

NCAS AND THE PHARMACY PROFESSION

Working Together to Improve Professional Governance

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Outline of presentation

- What is NCAS
- Background – why pharmacists
- Pharmacy project update

What is NCAS

- Set up in April 2001
- c5000+ cases (approx 800 calls a year)
- Part of NHS – provides a **free** service to the NHS
- Not a regulator
- Keen to increase ability of people locally to manage problems
- Now UK-wide including Defence Medical Services and prison health

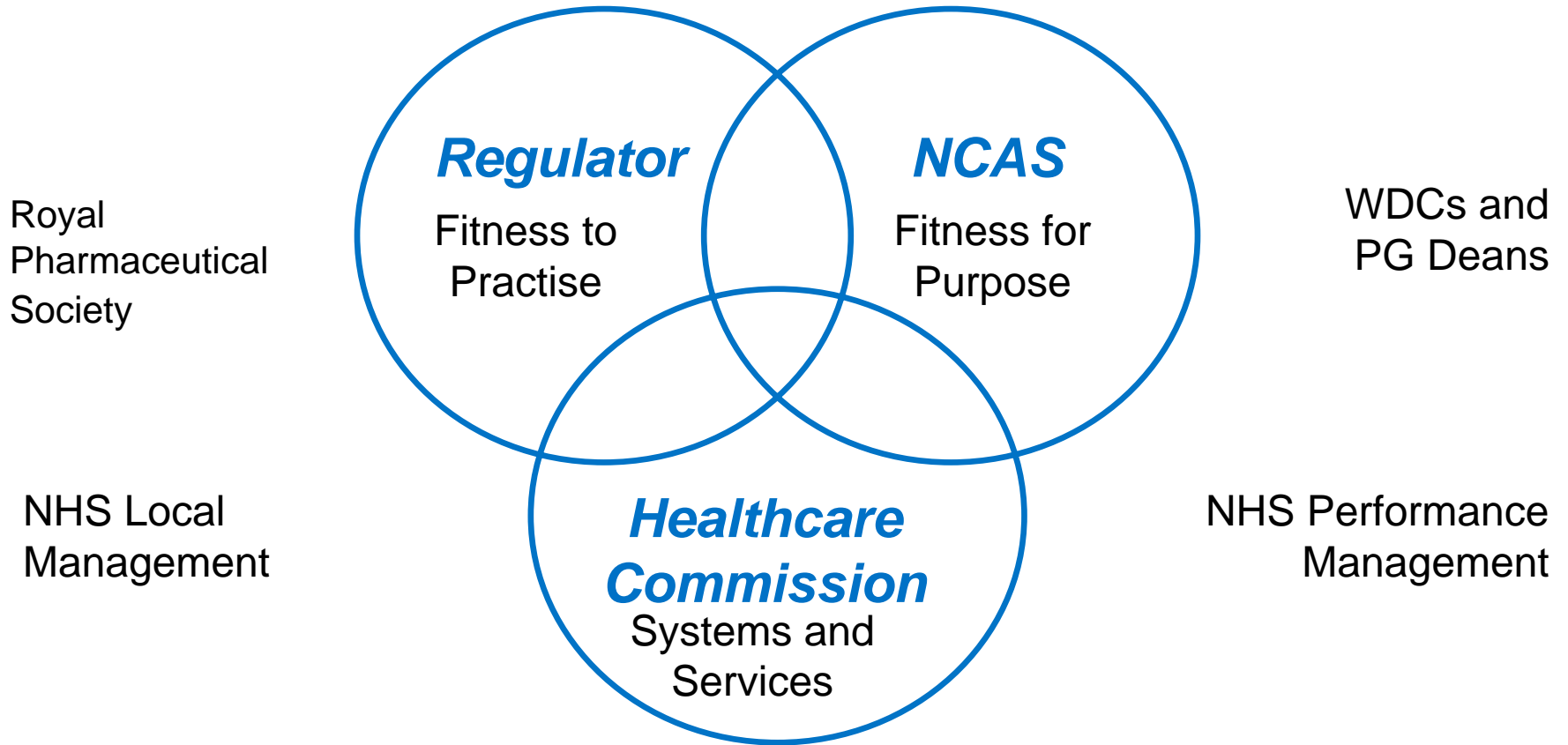
NCAS' Role

- Support resolution of concerns about medical or dental performance
- Reduce inappropriate use of suspension/exclusion
- Develop and use excellent assessment methods
- Provide advice, support, assessments and action planning

The scale of the problem – NCAS' experience

- c3% of active doctors and dentists referred from >90% of NHS bodies:
 - At any one time, one NHS organisation in two is working with us
 - We are used equally, regardless of type or 'organisational rating'
 - We get self referrals as well as referrals from organisations
 - Our overlap with professional regulators is now very small.
- Cases are being referred earlier – two thirds of NCAS cases <1 year old in 2005/06, compared with two thirds >1 year old in 2002/03
- Suspensions and exclusions:
 - Estimated direct cost per case £188k – so worth saving!
 - New cases – alternative to exclusion offered in >80%
 - Long-term cases – prevalence reduced by two thirds

Partners in performance



Analysis of 50 support cases

- Clarifying concerns, what lies behind them and how to respond (28%)
- Deciding whether to exclude/suspend (20%)
- Informing of exclusion/suspension/seeking advice on next steps (12%)
- Responding to:
 - Criminal allegations (12%)
 - Concerns about the impact of possible or known health concerns (10%)
 - Lack of progress on the part of the practitioner in addressing their performance concerns (8%)
 - Concerns about locums no longer working for referrer (6%)
- Putting appropriate re-training in place (6%)

The NCAS assessment – its purpose

- To provide an independent view on the performance of the practitioner, within the wider context of their practice
- To identify satisfactory practice and any areas of concern
- To identify factors that may be contributing to these concerns
- To make recommendations for addressing any difficulties identified.
- Not an investigation

Factors that impact on performance

- Individual:
 - Clinical knowledge and skills
 - Health and stress
 - Psychological factors
 - Leadership skills.
- Organisational:
 - Education and training – undergraduate and postgraduate
 - Organisational culture and climate
 - Team functioning
 - Workload and sleep loss.

Role of action planning in NCAS cases

- Ensure clarity of report and recommendations for referring body and practitioner
- Assist RB and practitioner to develop improvement plan (for practitioner) and action plan (for organisation)
- Help involve Deanery and Royal College (as appropriate)
- Assist in monitoring progress against improvement and action plans
- Co-ordinate sign-off against improvement and action plans

Background – why pharmacists - Trust Assurance and Safety (The White Paper)

- ***“The Department will work with NCAS and with stakeholders to review the cost-effectiveness of extending its scope to other health professionals, as suggested by the Public Accounts Committee”***
- *“the Government ... agrees that for other health professionals with advanced levels of practice, further support to employers and regulators is needed in conducting fair and thorough assessments of individual clinicians”*
- *“NCAS is currently discussing with the Royal Pharmaceutical Society of Great Britain (RPSGB) whether similar arrangements would be cost-effective and proportionate for the assessment of pharmacists”*

Background – why pharmacists

- White Paper asks NCAS to review cost effectiveness of extending its services to other professionals, in particular pharmacy
- Need to bridge the governance gap for pharmacists
- Local and national arrangements are in place to identify and respond to concerns about the performance of pharmacists but
 - Governance gap arises where local or national systems are inadequate to identify and deal with concerns
 - Information relating to unresolved concerns is not passed effectively

Key issues for stakeholders so far 1

- Pharmacy has similar, but not the same needs to medicine and dentistry
- An external resource would bring consistency and independence to the management of performance concerns that are not about FTP
- An NCAS service for pharmacy should encourage a focus on the patient, promoting safety and quality of practice
- The particular relationship between NHS and the business sector needs to be taken into account
- An NCAS service could sign-post where to go for help and support for both managers and practitioners

Key issues for stakeholders so far 2

- The management of locums with poor performance
- How would NCAS and the RPS work together in tackling performance issues?
- How can information about performance concerns be shared across the profession?
- How much would a service cost and who would pay?
- Adapting to the different statutory framework for pharmacists

Proposal for an NCAS service for pharmacists – rationale

- Autonomous practitioners with potential for impact on patient safety
- NHS Reforms - Changing role of pharmacists
- Governance gap
- Pharmacists want the service
- White Paper imperative
- Retention of skilled professionals
- Consistency in management of poor performance across all sectors
- % of pharmacists working as Locums

Proposal for an NCAS service for pharmacists – service principles

- Assures public protection and patient safety
- Consistent source of advice
- Bridges governance gap
- Fair, transparent and equitable
- Independent
- Developmental
- Cost-Effective

Proposal for an NCAS service for pharmacists – possible demand

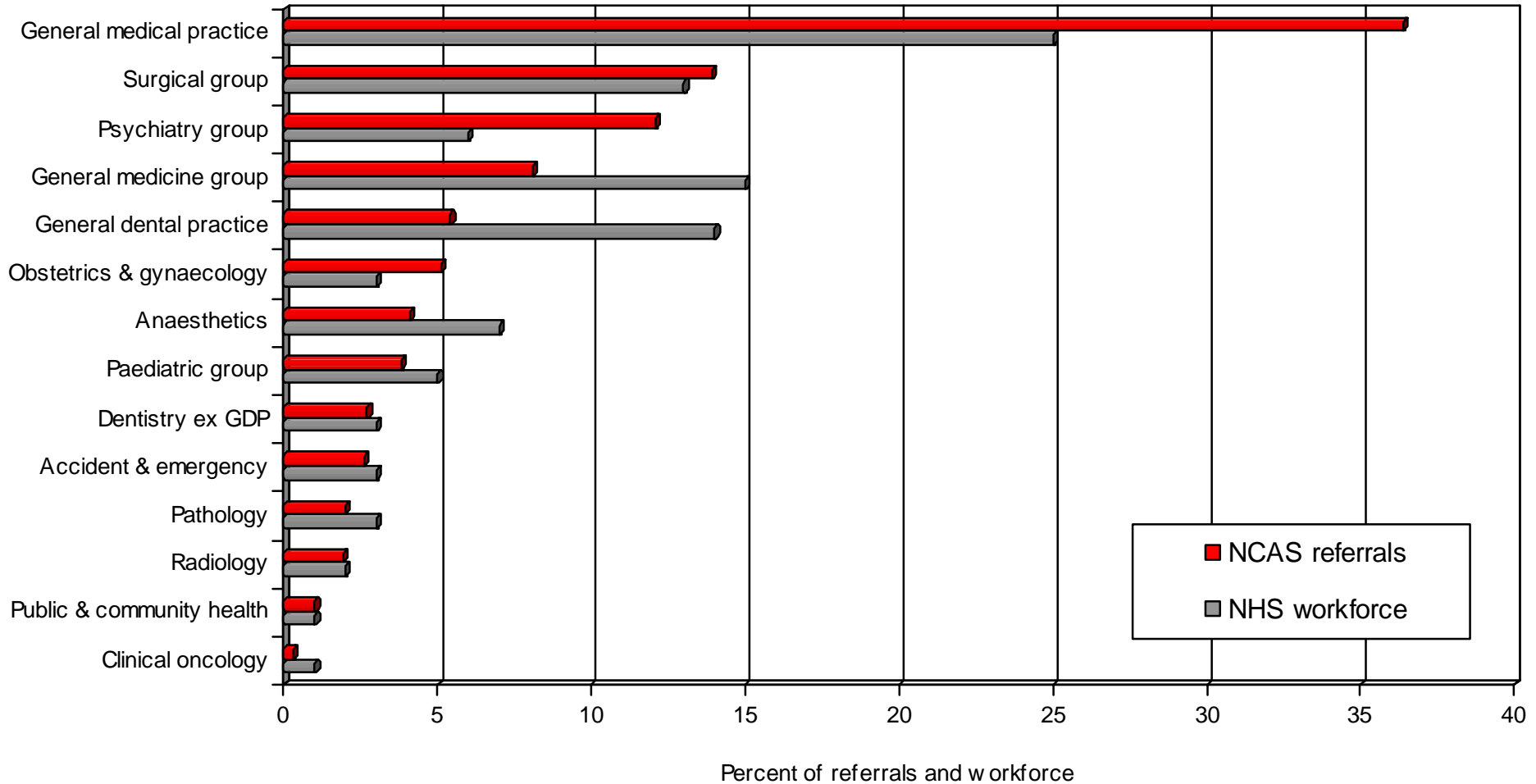
- 100 – 300 referrals, depending on estimation method
- Possible referrals from
 - General Pharmaceutical Council
 - Community chains and multiples
 - Community independents and small chains
 - NHS hospitals
 - PCOs
 - Academia

Proposal for an NCAS service for pharmacists – next steps

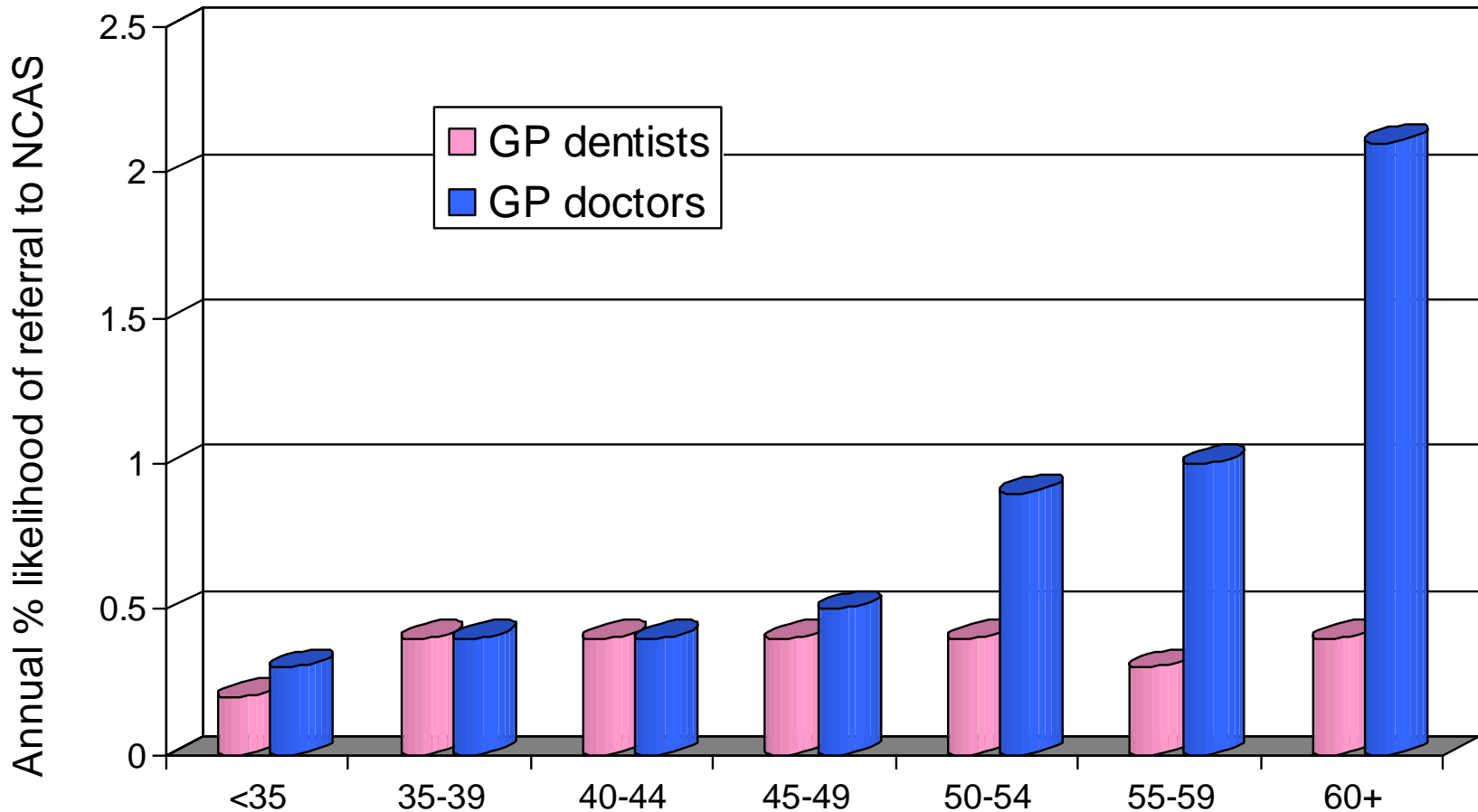
- Funding secured from DH
- Develop service based on existing service model, tailored to pharmacists
- Recruit Associate Director (Pharmacy) – starts 8.9.08
- Continued engagement with stakeholders
- Service commences on 1.4.2009

Questions

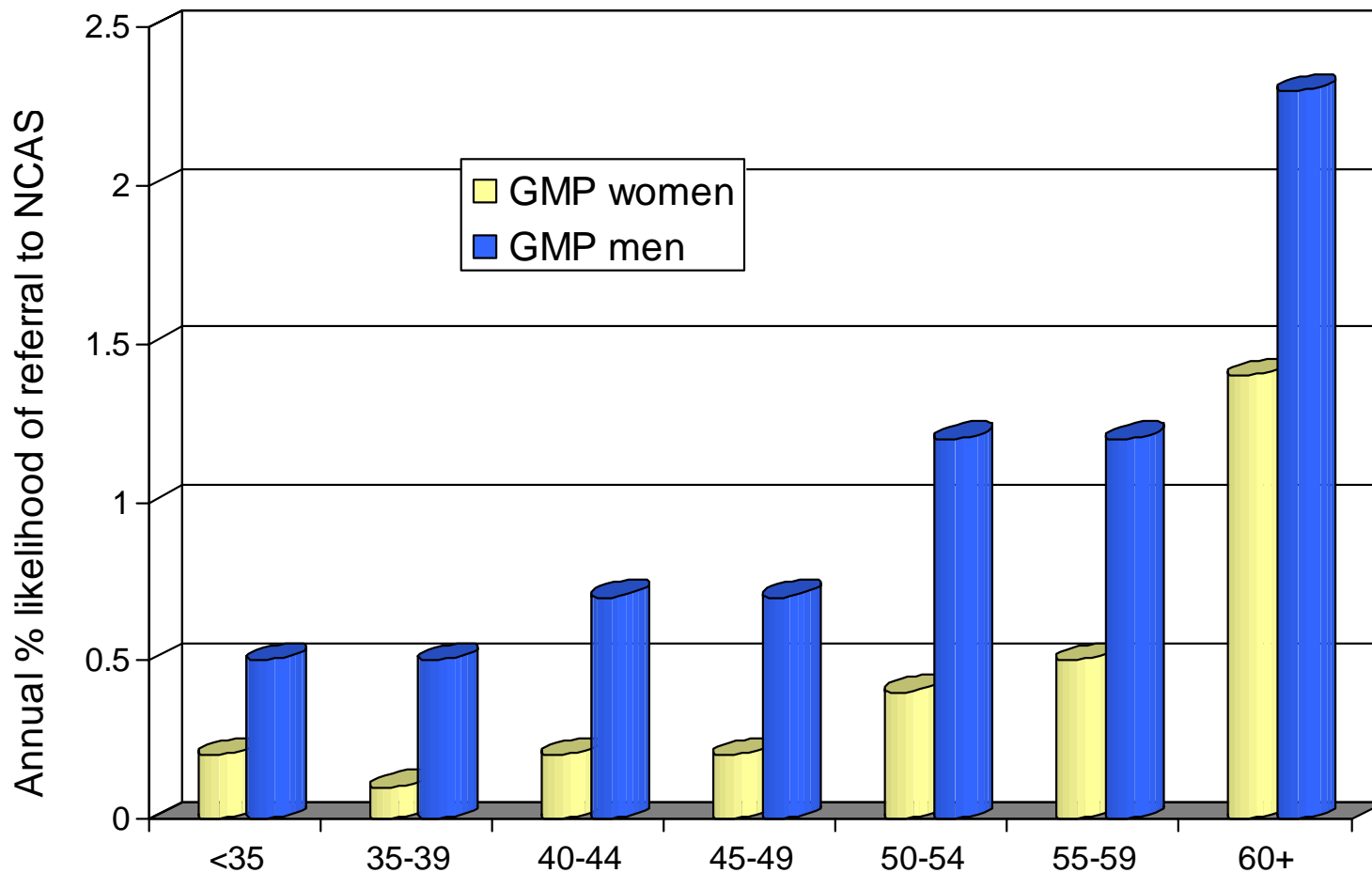
Referrals by sector and specialty group: 2001/02 – 2006/07



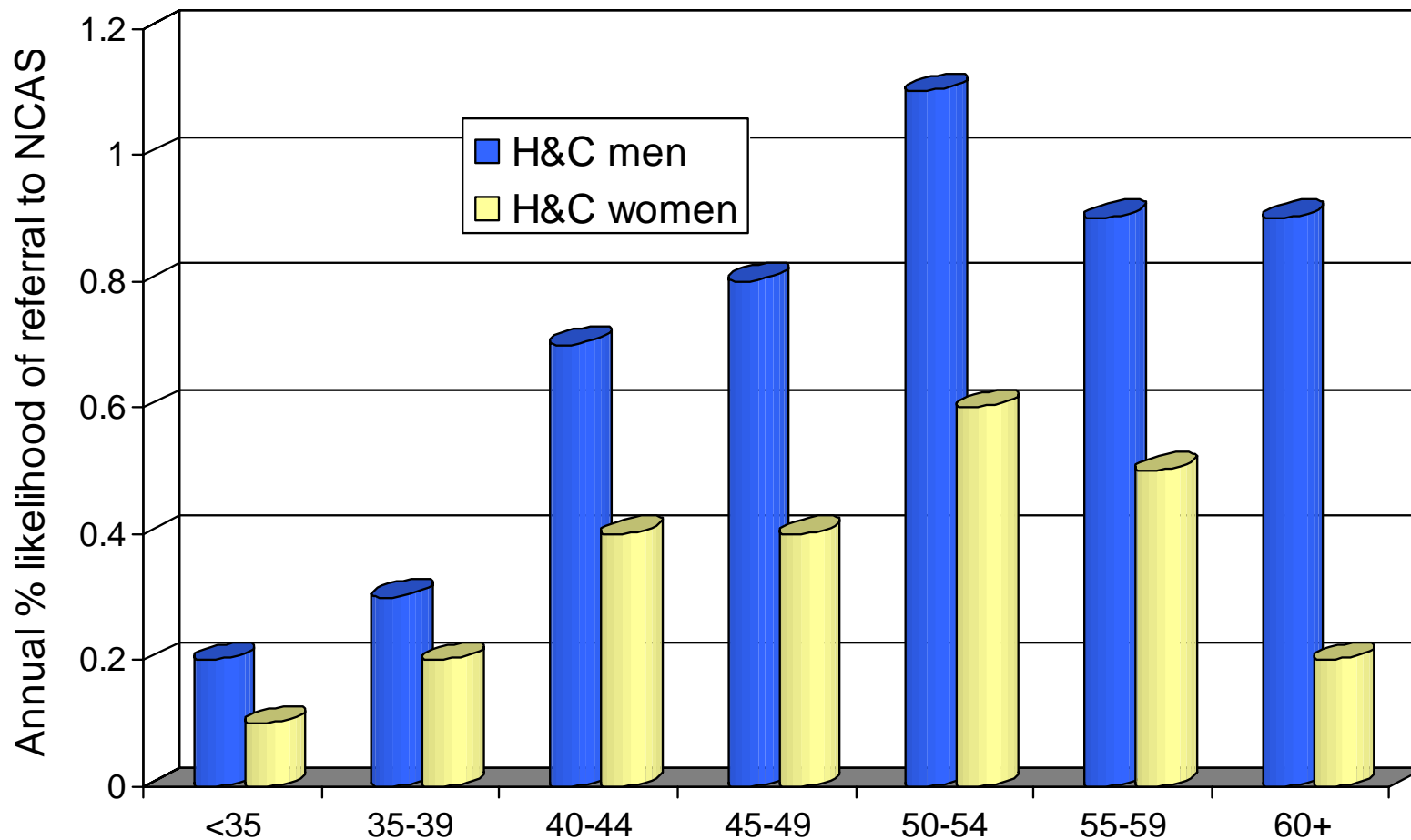
For GDPs, the likelihood of referral seems to be independent of age:



Likelihood of referral - GMPs



Likelihood of referral - H&C



Case study 1

Health case – simple

- **Long standing** performance concerns
- The case was considered suitable for **assessment**
- Occupational Health found severe **cognitive decline**
- Referral for full cognitive assessment recommended
- NCAS provided details of possible independent **neuropsychiatrist** support
- A case plan was developed to manage the doctor into **retirement**, including ill-health pension enhancement
- Referring PCT took over **management of the practice.**

Case study 2

Health case – complex

- Consultant radiologist with macular degeneration
- Trust wanted external assessment of condition for a view on fitness to practise. NCAS assessment not appropriate
- NCAS OH expert and HR expert gave advice directly to Trust on possible handling
- DDA – ‘reasonable adjustments’
- 1½ years later, doctor has still to undergo assessment for the impact of his condition on his ability to work (DNA’d etc)
- Assessment by a radiologist at a neighbouring Trust is planned in the next month...

Case study 3

Conduct case – simple

- **20 year** poor relationship between the PCT and the doctor
- Complaints of rudeness to patients and colleagues
- **Refused to comply** with basic requirements
- Advised the PCT to determine what the **current concerns** were and involve the LMC in addressing them
- Advised the PCT to be clear about the **consequences** of a failure to improve
- Advised the doctor to go **part time**, employ more support staff, and involve the BMA.

Other initiatives

- Improving what we do:
 - Assessment development
 - Evaluation and research
 - Equality and diversity work.
 - Practitioner Health Programme
- Sharing what we have learned:
 - Publications and reports
 - Conferences
 - Workshops and other educational events
 - Toolkit and educational resources.

Further reading

- *NCAS handbook*
- *Local GP performance procedures handbook*
- *Back on Track* framework document
- *Handling Concerns about the Performance of Healthcare Professionals*
- NCAS publications
(www.ncas.npsa.nhs.uk/resources/publications)
- NCAS website (www.ncas.npsa.nhs.uk)
- *Must knows* (www.ncas.npsa.nhs.uk/mustknows)