Quality Payment Guide – Patient Safety Report

As already described in previous guidance on quality payments for contractors, once having met the gateway criteria quality payments can be achieved. One of the quality criteria to meet to ensure a payment of £1280 is the ‘Patient safety Report’.

The criteria that must be met is:

Written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.

This quality criterion is claimable only once (at either review point) and is worth 20 Points which equates to £1280.

The written safety report should be specific to each individual pharmacy and should be a summary that reflects the events taking place in that pharmacy. Contractors are encouraged to work with other pharmacies to share their learning.

Aim/Rationale

The aim of this criterion is to foster a culture of learning and continuous improvement in every pharmacy with regard to patient safety. It is based on the following principles that have been developed in collaboration with community pharmacy Medication Safety Officers (MSOs) and stakeholders to support the production of the written patient safety report. These are complementary to the principles of incident reporting which can be found http://pharmacyvoice.com/resource/patient-safety-incident-reporting-principles/

1. Incidents to be considered in the report should include errors or near misses that involve medication that have caused patient harm or had the potential to do so. Errors picked up early in the dispensing process or documentation errors would therefore not be included.
2. The aim of a pharmacy written patient-safety report is to recognise and support development of a safety culture. In particular, the report should demonstrate continuous improvement through reviewing and reflecting on errors.
3. Where errors occur, a proportional response to changes and safety measures should be taken. Contractors should take care that in focusing on one area for improvement, they are not neglecting others.
4. Where human intervention is involved, the potential for error exists. Using systems and processes to support staff to make the correct decision or take the right action improves safety. Care should be taken in developing these processes so that they are user friendly, otherwise they risk not being followed correctly, increasing the risk of error.
5. The best barriers to error are the simplest and often rely on physical measures.

Error occurs when a complex set of circumstances converge and make it possible. Understanding the relationships between circumstances requires the gathering of information, followed by analysis and reflection. This is why it is important that contractors review errors and share their learning.
Community pharmacies are already required to record patient safety incidents in an incident log. Reporting these to the National Reporting and Learning Service (NRLS) (was NPSA) is a professional responsibility as described in the Professional standards for the reporting, learning, sharing, taking action and review of incidents. Contractors can report these using an e-form (available http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/ ) or use other systems that meet the required standards.

**Reporting**

In order to meet this quality criterion, contractors should:

1. collate incidents and near misses from an ongoing log;
2. analyse these and look for patterns;
3. reflect on the learning from these;
4. take actions to minimise future risk from repeated errors; and
5. share their learning (both locally and nationally).

This should then be documented in a written patient safety report. The report must also include evidence of specific actions taken by the pharmacy in response to local errors and national patient safety alerts issued by the Central Alerting System https://www.cas.dh.gov.uk/Home.aspx


Contractors may wish to use the template http://psnc.org.uk/wp-content/uploads/2017/02/Monthly-Pt-Safety-report-template.docx to collate and review patient safety incidents each month. Contractors can then use the outputs of these forms to complete their annual written patient safety report. The link http://psnc.org.uk/wp-content/uploads/2017/02/Annual-Pt-Safety-report-template.docx provides a template to create this report for contractors to use should they choose. The report does not need to be routinely submitted to NHS England but contractors should ensure that a copy of the report is kept in the pharmacy.

There are a number of different ways that contractors can share learning locally. This might take the form of a meeting with local general practices to share learning from incidents or near misses, sharing learning with other local pharmacies, your Local Pharmaceutical Committee (LPC) which we would welcome, to share learning from an incident etc., Local Professional Network (LPN) or Local Practice Forum (LPF) event, or sharing via a newsletter.

Further support for individual community pharmacies to meet this quality criterion will be made available via NHS Improvement through the network of community pharmacy MSOs.

Contractors will be required to declare via the NHS BSA online declaration page that they meet this criterion. This can be accessed by the link http://www.nhsbsa.nhs.uk/QualityPaymentscheme

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**MERSEY ASSOCIATION OF LPCs (MALPS)**

**Community Pharmacy Cheshire and Wirral**

**Halton, St Helens & Knowsley LPC**

**Liverpool LPC**

**Sefton Local Pharmaceutical Committee**
Community pharmacy contractors passing the gateway criteria will receive a Quality Payment if they meet one or more of the Quality Payment criteria. The Department of Health has weighted these based on an assessment of the difficulty of achieving them and the benefit to patients for doing so, with each criterion being designated a number of points.