

# (1) DEVELOPING THE STANDARDS

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*Delivery of quality services and the process of learning from best practice are increasingly encouraged in the National Health Service. This article describes the development of standards for clinical pharmacy services in the Wessex region. An evaluation of these standards appears on pp62–65*

The Wessex clinical pharmacy quality group (WCPQG) first met in July 1990. (The Wessex region originally extended from Bath, Swindon and Basingstoke as the northern boundary, and from Weymouth on the south coast to Portsmouth. It included the Isle of Wight, and is now divided between the South and West region and the South-east region.)

Standards for practice were conceived by the WCPQG in 1991. These guidelines were based on published regional pharmaceutical officers' standards for pharmaceutical services.<sup>1</sup> The guidelines were developed over several years until the publication of the first edition in 1994. They were subsequently updated and revisions published in July 1996 and February 1999.

A natural development from the production of these standards was to compare, as part of a formal process, the practice at each of the hospitals within the region to identify and disseminate good practice.

## WHY BENCHMARK ?

Benchmarking, the continuous process of learning from best practice, is widely encouraged and practised within the National Health Service. The NHS performance assessment framework and clinical governance agenda are adding to the professional requirements of the practitioner to deliver quality services.

The Royal Pharmaceutical Society<sup>2</sup> and the American Society of Health-System Pharmacists<sup>3</sup> both state that it is the profes-

sional duty of a pharmacist to review skills, knowledge and practice to provide a high level of care.

Previously, there has been no national external audit of clinical pharmacy services. Controls assurance and the NHS performance assessment framework provide for some aspects of clinical pharmacy, but many areas are not covered directly. Within clinical pharmacy, standards documents exist, but many are old or too specific for a whole service benchmarking exercise. Other groups such as medicines information and technical services are already subject to robust external and objective assessment, although perhaps not true benchmarking.

## WHAT TO MEASURE IN CLINICAL PHARMACY SERVICES ?

When deciding what to measure, a balance was struck between the depth of data required to allow meaningful analysis and make useful comparisons, and the development of a document that was sufficiently user friendly to ensure all hospitals in the region could become involved.

Evidence of benefit of services ex-

pressed as rates of morbidity and mortality is available primarily from the United States.<sup>4,5</sup> The impact of clinical services has also been shown in terms of reductions in length of hospital stay,<sup>6</sup> incidence of adverse drug reactions (ADRs) and total cost per admission,<sup>7</sup> these data being collected during the research study but not collected routinely.

During the development phase, there was considerable discussion within the WCPQG regarding the use of outcome or process measures. The importance to a patient's care of the outcome-related benefit of clinical pharmacy services is undoubted. To gain maximum benefit from the standards and subsequent benchmarking exercise, the document had to be specific, realistic and measurable in the context of day-to-day delivery of the service.

## SUBJECTS OF WCPQG CLINICAL STANDARDS

- Prescription monitoring and endorsing
- Inpatient education
- Total parenteral nutrition
- Adverse drug reaction monitoring and reporting
- Management and training of clinical pharmacists
- Quality assurance of clinical pharmacy service

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Available standards and frameworks all described process measurement. However, a clarity of nomenclature between process and outcome was not universal in the standards documents. We decided, as a group, to develop process-based standards, as the routine measurement of outcomes would have become too unwieldy a task.

#### DEVELOPMENT PROCESS FOR STANDARDS

During the updating process the WCPQG considered its main objectives for the standards to be:

- to provide clear and accurate standards for core clinical services
- to provide standards that could be practically applied, both within individual hospitals and as a benchmarking tool between hospitals

- to provide clinical pharmacy managers with a guide to the procedures and criteria that were of most importance for assessing their service
- to provide an agreed structure to underpin service improvement and development

During the revision process, each section of the previous edition of the standards was considered alongside other available documents.<sup>8-12</sup>

To facilitate completion, a tick-box approach was used. All standards had space for comments since the main aim of the document was to promote comparison and discussion. Each section was delegated to two different members of the WCPQG for revision, then returned to the group for further debate and amendment. The standards focus on six areas of clinical practice (see Panel, p60).

#### LIMITATION OF FINAL DOCUMENT

The final document is based on the traditional skills involved in ward or clinical pharmacy and does not reflect the more patient-oriented approach espoused by pharmaceutical care.<sup>13</sup> Pharmaceutical care in its entirety is not so easily measured, and within Wessex not practised in all hospitals. The document provides information regarding correctly endorsed prescriptions, ADR reporting, total parenteral nutrition management, and the training and management of clinical pharmacists. Further depth may be required for many of the tasks associated with clinical pharmacy that have been singularly identified as beneficial (eg, drug history taking).<sup>14</sup> New indicators from the NHSE for clinical pharmacy services will add to these standards. The NHSE indicators will be of more strategic and political importance than the WCPQG standards.

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