

Meeting clinical governance standards

Clinical governance is a major part of the essential services section of the new community pharmacy contract in England and Wales. In this article, and in a second article to be published next week, **Clare Bellingham** examines the relevant issues

The new pharmacy contract is based on quality, so it is hardly surprising that complying with clinical governance requirements will be an essential service.

Clinical governance is defined as a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence flourishes.

Principles of clinical governance

The new contract contains three principles of clinical governance. They are:

- Clinical governance should be built into all professional services
- Clinical governance is driven by a genuine desire to improve the service delivered to patients
- The development of clinical governance in community pharmacy is supported and encouraged by primary care organisations

Seven components of clinical governance are used by the Commission for Healthcare Audit and Inspection (now commonly called the Healthcare Commission) to assess how well an organisation meets clinical governance requirements. The clinical governance essential service in the new pharmacy contract is based on these seven components. Each of the components are described below (using the original CHAI definitions) and then examined separately in terms of the requirements for pharmacists in the new contract.

The first component is around patient and public involvement. It is about how patients, carers and the public should have a say in decision-making about services and setting up structures to enable patients to play a part in decisions about their care.

The second component involves clinical audits. These are defined as regular systematic reviews of procedures against defined standards. They should lead to action to address problems identified by the audit.

The third component, risk management,

involves monitoring and minimising risks to patients and staff, and learning from mistakes.

Clinical effectiveness is the fourth component. It should help to ensure that treatment is based on the best available evidence. This might include access to relevant local and national guidelines, having systems in place to implement these guidelines and then monitoring compliance with them.

The fifth component is about staffing, including promoting good working conditions, effective management and staff development.

The sixth component involves education, training and continuing professional development. This is about providing relevant support to enable staff to carry out their roles and ensuring that staff are up to date.

Appropriate use of information is the seventh component. It includes having systems in place to collect and use clinical data to monitor, plan and improve quality of care.

Patient and public involvement

Patient and public involvement is covered in the first set of requirements of the clinical governance section of the new contract. The first requirement is that pharmacies should have a practice leaflet. Pharmacies will be expected to notify patients of the NHS services they provide. This information could appear in the practice leaflet or by displaying a notice in the pharmacy.

Contractors will have to carry out a patient satisfaction survey. Guidance will be produced that will state what must be assessed and a national template will be made available. Topics likely to be included are promptness of supply, quality of service and quality of facilities. Following a survey, pharmacists will have to review the results and consider making improvements where appropriate.

In addition to conducting their own patient satisfaction surveys, pharmacists will have to co-operate with a number of other organisations. First is a requirement to co-operate with visits from local Patient and Public Involvement Forums and to consider taking any action that the forum advises. PPI forums are made up of local volunteers and exist in every PCT in England. Their role is to monitor independently the quality of health services through regular visits. All NHS service providers fall within the remit of PPI forums, including GP surgeries, dentists, opticians and pharmacies in primary care, and acute trusts. NHS trusts are legally obliged to listen to PPI forums and to provide a response to issues they raise.

Contractors will also be expected to co-operate with the local primary care trust and other external bodies that are monitoring or auditing pharmacy services. This might in-

Key points

1. Clinical governance is about being accountable for continually improving quality of services and safeguarding high standards
2. Clinical governance is an essential service in the new contract and is built around seven components: patient and public involvement, clinical audit, risk management, clinical effectiveness, staff management, training and development, and use of information
3. All pharmacies will have to produce a practice leaflet and carry out a patient satisfaction survey
4. All pharmacies will have to co-operate with other organisations that are monitoring pharmacy services
5. All pharmacies will have to carry out two clinical audits each year

clude organisations such as the Healthcare Commission or local authorities.

A final step to improve communication with patients is a requirement for every pharmacy to have a complaints system. In fact, pharmacies should already have a complaints system in place. The rules around NHS complaints (which cover any NHS-funded care provider, including pharmacists) changed this year when the Healthcare Commission became responsible for the second stage of NHS complaints. The first stage is to take the complaint to the organisation or practitioner involved. Only if it is unresolved will it be taken up by the Healthcare Commission.

Another requirement in the patient and public involvement section of the new contract is compliance with the Disability Discrimination Act 1995. The Act came into force this month and it means that contractors are expected to make "reasonable adjustments" to the physical features of the pharmacy premises to enable access.

Finally, requirements around monitoring out of stock drugs and using owing notes may be introduced in the future.

Clinical governance: part two

The second article next week will examine:

- Clinical audit
- Risk management
- Clinical effectiveness
- Staffing and staff management
- Education, training and continuing professional development
- Use of information

Case study

All pharmacies will need to carry out patient satisfaction surveys once the new contract is in place. This week's **News feature** (p510) examines the results of 936 patient satisfaction questionnaires carried out by one organisation at 53 pharmacies in England and Wales. Overall, it found that although patients rated pharmacists highly, they were less positive about pharmacy premises.