

# **DISPENSARY SERVICES QUALITY SCHEME**

## **SELF ASSESSMENT RELATED TO KEY POINTS IN THE SCHEME**

**2016-2017**

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## Self-Assessment Process

The self-assessment process for 2016-2017 of the Dispensary Services Quality Scheme will involve the following:

- ✓ Submission of a Practice Declaration
- ✓ Submission of a DRUMs declaration, Screen Shot and 3 anonymised examples of DRUMs undertaken (2016-2017)
- ✓ Submission of self-assessment (please note you **MUST** include free text descriptions/information where requested).

**Please note:** There will be no planned formal visits of dispensaries in 2016 – 2017 and more detailed evidence must therefore be submitted as evidence that key requirements have been achieved.

### Notes for completion:

- It will help you if you refer to the Dispensary Services Quality Scheme Supplementary Guidance for Revisions to the GMS Contract 2006/07 and the National Health Service Act 1977 – The Statement of Financial Entitlements (Amendment) (No5) Directions 2006. A copy of this may be found at: <http://www.dispensingdoctor.org/docs/GMSDispensary.pdf>
- Submission of evidence – all evidence should be submitted by 30<sup>th</sup> April 2017.
- To facilitate completion of the self-assessment action sections have been highlighted and a checklist has been included.
- DRUM targets – Practices are required to undertake DRUMs at least once every 12 months for at least 10 per cent of the contractor's dispensing patients.
- The DRUM target is therefore 10% of dispensing patients on January 1<sup>st</sup> 2017.

*It is recommended that Practices approximate their DRUM target based on existing figures and the exact DRUM target will be finalised as soon as possible after 1<sup>st</sup> January 2017.*

**NB:** NHS England take the number of dispensing patients from the Exeter system and it is this figure that will be used for payment purposes.

## Key requirements of the scheme

Element	Detail	Evidence
<b>Accountable GP</b>	It will be a condition of payment that the contractor must provide NHS England with the name of a partner or salaried GP who will have accountability for the dispensary service quality, normally throughout the whole financial year. Where the identity of the responsible partner or salaried GP changes, the details of the new responsible person should be notified, in writing, to NHS England within 28 calendar days).	<b>Practice declaration Completion of self-assessment (Section 1)</b>
<b>Staff competencies</b>	The contractor needs to demonstrate that all staff who are working in the dispensary have evidence that they have the knowledge and competencies to perform the tasks and roles assigned to them, and staff who only have an occasional or limited role in dispensing are still required to have a certificate of competency signed by the practice manager (if any) and accountable GP in respect of the roles they occasionally undertake.	<b>Practice declaration Completion of self-assessment (Section 3)</b>
<b>Staff training</b>	The contractor must have a written record of the qualifications of all staff engaged in dispensing and ensure that staff engaged in dispensing undertake continuing professional development.	<b>Practice declaration Completion of self-assessment (Section 4)</b>
<b>Appraisal and CPD</b>	The contractor must carry out and complete a written record of an appraisal of all dispensing staff, and assess their competence in performing dispensary tasks at least annually.	<b>Practice declaration Completion of self-assessment (Section 4)</b>
<b>Dispensing staff minimum hours</b>	The contractor must assure a level of staffing that reflects the practice's dispensary's configuration and hours of opening, as agreed with NHS England.	<b>Practice declaration Completion of self-assessment (Section 5)</b>
<b>Confidentiality clause in contract</b>	All employee contracts for dispensing staff must include a duty of patient confidentiality as a specific requirement, with disciplinary procedures set out for non compliance.	<b>Practice declaration Completion of self-assessment (Section 6)</b>
<b>SOPs</b>	SOPs should be specific to the practice and should set out in writing what should be done, when, where and by whom.	<b>Practice declaration Completion of self-assessment (Section 7)</b>
<b>Clinical audit</b>	The contractor must participate in a contractor led clinical audit of dispensing services.	<b>Practice declaration Completion of self-assessment (Section 8)</b>
<b>Risk management policy</b>	The contractor must have a written policy for managing risks in providing dispensing services and must ensure that this policy is understood, and put into practice, by all staff involved in dispensing.	<b>Practice declaration Completion of self-assessment (Section 9)</b>
<b>SUI reporting</b>	The contractor must ensure that all serious untoward incidents relating to dispensing are reported to NHS England for the purpose of reviewing and learning from incidents.	<b>Practice declaration Completion of self-assessment (Section 9 )</b>
<b>Patient information</b>	The contractor must provide information to their patients on: the dispensing services provided by the contractor AND how to obtain medicines urgently.	<b>Practice declaration Completion of self-assessment (Section 10)</b>
<b>DRUMs</b>	10% of dispensing patients (according to the Exeter System) to have received a medicines questionnaire, with face-to-face reviews for patients with identified problems or queries.	<b>DRUMs declaration Completion of self-assessment</b>

## DISPENSARY SERVICES QUALITY SCHEME

## PRACTICE DECLARATION – 2016- 2017

## Practice Details:

## Practice Code:

## Accountable GP:

Average number of items dispensed per month (excluding personally administered items)	
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Average number of staff hours per week spent on dispensing-related activities	
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Practice process for ensuring ongoing eligibility of dispensing patients (e.g. please provide brief details below of the processes followed within the practice to ensure the eligibility of dispensing patients is checked and verified)

Practice Manager completes quarterly check to ensure all dispensing patients are correct using the search facility on the clinical software and cross referencing addresses.

- All staff working unsupervised in the dispensary have completed 1000 hours work experience over the past five years in a GP dispensary or community pharmacy
- Staff whose role in the practice is wholly or principally dispensing are competent to a minimum standard equivalent to the Pharmacy Services NVQ2 or undertaking training towards this standard unless their residual term of employment is not commensurate with the timeframe requirement of the specified course (i.e. dispenser is due to retire).
- All staff who do not have a formal qualification have been given a “Certificate of Competency” (template in Toolkit) signed by the practice manager (if any) and the accountable GP indicating staff are competent to perform the tasks assigned them. This will include staff working on an occasional / limited basis, trainee dispensers and experienced dispensers who are due to retire.
- All staff who work in the dispensary (who are not undertaking or who have not completed an NVQ2- or equivalent- in Pharmacy Services) are collating evidence to demonstrate they have the competencies and knowledge to perform the tasks and roles assigned to them. This will include staff working on an occasional or limited basis and staff who are due to retire.
- All dispensing staff undertake Continuing Professional Development (CPD) and are appraised annually.
- All employee contracts for dispensing staff include a duty of patient confidentiality as a specific requirement with disciplinary procedures set out for non compliance.

- Standard Operating Procedures (SOPs) are in place addressing all aspects of Dispensary Services including a separate SOP for safe management of Controlled Drugs.
- All SOPs are reviewed annually and have been read and understood by all staff to which they apply.
- The Practice is committed to clinical audit and risk management.
- The Practice has procedures in place for undertaking DRUMs for dispensing patients (e.g. use of template, SOP, READ code etc)
- The Practice ensures that all serious untoward incidents relating to dispensing are reported to NHS England for the purpose of reviewing and learning from incidents.
- The Practice provides information to their patients on the dispensing services provided and how to obtain medicines urgently.

**DECLARATION:**

I declare that the details listed in this Practice Declaration are true and accurate, to the best of my knowledge, and can be supported by written evidence if required.

**Name:**

**Position: Accountable GP**

**Date:**

**DECLARATION:**

I declare that the details listed in this Practice Declaration are true and accurate, to the best of my knowledge, and can be supported by written evidence if required, with the following amendments:

**Name:**

**Position: Accountable GP**

**Date:**

***For Office Use Only***

*Date received:*

*Name:*

*Position:*

<b>Dispensary Services Quality Scheme</b>
<b>Dispensing review of use of medicines (DRUM) – Practice Declaration 2016 - 2017</b>

<b>Practice Details:</b>	
<b>Practice Code:</b>	
<b>Accountable GP:</b>	
<b>DRUMs</b> (To qualify for payment , DRUMs must be conducted on 10% of dispensing patients based on the number of dispensing patients on the contractors list (according to the Exeter system) on 1st January in the financial year to which the payment relates)	<b>Total number of DRUMs conducted:</b>

- DRUM reviews are only conducted on DISPENSING patients
- DRUM reviews are carried out by trained dispensing staff or by a registered health professional with appropriate competencies in review of medicines
- DRUM reviews are carried out face-to- face with patients in a private consultation room or opportunistically at the dispensary (provided issues of confidentiality and patient preference can be satisfied)
- DRUM reviews are carried out in a systematic manner (use of DRUM template and READ code) and significant outcomes documented in the patient’s notes
- Arrangements are in place (SOP or Practice Protocol) to ensure that patients reviewed will be referred appropriately and in a timely manner to a doctor, nurse, pharmacist or other appropriate health professional working with the contractor, whenever clinically appropriate
- DRUM reviews carried out within the practice:
  - ✓ establish the patient’s actual use, understanding and experience of taking medicines; referring potential side effects or adverse effects reported by patients
  - ✓ identify, discuss and resolve, or refer, poor or ineffective use of their medicines
  - ✓ improve the clinical and cost effectiveness of prescribed medicines, referring where appropriate, and initiating appropriate action by using information from patients to recommend improvements in repeat dispensing and so reduce medicines’ waste

<b>DECLARATION:</b> I declare that the details listed in this DRUMs Practice Declaration are true and accurate to the best of my knowledge. <b>Name:</b> <b>Position: Accountable GP</b> <b>Date:</b>
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<b>For office use only:</b>			
Nos of dispensing patients:	Nos of DRUMs required (10%)	Nos of DRUMs declared:	Nos of DRUMs validated:

## Dispensary Services Quality Scheme 2016-2017

### SELF ASSESSMENT

**Practice Details:**

**Practice Code:**

#### SECTION 1: ACCOUNTABLE GP

**Name of Partner or Salaried GP who has accountability for the quality of dispensing services (NB: if this changes in-year the practice must notify NHS England, in writing, within 28 days of the change occurring)**

**ACTION:**

Please provide the name of the accountable GP:

#### SECTION 2: NUMBER OF DISPENSING PATIENTS - on list on 1<sup>st</sup> January 2017

**ACTION:**

Please provide number:

#### SECTION 3: DISPENSING STAFF QUALIFICATIONS

##### **3.1 Staff who dispense independently (unsupervised)**

**Minimum standard** – staff to be competent to a minimum standard equivalent to the pharmacy services Scottish/National Vocational Qualification (S/NVQ) level 2 AND completed 1000hrs over the past 5 years in a GP dispensary or community pharmacy.

##### **3.2 Staff who dispense with supervision**

“Dispense” includes assembling, labelling and bagging. “Supervision” includes a final check of the dispensed product by a qualified person and access to a qualified person.

**Minimum requirement** – these staff must have a certificate of competence signed by the Practice Manager (if any) and the Accountable GP in respect of all the dispensing activities that they undertake.



## SECTION 4: DISPENSING STAFF COMPETENCIES and CPD and APPRAISAL

### 4.1 Competencies \*\*

Competence assessment forms part of the governance framework of the dispensary.

\*\* To be assessed by the Accountable GP and Practice Manager/Dispensary Manager using the criteria set in Appendix A of the “DSQS Supplementary Guidance for revisions to the GMS Contract 2006/07”

#### Minimum requirement –

- All staff that work in the dispensary MUST have the required experience, competencies and knowledge to perform the tasks and roles assigned to them.
- For each member of your dispensary staff please submit a copy of their certificate of competency signed by the Practice Manager/Dispensary Manager and Accountable GP in respect of the roles they undertake.
- All staff working in the dispensary should continue to demonstrate the competencies and knowledge to perform the tasks and roles assigned to them.

#### ACTION:

For each member of your dispensary staff please submit a copy of their certificate of competency signed by the Practice Manager/Dispensary Manager and Accountable GP in respect of the roles they undertake.

### 4.2 Appraisal and CPD

**Minimum requirement-** Practice must carry out and complete a written record of an appraisal of all dispensing staff (i.e. undertaking any of the following tasks – prescription receipt and collection; assembly of prescribed items; ordering, receiving and storing pharmaceutical stock).

Each member of staff must also have a personal development plan and they should actively maintain a CPD portfolio which should contain a minimum of 4 entries during the year.

#### ACTION:

I confirm that the practice has completed a written record of an appraisal of all dispensing staff

Date:

Position:

I confirm that each member of the dispensary staff has a personal development plan and maintains a CPD portfolio which contains a minimum of 4 entries during the year

Date:

Position:

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**SECTION 5: MINIMUM HOURS – DISPENSING STAFF**

<b>ACTION:</b>
Please provide details of number of items dispensed <b>per month</b> and dispensing hours <b>each week</b> :
...items dispensed <b>per month</b>
.....Total Dispensing staff hours <b>each week</b> (staff hours relate to those hours that staff are engaged in dispensing activities).

**SECTION 6: DUTY OF CONFIDENTIALITY**

<b>Minimum requirement</b> – all employees contracts for dispensing staff should include a duty of patient confidentiality as a specific requirement, with written disciplinary policy and procedures set out for non-compliance.
<b>ACTION:</b>
Please provide a copy of the relevant section of the employee contract which includes this specific requirement.

**SECTION 7: DISPENSARY SERVICES STANDARD OPERATING PROCEDURES (SOPs)**

<p>At a minimum the SOPs should cover:</p> <ul style="list-style-type: none"> <li>• Ordering</li> <li>• Receipt</li> <li>• Supply and dispensing</li> <li>• Destruction and disposal</li> <li>• Patient returns</li> </ul> <p>There should also be separate SOPs for CDs covering the above and the following procedures;</p> <ul style="list-style-type: none"> <li>• Storage and keys</li> <li>• Access to stock and keys</li> <li>• Record keeping</li> <li>• Who should be alerted if complications arise</li> </ul> <p><b>Minimum requirement</b> – the practice <b>MUST</b> have written SOPs in place. These should be specific to the practice and should set out in writing what should be done, when,</p>
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where and by whom. These SOPs must also be reviewed and updated at least once a year and whenever dispensing procedures are amended.

**ACTION:**

**Please submit a complete list of the SOPs currently in place within the practice, with the date they were last reviewed and highlighting any new SOPs that may have been added during the year.**

**Please confirm the date when a check was made that staff understand and follow the SOPs.**

Procedure covered in SOP	Date of last review	Date staff understanding of SOP checked
<i>Accepting Waste Medicines from Patients</i>		
<i>Accuracy Checking</i>		
<i>Anticoagulant Repeat Requests</i>		
<i>Assembly &amp; Labelling</i>		
<i>Controlled Drug Occurrence Reporting</i>		
<i>Destroying Out of date Stock CDs</i>		
<i>Destroying Patients Returned CDs</i>		
<i>Ordering CDs</i>		
<i>Receiving CDs</i>		
<i>Supplying CDs to Patients</i>		
<i>Temporary Residents Requesting CDs</i>		
<i>DRUMs</i>		
<i>General Stock Ordering</i>		
<i>Generating Owings</i>		
<i>Handing out Repeat Prescription Medicines</i>		
<i>Monthly Prescriptions Submissions</i>		
<i>Ordering Products from NWOS</i>		

Receiving Non-CD Stock		
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**SECTION 8: CLINICAL AUDIT**

**Minimum requirement** – practices are expected to complete a clinical audit relating to dispensing. This can be determined by the practice.

**ACTION:**

**SECTION 9: SERIOUS UNTOWARD INCIDENT REPORTING**

**Minimum requirement** – Serious untoward incidents / Significant events in dispensing must be reported to NHS England, and used as a learning opportunity for all relevant staff. The practice should also have a system in place for managing and learning from near misses.

**ACTION:**

Please describe your process for sharing and learning from near misses AND significant events within the practice, distinguishing the difference between the two processes:

Each dispensary and its team are encouraged to record all near misses, or significant events using the forms kept at each site. In the event of an incident arising staff are encouraged to share this immediately with the GP dispensing lead (The Practice manager or another GP in their absence).

Each case is discussed and investigated as close to the point of discovery as possible to capture the most accurate understanding of how something may have arisen. Whilst the potential for errors to occur is always present, adopting SOPs helps to minimise risk.

In the case of near misses in which the risk to patient safety has been low, this would normally be managed with the individual/s concerned and not necessarily shared with the wider team, if no wider learning point can be established.

In the event that a near miss has arisen in which investigation has identified a potential system failure or need for improvement then this would be cascaded immediately to all dispensing and other relevant staff to alert them to have a higher level of vigilance. Depending upon the exact nature of the incident, the dispensing team may be tasked to amend an existing SOP, develop a new SOP &/or discuss matters in more formal significant event analysis.

Should a Serious Untoward Incident (SUI) in which harm to a patient has occurred or in which a CD Occurrence Report has had to be completed then these events are filed with the appropriate Accountable Officer at the time with NHS England charged with

investigating matters further.

## SECTION 10: PATIENT INFORMATION

**Minimum requirement** – the practice **must** provide information to their patients on the dispensing services provided by the practice, and how to obtain medicines urgently.

**ACTION:**

Please describe how the practice achieves this e.g. via practice leaflet, posters:

- *Practice leaflets*
- *Notices in surgeries*
- *Practice website*

**Minimum requirement** – The practice **must** inform NHS England of the hours of availability of dispensing services provided. These times must also be displayed prominently on the premises from which they carry out dispensing and, where premises permit, be legible from outside the premises when they are shut.

**ACTION: Please provide details of hours of availability**

## SECTION 11: DISPENSING REVIEW OF USE OF MEDICINES (DRUMs)

**ACTION:** Please complete the DRUM declaration and give three anonymised examples of DRUMs preferably where problems have been identified and actions have been implemented which have impacted on patient care (e.g. resolving difficulties patients have opening medication packs, detection of side effects, non-compliance, improved understanding of medication). Please include a DRUM screen shot to provide evidence of the number of DRUMs undertaken.

Problem identified	Action implemented	Patient outcome

**Please indicate those practice staff who undertake DRUMs within the practice: (tick as appropriate):**

Practice staff	Yes	No
GPs		
Dispensary staff		
Practice nurses		
Others (please state)		

<b>Self-Assessment Completed by (Name and Designation):</b>
<b>Date of Completion:</b>

**To be signed by Accountable GP on behalf of all partners:**

Print name:

**Signature:** .....

## Checklist

Please check the following have been completed before submitting your validation report.

### **Practice declaration**

All sections have been completed

Practice details

Practice code

Accountable GP

Average number of items dispensed per month

Average number of staff hours per week spent on dispensing related activities

Practice process for ensuring ongoing eligibility of dispensing patients

Declaration signed and dated by Accountable GP

### **DRUMs declaration**

All sections have been completed

Practice details

Practice code

Accountable GP

Total number of DRUMs conducted

DRUM screen shot to confirm number of DRUMs undertaken

### **Self- Assessment**

All sections and action points have been completed and additional paperwork included

Details of person completing self-assessment and date of completion

Signed by Accountable GP

### **Audit**

Details of audit undertaken and analysis of findings

Action plan