

Memorandum of Understanding between NHS England and the General Pharmaceutical Council

Introduction

The memorandum of understanding (MoU) outlines the basis of cooperation between NHS England and the General Pharmaceutical Council (GPhC).

The aims of this MoU are to:

- Maintain patient safety and confidence in pharmacy services
- Enable continuous quality improvement for pharmacy services
- Support the sharing of intelligence and information
- Contribute to improving the regulatory oversight of pharmacy activities
- Create the potential for reducing the burden of inspection activities in pharmacies
- Define the circumstances in which the two organisations will act independently.

This MoU is a statement of principle; more detailed operational protocols and guidance will be developed, as these are required.

Although NHS England and the GPhC agree to adhere to the contents of this MoU, it is not a legally binding document. It does not override the organisations' statutory responsibilities or functions, nor infringe the autonomy and accountability of NHS England and the GPhC or their governing bodies.

Both organisations agree to abide by the Information Commissioner's Office data sharing code of practice, and recognise their respective responsibilities under the Data Protection Act 1998 and successor legislation,, the Human Rights Act 1998 and the common law duty of confidentiality.

Roles and responsibilities

NHS England is an autonomous non-departmental public body which operates within the wider health and social care system in England. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. NHS England fulfils this role through its leadership of the commissioning system. It works in partnership with other organisations such as clinical commissioning groups (CCGs), local authorities and a wide range of stakeholders. It secures better outcomes, actively promoting the rights and standards guaranteed by the NHS Constitution, and secures financial control and value for money across the commissioning system.

NHS England also has an oversight role in relation to Controlled Drugs Accountable Officers. Under The Controlled Drugs (Supervision of Management and use) Regulations 2013, NHS England must ensure that systems are in place for the safe and effective management and clinical use of controlled drugs and that these systems are working effectively.

NHS England is committed to clinically-led commissioning of primary care services, ensuring consistency in quality, safety, access and value for money, whilst working with other commissioners locally to make decisions that are in the best interest of local communities. It therefore plays an essential role in ensuring the quality and effectiveness of community pharmacy services.

The GPhC is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. In accordance with the Pharmacy Order 2010, the over-arching objective of the Council in exercising its functions is the protection of the public. This involves the following objectives:

- to protect, promote and maintain the health, safety and wellbeing of the public;
- to promote and maintain public confidence in the professions regulated by the GPhC;
- to promote and maintain proper professional standards and conduct for members of those professions
- to promote and maintain proper standards in relation to the carrying on of retail pharmacy businesses at registered pharmacies.

In exercising its functions, the GPhC must co-operate, in so far as is appropriate and reasonably practicable, with persons concerned with:

- the employment (whether or not that employment is under a contract of service) of registrants
- the education or training of registrants, prospective registrants or other health or social care professionals
- the regulation of, or the co-ordination of the regulation of, other health or social care professionals
- the regulation of health services
- the provision, supervision or management of health services.

Principles of co-operation

NHS England and the GPhC intend that their working relationship will be characterised by:

- Making decisions that promote patient and public safety
- Addressing overlaps and gaps in the regulatory framework
- Cooperating openly and transparently with the other organisation
- Respecting each other's independent status
- Using resources effectively and efficiently to ensure a proportionate approach

The greatest impact of the working relationship between NHS England and the GPhC will be felt at local level, and this MoU aims to enable clear communication particularly between the GPhC inspectors and NHS England staff working in Regional and Local Teams.

Key contacts

Details of key contacts within NHS England and the GPhC are contained in appendix A.

Intelligence

If either organisation receives intelligence (for example through whistleblowing or concerns raised by a member of the public) which:

- Indicates a significant risk to the health and wellbeing of the public, particularly in relation to the safety of pharmacy services or the conduct of a pharmacist or pharmacy technician
- Is directly relevant to the delivery of the other organisation's functions and areas of responsibility
- Requires a coordinated multi-agency response

This information will be shared in confidence with the named contact in the other organisation at the earliest possible opportunity.

Information

Both organisations are committed to the more effective use of information as a means to reducing the burden of regulation. Where regular information sharing is justified and supports the effective delivery of their respective roles and responsibilities, both organisations will explore systematically and routinely sharing specific data sets to the extent possible by law. An information sharing agreement will be established to effect any such arrangement put into place.

The GPhC routinely publishes information about the sanctions it has imposed when pharmacists and pharmacy technicians are not fit to practise.

The GPhC also intends to share non-identifiable statistical information about compliance with its Standards for registered pharmacies with NHS England both centrally and to the relevant local offices.

Inspection

The GPhC alerts registered pharmacies to the possibility of inspection 4 to 6 weeks in advance, although it does not confirm the exact date and time of the inspection. Inspections are planned and undertaken by GPhC inspectors, who work in defined geographical areas.

When relevant, for example, where there are concerns about patient safety or well-being, GPhC inspectors will share information about a planned inspection with a named contact in the relevant NHS England Local Team, in confidence.

NHS England Local Teams may visit pharmacies for the purpose of contract monitoring and monitoring visits at short notice. Where it is relevant to share information about these visits in advance, this information will be shared with the appropriate GPhC inspector.

The aims of sharing this information will be:

- To create an opportunity to alert inspectors to any relevant intelligence or information
- To avoid potential duplication of effort
- To facilitate a shared visit or coordinated inspection if this is deemed necessary.

The GPhC intends to publish its assessment of registered pharmacies' compliance with its standards, subject to legislative change, and agrees to share more detailed information supporting these assessments where this is requested by NHS England Local Teams. Requests for information should be sent to the named contact. Following an inspection, if relevant issues, such as concerns about patient safety or well-being, are identified, the GPhC will share these with the relevant NHS England Local Team.

Likewise, where a contract monitoring visit report highlights patient safety issues or possible fraudulent or criminal activity, the NHS England Local Team's Head of Primary Care will alert the GPhC's Head of Inspection as soon as is practicable.

Investigation

Where either organisation intends to undertake an investigation (over and above any routine inspection activity) a named contact in the other organisation should be alerted, in confidence, at the earliest possible opportunity.

Outcomes arising from any relevant investigations will be shared with a named contact at the earliest possible opportunity.

Where joint or parallel investigations are required, preliminary discussions should resolve any potential areas of conflict or overlap, arising from the organisations' respective powers.

Enforcement

Where either organisation has taken or intends to take enforcement action, the outcome of which is relevant to the other organisation, details will be shared at the earliest possible opportunity.

Establishing professional standing

Where NHS England requests information from the GPhC, in order to establish the professional standing of a registrant, the GPhC may disclose aged/historic fitness to practise information if it is in the public interest. When deciding whether it is in the public interest to disclose, the GPhC considers:

- the health, safety and well-being of the public
- the promotion and maintenance of public confidence in the pharmacy professions; and/or
- the promotion and maintenance of professional standards and standards for registered pharmacies

Sharing information

When sharing information, any data that can be linked to a patient who can be identified will only be disclosed when necessary to allow the organisations to carry out their public or statutory functions, in line with the Data Protection Act. In other circumstances, patient information will be anonymised or pseudonymised.

When each organisation provides information it will satisfy itself in advance that it is lawful for it to do so. The organisations may contact each other to satisfy themselves of the proposed use of

patient information before sharing. Where appropriate, the consent of the patient or their representative will be sought. This is to ensure compliance with the DPA and the law of confidentiality.

NHS England and the GPhC will publish this MoU on their respective websites. The GPhC will refer to the MoU in its privacy policy as appropriate.

Governance

The effectiveness of the working relationship between NHS England and the GPhC will be ensured through regular contact, both formally and informally, at all levels up to and including the Chief Executive of the GPhC and the Chief Pharmaceutical Officer for NHS England.

The relationship between the two organisations will be supported by NHS England's approach to partnership working with other organisations. This does not replace existing communication or contact, but strengthens strategic oversight of the relationship between NHS England and the GPhC. Any dispute between NHS England and the GPhC will normally be resolved at a local level. If this is not possible, it may be referred to more senior staff in the respective organisations who will try to resolve the issues within 28 days of the matter being referred to them.

Duration and review

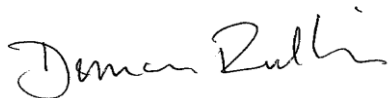
This MoU is not time-limited and will continue to have effect until the principles described need to be altered or cease to be relevant. The MoU may be reviewed more urgently at any time at the request of either party.

Both organisations have identified a person responsible for the management of this MoU in Annex A. They will liaise as required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise in the working relationship between the two organisations

Signed for and on behalf of

General Pharmaceutical Council

Signed



Name

Duncan Rudkin

Title

Chief Executive and Registrar

Date

13/04/18

Signed for and on behalf of

NHS England

Signed



Name

Keith Ridge

Title

Chief Pharmaceutical Officer

Date

23/04/18

Appendix A

General Pharmaceutical Council

Primary contact: Claire Bryce-Smith, Director of Insight, Intelligence & Inspection

General Pharmaceutical Council, 25 Canada Square, London, E14 5LQ
0203 713 7802 | claire.bryce-smith@pharmacyregulation.org

Pharmacy inspections: Julian Graville , Head of Inspection (Interim)

0203 713 7818 | julian.graville@pharmacyregulation.org

Inspectors:

Inspection Team contact list:

https://www.pharmacyregulation.org/sites/default/files/inspection_team_contact_information_april_2017.pdf

Regional Manager Scotland and North: James Duggan

020 3713 7904 | james.duggan@pharmacyregulation.org

Regional Manager South: Tim Snewin

020 3713 7902 | timothy.snewin@pharmacyregulation.org

Regional Manager East: Colette Cooknell

020 3713 7901 | colette.cooknell@pharmacyregulation.org

Regional Manager Wales and West: Steve Gascoigne

020 3713 7903 | steven.gascoigne@pharmacyregulation.org

Professional regulation: John Hepworth, Head of Professionals Regulation

0203 713 7837 | john.hepworth@pharmacyregulation.org

Fitness to practise re controlled drugs destruction authorisations:

Mohammed Chowdhury, Professionals Regulation Team Manager

0203 713 7847 | mohammed.chowdhury@pharmacyregulation.org

Establishing professional standing:

Pharmaceutical list application queries: CSTMI@pharmacyregulation.org

Other questions including data requests: FOI@pharmacyregulation.org

NHS England

Primary contact: David Geddes, Head of Primary Care Commissioning
07554114555 | david.geddes@nhs.net

MoU management: Alison Hemsworth, Assistant Head of Primary Care Policy (Pharmacy and Dispensing Doctors)
0113 8251042 | alison.hemsworth@nhs.net

Heads of Primary Care, NHS England local Teams

Region	Area team	Name	Email address	
North	Cheshire, Warrington and Wirral	Glenn Coleman	glenn.coleman@nhs.net	
	Cumbria and North East	Denise Jones (maternity leave cover for Tracy Johnstone)	denise.jones4@nhs.net	
	Greater Manchester	Laura Browse Ben Squires Kate Kinsey	laura.browse@nhs.net ben.squires@nhs.net kate.kinsey@nhs.net	
	Lancashire Merseyside	Jackie Forshaw Tom Knight	jackie.forshaw@nhs.net tom.knight1@nhs.net	
	North Yorkshire and Humber	Chris Clarke	chris.clarke3@nhs.net	
	South Yorkshire and Bassetlaw	Karen Curran	karencurran@nhs.net	
	West Yorkshire	Kathryn Hilliam Anna Nicholls	kathryn.hilliam@nhs.net anna.nicholls@nhs.net	
	Midlands & East of England	Coventry, Warwickshire, Worcestershire & Herefordshire	Richard Yeabsley	richard.yeabsley@nhs.net
		Birmingham, Solihull and the Black Country	Joe Lunn	joe.lunn@nhs.net
		Derbyshire and Nottinghamshire	Andrea Patman David Barter	apatman@nhs.net david.barter@nhs.net
East Anglia				
Essex				
Leicestershire, Lincolnshire, Hertfordshire and South Midlands		Diane Pegg	di.pegg@nhs.net	
Shropshire and Staffordshire	Rebecca Woods	rebecca.woods@nhs.net		

South

Bath, Gloucestershire, Swindon and Wiltshire	Nikki Holmes	nikkiholmes@nhs.net
Bristol, North Somerset, Somerset and South Gloucestershire Devon, Cornwall and the Isles of Scilly	Laila Pennington	laila.pennington@nhs.net
Kent and Medway	Stephen Ingram	stephen.ingram@nhs.net
Surrey and Sussex	Richard Woolterton	r.woolterton@nhs.net
Thames Valley	Ginny Hope	ginnyhope@nhs.net
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London	Jeremy Wallman (Interim)	jeremy.wallman@nhs.net

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