14 March 2016

Dear Sir/Madam,

CQC’s strategy 2016 to 2021: Shaping the future

The GPhC welcomes the CQC’s clear vision for regulation and what it can achieve, as described in CQC’s consultation document *Shaping the future*. We recognise many similarities to our own Strategic Plan in your draft thinking. In particular, we recognise that your draft promotes the important themes of public assurance and the regulator’s role in using its powers to encourage improvement.

The six themes that you propose as the foundation of your strategy reflect much of our own thinking and highlight important areas where all regulators need to further improve. These include: more efficient use of data and information; better targeted inspection and registration; more effective collaboration between agencies; and the importance of key lines of enquiry, as opposed to rigid checklists.

About the GPhC

The GPhC is the regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. It is our role to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmacy services in England, Scotland and Wales.

We have a statutory role in relation to ‘system’ regulation as we regulate the provision of services by registered pharmacies, as well as the professional regulation of pharmacists and pharmacy technicians wherever they practise in Great Britain.
General comments

As mentioned in our response to your previous consultation document, Building on strong foundations, the GPhC agrees with CQC’s commitment to encourage improved outcomes for patients and the public through effective regulation.

This is in line with our own commitment to deliver our regulatory services in a way which focuses on assurance and improvement. It is also reflected in our new inspection approach, which has moved away from the checking of processes and procedures, towards an emphasis on outcomes and improvement. We were pleased that a recent evaluation of our approach to regulating registered pharmacies, which we have shared with CQC, has shown a positive impact on standards and we are intending to build on this in the coming months.

We agree with the comments you make in the draft strategy about the opportunities for sharing of good practice and encouraging improvement through publication of reports and targeted publications. This approach is also one that we have been developing, working with the pharmacy sector. Subject to forthcoming legal powers, the GPhC intends to publish its inspection reports and outcomes, which, we hope, will provide additional assurance and improved outcomes for the benefit of patients.

We have commented below on those themes in your draft strategy where we feel we can appropriately contribute.

Data and information

The GPhC welcomes the CQC’s commitment to make greater use of data and information in order to inform risk-based and proportionate registration and inspection of services. The GPhC itself has recognised the fundamental importance of data, information and intelligence for the achievement of good regulatory outcomes in its latest Strategic Plan. We have committed to invest in our organisational capacity and capability in capturing, handling and analysing data, as well as to periodically publish key reports on learning from our work.

We are pleased to have a range of joint working initiatives with the CQC, including: joint policy meetings on medicines-related and other issues; joint inspection team meetings; and participating in joint regulator forum meetings. Information sharing underpins our Memorandum of Understanding with CQC and we recognise that patients and providers of care should have confidence that regulators, under appropriate circumstance and consistent with legal provisions, are sharing information about the safety of health and care services.

Risk-based registration and inspection of services

The approach that the CQC is proposing in relation to registration aligns with our own intentions for regulation of services informed by risk. All statutory bodies must seek to use resources in a more effective way, while still continuing to protect patients and the public from services which are unsafe
or of poor quality. The explanation of your suggested, more flexible, approach to registration resounds with our own thinking.

CQC’s intention to implement more risk-based, responsive and tailored inspections is also consistent with GPhC’s own direction of travel. As part of the ongoing review of our prototype inspection approach and rating system, we are considering changes to our inspection cycle and opportunities to carry out more targeted inspections.

**Single shared view of quality**

We have considered with interest CQC’s suggestion to implement a single shared view of quality across health and social care. We support greater working between regulatory bodies to better understand issues in relation to safety and quality; and in particular to ensure that differences in terminology do not become a barrier to effective working.

The GPhC inspects against standards which cover the same areas of the ‘five key questions’ set out in your draft. We would welcome further discussion with you and other regulatory colleagues on this proposal so that we can understand better the outcomes we wish to achieve, separately and jointly, and how we can do this in a way which recognises our different purposes, jurisdictions and countries of operation.

We note your commitment to work with others, including professional regulators, to flesh out and discuss the proposals regarding a single shared view of quality. The GPhC would welcome discussions with the CQC, and other regulators, on this and other issues and opportunities.

Yours faithfully,

Duncan Rudkin
Chief Executive & Registrar

Tel: 0203 713 7811
Email: duncan.rudkin@pharmacyregulation.org