

Quality Impact Assessment Tool

Clinical Commissioning Group

Name of Project	Community Pharmacy Repeat Prescription Ordering Services – Review and Partial Withdrawal	Project Lead Richard Jones				Date: 02/07/2014
	Requirement	Completed/risks/NA	Impact	Likelihood	Risk score	Mitigating Actions
Safety	1. Workforce					
	1a. Is there clear accountability/clinical leadership for service?	Yes – Luton Primary Care Prescribing Committee, CCC, GP member practices	1	1	1	
	1b. Is the skill mix appropriate? Has it been benchmarked? Who has approved changes to skill mix?	Yes – anticipated reduction in community pharmacy processing time, and neutral at worst or potential reduction in GP practice processing time	1	1	1	
	1c. What training developments are required? E.g. extended roles? What is the workforce strategy?	Nil required	1	1	1	
	1d. What is the recruitment plan? Are they included in the project plan and the milestones?	Nil required	1	1	1	
	1e. Have front line staff views and concerns been considered? Is there a process for ongoing feedback?	Yes – GPs individually and via LMC, and pharmacists via LPC Letter to practices and pharmacies sent	3	3	9	Processes and systems in place to receive feedback. Letter to practices and pharmacies sent

	2. Infection Control					
	2a. Is the service compliant with Hygiene Code?	n/a	-	-	-	
	2b. What IC KPIs in place? MRSA/C Diff rates/Hygiene code – will there be any impact?	n/a	-	-	-	
	3. Risk Management					
	3a. How will incidents & serious incidents be monitored? (e.g. Never Events, Medication errors, pressure ulcers, patient falls)	As currently – reporting by practices to CCG and by pharmacies and practices to NHS E	1	1	1	Use existing processes
	3b. Has a detailed financial risk and impact assessment been carried out?	Yes. See IIA Financial impact GP neutral, patient neutral, CCG positive, pharmacy neutral/negative.	2	1	2	
	3c. Is CQC registration required? When registered and it any compliance notice in place?	Not applicable	-	-	-	
Effectiveness	4. Safeguarding					
	4.1 Is the change likely to adversely affect safeguarding children or adults?	No – beneficial change anticipated	1	1	1	
	4.2 Has safeguarding been explicitly considered within the change (accessing specialist advice as appropriate)	explicitly considered – existing arrangements continue	1	1	1	There will be a positive impact on safeguarding their safety in use of medicines and how they access repeat medicines will be explicitly addressed in any change
	4.3 How are safeguarding requirements specified – are they outcome focused?	Vulnerable groups needs are addressed	1	1	1	Vulnerable groups of patients needs addressed by the withdrawal of service not applicable for this group. ie they can continue to receive

					community pharmacy service
5. Policies, Procedures & Protocols					
5a. Will new or existing policies be required? Are they based on National Guidance/NICE/NPSA etc.?	No	1	1	1	
5b. How will relevant stakeholders be consulted? E.g. relevant clinicians, Local Authority, NCB etc.	Significant and ongoing consultation with patient groups, LBC, Healthwatch	1	1	1	Specific groups consulted contained within IIA
6. Information Governance					
6a. Have IT systems been checked for compatibility?	n/a	-	-	-	
6b. Is there a requirement for data sharing across organizations? How will this be achieved in compliance with data protection?	n/a	-	-	-	
7. Contract Monitoring					
7a. Does the contract clearly define how monitoring of quality and performance will take place and frequency?	On-going monitoring via audit and exception reporting by GPs	1	1	1	
7b. Are the KPIs appropriate? Have the KPIs been benchmarked? Is it clear what standard is needed for each KPI?	Yes financial reporting and KPIs form part of QIPP workstream	1	1	1	
7c. What processes are in place to monitor the implementation of the changes and are timescales for evaluation and review outlined?	Implementation monitoring in progress, timescales and evaluation and review to be developed	2	3	6	Processes for Monitoring and timescales on hold until decision taken. Continued engagement and working closely with practices is expected and planned.
7d. Is it clear what early warning signs are? Is there a clear process where concerns can be escalated?	Yes – patient concerns/complaints. To be escalated by having contact name for GP and pharmacist concerns and	2	2	4	Preparation of handout for patients, and prescribing bulletin prepared for GP practices and

		PALs contact on information to patient				pharmacies.
	8. Outcome Measures					
	8a. Has the current process been reviewed? What will change?	Less administrative steps therefore safer	1	1	1	
	8b. Is it clear how the service will be shown to be successful and effective?	Yes – GP feedback and prescribing budgets	1	1	1	
	8c. What are the outcome measures? Link to National Outcomes Framework & CCG Strategy/priorities?	Less waste and safer – QIPP programme linked to CCG priorities	1	1	1	
	8d. Has impact on mortality rates been considered?	n/a	-	-	-	
Experience	9. Patient and Carer Experience					
	9a. Is public consultation required? What are the timescales?	No	1	1	1	
	9b. Have all stakeholders been involved in engagement process? E.g. Healthwatch, OSC, Social Partnership Forums	Yes - healthwatch, OSC,	1	1	1	Detailed in IIA
	9c. How will patient and carer experience be measured, frequency and how will it be improved?	Focus group feedback and PALs reports	1	1	1	
	9d. How are complaints monitored and reviewed? How will this be monitored and feed into early warning systems?	GP & Pharmacy Practice complaints, feedback processes and PALs systems	2	2	4	PALs team to be notified
	Date sent to Project Management Office at CCG:					
	Date: Signed Clinical Director:		Highest Risk Score	9	No. of green: 20	
		No. of yellow: 2				
	Date: 09/07/2014 Signed Director Quality & Clinical Governance: David Foord	No. of amber: 1				
		No. of red: 0				
	Comments:					

	Likelihood				
Impact	1	2	3	4	5
	1	1	2	3	4
	2	2	4	6	8
	3	3	6	9	12
	4	4	8	12	16
	5	5	10	15	20