

17th September 2013

Submission to: National Assembly for Wales: Health and Social Care Committee
Call for Evidence: Inquiry into the work of Healthcare Inspectorate Wales

Response from: The Royal Pharmaceutical Society

We welcome the opportunity to contribute to the National Assembly for Wales' Health and Social Care Committee short inquiry into the work of Healthcare Inspectorate Wales (HIW). This submission makes some general comments in relation to the way in which HIW regulates, inspects and monitors medicines and medicine management.

1. Medicine Management

1.1 Medicines are the most common intervention made in healthcare , with the latest National Statistics produced by the Welsh Government (August 2013) highlighting that GP prescribing between 2002-03 and 2012-13 has shown an increased in the number of prescription items dispensed of 52.3% from 48.8 to 74.2 million and over the decade the net ingredient cost of prescription items prescribed by GPs in Wales has increased by 9.5% to £557.5 . As this is such a major part of the NHS Wales 's budget we believe that an inspection model for medicine management should be developed and fall within the remit of one regulator that would encompass all setting where medicines are being prescribed and administered.

1.2 We believe that HIW has a unique opportunity to oversee the whole system of the medicines pathway from prescribing to supply to administration plus all the professionals and organisations involved, as per standard 15 medicine management. RPS would like assurance that there is appropriate clinical oversight where medicines are concerned i.e. that safe system are in place along the whole of the medicines pathway and that there is an expectation to have professional and clinical oversight of medicines by the various organisations that are regulated by HIW. This oversight

should extend to medicines that are supplied via a contracted health care at home service , new intermediate care settings and the medicine management process in care home settings .

1.3 Currently Care and Social Services Inspectorate Wales (CSSIW) have the remit to regulate and inspect care settings including care homes for adults; however in practice this tends not to encompass the process of medicine management but focus more on other aspects of the care homes. A study¹, funded by the Department of Health, examining the use of medicines in care homes for older people and although this study was based in England we believe the findings and actions are equally applicable in Wales, namely :

- residents (mean age 85 years) were taking an average of 8 medicines each
- on any one day 7 out of 10 patients experienced at least one medication error
- Whilst the mean score for potential harm was relatively low, the results did indicate opportunity for more serious harm.

These are important findings as they strongly indicate there is considerable scope for improvement in how medicines are prescribed, dispensed, administered and monitored in residents and patients in residential care and nursing home settings, and we believe this function of CSSIW work should fall to HIW under the remit of monitoring medicine management in all care settings.

In developing the medicine management inspection process we recommend that HIW should have access to pharmacists to input into all policies involving medicines and medicine management. To this end we would recommend the appointment of a senior pharmaceutical advisor to HIW to fulfil this important function.

2. Inspections

2.1 We note the Keogh report ² has made recommendations to a new approach to inspections for Care Quality Commission in England, and would endorse its

¹ "The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people www.haps.bham.ac.uk/publichealth/psrp/PS025_Project_Summary.shtml.

² <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

recommendation that inspectors have expertise in the area they are inspecting, this is especially relevant where medicines are concerned where the knowledge and expertise of a pharmacist is invaluable. We believe that the same recommendation should be put forward in Wales.

2.2 We believe that the 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 ensure that any issues with medicines, which could potentially have been overlooked will be recognised and dealt with. However, if that is not possible, RPS supports the raising of medicines issues across all the inspection teams within HIW especially the sharing of soft intelligence on medicine management issue which could be indicative of bad practise across a number of care settings. We strongly recommend that HIW should make provision either by direct employment, contracting or secondments for accessing specialist pharmaceutical advice whether or not pharmacists are to be attached to all or some of the inspection teams

2.3 We would expect the inspections teams to make a judgment on whether or not the pharmacy directorate within LHBs are providing leadership for medicines and medicines management across the whole Health Board.

2.4 We would also expect inspection teams to look at the systems that are in place for the transfer of information between care providers. This should be covered in respect of Standard 9: Patient Information and consent, but potentially needs further development to include the use of electronic transfer of information as the norm. The RPS has published guidance on the information about medicines that should be transferred when the patient moves between care providers³. As this guidance is endorsed and supported by a number of other royal colleges we would expect the HIW to use this as part of its assessment process. We have also recently published Professional Standards for Hospital Pharmacies⁴ and we would expect HIW to recommend hospital pharmacies to follow these standards.

³ www.rpharms.com/toc

⁴ <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-hospital-pharmacy.asp?>

2.5 Of additional importance in the inspection process is the intelligence gathering that pharmacy is able to contribute. This is especially important when inspecting premises that have controlled drugs stored or administered on them. The prescribing, use, administration, storage, record keeping and disposal of controlled drugs are of utmost importance. Many of these processes can be seen as routine in an inspection. However the skills and training of pharmacists enable them to identify patterns and areas of concern where processes are correct but the outcomes are questionable. The lack of pharmacy within the current HIW and CSSIW workforce is a potential risk in inspection process for controlled drugs.

3. Co-operation between organisations

3.1 HIW has a remit to work closely with community health councils, health professionals and other health regulatory agencies to share intelligence and ensure work plans and programmes are complementary we are however concerned that where there are cross cutting reviews and joint working medicines and medicines management issue fall between the gaps especially in high risk settings and with vulnerable people. A high risk area is care homes where CSSIW is the responsible inspectorate however we believe that the medicine management element should fall with HIW roles and responsibility as outlined previously in our response.

4. Whistle blowing and complaints information

4.1 The first line of defence for unsafe clinical practise is frontline professionals; therefore they must be encouraged to have a voice in the organisation and the regulator that inspects that organisation. More steps must be taken to share good practice and build a just culture across the NHS in Wales, one where professionals feel empowered to speak up and are supported to act to prevent their professional standards from falling.

4.2 Patients safety and the medicine management element of this agenda is so important that it should be a standard NHS Board agenda item with frontline staff seeing that issues they have raised have been considered at the highest level within the organisation , this visibility will encourage a culture of reporting and learning.

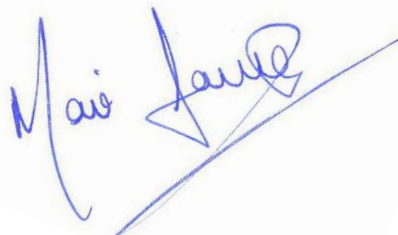
4.3 The duty of candour will improve patient care and safety and the RPS strongly supports this aim but we are concerned about the introduction of a duty of candour without a change in the current legislation relating to dispensing errors. Currently pharmacists are open to prosecution under criminal law if they wrongfully dispense a medicine, even if it is a genuine error and without malicious intent. This does not encourage pharmacists to be open and transparent with patients about such errors. The RPS is currently working with the UK Government to address this anomaly in healthcare. We would urge the Welsh Assembly to support the acceleration of this cross Governmental work to decriminalise dispensing errors.

If you require further information on any point raised in this submission please contact

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Additionally we would be prepared to give oral evidence, if invited.

Yours sincerely

A handwritten signature in blue ink that reads "Mair Davies". The signature is written in a cursive style with a long horizontal line extending to the right.

Mair Davies

Chair Welsh Pharmacy Board

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.