

## The next phase: Our consultation on our strategy for 2012 to 2016

### 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**

Current expenditure on medicines is the highest cost to the NHS at around £13 billion per annum in England. The use of medicines is less than optimal and it is well known that around 30 - 50% of medicines are not taken as the prescriber intended.<sup>1</sup> In particular, the use of medicines in care homes is particularly poor. In the CHUMS report, residents (mean age 85 years) were taking an average of 8 medicines each and on any one day 7 out of 10 patients experienced at least one medication error. Whilst the mean score for potential harm was relatively low, the results did indicate opportunity for more serious harm.<sup>2</sup> The report recommends that 'pharmacists should regularly review residents and their medication; they can also rationalise regimes to help home staff work more safely'. They also recommend that 'someone should be responsible for the safety of the whole medicines system in a care home; the under-pinning philosophy in the pharmacy White Paper (2008) suggests to us that this could be the responsibility of a pharmacist'. These recommendations are also supported by those made by the RPS Scotland in their report 'Improving Pharmaceutical Care in Care Homes'<sup>3</sup>, a particularly strong recommendation of this report being 'As a building block for change and in line with the Royal College of General Practitioners and the British Geriatric Society, the RPS believes that the alignment of one GP practice and one community pharmacy to each care home provides a good model to achieve the improvements in care required.'

---

<sup>1</sup> National Institute for Health and Clinical Excellence (2009) Clinical Guideline 76; Medicines Adherence.

<sup>2</sup> <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>

<sup>3</sup> <http://www.rpharms.com/promoting-pharmacy-pdfs/rpscarehomereportfinalmarch2012.pdf>

The Care Quality Commission (CQC) itself continues to highlight poor medicines management services as contributory in some cases to failing services.<sup>4</sup>

Pharmacists, as the experts in medicines use, can have a beneficial impact in this area for the NHS. They have the skills and expertise to maximise the investment made in medicines and minimise the risks thereby improving efficiency and quality of patient care. Pharmacists must be at the heart of medicines optimisation, they are leaders but all clinicians need to work together on medicines optimisation and as Sir David Nicholson said 'medicines optimisation needs to become a central agenda for the NHS'.

A number of recent studies have highlighted the important role of pharmacists in improving patient outcomes where medicines are concerned.<sup>5,6,7</sup> These studies demonstrate that when pharmacists are sited in the correct place in the system they can have a beneficial impact on prescribing errors, medicines waste and hospital admissions. Pharmacists must be involved when care pathways are being developed as almost all care pathways will involve medicines and pharmacist are the experts in medicines optimisation.

We believe that the CQC should focus more on how medicines are used and the systems that support the good use of medicines in all the facilities that it licenses. CQC should have the capacity and knowledge to intervene in environments where people are not having access to good regular review of medicines. In order to carry out this duty CQC should have a chief pharmacist ensuring that the medicines requirements of all these organisations are suitably attended to. CQC needs to ensure that there are systems in place to support medicines optimisation in practice and to measure outcomes for this.

Currently community pharmacies are not required to be registered with the Care Quality Commission (CQC) and this is unlikely to change in the foreseeable future. Community pharmacies, as well as the pharmacists working within them, are registered with the General Pharmaceutical Council (GPhC) who ensure appropriate standards are met and who carry out their own inspections. GPhC is a unique amongst professional regulators in that it is a systems regulator. We would not see a need for community pharmacies to hold a CQC licence in the future.

However, if things were to change, for instance if certain services provided by community pharmacists were to require registration, then we would welcome a dialogue with CQC to discuss how subsequent systems would operate.

We would be concerned if changes to regulations required registered pharmacies or pharmacists to be inspected and monitored by more than one regulator. This could present a risk to the public of an

---

4

[http://www.cqc.org.uk/sites/default/files/media/documents/20120626\\_cqc\\_market\\_report\\_issue\\_1\\_for\\_web\\_site\\_final\\_0.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/20120626_cqc_market_report_issue_1_for_web_site_final_0.pdf)

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

<sup>6</sup> <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>

<sup>7</sup> <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS024PINCERFinalReportOctober2010.pdf>

activity not being regulated because it falls between the activities of multiple regulators, or has the potential to create regulatory duplication and unnecessary bureaucracy. In light of this, the RPS believes that the principle regulators; GPhC, CQC and Monitor should be aligned in their approach and work together to ensure conformity.

As the NHS reforms take effect we also have concerns in relation to 'Any Qualified Provider' (AQP). As stated above, community pharmacies are currently not required to register with CQC and are therefore exempt from registration with Monitor. However, they would still wish to be considered as an AQP and the fact they do not hold a provider license with either Monitor or CQC should not prevent them from being considered as such. We seek assurance that this will be the case. In particular, it has been noted that when expressing an interest to tender for NHS services, we are unable to get through the automated AQP tendering processes, which require bidders to tick the "Yes" box to confirm they are registered with CQC and Monitor. There is no means of registering "not applicable". In our view, this technical issue is a barrier to primary care providers of dental, general medical, optometry and pharmaceutical services. We ask that the relevant responsible persons in the Department of Health, Monitor and CQC work together to solve this technical issue. A registration with GPhC should be sufficient to enable a community pharmacist to be considered as AQP.

Pharmacies situated in a hospital would be licensed as part of the Foundation Trust registration as NHS Trusts move to Foundation Trusts. Patients would expect the hospital pharmacies to be monitored and regulated in a similar way to those pharmacies they access in the primary care setting i.e. community pharmacies to ensure safe practice. However, hospital pharmacies are only required to register with the GPhC if they undertake certain activities and since changes to the Medicines Act 1968 have led to changes under the previous section 10(7) this has meant fewer hospital pharmacies are actually required to register with GPhC. This leaves hospital pharmacies in a situation where they, unlike their counterparts in the community, are not regulated to the standards set out by the GPhC. We would also question how the systems employed by dispensing doctors are to be regulated to ensure that they are of the same quality as those in a registered pharmacy. It would be an unacceptable risk if there was a variance in the safety of the services the public receive dependent upon the source of dispensing.

As the Professional Leadership body for pharmacists the Royal Pharmaceutical Society has developed 'Professional Standards for Hospital Pharmacy' and these can be viewed at <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-hospital-pharmacy.asp>. We are supportive of the CQC view that professional standards should be adhered to. We have developed principles and recommendations as well as a minimum data set to help support the transfer of medicines information when patients move between different care settings ([www.rpharms.com/toc](http://www.rpharms.com/toc)). We would hope the CQC would be referring to this nationally recognised material to support its standard on medicines management.

**We have not answered the specific questions asked in this consultation but our response is relevant to all the key areas that have consultation questions.**



Shilpa Gohil

Chair, English Pharmacy Board,

Royal Pharmaceutical Society

*For further information or any queries you may have on our consultation response please contact Heidi Wright [heidi.wright@rpharms.com](mailto:heidi.wright@rpharms.com) 0207 572 2602*