



A new start: Consultation on changes to the way CQC regulates, inspects and monitors care

Royal Pharmaceutical Society Response

General comments

We have some general comments to make in relation to the way in which CQC regulates, inspects and monitors care.

Medicines are the most common intervention made in healthcare and account for 12% of the NHS budget (the largest cost after staffing and premises). We believe that CQC has a unique opportunity to oversee the whole system of the medicines pathway from prescribing to supply to administration plus all the professionals and organisations involved. RPS would like assurance that there is clinical oversight where medicines are concerned i.e. that safe systems are in place along the whole of the medicines pathway and that there is an expectation to have professional and clinical oversight of medicines by the various organisations that are regulated by CQC.

We believe that the inspectorate teams should include a pharmacist who will have professional and clinical oversight of medicines issues. Having a pharmacist as an integral part of the team will mean they will notice any issues with medicines, whereas these could potentially be overlooked. However, if that is not possible, RPS supports the raising of medicines issues across all the inspection teams within CQC and where there are medicines issues the current CQC pharmacy team is involved. However, we are aware that the current pharmacy team within CQC is quite small and if they were to undertake this further work they would require increased resource to do so.

We would expect the inspections teams to make a judgment on whether or not the hospital pharmacy department were providing leadership for medicines across the whole Trust. We would also expect inspection teams to look at the systems that are in place for the transfer of information between care providers. This should be covered in respect of Outcome 6: Co-operating with other providers, but potentially needs further development. The RPS has published guidance on the information about medicines that should be transferred when the patient moves between care providers¹. As this guidance is endorsed and supported by a number of other royal colleges we would expect the CQC to use this as part of its assessment process. We have also recently published Professional Standards for Hospital Pharmacies² and we would expect CQC to recommend hospital pharmacies to follow these standards.

¹ www.rpharms.com/toc

² <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-hospital-pharmacy.asp?>

Fundamentals of care (page 13 /14): There would need to be more clarity as to how these fit with the 'Fundamental Standards' that are being developed by the government. We believe that many of these fundamentals of care are currently included in the NHS Constitution so there is the potential for duplication. We would advise that there is one key document that healthcare professionals work to.

The duty of candour will improve patient care and safety and the RPS strongly supports this aim but we are concerned that the introduction of a duty of candour without a change in the current legislation relating to dispensing errors means pharmacists are open to prosecution under criminal law if they wrongfully dispense a medicine, even if it is a genuine error and without malicious intent. Therefore, this does not encourage pharmacists to be open and transparent with patients about such errors. The RPS is currently working with the Government to address this anomaly in healthcare. We would urge DH to accelerate the work to decriminalise dispensing errors as this would remove a significant barrier to the implementation of candour amongst the pharmacy profession which currently would contravene human rights.

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.



Chair, English Pharmacy Board

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.

About us

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

The RPS leads and supports the development of the pharmacy profession to deliver excellence of care and service to patients and the public. This includes the advancement of science, practice, education and knowledge in pharmacy and the provision of professional standards and guidance to promote and deliver excellence. 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: Ensuring the expertise of the pharmacist is heard by governments, the media and the public.

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

Professional networking and publications: hosting and facilitating a series of communication channels to enable pharmacists to discuss areas of common interest, develop and learn.