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

Community pharmacies are not currently required to register with the Care Quality Commission (CQC) and both the individual professional and the pharmacy premises are regulated by the General Pharmaceutical Council (GPhC) who carry out their own inspections. 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 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.

In the future, however, there needs to be clarity from CQC and Monitor in relation to specific activities that pharmacists may carry out in the community pharmacy setting which could require a licence and therefore require registration with either one or both of these regulators.

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.

On page 10 of the consultation document it states that there are no exemptions from the requirement to hold a licence from Monitor where a provider supplies '*commissioner requested services*'. Although it appears that community pharmacy is exempt from holding a licence under the exemption on page 11 (as they are exempt from requirements to register with CQC) they do provide commissioner requested services that are currently commissioned via Primary Care Trusts (PCTs) but may in the future be commissioned via Clinical Commissioning Groups (CCGs) or the Local Area Teams (LATs) of the National Commissioning Board. In addition, on page 12 of the consultation document it states that '*all exemptions from the requirement to hold a licence would be conditional on a provider not supplying services that commissioners had identified as ones to which they wanted the continuity of service licence conditions to apply*'. Again, this could apply to services delivered through community pharmacies by the pharmacy team. It would be extremely helpful to have clarity on this matter.

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.

One of the new functions for Monitor is that of ensuring and encouraging integration. The prescribing and supply of medicines is by far the most frequent intervention made within the NHS and is one of the few elements of NHS care that cuts across all boundaries. We would ask how Monitor is considering the use and supply of medicines as part of this remit, particularly taking into consideration continuity of service. The expenditure on medicines dispensed through community pharmacy continues to increase with a total in 2011 of over £8.5 billion[1]. It is also well known that around 30 - 50% of medicines are not taken as the prescriber intended.[2] Pharmacists, as the experts in medicines use, can have a beneficial impact in this high cost 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 as well as clinicians, and medicines optimisation needs to become a central agenda for the NHS.

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.

[1] http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions/prescription-cost-analysis-england--2011

[2] National Institute for Health and Clinical Excellence (2009) Clinical Guideline 76; Medicines Adherence.