

English Pharmacy Board

**PUBLIC BUSINESS  
CONFIDENTIAL BUSINESS**

## **Title: Accreditation of pharmacies**

### **Purpose**

To develop the quality of service provision from pharmacies.

### **Strategic objective domain**

- Recognised as world influencing and world class
- An organisation that consistently performs as a regulator, professional representative leader and publisher
- The public recognise and use pharmacists as the professionals with expertise in medicines

### **Action required**

The English Pharmacy Board is asked to agree the development of accreditation of pharmacies

#### **1. Background**

Within the NHS there is an increased focus on the quality of services that a patient receives; this includes the quality of premises. Previously, the RPSGB looked at developing a quality scheme for pharmacies similar to the Quality Team Development (QTD) scheme operated by the Royal College of General Practitioners (RCGP). In Wales they ran a project called the Maturity Matrix which looked at how the quality of the pharmacy or GP practice could be improved.

At the end of last year, the RCGP piloted an accreditation scheme based on their QTD scheme. This accreditation scheme uses self assessment, peer review and the development of action plans. There are 30 core criteria across 6 domains – these are over and above contractual requirements and based on Standards for Better Health, European models and QTD criterion. There are 82 developmental criteria across the same 6 domains. The 6 domains are

- Health inequalities (2 core, 11 developmental)
- Provider management (6 core, 13 developmental)
- Premises, equipment, records, medicines management (5 core, 13 developmental)
- Provider teams (7 core, 15 developmental)
- Learning organisation (6 core, 17 developmental)
- Patient experience / involvement (4 core, 13 developmental)

The National Primary Care Research and Development Centre (NPCRDC) were used to help develop the criteria. It is a very important to have involvement of an academic body in the production of the criteria as provides credibility and a strong academic base and they can deal with the critical comments on the evidence base behind the criteria

The practice carries out a self assessment against the criteria – particularly the core criteria – and provides evidence to demonstrate they have achieved them. There is a simple pass / fail for core criteria. The peer assessment visit will confirm this status by discussions with team members of the practice. The main purpose of the assessment visit is to develop the developmental plan in discussions with the practice – this is a negotiation process.

The assessors for the peer review part of the accreditation scheme are trained by RCGP to ensure they all assess to the same standards. However, the PCTs run the system i.e. they identify the assessor, pay for their training and backfill.

The outcome is a developmental plan which the practice then works with to demonstrate year on year progress.

The evaluation of the RCGP pilot is expected shortly.

**Pharmacy scheme (potentially):**

- Could use similar domains
- Needs to be organisational based and not clinical based
- Could build on RCGP work – but unable to share until after evaluation
- Self assessment would work
- Would be difficult to have peers as assessors (commercial sensitivity issues) – would need to look at independent assessors
- Needs to be marketed correctly – as supportive and facilitative, encouraging team focus, improving patient centred care, developmental and voluntary
- Need to link with appraisal and revalidation

**2. Risk Implications**

- If the PLB doesn't take this forward, other pharmacy organisations might
- If the pharmacy profession doesn't lead this piece of work it may be forced upon us at a later stage
- It will improve the overall quality of delivery of pharmacy professional services

**3. Resource Implications**

There will be resource implications.

The RCGP received funding from DH to run and evaluate the pilot; the RPSGB could apply for similar funding.

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