Standard	Descriptor		Supporting Statements	Rating	Current activity/evidence	What action or next steps will you take to meet this descriptor?	Is there a risk associated with not meeting this descriptor?	Lead	Deadline	Additional comments
Standard One: Putting People First The principle of 'no decision about me, without me' underpins the design and delivery of pharmacy services ensuring that people using services can make shared decisions about their treatment and medicines. Appropriate support is provided to people to ensure effective medicines use.	1.1	**Person focused services** People, their families, and circles of support are put at the heart of health, care, and wellbeing and care is focused on the needs of the individual.	**The pharmacy team provide the expertise, leadership, and systems support to ensure that:**							
			a. People are treated with compassion, dignity, and respect by all members of the pharmacy team.							
			b. The pharmacy team introduce themselves, their role and purpose consistently.							
			c. People's values, circumstances, and preferences about treatment and care are understood.							
			d. People are involved in decisions about the pathways under which they receive care and information (e.g., in person or remotely/virtually).							
			e. Views are routinely sought from people, their families, and circles of support to inform the development, improvement, and delivery of pharmacy services, ensuring people have direct input into the services that they receive.							
			Overall descriptor rating	#N/A						
	1.2	**Information about medicines** People using services are supported to understand* the benefits and risks of medicines, their alternatives or doing nothing. People can decide about a preferred course of action based on good quality evidence-based information and their personal preferences. **When people lack capacity, appropriate procedures should be followed, including those for deprivation of liberties, safeguarding and covert administration.*	**The pharmacy team provide the expertise, leadership and systems support to ensure that services:**							
			a. Allow people the opportunity to have meaningful discussions about their medicines, or alternative options with an appropriate pharmacy team member or other professional during a care episode and, where appropriate, after transfer to another care setting through face-to-face or virtual pharmacy services.							
			b. Provide people with information such as when and how to take their medicines, taking other medicines at the same time, advice about side effects, any associated costs or other relevant information in a form that they can access and understand.							
			c. Advise people who to contact or where to go if they need more information about their medicines, who will prescribe continuing treatment and how to access further supplies or dispose of medicines.							
			d. Discuss with the person information about their medicines in a form that they can understand and refer back to before discharge or transfer to another service.							
			e. Where appropriate, offer information in a format that is culturally sensitive or accessible to people with additional needs such as physical, sensory, or learning disabilities, and to people who do not speak or read English.							
			f. Partner with people and the multidisciplinary team across the system to identify, assess, and resolve barriers to actively promote and facilitate the provision of clear, understandable information about medicines.							
			Overall descriptor rating	#N/A						
	1.3	**Support with effective medicines use** Systems are in place to identify people who may need support, or to allow people to request support with medicines choice and use.	**The pharmacy team provide the expertise, leadership, and systems support to ensure that:**							
			a. People's beliefs, expectations about, and experiences of, taking their medicines are explored to identify those requiring support.							
			b. People in need of pharmacy support and pharmaceutical care planning are identified and necessary support is documented in their record. If required, further specialist input is provided by an appropriate member of the healthcare team.							
			c. After assessment and in partnership with the person, reasonable adjustments are made to support medication adherence.							
			d. Liaison with other healthcare professions or agencies within the system is undertaken where ongoing support with medicines is needed.							
			e. If care is transferred to another setting, people are referred or signposted to appropriate follow up or support with their medicines.							
			f. People are signposted to pharmacy support to improve health and wellbeing using public health services and activities when appropriate.							
			g. Measures to identify and support people at high risk of experiencing problems with their medicines on transfer to another care setting are in place.							
			Overall descriptor rating	#N/A						
medication and clinical appropriateness.	2.1	**Individual episode of care** At pre-admission, admission, transfer, or discharge, people's medicines are reviewed to ensure an accurate and complete medication history and to identify medicines related admissions. People are encouraged to bring their own medicines to the care setting, or they are made available when needed.	**The pharmacy team provide the expertise, leadership, and systems support to enable the multidisciplinary team to:**							
			a. Reconcile people's medicines and optimise treatment to identify and avoid potential medication-related discrepancies before a planned admission.							
			b. Reconcile people's medicines in accordance with national guidance to avoid potential medication-related discrepancies.							
			c. Effectively document people's medication histories and identify medicines related admissions as part of the admission process.							
			d. Identify potential medicines related problems affecting discharge or transfer to another care setting so that they can be addressed to avoid risks to patient care and extending the person's episode of care.							
			e. Ensure people's medicines are available from the time that their next dose is needed, minimising missed doses of medicines and ensuring timely administration of critical medicines.							
			f. Enable people to bring their own medicines into the care setting with them; and ensure policy and procedures are available that enable staff to support appropriate self-administration of medicines.							
			Overall descriptor rating	#N/A						
			The pharmacy team provide the expertise, leadership, and systems support to:							

Standard Two: Episode of Care People's medicines are reviewed for accurate medication history, experiences of their									
	Medicines related outcomes of treatment **2.2** As part of the multidisciplinary team, the pharmacy team understand people's goals and experiences of their medicines.	a. Understand people's views, knowledge, outcomes, and experiences of their medicines.							
		b. Monitor people's responses to their medicines, including any unwanted effects. Appropriate action is taken where problems (potential or actual) are identified.							
		c. Help people to avoid and/or minimise adverse events resulting from their medicines.							
		d. Document and report adverse events that arise through relevant systems, appropriately managing them whilst recognising duty of candour and the need for transparency and shared learning from incidents.							
		e. Empower people to take an active role in the safety and effectiveness of their treatment.							
		Overall descriptor rating	#N/A						
	Care of the person **2.3** People have their medicines clinically reviewed by pharmacy team members who play an active role in medicines management. People can access the pharmacy expertise that they need to ensure that their medicines are clinically appropriate, and their outcomes from medicines are optimised.	**The pharmacy team provide the expertise, leadership, and systems support to ensure that:**							
		a. Treatment requirements are clinically reviewed to optimise outcomes from any medicine prescribed with the frequency and level of review adjusted according to individual need.							
		b. In partnership with the person, medicines regimens are simplified as far as possible, doses optimised, and medicines stopped when agreed it is in their best interests.							
		c. The pharmacy team, in partnership with the multidisciplinary team, work to ensure that medicines are available and administered on time to avoid omissions and delay in treatment. Appropriately trained pharmacy team members may also administer medicines to people independently and/or support others during medicines administration rounds.							
		d. Pharmacy team members are integrated into multidisciplinary teams across the organisation and provide person facing clinical services to ensure safe and appropriate medicines use for all, whatever the setting.							
		e. Pharmacy team members optimise treatment for people, identifying high-risk medicines and antimicrobials. Teams ensure that medicines are used in accordance with local policies and/or reflect what is recognised as good clinical practice.							
		f. Pharmacist prescribers are integrated into relevant care pathways and are prescribing regularly.							
		g. Advanced/consultant level pharmacists work in clinical specialties to maximise the availability of expert resource to other members of the multidisciplinary team for the benefit of those receiving care in that area.							
		Overall descriptor rating	#N/A						
Standard Three: Integrated Transfer of Care As part of the local health and social care system, the pharmacy team ensure safe and timely transfer of information about the person and their medicines between care settings.		**The pharmacy team provide the expertise, leadership, and systems support to enable the organisation to:**							
	Medicines transfer oat care interfaces **3.1** Accurate and complete information about a persons medicines is provided to the patient and transferred to the health or social care professional(s) taking over care of the person at the time of transfer. Arrangements are in place to ensure a safe supply of medicines for the person and ongoing support where necessary.	a. Transfer information about a persons medicines to the professional(s) taking over care of the person in accordance with national guidance following discharge.							
		b. Ensure the accuracy, legibility, and timeliness of information transfer as far as practicably possible.							
		c. Ensure that people have access to an ongoing supply of their medicines (based on local agreement and individual need) and share information so that their medicines can be reconciled by the health professionals taking over responsibility for care.							
		d. Monitor, identify, and minimise delays to people's discharge or transfer due to problems in medicines being supplied.							
		e. Engage with people, their families, and circles of support as active partners in managing their medicines at the time of transfer. A complete list of medicines is given to the person and/or those supporting them at the time of transfer with an explanation of why they are taking them, and when and how to take them as well as a description of any changes made.							
		f. Communicate information about people's medicines in a way that is timely, clear, and unambiguous. It should be generated and transferred in the most effective and secure way, preferably electronically.							
		Overall descriptor rating	#N/A						
	Integration **3.2** The pharmacy team, in collaboration with those across the system, strive for effective, joined up, and smooth transitions of care for people.	**Within the pharmacy service, the pharmacy team:**							
		a. Work in partnership with those across the system to ensure transitions of care are seamless for people.							
		b. Foster closer working relationships between pharmacy teams across all settings to ensure timely and seamless support for people.							
		c. Have a clear picture of pharmacy resources in their local area and use this in planning services.							
		d. Maximise the potential and capacity of pharmacy resources in the local area.							
		Overall descriptor rating	#N/A						