

## Quality in the new health system: Maintaining and improving quality from April 2013 Royal Pharmaceutical Society response

The Royal Pharmaceutical Society (RPS) is the 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.

### General comments

As the professional leadership body for pharmacists we fully support the principles of quality that are outlined in this draft report. Our members are involved in both the provision and commissioning of health care and will continue to be so as the new NHS structures and organisations emerge. We aim to support our members to understand and fully participate in clinical and quality governance and to have quality at the heart of their activity.

We work closely with the regulator for pharmacy, the General Pharmaceutical Council, to ensure that the standards set are achievable and realistic and support our members to deliver the highest quality services they can.

Pharmacy plays a key role in the delivery of high quality care and we have outlined below how pharmacy can help deliver against the NHS Outcomes Framework which embodies effective and safe care as well as delivering a positive experience for patients. Pharmacists are critical to the delivery of medicines optimisation which will achieve better outcomes for patients for the investment the NHS makes in medicines.

1. **Preventing people from dying prematurely.** Pharmacy plays a major role in preventative health (public health). Some examples include their role in early awareness and diagnosis of cancer, substance misuse and smoking cessation. They are frontline clinicians that are easily accessible by the public and often have contact with people, including vulnerable groups, that don't access the NHS anywhere else. Pharmacists also provide advice to patients and the public on self care. Pharmacists advise patients on their medicines, their appropriate use, the possibilities of side effects and interactions with other medicines and the most appropriate way in which to take them i.e. medicines optimisation. There should be a greater focus on reducing the incidence of hospital acquired infections (HIAs) such as *MRSA*

and *C.Diff*. Pharmacists in hospital settings and those implementing primary care antibiotic formularies play a major role in the reduction of morbidity from HIAs.

2. ***Enhancing quality of life for people with long-term conditions.*** The introduction of the New Medicine Service, delivered by community pharmacists, provides patients with the opportunity to learn more about their condition and the associated treatments as well as the self care and management aspects when they are first diagnosed with a condition. In the longer term this is likely to increase adherence to medicines, thereby reducing part of the estimated £150m per year of wasted medicines<sup>1</sup>, in addition to unplanned admissions to secondary care. Community pharmacists are providing a Medicines Use Review (MUR) service which has been well received by patients and targeted MURs are producing results in terms of reduced hospital admissions and better medicines adherence. The successful management of long term conditions is critical to the future sustainability of the NHS. As the majority of patients with a long term condition will be taking at least one medicine, pharmacists need to be fully involved in the management of long term conditions. A number of pharmacists have prescribing status and they too play a role in the management of long term conditions.
3. ***Helping people to recover from episodes of ill-health or following injury.*** Pharmacy has a major role in the treatment of minor ailments and a number of successful minor ailment services have been developed and implemented at a local level. Pharmacists can also help with injuries such as advising on pain management and correct management of sprains and strains. The Bow Group report suggests a possible 57 million visits to G.P. can be transferred to community pharmacy with a net saving of £812 million per year<sup>2</sup>.
4. ***Ensuring people have a positive experience of care.*** We believe that many patients have a positive experience of community pharmacy. Community pharmacist contractors, as part of their national contract, need to ensure that they carry out an annual patient satisfaction survey, the results of which could be shared at both local and national levels. Pharmacists have access to a wide range of patients and the public and interact regularly with patients who have long-term conditions.
5. ***Treating and caring for people in a safe environment, protecting them from avoidable harm.*** One in 10 hospital prescriptions have errors which are picked up by pharmacists, thereby preventing harm to patients<sup>3</sup>. A former study demonstrated that pharmacists help to reduce GP prescribing errors and concludes that 'given the high risk of serious iatrogenic harm associated with these errors, reductions of the magnitude observed in this trial are likely to be clinically important'<sup>4</sup>. A more recent GMC report suggests that pharmacists can play a greater role in mitigating the occurrence of error, through reviewing patients with complex medicines regimens at a practice level, and in identifying and informing the GP of

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<sup>1</sup> [http://php.york.ac.uk/inst/yhec/web/news/documents/Evaluation\\_of\\_NHS\\_Medicines\\_Waste\\_Nov\\_2010.pdf](http://php.york.ac.uk/inst/yhec/web/news/documents/Evaluation_of_NHS_Medicines_Waste_Nov_2010.pdf)

<sup>2</sup> The Bow Group target paper. Delivering Enhanced Pharmacy Services in a modern NHS: Improving Outcomes in Public Health and Long-Term Conditions

<sup>3</sup> An in depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education – EQUIP Study. Dorman et al. GMC Dec 2009. [http://www.gmc-uk.org/FINAL\\_Report\\_prevalence\\_and\\_causes\\_of\\_prescribing\\_errors.pdf\\_snapshot.pdf](http://www.gmc-uk.org/FINAL_Report_prevalence_and_causes_of_prescribing_errors.pdf_snapshot.pdf)

<sup>4</sup> Pharmaceutical Journal 9<sup>th</sup> October 2010 (Vol 285) page 396.

errors at the point of dispensing.<sup>5</sup> Patients are exposed to avoidable harm when they transfer from one care setting to another. Pharmacy already plays a role in medicines reconciliation on admission and also on discharge. We believe, that with the right support, pharmacy can take responsibility for the transfer of care agenda in relation to medicines management and we have produced multidisciplinary guidance to support delivery of this.<sup>6</sup> Pharmacies have established clinical governance systems and procedures as part of their working practice, including complaints procedures, reporting of incidents and errors as well as continuing professional development. The number of complaints around pharmacy remains low.

We have a couple of concerns which are outlined below:

- Currently, community pharmacy is not regulated by either the Care Quality Commission or Monitor. The General Pharmaceutical Council regulate both pharmacies and pharmacists and carry out their own inspections. We would like some clarity as to how the new quality system will relate to them and the services they provide?
- The National Clinical Assessment Service (NCAS) is not mentioned in this consultation document at all. As they play an important role in poor performance for doctors, dentists and pharmacist it would be useful to clarify how they fit into the new quality systems within the NHS.



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<sup>5</sup> <http://www.gmc-uk.org/about/research/12996.asp>

<sup>6</sup> [www.rpharms.com/toc](http://www.rpharms.com/toc)