

Insights report - learning from inspections



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Executive summary

We commissioned independent research from Solutions for Public Health (SPH) to identify the key patterns, trends and themes in pharmacy inspection reports from November 2013-August 2018.

The analysis involved a quantitative analysis of 14,650 reports and a qualitative analysis of a sample of 249 inspection reports.

We also undertook further internal analysis to gain insight into the reasons why particular standards have not been met.

What we have learnt will help inform our approach to regulating and inspecting pharmacies. We are also urging pharmacy owners and pharmacy teams to use the findings of the report to help them to improve their pharmacy's performance against the standards, which will benefit patients and the public using their services.

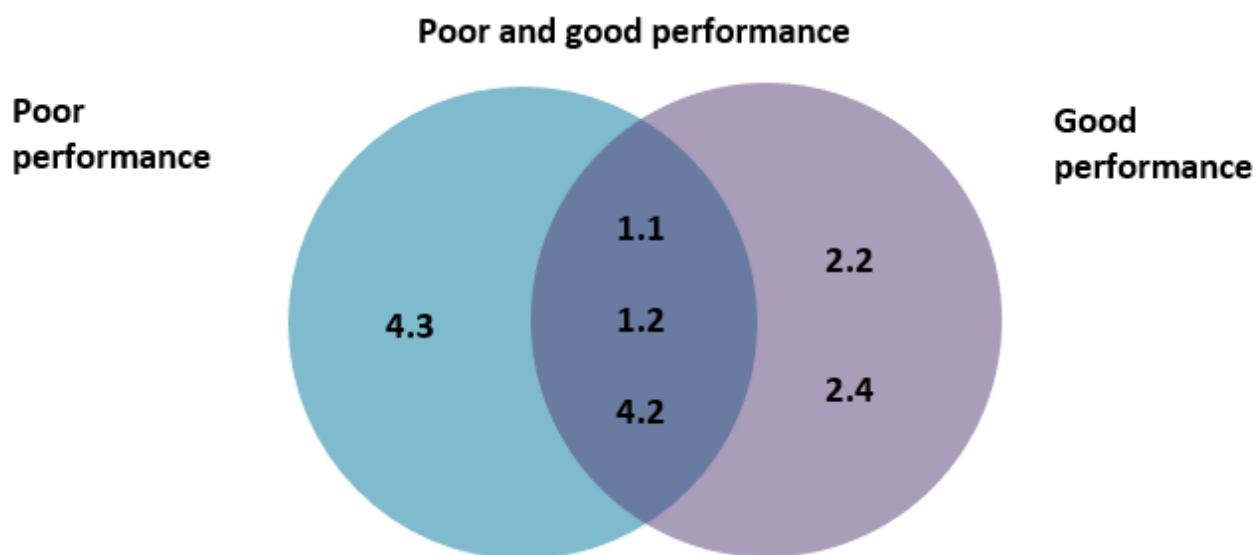
Key findings

- The vast majority (85.2%) of pharmacies inspected between November 2013 and August 2018 met all of the standards for registered pharmacies.
- 1,322 pharmacies were inspected twice between 2013 and 2018; 70.7% maintained their rating and 21.8% improved their rating in their second inspection.

Patterns

- The analysis identified which principles and standards were the biggest drivers of overall performance - so when these were rated good or poor, the pharmacy was also more likely to be rated good or poor overall.
- Principle 1 (governance) was consistently demonstrated to be the principle with the strongest influence on good and poor overall pharmacy performance, followed by Principle 4 (services). In addition, pharmacies rated good on Principle 2 (staff) were frequently found to be rated good overall.
- The above findings suggest Principles 1 (governance) and 4 (services) are drivers of both good and poor overall performance whereas Principle 2 (staff) is a driver of good overall performance only.

Figure 1: Standards that drive a pharmacy's performance



Standards which play a key part in a pharmacy's overall performance:

Standards found to drive both good and poor overall performance:

- Standard 1.1 (risk identification and management)
- Standard 1.2 (reviewing and monitoring the safety and quality of services)
- Standard 4.2 (safe and effective service delivery)

Standards found to drive good overall performance:

- Standard 2.2 (staff skills and qualifications)
- Standard 2.4 (culture of openness, honesty and learning)

Standard found to drive poor overall performance:

- Standard 4.3 (sourcing and safe, secure management of medicines and devices)

- The analysis identified that pharmacies with particular characteristics, including being in a hospital, being part of a larger pharmacy chain or being in a rural location were more commonly rated as good. Community pharmacies, and particularly single independent pharmacies or ones that were part of a small chain, were more commonly in the smaller group of pharmacies that did not meet one or more standards and were rated as poor or satisfactory with an improvement action plan.
- However, all six pharmacies with an overall rating of excellent were community pharmacies, and four of the six were single independent pharmacies or part of a chain of between 2-5 branches. Although the numbers are too low to be statistically significant, this indicates that smaller community pharmacies are also able to demonstrate excellent performance.

Trends

- Internal analysis identified the top five standards rated as good. Standards relating to staff skills, monitoring safety and quality of services, managing risks, culture and safe and effective delivery of services were most commonly rated good.
- The analysis also identified the top five standards that were not met and the most common reasons why each standard was not met, to help pharmacies understand potential failings in these areas. Standards relating to managing medicines and devices, managing risks, monitoring safety and quality of services, keeping records and safe and effective delivery of services were most commonly found to be not met.

Themes

- The analysis identified seven emergent themes which were associated with good and/or poor performance:
 - Governance
 - A proactive approach
 - Efficient processes
 - Responsiveness
 - Customer and patient focus
 - Added value
 - Lack of key knowledge and a failure to learn
- The analysis also looked at three themes identified in advance; leadership, innovation and demonstrating outcomes, and found that they also appear to play a part in influencing pharmacy performance.
- The quality of pharmacy staff was found to underpin the themes that were associated with good and poor performance and can therefore be seen to play an important role in the pharmacy's performance overall.

Key insights from the research:

- Pharmacies that put the people using their services at the heart of what they do and respond proactively to people's needs are more likely to perform well against the standards.
- Struggling pharmacies should begin by focussing on governance and service delivery, as these are the key areas associated with poor performance.
- Pharmacies that invest in improving the quality of their staff will perform better overall.
- The vast majority of pharmacies met the standards around equipment, facilities and premises.
- The research found that for pharmacies that had undergone more than one inspection, it was more common for the inspection rating to have improved rather than to have deteriorated.
- Pharmacies will only perform well against the standards if pharmacy owners have made sure that their pharmacies have the right governance, systems and culture in place, and are investing in their staff. Once these elements are in place, the pharmacy staff are then able to deliver good or even excellent practice. Strong leadership may be associated with having these in place.

- Struggling pharmacies should ensure that not only do they reflect on their performance and learn from their mistakes but that they also share knowledge and learning amongst the pharmacy team.
- Providing added value in the range and quality of services offered is associated with good performance. This can be driven by local needs, developed and delivered in partnership with other organisations or through use of innovation.

Next steps

We are using what we have learnt from this analysis to inform our future work, including:

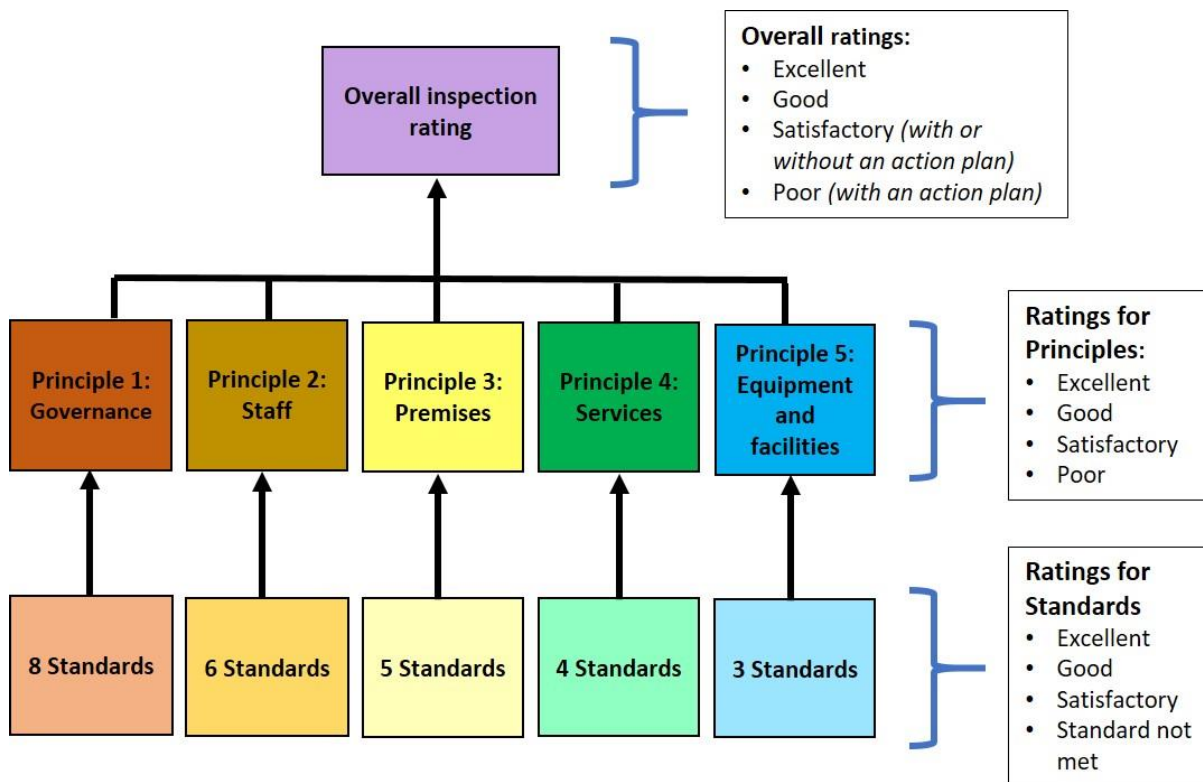
- using our online 'knowledge hub' on our new pharmacy inspections publications site to highlight examples of excellent, good and poor practice for the key themes identified in this report, as well as examples for the standards that have a key role in driving performance and the standards that are most commonly found to be not met
- sharing our findings with key organisations with a role in supporting pharmacy owners or pharmacy professionals, so they can provide further support and resources to their members on the key themes and standards identified through the analysis
- the learnings from this report will help to inform our approach to inspections, including in relation to what standards we will pay particular attention to in intelligence-led inspections and pre-registration visits for pharmacies, and in how we schedule routine inspections
- considering the learnings in relation to wider work, for example our future fitness to practise strategy

1. Introduction

In preparation for introducing changes to how we inspect and regulate registered pharmacies in 2019, we commissioned independent research from Solutions for Public Health (SPH) on what we have learned from inspecting registered pharmacies.

The research covered a quantitative analysis of 14,650 reports and qualitative analysis of a sample of 249 inspection reports against our standards for registered pharmacies from November 2013 to early August 2018 under the previous inspection approach. The previous approach included different ratings for the overall outcome of an inspection, the principles and the standards as shown in Figure 2 below. A summary of the descriptions of the standards are given in Appendix 1.

Figure 2: The relationships between overall pharmacy ratings, ratings for principles and ratings for standards from 2013 to 31 March 2019.



Full details of the commissioned research from SPH, methodology used, and findings are available in the full report on the analysis of inspection reports. The full report includes detailed tables of the data analysis. A shorter summary report of analysis of inspection reports is also available which highlights the key research findings.

Following the commissioned research, we undertook further internal analysis to gain insight into the reasons why particular standards have not been met.

This insights report on learning from inspections will cover the key findings from the commissioned research, further internal analysis of the factors that affect performance, a summary of the key messages and next steps.

2. Key findings from commissioned research

Overview

Key findings

- The vast majority (85.2%) of pharmacies inspected met all of the standards
- 1,322 pharmacies were inspected twice between 2013 and 2018; 70.7% maintained their rating and 21.8% improved their rating in their second inspection, showing overall there is improvement in performance over time

This section will cover the:

- total number of inspections by rating
- trends for pharmacies inspected more than once.

Total number of inspections by rating

Between November 2013 and August 2018 we conducted 14,650 inspections. Of this total:

- 85.2% met all of the standards for registered pharmacies with the remaining 15% not meeting one or more of the standards
- most were rated as satisfactory (78%) - two thirds with no action plans (67%) and just over a tenth with an action plan (11%)
- around a fifth were rated as good (18%)
- less than 1 in 20 pharmacies were rated poor (4%)
- only 6 (0.04%) were rated as excellent

Trends for pharmacies inspected more than once

Within the dataset of 14,650 pharmacies, 1,322 had received more than one inspection. Analysis on the change in ratings from the most recent and previous inspections show:

- 70.7% (934) had no change to ratings:
 - 2.3% (31) from good to good
 - 65.9% (871) from satisfactory to satisfactory
 - 2.4% (32) from poor to poor
- 21.8% (281) had an overall improved rating:
 - 12.5% (165) from satisfactory to good – this was the most common rating change
 - 0.5% (7) from poor to good

- 8.8% (116) from poor to satisfactory – this was the second most common rating change
- 7.6% (100) had an overall worse rating:
 - 2.6% (34) from good to satisfactory
 - 0.5% (7) from good to poor
 - 4.5% (59) from satisfactory to poor

The findings above show that ratings are almost always maintained or improved when a pharmacy is re-inspected. For pharmacies that had undergone more than one inspection, it was more common for the inspection rating to have improved rather than to have deteriorated.

Drivers of performance

Key findings

- The analysis identified which principles and standards were the biggest drivers of performance - so when these were rated good or poor, the pharmacy was also more likely to be rated good or poor overall.
- Principle 1 (governance) was consistently demonstrated to be the principle with the strongest influence on overall pharmacy performance, followed by Principle 4 (services). In addition, pharmacies rated good on Principle 2 (staff) were frequently found to be rated good overall.
- The above findings suggest Principles 1 (governance) and 4 (services) are drivers of both good and poor overall performance whereas Principle 2 (staff) is a driver of good overall performance only.
- Standards 1.1 (risk identification and management) and 1.2 (reviewing and monitoring the safety and quality of services) were found to be the strongest drivers of good and poor overall pharmacy performance, followed by Standard 4.2 (safe and effective service delivery).
- The analysis identified that pharmacies with particular characteristics, including being in a hospital, being part of a larger pharmacy chain or being in a rural location were more commonly rated as good. Community pharmacies, and particularly single independent pharmacies or ones that were part of a small chain, were more commonly rated as poor.
- Only 6 pharmacies received an 'excellent' rating; all six were community pharmacies and four of the six were single independent pharmacies or part of a chain of between 2-5 branches.

In this section we will cover the key drivers of performance related to:

- the principles and standards
- the characteristics of registered pharmacies and inspection type

Drivers of performance by principles and standards

Principles

The research found that the vast majority of pharmacies rated good overall received a good rating for Principle 1 (governance) (93.7%), Principle 2 (staff) (83.7%) and Principle 4 (services) (80.4%) suggesting these three principles are key drivers of good performance.

For pharmacies rated poor overall, 81.7% received a poor rating for Principle 1 (governance) and 57.0% a poor rating for Principle 4 (services) showing that these principles also play a key part in poor performance. Interestingly, only 28.4% of pharmacies rated poor received a poor rating for Principle 2 (staff) which indicates that whilst staff is a key driver of good performance, it is less associated with poor performance.

Principle 3 (premises) and Principle 5 (equipment and facilities) were almost always rated as satisfactory across all inspection reports suggesting performance against these principles had less impact on the overall rating. This also demonstrated that the vast majority of pharmacies were meeting the GPhC requirements in these areas.

Additional statistical analysis showed that that Principle 1 (governance) was consistently demonstrated to be the principle with the strongest influence on overall pharmacy performance, and performance under Principle 4 (services) was also shown to be influential on overall pharmacy performance.

Figure 3: Standards that drive a pharmacy's performance



The standards most often rated as good where the overall pharmacy rating was also good were:

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

All of the standards fall with principles 1, 2 and 4 which adds strength to the finding that these are the key drivers of good performance.

Where the overall rating for the pharmacy was poor, the standards that were most often rated as not met were:

- Standard 1.1 (risk identification and management) at 81.5%
- Standard 1.2 (reviewing and monitoring the safety of services) at 66.9%
- Standard 4.2 (safe and effective service delivery) at 57.7%.
- Standard 4.3 (sourcing and safe, secure management of medicines and devices) at 57.3%

These standards fall within principles 1 and 4 which confirms the finding that these are the key drivers of poor performance and the absence of any standards within Principle 2 (staff) again shows that staff are less associated with poor performance.

It is also important to note that the first three of these standards appear in both lists (1.1, 1.2 and 4.2) suggesting these are critical elements in influencing both good and poor performance.

Drivers of performance by pharmacy characteristics and inspection type

Good overall ratings

Pharmacies were more commonly rated 'good', and this was statistically significant (using 95% confidence levels) if they:

- were a **hospital**¹ pharmacy (28.2%) rather than a community pharmacy (18.0%).
- belonged to **larger pharmacy chains** of 26–100 branches (24.3%), or over 100 branches (27.0%), compared to 2-5 branches (9.9%), 6-25 branches (8.6%) and single independents (7.6%)
- received an **announced** inspection (19.1% compared to 12.5% for unannounced inspections)
- were located in **Scotland** (40.1%), compared to England (16.0%) or Wales (18.0%)
- were based in **rural settings** (22.4%) compared to urban settings (17.9%), urban cities or towns (19.1%) and major urban conurbations (15.9%)
- had **no previous concerns** raised with us: 5.2% of pharmacies rated good overall had previous concerns raised with the GPhC, compared with 17.5% of pharmacies rated poor overall.

Satisfactory with an action plan or poor overall ratings

Pharmacies were more commonly rated 'satisfactory with an action plan' or 'poor', and this was statistically significant (using 95% confidence levels), if they:

- were a **community** (15.1%) rather than a hospital pharmacy (4.0%)

¹ Hospital pharmacies represent 2.4% (347) of the registered pharmacies inspected between 2013 and 2018. Hospital pharmacies are only required to register with us if they sell Pharmacy (P) medicines or supply P medicines or Prescription Only Medicines (POMs) against prescriptions, and so only a small proportion of hospital pharmacies are on the register. Community pharmacies account for 97.5% of registered pharmacies in the analysis (14,279).

- were **single independent pharmacies** (23.3%) or **smaller chains** of 2-5 branches (21.2%) or 6-25 branches (18.7%), compared to those in chains of 26-100 branches (9.8%) or over 100 branches (8.5%)
- received an **unannounced** inspection (27.5%) compared to announced inspection (12.8%)
- were located in **Scotland** (18.2%) or **England** (15.0%) compared to Wales (6.1%)
- had **multiple concerns** raised with us: 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.

Excellent overall rating

Only six pharmacies were rated excellent and due to the small number, these are not statistically significant. However, all six pharmacies with an overall rating of excellent were community pharmacies and four of the six were single independent pharmacies or part of a chain of between 2-5 branches. This wider range of performance for the smaller, community pharmacies shows that whilst the trend is for hospital pharmacies and larger pharmacies to perform better in inspections, smaller community pharmacies can demonstrate excellent performance too.

Common themes around good and poor performance

Key findings

- The analysis identified seven emergent themes which were associated with good and/or poor performance and also looked at three themes identified in advance; leadership, innovation and demonstrating outcomes for patients
- The quality of pharmacy staff underpins the themes identified and can therefore be seen to play an important role in the pharmacy's performance.

This section will cover a brief summary of the seven themes that emerged from the externally commissioned qualitative review of 249 reports including the three pre-identified themes which the researchers were asked to explore. The importance of pharmacy staff will also be recognised as enablers to the themes identified.

Emergent themes

Seven emergent themes were identified through the 'bottom up' analysis. These themes were those that were cross cutting, with relevant evidence found for more than one principle and which were associated with the overall rating for a pharmacy. A description of the themes is provided below.

Themes associated with good and poor performance

1. **Governance** –Strong governance was associated with good performance where thorough and robust mechanisms were in place to manage pharmacy services and operations. Conversely weaker governance was found in poorly performing pharmacies where significant failings were noted around the management of pharmacy operations.

2. **A proactive approach** – it was found that having systematic processes in place to anticipate and mitigate against potential issues, and a willingness and ability to learn, develop and change were common features of pharmacies rated as excellent or good. Conversely, a consistent theme identified among pharmacies rated poor or satisfactory with an action plan, was a passive approach, whereby issues which should have been identified and acted on were not.
3. **Efficient processes** – pharmacies that were well organised and using efficient processes across a range of activities were found to perform better overall than those demonstrating less efficient processes where staff were often found to be ‘fire-fighting’ or wasting time on unnecessary activities.
4. **Responsiveness** – demonstrating an ability and willingness to respond positively to the needs of people using the pharmacy was associated with good performance overall. Pharmacies that showed a lack of responsiveness such as failing to act on people’s feedback, were more commonly rated as poor or satisfactory with an action plan.
5. **Customer and patient focus** – having a strong customer and patient focus was associated with good performance overall demonstrating that customers and patients must be at the heart of pharmacy activities. Poorly performing pharmacies were found to have weaker customer and patient focus in their operations and service delivery.

Themes associated with good performance only

6. **Added value** – offering a wide range of often innovative services in response to the needs of the local community was a common feature of pharmacies rated as excellent or good overall. This is not a cross cutting theme and is demonstrated primarily through evidence for Principle 4 (services).

Themes associated with poor performance only

7. **Lack of key knowledge and a failure to learn** – it was found that some pharmacies had staff who lacked key knowledge needed to carry out tasks safely and effectively at all times. Furthermore, opportunities for organisational learning such as learning from near misses were not fully used. These were underlying issues only found in pharmacies that were performing less well.

It was found that there is overlap between each of the themes. For example, for pharmacies with good ratings a **proactive approach** (theme 2) may facilitate the implementation of **efficient processes** (theme 3), which will be underpinned by **strong governance** (theme 1). Similarly, for pharmacies with poor ratings, a **passive approach** (theme 2) may underlie a **failure to learn** (theme 7) and be a contributory reason to a **lack of key knowledge** (theme 7).

Examples of the evidence of each theme are provided in the [summary](#) and [full reports](#) and on our [knowledge hub website](#).

Pre-identified themes

In advance of the research, we identified three themes of leadership, innovation and demonstrating outcomes for patients as being potential differentiators of performance. In the external commissioned research, we wished to understand what evidence might be presented in inspections reports related to these themes and what influence these might have on overall pharmacy performance.

A summary of these themes is below with [further examples provided in the main report](#).

8. **Leadership** - Leadership relates to all seven emergent themes as providing a potential explanation for good or poor performance. Indirect evidence was found to illustrate how strong leadership supports good performance and weak leadership contributes to poor performance. However, as leadership is not explicitly assessed through our standards for registered pharmacies, direct evidence of the quality of leadership was not routinely recorded in inspection reports so the association with overall performance should be treated with some caution.
9. **Innovation** - The introduction of innovative services was most common in pharmacies with excellent or good ratings, suggesting innovation is associated with better performance. Pharmacies rated poor were found to encounter more difficulties when implementing change which could limit their ability to develop new and innovative ways of working.
10. **Demonstrating outcomes for patients** - More evidence of positive outcomes was found in inspection reports where the pharmacy was rated excellent or good, and evidence describing potential or actual issues that might result in poor outcomes for patients was found more commonly in those rated poor, suggesting that the demonstration of outcomes for patients is related to the performance of the pharmacy.

Pharmacy staff

The staff within a pharmacy played a crucial role in the themes which describe ways in which staff deliver services. For example, where there are sufficient staff that are suitably trained and have the appropriate support in place including governance structures, they are better able to **work efficiently** (theme 3), **act proactively** (theme 2) and demonstrate a strong **customer and patient focus** (theme 5), **responding to their needs** (theme 4). If all of these supports are in place, then pharmacy staff are more likely to suggest and implement **innovative ideas for improvement** (theme 9) that **add value** (theme 6). Together these are all likely to result in more examples of positive **patient outcomes** (theme 9). The quality of pharmacy staff underpins the themes identified and can therefore be seen to play an important role in the pharmacy's performance.

3. Additional internal analysis

Performance against standards

Key findings

- Internal analysis identified the top five standards most commonly rated as good or excellent
- The analysis also identified the top five standards that were not met and the most common reasons why each standard was not met, to help pharmacies understand potential failings in these areas

This section will cover:

- Top five standards rated as good or excellent
- Top five standards rated as not met and a summary of the reasons for poor performance

Top five standards rated as good or excellent

Internal analysis from 1 November 2013 to 1 September 2019 show that the top five standards that were most frequently rated good or excellent across all inspections were:

1. 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 (11.8%).
2. 1.2 The safety and quality of pharmacy services are regularly reviewed and monitored (11.0%).
3. 1.1 The risks associated with providing pharmacy services are identified and managed (10.5%).
4. 2.4 There is a culture of openness, honesty and learning (10.3%).
5. 4.2 Pharmacy services are managed and delivered safely and effectively (8.4%).

Top five standards rated as not met

Internal analysis of inspection reports from 1 November 2013 to 1 September 2019 show that the top five standards not met were standards 4.3, 1.1, 1.6, 1.2 and 4.2. The description of the standard and the main reasons why these were not met are provided below in Table 1.

Table 1: Reasons for top 5 standards not being met

Rank (% not met)	Standard number and description	Top reasons identified in qualitative review of why standards are not met
1 (12.5%)	4.3. Medicines and medical devices are: <ol style="list-style-type: none"> a. obtained from a reputable source b. safe and fit for purpose c. stored securely d. safeguarded from unauthorised access e. supplied to the patient safely f. disposed of safely and securely 	<ol style="list-style-type: none"> 1. No assurance around the safety and fitness for purpose of medicines specifically mentioning the fridge (or thermolabile, heat responsive, products) – relates to 4.3b 2. No assurance around the safety and fitness for purpose of medicines generally, specifically mentioning expired medicines – relates to 4.3b 3. Mixed batches / inadequately labelled medicines found – relates to 4.3b 4. Controlled Drugs (CDs) not stored securely – relates to 4.3c 5. Controlled Drugs (CDs) not safeguarded from unauthorised access to them and medicines generally not safeguarded from unauthorised access – relates to 4.3d
2 (12.1%)	1.1. The risks associated with providing pharmacy services are identified and managed	<ol style="list-style-type: none"> 1. Standard operating procedures - these were not in place, not up to date or not followed by staff 2. Risks not managed – these related to a variety of issues, from monitored dosage systems, storage of medicine, cleanliness, staffing level or training or lack of processes to record and monitor near misses.
3 (10.1%)	1.2. The safety and quality of pharmacy services are regularly reviewed and monitored	<ol style="list-style-type: none"> 1. Insufficient near miss record keeping 2. Dispensing errors not recorded/monitored/reviewed 3. Near miss/dispensing errors/incidents records not reviewed to inform change/learn from 4. SOPs - require review/not signed by all staff/don't cover all required areas/not followed 5. Monitoring and review mechanisms inadequate

Rank (% not met)	Standard number and description	Top reasons identified in qualitative review of why standards are not met
4 (8.5%)	1.6. All necessary records for the safe provision of pharmacy services are kept and maintained	<ol style="list-style-type: none"> 1. Controlled drugs records not appropriately maintained 2. Private prescriptions records not appropriately maintained 3. Responsible Pharmacists records not appropriately maintained 4. Emergency supply records not appropriately maintained 5. Records not all appropriately maintained
5 (8.2%)	4.2 Pharmacy services are managed and delivered safely and effectively	<ol style="list-style-type: none"> 1. Monitoring Dosage System Standard Operating Procedures required/process needs reviewing 2. Pharmacy services not managed safely and effectively 3. Disorganised dispensary/unsafe medicine storage 4. Processes for monitoring/reviewing patients on high risk medicine are inadequate 5. No record of dispensary date checks/stock out of date

The above rankings relate to inspections carried out between 1 November 2013 and 1 September 2019, where final reports are complete as at 1 September 2019.

Three standards appear in both the top five standards ranked as good or excellent and the top five standards ranked as not met. These are:

- Standard 1.1 (risk identification and management)
- Standard 1.2 (reviewing and monitoring the safety of services quality)
- Standard 4.2 (safe and effective service delivery)

These findings align with the findings of the commissioned research detailed above which looked at the standards driving good and poor performance.

4. Key insights

Having considered all the research that has been done and the analysis of pharmacy performance there are a number of key insights that emerge:

Any pharmacy can perform well

While patterns around pharmacy characteristics exist, the research showed that pharmacies from all countries, settings, locations and sizes are able to demonstrate good or excellence performance.

This is particularly evident from the pharmacies rated as excellent as these did not share the characteristics shown to be more commonly associated with good performance.

Patient-centred care is paramount

The qualitative analysis of inspection reports identified numerous themes which placed the patient at the heart of effective pharmacy performance and service delivery. These included customer and patient focus, responsiveness, a pro-active approach, innovation and outcomes for patients.

Struggling pharmacies should begin by focussing on governance and service delivery

The findings have shown that governance and service delivery are key areas that are associated with poor overall performance. Getting these elements right will set pharmacies on the pathway to improvement.

Focusing on staffing will help pharmacies to exceed the standards

For pharmacies that are meeting the GPhC standards, the research has shown that continuing to focus on governance and service delivery will lead to better overall performance. It also revealed that whilst most pharmacies are meeting the standards for staffing, those that invest in improving the quality of their staff will perform better overall.

Pharmacy equipment and premises consistently meet our standards

Very few pharmacies did not meet the GPhC standards around equipment and premises. Whilst there is always room for improvement in these areas, this finding can reassure patients and the public that pharmacies have equipment and premises that are safe, sufficient and fit-for purpose.

Ratings are almost always maintained or improved when a pharmacy is re-inspected

For pharmacies that had undergone more than one inspection, the research found that it was more common for the inspection rating to have improved rather than to have deteriorated.

It is also worth noting here that pharmacies are required to carry out action plans if they receive a rating of poor or satisfactory with an action plan. The actions must be satisfied before the inspection process is concluded which is another example of how inspection can improve pharmacy performance.

Role of leadership

Whilst the GPhC standards do not explicitly test for leadership, it is clear that the themes identified as driving both good and poor performance would benefit from strong leadership. Examples of areas that would thrive under effective leadership include governance and staff as well as innovation and a proactive approach.

Importance of a holistic approach

The standards for registered pharmacies provide a framework for creating and maintaining the right environment for the safe and effective practice of pharmacy. The research identified key drivers and cross-cutting themes for addressing and improving pharmacy performance. Taken together, the standards, the drivers and the themes provide a holistic approach to achieving better performance in pharmacy.

Learning from poor performance

A key theme associated with poor performance was a lack of knowledge and failure to learn. Pharmacies should therefore ensure that not only do they reflect on their performance and learn from their mistakes but that they also share knowledge and learning amongst the pharmacy team.

The examples of poor performance across all the themes identified in this research will provide useful examples of common pitfalls and can be used to help pharmacies to avoid these aspects of under-performance.

Learning from good performance

A key theme associated with good performance was added value. This relates primarily to the range and quality of services offered by pharmacies. This may be in addition to the services commonly provided and driven by local needs, developed and delivered in partnership with other organisations or in innovative ways.

Examples of good and poor performance can be found in the [main report](#) and on our [knowledge hub](#).

5. Next steps

Using these learnings in practice

Sharing learning and insight

We are now publishing reports from pharmacy inspections on a new website, which will enable people working within and outside the pharmacy sector to search for, review and analyse inspection reports.

The new website also features an online 'knowledge hub', with examples of excellent, good and poor practice identified through pharmacy inspections. The knowledge hub has been designed to be regularly updated with examples of excellent, good and poor practice for the key themes identified in this report, as well as examples for the standards that have a key role in driving performance and the standards that are most commonly found to be not met.

We would encourage pharmacy owners and pharmacy teams to use the insights in this report, and the resources available on the new website, to improve their pharmacy's performance and practice.

We have also shared our findings with key organisations with a role in supporting pharmacy owners or pharmacy professionals, so they can provide further support and resources to their members on the key themes and standards identified through the analysis.

Inspections

The learnings from this report will help to inform our approach to inspections. For example, when carrying out intelligence-led inspections, where the focus of the inspection can be tailored to the intelligence or concern received, our inspectors will always cover the six standards that have the strongest influence on a pharmacy's performance.

Inspectors will also pay particular attention to these six standards during a pre-registration visit for a new pharmacy. A failure to meet one of these six standards could also be used to inform the scheduling of future routine inspections.

Other work

Learnings from the analysis are also being considered more widely; for example the learnings in relation to the impact of governance and systems on the performance of staff will help to inform the GPhC's future fitness to practise strategy, and how the wider context is considered when deciding the best way to address concerns about individual professionals as well as pharmacies.

Appendix 1: Full and short descriptions of principles and standards

Principle 1 – Governance

The governance arrangements safeguard the health, safety and wellbeing of patients and the public.

Standard	Full description of standard	Short description of standard
1.1	The risks associated with providing pharmacy services are identified and managed	Risk identification and management
1.2	The safety and quality of pharmacy services are reviewed and monitored	Reviewing and monitoring the safety of services
1.3	Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Staff roles and accountability
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
1.5	Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Insurance/indemnity arrangement
1.6	All necessary records for the safe provision of pharmacy services are kept and maintained	Record keeping
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
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	Full description of standard	Short description of 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	Full description of standard	Short description of 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
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
2.4	There is a culture of openness, honesty and learning	Culture
2.5	Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Staff feedback and concerns
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 - 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	Full description of standard	Short description of standard
3.1	Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Cleanliness and maintenance of premises
3.2	Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Privacy and confidentiality through premises
3.3	Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Hygiene of premises
3.4	Premises are secure and safeguarded from unauthorised access	Security of premises
3.5	Pharmacy services are provided in an environment that is appropriate for the provision of healthcare.	Appropriateness of environment

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	Full description of standard	Short description of standard
4.1	The pharmacy services provided are accessible to patients and the public	Accessibility of services
4.2	Pharmacy services are managed and delivered safely and effectively	Safe and effective service delivery
4.3	Medicines and medical devices are: <ul style="list-style-type: none">• 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
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 – 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	Full description of standard	Short description of standard
5.1	Equipment and facilities needed to provide pharmacy services are readily available	Availability of equipment and facilities
5.2	Equipment and facilities are: <ul style="list-style-type: none">• obtained from a reputable source• safe to use and fit for purpose• stored securely• safeguarded from unauthorised access• appropriately maintained	Sourcing and safe management of equipment and facilities
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.	Privacy and dignity through equipment and facilities

