Royal Pharmaceutical Society consultation on Draft Professional Standards for hospital pharmacy services

1. I write with regard to the Royal Pharmaceutical Society consultation on Draft Professional Standards for hospital pharmacy services.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 44,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation. We approve in principle of the setting of clear standards for professionals, and in practice we would consider the standards here are generally appropriate. There are a number of general points we would like to make however.

4. Firstly, we would observe that standards are of greatest use if they are clear and measurable. We recommend that the language of the supporting statements be
altered to make them more consistent, clear and directive – for example, within a given section making all the statements active rather than passive, and specific, to make responsibility clearer. So:-

- *Patients’ prescriptions are reviewed for appropriateness by a clinical pharmacist on a regular basis.*
- *Clinical pharmacists attend relevant consultant ward rounds.*
- *An assessment of the patients’ medicines needs is documented in a care plan as part of the medical records.*
- *Patients, medical and nursing teams have access to appropriate pharmacy expertise when needed (24 hours a day, seven days a week if necessary).*

Might become:-

*Patients’ should expect :*

- *That a pharmacist checks their medications on a daily basis*
- *That a pharmacist attends medical ward rounds*
- *That a pharmacist documents a care plan in medical records.*
- *That a pharmacist is available to provide expertise to nursing and medical staff 24 hours a day 365 days a year.*

5. Similarly, in standard 2.1 where the supporting statements read ‘Patients know…’ these would be better changed to ‘Patients are informed that…’ or ‘Pharmacists inform patients…’ since it is not possible to measure how much patients know, but it is possible to hold professionals to account for their responsibility to pass on information.

6. Secondly, and at a broader level, whilst these standards are good in and of themselves, we wonder if there is not a more pressing need for standards that focus on the role of hospitals working within a whole system. As affirmed, for example, by the recent NHS Future Forum report, ‘optimising patient outcomes’ depends on having an integrated approach led from a community base – not necessarily led by the hospital, which may have a different set of drivers.

7. Specifically, the section on Transfer of Care (Standard 2) should reflect the importance of all providers working within a district-wide agreement led by the District Prescribing Committee (DPC). Similarly, the section on Leadership (Standard 7), emphasises the role of the Chief Pharmacist within the hospital, but in the interest of integrated care should discuss how leadership in the system lies with the DPC. Finally, Standard 8 has too great an emphasis on the financial and business plan for
the hospital, rather than for the local health system as a whole – an approach which might lead to ‘cost shunting’ in some circumstances.

8. Given the above criticism, we would be interested to see whether the Royal Pharmaceutical Society would consider undertaking work on professional pharmacy standards for an integrated health system.

9. We have provided some additional comments in the tables below:

### Section A (Domain 1) – The 9 high level standards

<table>
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<tr>
<th></th>
<th>Question</th>
<th>YES</th>
<th>X</th>
<th>Not Sure</th>
<th>NO</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Do the 9 high level standards overall reflect the breadth of hospital pharmacy services delivered by acute, mental health, private and community healthcare providers?</td>
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<tr>
<td>2</td>
<td>Do the 9 high level standards overall represent high quality pharmacy services delivered by acute, mental health, private and community healthcare providers to enhance patient care?</td>
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<tr>
<td>3</td>
<td>Are the 9 high level standards listed sufficient in detail or too detailed? (Please provide brief further information or examples if you feel the 9 high level standards need to be further summarised)</td>
<td>Yes</td>
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<tr>
<td>4</td>
<td>Are there any high level standards you feel should be taken out?</td>
<td>No</td>
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<tr>
<td>5</td>
<td>Are there any standards you feel should be added?</td>
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As discussed above, standards that focused on the role of the hospital pharmacy at a whole system level and with a view to integrated care would be welcomed.

### Section B (Domain 1) – Dimensions and supporting statements

(Each standard is underpinned by a number of dimensions and supporting statements)

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<thead>
<tr>
<th></th>
<th>Question</th>
<th>YES</th>
<th>X</th>
<th>NO</th>
<th>Not Sure</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>In general, do the dimensions and supporting statements underpin the relevant high level standard?</td>
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<td>7</td>
<td>In general, are the dimensions and supporting statements listed?</td>
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</tbody>
</table>
8. Are there any dimensions or supporting statements you feel should be taken out?
No – but some should be re-phrased to make them more useful.

9. Are there any dimensions or supporting statements you feel should be added?
A dimension and supporting statements around the right of patients to take part in NHS research might be useful.

### Section A (Domain 2) – The 9 high level standards

10. Do the 9 high level standards overall reflect the breadth of hospital pharmacy services delivered by acute, mental health, private and community healthcare providers?

<table>
<thead>
<tr>
<th>YES</th>
<th>X</th>
<th>Not Sure</th>
<th>NO</th>
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</tr>
</thead>
</table>

If you answered ‘no’ or ‘not sure’, please tell us briefly why:

11. Do the 9 high level standards overall represent high quality pharmacy services delivered by acute, mental health, private and community healthcare providers to enhance patient care?

<table>
<thead>
<tr>
<th>YES</th>
<th>X</th>
<th>Not Sure</th>
<th>NO</th>
<th>NO</th>
</tr>
</thead>
</table>

If you answered ‘no’ or ‘not sure’, please tell us briefly why:

12. Are the 9 high level standards listed sufficient in detail or too detailed? (Please provide brief further information or examples if you feel the 9 high level standards need to be further summarised)

Yes

13. Are there any high level standards you feel should be taken out?
No

14. Are there any standards you feel should be added?
No

### Section B (Domain 2) – Dimensions and supporting statements

(Each standard is underpinned by a number of dimensions and supporting statements)

15. In general, do the dimensions and supporting statements underpin the relevant high level standard?

<table>
<thead>
<tr>
<th>YES</th>
<th>X</th>
<th>NO</th>
<th>Not Sure</th>
</tr>
</thead>
</table>
If you answered ‘no’ or ‘not sure’, please tell us briefly why:

16. In general, are the dimensions and supporting statements listed:
   
   Too detailed? □  
   Not detailed enough? □  
   Sufficiently detailed? X  

Please provide brief further information or examples to support your suggestion:

17. Are there any dimensions or supporting statements you feel should be taken out?
   No

18. Are there any dimensions or supporting statements you feel should be added?
   Yes – there is not enough attention given here to passing information to the patient’s GP. Nor is there mention of minimum amounts of medicines to be dispensed, and no clear method described of letting the patient/carer/GP know which preparations are for repeat prescriptions.

### Section A (Domain 3) – The 9 high level standards

19. Do the 9 high level standards overall reflect the breadth of hospital pharmacy services delivered by acute, mental health, private and community healthcare providers?
   
   YES X  
   Not Sure □  
   NO □  

If you answered ‘no’ or ‘not sure’, please tell us briefly why:

20. Do the 9 high level standards overall represent high quality pharmacy services delivered by acute, mental health, private and community healthcare providers to enhance patient care?
   
   YES □  
   Not Sure □  
   NO X  

If you answered ‘no’ or ‘not sure’, please tell us briefly why:
   The emphasis on leadership, systems and financial management at the hospital level should be augmented by standards that describe these at district or whole system level, as discussed above.

21. Are the 9 high level standards listed sufficient in detail or too detailed? (Please provide brief further information or examples if you feel the 9 high level standards need to be further summarised)

22. Are there any high level standards you feel should be taken out?
   No

23. Are there any standards you feel should be added?
   No
Section B (Domain 3) – Dimensions and supporting statements (Each standard is underpinned by a number of dimensions and supporting statements)

24. In general, do the dimensions and supporting statements underpin the relevant high level standard?

YES X NO □ Not Sure □

If you answered ‘no’ or ‘not sure’, please tell us briefly why:

25. In general, are the dimensions and supporting statements listed:

Too detailed? □ Not detailed enough? □ Sufficiently detailed? X

Please provide brief further information or examples to support your suggestion:

26. Are there any dimensions or supporting statements you feel should be taken out?

No

27. Are there any dimensions or supporting statements you feel should be added?

Dimensions and supporting statements would be welcome that describe leadership, systems and financial responsibilities at a district/whole system level, supporting integrated care and avoiding any tendency to ‘cost shunting’. This section would also benefit from discussion of accountability, performance management and audits.

10. As a last point, we would like to add that, whilst we appreciate being consulted on this standards document, we do wonder whether the timeframe allocated was entirely appropriate. Giving organisations four weeks to respond, in a period which included the Christmas and New Year holidays, has made it very difficult to consult widely and attract high quality comments. We would encourage the RPS to consider this carefully for future exercises of this nature.

11. We gratefully acknowledge the contributions of College experts on commissioning and prescribing in formulating this response

Yours sincerely

Professor Amanda Howe MA Med MD FRCGP
Honorary Secretary of Council