OUR NEXT PHASE OF REGULATION: A more targeted, responsive and collaborative approach to regulating in a changing landscape of health and social care. Cross-sector, Primary medical services and Adult social care services

Royal Pharmaceutical Society (RPS) Submission

General comments

The use of medicines is the most common intervention made in healthcare with over £15 billion spent on medicines in the NHS in 2015/16. It has been estimated that 30-50% of medicines prescribed are not taken as intended and the cost of wasted medicines is around £300 million per annum in England, with at least half of that being avoidable.

We believe that CQC have a unique opportunity to oversee the whole system of the medicines pathway from prescribing to supply to administration, alongside all the professionals and organisations involved. CQC can ensure that there is clinical oversight where medicines are concerned by ensuring that safe systems are in place along the whole of the medicines pathway and that an expectation is set that all organisations regulated by CQC have professional and clinical oversight of medicines.

CQC itself has stated that '*Medicines are the most common form of healthcare intervention in all care settings and are crucial to almost all care pathways. We have found, through our inspections across different types of services that where services have problems with safety, we often find problems with how they manage medicines.'*

We believe that all 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 medicine issues which could potentially be overlooked if they are not present. We would also expect the inspection teams to make a judgement on how the organisation / pathway being inspected was providing leadership for medicines (systems, processes and medicines optimisation), recognising the importance of medicines and their use across the organisation / pathway. This should include a review of the systems that are in place for the transfer of medicines information when the patient moves between different care settings, ensuring that there is a process to minimise medicines related risk.

The remit/scope of the CQC and GPhC needs to be clearly defined so that it's clear which regulator governs which part of the medicine's journey. There is scope however for the regulators to continue to collaborate and share expertise.

The RPS has published Professional Standards for Hospital Pharmacy Services which provide a framework for safety and quality for all aspects of hospital pharmacy services.

The elements and principles of medicines optimisation should also be used as part of the assessment process to ensure that the organisation / pathway is delivering safe and effective care where medicines are concerned. This should include assessments that ensure the organisation involves patients and their carers in decisions about their treatment and that patients are at the centre of decision making about their medicines and that their medicines are optimised to reduce risks and side-effects. Organisations should also be assessed to ensure patients receive appropriate and equal care for both mental and physical health conditions.

PART 1: REGULATING IN A COMPLEX CHANGING LANDSCAPE

1.1 Clarifying how we define providers and improving the structure of registration

1a What are your views on our proposal that the register should include all those with accountability for care as well as those that directly deliver services?
Whilst we agree with this proposed view we have concerns that this may be confusing for some people and that the relationships between the different organisations will need to be clearly explained.
In addition there needs to be clarity particularly if this were to apply to pharmacy where a PGD may be written by a CQC regulated organisation but then delivered through pharmacy. The delivery through pharmacy would be under GPhC regulations.

1b What are your views on our proposed criteria for identifying organisations that have accountability for care (see page 12)?
We agree with the proposed criteria and believe that registering additional providers with accountability for care will help to join up the system but clarity is needed on who might be identified as being registered

2 We have suggested that our register show more detailed descriptions of services and the information we collect. What specific information about providers should be displayed on our register?
In addition to collecting information on who, what, where, when and to whom services are provided you should also collect information on digital service provision by the provider. Any online services should state that the service is provided online..

1.2 Monitoring and inspecting new and complex providers

3a Do you agree with our proposals to monitor and inspect complex providers that deliver services across traditional hospital, primary care and adult social care sectors?
We agree with the proposals to inspect complex providers

3b Please explain the reasons for your response.
As systems become more complex and integrated the approach to regulation has to change and the proposals outlined in this consultation seem a sensible way in which to do this. Each provider organisation within a complex system is interdependent on the quality of care provided by other providers in the system. Please note the comments made above in the general comments section. Patients move across different providers and the medicines they take move with them. We know that there are often issues with medicines when people transfer across different care settings.

1.3 Provider-level assessment and rating

4a Do you agree that a provider-level assessment in all sectors will encourage improvement and accountability in the quality and safety of care?
We agree with this approach

4b What factors should we consider when developing and testing an assessment at this level?
As this approach is being carried out to assess the quality of care at provider level i.e. the highest level at which CQC registers any organisation that delivers more than one service, then consideration should definitely be given to leadership qualities, the culture of the organisation, how they deal with and learn from incidents and reporting of errors and how they encourage and support personal development of their staff. Providers can then provide the detail on how they operate and also showcase examples of good practice.

1.4 Encouraging improvements in the quality of care in a place

5a Do you think our proposals will help to encourage improvement in the quality of care across a local area?
We agree that the suggested proposals could help to encourage improvement in the quality of care across a local area. However, we are interested to know how collaboration will work for online providers where there isn't a "locality". We believe that collaboration for online providers is necessary so as to improve care and consistency across online provider services

5b How could we regulate the quality of care services in a place more effectively?
Whilst we agree with the proposals suggested and the sharing of information in a locality, this must not lead to a blame culture, where one provider who is perhaps not doing so well is targeted by other providers in the area – it should ensure a supportive system is in place to help any provider that is struggling. The size of the 'place' may also have an impact and as the system moves towards Accountable Care Systems and Organisations it would perhaps be best to undertake these place based inspections across that particular area. There needs to be good engagement with all the providers in the area in order for the quality of care across a place to be properly assessed and this would include liaison with other inspection regimens such as that for community pharmacy.

PART 2: NEXT PHASE OF REGULATION

2.1 Primary medical services

6a Do you agree with our proposed approach to monitoring quality in GP practices?
We agree with the approach outlined for monitoring GP practices

6b Please give reasons for your response.
The suggested approach seems more flexible and allows CQC to be more responsive. However, the key must be to reduce duplication of effort for GP practices that are already over stretched. One of the key monitoring questions could be whether or not the practice has a practice pharmacist as part of the team. Having a practice pharmacist has shown to free up 1 hour of GPs time each day and also has the potential to improve prescribing and provide additional support to ensure that patients get the most from their medicines.

7a Do you agree with our proposed approach to inspection and reporting in GP practices?
We agree with the proposed approach

7b Please give reasons for your response.
The proposed approach seems more flexible and reactive than the current approach but care must be taken to ensure there is no significant increase in regulatory burden on GP practices.

8a Do you agree with our proposal to rate population groups using only the effective and responsive key questions? (Safe, caring, and well-led would only be rated at practice level.)
Yes, we agree with the proposal

8b Please give reasons for your response.

9a Do you agree with our proposal that the majority of our inspections will be focused rather than comprehensive?
We agree with this proposal

9b Please give reasons for your response.
It seems logical to focus the support that CQC can offer to those that most require it. Also, if you are undertaking a place based inspection that focuses on a particular patient population than it makes sense that the GP practice inspection is co-ordinated with that.

10a Do you agree with our proposed approach for regulating the following services?
i. Independent sector primary care
We agree with the approach for independent sector primary care
ii. NHS 111, GP out-of-hours and urgent care services
We agree with the approach for the services listed above
iii. Primary care delivered online
We agree with the suggested approach
iv. Primary care at scale
We agree with the suggested approach

10b Please give reasons for your response (naming the type of service you are commenting on).
For urgent care services consideration needs to be given to the development of Integrated Urgent Care Clinical Assessment Units / Hubs and how they operate across a region. From the consultation document it is not clear how an assessment of such entities will be undertaken, especially as they are likely to be virtual rather than physical.

For primary care delivered online. This should not include provision of pharmacy services on line if these services are provided by pharmacists as this is already regulated by the GPhC. If an online pharmacy service is being provided by other healthcare professionals then CQC registration would be needed.

For primary care at scale the CQC would need to co-ordinate with other regulatory organisations, such as GPhC for community pharmacies, to gain a true picture of the whole system

2.2 Adult social care services

11a Do you agree with our proposed approach to monitoring quality in adult social care services, including our proposal to develop and share the new provider information collection as a single shared view of quality?
We agree with proposed approach

11b Please give reasons for your response.
This approach appears more flexible and reactive than the current model. However, care must be taken to ensure no additional regulatory burden is placed on adult social care and that information collection is not duplicated.

12a Do you agree with our proposed approach to inspecting and rating adult social care services?
We agree with the proposed approach

12b Please give reasons for your response.

The ratings need to be explained clearly to members of the public.

13a Do you agree with our proposed approach for gathering more information about the quality of care delivered to people in their own homes, including in certain circumstances announcing inspections and carrying out additional fieldwork?
We do not feel there is enough information in the consultation document to be able to answer this question.

13b Please give reasons for your response.

14a Do you agree with our proposed approach for services that have been repeatedly rated as requires improvement?
We agree with this approach

14b Please give reasons for your response.
This seems like a fair approach but should there perhaps be more focus on supporting the organisation to improve their rating?

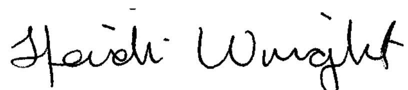
PART 3: FIT AND PROPER PERSONS REQUIREMENT

15a Do you agree with the proposal to share all information with providers?
It seems reasonable that the provider has all of the information so they can take any necessary action to remedy the situation.

15b Do you think this change is likely to incur further costs for providers?
There should be no further costs incurred by the provider and we do not think this change will incur further costs for providers

16 Do you agree with the proposed guidance for providers on interpreting what is meant by "serious mismanagement" and "serious misconduct"?
Annex A is clear and we have no comments to make on it.

Yours sincerely



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About us
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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.