

January 2018

PSNC Briefing 001/18: Upcoming clinical governance deadlines – actions to be completed by 31 March 2018

PSNC's Regulations and Support Team is often asked questions about key actions and submission deadlines for the clinical governance aspects of the terms of service. Therefore, we have produced this briefing as a quick reference guide identifying the actions to be completed by 31 March 2018 (Section A). The briefing also includes details of ongoing clinical governance requirements (Section B).

SECTION A: Summary of actions to be completed by 31 March 2018

Topic	Requirements	By when?
Information Governance (IG) Toolkit	To complete and submit an annual IG Toolkit.	31 March 2018
Community Pharmacy Patient Questionnaire (CPPQ)	To conduct an annual CPPQ and publish the results.	31 March 2018
Clinical audit	To conduct two audits each year: one on a topic of your choice and one determined by NHS England (please note, as of today's date ¹ no national audit has been determined for 2017/18).	31 March 2018

A fourth clinical governance requirement, whilst not due by 31 March, should be completed shortly afterwards and as such it is best to begin work towards achieving this alongside the requirements listed above.

Complaints report	To prepare an annual report each year and send a copy to the local NHS team.	As soon as practicable after 31 March 2018
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IG Toolkit

All NHS providers, including community pharmacies, need to provide information governance assurances to the NHS on an annual basis. These assurances are provided through completion of an online assessment tool, the NHS IG Toolkit. Requirements for IG change annually, and [Version 14.1 of the IG Toolkit](#) was released on 5 July 2017.

Please note that after the deadline to complete and submit the IG Toolkit this year, 31 March 2018, the online toolkit will close and you may not be able to complete it.

Q. When do I need to submit the IG Toolkit?

A. Community pharmacies need to submit their IG Toolkit return no later than 31 March 2018.

¹ 9th January 2018

Please note, once this deadline has passed then the online system will be disabled so there will be no further opportunity for a community pharmacy to provide an IG Toolkit submission for 2017/18.

Q. What level am I expected to attain against each of the pharmacy IG requirements?

A. Community pharmacies are expected to attain a minimum of Level 2.

For further information, please visit our webpage at: psnc.org.uk/ig

CPPQ

All community pharmacies are required to conduct an annual community pharmacy patient questionnaire. The questionnaire allows patients to provide valuable feedback to community pharmacies on the services they provide.

Q. When do I need to have completed CPPQ?

A. By the end of March 2018.

Q. Do I need to have do anything with the CPPQ results?

A. Yes, the pharmacy must publish the results of the survey.

Q. Do I need to send the results of CPPQ to NHS England?

A. No, there is no statutory requirement to send the survey report to the local NHS Team.

For further information, please visit our webpage at: psnc.org.uk/cppq

Clinical audit

Community pharmacies must undertake a clinical audit each year, the topic of which they choose. In addition to this pharmacy-based audit, they must also complete an audit on a topic that has been determined by NHS England.

Q. When do I need to have completed the audit?

A. Community pharmacies need to complete their audit no later than 31 March 2018.

Q. Has NHS England determined the national audit?

A. No, as of today's date NHS England has not determined an audit for 2017/18.

Q. Do I need to send the results of my audit to NHS England?

A. No, it is not a requirement in the terms of service to send your audit results to NHS England.

For more information, please visit our webpage at: psnc.org.uk/audit

Complaints report

All pharmacy contractors must have in place arrangements which comply with the requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations) for the handling and consideration of any complaints. As part of these arrangements, each contractor must prepare an annual report for each year ending 31 March.

Q. When do I need to have prepared my annual complaints report by?

A. Community pharmacies must prepare an annual report for each year ending 31 March.

Q. I have not received any complaints. Do I need to prepare an annual report?

A. Yes.

Q. Do I need to send a copy of the annual report to NHS England?

A. Yes, as soon as reasonably practicable after the end of the year to which the report relates.

For more information, please visit our webpage at: psnc.org.uk/complaints

SECTION B: Ongoing clinical governance requirements (not already covered above)

The following must also be actioned or undertaken as part of the clinical governance requirements of the terms of service and NHS England may ask for evidence to check pharmacy contractors are meeting the requirements.

A patient and public involvement programme which includes:

Topic	Requirements
Practice Leaflet	Producing and making available (in an approved/appropriate manner) a practice leaflet containing approved particulars in respect of the pharmacy premises.
Promotion	Publicising Essential Services and any Advanced Services ² available at or from the pharmacy. Contractors should make clear in any publicity material that the services are funded as part of the NHS.
Drugs owed to patients	Monitoring arrangements for drugs and appliances owed to patients (which are out of stock).
Co-operation with reasonable inspection or review	Co-operating appropriately with reasonable inspection or review (as part of the patient and public involvement programme).
Equality	Monitoring that arrangements, comply with the Equality Act 2010.

A risk management programme which includes:

Topic	Requirements
Stock	Arrangements for ensuring that stock is procured and handled appropriately.
Equipment	Arrangements for ensuring equipment used in providing pharmaceutical services is maintained appropriately.
Incident reporting	An approved incident reporting system, with arrangements for analysing and responding to critical incidents.
Patient Safety	Arrangements for dealing appropriately and timeously with communications on patient safety from the Secretary of State and NHS England.
Standard Operating Procedures (SOPs)	Appropriate SOPs, including SOPs for dispensing drugs and appliances, repeat prescriptions and providing advice and support for people caring for themselves or their families.

² The exception is the NHS Urgent Medicine Supply Advanced Service (NUMSAS) for which pharmacy teams are not obliged to publicise them as part of their clinical governance programme. NUMSAS should not be promoted to the public to ensure that it is only used by patients for urgent cases and not as a replacement for the normal repeat prescription ordering and repeat dispensing processes.

Waste	Appropriate waste disposal arrangements (in addition to those required under the Essential Services) for clinical and confidential waste.
Clinical Governance (CG) Lead	Have a CG Lead who is appointed by the pharmacist, or is the pharmacist, who is familiar with pharmacy procedures and the availability of local NHS services.
Safeguarding	Appropriate safeguarding procedures for service users.
Health & Safety	Monitoring arrangements for compliance with Health and Safety legislation.

A clinical effectiveness programme which includes:

Topic	Requirements
Appropriate advice	Arrangements to ensure appropriate advice is given by the pharmacy contractor in respect of drugs provided in accordance with repeatable prescriptions, appliances ³ or for people caring for themselves or their families; and arrangements for ensuring that when advice is given due regard is had to the pharmacy's patient records.

A staffing and staff management programme which includes:

Topic	Requirements
Induction	Arrangements for appropriate induction of staff (including locums).
Training	Appropriate training for staff (including locums) in respect of all roles they are asked to perform.
Pre-employment checks	Arrangements for checking staff qualifications and references in the provision of NHS services.
Professional development	Arrangements for identifying and supporting staff development in the provision of NHS services, including CPD and necessary accreditations for directed services.
Performance management	Arrangements to address poor performance (in conjunction with NHS England as appropriate).
Whistleblowing	Arrangements (including a written policy) for all staff and locums to raise "protected disclosures" under employment legislation.

³ Pharmacies need to keep and maintain records of *clinically significant interventions* in cases involving repeatable prescriptions for drugs and both prescription and repeatable prescriptions for appliances. Otherwise for dispensing, pharmacies need to keep and maintain records *in appropriate cases*, of advice given and any interventions or referrals made.

An information governance (IG) programme which includes:

Topic	Requirements
IG procedures	Compliance with appropriate approved procedures for information management and security.

A premises standards programme which includes:

Topic	Requirements
Cleanliness	A system to maintain the cleanliness of the pharmacy, which is designed to ensure, in a proportionate manner, that the risk to people at the pharmacy of healthcare acquired infection is minimised.
Premises	Arrangements for compliance, in areas of the pharmacy for NHS services – for any proportionate design particulars approved by NHS England – that those areas are an appropriate environment to receive healthcare.

For more information, please visit the PSNC website and read the [NHS England CG Manual](#) at: psnc.org.uk/cg

If you have queries on this PSNC Briefing or you require more information please contact [William Goh, Regulations Officer](#).