

Consultation Response

Protecting and promoting patients' interests – licensing providers of NHS services

21st October 2012

Introduction

Pharmacy Voice (PV) represents community pharmacy owners. Its founder members are the Association of Independent Multiple pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA). The principal aim of Pharmacy Voice is to enable community pharmacy to fulfil its potential and play an expanded role as a healthcare provider of choice in the new NHS, offering unrivalled accessibility, value and quality for patients and driving forward the medicines optimisation, public health and long term conditions agendas.

We are pleased to have the opportunity to respond to this consultation.

General Comments

Pharmacy Voice is pleased that the Rt Hon Jeremy Hunt MP, the Secretary of State for Health, has confirmed in his response¹ to a joint letter from primary care organisations, that this consultation proposes providers who do not need to register with the Care Quality Commission (CQC) would be exempt from the requirement to hold a licence from Monitor. We have always been keen to avoid duplication of requirements, and a proportionate approach.

It must be made clear to commissioners, other service providers who may refer patients to pharmacy based services, patients and the public that the standards for community pharmacy premises are equivalent to providers regulated by CQC.

Community pharmacy is already subject to a rigorous regulation process for both pharmacists and pharmacies. The General Pharmaceutical Council (GPhC) has adopted an outcomes approach to regulation and is moving to a risk based inspection process to ensure that pharmacy premises are fit for purpose. In addition, the community pharmacy sector is highly competitive and market-driven, delivering quality as well as wide access and choice to patients and the public.

Pharmaceutical services are developing and commissioners and the public must continue to have confidence that pharmacy premises are fit for purpose. To achieve this we recommend that CQC and GPhC work together to produce a robust memorandum of understanding to ensure that pharmacy standards are aligned to CQC standards for equivalent services and that commissioners and service users understand that this is so.

In the consultation, page 11,

vii) community pharmacists, podiatrists and other providers of services listed at Annex A, who are exempt from requirements to register with CQC, would also be exempt from the requirement to hold a licence from Monitor

We are delighted that this means those that Pharmacy Voice represents – community pharmacists and community pharmacy operators – will be exempt from the requirement to hold a licence.

We, and our colleagues from the Optical Confederation, seek further clarification on two issues.

¹ Letter from the Department of Health POC1_716977, 6 September

Adjudication Process of Any Qualified Provider (AQP)

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”. We are sure that this an unintended consequence of the process. In our view, this issue is a barrier to primary care providers of dental, general medical, optometry and pharmaceutical services from bidding for AQP services.

We ask that the relevant responsible persons in the Department of Health, Monitor and CQC work together to solve this issue, and we would be happy to meet with the AQP team if it would be helpful.

Information Requests

While welcoming the proposals that Monitor will not licence community pharmacies, we note that Annex B suggests that Monitor will be able to request information from providers including those who are not required to register with the CQC. We are keen to ensure that any requests for information are proportionate and supportive of improving patient care. Unfortunately, recent experience with NHS bodies, and particularly PCTs, has often been of tick box exercises with only tangential bearing on patient care. The monitoring of the quality of community pharmacy provision through the NHS will in future will be a matter for the Commissioning Board, and we would hope that Monitor, in retaining a power to request information from those outside its licensing regime, will do so after discussion with the NHS CB, and in full consultation with pharmacy organisations, in order to avoid unnecessary duplication and additional burdens on pharmacy providers.

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