



Response

Care Quality Commission (CQC)

Strategy consultation

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About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 6,000 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge and scale for the benefit of community pharmacy, the NHS, patients and the public.

Executive summary

The Company Chemists' Associations' Professional Practice Group (PPG) welcomes the opportunity to respond to the Care Quality Commission's (CQC) strategy consultation. The CCA's members act as safe guardians of the nations' medicines and provide commissioned NHS pharmacy-led services. Therefore, the regulator we are most in contact with is the General Pharmaceutical Council (GPhC) who oversee the regulatory standards of registered pharmacy professionals and the pharmacy premises they work within. However, we do also engage with other regulators including the Medicines and Healthcare products Regulatory Agency (MHRA) and the CQC.

The healthcare sector's response to the Covid-19 pandemic has promoted more joined up work across health and social care. The focus of our response to this consultation is to highlight the overlapping aims of members and the community pharmacy sector in supplying safe, effective, compassionate, high-quality care and to make suggestions for more collaborative approaches to meet these aims.

Areas where CQC and community pharmacy could learn from each other include:

- Delivering services via digital channels (learnings both ways from community pharmacy and the regulator GPhC).
- Learning from the experience of community pharmacy in delivering face to face care in restricted circumstances where social distancing and safeguards must be observed.
- Experience of working with local communities to deliver individual personalised care in partnership with the multi-disciplinary team (MDT).
- Experience of providing care in areas of high deprivation (where patients are more likely to face health inequalities) to patients with complex care needs.

The community pharmacy sector has demonstrated itself to be central to the patient journey throughout the Covid-19 pandemic. It is more than the 'fourth pillar' of the NHS, as it is often described.¹ It is part of the fabric of the healthcare system. This does not come with challenges to both employers, pharmacy professionals and regulators – risk and accountability are now easily transferred across practice domains e.g., general practice to community pharmacy. Therefore, the CQC needs to work more closely with healthcare providers and the other regulators, sharing both intelligence and best practice. One area that PPG have reached out to CQC about is opioid stewardship – our members are invested in this area, to raise awareness among professionals and to keep patients safe. This is a key area that requires a cross system approach and community pharmacy presence and insights at working groups.

¹ King's Fund, *Community Pharmacy Explained* <https://www.kingsfund.org.uk/publications/community-pharmacy-explained>

CQC consultation

Our strategy is built on four themes that determine the changes we want to make to our regulation. Running through each theme is our ambition to improve people's care by looking at how well health and care systems are working and how they're acting to reduce inequalities.

Response

Section one: People and communities

Before answering these questions, you'll need to read the [people and communities](#) theme in our strategy.

We want to be an advocate for change, ensuring our regulation is driven by people's experiences and what they expect and need from health and care services, rather than how providers want to deliver them. This means focusing on what matters to the public, and to local communities, when they access, use and move between services. Working in partnership, we have an opportunity to help build care around the person: we want to regulate to make that happen.

1a: To what extent do you support the ambitions set out in this theme?

- Fully
- Mostly
- Partly
- Not at all
- I don't know

1b: Please give more details to explain why you chose this answer

We support this aim. To build care around each person, healthcare regulators need to work better together. We suggest that learnings from patient experience should be shared openly across regulators and the healthcare system. Additionally, the patient journey when making a complaint about healthcare should be as seamless as possible - patients should not have to raise their concerns with multiple parts of the system.

Section two: Smarter regulation

Before answering these questions, you'll need to read the [smarter regulation](#) theme in our strategy.

We will be smarter in how we regulate. We'll keep pace with changes in health and care, providing up-to-date, high-quality information and ratings for the public, providers and all our partners. We'll regulate in a more dynamic and flexible way so that we can adapt to the future changes that we can anticipate – as well as those we can't. Smarter use of data means we'll target our resources where we can have the greatest impact, focusing on risk and where care is poor, to ensure we're an effective, proportionate, and efficient regulator.

2a: To what extent do you support the ambitions set out in this theme?

- Fully

- Mostly
- Partly
- Not at all
- I don't know

2b: Please give more details to explain why you chose this answer

We support the aim to use data to drive more proportionate and efficient regulation. Additionally, work needs to be across regulators so that the public understand the role of regulation and are enabled to make informed choices. Information about raising concerns and the investigation escalation process needs to be made accessible to people who may face barriers.

To improve the experience for patients, regulators need to work together on how to best capture and share data. CQC should consider how to make it easier for healthcare regulators to share concerns with them and to request intelligence.

Furthermore, CQC should look to the wider healthcare system, which is becoming increasingly integrated, for best practice and intelligence.

Section three: Safety through learning

Before answering these questions, you'll need to read the [safety through learning theme](#) in our strategy.

We want all services to have stronger safety and learning cultures. Health and care staff work hard every day to make sure people's care is safe. Despite this, safety is still a key concern for us as it's consistently the poorest area of performance in our assessments. It's time to prioritise safety: creating stronger safety cultures, focusing on learning, improving expertise, listening and acting on people's experiences, and taking clear and proactive action when safety doesn't improve.

3a: To what extent do you support the ambitions set out in this theme?

- Fully
- Mostly
- Partly
- Not at all
- I don't know

3b: Please give more details to explain why you chose this answer

To address safety, CQC need to approach regulation in a way that responds to the increasingly integrated way in which healthcare professionals now work. This means closer working with other healthcare regulators to address risk that crosses over practice domains for upstream regulation. It also means sharing best practice to improve safety across new ways of working including digital platforms.

The community pharmacy sector has a strong safety culture and could provide learnings from the community pharmacy patient safety group (PSG) which pools resources and best practice from Medicines Safety Officers (MSOs) and stakeholders across the sector.

Section four: Accelerating improvement

Before answering these questions, you'll need to read the [accelerating improvement](#) theme in our strategy.

We will do more with what we know to drive improvements across individual services and systems of care. We'll use our unique position to spotlight the priority areas that need to improve and enable access to support where it's needed most. We want to empower services to help themselves, while retaining our core regulatory role. The key to this is by collaborating and strengthening our relationships with health and care services, the people who use them, and our partners across health and care.

4a: To what extent do you support the ambitions set out in this theme?

- Fully
- Mostly
- Partly
- Not at all
- I don't know

4b: Please give more details to explain why you chose this answer

Section five:

5a: In each of the four themes in this strategy, we have an ambition to improve people's care by:

- assessing how well health and care services work as a local system
- looking at how services and local systems are acting to reduce inequalities

To what extent do you support our ambition to assess health and care systems?

- Fully
- Mostly
- Partly
- Not at all
- I don't know

5b: Please give more details to explain why you chose this answer

To benefit patients and system wide regulation, CQC need to recognise community pharmacies' role as central to local health and care systems. Community Pharmacies have a greater presence than any other healthcare provider in areas of deprivation. Therefore, the sector is at the front of addressing health inequalities. We recommend that CQC work with community pharmacy to understand where improvements could be made across the system.

Section six:

6a: To what extent do you think our ambitions in the strategy will help to tackle inequalities?

6b: Please give more details to explain why you chose this answer

Section seven: Our draft equality impact assessment

We need to consider equality and human rights in all our work, so we've produced a draft Equality and Human Rights impact assessment. It identifies the opportunities and risks for doing this through

our new strategy. Importantly, it identifies the actions we'll take to mitigate the risks and make positive change happen.

7. We'd like to hear what you think about the opportunities and risks to improving equality and human rights in our draft equality impact assessment. For example, you can tell us your thoughts on:

- Whether the ambitions in the strategy will have an impact on some groups of people more than others, such as people with a protected equality characteristic.
- Whether any impact would be positive or negative.
- How we could reduce or remove any negative impacts.