



Consultation on potential COF indicators.

Royal Pharmaceutical Society Response

The Royal Pharmaceutical Society (RPS) is the new professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

Leadership, representation and advocacy: promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

Professional development, education and support: helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

Professional networking and publications: creating a series of communication channels to enable pharmacists to discuss areas of common interest.

We do not have any comments on the specific questions asked but we would like to make the following comments.

General comments

1. We are concerned that, in general, the COF will be regarded as a tick box exercise and that there is no attempt to look at the patient holistically or even to look at a disease area, such as type 2 diabetes which is a complex and multi-faceted disease, in a holistic manner.
2. We are disappointed that there is no emphasis on public health and disease prevention, particularly at this time when the government is hoping to move from an illness service to a wellness service.
3. The RPS agrees that joint-working is essential in delivering healthcare. The COF needs to promote integrated care, which is currently not as evident as it should be. There appears to be no emphasis on team working and working in an integrated manner which should be a priority for the new NHS.
4. There is significant overlap with the data required for the Commissioning Outcomes Framework and that required for the Quality Outcomes Framework for both disease areas and what has to

be done to demonstrate achievement. Therefore, there is the potential to create a means for some GPs to receive a double payment for work that is only being done once.

5. The collection and monitoring of data by the CCGs needs to be robust. We would seek clarification as to what data is being used to measure outcomes and how this data will be captured.
6. There is also a need to include a measure of patient involvement in shared decisions about their medicines (in hospital and in primary care).
7. Patients with conditions that do not have associated indicators in the COF may be subject to a lower standard and quality of care.
8. In addition, we believe that it is essential that outcomes in the unregistered population are captured and considered in the overall COF. Community pharmacy sees both the registered and un-registered population, and can contribute to the care of unregistered patients as well as collect data about their needs. If the framework is not adequately capturing outcomes in respect of unregistered patients, it is difficult to see how providers that support this population will be adequately rewarded. The system would drive health inequalities if those providers without a registered population suffer.
9. One of the areas where there are currently unacceptable variations, that does not appear to be included in this consultation, is around the safe transfer of medicines information when patients transfer from one care provider to another. The RPS, along with other Royal Colleges, have developed guidance to address this situation¹ which currently leads to between 30 and 70% of patients have either an error or an unintentional change to their medicines when their care is transferred.²

We would suggest additional indicators to be included under Domain 5 along the lines of:

- The number of patients who have the correct medicines information transferred when admitted into hospital
 - The number of patients who have the correct medicines information transferred when discharged from hospital
10. We believe that the following changes would help to deliver quality against the COF:
 - Fair access to enabling technology for all providers would ensure more consistent care and improve patient safety, for these reasons we would support the ongoing work on access to the Electronic Health Records for relevant healthcare professionals. This technology could also support a contribution to PROMs and other national quality initiatives.
 - We encourage the national contracts for healthcare professionals to be more aligned with one another and we would support the development of a quality and outcomes based contract for pharmacy. We believe this could raise the standards and equity for all professionals
 - We think that an outcome around medicines management needs to be included as part of the Framework. This could include making sure patients stop taking medicines when they

¹ www.rpharms.com/toc

² National Patient Safety Agency and National Institute for Health and Clinical Excellence. Technical safety solutions, medicines reconciliation. 2007 guidance.nice.org.uk/PSG001

should (by medication review by pharmacists, available in a variety of settings e.g. community pharmacy, in hospital, within GP practices and in care home settings) which would release savings to NHS. There should also be an indicator on ensuring patients are taking prescribed medicines as and when they should. We would suggest that this indicator ensures that patients undergo an annual medicine use review and the information from this is integrated into the annual medication review for the patient so that adherence and how a patient uses their medicine is built into their overall review and joint management of the patient is encouraged and supported. This will focus on medicines optimisation where there is currently a large number of medicines being prescribed and either not being taken or being taken inappropriately, between 30 - 50% of medicines are not taken as the prescriber intended³



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For further information or any queries you may have on our consultation response please contact Heidi Wright at heidi.wright@rpharms.com or 0207 572 2602.

³ National Institute for Health and Clinical Excellence (2009) Clinical Guideline 76; Medicines Adherence.