings or the independent sector, where the set up of services is different and often much more multi-disciplinary and 'bought-in'. Other challenges included:

Resources: Keeping it alive, it can be a challenge to keep working on the standards and implementation/data gathering alongside the 'day job'. The service review highlighted gaps in the service, some of which required funding to help overcome – this was not always possible, so it was difficult to achieve some standards as practical resources were not available to make the best use of services.

Engaging pharmacy staff: "Difficult to get other senior managers in the department to engage with implementation, partly due to other clinical priorities/pressures, and partly as 'standards' seen as the 'governance pharmacists role, not mine...". "They're not mandatory so we don't have to implement them – this forces them lower down the 'to do' list".

Engaging Organisational Management: Some sites found it difficult to bring the standards to the attention of the executive board, especially as the standards highlighted that their chief pharmacists do not report directly to a Board member. Many sites stated that because the standards are not mandatory and have no associated consequences (financial or reputational) it is difficult to get executive boards to prioritise them. Sites would like to see the standards officially endorsed by organisations such as CQC and NHSLA – which would drive organisations in England to implement

them

In England, the Care Quality Commission already expects providers to "reflect the key expectations of good practice guidance for their service, as they relate to the essential standards of quality and safety". This good practice guidance would include the RPS professional standards".

Brian Brown, National Pharmacy Manager, Care Quality Commission.

**Care Quality Commission. Guidance about compliance. Essential standards of quality and safety. May 2010.*

Measures and Outcomes: A common theme across many sites was documenting suitable measures and outcomes for their services. For many, it was relatively easy to state whether they implemented a standard or not; the difficulty lay in demonstrating it (i.e. evidence), and to what degree of effectiveness (e.g. outcomes, measures). In addition, some of the standards were felt to be subject to interpretation, thereby making it difficult to have definitive outcomes or measures.

2.3 Any changes to services?

Many sites were already aware of **gaps** in the service – sometimes these were long standing and required additional resourcing e.g. funding, workforce, IT, education etc. The standards helped to re-focus on these and work towards **achieving** them, either within current resources, or by developing business cases.

Several organisations, particularly larger teaching hospitals, reported that they identified little/no change for their services as they are already implementing most of the standards in practice. However the standards did provide a valuable resource in highlighting gaps in services and where improvements could be made.

Most sites reported that they were still in the early stages of implementation i.e. service review, gap analysis and action planning, so it was still too early in the process to see any tangible service changes. However, there were several reports demonstrating changes to pharmacy services as a result of implementing the standards, as shown in the examples below.

Examples of changes made to improve the quality of pharmacy services:

- The Trust's Quality Risk Profile (QRP - assessed by CQC, publicly available and used by commissioners) highlighted some weaknesses in services regarding information and communication about medicines to patients; discharge planning; handover of medicines between care providers etc. Processes and services were reviewed and changes to the service were introduced. The standards were used to help define 'quality' for these areas.
- Community Trusts have SLAs with other providers for dispensing services. MHRA alerts and recall of products were a grey area, where responsibility was unclear. Using the hospital standards, these procedures have now been built into SLAs as part of good dispensary practice and patient safety.
- Medicines reconciliation was a brilliant service during the week, but there was a big gap on weekends. Using the standards as a starting point, in conjunction with other changes in the wider healthcare such as extended working hours and access to the summary care records, enabled the development of a more comprehensive service that covers the weekends as well.
- A survey was developed for patients to feedback their views of the pharmacy service during their stay. Patients are asked to complete the survey on an iPad, which feeds the results directly into a central Trust database for analysis. The feedback will be used to improve the service on a continuous basis.
- Regional audits across the northwest, for medicines reconciliation, are carried out on a 6 monthly basis, to ensure consistencies across the service. The standards helped to look at services across different hospitals and bring in more consistencies to the service as a whole.
- Standards helped to improve communications to the executive board and demonstrated the high quality of pharmacy services and good practice, not just problems, which in turn has raised the profile of pharmacy. Standards highlighted that certain Board reports were missing from the service – this was rectified.

Some areas reported that commissioners are incorporating specific hospital standards into SLA's and asking for documentation on what actions providers are intending to do to meet these requirements.

2.4 What changed for patients?

Most sites reported that it is still **too early** in the implementation process to see tangible, measurable outcomes for patients or specific services. For many sites the standards have given a **benchmark** for priority areas such as the patient experience and outcomes. Domain 1 in particular, complements other initiatives across the NHS, many of which are patient focused, which supports the drive for organisations to implement the standards.

Some specific examples included:

- By implementing elements of domain 1 where possible, we now have a more patient centred discharge service, whereby patients are more involved.
- High-risk patients are referred directly into community medicines use review services on discharge – which has been very well received by patients (feedback survey).
- We developed a patient helpline for patients to call into for information about their medicines.
- Some of the wording in our patient satisfaction survey was reviewed to reflect some of the requirements in the standards.
- The standards re-focused us on patient centred care, rather than systems and processes.
- Difficult to define specific patient outcomes, but we are able to see a more general culture of 'continuous improvement'.

2.5 Other ideas

The **standards** themselves; some sites would like to see the standards 'slimmed down' and consolidated, others would like more supporting information for each dimension. It was felt that some of the

standards could be subject to interpretation and need review¹.

Other suggestions included **measures** that underpin each of the standards. Nearly all the sites thought some form of **formal endorsement** by regulators and insurers would give the standards an onus for implementation.

Alongside that '**accreditation**' of services, or 'kite-marking' was raised by some; "to align hospital pharmacy services with other professions that have services accredited by their professional bodies e.g. pathology, anaesthesia; give real credibility amongst peers and help to compete for resources with other departments."

2.6 In summary

Overall the standards have been very well received across Great Britain. Sites have used them to review services, identify gaps and plan for improvements. They have given senior managers a framework that demonstrates they are delivering quality services as agreed by their peers at a national level. In addition, there is a feeling of confidence from the sites that are using the standards in different ways to help raise the profile of pharmacy within their organisations and deliver better patient care.

With ongoing support from RPS and its partner organisations the hospital standards will go from strength to strength and become a key driver for the development of quality pharmacy services across GB.

¹ Refinements to the standards were noted and will be incorporated once the standards have been reviewed in light of the Francis report.

