General Pharmaceutical Council

SPH
Solutions for Public Health

Analysis of inspection reports

A report for the General Pharmaceutical Council

Full Report

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Contents

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.

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1 Executive summary

Aims and objectives

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

All pharmacies in England, Scotland and Wales are assessed periodically by GPhC inspectors, to ensure that they offer safe services which meet defined standards set by the GPhC. The GPhC introduced the current approach to inspecting pharmacies in November 2013. Since that date, over 14,000 registered pharmacies across England, Scotland and Wales have been inspected.

Following an inspection, a report to document the evidence and judgement on how well a pharmacy is performing against the standards will be prepared by the inspector. These inspection reports include quantitative data, such as ratings, as well as a wealth of qualitative data about the performance of registered pharmacies including details of evidence seen and the judgements drawn from the evidence.

Also, in 2017 the GPhC completed two crowdsourcing exercises, through which the opinions of pharmacists and pharmacy technicians as to factors which contribute to the performance of pharmacies were obtained.

This report presents the findings of a quantitative analysis of a data set of 14,650 GPhC inspection reports and a qualitative analysis of a sample of 249 inspection reports carried out by Solutions for Public Health (SPH) in the latter half of 2018.

The aims of the analysis of inspection reports were to:

- analyse key characteristics of registered pharmacies
- extract common themes from inspection reports
- 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
- understand whether the GPhC Principles of an Excellent Pharmacy[1] are demonstrated for those pharmacies with an overall rating of excellent
- identify examples of notable practice
- understand the extent to which factors identified in the crowdsourcing exercises are demonstrated in inspection reports
- analyse unstructured contextual information recorded in inspection reports to understand how the information is recorded and what insights it gives

[1] https://www.pharmacyregulation.org/inspections/outcomes-inspections/excellent-pharmacy-practice

Methodology

The standards set by the GPhC to support their regulation of pharmacies in Great Britain[2] are intended to create and maintain the right environment, both organisational and physical, for the safe and effective practice of pharmacy. There are 26 standards, which are grouped within five principles:

- **Principle 1** – The governance arrangements safeguard the health, safety and wellbeing of patients and the public
- **Principle 2** – Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public
- **Principle 3** – 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
- **Principle 4** – 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
- **Principle 5** – The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

The quantitative data set of 14,650 inspection reports provided details of the ratings for each inspection relating to the overall performance of the pharmacy, the performance against the GPhC principles and the performance against the GPhC standards. The data set also included various pharmacy characteristics, such as the country the pharmacy was located in, the inspector region, and whether the inspection was announced or unannounced.

The analysis of the quantitative dataset was conducted in two parts:

1. **descriptive analysis** – this involved detailed analysis of:

    - overall inspection ratings and pharmacy characteristics:
    - ratings for principles and pharmacy characteristics
    - overall inspection ratings and ratings for principles
    - overall inspection ratings and ratings for standards

The pharmacy characteristics included in the analysis were as follows:

- Variable 1 - the sector the pharmacy operated in (community, hospital or prison)
- Variable 2 - whether the pharmacy was part of a chain, and if so, how many pharmacies were within that chain
- Variable 3 - the pharmacy chain for those chains with over 100 branches
- Variable 4 - whether the most recent inspection was announced or unannounced
- Variable 5 - whether there had been any concerns raised with the GPhC about the pharmacy and if so how many times this had happened[3]
- Variable 6 - the country the pharmacy was located in (England, Scotland or Wales)
- Variable 7 - the inspector region (inspectors are based in one of four regions, East, West, North and South)
- Variable 8 - whether the pharmacy was based in an urban or rural setting
- Variable 9 - the CCG or health board

[2] https://www.pharmacyregulation.org/sites/default/files/standards_for_registered_pharmacies_september_2012.pdf

[3] Concerns data refers to concerns investigated by the GPhC. Concerns closed at triage are not included

- Variable 10 - the local authority
- Variable 11 - the deprivation level of the area where the pharmacy was located

The date(s) of any previous inspections, and the overall rating(s) given were also analysed for pharmacies that had been inspected more than once.

Where appropriate, confidence intervals[4] were calculated to assess whether apparent differences between sets of pharmacy report results were statistically significant.

2. **relationship analysis** – this involved undertaking statistical analysis of the relationships between the overall pharmacy performance and each of the GPhC principles and standards.

The qualitative analysis of a sample of 249 inspection reports was conducted in four parts:

1. **sub-sample analysis** – a sub-sample of 30 reports comprising six reports rated excellent, good, satisfactory, satisfactory with action plan and poor with action plan was manually reviewed by the SPH team. This identified a preliminary set of issues (detailed factors which might influence overall pharmacy performance), together with key words to be used to identify evidence relating to these issues within the full set of 249 inspection reports. A number of overarching themes which similarly might influence overall pharmacy performance were also identified and discussed.

2. **main-sample analysis** – the full set of 249 inspection reports was searched for the issues and themes identified from the sub-sample analysis. Findings were recorded in a series of findings logs developed by the SPH project team. Additional issues were added as necessary and themes were further developed. Information reviewed and recorded was used to inform the report findings.

3. **crowdsourcing analysis** – The GPhC shared some key elements and activities that had been identified through the two recent crowdsourcing exercises. The SPH project team reviewed the sample of 249 inspection reports to identify the extent to which these elements and activities were highlighted by inspectors in the inspection reports.

4. **unstructured data analysis** – the GPhC highlighted a number of areas where information which might lend itself to quantitative analysis was contained in inspection reports, but was not included in the inspection reports data set. The SPH project team reviewed these to assess how often and how consistently these data items were recorded, and whether any relationships with overall pharmacy performance could be established, and summarised findings.

Quantitative analysis findings

Contextual information

Of the 14,650 inspection reports analysed, 6 (<0.1%) received an overall rating of excellent. 18.2% were rated good, 66.9% were rated satisfactory, 11.2% were rated satisfactory with an action plan and 3.6% were rated poor.

[4] A 95% confidence interval is a range within which the true population would fall for 95% of the times the sample survey was repeated. For example, for a 95% confidence interval, the true (unknown) value of the estimate would be expected to lie within it 19 times out of 20.

The majority of inspection reports (97.5%) related to community pharmacies, with 2.4% relating to hospital pharmacies and 0.2% (23) relating to prison pharmacies.

With regard to the size of the pharmacy chain, 22.3% of pharmacy reports related to pharmacies which were not part of a chain, 15.5% to pharmacies which were part of chain of 2 to 5 pharmacies, 9.3% were part of a chain of 6-25, 4.6% part of a chain of 26-30, and 48.3% part of a chain of over 100 pharmacies.

The majority of pharmacy reports related to pharmacies in England (86.0%), with 8.9% relating to pharmacies in Scotland and 5.1% in Wales.

The majority (86.2%) of inspections were announced rather than unannounced.

How overall pharmacy ratings vary by pharmacy characteristics

Through the quantitative analysis of 14,650 inspection reports we have been able to demonstrate that overall pharmacy ratings varied according to different pharmacy characteristics and some of the differences between the proportions were statistically significant using 95% confidence intervals.

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

- all six 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 received an **announced inspection**
- four (66.7%) were located in **Scotland**, and two (33.3%) in **England**
- two (33.3%) were based on **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.

Pharmacies more commonly received **good overall ratings**, and this difference was statistically significant, if they:

- **were a hospital rather than community or prison 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)
- **belonged to larger pharmacy chains of 26 – 100 or >100 pharmacies**: 24.3% of pharmacies in chains of 26-100 branches received overall ratings of good, as did 27.0% of pharmacies in chains of over 100 branches, whereas 7.6% of pharmacies which were single independents, 9.9% of those in chains of 2-5 branches and 8.6% of pharmacies in chains of 6-25 branches were rated good overall
- **received an announced inspection**: announced inspections received a higher proportion of good overall ratings than unannounced (19.1% compared with 12.5%)
- **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%)
- **were based in rural settings**: 22.4% of pharmacy reports for pharmacies in rural settings were rated good overall, compared with 17.6% in urban settings, 19.1% in an urban city or town and 15.9% in a major urban conurbation

- **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:

- **were community rather than hospital or prison 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
- **were single independent pharmacies, or part of a chain 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 and 18.7% of those in chains of 6-25 branches, compared with 9.8% of those is chains of 26-100 branches and 8.5% of those in chains of over 100 branches
- **received an unannounced inspection**: 27.5% of pharmacies receiving an unannounced inspection received an overall rating of satisfactory with an action plan or poor, compared with 12.8% of those which were announced
- **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 some polarity in overall ratings for Scotland, as pharmacies in Scotland were also most commonly rated good
- **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.

No clear differences in overall ratings were identified between CCGs or Health Boards, Local Authorities, or deprivation levels. 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.

Pharmacies with an action plan (i.e. those pharmacies with an overall rating of either satisfactory with an action plan or poor) were grouped together for these analyses because this provided a larger number of reports, making results were 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 of the 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.

How overall pharmacy rating varies by ratings for principles and standards

Analysis methodologies used

Through both descriptive analysis and statistical analysis, relationships between overall ratings for pharmacies and the ratings for principles and standards were explored.

Within the relationship analyses, two types of analysis were carried out; regression analysis and sensitivity and specificity analysis. The 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 (noting that a standard rating of not met would always result in an overall rating of satisfactory with an action plan or poor).

Ratings for principles and the relationships with overall pharmacy ratings

Descriptive analysis showed that the principles most likely to be rated excellent or good were:

- Principle 2 (staff) – 26.6% of reports
- Principle 1 (governance) – 20.8% of reports
- Principle 4 (services) – 16.7% of reports

Those least likely to be rated excellent or good were:

- Principle 5 (equipment and facilities) – 0.1%
- Principle 3 (premises) – 1.4%

The principles most likely to be rated satisfactory were:

- Principle 5 (equipment and facilities) – 99.6%
- Principle 3 (premises) – 97.6%

Those least likely to be rated satisfactory were:

- Principle 2 (staff) – 72.4%
- Principle 1 (governance) – 76.2%
- Principle 4 (services) – 81.2%

The principles most likely to be rated poor were:

- Principle 1 (governance) – 3.1%
- Principle 4 (services) – 2.1%

Those least likely to be rated poor were:

- Principle 5 (equipment and facilities) – 0.3%
- Principle 3 (premises) – 1.0%
- Principle 2 (staff) – 1.1%

This means that there is a broader spectrum of performance on Principle 1 (governance) and Principle 4 (services) with significant numbers of pharmacies performing very well in these areas and also significant numbers falling below the standards. Principles 3 (premises) and 5 (equipment and facilities) have less variation suggesting that performance in these areas is more consistent with most pharmacies meeting but not exceeding the requirements. The

findings for Principle 2 (staff) suggest that pharmacies consistently meet the requirements for staffing but that this is also the area which is most frequently a differentiator of good performance.

Regression analysis suggested that the principles which were the strongest indicators of overall pharmacy performance were:

- Principle 1 (governance), followed by
- Principle 4 (services), then
- Principle 3 (premises)

The principles least associated with overall inspection outcomes were:

- Principle 2 (staff) and lastly
- Principle 5 (equipment and facilities)

Sensitivity and specificity analysis suggested that good or excellent ratings for the following principles were the most sensitive and specific indicators of which pharmacies were most likely to have a good or excellent overall rating for:

- Principle 1 (governance)
- Principle 2 (staff)
- Principle 4 (services)

Only a small proportion of pharmacies with an overall rating of good or excellent had a good or excellent rating for:

- Principle 3 (premises)
- Principle 5 (equipment and facilities)

A poor or satisfactory rating for any of the following principles is highly sensitive in identifying pharmacies that will require an action plan following an inspection and was most specific for:

- Principle 2 (staff), followed by
- Principle 1 (governance), then
- Principle 4 (services)

It was very non-specific for:

- Principle 3 (premises)
- Principle 5 (equipment and facilities)

This means that the latter two principles were not useful in predicting overall performance as most of the pharmacies that will not require an action plan will also be listed. This is not surprising given that we know that the majority of pharmacies were rated satisfactory for these two principles.

Overall, it can be seen that Principle 1 (governance) was consistently demonstrated to be the principle with the strongest influence on overall pharmacy performance, and Principle 5 (equipment and facilities) was suggested as least helpful principle as a predictor of overall pharmacy performance.

Performance under Principle 4 (services) was also shown to be influential on overall pharmacy performance using both regression and sensitivity and specificity analysis.

Principle 3 (premises) was shown to have a strong association with overall pharmacy rating using regression analysis, but sensitivity and specificity analysis suggested that this was a less useful predictor of overall pharmacy performance. Principle 2 (staff) was shown to have a less strong association with overall pharmacy performance using regression analysis, but was suggested to be a more useful predictor of overall pharmacy performance using sensitivity and specificity analysis.

Ratings for standards and the relationships with overall pharmacy rating

Descriptive analysis showed that the standards most likely to be rated excellent or good were:

- Standard 2.2 (staff skills and qualifications) – 34.6%
- Standard 1.2 (reviewing and monitoring the safety of services) at 32.4%
- Standard 1.1 (risk identification and management) - 32.3%

The standards most likely to be rated as not met were:

- Standard 1.1 (risk identification and management) – 5.1%
- Standard 4.3 (sourcing and safe, secure management of medicines and devices) - 5.1%

The standards least likely to be rated as satisfactory were:

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

Regression analysis suggested that all the standards but one (Standard 2.6, the appropriateness of incentives and targets) were statistically significantly related to the overall outcome.

Sensitivity and specificity analysis suggested that **good or excellent** ratings for standards were the most sensitive and specific indicators of which pharmacies were most likely to have a good or excellent overall rating for:

- Standard 1.1 (risk management)
- Standard 1.2 (safety of services)
- Standard 2.2 (staff skills and qualifications)
- Standard 2.4 (culture)
- Standard 4.2 (safe and effective service delivery)

Satisfactory or not met ratings for standards were the most sensitive and specific indicators of which pharmacies were likely to have a satisfactory with action plan or poor overall rating for:

- Standard 2.2 (staff skills and qualifications)
- Standard 1.2 (safety of services)
- Standard 1.1 (risk management)
- Standard 2.4 (culture)

Overall, the standards noted both as being associated with overall pharmacy performance through regression analysis and as having high sensitivity and specificity to overall outcomes, both for excellent and good overall performance and satisfactory with an action plan and poor overall performance were Standards 1.1 (risk management) and 2.2 (staff skills and qualifications). Standard 4.2 (safe and effective service delivery) was suggested as being associated with overall pharmacy performance through regression analysis and as being most sensitive and specific indicators of overall ratings where the overall ratings were excellent or good, although not where they were satisfactory with action plan or poor.

These findings align with the descriptive analysis findings, 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 through receiving a wider range of ratings, act as more useful indicators of overall pharmacy performance.

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 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.

Qualitative analysis findings

Emergent themes

The qualitative analysis of a sample of 249 GPhC inspection reports has identified a number of key themes that influence good or poor overall pharmacy performance.

Seven emergent themes associated with pharmacy performance were identified:

- **governance** – whether the arrangements through which pharmacy services and operations are managed are thorough and robust
- **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
- **efficient processes** – the degree to which the pharmacy is well organised and using efficient processes across a range of activities
- **responsiveness** – the extent to which the pharmacy demonstrates the ability and willingness to positively respond to customer and patient needs
- **customer and patient focus** – the extent to which the pharmacy demonstrates that customers and patients are at the heart of pharmacy activities
- **added value** – offering a wide range of often innovative services in response to the needs of the local community
- **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

The term ‘themes’ as used in this report 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. The seven emergent themes were identified through a ‘bottom up’ analysis of reports.

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 lack of key knowledge and a failure to learn.

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, including but not limited to the quality of record keeping, maintaining appropriate audit trails or supporting effective communication.

Examples of strong governance were consistently given where pharmacies were rated excellent or good for the relevant principle, suggesting that strong governance contributes to overall ratings of excellent or good. 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, and more serious issues would be noted, such as significant failures in maintaining and adhering to Standard Operating Procedures (SOPs), and these would be likely to occur consistently across principles.

The emergent theme of a proactive approach

A proactive approach describes how activities are undertaken, whereas other themes such as governance are more concerned with what activities are carried out and how well these are done. A proactive approach encompasses factors such as 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 to develop and change that is embedded within the culture of the pharmacy. The converse of a proactive approach is a passive approach. A passive approach provides a context in which a risk may not be recognised and proactive actions not taken to reduce the chance of negative patient outcomes.

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.

The emergent theme of efficient processes

Where pharmacies have efficient processes in place, staff are better able to make the best use of their time, potentially allowing them to focus more on ‘value added’ activities. Good organisation also means that the scope for error is reduced and risks are reduced. Efficient processes can be demonstrated in a range of ways, such as good processes for dispensing, carried out in a well organised and uncluttered environment, with staff able to focus on particular tasks without interruption, supported by effective communication.

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.

While pharmacies rated satisfactory with an action plan or poor overall would also demonstrate good practice related to some or many of the above, more issues were likely to be noted, such as staff observed to be 'fire-fighting' or wasting time on unnecessary activities.

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. Examples included improving health promotion materials available, and providing more training for staff and changing working patterns to reduce queues, in response to customer feedback.

A lack of responsiveness could be shown by failing to respond 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.

More evidence of a responsive approach was found in pharmacies with an overall rating of excellent or good, with fewer examples identified in pharmacies with lower overall ratings.

This theme is similar to efficiency, in terms of demonstrating aspects of the capability of pharmacies to improve, and to the theme of a proactive approach. It differs from a proactive approach in that a responsive approach demonstrates where changes are made in reaction to an issue being flagged.

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. 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.

This theme can be seen to be related in particular to the theme of a proactive approach, 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 in pharmacies with lower ratings.

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.

The majority of examples relate to pharmacies with an overall rating of excellent, although a small number of examples were also identified in pharmacies with an overall rating of good. Examples were not identified of added value in relation to pharmacies with lower overall ratings than excellent or good, and this theme is typically a strong differentiator between ratings. It may 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.

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.

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 poorly performing pharmacies, 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 under this theme as they typify the range of issues which have been noted within less-well performing pharmacies, and which are considered to be 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 was identified, relating to a number of principles. These might typically include issues such as staff receiving insufficient training, poor communication between staff, standard processes being unclear or not followed, or a failure to learn from near misses.

The examples seen relating to a lack of key knowledge and a failure to learn are not typical of the majority of pharmacies, and are concentrated among those rated poor overall. However, it is notable that in many examples found, specific mention was made by inspectors of the real or potential risks for patients implicit in these gaps in knowledge. It is therefore suggested that while pharmacies with systemic and wide-spread issues around a lack of knowledge and a failure to learn are very much in the minority, they merit particular attention.

Pre-identified themes

As well as the emergent themes discussed, the GPhC expressed interest in exploring the three themes of:

- leadership
- innovation
- demonstrating outcomes for patients

The GPhC wished to understand the extent to which these pre-identified themes were evidenced within inspection reports, 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. The GPhC standards do not require that inspectors explicitly refer to or assess the impact of leadership on the performance of pharmacies. However, when reviewing evidence for principles a range of examples were found which appeared to demonstrate the influence of leadership on pharmacy performance. Examples were most commonly identified under Principle 1 (governance) and Principle 2 (staff).

Examples of strong and effective leadership were noted most consistently for pharmacies with overall ratings of excellent or good, although many 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 leadership could be improved.

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 however that the quality of leadership is not explicitly assessed through the GPhC standards, and therefore while some examples identified directly noted the influence of a person in a leadership role, many examples have been assumed or imputed to be related to leadership. It is also noted that differences in performance may be related wholly or in part to other factors than leadership, but evidence is not available to demonstrate this. 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 to and motivated to be able 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 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 demonstrated consistently in the pharmacies with excellent or good ratings for relevant principles.

Where a principle was rated as satisfactory or poor, smaller, incremental changes might also be demonstrated. 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 changes could be found where the pharmacy was rated poor for the relevant principle.

There is overlap between improving efficiency and introducing innovative new ideas. Both efficient working and innovation are supported when pharmacies meet best practice across the range of their activities.

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. As might be expected, the more positive evidence 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, suggesting that outcomes for patients are related to the performance of the pharmacy.

The pre-identified theme of the demonstration 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.

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.

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.

The extent to which the performance of excellent rated pharmacies is consistent with the GPhC 'Principles of an Excellent Pharmacy'[5],[6]

The performance of a pharmacy must be seen as exceptional for an overall rating of excellent to be given. Six pharmacies were rated excellent out of 14,650 which have been inspected. This of itself suggests that these pharmacies are genuinely exceptional.

The pharmacy inspection reports showed that the six pharmacies with an overall rating of excellent clearly and strongly demonstrated meeting these principles, including showing better performance than other pharmacies across the range of standards.

Pharmacies rated excellent overall were particularly notable for the range of services they offered, and especially their ability to offer new and innovative services in direct response to local needs. A number of factors enabled them to introduce these new services. Among these were proactive staff and managers, close collaboration with other organisations or professionals working with the target group, having adequate numbers of suitably trained staff, and in some instances, recruiting more staff to deal with the increased workload demanded by new services. Staff would be working safely and effectively, to robust processes, and so maximising their efficiency, helping give the capacity to develop services further.

The extent to which themes identified through the GPhC crowdsourcing exercises are reflected in inspection reports

The GPhC carried out two crowdsourcing exercises in 2017 to understand the views of the pharmacy sector as to quality in pharmacy, and to identify the factors that are considered important in delivering quality. These identified seven elements which contribute to the quality of pharmacy services, and 17 key themes that are important in delivering these seven elements. (The term 'activities' is used in this report rather than the term 'themes' used in the crowdsourcing exercises, to avoid confusion as the term 'themes' is used extensively in this report in a different context.)

Overall, many activities identified through the GPhC crowdsourcing exercises are reflected in current inspection reports. In some cases the element or activity closely maps to an existing standard, and therefore is consistently reflected in current inspection reports. In more cases, relevant information is dispersed throughout reports and/or is not consistently recorded and/or information in inspection reports is reflective of only part of the crowdsourcing element or activity. In some instances, little or no information is given in reports relating to the crowdsourcing element or activity.

Four elements and activities were extensively reflected in inspection reports, three of which related to good communications, and one of which related to ensuring appropriate staff levels and skill mix.

[5] The eight guiding principles for an excellent pharmacy are: 1) you will already be performing well against our standards; 2) the pharmacy services you provide will be designed and delivered with patients at their core; 3) you will be improving outcomes for individual patients; making a significant difference to them; 4)you will be optimising patients' use of medicines to ensure they take the right medicines at the right time and to reduce wastage of medicines; 5) you will be looking outside the walls of the pharmacy to understand the health needs of your local community and deliver pharmacy service to meet those needs;6) you will be working in partnership with other healthcare providers and community groups to improve outcomes for individual patients and groups of patients; 7) you will be continually learning and researching good practice to identify ways of improving patient safety, and 8) you will be a model for other pharmacies to learn from.

[6] https://www.pharmacyregulation.org/principles-excellent-pharmacy

Six elements and activities were frequently reflected in inspection reports, although in some cases part of the element or activity was reflected rather than all. An example is element 5, maintaining, developing and using professional knowledge and skills, for which it was found that references to maintaining and developing professional knowledge and skills were noted frequently, but far fewer references to using these were seen. No discernable themes or common topics were noted within these six.

A further eleven elements and activities were referenced to some degree in inspection reports. As for those where frequent references were identified, in a number of cases some rather than all of the issues described by the element or activity were reflected. More than one mention was made of each of the areas of joint or partnership working, leadership and enabling or taking personal responsibility.

Three activities were rarely, if ever, reflected in inspection reports. These were all particularly specific activities, and in some cases responsibility for these lie outside of the remit of the GPhC.

Analysis of unstructured data

At the beginning of each inspection report, the inspector has space in which to record contextual information about the pharmacy such as the use of robots, the use of auto methadone measures, the use of an electronic register and the presence of an independent prescriber, and inspectors have autonomy and flexibility in what they record.

The analysis of these unstructured variables found that numbers were too small to draw meaningful conclusion, however there appeared to be a preponderance of pharmacies with an overall rating of excellent which were reported as having these facilities. It should be noted that it is not known how many pharmacies also had these facilities but this was not recorded by the inspector.

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 single 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.

2 Introduction

Background

This report was commissioned by the General Pharmaceutical Council (GPhC) and produced by Solutions for Public Health (SPH) to support the GPhC in respect of the analysis of inspection reports, and gives:

- the background to and aims and objectives of the project
- the methodologies used by SPH to address the GPhC's requirements
- analysis of quantitative data from 14,650 inspection reports
- analysis of qualitative information gathered from a sample of 249 inspection reports
- presentation of findings

The GPhC is the regulator for pharmacists, pharmacy technicians and pharmacies in Great Britain. The GPhC regulates pharmacies by:

- setting standards for registered pharmacies
- inspecting all pharmacies on a periodic basis during which time pharmacies are asked to show evidence of how the standards are met
- responding to issues of concern raised with the GPhC about a pharmacy

The standards for registered pharmacies are intended to create and maintain the right environment, both organisationally and physically, for the safe and effective provision of pharmacy services, and there is a range of ways that they can be met by a pharmacy. The GPhC's current approach to inspecting pharmacies has been in place since 2013. Since then, the GPhC has inspected more than 14,000 pharmacies across England, Scotland and Wales.

Following each inspection, inspectors produce a report to document the evidence and judgement on how well a pharmacy is performing against the standards. Inspectors use a decision making framework to help them ensure the judgements are consistent and based on evidence. Reports are qualitative in nature, but include information which can also be used for quantitative analysis, particularly the ratings given against standards, principles, and for the pharmacy overall.

The GPhC has previously carried out a series of crowdsourcing campaigns to find out how the pharmacy sector views quality in pharmacy and to identify the factors that are important in delivering quality. The GPhC has also published eight guiding principles that it considers make an excellent pharmacy.

This report analyses the quantitative data from 14,650 inspection reports produced under the current inspection arrangements together with a qualitative analysis of a sample of 249 of these reports.

Aims and objectives

The aims of the analysis of inspection reports were to:

- analyse key characteristics of registered pharmacies
- extract common themes from inspection reports
- 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

- identify examples of notable practice

Specifically, the GPhC wished to better understand:

- what are the common characteristics of an excellent pharmacy?
- what are the common characteristics of a good pharmacy?
- what are the common characteristics of a satisfactory pharmacy?
- what are the common characteristics of a poor pharmacy?
- are there standards or groups of standards for registered pharmacies which if met or not met are associated more with particular ratings?
- what are the top five and the bottom five standards in terms of performance and how are these associated with the overall rating of the pharmacy?
- what themes in reports are associated with the pharmacy rating?
- what are the factors for success?
- what factors contribute to the causes of poor performance?
- are the GPhC's principles of an excellent pharmacy consistent with real excellence when it is demonstrated?
- are the findings from the GPhC's crowdsourcing work consistent with the themes in the inspection reports?

The GPhC intends to use the findings of the SPH analysis to inform the development of:

- information to support improvement in pharmacies through publication of the learning from inspections and sharing the findings with owners and others responsible for quality in pharmacy
- predictive indicators of pharmacy performance that will allow the GPhC to enhance how routine intelligence is used in decision-making. For example, the GPhC may choose to inspect some pharmacies more frequently if they display common characteristics of poor performance against the standards for registered pharmacies
- policy and operational processes to better support consistent decision-making and management and processing of the data the GPhC collect
- future revisions to standards and publication of guidance to ensure standards for registered pharmacies are fit for purpose and continue to promote best practice in pharmacy and to provide relevant guidance to support the delivery of safe and effective care

Context

How GPhC inspectors assess the performance of pharmacies

Following inspection, pharmacies can be rated excellent, good, satisfactory or poor. These ratings are given following detailed assessments against five principles, which themselves encompass up to eight standards each, as shown in Appendix 1.

Performance against each principle is rated excellent, good, satisfactory or poor.

Performance against each standard is rated excellent, good, satisfactory or as standard not met. The GPhC refers to those standards given a rating other than satisfactory as Exception Standards.

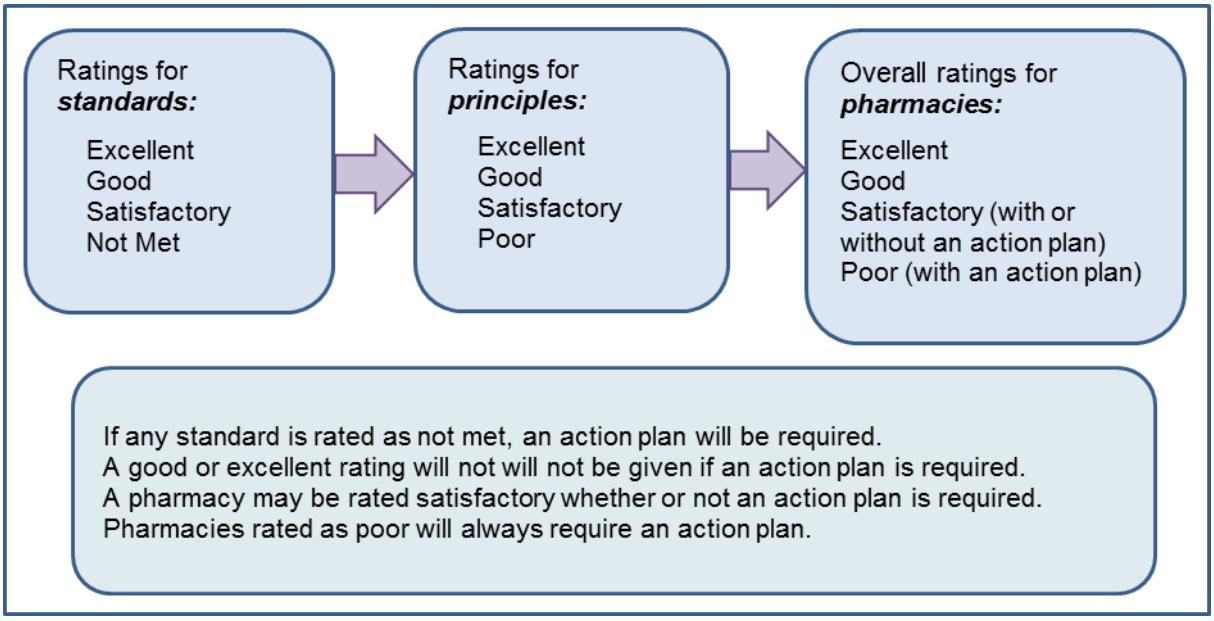
The rating of the pharmacy overall, and of each principle, is based on the judgement of the inspector, taking into account the context, overall picture and the decision making framework. The rating is not determined by specific rules around the number of standards in each rating

category within each principle. However, where any standard is assessed to be not met, the pharmacy will not receive an overall rating of excellent or good.

Where there are standards which are judged to be not met, an action plan is required to be developed and which the pharmacy is then expected to put in place to address the specific issues identified. Pharmacies rated satisfactory can therefore be subdivided into those which are satisfactory with no action plan, or satisfactory with an action plan. All pharmacies rated poor will have an action plan in place.

These various ratings are shown in Figure 1.

Figure 1: Possible ratings for standards, principles and pharmacies overall



3 Methodology

Quantitative methodology

The GPhC provided SPH with a dataset of 14,650 inspection reports. This dataset consisted of the most recent inspection report results for the 14,650 pharmacies that had been inspected since the current inspection regime was introduced in 2013.

The dataset contained the following information:

- the overall rating given to the pharmacy by the inspector
- the ratings given by the inspector for each GPhC principle
- the ratings given by the inspector for each GPhC standard
- various characteristics of each pharmacy including:
  - geographical information such as country, local authority, Clinical Commissioning Group (CCG) or health board (HB)
  - the sector the pharmacy operated in (community, hospital or prison)
  - the size of the pharmacy in terms of how many pharmacies were in the pharmacy chain
  - whether there had been any concerns raised[7] with GPhC about the pharmacy and if so how many times this had happened
  - the number of times the pharmacy had been inspected in the current inspection model
  - whether the most recent inspection was announced or unannounced

A full list of data fields contained in the dataset is shown in Appendix 2. A breakdown of the number of pharmacies by each pharmacy characteristic is shown in Appendix 9.

The SPH team used the pharmacy postcode field to identify and record the overall level of deprivation local to the pharmacy. The lower super output area field was used to append deprivation deciles to the data file using the latest national deprivation indices for each country. These were:

- England – English Indices of Deprivation 2015 (https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015
- Scotland – Scottish Index of Multiple Deprivation 2016 (https://www.gov.scot/Topics/Statistics/SIMD)
- Wales – Welsh Index of Multiple Deprivation 2014 (https://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en)

The dataset was then analysed in accordance with an analysis plan agreed with the GPhC at project inception. The analysis plan encompassed descriptive analysis and investigation of relationships between ratings given for pharmacies overall, for principles and for standards, and of relationships between ratings given and pharmacy characteristics.

The analysis of the dataset was completed in two stages, described below.

Descriptive analyses

This involved detailed analysis of:

[7] Concerns data refers to concerns investigated by the GPhC. Concerns closed at triage are not included.

- overall inspection ratings and pharmacy characteristics:
- ratings for principles and pharmacy characteristics
- overall inspection ratings and ratings for principles
- overall inspection ratings and ratings for standards

The pharmacy characteristics included in the analysis were as follows:

- Variable 1 - the sector the pharmacy operated in (community, hospital or prison)
- Variable 2 - whether the pharmacy was part of a chain, and if so, how many pharmacies were within that chain
- Variable 3 - the pharmacy chain for those chains with over 100 branches
- Variable 4 - whether the most recent inspection was announced or unannounced
- Variable 5 - whether there had been any concerns raised with the GPhC about the pharmacy and if so how many times this had happened
- Variable 6 - the country the pharmacy was located in (England, Scotland or Wales)
- Variable 7 - the inspector region (inspectors are based in one of four regions, East, West, North and South)
- Variable 8 - whether the pharmacy was based in an urban or rural setting
- Variable 9 - the CCG or health board
- Variable 10 - the local authority
- Variable 11 - the deprivation level of the area where the pharmacy was located

The date(s) of any previous inspections, and the overall rating(s) given were also analysed for pharmacies that had been inspected more than once.

The descriptive analyses show the number(s) and/or percentage(s) of inspection reports by overall rating category both overall and for a number of pharmacy characteristics such as the number of pharmacies in the pharmacy chain, or whether the inspection was announced or unannounced.

Where appropriate, confidence intervals (based on confidence levels of 95%) were presented, to seek to understand whether any apparent differences shown were statistically significant. These confidence intervals were produced using a confidence interval calculator published by Public Health England (PHE)[8]. A statistically significant difference between results (for example, in the percentage of reports giving an overall rating of satisfactory by country) would be suggested if the confidence intervals charted for each country did not overlap.

Similar analyses were carried out by principle rating rather than by overall pharmacy rating. In addition, analyses of ratings for standards by principle were produced. Lastly, trends in overall inspection ratings for those pharmacies within the dataset that had been inspected more than once under the current inspection regime were described.

Relationship analyses

Analyses were carried out to assess the strength of any relationship(s) between individual principles and standards and the overall pharmacy ratings, using two different methods: regression analysis, and the calculation of sensitivity and specificity.

8 PHE Tool for common PH Stats and CIs.xlsx

- Regression analysis

  Regression analysis provides a method for testing for the presence and strength of a relationship between variables.

  A dependent variable is the main factor that you are trying to understand or predict, in this case, the overall inspection rating. Independent variables are factors thought to possibly have an impact on your dependent variable, in this case, the ratings for principles and standards. Other independent variables including pharmacy characteristics such as the inspection type (announced or unannounced), size of the pharmacy chain, owner group, country, whether urban or rural, setting (hospital, community or prison), area-based deprivation level and year of inspection of the pharmacy) were taken into account in the regression analysis.

  This analysis was based on the outcomes of the 14,650 inspection reports, and analysis for the independent variables of principles and standards included adjustment for other independent variables.

  The regression analysis could not take account of the fact that no pharmacies with a rating of not met for any standard would always receive an overall rating of satisfactory with and an action plan or poor.

- Sensitivity and specificity tests

  The regression analysis is somewhat limited by the predetermined rules that relate outcomes for standards with overall outcomes, which stipulate that where any standard is not met, the pharmacy needs an action plan and therefore must have an overall rating of either poor or satisfactory with action plan. We therefore also carried sensitivity and specificity analyses, to assess whether excellent or good ratings for principles or standards provided a potential means of indicating which pharmacies are 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 are more likely to be rated overall as satisfactory with action plan or poor (noting that a standard rating of not met would always result in an overall rating of satisfactory with action plan or poor).

  This analysis was based on the outcomes of the 14,650 inspection reports, without adjustment for other characteristics of pharmacies.

  Excellent and good results have been grouped together, as the number of pharmacies rated excellent overall is too few to form their own analysis, but they should not be excluded.

  Satisfactory and poor/not met results have been grouped together also. While this will affect the results of analysis, as where standards are rated as not met, the overall result for the pharmacy will always be satisfactory with action plan or not met, the alternative would be to exclude these from analysis, which would be more detrimental to gathering meaningful results.

  It is noted therefore that both the regression analysis and the sensitivity and specificity analyses are constrained to some degree by the structure of the inspection report data, but the use of both together serves to mitigate against this.

Display of data

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.

Qualitative methodology

Sampling of inspection reports

A sample of 249 reports was selected from the 14,650 completed inspection reports. The sample was stratified by country, pharmacy sector, overall pharmacy rating and by size of pharmacy. The following sampling rules, agreed with the GPhC during project initiation, were applied:

- include all excellent reports (n=6)
- where there are fewer than 10 reports in a combination of the sampling criteria, include 1 report in the sample
- where there are 10 – 99 reports in a combination of the sampling criteria, sample 5% of satisfactory reports and 10% of poor and good reports
- where there are 100 – 999 reports in a combination of the sampling criteria, sample 1% of satisfactory reports and 3% of poor and good reports
- where there are 1000+ reports in a combination of the sampling criteria, include 20 reports in the sample

The rationale behind these sampling rules was to ensure that all combinations of inspection reports by country, pharmacy sector, overall pharmacy rating and size of pharmacy present in the 14,650 inspection reports, were included in the sample of 249 reports. Inspection reports where the overall pharmacy rating was excellent, good and poor were proportionately over-sampled. This was because the GPhC had expressed interest in identifying features of well and poorly performing pharmacies. For inspection reports where the overall rating by the inspector was satisfactory, preference was given to analysing inspection reports with an improvement plan.

In addition, consideration was also given to the representation of inspector, inspector region and whether or not the satisfactory reports had an action plan in the finally selected sample.

Application of the sampling rules produced a sample of 249 inspection reports with breakdowns by country, sector, inspector judgement and size of pharmacy is shown in Appendix 3.

In addition, a second sample of 288 reports was identified from the data set of 14,650 reports. This sample was used to validate the representativeness of the main sample used in analysis. The second sample was identified using similar, but not identical, sampling rules to the original sample since all six excellent rated pharmacy reports had been included in the original sample, and so were not included in the second sample.

Review of sub-sample of 30 reports

The sample of 249 reports (the sample) was provided to SPH within an Excel file, which showed all the evidence provided by inspectors for the GPhC principles for each inspection report, together with the ratings given overall, for each principle and for each standard. Each inspection report was also provided in Word format.

From the sample SPH created a sub-sample of 30 reports, including 6 reports for each rating category where the pharmacy was rated excellent, good, and poor. For pharmacies where the inspection report rated the pharmacy as satisfactory, 12 reports were included in the sub-sample, 6 where an action plan had been required and 6 where an action plan had not been required.

Word versions of the sub-sample reports were reviewed in full by members of the SPH team to identify a list of common issues. A set of key words and phrases was then generated for each issue that reflected the inspectors' findings on pharmacy performance against that issue. This exercise was completed separately for each of the overall rating categories. Through this exercise, an initial set of overarching themes was also suggested.

An internal workshop was attended by the SPH Quality Assurance lead and members of the project team involved in the qualitative analysis of the sub-sample to discuss and review findings from the review of the inspection reports. The team worked together to agree the final list of issues, key words and themes to be taken forward for the next phase of the analysis.

The issues, key words and themes present in this list were discussed with the GPhC, prior to use in the next phase of the analysis, and articulated via an analytical framework, which was developed to act as a reference point throughout the project, and evolved to reflect findings as the project progressed. The final version of the analytical framework can be found in Appendix 4.

The research used an approach which enabled the issues, key words and themes to emerge from the data rather than by projecting a pre-agreed set of search terms on to the dataset. The analysis led to the identification of many issues that closely reflected the GPhC standards and principles. Others emerged that were not explicitly asked for via the standards. This was considered useful because it had been noted that practice can change over time, and the GPhC wished to be assured that all necessary aspects of practice were captured within their standards.

Review of sample of 249 reports

To enable qualitative findings to be captured, findings logs were completed by the project team for each of the issues identified from the analysis of the sub-sample of 30 reports. The identified issues were mapped to the GPhC standards, with some standards encompassing multiple issues. The findings logs were then assembled by standard. Where issues emerged which were not explicitly asked for via the standards, these were mapped to the closest relevant standard.

Brief summaries of findings for each standard, based on the evidence recorded in findings logs, are presented in Appendix 5.

To complete each findings log, the following process was used:

- inspection reports where the relevant standard was rated excellent were selected in Excel (for example, Standard 1.1)
- text was copied from the evidence for principles for the relevant principle to Word (for example, Principle 1, governance)
- the pre-identified search terms were used to identify those parts of the evidence for the principle which related to the issue
- these sections of text were manually reviewed
- representative samples of text were copied to the relevant findings log

- the summary analysis section of the findings log was completed

This process was repeated for inspection reports where the relevant standard was rated good, satisfactory or not met (noting that not all standards would have received all ratings, for example, for some standards there might be inspection reports with ratings of satisfactory or not met only)

Throughout this process, the SPH qualitative analysis team also actively reviewed the list of issues identified initially, refining their definitions where appropriate. The analysis framework was continually adapted and improved, to reflect refinements identified, as part of this iterative process.

In addition to reviewing inspection report content from the perspective of gathering and analysing information relating to issues, the SPH qualitative analysis team also considered the identification of themes.

A theme was defined as an aspect of pharmacy activity which was considered to be influential on pharmacy performance, underlying strong or weaker performance or both, and acting across more than one principle. On completion of each findings log, the relevant member of the SPH team gave specific consideration to whether the evidence reviewed suggested the presence of one or more themes.

On completion of all findings logs, a further workshop was held, with each SPH qualitative analysis team member presenting their findings with regard to potential themes. Each was assessed against the definition of a theme. Those which were determined as fitting the definition were then further assessed. A high level of commonality was found across the themes identified by the different team members, suggesting that their selection had been robust. To confirm this, and to provide further specific examples of text taken from inspection reports, in addition to any already recorded within findings logs, a final search was made of the evidence for principles presented in the Excel file, focusing on those where the overall rating for the pharmacy and for the individual principle was rated excellent, good or poor, as best demonstrating factors which might influence overall pharmacy performance. As a result of this, the selection of themes was confirmed as being robust, with no themes discounted from selection, although two similar themes were combined into one (lack of key knowledge, and a failure to learn), and examples of pharmacy activity from each search were collated, to inform this paper.

Review of a comparative sample of 288 inspection reports

In order to assess how representative the sample of 249 inspection reports was of the total number of 14,650 reports, a second sample (of 288) reports was provided by the GPhC. This sample had similar proportions of inspection reports with overall ratings of good, satisfactory and poor (there were no additional excellent rated inspection reports to include) to the main sample used as the basis for qualitative analysis in this report. Two sets of comparisons were made between these two samples.

Comparison 1:

- key words and phrases used in the qualitative analysis were entered into NVivo text analysis software, and a word search carried out to identify how frequently each key word or phrase was found within the inspection reports in both samples

Comparison 2:

- the thematic analysis function available in NVivo was used to identify which words or phrases occurred most frequently in both samples, looking at all words rather than the pre-selected key words and phrases

In both sets of comparisons, there was a close match in the results for both samples, suggesting strong similarities between both samples, and thereby giving additional assurance of the representativeness of the sample of inspection reports used here. Details of both comparisons are shown in Appendix 6.

Review of information from the GPhC crowdsourcing exercises

The GPhC has carried out two crowdsourcing exercises to understand the issues which the pharmacy community consider important to reflect in the GPhC inspection process. SPH carried out analysis into the extent to which the current processes reflect these issues.

To complete this analysis, the themes identified through the crowdsourcing exercises were cross-tabulated against the GPhC standards, to understand where it might be expected that the crowdsourcing themes were represented in inspection reports.

Subsequently, all issue logs were reviewed to establish the extent to which the crowdsourcing themes were actually represented in inspection reports. This focused particularly on findings logs relating to any standards with crowdsourcing themes had been mapped to. A final search was then made in evidence for principles.

Unstructured data analysis

Within each inspection report, the inspector completes a short section giving contextual information about the pharmacy, such as where it is located and the range of services it offers. Some indication of the size of the pharmacy may be given, for example through a description of the number of prescriptions dispensed over a period of time. Inspectors are free to enter information they consider to be of relevance, although there is a degree of consistency in the type of information entered. The information of particular interest to the GPhC related to factors such as:

- the demographics of the community they serve and health profiles
- services offered
- prescription volumes
- use of technology such as dispensing robots
- presence of pharmacist independent prescriber

This information, when given in reports, is entered as free text, therefore these information items have been referred to as ‘unstructured variables’.

For the final element of the qualitative analysis the GPhC requested that the SPH project team review the 249 inspection reports and assess whether it was possible to undertake quantitative analysis of some of these unstructured variables. Accordingly, the SPH project team manually reviewed all 249 inspection reports in the sample for qualitative analysis for each of these unstructured variables.

The analysis shows the number and percentage of inspection reports containing these data items and compared the information available for the different overall inspection rating categories.

Use of examples from inspection reports

Throughout this report examples are used to illustrate particular findings. These are taken directly from inspection reports, and indicated through the use of inverted commas. While these are normally taken verbatim from the inspection reports, grammatical or spelling errors

have been corrected. In some instances where text was in the original report which was not relevant to the findings being illustrated but which was interspersed with relevant text, this has been removed, with care taken to not alter the meaning of the quotation.

4 Quantitative analysis

Summary of key findings from analysis by pharmacy characteristics

Overall inspection rating

- <0.1% of the inspected pharmacies achieved an overall rating of excellent
- 18.2% of the inspected pharmacies were rated good
- 78.2% of the inspected pharmacies were rated satisfactory
- 3.6% of the inspected pharmacies were rated poor
- 14.8% of the inspected pharmacies required an action plan following inspection (those pharmacies rated poor or satisfactory with action plan)

Overall inspection rating in relation to pharmacy characteristics

Sector No hospital (n=347) or prison (n=23) pharmacies were rated poor, compared with 525 (3.7%) community pharmacies. Hospital pharmacies had a higher proportion of pharmacies rated good (28.2%)* than community pharmacies (18.0%) and prison pharmacies (8.7%).

Size Pharmacies that were part of larger pharmacy chains had a higher proportion of good ratings (27.0%)* and a lower proportion of poor ratings (1.3%)* than single independent pharmacies (7.6% good, 7.2% poor) and pharmacies that were part of smaller chains (9.9% good, 5.6% poor).

>100 branches No pharmacy chains with over 100 branches were given an overall rating of excellent. Group 5 (40.5%) and Group 2 (39.6%) had the highest proportion of pharmacies rated good overall and Group 6 (3.9%) had the highest proportion rated poor overall.

Inspection type Announced inspections received a higher proportion of good ratings* (19.1% compared with 12.5%) and a lower proportion of poor ratings* (2.5% compared with 10.2%) than unannounced inspections.

Concerns raised Previous concerns had been reported to the GPhC for 1,094 (7.5%) of the inspected pharmacies. There were 202 (1.4%) pharmacies where concerns had been reported multiple times.

Pharmacies rated poor were more likely to have had concerns reported previously to the GPhC than pharmacies rated good or satisfactory. This was the case for 17.5%* of pharmacies rated poor, compared to 5.2% of pharmacies rated good.

Country Pharmacies in Scotland achieved higher proportions of both good and poor ratings* compared to pharmacies in England and Wales, where a higher proportion were rated satisfactory. Four of the six pharmacies rated excellent overall were also located in Scotland.

Region	The North region had a higher proportion of pharmacies rated good (32.3%)* compared to other regions. The West region had the lowest proportion of both pharmacies rated satisfactory with action plan (6.7%)* and poor (2.0%)*.
Setting	A slightly higher proportion of pharmacies in rural settings (22.4%)* were rated good overall by inspectors than pharmacies in urban settings (17.6%).
CCG/HB and LA	Pharmacies in Birmingham had the highest number of completed inspections under the current inspection regime. The health boards and local authorities with the highest proportion of pharmacies rated good overall were based in Scotland.
Deprivation	There was no clear pattern between levels of deprivation and the proportion of pharmacies rated good. However, in general, the most deprived deciles had slightly higher proportions of pharmacies rated poor, but the number of pharmacies involved (particularly for Scotland and Wales) is too small to be able to draw meaningful conclusions.

Ratings for principles in relation to different pharmacy characteristics

Principles 2 (staff) and 1 (governance) had a higher proportion of good ratings than the other principles. Principle 1 (governance) also had the highest proportion of poor ratings (3%). Very few pharmacies were rated excellent against any of the principles, but Principle 5 (equipment and facilities) was the only principle where no pharmacies were rated excellent.

There was a large preponderance of satisfactory ratings for Principles 3 (environment) and 5 (equipment & facilities) with over 98% of inspections resulting in satisfactory ratings for these two principles.

Sector	For Principles 1 (governance), 2 (staff)* and 4 (services), hospital pharmacies received a higher proportion of good ratings than both community and prison pharmacies. None of the hospital or prison pharmacies were rated poor for their performance against any of the principles. All of the pharmacies that were rated excellent for any of the principles were community pharmacies.
Size	For each of the five principles, pharmacies belonging to larger pharmacy chains generally achieved higher ratings than single pharmacies or pharmacies belonging to smaller chains.
>100 branches	For Principles 1, 2 and 4, the pharmacy chains with the highest proportion of pharmacies rated good were Groups 2 (P1=44.5%*, P2=48.5%*, P4=35.7%*) and 5 (P1=43.0%, P2=45.5%, P4=38.8%). For Principles 3 and 5, the vast majority of pharmacies in all groups were rated satisfactory.

Inspection type	For each of the five principles, pharmacies receiving announced inspections achieved a higher proportion of good ratings and a lower proportion of poor ratings than pharmacies receiving unannounced inspections. Across all five GPhC principles, there were 21 excellent ratings, and in all but two cases they related to announced inspections.
Concerns raised	Principle 2 (staff) had the highest proportion of pharmacies with any previous concerns rated good (18.9%) and Principle 5 (equipment & facilities) the lowest (0.3%). Principle 1 (governance) had the highest proportion of pharmacies with any previous concerns rated poor (6.7%) and Principle 5 (equipment & facilities) the lowest (0.5%).
Country	For Principles 1 (governance) and 4 (services), pharmacies in Scotland achieved higher proportions of good ratings* than pharmacies in England and Wales. For Principles 1 (governance)*, 2 (staff) and 4 (services)*, pharmacies in Scotland also had the highest proportion of poor rated pharmacies.
Region	For Principles 1 (governance)*, 2 (staff)* and 4 (services)*, pharmacies in the North inspector region had a higher proportion of good ratings than pharmacies in the other regions.
Setting	A higher proportion of rural pharmacies were rated good (P1=25.7%*, P2=29.2%*, P4=21.2%*) than pharmacies in urban settings (P1=20.0%, P2=26.2%, P4=13.8%) for Principles 1 (governance), 2 (staff) and 4 (services).
Deprivation	Analysis was done by principle and deprivation decile, and on the whole there were no discernable patterns. Where there were differences, often the numbers were too small to draw meaningful conclusions.

Performance against GPhC standards

Standard 2.2 (staff skills and qualifications) had the highest mean average score suggesting that pharmacies were rated slightly better against this standard than the others. Standards 1.6 (record keeping) and 5.2 (sourcing and safe, secure management of equipment and facilities) had the lowest mean scores, suggesting that more pharmacies were rated standard not met against these standards.

No pharmacies were rated excellent against any of the standards under Principle 3 (premises) or Principle 5 (equipment and facilities).

Fewer than 200 pharmacies were rated other than satisfactory for Standards 1.5 (insurance/indemnity arrangements), 2.6 (appropriateness of incentives and targets), 3.3 (hygiene of premises), 3.4 (security of premises), 3.5 (appropriateness of environment), 5.1 (availability of equipment and facilities) and 5.3 (privacy and dignity through equipment and facilities). This is not unexpected as some of the standards such as Standard 1.5 (insurance/indemnity arrangements) relate to aspects of pharmacy services that are binary in nature i.e. a pharmacy will either have adequate insurance/indemnity arrangements in

place or it will not have. In such cases it is very hard to be rated good or excellent by inspectors.

Overall inspection rating compared to ratings for individual standards

Standards 1.1 (risk identification and management), 1.2 (reviewing and monitoring the safety of services) and 4.2 (safe and effective service delivery) appear to be the best discriminators of pharmacy performance.

Good ratings A high proportion of pharmacies rated excellent or good overall received a good or excellent rating for these standards (97% for Standard 1.1, 95% for Standard 1.2 and 91% for Standard 4.2).

Poor ratings 81.5% of poor rated pharmacies received a standard not met rating for Standard 1.1 (risk identification and management) and 66.9% received a standard not met rating for Standard 1.2 (reviewing and monitoring the safety of services). More than half the poor rated pharmacies also received a standard not met rating for standards 4.2 (safe and effective service delivery) and 4.3 (sourcing and safe, secure management of medicines and devices).

Trend in pharmacy inspection results

Of 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).

Note: * = Differences are statistically significant at 95% Confidence Levels.

Summary of key findings from relationship analysis

Relationship between overall pharmacy performance and principles

Using both regression analysis and sensitivity and specificity analysis, Principle 1 (governance) was suggested to be the principle with the strongest influence on overall pharmacy performance, and Principle 5 (equipment and facilities) was suggested as the least helpful principle as a predictor of overall pharmacy performance.

Performance under Principle 4 (services) was also shown to be influential on overall pharmacy performance using both regression and sensitivity and specificity analysis.

Principle 3 (premises) was shown to have a strong association with overall pharmacy ratings using regression analysis, but sensitivity and specificity analysis suggested that this was a less useful predictor of overall pharmacy performance. Principle 2 (staff) was shown to have a less strong association with overall pharmacy performance using regression analysis, but was suggested to be a more useful predictor of overall pharmacy performance using sensitivity and specificity analysis.

Relationship between overall pharmacy performance and standards

Overall, the standards noted both as being associated with overall pharmacy performance through regression analysis and as having high sensitivity and specificity to overall outcomes, both for excellent and good overall performance and satisfactory with an action plan and poor overall performance were Standards 1.1 (risk management) and 2.2 (staff skills and qualifications). Standard 4.2 (safe and effective service delivery) was suggested as being associated with overall pharmacy performance through regression analysis and as being a sensitive and specific indicator of overall ratings where the overall ratings were excellent or good, although not where they were satisfactory with action plan or poor.

Overall pharmacy performance by pharmacy characteristics

As part of the inspection process, each inspected pharmacy is awarded an overall rating based on the inspector's assessment of the pharmacy's performance against the GPhC principles and standards. Pharmacies are rated one of:

- excellent
- good
- satisfactory
- satisfactory, but requiring an action plan to address specific concerns
- poor and requiring an action plan to address concerns

The tables and graphs below show the inspection rating for the 14,650 inspected pharmacies overall and broken down by different pharmacy characteristics. Further details of the breakdown of the 14,650 pharmacies by different pharmacy characteristics are included in Appendix 9. Note that no pharmacy is included more than once. Where a pharmacy has been inspected more than once, only the most recent inspection was included in the dataset of 14,650 inspection reports.

Table 1: Number of inspection reports by overall inspection rating (most recent inspection for each pharmacy)

	Number of inspected pharmacies	Percentage
Excellent	6	0.04%
Good	2,668	18.21%
Satisfactory	9,808	66.95%
Satisfactory with action plan	1,643	11.22%
Poor with action plan	525	3.58%
Total	**14,650**	**100.00%**

Table 1 shows that only 6 (0.04%) of the 14,650 inspected pharmacies were rated **excellent** overall by inspectors. Nearly **one in five of inspected pharmacies** (18.2%) were rated **good** and two-thirds were rated satisfactory without the need for an action plan. A further 11.2% of inspected pharmacies were rated satisfactory, but required an action plan. **Only 3.6%** of the inspected pharmacies were rated **poor** and 14.8% required **an action plan** (rated poor or satisfactory with action plan).

The error bars displayed on the graphs in this section show 95% Confidence Intervals and differences are only statistically significant at this level of precision if the error bars do not overlap.

Variable 1: Overall rating by pharmacy sector

The majority of pharmacies inspected by the GPhC were **community** pharmacies (97.5%), with much smaller proportions being **hospital** pharmacies (2.4%) and **prison** pharmacies (0.2%). For further details see table 67 in Appendix 9.

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

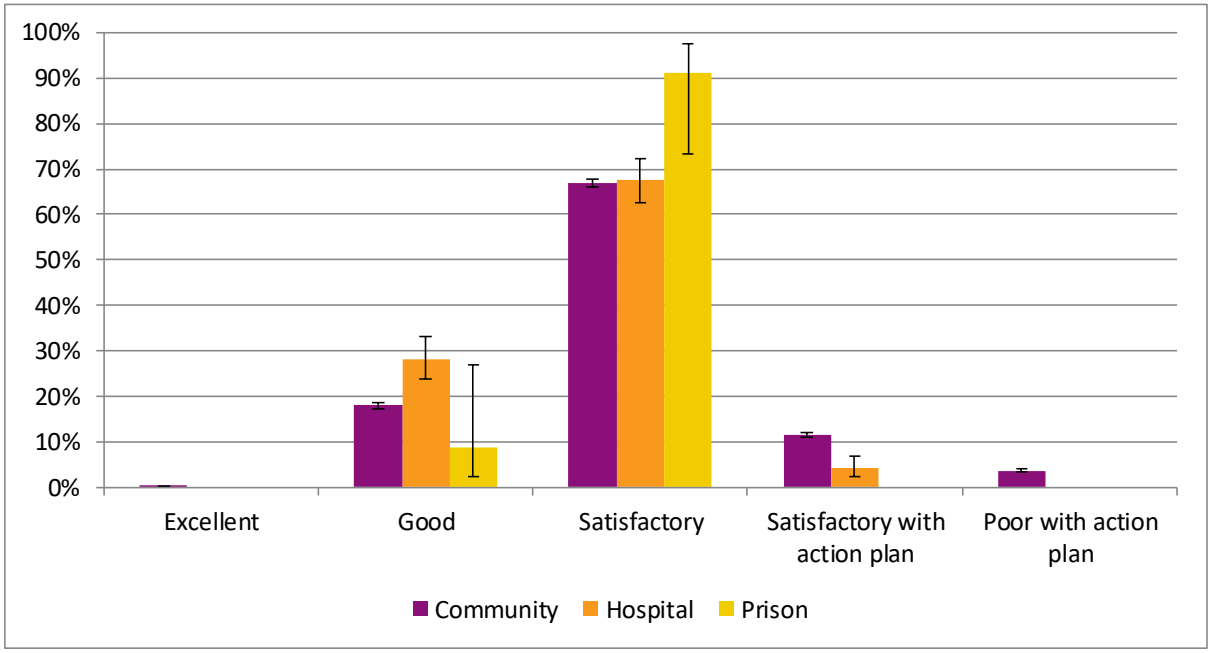


Figure 2 shows that a **higher proportion** of **hospital pharmacies** (28.2%) were **rated good** by inspectors than either community (18.0%) or prison pharmacies (8.7%), the difference being statistically significant for hospital pharmacies compared to community pharmacies but not compared to prison pharmacies. It is worth bearing in mind that there were only 347 hospital and 23 prison pharmacies in the inspection reports dataset. There were no prison or hospital pharmacies that were rated poor and no prison pharmacies were rated satisfactory with action plan. The proportion of community pharmacies rated satisfactory with action plan was statistically significantly higher than the proportion of hospital pharmacies with this rating. All six of the pharmacies with an overall rating of excellent were community pharmacies. This suggests a wider range of performance among the community pharmacies. See table 20 in Appendix 7 for further details on the number and proportion of inspected pharmacies by overall inspection rating for each pharmacy sector.

Variable 2: Overall rating by size of pharmacy chain

Pharmacies inspected by the GPhC may be independent pharmacies or belong to pharmacy chains of two or more pharmacy branches.

Nearly half (48.3%) of the inspected pharmacies, belonged to **pharmacy chains of 100 or more branches**. At the other end of the spectrum, 22.3% of the inspected pharmacies were **single independent pharmacies**. The majority of the remaining pharmacies belonged to small pharmacy chains of between two and five pharmacy branches (for further details please see table 68 in Appendix 9).

Figure 3: Percentage of inspection reports by overall inspection rating and the number of branches in the pharmacy chain (n=14,650)

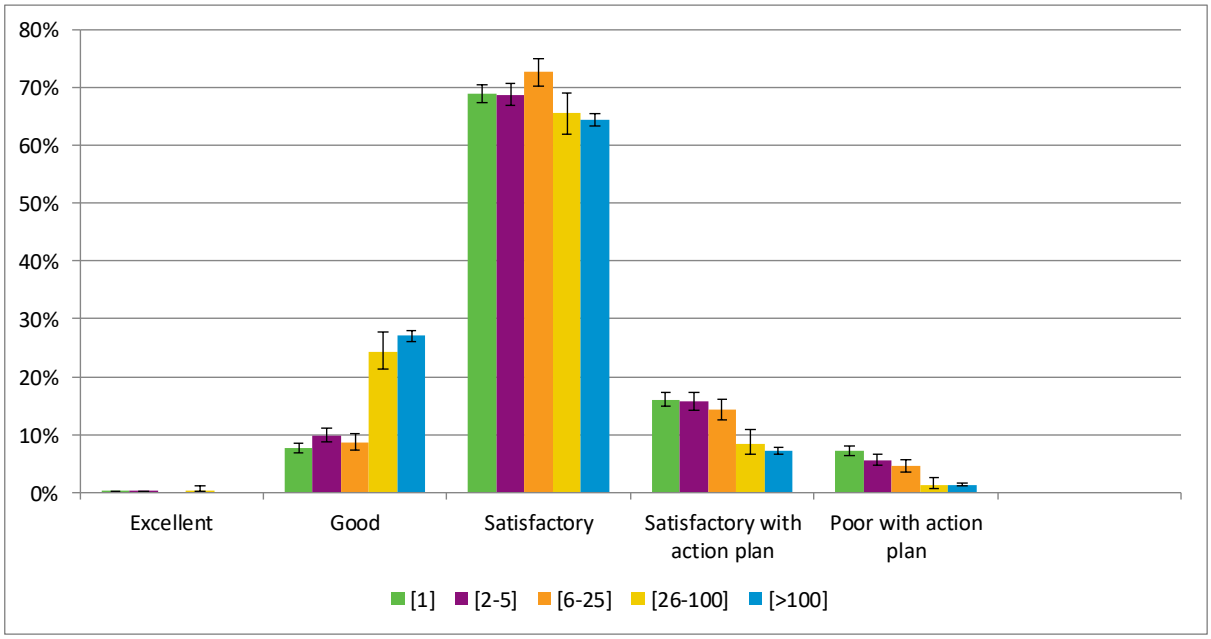


Figure 3 shows that **larger pharmacy chains** are more consistent in their performance and overall perform better than smaller pharmacy chains. Larger pharmacy chains were significantly **more likely** to be **rated good** than smaller chains and significantly **less likely** to be **rated poor or satisfactory** with action plan than smaller chains or independent pharmacies. However, smaller pharmacy chains were more likely to be rated at the extremes of poor and excellent. None of the 7,075 pharmacies belonging to pharmacy chains with 100 or more pharmacy branches were rated excellent overall by inspectors. However, three of the pharmacies rated excellent were single independent pharmacies.

Reasons for this cannot be ascertained fully from the information available, although it may be the case that larger chains have more opportunities to share learning and/or have more opportunities to manage contingencies, such as sharing staff across sites where there are staff shortages. See table 21 Appendix 7 for further details on the number and proportion of inspected pharmacies by overall rating for each of the different sized pharmacy chains.

Variable 3: Overall rating by pharmacy chains of 100 or more branches

Within the inspection dataset, 7,075 pharmacies belonged to pharmacy chains of 100 or more separate pharmacies. These pharmacies belonged to one of eleven national pharmacy chains. The identity of each chain is only known to the GPhC, but the pharmacies are coded to a pharmacy group numbered in the dataset.

Figure 4: Percentage of inspected pharmacies by overall inspector rating and pharmacy group (for pharmacies with over 100 pharmacies in the pharmacy chain) (n=14,650)

Figure 4 shows that **Group 5** (40.5%) and **Group 2** (39.6%) had the **highest proportion** of pharmacies **rated good overall** by inspectors, whilst **Group 9** and **Group 10** had the **lowest proportion** (both 7.3%). **Group 6** had the **highest proportion** of pharmacies **rated poor** (3.9%) followed by Group 9 (2.7%) and Group 8 (2.6%). None of the pharmacies in this size category was rated excellent overall. See table 22 in Appendix 7 for further details on the number and proportion of inspected pharmacies by overall inspection rating for each group with over 100 pharmacies.

Variable 4: Overall rating by type of inspection

Unannounced inspections are carried out without warning whereas announced inspections involve the GPhC writing to the pharmacy and telling them to expect an inspection sometime in the next 6 weeks. The vast majority of inspections were announced (86.2%) as compared to unannounced (13.8%). See table 69 in Appendix 9 for further details.

Figure 5 shows the proportion of inspected pharmacies given each overall rating for inspections that were **announced** in advance and **unannounced** inspections.

Figure 5: Percentage of inspection report by overall inspection rating and type of inspection (n=14,650)

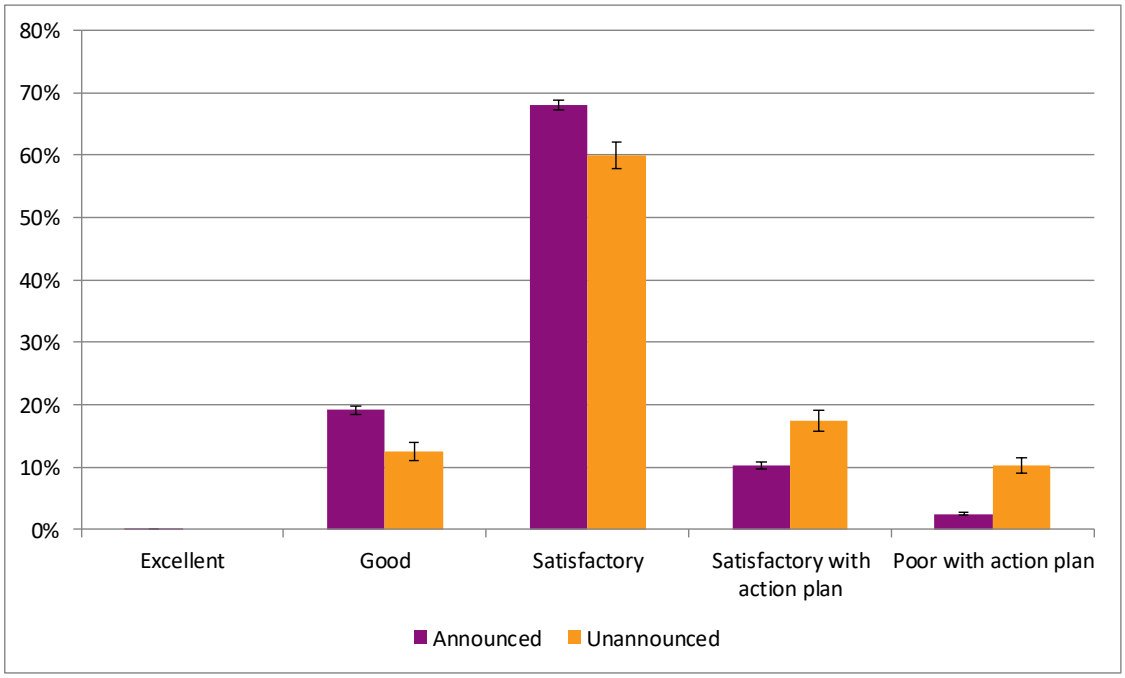


Figure 5 shows that compared to announced inspections, overall inspection ratings following **unannounced inspections** were significantly **less likely** to be **good or satisfactory** and **more likely** to be **poor or satisfactory with action plan**. This suggests that pre-announcing the inspection to pharmacies results in better overall ratings. This may be because pharmacies then have some time to prepare. See table 23 in Appendix 7 for further details on the number and proportion of inspected pharmacies by overall inspection rating for both types of inspections.

Variable 5: Overall rating by previous concerns

There were **1,094** pharmacies out of the 14,650 in the inspection dataset (7.5%) where **previous concerns** had been raised with the GPhC. Of these, **202** (1.4%) had **concerns raised** with the GPhC on **more than one occasion.** See table 70 in Appendix 9 for further details.

Figure 6: Proportion of pharmacies for each inspection rating category with no previous concerns raised with the GPhC or with previous concerns raised on one or more occasions (n=14,650)

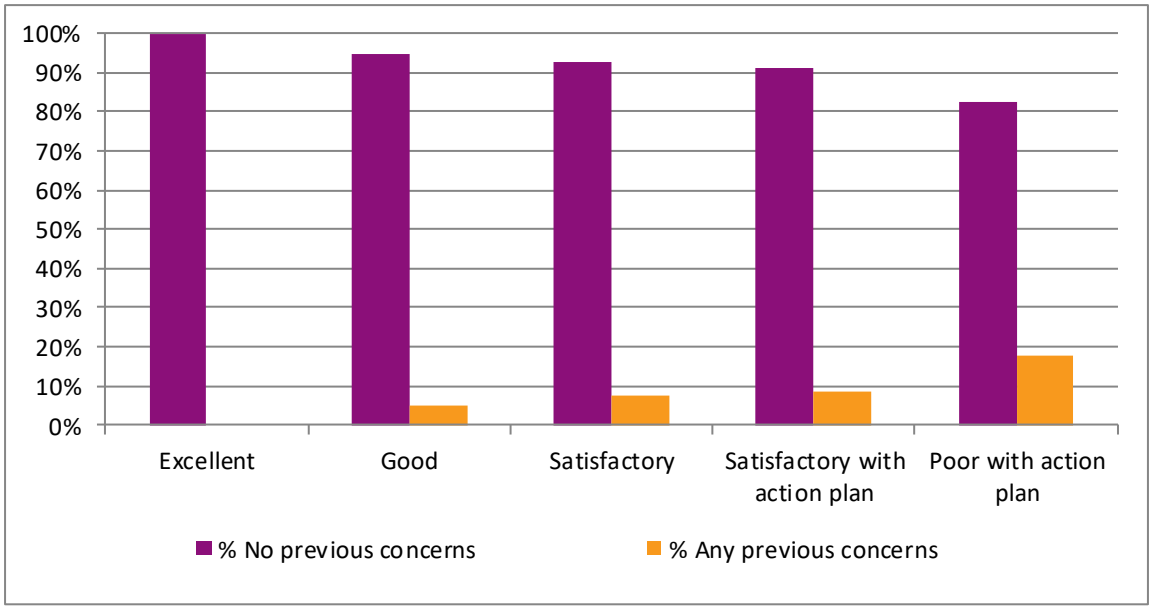


Figure 6 shows that there were **no previous concerns** for **any** of the six pharmacies **rated excellent**. The proportion of pharmacies where previous concerns had been raised with the GPhC increased with poorer overall performance ranging from 5.2% for pharmacies rated good overall to 17.5% for pharmacies rated poor with an action plan.

Figure 7: Proportion of pharmacies for each inspection category with previous concerns raised with GPhC on one or multiple occasions (n=14,650)

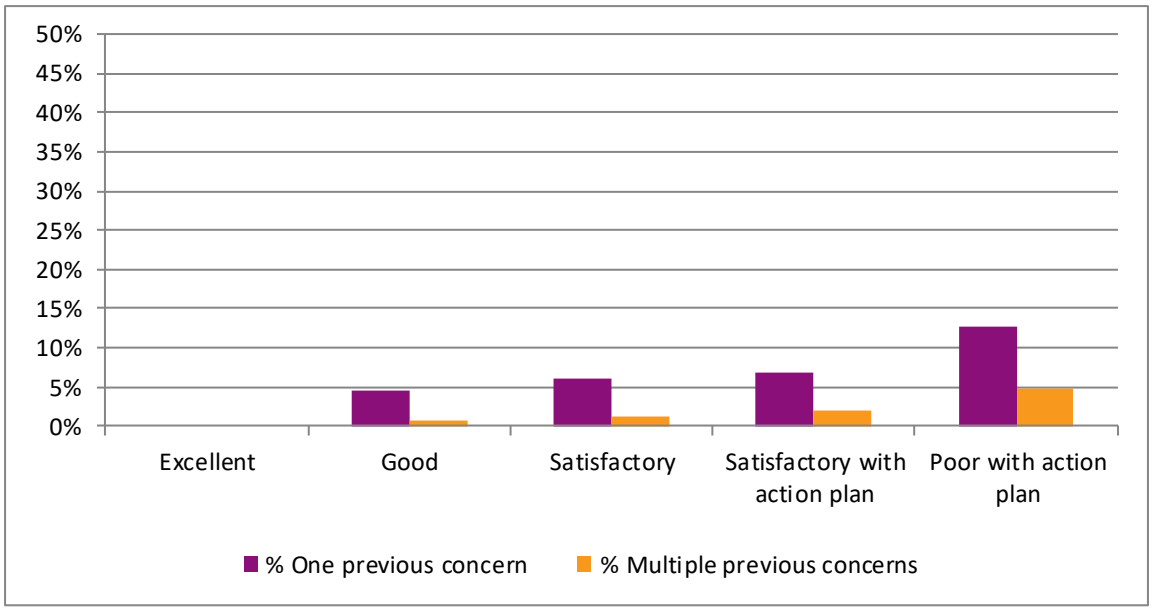


Figure 7 shows that the proportion of pharmacies with **one previous concern** ranged from **4.4%** for pharmacies rated good overall to **12.8%** for pharmacies rated poor overall. Similarly, the proportion of pharmacies with multiple concerns ranged from **0.7%** for pharmacies rated good to **4.8%** for pharmacies rated poor with action plan. This suggests that concerns raised may be a helpful indicator of pharmacy performance. See tables 24 and 25 in Appendix 7 for further details on the number and proportion of inspected pharmacies by overall inspection

rating for pharmacies with no previous concerns, one concern raised, multiple concerns raised and any concerns raised.

Variable 6: Overall rating by country

Of the 14,650 pharmacies included in the inspection dataset 12,598 (86.0%) were located in **England**, 1,300 (8.9%) in **Scotland** and 752 (5.1%) in **Wales**. For further details see table 71 in Appendix 9.

Figure 8 shows the percentage of pharmacy reports receiving each overall rating by country.

Figure 8: Percentage of inspection reports by overall inspection rating and country (n=14,650)

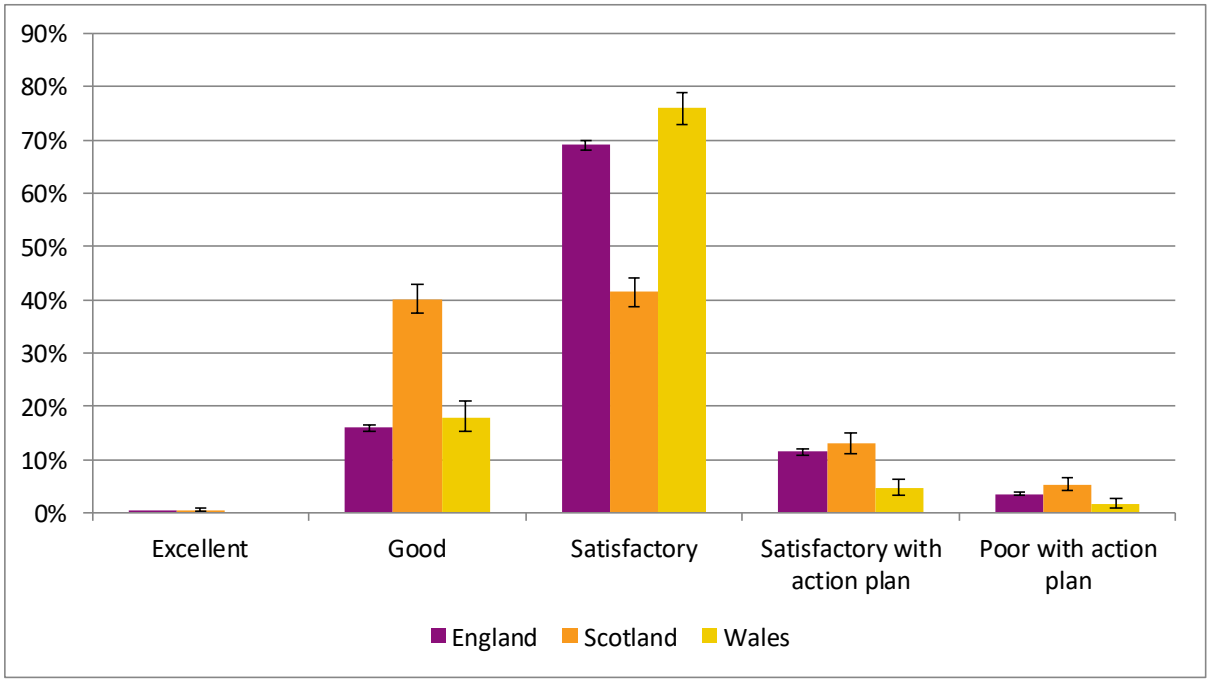


Figure 8 shows that **Scotland** had a significantly **higher proportion** of pharmacies (40.1%) that were **rated good** overall by inspectors than both England (16.0%) and Wales (18.0%). Of the six pharmacies rated excellent overall by inspectors, four were in Scotland and two were in England. However, **Scotland also had** the highest proportion of pharmacies **rated satisfactory with action plan and poor**, indicating that pharmacy performance in Scotland may be more polarised than in England and Wales. This may be partly connected with the different contractual framework in operation in Scotland. Conversely Wales had the least polarity in performance with a lower proportion of good than Scotland and a significantly lower proportion of pharmacies that were considered to be poor or satisfactory with action plan than both England and Scotland. See table 26 in Appendix 7 for further details on the number and proportion of inspected pharmacies by overall inspection rating for each country.

Variable 7: Overall rating by inspector region

A similar number of pharmacies had been inspected in each of the four regions (**North** 3,699, **South** 3,640, **East** 3,642 and **West** 3,669). For further details see table 72 in Appendix 9.

Figure 9: Percentage of inspection reports by overall inspection rating and inspector region (n=14,650)

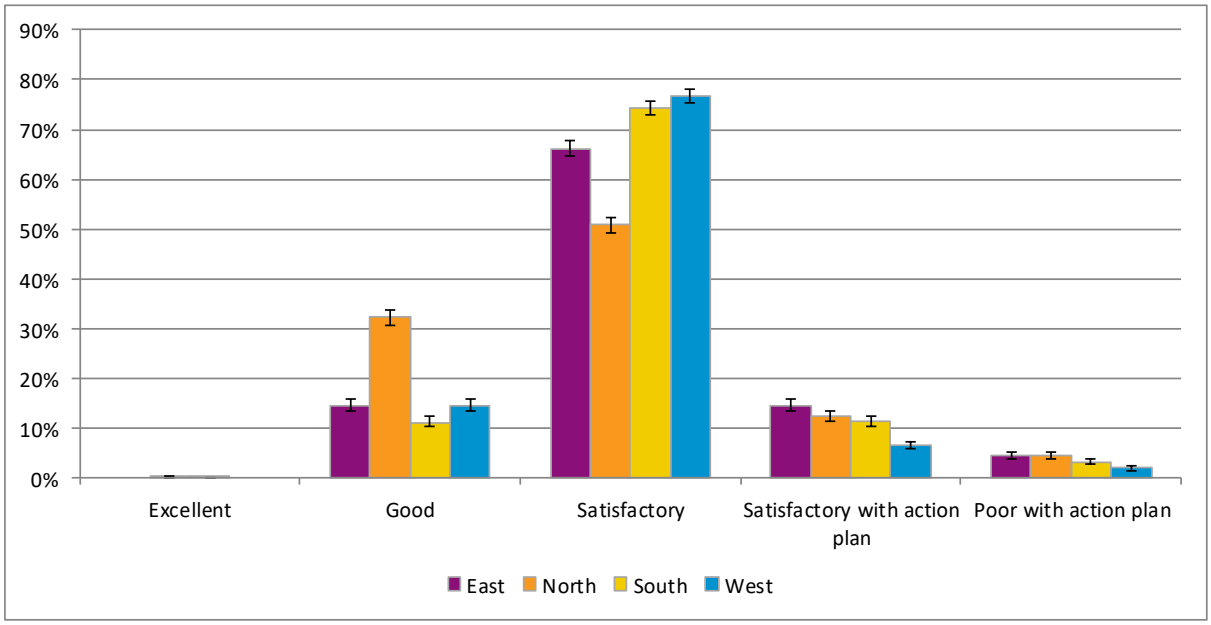


Figure 9 shows that the **North** region had a statistically significantly **higher proportion** of pharmacies **rated good** compared to other regions, which may partly reflect the higher proportion of pharmacies rated good in Scotland (part of the North region). The North region also included five of the six pharmacies rated excellent by inspectors. The East and North regions had the highest number of pharmacies rated poor (169 and 163 respectively). The **West** region had the **lowest proportion** of both pharmacies **rated satisfactory with action plan and poor**, significantly lower than the other regions. See table 27 in Appendix 7 for further details on the regional differences in overall inspection ratings.

Variable 8: Overall rating by pharmacy setting

Using an Office for National Statistics (ONS) indicator, the SPH project team explored whether there were differences in overall ratings according to whether the pharmacy was located in a **rural** setting, **urban city or town** or **major conurbation** (such as London, Birmingham, Manchester). See table 73 in Appendix 9 for further details.

Figure 10 shows the overall inspection rating for pharmacies in rural settings, urban city or town settings and major conurbations.

Figure 10: Percentage of inspected pharmacies by overall inspector rating and pharmacy setting (n=14,650)

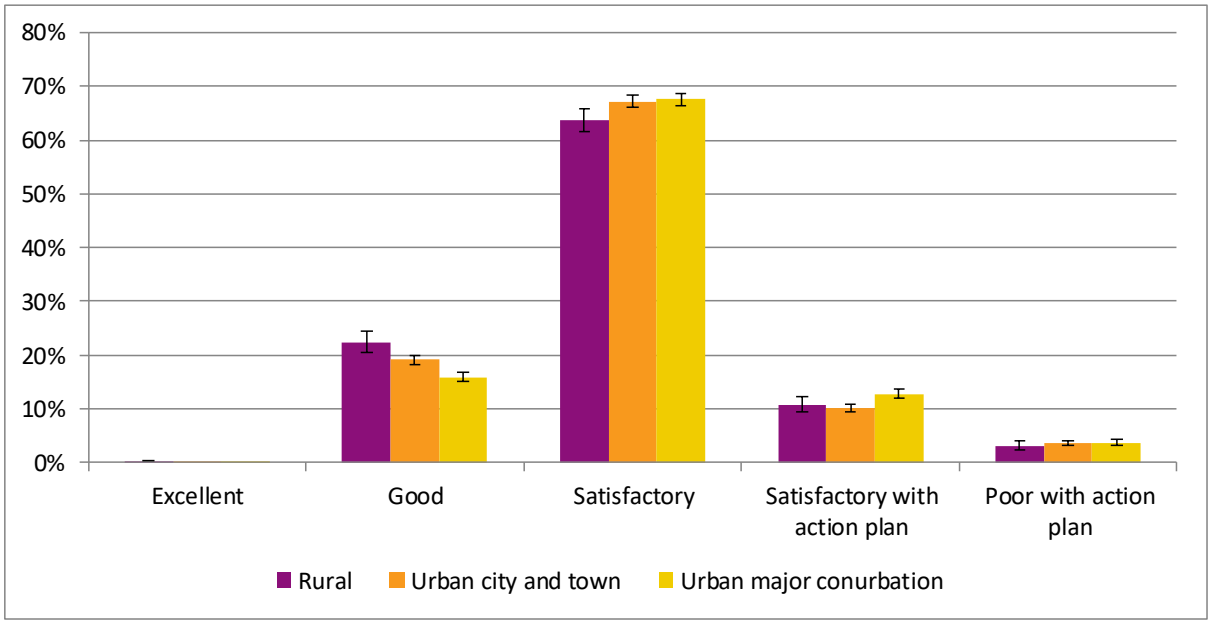


Figure 10 shows that a slightly **higher proportion** of pharmacies in **rural settings** were rated **good** overall by inspectors than pharmacies in either of the urban settings. The proportion of pharmacies **rated poor** was **similar** across the different settings. Similar proportions of pharmacies in rural and urban city and town settings were rated satisfactory with action plan, but the proportion of pharmacies in urban major conurbation settings was slightly higher than in the other two settings.

Figure 11 shows the proportion of pharmacies from rural and urban (urban city and town plus urban major conurbations combined) settings.

Figure 11: Percentage of inspected pharmacies by overall inspector rating and urban and rural pharmacy setting (n=14,650)

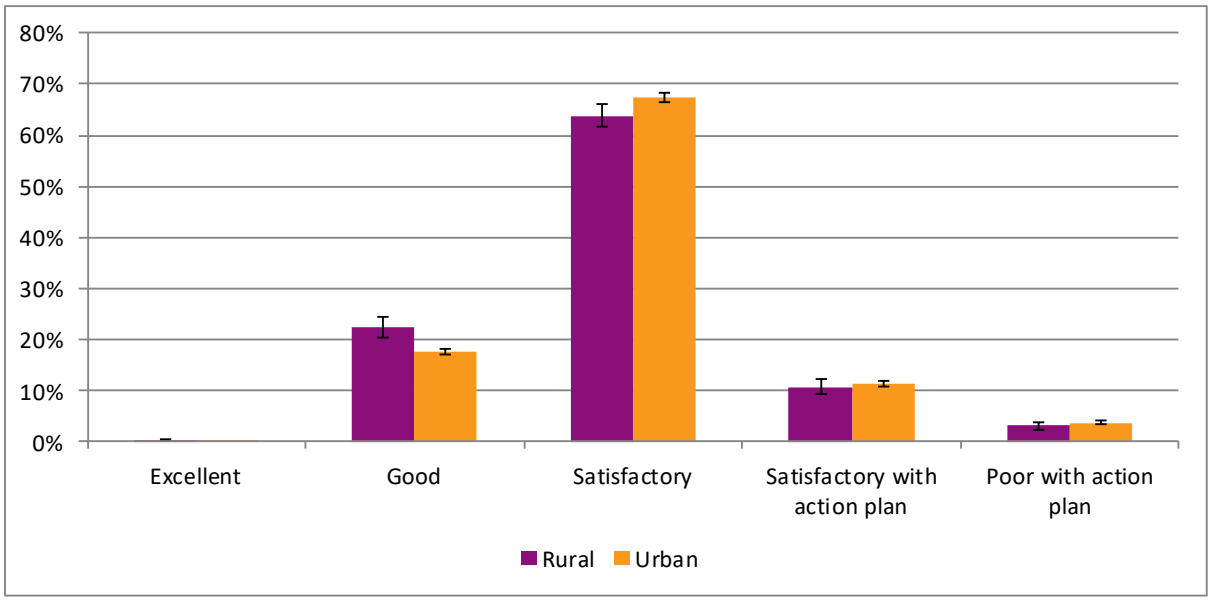


Figure 11 shows that there were a **higher proportion** of pharmacies in **rural settings** that achieved a **good** overall inspection rating. There was no statistical difference between the

proportion of pharmacies in urban and rural settings receiving a satisfactory with action plan rating or a poor overall inspection rating. See table 28 in Appendix 7 for further details on the number and proportion of inspected pharmacies by overall rating for each pharmacy setting.

Variable 9: Overall rating by Clinical Commissioning Group (CCG) or Health Board (HB)

The **CCG or HB** that had the **most inspections** under the current inspection regime was NHS **Birmingham Cross City CCG** (217) which was the only CCG to have had more than 200 inspections. The health areas with the next highest number of inspections were NHS Northern, Eastern and Western Devon CCG and Glasgow City Community Health Partnership. See table 74 in Appendix 9 for the number of inspections in each CCG/HB.

Of CCGs or HBs that received 10 or more inspections, the area with the highest percentage of good rated inspections was Perth and Kinross Community Health Partnership (76.5% good). Nine of the ten CCGs or Health Boards with the highest percentage of good rated inspections were located in Scotland. The exception was NHS Hull CCG, where 46.8% of inspections resulted in good overall ratings. The health board with the highest percentage of good rated inspections in Wales was Betsi Cadwaladr University Health Board (30.4%).

The health areas with the highest proportion of poor rated inspections were also in Scotland, with East Lothian Community Health Partnership and Dunfermline and West Fife Community Health Partnership having the highest percentage of poor rated inspections (17.4% and 17.1% respectively). There were 12 health areas where 11.0% or more of the inspections resulted in overall poor ratings. Of these six were in Scotland and six were in England. These findings are broadly consistent with the analysis of the inspection reports dataset by country, where Scotland had both a higher proportion of good and poor rated pharmacies than England or Wales.

Further details on the health areas with the highest proportion of good and poor overall inspection ratings are shown in tables 29, 30 and 31 in Appendix 7.

Variable 10: Overall rating by local authority

As with the health areas, the **local authority** with the **highest number** of inspections under the current inspection regime was **Birmingham**, which had 321 inspections. Leeds had the next highest number of inspections at 193 inspections. Most of the local authority areas with the highest number of inspections were part of major cities such as Birmingham, Leeds, Glasgow and Manchester. See table 75 in Appendix 9 for further details.

Six of the ten local authorities receiving at least 10 inspections with the highest proportion of inspections resulting in a good overall rating were in Scotland. A further three were in England and one in Wales. Perth and Kinross was the local authority with the highest percentage of good rated inspections (76.5%). The highest proportion of good rated inspections for local authorities in England was 55.0% in West Oxfordshire and in Wales it was 53.8% for the Isle of Anglesey.

Across all inspection reports the local authorities with the highest number of pharmacies rated poor were Birmingham (22 pharmacies), City of Bristol (14) and Bradford and Westminster (both 10). In percentage terms the local authorities with the highest percentage of poor rated inspections were Melton (20.0%), Cotswold (18.8%) and Redcar and Cleveland (18.2%).

The fact that many of the local authorities with the highest proportion of good overall inspection ratings were in Scotland is consistent with the findings for clinical commissioning groups/health boards and for country.

Further details on the local authorities with the highest proportion of good and poor overall inspection ratings are shown in tables 32 and 33 in Appendix 7.

Variable 11: Overall rating by deprivation and country

The graphs below show the percentage of pharmacies in England, Scotland and Wales receiving each **overall inspection rating** by **deprivation decile**. Each country has its own Index of Multiple Deprivation, but all the indexes provide an overall measure of deprivation for small geographical areas (known as super output areas). Each inspected pharmacy has been assigned to an output area based on its postcode. The output areas have been grouped into deciles based on their deprivation scores, with each decile comprising of 10% of all of the output areas in each country. For all three indices, pharmacies allocated to Decile 1 are located in the most deprived 10% of super output areas and pharmacies allocated to Decile 10 are located in the least deprived 10% of super output areas.

There were a small number of pharmacies (17 in England and 1 in Scotland) where it was not possible to derive a deprivation score from the postcode. This is likely to be because the pharmacy is part of a new development and the postcode did not exist when the Index of Multiple Deprivation was created.

Figure 12 shows the overall inspection rating by deprivation decile of the Index of Multiple Deprivation 2015 (IMD 2015) for inspected pharmacies in **England**. There were around twice the number of inspected pharmacies in the most deprived deciles (Deciles 1 and 2) compared to the least deprived deciles (Deciles 9 and 10). The number of inspected pharmacies **appears to decrease** with decreasing deprivation (see table 34 in Appendix 7 for further details). This is possibly because there are **more pharmacies** in the **more deprived** areas as these tend to be **more densely populated**.

Figure 12: Overall inspection rating by IMD 2015 deprivation decile for pharmacies in England (n=12,598)

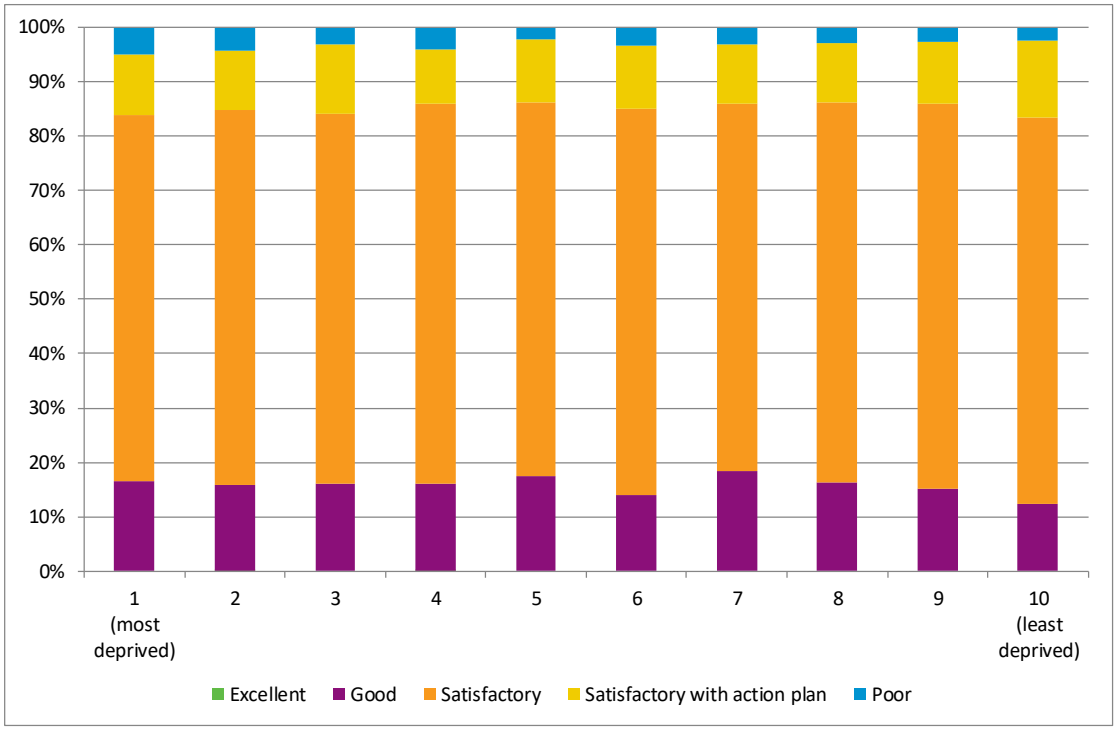


Figure 12 shows **no clear pattern of variation in the proportion of pharmacies rated good across the different deprivation deciles** with Decile 10 having the lowest percentage of pharmacies rated good (12.4%) and Decile 7 having the highest percentage (18.5%). The proportion of pharmacies rated poor varied from 5.0% in Decile 1 to 2.3% in Decile 10, and **broadly the proportion of pharmacies rated poor was higher in the more deprived deciles.**

Figure 13 shows the overall inspection rating by deprivation decile of the Scottish Index of Multiple Deprivation 2016 (SIMD 2016) for inspected pharmacies in **Scotland**.

Figure 13: Overall rating by Scottish Index of Multiple Deprivation 2016 deprivation decile for pharmacies in Scotland (n=1,300)

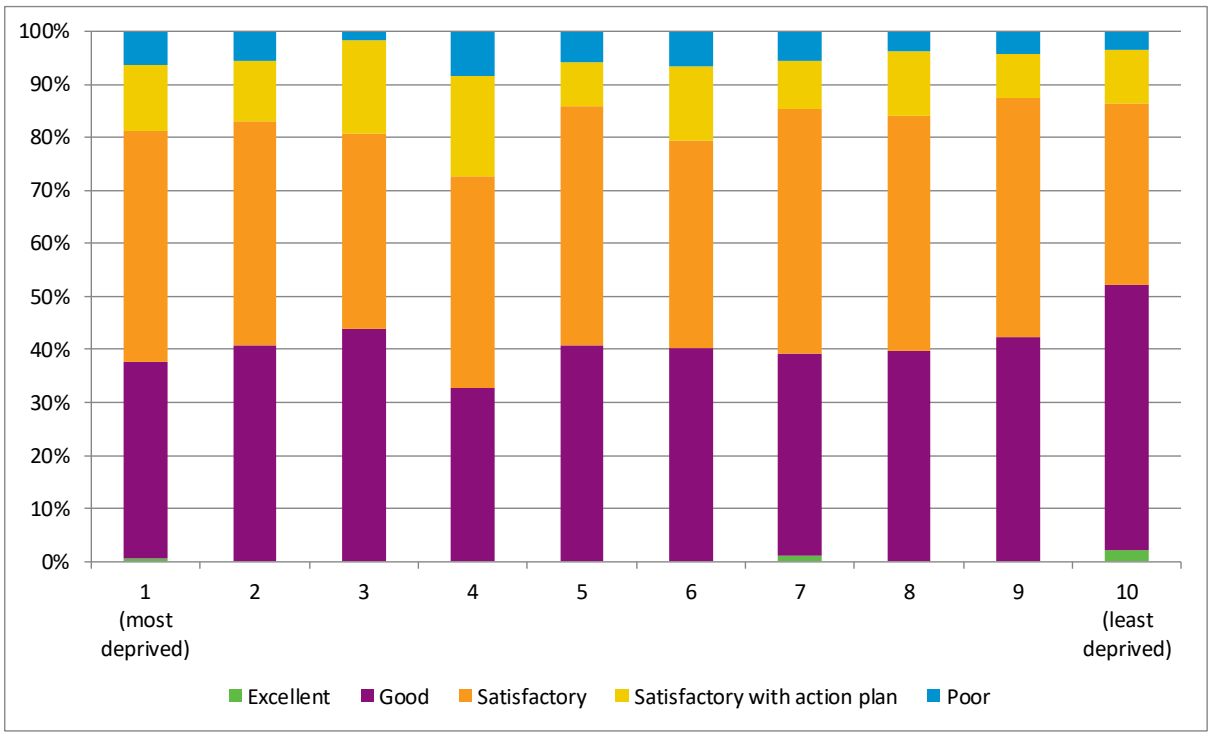


Figure 13 shows that there is **no consistent pattern** in the proportion of pharmacies rated excellent, good, satisfactory or poor across the deprivation deciles. The **least deprived decile** (Decile 10) had the **highest proportion** of inspected pharmacies **rated good** (50.0%) and Decile 4 had the lowest proportion (32.7%). The proportion of pharmacies **rated good** was **higher in Scotland** than in England or Wales across all deprivation deciles. **Decile 4** had the **highest proportion** of **poor** rated pharmacies (8.3%) and Decile 3 had the lowest (1.7%). Decile 4 had the highest proportion of inspected pharmacies rated satisfactory with action plan (19.0%) and Deciles 5 and 9 the lowest (8.1% and 8.5% respectively). (See table 35 in Appendix 7 for further details).

Figure 14 shows the overall inspection rating by deprivation decile of the Welsh Index of Multiple Deprivation 2014 (WIMD 2014) for inspected pharmacies in **Wales**. There were more inspected pharmacies in the more deprived deciles (Deciles 1 – 3) than in the least deprived deciles (Deciles 8 – 10). **Although there were only 12 pharmacies rated poor overall in Wales, eight of them were located in the three most deprived deciles** (see table 36 in Appendix 7 for further details).

Figure 14: Overall rating by Welsh Index of Multiple Deprivation 2014 deprivation decile for pharmacies in Wales (n=752)

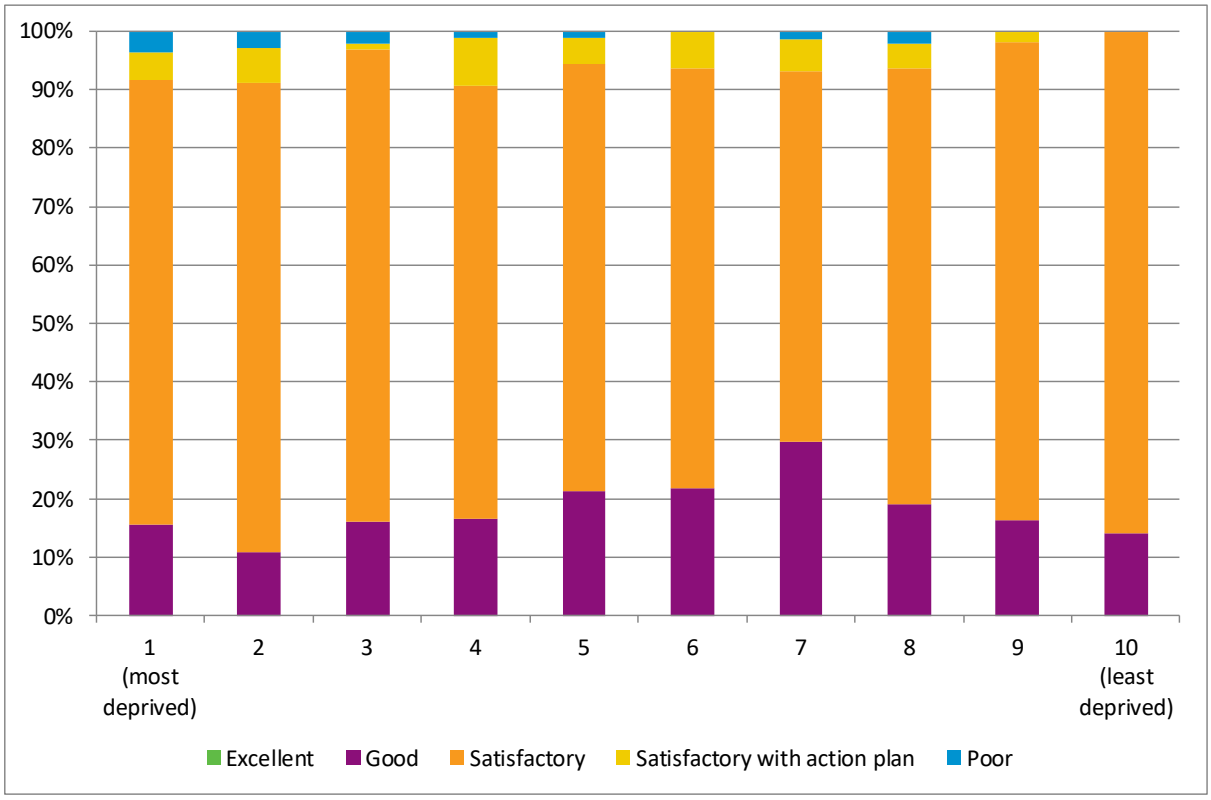


Figure 14 does not indicate **any obvious patterns** in relation to the proportion of pharmacies **rated good** in **Wales** across different deprivation deciles. However, the most deprived two deciles had the highest number of pharmacies rated poor overall (3.6% and 3.0% respectively), but there were only 12 poor rated pharmacies across Wales.

Ratings for GPhC principles

As well as an overall rating, GPhC inspectors rate pharmacies against each of GPhC's five principles:

- Principle 1 – The governance arrangements safeguard the health, safety and wellbeing of patients and the public
- Principle 2 – Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public
- Principle 3 – 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
- Principle 4 – 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
- Principle 5 – The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Each principle is scored on a four item scale as follows:

- excellent
- good
- satisfactory
- poor

Principle ratings by overall pharmacy rating

The tables and charts below demonstrate the performance of the inspected pharmacies against each of these five principles.

Table 2: Number and percentage of inspected pharmacies by principle and principle rating

	Excellent	Good	Satisfactory	Poor	Total
Principle 1 - Governance	7 *(<0.1%)*	3,033 *(20.7%)*	11,162 *(76.2%)*	448 *(3.1%)*	14,649 *(100%)*
Principle 2 - Staff	2 *(<0.1%)*	3,892 *(26.6%)*	10,600 *(72.4%)*	156 *(1.1%)*	14,649 *(100%)*
Principle 3 - Premises	2 *(<0.1%)*	212 *(1.4%)*	14,295 *(97.6%)*	141 *(1.0%)*	14,649 *(100%)*
Principle 4 – Services	9 *(0.1%)*	2,439 *(16.6%)*	11,891 *(81.2%)*	311 *(2.1%)*	14,649 *(100%)*
Principle 5 – Equipment & Facilities	-	18 *(0.1%)*	14,588 *(99.6%)*	43 *(0.3%)*	14,649 *(100%)*

NB. One pharmacy with no rating for Principle 5 due to a data collection anomaly has been excluded from this table.

Table 2 shows that as with the overall inspection rating, there were **few pharmacies** that were **rated excellent** against the GPhC principles. **Principle 4 (services)** had the **highest number** of pharmacies rated **excellent**, followed by Principle 1 (governance). Principle 5 (equipment & facilities) was the only principle for which no pharmacies were rated excellent.

Principle 2 (staff) had the **highest proportion** of pharmacies that were **rated good** (26.6%). Principles 3 (premises) and 5 (equipment & facilities) were rated good for 1.4% and 0.1% of pharmacies respectively.

Principle 1 (governance) had the **highest proportion** of pharmacies **rated poor** (3.1%) followed by Principle 4 (services) (2.1%).

By applying a simple points system to the four rating categories (excellent = 4 points, good = 3 points, satisfactory = 2 points and poor = 1 point) we have been able to calculate mean average scores for each of the GPhC principles as shown in Table 3 below:

Table 3: Mean average rating scores for each GPhC principle

Principle	Mean average score
Principle 1 – Governance	2.18
Principle 2 – Staff	2.26
Principle 3 – Premises	2.01
Principle 4 - Services	2.15
Principle 5 – Equipment and Facilities	2.00

Table 3 shows that all of the **mean rating scores** for the five principles were close to 2, reflecting the preponderance of inspection reports **rated satisfactory** against the principles in

the dataset. The principle with the **highest** mean rating score was **Principle 2** (staff) which relates to staff competency and empowerment, suggesting that in general pharmacies rated slightly better against this principle than the others. Principle 5 (equipment & facilities) and Principle 3 (premises) had the lowest mean average rating scores, suggesting that there were fewer excellent or good rated pharmacies for these principles.

Principle ratings by pharmacy sector

Figure 15 shows the percentage of inspection reports rated excellent, good, satisfactory and poor for each of the principles by pharmacy sector.

Figure 15: Percentage of inspection reports for each principle rating category by pharmacy sector (n=14,650)

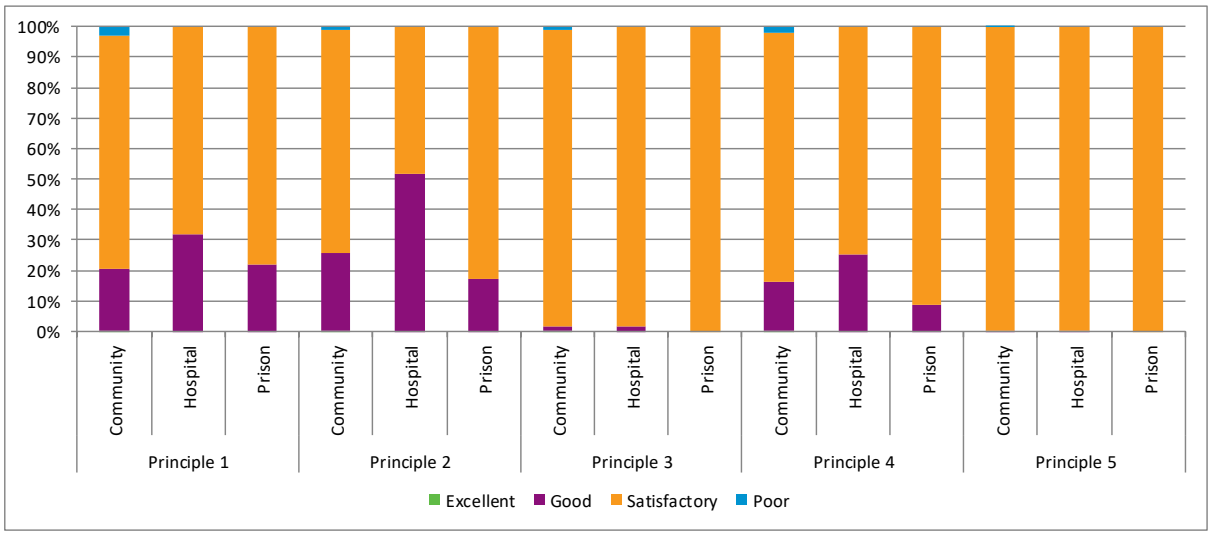


Figure 15 shows that for **Principles 1, 2 and 4**, relating to governance, staff and services, **hospital pharmacies** stand out as being **rated good** more often than community and prison pharmacies. This is particularly true of Principle 2 (staff) where half of hospital pharmacies were rated good against this principle. **Community pharmacies** had a higher proportion of pharmacies **rated good** for **Principles 2** (staff) and **4** (services) than prison pharmacies, but not for Principle 1 (governance).

Almost **all pharmacies** regardless of sector were **rated satisfactory** for **Principle 5** (equipment and facilities) and **Principle 3** (premises).

None of the hospital or prison pharmacies were rated poor for their performance against any of the principles, and among the community pharmacies, most of the poor ratings were for Principles 1 and 4. All of the pharmacies that were rated excellent for any of the principles were community pharmacies.

See table 37 in Appendix 7 for further details.

Principle ratings by size of pharmacy chain

Figure 16 shows the percentage of inspection reports for each rating category for the different sized pharmacy chains.

Figure 16: Percentage of inspection reports for each principle rating category by number of pharmacies in the pharmacy chain (n=14,650)

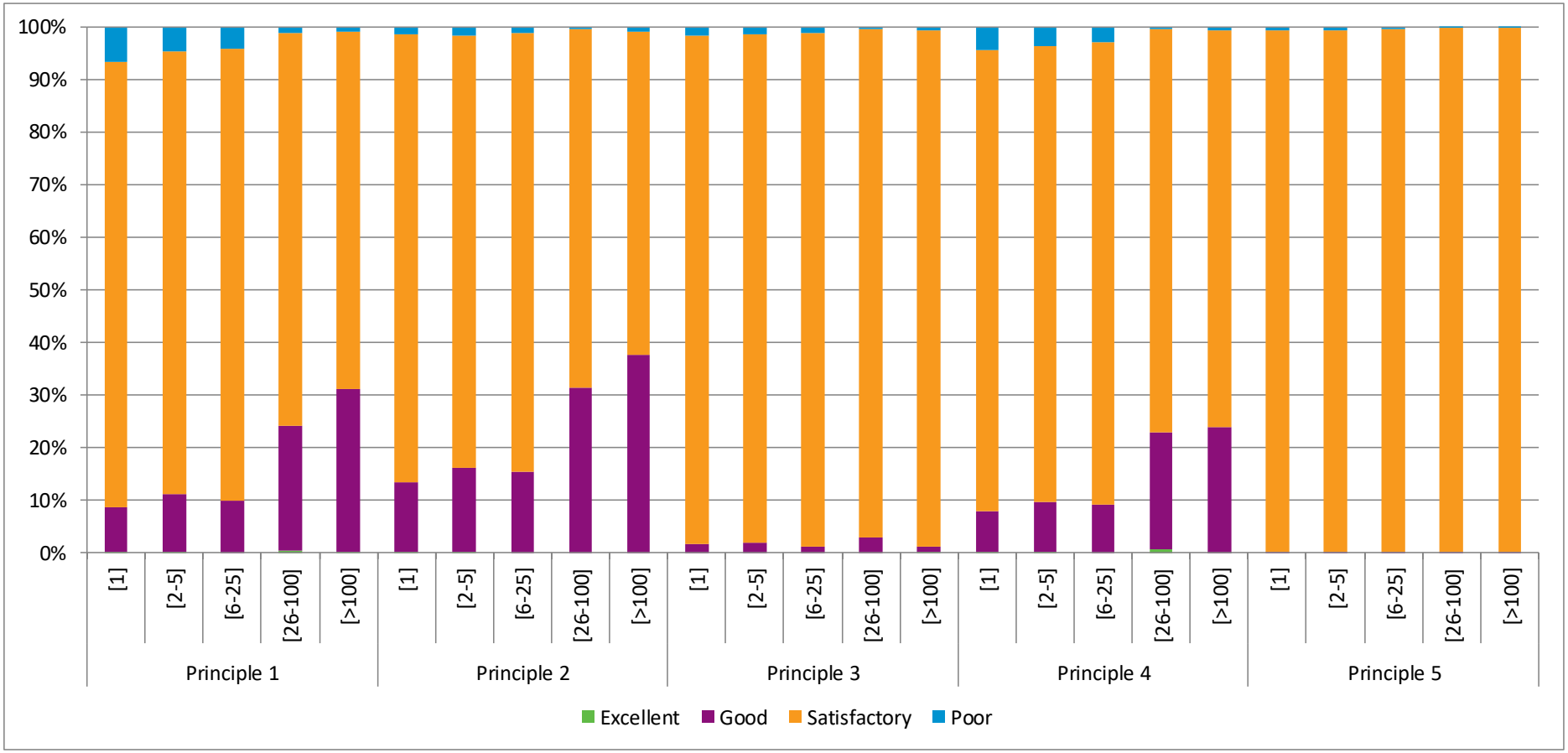


Figure 16 shows that pharmacies that belonged to **larger pharmacy chains** of 100 or more pharmacies had a **higher proportion** of inspection reports with a **good rating** for Principles 1 (governance), 2 (staff) and 4 (services). The larger pharmacy chains also had a **smaller proportion**

of pharmacies that were **rated poor** for these same principles, suggesting that as with the overall inspection rating, pharmacies belonging to **larger pharmacy chains** generally **performed better** against the GPhC principles than those belonging to **smaller pharmacy chains**. For example, for Principle 1 (governance), 0.9% of pharmacies in the over 100 pharmacies size category were rated poor compared to 6.5% for single independent pharmacies, whereas the proportion of pharmacies rated good for Principle 1 ranged from 31.2% for chains of more than 100 branches to 8.5% for single independent pharmacies.

See table 38 in Appendix 7 for further details.

Principle ratings for larger pharmacy chains

For **Principles 1, 2 and 4**, the pharmacy chains with the **highest proportion** of pharmacies **rated good** were **Groups 2 and 5** and the chains with the **lowest proportions rated good** tended to be **Groups 9 and 10**, with Group 9 having the highest proportion of pharmacies rated poor.

For Principles 3 and 5, the vast majority of pharmacies in all groups were rated satisfactory.

See tables 44 – 48 and figures 36 – 40 in Appendix 7 for more details.

Principle ratings by type of inspection

Figure 17 shows the ratings for each of the GPhC principles for announced and unannounced inspections.

Figure 17: Percentage of inspection reports for each principle rating by inspection type (n=14,650)

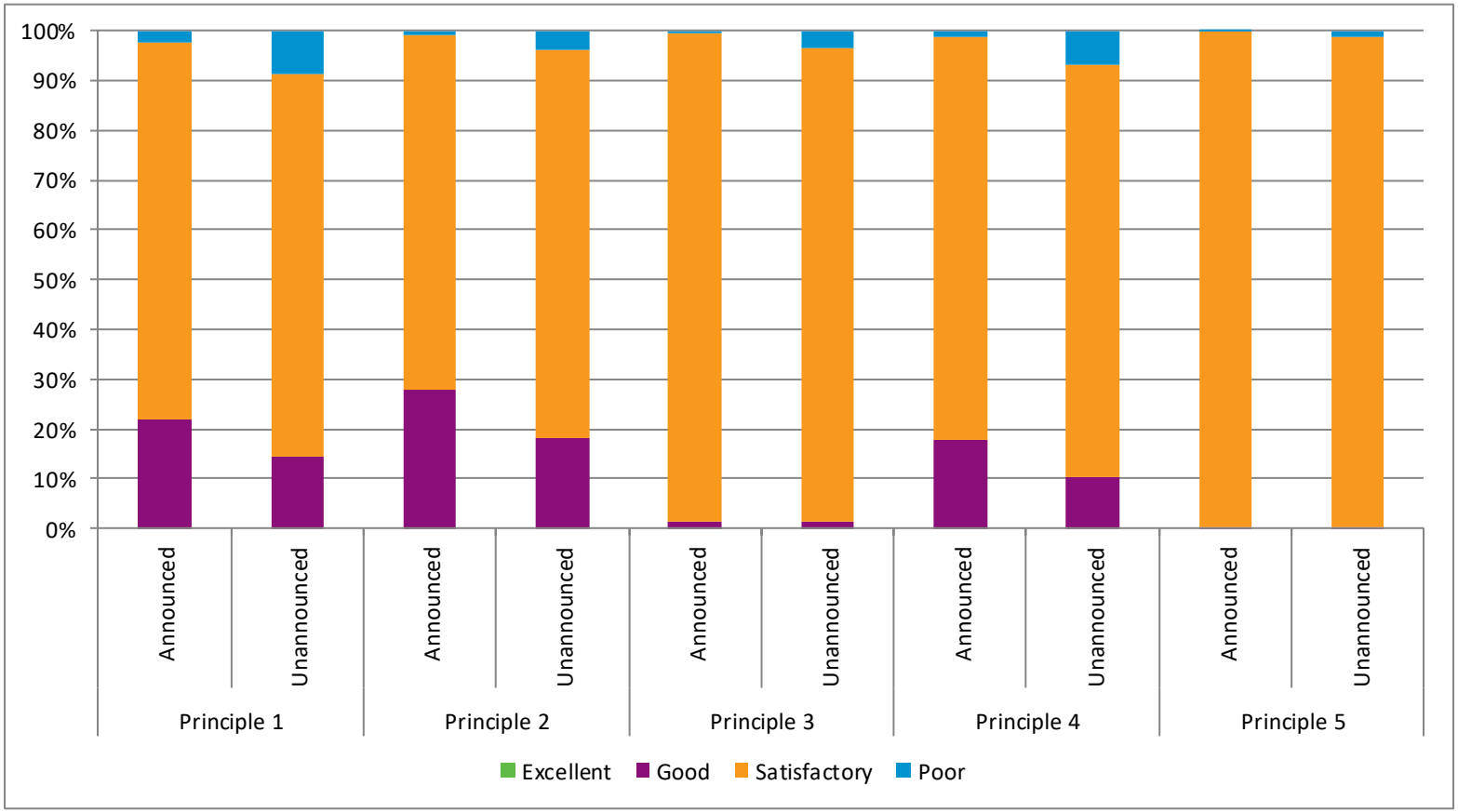


Figure 17 shows that the proportion of pharmacies **rated poor** was **consistently higher** for **unannounced inspections** for all five principles. For example, for Principle 1, 2.2% were rated poor among announced inspections and 8.6% for unannounced inspections. Figure 17 also shows that the **proportion of pharmacies rated good** was **higher** for **announced inspections** than for unannounced inspections for all five principles, particularly for Principle 2 (27.9% for announced inspections, 18.3% for unannounced inspections), Principle 1 (21.7% vs 14.6%) and Principle 4 (17.6% vs 10.5%). Across all five GPhC principles, there were 21 excellent ratings, and in all but two cases they related to announced inspections.

See table 39 in Appendix 7 for further details.

Principle ratings for pharmacies with previous concerns

In the inspection dataset there were 1,094 of the 14,650 inspected pharmacies (7.5%) where concerns had previously been raised with the GPhC. There were 202 (1.4%) of the 14,650 inspected pharmacies where concerns had previously been raised with the GPhC on more than one occasion.

Figure 18 shows the proportion of pharmacies that had **no previous concerns**, or where concerns had previously been raised on **one or more occasions** with the GPhC for each of the principles by principle rating.

Figure 18: Proportion of pharmacies rated excellent, good, satisfactory and poor for each principle where previous concerns had or had not been raised with the GPhC (n=14,650)

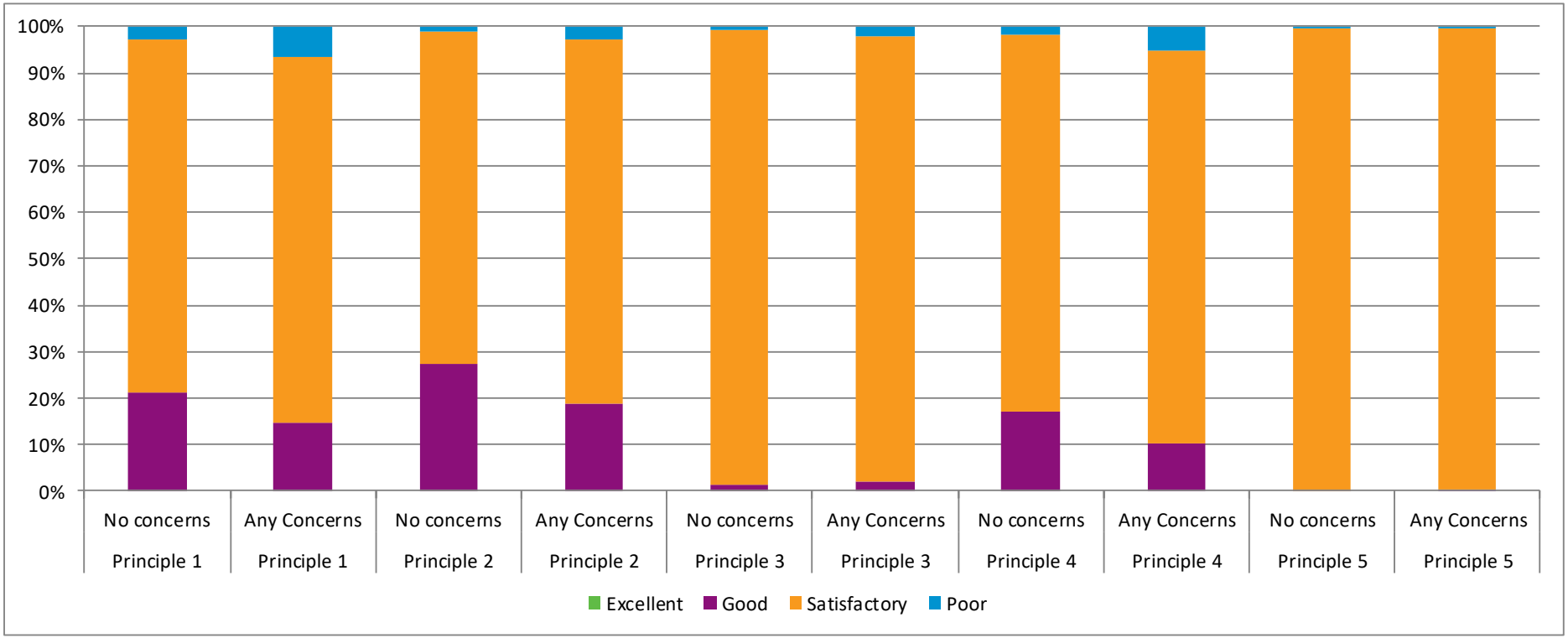


Figure 18 shows that pharmacies with **no previous concerns** had the **lowest proportion** of pharmacies **rated poor** by inspectors for all five GPhC principles. For Principles 1, 2 and 4 pharmacies with no previous concerns had a higher proportion of pharmacies rated good than pharmacies where previous concerns had been reported. This suggests that despite the raising of concerns being a separate process to the inspection process, there is a degree of consistency between the two, with pharmacies with one or more concerns performing less well than pharmacies with no previous concerns.

Figure 19: Proportion of pharmacies rated excellent, good, satisfactory and poor for each principle where previous concerns had been reported to the GPhC on one or multiple occasions (n=1,094)

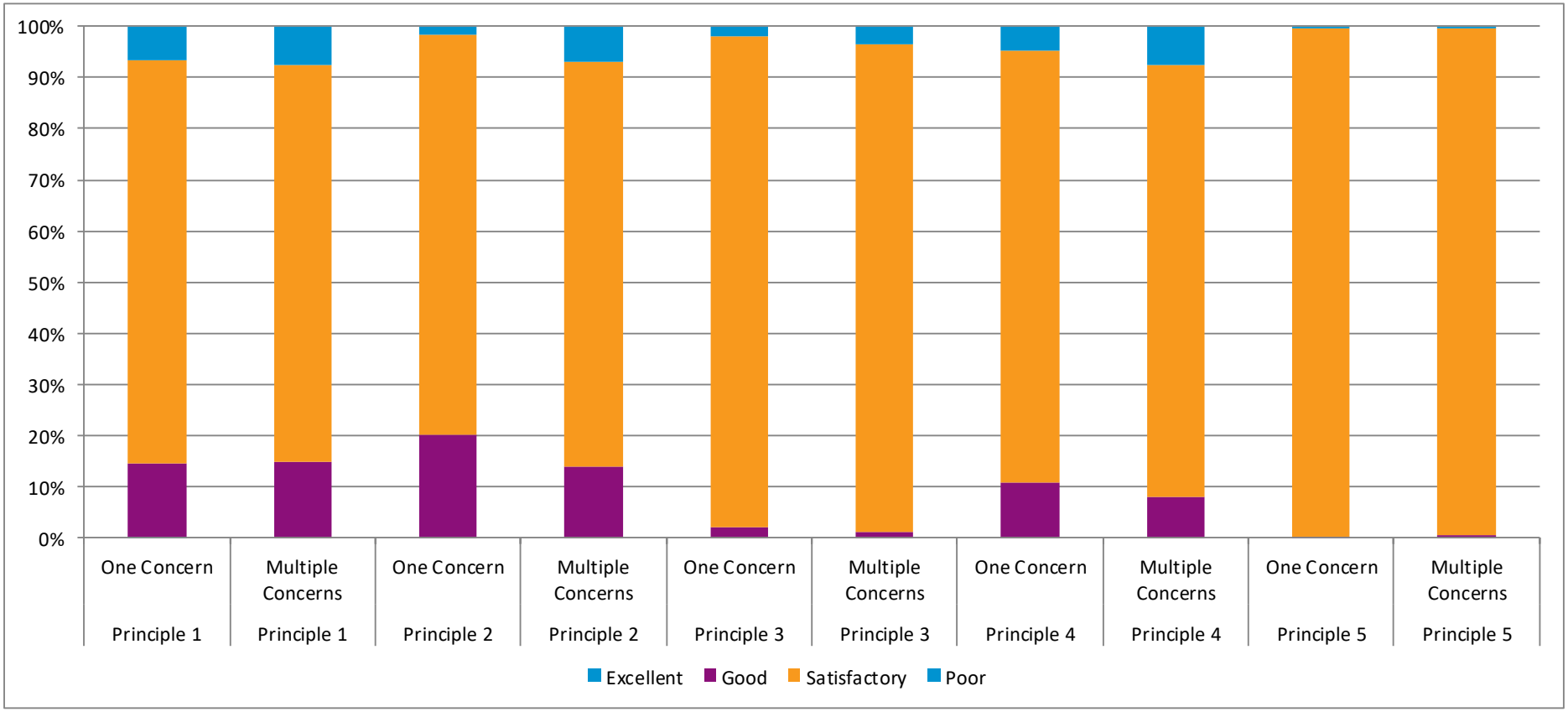


Figure 19 shows that pharmacies with **multiple concerns** had the **highest proportion** of **poor ratings** for Principles 1 to 4 than pharmacies where previous concerns had been raised only once. This proportion ranged from 3.5% for Principle 3 to 7.4% for Principles 1 and 4. The proportion of pharmacies rated good was higher for pharmacies with only one previous instance of concerns being raised with the GPhC for principles 2, 3 and 4.

See tables 40 to 43 in Appendix 7 for further details.

Principle ratings by country

Figure 20 shows the ratings for each of the GPhC principles for the different countries of Great Britain.

Figure 20: Percentage of inspection reports for each principle rating by country (n=14,650)

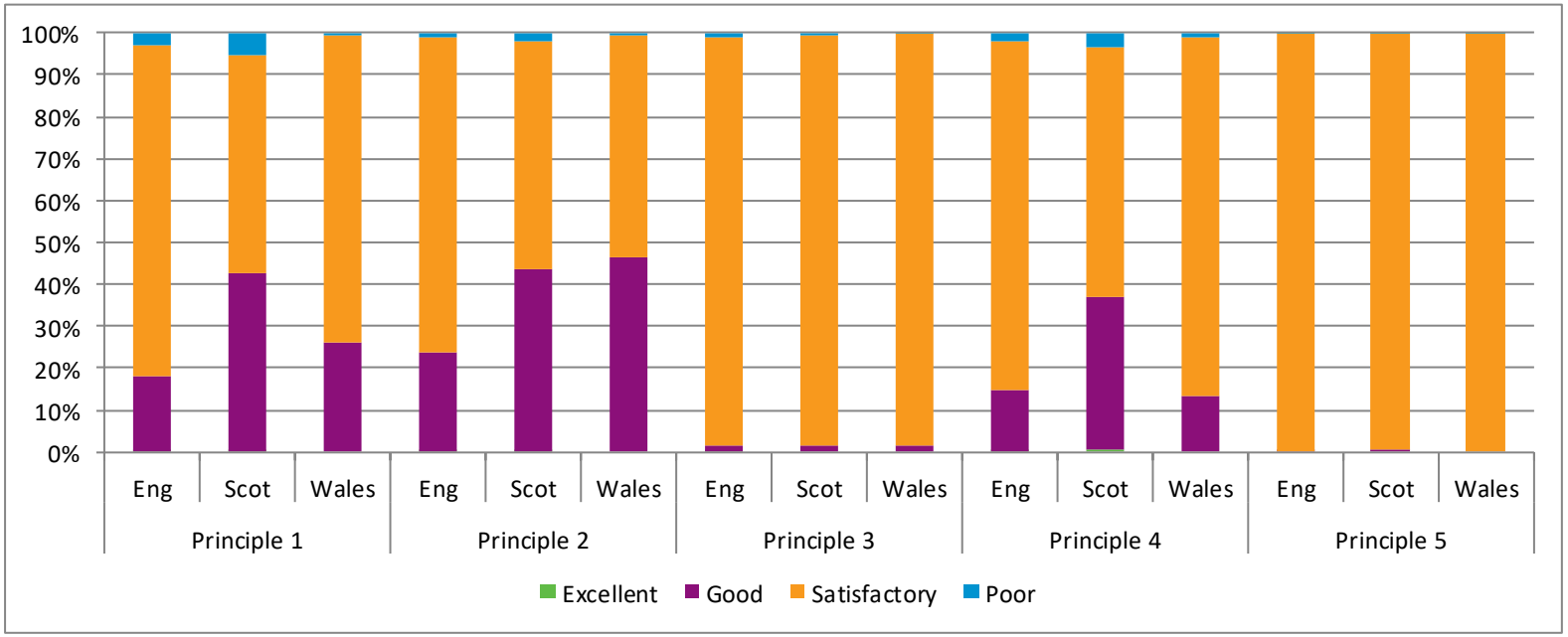


Figure 20 shows that a **higher proportion** of pharmacies **in Scotland** were **rated good** compared to pharmacies in England and Wales for both **Principle 1** (governance) and **Principle 4** (services). **Wales** had the **highest proportion** of pharmacies **rated good** for **Principle 2** (staff). For **Principles 1** (governance), **2** (staff) and **4** (services), **Scotland** also had the **highest proportion** of pharmacies rated **poor** (5.2%, 2.0% and 3.6% respectively). For Principle 3 (premises) and Principle 5 (equipment & facilities), the vast majority of pharmacies in all three countries were rated satisfactory.

There were **no** inspected pharmacies that achieved a **rating of excellent** in **Wales** for any of the principles. There were **11 excellent ratings** in **Scotland** across the five principles, with Principle 4 having the highest number (six). Principle 1 (governance) had the highest number of pharmacies rated poor in both England and Scotland. However, for Wales, Principle 4 (services) had the most pharmacies rated poor (seven).

This analysis shows that performance against Principles 1 (governance), 2 (staff) and 4 (services) varied between the different countries, with Scotland sometimes having both the highest proportion of pharmacies rated good and the highest proportion of pharmacies rated poor for two of these principles.

See table 49 in Appendix 7 for further details.

Principle ratings by inspector region

Figure 21 shows the percentage of pharmacies achieving each rating for each principle by inspector region.

Figure 21: Percentage of inspection reports for each principle rating category by inspector region (n=14,650)

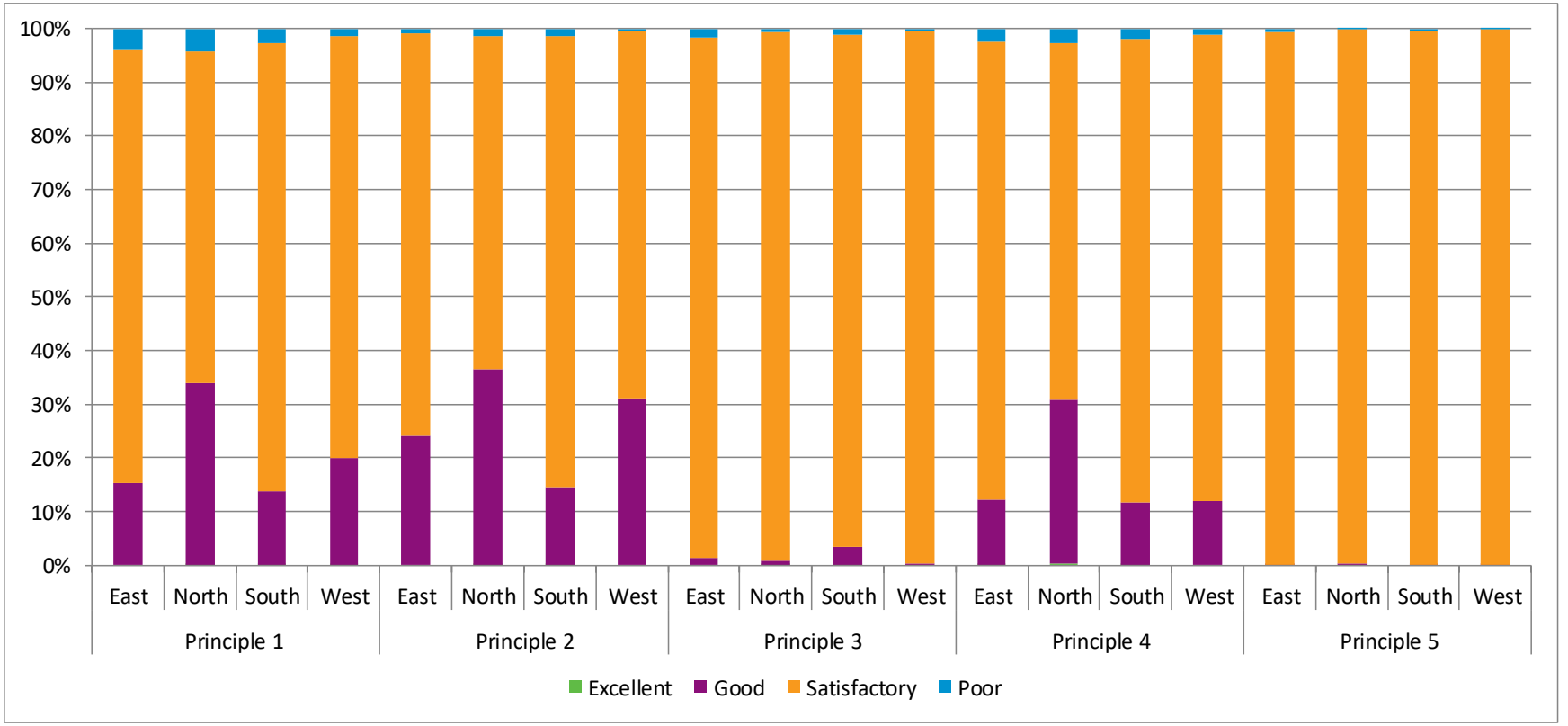


Figure 21 shows that the **North region** had the **highest proportion** of pharmacies **rated good** for **Principles 1** (governance), **2** (staff) and **4** (services). The **South region** had the **highest proportion** of **good rated** pharmacies for **Principle 3** (premises). The North region had the highest proportion of pharmacies rated poor for Principle 1 (governance) and Principle 4 (services). For Principle 2 (staff), both the North and South regions had the highest proportion of poor rated pharmacies (both 1.5%). The East region had the highest proportion of poor rated pharmacies for Principle 3 (premises).

This shows that pharmacy performance by inspector region closely matches inspection ratings by country. For example, the North region has the highest proportion of pharmacies rated good and this is consistent with pharmacies in Scotland having a higher proportion of good rated pharmacies than England and Wales.

See table 50 in Appendix 7 for further details.

Principle ratings by pharmacy setting

Figure 22 shows the rating for each of the GPhC principles by pharmacy setting.

Figure 22: Percentage of inspection reports by rating for each Principle and pharmacy setting (n=14,650)

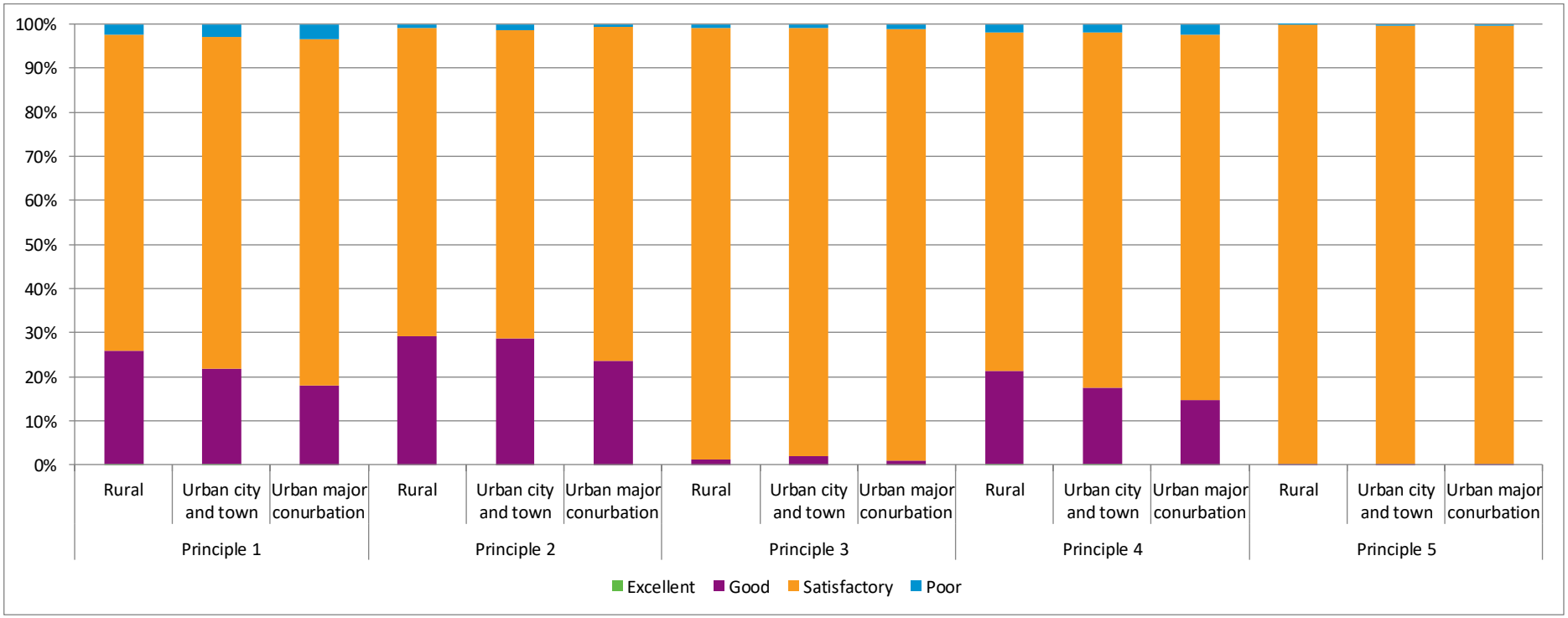


Figure 22 shows that pharmacies in urban major conurbations performed less well against the GPhC principles than both rural pharmacies and pharmacies in urban cities and towns. A **higher proportion** of **rural pharmacies** were **rated good** than pharmacies in the two urban categories for Principles 1 (governance), 2 (staff) and 4 (services). 'Urban major conurbation' had the highest proportion of pharmacies that were rated poor for Principle 1 (3.3%), Principle 3 (1.0%) and Principle 4 (2.3%). In contrast, for Principles 1 and 4 pharmacies in rural settings had the highest proportion of pharmacies rated good for these principles.

See table 51 in Appendix 7 for further details.

Principle ratings by deprivation

Analysis of the principle ratings by **deprivation decile** showed that on the whole there were **no discernable patterns** and that where differences existed between principle ratings for different deprivation deciles often the numbers of pharmacies were **too small** to draw meaningful conclusions. This was particularly true when comparing the proportion of good and poor rated pharmacies in Scotland and Wales.

For pharmacies in England for Principle 1 (governance), the proportion of pharmacies rated poor for this principle was higher in the most deprived deprivation deciles (Decile 1 = 4.2% and Decile 2 = 3.9%) than in the least deprived deciles (Decile 10 = 1.8% and Decile 9 = 1.9%). There was little difference between the deciles in the proportion of pharmacies rated good for this principle, which ranged from 13.5% in Decile 10 to 20.1% in Decile 5.

For pharmacies in England for Principle 4 (services), the most deprived deciles had the highest percentage of poor rated pharmacies. For Decile 1, 3.1% of pharmacies were rated poor and for Decile 2, 2.7% of pharmacies were rated poor. This compares to 1.1% and 1.3% for Deciles 10 and 9 respectively.

See figures 46 – 60 in Appendix 7 for further details.

Performance against GPhC principles by overall pharmacy rating

This section describes how the inspected pharmacies have been rated against each of the five GPhC principles, for the different overall inspector rating categories. This analysis explorese how **performance** against individual **principles** relates to overall inspection ratings. The percentages in the table below relate to the overall inspection rating i.e. of the 6 inspection reports rated excellent overall, 5 or 83.3% were rated excellent for Principle 1 (governance).

Table 4: Ratings for GPhC principles compared to overall inspection rating

	Overall Inspection Rating				
Principle Rating	**Excellent**	**Good**	**Satisfactory**	**Satisfactory with AP**	**Poor**
Principle 1 – Governance					
Excellent	5 *(83.3%)*	2 *(<0.1%)*	-	-	-
Good	1 *(16.7%)*	2,497 *(93.6%)*	518 *(5.3%)*	17 *(1.0%)*	-
Satisfactory	-	168 *(6.3%)*	9,290 *(94.7%)*	1,608 *(97.9%)*	96 *(18.1%)*
Poor	-	1[9] *(<0.1%)*	-	18 *(1.1%)*	429 *(81.9%)*
Principle 2 – Staff					
Excellent	2 *(33.3%)*	-	-	-	-
Good	4 *(66.7%)*	2,234 *(83.7%)*	1,590 *(16.2%)*	63 *(3.8%)*	1 *(0.2%)*
Satisfactory	-	434 *(16.3%)*	8,218 *(83.8%)*	1,573 *(95.7%)*	375 *(71.6%)*
Poor	-	-	-	7 *(0.4%)*	149 *(28.2%)*
Principle 3 – Premises					
Excellent	-	-	-	1 *(<0.1%)*	1 *(0.2%)*
Good	4 *(66.7%)*	115 *(4.3%)*	88 *(0.9%)*	4 *(0.2%)*	1 (0.2%)
Satisfactory	2 *(33.3%)*	2,553 *(95.7%)*	9,720 *(99.1%)*	1,620 *(98.6%)*	400 *(76.1%)*
Poor	-	-	-	*18* *(1.1%)*	123 *(23.5%)*
Principle 4 - Services					
Excellent	5 *(83.3%)*	4 *(0.1%)*	-	-	-
Good	1 *(16.7%)*	2,144 *(80.4%)*	277 *(2.8%)*	17 *(1.0%)*	-
Satisfactory	-	520 *(19.5%)*	9,531 *(97.2%)*	1,614 *(98.2%)*	226 *(43.1%)*
Poor	-	-	-	12 (0.7%)	299 *(56.9%)*
Principle 5 – Equipment and Facilities					
Excellent	-	-	-	-	-
Good	3 *(50.0%)*	13 *(0.5%)*	2 *(<0.1%)*	-	-
Satisfactory	3 *(50.0%)*	2,655 *(99.5%)*	9,805 *(100.0%)*	1,641 *(99.9%)*	484 *(92.2%)*
Poor	-	-	-	2 *(0.1%)*	41 *(7.8%)*

[9] Data recording error, all standards met in Principle 1

None of the **six** pharmacies **rated excellent** overall received a **poor rating** for any of the principles. Only Principles 3 (premises) and 5 (equipment and facilities) attracted any satisfactory ratings for the pharmacies rated excellent overall. Five of the six excellent rated pharmacies overall were also rated excellent for Principles 1 (governance) and 4 (services).

Four of the pharmacies rated **good overall** achieved a **rating of excellent** for **Principle 4** (services) and two achieved a rating of excellent for **Principle 1** (governance). The majority of **good rated** pharmacies overall, also achieved a **good rating** for **Principles 1** (governance), **2** (staff) and **4** (services). However, **95.7%** were rated **satisfactory** for **Principles 3** (premises) and almost 100% were rated satisfactory for **Principle 5** (equipment & facilities).

The proportion of pharmacies rated satisfactory overall which were also rated as satisfactory for the principle ranged from **83.8%** for **Principle 2** (staff) to **almost 100%** for **Principle 5** (equipment and facilities). None of the pharmacies rated satisfactory overall were rated excellent or poor against any of the five principles.

Between 95.7% and 99.9% of pharmacies rated satisfactory with an action plan overall were rated satisfactory against all of the five GPhC principles. One satisfactory with an action plan pharmacy was rated excellent for Principle 3 (premises).

For Principles 2 (staff), 3 (premises) and 5 (equipment and facilities), over 70% of the pharmacies rated poor overall were rated satisfactory for these principles. However, for Principle 1 (governance) 81.9% of pharmacies rated poor overall received a poor rating and for Principle 4 (services) 56.9% received a poor rating.

Overall, **Principle 1** had the **greatest** degree of **similarity** between **overall inspection rating** and **ratings for the principle**. For example, 93.6% of pharmacies receiving a good overall inspection rating were rated good for Principle 1 and 94.7% of pharmacies receiving a satisfactory rating overall were rated satisfactory for Principle 1. There were fewer similarities between the pharmacies rated poor overall and the pharmacies rated poor against the principles. For example for pharmacies rated poor overall, only 7.8% were also rated poor for Principle 5, 23.5% were rated poor for Principle 3 and 28.2% were rated poor for Principle 2. Some of this may be due to the binary nature of some of the standards that underpin the principle ratings, particularly for Principles 3 and 5.

See figures 41 – 45 in Appendix 7 for further details.

Performance against GPhC standards

In addition to rating pharmacies overall and for each principle, inspected pharmacies are also rated against 26 standards organised under each of the five principles. The following rating scale is used by the GPhC inspectors to rate pharmacies against each standard:

- excellent
- good
- satisfactory
- standard not met

A description of each of the standards is provided in Appendix 1.

The SPH project team has applied a score to each rating (excellent = 4 points, good = 3 points, satisfactory = 2 points, standard not met = 1 point). This score has been used to calculate mean scores for each standard as shown in Table 5 below.

Table 5: Mean average rating against each standard for all inspected pharmacies (highest mean average through to lowest mean average)

Standard No.	Mean Average Rating	Standard No.	Mean Average Rating
Standard 2.2 - Staff skills and qualifications	2.32	Standard 1.3 - Staff roles and accountability	2.06
Standard 2.4 - Culture	2.30	Standard 4.3 - Sourcing and safe, secure management of medicines and devices	2.05
Standard 1.2 - Reviewing and monitoring the safety of services	2.28	Standard 4.4 - Managing faults with medicines and devices	2.03
Standard 1.1 - Risk identification and management	2.27	Standard 1.5 - Insurance / indemnity arrangements	2.00
Standard 4.2 - Safe and effective service delivery	2.23	Standard 2.6 - Appropriateness of incentives and targets	2.00
Standard 2.5 - Staff feedback and concerns	2.21	Standard 3.1 - Cleanliness and maintenance of premises	2.00
Standard 4.1 - Accessibility of services	2.20	Standard 3.3 - Hygiene of premises	2.00
Standard 1.8 - Safeguarding	2.19	Standard 3.4 - Security of premises	2.00
Standard 1.4 - Feedback process	2.14	Standard 3.5 - Appropriateness of environment	2.00
Standard 1.7- Information management and confidentiality	2.14	Standard 5.1 - Availability of equipment and facilities	2.00
Standard 3.2 - Privacy and confidentiality through premises	2.10	Standard 5.3 - Privacy and dignity through equipment and facilities	2.00
Standard 2.3 - Staff compliance, empowerment and professionalism	2.07	Standard 5.2 - Sourcing and safe, secure management of equipment and facilities	1.99
Standard 2.1 - Staffing levels	2.07	Standard 1.6 - Record keeping	1.97

Table 5 shows that **Standard 2.2** (staff skills and qualifications) had the **highest mean score** (2.32) suggesting that pharmacies were rated slightly better against this standard than the others. **Standards 1.6** (record keeping) and **5.2** (sourcing and safe secure management of equipment and facilities) had the **lowest mean scores** (1.97 and 1.99 respectively), suggesting that more practices did not meet these standards.

Table 6 below shows the number of inspection reports by rating for each standard for all 14,650 inspection reports in the dataset.

Table 6: Number of inspection reports by rating for each standard for all inspection reports

Standard No.	Excellent	Good	Satisfactory	Standard not met	Total
Standard 1.1	8 *(<0.1%)*	4,737 *(32.3%)*	9,158 *(62.5%)*	747 *(5.1%)*	14,650 *(100%)*
Standard 1.2	6 *(<0.1%)*	4,747 *(32.4%)*	9,279 *(63.3%)*	618 *(4.2%)*	14,650 *(100%)*
Standard 1.3	1 *(<0.1%)*	1,051 *(7.2%)*	13,472 *(92.0%)*	126 *(0.9%)*	14,650 *(100%)*
Standard 1.4	2 *(<0.1%)*	2,178 (14.9%)	12,389 *(84.6%)*	81 *(0.6%)*	14,650 *(100%)*
Standard 1.5	-	3 *(<0.1%)*	14,629 *(99.9%)*	18 *(0.1%)*	14,650 *(100%)*
Standard 1.6	-	26 *(<0.2%)*	14,099 *(96.2%)*	525 *(3.6%)*	14,650 *(100%)*
Standard 1.7	-	2,426 *(17.0%)*	11,869 *(81.0%)*	355 *(2.4%)*	14,650 *(100%)*
Standard 1.8	3 *(<0.1%)*	2,979 *(20.3%)*	11,463 *(78.2%)*	205 *(1.4%)*	14,650 *(100%)*
Standard 2.1	-	1,394 *(9.5%)*	12,947 *(88.4%)*	309 *(2.1%)*	14,650 *(100%)*
Standard 2.2	1 *(<0.1%)*	5,070 *(34.6%)*	9,213 *(62.9%)*	366 *(2.5%)*	14,650 *(100%)*
Standard 2.3	3 *(<0.1%)*	1,087 *(7.4%)*	13,530 *(92.4%)*	30 *(0.2%)*	14,650 *(100%)*
Standard 2.4	2 *(<0.1%)*	4,473 *(30.5%)*	10,093 *(68.9%)*	82 *(0.6%)*	14,650 *(100%)*
Standard 2.5	1 *(<0.1%)*	3,103 *(21.2%)*	11,496 *(78.5%)*	50 *(0.3%)*	14,650 *(100%)*
Standard 2.6	-	6 *(<0.1%)*	14,642 *(99.9%)*	2 *(<0.1%)*	14,650 *(100%)*
Standard 3.1	-	339 *(2.3%)*	13,920 (95.0%)	391 *(2.7%)*	14,650 *(100%)*
Standard 3.2	-	1,614 *(11.0%)*	12,868 *(87.8%)*	168 *(1.1%)*	14,650 *(100%)*
Standard 3.3	-	51 *(0.3%)*	14,490 *(98.9%)*	109 *(0.7%)*	14,650 *(100%)*
Standard 3.4	-	66 *(0.5%)*	14,486 *(98.9%)*	98 *(0.7%)*	14,650 *(100%)*
Standard 3.5	-	102 *(0.7%)*	14,452 *(98.6%)*	96 *(0.7%)*	14,650 *(100%)*
Standard 4.1	24 *(0.2%)*	2,933 *(20.0%)*	11,656 *(79.6%)*	37 *(0.3%)*	14,650 *(100%)*
Standard 4.2	17 *(0.1%)*	3,738 *(25.5%)*	10,422 *(71.1%)*	473 *(3.2%)*	14,650 *(100%)*
Standard 4.3	1 *(<0.1%)*	1,471 *(10.0%)*	12,434 *(84.9%)*	744 *(5.1%)*	14,650 *(100%)*
Standard 4.4	-	574 *(3.9%)*	13,915 *(95.0%)*	161 *(1.1%)*	14,650 *(100%)*
Standard 5.1	-	76 *(0.5%)*	14,522 *(99.1%)*	52 *(0.4%)*	14,650 *(100%)*
Standard 5.2	-	64 *(0.4%)*	14,391 *(98.2%)*	195 *(1.3%)*	14,650 *(100%)*
Standard 5.3	-	4 *(<0.1%)*	14,580 *(99.5%)*	66 *(0.5%)*	14,650 *(100%)*

Table 6 shows that there were only **three** pharmacies **rated good** for **Standard 1.5** (insurance/Indemnity arrangements), **four rated good** for **Standard 5.3** (privacy and dignity through equipment and facilities) and **six rated good** for **Standard 2.6** (appropriateness of incentives and targets) and no pharmacies rated excellent for these three standards. This suggests that in general pharmacies found it difficult to be highly rated against these three standards. This is possibly because these standards are more binary in nature, in that pharmacies will either have something appropriate in place or will not and therefore it is hard

to be rated good or excellent against these standards. There were only two pharmacies that were rated standard not met for Standard 2.6 (appropriateness of incentives and targets) and 18 for Standard 1.5 (insurance/indemnity arrangements), suggesting that pharmacies found it easiest to meet these two standards.

Performance against GPhC standards by overall inspection rating

This section describes how the inspected pharmacies have been rated by inspectors against each standard, for the different overall inspection rating categories. The purpose of this analysis is to explore how performance against individual standards relates to overall inspection ratings.

Figure 23: Percentage of inspection reports achieving each rating for each of the GPhC standards (n=14,650)

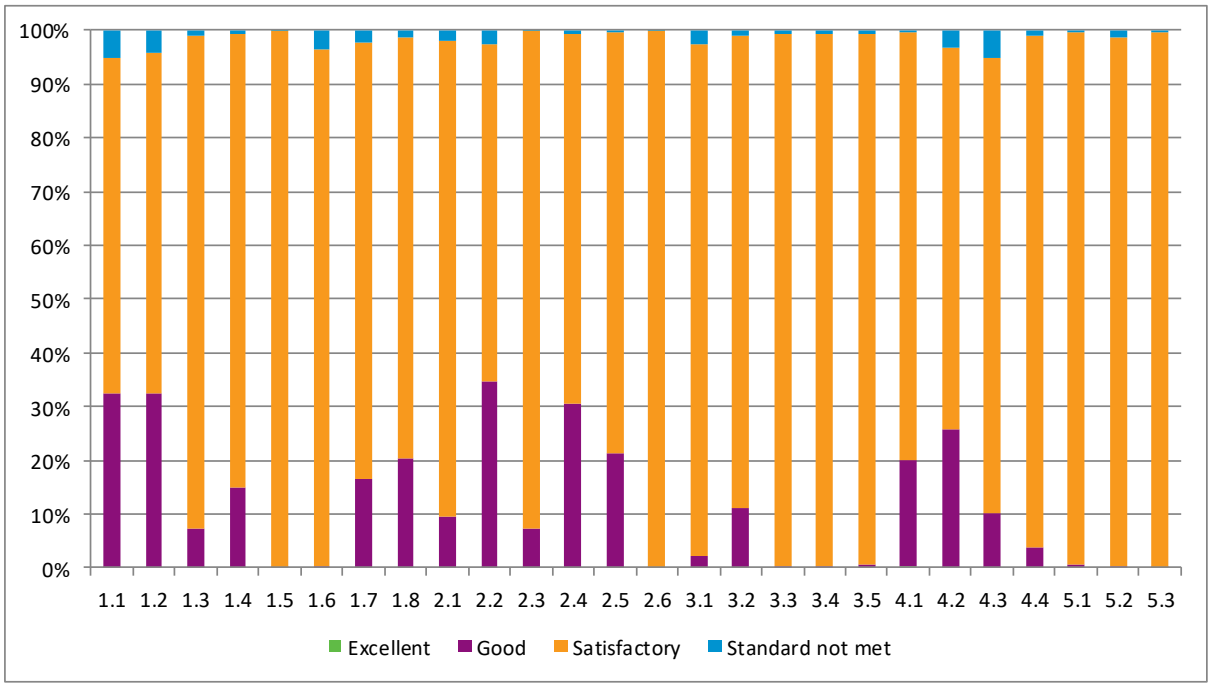


Figure 23 shows that **Standard 2.2** (staff skills and qualifications - 34.6%) had the **highest percentage** of pharmacies that were **rated good** followed by Standard 1.2 (reviewing and monitoring the safety of services - 32.4%) and Standard 1.1 (risk identification and management - 32.3%). **Standards 1.1** (risk identification and management) and **4.3** (sourcing and safe, secure management of medicines and devices) both had the **highest proportion** of pharmacies **rated standard not met** (5.1%). This suggests that pharmacies found it easier to demonstrate good performance against the standards within Principles 1, 2 and 4, than for Principles 3 and 5 where the majority of pharmacies were rated satisfactory against all of the standards.

Figure 24 shows the percentage of inspection reports receiving each rating for each standard for the six pharmacies rated excellent overall.

Figure 24: Percentage of inspection reports by rating for each of the GPhC standards for pharmacies rated excellent overall (n=6)

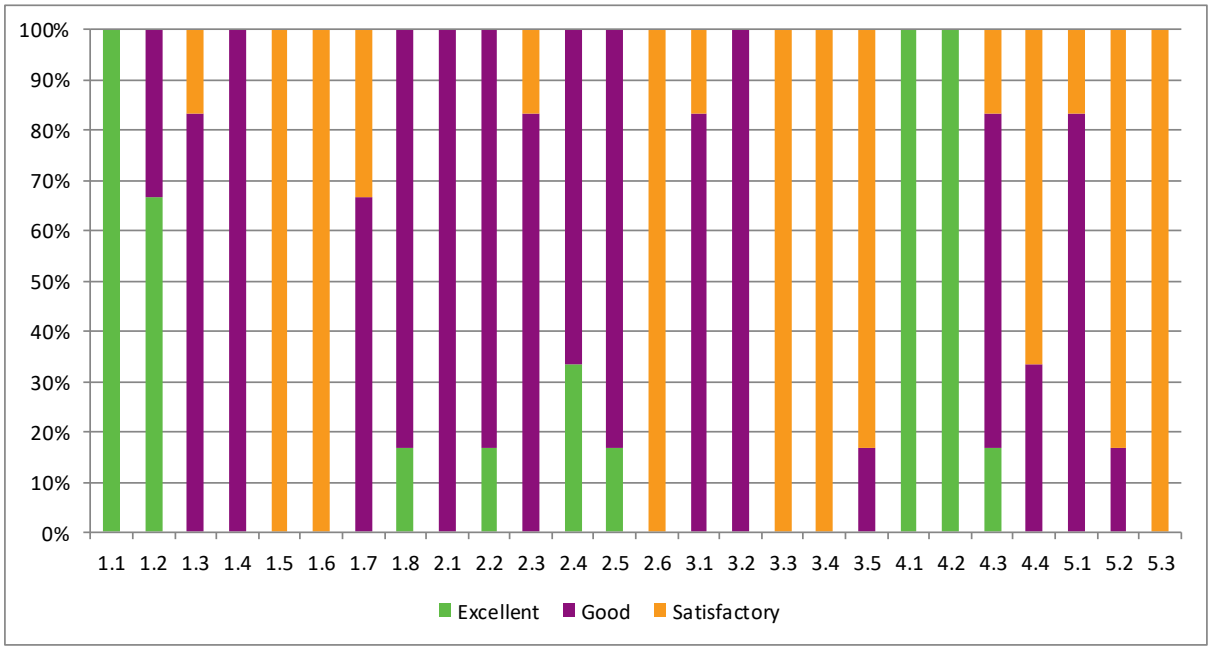


Figure 24 shows that aside from the **three standards** (1.1 risk identification and management, 4.1 accessibility of services and 4.2 safe and effective service delivery) where all six pharmacies were rated excellent, **Standard 1.2** (reviewing and monitoring the safety of services) had the next **highest proportion** of pharmacies **rated excellent** (66.7%). This demonstrates that excellent performance requires both effective service delivery and the management of risk to ensure patient safety.

Figure 25: Percentage of inspection reports by rating for each of the GPhC standards for pharmacies rated good overall (n=2,668)

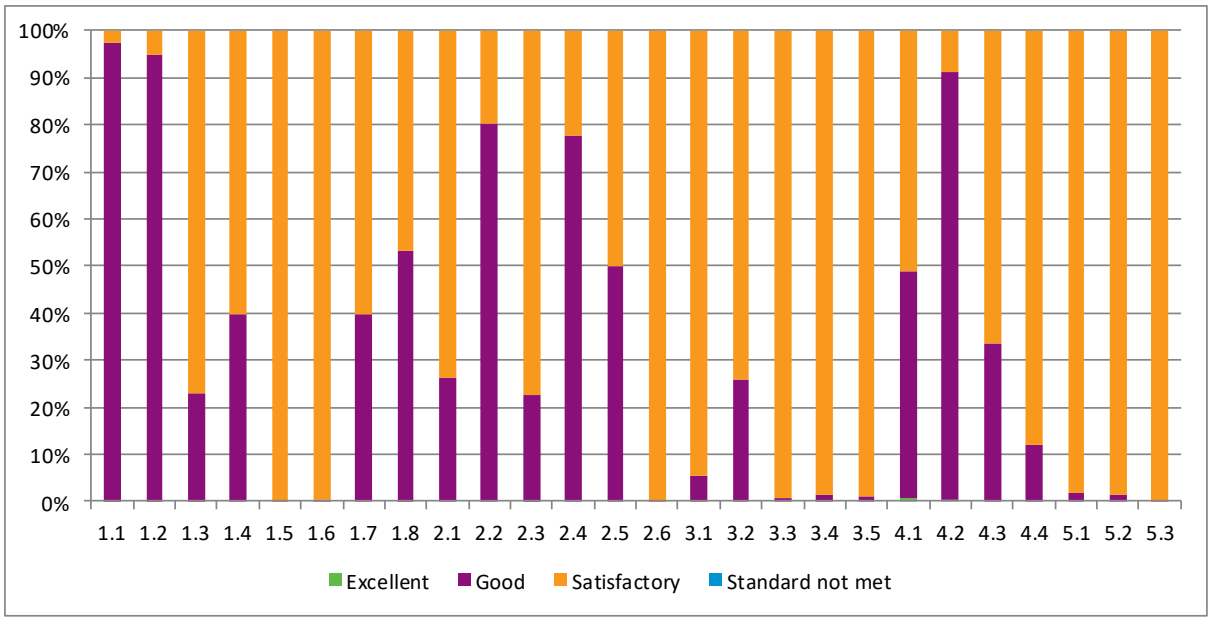


Figure 25 shows that **over 90%** of the pharmacies **rated good** overall were also rated good against **Standards 1.1** (risk identification and management), **1.2** (reviewing and monitoring the safety of services) and **4.2** (safe and effective service delivery). Notably, **a lower proportion** of pharmacies were **rated good** against **Standard 4.1** (accessibility of services)

than was the case for pharmacies rated excellent overall, where all pharmacies were also rated excellent against this standard. Less than 1% of the good rated pharmacies were rated good for Standards 1.5 (insurance / indemnity arrangements), 1.6 (record keeping), 2.6 (appropriateness of incentives and targets), 3.3 (hygiene of premises) and 5.3 (privacy and dignity through equipment and facilities); nearly all were rated satisfactory for these standards.

Figure 26: Percentage of inspection reports by rating for each of the GPhC standards for pharmacies rated satisfactory overall (n=11,451)

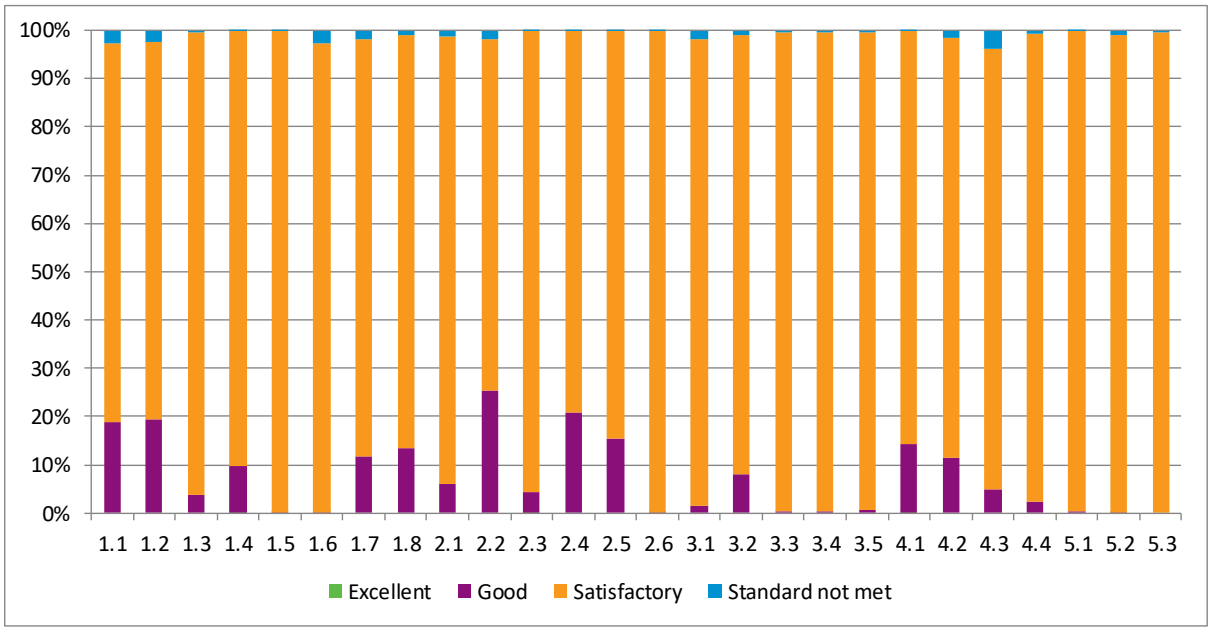


Figure 26 shows that for pharmacies **rated satisfactory overall, Standard 2.2** (staff skills and qualifications) had the **highest proportion** of pharmacies **rated good** (25.5%) followed by Standard 2.4 (culture) (20.9%) and Standard 1.2 (reviewing and monitoring the safety of services) (19.4%). **Standard 4.3** (sourcing and safe, secure management of medicines and devices) had the **highest proportion** of pharmacies **rated standard not met** (3.9%), followed by Standard 1.1 (risk identification and management) (2.8%) and Standard 1.6 (record keeping) (2.6%).

Figure 27: Percentage of inspection reports by rating for each of the GPhC standards for pharmacies rated poor overall (n=525)

Figure 27 shows that **Standard 2.6** (appropriateness of incentives and targets) had the **highest proportion** of **satisfactory ratings** for pharmacies that were **rated poor** overall (only one pharmacy did not meet the standard). Aside from this standard, 97.1% of poor rated pharmacies achieved a satisfactory rating for Standard 1.5 (insurance/indemnity arrangements) and 95.2% achieved a satisfactory rating for Standard 2.3 (staff compliance, empowerment and professionalism). However, 81.5% of poor rated pharmacies received a standard not met rating for Standard 1.1 (risk identification and management) and 66.9% received a standard not met rating for Standard 1.2 (reviewing and monitoring the safety of services. More than half the poor rated pharmacies also received a standard not met rating for Standards 4.2 (safe and effective service delivery) and 4.3 (sourcing and safe, secure management of medicines and devices).

Overall, **Standards 1.1** (risk identification and management), **1.2** (reviewing and monitoring the safety of services), **4.1** (accessibility of services) and **4.2** (safe and effective service delivery) were **most often associated** with **better** inspection ratings, with most pharmacies that were rated good or excellent overall also being rated good and excellent for these standards. Conversely, pharmacy performance against **Standards 1.5** (insurance/indemnity arrangements), **1.6** (record keeping) and **3.3** (hygiene of premises), **3.4** (security of premises) and **3.5** (appropriateness of environment) appears to have **less influence** on the **overall pharmacy rating** than the other standards. This is because the vast majority of pharmacies were rated satisfactory against these standards, even for pharmacies that were rated excellent and good overall.

Trend in pharmacy inspection results

This section considers those pharmacies within the dataset of 14,650 pharmacies which had received more than one inspection.

Table 7 shows the number of times each pharmacy in the dataset had been inspected in the last 5 calendar years from **November 2013 to early August 2018**.

Table 7: Number of times each pharmacy had been inspected

Number of Inspections	Number of pharmacies	% of pharmacies
1	13,328	91.0%
2	1,290	8.8%
3	31	0.2%
4	1	<0.1%
Total	14,650	100%

Table 7 shows that since 2013, the **majority of pharmacies** (91.0%) had only been **inspected once**. There were **1,290 pharmacies** that had been **inspected twice** in the last five years, **31** that had been **inspected three times** and one pharmacy that had been inspected four times.

Table 8 shows the number and percentage of pharmacies that received the same or different ratings for the most recent and previous inspection for all pharmacies that had been inspected more than once.

Table 8: 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%
Total no change	⟺	*934*	*70.7%*
Total overall worsened	⇩	*100*	*7.6%*
Total overall improved	⇧	*288*	*21.8%*
Total with more than one inspection		1,322	100%

Table 8 shows that of the 1,322 pharmacies that had been inspected more than once, **70.7% received the same 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 9 shows the overall inspector rating for the inspected pharmacies by calendar year of the most recent inspection. It shows that the **number of inspections** has **grown** from year to year, rising from 1,786 in 2014 (the first full year of inspections under the current regime) and 4,011 in 2018 (the latest full year under the current inspection regime). The figure for 2018 is a year to date figure up to early August, when the dataset was supplied to the SPH project team, not a complete year of data. Similarly the figure for 2013 is only for a partial year, reflecting the implementation date of current inspection processes.

Table 9: Number of completed inspections by calendar year and overall inspector rating

Rating	2013	2014	2015	2016	2017	2018	Total
Excellent	-	1 *(<0.1%)*	2 *(<0.1%)*	1 *(<0.1%)*	2 *(<0.1%)*	-	6 *(<0.1%)*
Good	-	146 *(8.2%)*	755 *(24.7%)*	684 *(19.5%)*	690 *(17.2%)*	393 *(17.4%)*	2,668 *(18.2%)*
Satisfactory	27 *(10.0%)*	1,529 *(85.6%)*	2,181 *(71.4%)*	2,721 *(77.6%)*	3,225 *(80.4%)*	1,768 *(78.2%)*	11,451 *(78.2%)*
Poor	3 *(90.0%)*	110 *(6.2%)*	118 *(3.9%)*	101 *(2.9%)*	94 *(2.3%)*	99 *(4.4%)*	525 *(3.6%)*
Total	30 *(100%)*	1,786 *(100%)*	3,056 *(100%)*	3,507 *(100%)*	4,011 *(100%)*	2,260 *(100%)*	14,650 *(100%)*

Figure 28: Percentage of pharmacies with each overall inspection rating by calendar year (n=14,650)

Figure 28 shows that **2015** had the **highest proportion** of pharmacies with an overall inspection **rating of good** (45.3%), followed by 2016 (40.0%). The proportion of pharmacies

rated poor reduced between 2013 and 2015, but was **stable** in 2016 and 2017, before **increasing slightly** in the first seven months of 2018.

Relationship between ratings for individual principles and standards and overall inspection rating

The quantitative analysis so far provides an indication of how ratings for the individual standards and principles are related to overall pharmacy inspection ratings. In addition to this, the strengths of these relationships were investigated further here using two different methods:

1. regression modelling
2. the calculation of sensitivity and specificity values

These are described below, with further details of the outputs from these analyses provided in Appendix 8. Factors to consider in interpreting results are also given.

Regression analysis summary of methodology

Regression analysis is a statistical technique used to help understand how the typical value of one variable (the dependent variable) changes when any one of the other independent variables changes, with other independent variables held fixed.

In this analysis, the **dependent** variable is the overall pharmacy rating, which might be excellent, good, satisfactory, satisfactory with an action plan, or poor. This is tested, to understand how much the overall pharmacy rating (the dependent variable) might change, as the values of the ratings for each principle and each standard (the **independent variables**) change.

The particular type of regression analysis selected as the most appropriate to the GPhC dataset was probit regression for ordinal outcomes. **Probit regression** is particularly suited to datasets where the variables have descriptive rather than numerical values. For example, the overall rating for a pharmacy can be described in one of five ways (excellent, good, satisfactory, satisfactory with an action plan, or poor) and is not given a numerical value, such as 1, 2, 3, 4 or 5. In regression analysis there are two types of descriptive variables: categorical and ordinal. **Ordinal values** differ from categorical values in that they reflect a scale from highest to lowest, (as is the case for pharmacy report ratings) whereas categorical values are purely descriptive (for example, hair colour).

Analysis using probit regression for ordinal outcomes was carried out to identify the relative influence of the ratings for each of the five principles on the overall pharmacy rating. This was repeated for the different standards within each principle.

P values indicate the statistical significance of the associations between the different principles or standards and the overall outcome (p values of less than 0.05 are generally taken to indicate statistical significance, although this does not necessarily mean that the size of the effect is large or important).

The analysis for each principle or standard was adjusted for the effects of the other principles, standards within the principle of interest and other characteristics of the pharmacy, seeking to isolate the effects of each of these variables. The other characteristics that were adjusted for were the inspection type (announced or unannounced), size of the pharmacy chain, owner group, country, whether urban or rural, setting (hospital, community or prison), area-based deprivation level and year of inspection of the pharmacy.

A limitation of the regression analysis was that it was unable to take account of the rule within the pharmacy inspection process that a pharmacy can only receive an overall rating of satisfactory with an action plan or poor if any standard is rated as not met.

Regression analysis findings

The regression coefficients and p values observed in this analysis are provided in tables in Appendix 8.

Although ratings for each of the principles were statistically significantly associated with the overall inspection outcome ($p<0.05$), the analysis of the relative strength of the association of the ratings for the individual principles with the overall pharmacy inspection outcome suggested that the strongest association was with **Principle 1 (governance) and Principle 4 (services)**, whereas Principle 2 (staff) and Principle 5 (equipment and facilities) were least associated with the overall inspection outcome.

Within each principle, all of the standards had a statistically significant association with overall inspection outcome, except for Standard 2.6 (appropriateness of incentives and targets). However for some, the strength of the association may have been relatively unimportant, and the relative strengths of the associations are described below.

The analysis of the relative strength of the association of the ratings for the standards within **Principle 1** (governance) with the overall pharmacy inspection outcome suggested that Standard 1.5 (insurance / indemnity arrangements) and Standard 1.6 (record keeping) are most closely associated with the overall inspection outcome, and Standard 1.4 (feedback process) and Standard 1.8 (safeguarding) are least associated with the overall outcome.

The analysis of the relative strength of the association of the ratings for the standards within **Principle 2** (staff) with the overall pharmacy inspection outcome suggested that Standard 2.1 (staffing levels) and Standard 2.2 (staff skills and qualifications) are most closely associated with the overall inspection outcome, and Standard 2.6 (appropriateness of incentives and targets) is least associated with the overall outcome. Unlike for any of the other standards, the p value associated with the regression coefficient for Standard 2.6 was >0.5, suggesting that this standard is not statistically significantly related to overall outcome.

The analysis of the relative strength of the association of the ratings for the standards within **Principle 3** (premises) with the overall pharmacy inspection outcome suggested that Standard 3.1 (cleanliness and maintenance of premises) and Standard 3.4 (security of premises) are most closely associated with the overall inspection outcome, and Standard 3.2 (privacy of premises) is least associated with overall outcome.

The analysis of the relative strength of the association of the ratings for the standards within **Principle 4** (services) with the overall pharmacy inspection outcome suggested that Standard 4.3 (sourcing and management of medicines and devices) and Standard 4.2 (safe and effective service delivery) are most closely associated with the overall inspection outcome, and Standard 4.1 (accessibility of services) is least associated with overall outcome.

The analysis of the relative strength of the association of the ratings for the standards within **Principle 5** (equipment and facilities) with the overall pharmacy inspection outcome suggested that Standard 5.3 (privacy maintained with use of equipment and facilities) is most closely associated with the overall inspection outcome, and Standard 5.1 (availability of equipment and facilities) is least associated with it. However, as discussed above, this principle and Principle 2 (staff) as a whole were less closely associated with the overall inspection outcome than the other principles.

Overall this analysis suggests that Principle 1 (governance) and Principle 4 (services) are most closely related to overall inspection performance and within these two principles, Standard 1.5 (insurance / indemnity arrangements), Standard 1.6 (record keeping), Standard 4.3 (sourcing and management of medicines and devices) and Standard 4.2 (safe and effective service delivery) are most closely associated with the overall inspection outcome.

Sensitivity and specificity values relating to a principle or standard summary of methodology

Because of the limitation of the regression analysis discussed above, whereby it cannot take account of the fact that overall ratings will always be satisfactory with an action plan or poor where any standard is rated as not met, we also calculated the sensitivity and specificity of using a good or excellent rating for each principle or standard as a potential indicator of which pharmacies are more likely to receive an overall good or excellent rating.

We then did the same specificity and sensitivity calculations for pharmacies with a poor or satisfactory rating for a principle or a not met or satisfactory rating for a standard as a potential means of indicating which pharmacies are more likely to be rated poor or satisfactory with an action plan overall.

Sensitivity and specificity analyses are used to define the performance of a test. In this case, the tests carried out were:

1. were there are any principles or standards for which an excellent or good rating was a good indicator of the likelihood of receiving a good or excellent overall inspection rating

2. were there any principles or standards for which a satisfactory, poor / not met rating was a good indicator of a likelihood of receiving a satisfactory with action plan or overall inspection rating

For test 1 for example, there will be some inspection reports in which a good or excellent rating is given for a standard, and a good or excellent rating is given for the pharmacy overall. There will be some reports for which a good or excellent rating is given for a standard, and a satisfactory or poor rating is given for the pharmacy overall. Sensitivity analysis will reflect how many pharmacies rated excellent or good for that standard are also rated good or excellent overall, and specificity analysis will test the accuracy of the sensitivity analysis.

Excellent and good results were grouped together, as the number of pharmacies rated excellent overall is too few to form their own analysis, but they should not be excluded.

Satisfactory (with or without an action plan) and poor/not met results were grouped together also. While this will affect the results of analysis, as where standards are rated as not met, the overall result for the pharmacy will always be satisfactory with action plan or not met, the alternative would be to exclude these from analysis, which would be more detrimental to gathering meaningful results.

Therefore, both the regression analysis and the sensitivity and specificity analyses are constrained to some degree by the structure of the inspection report data, but the use of both methods together serves to strengthen findings.

Sensitivity and specificity values relating to a principle or standard findings

As noted above, we analysed whether there are any principles or standards for which **a good or excellent rating** was a good indicator of a likelihood of receiving a good or excellent overall

inspection rating. This was done using sensitivity and specificity calculations for the 14,650 pharmacy inspection ratings, without adjusting for pharmacy characteristics.

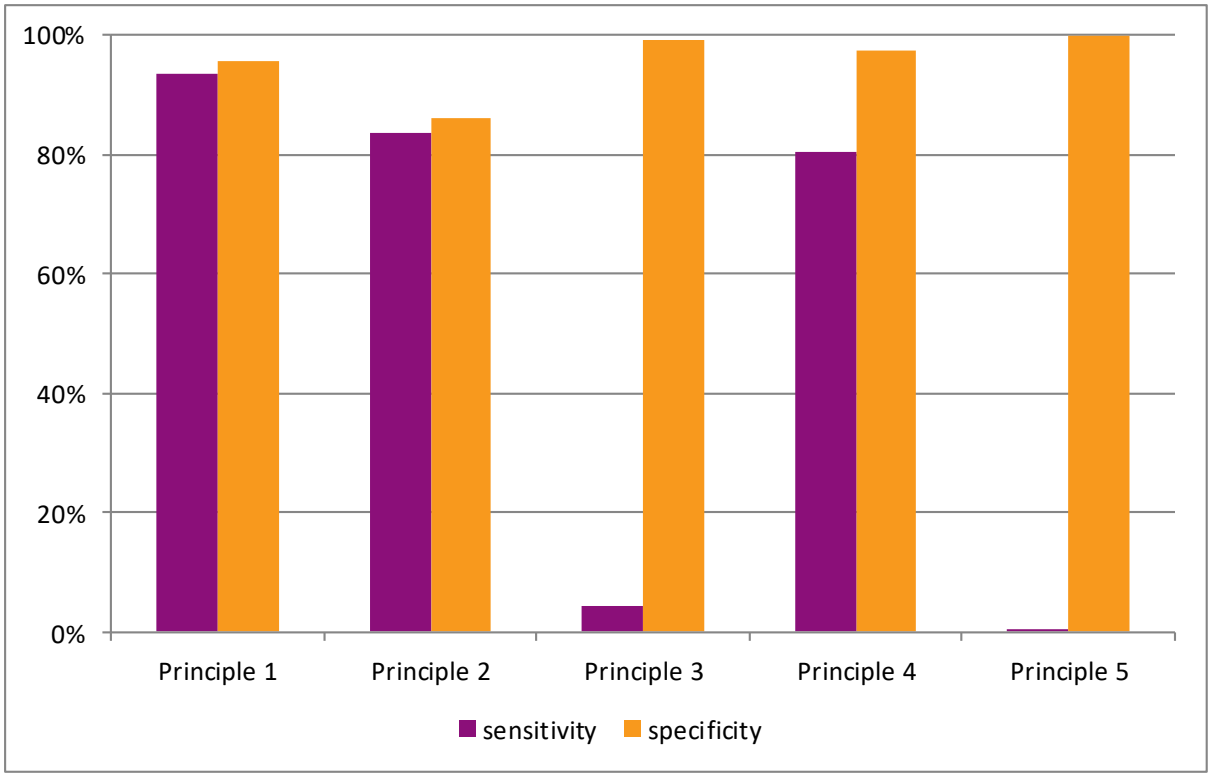
If the rating for a particular principle or standard is to be a useful predictor of a good or excellent overall inspection outcome, the sensitivity and specificity should both be high. A high sensitivity in relation to a principle means that the pharmacies with a good or excellent rating for that principle will include a high proportion of the pharmacies with an overall good or excellent inspection rating. A high specificity in relation to that principle means that the pharmacies that do not have a good or excellent rating for that particular principle will include a high proportion of the pharmacies whose overall inspection rating is neither good nor excellent.

The results for the five **principles** are shown in Figure 29. It suggests that a good or excellent rating for Principle 1 (governance), Principle 2 (staff) or Principle 4 (services) is both very sensitive and very specific as an indicator of which pharmacies are most likely to have an overall good or excellent inspection rating (over 80% sensitive and specific; 95% confidence intervals[10] were all relatively narrow/within three percentage points). Although in the overall data, 18.3% of pharmacy inspections resulted in a good or excellent overall inspection rating, in the groups that were good or excellent for Principles 1, 2 and 4, a much higher proportion had an overall good or excellent inspection rating (82.4%, 57.5% and 88.0% respectively).

The same is not the case for Principle 3 (premises) or Principle 5 (equipment and facilities). For these the sensitivity was low (4.5% and 0.6% respectively), meaning that only a small proportion of pharmacies with an overall good or excellent rating had a good or excellent rating for these two principles. This is consistent with the analysis above, where we see that most pharmacies received a satisfactory rating for these principles.

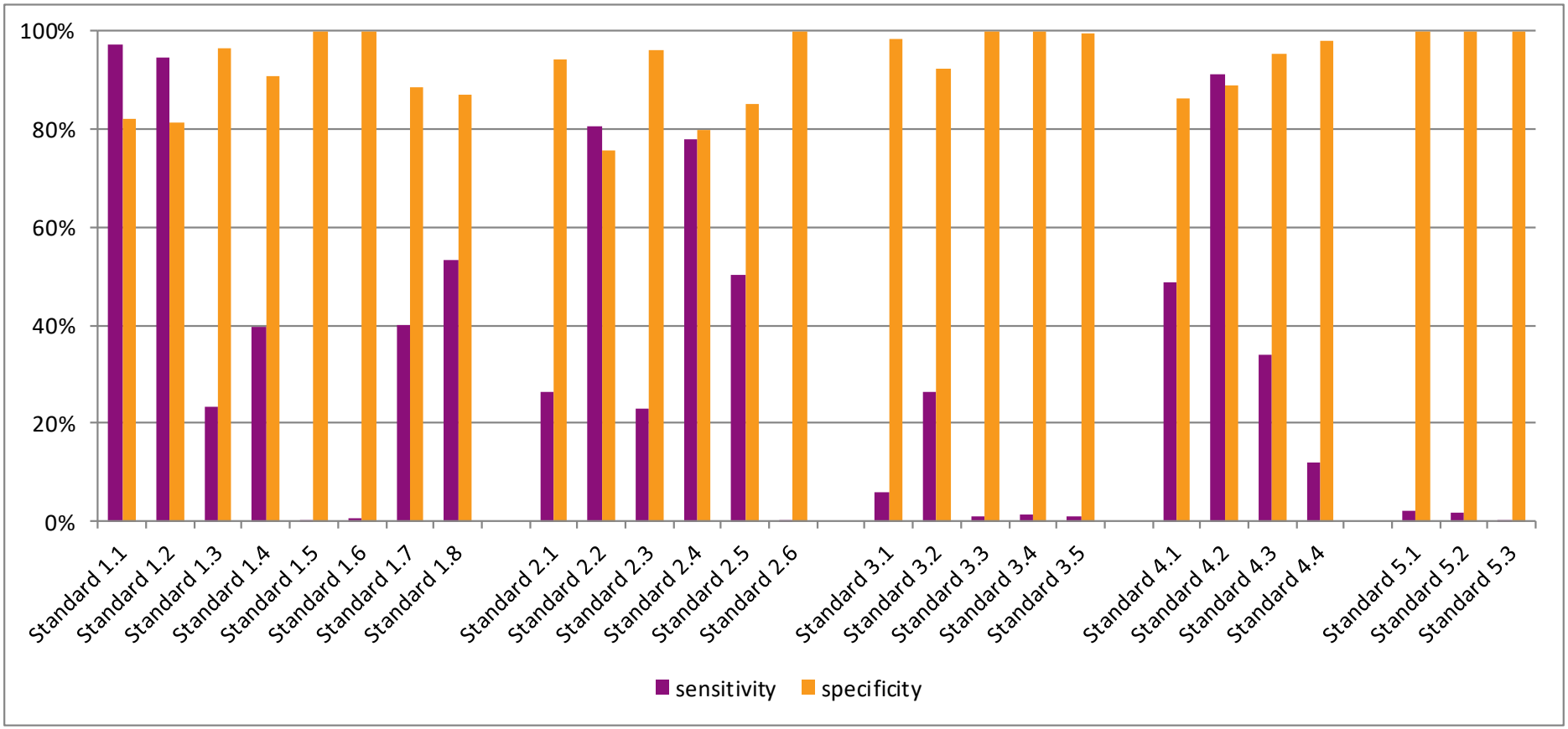
[10] A 95% confidence interval is a range within which the true population would fall for 95% of the times the sample survey was repeated. For example, for a 95% confidence interval, the true (unknown) value of the estimate would be expected to lie within it 19 times out of 20.

Figure 29: Reliability of using a good or excellent outcome for a principle as an indicator of pharmacies that are likely to have a good or excellent overall pharmacy inspection rating (other pharmacy characteristics not adjusted for) (n=14,650)



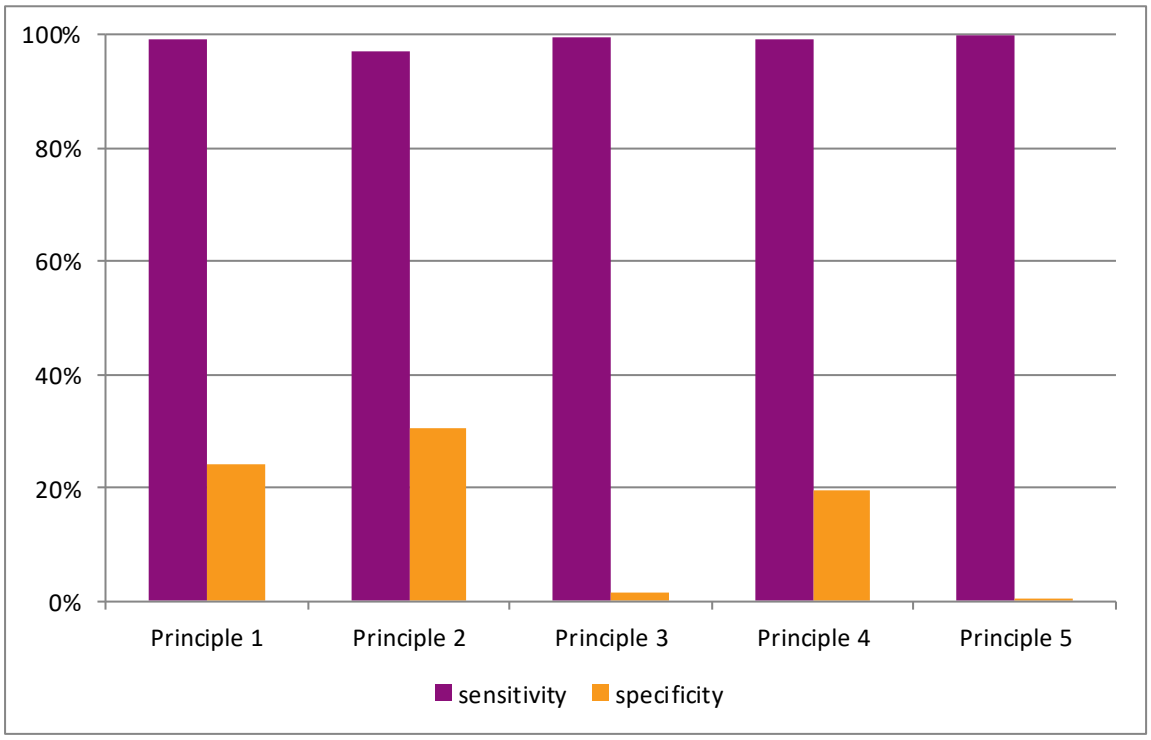
The same analysis for **individual standards** is shown in Figure 30. This analysis showed which standards would have both a high sensitivity and a high specificity if one used a good or excellent rating for that standard as an indicator of a pharmacy that is likely to have an overall good or excellent inspection rating. In keeping with previous analyses above, the standards that stood out as discriminating best were Standard 1.1 (risk management), Standard 1.2 (safety of services), Standard 2.2 (staff skills and qualifications), Standard 2.4 (culture) and Standard 4.2 (safe and effective service delivery) (sensitivity and specificity over 75% for all of these standards). 95% confidence intervals for these proportions were all relatively narrow (within four percentage points). For these five standards, over 40% of the pharmacies that had a good or excellent outcome for that standard also had an overall inspection rating of good or excellent (54.8%, 53,3%, 42.4%, 46.5% and 65.0% for Standards 1.1, 1.2, 2.2, 2.4 and 4.2 respectively).

Figure 30: Reliability of using a good or excellent outcome for a standard as an indicator of pharmacies that are likely to have a good or excellent overall pharmacy inspection rating (other pharmacy characteristics not adjusted for) (n=14,650)



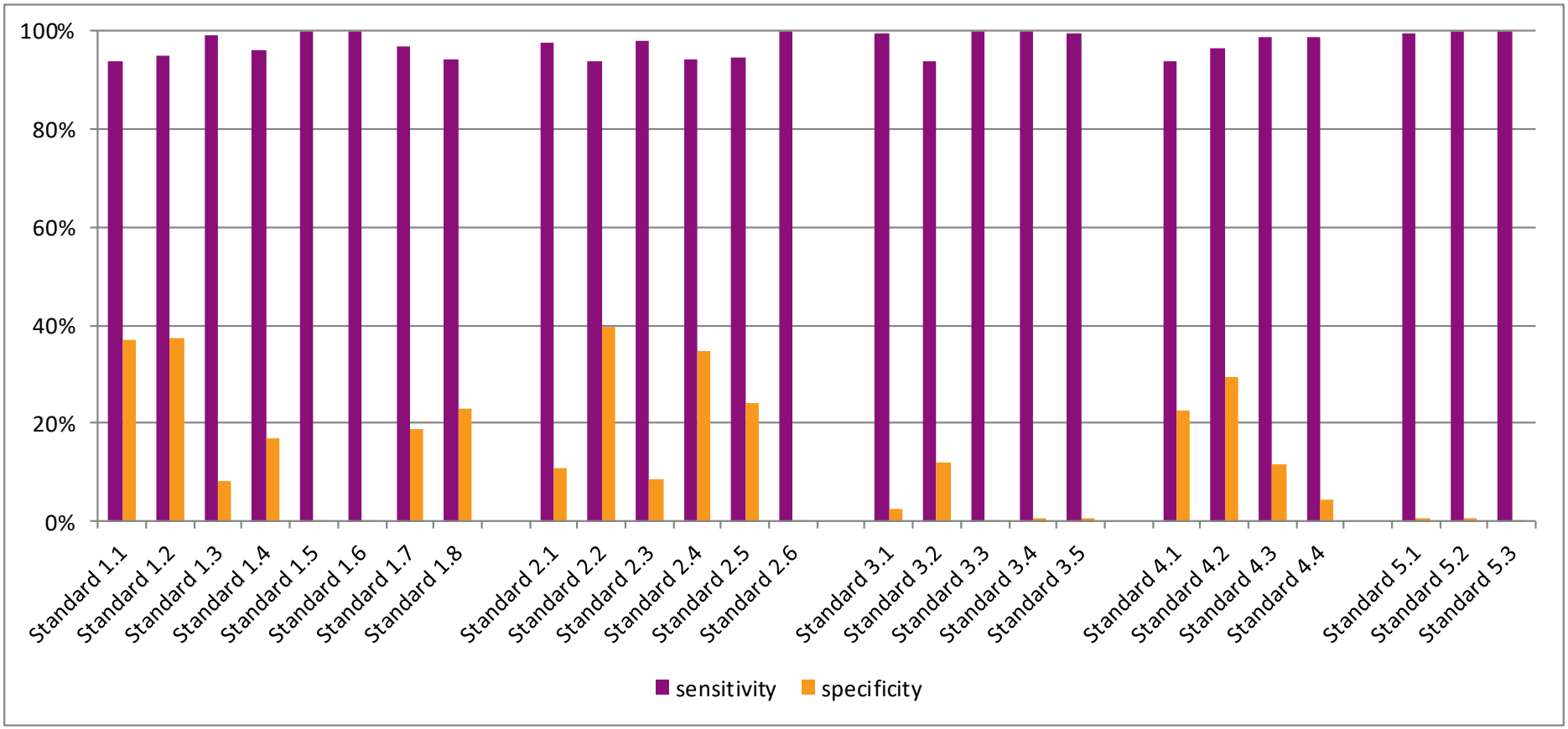
We also analysed the sensitivity and specificity of using a **poor, not met or satisfactory rating** for a principle or standard as a potential indicator of a pharmacy that would have a poor or satisfactory with action plan overall inspection rating (i.e. the pharmacy would require an action plan following their overall inspection). The use of only a not met rating for a standard as an indicator of an overall inspection requiring an action plan does not provide any additional information because we know that where a standard is not met the pharmacy will always require an action plan. On the other hand it does not seem sensible to only analyse whether a satisfactory rating for a principle or standard might be an indicator of a poorer overall outcome, leaving out all the pharmacies that had a standard not met. Therefore, we decided to combine pharmacies with either a not met rating or a satisfactory rating for a standard to see if that helps to differentiate between pharmacies that are likely to require an action plan in their overall inspection outcome. 95% confidence intervals were calculated for these parameters. This analysis was based on the outcomes of the 14,650 inspection reports, without adjustment for other characteristics of pharmacies.

Figure 31: Reliability of using a poor or satisfactory outcome for a principle as an indicator of pharmacies that are likely to have an overall pharmacy inspection rating of poor or satisfactory with action plan (other pharmacy characteristics not adjusted for) (n=14,650)



The result for the five **principles** is shown in Figure 31. It suggests that a poor or satisfactory rating for any of the principles is highly sensitive in identifying pharmacies that will require an action plan following an inspection (sensitivity close to 100% for all). However, it was most specific for Principle 2 (staff) (specificity 30.7%), followed by Principle 1 (governance) (specificity 24.2%) and Principle 4 (services) (specificity 19.5%), and very non-specific for Principle 3 (premises) and Principle 5 (equipment and facilities) (specificity 1.7% and 0.1% respectively). This means that the latter two principles are not useful in predicting overall performance as most of the pharmacies that will not require an action plan will also be listed (low specificity). This is not surprising given that we know that the majority of pharmacies are rated satisfactory for these two principles. Although in the overall data, 14.8% of pharmacy inspections resulted in an action plan, in the groups that were rated poor or satisfactory for Principles 2, 1 and 4, nearly 20% required an action plan (19.6%, 18.5% and 17.6% respectively). Confidence intervals for these proportions were all very narrow (within two percentage points).

Figure 32: Reliability of using a not met or satisfactory outcome for a standard as an indicator of pharmacies that are likely to have an overall pharmacy inspection rating of poor or satisfactory with action plan (other pharmacy characteristics not adjusted for) (n=14,650)



The same analysis for **individual standards** is shown in Figure 32. This analysis likewise found that a satisfactory or standard not met rating in any one standard would identify 94% or more of the pharmacies that have an overall inspection rating that requires an action plan (poor or satisfactory with action plan) (high sensitivity). However, the specificity was highest for Standard 2.2 (staff skills and qualifications) (39.5%), Standard 1.2 (safety of services) (37.2%), Standard 1.1 (risk management) (36.9%) and Standard 2.4 (culture) (34.8%), with specificities for all the other standards being under 30%. This means that for the other standards, less than 30% of those pharmacies that did not require an action plan would be identified as such, with over 70% of them being included in the group that is identified as potentially requiring an action plan. For these four standards, over 20% of the pharmacies that had a satisfactory or standard not met rating required an action plan in their overall inspection outcome (21.2%, 20.8%, 20.5% and 20.1% for Standards 2.2, 1.2, 1.1 and 2.4 respectively). Confidence intervals for these proportions were all very narrow (within two percentage points).

Comparison of results of regression analysis and sensitivity and specificity analysis

When reviewing results for **principles**, using both regression analysis and sensitivity and specificity analysis, Principle 1 (governance) was suggested to be the principle with the strongest influence on overall pharmacy performance, and Principle 5 (equipment and facilities) was suggested as least helpful principle as a predictor of overall pharmacy performance.

Performance under Principle 4 (services) was also shown to be influential on overall pharmacy performance using both regression and sensitivity and specificity analysis.

Principle 3 (premises) was shown to have a strong association with overall pharmacy rating using regression analysis, but sensitivity and specificity analysis suggested that this was a less useful predictor of overall pharmacy rating. Principle 2 (staff) was shown to have a less strong association with overall pharmacy performance using regression analysis, but was suggested to be a more useful predictor of overall pharmacy rating using sensitivity and specificity analysis.

With regard to **standards**, it can be seen that Standards 1.1 (risk management), 1.2 (safety of services), 2.2 (staff skills and qualifications) and 2.4 (culture) were suggested as being the most sensitive and specific indicators of overall ratings where the overall ratings were excellent or good, and where the overall ratings were satisfactory with action plan or poor. Standard 4.2 (safe and effective service delivery) was suggested as being a sensitive and specific indicator of overall ratings where these were excellent or good, but not where they were satisfactory with an action plan or poor.

Within Principle 1 (governance), regression analysis also suggested an association between overall inspection outcomes and outcomes for Standards 1.1 (risk management) and 1.2 (safety of services), although these were less strong than for Standard 1.5 (insurance / indemnity arrangements) and Standard 1.6 (record keeping). Standard 1.5 however is relatively binary in nature, with inspectors likely to note that arrangements are either in place or they are not, and is rated as satisfactory in over 99% of inspection reports, and so is less helpful as a discriminator between overall outcome results. Standard 1.6 (record keeping) was also rated as satisfactory in the majority of reports (96%), with only 26 pharmacies rated as good and none rated as excellent for this standard, as so is similar to Standard 1.5 in being less helpful as a discriminator between overall outcome results.

Within Principle 2 (staff), Standard 2.2 (staff skills and qualifications) were suggested through regression analysis to be associated with overall pharmacy ratings, as was Standard 2.4 (culture), although to a lesser extent than either Standard 2.2 or Standard 2.1 (staffing levels).

Standard 2.1 was suggested through regression analysis to be the standard within Principle 2 with the strongest association with overall pharmacy performance. However, it was found to have relatively low sensitivity to excellent or good ratings (so inspection reports with an excellent or good rating for the standard were less likely to also have overall ratings of good or excellent). Conversely, it was found to have high sensitivity to overall ratings of satisfactory with an action plan or poor, but with low specificity.

Within Principle 4, Standard 4.2 (safe and effective service delivery) was suggested as being a sensitive and specific indicator of overall ratings where the overall ratings were excellent or good, although this was not the case where overall ratings were satisfactory with action plan or poor. Regression analysis suggested Standard 4.2 to be associated with overall pharmacy ratings, although to a lesser extent that Standard 4.3 (sourcing and management of medicines and devices).

Indicators which were suggested as being most associated with overall pharmacy performance through regression analysis within Principle 3 (premises) and Principle 5 (equipment and facilities) were Standards 3.1 (cleanliness and maintenance of premises), 3.4 (security of premises) and 5.3 (privacy maintained with use of equipment and facilities). However, overall these principles were found to be less strongly associated with overall pharmacy performance than other principles through regression analysis. These standards were not suggested as having high sensitivity and specificity to overall outcomes.

Overall, the standards noted both as being associated with overall pharmacy performance through regression analysis and as having high sensitivity and specificity to overall outcomes, both for excellent and good overall performance and satisfactory with an action plan and poor overall performance were Standards 1.1 (risk management) and 2.2 (staff skills and qualifications). Standard 4.2 (safe and effective service delivery) was suggested as being associated with overall pharmacy performance through regression analysis and as being most sensitive and specific indicators of overall ratings where the overall ratings were excellent or good, although not where they were satisfactory with action plan or poor.

Factors to consider when interpreting analysis results

It is noted that the operations of a pharmacy are necessarily complex, as recognised by the range of areas covered by the GPhC principles and standards. The standards, while distinct from one another, form a cohesive whole, to allow inspectors to present a sufficiently detailed view of pharmacy performance while encompassing the range of areas covered. One aspect of the flexibility inherent to the inspection processes, which is necessary for the appropriate reporting of inspectors' findings, is that standards can vary in their scope.

Some standards relate to a single, very specific issue, such as Standard 1.5 (insurance / indemnity arrangements) and Standard 2.6 (appropriateness of incentives and targets). Other standards are particularly broad in scope and cover a range of issues. These include Standards 1.1 (risk management), 2.2 (staff skills and qualifications) and 4.2 (safe and effective service delivery).

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.

These factors should be considered when interpreting findings.

5 Qualitative analysis

Summary of key findings from qualitative analysis

Themes underpinning pharmacy performance

Seven themes associated with pharmacy performance were identified through 'bottom up' review of pharmacy reports (emergent themes):

- **governance** – whether the arrangements through which pharmacy services and operations are managed are thorough and robust
- **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
- **efficient processes** – the degree to which the pharmacy is well organised and using efficient processes across a range of activities
- **responsiveness** – the extent to which the pharmacy demonstrates the ability and willingness to positively respond to customer and patient needs
- **customer and patient focus** – the extent to which the pharmacy demonstrates that customers and patients are at the heart of pharmacy activities
  added value – offering a wide range of often innovative services in response to the needs of the local community
- **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

The GPhC identified themes of specific interest to them, for which they wanted to understand how much information was presented in inspection reports, and what influence they might have on overall pharmacy performance. These pre-identified themes were:

- **leadership**
- **innovation**
- **outcomes**

All the themes identified, including the pre-identified themes suggested by the GPhC, were demonstrated to be associated with pharmacy performance, in that where a pharmacy performed well in relation to issues described under that particular theme, the overall pharmacy rating was also likely to be higher, and vice-versa. Further, all themes are strongly interrelated, with strong (or weak) performance in one being very likely to influence strong (or weak) performance in others.

The theme of added value differed from other themes in that it applied primarily to pharmacies rated excellent or good, and could be seen as a differentiator particularly of excellent performance.

The theme of a lack of knowledge and a failure to learn differed from other themes in that it related primarily to poor performance, and illustrated systemic issues noted in pharmacies which were particularly weak when assessed against GPhC standards.

The extent to which the performance of excellent rated pharmacies is consistent with the GPhC 'Principles of an Excellent Pharmacy'

The performance of a pharmacy must be seen as exceptional for an overall rating of excellent to be given. Six pharmacies were rated excellent out of 14,650 which have been inspected. This of itself suggests that these pharmacies are genuinely exceptional.

The pharmacy inspection reports showed that the six pharmacies with an overall rating of excellent clearly and strongly demonstrated meeting these principles, including showing better performance than other pharmacies across the range of standards. Pharmacies rated excellent overall were particularly notable for the range of services they offered, and especially their ability to offer new and innovative services in direct response to local needs.

The extent to which themes identified through the GPhC crowdsourcing exercises are reflected in inspection reports

The GPhC carried out two crowdsourcing exercises in 2017 to understand the views of the pharmacy sector as to quality in pharmacy, and to identify the factors that are considered important in delivering quality. These identified seven elements which contribute to the quality of pharmacy services, and 17 key themes that are important in delivering these elements. (The term 'activities' is used rather than the term 'themes' used in the crowdsourcing exercises, to avoid confusion as the term 'themes' is used extensively in this report in a different context.)

Four elements and activities were extensively reflected in inspection reports, three of which related to good communications, and one of which related to ensuring appropriate staff levels and skill mix. Six elements and activities were frequently reflected in inspection reports, although in some cases part of the element or activity was reflected rather than all. No discernable themes or common topics were noted within these six. A further eleven elements and activities were referenced to some degree in inspection reports. More than one mention was made of each of the areas of joint or partnership working, leadership and enabling or taking personal responsibility. Three activities were rarely, if ever, reflected in inspection reports. These were all particularly specific activities, and in some cases responsibility for these lies out with the remit of the GPhC.

Analysis of unstructured data

At the beginning of each inspection report, the inspector has space in which to record contextual information about the pharmacy, such as the use of robots, the use of auto methadone measures, the use of an electronic register and the presence of an independent prescriber, and inspectors have autonomy and flexibility in what they record.

The analysis of these unstructured variables found that numbers were too small to draw meaningful conclusion, however there appeared to be a preponderance of pharmacies with an overall rating of excellent which were reported as having these facilities. It should be noted that it is not known how many pharmacies also had these facilities but this was not recorded by the inspector.

Approach to qualitative analysis

The sample of 249 inspection reports has been extensively reviewed to seek to understand what drives pharmacy performance. Particular questions addressed are:

- which themes are associated with strong performance?
- which themes are associated with weaker performance?
- to what extent is the performance of excellent-rated pharmacies consistent with the GPhC Principles of Excellent Pharmacy?
- to what extent are themes identified through the GPhC crowdsourcing exercises reflected in inspection reports?
- can unstructured data provide further insights?

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. More specific, standard- or principle-specific analyses are presented elsewhere.

Two groups of themes are explored. One set includes themes identified through 'bottom up' analysis of reports (emergent themes). The second set includes themes specified by the GPhC at the beginning of the project as being of particular interest (pre-identified themes).

Elements relating to pre-identified themes were identified within emergent themes, and these have been highlighted where appropriate.

Emergent themes are:

- governance
- a proactive approach
- the efficiency of processes
- the level of responsiveness
- customer and patient focus
- added value
- lack of key knowledge and a failure to learn

Pre-identified themes were:

- leadership
- innovation
- the demonstration of outcomes for patients

While elements of evidence relating to these pre-identified themes might also apply to particular emergent themes, these have been reviewed separately, given their specific interest to the GPhC.

There is overlap within each of these groupings. 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.

Analysis of themes

Evidence for principles presented within inspection reports provide a rich source of information as to the how the pharmacy is performing against the GPhC standards. When reviewing these as a whole, broad similarities can be found between pharmacies within ratings categories which are not apparent when reviewing these at the more granular levels of individual standards or principles.

Where a pharmacy is performing well, it is likely to perform well across the range of its activities, and similarly, weaker performance is unlikely to be isolated to particular activities, but may be apparent in many areas of pharmacy practice. This analysis seeks to understand what drivers, or themes, lay behind differences in pharmacy performance.

In most cases, a particular theme will underlie both strong and weak performance. So for example, if looking at efficiency, a pharmacy which is performing well is likely to have processes in place which are well-designed, streamlined and well-adhered to, allowing staff to work efficiently, completing tasks both quickly and safely. Where a pharmacy is performing less well, it might have less efficient processes, or processes are less well-adhered to. Individual tasks take longer to do, with more scope for error and the need to take later corrective action to rectify issues. Examples of how efficient the pharmacy is will arise in relation to more than one standard or principle, making this therefore a theme rather than a factor relating solely to a standard or principle.

The themes identified are strongly interrelated. Within pharmacies, activities and responsibilities do not exist in isolation. Using dispensing as an example, the main task may be to select the correct item from stock to match the prescription received, to check that it is being given to the right person, and to make any additional checks with the Responsible Pharmacist (RP) or with the customer if required. However, to do this consistently in an effective and safe way requires many other factors to be in place. Staff doing the dispensing must be appropriately trained. Up-to-date SOPs should exist which the staff member is adhering to. Stock should be stored in a tidy manner, with medicines which could potentially be confused kept separate from each other, and only in-date stock should be available for picking, with any out-of-date stock having been disposed of safely. There should be enough staff in place for the dispenser to carry out their tasks without feeling under pressure and therefore more liable to make an error. Any previous errors or near-misses should have been addressed and if necessary, actions taken to avoid a repetition.

The GPhC principles and standards have been designed to accommodate this complexity, while allowing detail to be presented relating to very specific aspects of pharmacy activity. It might therefore be expected then that the themes which have been identified from analysis of information presented in inspection reports are strongly related to one another, and that specific examples can be given of how these are demonstrated within pharmacies.

It is noted that where pharmacies have an overall rating of excellent or good, large volumes of evidence are often given, detailing the positive aspects of pharmacy performance and giving a number of examples of good practice. Where pharmacies have an overall rating of poor, evidence tends to focus on those areas where the pharmacy needs to improve, and the overall amount of evidence may be relatively brief. This has been taken into account in working to provide a balanced view of the themes presented here.

A range of examples are presented below, categorised within the relevant principle, taken from the inspection reports.

Emergent themes

Themes explored here are the emergent themes of governance, a proactive approach, the efficiency of processes, responsiveness, customer and patient focus, added value and a lack of key knowledge and a failure to learn.

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, including but not limited to, ensuring that:

- record keeping is thorough and up-to-date, and reflective of the needs of the organisation
- audit trails are maintained where appropriate, for example for dispensing
- 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
- staff are highly aware of information governance issues and strategies are in place to avoid breaches

Review of pharmacy inspection reports demonstrates that examples of strong governance are consistently given where pharmacies are rated excellent or good for the relevant principle, suggesting that strong governance contributes to overall ratings of excellent or good, and applies across a number of principles. As might be expected, many examples were seen relating to Principle 1 (governance).

Strong governance

Typical examples of strong governance, based on information presented in the evidence for principles, include:

Strong governance - Principle 1 (governance)

Pharmacies demonstrating strong governance typically had SOPs which were well organised, with files easily to hand. Clear records would be kept of both when they had been updated and when staff had read them. In one inspection report it was noted that "Training records were attached to each SOP in the file. The RP did a core dispensing quiz to test understanding of the SOPs. If this highlighted a lack of understanding in any areas, then the patient safety champion would speak to staff on an individual basis." In this way, SOPs would become 'living documents', fully underpinning pharmacy activities.

Other documentation such as near miss records would similarly be maintained so that they were up-to-date, relevant and easy for staff to use. Information governance procedures would be in place.

Examples might also be given of information being available to staff in other forms. One pharmacy was described as having "a daily tasks schedule on the dispensary wall." This serves to make the necessary information easily accessible and therefore more useful.

Strong governance - Principle 2 (staff)

One aspect of strong governance is that staff have the information they need to carry out their role safely and effectively. This might encompass ensuring that learning was shared. Examples were seen of shared learning from incidents and near misses, such as "Several

incidents were documented that were not the cause or fault of pharmacy staff, but there had been learning as a result, and these had been shared with all members of the team."

In other cases, the pharmacy was effective in ensuring that staff were aware of where to look for any information they might need, for example, "The pharmacy had a branch directory which had been built up on the computer with details of any things that the team would likely require. This had information advising the team where documents were kept so anyone could locate information."

Strong governance - Principle 3 (premises)

The analysis found less direct evidence of strong governance under Principle 3. However, it should be noted that there is an inevitable degree of overlap between some of the standards and that evidence of effective management and processes, as recorded under Principle 1, would indirectly impact on the quality of the pharmacy premises.

Strong governance - Principle 4 (services)

Whereas Principle 1 (governance) allows inspectors to describe the documentation, processes and procedures etc. which are in place to underpin the governance of the pharmacy, Principle 4 (services) describes more how these are used in practice in service delivery. Both are therefore important and each relies on the other, and the best documentation is of no benefit if it is not followed, and best practice is difficult to achieve without clear guidance as to necessary actions.

Good practice was demonstrated in a range of ways in pharmacies rated excellent or good overall and for this principle. It might be demonstrated that staff had undertaken appropriate training, for example "Patient Group Directions (PGDs) and Service Level Agreements were available and in date and relevant staff had done the appropriate training for a safe service, and relevant training certificates were in place."

Audit trails might be seen to be in place and regularly updated by staff, for example "A dispensing audit trail was present to identify who had dispensed and checked each item."

Staff would be very aware of information governance requirements, and actively consider these in their work. For example, they would ensure conversations took place with the appropriate degree of privacy.

Strong governance - Principle 5 (facilities and equipment)

Strong governance would typically be demonstrated in evidence presented for Principle 5 (facilities and equipment) through demonstrating that any maintenance or repair of facilities, or servicing or calibration of equipment, had been done thoroughly for all necessary facilities and equipment, in a timely way and that this was clearly documented, for example "The diagnostic equipment was the same specification and brand as used by the local hospital and was calibrated annually, and all electrical equipment was PAT tested annually. Records were observed for testing and calibration." Reference might be made to how best use was made of premises to support the storage of documentation relevant to governance in an organised way, for example "Paper records were stored in an orderly and logical fashion in folders stored in the consultation room."

Weaker governance

Issues related to the theme of Governance also featured in reports rated satisfactory with an action plan or poor, and this is discussed in relation to individual principles here. As would be expected, these reflect the converse of practice noted for pharmacies with overall ratings of excellent or good.

Weaker governance - Principle 1 (governance)

Where pharmacies exhibited weaker governance, issues might be noted suggesting that documentation was not thorough, for example “SOPs had not been reviewed since 2009 and specific SOPs required under the responsible pharmacist regulations were missing.” Similarly, necessary documentation might not be regularly updated, for example “The pharmacy technician said that the pre-registration pharmacist had been there for a month and a half and had made some near misses that had not been recorded in the register.”, and “All SOPs are overdue for review and some SOPs do not accurately reflect current practice in the pharmacy.”

Processes to ensure that staff remained up-to-date with governance requirements might not be sufficient, as shown for one pharmacy, where “There was no evidence of staff undertaking any training or signing any guidance or policy related to information governance.”

Information governance might not be addressed appropriately, for example “Patient sensitive information on documents generated from services such as MURs and NMS and a pharmacy intervention book containing patient information was kept on open shelves in the consultation room.”

Weaker governance - Principle 2 (staff)

Where governance is less strong, staff may be less clear on their own or other’s responsibilities and be less able to rely on accurate and thorough guidelines, and therefore more likely to make errors. They may also be less efficient as they need to spend time searching for information rather than having this immediately to hand, and may not have received appropriate training. Examples of weak governance and the effects of this include “It came to light during the inspection that the managing director’s wife was responsible for ordering medicines from wholesalers and for posting assembled medicines once the RP had completed the final accuracy check. There was no established job description in place for this member of staff and no evidence of training to support the tasks undertaken by this person was available”.

Weaker governance - Principle 3 (premises)

As was the case when investigating strong governance, less direct evidence was identified in relation to the weaker governance as this applies to Principle 3 (premises), although it is noted that weaker governance, as recorded in Principle 1, may result in or contribute to weaknesses in managing the environment and condition of premises.

Weaker governance - Principle 4 (services)

Where governance is less strong as it relates to the delivery of services, there can be a broad range of implications. For example, near misses may not be fully recorded and so learning not acted upon. Dispensing processes may not reflect best practice either because the quality of the SOPs is poor or they are not applied in practice. Practice around controlled drugs (CD) may be deficient, leading to the increased risk of errors or issues, for example, “Cash was observed to be stored in the CD cabinet and during the inspection a non-pharmacy member of staff entered the dispensary and accessed the controlled drug keys from the drawer and opened the CD cabinet without any authority or discussion.”

Weaker governance - Principle 5 (facilities and equipment)

Issues which might arise in relation to weaker governance for facilities and equipment might include the failure to properly record maintenance, calibration or servicing carried out or required. As a result, the risk of equipment not being in working order and therefore not available when needed would be increased for example.

Governance: summary of findings

Governance in its widest sense encompasses both aspects of performance assessed under Principle 1 of the GPhC Standards for Registered Pharmacies (the governance arrangements safeguard the health, safety and wellbeing of patients and the public) and the wider management controls put in place to assure a safe and effective service.

It was seen in pharmacies rated excellent or good overall and where the relevant principle was rated excellent or good, and which could therefore be seen as exemplifying best practice, that examples of good governance were seen across a range of activities. This provides an important underpinning to strong performance relating to other themes. It could be seen that good governance is the 'bedrock' on which overall strong pharmacy performance is built, ensuring that all staff are aware of their own and other's roles and responsibilities, and how best to carry out their tasks. Learning is also enabled, both in terms of shared learning for example through the review of near misses, and through other learning such as coaching and training. These will all ultimately result in better outcomes for customers and patients, as potential risks are managed and mitigated.

Pharmacies which perform well (being rated excellent or good overall) tended to consistently demonstrate best practice across these elements of performance, although sometimes with some small areas for improvement noted.

Where pharmacies performed less well in terms of the theme of governance, this appeared to be associated with poorer performance overall. Given the stated importance of governance as the 'bedrock' of pharmacy activities, this might be expected. Issues commonly seen included a lack of training, SOPs not having been recorded as having been updated recently, or near miss logs not being regularly updated. 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, and more serious issues would be noted, such as significant failures in maintaining and adhering to dispensing SOPs, and these would be likely to occur consistently across principles.

Approach – proactive or passive

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. Whilst pharmacy demonstrating strong governance may have thorough, accurate and up-to-date SOPs in place, a proactive pharmacy will ensure that governance processes and procedures are actively reviewed, with potential improvements sought on an ongoing basis. The converse of a proactive approach is a passive approach.

A proactive approach was a recurring feature associated with overall ratings of good or excellent. Examples of good practice included using mystery shoppers and compiling trends of complaints received to identify where improvements could be made to services, acknowledging and implementing ideas from staff or supporting staff to identify their own training needs. Other examples involved situations where pharmacy staff or delivery drivers had noticed that something was amiss with a person's wellbeing and taken action to address this.

A proactive approach

Examples of demonstrating a proactive approach are discussed here, in relation to individual principles, taken from evidence for principles for inspection reports where the relevant principle was rated excellent or good.

A proactive approach - Principle 1 (governance)

Where the need for change had been identified, this would not only be acted on, but procedures would be amended to embed the change in practice, and staff notified of this, for example “Some proactive changes in procedures, such as an agreed labelling for palliative care prescriptions have been cascaded across the county.”

Steps would be taken to ensure staff awareness of governance issues, processes and procedures on an ongoing basis, for example “Staff had been trained during induction and on a regular basis to ensure compliance with data protection procedures”

A proactive approach - Principle 2 (staff)

A proactive approach is reliant on staff feeling enabled to express ideas they may have for improvements to processes or services, and for these ideas to be acted upon. Examples of this occurring in practice included “The team was encouraged to offer ideas and suggestions to improve the delivery of pharmacy services such as the change to Theatre orders. The team was initially concerned about the impact this change would have. They were now happy with it due to the fact that they were all involved in the change and had seen it in action with a result of reduced stock levels and better efficiency when managing the large orders required for Theatre.” This also demonstrates the link between a proactive approach and efficiency. Where a proactive approach is encouraged and supported within a pharmacy, all staff are more likely to ‘think ahead’, to envisage ways to improve the way that they or others work, rather than only reacting to errors or issues which have already occurred.

A proactive approach can apply to forward planning, being effective in anticipating future changes, for example possible increases in workload, or staff changes due to leave. Good contingency planning also makes the pharmacy more resilient to unexpected changes. An example from one pharmacy showed that “Band 4 technicians were proactively trained so that they were ready to assume the duties of band 5 staff able to check prescriptions. Some lunch-time training sessions were available and there was constant informal learning and sharing of information throughout the department.”

Available information will be used well to try to anticipate potential future issues, and actions taken to address these, for example “The near miss logs were reviewed by the Safer Care champion on a monthly basis and action points based on patterns and trends were recorded in the safer care folder. Various proactive changes had been made in the dispensary as a result of near miss reviews and information from head office i.e. separating olanzapine and omeprazole.”

A proactive approach - Principle 3 (premises)

In most instances, premises are fixed, with fewer opportunities arising to act proactively, although one example was noted where “Few medicines were offered for sale and because of the recent and potential further increase in patients, a shop-fitter had been engaged to increase the size of the dispensary at the expense of the retail area.”

Staff may seek to improve other aspects of the pharmacy environment, for example through ensuring that premises remain clean, tidy and clutter free.

A proactive approach - Principle 4 (services)

A proactive approach can be demonstrated in a range of ways with regard to services, where staff notice and act on opportunities to improve the service to customers. This might be through observing the potential for issues to arise and promptly acting to address this, for instance, “Several examples were described of queries regarding medication on prescription e.g. discontinued or short supplied items when the pharmacy would liaise with the prescriber and resolve the problem in advance of the patient presenting so that there was no delay in patients receiving the medication.” This is closely related to the theme of efficiency, where efficient working is in part enabled by staff routinely reviewing ways to improve working practices.

A proactive approach - Principle 5 (facilities and equipment)

A proactive approach was less clearly demonstrated for Principle 5 (facilities and equipment); although it might be noted under other principles that equipment was procured to support the introduction of a new service, for example.

Reviews of facilities or equipment could be carried out to ensure that any potential shortfalls were addressed before they became an issue, as was noted for one pharmacy where the inspector stated that “A review had been conducted of the premises, including equipment and facilities and this had resulted in the replacement of a fridge and CD cabinet which had been relocated and was an improved size allowing better layout therefore reducing risk of errors and facilitating the stock checks.”

A passive approach

The converse of a proactive approach is a passive approach, where opportunities to improve are not identified or taken advantage of. How this is demonstrated within principles is shown below.

A passive approach - Principle 1 (governance)

A failure to act proactively in relation to the principle of governance might relate to not ensuring that medication is labelled appropriately, for example where it is a high risk medication or is approaching its expiry date. In one instance of this it was noted that “Items going out of date were not highlighted and a few date expired items were observed on the shelves.”

There may be a failure to react to information received, for example, “A recent concern raised by a patient about the standards of cleanliness in the store had not been addressed fully.”

Staff may not notice issues of importance, or fail to react to these, for instance, “The inspector identified a basket containing many queries and items that were owed to patients. One of these was a prescription for 2 EpiPens. The staff reported that the patient had not been contacted about this and they did not know the reason that this vital item had not been supplied.”

A passive approach - Principle 2 (staff)

A passive approach in relation to staff may be seen in failures to act where feedback is received, for example “The pharmacist and staff described feeling able to feedback regarding pharmacy services, but follow up action was not always taken.”

There might be clear gaps, for example in training provision, which were not noted and/or not acted on, for instance “A dispenser said that she had not received an appraisal in the last 17 months and the pharmacy technician who had previously worked in the pharmacy

for 8 years and now worked in another branch said she had not received an appraisal in that time."

A passive approach - Principle 3 (premises)

A passive approach can be demonstrated in pharmacies with lower overall performance ratings, where premises are allowed to become dirty and/or disorganised. Examples of this include "The whole premises was observed to be very untidy and cluttered, not portraying a professional environment and not conducive to organised work flow.", and "Staff were responsible for maintaining the cleanliness of the pharmacy and although the cleaning rotas were in place, the state of the premises suggested that the cleaning routines were not thoroughly followed.", and lastly "Another stock room had shelves which were inaccessible due to boxes of stock piled up in front of them. There was also some shelves used for weekly pick up prescriptions and these were difficult to access due to stock on the floor in front of them." In these cases, actions were clearly required but not taken, demonstrating a passive approach to their resolution. These also relate to efficiency, as efficient working will be hampered by an untidy and disorganised workplace.

Similarly, staff may fail to respond to issues of security, for example "Staff confirmed that there were times during the week when the general store was open and the pharmacy was closed. The only access control measure to the area behind the pharmacy counter was a retractable tape and this was not being used as there was nowhere to clip the tape when it was pulled across. Access to the dispensary was controlled by a latched gate but this was not lockable and the latch could be reached from the outside and easily opened."

A passive approach - Principle 4 (services)

The effects of a passive approach might be particularly clear in relation to Principle 4 (services), where the pharmacy fails to note or react to issues, for example "Some medicines were observed to be one week away from their expiry date and still on the shelves, and several examples were seen of loose blisters, some with no batch number and expiry dates on them, and loose tablets in bottles inappropriately labelled with no batch numbers and expiry dates. The packaging of several items was observed which had been returned as not delivered to patients via Royal mail were badly damaged, suggesting that packaging was not adequate."

Processes around controlled drugs might be unsatisfactory, with no management action being identified to address these.

Procedures for safe dispensing might have weaknesses which had either not been identified, or had not been effectively addressed, for example "Patient medication records were not in place to monitor supply of medicines or to record interventions made. There was no method for counselling patients on the safe use of their medicine and no details of monitoring in place were established, particularly for the high risk medicines."

In all of these cases, issues were allowed to persist, which could impact directly on patient outcomes, for example, through the dispensing of out-of-date medications, or a failure to counsel patients appropriately which could lead to patients taking the medication in a way which was not safe.

A passive approach - Principle 5 (equipment and facilities)

A passive approach was demonstrated for Principle 5 less frequently than was the case for other principles, but could be exemplified by failures to ensure that appropriate equipment was available, for example "The pharmacy had two 50ml and two 100ml straight stamped cylinders. The dispensary staff reported that they used the 50ml cylinder to measure liquids to be placed in the Biodose pods. Sometimes the dose required for these was 5.0ml or

7.5ml but the first mark on the 50ml measure was 10ml. They also said that they used plastic oral dose syringes which had no recognised standard with reported tolerances."

Approach: summary of findings

Pharmacies with an overall rating of excellent or good were consistently found to demonstrate a proactive approach. This could be exemplified in a wide range of ways, at different scales, from small changes to processes to larger changes such as when refitting the premises to adapt to changes in demand. Staff training might be proactively arranged to meet requirements, and staff might be consulted with to suggest or improve on the implementation of change. Where there is a proactive culture, staff are enabled and encouraged to envisage ways to improve using forward thinking. This theme is closely related to the theme of efficiency, with a proactive approach being an enabler for efficiency. A proactive approach will be supported by a culture of openness and honesty, and encouraging learning.

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 a number of pharmacies, particularly those rated poor overall, a number of examples of a passive approach might be demonstrated within the same pharmacies.

A passive approach appears to underpin many aspects of poor performance, for example through a failure to identify and manage risk. This may not lead to negative patient outcomes, but provides a context in which a risk may not be recognised and proactive actions not taken to reduce the chance of negative outcomes.

It might be surmised that this is linked in particular to the issue of leadership, in that a leadership role is to ensure that systems and processes are in place to prevent or address potential issues, and that staff have the skills, knowledge and time to act appropriately as well as feeling empowered to do so. However, very little evidence is given to directly identify leadership as a cause of poor (or strong) performance therefore can only be inferred in the majority of cases. Similarly, other potential causes of a passive approach, for example staff shortages which may allow staff too little time to act proactively, cannot be clearly attributed from the evidence available.

Efficient processes

Where pharmacies have efficient processes in place, staff are better able to make the best use of their time, potentially allowing them to focus more on 'value added' activities. Good organisation also means that the scope for error is reduced and risks are reduced. 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, 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.

Workload could be demonstrated to be managed effectively, for example through use of electronic staff rotas or other means to identify staffing needs, and then acting to increase or decrease staff availability as required.

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.

While pharmacies rated satisfactory 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.

Efficient processes

Illustrations are given below, taken from evidence for principles where the pharmacies were rated excellent or good for the relevant principle.

Efficient processes - Principle 1 (governance)

The design of the workflow might be optimised for efficiency, for example "The workflow was good and efficient for the dispensing activities with dedicated benches for assembly and checking, with a separate area for MDS preparation."

Procedures might be designed particularly carefully and thoroughly, with effective documentation used within processes, for example "MDS prescriptions were dispensed on a four weekly cycle…Patient information leaflets (PILs) were supplied with the first week of each prescription. The weeks were colour-coded and patients' records were filed in pockets of the appropriate colour, and these records included dose regime, any changes or other clinical information including date and personnel involved with making and implementing changes."

Efficient processes - Principle 2 (staff)

Staff are enabled to work efficiently where communication (written and verbal) is good, and this can underpin efficient working, for example "Efficient communication between staff was observed throughout the inspection. Staff were organised and there was a sense of calm throughout the operation, even when handling a significant volume of work and despite being under pressure as a result if being inspected. Staff were seen to work in a particular area of the process and were focused in that task, concentrating on one job at a time where possible. Staff spoke clearly and confidently about their roles and the work they undertook, giving clear explanations about why certain processes were managed in a particular way."

As noted, good communication can be written, ensuring that staff have the information they need to hand to allow them to work efficiently, for example "A regular locum worked at the pharmacy and provided extra cover whenever this was needed. A SOP defined the process to be followed when arranging training for staff, and a staff induction SOP ensured that new

staff, including locums had access to key information on their first day at work.", and "The staff rota was managed electronically; staff were provided with their own log in details so they were able to access a copy of the rota when not at work."

Staff can also work more efficiently when fully conversant with all aspects of their role, which can be improved through coaching and training, for example "Regular continuous coaching regarding tasks was ongoing was observed during the inspection.", and "One dispenser had expressed interest in being more involved with the smoking cessation service and was currently undertaking some training and coaching on this to free up some of the pharmacist's time."

Efficient processes - Principle 3 (premises)

Efficient working is supported by having appropriate premises with the pharmacy environment used well, for example "The pharmacy was well laid out and presented a highly professional image. The dispensary was organised with clear dedicated work areas. A separate room was used for the assembly and checking of MDS trays." This supports staff in working on tasks in an orderly fashion, minimising disruption and the scope for errors.

This could be further exemplified when technology (in this case, a robot) is used well to maintain an organised workflow, "The pharmacy dispensed a high volume of prescriptions including many compliance aids. This number had increased following automation as this was a very efficient and accurate process. The dispensary portrayed an image of calm, with a long dispensing bench in front of a robot. Its appearance was uncluttered as all medicines were stored within the robot."

Efficient processes - Principle 4 (services)

There is significant scope for demonstrating efficient processes with regard to service delivery. Dispensing processes for example involve a number of stages and activities. Where these are designed for optimal efficiency, the speed of work in increased, and the scope for errors is decreased. Similarly, where delivery services are managed efficiently, time can be used well, and the potential for errors is reduced.

Features of efficient dispensing processes included:

- the work flow in the dispensary was well organised with clearly defined areas for assembly, labelling and accuracy checking
- there were clearly defined areas for assembling medicines for in-patients
- an electronic audit trail was maintained throughout the dispensing and checking processes
- urgent prescriptions were clearly identified for priority dispensing
- completed prescriptions were placed into large sealed containers. These were stored in designated areas

Other examples of efficient processes included a pharmacy where "CDs and fridge items were packaged in clear plastic bags to help facilitate a final visual check by staff and the patient on hand out and to give the patients an opportunity to establish whether the item was what they expected and to ask any questions." , and another pharmacy where "The staff described the managed repeat service, where changes had been made so that the patients phoned the pharmacy when they were running low on their medicines to request a repeat. The pharmacist said that this had improved the efficiency of the service by only ordering medicines when the patient required them."

Another example of efficient processes was the use of dispensing robots to automate the dispensing process and improve accuracy.

In another pharmacy the chronic medication service (CMS) was well managed with patients being contacted in advance to ensure the prescriptions were still needed, and also followed up if they did not collect their medicines to support compliance. Together, these actions resulted in a more efficient service, with less waste.

Efficient processes - Principle 5 (equipment and facilities)

Direct references to the efficiency of processes relating to Principle 5 (equipment and facilities) were not identified. However, it might be expected that efficiency will be improved where appropriate equipment and facilities are in place and available to pharmacy staff. Resources which were typically noted included:

- texts including current editions of the BNF and BNF for Children
- internet access
- a blood pressure monitor
- a carbon monoxide monitor
- diabetes testing equipment
- crown stamped measures including separate marked ones for methadone, and tablet and capsule counters including separate marked ones for cytotoxic tablets
- an accident book and a health and safety box

Less efficient processes

As noted previously, efficient processes are not confined only to those pharmacies with overall ratings of excellent or good, and satisfactory pharmacies in particular may demonstrate efficient processes. While pharmacies rated satisfactory or poor overall would also demonstrate some or many of the above, they were more likely to demonstrate less efficient practice. In many cases, processes were in place but they were not being adhered to or carried out efficiently.

Illustrations are given below, taken from evidence for principles where the pharmacies were rated satisfactory or poor for the relevant principle.

Less efficient processes - Principle 1 (governance)

Where SOPs are not in place or up to date, efficient working might be hampered. For example, “The pharmacy had a range of SOPs to cover most services provided although some SOPs relating to the Responsible Pharmacist regulations were missing and staff were not all aware of the requirements of the regulations. SOPs were signed by relevant staff but were overdue for review and in some cases this posed a major risk: for example, the SOP for Dispensing in Monitored Dosage Systems did not reflect pharmacy practice but had not been reviewed since 2009.” Similarly, where documentation is not readily to hand, delays and/or errors can occur. For example, in a case where SOPs were all held electronically, the pharmacy manager reported being unaware if staff had all read and understood the online SOPs.

Less efficient processes- Principle 2 (staff)

Where communication (verbal and written) was less effective processes could be less efficient. In one example, the effects on efficiency of failing to inform staff where items or information were located was shown: “A lot of time was spent looking for prescriptions, stock and information that was unknown to the individuals working.”

In addition, having insufficient staff with the appropriate skills could result in poorly organised processes and lead to the inefficient execution of tasks. For example, “All staff informed the Inspector that they felt that there was an inadequate number of trained staff for the volume of work, with some days being worse than others. At the time of the inspection the staff appeared to be under significant pressure to provide pharmacy services safely, including, many patients (up to 10 at times) waiting in the retail area, the telephone constantly ringing, the second pharmacist was carrying out MURs and there were a large number of prescriptions waiting for an accuracy check and to be dispensed.”

In other pharmacies, a lack of training and development was noted which could also lead to inefficiencies such as taking longer to undertake tasks or requiring greater supervision or checks to be made.

Less efficient processes - Principle 3 (premises)

Where space is not used well, efficiency can be adversely affected. Examples seen relate primarily to workspaces being cluttered and untidy, impeding a smooth flow of work and increasing the potential for errors to be made. There were also instances noted of workspace and/or storage space being limited.

In one example, the inspector noted “Dispensed prescriptions for care homes were being stored in baskets on the floor of the back room. They were also being stored very close to medicines that had been returned from the home for destruction, creating a risk of medicines destined for patients being contaminated with waste medicines. Other dispensed medicines were being stored close to household rubbish.”

In a further instance, it was noted that “The main dispensary was small, cluttered and chaotic with bags of prescriptions on the floor taking up much of the limited floor space… There was little bench space with one main dispensing bench which had limited clear area which was used for the dispensing and checking of prescriptions.”

Comments were also noted about the inefficient use of workspace. For example, “Staff were seen to be using only two small areas of the dispensing bench for both dispensing and checking as the majority of the bench was cluttered with assembled prescriptions, paperwork and pharmaceutical stock”.

In a second example, it was noted that “The dispensary was extremely congested and small for the volume of dispensing undertaken. Medicines were stored haphazardly… The workflow in the dispensary was chaotic and the narrow layout of the dispensary posed a significant challenge for staff to work efficiently and comfortably.”

Less efficient processes - Principle 4 (services)

As was the case when examining efficient processes, examples of less efficient processes were more likely to be identified in relation to Principle 4 (services) than in relation to other standards, as processes to deliver services such as dispensing and supply of medicines would be described here.

Examples which demonstrate the potential risk where processes are executed inefficiently included a case where a prescription bag containing tramadol (a schedule 3 CD), did not have the prescription attached. The relevant SOP stated that the patient name should be checked against the bag label and prescription when handed over, which could not be done without the form.

In another example, 55 community patients received their medications in compliance packs. The inspector examined some of these packs and found that they were all labelled with the

incorrect quantities of tablets or capsules. In addition, some of the label sheets did not include the required warnings.

In one inspection report, it was noted that checks of medicine expiry dates stated by the pharmacy staff to have been carried out every month had not been recorded. Further, it was not uncommon for expired items to be identified on the dispensary shelves despite processes being in place to prevent this.

Less efficient processes - Principle 5 (equipment and facilities)

The analysis found less direct evidence of less efficient processes under Principle 5. However it might be expected that efficient working would be impaired if appropriate equipment and facilities are not in place or available to pharmacy staff.

For example: “The computer system for ordering pharmacy stock was not working properly at the time of the inspection and the pharmacist owner had to contact the wholesaler by telephone to order some urgent items.”

Other examples relating to the use of old or unreliable equipment were also occasionally noted.

Efficient processes: summary of findings

Efficient processes allow staff to spend their time focused on the most useful and important work, avoiding ‘fire-fighting’ and wasting time on unnecessary activities. This improves the ability for pharmacy staff to meet the needs to their patients. Efficient working is supported by strong governance, and can enable a proactive approach. Examples encompass a wide range of activities. Pharmacies which consistently demonstrated efficient processes were found to be more likely to receive an excellent or good overall rating.

Conversely, less efficient processes can lead to wasted time and increased risk, and are demonstrated more consistently in less well performing pharmacies.

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 recurring issues by staff.

Strong responsiveness

A strongly responsive approach was noted most consistently in pharmacies rated excellent or good overall, and exemplified primarily in evidence for Principles 1 and 2.

Examples of instances where strong responsiveness was demonstrated in the evidence for principles are given below.

Strong responsiveness - Principle 1 (governance)

With regard to Principle 1 (governance), pharmacies might demonstrate receiving feedback from customer and patient questionnaires, and actively improve services in response to this

feedback, for example “The pharmacy gathered customer feedback by completing an annual customer survey. The results of the last survey highlighted that health promotion was an area for improvement, so the pharmacy team had used NHS Choices to print information on healthy eating i.e. calories, sugar, eat well plate and exercise. The branch manager had incorporated this information into MURs and have an example of a patient with arthritis that had lost 2 stone using the information provided by the pharmacy team.”

Changes to opening hours were made in response to customer feedback, or information to customers improved, for example “A dispenser explained that as a result of receiving feedback from patients around waiting times, the staff in the pharmacy provided each patient with an approximate waiting time to help manage their expectations, particularly during busy periods.”

Strong responsiveness - Principle 2 (staff)

Responsiveness in relation to staff can be closely related to efficient processes, where a culture of continual improvement is in place.

Changes to processes made in response to issues included “A MCA had recently raised that the change that the pharmacist had made to the cleaning rota was not working and so the system had been changed.”

In another example, “A technician outlined adjustments to staffing levels which had been made in response to data from the prescription tracker and in preparation for a change in outpatient pharmacy provider.”

Some changes introduced might have a direct impact on the customer or patient experience, for example “The team had attended a dementia training event and had learnt about perception and when they had come back to the pharmacy they had reviewed the entrance design. The entrance had a hand rail to assist elderly and they changed this to a contrasting colour from the back ground wall as this was easier for dementia patients to see and assisted visually with them coming in to the pharmacy.”, and “Staff could provide examples of either concerns raised or ideas for improvement identified that had led to changes in working practices. An example was the fitting of a handrail at the entrance to the premises as they had noted some elderly patients struggling with the one step up from the street.”

Strong responsiveness - Principle 3 (premises)

The pharmacy might respond to patient feedback by making changes to premises, for example “An automated door, a dedicated seating area, a suitably sized consultation room and a consultation pod located at the end of the dispensary were included in the layout and design of the pharmacy following patient feedback”

In a further example, improvements to the arrangement of premises were made as result of feedback from a customer survey: “An area identified which required improvement was the waiting area. The pharmacy manager explained that the team rearranged the layout of the pharmacy, moving the location of the waiting area to allow more space, and ensured the waiting area was visible from the dispensary so staff could see who was waiting.”

Strong responsiveness - Principle 4 (services)

A good level of responsiveness might be demonstrated through changes to services following feedback, for example “The delivery service had recently been reviewed following a complaint from a home. This had led to an internal review both at the branch and at the depot to review how medicines were handed over to the driver and how he received and delivered them. Changes made included changes to the prioritisation of the dispatch

process and the handover to drivers to ensure all medicines were correctly taken and delivered."

Another example of a pharmacy responding to customer feedback was noted: "During the inspection, a supervised consumption client was invited into the dispensary to take their daily instalment dose; the pharmacist said that clients had expressed concerns about using the consultation room for this purpose as they felt it was obvious to other customers that they were using the supervised consumption service."

Strong responsiveness - Principle 5 (equipment and facilities)

As well as making changes in response to customer and patient or staff feedback, other sources of information could act as a prompt, for example "A review had been conducted of the premises, including equipment and facilities and this had resulted in the replacement of a fridge and CD cabinet which had been relocated and was an improved size allowing better layout therefore reducing risk of errors and facilitating the stock checks."

Weaker responsiveness

A responsive approach was noted less frequently in pharmacies rated satisfactory or poor than in those rated excellent or good.

This theme of responsiveness was identified more frequently when pharmacies demonstrated strong responsiveness. However there were still a number of examples where weaker responsiveness was demonstrated in the evidence for principles as given below.

Weaker responsiveness - Principle 1 (governance)

Cases were identified where issues raised by customer or patients were not responded to, for example, for one pharmacy it was noted that "Feedback and concerns raised by patients are not being acted upon and addressed effectively."

Processes might be poor in terms of allowing responsibilities to be clarified, to allow issues to be resolved, for example "There was no clear audit trail to identify the staff responsible for each aspect of the dispensing process. This meant that some recent complaints had to be closed with no further action. The customer service team does not have the appropriate knowledge to deal with many emails and these are not appropriately escalated to the pharmacists."

Weaker responsiveness - Principle 2 (staff)

Weaker responsiveness might be demonstrated by failures within pharmacies for staff suggestions to be taken forward, for example "The counter assistant was able to explain how to feedback ideas but didn't feel confident making these suggestions so did not feed anything back in this way. The pharmacist said he was able to discuss concerns with the Superintendent. He had discussed the need for a dispenser with the increasing prescription numbers. So far a new dispenser had not been appointed."

Weaker responsiveness - Principle 3 (premises)

This principle is less directly related to weaker responsiveness and examples where pharmacies had not responded to customer and/or staff feedback on the environment and condition of the premises were not identified in inspection reports.

Weaker responsiveness - Principle 4 (services)

Weaker responsiveness in terms of services might be demonstrated by failures to respond to customer or patient views on how services were provided. For example, the needs of customers were not fully met from a recent pharmacy re-fit, and demonstrable outcomes in

terms patients needing to stand were not then addressed: “The public area had been re-fitted and was bright and modern and presented a professional image. However there were only two seats which meant that during the inspection people had to stand while waiting for their medicine”.

Weaker responsiveness - Principle 5 (equipment and facilities)

As with principle 3, this principle is less directly related to the theme of weaker responsiveness, and relevant examples of practice were not identified in inspection reports.

Responsiveness: summary of findings

Pharmacies which demonstrate a responsive approach show that they react positively, promptly and effectively to information providing prompts for action, such as customer feedback, staff views or reviews carried out. More and more consistent evidence of a responsive approach was found in pharmacies with an overall rating of excellent or good.

This theme is similar to efficiency, in terms of demonstrating aspects of the capability of pharmacies to improve, and to the theme of a proactive approach. It differs from a proactive approach in that changes are made in response to information received rather than from taking a forward view of potential areas to improve.

Customer and patient focus

Customers and patients are at the heart of pharmacy activities. Pharmacies rated excellent or good overall were more often able to demonstrate a strong customer and patient focus than those with lower ratings. This might relate to considering and responding to the needs of individual customers or patients. It might also mean ensuring that facilities or services specifically consider the needs of all customers or patients, or of particular sub-groups.

Examples include staff noting particular compliance or safeguarding issues relating to an individual, and intervening to respond to these. Alternatively, they might relate to actively addressing a wide range of communication issues, for example for those with hearing or sight issues, or non-English speakers, and demonstrating the use of effective communication tools such as WWHAM[11] questioning in interactions with customers and patients. Pharmacies might actively seek patient feedback through mechanisms such as surveys or mystery shoppers, and respond to suggestions for change. Patient needs, including the need to retain privacy and confidentiality, will be reflected in the design and use of premises and facilities.

As with other themes, best practice in terms of customer and patient focus was most consistently noted in pharmacies rated excellent or good overall, although it was also be demonstrated in pharmacies with lower ratings.

Strong customer focus

Demonstrations of customer and patient focus taken from evidence for principles where principles were rated excellent or good are given below.

[11] W Who is the patient, W What are the symptoms, H How long have the symptoms been present, A Action taken, M Medication being taken

Strong customer and patient focus - Principle 1 (governance)

Examples were found where staff, including delivery drivers had raised concerns or intervened on behalf of individual patients, leading to positive outcomes, such as “The delivery driver described 2 examples of raising concerns regarding patients, one resulting in a hospital admission.”

In addition, ways of obtaining patient feedback could be used effectively, with results reflecting well on the pharmacy, for example, “In addition to the annual customer satisfaction survey, the pharmacy had proactively done a ‘Young Peoples’ questionnaire using Survey monkey. Extremely positive feedback was seen from this such as on advice and the comprehensive services offered.”, and “There was also a 3 monthly Alphega mystery shopper which showed the pharmacy had been awarded a certificate for outstanding performance and had consistently scored between 80% and 90%. The SI said that all staff were patient focused and always tried to accommodate patient preferences.”

Strong customer and patient focus - Principle 2 (staff)

Staff might ensure that customers and patients were given or directed to useful or necessary information, for instance “Examples were described of patients who were unaware of the existence of eMAS e.g. a mother with 2 young children. They were provided with information and literature.”, and “The store manager was observed making herself available to discuss queries with patients and giving advice to patients when she handed out prescriptions.”

Good use of structured questioning to understand customer and patient needs was demonstrated, for example “Medication sales within the pharmacy were discussed with the HCA who highlighted a general WWHAM style questioning approach and identified a number of scenarios where referrals would be made including for patients who were pregnant, breastfeeding or taking other medications for pre-existing medical conditions such as diabetes.”

Strong customer and patient focus - Principle 3 (premises)

A strong customer and patient focus could be demonstrated through the way premises were organised and used, for example, “A dedicated hatch was available from the dispensary into the consultation room for confidential supervision of substance-misuse patients.” and “There was a dedicated waiting area close to the consultation room with a number of chairs which had recently been upholstered and had high armrests to assist patients rising from them.” Similarly, “Following a review of premises and facilities some redecoration had taken place including the consultation room, the public area and the staff toilet area. A blind was also replaced in the consultation room and these improvements had led to positive customer comments.”

The consultation room would be observed to be used well to support the privacy and dignity of customers and patients, for example “The consultation room is promoted and can be easily seen from the waiting area and provides a safe and secure environment for customers.”

It could be noted that conversations in the consultation room could not be overheard. Use of other equipment would be noted, for example “The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room.”

It was noted that issues relating to the accessibility of premises were commonly described in relation to Principle 4 (services).

Strong customer and patient focus - Principle 4 (services)

A range of examples of strong customer and patient focus can be found relating to Principle 4 (services).

This might be through the effective use of systems, for example “Staff used the company “Triple A” system to ensure good customer service at all times. The system covered acknowledgement, appearance and advice. A rota system was in place to ensure there was someone to immediately acknowledge customers.”

Consideration could be given to customers or patients with a wide range of access or communication issues. For example:

- physical access could be supported, for example through the use of ramps if necessary and/or power assisted doors
- aids could be provided at the medicines counter such as magnifying glasses and pens with grips to support patients with visual or dexterity problems reading packaging and signing prescriptions
- hearing loops could be used
- large print labels could be used for patients with impaired vision
- removing tablets from packaging and packed them into bottles for some patients was demonstrated
- staff could halve tablets for patients who required this
- patients could be with pill cutters and/or an oral syringe in order to make dosing easier
- labels could be printed in foreign languages

Good signposting to other services or useful sources of information might be provided, for example “The pharmacy staff used a signposting folder, the internet and local knowledge to refer patients to other providers for services the pharmacy did not offer. The information in the health promotion zone was regularly changed by the healthy living champion (currently being done by a dispensing assistant due to sickness. There was a range of local information available for services such as sports and fitness, alcohol awareness and cancer support.”

A strong customer and patient focus might also be reflected through positive joint working with other professionals, for example “The pharmacist attended quarterly protected learning sessions at the GP practice along with other local pharmacists. These sessions often focused on CMS, and good practice was shared to ensure that patients were being well looked after and there were good outcomes.”

Strong customer and patient focus - Principle 5 (equipment and facilities)

Within Principle 5 (equipment and facilities), a strong customer and patient focus was demonstrated by ensuring patient privacy and dignity were upheld at all times when using pharmacy equipment and facilities. For example, it was commonly noted that computers were never left unattended and were password protected.

Weaker customer focus

Weaker customer focus in relation to principles is demonstrated below, taken from evidence for principles where the pharmacies were rated satisfactory or poor for the relevant principle.

Weaker customer and patient focus - Principle 1 (governance)

Weaker customer service can be seen by not having processes in place for gaining customer feedback such as customer surveys or complaints, or not ensuring that these are

up to date, for example “The Standard Operating Procedure for complaints was in place but had not been reviewed. The pharmacy did not have practice leaflet in place.”

Similarly, effective procedures may not be in place for issues such as information governance or safeguarding, for example “There is no procedure in place to instruct staff about how to deal with a safeguarding concern. Staff have also not received any training on the subject and are unsure about what constitutes a safeguarding concern.”

Weaker customer and patient focus - Principle 2 (staff)

Examples of poor interactions between staff and customers or patients were rarely noted. However, instances were seen of customers being dissatisfied, for example with long queues for dispensed medicines, and expressing this to staff.

In some cases, staff shortages were shown to underpin weaker customer and patient focus.

For example, staff shortages could directly affect customer service: “Dispensing volume had decreased, and when asked why, staff members believed this was due to poor service, long waiting times and refusal to take on more MDS tray patients due to lack of resource to undertake these safely.”

In a further example, a planned increase in methadone dispensing had been deferred due to staff shortages: “There was a target to increase methadone patients following the installation of the method measure pumps, but the supervisor explained that this would not be undertaken until staffing had settled down.”

Weaker customer and patient focus - Principle 3 (premises)

In some instances, premises could be noted as contributing to weaker customer and patient focus. This could happen for example by having consulting rooms which were not properly used or fit for purpose.

In one pharmacy, it was noted that “the consultation room was used to store package material – a large role of bubble wrap was at one end and boxes containing envelopes piled up at the other end. This made this room unfit for purpose and unprofessional”.

In another, patient privacy was not sufficiently protected: “Patient sensitive material, such as consultation records from MURs, was being stored in the unsecured consultation room”.

Weaker customer and patient focus - Principle 4 (services)

Physical access might be limited, demonstrating a weaker customer and patient focus, for example “Physical access to the pharmacy was challenging for some patient groups – there was a flat entrance and staff at the front of the premises gave assistance with the door but there was a lack of space and examples of prams and wheelchairs having to be reversed back out.”, and “Access to the pharmacy was via an automatic door with a single step which prevented wheelchair users from being able to enter the pharmacy. Staff said that if a wheelchair user wanted to use the pharmacy, they would knock on the door for assistance and a member of staff would serve them at the door. Previously, a ramp had been requested but had not been provided.”

Similarly, access to particular services might be limited, for example “Patients receiving prescriptions from this pharmacy could not access essential services, such as MURs and NMS which meant that they would not be given advice about how to best take their medicines.”

Weaker customer and patient focus - Principle 5 (equipment and facilities)

Specific evidence of weaker customer and patient focus was not identified suggesting that there were few instances of equipment and facilities being used in a way that impacted negatively on customers and patients.

Customer and patient focus: summary of findings

All pharmacies aim to serve the needs of customer and patients. They vary in the extent to which they demonstrate their focus on these needs. Those with excellent or good ratings overall tended to present more evidence of a customer and patient focus than those with other ratings. This theme can be seen to be related in particular to the theme of a proactive approach, applied specifically to the interface with customers and patients.

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. The majority of examples relate to pharmacies with an overall rating of excellent, although a small number of examples were also identified in pharmacies with an overall rating of good. Examples were not identified of added value in relation to pharmacies with lower overall ratings than excellent or good, and this theme is typically a strong differentiator between ratings, primarily being evidenced in excellent and some good pharmacies.

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 are given below.

New services

- 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
- a new dementia service, including:
  - a checklist which could be used for any pharmacy to support them becoming ‘dementia friendly’, subsequently developed into a toolkit including training material for pharmacy staff, agencies to signpost patients to and an audit to undertake in the pharmacy to assess its 'dementia friendliness', which was being shared widely
  - setting up of a weekly drop-in session for patients, carers and families to access support and signposting
  - delivery of training to local businesses
- a triage service for common conditions, through which patients with any warning symptoms or symptoms lasting more than a few days were referred to the pharmacist to be triaged. She responded by prescribing within the EMAS specification, or had the ability to prescribe within her competence as an independent prescriber. The service that had developed was effectively an

enhanced minor ailments type of service enabling effective treatment to be given to patients presenting at the pharmacy with symptoms on an ad-hoc basis
- fitting of wrist splints for patients awaiting surgery for carpel tunnel syndrome
- 'Box watch' scheme (in conjunction with adjacent surgery), through which any dosette patient that they had non-adherence concerns about were asked to bring their old box back to the pharmacy each week. Any concerns were then escalated to the doctor

Partnership working

- the delivery of lectures and presentations for external agencies such as preregistration pharmacist sessions, prescribing information for technicians and presentations to community groups in conjunction with other healthcare professionals
- holding fortnightly pain management clinics within the local surgery. The pharmacist appointments were half an hour so the pharmacist (an independent prescriber) had longer to discuss options and concerns with patients than doctors did
- holding an advertised event with Age Scotland, encouraging older patients and customers to attend, to encourage individuals to have open discussions about their health and well-being. A common theme of loneliness and isolation was identified and as a result the creation of a walking club or similar was being explored. In addition, the pharmacy began promoting the services of a relevant charity
- introduction of a new care services customer partner role, where the accuracy checking technician (ACT) visited care homes to deliver additional training on the service to care home staff

Community outreach

- visiting external groups to give targeted promotion about the work of the pharmacy, including:
  - the local baby and toddler group, with the aim of promoting the minor ailments service and other pharmacy services including using an otoscope to triage patients with sore ears
  - a children's hospice open event, which had enabled the pharmacist to see what activities were undertaken at the hospice and create links with the care team, highlighting services that the pharmacy offered and inviting discussions on how the pharmacy could help them with their care
  - a local physiotherapy service, which had resulted in discussions about advice and treatment these patients may need and an increase in patients being referred for painkillers and anti-inflammatory medications had been observed
- support for a range of local charities or groups such as:
  - using the pharmacy as a drop-off point for a local charity that encouraged customers to purchase additional Christmas presents for disadvantaged children
  - giving a talk to a local senior citizens club on the history of pharmacy, with some anonymised anecdotes
  - setting up a stall in a local church pre-Christmas event for senior citizens to shop easily for Christmas presents
- raising some £22,000 over the previous ten years for local charities, and providing blood pressure tests at a local food festival, with around 200 people being tested, resulting in a significant number of referrals including a patient who had been immediately sent to hospital due to a high reading

Added value: summary of findings

Many pharmacies provide a range of Advanced Services such as a New Medicines Service (NMS), Medicines Use Reviews (MUR), NHS Urgent Medicine Supply Advanced Service (NUSMAS), flu vaccinations, appliance use reviews or stoma appliance customisation. They may also provide locally commissioned services such as sexual health, stop smoking services or weight management services or NHS minor ailments schemes. Further, they may also elect to provide services such as medicine collection and delivery, support services to care homes, provision of services directed at ethnic minorities, involvement in public health campaigns for example dental or antibiotic campaigns or speaking at patient groups.

Those pharmacies identified as providing added value are those which in addition to offering a range of such services, also provide services to cohorts of patients in their local areas where particular needs had been identified, often working together with external organisations.

These services 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.

Strong leadership combined with a pro-active, patient-centred approach might also be assumed to be pre-requisites, both in assuring that these building blocks are in place, and in driving the implementation of services. For example, the development of dementia services described above came about as a result of a pharmacist becoming aware of specific difficulties faced by a regular patient, prompting the pharmacist to undertake focused training and development and liaise with other healthcare professionals and then pursue ideas for providing useful services.

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 poorly performing pharmacies, 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 considered to be systemic to poor performance. For this reason, there is a degree of cross-over and repetition of particular examples.

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 was identified, relating to a number of principles. These might typically include issues such as:

- training being insufficient or out-of-date, meaning that staff do not have the information they need to carry out their roles safely and effectively

- lack of clarity about aspects of processes, for example where SOPs are out-of-date, incomplete, or processes are not in place to ensure that staff are fully aware of them
- 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 are absent as other staff lack 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

Demonstrations of a failure to learn or a lack of key knowledge taken from evidence for principles where the pharmacy had an overall rating of satisfactory with an action plan or poor, and the relevant principle was rated poor are given below.

Lack of key knowledge and a failure to learn - Principle 1 (governance)

Examples may relate to staff being unaware of particular processes, for example “The pre-registration pharmacist said that he always showed the P medicine to the pharmacist. He was not clear about the WWHAM questions and didn’t know of the requirements for the OTC sale of Imigran.”

It may be the case that only some staff have the appropriate level of knowledge and processes are not in place to share this knowledge, for example “There was little communication, with only one member of staff having knowledge of the process, posing considerable risk if that staff member was absent, as had happened recently.”

In other instances, processes around sharing important patient information with appropriate staff were not in place, potentially leading to risks to the patient, for example: “It was believed this patient had been in hospital, but it was unknown what the current situation was, and there was no segregation of this box or information to explain that the patient was in hospital.”

It is noted that staff training might also be described under Principle 2 (staff).

Lack of key knowledge and a failure to learn - Principle 2 (staff)

Examples of staff lacking key knowledge or demonstrating a failure to learn were identified in Principle 2. A failure to learn from near misses was often noted, for example: “No near miss recording was observed and there was no evidence or knowledge of sharing of incidents across the organisation.”

Some staff demonstrated a lack of knowledge to safely carry out all aspects of their roles, for example “The person dealing with this had no dispensary training and had no idea what levothyroxine was used for. She did not know how to send an urgent task to the pharmacist and was recording this issue on a pad by hand.”

Necessary training may not have been given, for example “Not all staff using advice had received complete training. Similarly, all staff members were supervising patients with buprenorphine tablets, but had not been trained, posing considerable risk as strategies to ensure complete consumption of the product were required.”, and “The Pharmacy team did not have sufficient awareness of safeguarding arrangements.”

Lack of key knowledge and a failure to learn - Principle 3 (premises)

This principle is less directly related to the theme of a lack of key knowledge and a failure to learn.

Lack of key knowledge and a failure to learn - Principle 4 (services)

In terms of services, staff may be unaware of how to safely ensure that processes are properly managed. For example, a case was given for one pharmacy where records of fridge temperatures showed that they had consistently reached up to 13 degrees Celsius. The staff responsible for monitoring these temperatures had not notified anyone of this. They were aware that temperatures should not exceed 8 degrees but had been told by a previous manager that higher temperatures were acceptable. They also did not know how to reset the minimum and maximum readings on the thermometer.

In another example, it was noted that "There were currently 2 CMS serial prescriptions in place, but the process was unknown as these were dealt with by the pharmacist. There was no knowledge at the time of inspection of the other aspects of CMS such as registrations and reviews, so no positive outcomes for patients were described."

Examples might be found where necessary expertise might lie with an individual, meaning that necessary information was not available when they were absent, for example "Services provided were displayed, including homeopathic medicines but none were observed in the pharmacy and with the regular pharmacist off there was no knowledge of this service."

Lack of key knowledge and a failure to learn - Principle 5 (equipment and facilities)

This principle is less directly related to the theme of a lack of key knowledge and a failure to learn.

Lack of key knowledge and a failure to learn: summary of findings

Where staff lack key knowledge, risks to patients are increased, as staff members may fail to apply best practice, so leading potentially to issues such as dispensing errors, or failures to identify opportunities to intervene in safeguarding issues. It may affect communication, where staff are unaware of how to ensure important information is relayed appropriately. Time may also be wasted as staff seek guidance as to required actions, or are not able to act promptly to resolve queries or issues.

The examples seen relating to a lack of key knowledge and a failure to learn are not typical of the majority of pharmacies, and are concentrated among those rated poor overall. However, it is notable that in many examples found, specific mention was made by inspectors of the real or potential risks for patients implicit in these gaps in knowledge. It is therefore suggested that while pharmacies with systemic and wide-spread issues around a lack of knowledge and a failure to learn are very much in the minority, they merit particular attention.

The influence of pre-identified themes on pharmacy performance

As noted previously, many issues noted as relating to emerging themes may also be described within pre-identified themes. The potential influence of these pre-identified themes has been explored separately here reflecting their particular interest to the GPhC.

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. The GPhC standards do not require

that inspectors explicitly refer to or assess the impact of leadership on the performance of pharmacies. However, when reviewing evidence for principles a range of examples were found which demonstrate the influence of leadership on pharmacy performance. As one might expect, examples were most commonly identified under Principle 1 (governance) and Principle 2 (staff).

Examples of strong and effective leadership identified within evidence for principles were noted most consistently for pharmacies with overall ratings of excellent or good, although many 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 leadership could be improved.

Instances noted of strong leadership typically included the following:

- managers instigating changes, often in response to feedback, for example from customer complaints, customer surveys, or from reviewing internal audits or near miss logs
- managers ensuring adequate staff cover and managing workload day-to-day
- proactive assessment of potential risks, and taking prompt action to address these
- annual reviews carried out with training needs identified
- enabling a culture of openness and honesty
- promoting learning
- promoting autonomy and a proactive approach in staff
- actively looking for opportunities to improve services
- demonstrating a vision for the role of the pharmacy
- ensuring premises are well maintained and organised
- availability of appropriate and well maintained equipment
- presence of clear processes backed with good documentation
- ensuring good communication
- encouraging partnership working

Strong leadership

Instances where strong leadership might be implied are noted below, taken from evidence for principles where the overall rating for the pharmacy is excellent or good, and the rating for the relevant principle is excellent or good, suggesting that this strong leadership is influential in obtaining these ratings. Where possible, these relate to instances where the direct influence of leadership might be demonstrated, for example, through reference to the store manager or Responsible Pharmacist (RP).

Strong leadership - Principle 1 (governance)

Good leaders might ensure that all appropriate actions are taken to ensure that staff are sufficiently aware of and knowledgeable about relevant SOPs, and that the SOPs are adhered to. A range of activities were undertaken to do this, including:

- ensuring staff were appropriately trained on the SOPs and understood their roles and responsibilities
- checking the competency and understanding of staff in relation to the SOPs by the pharmacy manager
- clear delegation of routine tasks to ensure they were completed
- use of internal corporate audit processes such as a store diary to check compliance with legal requirements and other health and safety routines

- assuring safe management of high dispensing volume through ensuring that a regular relief pharmacist who was familiar with the branch covered absence of the pharmacy manager

A person with strong leadership skills might ensure that regular audits are carried out, and results acted on. In one pharmacy for example, managerial clinical governance audits were conducted weekly. These were “seen to be up to date and assessed a number of areas including compliance with CD balance checks and near miss recording, as well an ensuring that dispensing incidents were being followed up in a timely manner”. In another pharmacy, an IG audit had resulted in actions had been taken including the procurement of a lockable filing cabinet for the consultation room and the updating of the pharmacy business continuity plan.

Similarly, information from near misses would be actively reviewed and necessary action taken. In one instance this was seen to result in clear benefits for staff, where a review of near miss incidents identified that staff distraction due to the team having to perform too many tasks at once was an issue. A rota system was introduced so that staff were assigned a key area of work to concentrate on at any given period of the day. It was noted that “staff said this change had had a huge impact on the pressure they were feeling and had improved them being able to concentrate fully on the task in hand with fewer distractions.”

Good leadership also involves taking a proactive approach; including ensuring that communication is effective. In one example, the review of an incident form by the store manager resulted in the identification of an issue whereby the local surgery had started to prescribe insulin generically, rather than by brand, which had resulted in a dispensing error. To address this, the store manager produced a poster which showed the brand name of the insulins and attached this to the front of the fridge to help with dispensing. It was reported that “the dispensers…felt this was a helpful resource as dispensing insulins could be difficult.”

Examples were also seen where managers ensured that customer and patient needs were addressed. In one instance, the store manager had identified from customer feedback that customers could be kept waiting to be served as there was not always a member of staff available at the healthcare counter. As a result, she “allocated each dispenser certain roles and one of these was to serve on the front counter. Staff were also verbally greeting patients when they presented at the counter so they knew they had been seen.”

Strong leadership - Principle 2 (staff)

A strong leader will ensure that staff have all they need to safely and effectively carry out their roles. This includes their having all necessary information. In one example, a pharmacy manager noted that the pharmacy team received monthly updates from the Superintendent’s office on professional matters including changes to SOP’s, shared learnings from adverse events from other pharmacies within the company and guidance on how to improve and deliver better care to patients, and “all pharmacy staff were required to read, sign and date the document.”

A strong leader will also ensure that appropriate learning and training is provided. In one pharmacy, a pre-registration pharmacist noted that “she was very happy with the quality of training provided by the company and was very well supported and empowered by her tutor (the pharmacy manager).”

Further, a strong leader will effectively manage operational capacity, for example in one pharmacy the inspector noted that “the staffing levels and rotas were reviewed by the store manager. The store manager had reviewed the core rotas when staff had requested to change their hours or had moved to other stores.”

Strong leadership - Principle 3 (premises)

Less direct evidence was identified to demonstrate the theme of leadership in relationship to this principle, although where pharmacy space is well organised and kept in good order, it might be imputed that this is related to strong leadership.

Strong leadership - Principle 4 (services)

A strong leader will ensure that staff are properly prepared to deliver services. In one example, it was demonstrated that “one of the pharmacists (the pharmaceutical support manager) was currently undertaking independent prescribing training, with a view to starting a travel clinic.”

They will ensure governance is well managed, for example “The pharmacist manager undertook monthly audits of the pharmacy and services provided which were presented at the hospital governance meeting which she attended.”

Strong leadership - Principle 5 (equipment and facilities)

Less direct evidence was identified to demonstrate the theme of leadership in relationship to this principle, although where equipment and facilities are in good order and staff have ready access to necessary equipment, good leadership may be indicated.

Less effective leadership

While pharmacies with overall ratings of satisfactory or poor might demonstrate examples of strong leadership, it was more likely that failings would be demonstrated, particularly where the pharmacy was rated poor.

Issues which were noted included failures to ensure all staff were aware of SOPs. Workflows might be suboptimal, which might be exacerbated by premises being untidy and cluttered. A lack of delegation might be demonstrated. Complaints procedures might be unclear to customers and patients and/or staff, meaning that possible issues would not be identified.

Inspectors sometimes highlighted potential risks which could have been identified by the manager. In one case, it was recorded that staff were regularly verbally abused by customers or patients because of delays in dispensing, demonstrating the potential consequences of inefficient working practices.

Difficulties in managing workload were noted, with insufficient staff to manage the workload, and this pressure was sometimes shown to have the effect of making it difficult to have a clear flow of work, leading to an approach of ‘firefighting’. Examples were given of staff feeling under pressure. Excessive workload might lead to important functions such as audits being deferred, or staff not carrying out training.

On occasion, for pharmacies which are part of chains a lack of responsiveness to issues raised at higher levels in the organisation were noted.

Some security issues, including information governance issues were identified, such as not having secure disposal for confidential waste or the possibility of inappropriate access to premises.

Failures in processes were noted. These could range from some weaknesses identified in pharmacies where overall processes were adequate, to more significant systemic failings. In some cases issues were brought to the attention of the Responsible Pharmacist by the Inspector which either they were aware of but had not addressed, or were not aware of but

might have been expected to know of. In some instances, failures to meet legal requirements were described.

For a number of examples noted, issues might be highly visible and/or remedial action might be relatively straightforward, suggesting a lack of strong leadership in addressing these. It should be noted that while it might be suggested that the issues described were due to poor leadership, this is rarely explicitly noted and has therefore been surmised. It is not known if there were other reasons for issues noted which were outside of the control of the pharmacy manager(s) or leader(s).

Issues noted in inspection reports where leadership was less effective, as highlighted in the evidence cited for the principles for pharmacies rated satisfactory with an action plan or poor overall, and where the relevant principle was rated poor, are given below.

Less effective leadership - Principle 1 (governance)

Less effective leadership may lead to issues with risk management, for example “Instalments were generally under the direct personal control of the pharmacist, but there was an unmanaged risk in that patients in the dispensary could see these.”, and “Risk management was done on an informal basis; no records of risk assessments were made.”

Ensuring that processes are legally compliant is ultimately the responsibility of the pharmacy manager, therefore failures in this area may be due to less effective management, for example “The pharmacy manager dealt solely with controlled drugs, and often checked entries made on her days off. Methadone instalments prescriptions were filed alphabetically in pockets with accompanying documents. Some instalment prescriptions were not legally compliant.”

A strong leader would ensure that all staff had access to and understood up-to-date and accurate SOPs. Where this is not the case, this may be related to less effective leadership, for example “The staff present had not signed to confirm they had read and understood the SOPs. Near miss incidents were not being recorded and few systems were being implemented to identify and manage patterns of dispensing risk.”

Less effective leadership may result in more endemic issues, where a number of areas are not appropriately addressed, as shown in this example “There were no clear procedures to identify and manage risks although there was a process for dealing with dispensing errors. A near miss log was in use but this was not reviewed and no learning points or trends were identified. The dispensary staff could not demonstrate any change following a near miss. There was no clear identified workflow and the main dispensary and back rooms were cluttered. Loose tablets, some with no labels and some with no batch numbers or expiry dates on them were seen.”

Strong leadership will help ensure that processes are well managed to allow a smooth flow of work and reducing errors. Where this is not the case, this may be due to weaker leadership. An example of these issues is given: “Audits had not been undertaken for some weeks, but recently reintroduced, although the current one was outstanding. The student explained that distraction and interruption were major contributing factors – she recently qualified as a dispenser, was inexperienced and was often assembling MDS trays, several containing controlled drugs, while having to address queries, serve on the medicines counter and answer the phone. She described trying to avoid distraction while undertaking high-risk activities but it was challenging.”

Less effective leadership - Principle 2 (staff)

Pharmacy managers are responsible for the operational management of workload, and where issues arise, this may be due to less effective leadership. Issues demonstrated

included: “At the time of the inspection, between 1pm and 4pm it was apparent that the staff present were clearly struggling to cope with the workload.”, and “Individuals were observed to work in a disorganised manner due to lack of experience and leadership.”

Pharmacy managers are also responsible for longer term capacity and capability planning, and again, where issues arise, this may be due to less effective leadership, for example “All staff spoken to said they had not completed any ongoing training for a while due to a lack of staff and the workload pressures.”

Less effective leadership - Principle 3 (premises)

The working environment within a pharmacy can have a significant impact on the safety and effectiveness of service delivery. Where issues arise, this may be due to less effective leadership. Examples of issues may relate to cleanliness and tidiness, for example “The pharmacy was cluttered, untidy and dirty. The dispensary floor was dirty and there was rubbish on the floor.”, and “The cleaning equipment provided to staff was very basic and appeared in a poor state of repair.”

Pharmacy managers are also responsible for ensuring that premises are properly registered, that space is used well and that equipment is in working order, and failings may be result from weaker leadership, for example “This area was not on the registered premises and was not air-conditioned and the fridge temperatures were not monitored. There was also a lack of dispensing benches for the volume of work, with MDS trays being dispensed in the consultation room and the area round the sink being used with the danger of medicines getting wet in the cramped conditions.”, and “As part of the extension and refurbishment, a stock room and new MDS dispensing station had been set up in an area that had not yet been registered as part of the pharmacy premises.”

Less effective leadership - Principle 4 (services)

Weaker leadership may be demonstrated in relation to services in a number of ways, for example poorly designed, or poorly executed, processes may be attributable to the quality of leadership, as exemplified here: “The trays were dispensed from weekly prescriptions, however they were prepared 4 trays at a time, in advance of the prescriptions, with no audit of who had dispensed or checked them… and they would have to be checked again against the prescription, but this time with no evidence of what the medicines were in the tray.”

Processes designed to reduce risk should be in place and fully followed. An example of where this did not occur was: “There was a system for drug alerts to be received, actioned and filed to ensure that recalled medicines did not find their way to the public, however the pharmacy had not actioned the recent Lacrilube recall.”

Security issues may not be properly addressed, for example “Dispensary stock was inadequately protected from unauthorised access when the pharmacy was closed.”

Pharmacy managers should ensure that all staff are aware of their safeguarding responsibilities, and feel empowered to act on potential safeguarding issues promptly. Examples were found where this was not the case, for instance: “Despite this new [MDS] system having been implemented, one patient’s wallet did not contain a set of prescriptions. The trainee technician explained that she only ordered these prescriptions at the patient’s request, as the patient wanted to manage her own medicines and often told staff she did not need her tray as she had enough medication at home. The pharmacist agreed that he needed to make a safeguarding intervention as the patient was elderly and confused and probably had compliance issues: he said that he would do this as soon as possible.”

Less effective leadership - Principle 5 (equipment and facilities)

Where strong leadership is in place, physical security would be robustly managed, as would information governance issues. An example where this was not the case is given: “Access to equipment was not adequately restricted either in the dispensary or behind the counter when the pharmacy was closed. There were also prescription forms clearly visible and within easy reach from the unsecured side of the gate.”

Leadership: summary of findings

Strong leadership could be assumed to be a pre-requisite of excellent or good pharmacy performance. While this is not specifically tested for as through the GPhC standards, examples were found of performance which might be related to strong leadership across principles in those pharmacies rated excellent or good for those principles. As might be expected, these 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. Similarly, examples which might be attributable to weaker leadership were identified predominantly in pharmacies with overall ratings of satisfactory with an action plan or poor.

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 however that the quality of leadership is not explicitly assessed through the GPhC standards and therefore, as previously discussed, many examples of performance have been assumed or imputed to be related to leadership. It is also noted that differences in performance may be related to other factors than leadership, but evidence is not available to demonstrate this. Conclusions drawn here must therefore be treated with some caution.

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 to and motivated to be able 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 further in the theme of Added Value, a key differentiator of pharmacies rated excellent overall was their introduction of innovative new services, working closely with external partners.

Innovation at a more operational level was also investigated to understand whether or not this influenced pharmacy performance. Pharmacies rated satisfactory for the relevant principle were more likely to demonstrate smaller, incremental changes than larger scale introductions of innovative services. However these smaller, incremental changes were still identified more often in pharmacies with excellent or good overall ratings for the principle. Examples of difficulties encountered when implementing changes were found where the pharmacy was rated poor for the relevant principle.

Examples of innovative practice taken from evidence cited for principles are given below, where the ratings for the pharmacy overall and for the relevant principle are also shown.

Innovation - Principle 1 (governance)

The demonstration of innovative practice in relation to governance could be through new ways of keeping accurate records, particularly using software tools. In one example a pharmacy was noted by the inspector as having few dispensing errors and near misses in relation to the high volume of dispensing. IPads had been provided to staff to record near misses, and "A dedicated innovative programme had been developed by the Superintendent with drop-down boxes to record the stage the error occurred, the type of error, the time of day, the reason and actions taken to prevent a recurrence."

Innovation - Principle 2 (staff)

Where a pharmacy has a culture in which staff are encouraged to suggest ideas for improvements, and these can be seen to be implemented where appropriate, it might be expected that innovative practice would be more apparent. A range of examples were identified where this was the case.

In one pharmacy, staff noticed that controlled drugs were sometimes left behind when MDS trays were delivered, and came up with the idea of attaching Pharmacy Information Notices to the file boxes to alert the driver, and printing this information on the delivery label. This resolved the issue.

In another pharmacy, the inspector noted that the team "felt that their opinion mattered" and the team provided a number of examples of their ideas being implemented, including new procedures for the review of near misses. In another pharmacy where staff were similarly reported to be encouraged to suggest changes to practice or new ways of working, "the team had recently moved and rearranged the stock in the drawers to make them easier to locate. Groups of products such as antibiotics were moved to one location, again to aid selection."

In another example, a pharmacy technician had suggested the introduction of a new dispensing service to a local nursing home, and was then supported to successfully introduce the service.

A technician based in a prison pharmacy successfully introduced a new administration chart, after noticing similar charts brought in by prisoners coming in from other prisons. The design of the chart reduced work for GPs as they no longer had to rewrite charts by hand. Further, the pharmacist said that "she had been happy to implement the new design as it was simpler than the current chart and more closely aligned with the current electronic prescribing system."

Innovation – Principle 3 (premises)

The theme of innovation was not strongly demonstrated with regard to premises, although an instance was noted where a pharmacy had begun using a dispensing robot, and "an innovative design at the front of the premises provided a window straight into the workings of the robot – this was discreet showing the robot working but no medicines were visible".

Innovation - Principle 4 (services)

The quality of services can be improved where innovation is encouraged and enabled. An example of this was given in a hospital pharmacy, where the team suggested changing the process for ordering theatre stock, reducing this from three times a week to once a week, to reduce workload and free up time for other activities. They worked with theatre staff to implement this change. As a result of introducing the new process, the team "reduced the amount of stock being held in the pharmacy, which had limited storage space. The theatre team also benefitted as they only had to place and receive an order once a week."

Another pharmacy introduced a book exchange, which proved very popular and raised money for charity.

Innovation - Principle 5 (equipment and facilities)

The theme of innovation was less apparent with regard to equipment and facilities, and relevant evidence was not identified.

Innovation: summary of findings

The ability to innovate and develop services and practices could be expected to be dependent on good practice in other areas of pharmacy performance as well as strong leadership, allowing staff the time and confidence to review practice and implement change. Larger scale innovations such as the introduction of novel services were demonstrated primarily in pharmacies with excellent ratings for the relevant principles, as explored in the theme of added value. A range of smaller scale, more operational innovations were also found, a number of which demonstrated a 'bottom up' approach, with ideas being suggested by members of staff, who were then encouraged and supported in their implementation. There is overlap between improving efficiency and introducing new ideas, with no clear dividing line between the two. Both efficient working and innovation are supported when pharmacies meet best practice across the range of their activities.

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. As is the case with leadership and innovation, the current inspection processes do not explicitly require that outcomes are assessed, although examples of outcomes are demonstrated in a number of inspection reports.

The theme of outcomes 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.

Some typical examples of references to outcomes taken from the evidence for principles, where the overall ratings and the ratings for relevant principles were excellent or good are given below. As might be anticipated, the majority of examples 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.

Positive outcomes for patients

Positive outcomes for patients - Principle 1 (governance)

Strong governance is less likely to produce examples of direct outcomes for patients than might be demonstrated via other principles, but it does form a cornerstone of the management of risk, to reduce the possibility of negative outcomes for patients. An example of where this was explicitly recognised was where "Several members of staff described and explained during the inspection that identifying and managing risk and providing good outcomes for patients were the primary objectives within this pharmacy. Documentation was observed to support this including GPhC guidance on risk management, consent and safeguarding. Several documents were pulled together within a folder covering governance topics."

Positive outcomes for patients - Principle 2 (staff)

Examples of the promotion of positive patient outcomes were given, particularly in relation to staff training and development. For example, for one pharmacy, the inspector noted that "The pharmacist applied his learning and research of good practice to directly improve patient safety and patient outcomes such as ensuring that vulnerable and elderly patients with long term conditions were monitored under his medicines optimisation scheme."

Positive outcomes for patients – Principle 3 (premises)

Examples of positive outcomes for patients with regard to premises were less likely to be demonstrated than for other principles. However, inspectors did note pharmacies where the premises presented a professional appearance, which could increase customer and patient confidence in the services offered. Effective management of premises would also reduce risks for patients by supporting smooth workflows and reducing risks of trips and falls.

Positive outcomes for patients - Principle 4 (services)

There is strong evidence for this theme under Principle 4. Positive outcomes for patients could be described in a range of ways. For example, pharmacies could demonstrate the effective signposting for customers or patients, such as:

- a patient with incontinence was signposted to a designated health centre
- "one member of staff spoke Gujarati and Urdu had acted as translator when a patient presented at the pharmacy with an eye infection and then he made an appointment for them with their GP, as the patient spoke no English. The patient later returned with a prescription"
- "a patient taking rivaroxaban who had started it recently was experiencing bleeding in their mouth after biting themselves accidentally… was referred to the local accident and emergency department"

Improved outcomes for patients might also be demonstrated which were results of MURs and NMS, including:

- one patient suffered a minor stroke and was immediately referred to their GP
- "good feedback was received by a patient who was included in the NMS service"

Pharmacy staff were noted to have supported patients to improve compliance, for example:

- "identifying that a patient with vascular dementia was struggling to use an MDS tray. This had been resolved by changing the order of the days of the week in a professional manner on the tray to ensure that when she started tablets each week on Tuesdays, this was the top of the tray and this was working well, making big difference to her compliance"

- demonstrating correct inhaler technique

A combination of approaches were shown to demonstrate benefits for patients, for example:

- "The Pharmacy manager said that the team shared a good rapport with the local surgery and worked together to achieve some of the health priorities identified for the Birmingham area such as obesity, sexual health and unhealthy life styles and patients were often signposted to the pharmacy for further support and counselling. The pharmacy manager said that staff often flagged such patients for MURs (where appropriate) to maximise the opportunity to influence positive health outcomes for local population."
- "A number of examples were described of positive outcomes for patients with CMS reviews and serial prescriptions, a notable one being a patient having difficulty managing her medication, frequently running out or losing it. It was decided to manage this patient on serial prescriptions dispensed every two weeks following medication review. This resulted in a dramatic reduction in the number of patient contacts with the surgery, freeing up GP and pharmacy time and the patient was very happy with the service"

Positive outcomes for patients – Principle 5 (equipment and facilities)

While positive outcomes for patients were not directly noted with regard to equipment and facilities, having appropriate facilities and equipment in place, in good working order and so available to use will reduce the risk of adverse patient outcomes.

Adverse outcomes for patients

Potential or actual adverse outcomes were also identified in the evidence for principles. These were found primarily where the pharmacy had an overall rating of poor and the relevant principle was also rated poor, some examples of which are given below. They could however also occur in pharmacies with higher ratings, but in these cases tended to present lower risk and/or occurred less consistently.

Adverse outcomes for patients - Principle 1 (governance)

Poor documentation and record keeping has the potential to result in negative patient outcomes. In one example, it was noted that "There were no records of collection on the back of the script. The locum pharmacist who had been present the previous day said that the patient hadn't collected it. There should be robust procedures in place for the management of substance misuse patients."

In another example, it was shown that negative outcomes for customers, patients and staff could result from the poor management of prescriptions: "One member of staff reported that she received regular verbal abuse from customers and patients as their prescriptions were often not assembled in a timely manner."

Adverse outcomes for patients - Principle 2 (staff)

The potential for adverse patient outcomes was also demonstrated where staff were not aware of or did not follow proper procedures. For example, in one pharmacy, the inspector noted that "The trainee dispensers generally undertook the labelling of prescriptions and one trainee reported that she did not inform the pharmacist if she identified any new drugs or changes in dose and that she did not specifically look at the patient medication record (PMR) for such issues. The dispensing staff did not print off any potential drug interactions for referral to the pharmacist."

Adverse outcomes for patients - Principle 3 (premises)

The condition of pharmacy premises has the potential to have a negative impact on patient outcomes. This might be through increasing risk, for example due to the presence of trip hazards. Clutter in workspaces might disrupt a smooth workflow and increase the risk of errors. For one pharmacy it was noted that "there was no regular cleaning of the pharmacy due to staff shortages."

Adverse outcomes for patients - Principle 4 (services)

As noted previously, Principle 4 (services) is the principle under which the majority of examples of direct interactions with patients and customers are demonstrated, and so where patient outcomes would be most apparent.

Examples were noted of the potential for adverse patient outcomes. For example, one inspection report noted that "The need for patients to take medicines dissolved in water or half an hour before food had not been addressed and so patient compliance with these requirements of the tablets would not be good."

In another pharmacy, a range of issues were noted, including:

- insufficient trained staff
- patients left without vital medicines
- staff failing to make appropriate interventions
- owed items not being dealt with appropriately
- the lack of a clear audit trail to "identify the staff responsible for each aspect of the dispensing process. This meant that some recent complaints had to be closed with no further action"

While this particular pharmacy was quite unusual in the range of issues noted, some of these were also observed in other pharmacy reports.

Adverse outcomes for patients – Principle 5 (equipment and facilities)

While negative outcomes for patients were not directly noted with regard to equipment and facilities, a failure to have appropriate facilities and equipment in place and in good working order will increase the risk of adverse patient outcomes.

Demonstrating outcomes for patients: summary of findings

Although the GPhC inspection framework does not explicitly ask that inspectors provide evidence around outcomes, information was presented in the evidence for principles which either implicitly or explicitly related to outcomes. These might be direct outcomes for customers, patients or staff, or issues which could influence these. As might be expected, the more positive evidence was found in inspection reports where the pharmacy was rated excellent or good, and evidence describing potential or actual issues that might results in poor outcomes for patients was found more commonly in those rated poor, suggesting that outcomes are related to the performance of the pharmacy. This is likely to be influenced by the quality of leadership, although little direct evidence is available to demonstrate this within the inspection reports.

Interactions between themes

It has been noted that themes, both emergent and pre-identified, are interrelated, and can work together to influence pharmacy performance. This is demonstrated in figure 33, which shows how themes can interact to support strong performance, and figure 34, which focusses on the influence of themes on weaker pharmacy performance.

Figure 33: How themes may interact to support strong pharmacy performance

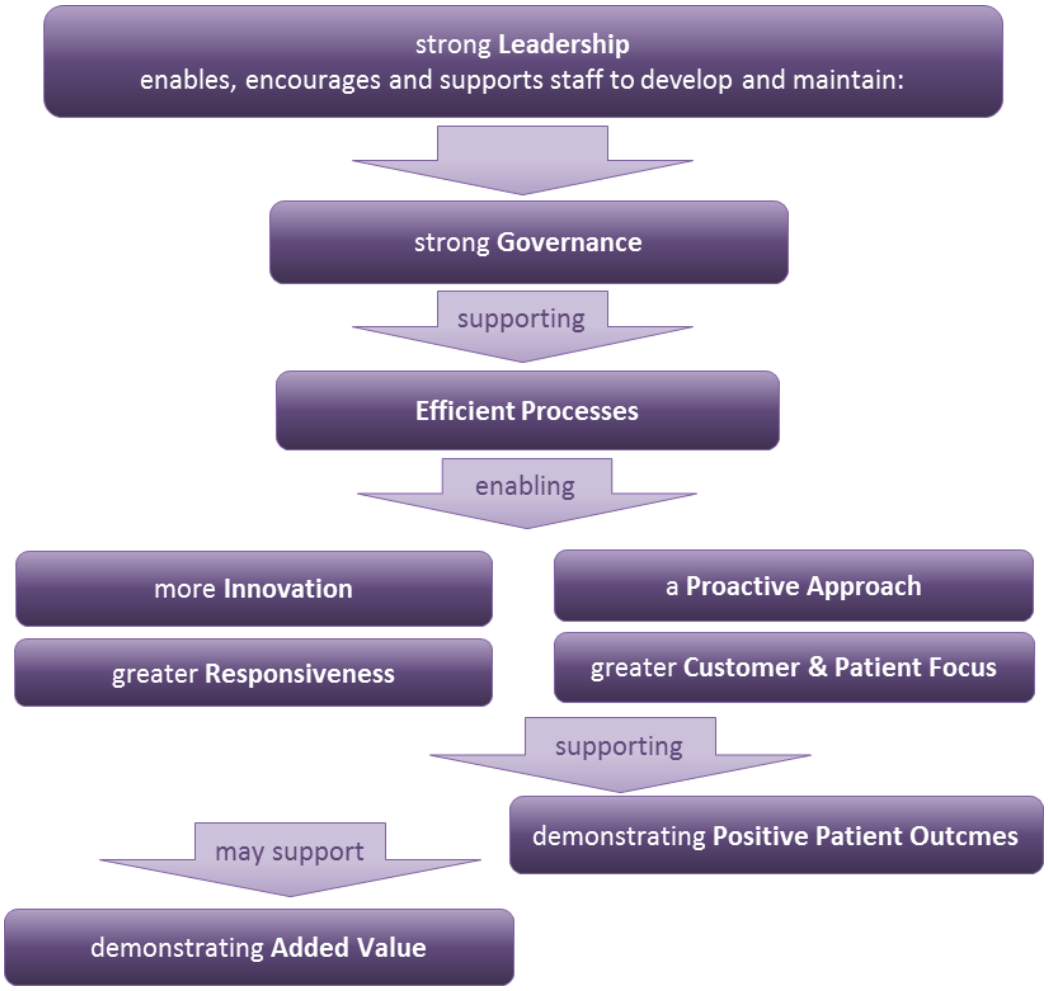
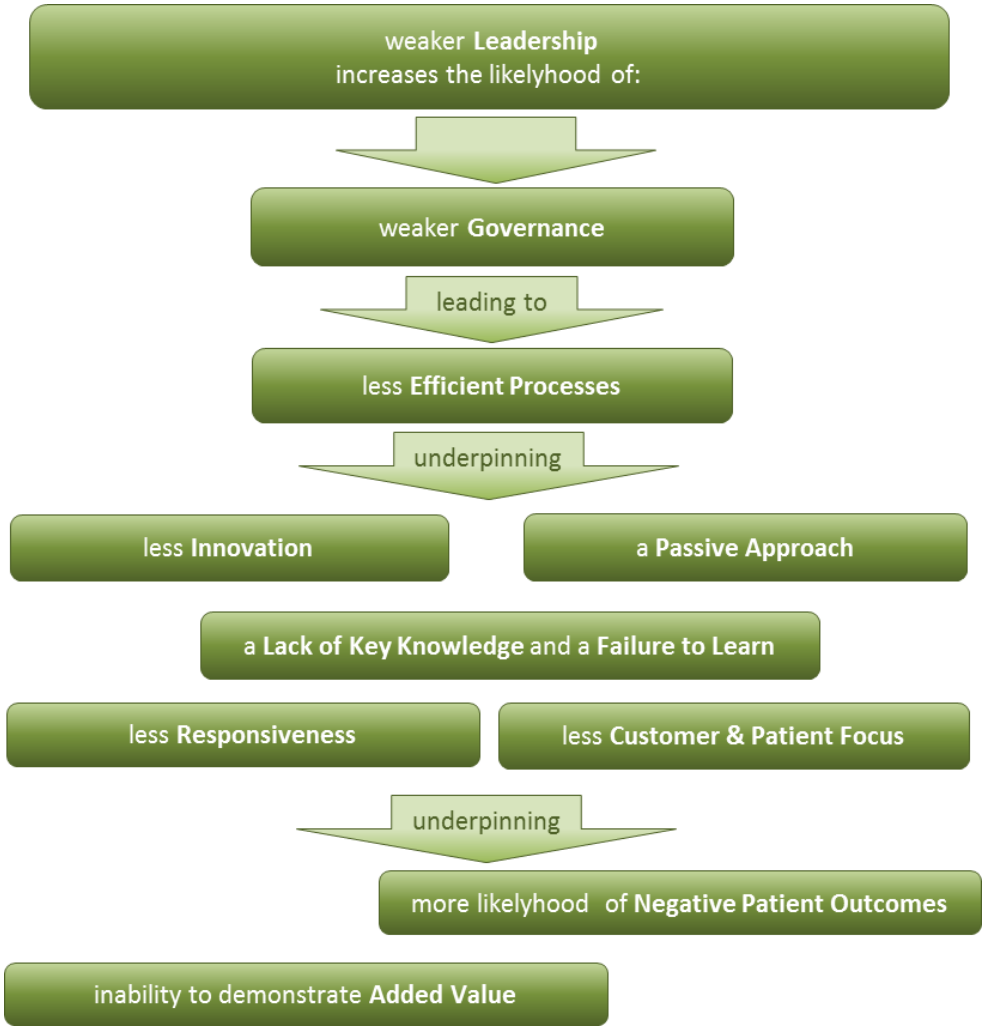


Figure 34: How themes may interact to result in weaker pharmacy performance



While these figures are illustrative and may not apply to all pharmacies equally, they serve to show that the themes discussed do not act in isolation, and should be considered together if seeking to improve pharmacy performance.

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 sometimes 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.

Notes on presence of themes

All the themes identified, including the pre-identified themes suggested by the GPhC, are linked with overall pharmacy performance.

The volume and type of evidence in the inspection reports that illustrate the different themes varies. Some themes can be directly evidenced, whereas others are somewhat 'softer' and more difficult to exemplify through hard evidence and rely on the snapshot observations of inspectors. Governance for instance lends itself well to being demonstrated through direct evidence, as this relies on information such as the presence of appropriate documentation, the completeness and timeliness of which can easily be checked and validated by inspectors. For other themes, such as leadership, some direct examples are present, but to a degree the presence or absence of strong leadership must be inferred from other, less direct information such as conversations with staff, observations of working relationships and the values of the senior staff members.

In addition, where certain issues or factors are not present, this may not be noted. For example, the quality of documentation will normally be recorded, with information to suggest why the documentation was stronger or weaker. When looking at other issues, for example the provision of 'added value' services, the inspector is not likely to note that additional services were not provided by a pharmacy.

For these reasons, it is difficult to attribute any 'weightings' to themes, to suggest whether some are more evident than others.

Further, as previously discussed, all themes are strongly interrelated, with strong (or weak) performance in one being very likely to influence strong (or weak) performance in others.

Emergent and pre-identified themes: summary of findings

A number of cross-cutting themes were identified, which occur across standards and/or principles and can be seen to influence overall pharmacy performance.

Information relating to these themes was primarily identified within the evidence for Principles 1 (governance), 2 (staff) and 4 (services) with more limited information identified within evidence for Principles 3 (premises) and 5 (equipment and facilities). This aligns with the findings of quantitative analyses carried out, which indicate that the former three principles are more closely related to overall pharmacy performance than the latter.

Some themes are associated more strongly with certain principles. The theme of added value for example relates primarily to Principle 4 (services), as it describes those pharmacies which offer significantly more than most in terms of additional services, targeted at meeting local needs. As would be expected, the theme of governance, whilst demonstrated across all principles, is exemplified particularly in Principle 1 (governance). Other themes such as a proactive or passive approach are demonstrated more evenly across principles.

The themes are interrelated, and serve to give an additional perspective on and further insights into the rich information presented within the GPhC inspection reports, to help understand the drivers behind pharmacy performance.

The importance of pharmacy staff in determining overall pharmacy performance is also recognised, both as reflected through the GPhC principles, and as underpinning pharmacy performance as described through the themes discussed here. Related to this, the quality of pharmacy leadership has been shown to influence overall pharmacy performance, much of which will be through the degree to which staff are enabled to carry out their roles safely and effectively.

To what extent is the performance of excellent rated pharmacies consistent with the GPhC 'Principles of an Excellent Pharmacy'?

The principles of an excellent pharmacy[12] are:

"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. This is effectively a 'good+' pharmacy.
Moreover, an excellent pharmacy will be improving patients' health and wellbeing by understanding and acting on local health and patient needs, working in partnership with other health and community groups and serving as a model for other pharmacies to learn from. It will have tangible examples to demonstrate these outcomes.

It is envisaged that there will be very few pharmacies where the outcome of the inspection is excellent.

The eight guiding principles for an excellent pharmacy:

- you will already be performing well against our standards
- the pharmacy services you provide will be designed and delivered with patients at their core

[12] https://www.pharmacyregulation.org/principles-excellent-pharmacy

- you will be improving outcomes for individual patients; making a significant difference to them
- you will be optimising patients' use of medicines to ensure they take the right medicines at the right time and to reduce wastage of medicines
- you will be looking outside the walls of the pharmacy to understand the health needs of your local community and deliver pharmacy service to meet those needs
- you will be working in partnership with other healthcare providers and community groups to improve outcomes for individual patients and groups of patients
- you will be continually learning and researching good practice to identify ways of improving patient safety
- you will be a model for other pharmacies to learn from"

Six pharmacies have been rated excellent out of 14,650 which have been inspected. This of itself suggests that these pharmacies are genuinely exceptional. Qualitative analysis of these six inspection reports showed that they clearly and strongly demonstrated meeting the principles of excellent pharmacy.

Pharmacies rated excellent overall were particularly notable for the range of services they offered, and especially their ability to offer new and innovative services in direct response to local needs. A number of factors enabled them to introduce these new services. Among these were proactive staff and managers, who actively sought opportunities and/or were able to 'start small' but envision the wider benefits of work being carried out and seek to maximise these. Innovative new services were normally developed in close collaboration with other organisations or professionals working with the target group and able to offer specific expertise as well as ways to work with the target group.

The pharmacies were able to develop these new services in part because they were building on strong foundations, in terms of having adequate numbers of suitably trained staff, and in some instances, recruiting more staff to deal with the increased workload demanded by new services. Staff would be working safely and effectively, to robust processes, and so maximising their efficiency, helping give the capacity to develop services further. For example, some other pharmacies which performed less well were described as finding it more difficult to manage their workload, in some cases spending time 'firefighting', and it might be assumed that where this is the case, it would be more difficult to consider introducing new services. While not necessarily stated explicitly, one might also assume that good leadership would need to be in place to enable these factors to be in place.

While evidence is not demanded of this within the standards set by the GPhC, a number of instances were noted particularly for pharmacies with an overall rating of excellent of their having won awards in recognition of the quality of their work. For example, one pharmacy won the Smart Award 2014 for the Best Independent Community Pharmacy for Innovation for their work in the area of dementia.

Performance of these six pharmacies against the eight guiding principles for an excellent pharmacy is assessed in more detail here.

Principle 1: You will already be performing well against our standards

Analysis of inspection reports show that pharmacies rated excellent overall do perform well across all standards. This is demonstrated in Table 10, which shows how many of the six pharmacies with an overall rating of excellent were rated under each rating category for each standard.

Table 10: The number of pharmacies with an overall rating of excellent within each standard rating category by standard

Principle	Standard	Short description	Rating for Standard			
			Excellent	Good	Satisfactory	Not met
1 - governance	1.1	Risk identification and management	6			
	1.2	Reviewing and monitoring the safety of services	4	2		
	1.3	Staff roles and accountability		5	1	
	1.4	Feedback process		6		
	1.5	Insurance / indemnity arrangements			6	
	1.6	Record keeping			6	
	1.7	Information management and confidentiality		4	2	
	1.8	Safeguarding	1	5		
2 - staff	2.1	Staffing levels		6		
	2.2	Staff skills and qualifications	1	5		
	2.3	Staff compliance, empowerment and professionalism		5	1	
	2.4	Culture	2	4		
	2.5	Staff feedback and concerns	1	5		
	2.6	Appropriateness of incentives and targets			6	
3 - premises	3.1	Cleanliness and maintenance of premises		5	1	
	3.2	Privacy and confidentiality through premises		6		
	3.3	Hygiene of premsies			6	
	3.4	Security of premises			6	
	3.5	Appropriateness of environment		1	5	
4 - services, including the management of medicines	4.1	Accessibility of services	6			
	4.2	Safe and effective service delivery	6			
	4.3	Sourcing and safe, secure management of medicines and devices	1	4	1	
	4.4	Managing faults with medicines and devices		2	4	
5 - equipment and facilities	5.1	Availability of equipment and facilities		5	1	
	5.2	Sourcing and safe, secure management of equipment and facilities		1	5	
	5.3	Privacy and dignity through equipment and facilities			6	
Total			**28**	**71**	**57**	**0**

This shows that of the 156 ratings for standards for the six reports with an overall rating of excellent (26 standards x 6 reports), 99 (63.5%) were ratings of excellent or good, with the remaining 57 (36.5%) being satisfactory, demonstrating consistently strong performance against standards. The equivalent percentages for all pharmacies excluding those with an overall rating of excellent were 12.0% with ratings of excellent or good with the remaining 88.0% being satisfactory or poor. As a number of standards are binary in nature, meaning that they most likely to be rated as satisfactory or standard not met than as good or excellent, which should be considered when interpreting Table 10.

Principle 2: The pharmacy services you provide will be designed and delivered with patients at their core

While all pharmacy services should be designed and delivered with patients at their core, excellent pharmacies tend to demonstrate this more explicitly, with more examples of going 'above and beyond' expectations in terms of supporting both individual patients and patient cohorts. For the latter in particular, excellent pharmacies give examples of working closely with partner organisations in a proactive way to serve patient groups. Examples of this include:

"The pharmacists identified service needs related to the population which included elderly and affluent patients. The needs were discussed with local GPs to avoid duplication and ensure patient needs were met e.g. travel services."

"The pharmacy, in conjunction with the adjacent surgery, identified healthy living campaigns that met the needs of the local population."

Consideration of patient needs at the core of service delivery might be demonstrated in a number of ways, as exemplified below in relation to physical access and delivery services:

"There was good physical access by means of a level entrance and buzzer. There was good visibility of the door from the medicines counter and patients and customers were assisted as required. A new door had been installed some months previously that could remain open to make it easier for prams, wheelchairs or patients with limited mobility to enter safely."

"If a patient wasn't at home the prescription was returned to the pharmacy and an advice slip posted; the prescription would be delivered the following day; if there were two failed attempts at delivery the pharmacy team would contact the patient or follow up to ensure the patient was safe and well."

While many pharmacies might be similar to those pharmacies with an overall rating of excellent in aspects of ensuring that the services they provide are designed and delivered with patients at their core, those which are rated excellent demonstrate these most consistently across the range of their activities, and would be particularly thorough in their approach.

Principle 3: You will be improving outcomes for individual patients; making a significant difference to them

Improving patient outcomes is considered in more detail in section 5.4.3. Excellent pharmacies tend to have more examples of demonstrable improvements to patient outcomes. Two examples from the same pharmacy were:

"A patient with brittle asthma was anxious about her condition and sometimes believed that she was more unwell than she really was. Carrying out a phenol test and showing her the results, reassured her that her control was greater now. This patient presented to the pharmacy during the inspection and was keen to share her very positive experience with the inspector."

"A patient presented with symptoms of urinary tract infection, so was tested and treated for this. During the consultation, the pharmacist was concerned that the patient may have diabetes, so a test for this was undertaken which was positive. An urgent referral to a GP was made and it was discovered that the patient has been previously diagnosed but had not been followed up. Medication was prescribed and over time symptoms improved."

In addition, as a result of the new and innovative services offered, benefits for cohorts of patients might be demonstrated, for example:

"Two charities supported patients with autism in the local community and there was close working with both of these to ensure that medication was supplied to them in the most appropriate manner e.g. some used MDS trays and some used original packs with MAR charts. Training had been undertaken with the care services manager. This enabled patients to live at home when previously they had been in residential environments."

It is examples such as the latter in particular which serve to differentiate excellent pharmacies from others.

Principle 4: You will be optimising patients' use of medicines to ensure they take the right medicines at the right time and to reduce wastage of medicines

There are several examples of good practice with regard to medicines optimisation given for excellent pharmacies. This might be expected, as good medicines optimisation relies on robust and well-designed processes which are followed carefully and effectively, all of which are strengths noted more broadly for pharmacies with an overall rating of excellent. Examples included:

"The date of the previous supply and any new items prescribed were noted on prescriptions, and additional details from the PMR were printed for each patient, enabling the pharmacist to undertake a clinical check without the need to access the patient records. This was more detailed and thorough than usually observed, particularly the date of previous supply, which allowed compliance and medicines optimisation to be considered."

"The pharmacy ran a medicines optimisation scheme whereby those patients on repeat dispensing were telephoned on day 21 of the month and asked about their medicines. It the pharmacy had to 're-set' three medicines or re-set one medicine three times, so that they all ran in line, the patients were referred to the doctor. 400 patients had been identified with appropriate action taken. The pharmacy also notified the doctors' practice if there were outstanding medicine reviews, therapeutic clinic reviews or monitoring blood tests."

Principle 5: You will be looking outside the walls of the pharmacy to understand the health needs of your local community and deliver pharmacy service to meet those needs

This links strongly with the guiding principle "the pharmacy services you provide will be designed and delivered with patients at their core" particularly in respect of improving services for cohorts of patients, as examples given of this frequently describe working in partnership with community organisations to meet local community needs.

Those pharmacies with an overall rating of excellent were particularly notable for focusing on the wider community. One pharmacist for example proactively attended local events and community group sessions to increase awareness of services available. In one example of these the pharmacist was able to raise awareness of a minor ailment service, as a result of which "an increase in consultations had been observed, ensuring young patients were triaged as soon as possible".

Another pharmacist who did not live locally to their pharmacy worked with a local councillor to identify local community groups which the pharmacy might engage with.

Another example was given of a travel clinic having been set up in response to a need identified in the local community, with increasing numbers of people travelling to areas needing vaccination and malaria prophylaxis.

The range of examples demonstrates how closely these outreach activities were tailored to local requirements.

Principle 6: You will be working in partnership with other healthcare providers and community groups to improve outcomes for individual patients and groups of patients

Similarly, this links strongly with the guiding principle "the pharmacy services you provide will be designed and delivered with patients at their core", as examples given of this

frequently describe working in partnership with other healthcare providers and community organisations to meet local community needs.

Pharmacies could be seen to be working with local charities. One pharmacy for example ran joint events with Age Scotland to engage with the older population locally. In a demonstration of the way in which excellent pharmacies could be seen to maximise opportunities for improvement, this was built on to also engage the local elderly community with a second charity, Silver Line Scotland.

In an example of working with other healthcare providers, in one pharmacy "the pharmacists were both involved in the delivery of lectures and presentations for external agencies such as preregistration pharmacist sessions, prescribing information for technicians and presentations to community groups in conjunction with other healthcare professionals e.g. a physiotherapist linked to a nearby golf club."

Frequent mention was made of close working relationships with local GP practices, and of these practices expressing their appreciation for the work done by the pharmacy. There were cases noted of the pharmacy being proactive in identifying ways in which the care of both individual patients and cohorts of patients could be improved.

Principle 7: You will be continually learning and researching good practice to identify ways of improving patient safety

Many pharmacies with lower overall ratings than excellent demonstrate opportunities for continual learning. This might be via learning from near misses, or through training required to deliver specific services and/or as a result of needs identified through annual review processes.

Excellent pharmacies were distinguished by being particularly thorough in their processes to support continual learning. For example, in one example of learning from near misses it was noted that "there was very open discussion and shared learning from any incidents with input from individuals welcomed of how to minimise the risk of repeat incidents." In one instance, additional opportunities for learning were noted: "there was constant reviewing of procedures and correcting of any slight deviations to minimise any risks and shared learnings from these."

Similarly, annual review processes and subsequent identification of training needs would be comprehensive and thorough. Protected time might be given, and separate training rooms with internet facilities could be available. One example specified that "staff were able to use the room during quiet periods, lunch breaks and after or before working hours."

Staff were regularly noted to have received training needed to deliver particular services. Some examples were given where excellent pharmacies put additional learning in place from that typically seen in pharmacies with other overall ratings, including:

"The pharmacist applied his learning and research of good practice to directly improve patient safety and patient outcomes such as ensuring that vulnerable and elderly patients with long term conditions were monitored under his medicines optimisation scheme. Four members of staff were trained 'Healthy Living' champions and this training too was directly used to improve the health and wellbeing of the customers who attended the pharmacy."

Another example given was of pharmacy staff receiving "Dementia Friends" training, and in one pharmacy it was noted that most staff had received training in first aid.

Principle 8: You will be a model for other pharmacies to learn from

As an excellent pharmacy the expectation is that you are demonstrating best practice across the range of pharmacy activities and could therefore be a model for other pharmacies to learn from. Pharmacies with an overall rating of excellent consistently demonstrate a range of areas of practice which other pharmacies could learn from. If sharing learning from excellent pharmacies, the GPhC may wish to also consider the specific characteristics of that pharmacy. While dissimilar pharmacies may also be able to capture learning, there may be specific areas which are most applicable to similar pharmacies.

To what extent is the performance of excellent rated pharmacies consistent with the GPhC 'Principles of an Excellent Pharmacy': summary of findings

The GPhC 'Principles of an Excellent Pharmacy' are clearly and consistently demonstrated by the six pharmacies with an overall rating of excellent. They performed well across the range of GPhC standards, and were notable for delivering a particularly broad range of often innovative services, targeted at meeting the needs of their local population, and often delivered in partnership with external organisations.

The delivery of positive patient outcomes could be described, both for individual patients and for cohorts such as those with dementia. Thorough and effective processes for supporting organisational learning were in place, and the core service of medicine dispensing would equally be built on particularly thorough, effective and safe processes.

All of these factors mean that excellent pharmacies offer significant learning for other pharmacies, over a range of activities.

Are the themes identified through the GPhC crowdsourcing exercises reflected in inspection reports

The GPhC carried out two crowdsourcing exercises to understand what the pharmacy community considers to be the most important areas that need to be reflected in the GPhC inspection process. As a result, 7 elements and 17 activities[13] which would support delivery of those elements were identified.

This section of the report explores:

- the extent to which each element and activity is reflected in current GPhC standards
- the degree to which each element and activity is reflected in current inspection reports
- how closely the elements and activities matched the themes identified as part of this research

The extent to which elements and activities are reflected in GPhC standards

Table 11 shows the findings from the two crowdsourcing exercises relate to the GPhC standards. This demonstrates that a small number of the elements or activities identified from the first crowdsourcing exercise are closely matched by current standards. In the

[13] 'Activities' referred to here are described as 'Themes' in the crowdsourcing findings. The term 'Activities' is used here to avoid confusion with the term 'Themes' as used elsewhere in this report

majority of the remainder, there is at least some overlap, with the elements or activity identified through crowdsourcing at least partially reflected through one or more standards. In only one case (Activity 14 - reconsider criminalising dispensing errors) was there no standard which related to the issue.

With regard to the seven elements, there were ten instances where standards from Principles 1 (governance), 2 (staff) and 4 (services) were noted. For the 17 activities, standards from Principle 1 are noted six times in this table, those from Principle 2 are noted thirteen times and those from Principle 4 (services) are noted four times. A standard from Principle 3 (premises) is noted once, and no standards from Principle 5 (equipment and facilities) are noted.

Table 11: Crowdsourcing elements and activities and how they relate to GPhC principles and standards

Element no.	Elements that contribute to the quality of pharmacy services	Which standard(s) if any relate to the element	Commentary
1	Communicating effectively with service users	**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 **Standard 4.1** The pharmacy services provided are accessible to patients and the public	This is not fully measured through any of the standards. However, Standard 1.4 relates to the effective communication about feedback and concerns from service users. Standard 4.1 relates to pharmacy services being accessible to patients and the public. One aspect of this is overcoming barriers to communication, for example by providing hearing loops, using sign language, providing translation services, providing large print labels etc.
2	Continuously improving services	**Standard 4.2** Pharmacy services are managed and delivered safely and effectively	This is not fully measured through any of the standards although it may be mentioned under Standard 4.2.
3	Designing or following standard processes	**Standard 1.1** The risks associated with providing pharmacy services are identified and managed **Standard 4.2** Pharmacy services are managed and delivered safely and effectively.	Under Standard 1.1 pharmacies are expected to have SOPs in place, and Standard 4.2 assesses how well they are followed. No standards seek to demonstrate how well standard processes are designed.
4	Leading effectively	No equivalent standard. This was identified as an overarching theme that applies to all principles and standards.	The current standards do not explicitly seek to demonstrate effective leadership, although it may be implied that good leadership is a necessary prerequisite for good or excellent performance against certain standards
5	Maintaining, developing and using professional knowledge and skills	**Standard 2.2** Staff have the appropriate skills, qualifications and competence for their role	This is not fully measured through any of the standards. Standard 2.2 tests if staff have the appropriate skills and

Element no.	Elements that contribute to the quality of pharmacy services	Which standard(s) if any relate to the element	Commentary
		and the tasks they carry out, or are working under the supervision of another person while they are in training	knowledge, which relates to '*using* professional knowledge and skills', and tests if staff are being supervised while in training, which relates to '*developing* professional knowledge and skills'
6	Speaking about concerns	**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. **Standard 2.5** Staff are empowered to provide feedback and raise concerns about meeting these **Standard 2.4** There is a culture of openness, honesty and learning **Standard 4.4** Concerns are raised when it is suspected that medicines or medical devices are not fit for purpose	This element is well represented in the GPhC standards with four standards directly focusing on the approach to raising concerns and how those concerns might be received. Inspectors explicitly and directly ask and report about this element.
7	Working in partnership with others	**Standard 4.1**The pharmacy services provided are accessible to patients and the public	This is not fully measured through any of the standards. Particularly for pharmacies rated excellent or good overall, examples were seen of developing services in partnership with others, which has some relationship with the element.

Activity no.	Activities important to delivering the elements	Which standard(s) if any relate to the theme	
1	Build an efficient and effective team environment	**Standard 2.1** There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	This is not fully measured through any of the standards. Building an efficient and effective team environment required a number of related elements, such as good leadership, providing appropriate training, managing processes to support team working and having a clear view of what defines an efficient and effective team. An efficient and effective team is an outcome which may be difficult to measure, and so for which process measures are more appropriate.
2	Build relationship with customers	**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 **Standard 1.8** Children and vulnerable adults are safeguarded **Standard 4.1** The pharmacy services provided are accessible to patients and the public	This is not fully measured explicitly through any of the standards. Standard 1.4 is about being responsive to customer feedback and Standard 1.8 relies on good communication between staff and customers to identify and address safeguarding concerns. Standard 4.1 covers accessibility of services by customers which entail a variety of methods of communication.
3	Change pharmacy contract and legal requirements to incentivise focus on quality rather than monetary targets	**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	This is not fully measured through any of the standards. Standard 2.6 tests whether any incentives or key performance indicators (KPIs) in place compromise patient care. Standards set by the GPhC are fundamentally centred on the quality and safety of patient care. Other requirements relating to monetary targets may relate to the commercial organisations which run pharmacies, which may be outwith of the control of the GPhC.

Activity no.	Activities important to delivering the elements	Which standard(s) if any relate to the theme	
4	Enable and empower Responsible Pharmacists to perform their role effectively	**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	This is not fully measured through any of the standards, although Standard 2.3 relates to all staff being empowered to exercise their professional judgement
5	Encourage and develop leadership skills	**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	This is not fully measured through any of the standards. Standard 2.2 tests that all staff have the appropriate skills, qualifications and competence required to carry out their roles, although this does not require specific skill sets to be demonstrated. Evidence given for this standard usually rates to the technical skills of pharmacists or pharmacy technicians.
6	Ensure appropriate staff levels and skill mix	**Standard 2.1** There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided **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	Standard 2.1 closely matches the theme of ensuring appropriate staff levels and skill mix. Evidence given for this standard often describes the number and grades of staff, and may state whether the volume of work appears to be manageable. It should be noted that making a judgement about having the right number and types of staff implies knowing the correct numbers for the volume and type of work being carried out, which may be very difficult to assess.
7	Ensure Standard Operating Procedures (SOPs) are well-designed	**Standard 1.6** All necessary records for the safe provision of pharmacy services are kept and maintained	This is not fully measured through any of the standards. Standard 1.6 tests whether SOPs are in place and adhered to, but not whether they are well-designed. It may be difficult to judge this without clear guidance as to what constitutes well-designed SOPs.

Activity no.	Activities important to delivering the elements	Which standard(s) if any relate to the theme	
8	Ensure well-designed pharmacy environment	**Standard 3.5** Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Standard 3.5 tests whether pharmacy services are provided in an environment that is appropriate for the provision of healthcare. This covers a range of issues including cleanliness, security etc. However, one issue for which evidence may be presented is the design of the pharmacy, and whether there is sufficient space, and the space is used well.
9	Establish a safe, effective and supportive process for raising concerns	**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 **Standard 2.5** Staff are empowered to provide feedback and raise concerns about meeting these **Standard 2.4** There is a culture of openness, honesty and learning	Standards 1.4 and 2.5 cover whether feedback and concerns can be raised, and Standard 2.4 tests whether there is a culture of openness, honesty and learning. Reviewing both may give a clear picture of whether a safe, effective and supporting process for raising concerns is in place.
10	Gather patient feedback	**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	Standard 1.4 closely matches the theme of gathering patient feedback, and mechanisms for doing this are regularly noted in evidence provided
11	Implement electronic prescription and knowledge sharing tools	**Standard 4.1** The pharmacy services provided are accessible to patients and the public **Standard 4.2** Pharmacy services are managed and delivered safely and effectively	This is not fully measured through any of the standards, and is a very specific measure. Standards 4.1 and 4.2 cover the effective and accessible provision of pharmacy services

Activity no.	Activities important to delivering the elements	Which standard(s) if any relate to the theme	
12	Provide adequate time and funding	**Standard 1.1** The risks associated with providing pharmacy services are identified and managed **Standard 2.1** There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Standards 1.1 and 2.1 match the theme of providing adequate time and funding although funding is not addressed explicitly through any standard. This a commercial issue which may be outwith of the remit of the GPhC.
13	Provide better guidance and opportunity (time and scope) for training/CPD activities	**Standard 2.1** There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided **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	This is not fully measured through any of the standards, although the requirement to ensure that staff are appropriately trained is reflected in Standards 2.1 and 2.2
14	Reconsider criminalising dispensing errors	None	No reference is made to this in any standard, but it is noted that openness is dependent on trust which includes being able to trust that near misses or failures can be raised safely
15	Self-motivation and taking individual initiatives	**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.	This is not fully measured through any of the standards. However, examples are given under Standard 2.3 in particular of improvements being made as a result of individuals within pharmacies being enabled to implement their ideas.
16	Share knowledge and work in partnership with other organisations and professions	**Standard 4.1** The pharmacy services provided are accessible to patients and the public	This is not fully measured through any of the standards. Particularly for pharmacies rated excellent or good overall, examples were seen of developing services in partnership with others, which has some relationship with the element.

Activity no.	Activities important to delivering the elements	Which standard(s) if any relate to the theme	
17	Strengthen professional identity by taking on responsibility as an individual and for the wider profession.	**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	This is not fully measured through any of the standards. However, examples are given under Standard 4.2 in particular of improvements being made as a result of individuals within pharmacies being enabled to implement their ideas. These are not linked to the strengthening of professional identity.

The extent to which elements and activities identified through the GPhC crowdsourcing exercises reflected in inspection reports

The extent to which each of these was seen to be reflected in current inspection processes, as demonstrated within the sample of 249 inspection reports, varied considerably, and is shown here for each element and activity.

The extent to which each element and activity is reflected in inspection reports is summarised in Appendix 10.

Element 1 - communicating effectively with service users

Effective communication with service users was regularly demonstrated in inspection reports. It was typically described when examples were given of practice that was of particular interest, rather than consistently across all reports. This communication could operate at different levels. Individual interactions might be demonstrated, for example the effective use of WHAAM questions. Support for people with a range of communication issues might be noted, such as the presence of hearing loops, or translation services.

Pharmacies might use posters or leaflets to inform customers or patients of available services, including signposting to external services. Processes for obtaining feedback such as annual surveys were also described. Instances were shown of pharmacies using prompts to promote conversations, for example placing a bowl of fruit on the pharmacy counter to help initiate discussions about health eating. Effective communication was seen to be important for patient safety, and particularly for safeguarding, in talking with patients, customers, carers and others to ensure actual or potential problems were addressed. This applied to all staff, including delivery drivers. Service development might also be prompted through this.

Element 2 - continuously improving services

A number of examples were found of pharmacies which responded promptly to information suggesting the potential to improve both processes and services. This is explored in more detail in discussion of the emergent theme of responsiveness, in section 5.3.4.

Element 3 - designing or following standard processes

How well standard processes were followed was described well in inspection reports, and additional relevant information could be given for example around training and workload.

How up-to-date SOPs were was frequently mentioned, as was staff familiarity with them. The designing of standard processes was rarely described or alluded to.

Element 4 - leading effectively

Examples of leadership and the influence of strong or less effective leadership were found, and are explored under the pre-defined theme of leadership in section 5.4.1. The quality of leadership was surmised in a number of cases, as it is rarely explicitly noted, and is more likely to be noted in more extreme cases of very good or poor leadership.

Element 5 - maintaining, developing and using professional knowledge and skills

This covers a range of issues. Maintaining and developing skills were regularly recorded, with the availability of training and/or coaching described. The presence of any structured training programmes would be outlined. In most instances where the subjects covered by training were described these related to technical skills and knowledge. Where inspectors questioned the level of autonomy of staff, descriptions might be given of staff's freedom to use their professional knowledge and skills. In a small number of cases, the reliance of or respect for the knowledge and skills of pharmacy staff on the part of fellow professionals outside the pharmacy might be noted.

Element 6 - speaking about concerns

Standard 1.4 (feedback process) and Standard 2.5 (staff feedback and concerns) closely match this element. Responses typically noted the extent to which staff felt confident to raise any concerns and where they didn't feel supported to raise any issues. On occasion, specific examples might be given. This might also be underpinned by observations relating to the level of openness and honesty within the pharmacy, which was tested through Standard 2.4 (there is a culture of openness, honesty and learning).

The majority of comments in inspection reports relating to Standard 4.4 (managing faults with medicines and devices) concerned processes to manage MHRA alerts, or actions taken when the packaging for different medicines was similar, prompting them to be moved to separate areas to avoid confusion.

Element 7 - working in partnership with others

Partnership working was demonstrated most extensively in those pharmacies with an overall rating of excellent, where it was consistently noted as one of the factors related to working with the community to develop new services. In a larger number of reports including those not rated excellent overall, close working with local GP practices might be noted, or working with other organisations such as care homes.

Activity 1 - build an efficient and effective team environment

Examples of good team working were given in a number of reports, with varying descriptions given, although the level and quality of team working was not consistently noted across all reports. Standard 1.3 (pharmacy services are provided by staff with clearly defined roles and clear lines of accountability) provides a process measure of important aspects of pharmacy management which would underpin efficient and effective team working when done well.

Activity 2 - build relationship with customers

This is closely related to element 1, communicating effectively with service users, and similarly, examples of staff having built relationships with customers might be given as examples in reports, but not reported on systematically or consistently. Examples were seen of good practice, with staff being able to identify ways in which to better support customers or patients because they knew the individuals and their needs well and/or had appropriately identified and acted on safeguarding concerns. A smaller number of examples were given where customers or patients expressed frustration with staff or the pharmacy overall where issues arose such as delays in dispensing.

Activity 3 - change pharmacy contract and legal requirements to incentivise focus on quality rather than monetary targets

Direct references to this issue were not found in pharmacy reports reviewed. The most closely related standard is 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), under which the nature of incentives and targets might be described.

Activity 4 - enable and empower Responsible Pharmacists to perform their role effectively

Inspection reports might note the level of autonomy felt by staff, including RPs, particularly in evidence given for Principle 2 (staff), where ratings given for 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) would be evidenced. However, references specific to the degree to which RPs were enabled and empowered to perform their role effectively were not normally made.

Activity 5 - encourage and develop leadership skills

This is closely related to element 4, leading effectively. The encouragement and development of leadership skills was not normally noted within reports. In a very few examples, staff might note taking training in leadership skills in evidence for Principle 2 (staff), normally in relation to Standard 2.2 (staff have the appropriate skills, qualifications and competence required to carry out their roles). Evidence given most commonly related to the technical skills of pharmacists or pharmacy technicians.

Activity 6 - ensure appropriate staff levels and skill mix

Standard 2.1 (there are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided) maps to this activity. Inspection reports consistently described the number of staff and their skill mix, and reference was often made to workload, and whether this appeared to be manageable. Staff shortages might also be mentioned. In many cases, workload and staffing were referred to in the same report, but in others only one or the other would be noted. Where issues with workload were noted, other factors such as inefficient processes might also be described. Where issues were described, it might be noted that workload was difficult to manage due to staff shortages but this was not always stated explicitly. In one report with an overall rating of excellent, note was made of the recruitment of additional staff to ensure the quality of existing services was not compromised when new services were introduced.

Activity 7 - ensure Standard Operating Procedures (SOPs) are well-designed

This relates to element 3, designing or following standard processes. As noted for this element, information was usually provided as to whether SOPs were in place, how well they were understood by staff and how closely they were followed, reflective in particular of Standard 1.6 (All necessary records for the safe provision of pharmacy services are kept and maintained). The issue of how well-designed the SOPs were however was not described, although how closely they matched actual processes undertaken was sometimes discussed.

Activity 8 - ensure a well-designed pharmacy environment

Standard 3.5 (pharmacy services are provided in an environment that is appropriate for the provision of healthcare) has some overlap with this activity. Evidence given under Principle 3 (premises) could cover a range of issues some of which related to the design of the pharmacy and might include factors such as whether there was sufficient space, and whether the space was used well. In a small number of cases, pharmacy refits were described, which were shown to have taken account of the needs of customers and patients. In some cases the inspector noted that there were physical limitations to the building, and described how well these had been addressed. Overall, inspection reports did not consistently and systematically report how-well designed the pharmacy environment was, and this would most often be mentioned as an exception, for example where a refit had been well designed, or in some cases where space was not used well. How well space was used could also be related to how well-organised the pharmacy was.

Activity 9 - establish a safe, effective and supportive process for raising concerns

This activity relates to element 6, speaking about concerns. The confidence felt by staff in raising concerns, processes available to them, and the wider ethos of openness, honesty and learning present in the pharmacy would normally be described, and fell across 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), Standard 2.5 (staff are empowered to provide feedback and raise concerns about meeting these) and Standard 2.4 (there is a culture of openness, honesty and learning). Specific processes, such as regular team meetings and invitations to staff to feedback their views on the pharmacy service where occasionally mentioned.

Activity 10 - gather patient feedback

This activity related to element 1, communicating effectively with service users, and is closely matched by 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). Mechanisms for gathering patient feedback were routinely described in inspection reports, and mention might also be made of the results of feedback (for example, annual surveys) and any subsequent actions.

Activity 11 - implement electronic prescription and knowledge sharing tools

This area was not normally referred to in inspection reports. Mentions were made where new software systems had been implemented, although this was not restricted to electronic prescription or knowledge sharing tools, and it is systems had been implemented but that this had not been noted in the report.

Activity 12 - provide adequate time and funding

This is partially reflected through Standard 2.1 (staffing levels) which directly assesses whether there are enough staff with the right skills mix (and is related to activity 6, ensure appropriate staff levels and skill mix). There were instances, as noted in relation to activity 6, where how well the workflow was managed, and whether or not staff felt under pressure, could be described, and staff shortages might be noted. Funding was not addressed in inspection reports.

Activity 13 - provide better guidance and opportunity (time and scope) for training/CPD activities

Training and CPD activities were noted in inspection reports. This would normally be where inspectors noted that training had been undertaken or that staff stated that training opportunities were available, or on occasion, that training had not been provided in particular areas, or that staff had not been able to access training, which was commonly attributed to a lack of time. CPD activities were noted only occasionally, in support of other evidence, for example the inspection report might refer to the use of learning from a near miss as being used as the basis for a CPD activity. Some pharmacies demonstrated structured learning opportunities, sometimes following corporate training programmes, with progress monitored. In other cases a lack of support for training or CPD activities would be apparent. For example, it might be reported that new dispensing staff had not received necessary training within the three month period of their starting in post. Aspects of this theme would be apparent through responses related to three standards in particular: Standard 2.4 (there is a culture of openness, honesty and learning), Standard 2.1 (there are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided and 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). As these standards do not directly relate to the activity of providing better guidance and opportunity for training and CPD activities, evidence relating to these presented in inspection reports did give some insights into the activity but did not systematically and consistently demonstrate pharmacy performance in this.

Activity 14 - reconsider criminalising dispensing errors

No mentions of this issue were noted.

Activity 15 - self-motivation and taking individual initiatives

These are not directly tested for in the current inspection framework, although examples were found in the evidence for Principle 2 where staff had requested training in a specific area and had used that skill in delivering pharmacy services. Examples of improvements in services as a result of individuals applying their new skills were sometimes described under Principle 4.

Activity 16 - share knowledge and work in partnership with other organisations and professions

Partnership working relates to element 7, working in partnership with others, and as noted, was particularly demonstrated in pharmacies rated excellent overall, where they developed new services working closely with external partners, and was also demonstrated in a number of reports which noted close working with local GP surgeries or other organisations such as care homes. Sharing knowledge was mentioned occasionally, in respect of pharmacists sharing their expertise with colleagues, usually in reference to determining the

best treatment for individual patients. In some cases this was in response to noting where alternative drugs or dosages might be appropriate in prescriptions received. Within pharmacies, instances were noted of staff providing coaching and mentoring to colleagues. Therefore, while aspects of this activity might be identified within inspection reports, the full scope of the activity is not addressed systematically and consistently within inspection reports.

Activity 17 - strengthen professional identity by taking on responsibility as an individual and for the wider profession.

Inspection reports regularly noted whether or not the pharmacy overall demonstrated a professional appearance. In terms of individual staff, reference might be made to aspects of professionalism. For example, it would often be noted if staff wore uniforms or had name badges. Staff interactions with customers might be noted, for example to demonstrate that staff showed a friendly and professional approach. On occasion, customer or patient dissatisfaction with services would be described, for example if delays in dispensing occurred. Many examples are given of staff taking responsibility to improve processes or services. The current inspection framework however does not explicitly ask that pharmacies or staff demonstrate a strong professional identity through taking on responsibility for themselves and as representatives of their profession.

How closely the crowdsourcing elements and activities matched the themes identified as part of this research

The range of underlying themes which indicate quality of service and performance were described in Section 5. Table 12 below shows where the elements and activities identified through crowdsourcing are most likely to be linked to the quality based themes noted in the GPhC inspectors reports.

Table 12: Overarching themes identified from the inspection reports and the crowdsourcing findings

Crowdsourcing findings	Proactive approach	The efficiency of processes	The level of responsiveness	Added value	Customer and patient focus	Lack of key knowledge and a failure to learn	Leadership	Innovation	Outcomes
Elements									
Communicating effectively with service users	✓		✓	✓	✓				✓
Continuously improving services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Designing or following standard processes	✓	✓				✓	✓		✓
Leading effectively	✓		✓	✓		✓	✓		✓
Maintaining, developing and using professional knowledge and skills	✓		✓			✓	✓		✓
Speaking about concerns	✓		✓			✓	✓		✓
Working in partnership with others	✓	✓		✓	✓		✓	✓	✓
Activities									
Build an efficient and effective team environment	✓	✓	✓	✓		✓	✓		✓
Build relationship with customers	✓		✓	✓	✓		✓		✓

Crowdsourcing findings	Proactive approach	The efficiency of processes	The level of responsiveness	Added value	Customer and patient focus	Lack of key knowledge and a failure to learn	Leadership	Innovation	Outcomes
Change pharmacy contract and legal requirements to incentivise focus on quality rather than monetary targets	✓			✓			✓		✓
Enable and empower Responsible Pharmacists to perform their role effectively	✓	✓		✓		✓	✓		✓
Encourage and develop leadership skills	✓			✓			✓		✓
Ensure appropriate staff levels and skill mix	✓	✓	✓	✓		✓	✓		✓
Ensure Standard Operating Procedures (SOPs) are well-designed	✓	✓		✓			✓	✓	✓
Ensure well-designed pharmacy environment	✓	✓	✓	✓	✓		✓	✓	
Establish a safe, effective and supportive process for raising concerns	✓	✓	✓	✓		✓	✓	✓	✓
Gather patient feedback	✓		✓	✓	✓	✓	✓	✓	✓
Implement electronic prescription and knowledge sharing tools	✓	✓	✓				✓	✓	✓
Provide adequate time and funding	✓						✓		✓
Provide better guidance and opportunity (time and scope) for training/CPD activities	✓		✓	✓		✓	✓		✓

Crowdsourcing findings	Proactive approach	The efficiency of processes	The level of responsiveness	Added value	Customer and patient focus	Lack of key knowledge and a failure to learn	Leadership	Innovation	Outcomes
Reconsider criminalising dispensing errors	✓						✓		
Self-motivation and taking individual initiatives	✓		✓	✓			✓		
Share knowledge and work in partnership with other organisations and professions	✓			✓	✓	✓	✓	✓	✓
Strengthen professional identity by taking on responsibility as an individual and for the wider profession.	✓			✓		✓	✓		

Some themes such as 'being proactive', 'leadership' and 'outcomes for patients' are more generalised descriptors and can be applied to most or all of the crowdsourcing elements and activities whereas 'added value', 'innovation' and 'lack of knowledge and a failure to learn' are likely to describe more specific areas of a pharmacy services. For example the activity 'Ensure Standard Operating Procedures (SOPs) are well-designed' is unlikely (although possible) to lead an inspector to describe this as providing 'added value' to the service. Overall, the majority of elements and activities could be described under a number of themes, with element 2 (continually improving services) and activity 10 (gather patient feedback) most likely to relate to all or most of the themes.

The extent to which elements and activities identified through crowdsourcing are reflected in inspection reports: summary of findings

The GPhC crowdsourcing exercises identified 24 elements and activities. The majority of these are reflected at least in part within current standards. Therefore, when reviewing the content of inspection reports, references can be seen to pharmacy performance against these elements and activities to some degree. Also, as was found when investigating themes, information considered relevant by inspectors, although not clearly linked to a standard can be recorded. In some cases, elements or activities are clearly and completely described. In more cases, relevant information is dispersed throughout reports and/or not consistently recorded and/or reflective of only part of the element or activity. In some instances, little or no information is given.

Four elements and activities were extensively reflected in inspection reports, three of which related to good communications, and one of which related to ensuring appropriate staff levels and skill mix.

Six elements and activities were frequently reflected in inspection reports, although in some cases part of the element or activity was reflected rather than all. An example is Element 5, maintaining, developing and using professional knowledge and skills, for which it was found that references to maintaining and developing professional knowledge and skills were noted frequently, but far fewer references to using these were seen. No discernable themes or common topics were noted within these six.

A further eleven elements and activities were referenced to some degree in inspection reports. As for those where frequent references were identified, in a number of cases some rather than all of the issues described by the element or activity were reflected. For example, for Activity 15, Self-motivation and taking individual initiatives, examples were found of individuals taking the initiative to improve services. However, self-motivation was rarely referred to. Activity 7, Ensure SOPs are well-designed, exemplifies an instance where the activity related to single issue, which was reflected but not extensively. While may references were made to whether SOPs were available, up-to-date, had been read by staff etc., far fewer were made as to how well designed they were. More than one mention was made of each of the areas of joint or partnership working, leadership and enabling or taking personal responsibility.

Three activities were rarely, if ever, reflected in inspection reports. These were Activity 3: Change pharmacy contract and legal requirements to incentivise focus on quality rather than monetary targets, Activity 11: Implement electronic prescription and knowledge sharing tools and Activity 14: Reconsider criminalising dispensing errors. These were all particularly specific activities, and in some cases responsibility for these is outwith of the remit of the GPhC.

It is notable that standards within Principle 2 (staff) were aligned most often to crowdsourcing elements and activities, with standards from Principle 2 mapped 13 times. Six standards from Principle 1 (governance) were mapped, four from Principle 4 (services), one standard from Principle 3 (premises) and none from Principle 5 (equipment and facilities). The reasons for this are not clear.

When assessing the extent to which the elements and activities correlate to the themes investigated as part of this report it was noted that the majority of elements and activities could be described under a number of themes, with Element 2 (continually improving services) and Activity 10 (gather patient feedback) most likely to be related to all or the majority of themes.

Analysis of unstructured variables

At the beginning of each inspection report, the inspector has space in which to record contextual information about the pharmacy, and inspectors have autonomy and flexibility in what they record.

The GPhC wished to understand if there were types of information which were recorded sufficiently completely and consistently within this contextual information in the sample of 249 inspection reports to lend themselves to quantitative analysis, and if the information recorded varied by overall inspection rating.

These types of information were termed 'unstructured variables'. Unstructured variables suggested by the GPhC included:

- prescription volumes
- use of dispensing robots
- use of auto methadone measures
- use on an electronic register
- presence of an independent prescriber
- services provided
- pharmacy opening hours

A manual review was therefore carried out of the contextual information recorded in all reports within the sample of 249 to ascertain how frequently these variables were noted, both overall and within overall rating category, and how the information was recorded.

Table 13 shows the number and proportion of the 249 inspection reports that contained prescription volume information.

Table 13: Number and proportion of inspection reports containing data on prescription volumes per month

Overall Rating	Number with prescription volume data	Number without prescription volume data	Percentage with data	Mean prescription items per month	Min No. of Items prescribed per month	Max No. of Items prescribed per month
Excellent	6	0	100.0%	13,667	5,000	30,000
Good	82	8	91.1%	8,351	1,000	68,000
Satisfactory	22	10	68.8%	6,752	450	12,000
Satisfactory with action plan	80	7	92.0%	7,448	700	33,000
Poor	29	5	85.3%	7,510	1800	21,000
Total	219	30	88.0%	7,895	450	68,000

This was not captured in a standardised way in the inspection reports with some reports including a range of between x and y prescription items a month and some reports providing a weekly rather than a monthly figure. For the purposes of the table above, we have used the mid-point in the quoted range, where a range was quoted and have multiplied any weekly prescribing volume figures by a factor of four to estimate a monthly volume. Table 13 shows that all of the pharmacies rated excellent included prescription volume information and 91.1% of the pharmacies rated good also included this information. The rating categories with the

largest mean average prescription volumes per month were also the pharmacies rated excellent and good.

Table 14: Number and percentage of inspection reports mentioning use of a robot

Overall Rating	Number mentioning a robot	Number without mention of a robot	Percentage mentioning a robot
Excellent	2	4	33.3%
Good	6	84	6.7%
Satisfactory	3	29	9.4%
Satisfactory with action plan	7	80	8.0%
Poor	1	33	2.9%
Total	19	230	7.6%

Table 14 shows that within the 249 inspection reports 19 were found where the use of a robot was specifically mentioned. Two of the six reports rated excellent mentioned a robot and this was the highest percentage (33.3%) of any of the rating categories, but the number of reports in this rating category is very small. There was only one mention of a robot in the inspection reports with a poor rating and this was the lowest proportion (2.9%) for any of the rating categories. Overall the number of mentions of robots is too small to draw meaningful conclusions about their impact on overall rating.

Table 15: Number and percentage of inspection reports mentioning an auto methadone measure

Overall Rating	Number mention Methameasure	Number mention Methasoft	No auto methadone measure mentioned	Percentage mentioning auto methadone measure
Excellent	2	0	4	33.3%
Good	2	0	88	2.2%
Satisfactory	0	1	31	3.1%
Satisfactory with action plan	4	0	83	4.6%
Poor	3	0	31	8.8%
Total	11	1	237	4.8%

Table 15 shows that 12 mentions of an auto methadone measure were found in the 249 inspection reports. Eleven of these reports mentioned ‘Methameasure’ and one mentioned ‘Methasoft’. The reports rated excellent had the highest proportion of mentions of an auto methadone measure (33.3%) but the number of inspection reports in this rating category is too small to draw any conclusions from this.

Table 16: Number and percentage of inspection reports mentioning an electronic register

Overall Rating	Number mention an electronic register	Number without mention of an electronic register	Percentage mentioning an electronic register
Excellent	1	5	16.7%
Good	2	88	2.2%
Satisfactory	1	31	3.1%
Satisfactory with action plan	1	86	1.1%
Poor	0	34	0.0%
Total	5	244	2.0%

Table 16 shows that only five of the 249 inspection reports mentioned an electronic register. None of the reports rated poor mentioned an electronic register, but the number of reports that did use one is too small for any conclusions to be drawn.

Table 17: Number and percentage of inspection reports mentioning an independent prescriber

Overall Rating	Number mention an independent prescriber	Number mention training an independent prescriber	No mention of independent prescriber	Percentage mentioning an independent prescriber or training one
Excellent	4	0	2	66.7%
Good	3	1	86	4.4%
Satisfactory	1	1	30	6.3%
Satisfactory with action plan	0	0	87	0.0%
Poor	2	1	31	8.8%
Total	10	3	236	5.2%

Table 17 shows that there were ten inspection reports than mentioned employing an independent prescriber and a further three inspection reports that mentioned training a staff member to act as an independent prescriber. Four of the six inspection reports rated excellent mentioned an independent prescriber a much higher proportion than for the other rating categories, but the numbers involved are small.

Table 18 shows the number of mentions of services provided in the sample of 249 inspection reports reviewed.

Table 18: Mentions of services provided in sample of 249 inspection reports

Service	Number of Mentions	% of Reports
Monitored Dosage System (MDS) patients	178	71.5%
Medicine Usage Reviews/DMRs	145	58.2%
Substance Abuse	141	56.6%
New Medicines Service (NMS)	110	44.2%
Prescription Collection and Delivery	99	39.8%
Smoking Cessation	97	39.0%
Emergency Hormonal Contraception (EHC)	85	34.1%
Private prescription dispensing	74	29.7%
Flu vaccination	67	26.9%
Minor ailments service (MAS/EMAS)	62	24.9%
Hypertension screening/blood pressure	48	19.3%
Care Homes/Nursing Homes	38	15.3%
Needle Exchange	37	14.9%
Scottish Pharmacy Contract	33	13.3%
Blood Glucose/Diabetes	22	8.8%
Sexual Health	17	6.8%
Travel and Vaccines	17	6.8%
Other Patient Group Direction	15	6.0%
Malaria Prophylaxis	14	5.6%
Weight Management	14	5.6%
Pharmacy First	11	4.4%
Electronic Prescription Service (EPS)	10	4.0%
Chlamydia testing/treatment	10	4.0%
Erectile Dysfunction	8	3.2%
Healthy Living	7	2.8%
Hair Retention	6	2.4%
Asthma	3	1.2%

Table 18 shows that the most commonly mentioned services in the 249 inspection reports were services for Monitored Dosage System (MDS) patients, Medicine Usage Reviews (MURs), substance abuse services and New Medicines Service (NMS). Mentions of these services were present in at least 110 of the 249 reports.

For some services mentioned, additional details were available in the inspection reports. For example, for care homes/nursing homes inspection reports often included the number of such homes the pharmacy supported. This ranged from a single home (for 13 inspection reports) to 125 care homes (for a single inspection report). The number of Monitored Drug System patients ranged from two to 612 and the number of supported substance abuse patients ranged from one to 400. Services such as malaria prophylaxis and emergency hormonal contraception were mostly prescribed under Patient Group Directions.

Figure 35 shows the proportion of the 249 inspection reports mentioning each of these types of service:

Figure 35: Percentage of sample of inspection reports mentioning each service (n=249)

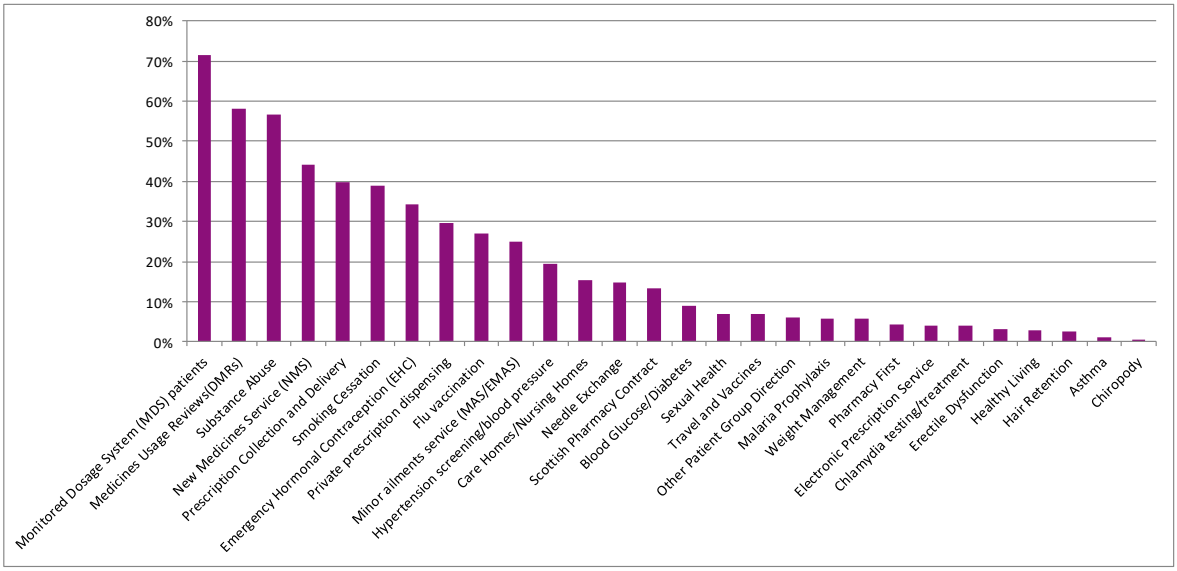


Figure 35 shows that Monitored Dosage System (MDS) patients, Medicine Usage Reviews (MURs) and substance abuse services were all mentioned in over half of the 249 inspection reports. There were 16 different services that were mentioned in less than ten percent of inspection reports.

Information on opening hours was present in 56.2% of the 249 inspection reports, as shown in Table 19.

Table 19: Percentage of sample of inspection reports mentioning opening hours (n=249)

Overall Rating	Number mentioning opening hours	Number mentioning being open on Saturdays	Number mentioning being open on Sundays	Percentage mentioning opening hours
Excellent	1	1	1	16.7%
Good	53	46	11	58.9%
Satisfactory	15	9	5	46.9%
Satisfactory with action plan	54	36	11	62.1%
Poor	17	8	0	50.0%
Total	140	100	28	56.2%

It is notable that although 50.0% of pharmacies with a poor overall rating had mention made of their opening hours, there was no mention made of any being open on Sundays. It is not known if this is because they were not open on Sundays or because this was not recorded. The GPhC might wish to consider capturing opening hours in a structured way in the future, as this may help the GPhC to measure access to pharmacy services, particularly at evenings and weekends.

Analysis of unstructured variables: summary of findings

Each GPhC inspection report includes an introductory section giving contextual information about the pharmacy, and will often include information relating factors such as services offered, prescription volumes, the use dispensing robots, the use of auto methadone measures and the presence of a pharmacist independent prescriber. As inspectors are given a high level of autonomy into how much detail to enter into this section, there is variability about whether and how much information is given about these factors.

Analysis of the sample of 249 inspection reports has shown that:

Prescription volumes were recorded in 88.0% of reports. Prescription volumes were recorded most often in inspection reports where the overall ratings for the pharmacy were excellent or good (100.0% and 91.1% respectively) and least often where the overall rating for the pharmacy was satisfactory with no action plan (68.8%).

The way prescription numbers were presented varied. For example, some were given as prescription volumes per week, and some by month. In addition, in some reports a single number was given for the volume of prescriptions, and in other a range was given, for example 4,000-5,000.

Higher prescription volumes were noted for those pharmacies with overall ratings of excellent or good.

Use of robots was mentioned in 19 (7.6%) of the 249 inspection reports. Two of the 19 pharmacies were rated excellent overall, meaning that 33.3% of excellent pharmacies mentioned the use of robots. However, the total number of mentions of robots is too small to draw meaningful conclusions about their impact on overall ratings.

Use of auto methadone measures was mentioned in 12 (4.8%) of the 249 inspection reports. Two of the 12 pharmacies were rated excellent overall, meaning that 33.3% of excellent pharmacies mentioned the use of auto methadone measures. However, the total number of mentions is too small to draw meaningful conclusions about their impact on overall ratings.

Use of an electronic register was mentioned in five (2.0%) of the 249 inspection reports. One of the five pharmacies were rated excellent overall, meaning that 16.7% of excellent pharmacies mentioned the use of an electronic register. However, the total number of mentions is too small to draw meaningful conclusions about their impact on overall ratings.

Employing an independent prescriber was noted in ten inspection reports, with a further three mentioning training a staff member to act as in independent prescriber, with these 13 pharmacies forming 5.2% of the 249 reports reviewed. Of these, four related to pharmacies with an overall rating of excellent, 66.7% of the excellent pharmacies. However, the total number of mentions is too small to draw meaningful conclusions about their impact on overall ratings.

Of the **services** listed as being provided, the most commonly mentioned were services for Monitored Dosage System (MDS) patients, Medicine Usage Reviews (MURs), substance abuse services and New Medicines Service (NMS). Mentions of these services were present in at least 110 of the 249 reports.

Information on pharmacy **opening hours** was present in some 56.2% the 249 inspection reports.

It can therefore be seen that the unstructured data most commonly present in contextual information provided by inspectors relates to pharmacy opening hours and prescription volumes, although these are not recorded in consistent ways. Factors such as the use of robots, the use of auto methadone measures, the use of an electronic register and the presence of an independent prescriber were noted in small numbers of reports (a maximum of 19, for the use of robots and a minimum of 5, for use of an electronic register). Although numbers are too small to draw meaningful conclusion, there appeared to be a preponderance of pharmacies with an overall rating of excellent which were reported as having these facilities. It should be noted that it is not known how many pharmacies also had these facilities but this was not recorded by the inspector.

6 Conclusions

A detailed quantitative analysis was carried out using the 14,650 inspection reports provided by the GPhC, alongside qualitative analysis of a sample of 249 reports.

Through the quantitative analysis, the influence of pharmacy characteristics on pharmacy performance was explored, and it was found that pharmacies were more likely to receive good overall ratings if they were a hospital rather than community or prison pharmacy, belong to larger pharmacy chains of 26–100 or >100 branches, received an announced inspection rather than unannounced inspection, are located in Scotland, or are based in rural settings.

Pharmacies more commonly receive satisfactory with an action plan or poor overall ratings if they are a community rather than a hospital or prison pharmacy, are single independent pharmacies, or part of a chain of fewer than 26 pharmacies, received an unannounced inspection, or are located in England or Scotland (this latter finding highlighted some polarity in overall ratings for Scotland, as pharmacies in Scotland were also most commonly rated as good compared with England and Wales).

All of the 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. Two were part of chains of 26-100 branches. In the case of these excellent pharmacies, the numbers are too small to be statistically significant.

No clear differences in overall ratings were identified between CCGs or Health Boards, Local Authorities, or deprivation levels. 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.

When analysing the influence of ratings for individual principles on overall ratings, Principle 1 (governance) was shown to have the strongest influence on overall pharmacy performance, followed by Principle 4 (services). Principle 5 (equipment and facilities) was suggested to have the least influence.

The standards noted both as being associated with overall pharmacy performance through regression analysis and as having high sensitivity and specificity to overall outcomes, both for excellent and good overall performance and satisfactory with an action plan and poor overall performance were Standards 1.1 (risk management) and 2.2 (staff skills and qualifications). Standard 4.2 (safe and effective service delivery) was suggested as being associated with overall pharmacy performance through regression analysis and as being most sensitive and specific indicators of overall ratings where the overall ratings were excellent or good, although not where they were satisfactory with action plan or poor.

This means that there is a broader spectrum of performance on Principle 1 (governance) and Principle 4 (services) with significant numbers of pharmacies performing very well in these areas and also significant numbers falling below the standards. Principles 3 (premises) and 5 (equipment and facilities) have less variation suggesting that performance in these areas is more consistent with most pharmacies meeting but not exceeding GPhC's standards. The findings for Principle 2 (staff) suggest that pharmacies consistently meet the standards for staffing but that this is also the area which is most frequently a differentiator of good performance.

In addition to this quantitative analysis, 249 inspection reports were subject to thorough qualitative analysis. As part of this, a detailed, 'bottom up' analysis was carried out to identify

themes which were considered to be influential on overall pharmacy performance. In most cases, evidence to support these emergent themes was identified in relation to more than one principle. Themes identified were governance, a proactive approach, efficient processes, responsiveness, customer and patient focus, added value and a lack of key knowledge and a failure to learn. It was recognised that there is overlap between themes.

Analysis of these themes demonstrated the importance of the quality of pharmacy governance in determining overall pharmacy performance. The theme of **governance** is defined somewhat more widely than the existing Principle 1 (governance), as whether the arrangements through which pharmacy services and operations are managed are thorough and robust. Strong governance was shown to influence strong overall pharmacy performance. This supports the findings of the quantitative relationship analysis, which suggested that Principle 1 (governance) is strongly associated with overall pharmacy performance.

The theme of **a proactive approach** describes 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. Pharmacies which performed well were more likely to demonstrate a proactive approach, whereas examples of the converse, a passive approach, were more likely to be demonstrated in pharmacies which performed less well.

Efficient processes are demonstrated through the degree to which a pharmacy is well organised and using efficient processes across a range of activities. Pharmacies which perform well are more likely to use efficient processes, and staff are therefore able to make best use of their time, and the scope for errors is reduced, thereby also reducing the potential for negative customer or patient outcomes.

The theme of **responsiveness** reflects the extent to which a pharmacy demonstrates an ability and willingness to positively respond to customer and patient needs, which are expressed through customer and patient feedback, received for example formally via customer surveys or more informally through discussions with individual patients and customers. As with other themes, stronger pharmacy performance is related to higher levels of responsiveness. This theme is similar to efficiency, in terms of demonstrating aspects of the capability of pharmacies to improve, and to the theme of a proactive approach. The two differ in that a responsive approach demonstrates where changes are made in reaction to an issue being flagged, whereas a proactive approach applies were changes are made at an earlier stage, where the potential for improvement is identified by pharmacy managers or staff.

Customer and patient focus demonstrates the extent to which a pharmacy demonstrates that customers and patients are at the heart of the pharmacy's activities. A stronger customer and patient focus was most consistently noted in pharmacies rated excellent or good overall, although it was also demonstrated in pharmacies with lower ratings. This theme can be seen to be related in particular to the theme of a proactive approach, applied specifically to the interface with customers and patients.

Pharmacies which demonstrate high levels of **added value** offer a wide range of often innovative services in response to the needs of the local community, often delivered in partnership with external organisations, and in addition to a wide range of services more commonly provided by pharmacies. Added value is strongly associated with excellent performance, with examples identified in all six of the pharmacies rated as excellent overall, and a small number of pharmacies rated as good, and not identified in pharmacies with lower ratings. Added value relates primarily to the range and quality of services offered by pharmacies. In this regard, it differs from other themes, in that it is not cross-cutting across principles, but rather is demonstrated primarily through evidence for Principle 4 (services). It

may 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.

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.

Conversely, **a lack of knowledge and a failure to learn** is demonstrated where pharmacies perform less well, and is exemplified where 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. Particular examples may relate to other themes described, but the theme of a lack of key knowledge and a failure to learn differs in that the issues can be seen to be systemic to the pharmacy, and is strongly associated with weaker performance. Although pharmacies demonstrating this theme are very much in the minority, those which do are more likely to have been noted by the inspector as presenting potential risks to customer or patient safety, and therefore merit particular attention.

There is overlap between themes. For example, a proactive approach may facilitate the implementation of efficient processes, which will be underpinned by strong governance.

The GPhC were also interested in understanding if the three themes of leadership, innovation and the demonstration of patient outcomes (pre-identified themes) were evidenced in inspection reports, and if performance against these themes was associated with overall pharmacy performance. Evidence of the presence of all three themes was identified, although some, particularly in relation to leadership, was inferred rather than directly attributable. Relationships between each of the three themes and overall pharmacy performance were suggested, with strong leadership, the demonstration of innovation and examples of positive patient outcomes being associated with better pharmacy performance.

Strong **leadership** for example, could be assumed to be a pre-requisite of excellent or good pharmacy performance, and examples were found of performance which might be related to strong leadership across principles in those pharmacies rated excellent or good for those principles. As might be expected, these encompassed a wide range of activities. Similarly, examples which might be attributable to weaker leadership were identified predominantly in pharmacies with overall ratings of satisfactory with an action plan or poor. The theme of leadership is related to all identified emergent themes as providing a potential explanation for good or poor performance.

The ability to **innovate** was noted for a number of pharmacies. Larger scale innovations such as the introduction of novel services were demonstrated primarily in pharmacies with excellent ratings for the relevant principles, as explored in the theme of added value. A range of smaller scale, more operational innovations were also found, a number of which demonstrated a ‘bottom up’ approach, with ideas being suggested by members of staff, who were then encouraged and supported in their implementation. There is overlap between improving efficiency and introducing new ideas, with no clear dividing line between the two.

With regard to **outcomes for patients**, information was presented in reports which either implicitly or explicitly related to outcomes. These might be direct outcomes for customers, patients or staff, or issues which could influence these. As might be expected, more positive evidence was found in inspection reports where the pharmacy was rated excellent or good, and evidence describing potential or actual issues that might results in poor outcomes for patients was found more commonly in those rated poor, suggesting that outcomes are related to the overall performance of the pharmacy.

How these emergent and pre-identified themes can work together to influence pharmacy performance was described. Where pharmacies wish to improve their overall performance therefore, these interrelationships should be considered.

It is important to recognise the importance of pharmacy staff in determining overall pharmacy performance. The GPhC principles reflect this, partly through the inclusion of Principle 2 (staff), against which pharmacies are rated as to the degree 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 emergent and pre-identified themes also highlight the importance of pharmacy staff, and 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 sometimes innovative ideas for improvement. Together these are likely to result in more examples of positive patient outcomes. Related to this, the quality of pharmacy leadership has been shown to influence overall pharmacy performance, much of which will be through the degree to which staff are enabled to carry out their roles safely and effectively.

When assessing the extent to which the Principles of an Excellent Pharmacy were apparent within those pharmacies with an overall rating of excellent, it was seen that the six pharmacies with an overall rating of excellent clearly met the principles for excellent pharmacy set out by the GPhC. In doing this, they showed that they performed well across all standards, and could be seen to act as models for other pharmacies to learn from.

Further, it is noted that a number of these principles were closely aligned with the themes explored within the qualitative research carried out. In particular, the emergent theme of added value was demonstrated primarily by those pharmacies rated as excellent overall, and there is the potential for other pharmacies to learn from the experience of these excellent pharmacies to help them to also deliver more services to meet local demands.

When analysing the extent to which the findings from the GPhC crowdsourcing exercises were demonstrated within inspection reports, it was seen that of the 24 elements and activities identified through crowdsourcing, four were extensively reflected in inspection reports, three of which related to good communications, and one of which related to ensuring appropriate staff levels and skill mix. Six elements and activities were frequently reflected in inspection reports, although in some cases part of the element or activity was reflected rather than all. No discernable themes or common topics were noted within these six. A further eleven elements and activities were referenced to some degree in inspection reports. More than one mention was made of each of the areas of joint or partnership working, leadership and enabling or taking personal responsibility. Three activities were rarely, if ever, reflected in inspection reports. These were all particularly specific activities, and in some cases responsibility for these is out of the remit of the GPhC. This shows that overall, the majority of elements and activities identified as being important to the quality of pharmacy services by pharmacy professionals are currently reflected in inspection processes, albeit some more comprehensively than others.

Analysis of unstructured data established that the data most commonly present in contextual information provided by inspectors related to pharmacy opening hours and prescription volumes, although these are not recorded in consistent ways. Factors such as the use of robots, the use of auto methadone measures, the use of an electronic register and the presence of an independent prescriber were noted in small numbers of reports (a maximum of 19, for the use of robots and a minimum of 5, for use of an electronic register). Although

numbers are too small to draw meaningful conclusions, there appeared to be a preponderance of pharmacies with an overall rating of excellent which were reported as having these facilities. It should be noted that it is not known how many pharmacies also had these facilities but this was not recorded by the inspector.

To conclude, 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.

In addition, Principles 1 (governance), 2 (staff) and 4 (services) were found to be 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 (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 single 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.

7 Appendices

Appendix 1: GPhC Principles and Standards

Principle / Standard Number	Principle/Standard Full Description	Principle/Standard Short Description
Principle 1	**The governance arrangements safeguard the health, safety and wellbeing of patients and the public**	**Governance**
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
Principle 2	**Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public**	**Staff**
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
Principle 3	**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**	**Premises**
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
Principle 4	**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**	**Services, including the management of medicines**
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
Principle 5	**The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public**	**Equipment and Facilities**
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

Appendix 2: List of Data Fields in Quantitative Inspection Reports Data Set

Field Name	Description
ID	Pharmacy Inspection Report Identification Number
OverallInspectionRating	The Inspector's judgement about the overall performance of the pharmacy
OverallInspectionRating and Action	The Inspector's judgement about the overall performance of the pharmacy including whether action plan required
PerformanceAgainstPrinciple1	The Inspector's judgement about the performance of the pharmacy against Principle 1.
PerformanceAgainstPrinciple2	The Inspector's judgement about the performance of the pharmacy against Principle 2.
PerformanceAgainstPrinciple3	The Inspector's judgement about the performance of the pharmacy against Principle 3.
PerformanceAgainstPrinciple4	The Inspector's judgement about the performance of the pharmacy against Principle 4.
PerformanceAgainstPrinciple5	The Inspector's judgement about the performance of the pharmacy against Principle 5.
Performance Against Standard 1.1	The Inspector's judgement about the performance of the pharmacy against Standard 1.1
Performance Against Standard 1.2	The Inspector's judgement about the performance of the pharmacy against Standard 1.2
Performance Against Standard 1.3	The Inspector's judgement about the performance of the pharmacy against Standard 1.3
Performance Against Standard 1.4	The Inspector's judgement about the performance of the pharmacy against Standard 1.4
Performance Against Standard 1.5	The Inspector's judgement about the performance of the pharmacy against Standard 1.5
Performance Against Standard 1.6	The Inspector's judgement about the performance of the pharmacy against Standard 1.6
Performance Against Standard 1.7	The Inspector's judgement about the performance of the pharmacy against Standard 1.7
Performance Against Standard 1.8	The Inspector's judgement about the performance of the pharmacy against Standard 1.8
Performance Against Standard 2.1	The Inspector's judgement about the performance of the pharmacy against Standard 2.1
Performance Against Standard 2.2	The Inspector's judgement about the performance of the pharmacy against Standard 2.2
Performance Against Standard 2.3	The Inspector's judgement about the performance of the pharmacy against Standard 2.3
Performance Against Standard 2.4	The Inspector's judgement about the performance of the pharmacy against Standard 2.4
Performance Against Standard 2.5	The Inspector's judgement about the performance of the pharmacy against Standard 2.5
Performance Against Standard 2.6	The Inspector's judgement about the performance of the pharmacy against Standard 2.6
Performance Against Standard 3.1	The Inspector's judgement about the performance of the pharmacy against Standard 3.1
Performance Against Standard 3.2	The Inspector's judgement about the performance of the pharmacy against Standard 3.2
Performance Against Standard 3.3	The Inspector's judgement about the performance of the pharmacy against Standard 3.3
Performance Against Standard 3.4	The Inspector's judgement about the performance of the pharmacy against Standard 3.4
Performance Against Standard 3.5	The Inspector's judgement about the performance of the pharmacy against Standard 3.5
Performance Against Standard 4.1	The Inspector's judgement about the performance of the pharmacy against Standard 4.1
Performance Against Standard 4.2	The Inspector's judgement about the performance of the pharmacy against Standard 4.2
Performance Against Standard 4.3	The Inspector's judgement about the performance of the pharmacy against Standard 4.3
Performance Against Standard 4.4	The Inspector's judgement about the performance of the pharmacy against Standard 4.4
Performance Against Standard 5.1	The Inspector's judgement about the performance of the pharmacy against Standard 5.1
Performance Against Standard 5.2	The Inspector's judgement about the performance of the pharmacy against Standard 5.2
Performance Against Standard 5.3	The Inspector's judgement about the performance of the pharmacy against Standard 5.3
InspectionActionPlanRequired	Whether the Inspector required an action plan to be produced (Poor and Satisfactory rated pharmacies only)
ActualInspectionDate	Date of inspection
InspectorID	Identification number of inspector
No.OfConcernsRaised	Number of concerns previously raised about the pharmacy
OwnerGroup	Whether the pharmacy is part of a large group of pharmacies and if so which
InspectionType	Whether the inspection was announced or unnanounced
CRM_Record_Type	The pharmacy sector (Community, Hospital, Prison or Temporary) for the inspected pharmacy
OwnerSize	The number of pharmacies in the chain
PostCode_CRM_Country	The country in which the pharmacy is located (England, Wales or Scotland)
InspectorRegion	The region in which the inspector is based (North, South, East or West)
PharmacyPostcode	The postcode of the pharmacy
ClinicalCommissioningGroup	The clinical commissioning group serving the area in which the pharmacy is located
Previous inspection rating	If the pharmacy had been inspected before, the overall rating at the previous inspection
PreviousInspectionRating2	If the pharmacy had been inspected before, the overall rating at the previous but one inspection
PreviousInspectionRating3	If the pharmacy had been inspected before, the overall rating at the previous but two inspection
PreviousInspectionDate1	Date of the most recent previous inspection
PreviousInspectionDate2	Date of the next most recent previous inspection
PreviousInspectionDate3	Date of the next most recent previous inspection
Deprivation	Deprivation decile
Ownership type	Whether the pharmacy was an independent or part of chain of pharmacies
ONS urban/Rural	ONS indicator of urban or rural location
UrbanRural	Summary of ONS indicator
ons_authoritydistrict	Local authority where pharmacy located

Appendix 3: Sampling of GPhC Inspection Reports for Qualitative Analysis

Sampling rules:

- include all 'Excellent' reports
- where there are less than 10 reports in a row, include 1 report in the sample
- where there are 10 – 99 reports in a row, sample 5% of 'Satisfactory' reports and 10% of 'Poor' and 'Good' reports
- where there are 100 – 999 reports in a row, sample 3% of 'Poor' and 'Good' reports and 1% of 'Satisfactory' reports
- where there are 1000+ reports in a row, include 20 reports in the sample

Summary data on inspected pharmacies August 2018

TOTAL COUNT	Size/Number of pharmacies	Sector	Country	Inspection Judgement	Sample
1	[1]	Community	England	Excellent	1
1	[2-5]	Community	England	Excellent	1
1	[1]	Prison	England	Good	1
1	[6-25]	Temporary	England	Satisfactory	1
1	[6-25]	Hospital	Scotland	Good	1
1	[>100]	Hospital	Scotland	Satisfactory	1
1	[>100]	Prison	Scotland	Good	1
1	[1]	Community	Wales	Poor	1
1	[6-25]	Hospital	Wales	Satisfactory	1
1	[1]	Prison	Wales	Satisfactory	1
2	[6-25]	Hospital	England	Good	1
2	[>100]	Prison	England	Satisfactory	1
2	[1]	Prison	England	Satisfactory	1
2	[1]	Community	Scotland	Excellent	2
2	[26-100]	Community	Scotland	Excellent	2
2	[6-25]	Community	Wales	Poor	1
2	[1]	Hospital	Wales	Satisfactory	1
3	[26-100]	Community	Scotland	Poor	1
3	[2-5]	Hospital	Scotland	Good	1
3	[1]	Hospital	Scotland	Satisfactory	1
3	[6-25]	Community	Wales	Good	1
3	[>100]	Community	Wales	Poor	1
3	[2-5]	Hospital	Wales	Good	1
4	[2-5]	Hospital	Scotland	Satisfactory	1
4	[2-5]	Community	Wales	Good	1
6	[26-100]	Community	England	Poor	1
6	[2-5]	Community	Wales	Poor	1
8	[2-5]	Prison	England	Satisfactory	1
8	[6-25]	Prison	England	Satisfactory	1
8	[2-5]	Hospital	Wales	Satisfactory	1
11	[26-100]	Community	Wales	Good	1

13	[>100]	Community	Scotland	Poor	1
13	[1]	Community	Wales	Good	1
16	[6-25]	Community	Scotland	Poor	2
18	[2-5]	Community	Scotland	Poor	2
19	[1]	Community	Scotland	Poor	2
21	[1]	Hospital	England	Good	2
22	[26-100]	Community	Scotland	Satisfactory	1
23	[>100]	Hospital	England	Satisfactory	1
29	[6-25]	Hospital	England	Satisfactory	1
31	[6-25]	Community	Scotland	Good	3
33	[>100]	Hospital	England	Good	3
35	[2-5]	Hospital	England	Good	4
37	[1]	Community	Scotland	Good	4
38	[26-100]	Community	Scotland	Good	4
43	[6-25]	Community	England	Poor	4
54	[26-100]	Community	Wales	Satisfactory	3
55	[6-25]	Community	Wales	Satisfactory	3
57	[2-5]	Community	Scotland	Good	6
75	[2-5]	Community	Wales	Satisfactory	4
77	[>100]	Community	England	Poor	8
80	[6-25]	Community	England	Good	8
80	[1]	Hospital	England	Satisfactory	4
98	[2-5]	Hospital	England	Satisfactory	5
101	[>100]	Community	Wales	Good	3
115	[26-100]	Community	England	Good	3
123	[2-5]	Community	England	Good	4
177	[1]	Community	England	Good	5
353	[>100]	Community	Scotland	Good	11
1425	[>100]	Community	England	Good	20
103	[2-5]	Community	England	Poor	3
215	[1]	Community	England	Poor	6
113	[1]	Community	Wales	Satisfactory	1
122	[6-25]	Community	Scotland	Satisfactory	1
131	[2-5]	Community	Scotland	Satisfactory	1
172	[1]	Community	Scotland	Satisfactory	2
251	[>100]	Community	Scotland	Satisfactory	3
296	[>100]	Community	Wales	Satisfactory	3
423	[26-100]	Community	England	Satisfactory	4
968	[6-25]	Community	England	Satisfactory	10
1597	[2-5]	Community	England	Satisfactory	20
2405	[1]	Community	England	Satisfactory	20
4496	[>100]	Community	England	Satisfactory	20
14650					249

Sample breakdown by pharmacy characteristics:

Country	Sample	Available Reports
England	165	12,598
Scotland	54	1,300
Wales	30	752
Total	**249**	**14,650**

Sector	Sample	Available Reports
Community	211	14,279
Hospital	30	347
Prison	7	23
Temporary	1	1
Total	**249**	**14,650**

Judgement	Sample	Available Reports
Excellent	6	6
Good	90	2,668
Poor	34	525
Satisfactory	119	11,451
Total	**249**	**14,650**

Size	Sample	Available Reports
1	56	3,265
2-5	57	2,274
6-25	39	1,362
26-100	20	674
>100	77	7,075
Total	**249**	**14,650**

Appendix 4: Qualitative Analysis Framework

Principle / Standard Number	Principle / Standard Description	Issue
Principle 1 - Governance	**The governance arrangements safeguard the health, safety and wellbeing of patients and the public**	
Standard 1.1	The risks associated with providing pharmacy services are identified and managed	Risk management Business continuity
Standard 1.2	The safety and quality of pharmacy services are reviewed and monitored	Patient safety and learning
Standard 1.3	Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Roles & responsibilities and supervision
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	Feedback Complaints
Standard 1.5	Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Statutory requirements
Standard 1.6	All necessary records for the safe provision of pharmacy services are kept and maintained	Record keeping Audit trails
Standard 1.7	Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Disposal of confidential information Confidentiatlity and information governance
Standard 1.8	Children and vulnerable adults are safeguarded	Safeguarding
Principle 2 - Staff	**Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public**	
Standard 2.1	There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Workload management & ACTs
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	Induction training and development and competence
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	Use of professional judgement and compliance with legal obligations
Standard 2.4	There is a culture of openness, honesty and learning	Culture Innovation
Standard 2.5	Staff are empowered to provide feedback and raise concerns about meeting these	Teamwork Staff meetings Whistleblowing & raising 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	KPIs/performance measures and incentives
Principle 3 - Premises	**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**	
Standard 3.1	Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Cleanliness Maintenance Dispensing areas and pharmacy counters
Standard 3.2	Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Consultation room
Standard 3.3	Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Infection control
Standard 3.4	Premises are secure and safeguarded from unauthorised access	Security
Standard 3.5	Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Lighting, temperature & ventilation
Principle 4 - Services, including the management of medicines	**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**	
Standard 4.1	The pharmacy services provided are accessible to patients and the public	Physical access Staff support for patients and customer focus Tailoring services to the needs of the population and working with other organisations to achieve
Standard 4.2	Pharmacy services are managed and delivered safely and effectively	Care homes Delivery services Medicines Use Reviews (MUR) Clinical Checks MDS Medicines optimisation
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	Waste management facilities Dispensing processes Private prescriptions High risk and Controlled drugs (CDs) Medicine procurement
Standard 4.4	Concerns are raised when it is suspected that medicines or medical devices are not fit for purpose	MHRA alerts and recalls
Principle 5 - Equipment and Facilities	**The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public**	
Standard 5.1	Equipment and facilities needed to provide pharmacy services are readily available	Equipment availability Reference materials availability
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	Equipment properly maintained
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	Equipment and privacy and dignity

Appendix 5: Summary of findings for each standard

Principle 1 - Governance	**The governance arrangements safeguard the health, safety and wellbeing of patients and the public**
Standard 1.1	The risks associated with providing pharmacy services are identified and managed

This standard is a broad in scope and covers many aspects of the effective risk management of pharmacy services.

Risk management measures are in place to avoid negative patient outcomes, so excellent, good or satisfactory ratings will indicate that pharmacies are avoiding risk and potential negative patient outcomes. Where risks are less well managed, negative patient outcomes are more likely but do not always occur.

Pharmacies with an excellent rating tend to be proactive and develop innovative ways to manage risk and use learning effectively to improve future services.

Pharmacies with a good rating for this standard are proactive and may have systematic processes in place to manage risk.

Pharmacies with a satisfactory rating for Standard 1.1 tend to meet requirements for risk management, having processes in place for identifying and managing risk.

Where the standard was rated not met, there could be insufficient safeguards to manage risks. For example, SOPs might be incomplete, with staff not fully familiar with them and/or not following the SOPs. Near miss reporting might be incomplete, with learning not embedded.

Standard 1.2	The safety and quality of pharmacy services are reviewed and monitored

This is a wide ranging standard with information drawn from a number of other standards. It is about the systematic review and monitoring of all aspects of the pharmacy that will impact on patient safety including systems for monitoring and reviewing:

- governance of clinical effectiveness
- appropriate staff employed to deliver pharmacy services
- staff performance
- operational processes and procedures
- complaints and feedback
- near misses and incidents
- record keeping

Pharmacies with an excellent rating for this standard were noted to be thorough and proactive in systematically monitoring and reviewing all areas of patient safety. Changes needed would be implemented in a timely way, and learning shared. Where appropriates, learning might be shared with external organisations.

Pharmacies with a good rating for this standard are proactive, with systematic processes in place and learning from processes embedded in the culture of the pharmacy, such as auditing of near misses.

Pharmacies with a satisfactory rating for Standard 1.2 meet the requirements and have a process in place for reviewing and monitoring patient safety and learning from the outcomes of this process.

Where the standard is rated not met, issues might be noted in one or more areas, for example not having thorough processes to check dispensing accuracy, SOPs being reviewed annually but not always signed or SOPs not being signed by a regular locum pharmacist.

Standard 1.3	Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability

This standard is about staff understanding what they can and cannot do within their role, with clear escalation processes and the expectation that these are reviewed regularly. Performance should be monitored possibly with the use of Key Performance Indicators (KPIs) which may be linked to staff development plans.

No pharmacies with an excellent rating for this standard were included in the sample of 249 reports.

Where the pharmacy was rated good for this standard, staff were all aware of their own roles and responsibilities and the risks of going beyond their role and how risk is managed when tasks are delegated. Task schedules might be visible in the pharmacy, inexperienced staff might be coached by colleagues and folders of information for locum staff about the how the pharmacy worked and the roles of staff might be available.

A pharmacy rated satisfactory could meet the basic requirements for this standard. However, there were a number of cases where a satisfactory rating would be given but negative observations would be made, for example, not having Responsible Pharmacist SOPs available for inspection despite this being a requirement, having SOPs which were not fully reflective of actual processes, or staff not being aware of all SOPs.

Where this standard was not met inspectors might note that staff did not understand the roles and responsibilities of each other and the procedures when the RP was off site. There could be a lack RP SOPs and RP record keeping. Other issues noted included staff dispensing without the proper qualifications.

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

This standard is about a complaints procedure being easily accessible, that staff know how to explain it to the public and patients and that the pharmacy is responsive and learns from feedback, making changes as and when necessary.

No pharmacies with a rating of excellent for this standard were included in the sample of 249 reports.

A pharmacy rated good may have well displayed leaflets about the complaints procedure, used mystery shoppers or have compiled trends of complaints received to show where improvements in services could be made.

A pharmacy rated satisfactory would normally have complaints and feedback processes in place, with actions noted to have been taken where appropriate.

Where pharmacies did not meet this standard, issues might be noted such as there being no processes to receive feedback in place or staff not being aware of the processes. In some cases complaints were not addressed.

Standard 1.5	Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided

This standard is about whether the pharmacy has appropriate indemnity insurance or not. In the overwhelming majority of cases this standard is rated satisfactory, reflecting both that this standard will broadly have two possible outcomes: insurance will be in place, and therefore the pharmacy will be rated satisfactory for the standard, or it will not be in place and the standard will be rated not met.

The potential risks which arise where indemnity or insurance arrangements are in place are significant, and having these in place is accordingly a fundamental requirement for a pharmacy. It might be expected therefore that inspectors will give significant weight to this standard being rated not met in their overall judgements.

No inspection reports where the pharmacy was rated excellent or good for this standard were included in the sample of 249 reports reviewed.

In an example found in the sample of 249 reports where the pharmacy was rated standard not met for this standard it was noted that professional indemnity insurance for the pharmacy was not in place.

Standard 1.6	All necessary records for the safe provision of pharmacy services are kept and maintained

This standard is about maintaining legally compliant records for the provision of pharmacy services such as controlled drugs, private prescriptions, emergency supplies, and the RP record as well as other records such as staff training, patient identifiable information and equipment calibration. All records should be held for the correct amount of time, be legible, up to date and well organised. Patient identifiable records should be securely stored.

No pharmacies were rated excellent for this standard.

None of the pharmacies rated good for this standard were included in the sample of 249 inspection reports.

Pharmacies rated satisfactory for this standard were noted to maintain each element of record keeping, although some issues might be noted such as the RP not consistently reporting the time that they ceased duty.

Those pharmacies rated standard not met might have issues noted such as RP records not being available, or private prescription records not being legally compliant.

Standard 1.7	Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

This standard is about the implementation of information governance arrangements to ensure the necessary safe guards for and appropriate use, storage and disposal of corporate, patient and personal information.

No pharmacies were rated excellent for this standard.

In some pharmacies with a good rating for this standard there was a higher level of awareness of IG and proactive strategies in place to avoid IG breaches than seen in pharmacies with a satisfactory rating.

Pharmacies with a satisfactory were reported normally to have all IG and confidentiality systems, training and measures undertaken and in place as required.

Where the standard was rated not met, issues noted included the storage of confidential information in an area accessible by customer and patients, failure to appropriately dispose of confidential waste and the storage of prepared prescriptions awaiting collection in a consulting room where details could be seen by customers or patients using the room.

Standard 1.8	Children and vulnerable adults are safeguarded

Safeguarding is an area where good systems and culture in a pharmacy can make a difference to vulnerable adults and children. This standard seeks to demonstrate how safe and effective pharmacy policies and procedures are in terms of safeguarding.

One report of a pharmacy rated excellent for this standard was included in the sample of 249 reports. This was similar in content to some reports receiving a good rating.

Pharmacies rated good for this standard were more likely to have more detailed examples of being proactive in identifying people with safeguarding issues and taking action to improve outcomes than were seen in those rated satisfactory.

For pharmacies with a satisfactory rating, procedures were in place, and at least some staff were trained and knew how to identify a concern.

Pharmacies with a rating of standard not met were seen to have no procedures for staff to follow in the event of a concern staff and/or for staff to have not undertaken any training in safeguarding or to be unclear about how they would identify a safeguarding concern.

Principle 2 – Staff	**Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public**
Standard 2.1	There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided

This standard is about whether the staff employed are sufficient in number and skill mix to deliver the pharmacy services offered.

No pharmacies were rated excellent for this standard.

For pharmacies rated good for this standard, the numbers and mix of staff would be described. Pharmacies were likely to review staffing levels proactively and regularly, both in the longer term and across the working day, to manage expected absences and known changes in workflow. Contingencies would be in place to help manage unexpected

changes. Some reports noted a good skill mix and/or that the pharmacy was calm when busy, and maintained a smooth workflow even when there was a high volume of work.

For pharmacies rated satisfactory, the numbers and mix of staff would be described. Staff absences would be demonstrated to be managed, as might changes to workload across the day. Contingency planning might be in place. A good skill mix might also be noted, and/or a smooth workflow even when there was a high volume of work.

Pharmacies rated standard not met might not have sufficient suitably qualified staff. Particular issues might be described such as the ACT not having enough time to undertake their role in a busy pharmacy or not being covered by another ACT when on leave. Delays in dispensing might be described.

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

This standard is about staff being suitably qualified, registered and trained to an appropriate level for their role and development plans in place to fill gaps in pharmacy team competence. Training, induction and reviews of performance are also covered by this standard.

One pharmacy with a rating of excellent was included in the sample of 249 reports. This pharmacy gave high importance to staff training and providing additional staff training in order to support extending services offered.

Pharmacies rated good tended to have an embedded culture of encouraging training and staff development with regular reviews with staff identifying their own training needs. There might be protected time for learning.

Pharmacies rated satisfactory were broadly meeting the training requirements for the pharmacy team but typically suggestions were made about how this could be improved such as a implementing a structured approach to training to ensure staff remained up to date.

Where this standard was not met it might be noted that there was no evidence of ongoing training and development, and/or no appraisal system in place. In one example it was noted that dispensing staff were not adequately trained with regard to maintaining brand and batch integrity for stock, the correct procedures for maintaining the dispensary refrigerator within the required temperature range, the labelling requirements for dispensed medicines including patient compliance packs and the need for segregation of dispensed items awaiting checking.

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

The standard is about staff feeling autonomous and able to use their own professional judgement within their own role in the interests of patients and the public.

No pharmacies with a rating of excellent for this standard were included in the sample of 249 reports.

For pharmacies rated good for this standard, examples might be given of staff feeling empowered to make decisions within their sphere of competence.

Where pharmacies were rated satisfactory, staff were normally described as being able to exercise their professional judgement, and examples might be given.

Where pharmacies were rated standard not met, typically staff had not been provided with sufficient training to be empowered to exercise their professional judgement.

Standard 2.4	There is a culture of openness, honesty and learning

A culture of openness, honesty and learning acts as a failsafe when things go wrong and can be a catalyst for change and innovation enabling improvements to be implemented. Encouraging feedback from staff and acting on it will result in problems being identified sooner, incidents and near misses being discussed and teams working together to solve problems. The acknowledgement and implementation of solutions and improvements to pharmacy services proposed by staff are an important way of developing this culture.

Two pharmacies with a rating of excellent for this standard were included in the sample of 249 reports. Learning was used to improve patient outcomes and staff being fully engaged in improving delivery was noted.

Pharmacies rated good may be described as having staff that worked well together as a team. Staff might be shown to be encouraged to undertake CPD, or given support from senior staff to have meetings to discuss opportunities for leaning. A culture of constructive feedback and continuous improvement would be apparent.

Pharmacies rated satisfactory would have a culture of openness, honesty and learning noted, sometimes with staff stating that they could report mistakes they had made or near misses without being blamed.

It was noted for those pharmacies rated standard not met that learning was not well supported, in some cases due to staff shortages leading to a lack of time.

Standard 2.5	Staff are empowered to provide feedback and raise concerns about meeting these

This standard is about both how staff can feedback concerns about pharmacy provision by a well-understood process and how they are empowered to do so by a culture of openness, honesty, sharing and learning. This culture is set by the management and senior staff and their willingness to be questioned and held to account. This leads to staff being willing to do the same. Procedures and processes that are clearly understood by staff along with regular meetings of all staff to review pharmacy provision and issues that have arisen are good ways of evidencing this quality.

One pharmacy with a rating of excellent for this standard was included in the sample of 249 reports. For this it was noted that ‘feedback and views of staff are actively encouraged and recognised by the company. Staff ideas are recognised and implemented to improve pharmacy services’. For example, a staff survey had been carried out which highlighted some communication issues across the team, as a result of which weekly meetings had been set up.

For pharmacies rated good, it would typically be noted that staff that are encouraged to feedback their views, and these will be responded to and acted on, often leading to improvements in processes or services. A whistleblowing policy would be in place.

Where a satisfactory rating was given staff typically noted that they felt they could raise concerns with the pharmacist and they would be taken seriously. A whistleblowing policy might be noted, although in some cases it was stated that these were not in place.

Where pharmacies were rated standard not met either there was no evidence of processes or procedures in place for staff to raise concerns or concerns had been raised but not acted on.

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

This standard is narrow in scope, and is about whether any targets or incentives for staff are in place and whether these impact on how the pharmacy services are delivered to the detriment of customers.

Only pharmacies with a rating of satisfactory were included in the sample of 249 reports. Either targets or incentives were not in place, or pharmacy staff felt that the targets or incentives had no detrimental outcomes on the patient and public outcomes and of how services were delivered.

Principle 3 – Premises	**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**
Standard 3.1	Premises are safe, clean, properly maintained and suitable for the pharmacy services provided

This standard covers basic maintenance, cleanliness and tidiness of the premises. No pharmacies received an excellent rating for this standard.

Pharmacies rated good for this standard were described as being clean, tidy and uncluttered. Some reports included additional details such as shelf cleaning being done at the same time as regular stock date checking or having wipe-clean chairs for customers.

Most pharmacies with a satisfactory rating were also described as being clean, tidy and uncluttered, with a few having minor issues noted.

Where pharmacies do not meet the standard there was likely to be mention of pharmacies being badly maintained and/or cluttered and/or dirty. Clutter in particular might also be linked to staff not being able to make the best use of space available. In one instance it was noted that services were being undertaken in neighbouring premises which were not part of the pharmacy premises.

Standard 3.2	Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

This standard is about whether the layout of the premises lends itself to ensuring the privacy, dignity and confidentiality of the patient is protected.

No pharmacies were rated excellent for this standard.

Pharmacies rated good might have their consultation areas described as spacious and well equipped.

Those rated satisfactory were likely to be described as having a consultation room which was signposted and from which conversations could not be overheard.

Typically, pharmacies who did not meet this standard had consultation facilities where conversations could be overheard or where the boundary between the dispensary and retail areas is not adequate to protect confidentiality.

Standard 3.3	Premises are maintained to a level of hygiene appropriate to the pharmacy services provided

This standard is narrow in scope, and overlaps with standard 3.1 but with a focus on whether the area where clinical activity takes place is appropriately hygienic, such as whether there are clean wash basins with soap for handwashing and hygienic hand drying methods.

No pharmacies were rated excellent for this standard.

No pharmacies with a rating of good for this standard were included in the sample of 249 reports.

Pharmacies with a rating of satisfactory typically demonstrated the presence of hand washing facilities, with soap and towels or hand dryers available.

Where the standard was not met sinks and/or toilets could be described as dirty, and sinks might also contain dirty dishes.

Standard 3.4	Premises are secure and safeguarded from unauthorised access

This standard focusses on whether there is controlled access to pharmacy areas at all times and if this is proactively reviewed in the light of local incidents.

No pharmacies were rated excellent for this standard.

Pharmacies rated good demonstrated thorough security arrangements, and might for example an audit trail of visitors to the pharmacy or may have updated security in the light of local criminal activity.

Pharmacies rated satisfactory for this standard might demonstrate such factors as the presence of CCTV, panic buttons, alarm systems, and locked doors etc.

Pharmacies where this standard was rated not met tended to have particular security concerns noted, e.g. a back entrance being left open to cool the pharmacy, or consulting rooms that were used for storage of supplies being unattended and accessible to the public.

Standard 3.5	Pharmacy services are provided in an environment that is appropriate for the provision of healthcare

This standard covers the environment patients experience when using the pharmacy, such as suitable heating, lighting, and ventilation. It also covers ensuring distinct areas between professional and retail areas.

No pharmacy was rated excellent for this standard.

One differentiator of pharmacies rated good rather than satisfactory was that they were more likely to have the ability to control temperature mentioned.

For those rated satisfactory, heating, lighting and ventilation would be described as adequate or good, although one example was identified where heating was not working properly and staff were working in outdoor coats.

Where the standard was not met heating, lighting and ventilation would normally be described as adequate or good, although in one case difficulties in managing temperatures in cold weather were noted.

Principle 4 - Services	**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**
Standard 4.1	The pharmacy services provided are accessible to patients and the public

The areas covered by this standard are; physical access to the pharmacy; access to essential NHS pharmacy services, and staff support for customers and patients in terms of helping them access the services.

Pharmacies rated excellent for this standard work with other groups of professionals or others to support the needs of their patients, with signposting to other services or engagement with the community. Physical access is good, with arrangements in place to support customers or patients with a range of issues such as needing wheelchair access, translation services, large print labels or using permanent marker on compliance aids to clarify how to use medicines. The pharmacy would be proactive and innovative in working to maximise access.

Pharmacies rated good would reach into the local community to promote pharmacy services making them accessible to all, and ensure that patients with disabilities or other issues could access services.

Pharmacies rated satisfactory for this standard would have facilities such as wheelchair access, hearing loops and translation services, and could signpost customers and patients to other services. Some access issues such as a lack of space for those with wheelchair or pushchairs to use the doors unaided might be noted.

Pharmacies rated standard not met might have no wheelchair access, with customers and patients needing to rely on staff to help them enter and exit the building, or a lack of services such as MUR or NMS meaning that patients would not be given advice about how to best take their medicines.

Standard 4.2	Pharmacy services are managed and delivered safely and effectively

This standard covers a broad spectrum of the risk and activities the pharmacy manage, including:

- appropriate reference materials being available (such as the BNF)
- the use of systematic dosage systems (Medicine Dosage Systems),
- staff understanding the services the pharmacy offers,
- the processes used for the Medicine Use Review service (if offered),
- the delivery of medicines to patients
- the provision of medicines to care homes
- medicine optimisation and how the pharmacy help patients to achieve that

Processes for those pharmacies rated excellent for this standard were described as being proactive, thorough and robust.

For those rated good, systems and processes were demonstrated to be safe and effective. Clear records would be kept and stock would be clearly labelled. Medicines would be disposed of safely. Reputable suppliers would be used. Thorough accuracy checks would be in place.

For those rated satisfactory, there would be systems and processes which would be demonstrated to be safe and effective, although some issues might be noted, such as a tablet identifier for MDS patients being inaccurate, short-life products not being clearly marked as such, or prescriptions not being retained with dispensed medicines awaiting collection.

For those where the standard was not met, there might be appropriate processes and procedures in most areas, but more, or more significant issues would be noted. These might include a failure to clearly label patient-returned and expired stocks located close to each other, not using large print labels, not ensuring deliveries were signed for or not issuing owings slips.

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

This standard covers all aspects of the handling of medicines within the context of pharmacy services including:

- medicine procurement
- processes and procedures for dispensing
- management of disposal of medicines
- processes and procedures for the storage, dispensing and disposal of high risk medicines

One pharmacy was rated excellent for this standard. It was stated that ‘a range of professional and clinical services are managed to a high standard demonstrating positive outcomes for patients’.

For those rated good, robust processes would be in place. For example, waste medicines would be disposed of promptly and appropriately. Medicines would be procured from reputable suppliers. Dispensing processes and procedures would be clear, well organised safe, with appropriate levels of checking.

Where pharmacies were rated satisfactory, robust processes would be in place and largely adhered to, although issues could arise. Examples seen included where prescriptions for instalment dispensing were observed which did not comply with legislation in terms of

instalment amounts, and bottles of dispensed medicines being identified which had the batch numbers and expiry dates but not the date of assembly.

Where the standard was not met it was typically due to a lack of secure storage and safe supply of medicines to the patient. Examples might be warfarin supplied to patients without checks of INR being made or recorded, or secure storage for high risk medicines not being used appropriately (for example, morphine left out in the general dispensary area overnight).

Standard 4.4	Concerns are raised when it is suspected that medicines or medical devices are not fit for purpose

This standard is relatively narrow in scope and is concerned primarily with demonstrating that medicines and devices that are not fit for purpose are identified and any necessary actions are taken. This includes having a process in place that ensures that when the pharmacy receives a medicine or device alert from the MHRA or medical supplies are damaged in transit then these are acted upon i.e. the damaged medical supplies are returned immediately and recalls of drugs or devices are implemented. This standard also refers to identifying counterfeit pharmaceutical and devices that are not fit for purpose.

No pharmacies were rated excellent for this standard.

For those pharmacies rated good for this standard, robust processes which allowed pharmacies to respond quickly and effectively to concerns, issues or alerts were described.

Where the pharmacy was rated satisfactory, systems to deal with MHRA alerts would be demonstrated. Where examples of damage in transit occurred, they would be described as having been dealt with appropriately.

Where the standard was not met issues might be described such as there being no system in place to action MHRA alerts or recalls, or no evidence of these being seen.

Principle 5 - Equipment and Facilities	**The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public**
Standard 5.1	Equipment and facilities needed to provide pharmacy services are readily available

This standard is about whether all equipment and facilities are in place for an effective pharmacy. This includes availability of internet access, blood glucose kits and reference materials such as the BNF.

No pharmacies were rated excellent for this standard.

For those rated good, equipment would be maintained and/or calibrated and/or cleaned regularly and so be in working order and available for use. When new services were introduced appropriate equipment would be procured. The use of internet reference sources might be supported and actively promoted.

Where the pharmacy was rated satisfactory for this standard, equipment would be maintained and/or calibrated and/or cleaned regularly and so be in working order and available for use. In some instances, issues were noted such as measures or tablet

counters being dirty. The ranges of volume measures might be limited, or measures might not be to British Standard.

Only one pharmacy within the sample of 249 reports was rated standard not met for this standard, which was noted to have 'inadequate equipment to accurately measure small volumes of liquid'.

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

This standard is about whether the equipment available is properly validated for its intended use, is fit for purpose, stored, well maintained, cleaned and installed correctly.

No pharmacies with a rating of excellent for this standard were included in the sample of 249 reports.

Pharmacies with a good rating for this standard were typically described as having equipment that was in full working order, with regular maintenance and calibration in place and fully documented. A wide range of equipment was often noted which may have reflected a pharmacy offering a wide range of services. Patient's needs would be considered. For example, one instance was noted where Pivotell MDS trays were supplied to patients to support compliance, as the tray would not open until it was time for the patient to take their medication, at which time an alarm would sound.

Evidence relating to pharmacies rated satisfactory was often very similar to that for pharmacies rates as good for the standard. Some pharmacies rated satisfactory had minor failings relating to equipment noted, such as equipment that was not properly cleaned.

Pharmacies who did not meet the standard had equipment which was not in working order, insufficient equipment or with insufficient evidence of equipment being in proper working order and appropriately maintained and/or calibrated.

Standard 5.3	Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services

This standard is about the equipment and facilities being organised in such a way that it does not compromise peoples' privacy, dignity or confidentiality. For example, ensuring that where there is IT equipment in the clinical area, patients cannot see information about other people on the screen. This is similar to Standard 3.2 which focuses on the layout of premises in terms of confidentiality, dignity and privacy. Many of the issues that arise with these two standards reflect different aspects relating from similar issues (e.g. customers or patients being able to see confidential information on computer screens as they move through the pharmacy).

No pharmacies rated excellent or good for this standard were included in the sample of 249 reports.

Pharmacies with a satisfactory rating for this standard typically demonstrated the presence of a consulting room which was private. A small number of issues were noted such as the need to escort patients through dispensary areas to the room, or computers left on with no password protection being visible.

Issues noted where the standard was not met normally related to issues around the possibility of confidential information being visible. In one case a description was given of a consulting room which contained equipment, including sharps, which could be accessed by customers (including children) without their being seen.

Appendix 6: Word Counts for Sample of 249 Reports and Comparative Sample of 288 reports

Comparison 1

The results of entering key words and phrases used in the qualitative analysis for this report into NVivo text analysis software, and carrying out a word search to identify how frequently each key word or phrase was found within the inspection reports in both samples.

Key word or phrase	Proportion of all mentions of key word or phrase			
	Sample 1		Sample 2	
	Number	%	Number	%
staff	5,163	12.1%	5,703	11.9%
available	1,906	4.5%	2,129	4.4%
training	1,536	3.6%	1,618	3.4%
information	1,398	3.3%	1,622	3.4%
stock	1,190	2.8%	1,374	2.9%
access	1,079	2.5%	1,179	2.6%
medication	801	1.9%	1,261	2.5%
consultation	789	1.8%	982	2.0%
room	789	1.8%	982	2.0%
mds	758	1.8%	783	1.7%
audit	715	1.7%	724	1.6%
record	685	1.6%	802	1.5%
risk	590	1.4%	560	1.4%
clean	559	1.3%	670	1.4%
waste	557	1.3%	688	1.4%
professional	546	1.3%	614	1.3%
check	536	1.3%	663	1.2%
private	525	1.2%	590	1.2%
trail	514	1.2%	516	1.2%
feedback	501	1.2%	559	1.2%
order	495	1.2%	536	1.1%
procedures	480	1.1%	495	1.1%
equipment	432	1.0%	472	1.0%
work	418	1.0%	436	1.0%
aware	392	0.9%	421	1.0%
confidential	390	0.9%	467	0.9%
miss	390	0.9%	429	0.9%
near	390	0.9%	429	0.9%
temperature	380	0.9%	455	0.9%
learning	368	0.9%	424	0.9%

Note: this analysis was based on exact matches for the selected words and phrases

Comparison 2

Results from using the thematic analysis function available in NVIvo to identify which words occurred most frequently in both samples, looking at all words rather than the pre-selected key words and phrases used in Comparison 1.

Word	Proportion of all mentions of word			
	Sample 1		Sample 2	
	Number	%	Number	%
patient/patients	5,270	2.4%	6,084	2.4%
staff	5,163	2.3%	5,703	2.3%
pharmacist	3,864	1.7%	4,406	1.8%
medicines/medication	3,537	1.6%	4,013	1.6%
dispensing/dispensed	2,759	1.2%	2,859	1.1%
place	2,025	0.9%	2,004	0.8%
available	1,906	0.9%	2,129	0.9%
dispensary	1,709	0.8%	1,765	0.7%
prescriptions	1,706	0.8%	1,819	0.7%
date	1,550	0.7%	1,796	0.7%
training	1,536	0.7%	1,618	0.7%
records	1,496	0.7%	1,675	0.7%
information	1,398	0.6%	1,622	0.7%
team	1,373	0.6%	1,879	0.8%
stored	1,304	0.6%	1,389	0.6%
services	1,249	0.6%	1,368	0.5%
stock	1,190	0.5%	1,374	0.6%
provided	1,169	0.5%	1,260	0.5%
room	1,161	0.5%	1,436	0.6%
prescription	1,158	0.5%	1,343	0.5%
time	1,153	0.5%	1,140	0.5%
service	1,112	0.5%	1,256	0.5%
access	1,079	0.5%	1,179	0.5%
area	1,079	0.5%	1,189	0.5%
recorded	1,069	0.5%	1,305	0.5%
use	928	0.4%	1,005	0.4%
counter	899	0.4%	990	0.4%
consultation	885	0.4%	1,091	0.4%
kept	885	0.4%	985	0.4%
completed	872	0.4%	1,099	0.4%

Note: this analysis excluded words like ‘the’, ‘is’ ‘a’ and equivalents, and grouped synonyms and words with the same root such as ‘train’ and ‘training’ together.

Appendix 7: Quantitative Analysis of Inspection Reports

Overall pharmacy rating by sector

Table 20: Number of inspection reports by overall inspection rating and pharmacy sector

	Community	Hospital	Prison	Total
Excellent	6 *(<0.1%)*	-	-	6 *(<0.1%)*
Good	2,568 *(18.0%)*	98 *(28.2%)*	2 *(8.7%)*	2,668 *(18.2%)*
Satisfactory	9,551 *(66.9%)*	235 *(67.7%)*	21 *(91.3%)*	9,807 *(66.9%)*
Satisfactory with action plan	1,629 *(11.4%)*	14 *(4.0%)*	-	1,643 *(11.2%)*
Poor with action plan	525 *(3.7%)*	-	-	525 *(3.6%)*
Total	**14,279 *(100%)***	**347 *(100%)***	**23 *(100%)***	**14,649 *(100%)***

* NB. One pharmacy categorised as a 'Temporary' pharmacy has been excluded from this table

Overall pharmacy rating by size of pharmacy chain

Table 21: Number of inspection reports by overall inspection rating and the number of branches in the pharmacy chain

	Number of branches in the pharmacy chain				
	1	**2-5**	**6-25**	**26-100**	**More than 100**
Excellent	3 *(<0.1%)*	1 *(<0.1%)*	-	2 *(0.3%)*	-
Good	249 *(7.6%)*	225 *(9.9%)*	117 *(8.6%)*	164 *(24.3%)*	1,913 *(27.0%)*
Satisfactory	2,253 *(69.0%)*	1,564 *(68.8%)*	990 *(72.7%)*	442 *(65.6%)*	4,559 *(64.4%)*
Satisfactory with action plan	525 *(16.1%)*	357 *(15.7%)*	194 *(14.2%)*	57 *(8.5%)*	510 *(7.2%)*
Poor with action plan	235 *(7.2%)*	127 *(5.6%)*	61 *(4.5%)*	9 *(1.3%)*	93 *(1.3%)*
Total	**3,265 *(100%)***	**2,274 *(100%)***	**1,362 *(100%)***	**674 *(100%)***	**7,075 *(100%)***

Overall pharmacy rating for large pharmacy chains

Table 22: Number of inspected pharmacies by overall inspector rating and pharmacy group (for pharmacies with over 100 pharmacies in the pharmacy chain)

	Pharmacy Group										
	G1	**G2**	**G3**	**G4**	**G5**	**G6**	**G7**	**G8**	**G9**	**G10**	**G11**
Excellent	-	-	-	-	-	-	-	-	-	-	-
Good	447 *(25.9%)*	945 *(39.6%)*	81 *(31.8%)*	89 *(23.7%)*	49 *(40.5%)*	26 *(12.6%)*	123 *(22.9%)*	95 *(11.8%)*	22 *(7.3%)*	17 *(7.3%)*	19 *(14.5%)*
Satisfactory	1,100 *(63.8%)*	1,295 *(54.3%)*	167 *(65.5%)*	269 *(71.7%)*	67 *(55.4%)*	148 *(71.5%)*	375 *(70.0%)*	618 *(76.7%)*	236 *(78.4%)*	187 *(79.9%)*	97 *(74.0%)*
Satisfactory with action plan	151 *(8.8%)*	128 *(5.4%)*	5 *(2.0%)*	16 *(4.3%)*	4 *(3.3%)*	25 *(12.1%)*	32 *(6.0%)*	72 *(8.9%)*	35 *(11.6%)*	28 *(12.0%)*	14 *(10.7%)*
Poor	27 *(1.6%)*	16 *(0.7%)*	2 *(0.8%)*	1 *(0.3%)*	1 *(0.8%)*	8 *(3.9%)*	6 *(1.1%)*	21 *(2.6%)*	8 *(2.7%)*	2 *(0.9%)*	1 *(0.8%)*
Total	**1,725 *(100%)***	**2,384 *(100%)***	**255 *(100%)***	**375 *(100%)***	**121 *(100%)***	**207 *(100%)***	**536 *(100%)***	**806 *(100%)***	**301 *(100%)***	**234 *(100%)***	**131 *(100%)***

Overall pharmacy rating by type of inspection

Table 23: Number of inspection reports by overall rating and whether the inspection was announced or unannounced

	Announced	**Unannounced**	**Total**
Excellent	6 *(<0.1%)*	-	6 *(<0.1%)*
Good	2,415 *(19.1%)*	253 *(12.5%)*	2,668 *(18.2%)*
Satisfactory	8,596 *(68.1%)*	1,212 *(59.9%)*	9,808 *(66.9%)*
Satisfactory with action plan	1,291 *(10.2%)*	352 *(17.4%)*	1,643 *(11.2%)*
Poor with action plan	319 *(2.5%)*	206 *(10.2%)*	525 *(3.6%)*
Total	**12,627 *(100%)***	**2,023 *(100%)***	**14,650 *(100%)***

Overall pharmacy rating for pharmacies where previous concerns had been raised with the GPhC

Table 24: Number and percentage of inspected pharmacies by overall rating where previous concerns had been raised with GPhC

	Number of Pharmacies with Previous Concerns	Percentage of Pharmacies with Previous Concerns	Number of Pharmacies without Previous Concerns	Percentage of Pharmacies without Previous Concerns	Total inspected pharmacies
Excellent	0	0.0%	6	100.0%	6
Good	138	5.2%	2,530	94.8%	2,668
Satisfactory	721	7.4%	9,087	92.6%	9,808
Satisfactory with action plan	143	8.7%	1,500	91.3%	1,643
Poor	92	17.5%	433	82.5%	525
Total	**1,094**	**7.5%**	**13,556**	**92.5%**	**14,650**

Table 25: Number and percentage of inspected pharmacies by overall rating where previous concerns had been raised with GPhC more than once

	Number of Pharmacies with One Previous Concern	Percentage of Pharmacies with One Previous Concern	Number of Multiple Contacts with Concerns	Percentage with Multiple Contacts with Concerns	Total inspected pharmacies
Excellent	-	-	-	-	6
Good	118	4.4%	20	0.7%	2,668
Satisfactory	595	6.1%	126	1.3%	9,808
Satisfactory with action plan	112	6.8%	31	1.9%	1,643
Poor	67	12.8%	25	4.6%	525
Total	**892**	**6.1%**	**202**	**1.4%**	**14,650**

Table 26: Number of inspection reports by overall inspection rating and country

	England	Scotland	Wales	Total
Excellent	2 *(<0.1%)*	4 *(0.3%)*	-	6 *(<0.1%)*
Good	2,012 *(16.0%)*	521 *(40.1%)*	135 *(18.0%)*	2,668 *(18.2%)*
Satisfactory	8,699 (69.1%)	538 *(41.4%)*	571 *(75.9%)*	9,808 *(66.9%)*
Satisfactory with action plan	1,441 *(11.4%)*	168 *(12.9%)*	34 *(4.5%)*	1,643 *(11.2%)*
Poor	444 *(3.5%)*	69 *(5.3%)*	12 *(1.6%)*	525 *(3.6%)*
Total	**12,598 *(100%)***	**1,300 *(100%)***	**752 *(100%)***	**14,650 *(100%)***

Overall pharmacy rating by inspection region

Table 27: Number of inspection reports by overall inspection rating and inspector region

	East	North	South	West
Excellent	-	5 *(0.1%)*	1 *(<0.1%)*	-
Good	533 *(14.6%)*	1,193 *(32.3%)*	408 *(11.2%)*	534 *(14.6%)*
Satisfactory	2,410 *(66.2%)*	1,879 *(50.8%)*	2,702 *(74.2%)*	2,817 *(76.8%)*
Satisfactory with action plan	530 *(14.6%)*	459 *(12.4%)*	410 *(11.3%)*	244 *(6.7%)*
Poor	169 *(4.6%)*	163 *(4.4%)*	119 *(3.3%)*	74 *(2.0%)*
Total	**3,642 *(100%)***	**3,699 *(100%)***	**3,640 *(100%)***	**3,669 *(100%)***

Overall pharmacy rating by pharmacy setting

Table 28: Number of inspected pharmacies by overall inspection rating and pharmacy setting

	Rural	Urban (Total)	Urban city and town	Urban major conurbation
Excellent	2 *(0.1%)*	4 *(<0.1%)*	2 *(<0.1%)*	2 *(<0.1%)*
Good	411 *(22.4%)*	2,257 *(17.6%)*	1,300 *(19.1%)*	957 *(15.9%)*
Satisfactory	1,172 *(63.8%)*	8,636 *(67.4%)*	4,571 *(67.2%)*	4,065 *(67.6%)*
Satisfactory with action plan	196 *(10.7%)*	1,447 *(11.3%)*	682 *(10.0%)*	765 *(12.7%)*
Poor	56 *(3.0%)*	469 *(3.7%)*	243 *(3.6%)*	226 *(3.8%)*
Total	**1,837 *(100%)***	**12,813 *(100%)***	**6,798 *(100%)***	**6,015 *(100%)***

Overall pharmacy rating by CCG and Health Board

Table 29: CCGs/health boards and local authorities with the highest number of inspected pharmacies

CCG/Health Board	Number of inspected pharmacies	Local Authority	Number of inspected pharmacies
NHS Birmingham Cross City CCG	217	Birmingham	321
NHS Northern, Eastern and Western Devon CCG	180	Leeds	193
Glasgow City Community Health Partnership	178	Glasgow City	178
NHS Cambridgeshire and Peterborough CCG	171	Bradford	160
NHS Dorset CCG	163	Manchester	159
NHS Manchester CCG	159	Liverpool	150
Betsi Cadwaladr University Health Board	158	Sheffield	138
NHS Liverpool CCG	150	Westminster	136
NHS Herts Valleys CCG	147	County Durham	135
NHS Sandwell and West Birmingham CCG	143	City of Edinburgh	114
		Kirklees	114

Table 30: The ten CCGs/health boards with the highest proportion of pharmacies rated good overall

CCG or Health Board Name	No. Good	No. Inspections	% Good
Perth and Kinross Community Health Partnership	26	34	76.5%
Angus Community Health Partnership	16	24	66.7%
South Ayrshire Community Health Partnership	18	29	62.1%
Dumfries and Galloway Community Health Partnership	21	36	58.3%
Aberdeenshire Community Health Partnership	33	57	57.9%
Dundee Community Health Partnership	18	35	51.4%
East Ayrshire Community Health Partnership	17	34	50.0%
Kirkcaldy and Levenmouth Community Health Partnership	11	23	47.8%
NHS Hull CCG	36	77	46.8%
North Ayrshire Community Health Partnership	17	37	45.9%

* Orkney Community Health Partnership and Western Isles Community Health and Social Care Partnership both had a high proportion of good rated pharmacies (75.0% and 66.7%) respectively, but received fewer than ten inspections and have therefore been excluded from this table.

Table 31: The ten CCGs/health boards with the highest proportion of pharmacies rated poor overall

CCG or Health Board Name	No. Poor	No. Inspections	% Poor
East Lothian Community Health Partnership	4	23	17.4%
Dunfermline and West Fife Community Health Partnership	6	35	17.1%
Clackmannanshire Community Health Partnership	2	13	15.4%
Inverclyde Community Health and Care Partnership	3	20	15.0%
NHS South Tees CCG	10	67	14.9%
NHS Corby CCG	2	14	14.3%
NHS Bristol CCG	14	110	12.7%
NHS Bradford City CCG	5	43	11.6%
NHS Barking and Dagenham CCG	5	43	11.6%
Argyll and Bute Community Health Partnership	3	26	11.5%
NHS Islington CCG	6	53	11.3%
South Lanarkshire Community Health Partnership	8	72	11.1%

* Shetland Community Health Partnership had the highest proportion of poor rated pharmacies (40.0%) but received fewer than 10 inspections and has therefore been excluded from this table

Overall pharmacy rating by Local Authority

Table 32: The ten local authorities with the highest proportion of pharmacies rated good overall

Local Authority Name	No. Good	No. Inspections	% Good
Perth and Kinross	26	34	76.5%
Angus	16	24	66.7%
South Ayrshire	18	29	62.1%
Dumfries and Galloway	21	36	58.3%
Aberdeenshire	33	57	57.9%
West Oxfordshire	11	20	55.0%
Isle of Anglesey	7	13	53.8%
City of London	12	23	52.2%
Dundee City	18	35	51.4%
Torridge	5	10	50.0%

* Isles of Scilly, Orkney Islands, Na h-Eileanan Siar and Richmondshire all had more than 60% of good rated pharmacies, but also received fewer than 10 inspections and therefore have been removed from this table.

Table 33: The ten local authorities with the highest proportion of pharmacies rated poor overall

Local Authority Name	No. Poor	No. Inspections	% Poor
Melton	2	10	20.0%
Cotswold	3	16	18.8%
Redcar and Cleveland	6	33	18.2%
East Lothian	4	23	17.4%
Clackmannanshire	2	13	15.4%
Inverclyde	3	20	15.0%
Ipswich	5	35	14.3%
Corby	2	14	14.3%
Redditch	3	22	13.6%
Wychavon	2	15	13.3%
Bristol, City of	14	110	12.7%

*Shetland Isles and Rutland had the highest proportion of poor rated pharmacies (40% and 25% respectively) but received less than ten inspections and therefore have been removed from this table.

Overall pharmacy rating by deprivation decile in England, Scotland and Wales

Table 34: Number of inspected pharmacies in England by deprivation decile (IMD2015) and overall inspection rating

IMD 2015 Deprivation Decile	Excellent	Good	Satisfactory	Satisfactory with action plan	Poor	Total
1 – most deprived	-	328 *(16.6%)*	1,327 *(67.3%)*	218 *(11.1%)*	99 *(5.0%)*	1,972 *(100%)*
2	1 *(<0.1%)*	262 *(15.7%)*	1,154 *(69.1%)*	183 *(11.0%)*	71 *(4.2%)*	1,671 *(100%)*
3	-	256 *(16.2%)*	1,077 *(67.9%)*	201 *(12.7%)*	51 *(3.2%)*	1,585 *(100%)*
4	1 *(<0.1%)*	222 *(16.0%)*	966 *(69.7%)*	141 *(12.2%)*	55 *(4.0%)*	1,385 *(100%)*
5	-	215 *(17.5%)*	844 *(68.6%)*	144 *(11.7%)*	27 *(2.2%)*	1,230 *(100%)*
6	-	162 *(14.0%)*	818 *(70.9%)*	135 *(11.7%)*	39 *(3.4%)*	1,154 *(100%)*
7	-	184 *(18.5%)*	673 *(67.6%)*	107 *(10.7%)*	32 *(3.2%)*	996 *(100%)*
8	-	157 *(16.2%)*	677 *(69.9%)*	105 *(10.8%)*	29 *(3.0%)*	968 *(100%)*
9	-	135 *(15.1%)*	632 *(70.8%)*	102 *(11.4%)*	24 *(2.7%)*	893 *(100%)*
10 – least deprived	-	90 *(12.4%)*	516 *(71.0%)*	104 *(14.3%)*	17 *(2.3%)*	727 *(100%)*
Deprivation decile not available	-	1 *(5.9%)*	15 *(88.2%)*	1 *(5.9%)*	-	17 *(100%)*
Total	**2 *(<0.1%)***	**2,012 *(16.0%)***	**8,699 *(69.1%)***	**1,441 *(11.4%)***	**444 *(3.5%)***	**12,598 *(100.0%)***

Table 35: Number of inspected pharmacies in Scotland by deprivation decile (SIMD2016) and overall inspection rating

SIMD 2016 Deprivation Decile	Excellent	Good	Satisfactory	Satisfactory with action plan	Poor	Total
1 – most deprived	1 *(0.5%)*	69 *(37.1%)*	81 *(43.5%)*	23 *(12.4%)*	12 *(6.5%)*	186 *(100%)*
2	-	65 *(40.9%)*	67 *(42.1%)*	18 *(11.3%)*	9 *(5.7%)*	159 *(100%)*
3	-	77 *(44.0%)*	64 *(36.6%)*	31 *(17.7%)*	3 *(1.7%)*	175 *(100%)*
4	-	55 *(32.7%)*	67 *(39.9%)*	32 *(19.0%)*	14 *(8.3%)*	168 *(100%)*
5	-	55 *(40.7%)*	61 *(45.2%)*	11 *(8.1%)*	8 *(5.9%)*	135 *(100%)*
6	-	49 *(40.2%)*	48 *(39.3%)*	17 *(13.9%)*	8 *(6.6%)*	122 *(100%)*
7	1 *(1.1%)*	34 *(38.2%)*	41 *(46.1%)*	8 *(9.0%)*	5 *(5.6%)*	89 *(100%)*
8	-	42 *(39.6%)*	47 *(44.3%)*	13 *(12.3%)*	4 *(3.8%)*	106 *(100%)*
9	-	30 *(42.3%)*	32 *(45.1%)*	6 *(8.5%)*	3 *(4.2%)*	71 *(100%)*
10 – least deprived	2 *(2.3%)*	44 *(50.0%)*	30 *(34.1%)*	9 *(10.2%)*	3 *(3.4%)*	88 *(100%)*
Deprivation decile not available	-	1 *(100.0%)*	-	-	-	1 *(100%)*
Total	**4 *(0.3%)***	**521 *(40.1%)***	**538 *(41.4%)***	**168 *(12.9%)***	**69 *(5.3%)***	**1,300 *(100%)***

Table 36: Number of inspected pharmacies in Wales by deprivation decile (WIMD2014) and overall inspection rating

WIMD 2014 Deprivation Decile	Excellent	Good	Satisfactory	Satisfactory with action plan	Poor	Total
1 – most deprived	-	13 *(15.5%)*	64 *(76.2%)*	4 *(4.8%)*	3 *(3.6%)*	84 *(100%)*
2	-	11 *(10.9%)*	81 *(80.2%)*	6 *(5.9%)*	3 *(3.0%)*	101 *(100%)*
3	-	16 *(16.2%)*	80 *(80.8%)*	1 *(1.0%)*	2 *(2.0%)*	99 *(100%)*
4	-	16 *(16.7%)*	71 *(74.0%)*	8 *(8.3%)*	1 *(1.1%)*	96 *(100%)*
5	-	19 *(21.3%)*	65 *(73.0%)*	4 *(4.5%)*	1 *(1.1%)*	89 *(100%)*
6	-	14 *(21.9%)*	46 *(71.9%)*	4 *(6.3%)*	-	64 *(100%)*
7	-	22 *(29.7%)*	47 *(63.5%)*	4 *(5.4%)*	1 *(1.4%)*	74 *(100%)*
8	-	9 *(19.1%)*	35 *(74.5%)*	2 *(4.3%)*	1 *(2.1%)*	47 *(100%)*
9	-	9 *(16.4%)*	45 *(81.8%)*	1 *(1.8%)*	-	55 *(100%)*
10 – least deprived	-	6 *(14.0%)*	37 *(86.0%)*	-	-	43 *(100%)*
Total	**-**	**135 *(18.0%)***	**571 *(75.9%)***	**34 *(4.5%)***	**12 *(1.6%)***	**752 *(100%)***

Principle ratings by pharmacy characteristics

Table 37: Number of inspection reports for each principle rating category by pharmacy sector

	Principle 1 Governance			Principle 2 Staff			Principle 3 Premises			Principle 4 Services			Principle 5 Equipment & Facilities		
	Com	**Hos**	**Pri**	**Com**	**Hos**	**Pri**	**Com**	**Hos**	**Pri**	**Com**	**Hos**	**Pri**	**Com**	**Hos**	**Pri**
Excellent	7 *(<0.1%)*	-	-	2 *(<0.1%)*	-	-	2 (<0.1%)	-	-	9 (<0.1%)	-	-	-	-	-
Good	2,918 *(20.4%)*	110 *(31.7%)*	5 *(21.7%)*	3,708 *(26.0%)*	180 *(51.9%)*	4 (17.4%)	206 (1.4%)	6 (1.7%)	-	2,349 (16.5%)	88 (25.4%)	2 (8.7%)	17 (0.1%)	1 (0.3%)	-
Satisfactory	10,906 *(76.4%)*	237 *(68.3%)*	18 *(78.3%)*	10,413 *(72.9%)*	167 *(48.1%)*	19 (82.6%)	13,930 (97.6%)	341 (98.3%)	23 (100.0%)	11,610 (81.3%)	259 (74.6%)	21 (91.3%)	14,218 (99.6%)	346 (99.7%)	23 (100.0 %)
Poor	448 *(3.1%)*	-	-	156 *(1.1%)*	-	-	141 (1.0%)	-	-	311 (2.2%)	-	-	43 (0.3%)	-	-
Total	**14,279 *(100%)***	**347 *(100%)***	**23 *(100%)***	**14,279 *(100%)***	**347 *(100%)***	**23 (100%)**	**14,279 (100%)**	**347 (100%)**	**23 (100%)**	**14,279 (100%)**	**347 (100%)**	**23 (100%)**	**14,278 (100%)**	**347 (100%)**	**23 (100%)**

NB. One pharmacy categorised as a 'Temporary' pharmacy has been excluded from this table and from figure 9 below.

Table 38: Number of inspection reports for each principle rating category by number of pharmacies in the pharmacy chain

	Principle 1 Governance					Principle 2 Staff					Principle 3 Premises				
	1	*2-5*	*6-25*	*26-100*	*>100*	*1*	*2-5*	*6-25*	*26-100*	*>100*	*1*	*2-5*	*6-25*	*26-100*	*>100*
Excellent	2 (<0.1%)	1 (<0.1%)	-	2 (0.3%)	2 (<0.1%)	1 (<0.1%)	1 (<0.1%)	-	-	-	-	-	-	-	2 (<0.1%)
Good	278 (8.5%)	252 (11.1%)	135 (9.9%)	160 (23.7%)	2,208 (31.2%)	434 (13.3%)	367 (16.1%)	209 (15.3%)	211 (31.3%)	2,671 (37.8%)	56 (1.7%)	44 (1.9%)	15 (1.1%)	20 (3.0%)	77 (1.1%)
Satisfactory	2,772 (84.9%)	1,914 (84.2%)	1,170 (85.9%)	504 (74.8%)	4,802 (67.9%)	2,783 (85.2%)	1,870 (82.2%)	1,137 (83.5%)	461 (68.4%)	4,349 (61.5%)	3,154 (96.6%)	2,201 (96.8%)	1,330 (97.7%)	652 (96.7%)	6,958 (98.3%)
Poor	213 (6.5%)	107 (4.7%)	57 (4.2%)	8 (<1.2%)	63 (0.9%)	47 (1.4%)	36 (1.6%)	16 (1.2%)	2 (0.3%)	55 (0.8%)	55 (1.7%)	29 (1.3%)	17 (1.2%)	2 (0.3%)	38 (0.5%)
Total	**3,265 (100%)**	**2,274 (100%)**	**1,362 (100%)**	**674 (100%)**	**7,075 (100%)**	**3,265 (100%)**	**2,274 (100%)**	**1,362 (100%)**	**674 (100%)**	**7,075 (100%)**	**3,265 (100%)**	**2,274 (100%)**	**1,362 (100%)**	**674 (100%)**	**7,075 (100%)**

	Principle 4 Services					Principle 5 Equipment & Facilities				
	1	*2-5*	*6-25*	*26-100*	*>100*	*1*	*2-5*	*6-25*	*26-100*	*>100*
Excellent	2 (<0.1%)	2 (<0.1%)	-	4 (0.6%)	1 (<0.1%)	-	-	-	-	-
Good	252 (7.7%)	217 (9.5%)	124 (9.1%)	151 (22.4%)	1,695 (24.0%)	6 (0.2%)	4 (0.2%)	2 (0.1%)	1 (0.1%)	5 (<0.1%)
Satisfactory	2,866 (87.8%)	1,974 (86.8%)	1,199 (88.0%)	516 (76.6%)	5,336 (75.4%)	3,238 (99.2%)	2,258 (99.3%)	1,355 (99.5%)	672 (99.7%)	7,065 (99.9%)
Poor	145 (4.4%)	81 (3.6%)	39 (2.9%)	3 (0.4%)	43 (0.6%)	21 (0.6%)	12 (0.5%)	4 (0.3%)	1 (0.1%)	5 (<0.1%)
Total	**3,265 (100%)**	**2,274 (100%)**	**1,362 (100%)**	**674 (100%)**	**7,075 (100%)**	**3,265 (100%)**	**2,274 (100%)**	**1,361 (100%)**	**674 (100%)**	**7,075 (100%)**

Table 39: Number of inspection reports for each principle rating by inspection type

	Principle 1 Governance		Principle 2 Staff		Principle 3 Premises		Principle 4 Services		Principle 5 Equipment & Facilities	
	Announced	Unannounced	Announced	Unannounced	Announced	Unannounced	Announced	Unannounced	Announced	Unannounced
Excellent	7 *(<0.1%)*	-	2 *(<0.1%)*	-	1 *(<0.1%)*	1 *(<0.1%)*	9 *(<0.1%)*	-	-	1 *(<0.1%)*
Good	2,738 *(21.7%)*	295 *(14.6%)*	3,521 *(27.9%)*	371 *(18.3%)*	185 (1.5%)	27 *(1.3%)*	2,226 *(17.6%)*	213 *(10.5%)*	16 *(<1%)*	2 *(<1%)*
Satisfactory	9,608 *(76.1%)*	1,554 *(76.8%)*	9,023 *(71.5%)*	1,577 *(78.0%)*	12,368 *(97.9%)*	1,927 *(95.3%)*	10,221 *(80.9%)*	1,670 *(82.6%)*	12,590 *(99.7%)*	1,998 *(98.8%)*
Poor	274 *(2.2%)*	174 *(8.6%)*	81 *(0.6%)*	75 *(3.7%)*	73 *(0.6%)*	68 *(3.4%)*	171 *(1.4%)*	140 *(6.9%)*	21 *(0.2%)*	22 *(1.1%)*
Total	**12,627 *(100%)***	**2,023 *(100%)***	**12,627 *(100%)***	**2,023 *(100%)***	**12,627 *(100%)***	**2,023 *(100%)***	**12,627 *(100%)***	**2,023 *(100%)***	**12,627 *(100%)***	**2,023 *(100%)***

Principle Ratings for Pharmacies with previous concerns

Table 40: Number and percentage of pharmacies with no previous concerns for each GPhC principle by principle rating

	Principle 1 Governance	Principle 2 Staff	Principle 3 Premises	Principle 4 Services	Principle 5 Equipment & Facilities
Excellent	6 (<0.1%)	2 (<0.1%)	2 (<0.1%)	9 (<0.1%)	-
Good	2,874 (21.2%)	3,685 (27.2%)	191 (1.4%)	2,326 (17.2%)	15 (0.1%)
Satisfactory	10,301 (76.0%)	9,742 (71.9%)	13,247 (97.7%)	10,968 (80.9%)	13,502 (90.6%)
Poor	375 (2.8%)	127 (0.9%)	116 (0.9%)	253 (1.9%)	38 (0.3%)
Total	**13,556 (100%)**	**13,556 (100%)**	**13,556 (100%)**	**13,556 (100%)**	**13,556 (100%)**

Table 41: Number and percentage of pharmacies with one previous concern for each GPhC principle by principle rating

	Principle 1 Governance	Principle 2 Staff	Principle 3 Premises	Principle 4 Services	Principle 5 Equipment & Facilities
Excellent	1 (0.1%)	-	-	-	-
Good	129 (14.5%)	179 (20.1%)	19 (2.1%)	97 (10.9%)	2 (0.2%)
Satisfactory	704 (78.9%)	698 (78.3%)	855 (95.9%)	752 (84.3%)	886 (99.3%)
Poor	58 (6.5%)	15 (1.7%)	18 (2.0%)	43 (4.8%)	4 (0.4%)
Total	**892 (100%)**	**892 (100%)**	**892 (100%)**	**892 (100%)**	**892 (100%)**

Table 42: Number and percentage of pharmacies with multiple concerns for each GPhC principle by principle rating

	Principle 1 Governance	Principle 2 Staff	Principle 3 Premises	Principle 4 Services	Principle 5 Equipment & Facilities
Excellent	-	-	-	-	-
Good	30 *(14.9%)*	28 *(13.9%)*	2 *(1.0%)*	16 *(7.9%)*	1 *(0.5%)*
Satisfactory	157 *(77.7%)*	160 *(79.2%)*	193 *(95.5%)*	171 *(84.7%)*	200 *(99.0%)*
Poor	15 *(7.4%)*	14 *(6.9%)*	7 *(3.5%)*	15 *(7.4%)*	1 *(0.5%)*
Total	**202 (100%)**	**202 (100%)**	**202 (100%)**	**202 (100%)**	**202 (100%)**

Table 43: Number and percentage of pharmacies with previous concerns for each GPhC principle by principle rating

	Principle 1 Governance	Principle 2 Staff	Principle 3 Premises	Principle 4 Services	Principle 5 Equipment & Facilities
Excellent	1 *(<0.1%)*	-	-	-	-
Good	159 *(14.5%)*	207 *(18.9%)*	21 *(1.9%)*	113 *(10.3%)*	3 *(0.3%)*
Satisfactory	861 *(78.7%)*	858 *(78.4%)*	1,048 *(95.8%)*	923 *(84.4%)*	1,086 *(99.3%)*
Poor	73 *(6.7%)*	29 *(2.7%)*	25 *(2.3%)*	58 *(5.3%)*	5 *(0.5%)*
Total	**1,094 (100%)**	**1,094 (100%)**	**1,094 (100%)**	**1,094 (100%)**	**1,094 (100%)**

Principle Ratings for Pharmacies with 100 or more branches

Table 44: Performance against Principle 1 (Governance) by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only)

	Group1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8	Group 9	Group 10	Group 11
Excellent	-	1 *(<1%)*	-	-	-	-	1 *(<1%)*	-	-	-	-
Good	519 *(30.1%)*	1,062 *(44.5%)*	86 *(33.7%)*	114 *(30.4%)*	52 *(43.0%)*	32 *(15.5%)*	156 *(29.1%)*	126 *(15.6%)*	23 *(7.6%)*	24 *(10.3%)*	14 *(10.7%)*
Satisfactory	1,182 *(68.5%)*	1,311 *(55.4%*	168 *(65.9%)*	261 *(69.6%)*	68 *(56.2%)*	172 *(83.1%)*	375 *(70.0%)*	667 *(82.7%)*	273 *(90.7%)*	209 *(89.3%)*	116 *(88.5%)*
Poor	24 *(1.4%)*	10 *(0.4%)*	1 *(0.4%)*	-	1 *(0.8%)*	3 *(1.4%)*	4 *(0.7%)*	13 *(1.6%)*	5 *(1.7%)*	1 *(0.4%)*	1 *(0.8%)*
Total	**1,725 *(100%)***	**2,384 *(100%)***	**255 *(100%)***	**375 *(100%)***	**121 *(100%)***	**207 *(100%)***	**536 *(100%)***	**806 *(100%)***	**301 *(100%)***	**234 *(100%)***	**131 *(100%)***

Figure 36: Performance against Principle 1 by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only) (n=7,075)

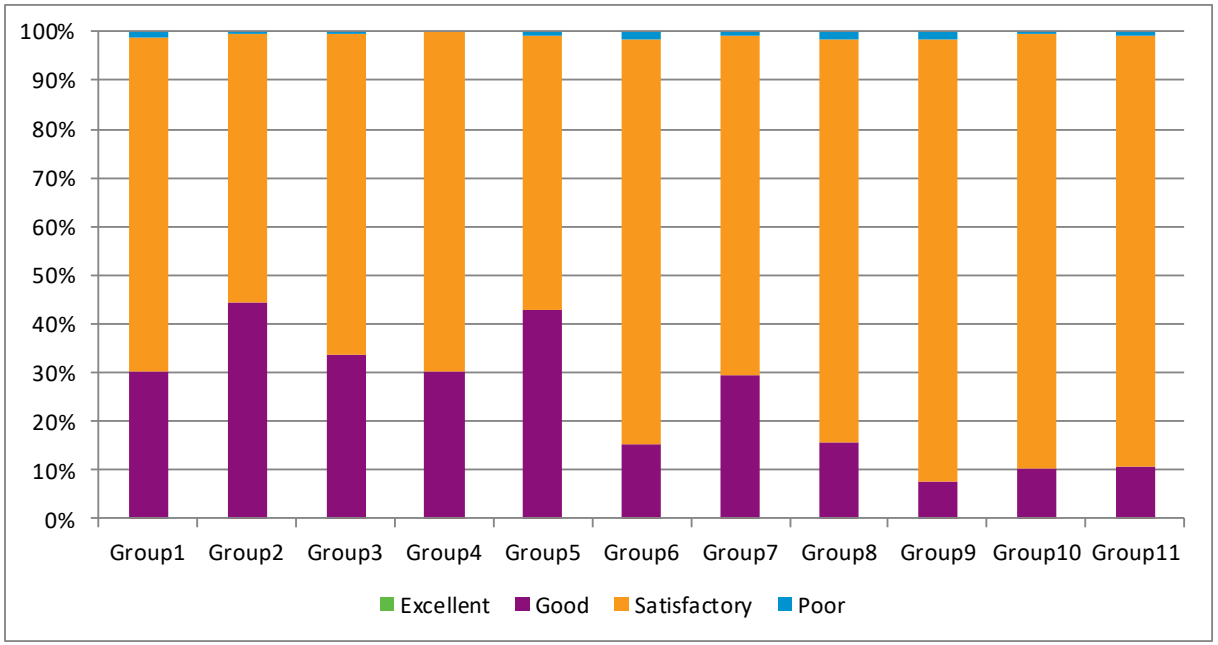


Table 45: Performance against Principle 2 (Staff) by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only)

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8	Group 9	Group 10	Group 11
Excellent	-	-	-	-	-	-	-	-	-	-	-
Good	627 *(36.3%)*	1,157 *(48.5%)*	102 *(40.0%)*	132 *(35.2%)*	55 *(45.5%)*	51 *(24.6%)*	184 *(34.3%)*	254 *(31.5%)*	48 *(15.9%)*	29 *(12.4%)*	32 *(24.4%)*
Satisfactory	1,076 *(62.4%)*	1,219 *(51.1%)*	152 *(59.6%)*	242 *(64.5%)*	65 *(53.7%)*	155 *(74.9%)*	347 *(64.7%)*	542 *(67.2%)*	248 *(82.4%)*	204 *(87.2%)*	99 *(75.6%)*
Poor	22 *(1.3%)*	8 *(0.3%)*	1 *(0.4%)*	1 *(0.3%)*	1 *(0.8%)*	1 *(0.5%)*	5 *(0.9%)*	10 *(1.2%)*	5 *(1.7%)*	1 *(0.4%)*	-
Total	**1,725 *(100%)***	**2,384 *(100%)***	**255 (100%)**	**375 (100%)**	**121 (100%)**	**207 (100%)**	**536 (100%)**	**806 (100%)**	**301 (100%)**	**234 (100%)**	**131 (100%)**

Figure 37: Performance against Principle 2 by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only) (n=7,075)

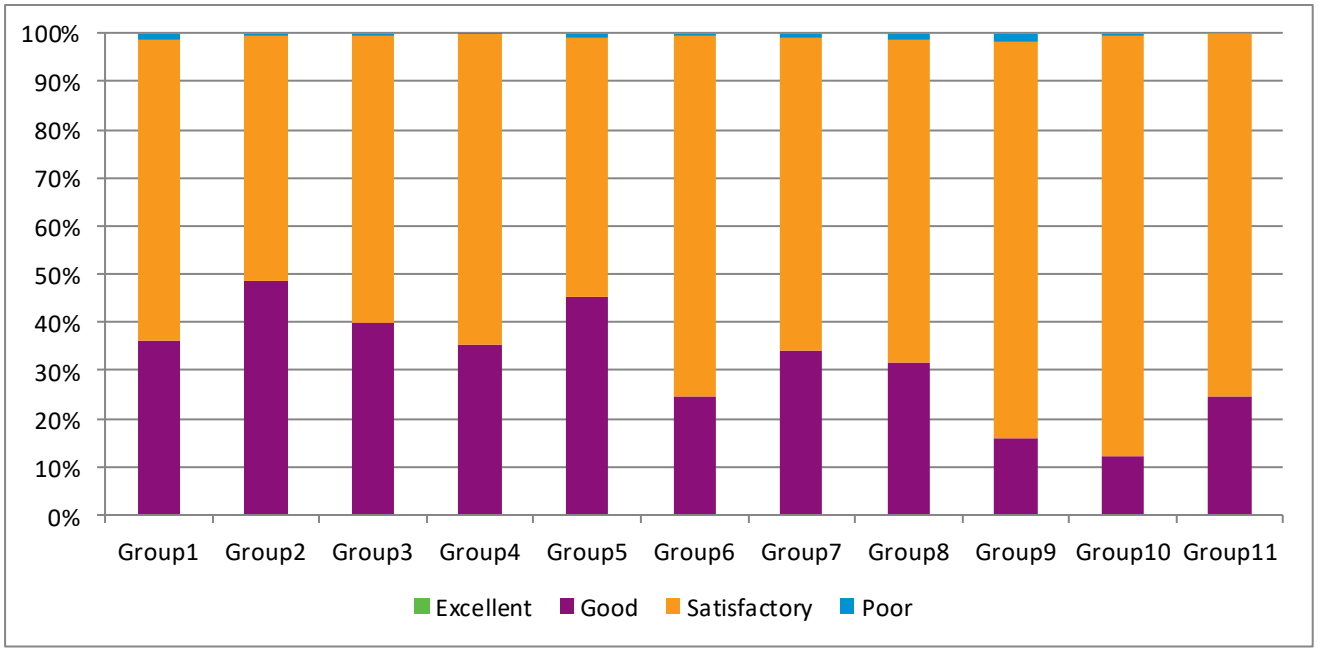


Table 46: Performance against Principle 3 (Premises) by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only)

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8	Group 9	Group10	Group11
Excellent	-	-	-	-	-	1 *(0.5%)*	-	1 *(0.1%)*	-	-	-
Good	32 *(1.9%)*	12 *(0.5%)*	2 *(0.8%)*	5 *(1.3%)*	3 *(2.5%)*	2 *(1.0%)*	9 *(1.7%)*	8 *(1.0%)*	1 *(0.3%)*	2 *(0.9%)*	1 *(0.8%)*
Satisfactory	1,685 *(97.7%)*	2,366 *(99.2%)*	253 *(99.2%)*	370 *(98.7%)*	118 *(97.5%)*	200 *(96.6%)*	521 *(97.2%)*	787 *(97.6%)*	296 *(98.3%)*	232 *(99.1%)*	130 *(99.2%)*
Poor	8 *(0.5%)*	6 *(0.3%)*	-	-	-	4 *(1.9%)*	6 *(1.1%)*	10 *(1.2%)*	4 *(1.3%)*	-	-
Total	**1,725 *(100%)***	**2,384 *(100%)***	**255 *(100%)***	**375 *(100%)***	**121 *(100%)***	**207 *(100%)***	**536 *(100%)***	**806 *(100%)***	**301 *(100%)***	**234 *(100%)***	**131 *(100%)***

Figure 38: Performance against Principle 3 (Premises) by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only) (n=7,075)

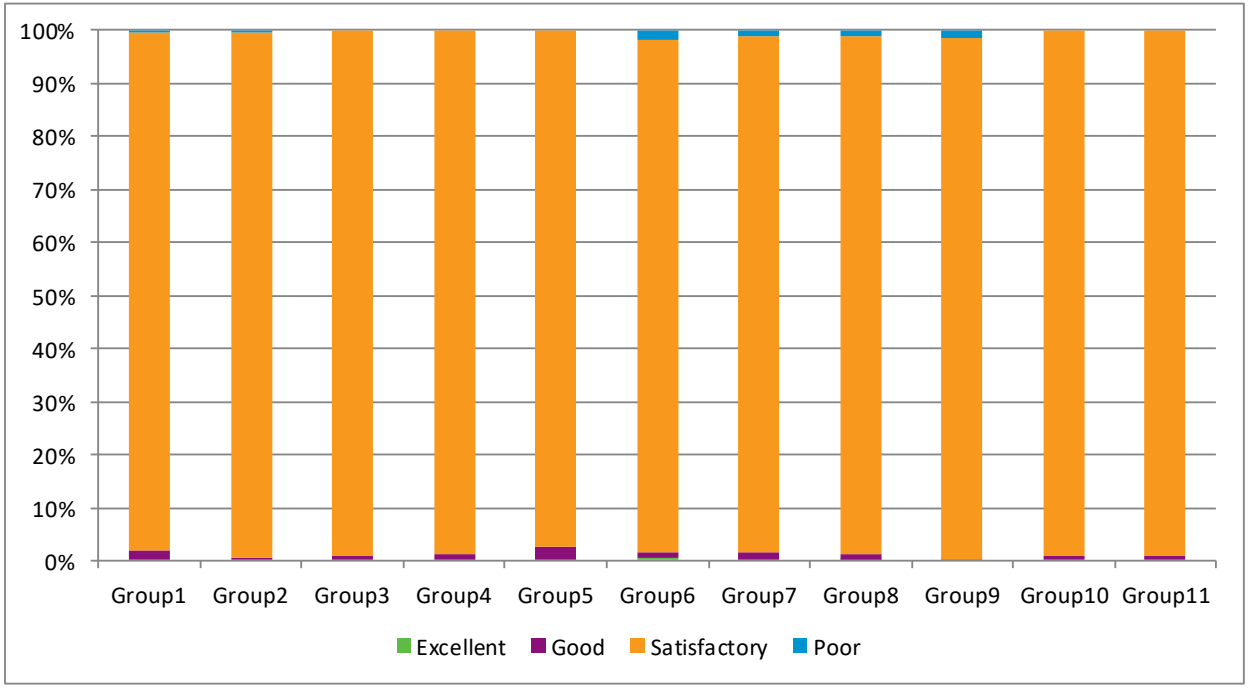


Table 47: Performance against Principle 4 (services) by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only)

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8	Group 9	Group10	Group11
Excellent	-	1 *(<0.1%)*	-	-	-	-	-	-	-	-	-
Good	374 *(21.7%)*	852 *(35.7%)*	67 *(26.3%)*	77 *(20.5%)*	47 *(38.8%)*	25 *(12.1%)*	104 *(19.4%)*	87 *(10.8%)*	21 *(7.0%)*	22 *(9.4%)*	19 *(14.5%)*
Satisfactory	1,333 *(77.3%)*	1,526 *(64.0%)*	188 *(73.7%)*	298 *(79.5%)*	73 *(60.3%)*	179 *(86.5%)*	430 *(80.2%)*	711 *(88.2%)*	274 *(91.0%)*	212 *(90.6%)*	112 *(85.5%)*
Poor	18 *(1.0%)*	5 *(0.2%)*	-	-	1 *(0.8%)*	3 *(1.4%)*	2 *(0.4%)*	8 *(1.0%)*	6 *(2.0%)*	-	-
Total	**1,725 *(100%)***	**2,384 *(100%)***	**255 *(100%)***	**375 *(100%)***	**121 *(100%)***	**207 *(100%)***	**536 *(100%)***	**806 *(100%)***	**301 *(100%)***	**234 *(100%)***	**131 *(100%)***

Figure 39: Performance against Principle 4 (services) by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only) (n=7,075)

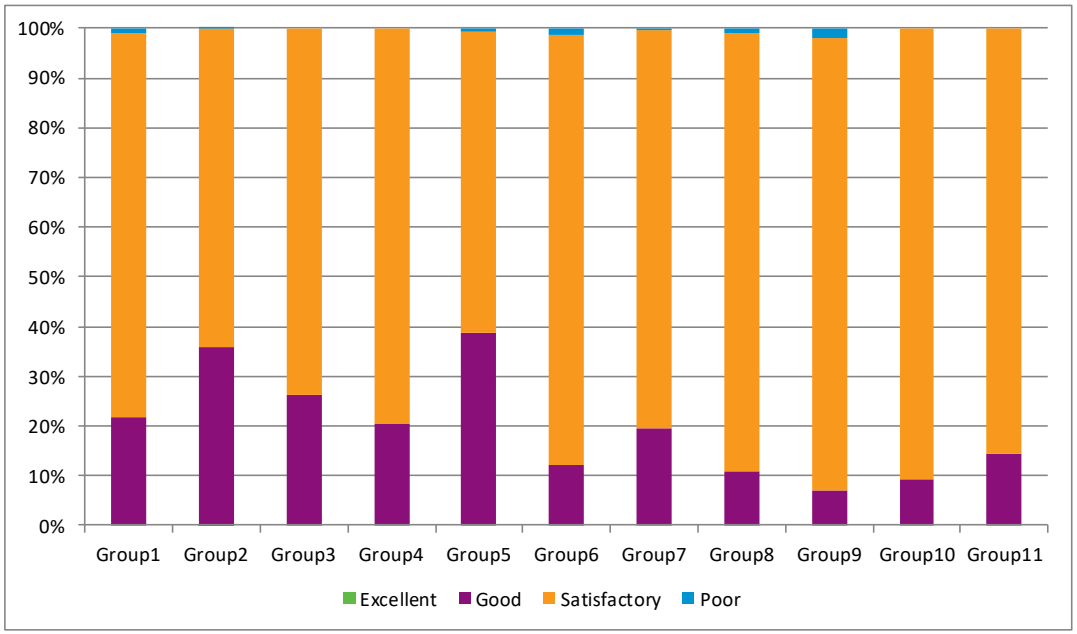


Table 48: Performance against Principle 5 (Equipment & Facilities) by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only)

	Group1	Group2	Group3	Group4	Group5	Group6	Group7	Group8	Group9	Group10	Group11
Excellent	-	-	-	-	-	-	-	-	-	-	-
Good	-	3 *(0.1%)*	-	-	-	-	1 *(0.2%)*	1 *(0.1%)*	-	-	-
Satisfactory	1,724 *(99.9%)*	2,380 *(99.8%)*	255 *(100.0%)*	375 *(100.0%)*	121 *(100.0%)*	205 *(99.0%)*	535 *(99.8%)*	805 *(99.9%)*	300 *(99.7%)*	234 *(100.0%)*	131 *(100.0%)*
Poor	1 *(<0.1%)*	1 *(<0.1%)*	-	-	-	2 *(1.0%)*	-	-	1 *(0.3%)*	-	-
Total	**1,725 *(100%)***	**2,384 *(100. %)***	**255 *(100%)***	**375 *(100%)***	**121 *(100%)***	**207 *(100%)***	**536 *(100%)***	**806 *(100%)***	**301 *(100%)***	**234 *(100%)***	**131 *(100%)***

Figure 40: Performance against Principle 5 (Equipment and Facilities) by pharmacy group (pharmacies with over 100 pharmacies in the pharmacy chain only) (n=7,075)

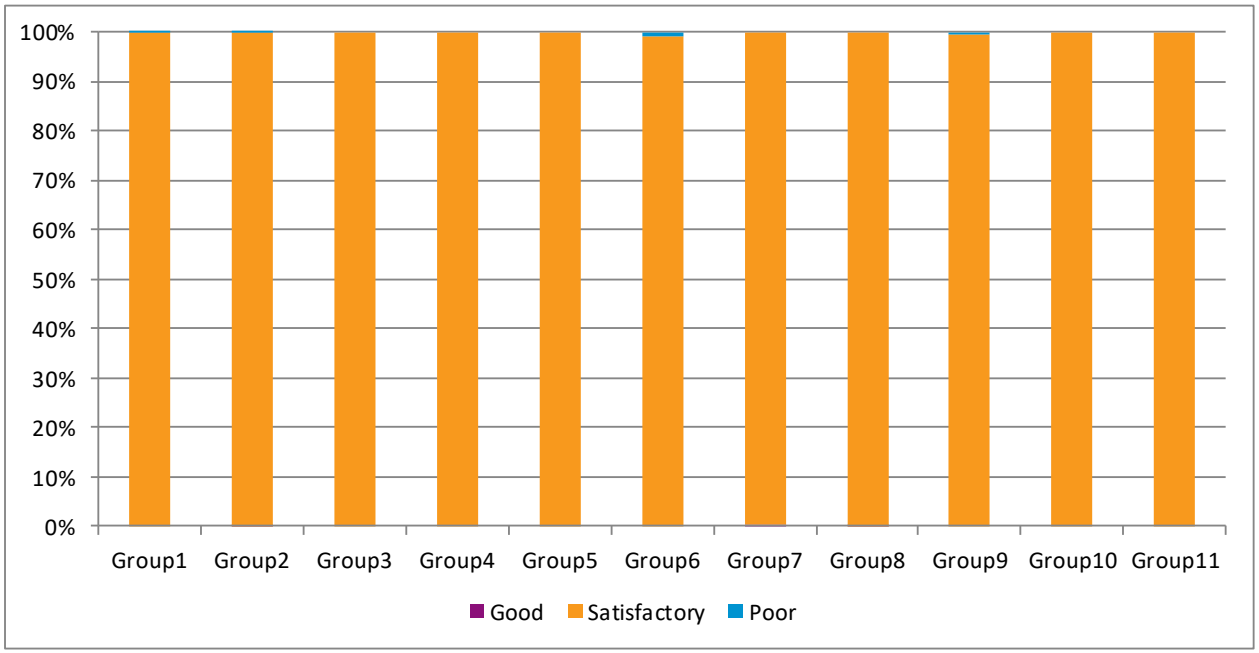


Table 49: Number of inspection reports for each principle rating by country

	Principle 1 Governance			Principle 2 Staff			Principle 3 Premises			Principle 4 Services			Principle 5 Equipment & Facilities		
	Eng	**Sco**	**Wal**	**Eng**	**Sco**	**Wal**	**Eng**	**Sco**	**Wal**	**Eng**	**Scot**	**Wal**	**Eng**	**Sco**	**Wal**
Excellent	3 *(<0.1%)*	4 *(0.3%)*	-	1 *(<0.1%)*	1 *(<0.1%)*	-	2 *(<0.1%)*	-	-	3 *(<0.1%)*	6 *(<0.1%)*	-	-	-	-
Good	2,285 *(18.1%)*	551 *(42.4%)*	197 *(26.2%)*	2,978 *(23.6%)*	566 *(43.5%)*	348 *(46.3%)*	183 *(1.5%)*	18 *(1.4%)*	11 *(1.5%)*	1,863 *(14.8%)*	474 *(36.5%)*	102 *(13.6%)*	12 *(0.1%)*	6 *(0.5%)*	-
Satisfactory	9,935 *(78.9%)*	677 *(52.1%)*	550 *(73.1%)*	9,493 *(75.4%)*	707 *(53.4%)*	400 *(53.2%)*	12,280 *(97.5%)*	1,275 *(98.1%)*	740 *(98.4%)*	10,475 *(83.1%)*	773 *(59.5%)*	643 *(85.5%)*	12,546 *(99.6%)*	1,291 *(99.3%)*	751 *(99.9%)*
Poor	375 *(3.0%)*	68 *(5.2%)*	5 *(0.7%)*	126 *(1.0%)*	26 *(2.0%)*	4 *(0.5%)*	133 *(1.1%)*	7 *(0.5%)*	1 *(0.1%)*	257 *(2.0%)*	47 *(3.6%)*	7 *(0.9%)*	39 *(0.3%)*	3 *(0.2%)*	1 *(0.1%)*
Total	**12,598 *(100%)***	**1,300 *(100%)***	**752 *(100%)***	**12,598 *(100%)***	**1,300 *(100%)***	**752 *(100%)***	**12,598 *(100%)***	**1,300 *(100%)***	**752 *(100%)***	**12,598 *(100%)***	**1,300 *(100%)***	**752 *(100%)***	**12,597 *(100%)***	**1,300 *(100%)***	**752 *(100%)***

Table 50: Number of inspection reports for each principle rating category by inspector region

	Principle 1 Governance				Principle 2 Staff				Principle 3 Equipment				Principle 4 Services				Principle 5 Equipment & Facilities			
	East	**North**	**South**	**West**	**East**	**North**	**South**	**West**	**East**	**North**	**South**	**West**	**East**	**North**	**South**	**West**	**East**	**North**	**South**	**West**
Excellent	-	4 *(0.1%)*	1 *(<0.1%)*	2 *(<0.1%)*	-	1 *(<0.1%)*	1 *(<0.1%)*	-	-	1 *(<0.1%)*	1 *(<0.1%)*	-	1 *(<0.1%)*	7 *(0.2%)*	1 *(<0.1%)*	-	-	1 *(<0.1%)*	2 *(<0.1%)*	3 *(<0.1%)*
Good	557 *(15.3%)*	1,247 *(33.7%)*	498 *(13.7%)*	731 *(19.9%)*	876 *(24.1%)*	1,351 *(36.5%)*	529 *(14.5%)*	1,136 *(31.0%)*	46 *(1.3%)*	32 *(0.9%)*	124 *(3.4%)*	10 *(0.3%)*	444 *(12.2%)*	1,137 *(30.7%)*	421 *(11.6%)*	437 *(11.9%)*	4 (0.1%)	7 *(0.2%)*	5 *(0.1%)*	2 *(<0.1%)*
Satisfactory	2,942 *(80.8%)*	2,294 *(62.0%)*	3,042 *(83.6%)*	2,984 *(78.6%)*	2,734 *(75.1%)*	2,291 *(61.9%)*	3,057 *(84.0%)*	2,518 *(68.6%)*	3,536 *(97.1%)*	3,640 *(98.4%)*	3,473 *(95.4%)*	3,646 *(99.4%)*	3,106 *(85.3%)*	2,453 *(66.3%)*	3,146 *(86.4%)*	3,186 *(86.8%)*	3,618 (99.3%)	3,686 *(99.6%)*	3,620 *(99.5%)*	3,664 *(99.9%)*
Poor	143 *(3.9%)*	154 *(4.2%)*	99 *(2.7%)*	52 *(1.4%)*	32 *(0.9%)*	56 *(1.5%)*	53 *(1.5%)*	15 *(0.4%)*	60 *(1.6%)*	26 *(0.7%)*	42 *(1.2%)*	13 *(0.4%)*	91 *(2.5%)*	102 *(2.8%)*	72 *(2.0%)*	46 *(1.3%)*	19 (0.5%)	6 *(0.2%)*	15 *(0.4%)*	3 *(0.1%)*
Total	**3,642 *(100%)***	**3,699 *(100%)***	**3,640 *(100%)***	**3,669 *(100%)***	**3,642 *(100%)***	**3,699 *(100%)***	**3,640 *(100%)***	**3,669 *(100%)***	**3,642 *(100%)***	**3,699 *(100%)***	**3,640 *(100%)***	**3,669 *(100%)***	**3,642 *(100%)***	**3,699 *(100%)***	**3,640 *(100%)***	**3,669 *(100%)***	**3,641 (100%)**	**3,700 *(100%)***	**3,642 *(100%)***	**3,672 *(100%)***

Table 51: Number of inspection reports by rating for each Principle and pharmacy setting

	Principle 1 Governance			Principle 2 Staff			Principle 3 Premises			Principle 4 Services			Principle 5 Equipment & Facilities		
	Rural	**Urban city and town**	**Urban major conurbation**	**Rural**	**Urban city and town**	**Urban major conurbation**	**Rural**	**Urban city and town**	**Urban major conurbation**	**Rural**	**Urban city and town**	**Urban major conurbation**	**Rural**	**Urban city and town**	**Urban major conurbation**
Excellent	2 *(0.1%)*	4 *(<0.1%)*	1 *(<0.1%)*	-	1 *(<0.1%)*	1 *(<0.1%)*	-	1 *(<0.1%)*	1 *(<0.1%)*	2 *(<0.1%*	4 *(<0.1%)*	3 *(<0.1%)*	-	-	-
Good	473 *(25.7%)*	1,486 *(21.9%)*	1,074 *(17.9%)*	536 *(29.2%)*	1,941 *(28.6%)*	1,415 *(23.5%)*	23 *(1.3%)*	135 *(2.0%)*	54 *(0.9%)*	389 *(21.2%)*	1,177 *(17.3%)*	873 *(14.5%)*	3 *(0.2%)*	11 *(0.2%)*	4 *(<0.1%)*
Satisfactory	1,319 *(71.8%)*	5,103 *(75.1%)*	4,740 *(78.8%)*	1,285 *(70.0%)*	4,760 *(70.0%)*	4,555 *(75.7%)*	1,800 *(98.0%)*	6,598 *(97.1%)*	5,897 *(98.0%)*	1,413 *(76.9%)*	5,480 *(80.6%)*	4,998 *(83.1%)*	1,830 *(99.6%)*	6,764 *(99.5%)*	5,994 *(99.7%)*
Poor	43 *(2.3%)*	205 *(3.0%)*	200 *(3.3%)*	16 *(0.9%)*	96 *(1.4%)*	44 *(0.7%)*	14 *(0.8%)*	64 *(0.9%)*	63 *(1.0%)*	33 *(1.8%)*	137 *(2.0%)*	141 *(2.3%)*	4 *(0.2%)*	23 *<0.3%)*	16 *(<0.3%)*
Total	**1,837 *(100%)***	**6,798 *(100%)***	**6,015 *(100%)***	**1,837 *(100%)***	**6,798 *(100%)***	**6,015 *(100%)***	**1,837 *(100%)***	**6,798 *(100%)***	**6,015 *(100%)***	**1,837 (100%)**	**6,798 (100%)**	**6,015 (100%)**	**1,837 (100%)**	**6,798 (100%)**	**6,014 (100%)**

Ratings against GPhC Principles for Pharmacies rated Excellent, Good, Satisfactory, Satisfactory with Action Plan and Poor overall

Figure 41: Percentage of inspection reports receiving each rating for each principle for inspection reports rated excellent overall (n=6)

Figure 42: Percentage of inspection reports receiving each rating for each principle for inspection reports rated good overall (n=2,668)

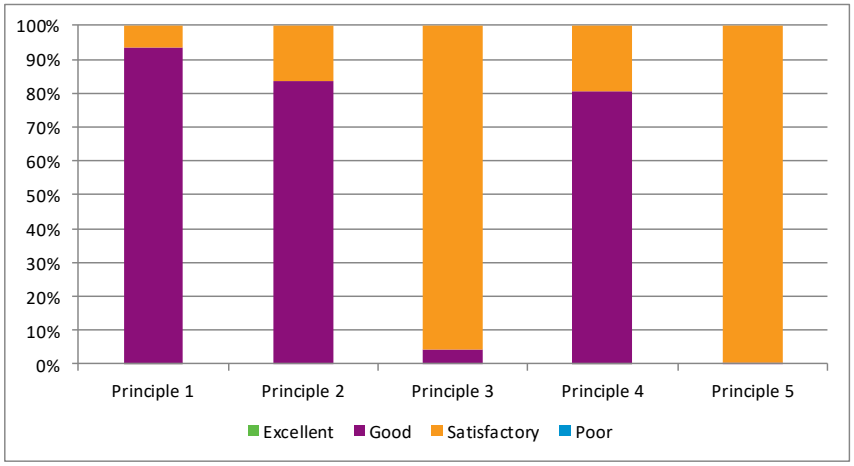


Figure 43: Percentage of inspection reports receiving each rating for each principle for inspection reports rated satisfactory overall (n=9,808)

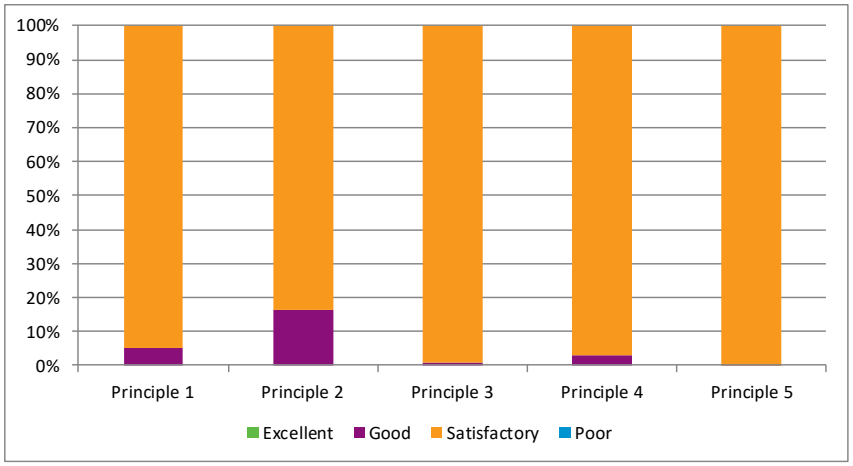
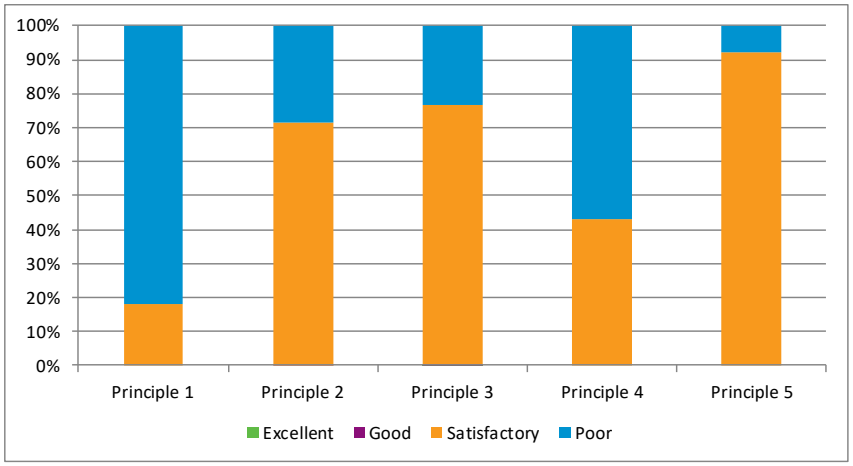


Figure 44: Percentage of inspection reports receiving each rating for each principle for inspection reports rated satisfactory with action plan overall (n=1,643)

Figure 45: Percentage of inspection reports receiving each rating for each principle for inspection reports rated poor overall (n=525)



Principle Ratings by Deprivation

Figure 46: Rating for Principle 1 by deprivation decile of the IMD2015 for pharmacies in England (n=12,598)

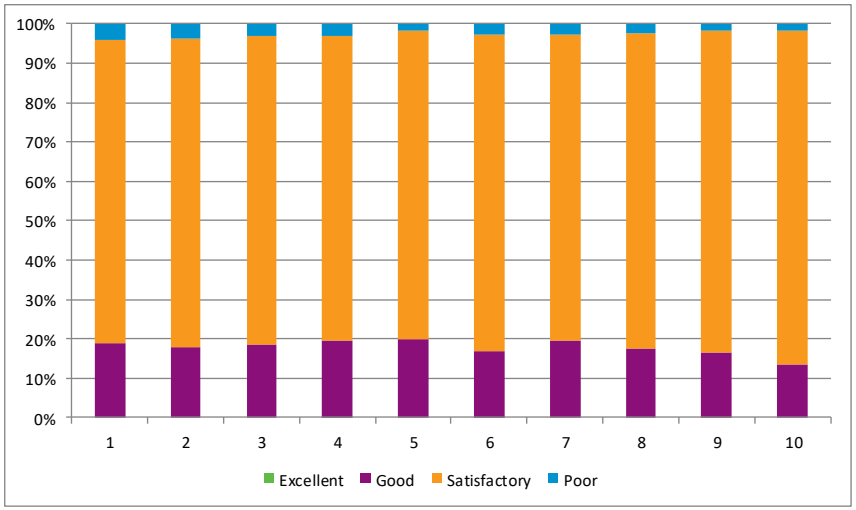


Figure 47: Rating for Principle 2 by deprivation decile of the IMD2015 for pharmacies in England (n=12,598)

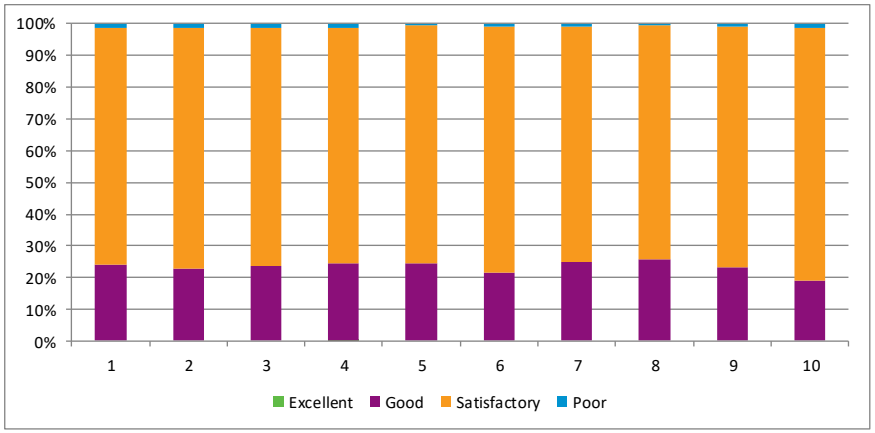


Figure 48: Rating for Principle 3 by deprivation decile of the IMD2015 for pharmacies in England (n=12,598)

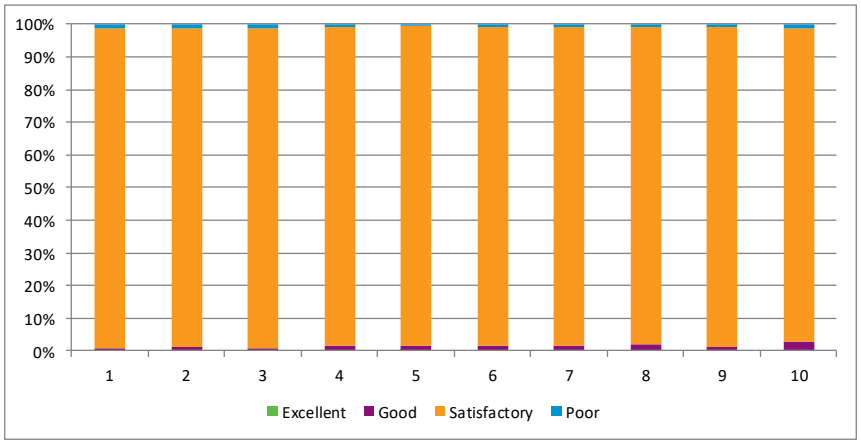


Figure 49: Rating for Principle 4 by deprivation decile of the IMD2015 for pharmacies in England (n=12,598)

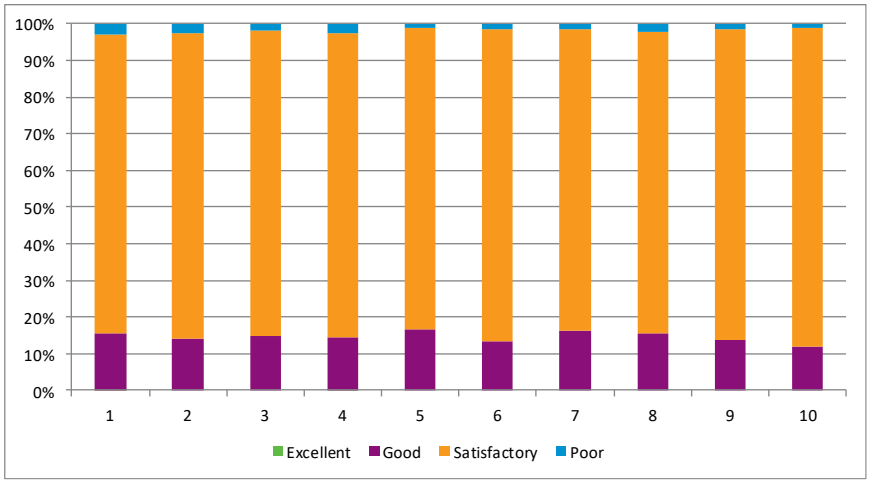


Figure 50: Rating for Principle 5 by deprivation decile of the IMD2015 for pharmacies in England (n=12,598)

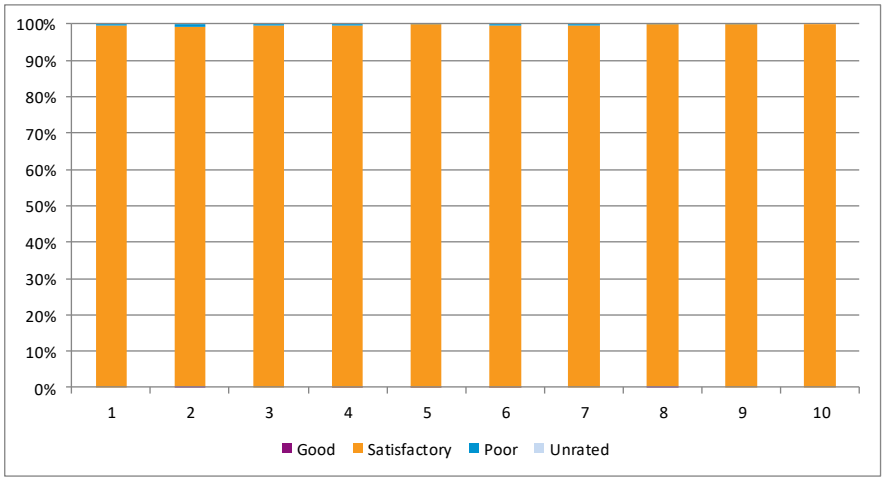


Figure 51: Rating for Principle 1 by deprivation decile of the SIMD2016 for pharmacies in Scotland (n=1,300)

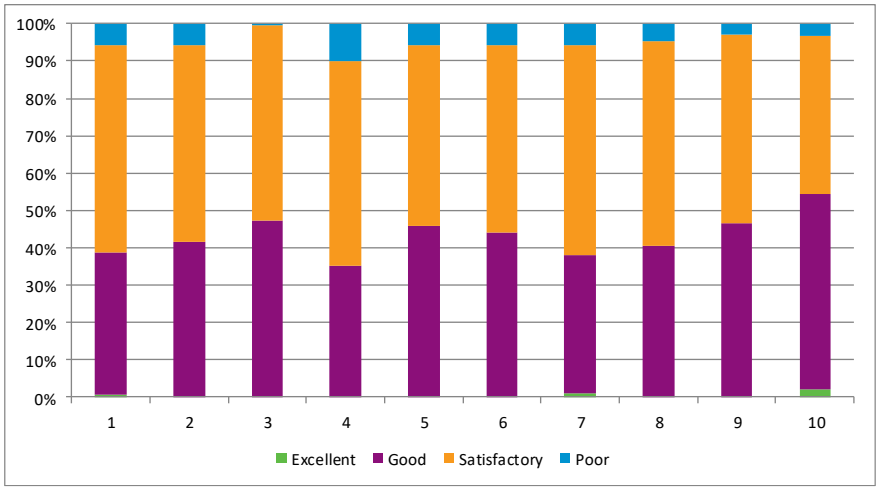


Figure 52: Rating for Principle 2 by deprivation decile of the SIMD2016 for pharmacies in Scotland (n=1,300)

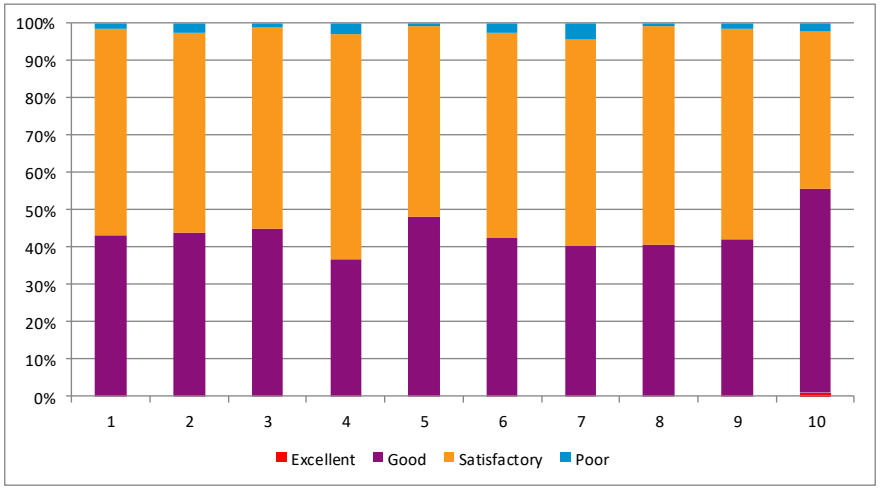


Figure 53: Rating for Principle 3 by deprivation decile of the SIMD2016 for pharmacies in Scotland (n=1,300)

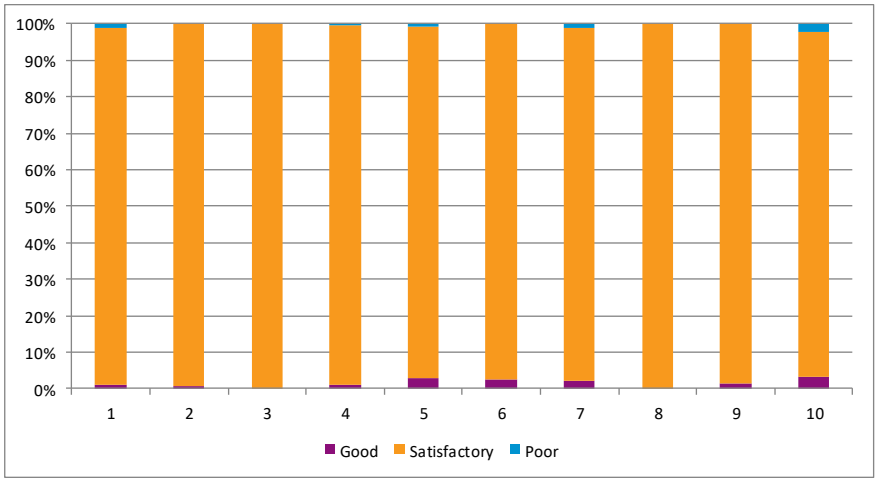


Figure 54: Rating for Principle 4 by deprivation decile of the SIMD2016 for pharmacies in Scotland (n=1,300)

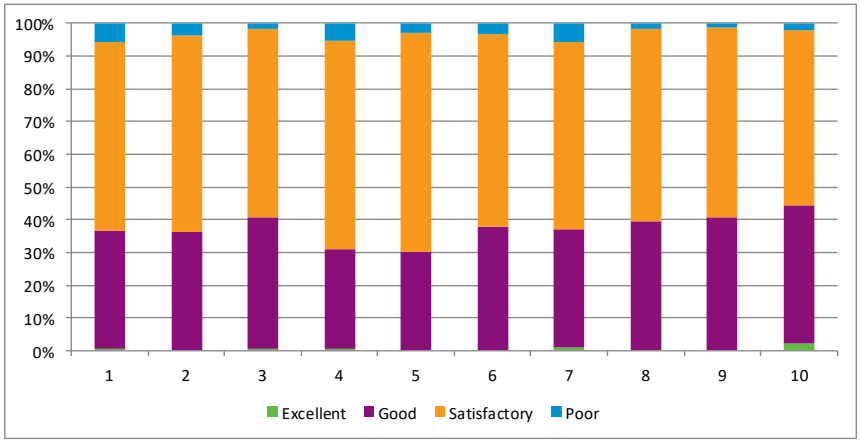


Figure 55: Rating for Principle 5 by deprivation decile of the SIMD2016 for pharmacies in Scotland (n=1,300)

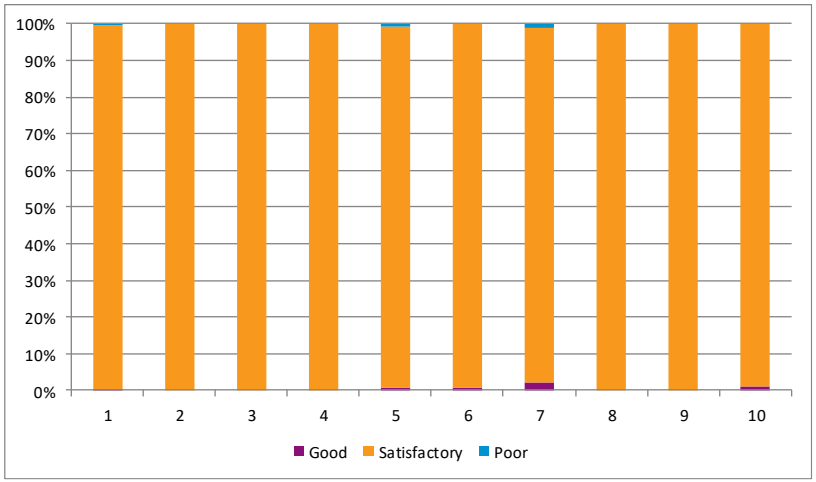


Figure 56: Rating for Principle 1 by deprivation decile of the WIMD2014 for pharmacies in Wales (n=752)

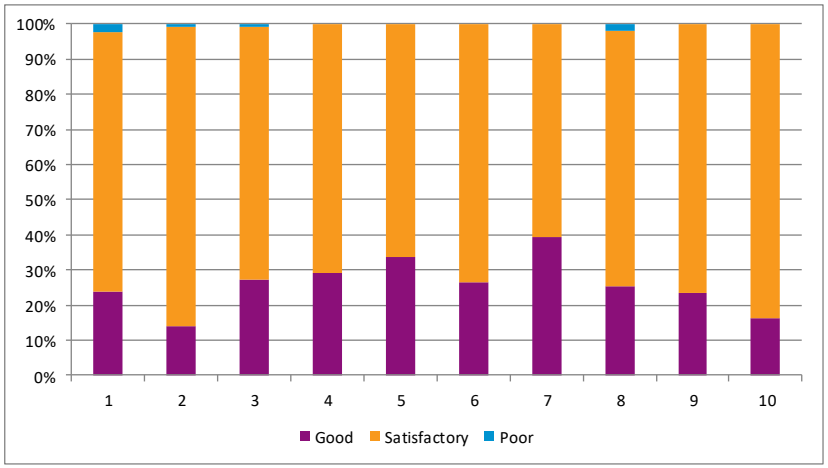


Figure 57: Rating for Principle 2 by deprivation decile of the WIMD2014 for pharmacies in Wales (n=752)

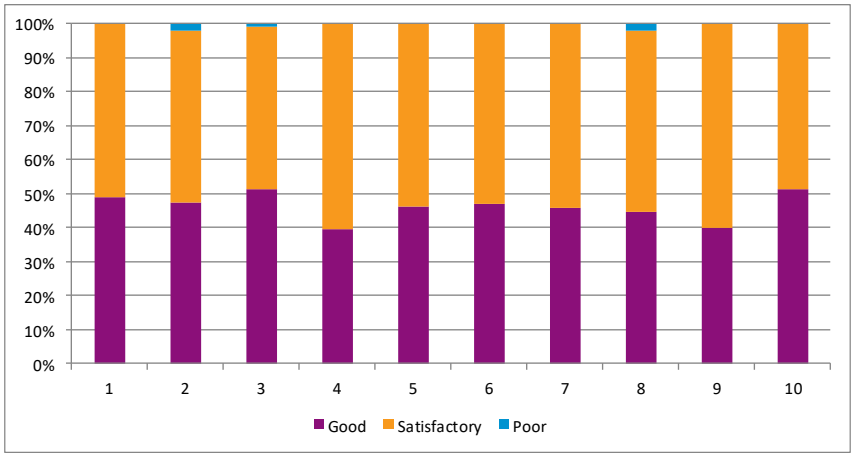


Figure 58: Rating for Principle 3 by deprivation decile of the WIMD2014 for pharmacies in Wales (n=752)

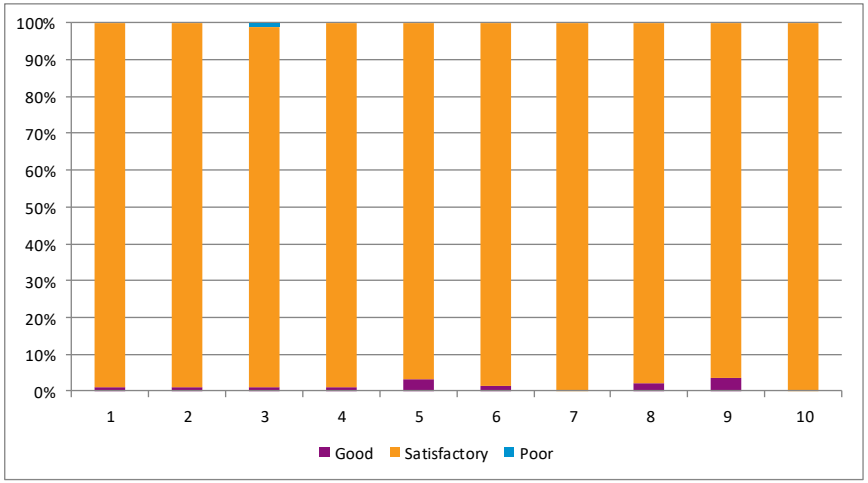


Figure 59: Rating for Principle 4 by deprivation decile of the WIMD2014 for pharmacies in Wales (n=752)

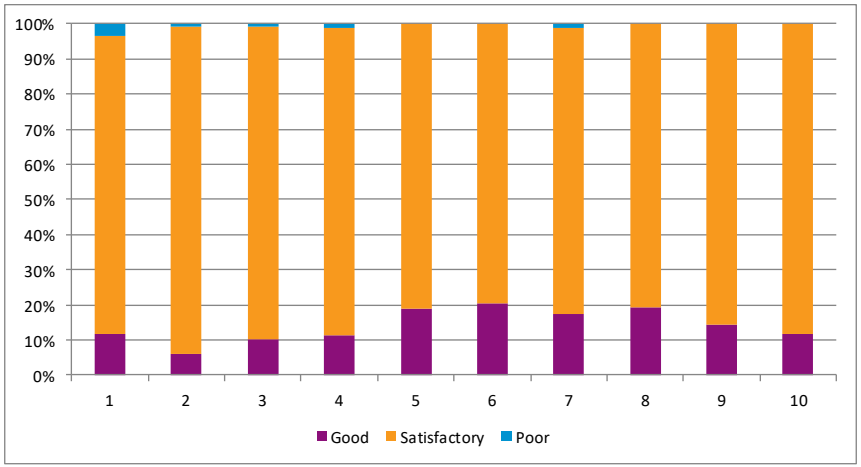
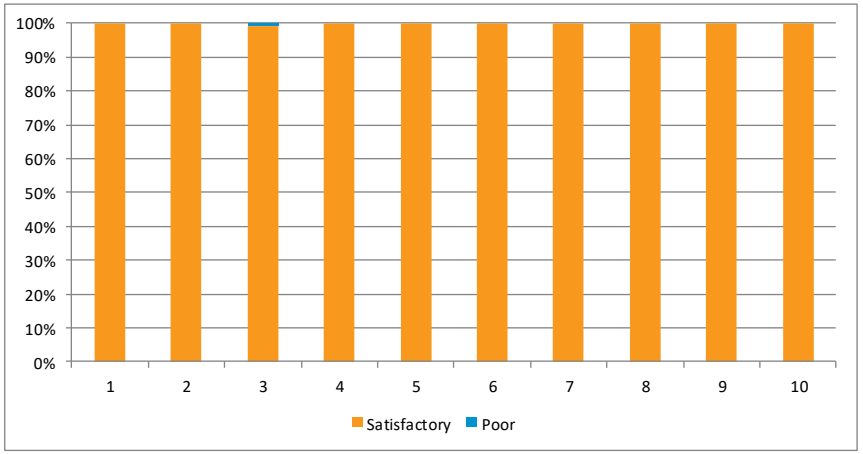


Figure 60: Rating for Principle 5 by deprivation decile of the WIMD2014 for pharmacies in Wales (n=752)



Pharmacy performance against GPhC standards by overall pharmacy rating

Table 52: Number of inspection reports by rating for each standard for inspection reports rated excellent overall

Standard No.	Excellent	Good	Satisfactory	Standard not met	Total
Standard 1.1	6 (100%)	-	-	-	**6 (100%)**
Standard 1.2	4 (66.7%)	2 (33.3%)	-	-	**6 (100%)**
Standard 1.3	-	5 (83.3%)	1 (16.7%)	-	**6 (100%)**
Standard 1.4	-	6 (100.0%)	-	-	**6 (100%)**
Standard 1.5	-	-	6 (100.0%)	-	**6 (100%)**
Standard 1.6	-	-	6 (100.0%)	-	**6 (100%)**
Standard 1.7	-	4 (66.7%)	2 (33.3%)	-	**6 (100%)**
Standard 1.8	1 (16.7%)	5 (83.3%)	-	-	**6 (100%)**
Standard 2.1	-	6 (100.0%)	-	-	**6 (100%)**
Standard 2.2	1 (16.7%)	5 (83.3%)	-	-	**6 (100%)**
Standard 2.3	-	5 (83.3%)	1 (16.7%)	-	**6 (100%)**
Standard 2.4	2 (33.3%)	4 (66.7%)	-	-	**6 (100%)**
Standard 2.5	1 (16.7%)	5 (83.3%)	-	-	**6 (100%)**
Standard 2.6	-	-	6 (100.0%)	-	**6 (100%)**
Standard 3.1	-	5 (83.3%)	1 (16.7%)	-	**6 (100%)**
Standard 3.2	-	6 (100.0%)	-	-	**6 (100%)**
Standard 3.3	-	-	6 (100.0%)	-	**6 (100%)**
Standard 3.4	-	-	6 (100%.0)	-	**6 (100%)**
Standard 3.5	-	1 (16.7%)	5 (83.3%)	-	**6 (100%)**
Standard 4.1	6 (100.0%)	-	-	-	**6 (100%)**
Standard 4.2	6 (100.0%)	-	-	-	**6 (100%)**
Standard 4.3	1 (16.7%)	4 (66.7%)	1 (16.7%)	-	**6 (100%)**
Standard 4.4	-	2 (33.3%)	4 (66.7%)	-	**6 (100%)**
Standard 5.1	-	5 (83.3%)	1 (16.7%)	-	**6 (100%)**
Standard 5.2	-	1 (16.7%)	5 (83.3%)	-	**6 (100%)**
Standard 5.3	-	-	6 (100.0%)	-	**6 (100%)**

Table 53: Number of inspection reports by rating for each standard for inspection reports rated good overall

Standard No.	Excellent	Good	Satisfactory	Standard not met	Total
Standard 1.1	2 *(<0.1%)*	2,592 *(97.2%)*	74 *(2.8%)*	-	**2,668 *(100%)***
Standard 1.2	2 *(<0.1%)*	2,524 *(94.6%)*	142 *(5.3%)*	-	**2,668 *(100%)***
Standard 1.3	1 *(<0.1%)*	616 *(23.1%)*	2,051 *(76.9%)*	-	**2,668 *(100%)***
Standard 1.4	-	1,056 (39.6%)	1,612 *(60.4%)*	-	**2,668 *(100%)***
Standard 1.5	-	1 *(<0.1%)*	2,667 *(100.0%)*	-	**2,668 *(100%)***
Standard 1.6	-	12 *(0.1%)*	2,654 *(99.5%)*	2* *(<0.1%)*	**2,668 *(100%)***
Standard 1.7	-	1,064 *(39.9%)*	1,604 *(60.1%)*	-	**2,668 *(100%)***
Standard 1.8	2 *(<0.1%)*	1,418 *(53.1%)*	1,248 *(46.8%)*	-	**2,668 *(100%)***
Standard 2.1	-	701 *(26.3%)*	1,967 *(73.7%)*	-	**2,668 *(100%)***
Standard 2.2	-	2,145 *(80.4%)*	523 *(19.6%)*	-	**2,668 *(100%)***
Standard 2.3	2 *(<0.1%)*	602 *(22.6%)*	2,064 *(77.4%)*	-	**2,668 *(100%)***
Standard 2.4	-	2,075 *(77.8%)*	593 *(22.2%)*	-	**2,668 *(100%)***
Standard 2.5	-	1,336 *(50.1%)*	1,332 *(49.9%)*	-	**2,668 *(100%)***
Standard 2.6	-	4 *(<0.1%)*	2,664 *(99.9%)*	-	**2,668 *(100%)***
Standard 3.1	-	150 *(5.6%)*	2,518 *(94.4%)*	-	**2,668 *(100%)***
Standard 3.2	-	695 *(26.0%)*	1,973 *(74.0%)*	-	**2,668 *(100%)***
Standard 3.3	-	24 *(0.9%)*	2,644 *(99.1%)*	-	**2,668 *(100%)***
Standard 3.4	-	36 *(1.3%)*	2,632 *(98.7%)*	-	**2,668 *(100%)***
Standard 3.5	-	27 *(1.0%)*	2,641 *(99.0%)*	-	**2,668 *(100%)***
Standard 4.1	16 *(0.6%)*	1,285 *(48.2%)*	1,367 *(51.2%)*	-	**2,668 *(100%)***
Standard 4.2	11 *(0.4%)*	2,422 *(90.8%)*	235 *(8.8%)*	-	**2,668 *(100%)***
Standard 4.3	-	899 *(33.7%)*	1,769 *(66.3%)*	-	**2,668 *(100%)***
Standard 4.4	-	319 *(12.0%)*	2,349 *(88.0%)*	-	**2,668 *(100%)***
Standard 5.1	-	46 *(1.7%)*	2,622 *(98.3%)*	-	**2,668 *(100%)***
Standard 5.2	-	42 *(1.6%)*	2,626 *(98.4%)*	-	**2,668 *(100%)***
Standard 5.3	-	4 *(<0.1%)*	2,664 *(99.9%)*	-	**2,668 *(100%)***

**Both these inspections identified minor issues around recording keeping, but exceptions were made to rate the pharmacies as 'good' overall.*

Table 54: Number of inspection reports by rating for each standard for inspection reports rated satisfactory overall

Standard No.	Excellent	Good	Satisfactory	Standard not met	Total
Standard 1.1	-	2,009 *(20.5%)*	7,797 *(79.5%)*	2 *(<0.1%)*	**9,808 *(100%)***
Standard 1.2	-	2,110 *(21.5%)*	7,698 *(78.5%)*	-	**9,808 *(100%)***
Standard 1.3	-	411 *(4.2%)*	9,397 *(95.8%)*	-	**9,808 *(100%)***
Standard 1.4	2 *(<0.1%)*	1,033 *(10.5%)*	8,773 *(89.4%)*	-	**9,808 *(100%)***
Standard 1.5	-	2 *(<0.1%)*	9,806 *(100.0%)*	-	**9,808 *(100%)***
Standard 1.6	-	14 *(0.1%)*	9,794 *(99.9%)*	-	**9,808 *(100%)***
Standard 1.7	-	1,288 *(13.1%)*	8,520 *(86.9%)*	-	**9,808 *(100%)***
Standard 1.8	-	1,428 *(14.6%)*	8,380 *(85.4%)*	-	**9,808 *(100%)***
Standard 2.1	-	639 (6.5%)	9,169 *(93.5%)*	-	**9,808 *(100%)***
Standard 2.2	-	2,785 *(28.4%)*	7,023 *(71.6%)*	-	**9,808 *(100%)***
Standard 2.3	1 *(<0.1%)*	439 *(4.5%)*	9,368 *(95.5%)*	-	**9,808 *(100%)***
Standard 2.4	-	2,267 *(23.1%)*	7,541 *(76.9%)*	-	**9,808 *(100%)***
Standard 2.5	-	1,648 *(16.8%)*	8,160 *(83.2%)*	-	**9,808 *(100%)***
Standard 2.6	-	1 *(<0.1%)*	9,807 *(100.0%)*	-	**9,808 *(100%)***
Standard 3.1	-	173 *(1.8%)*	9,635 *(98.2%)*	-	**9,808 *(100%)***
Standard 3.2	-	782 *(8.0%)*	9,024 *(92.0%)*	2 *(<0.1%)*	**9,808 *(100%)***
Standard 3.3	-	22 *(0.2%)*	9,786 *(99.8%)*	-	**9,808 *(100%)***
Standard 3.4	-	25 *(0.3%)*	9,783 *(99.7%)*	-	**9,808 *(100%)***
Standard 3.5	-	65 *(0.7%)*	9,743 *(99.3%)*	-	**9,808 *(100%)***
Standard 4.1	2 *(<0.1%)*	1,511 *(15.4%)*	8,295 *(84.6%)*	-	**9,808 *(100%)***
Standard 4.2	-	1,240 *(12.6%)*	8,566 *(87.3%)*	2 *(<0.1%)*	**9,808 *(100%)***
Standard 4.3	-	540 *(5.5%)*	9,267 *(94.5%)*	1 *(<0.1%)*	**9,808 *(100%)***
Standard 4.4	-	225 *(2.3%)*	9,583 *(97.7%)*	-	**9,808 *(100%)***
Standard 5.1	-	19 *(0.2%)*	9,789 *(99.8%)*	-	**9,808 *(100%)***
Standard 5.2	-	17 *(0.2%)*	9,791 *(99.8%)*	-	**9,808 *(100%)***
Standard 5.3	-	-	9,807 *(100.0%)*	1 *(<0.1%)*	**9,808 *(100%)***

Table 55: Number of inspection reports by rating for each standard for inspection reports rated satisfactory with action plan overall

Standard No.	Excellent	Good	Satisfactory	Standard not met	Total
Standard 1.1	-	136 *(8.3%)*	1,190 *(72.4%)*	317 *(19.3%)*	**1,643 *(100%)***
Standard 1.2	-	111 *(6.8%)*	1,265 *(77.0%)*	267 *(16.3%)*	**1,643 *(100%)***
Standard 1.3	-	19 *(1.2%)*	1,575 *(95.9%)*	49 *(3.0%)*	**1,643 *(100%)***
Standard 1.4	-	83 *(5.1%)*	1,534 *(93.4%)*	26 *(1.6%)*	**1,643 *(100%)***
Standard 1.5	-	-	1,640 *(99.8%)*	3 *(0.2%)*	**1,643 *(100%)***
Standard 1.6	-	-	1,347 *(82.0%)*	296 *(18.0%)*	**1,643 *(100%)***
Standard 1.7	-	68 *(4.1%)*	1,371 *(83.4%)*	204 *(12.4%)*	**1,643 *(100%)***
Standard 1.8	-	122 *(7.4%)*	1,418 *(86.3%)*	103 *(6.3%)*	**1,643 *(100%)***
Standard 2.1	-	48 *(2.9%)*	1,440 *(87.6%)*	155 *(9.4%)*	**1,643 *(100%)***
Standard 2.2	-	132 *(8.0%)*	1,294 *(78.8%)*	217 *(13.2%)*	**1,643 *(100%)***
Standard 2.3	-	41 *(2.5%)*	1,597 *(97.2%)*	5 *(0.3%)*	**1,643 *(100%)***
Standard 2.4	-	124 *(7.5%)*	1,503 *(91.5%)*	16 *(1.0%)*	**1,643 *(100%)***
Standard 2.5	-	111 *(6.8%)*	1,523 *(92.7%)*	9 *(0.5%)*	**1,643 *(100%)***
Standard 2.6	-	1 *(<0.1%)*	1,641 *(99.9%)*	1 *(<0.1%)*	**1,643 *(100%)***
Standard 3.1	-	9 *(<1%)*	1,418 *(86.3%)*	216 *(13.1%)*	**1,643 *(100%)***
Standard 3.2	-	122 *(7.4%)*	1,405 *(85.5%)*	116 *(7.1%)*	**1,643 *(100%)***
Standard 3.3	-	5 *(0.3%)*	1,584 *(96.4%)*	54 *(3.3%)*	**1,643 *(100%)***
Standard 3.4	-	5 *(0.3%)*	1,574 *(95.8%)*	64 *(3.9%)*	**1,643 *(100%)***
Standard 3.5	-	7 *(0.4%)*	1,588 *(96.7%)*	48 *(2.9%)*	**1,643 *(100%)***
Standard 4.1	-	129 *(7.9%)*	1,504 *(91.5%)*	10 *(0.6%)*	**1,643 *(100%)***
Standard 4.2	-	76 *(4.6%)*	1,399 *(85.1%)*	168 *(10.2%)*	**1,643 *(100%)***
Standard 4.3	-	28 *(1.7%)*	1,173 *(71.4%)*	442 *(26.9%)*	**1,643 *(100%)***
Standard 4.4	-	27 *(1.6%)*	1,546 *(94.1%)*	70 *(4.3%)*	**1,643 *(100%)***
Standard 5.1	-	6 *(0.4%)*	1,621 (98.7%)	16 *(1.0%)*	**1,643 *(100%)***
Standard 5.2	-	4 *(0.2%)*	1,525 (92.8%)	114 *(6.9%)*	**1,643 *(100%)***
Standard 5.3	-	-	1,609 (97.9%)	34 *(2.1%)*	**1,643 *(100%)***

Table 56: Number of inspection reports by rating for each standard for inspection reports rated poor overall

Standard No.	Excellent	Good	Satisfactory	Standard not met	Total
Standard 1.1	-	-	97 *(18.5%)*	428 *(81.5%)*	**525 *(100%)***
Standard 1.2	-	-	174 *(33.1%)*	351 *(66.9%)*	**525 *(100%)***
Standard 1.3	-	-	448 *(85.3%)*	77 *(14.7%)*	**525 *(100%)***
Standard 1.4	-	-	470 *(89.5%)*	55 *(10.5%)*	**525 *(100%)***
Standard 1.5	-	-	510 *(97.1%)*	15 *(2.9%)*	**525 *(100%)***
Standard 1.6	-	-	298 *(56.8%)*	227 *(43.2%)*	**525 *(100%)***
Standard 1.7	-	2 *(0.4%)*	372 *(70.9%)*	151 *(28.8%)*	**525 *(100%)***
Standard 1.8	-	6 *(1.1%)*	417 *(79.4%)*	102 *(19.4%)*	**525 *(100%)***
Standard 2.1	-	-	371 *(70.7%)*	154 *(29.3%)*	**525 *(100%)***
Standard 2.2	-	3 *(<0.6%)*	373 *(71.0%)*	149 *(28.4%)*	**525 *(100%)***
Standard 2.3	-	-	500 *(95.2%)*	25 *(4.8%)*	**525 *(100%)***
Standard 2.4	-	3 *(0.6%)*	456 *(86.9%)*	66 *(12.6%)*	**525 *(100%)***
Standard 2.5	-	3 *(0.6%)*	481 *(91.6%)*	41 *(7.8%)*	**525 *(100%)***
Standard 2.6	-	-	524 *(99.8%)*	1 *(0.2%)*	**525 *(100%)***
Standard 3.1	-	2 *(0.4%)*	348 *(66.3%)*	175 *(33.3%)*	**525 *(100%)***
Standard 3.2	-	9 *(1.7%)*	466 *(88.8%)*	50 *(9.5%)*	**525 *(100%)***
Standard 3.3	-	-	470 *(89.5%)*	55 *(10.5%)*	**525 *(100%)***
Standard 3.4	-	-	491 *(93.5%)*	34 *(6.5%)*	**525 *(100%)***
Standard 3.5	-	2 *(0.4%)*	475 *(90.5%)*	48 *(9.1%)*	**525 *(100%)***
Standard 4.1	-	8 *(1.5%)*	490 *(93.3%)*	27 *(5.1%)*	**525 *(100%)***
Standard 4.2	-	-	222 *(42.3%)*	303 *(57.7%)*	**525 *(100%)***
Standard 4.3	-	-	224 *(42.7%)*	301 *(57.3%)*	**525 *(100%)***
Standard 4.4	-	1 *(0.2%)*	433 *(82.5%)*	91 *(17.3%)*	**525 *(100%)***
Standard 5.1	-	-	489 *(93.1%)*	36 *(6.9%)*	**525 *(100%)***
Standard 5.2	-	-	444 *(84.6%)*	81 *(15.4%)*	**525 *(100%)***
Standard 5.3	-	-	494 *(94.1%)*	31 *(5.9%)*	**525 *(100%)***

Trend in Inspection Ratings for Pharmacies Inspected more than Once

Table 57: Rating history and months between inspections for pharmacies receiving more than two inspections

Pharmacy number	Latest inspection Rating	Penultimate inspection Rating	Previous inspection Rating	Previous inspection Rating	Months between latest and penultimate inspection	Months between penultimate and previous inspection	Months between previous inspections
1	**Satisfactory**	Satisfactory	Satisfactory	No Previous inspection	13	24	
2	**Poor**	Satisfactory	Poor	No Previous Inspection	9	16	
3	**Satisfactory**	Satisfactory	Satisfactory	No Previous Inspection	4	17	
4	**Satisfactory**	Poor	Satisfactory	No Previous Inspection	9	12	
5	**Satisfactory**	Satisfactory	Poor	No Previous Inspection	14	19	
6	**Poor**	Poor	Satisfactory	No Previous Inspection	16	18	
7	**Satisfactory**	Poor	Satisfactory	No Previous Inspection	16	15	
8	**Good**	Poor	Satisfactory	No Previous Inspection	26	6	
9	**Satisfactory**	Satisfactory	Satisfactory	No Previous Inspection	2	30	
10	**Satisfactory**	Poor	Satisfactory	No Previous Inspection	3	46	
11	**Satisfactory**	Satisfactory	Satisfactory	No Previous Inspection	21	10	
12	**Satisfactory**	Poor	Good	No Previous Inspection	10	35	
13	**Satisfactory**	Satisfactory	Poor	No Previous Inspection	16	15	
14	**Satisfactory**	Satisfactory	Poor	Poor	9	18	10
15	**Satisfactory**	Satisfactory	Poor	No Previous Inspection	12	1	
16	**Satisfactory**	Poor	Poor	No Previous Inspection	18	33	
17	**Satisfactory**	Satisfactory	Satisfactory	No Previous Inspection	21	27	
18	**Poor**	Satisfactory	Poor	No Previous Inspection	5	7	

19	**Satisfactory**	Poor	Poor	No Previous Inspection	13	1	
20	**Poor**	Poor	Poor	No Previous Inspection	11	25	
21	**Satisfactory**	Satisfactory	Satisfactory	No Previous Inspection	18	15	
22	**Satisfactory**	Poor	Satisfactory	No Previous Inspection	15	12	
23	**Satisfactory**	Poor	Poor	No Previous Inspection	20	21	
24	**Satisfactory**	Poor	Poor	No Previous Inspection	15	8	
25	**Satisfactory**	Satisfactory	Poor	No Previous Inspection	26	6	
26	**Satisfactory**	Satisfactory	Satisfactory	No Previous Inspection	5	28	
27	**Good**	Poor	Satisfactory	No Previous Inspection	24	26	
28	**Satisfactory**	Poor	Poor	No Previous Inspection	43	7	
29	**Satisfactory**	Satisfactory	Poor	No Previous Inspection	11	24	
30	**Satisfactory**	Satisfactory	Poor	No Previous Inspection	26	18	
31	**Satisfactory**	Satisfactory	Satisfactory	No Previous Inspection	16	25	
32	**Satisfactory**	Satisfactory	Satisfactory	No Previous Inspection	6	37	
	Change	**Number**					
	No change	16					
	Improved	14					
	Worsened	2					

Appendix 8: Results of analyses of association between ratings for individual principles or standards and overall pharmacy rating

The results of probit regression analysis of associations between the individual principles or standards and the overall inspection rating, after adjusting for other principles and pharmacy characteristics are shown in the tables below. See main report for details. Note that it is not possible to interpret the sizes of the coefficients themselves but only the size of the coefficient for one standard relative to that for the other standards within the same principle, or for one principle relative to the other principles in the analysis relating to the five principles.

Table 58: Results of probit regression modelling showing relative strength of association between ratings for the different principles and the overall pharmacy inspection outcome

Principle	Regression coefficient	p value
1	2.4	0.0
2	1.0	0.0
3	1.4	0.0
4	1.9	0.0
5	1.1	0.0

Table 59: Results of probit regression modelling showing relative strength of association between ratings for the different standards within principle 1 and the overall pharmacy inspection outcome

Standard	Regression coefficient	p value
1.1	1.1	0.0
1.2	0.8	0.0
1.3	0.6	0.0
1.4	0.3	0.0
1.5	2.3	0.0
1.6	1.8	0.0
1.7	0.7	0.0
1.8	0.5	0.0

Table 60: Results of probit regression modelling showing relative strength of association between ratings for the different standards within principle 2 and the overall pharmacy inspection outcome

Standard	Regression coefficient	p value
2.1	0.8	0.0
2.2	0.7	0.0
2.3	0.3	0.0
2.4	0.3	0.0
2.5	0.3	0.0
2.6	0.1	0.9 (not significant)

Table 61: Results of probit regression modelling showing relative strength of association between ratings for the different standards within principle 3 and the overall pharmacy inspection outcome

Standard	Regression coefficient	p value
3.1	1.5	0.0
3.2	0.3	0.0
3.3	0.9	0.0
3.4	1.2	0.0
3.5	0.6	0.0

Table 62: Results of probit regression modelling showing relative strength of association between ratings for the different standards within principle 4 and the overall pharmacy inspection outcome

Standard	Regression coefficient	p value
4.1	0.4	0.0
4.2	1.12	0.0
4.3	1.3	0.0
4.4	1.0	0.0

Table 63: Results of probit regression modelling showing relative strength of association between ratings for the different standards within principle 5 and the overall pharmacy inspection outcome

Standard	Regression coefficient	p value
5.1	1.1	0.0
5.2	1.2	0.0
5.3	1.6	0.0

Results of analysis of the sensitivity and specificity of using a poor/not met or satisfactory outcome for any of the five principles or 26 standards as a marker for pharmacies that are more likely to be rated either poor or satisfactory with action plan on their overall inspection. Based on outcomes of the 14,650 pharmacy inspections, without adjustment for differences in pharmacy characteristics

Table 64: Results of analysis of the sensitivity and specificity of using a poor/not met or satisfactory outcome for any of the five principles or 26 standards as a marker for pharmacies that are more likely to be rated either poor or satisfactory with action plan on their overall inspection. Based on outcomes of the 14,650 pharmacy inspections, without adjustment for differences in pharmacy characteristics

	Sensitivity	Specificity
Principle 1	99.2%	24.2%
Principle 2	97.0%	30.7%
Principle 3	99.7%	1.7%
Principle 4	99.2%	19.5%
Principle 5	100.0%	0.1%
Standard 1.1	93.7%	36.9%
Standard 1.2	94.9%	37.2%
Standard 1.3	99.1%	8.3%
Standard 1.4	96.2%	16.8%
Standard 1.5	100.0%	<0.1%
Standard 1.6	100.0%	0.2%
Standard 1.7	96.8%	18.9%
Standard 1.8	94.1%	22.9%
Standard 2.1	97.8%	10.8%
Standard 2.2	93.8%	39.5%
Standard 2.3	98.1%	8.4%
Standard 2.4	94.1%	34.8%
Standard 2.5	94.7%	24.0%
Standard 2.6	100.0%	<0.1%
Standard 3.1	99.5%	2.6%
Standard 3.2	94.0%	11.9%
Standard 3.3	99.8%	0.4%
Standard 3.4	99.8%	0.5%
Standard 3.5	99.6%	0.7%
Standard 4.1	93.7%	22.6%
Standard 4.2	96.5%	29.5%
Standard 4.3	98.7%	11.6%
Standard 4.4	98.7%	4.4%
Standard 5.1	99.7%	0.6%
Standard 5.2	99.8%	0.5%
Standard 5.3	100.0%	<0.1%

Table 65: Results of analysis of the sensitivity and specificity of using an excellent or good outcome for any of the five principles or 26 standards as a marker for pharmacies that are more likely to be rated either excellent or good on their overall inspection. Based on outcomes of the 14,650 pharmacy inspections, without adjustment for differences in pharmacy characteristics

	Sensitivity	Specificity
Principle 1	93.7%	95.5%
Principle 2	83.8%	86.2%
Principle 3	4.5%	99.2%
Principle 4	80.6%	97.5%
Principle 5	0.6%	100.0%
Standard 1.1	97.2%	82.1%
Standard 1.2	94.7%	81.5%
Standard 1.3	23.3%	96.4%
Standard 1.4	39.7%	90.7%
Standard 1.5	<0.1%	100.0%
Standard 1.6	0.4%	99.9%
Standard 1.7	39.9%	88.7%
Standard 1.8	53.3%	87.0%
Standard 2.1	26.4%	94.3%
Standard 2.2	80.4%	75.6%
Standard 2.3	22.8%	96.0%
Standard 2.4	77.8%	80.0%
Standard 2.5	50.2%	85.3%
Standard 2.6	0.1%	100.0%
Standard 3.1	5.8%	98.5%
Standard 3.2	26.2%	92.4%
Standard 3.3	0.9%	99.8%
Standard 3.4	1.3%	99.7%
Standard 3.5	1.0%	99.4%
Standard 4.1	48.9%	86.2%
Standard 4.2	91.2%	89.0%
Standard 4.3	33.8%	95.3%
Standard 4.4	12.0%	97.9%
Standard 5.1	1.9%	99.8%
Standard 5.2	1.6%	99.8%
Standard 5.3	0.1%	100.0%

Appendix 9: Inspection Report Dataset by Pharmacy Characteristics

Table 66: Number and percentage of inspection reports by overall inspection rating

	Number	Percentage
Excellent	6	<0.1%
Good	2,668	18.2%
Satisfactory	9,808	66.9%
Satisfactory with action plan	1,643	11.2%
Poor	525	3.6%
Total	**14,650**	**100.0%**

Table 67: Number and percentage of inspection reports by pharmacy sector

	Number	Percentage
Community	14,279	97.5%
Hospital	347	2.4%
Prison	23	0.2%
Temporary	1	<0.1%
Total	**14,650**	**100.0%**

Table 68: Number and percentage of inspection reports by size of pharmacy chain

	Number	Percentage
[1]	3,265	22.3%
[2-5]	2,274	15.5%
[6-25]	1,362	9.3%
[26-100]	674	4.6%
[>100]	7,075	48.3%
Total	**14,650**	**100.0%**

Table 69: Number and percentage of inspection reports by inspection type

	Number	Percentage
Announced	12,627	86.2%
Unannounced	2,023	13.8%
Total	**14,650**	**100.0%**

Table 70: Number and percentage of inspection reports by number of times concerns had been raised to GPhC previously

	Number	Percentage
0	13,556	92.5%
1	892	6.1%
2	150	1.0%
3	31	0.2%
4	12	<0.1%
5	2	<0.1%
6	4	<0.1%
7	1	<0.1%
10	1	<0.1%
14	1	<0.1%
Total	**14,650**	**100.0%**

Table 71: Number and percentage of inspection reports by country

	Number	Percentage
England	12,598	86.0%
Scotland	1,300	8.9%
Wales	752	5.1%
Total	**14,650**	**100.0%**

Table 72: Number and percentage of inspection reports by inspector region

	Number	Percentage
East	3,642	24.9%
North	3,699	25.2%
South	3,640	24.8%
West	3,669	25.0%
Total	**14,650**	**100.0%**

Table 73: Number and percentage of inspection reports by pharmacy setting

	Number	Percentage
Rural	1,837	12.5%
Urban city and town	6,798	46.4%
Urban major conurbation	6,015	41.1%
Total	**14,650**	**100.0%**

Table 74: Number and percentage of inspection reports by CCG/Health Board

	Number	Percentage
NHS Birmingham CrossCity CCG	217	1.5%
NHS Northern, Eastern and Western Devon CCG	180	1.2%
Glasgow City Community Health Partnership	178	1.2%
NHS Cambridgeshire and Peterborough CCG	171	1.2%
NHS Dorset CCG	163	1.1%
NHS Manchester CCG	159	1.1%
Betsi Cadwaladr University Health Board	158	1.1%
NHS Liverpool CCG	150	1.0%
NHS Herts Valleys CCG	147	1.0%
NHS Sandwell and West Birmingham CCG	143	1.0%
NHS Sheffield CCG	138	0.9%
Aneurin Bevan University Health Board	133	0.9%
Abertawe Bro Morgannwg University Health Board	129	0.9%
NHS Nene CCG	125	0.9%
NHS Oxfordshire CCG	124	0.8%
NHS Gloucestershire CCG	124	0.8%
NHS Southern Derbyshire CCG	123	0.8%
NHS Coventry and Rugby CCG	122	0.8%
NHS East and North Hertfordshire CCG	121	0.8%
NHS Newcastle Gateshead CCG	121	0.8%
NHS Central London (Westminster) CCG	120	0.8%
Cardiff and Vale University Health Board	117	0.8%
Edinburgh Community Health Partnership	114	0.8%
NHS Kernow CCG	110	0.8%
NHS Somerset CCG	110	0.8%
NHS Bristol CCG	110	0.8%
NHS Coastal West Sussex CCG	109	0.7%
Hywel Dda University Health Board	107	0.7%
NHS East Lancashire CCG	104	0.7%
NHS West Hampshire CCG	101	0.7%
NHS Wirral CCG	97	0.7%

NHS Leicester City CCG	95	0.6%
NHS Morecambe Bay CCG	94	0.6%
NHS Bradford Districts CCG	87	0.6%
NHS Croydon CCG	87	0.6%
NHS Ealing CCG	86	0.6%
NHS Wakefield CCG	84	0.6%
NHS Bolton CCG	84	0.6%
Cwm Taf University Health Board	83	0.6%
NHS Barnet CCG	83	0.6%
NHS Doncaster CCG	83	0.6%
NHS Brent CCG	82	0.6%
NHS Bedfordshire CCG	82	0.6%
NHS Dudley CCG	82	0.6%
NHS Wiltshire CCG	81	0.6%
NHS Stockport CCG	80	0.5%
NHS West Leicestershire CCG	79	0.5%
NHS Ipswich and East Suffolk CCG	78	0.5%
NHS Walsall CCG	78	0.5%
NHS West Kent CCG	78	0.5%
North Lanarkshire Community Health Partnership	77	0.5%
NHS Northumberland CCG	77	0.5%
NHS Leeds South and East CCG	77	0.5%
NHS Durham Dales, Easington and Sedgefield CCG	77	0.5%
NHS Hillingdon CCG	77	0.5%
NHS Hull CCG	77	0.5%
NHS Camden CCG	76	0.5%
NHS Stoke on Trent CCG	75	0.5%
NHS Rotherham CCG	74	0.5%
NHS Wigan Borough CCG	73	0.5%
NHS City and Hackney CCG	73	0.5%
South Lanarkshire Community Health Partnership	72	0.5%
NHS South Devon and Torbay CCG	72	0.5%
NHS Lambeth CCG	72	0.5%
NHS North West Surrey CCG	71	0.5%
NHS West London CCG	71	0.5%
NHS Newham CCG	71	0.5%
NHS Trafford CCG	70	0.5%
NHS Tameside and Glossop CCG	70	0.5%
NHS Nottingham City CCG	70	0.5%
NHS East Leicestershire and Rutland CCG	70	0.5%
NHS Mid Essex CCG	70	0.5%
NHS Wolverhampton CCG	69	0.5%
NHS Leeds West CCG	69	0.5%
NHS Southwark CCG	69	0.5%
NHS Sunderland CCG	69	0.5%
NHS North East Essex CCG	68	0.5%
NHS Vale of York CCG	68	0.5%
NHS Greenwich CCG	68	0.5%
NHS South Tees CCG	67	0.5%
NHS Chiltern CCG	67	0.5%
NHS North Cumbria CCG	66	0.5%
NHS Salford CCG	65	0.4%
NHS Greater Huddersfield CCG	65	0.4%
NHS Enfield CCG	65	0.4%
NHS East Riding of Yorkshire CCG	65	0.4%
NHS Hartlepool and Stockton-on-Tees CCG	65	0.4%
NHS Harrow CCG	65	0.4%

NHS Hounslow CCG	64	0.4%
NHS Brighton and Hove CCG	64	0.4%
NHS Wandsworth CCG	64	0.4%
NHS Bromley CCG	63	0.4%
NHS Waltham Forest CCG	62	0.4%
NHS Haringey CCG	62	0.4%
NHS Oldham CCG	62	0.4%
NHS West Cheshire CCG	61	0.4%
NHS Redbridge CCG	60	0.4%
NHS North Derbyshire CCG	60	0.4%
NHS Surrey Downs CCG	60	0.4%
NHS Medway CCG	59	0.4%
NHS Great Yarmouth and Waveney CCG	59	0.4%
NHS North Durham CCG	58	0.4%
NHS Lewisham CCG	58	0.4%
Aberdeenshire Community Health Partnership	57	0.4%
NHS Barnsley CCG	56	0.4%
NHS South Warwickshire CCG	56	0.4%
NHS Eastern Cheshire CCG	56	0.4%
NHS Greater Preston CCG	56	0.4%
Highland Health and Social Care Partnership	56	0.4%
NHS Shropshire CCG	56	0.4%
NHS Calderdale CCG	55	0.4%
NHS West Essex CCG	54	0.4%
NHS South Gloucestershire CCG	54	0.4%
NHS Tower Hamlets CCG	54	0.4%
NHS Heywood, Middleton and Rochdale CCG	53	0.4%
NHS North Tyneside CCG	53	0.4%
NHS Norwich CCG	53	0.4%
NHS Dartford, Gravesham and Swanley CCG	53	0.4%
NHS Islington CCG	53	0.4%
NHS Birmingham South and Central CCG	53	0.4%
NHS Blackburn with Darwen CCG	53	0.4%
Aberdeen City Community Health Partnership	52	0.4%
NHS Basildon and Brentwood CCG	52	0.4%
NHS South East Staffordshire and Seisdon Peninsula CCG	52	0.4%
NHS St Helens CCG	51	0.3%
NHS Havering CCG	51	0.3%
NHS Southampton CCG	51	0.3%
NHS Warrington CCG	51	0.3%
NHS Milton Keynes CCG	50	0.3%
NHS Bexley CCG	50	0.3%
NHS Lincolnshire West CCG	49	0.3%
NHS North Kirklees CCG	49	0.3%
NHS North Somerset CCG	49	0.3%
NHS Sutton CCG	48	0.3%
NHS Richmond CCG	48	0.3%
NHS North Staffordshire CCG	48	0.3%
NHS Solihull CCG	47	0.3%
NHS Blackpool CCG	47	0.3%
NHS Leeds North CCG	47	0.3%
NHS West Suffolk CCG	47	0.3%
NHS South Worcestershire CCG	47	0.3%
NHS Swindon CCG	47	0.3%
NHS South Eastern Hampshire CCG	47	0.3%
NHS Luton CCG	47	0.3%
Renfrewshire Community Health Partnership	46	0.3%

NHS Mansfield and Ashfield CCG	46	0.3%
NHS Hammersmith and Fulham CCG	46	0.3%
NHS Portsmouth CCG	46	0.3%
NHS Merton CCG	45	0.3%
NHS Bury CCG	45	0.3%
NHS Bath and North East Somerset CCG	44	0.3%
NHS South Sefton CCG	43	0.3%
NHS Airedale, Wharfedale and Craven CCG	43	0.3%
NHS North East Hampshire and Farnham CCG	43	0.3%
NHS Bradford City CCG	43	0.3%
NHS Warwickshire North CCG	43	0.3%
NHS Barking and Dagenham CCG	43	0.3%
NHS Canterbury and Coastal CCG	42	0.3%
NHS Lincolnshire East CCG	42	0.3%
NHS Guildford and Waverley CCG	42	0.3%
NHS Horsham and Mid Sussex CCG	42	0.3%
NHS South Kent Coast CCG	42	0.3%
NHS Hastings and Rother CCG	41	0.3%
NHS Chorley and South Ribble CCG	41	0.3%
NHS Eastbourne, Hailsham and Seaford CCG	40	0.3%
NHS Southend CCG	40	0.3%
NHS Telford and Wrekin CCG	39	0.3%
NHS Slough CCG	38	0.3%
NHS North East Lincolnshire CCG	38	0.3%
NHS Fylde & Wyre CCG	38	0.3%
NHS Redditch and Bromsgrove CCG	38	0.3%
NHS North Hampshire CCG	38	0.3%
NHS North Lincolnshire CCG	38	0.3%
NHS South Tyneside CCG	38	0.3%
NHS South Cheshire CCG	37	0.3%
North Ayrshire Community Health Partnership	37	0.3%
NHS Knowsley CCG	37	0.3%
Falkirk Community Health Partnership	37	0.3%
Dumfries and Galloway Community Health Partnership	36	0.2%
NHS Thurrock CCG	36	0.2%
NHS High Weald Lewes Havens CCG	36	0.2%
NHS Castle Point and Rochford CCG	36	0.2%
NHS Southport and Formby CCG	35	0.2%
Dundee Community Health Partnership	35	0.2%
Dunfermline and West Fife Community Health Partnership	35	0.2%
NHS Kingston CCG	35	0.2%
NHS East Surrey CCG	34	0.2%
Perth and Kinross Community Health Partnership	34	0.2%
NHS Halton CCG	34	0.2%
NHS Isle of Wight CCG	34	0.2%
East Ayrshire Community Health Partnership	34	0.2%
NHS Fareham and Gosport CCG	33	0.2%
West Lothian Community Health and Care Partnership	33	0.2%
NHS Thanet CCG	33	0.2%
NHS Stafford and Surrounds CCG	33	0.2%
NHS South Norfolk CCG	33	0.2%
NHS Nottingham North and East CCG	32	0.2%
NHS Aylesbury Vale CCG	32	0.2%
NHS Cannock Chase CCG	32	0.2%
NHS East Staffordshire CCG	30	0.2%
South Ayrshire Community Health Partnership	29	0.2%
NHS Harrogate and Rural District CCG	29	0.2%

Scottish Borders Community Health and Care Partnership	29	0.2%
NHS West Norfolk CCG	29	0.2%
NHS Windsor, Ascot and Maidenhead CCG	29	0.2%
NHS Herefordshire CCG	28	0.2%
NHS North Norfolk CCG	28	0.2%
Stirling Community Health Partnership	28	0.2%
NHS Hambleton, Richmondshire and Whitby CCG	27	0.2%
NHS Scarborough and Ryedale CCG	27	0.2%
Glenrothes and North East Fife Community Health Partnership	27	0.2%
NHS Bracknell and Ascot CCG	27	0.2%
NHS South Reading CCG	27	0.2%
NHS Bassetlaw CCG	27	0.2%
NHS Nottingham West CCG	26	0.2%
Argyll and Bute Community Health Partnership	26	0.2%
Moray Community Health and Social Care Partnership	26	0.2%
NHS Newark & Sherwood CCG	26	0.2%
NHS West Lancashire CCG	26	0.2%
Powys Teaching Health Board	25	0.2%
NHS Crawley CCG	25	0.2%
NHS Swale CCG	25	0.2%
NHS Vale Royal CCG	25	0.2%
East Dunbartonshire Community Health Partnership	25	0.2%
NHS Hardwick CCG	24	0.2%
NHS Darlington CCG	24	0.2%
NHS South Lincolnshire CCG	24	0.2%
NHS Rushcliffe CCG	24	0.2%
Angus Community Health Partnership	24	0.2%
NHS Erewash CCG	24	0.2%
East Lothian Community Health Partnership	23	0.2%
Kirkcaldy and Levenmouth Community Health Partnership	23	0.2%
West Dunbartonshire Community Health and Care Partnership	22	0.2%
NHS Wyre Forest CCG	21	0.1%
NHS Wokingham CCG	21	0.1%
Inverclyde Community Health and Care Partnership	20	0.1%
East Renfrewshire Community Health and Care Partnership	20	0.1%
Midlothian Community Health Partnership	20	0.1%
NHS Ashford CCG	20	0.1%
NHS Surrey Heath CCG	18	0.1%
NHS North & West Reading CCG	17	0.1%
NHS South West Lincolnshire CCG	17	0.1%
NHS Newbury and District CCG	16	0.1%
NHS Corby CCG	14	0.1%
Clackmannanshire Community Health Partnership	13	0.1%
Shetland Community Health Partnership	5	<0.1%
Orkney Community Health Partnership	4	<0.1%
Western Isles Community Health and Social Care Partnership	3	<0.1%
Total	**14,650**	**100%**

Table 75: Number and percentage of inspection reports by local authority

	Number	Percentage
Birmingham	321	2.2%
Leeds	193	1.3%
Glasgow City	178	1.2%
Bradford	160	1.1%
Manchester	159	1.1%
Liverpool	150	1.0%
Sheffield	138	0.9%
Westminster	136	0.9%
County Durham	135	0.9%
City of Edinburgh	114	0.8%
Kirklees	114	0.8%
Bristol, City of	110	0.8%
Cornwall	109	0.7%
Coventry	101	0.7%
Wirral	97	0.7%
Leicester	95	0.6%
Cheshire East	93	0.6%
Sandwell	92	0.6%
Croydon	87	0.6%
Cardiff	86	0.6%
Cheshire West and Chester	86	0.6%
Ealing	86	0.6%
Fife	85	0.6%
Wakefield	84	0.6%
Bolton	84	0.6%
Barnet	83	0.6%
Doncaster	83	0.6%
Dudley	82	0.6%
Brent	82	0.6%
Wiltshire	81	0.6%
Stockport	80	0.5%
Walsall	78	0.5%
Sefton	78	0.5%
Kingston upon Hull, City of	77	0.5%
North Lanarkshire	77	0.5%
Northumberland	77	0.5%
Hillingdon	77	0.5%
Camden	76	0.5%
Stoke-on-Trent	74	0.5%
Rotherham	74	0.5%
Wigan	73	0.5%
Derby	73	0.5%
South Lanarkshire	72	0.5%
Lambeth	72	0.5%
Newham	71	0.5%
Trafford	70	0.5%
Nottingham	70	0.5%
Wolverhampton	69	0.5%
Southwark	69	0.5%
Sunderland	69	0.5%
Newcastle upon Tyne	69	0.5%
East Riding of Yorkshire	68	0.5%
Rhondda Cynon Taf	68	0.5%
Greenwich	68	0.5%

Harrow	65	0.4%
Enfield	65	0.4%
Salford	65	0.4%
Hounslow	64	0.4%
Brighton and Hove	64	0.4%
Wandsworth	64	0.4%
Bromley	63	0.4%
Tameside	63	0.4%
Waltham Forest	62	0.4%
Haringey	62	0.4%
Oldham	62	0.4%
Swansea	61	0.4%
Redbridge	60	0.4%
Medway	59	0.4%
Lewisham	58	0.4%
Aberdeenshire	57	0.4%
Plymouth	57	0.4%
Highland	56	0.4%
Shropshire	56	0.4%
Barnsley	56	0.4%
Kensington and Chelsea	55	0.4%
Calderdale	55	0.4%
South Gloucestershire	54	0.4%
Tower Hamlets	54	0.4%
North Tyneside	53	0.4%
Rochdale	53	0.4%
Islington	53	0.4%
Blackburn with Darwen	53	0.4%
Carmarthenshire	52	0.4%
Aberdeen City	52	0.4%
Gateshead	52	0.4%
Warrington	51	0.3%
Southampton	51	0.3%
Northampton	51	0.3%
Havering	51	0.3%
St. Helens	51	0.3%
Bexley	50	0.3%
Hackney	50	0.3%
Milton Keynes	50	0.3%
North Somerset	49	0.3%
Sutton	48	0.3%
Richmond upon Thames	48	0.3%
Blackpool	47	0.3%
Central Bedfordshire	47	0.3%
Solihull	47	0.3%
Luton	47	0.3%
Renfrewshire	46	0.3%
Swindon	46	0.3%
Hammersmith and Fulham	46	0.3%
York	46	0.3%
Portsmouth	46	0.3%
Charnwood	45	0.3%
Stockton-on-Tees	45	0.3%
Peterborough	45	0.3%
Bury	45	0.3%
Merton	45	0.3%
Bournemouth	44	0.3%

Caerphilly	44	0.3%
Preston	44	0.3%
Bath and North East Somerset	44	0.3%
Barking and Dagenham	43	0.3%
Torbay	41	0.3%
Southend-on-Sea	40	0.3%
Lancaster	39	0.3%
Telford and Wrekin	39	0.3%
New Forest	39	0.3%
North Lincolnshire	38	0.3%
North East Lincolnshire	38	0.3%
Basildon	38	0.3%
Slough	38	0.3%
South Tyneside	38	0.3%
Colchester	37	0.3%
Falkirk	37	0.3%
Knowsley	37	0.3%
North Ayrshire	37	0.3%
Arun	37	0.3%
Norwich	36	0.2%
Dumfries and Galloway	36	0.2%
Wycombe	36	0.2%
Thurrock	36	0.2%
South Somerset	36	0.2%
Reading	35	0.2%
Poole	35	0.2%
Bridgend	35	0.2%
Bedford	35	0.2%
Canterbury	35	0.2%
Ipswich	35	0.2%
Dundee City	35	0.2%
Kingston upon Thames	35	0.2%
Isle of Wight	34	0.2%
Chelmsford	34	0.2%
Middlesbrough	34	0.2%
Halton	34	0.2%
Oxford	34	0.2%
Perth and Kinross	34	0.2%
East Ayrshire	34	0.2%
Neath Port Talbot	33	0.2%
West Lothian	33	0.2%
Wealden	33	0.2%
Redcar and Cleveland	33	0.2%
Thanet	33	0.2%
Huntingdonshire	33	0.2%
Newport	33	0.2%
Windsor and Maidenhead	32	0.2%
Elmbridge	32	0.2%
Gloucester	32	0.2%
Wrexham	32	0.2%
Pembrokeshire	31	0.2%
Mid Sussex	31	0.2%
St Albans	31	0.2%
East Devon	31	0.2%
Hertsmere	31	0.2%
Dacorum	31	0.2%
Warwick	31	0.2%

Tendring	31	0.2%
Reigate and Banstead	31	0.2%
Vale of Glamorgan	31	0.2%
Havant	31	0.2%
Gwynedd	30	0.2%
Great Yarmouth	30	0.2%
Nuneaton and Bedworth	30	0.2%
Flintshire	30	0.2%
Watford	29	0.2%
Stafford	29	0.2%
Teignbridge	29	0.2%
Scottish Borders	29	0.2%
Cambridge	29	0.2%
South Lakeland	29	0.2%
Waveney	29	0.2%
Swale	29	0.2%
Scarborough	29	0.2%
South Ayrshire	29	0.2%
Newcastle-under-Lyme	29	0.2%
Basingstoke and Deane	29	0.2%
Harrogate	29	0.2%
Stirling	28	0.2%
Aylesbury Vale	28	0.2%
Ashfield	28	0.2%
Herefordshire, County of	28	0.2%
Conwy	28	0.2%
Cheltenham	28	0.2%
East Staffordshire	28	0.2%
Maidstone	28	0.2%
East Lindsey	27	0.2%
Cannock Chase	27	0.2%
Hyndburn	27	0.2%
North Hertfordshire	27	0.2%
Waverley	27	0.2%
Erewash	27	0.2%
Amber Valley	27	0.2%
Bassetlaw	27	0.2%
Mansfield	26	0.2%
Moray	26	0.2%
Exeter	26	0.2%
Cherwell	26	0.2%
Newark and Sherwood	26	0.2%
Argyll and Bute	26	0.2%
West Lancashire	26	0.2%
Broxtowe	26	0.2%
Worthing	26	0.2%
South Ribble	26	0.2%
King's Lynn and West Norfolk	26	0.2%
Pendle	25	0.2%
East Hertfordshire	25	0.2%
Powys	25	0.2%
Stevenage	25	0.2%
Welwyn Hatfield	25	0.2%
Braintree	25	0.2%
Burnley	25	0.2%
Stratford-on-Avon	25	0.2%
East Dunbartonshire	25	0.2%

Suffolk Coastal	25	0.2%
Eastleigh	25	0.2%
Denbighshire	25	0.2%
Chorley	25	0.2%
Shepway	25	0.2%
Epping Forest	25	0.2%
Three Rivers	25	0.2%
Lincoln	25	0.2%
Crawley	25	0.2%
Blaby	24	0.2%
Ceredigion	24	0.2%
Darlington	24	0.2%
South Oxfordshire	24	0.2%
Rushcliffe	24	0.2%
Gedling	24	0.2%
West Berkshire	24	0.2%
Angus	24	0.2%
Guildford	24	0.2%
Chesterfield	23	0.2%
Sedgemoor	23	0.2%
Gravesham	23	0.2%
Kettering	23	0.2%
East Lothian	23	0.2%
Chichester	23	0.2%
Carlisle	23	0.2%
Hastings	23	0.2%
St Edmundsbury	23	0.2%
Broxbourne	23	0.2%
City of London	23	0.2%
Bracknell Forest	23	0.2%
Wokingham	22	0.2%
Spelthorne	22	0.2%
West Dunbartonshire	22	0.2%
Broadland	22	0.2%
Mendip	22	0.2%
Eastbourne	22	0.2%
Vale of White Horse	22	0.2%
Allerdale	22	0.2%
Redditch	22	0.2%
Taunton Deane	21	0.1%
Rushmoor	21	0.1%
Rugby	21	0.1%
Lewes	21	0.1%
Fenland	21	0.1%
South Cambridgeshire	21	0.1%
Sevenoaks	21	0.1%
Lichfield	21	0.1%
Dartford	21	0.1%
High Peak	21	0.1%
North East Derbyshire	21	0.1%
Torfaen	21	0.1%
Tamworth	21	0.1%
Wyre Forest	21	0.1%
South Norfolk	21	0.1%
South Kesteven	21	0.1%
South Staffordshire	21	0.1%
Wyre	21	0.1%

East Hampshire	20	0.1%
Breckland	20	0.1%
Fylde	20	0.1%
Inverclyde	20	0.1%
Ashford	20	0.1%
West Dorset	20	0.1%
Midlothian	20	0.1%
Staffordshire Moorlands	20	0.1%
Tunbridge Wells	20	0.1%
Hartlepool	20	0.1%
East Renfrewshire	20	0.1%
West Oxfordshire	20	0.1%
Dover	20	0.1%
Horsham	20	0.1%
Rossendale	19	0.1%
Winchester	19	0.1%
Hart	19	0.1%
Surrey Heath	19	0.1%
Monmouthshire	19	0.1%
Chiltern	19	0.1%
Harlow	19	0.1%
Barrow-in-Furness	19	0.1%
North Devon	19	0.1%
Castle Point	19	0.1%
Stroud	19	0.1%
Worcester	19	0.1%
Hinckley and Bosworth	18	0.1%
Test Valley	18	0.1%
Mole Valley	18	0.1%
Bolsover	18	0.1%
North Kesteven	18	0.1%
Rother	18	0.1%
North Norfolk	18	0.1%
Tonbridge and Malling	18	0.1%
Woking	18	0.1%
Wellingborough	17	0.1%
Gosport	17	0.1%
Babergh	17	0.1%
North West Leicestershire	17	0.1%
East Dorset	17	0.1%
Rochford	17	0.1%
South Hams	16	0.1%
South Derbyshire	16	0.1%
Tewkesbury	16	0.1%
Blaenau Gwent	16	0.1%
Cotswold	16	0.1%
Bromsgrove	16	0.1%
Fareham	16	0.1%
Weymouth and Portland	16	0.1%
Merthyr Tydfil	15	0.1%
Wychavon	15	0.1%
Runnymede	15	0.1%
East Cambridgeshire	15	0.1%
South Holland	15	0.1%
South Bucks	15	0.1%
Craven	15	0.1%
Corby	14	0.1%

Copeland	14	0.1%
Selby	14	0.1%
Mid Suffolk	14	0.1%
West Lindsey	14	0.1%
Harborough	14	0.1%
Brentwood	14	0.1%
Epsom and Ewell	14	0.1%
Adur	14	0.1%
Hambleton	14	0.1%
East Northamptonshire	14	0.1%
Tandridge	14	0.1%
Oadby and Wigston	13	0.1%
Mid Devon	13	0.1%
Isle of Anglesey	13	0.1%
Daventry	13	0.1%
Clackmannanshire	13	0.1%
North Warwickshire	13	0.1%
Forest of Dean	13	0.1%
Malvern Hills	13	0.1%
Boston	12	0.1%
Derbyshire Dales	12	0.1%
North Dorset	11	0.1%
Christchurch	11	0.1%
Maldon	11	0.1%
Forest Heath	11	0.1%
West Devon	10	0.1%
Uttlesford	10	0.1%
Ribble Valley	10	0.1%
Torridge	10	0.1%
South Northamptonshire	10	0.1%
Melton	10	0.1%
Purbeck	9	0.1%
Eden	9	0.1%
Richmondshire	8	0.1%
West Somerset	8	0.1%
Rutland	8	0.1%
Ryedale	8	0.1%
Shetland Islands	5	<0.1%
Orkney Islands	4	<0.1%
Na h-Eileanan Siar	3	<0.1%
Isles of Scilly	1	<0.1%
Total	**14,650**	**100%**

Appendix 10: Summary of the extent to which crowdsourcing elements and activities are reflected in inspection reports

Extensively reflected in inspection reports	Element 1: Communicating effectively with service user Element 6: Speaking about concerns Activity 6: Ensure appropriate staff levels and skill mix Activity 10: Gather patient feedback
Frequent references identified for all or part of the issue(s) described by the element or activity	Element 2: Continuously improving services Element 3: Designing or following standard processes Element 5: Maintaining, developing and using professional knowledge and skills Activity 1: Build an efficient and effective team environment Activity 2: Build relationships with customers Activity 9: Establish safe, effective and supportive processes for raising concerns
Some references identifed within inspection reports for all or part of the issue(s) described by the element or activity	Element 4: Leading effectively Element 7: Working in partnership with others Activity 4: Enable and empower Responsible Pharmacists to perform their role effectively Activity 5: Encourage and develop leadership skills Activity 7: Ensure Standard Operating Procedures (SOPs) are well-designed Activity 8: Ensure well-designed pharmacy environment Activity 12: Provide adequate time and funding Activity 13: Provide better guidance and opportunity (time and scope) for training/CPD activities Activity 15: Self-motivation and taking individual initiatives Activity 16: Share knowledge and work in partnership with other organisations and professions Activity 17: Strengthen professional identity by taking on responsibility as an individual and for the wider profession.
Few or no references made in inspection reports	Activity 3: Change pharmacy contract and legal requirements to incentivise focus on quality rather than monetary targets Activity 11: Implement electronic prescription and knowledge sharing tools Activity 14: Reconsider criminalising dispensing errors

Appendix 11: Glossary

BNF	British National Formulary
CD	Controlled Drug
CDAO	Controlled Drug Accountable Officer
CDLO	Controlled Drug Liaison Officer
CDS	Community Dosage System - see also MDS
CPPE	Centre for Pharmacy Postgraduate Education
CPPQ	Community Pharmacy Patient Questionnaire
CQC	Care Quality Commission
DOOP bins	Destruction of old Pharmaceutical waste bins
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
FRPS	Free Repeat Prescription Service (used by Boots) – see also RPCS, MRPS and PCS
GPhC	General Pharmaceutical Council
GSL	General Sale List
HCA	Healthcare assistant
IG	Information Governance
IP	Independent Prescriber – see also PIP and SP
INR	International Normalised Ratio
MAR charts	Medication Administration Record for care homes
MCA	Medicines Counter Assistant
MDS	Monitored Dosage System
MHRA	Medicines and Healthcare products Regulatory Agency
MRPS	Managed Repeat Prescription Service (pharmacy orders medication for patient)
MUR	Medicines Usage Review
NHS	National Health Service
NMS	New Medicines Service
NPA	National Pharmacy Association
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NVQ	National Vocational Qualifications
OPD	Outpatient Pharmacy Department
OTC	Over the Counter medicines - could be either or both of Pharmacy Medicines and GSL Medicines
P medicines	Pharmacy Medicines
PCS	Prescription Collection Service
PGD	Patient Group Direction
PILs	Patient Information Leaflets
PIP	Pharmacist Independent Prescriber
PMR	Patient Medication Record
POMs	Prescription Only Medicines
Pre reg	Pre-Registration
RD	Repeat Dispensing
RP	Responsible Pharmacist
RPCS	Repeat Prescription Collection Service – patient usually orders medication on own behalf
SCR	Summary Care Records
SI	Superintendent Pharmacist
SOP	Standard Operating Procedure
SP	Supplementary Prescriber - works under the supervision usually of a doctor
WDA	Wholesale Distribution Authority
WDL	Wholesaler's Dealers Licence
WWHAM	Protocol to signify sales of medicines protocol: • Who is the patient • What are the symptoms • How long have the symptoms been present • Action taken • Medication being taken

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