

Pharmacists' experiences of monitoring

Six months into the monitoring phase of the new community pharmacy contract, **Tom Moberly** talks to some pharmacists about their experiences of visits from representatives of primary care organisations to investigate implementation of the contract

With the new community pharmacy contract now firmly bedded in, primary care organisations (PCOs) have started visiting pharmacies to audit implementation of the new requirements. Ahead of the visit, the prospect of being monitored can be daunting, but to help reduce the amount of work that needs to be done — and, therefore, the amount of time that needs to be taken up in the pharmacy — many PCOs have been asking pharmacists to provide information and evidence in advance.

Preparations and visits

Supplying documentation in advance is proving to be a help to pharmacists as well as PCOs, Jane Newman, a community pharmacist in Essex, says. Her local primary care trust provided a toolkit which was based on NHS Primary Care Contracting's framework and designed with the Pharmaceutical Services Negotiating Committee's workbook in mind (see Panel).

"The toolkit provided tick boxes for evidence that we may wish to submit in advance, for instance standard operating procedures, examples of incident reports and audits carried out," Ms Newman says. However, if the pharmacy staff were unable to copy some evidence easily, such as part of the patient medical record that cannot be printed, then they did not have to pre-submit it, she explains. "We sent in only what we chose to send, but the more we were able to send the shorter the visit."

Steven Gill, a community pharmacy contractor in Sunderland, says his PCT also suggested he gather documentation in advance and he sent his in 10 days before the visit. "We were asked to provide SOPs for all our processes — dispensing, repeat prescriptions, disposal of unwanted medicines, counter sales, etc — along with signatures from all staff and locums to confirm that the SOPs were actually being followed," he says. "We were also asked for samples of blank referral forms to show how we are signposting customers and our signposting pack. We sent as much as we could and, in fact, gathering the information and sending it in ahead of the visit helped us as much as the PCT," he says.

The preparation for the monitoring visit can take some time, however, Anoop Shah, community pharmacist at Daya Pharmacy in Hayes, Middlesex, warned. "We followed the PSNC's booklet and just worked our way through the whole thing. We were notified about the visit two and a half months before it was due to happen and, all in all, we probably spent the equivalent of two or three days' work over that time going through the whole booklet."

Simon Moul, chairman of Essex local pharmaceutical committee, who has represented the LPC on monitoring visits in Essex, says the interviews have generally lasted about an hour "Then the PCT member of staff and I spend another 10 minutes or so talking about the visit and what recommendations we will be making, and then we meet with the pharmacist again for another 10 minutes and give feedback on anything that needs doing," he says.

Visits by other PCTs have taken a similar length of time — Mr Shah says his visit took about one and a half to two hours. "We're in a slightly unusual position in having three dispensing technicians, so we were able to keep the dispensary working during the visit and did not employ a locum," he explains. "We arranged the visit during the lunch break, though, but it did over-run the break slightly, so some of the visit was carried out as we were working. Obviously it would have been ideal to employ a locum and that is something we would definitely look at in the long-term as I expect the monitoring visits will become more involved and demanding in the future," he adds.

Prior preparation and completion of checklists means that problems can be corrected before the visit, Ms Newman points out. "Working through the toolkit and finding evidence for the pre-visit submission was enormously helpful. I discovered one or two things that we hadn't quite got right and was able to rectify them. It concentrated my mind on what sort of things were going to be discussed during the visit and allowed me to check the understanding of my staff," she explains.

Recommendations

Mr Gill says he found that the thoroughness of his PCT's approach and his preparation meant that the recommendations made at the end of the visit were fairly minimal. "In the end, the only thing we hadn't covered was the refrigerator procedure — what would happen if the refrigerator went above or below standard temperature, both in terms of the contents and the refrigerator," he says. "That was something I had not thought about, but I am now writing an SOP for it and the PCT will check in three months' time that that is done."

Ms Newman's visit resulted in a few recommendations, but these were principally about improvements that could be made, rather than omissions. "The main recommendations were about sharing learning from the review of complaints, incidents and near misses. While we do this as a matter of course

— but were unfortunately unable to find the evidence — the PCT assessors felt that we should share the information more widely, for instance with relief dispensing staff and other members of the pharmacy staff. The superintendent has always circulated a review of dispensing incidents so we have now included the latest report in future pre-visit evidence," she says.

A few recommendations were also made at the end of Mr Shah's visit and these were confirmed in a follow-up letter letting the pharmacy staff know what needed to be done. "There was nothing major that needed to be done, but that still took two hours or so," Mr Shah says.

Overall impressions

Ms Newman says that the most surprising thing about the whole monitoring process was how nervous she felt before and during the visit. "Considering that I knew all the people doing the monitoring quite well, I was confident that we had nothing to worry about and that it was done in a very non-threatening manner, it was still an unpleasant experience," she says.

Mr Gill found the whole process informal. "I had been quite concerned about the visit before it happened, and other members of staff were worried they would be asked a huge number of in-depth questions, but it all went well," he says. "It was much less onerous than I thought it would be."

Mr Shah says he found the visit useful. "Although it is all about things we comply with anyway, it was helpful having to collect all the information together. It certainly did not feel like an interrogation," he says.

Useful resources

The Royal Pharmaceutical Society has produced guidance on what pharmacists can expect to happen, and be asked about, during visits by external monitoring bodies (including primary care trusts and local health boards) to pharmacies in England and Wales (*PJ*, 21 January, p89 and 28 January, p115, respectively).

In addition, the Pharmaceutical Services Negotiating Committee's "New Contract Workbook 2005/06", published in September 2005, contains sections for recording information that may be requested during monitoring visits. The workbook can be downloaded via *PJ Online* (www.pjonline.com/links/pj).

NHS Primary Care Contracting's community pharmacy assurance framework may also be helpful for pharmacists planning for monitoring of the community pharmacy contract. It is available via *PJ Online* (www.pjonline.com/links/pj).