



Dear Colleague

PHARMACEUTICAL SERVICES SUPPORTING CONTINUOUS IMPROVEMENT AND CLOSER PARTNERSHIP WORKING

Summary

1. This Circular advises community pharmacy contractors and NHS Boards of steps to strengthen and embed continuous improvement, and to develop closer partnership working in community pharmacy practice.

Background

2. Circular [PCA\(P\)\(2016\)11](#), published on 18 July 2016, set out the community pharmacy funding settlement for 2016-17. It advised that a Quality Improvement Methodology pool of £2m and a Closer Working Partnership pool of £1.129m would be made available to community pharmacy contractors for improvement activities undertaken in the financial year 2016-17.
3. [The Healthcare Quality Strategy for Scotland \(2010\)](#) set the direction for the role of continuous improvement in delivering the highest quality healthcare services to people in Scotland, and as intended, has progressively extended to capture NHS contractor groups. There is therefore a need to ensure that continuous improvement and patient safety practices are formalised and embedded in the delivery of the services community pharmacy provides.

Detail

Quality Improvement Methodology

4. Our aim is that continuous improvement will become an on-going element of the community pharmacy funding settlement going forward, introducing and applying improvement methodology and practice using an incremental approach.
5. The intention is that pharmacy contractors will be informed of the areas focus each year, one of which will be identified as the priority theme.

16 September 2016

Addresses

For action

Chief Executives, NHS Boards

For information

Chief Executive, NHS NSS
Director of Practitioner Services,
NHS NSS
NHS Directors of Pharmacy

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6. To support implementation of this approach, the areas of focus and the priority theme for 2016-17 are set out in **Annex A** of this circular.
7. A single flat rate Improvement Payment of £1,600 will be made to all contractors on the Pharmaceutical List at 1st April 2016 with their remuneration and reimbursement payments for August paid October 2016.
8. Where there has been a change in ownership of an existing contract between 1st April 2016 and 1st August 2016, the new contractor will be eligible for the payment. Any completely new contract not on the list at 1st April 2016 will not be eligible for the payment.

Closer Partnership Working

9. Our aim is to encourage and improve closer partnership working between community pharmacies, GPs and other healthcare partners. The funding can be used to support this in any way appropriate to the individual pharmacy businesses (e.g. back-filling pharmacist time to release them to work with their local GP). See **Annex B**.
10. A single flat rate Improvement Payment of £900 will be made to all contractors on the Pharmaceutical List at 1st April 2016 with their remuneration and reimbursement payments for August paid October 2016.
11. Where there has been a change in ownership of an existing contract between 1st April 2016 and 1st August 2016, the new contractor will be eligible for the payment. Any completely new contract not on the list at 1st April 2016 will not be eligible for the payment.

Action

12. All community pharmacy contractors eligible for these payments must complete and sign the declaration attached at **Annex C** and return it to NSS Practitioner Services Division by **31st March 2017** (all contractors will return by this date, having completed A and B and confirmed C is either complete or planned).
13. The signed declaration will be used for payment verification purposes. Contractors should keep a local record of activity undertaken for future inspection on request.
14. Community Pharmacy Scotland has been consulted on the contents of this Circular
15. **NHS Boards should share a copy of this Circular and to bring it to the attention of community pharmacy contractors, local pharmacy committees and Health and Social Care Partnerships.**

Yours sincerely

A handwritten signature in cursive script that reads "Rose Marie Parr". The signature is written in black ink and is positioned below the "Yours sincerely" text.

DR ROSE MARIE PARR
Chief Pharmaceutical Officer/
Deputy Director Pharmacy and Medicines Division

CONTINUOUS IMPROVEMENT: 2016-17 ACTIVITIES

Introduction

1. [The Healthcare Quality Strategy for Scotland \(2010\)](#) provides the context for the three quality ambitions and shared vision for world-leading safe, effective and person-centred healthcare. The focus on improving the quality of health services is to ensure every patient receives the best care and treatment, every time.
2. Globally, there are a wide range of improvement methods and interventions from within the pharmaceutical context and beyond, that community pharmacy can learn from and apply to drive continuous improvement.
3. Growing continuous improvement capability and capacity within community pharmacy not only supports the delivery of high quality NHS pharmaceutical services, but is complementary to the process of maintaining GPhC registration for pharmacists, technicians and the premises from which they provide pharmaceutical services. Importantly, it helps to create the conditions for community pharmacy's involvement in national initiatives such as Safer Use of Medicines and the extension of the Scottish Patient Safety Programme into primary care.
4. In Scotland, the [NHSScotland Quality Improvement Hub](#) has a wealth of educational material and tools on improvement science. In addition, the [iHUB](#) on the Healthcare Improvement Scotland website is the new improvement resource supporting health and social care providers to design and deliver better services for the people of Scotland. It provides a wide range of information about national improvement programmes and initiatives, together with contacts and useful resource links. Specific information about the Scottish Patient Safety Programme in primary care pharmacy and associated resources can be found at: [Scottish Patient Safety Programme - Primary Care Pharmacy](#).

2016-17 Activities

5. The financial year 2016-17 will be regarded as a starting point for the on-going development and embedding of continuous improvement in community pharmacy. The areas of focus for this initial year include:
 - *Understanding Improvement - knowledge (Activity A);*
 - *Building a safety culture - space, time and context (Activity B);* and
 - *Safety Climate Survey (Activity C).*

Priority Theme

6. Undertaking the *Safety Climate Survey (Activity C)* **is the priority theme for this year**. All community pharmacy teams are therefore expected to undertake, or make preparations to undertake, this activity by the 31st March 2017.

7. In recognition that some contractors may be further ahead in experience and application of a structured approach to continuous improvement, it is recommended that where pharmacists and their teams are new to, or have limited experience in, improvement methodology they should first of all undertake **Activity A and B**, or **Activity B** to assist in making preparations to undertake the *Safety Climate Survey*. The preparation activity will depend on the level of experience and practice in continuous improvement within the team.
8. Undertaking **Activities A and B** will help to ensure that pharmacists have the knowledge, skills and ability to support their teams to embed continuous improvement into their day-to-day practice. Community pharmacists who have already undertaken detailed improvement work through the *Scottish Patient Safety Programme – Primary Care Pharmacy Collaborative* do not need to complete Activities A and B, but are expected to test work with high risk medicines and medicine reconciliation (**Activity D**).

Areas of Focus - Summary

9. A summary of the areas of focus for 2016-17 is as follows:

Activity A: Understanding Improvement - knowledge

- 1) There are six foundation level modules, each one of which takes one hour. They provide a basic introduction to the widely used improvement methodology to help support the use of continuous improvement in the community pharmacy setting. The foundation level modules are:
 - [Introduction to our purpose and values](#)
 - [Introduction to quality and quality improvement](#)
 - [Introduction to healthcare systems](#)
 - [Introduction to quality improvement methods](#)
 - [Lean in healthcare](#)
 - [Knowledge into practice in healthcare](#)
- 2) There are also a number of links to improvement tools which may be useful in supporting any improvement activities undertaken as a result of the training. See more at [NHSScotland Quality Improvement Hub - Foundation](#)

Activity B: Building a safety culture - space, time and context

- 1) There are two practitioner level modules, each of which takes one hour. They are aimed at supporting improvement activity in service delivery by building in the knowledge gained in the foundation modules and contextualising it. The practitioner level modules are:

[Creativity and innovation in healthcare](#)
[Evaluating quality improvement](#)

- 2) Similarly to the foundation module, there are a range of tools available to support improvement activities. See more at [NHSScotland Quality Improvement Hub - Practitioner](#)
- 3) In addition to undertaking these two modules community pharmacy contractors, community pharmacists and staff are encouraged to create space and time for reflective practice and peer discussion in relation to continuous improvement. This should include reflection on the Safety Climate Survey and could also, for example, take the form of considering an adverse event that has occurred and putting in place an action plan to prevent or reduce the likelihood of recurrence. Alternatively, it could be a collectively identified area of practice which could be improved.

Activity C: Undertaking the Safety Climate Survey - Pharmacy

- 1) **As indicated above, this the priority theme for 2016-17 and should be completed by all contractors, by 31st March 2017.**
- 2) **For contractors who are new to, or have limited experience in, improvement methodology they have until 30th September 2017 to complete the Safety Climate Survey. This is to allow sufficient time for community pharmacy teams to undertake Activities A and B to prepare for undertaking the survey.**
- 3) **All pharmacy teams will undertake the safety climate survey which was designed and tested via the Scottish Patient Safety Programme. Following the survey all staff should discuss the results in an open and supportive way, and should use the findings to identify areas for improvement. Community pharmacy teams who have previously undertaken a safety climate survey are also expected to undertake the survey again.**
- 4) Resources to support the safety climate survey can be found at <http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/primary-care/pharmacy-in-primary-care>. Access to the Safety Climate Survey via this page will go live on the 1st November 2016 which aligns to the Royal Pharmaceutical Society quality improvement road shows.

Activity D: On-going Testing

Community pharmacists who have already undertaken detailed improvement work through the Scottish Patient Safety Programme Pharmacy Collaborative will continue to test the work they are involved with in high risk medicines and medicine reconciliation.

Conclusion

10. The Scottish Government will work with Community Pharmacy Scotland and NHS Boards in shaping the development of a programme of continuous improvement within community pharmacy.

11. The menu of improvement areas will be updated each year, with priority areas being retained between years where appropriate.

Pharmacy and Medicines Division
Directorate for the Chief Medical Officer

September 2016

CLOSER PARTNERSHIP WORKING: 2016 17 ACTIVITIES

Introduction

1. Various Scottish Government publications have identified the need for closer partnership working to facilitate enhanced person-centred care through joint initiatives. For example, an area which pharmacy contractors may wish to consider is working with GP practices to identify patients suitable for CMS serial prescribing and dispensing by utilising tools such as the Scottish Therapeutics Utility (STU) which was commissioned by the Therapeutics Branch of the Scottish Government for use in all NHS Scotland GP practices.
2. STU is intended for use by healthcare professionals and GP practice staff to monitor repeat prescribing systems at practice level. The utility allows users to interrogate their prescribing in real time and provides graphs to identify trends in repeat prescribing. Matters such as duplicate prescribing, non-issued items and excessive issues over and above the prescribing interval are highlighted and can be prioritised for corrective action.
3. In support of this, £900 per eligible contractor will be made available. The community pharmacy contractor should therefore ensure that they encourage engagement with the GP and other members of the local primary care team (e.g. release of pharmacists' time to meet with identified healthcare partners).

Pharmacy and Medicines Division
Directorate for the Chief Medical Officer

September 2016

ANNEX C

2016-17 QUALITY IMPROVEMENT METHODOLOGY AND CLOSER PARTNERSHIP WORKING PAYMENT

TO BE COMPLETED AND RETAINED AS RECORD FOR POST PAYMENT VERIFICATION

Contractor Name

Contractor Code

Date of completion

Use the table below to identify the Activities you need to complete and the completion date.

Identify your Current Position	Activity A Completion Date	Activity B Completion Date	Activity C Completion Date	Activity D Completion Date
New to improvement methodology	31/3/17	31/3/17	30/9/17	Not applicable
New to improvement methodology with some experience equivalent to Activity A	Not applicable	31/3/17	30/9/17	Not applicable
Fully competent at Activity A and B	Not applicable	Not applicable	31/3/17	Not applicable
SPSP pharmacy pilot site only	Not applicable	Not applicable	31/3/17	Ongoing

I the undersigned contractor confirm that I have complied with all the requirements detailed in NHS Circular PCA(P) (2016) 15 relating to the 2016-17 Quality Improvement Methodology Payment and Closer Partnership Working.

I hereby confirm that by the relevant dates:

A. Understanding Improvement

The contractor and all employed pharmacists have completed the six foundation level modules to gain an understanding of improvement methodology.

B. Building a Safety Culture

The contractor and all employed pharmacists have completed the two practitioner level modules to gain an understanding of improvement in terms of service delivery and create space for reflective practices on Safety Climate Survey and other improvement areas of focus.

C. Undertaking the Safety Climate Survey

Pharmacy teams have undertaken (or begun preparations to undertake) the safety climate survey, have discussed the results in an open and supportive way and identified areas for improvement and the actions to be taken.

D. Ongoing testing

The contractor and community pharmacy team who have already undertaken detailed improvement work through the Scottish Patient Safety Programme Pharmacy Collaborative will participate in the testing of high risk Medicine and medicines reconciliation instead of Activities A and B.

CLOSER PARTNERSHIP WORKING

The contractor and community pharmacy team have this work underway and have details within the pharmacy.

COUNTER FRAUD DECLARATION

I declare that the information I have provided is correct and complete. I understand that, if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I agree that any overpayments identified through the post payment verification procedure may be recovered at a future date by the Common Services Agency for the Scottish Health Service. For the purposes of payment verification, I consent to the disclosure of information from this form to and by the Common Services Agency and the Health Board on whose pharmaceutical list I am listed, as a contractor and agree to co-operate fully with all payment verification procedures.

Signature:

Name:

Company position:

Date:

PLEASE RETURN THIS FORM BY 31 MARCH 2017 TO:

Pharmacy Payments
Practitioner & Counter Fraud Services
NHS National Services Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB