eurahp
European Academy of Hospital Pharmacy

Clinical Governance

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…or who is responsible?

European Association
of Hospital Pharmacists

Learning objectives

- Understand the seven pillars of clinical governance
- Apply to hospital practice locally
- To determine mechanisms for dissemination of the knowledge and understanding gained

The history

- Harold Frederick "Fred" Shipman
- Born 14/1/1946
- English GP
- Estimated to have killed 215–250 people 80% female, 218 positively identified
- Much of Britain's legislation concerning health care and medicine was reviewed and heavily modified as a direct and indirect result of Shipman's crimes, especially after the findings of the Shipman Inquiry which began on 1/9/2000 and delivered its 6th Report on 27 January 2005

http://www.the-shipman-inquiry.org.uk/home.asp

What does this mean?

- Definition of clinical governance
  - Clinical governance is a framework through which health care providers are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

It is all about responsibility

Resources and processes	**Component**
(i) processes for quality	(1) Patient and public involvement
	(2) Clinical audit
	(3) Risk management
	(4) Clinical effectiveness programmes
(ii) staff focus	(5) Staffing and staff management
	(6) Education, training and continuing professional and personal development
Use of information	(7) Use of information to support clinical governance and health care delivery

Brought about new contract

- Essential services
  - Dispensing of medicines
  - Repeat dispensing
  - Public health and health promotion
  - Signposting
  - Support for self care
  - Disposal of unwanted medicines
  - Clinical governance

Service framework of the new contract

- Advanced services
  - Medicines Use Review (MUR) and Prescription Interventions
- Enhanced Services
  - PCT will free to develop their own local services in response to identify needs
  - Domiciliary visiting scheme
  - Minor ailments scheme
  - Smoking cessation services
  - Needle and syringe and exchange schemes

PCT, primary care trust

Clinical governance requirements

- Service description
  - Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This will include:
    - Use of standard operating procedures
    - Recording, reporting and learning from adverse incidents
    - Participation in continuing professional development (CPD) and clinical audit
    - Assessing patient satisfaction

Patient and public involvement

- The pharmacy should undertake a patient satisfaction survey annually
- The pharmacy should review survey results and share with the PCT:
  - Areas identified with the greatest potential for improvement
  - Action to be taken to improve performance
  - Areas identified where the pharmacy is performing strongly

- A complaints system should be in place, incorporating national requirements
- The pharmacy should cooperate with local patient & public involvement forum visits and give consideration to any report of such visits and identify and take appropriate action

Clinical audit

- Pharmacists and their staff should participate in clinical audit – at least one practice based audit and, one PCO determined multidisciplinary audit each year

PCO, primary care organisation

Risk management

- Incident reporting system – all pharmacies to maintain logs of patient safety incidents, including all stages of the medication process, ie not just dispensing errors
  - Initially reporting serious incidents via NRLS to the NPSA
  - In the future move towards full, local identifiable reporting
- Analysis of critical incidents by whole pharmacy team to inform learning and prevention of potential risks
- Pharmacists should be competent in risk management, incl. the application of Root Cause Analysis
- Pharmacists should be able to demonstrate evidence of recording, reporting, monitoring, analysing and learning from patient safety incidents

NRLS, National Reporting and Learning System; NPSA, National Patient Safety Agency

Risk management - continued

- Standard operating procedures– these should cover all the areas specified by RPSGB as a minimum (this covers the handling of a prescription from receipt to handing to a patient/carer)
  - SoPs should also be produced to cover advanced and enhanced services
- Pharmacy contractors and their staff should comply with local and national guidance relating to child protection procedures

RPSGB, royal pharmaceutical society of Great Britain; SoPs, standard operating procedures

Root Cause Analysis (RCA)

- RCA aims to discover the real cause of error, rather than blaming people for errors. There are different methods of conducting an RCA
  - The five whys (a simple method)
    - Involves asking the question ‘why’ five times in succession (why did A get these tabs?, because B did this, why did B do that? etc). At the end of this procedure, the root of the problem should have been established
  - Three stage analysis
    - Writing down exactly what happened leading up to error
    - Examining each individual step to discover the risks (including issues of procedure, stock, staff skills and time issues) at each stage of the incident
    - Examining each of the risks identified, in stage b) and establishing what can be done for each of them to reduce the chances of them occurring again

Clinical effectiveness programmes

- Through the management and dispensing of repeatable prescriptions for medicines or appliances, in partnership with the patient and the prescriber and the medicines use review service, in particular, pharmacies will contribute to improving the clinical effectiveness of prescribing
- Systems are in place to ensure appropriate self-care advice is given to all patients, eg use of protocols/ standard algorithms, SOPs

SOPs, Standard operating procedures

Staffing and staff management

- The main and supplementary pharmaceutical lists, when introduced, will provide a basis for addressing poor performance. Pharmacy contractors and their staff would be expected to co-operate with local poor performance arrangements
- All staff and locums should receive appropriate induction eg confidentiality procedures, health and safety and security
- Contractors should identify and support the development needs of staff

Education, training and CPD

- Pharmacists are able to demonstrate a commitment to continuing professional development (CPD), via a CPD record
- Any necessary accreditation is achieved by pharmacists prior to provision of advanced or enhanced services

Information to support clinical governance

- Pharmacy staff should have access to up to date reference sources eg BNF, Drug Tariff and electronic reference sources
- Need to comply with national and international guidelines and codes of practice such as the Data Protection Act 1998, Human Rights Act 1998, NHS Code of Practice on Confidentiality
- Must ensure staff are appropriately trained
- Must display opening hours of pharmacy
- Appropriate patient records are maintained and used to improve patient care
  - Make records of interventions made and advice given

BNF, british national formulary

What does this mean?

National governments are putting ‘our’ house in order for us!

Think about this it is BIG!

You get 3 minutes simply to reflect on these words

Changing the very face of the profession

It looks like the RPSGB is to be split by 2009,
a Government body with ≤50% lay involvement
will be in charge of:

1. Registration
2. Education
3. Discipline

As for the BMA and the GMC

…or who is responsible?

BMA, British Medical Association; GMC, General Medical Council

So…

Clinical Governance… a structure for ensuring we do what we should be doing!

The Final objective
What should we say to our peers?
How does this impact on Biopharmaceuticals?

Well for one thing it MANDATES CPD so we have no choice but to educate

THIS IS WHY YOU ARE HERE!