Beyond the Baseline

The role of Clinical Governance Facilitators Working with Community Pharmacists

Royal Pharmaceutical Society of Great Britain

Report from the
Royal Pharmaceutical Society of Great Britain

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Foreword

Modern healthcare is based on teams of professionals pooling their respective skills for the benefit of the individual patient. Pharmacists are a key component of most people's experience of NHS care, both in the community and in hospitals. The NHS Plan's programme for pharmacy in England "Pharmacy in the Future" sent an important message to the profession about how much more use the public thought could be made of the skills and expertise of pharmacists.

In the new NHS, pharmacists will spend more time focusing on the clinical needs of individual patients, particularly helping them to get the most out of their medicines, continuing professional development to offer patients certainty that services are quality assured, and working more flexibly alongside other professional and support staff to take a central role in medicines management and safety improvement. Increasingly they will work as members of clinical teams bringing their unique knowledge and expertise to improve the quality of treatment and care.

At the forefront, community pharmacists will need to respond positively to the demand for easy access to medicines and pharmaceutical advice 'as and when the patient wants', particularly in an increasingly competitive retail environment. They are ideally placed to be pivotal in ensuring treatment is prompt, safe and effective but this brings new challenges. Good management of knowledge, information and communication will be vital and leadership together with a collaborative working culture will be required.

Clinical governance gives pharmacists and all professionals a means of demonstrating the contribution they make to improving and maintaining high quality services for patients and the public. But they need appropriate support to make it happen properly and the proposals outlined in this paper define one such important component which has the potential further to improve our work and services to patients.

Professor Aiden Halligan

Deputy Chief Medical Officer
Director of Clinical Governance for the NHS

Executive Summary

This document outlines the skills, roles and knowledge requirements of Clinical Governance Facilitators working with community pharmacists. It highlights the training and resources available and identifies those areas where additional resources are needed.

Skills which facilitators need to make clinical governance work as a cohesive strategy.

These skills include:

- Project planning, organisation and implementation
- Relationship management/networking
- Collaborative working with teams
- Working with community pharmacy
- Working with PCT
- Effective communication
- Gain commitment from community pharmacists by selling benefits
- Managing change and resistance to change

Supporting the role of the Clinical Governance Facilitator both locally and nationally.
There are two main organisations involved:

Centre of Postgraduate Pharmacy Education (CPPE)
CPPE are running courses that focus on teaching the skills, which facilitators require to be effective. Knowledge of clinical governance is assumed. Three workshops have been held in central locations, employing expert trainers. Further courses are planned for 2003 and facilitators should contact CPPE for details.

Clinical Governance Support Team, aimed at a multi-disciplinary audience
There is a wealth of information available on their website **www.cgsupport.org** including a lot of practical ideas, which other people can easily adopt. There is a specific focus on their RAID (Review, Agree, Implement and Demonstrate) programme, which has a multi-disciplinary focus as it is aimed at all, NHS organisations providing healthcare in England.

Key Success Factors for Clinical Governance Facilitators working with community pharmacists.

An ideal base from which to start is to join a Primary Care Trust (PCT) with established and actively supportive relationships. An existing network of motivated individuals, who have a strong working relationship with a pro-active PCT, provides an ideal situation in which to work.

Critical factors in the network are:

- leadership and strong support of clinical governance from the PCT
- previous support and investment in the areas of audit, accreditation or other clinical governance related issues within the PCTs
- established and working links between PCTs, community pharmacist, Local Pharmaceutical Committees (LPCs) and other development groups.

Clinical governance facilitators working in areas which do not have this established network need to set about creating a supportive environment through building and developing key relationships. This demands a high investment in time to initiate and then further develop these relationships.

Introduction

(i) Clinical governance is about local delivery of high quality care and excellence for all patients and the public. Community pharmacists have an important role in the delivery of healthcare services and it is vital that they maximise their contribution to patient care through the delivery of high quality services supported by clinical governance.

(ii) Local experience has demonstrated that clinical governance has progressed best in community pharmacy where it has been supported by the work of a facilitator or mentor. The Department of Health (DOH) recognised this in their document "*Clinical Governance in Community Pharmacy: Guidelines on good practice for the NHS*" (December 2001) which requires all PCTs in England to appoint a clinical governance facilitator (CGF) for community pharmacy.

(iii) This document outlines the skills, roles and knowledge requirements of CGF working with community pharmacists. It highlights the training and resources available and identifies those areas where additional resources are needed. It is based on a series of interviews with facilitators, pharmaceutical advisors and others with an interest in developing clinical governance in community pharmacy settings.

(iv) The CGF's role is to help lay down the foundations to bring community pharmacists together as local teams and enable these teams to succeed. This document identifies the skills, which facilitators require when working with various teams and networks, through a process to implement the far-reaching changes laid down in the NHS Plan. These changes will ultimately add value to the community pharmacy and its unique local community.

(v) CGF support the clear need for community pharmacy to implement clinical governance within its own unique structure and to find a way to feed into the integrated structure with other health professionals.

Chapter 1

Skills and knowledge required by clinical governance facilitators.

Individual characteristics which are key for successful facilitators are

- objective orientated i.e. focused on the end result,
- demonstrate leadership in terms of motivating and taking people with them,
- confident to walk into any situation and talk about clinical governance,
- tenacious and enthusiastic, and
- holding a clear strategic vision.

To some extent these traits can be developed through training. From our discussions we have discussed in our seven-step plan for CGFs: -

Step 1	Plan Strategy
Step 2	Understand and put clinical governance into a context that applies to community pharmacy
Step 3	Understand the community pharmacists' role and the unique community that they serve
Step 4	Relationship building and development
Step 5	Change management
Step 6	Communicate Progress
Step 7	Consolidate learning and widen your network

Step 1: Plan strategy

Once appointed, it is important to take time to prepare a detailed business plan.
There is already a road map to support this role *'Implementing Clinical Governance in Community Pharmacy - A local Development Plan'* published by the National Pharmaceutical Association (NPA 2002), which is a simple and concise document. Combined with the local baseline assessment this is an excellent place to start.

It is important to have a high response rate from the baseline assessment in order to capture a clear picture of the local community. Therefore it may be necessary to revisit the baseline assessment if insufficient responses have been returned. Many CGFs have increased response rates by sending reminder letters to those who haven't completed their assessment at the first request, telephoning pharmacists directly to remind them about the importance of a good return rate and visiting pharmacies to help pharmacists with completing the assessments.

Take time in the beginning to catch up on the background reading. Reading is part of the preparation for the job and is not a waste of time. Understand local economics and history of relationships within the community. Once you have a good grasp on what is happening locally, build an action plan based on the locally agreed template. This is frequently drawn from the NPA, document altered to accommodate local issues.

The business plan should:

- ❖ Map out the key groups with whom relationships must be built.
- ❖ Identify key people within these groups.
- ❖ Develop a timetable to engage and build relationships with these people.
- ❖ Factor in resources required to deliver the plan
- ❖ Gain time commitment from people who are assigned roles in the project.

This plan should be regarded as the road map for the project and should be achievable. Plan your time and be realistic of expected outcomes. Remember to build in down time i.e. holiday leave, bank holidays and study leave when mapping out what you want to do. A well thought-out action plan can take up to 5 days to construct and should be continually updated through out the project.

Recommend:
Take time to catch up on background reading. (see Appendix 3)
Research and understand local issues.
Allocate time to prepare a business plan, based on the locally agreed timetable.

Step 2: Understand and put clinical governance into a context that applies to community pharmacy

The facilitator must understand what clinical governance is about. In order to engage community pharmacists, clinical governance needs to be defined in terms of short messages, delivered or written in plain English. *'Clinical governance is about local delivery of quality clinical service supported by lifelong learning'*. This message needs to be clearly sold. Audit, CPD and training are just tools to help achieve the objective.

Recommend:
The large volume of papers written on clinical governance needs to be translated into clear concise messages, which are consistently repeated. (See Clinical Governance Support Team Lesson Cards)

Step 3: Understand the community pharmacists' role and the unique community that they serve

If CGF do not have a background in community pharmacy, it is important to ensure that they are well informed about the typical day in a community pharmacy before starting to network. This is not to say that people who have not come from a community pharmacy background should be turned down for the role. In fact employing a facilitator who has come from a different background can be an advantage, as they would see the community pharmacy role with a fresh pair of eyes. However, facilitators must be credible if they are not experienced in community pharmacy.

Key skills required are the ability to empathise with pharmacy issues in general and to identify and understand the microclimate i.e. what specific issues are important to the individual shop. Two shops in the same High Street may have a very different customer base and therefore have totally different priorities

Recommend:
a) *Key issues facing community pharmacy management must be clearly understood. These issues include prescription costs, Drug Tariff, dispensing, contracts, wholesalers, customer liaison and shop/retail management and also new roles such as prescribing. The opportunity to spend a day inside a busy community pharmacy would be most valuable.*
b) *Listening and communication skills are central to this.*

Step 4: Relationship building and development

This is imperative to the success of this plan. Once a level of relationship is developed, it demands continual work to maintain and develop that relationship. One of the first jobs is to identify the key players in the area. Links need to be forged with:

- Community pharmacy team including counter staff and technicians
- Local pharmacy owners and local representative of local and national chains of pharmacies
- RPSGB Inspectors
- Clinical governance personnel working with other healthcare professionals
- Others

4.1 The Community Pharmacy Team

'Clinical Governance will be achieved through a multi-disciplinary team working together'.

Remember that in a community pharmacy the front line staff are the pharmacy counter assistants. As such the entire community pharmacy team must be engaged to ensure that clinical governance happens. The community pharmacist is part of a team. Examples of a community pharmacist working alone have produced fewer results. Due to the autonomous nature of pharmacists, particularly community pharmacists working for small chains and independents, this may be one of the hardest messages to deliver.

4.1.1 Getting to know the team

This relationship can only be started through face to face meetings, which should be planned in advance to avoid busy times in the pharmacy. Clearly define the role of a CGF as a mentor - in other words a person who is available to support the pharmacy in achieving objectives. Your role is NOT that of an inspector.

Meetings should be short and structured with a two-fold objective: imparting information on clinical governance and building up information on the individual pharmacy and the unique community that it serves. All meetings should have clearly defined objectives e.g. introducing yourself, discussing the pharmacy baseline assessment and identifying specific issues for that pharmacy. What does the pharmacy team think they need help with? Record information gathered and build up a database of pharmacies in the area. Accurate capture of key data is important. Writing down all information with a beginning, a middle and an end, helps with planning and direction and makes the work more "joined up". This helps you in explaining your work to other people and will help to summarise progress when the project ends. Detailed long hand reports are not required.

Counter Staff and Technicians
The significance of the whole community pharmacy team working together cannot be stressed enough. It is important to empower the 'front line' staff to effectively manage their manager whether permanent staff or locum pharmacists. This approach is a very good way to deal with the question of *'how to involve locum pharmacists in clinical governance?'* However, front-line staff are often 'time poor" and no amount of enthusiasm can substitute practical top level commitment to ensure that valuable time is freed up.

Recommend:

a) Understand team dynamics.
b) Meetings to be 'face to face' in the early stages of building the relationship.
c) Set the scene and clearly define your role as facilitator.
d) Structure each meeting.
e) Document all meetings in a way that is appropriate to share information going forward.
f) Promote team work by working collaboratively with the pharmacy team - pharmacists, technicians and counter staff groups
g) Establish local multi-disciplinary training workshops on the effectiveness of teamwork.
h) Develop small teams to begin implementing improvements to the service - however minor an improvement
i) Promote successful outcomes and share lessons learnt.
j) Patients and the public are part of the community pharmacy team and should be involved in this process.

4.1.2 Convey clinical governance in simple English, whether verbal or written.

'For individuals to perform - they need to be clear about what they need to aim at.'

Translate clinical governance into simple, clear language for the community pharmacy team. Most of the papers on clinical governance are lengthy. Find a way to convey this information in plain English.

Recommend:
Writing a short summary in a leaflet form is useful to pull together key points. These leaflets can be left with the community pharmacy at the end of a visit to re-enforce the message.

4.1.3 Gain commitment - Sell the benefits of clinical governance

Gaining commitment from the pharmacy team is based on selling benefits of clinical governance i.e. reduced liability of litigation, improved utilisation of shop staff and increased customer loyalty. After all, clinical governance is about improved patient care NOT audits CPD or meetings, which are simply the tools to achieving the objective.

Benefit	**Examples of the process/investment required**
Improved patient care, Reduced risk of litigation	Increased transparency for reporting errors, Standard Operating Procedures, systems and record keeping
Improved utilisation of shop staff	Investment in terms of time and money to train staff
Increased customer loyalty	CPD, Audit, trained shop staff

In a short meeting it is important to repeatedly convey the benefits of this plan as the process defined to achieve it, e.g. audits, training courses etc., is costly in terms of time invested and additional paperwork.

Recommend:
Obtain training in selling techniques. It should be noted that the Pharmaceutical Industry has much experience in this field and is usually seeking ways to work collaboratively with the NHS.

4.1.4 Add value to the community pharmacy team

Identify and explore with the pharmacy team practical ways to apply clinical governance to improve their pharmacy. Stress the importance of the team approach as *'people commit to deliver, what they have helped to create'.*

4.2 Primary Care Trust (PCT)

The key to success appears to lie with having a supportive, sympathetic and pro-active PCT. This appears to be the vital link for CGF to establish, foster and develop. Clinical governance needs to be repeatedly discussed and actively promoted to the PCT, in order to ensure that the PCT stays focused on the key objectives, i.e. clinical governance stays on the list of priorities. Interactions with the PCT should include:

4.2.1 Raising profile of clinical governance in Pharmacy

Develop links inside the PCT. Understand people both previously and currently involved with clinical governance in primary and secondary care. These are a valuable source of knowledge, which due to the recent change in the NHS, may have been lost or forgotten.
Reinforce the message of community pharmacies contribution to local healthcare services.
Clearly understand the economic situation and politics of the PCT. Some of the newly created PCTs are clearly cash strapped. It is important to be sensitive to these issues, although funding has generally not been identified as a barrier to a facilitator's success.

Recommend:
Understand the economic position of the PCT.
Sell the vision of 'improved delivery of patient care'. Clinical governance is merely the name that has been allocated to this plan. The details of implementation may happen in a variety of policy areas, e.g. improving services for older people via NSFs. In selling clinical governance and pharmacy it needs to be linked to PCT's priorities.
Training in skills to promote/sell this concept may be needed. It should be noted that the Pharmaceutical Industry has much experience in this field and is currently seeking ways to work collaboratively with the NHS.

4.2.2 Raise profile of community pharmacy

It is important to raise the profile of community pharmacy with the PCT. Bearing in mind that a general concept of the community pharmacist is someone who *'fills tablet bottles, is often invisible whilst working inside the dispensary and occasionally meets with the customers to give advice'.* Therefore it is critical that the PCT are fully aware of the role of and specific issues surrounding pharmacies in their community. Generally people have limited knowledge of what life inside a busy pharmacy is like. They mostly assume that it is like their own working environment with filing cabinets, secretaries and lots of space.

Recommend:
The role of the community pharmacist and team must to be clearly defined and communicated to PCT staff. Again the opportunity to spend a day inside a busy community pharmacy would be most valuable. However due to time constraints this could be conveyed in other ways e.g. a video.

4.2.3 Seek provision of resources

Resources do not always have to mean money. Lobby the PCT for additional resources as required. It is important to use the local knowledge of the PCT and its employees as a resource. This demands tapping into the internal network of the PCT. Other resources may be in terms of using rooms for training, asking PCT employees to give training, linking in with other development programs, administrative support or funding. In most cases, funding is not a real barrier. Creative, flexible thinking and utilisation of local resource and personal network will provide many of the required solutions.

Recommend:
Engage the PCTs by continually looking to them as a resource.

4.3 Pharmacy Chains

Many of the pharmacy chains or multiples have been able to dedicate staff to develop comprehensive systems and documentation for clinical governance. Managing the introduction of these systems has, however, taken quite some time. There is considerable expertise within the multiples, which would be valuable to share across the local community.

Recommend:
Identify key people from local multiples, who have invested resources in clinical governance and are willing to share best practice across the local community where possible.

4.4 RPSGB Inspectors

A relationship has already been established between community pharmacists and their local RPSGB Inspector. The inspector's role is focused on ensuring that practising pharmacists and pharmacies attain standards set by RPSGB. This type of 'inspectorate' role, from where there is a clear right and wrong answer, is very different the role of a CGF. A CGF's objective is to support and nurture community pharmacy teams through a process that will ultimately add value to the individual pharmacy and local community. It is important that local RPSGB Inspectors are aware of clinical governance priorities in their area. In some cases, joint working between the RPSGB Inspectors and CGF may be an appropriate and effective approach.

4.5 Clinical governance facilitators

Currently there is no central forum for CGFs nationally; networking will be due to individuals forging their own links. Pharmacy organisations such as PSNC, NPA, CPPE and RPSGB can help put you in touch with other CGFs.

4.6 Others

Also need to consider links with other influential networks in the area. These include LPC, Pharmacy Development Groups, CPPE tutor, GPs etc. Start building networks with identified local players from Day 1. Not all of the relationships will go smoothly or progress at the same speed. Don't expect them to. The training for CGF run by CPPE includes skills training in overcoming resistance.

Recommend:
Define the networks and identify appropriate people within those networks as early as possible. Networking is time consuming make time for it.

Step 5: Change management

Clinical governance is about installing a new culture across the NHS. Change management is therefore a vital part of the facilitator's role and can be divided into three stages: -

5.1 Preparation

People need to be involved and ideally, helped to identify the aims and objectives of the proposed change if they are to become fully committed to the change process. It is very important to get everyone in the right frame of mind to adopt and implement change. This is where most resistance to change will be met. You need to allow for people to recognise what they had achieved in the past, support their pride in a job and effectively go through a grieving process as they leave the situation they had. Provide support to people and allow individuals to come to terms with proposed change. Build some time for this into the planning.

5.2 Implementation

Implement change as planned. It is most important to have a clear and very detailed plan of change. This potentially speeds up the process of change, as ill-defined plans will take longer to be effective. Regardless of the planning - resistance to change will determine how quickly change can be implemented. If a large amount of resistance is encountered this will slow down the rate of change, which needs to be addressed and the revised time plan relayed promptly to the staff. The need to involve others - in terms of gaining commitment and information, will also determine the speed at which the process moves on. Allow plenty of time to deal with unexpected issues.

5.3 Establishing a new base

Finally - the change needs to be set. The new systems need to become established routine - instead of people falling back into the old system. If unforeseen difficulties arise and create setbacks, people are likely to forget what the new role demands and slip back into their established routines. Scrutinise regularly for lapses and address issues as they arise. Structure new systems carefully and review continually. Are they in line with the new changes? They should be, but it is easy when planning change to over look areas. Check on the new working system - does it work? Adjust systems where and when necessary.

To support this use a 3 stage process:

1. Take time out to identify individuals needs - do they have the appropriate skills and training to successfully assume their new roles? How can they acquire those skills and training?
2. Provide training and support to establish the new foundation. It can be expensive to undertake training but it is of significant importance. Even if not all staff are up to scratch, there must be sufficient financial, human, technical and time resource to ensure the change can be successfully carried through.
3. Evaluating progress. This can be hard to determine in advance - as change does not always produce the result we were expecting.

Recommend:
Keep messages simple. For individuals to perform they need to be clear about what they need to aim at.
To promote a culture of change management in community pharmacy, clinical governance facilitators need to adopt the culture of change management.

Step 6: Communicate progress

Don't remain isolated in this role. Developing a network with other facilitators is beneficial to sharing practice. If at all possible, find a mentor yourself. Retain commitment and communicate information across all levels through regular communication channels e.g. memos or newsletters. Structured feedback and formalised reporting systems can be helpful - so define early on who wants feedback. Remember to keep the Trust board involved.

CGFs need to get local health community behind the plans for developing clinical governance in pharmacy. CGF need communication plans devised to ensure regular communication with professional colleagues highlighting:

a) the planned change and why it is happening,
b) detail stages and timelines in the Local Development Plan,
c) to discuss progress to date, using examples in various PCTs across the country i.e. sharing best practice, and
d) to offer practical advice on how to keep community pharmacists up to speed with local clinical governance developments.

Effective communication is characterised by short and clear messages which engages your audience, concise and simple terminology i.e. no jargon, practical advice on how to achieve the objectives and repetition where repeating the message is a valuable way to get your message across.

6.2 How much work will this take?

A lot of preparatory work has already been done and is listed on various web sites and publications, from professional groups and associations.

Recommend:
Devise a local communication plan early on. Stick to it.

Step 7: Barriers to progress

Here is a list of some of the more commonly met barriers to progress:

7.1 Meetings

Remember that there are lots of meetings and the dedicated time per week which you are putting in is likely to be 1-2 days. Sitting at meetings rather than making meetings work effectively can easily use up the time. In the early days meetings are useful forums to introduce you and meet with appropriate colleagues.

Recommend:
Training to include managing effective meetings

7.2 Lack of motivation in any part of the network
For example: Lack of protected time

Community pharmacists have problems finding protected time to undertake additional projects. This can be addressed by finding ways to motivate individuals to want to find time to attend/participate in clinical governance issues so he/she will begin to look for flexible solutions to free up time. There are a number of ways in which this can be achieved in conjunction with the support of the PCT, for example having meetings starting at 07.30 and providing breakfast.

Recommend:
Motivational skills training required.

7.3 Clinical Governance is not top priority for the PCTs

There are many pressing targets and priorities for PCTs so clinical governance is not always at the forefront of their thoughts. Busy organisations with lots of targets may overlook pharmacy and the contribution pharmacists can made in improving and developing high quality services for patients. One of the CGFs roles will be to encourage PCTs to involve pharmacy in clinical governance arrangements to promote high quality services for all patients.

Recommend:
Identify and work with local champions for clinical governance
Assertiveness and sales training required

7.4 How to make the additional documentation an easy part of the every day running of a community pharmacy, which is classically a paper-free environment

Additional documentation will be needed to support clinical governance. Currently some of the multiples appear to have devised and installed good paper systems.

Recommend:

a) *Incentivise community pharmacists to endorse the additional workload by selling benefits of the change in terms of a) Improved effectiveness of resources b) Increased customer loyalty and c) Reduced risk of litigation.*
b) *Seek to provide training for community pharmacists on how to integrate additional paperwork into daily routine.*

7.5 Confusion over clinical governance

Many people including pharmacists think that clinical governance is something that will be done to them or done by others. They may not be aware that work they are already doing, e.g. prescription interventions, recording incidents and errors, may contribute to clinical governance in the PCT.

Recommend:
Communication plan to explain clinical governance and local work and priorities

7.6 Part time nature of current network of CGF does not ensure consistent support at a local level

Recommend:

a) *Manage expectations by positioning the role clearly as 'part time'.*
b) *Inform everyone of the hours which you work, and your contact details.*
c) *Set up your voice message with information as to when you will be in the office.*
d) *Set priorities to ensure you can make best use of your time.*
e) *Where possible deal promptly with messages.*

Conclusion

The key skills required for CGF role are as follows:

Tools for planning & organising
Managing your time
Influencing skills
Techniques for group working
Mentoring and collaborative working
Understanding different learning styles
Change and resistance to it
Listening and questioning skills
Managing meetings
Relationship management/networking
Making interventions
Communicating in plain English
Negotiating
Assertiveness
Motivational skills
Selling techniques
Translating strategic intent into action
Consensus building
How to implement a project
How to reward success

Training for many of these skills is provided from CPPE, with the CGSU, as part of their joint CGF induction programme. There is a need for training and re-training to support CGF in their roles.

Chapter 2

Resources available to Clinical Governance Facilitators locally or nationally

Training on clinical governance is available to all pharmacists in England via CPPE. In addition there are two key organisations available to offer support for facilitators.

2.1 CPPE

CPPE have devoted much of their training timetable this year to clinical governance. Clinical governance was the national winter topic for community pharmacists. Beyond this work external trainers, who have expertise in facilitation skills, have been undertake the training for CGFs. This course is focused on teaching the skills which a facilitator requires to be effective. A clear understanding of clinical governance is assumed. Skills training from CPPE covers many of the areas identified in chapter 1.

CPPE themselves went to considerable trouble to contact CGFs who might be eligible for this course - highlighting the need for a comprehensive list identifying CGFs at a national level. Feedback from the early courses was extremely positive and in response to a request from CGFs CPPE has provided a chat room for participants who attended to stay in touch and create their own mini network.

Three programmes have been run in 2002/3. Further courses will be offered so contact CPPE directly, if you have not already done so. The programmes run for 3 days and are separate from CPPEs continuing education provision.

2.2 Clinical Governance Support Team (CGST)

This team was set up by the Department of Health to take forward clinical governance in the NHS. Now part of the NHS Modernisation Agency CGST has a well thought out website including a lot of practical ideas, www.cgsupport.org/Resources/Lesson_Cards. There is a wealth of information available on the website, with a specific focus on their RAID (Review, Agree, Implement and Demonstrate) programme, which has a multi-disciplinary focus as it is aimed at all NHS organisations providing healthcare in England.

The Clinical Governance Support Team (www.cgsupport.org) has a 9-month development programme designed to facilitate the implementation of Clinical Governance. “The programme supports delegate teams as they explore the use of the RAID Programme and is for *‘people who will be missed by their organisation…not for those who can be spared.’*

The underlying principle of the programme is that engagement of people has to precede development of structures and solutions. It encourages shared learning to equip and empower front-line healthcare professionals to lead and achieve real improvements in the delivery and outcomes of clinical care in their localities.

The 9-month Development Programme provides:

- 5 interactive modules (learning days): each approximately eight weeks apart.
- Practical help to deliver a ‘programme of change’.
- Support for multi-disciplinary teamwork.
- Hands-on support from the CGST.
- Programme Managers who visit teams in their organisations to support their working between learning days.
- Access to NHS organisations in England.
- Ongoing networking and sharing of experiences and good practice.

Chapter 3

Supporting the work of Clinical Governance Facilitators

3.1: Build a network

The first and most obvious step in this assessment is the need to identify the clinical governance facilitators in England as a) not every PCT has a facilitator and b) the skills and knowledge of facilitators is diverse. This would enable an accurate picture of coverage nationally and the ability to identify gaps both geographically and in knowledge can be seen and therefore a clear plan of support and needs at a local level can be defined.

All of the CGF's contacted during this study expressed a desire to share best practices to avoid re-inventing the wheel. However, in reality contacts outside of the PCT(s) for which the facilitator worked were very limited. As most facilitators work one or two days a week it is important to assist with developing a network, through which to share best practice. A national database, which additionally details progress to date, would greatly assist in this networking However to ensure that the data shared is useful and current, a process to update this information should be agreed at the beginning.

Both CPPE and CGST have notice boards where messages can be posted to gain contact with other facilitators. NPA has a list of facilitators to whom they email useful policy documents and news items. RPSGB is in discussions with NPA and others about establishing a substantive database and network for CGFs.

3.2 Effective Communication

'Engagement of people has to precede development of structures and solution'.

Communication is absolutely critical to the success of any change project, particularly one of this enormity. It is important to communicate the planned changes clearly and show where and how the community pharmacist will contribute to the whole picture. There needs to be clear national and local messages about clinical governance. Communication from national organisations such as RPSGB and NPA supports and promotes the work of local CGF.
Community pharmacists in particular respond well to high impact information. Face to face communication has been highlighted as the most effective way to communicate to community pharmacists. This impact can be improved if it is also backed up with written information to emphasise key messages.

RPSBG staff and Council have been working with CGFs, PCTs, RPSGB local branches, LPCs, and others to promote the importance of clinical governance. Through workshops, evening meetings highlighting clinical governance, its place in the bigger NHS quality agenda including National Institute of Clinical Excellence (NICE) guidelines and National Service Framework (NSF) etc., and outlining how pharmacy can contribute to this. CGF who want practical help with running clinical governance training events for pharmacists or finding speakers for these events can contact RPSGB.

3.3 Engagement of community pharmacists in clinical governance

CGF are key to assisting community pharmacists to get on board. There are a lot of pharmacists who have heard the words, but because they are not actively involved in it, they are still unsure and therefore anxious and defensive about clinical governance. A series of articles from the Pharmaceutical Journal "A Guide to Clinical Governance" is available on the journal website. In addition RPSGB professional standards inspectors are mentioning clinical governance and quality improvements to community pharmacists when undertaking routine visits.

3.4 Other groups

Other groups that may be supportive of clinical governance facilitators for community pharmacists, are clinical governance departments in leading pharmacy chains, and at a more generic level, the NHS Clinical Governance Support Team.

In Conclusion

This document aims to be a helpful tool for CGFs to identify what they need to do and identify sources of support in undertaking their role in developing clinical governance in their local pharmacies. There is a lot to be done but much to be learned from the experience of current CGF's and PCT advisors.

RPSGB wants pharmacists to contribute to clinical governance at all levels to improve the quality of services pharmacists offer to patients. CGFs are key to helping take forward this objective in community pharmacy practice.

Appendix 1: Acknowledgements

Many individuals and organisations have contributed to this document to whom thanks are due.

Jennifer Archer, Centre for Pharmacy Postgraduate Education
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Boots the Chemist Ltd
Community pharmacists in Westminster PCT
Laraine Clark, Canterbury PCT
Alison Cole, Westminster PCT
Rebekah Cooke, Clinical Governance Facilitator North Devon
Catherine Dewsbury, Clinical Governance Pharmacist RPSGB
John Carr, Clinical Governance Facilitator Birmingham
Gordon Edwards, Clinical Governance Facilitator Norfolk
Hazel Evans, Stockport HA
Steve Garner, Pharmacy Development Group, Nottingham
Jackie Giltrow, Clinical Governance Facilitator and Pharmaceutical Inspector
Heather Lucas, Pharmaceutical Advisor, Channel East Kent Coastal PCT
Darren Powell, Doncaster
Martin Shaw, Centre for Pharmacy Postgraduate Education
Pamela Young, Pharmaceutical Advisor, Dorset

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Appendix 2:

Checklist for clinical governance facilitators

Step 1: Plan strategy

Plan time to update yourself on background reading	☐
Research and understand local issues in both the community and the trust	☐
Allocate time to prepare a business plan, which includes the following points: ✓ Identify objectives to be achieved within the 3-year time frame ✓ Map out your agreed time as clinical governance facilitator ✓ Define key groups with whom relationships must be built ✓ Identify key people within these groups ✓ Develop a timetable to engage and build relationships with these people ✓ Factor in resources required to deliver this plan ✓ Gain time commitment from people who are assigned roles in the project	☐
Detail a communication plan	☐
Review and update your business plan at regular intervals through the project	☐

Step 2: Put clinical governance into context for community pharmacy

Translate clinical governance into clear concise messages. Refer to current literature	☐
Tailor the message to the end user, whether PCT or community pharmacy	☐

Step 3: Understand the community pharmacy role and their unique community

Understand key issues facing community pharmacists	☐
Identify local issues, which impact the individual community pharmacy	☐

Step 4: Build and develop relationships and networks

Organise face-to-face meetings to build relationships in the initial phase	☐
Introduce yourself ✓ Define your role as mentor ✓ Position your role clearly as 'part time' to manage expectations ✓ Inform every one of the hours which you work, and your contact details ✓ Set up voice message with information as to when you will be in the office ✓ Deal promptly with messages	☐
Structure each meeting to be short with a clearly defined objective	☐
Draw up a leaflet, summarising the key points discussed ***Note:*** *Leave after each visit to re-enforce main message of the meeting*	☐
Document all meetings to share information going forward	☐

4.1 The Community Pharmacy Team

Identify the pharmacy team – pharmacists, locums, dispensary and counter staff ***Note:*** *customers are also part of the pharmacy team*	☐
Focus attention on the benefits of clinical governance, i.e. improved patient care, reduced risk of litigation, improved utilisation of shop staff & increased customer loyalty	☐
Identify ways to apply clinical governance to the individual pharmacy	☐
Work collaboratively with the pharmacy team	☐
Promote top level commitment to free up time for counter & dispensary staff	☐
Develop small teams to begin implementing improvements to the service	☐
Promote successful outcomes and share lessons learnt	☐

4.2 Primary Care Trust (PCT)

Understand the economic position of the PCT	☐
Engage the PCT and define the role of the community pharmacy team	☐
Build links to tap into the unique local knowledge of PCT and its employees	☐

4.3 Other networks

Identify local networks and appropriate people early	☐
Establish links	☐

Step 5: Change management

Change management can be divided into three stages: -

5.1 Preparation

Get everyone in the right frame of mind for the changes	☐
Draw up a detailed plan of the change	☐
Communicate this plan clearly	☐

5.2 Implementation

Implement change as planned	☐
Stick to the described plan	☐
Allow plenty of time to deal with unexpected issues	☐

5.3 Establishing a new base

Address lapses	☐
Provide training and support	☐
Evaluate progress	☐

Step 6: Communicate progress

Update on progress in a timely manner as agreed in the communication plan	☐

Step 7: Consolidate learning and widen network

Establish network with other facilitators of community pharmacy to share best practice	☐
Engage dispensary and counter staff in continued education	☐
Integrate locally with other health professionals (clinical governance)	☐
Foster/participate in ongoing multi-disciplinary training within locality	☐

Appendix 3:

Suggested Reading List

1. " A guide to clinical governance" Pharmaceutical Journal (2001-2) http://www.pharmj.com/noticeboard/society/governance/index.html

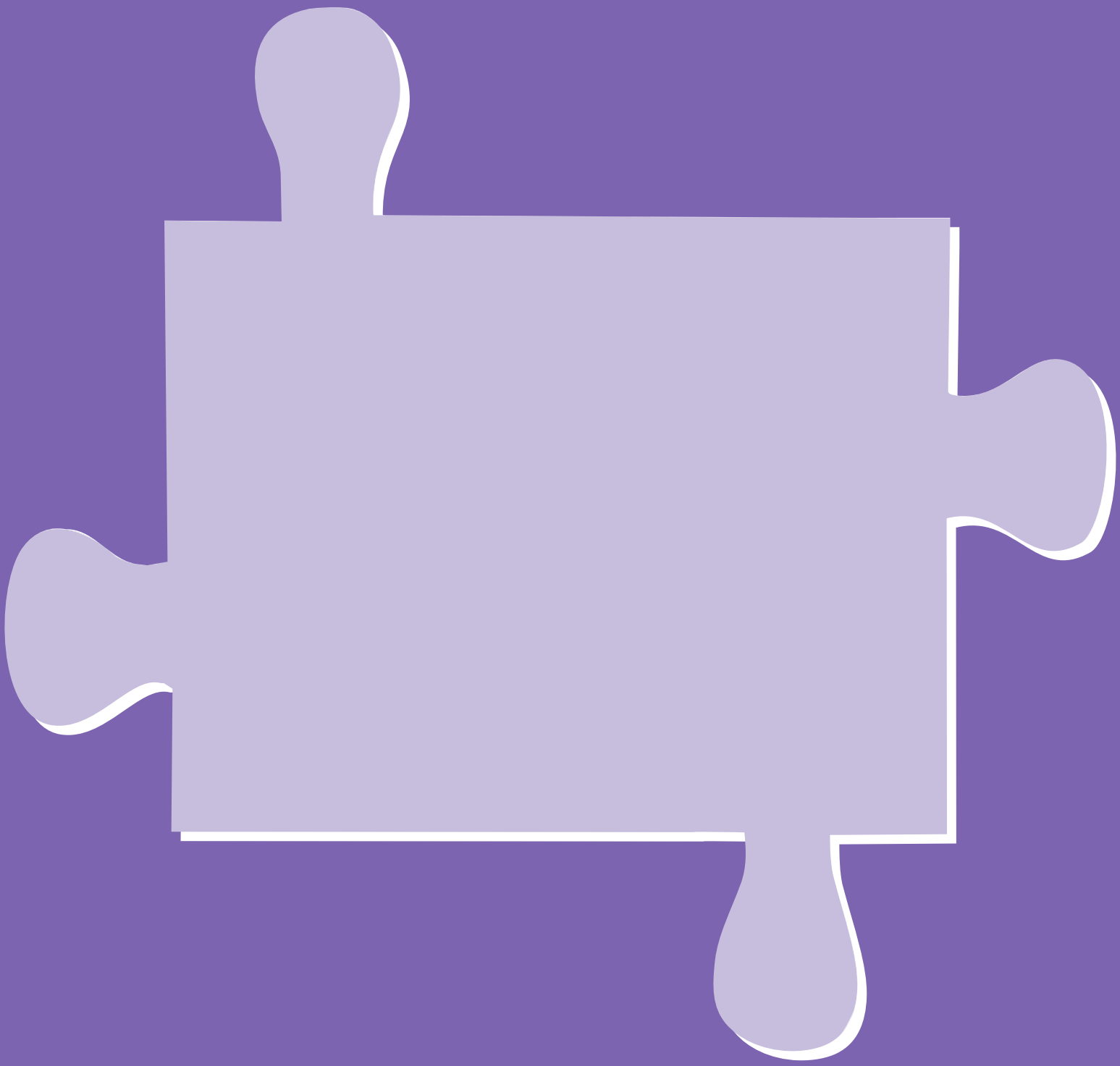
2. "Clinical Governance in Community Pharmacy Guidelines on Good Practice for the NHS" (DOH) 2001 http://www.doh.gov.uk/clinicalgovernance/communitypharmacy.htm

3. "Implementing Clinical governance in Community Pharmacy (in England): A local development plan" published by NPA April 2002 at http://www.npa.co.uk

4. "An Organisation with a memory" Department of Health http://www.doh.gov.uk/clinicalgovernance/publications.htm

5. "Building a Safer NHS for Patients" Department of Health 2001 http://www.doh.gov.uk/clinicalgovernance/publications.htm

For further information contact:
Catherine Dewsbury BSc(pharm), MRPharmS
Clinical Governance Pharmacist, RPSGB
1 Lambeth High Street
London SE1 7JN
Tel: 020 7572 2207 Fax: 020 5752 2501 email: cdewsbury@rpsgb.org.uk



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