Modernising pharmacy regulation

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About the GPhC

• 1.2 million registered health professionals in the UK – including 47,300 pharmacists and over 22,000 pharmacy technicians
• GPhC is one of nine health professions regulators
• we also register pharmacies (both buildings and online pharmacies). There are more than 14,000 pharmacies on our register
• we are funded by those who register with us (pharmacists, pharmacy technicians and pharmacy owners)

Our statutory role

• “To protect, promote and maintain the health, safety and wellbeing of members of the public...by ensuring that registrants, and those persons carrying on a retail pharmacy business...Adhere to such standards as the Council considers necessary.”

How?

• Education: approving qualifications for pharmacists and pharmacy technicians, and accrediting education and training providers
• Registration: maintaining the register of pharmacists, pharmacy technicians and pharmacy premises
• Setting standards: for conduct, ethics and performance; education and training; continuing professional development (CPD); and for the safe and effective practice of pharmacy at registered pharmacies
• Fitness to practise: making sure professionals on our register are fit to practise and dealing fairly and proportionately with complaints and concerns.

We regulate ....

• the creation of the GPhC designed to strengthen the regulation of pharmacy, not just of pharmacy professionals
• GPhC has new and different powers to the previous regulator (RPSGB, as was)
• see this most clearly in our work on the standards for registered pharmacies, which are different and distinct from our professionals standards (conduct, ethics and performance)

Our standards
Summing up our approach

Council’s vision is for pharmacy regulation to play its part in improving quality in pharmacy practice and ultimately health and well-being in England, Scotland and Wales (From our Strategic Plan 2014 – 2017)

Professional – a key strategic aim

- using regulation to promote a culture of patient-centred professionalism in pharmacy
- regulating in a way which supports pharmacists and pharmacy technicians to embrace and demonstrate professionalism in their work
- professionalism, not rules and regulations, provides most effective protection for patients
- prescriptive rules let us all off the hook

Standards for registered pharmacies

- focus on outcomes for patients - what safe and effective pharmacy practice looks like for patients
- leaves it to pharmacy professionals to decide how to deliver that safe and effective practice. They are the experts
- pharmacy owners and superintendents are accountable for meeting the standards

What do we mean by outcome ....

- an outcome is the ultimate result of something being in place or for an action being undertaken
- example: putting in a pedestrian crossing is an output
  - People are safer crossing the road is the outcome
  - Easier for those with mobility difficulties to get about is also the outcome

Five principles

- Principle 1 – looks at how risk is managed
- Principle 2 – looks at how people / staff are managed
- Principle 3 – looks at how the building / premises is managed
- Principle 4 – is about how pharmacy services are delivered
- Principle 5 – is about equipment and facilities
Meeting the standards

• “Show and tell” approach – pharmacies decide how to demonstrate they are caring for patients and practising pharmacy safely and effectively
• inspectors talk to the pharmacy team and test scenarios; observe staff with each other and with patients; look at documentation
• inspections are not the only way we provide assurance - owners and superintendents renewing registration of their pharmacies need to declare they have read the standards and undertake to meet them

Key elements of our approach to inspection

• prototype of inspection approach running since 4 November
• testing four indicative judgements of performance – poor, satisfactory, good and excellent
  – Inspection outcome decision framework to aid inspectors in making consistent judgements
• pharmacy owner and superintendent will get a report, but no public reports during prototype phase
• improvement action plans are operational
• strategic relationship management has started

Inspection labels and descriptions

Poor pharmacy
• has failed to achieve the pharmacy standards overall. There are major concerns that require immediate improvement

Satisfactory pharmacy
• achieves all or the majority of standards and may require some improvement action to address minor issues

Inspection labels and descriptions (cont)

Good pharmacy
• achieves all standards consistently well and has systematic review arrangements that ensure continual improvement in the quality and safety of pharmacy services delivered to patients

Excellent pharmacy
• demonstrates all the hallmarks of a good pharmacy. In addition, it is either innovative and/or provides unique services that meet the health needs of the local community and that other pharmacies might learn.

Resources

• Our online resource includes links to useful documents e.g. our evidence bank and the inspection decision making framework. [http://pharmacyregulation.org/pharmaciststandardsguide](http://pharmacyregulation.org/pharmaciststandardsguide)

email info@pharmacyregulation.org
phone 020 3365 3400
web pharmacyregulation.org
twitter @TheGPhC
facebook.com/TheGPhC
linkedin.com/company/general-pharmaceutical-council
PSNC News and Information

Zoe Smeaton
PSNC Communications Manager

PSNC Communications
- psnc.org.uk
- Contractor and LPC Newsletters
- Community Pharmacy News
- PSNC Briefings
- Social Media
- PSNC Information Team

Future plans: online
- Additional/tailored email news alerts
- Website improvements
- Social Media
- Webinars
- Video updates/interviews

Future Plans: other
- CPN future?
- Engagement with pharmacy teams
- Survey of contractors
- LPC Communications
- PSNC Briefings
- Conference Reports etc

Questions for you
- How helpful are our communications?
- What do you want more/less of?
- How often and in what format do you want to hear from us?
- How important is social media?
- Any other comments?

NHS England’s Community Pharmacy Call to Action
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NHS England’s Call to Action on Community Pharmacy

• Improving health and patient care through Community Pharmacy – a Call to Action published on 10th December 2013
• Follows the publication in the summer of The NHS belongs to the people – A call to action and
• Improving General Practice – a Call to Action
• Similar documents on dentistry and eye care are expected to be published soon

What is its purpose?

NHS England is working to develop a plan for future primary care services. As part of that it wants to secure community pharmacy services that:
• deliver great outcomes;
• are cost effective;
• reach into every community; and
• make the most of pharmacists’ expertise and pharmacy’s unique accessibility

Why does it matter?

• Following the CTA, NHS England will publish more detail on how it plans to commission community pharmacy services nationally
• This will link to its approach to commissioning general practice and other services

NHS England’s aims for community pharmacy

• Develop the role of the pharmacy team to provide personalised care
• Play an even stronger role at the heart of more integrated out-of-hospital services
• Provide a greater role in healthy living advice, improving health and reducing health inequalities

What is its purpose?

By stimulating debate in local communities, the CTA will:
• shape local strategies for community pharmacy; and
• inform NHS England’s national approach to commissioning community pharmacy services

Why does it matter?

• This is our greatest opportunity to persuade the NHS of the credibility of community pharmacies as providers of services, commissioned at national or local level
• There will undoubtedly be responses arguing against expanding community pharmacy services, and that resources should be given to CCGs
• Community pharmacy must counter those!
• The results of the CTA will determine policy on future commissioning of community pharmacy services
• It is an opportunity we cannot afford to miss!
NHS England’s aims for community pharmacy

• Deliver excellent patient experience which helps people to get the most from their medicines
• NHS England wants to develop a contractual framework that better supports these aims and secures the most efficient possible use of NHS and taxpayer resources

NHS England’s questions

1) How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy now and in the future?

2) How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

NHS England’s questions

3) How can we better integrate community pharmacy services into the patient care pathway?

4) How can the use of a range of technologies increase the safety of dispensing?

NHS England’s questions & prompts for discussion

• Improving the cultural, operational and IT systems to make medication safety incidents easier to report and share learning
• The design of pharmacy premises
• The role of digital technology in improving patient care

PSNC’s Vision for Community Pharmacy

A Vision for 2016

Our aims and aspirations for the NHS community pharmacy service:

The community pharmacy service in 2016 will offer support to our communities, helping people to optimise use of medicines to support their health and care for acute and long-term conditions, and providing individualised information, advice and assistance to support the public’s health and healthy living.
Four domains of services

Optimising the use of medicines
Supporting people to live healthier lives/public health
Supporting people to self-care
Supporting people to live independently

Now it’s your turn.....