

# Analysis of inspection reports

A report for the General Pharmaceutical Council

## Summary Report

# Contents

1	Introduction .....	1
2	Methodology .....	2
3	Quantitative analysis findings .....	3
3.1	The relationships between overall pharmacy ratings and pharmacy characteristics .....	4
3.2	Performance against GPhC principles.....	6
3.3	Performance against the GPhC standards .....	10
4	Qualitative analysis findings .....	13
4.1	Emergent themes.....	13
4.2	Pre-identified themes .....	18
4.3	Pharmacy staff .....	20
5	Conclusions .....	20
6	Appendices .....	22



# 1 Introduction

The General Pharmaceutical Council (GPhC) regulates pharmacies in Great Britain, working to assure and improve standards of care for people using pharmacy services by:

- setting standards for registered pharmacies
- inspecting all pharmacies on a periodic basis
- responding to issues of concern raised about a pharmacy

Since the introduction of the current inspection processes in 2013, GPhC has inspected over 14,000 registered pharmacies in England, Scotland and Wales. Pharmacies are rated against the GPhC Standards for Registered Pharmacies<sup>1</sup> and inspectors document their evidence in inspection reports.

To further develop the GPhC's approach to regulating registered pharmacies, detailed analysis of these inspection reports was commissioned, and a summary of the results is presented here. All findings and details of the methodologies used can be found in the full report.

The aims of the analysis of inspection reports were to:

1. analyse key characteristics of registered pharmacies
2. extract common themes from inspection reports
3. understand how these characteristics and themes correlate to the performance of a pharmacy against the standards for registered pharmacies and test the strength of the relationships
4. identify examples of notable practice

To address these aims, both quantitative and qualitative data from inspection reports were analysed. The quantitative data included each pharmacy's overall inspection rating, ratings for the 5 principles, and ratings for the 26 standards. Figure 1 illustrates how these different ratings work together.

Performance against the ratings was also analysed by a range of pharmacy characteristics such as their sector (community, hospital or prison), their country or the deprivation level in the area in which the pharmacy was located.

The qualitative data were the evidence and judgements written by inspectors against each principle. These texts were analysed for the presence of cross-cutting themes that relate to pharmacy performance.

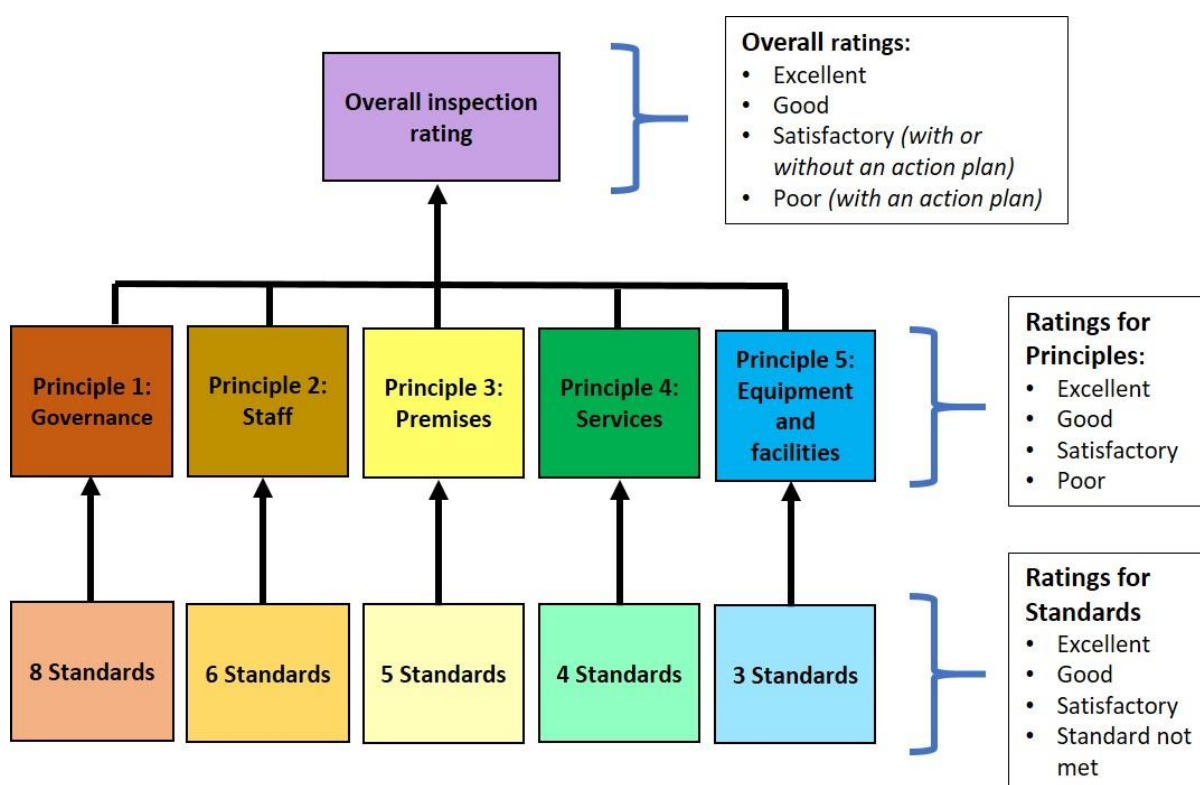
Solutions for Public Health (SPH) was commissioned to carry out this research. SPH is an NHS organisation, hosted by the Arden and Greater East Midlands Commissioning Support Unit, which specialises in supporting public sector and charitable organisations through services including independent evaluations, rapid evidence reviews and clinical audits.

---

1

[https://www.pharmacyregulation.org/sites/default/files/standards\\_for\\_registered\\_pharmacies\\_september\\_2012.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_registered_pharmacies_september_2012.pdf)

Figure 1: The relationships between overall pharmacy ratings, ratings for principles and ratings for standards



## 2 Methodology

The GPhC provided two data sets. One of these was the quantitative data set, giving data relating to 14,650 inspection reports (the most recent report for each pharmacy inspected). These did not include the names or addresses of the pharmacies. Instead, the GPhC allocated an inspection identification number to each report. As well as showing the overall rating for each pharmacy, the data set included the ratings given for each of the 5 principles and each of the 26 standards. The **characteristics of each pharmacy** were also included. These were:

- a) the sector the pharmacy operated in (community, hospital or prison)
- b) whether the pharmacy was part of a chain, and if so, how many pharmacies were within that chain
- c) whether the most recent inspection was announced or unannounced
- d) the country the pharmacy was located in (England, Scotland or Wales)
- e) whether the pharmacy was based in an urban or rural setting
- f) whether there had been any previous concerns<sup>2</sup> raised with the GPhC about the pharmacy and if so how many times this had happened
- g) the date(s) of any previous inspections, and the overall rating(s) given
- h) the inspector region (inspectors are based in one of four regions, East, West, North and South)
- i) the local authority and CCG or health board
- j) the deprivation level of the area where the pharmacy was located

<sup>2</sup> Concerns data refers to concerns investigated by the GPhC. Concerns closed at triage are not included.



Extensive **quantitative analyses** were carried out using this data, including calculating the numbers and percentages of pharmacies given each rating (overall rating and ratings for principles and standards), as well as the numbers and percentages of pharmacies by pharmacy characteristic, for each overall rating and principle rating. Statistical tests were used to assess whether any differences identified were statistically significant (for example, whether there was any statistically significant difference in the percentage of pharmacies rated as good between those in community, hospital and prison sectors). In addition, detailed statistical analyses were carried out to understand what, if any, relationships there might be, and the strength of any relationships, between the overall ratings given to a pharmacy, and the ratings for each principle and each standard.

A summary of findings relating to statistically significant differences identified in overall pharmacy ratings for each of the pharmacy characteristics (a) to (g) above is presented here. All findings, including those for characteristics (h) to (j), are given in the full report. Data tables containing numbers and percentages for all findings are presented in the appendices of the full report.

NB. Percentages are given to one decimal place. Where the value is below 0.1%, this is shown as <0.1%. Where graphs have been used, the small numbers of 'excellent' ratings will not be visible and reference should be made to the commentary or data tables in the appendices.

The second data set provided by the GPhC contained the complete text of each inspection report for a selected sample of 249 reports, from which detailed **qualitative analyses** were completed. These 249 reports were chosen as giving a representative sample of pharmacies in different countries, sectors and pharmacy chain sizes (including pharmacies not part of a chain).

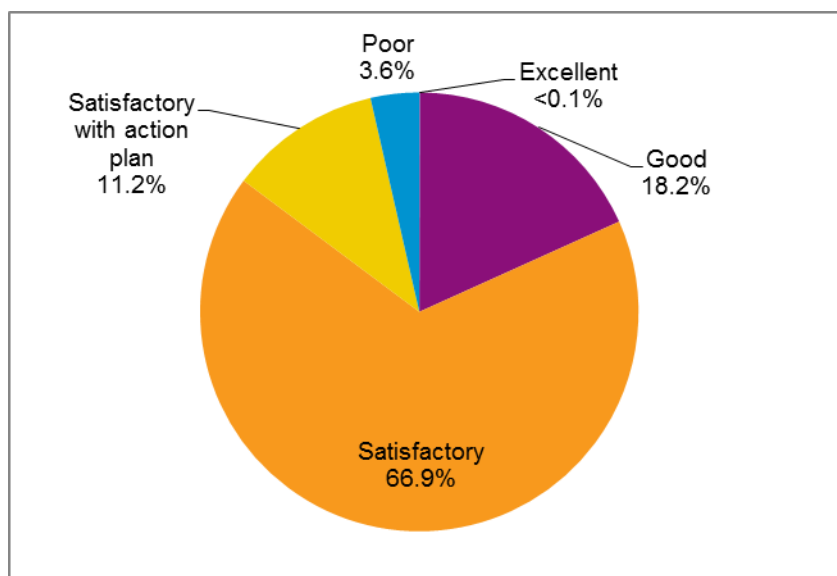
A higher proportion of pharmacies with overall ratings of excellent, good or poor were selected compared with pharmacies with a rating of satisfactory, as these were considered likely to offer the most learning. As was the case with the quantitative data set, the names and addresses of the pharmacies were not included with the dataset, and instead the GPhC allocated a unique identification number to each report.

This information was reviewed to identify any common themes which might relate to overall pharmacy performance. In addition, the GPhC was interested in understanding whether the specific themes of leadership, the demonstration of patient outcomes and innovation were present in inspection reports and related to pharmacy performance.

### 3 Quantitative analysis findings

The majority of pharmacies received an overall rating of satisfactory for their most recent inspection (66.9%), with 11.2% rated as satisfactory with an action plan, as shown in figure 2. This also shows that six pharmacies were rated as excellent overall (<0.1%), 18.2% were rated as good overall and 3.6% were rated as poor.

Figure 2: Percentage of reports by overall inspection rating (n=14,650)



The proportions of pharmacies as described by their characteristics is given here, and further illustrated in Appendix 1.

- a) **Pharmacy sector:** 97.5% of pharmacies were community pharmacies, 2.4% were hospital pharmacies and 0.2% were prison pharmacies
- b) **Size of pharmacy chain:**
  - 48.3% of pharmacies were part of a chain of over 100 branches
  - 22.3% were independent sole-traders
  - 15.5% were part of chains of 2-5 branches
  - 9.3% were part of chains of 6-25 branches
  - 4.6% were part of chains of 26-100 branches
- c) **Whether the most recent inspection was announced or unannounced:** 86.2% of pharmacies inspections were announced, and 13.8% were unannounced
- d) **Country:** 86.0% of pharmacies were located in England, 8.9% in Scotland and 5.1% in Wales
- e) **Setting:** 46.4% of pharmacies were based in an urban city or town, 41.1% in a major urban conurbation and 12.5% were in a rural location
- f) **Any previous concerns:** No concerns had been raised with the GPhC for 92.5% of pharmacies. One concern had been raised for 6.1% of pharmacies, and more than one concern had been raised for 1.4% of pharmacies
- g) **Previous inspections:** the majority of pharmacies (91.0%) have been inspected once since the introduction of the current inspection processes. 8.8% were inspected twice, 0.2% were inspected three times and <0.1% were inspected four times

### 3.1 The relationships between overall pharmacy ratings and pharmacy characteristics

The characteristics of the six pharmacies rated as **excellent overall** were:

- **all six** (100%) were **community pharmacies**
- **three** (50.0%) were **single independent pharmacies**, **one** (16.7%) was in a **chain of 2-5 branches**, and **two** (33.3%) were in **chains of 26-100 branches**
- **all six** (100%) received **an announced inspection**
- **four** (66.6%) were located in **Scotland**, and **two** (33.3%) in **England**



- **two** (33.3%) were based in **rural settings**, **two** (33.3%) in an **urban city or town** and **two** (33.3%) in a **major urban conurbation**

Because of the small numbers, differences shown above are not statistically significant.

With regard to the relationships between overall ratings and pharmacy characteristics, pharmacies more commonly received **good overall ratings**, and this difference was statistically significant, if they:

1. **were a hospital rather than community pharmacy**: **28.2%** of hospital pharmacies received an overall rating of good compared with 18.0% of community pharmacies (8.7% of prison pharmacies were rated as good overall, but this difference was not statistically significant)
2. **belonged to larger pharmacy chains of 26–100 or >100 branches**:
  - **24.3%** of pharmacy chains of 26-100 branches received overall ratings of good, as did -
  - **27.0%** of pharmacies in chains of over 100 branches
  - 9.9% of those in chains of 2-5 branches
  - 8.6% of pharmacies in chains of 6-25 branches
  - 7.6% of pharmacies which were single independents
3. **received an announced inspection**: announced inspections received a higher proportion of good overall ratings than unannounced (**19.1%** compared with 12.5%)
4. **were located in Scotland**: pharmacies in Scotland had a higher proportion of pharmacies with an overall rating of good (**40.1%**) than those in England (16.0%) or Wales (18.0%)
5. **were based in rural settings**: **22.4%** of pharmacy reports for pharmacies in rural settings were rated good overall, compared with 17.9% in urban settings, 19.1% in an urban city or town and 15.9% in a major urban conurbation
6. **had no previous concerns raised to the GPhC**: **5.2%** of pharmacies rated good overall had previous concerns raised with the GPhC, compared with 17.5% of pharmacies rated poor overall.

Pharmacies more commonly received **satisfactory with action plan or poor overall ratings**, and this difference was statistically significant, if they:

1. **were a community rather than a hospital pharmacy**: **15.1%** of community pharmacies received an overall rating of satisfactory with an action plan or poor compared with 4.0% of hospital pharmacies (no prison pharmacies were rated satisfactory with an action plan or poor overall)
2. **were single independent pharmacies, or part of smaller chains of fewer than 26 pharmacies**:
  - **23.3%** of single independent pharmacies received overall ratings of satisfactory with an action plan or poor, as did –
  - **21.2%** of pharmacies in chains of 2-5 branches
  - **18.7%** of those in chains of 6-25 branches
  - 9.8% of those in chains of 26-100 branches
  - 8.5% of those in chains of over 100 branches
3. **received an unannounced inspection**: **27.5%** of pharmacies with an overall rating of satisfactory with an action plan or poor were unannounced, compared with 12.8% of those which were announced
4. **were located in England or Scotland**: **15.0%** of pharmacies in England and **18.2%** of pharmacies located in Scotland received overall ratings of satisfactory with an action plan or poor compared with 6.1% of pharmacies located in Wales. More specifically, 5.3% of pharmacies in Scotland were rated poor overall, compared with 3.5% of those in England and 1.6% of those in Wales, highlighting greater polarity in overall ratings



for Scotland, as pharmacies in Scotland were also most commonly rated good. Conversely Wales had the least polarity in performance with a lower proportion rated good overall than Scotland and a lower proportion rated poor overall than either Scotland or England.

5. **had multiple concerns raised** with the GPhC: **1.9%** of pharmacies rated as satisfactory with an action plan and **4.8%** of those rated as poor overall had two or more concerns raised with the GPhC compared with 0.7% of those rated good overall.

When analysing results for pharmacies by whether they were located in urban or rural settings, no significant differences were found in the proportions of those rated satisfactory with an action plan or poor.

NB. All pharmacies required to complete an action plan following their inspection (i.e. those pharmacies with an overall rating of either satisfactory with an action plan or poor) were grouped together for these analyses. This is because it provided a larger number of reports, making results more statistically robust, and because results for these two groups were consistently more similar to each other than results for pharmacies with overall ratings of excellent, good or satisfactory with no action plan.

As noted, all six pharmacies with an overall rating of excellent were community pharmacies and four of the six were single independent pharmacies or part of a chain of between 2-5 branches. This wider range of performance for the smaller, community pharmacies shows that whilst the trend is for hospital pharmacies and larger pharmacies to perform better in inspections, smaller community pharmacies can demonstrate excellent performance.

### 3.1.1 Analysis of overall pharmacy ratings where the pharmacy was inspected more than once

When analysing overall ratings for the 1,322 **pharmacies inspected more than once**, 70.7% received the same rating in their most recent inspection as they had received in their previous inspection, 7.6% had a worse rating at their most recent inspection and 21.8% had an improved rating. The most common rating change was from satisfactory to good (165 pharmacies), followed by poor to satisfactory (116 pharmacies). Further details are shown in Appendix 2.

## 3.2 Performance against GPhC principles

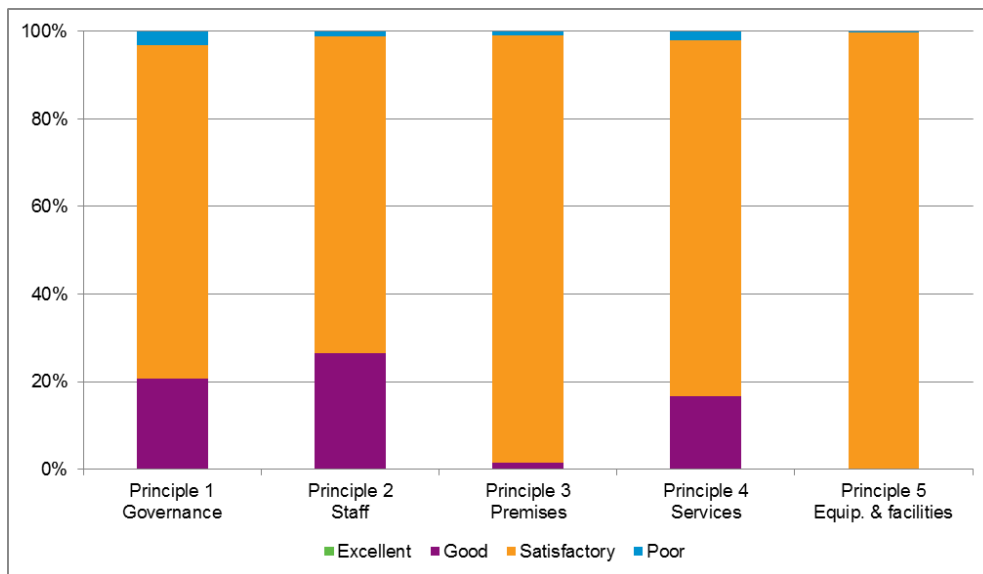
This section describes how pharmacies were rated by inspectors against each of the five GPhC principles, how overall ratings related to ratings for principles and how pharmacy characteristics related to ratings for principles.

### 3.2.1 Descriptive analysis of ratings for principles and the relationships with overall pharmacy ratings

Figure 3 shows the percentage of pharmacies by each principle rating (n=14,650).



**Figure 3: Percentage of inspection reports receiving each rating for each principle, for all inspection reports (n=14,650)**

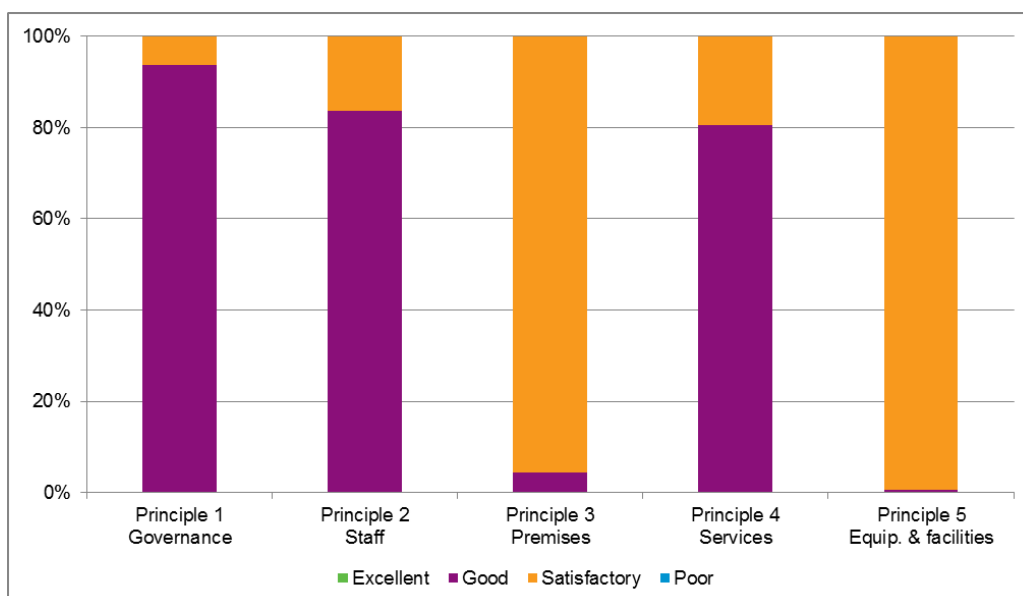


This shows that the majority of pharmacies were rated as satisfactory for all principles, although this ranged from 72.4% for Principle 2 (staff) to 99.6% for Principle 5 (equipment and facilities). Conversely, Principle 2 had the highest proportion of pharmacies rated as good (26.6%), and Principle 5 had the lowest (0.1%). More pharmacies were rated as poor for Principle 1 (governance), (3.1%), than for other principles. Principle 5 had the lowest proportion of pharmacies rated as poor (0.3%).

This shows that Principles 1 (governance), 2 (staff) and 4 (services) have greater variation in ratings, and so provide more helpful indicators of overall pharmacy performance than Principles 3 (premises) and 5 (equipment and facilities) which were almost always rated as satisfactory.

A similar picture is seen when looking at principle ratings of pharmacies with overall ratings of good (n=2,668), as shown in Figure 4.

**Figure 4: Percentage of inspection reports receiving each rating for each principle, where the overall pharmacy rating was good (n=2,668)**



The vast majority of pharmacies rated good overall received a good rating for Principles 1 (governance) (93.7%), 2 (staff) (83.7%) and 4 (services) (80.4%) suggesting these three principles are key drivers of good performance. Conversely, Principles 3 (premises) and 5 (equipment and facilities) were almost always rated as satisfactory for pharmacies with an overall rating of good (95.7% and 99.5% respectively) suggesting performance against these principles had less impact on the overall rating.

As was the case when analysing ratings by principle for all pharmacies (figure 3), Principles 3 (premises) and 5 (equipment and facilities) are least useful in predicting overall pharmacy performance. Principle 1 (governance) is the most useful, with 93.6% of pharmacies with an overall rating of good also rated as good for the principle.

Figure 5 shows performance by principle for all pharmacies with an overall rating of poor (n=525).

**Figure 5: Percentage of inspection reports receiving each rating for each principle, where the overall pharmacy rating was poor (n=525)**

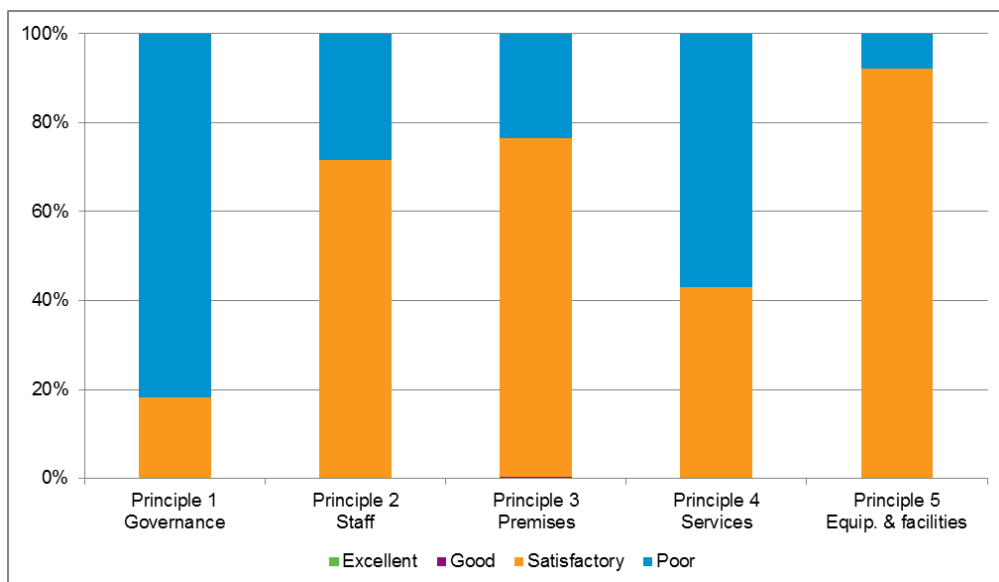


Figure 5 shows that performance for Principle 1 (governance) was most closely aligned to overall pharmacy performance where the overall rating is poor, with 81.7% of pharmacies also rated as poor for the principle. This was followed by Principle 4 (services) at 57.0%.

Results for Principles 2 (staff) and 3 (premises) were considerably lower, at 28.4% and 23.4% respectively. The lowest proportion of poor ratings was seen for Principle 5 (equipment and facilities), at 7.8%.

Taken together with the findings in figure 4, these findings suggest Principles 1 (governance) and 4 (services) are drivers of both good and poor performance whereas Principle 2 (staff) is a differentiator of good performance only.

The findings in figure 5 also show the proportions of pharmacies rated as satisfactory for the principle varying least for pharmacies rated as poor overall. The findings for all pharmacies (as shown in figure 3) and for pharmacies rated as good overall (as shown in figure 4) demonstrate a broader spectrum of performance against principles.



### 3.2.2 Statistical analysis of relationships between ratings for principles and overall performance

Further **statistical analysis** was carried out to understand the presence and strength of any relationships between overall pharmacy performance and performance against each principle and each standard, **using regression analysis and analysis of sensitivity and specificity**<sup>3</sup>. Both of these were limited to an extent by the fact that a pharmacy will always receive an overall rating of satisfactory with an action plan or poor if any standard is rated as not met, and they were used in conjunction to provide additional robustness to findings, to address this.

This statistical analysis showed that Principle 1 (governance) was consistently demonstrated to be the principle with the strongest influence on overall pharmacy performance, and performance under Principle 4 (services) was also shown to be influential on overall pharmacy performance. This aligns with the descriptive analysis presented in figures 3, 4 and 5, which show that these principles consistently have fewest ratings of satisfactory, and a broader range of ratings.

Principles 2 (staff) and 3 (services) were shown through statistical analysis to have some influence on overall performance. This similarly aligns with findings from descriptive analyses presented in figures 3 to 5, and figure 5 (pharmacies rated a poor overall) in particular, where it was shown that these principles are less often rated as poor when the overall pharmacy rating is poor than Principle 1 (governance) and Principle 4 (services).

Principle 5 (equipment and facilities) was the least helpful predictor of overall pharmacy performance both through statistical analysis and the descriptive analysis presented.

The findings that performance on Principles 1 (governance) and 4 (services) are the strongest predictors of overall performance suggests that the quality of pharmacy governance underpins the quality of performance in other areas of pharmacy management. Similarly, the quality of service provision will be influenced by the quality of performance in other areas of pharmacy management.

### 3.2.3 Analysis of relationships between ratings for principles and pharmacy characteristics

Analyses were also carried out to identify whether any of the pharmacy characteristics described were related to pharmacy performance against principles. Key findings, where differences between groups were found to be statistically significant, included:

- For **Principle 2** (staff), **hospital pharmacies** received a higher proportion of **good** ratings (51.9%) than both community and prison pharmacies (26.0% and 17.4% respectively).
- For **Principles 1** (governance) and **4** (services), pharmacies in **Scotland** achieved higher proportions of **good** ratings (42.4% and 36.5% respectively) than pharmacies

---

<sup>3</sup> Regression analysis provided a method for testing for the presence and strength of a relationship between overall ratings and ratings for each principle and each standard within these principles.

The sensitivity and specificity analyses were used to assess whether excellent or good ratings for principles or standards provided a potential means of indicating which pharmacies were more likely to be rated overall as excellent or good, and conversely, whether a satisfactory or poor rating for a principle or a satisfactory or not met rating for a standard provided a potential means of indicating which pharmacies were more likely to be rated overall as satisfactory with an action plan or poor.

in England (18.1% and 14.8% respectively) and Wales (26.2% and 13.6% respectively).

- For **Principles 1** (governance), **2** (staff) and **4** (services), pharmacies in **Scotland** also had the highest proportion of **poor** rated pharmacies, at 5.2%, 2.0% and 3.6% respectively. This compares with England, at 3.0%, 1.0% and 2.0% respectively and Wales at 0.7%, 0.5% and 0.9% respectively. This aligns with the polarity found in overall performance identified for Scotland.
- A higher proportion of **rural** pharmacies were rated **good** than pharmacies in urban settings for **Principles 1** (governance), **2** (staff) and **4** (services). Of rural pharmacies, 25.7% were rated as good for Principle 1, 29.2% for Principle 2 and 21.2% for Principle 4. This compares with 21.9%, 28.6% and 17.3% for pharmacies in urban cities and towns, and 17.9%, 23.5% and 14.5% for pharmacies in major urban conurbations.

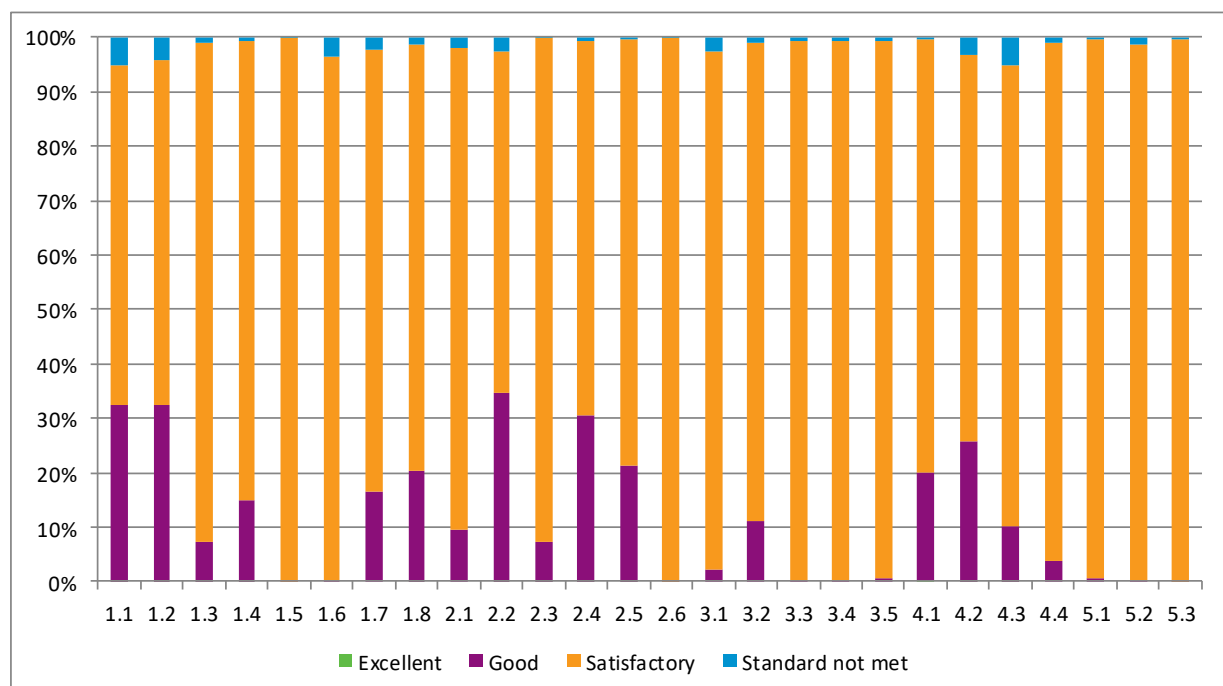
It is notable that all statistically significant differences between principle ratings for different pharmacy characteristics relate to Principles 1 (governance), 2 (staff) and 4 (services), aligning with previous findings suggesting that these principles are most helpful in predicting overall pharmacy performance.

### 3.3 Performance against the GPhC standards

#### 3.3.1 Descriptive analysis of ratings for standards and the relationships with overall pharmacy ratings

Within each principle there are between three and eight standards. Performance against each standard can be rated as excellent, good, satisfactory or standard not met. Figure 6 shows the percentage of ratings for standards for all 14,650 inspection reports in the dataset. A description of each standard is shown in Appendix 3.

Figure 6: The percentage of ratings for standards (n=14,650)



It can be seen from figure 6 that the rating most commonly given for each standard was satisfactory.

Standards with the **lowest numbers of pharmacies rated as satisfactory**, and therefore demonstrating a wider range of other ratings, so being **more helpful indicators of overall pharmacy performance**, were:

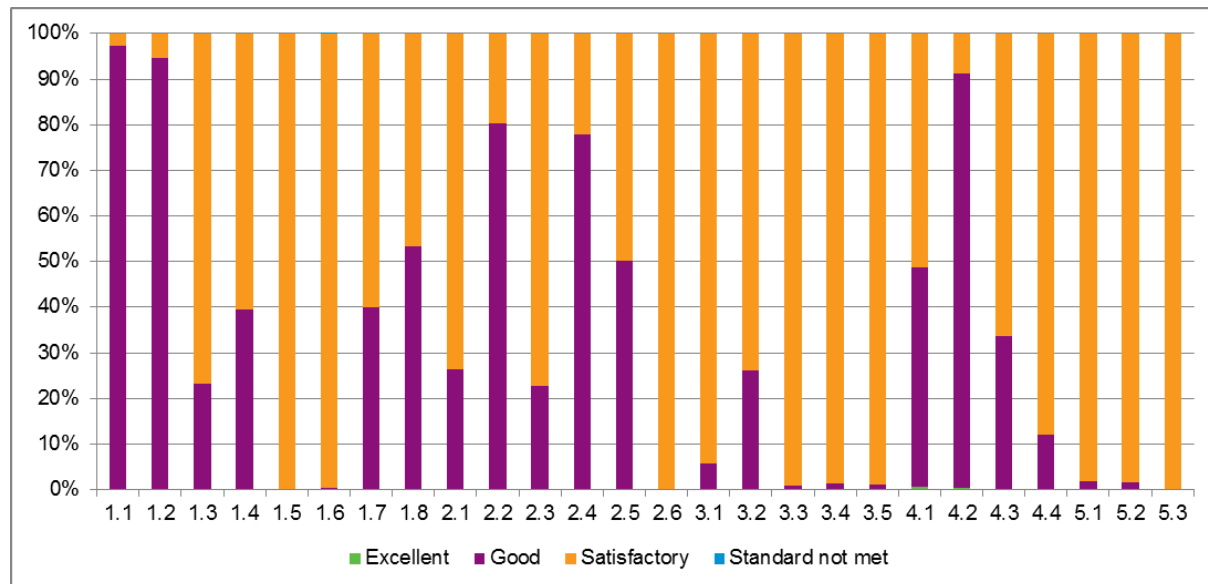
- Standard 1.1 (risk identification and management), with 62.5% of pharmacies rated as satisfactory
- Standard 2.2 (staff skills and qualifications) at 62.9%,
- Standard 1.2 (reviewing and monitoring the safety of services) at 63.3%,
- Standard 2.4 (culture) at 68.9%
- Standard 4.2 (safe and effective service delivery) at 71.1%.

The standards with the **highest numbers of pharmacies rated as satisfactory**, with each rated as satisfactory in over 99.0% of inspection reports, were:

- Standard 1.5 (insurance / indemnity arrangements)
- Standard 2.6 (appropriateness of incentives and targets)
- Standard 5.1 (availability of equipment and facilities)
- Standard 5.3 (privacy and dignity through equipment and facilities)

Ratings for standards where the **overall rating for the pharmacy was good** (n=2,668) are shown in figure 7.

**Figure 7: Ratings for standards where the overall rating for the pharmacy was good (n=2,668)**

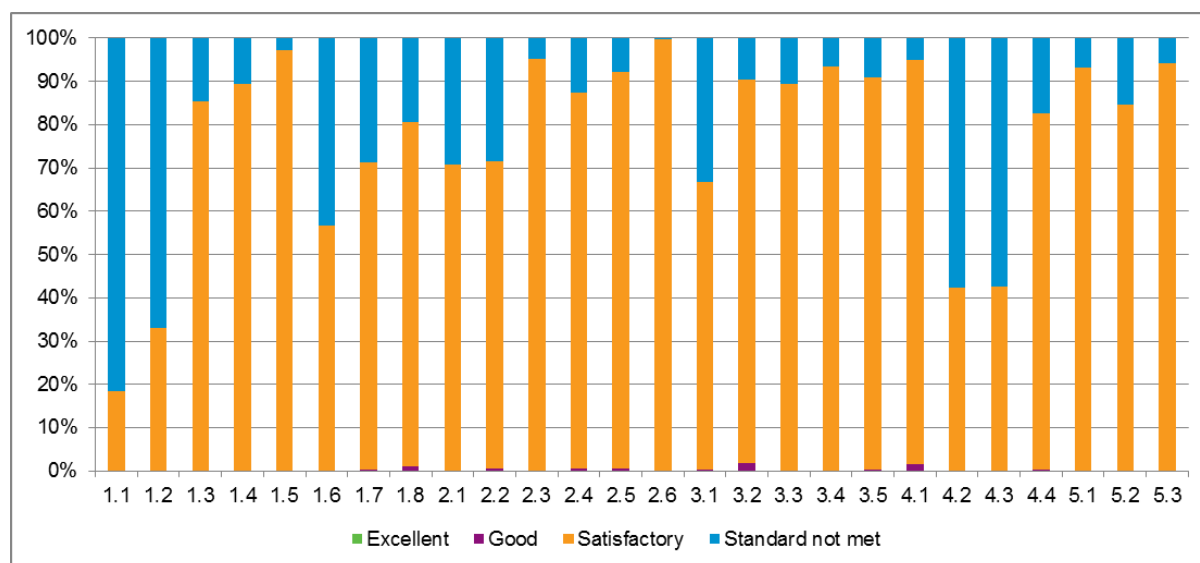


This shows that the **standards most often rated as good where the overall pharmacy rating was also good** were:

- Standard 1.1 (risk identification and management) at 97.2%
- Standard 1.2 (reviewing and monitoring the safety of services) at 94.6%
- Standard 4.2 (safe and effective service delivery) at 90.8%
- Standard 2.2 (staff skills and qualifications) at 80.4%
- Standard 2.4 (culture) at 77.8%

Ratings for standards where the **overall rating for the pharmacy was poor** (n=525) are shown in figure 8.

**Figure 8: Ratings for standards where the overall rating for the pharmacy was poor (n=525)**



Where the overall rating for the pharmacy was poor, **four standards were rated as not met for more than 50.0% of pharmacies**. Three of these were also standards rated most often as good when the overall pharmacy was rated as good. These were:

- Standard 1.1 (risk identification and management) which was rated as standard not met for 81.5% of pharmacies with an overall rating of poor
- Standard 1.2 (reviewing and monitoring the safety of services) at 66.9%
- Standard 4.2 (safe and effective service delivery) at 57.7%.

The fourth of these standards, Standard 4.3 (sourcing and safe, secure management of medicines and devices), was rated as not met for 57.3% of pharmacies rated as poor overall.

### 3.3.2 Statistical analysis of relationships between overall pharmacy ratings and ratings for standards

As was the case when analysing relationships between ratings for principles and overall ratings, further statistical analysis was carried out to understand the presence and strength of any relationships between overall pharmacy performance and performance against each standard, using regression analysis and analysis of sensitivity and specificity.

With regard to individual standards, Standards 1.1 (risk management) and 2.2 (staff skills and qualifications) were most strongly associated with overall pharmacy performance, followed by Standard 4.2 (safe and effective service delivery).

These findings align with the descriptive analysis, where Standards 1.1 (risk management), 2.2 (staff skills and qualifications) and 4.2 (safe and effective service delivery) were among those with the lowest proportions of standards rated as satisfactory for all pharmacies, and among those with the highest proportions of pharmacies rated as good where the overall pharmacy rating was good. Standards 1.1 and 4.2 were also among those with the highest proportion of pharmacies rated as not met where the overall pharmacy rating was poor.



### 3.3.3 Considerations in interpreting findings

When seeking to understand why certain standards have a wider range of ratings given than others, and so might be more useful as indicators of overall pharmacy performance, it is noted that **a number of standards appear to be more binary in nature**. Consequently, there was less evidence that these standards had been exceeded which led to a **narrower range of potential responses**.

For example, Standard 1.5 relates to the presence of appropriate indemnity or insurance arrangements. This is something that the pharmacy will either have or not have in place. Similarly, there are a number of standards for which it is less common to demonstrate good or excellent performance. An example is Standard 3.3 (hygiene of premises), where a pharmacy would be rated as satisfactory when their premises are demonstrated to be clean and hygienic, and there is less scope for pharmacies to improve their performance beyond this.

Such standards will only rarely be given a rating other than satisfactory or not met. These standards include:

- Standard 1.5 (insurance/indemnity arrangements)
- Standard 1.6 (record keeping)
- Standard 2.6 (appropriateness of incentives and targets)
- Standard 3.3 (hygiene of premises)
- Standard 3.4 (security of premises)
- Standard 3.5 (appropriateness of environment)
- Standard 5.1 (availability of equipment and facilities)
- Standard 5.2 (sourcing and safe, secure management of equipment and facilities)
- Standard 5.3 (privacy and dignity through equipment and facilities)

All standards shown here were rated as satisfactory for 98.0% or over of pharmacies.

That all three standards within Principle 5 (equipment and facilities) were primarily rated as satisfactory aligns with the finding that this principle is the least helpful in predicting overall pharmacy performance.

Other standards have a **wider range of ratings**, and have been demonstrated to be more helpful indicators of overall pharmacy performance. These include Standards 1.1 (risk management), 2.2 (staff skills and qualifications) and 4.2 (safe and effective service delivery), which were each rated as satisfactory for a maximum of 71.1% of pharmacies.

## 4 Qualitative analysis findings

### 4.1 Emergent themes

The term 'themes' as used here relates to factors which are cross-cutting, with relevant evidence found for more than one principle, and which appear to have an effect on the overall rating for a pharmacy. Seven themes emerged through a 'bottom up' analysis of reports:

1. **governance** – whether the arrangements through which pharmacy services and operations are managed are thorough and robust
2. **a proactive approach** – the degree to which systematic processes are in place to anticipate and mitigate against potential issues, and the extent to which there is a willingness and ability to learn, develop and change





3. **efficient processes** – the degree to which the pharmacy is well organised and using efficient processes across a range of activities
4. **responsiveness** – the extent to which the pharmacy demonstrates the ability and willingness to positively respond to customer and patient needs
5. **added value** – offering a wide range of often innovative services in response to the needs of the local community
6. **customer and patient focus** – the extent to which the pharmacy demonstrates that customers and patients are at the heart of pharmacy activities
7. **lack of key knowledge and a failure to learn** – whether staff lack key knowledge needed to allow them to carry out tasks safely and effectively at all times, and opportunities for organisational learning are not fully used

These themes are interrelated. For example, a proactive approach may facilitate the implementation of efficient processes, which will be underpinned by strong governance. Similarly, a passive approach may underlie a failure to learn and be a contributory reason to a lack of key knowledge.

Therefore, while examples of evidence for each theme are given here, and these have been attributed to the most appropriate theme, they may also have relevance to other themes.

A brief summary of each theme is given below. Further examples of good and poor practice against each of the themes can be found in the full report.

### The emergent theme of governance

Whilst Principle 1 (governance) tests the extent to which governance arrangements safeguard the health, safety and wellbeing of patients and the public, governance can also be seen more broadly as the arrangements through which pharmacy services and operations are managed. This may encompass a range of activities, for example ensuring that record keeping is thorough and up-to-date, and reflective of the needs of the organisation, that audit trails are maintained where appropriate, and that processes are in place to support effective communication (verbal and written) across teams, so that staff are up-to-date with all information needed to carry out their roles safely and effectively.

**Strong governance** was consistently demonstrated where pharmacies are rated excellent or good for the relevant principle, suggesting that strong governance is a driver of good performance. Typical examples include regular reviews of near misses, managing and mitigating potential risks, and ensuring staff were aware of information governance issues with strategies in place to avoid breaches. Other examples include ensuring that all relevant training was undertaken in a timely way and documented, and that all staff were aware of their own and other's roles and responsibilities.

Issues typically relating to **weaker governance** include a lack of training, SOPs not recorded as having been updated recently, or near miss logs not being regularly used. Where a small number of relatively minor issues were noted, the pharmacy was likely to be rated satisfactory overall. Where a pharmacy had an action plan in place, and particularly where it was rated poor overall, more serious issues would be noted, such as significant failures in maintaining and adhering to dispensing SOPs, and issues would be likely to be described across a range of principles.





## The emergent theme of a proactive approach

A **proactive approach** encompasses having systematic processes in place to anticipate and mitigate against potential issues, such as monitoring and managing risks and actively managing staffing levels to match demand. It will also be demonstrated through willingness and ability to learn, develop and change that is embedded within the culture of the pharmacy. The converse of a proactive approach is a **passive approach**.

**Examples of a proactive approach** included thorough induction training, planned training to allow staff to expand their areas of responsibility, actively consulting with staff to seek suggestions on how to improve services, and changing the layout or size of areas of the pharmacy premises in anticipation of changes in demand.

A **passive approach** could be demonstrated by clear gaps in training provision, failing to identify and manage risks such as not removing medicines from shelves when they were close to their expiry date and not addressing weaknesses in dispensing procedures. Cleaning rotas might be in place but not adhered to, with no action taken to address this.

A **proactive approach** was a recurring feature associated with overall ratings of good or excellent. Conversely, a consistent theme identified among pharmacies rated poor in particular, and in pharmacies rated satisfactory with an action plan overall, was a **passive approach**, whereby issues which should have been identified and acted on were not. In many cases, relatively small changes would be needed to address these. For some pharmacies, particularly those rated poor overall, a number of examples of a passive approach might be demonstrated within the same inspection reports.

## The emergent theme of efficient processes

Where pharmacies have **efficient processes** in place, staff can make the best use of their time, allowing them to focus more on 'value added' activities. Good organisation also means that the scope for error is reduced, as are risks. Pharmacies with excellent or good overall ratings were consistently found to demonstrate being well organised and using efficient processes across a range of aspects of their activities.

**Efficient processes** can be demonstrated in a range of ways, such as good processes for dispensing which are carried out in a well organised and uncluttered environment, with staff able to focus on particular tasks without interruption. Many reports noted using visible cues to clarify processes for staff, for example through the use of coloured baskets to separate medicines, the colour coding of files or the use of clear plastic bags so that contents were visible. Similarly, posters, laminated cards or similar could be used to highlight important information and support good communication.

Evidence could be given showing good communication, both formal and informal. For example, inspectors might note open and supportive conversations between staff, and evidence could be given of clarity of roles and responsibilities, with all staff being aware of their own and others' scope of practice. Facilities and equipment would be well maintained and appropriate to requirements, and therefore available when needed. Inspectors might refer to pharmacies as being busy but retaining an atmosphere of calm, indicating that efficient processes were in place.

Examples of **less efficient processes** included SOPs being missing or out of date, staff not being aware of where resources they needed were stored, or work areas being cluttered, and staff could be observed to be 'fire-fighting' or wasting time on unnecessary activities.



While pharmacies rated satisfactory with an action plan or poor overall would also demonstrate good practice related to some or many of the above, those rated excellent or good were more likely to consistently demonstrate good practice across more of the factors related to efficiency, with fewer issues noted.

### The emergent theme of responsiveness

**Responsiveness** is the ability and willingness of pharmacies to positively respond to customer and patient needs. As such, this is closely allied with the theme of customer and patient focus, and reflects the specific dimension of responding positively and effectively to prompts for change. These prompts for change may come from interactions with individual customers, formal feedback via customer surveys or complaints, or the identification of issues by staff.

Pharmacies which demonstrate a **responsive approach** react positively, promptly and effectively to information providing prompts for action, such as customer feedback, staff views or reviews carried out. Examples included improving health promotion materials available, providing more training for staff, expanding the waiting area to include additional seating and changing working patterns to reduce queues, in response to customer feedback.

A **lack of responsiveness** could be shown by failing to respond to customer and patient needs. Examples included pharmacies where patient complaints had not been addressed. Issues raised by staff could also not be attended to, as seen in a pharmacy where agreed plans to recruit staff were not acted on.

Consistent evidence of a **responsive approach** was found in pharmacies with an overall rating of excellent or good, whereas a **lack of responsiveness** was noted more frequently in pharmacies with lower ratings.

This theme differs from a proactive approach in that a responsive approach demonstrates where changes are made in response to feedback.

### The emergent theme of customer and patient focus

Customers and patients are at the heart of pharmacy activities. A **strong customer and patient focus** could be illustrated by staff considering and responding to the needs of individual customers or patients, or ensuring that facilities or services specifically considered the needs of all customers or patients, or particular sub-groups.

**Examples of a strong customer focus** included staff noting particular compliance or safeguarding issues relating to an individual, and intervening to respond to these and identifying customer and patient needs through mechanisms such as surveys or mystery shoppers. Alternatively, they could relate to actively addressing a wide range of communication issues, for example for those with hearing or sight issues, or non-English speakers. Patient needs, including the need to retain privacy and confidentiality, were reflected in the design and use of premises and facilities.

**Weaker customer focus** could be demonstrated through low levels of staff training and awareness in safeguarding, failures to address issues which caused regular delays in serving customers and patients or not ensuring that consulting rooms were accessible and clear of clutter. In some cases, staff shortages directly affected customer service leading to dissatisfied customers.



This theme is related to the themes of a proactive approach and responsiveness, applied specifically to the interface with customers and patients.

As with other themes, a stronger customer and patient focus was most consistently noted in pharmacies rated excellent or good overall, although it was also demonstrated albeit to a lesser extent in pharmacies with lower ratings. Examples of a weaker customer focus could be seen in poorer performing pharmacies.

### The emergent theme of added value

**Added value** relates primarily to the range and quality of services offered by pharmacies. In this regard, it differs from other emergent themes, in that it is not cross-cutting across principles, but rather is demonstrated primarily through evidence for Principle 4 (services). These **value-added activities** may demonstrate the provision of services which are driven by local needs, developed and delivered in partnership with other organisations, often in innovative ways, and in addition to a wide range of services more commonly provided by pharmacies.

This theme is typically a strong differentiator of high performance as the majority of examples relate to pharmacies with an overall rating of excellent, and a small number of examples were also identified in pharmacies with an overall rating of good. Examples of added value were not identified in relation to pharmacies with lower overall ratings than excellent or good,

This theme is related to the themes of customer and patient focus, and responsiveness, but differs in that changes to services or activities demonstrated are at a larger scale.

**Examples of value-added services** demonstrated include the following, with more examples given in the full report:

- a new dementia service, including: developing a toolkit including training material for pharmacy staff, details of agencies to signpost patients to, and an audit to undertake in the pharmacy to assess its 'dementia friendliness'; setting up of a weekly drop-in session for patients, carers and families to access support and signposting, and delivery of training to local businesses
- the proactive identification of patients at risk of stroke, Type II diabetes or undiagnosed chronic obstructive pulmonary disorder (COPD), with follow up signposting to diagnostic testing and appropriate services
- instigation of a delivery service targeted at young carers

The added value services offered naturally varied, reflecting the fact that they were established to meet local needs, but may offer learning for other pharmacies. As the examples identified were drawn primarily from pharmacies rated excellent overall, with some examples also relating to pharmacies with a good overall rating, these pharmacies will also be performing well in other aspects of their work. It may therefore be the case that the ability to offer added value services depends on factors such as strong governance, adequate numbers of appropriately skilled and trained staff and efficient processes, giving the capability and capacity from which to build.

### The emergent theme of a lack of key knowledge and a failure to learn

Whereas the theme of added value relates primarily to better performing pharmacies, the theme of **a lack of key knowledge and a failure to learn** relates primarily to pharmacies



rated as **poor overall**, and is seen as an underlying issue differentiating pharmacies performing less well from strongly performing pharmacies.

While many of the examples of this lack of key knowledge and a failure to learn could also apply to other themes, they are collated together here as they typify the range of issues which have been noted within less-well performing pharmacies, and which are systemic to poor performance. For this reason, there is a degree of cross-over with other themes.

Where staff lack key knowledge needed to allow them to carry out tasks safely and effectively, risks can arise and/or time can be wasted. Evidence of a **lack of key knowledge and a failure to learn** included:

- training being insufficient or out-of-date, meaning that staff did not have all the information they needed to carry out their roles safely and effectively
- lack of clarity about aspects of processes, for example where SOPs were out-of-date or incomplete, or processes were not in place to ensure that staff were fully aware of them
- a failure to share learning, for example from near misses, meaning that issues might be repeated
- one person having expertise in an area, with no cover available when they were absent as other staff lacked their specialist knowledge
- lack of knowledge about how to use equipment, leading potentially to errors and/or delays
- insufficient communication between staff, leading to a lack of continuity, for example with important patient information not being passed onto staff at handover times

The examples relating to a lack of key knowledge and a failure to learn were concentrated among those pharmacies rated poor overall, and were very much in the minority. However, they merit particular attention due to the ability to learn from these failings and to prevent their occurrence in the future.

## 4.2 Pre-identified themes

As noted, the GPhC wished to understand what evidence might be presented in inspection reports relating to the themes of **leadership**, the **demonstration of patient outcomes and innovation**, and what influence these might have on overall pharmacy performance. Elements of evidence relating to these pre-identified themes might also apply to particular emergent themes.

### The pre-identified theme of leadership

It might be assumed that the performance of a pharmacy is strongly related to the quality of leadership, most directly via the pharmacy manager/Responsible Pharmacist, but also from other senior staff in the pharmacy, and where the pharmacy is part of a chain, from relevant individuals within the chain's management structure. When reviewing inspection reports a range of examples were found which demonstrate the influence of leadership on pharmacy performance.

Examples of **strong and effective leadership** were noted most consistently for pharmacies with overall ratings of excellent or good, although examples were also seen where pharmacies were rated satisfactory or satisfactory with an action plan overall. Pharmacies with an overall rating of poor were most likely to demonstrate instances where the quality of leadership could be improved.



As might be expected, **examples of strong leadership** encompassed a wide range of activities, from ensuring that there were adequate numbers of staff whose workload was well managed, and who were well trained to carry out their tasks, to ensuring that effective processes were in place, supported by up-to-date SOPs and that communication was open and effective. Premises could be demonstrated to be well maintained, clean, tidy and well organised, with all appropriate equipment in place.

**Weaker leadership** might be exemplified through issues arising but not being appropriately managed, such as failures to ensure that premises were properly cleaned or not providing appropriate training for staff.

The theme of leadership is related to all identified emergent themes as providing a potential explanation for good or poor performance.

It should be noted that the quality of leadership is not explicitly assessed through the GPhC standards, and therefore while some examples identified directly referenced the influence of a person in a leadership role, many examples have been assumed or imputed to be related to leadership. Conclusions drawn here must therefore be treated with some caution.

### The pre-identified theme of innovation

The GPhC encourages innovation, stating in its Principles of an Excellent Pharmacy that “to be considered as excellent, a pharmacy will need to not only meet all the standards consistently well, but also demonstrate innovation in the delivery of pharmacy services with clear positive health outcomes for its patients.”

Innovation can be implemented at different scales, from small, incremental changes to large scale ‘step changes’ in practices. Successful innovation depends on being able to take a good idea for positive change and implement this effectively, identifying and mitigating potential risks and ensuring that all involved in implementing the change are aware of, able and motivated to carry out their personal responsibilities. Good communication, effective team work and strong leadership all help to facilitate innovation, as does a clear requirement for change, for example to address known problems.

Examples of **larger scale introduction of innovative services** were identified most often in those pharmacies with excellent or good ratings for relevant principles, suggesting that innovation may be associated with better performance. As explored in the emergent theme of added value, a key differentiator of pharmacies rated excellent overall was their introduction of innovative new services, working closely with external partners.

**Smaller, incremental changes** were also identified more often in pharmacies with excellent or good ratings overall. Those with satisfactory ratings demonstrated these, smaller, more incremental changes more often than the larger scale introduction of change. The nature of innovations described for pharmacies where the principle was rated satisfactory were more likely to involve changes which might be innovative to that pharmacy but could be found in other pharmacies. Examples of **difficulties encountered when implementing change** were found for some pharmacies rated as poor for the relevant principle.

### The pre-identified theme of demonstrating outcomes for patients

One of the core aims of the GPhC standards is to assure **positive patient outcomes** by encouraging best practice, particularly around managing risk. Examples of outcomes were



demonstrated in a number of inspection reports. As might be anticipated, the majority of examples of patient outcomes identified arise in relation to Principle 4 (services), as this is where examples of direct interactions between pharmacy staff and customers and patients are most likely to be described. These might be direct outcomes, or issues which could influence these.

More **evidence of positive outcomes** was found in inspection reports where the pharmacy was rated excellent or good, and evidence describing potential or actual issues that might result in **poor outcomes** for patients was found more commonly in those rated poor. This suggests that the demonstration of outcomes for patients is related to the performance of the pharmacy.

Examples of **positive patient outcomes** included the effective signposting of customers or patients presenting at the pharmacy with health issues to relevant services, leading to their prompt treatment, and working closely with individual patients or cohorts of patients to resolve compliance issues. Examples of the **potential for adverse patient outcomes** were also demonstrated, for instance where staff were not aware of or did not follow proper procedures for dispensing.

The pre-identified theme of the demonstration of outcomes for patients relates particularly closely to the emergent theme of customer and patient focus, in that a customer and patient-centred approach is likely to result in positive outcomes for patients.

### 4.3 Pharmacy staff

The importance of pharmacy staff is recognised within the GPhC inspection process, particularly through the inclusion of Principle 2 (staff), which allows inspectors to assess the extent to which staff are supported, enabled and encouraged to carry out their roles safely and effectively, and through the remaining principles which focus on the enablers for safe and effective service delivery by staff.

The influence of pharmacy staff has also been illustrated by the themes identified above, which frequently describe the ways in which staff deliver services. Where there are sufficient staff, suitably trained and with the appropriate support in place, including governance structures, they are better able to work efficiently, act proactively and demonstrate a strong customer and patient focus, responding to their needs. They are more likely to suggest and implement innovative ideas for improvement. Together these are likely to result in more examples of positive patient outcomes. In this way, the quality of pharmacy staff underpins the themes identified and can therefore be seen to play an important role in the pharmacy's performance.

## 5 Conclusions

This combined quantitative analysis of 14,650 pharmacy inspection reports and qualitative analysis of 249 reports identified the principles and standards that are most closely linked to overall pharmacy performance, as well as a number of key characteristics and themes that are particularly related to performance.

The quantitative analysis found that Principles 1 (governance), 2 (staff) and 4 (services) are key drivers of pharmacy performance with Principles 1 (governance) and 4 (services) influencing both good and poor performance and Principle 2 (staff) being a differentiator of good performance only. This suggests that most pharmacies are either meeting or exceeding GPhC's standards relating to staff, and that poor performance is more often associated with wider issues that underpin effective systems such as governance and service delivery.





Significant overlap was found between the standards and principles that were found to have the most influence on performance through quantitative analysis and the themes that emerged as important from the qualitative analysis. For example, as mentioned above, the principles that are most closely linked to performance were Principles 1 (governance), 2 (staff) and 4 (services). The standards that are most closely linked to performance (risk identification and management, safety of services, staff skills and qualifications, staff culture and safe and effective service delivery) all fall within these principles.

Similarly, the themes that emerged from the qualitative analysis as being most closely linked to pharmacy performance (governance, a proactive approach, efficient processes, responsiveness, customer and patient focus, added value, and conversely, a lack of knowledge and a failure to learn) could all also be mapped to the same principles (governance, staff and services) and to the same standards of risk identification and management, safe and effective service delivery, skills and qualifications and staff culture. The importance of staff to the safe and effective delivery of pharmacy services, together with the enabling support for this, has been recognised.

This high degree of overlap in the findings of the different strands of this evaluation strengthens the conclusion that a focus on these aspects of pharmacies (particularly a focus on governance and processes, staff, skills and culture and hence the safety, effectiveness and patient-centred approach to services) is likely to have the greatest impact on improving overall pharmacy performance nationally. This does not mean that the other principles that are assessed during pharmacy inspections, principles relating to premises, equipment and facilities, are not important. It appears, however, that a higher proportion of pharmacies have reasonable premises, equipment and facilities and hence in general focusing on improving these will have less impact on overall pharmacy performance nationally, although it may be important in some individual pharmacies.

The analysis found that there are good rated pharmacies of all types (for example hospital and community pharmacies, independent and small and large chains, rural and urban). All six excellent rated pharmacies were community pharmacies and four of these were independent pharmacies or from small chains of 2-5 branches. None of those rated excellent were from the largest pharmacy chains with over 100 branches.

Although it can be seen that smaller and community pharmacies can demonstrate excellent performance, it is of note that a statistically significantly higher proportion of pharmacies linked to hospitals, pharmacies belonging to larger pharmacy chains (of 26 or more pharmacies), pharmacies in Scotland and pharmacies located in rural settings were rated good (compared to those in other settings). A statistically significantly higher proportion of community pharmacies (compared to hospital and prison pharmacies), single independent pharmacies and pharmacies within smaller chains (compared to those within larger chains), and pharmacies in England and Wales required an action plan following their inspection.

It is not possible from the data available to be confident as to the reasons for this, but given the results of this analysis which suggest that governance, staff and services are important, it may relate to issues such as leadership, governance and staffing and perhaps a greater ability to ensure a wider range of safe, efficient and effective services in some types of pharmacies. Potentially there are issues in some urban areas and in some of the smaller community pharmacy chains and independent community pharmacies that make it more difficult, for example, to establish good governance processes or perhaps difficulties in recruiting staff and maintaining the stable staff base required for this. These are areas that the GPhC may wish to explore in more detail through further research.

## 6 Appendices

### Appendix 1: Pharmacy characteristics

Figure 9 shows the proportion of pharmacies by sector. It can be seen that community pharmacies form the majority (n=14,279), followed by hospital pharmacies (n=347) and prison pharmacies (n=23)<sup>4</sup>.

Figure 9: Proportion of pharmacies by sector

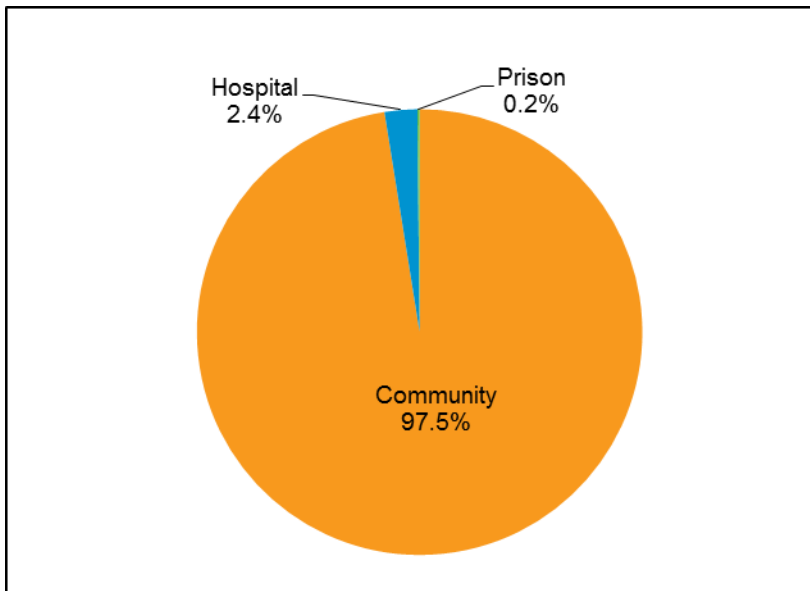
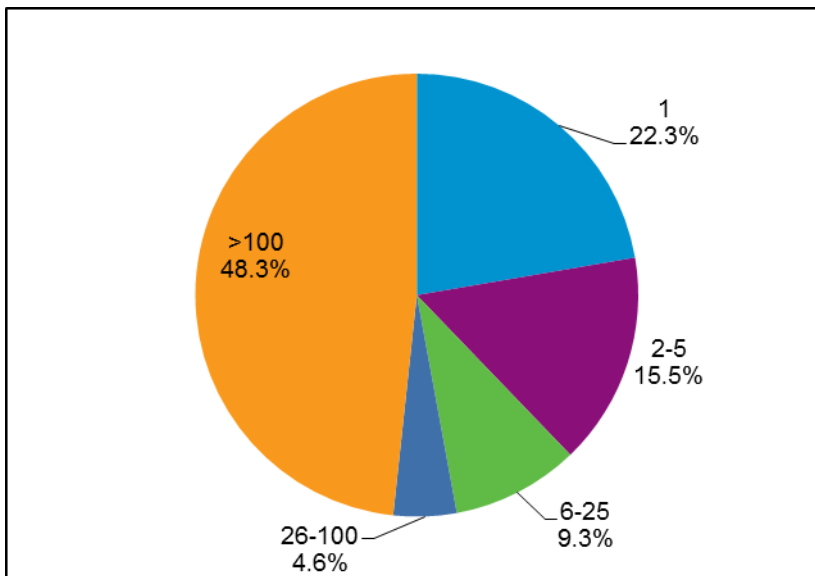


Figure 10 shows the proportion of pharmacies by the size of the pharmacy chain. The largest proportion are chains of over 100 branches (n=7,075), followed by independent sole traders (n=3,265), chains of 2-5 branches (n=2,274), chains of 6-25 branches (n=1,362) and chains of 26-100 branches (n=674).

Figure 10: Proportion of pharmacies by size of pharmacy chain



<sup>4</sup> Please note that one pharmacy was classed as 'other – temporary' and is excluded from Figure 9.



Figure 11 gives the proportion of pharmacies by whether the inspection was announced or unannounced. The majority of inspections were announced (n=12,627), and 2,023 inspections were unannounced.

Figure 11: Proportion of pharmacies by whether the inspection was announced or unannounced

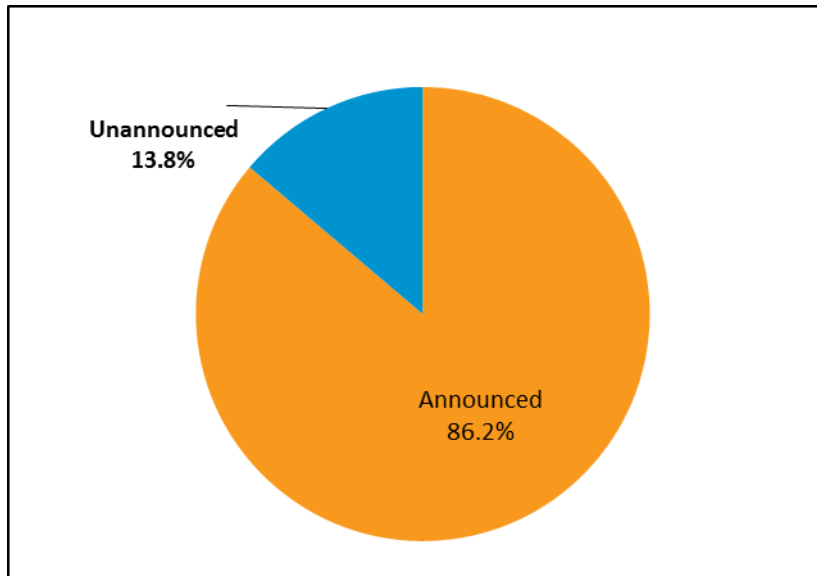


Figure 12 shows the number of pharmacies by country. It can be seen that most pharmacies are located in England (n=12,598), followed by Scotland (n=1,300) and Wales (n=752).

Figure 12: Proportion of pharmacies by country

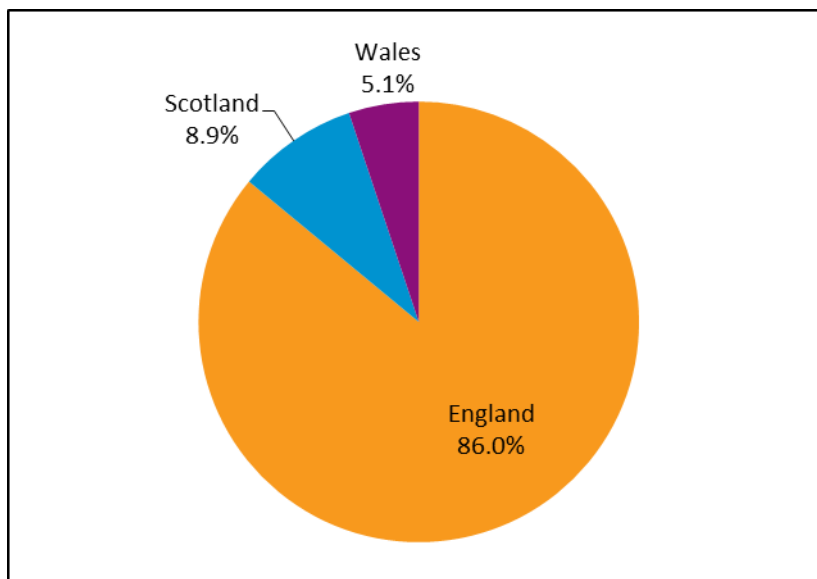


Figure 13 shows the number of pharmacies by setting, and it can be seen that the largest proportion are located within an urban city or town (n=6,798), followed by pharmacies located in a major urban conurbation (n=6,015) and those in rural locations (n=1,837).

Figure 13: Proportion of pharmacies by setting

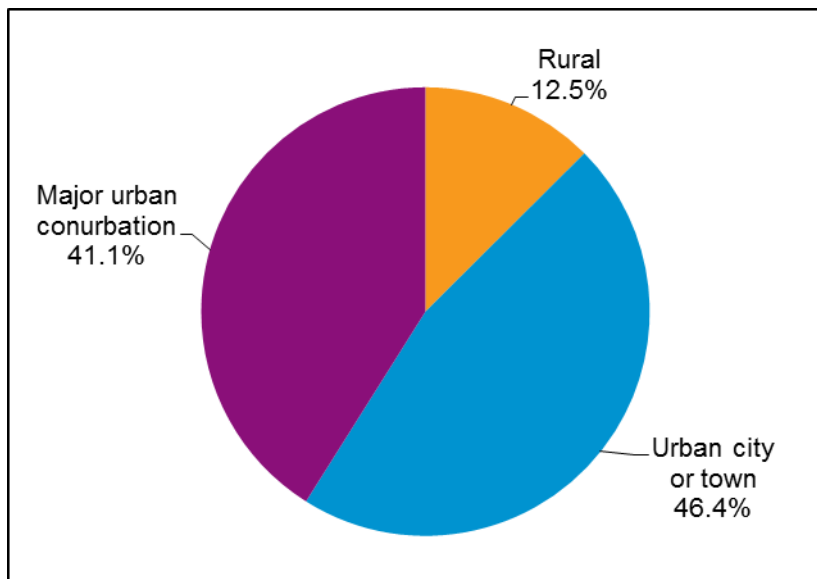
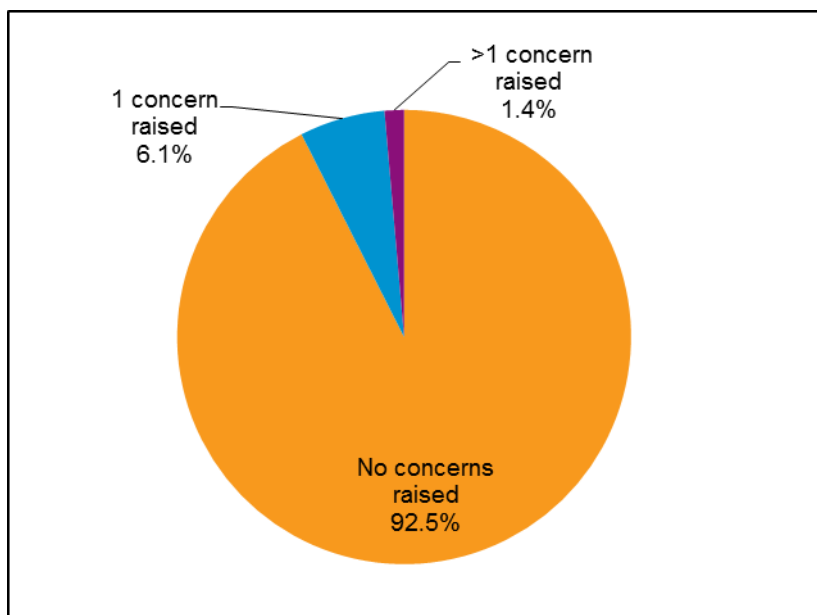


Figure 14 gives the proportion of pharmacies by how many (if any) concerns have been raised with the GPhC. This shows that for the majority of pharmacies, no concerns have been raised (n=13,556). One concern has been raised for 892 pharmacies, and more than one concern has been raised for 202 pharmacies.

Figure 14: Proportion of pharmacies by how many concerns have been raised with the GPhC





## Appendix 2: Comparisons between overall ratings for the most recent and any previous inspections

Table 1 shows that of the 1,322 pharmacies that had been inspected more than once, **70.7% received the same overall rating** in their most recent inspection as they had received in their previous inspection. Of the 1,322 pharmacies that were inspected more than once, **100 (7.6%) had a worse rating** at their most recent inspection and **281 (21.8%) had an improved rating**. The most common rating change was from satisfactory to good (165 pharmacies). None of the pharmacies with an excellent rating overall had been inspected more than once. This suggests that overall there is a slight improvement in performance over time, but that some pharmacies performance has worsened since their last inspection and therefore there remains scope for further improvements.

**Table 1: Number and percentage of pharmacies with a change of ratings between the most recent and previous inspections**

Rating change	Direction of Change	Number of pharmacies	% of pharmacies
Excellent to Excellent	↔	-	-
Good to Good	↔	31	2.3%
Satisfactory to Satisfactory	↔	871	65.9%
Poor to Poor	↔	32	2.4%
Excellent to Good	↓	-	-
Excellent to Satisfactory	↓	-	-
Excellent to Poor	↓	-	-
Good to Excellent	↑	-	-
Good to Satisfactory	↓	34	2.6%
Good to Poor	↓	7	0.5%
Satisfactory to Excellent	↑	-	-
Satisfactory to Good	↑	165	12.5%
Satisfactory to Poor	↓	59	4.5%
Poor to Excellent	↑	-	-
Poor to Good	↑	7	0.5%
Poor to Satisfactory	↑	116	8.8%
<i>Total no change</i>	↔	934	70.7%
<i>Total overall worsened</i>	↓	100	7.6%
<i>Total overall improved</i>	↑	288	21.8%
<b>Total with more than one inspection</b>		<b>1,322</b>	<b>100%</b>



## Appendix 3: List of standards

Principle / Standard Number	Principle/Standard Full Description	Principle/Standard Short Description
<b>Principle 1</b>	<b>The governance arrangements safeguard the health, safety and wellbeing of patients and the public</b>	<b>Governance</b>
Standard 1.1	The risks associated with providing pharmacy services are identified and managed	Risk identification and management
Standard 1.2	The safety and quality of pharmacy services are reviewed and monitored	Reviewing and monitoring the safety of services
Standard 1.3	Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Staff roles and accountability
Standard 1.4	Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate	Feedback process
Standard 1.5	Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Insurance / indemnity arrangements
Standard 1.6	All necessary records for the safe provision of pharmacy services are kept and maintained	Record keeping
Standard 1.7	Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Information management and confidentiality
Standard 1.8	Children and vulnerable adults are safeguarded	Safeguarding
<b>Principle 2</b>	<b>Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public</b>	<b>Staff</b>
Standard 2.1	There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Staffing levels
Standard 2.2	Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	Staff skills and qualifications
Standard 2.3	Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public	Staff compliance, empowerment and professionalism
Standard 2.4	There is a culture of openness, honesty and learning	Culture
Standard 2.5	Staff are empowered to provide feedback and raise concerns about meeting these	Staff feedback and concerns
Standard 2.6	Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Appropriateness of incentives and targets
<b>Principle 3</b>	<b>The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public</b>	<b>Premises</b>
Standard 3.1	Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Cleanliness and maintenance of premises
Standard 3.2	Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Privacy and confidentiality through premises
Standard 3.3	Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Hygiene of premises
Standard 3.4	Premises are secure and safeguarded from unauthorised access	Security of premises
Standard 3.5	Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Appropriateness of environment
<b>Principle 4</b>	<b>The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public</b>	<b>Services, including the management of medicines</b>
Standard 4.1	The pharmacy services provided are accessible to patients and the public	Accessibility of services
Standard 4.2	Pharmacy services are managed and delivered safely and effectively	Safe and effective service delivery
Standard 4.3	Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorised access; supplied to the patient safely; disposed of safely and securely	Sourcing and safe, secure management of medicines and devices
Standard 4.4	Concerns are raised when it is suspected that medicines or medical devices are not fit for purpose	Managing faults with medicines and devices
<b>Principle 5</b>	<b>The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public</b>	<b>Equipment and Facilities</b>
Standard 5.1	Equipment and facilities needed to provide pharmacy services are readily available	Availability of equipment and facilities
Standard 5.2	Equipment and facilities are: obtained from a reputable source; safe to use and fit for purpose; stored securely; safeguarded from unauthorised access; appropriately maintained	Sourcing and safe, secure management of equipment and facilities
Standard 5.3	Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who use pharmacy services	Privacy and dignity through equipment and facilities

This report has been based on information and data provided by the General Pharmaceutical Council. While care was taken in the preparation of the information in this report and every effort has been made to ensure the information is accurate and up-to-date, SPH accepts no responsibility for gaps or limitations in the information.

With acknowledgment and thanks to all those who provided information or material.

©Solutions for Public Health (SPH) 2019

*SPH has vested in the General Pharmaceutical Council on creation the copyright and all other intellectual property rights in this document unless otherwise indicated. The copyright protected material may be reproduced free of charge in any format or medium subject to the necessary permission provided it is reproduced accurately and not used in a misleading context. If any of the copyright items produced are being copied to others, the source of the material must be identified and the copyright status of the General Pharmaceutical Council acknowledged.*



1 Wootton Edge Barns, Holly Bank,  
Wootton-by-Woodstock, OX20 1AE

T +44 (0)3300 555 180

[www.sph.nhs.uk](http://www.sph.nhs.uk)

Published September 2019