



OUR NEXT PHASE OF REGULATION: A more targeted, responsive and collaborative approach

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 amount of medicines wasted is around £300 million in England, with at least half of that being avoidable waste.

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 states 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 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, recognising their 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.

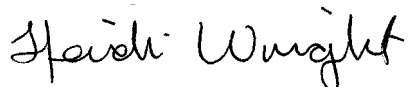
The RPS has published Professional Standards for Hospital Pharmacy Services which provide a framework for safety and quality for all aspects of hospital pharmacy services.

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,

Whilst we are pleased to see that there is more inclusion of medicines in the proposed assessment frameworks these are related to process issues rather than a focus on the good use of medicines. This means that medicines appear almost entirely in the safety domain rather than spread out across all the domains. The frameworks do not help answer the question 'are medicines being used well and appropriately?' We would expect the frameworks to address the following issues:

- The presence and role of a pharmacist within the organisation. Pharmacists are experts in medicines and should be undertaking medicine reviews to ensure people are on the medicines appropriate for them as part of a shared decision making consultation.
- The processes that are being put in place to address issues around discharge and post discharge follow up, including transfer of medicines information to the patient's community pharmacist
- The governance of medicines within the organisation
- Leadership for medicines within the organisation, ensuring the importance of medicines are recognised and that safe, effective and efficient processes are in place that reflect the principles of medicines optimisation
- If the inspectorate team includes more than one prescriber, one of the prescribers in that team should be a non-medical prescriber

Yours sincerely



Heidi Wright, Practice and Policy Lead, England, Royal Pharmaceutical Society

PP: Robbie Turner, Director for England, Royal Pharmaceutical Society

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.