

### **Underlining the need for professionalism**

The vital importance of registered health professionals upholding professional standards and acting in accordance with their codes of conduct was starkly revealed by the sad events shown on the recent BBC Panorama programme on Winterbourne View. We wrote to Anne Milton, Parliamentary Under Secretary of State for Health on these events stressing that regulation exists to support personal responsibility not to be a substitute for it. That letter is available [here](#) and also in [easy-read](#) format.

Our role in promoting the health and wellbeing of patients and the public was boosted when on 7 July Sir David Nicholson, NHS Chief Executive, announced at the NHS Confederation that we have been commissioned by the Department of Health to develop national ethical standards for senior NHS leaders. If you want to know more about this work or to be part of the consultation process, please follow [this link](#).

We laid our [statutory reports](#) for 2010 – 2011 before the UK parliaments and assemblies at the end of last month. As well as reporting on the performance of the regulators we also highlight the considerable changes taking place in health professional regulation.

In this issue the articles cover:

- Our work with a wide range of regulators to help them to operate together as an effective quality assurance network
- A report by the Patients Association on the care of elderly patients and its call on regulators to work in collaboration with each other and with patient organisations to improve patient care
- The General Pharmaceutical Council discusses methods it has implemented to support patient safety.

**Harry Cayton**

Chief Executive, CHRE

## **Our work with the health professional regulators**

Delegates who attended CHRE's symposium in January 2011 identified the need for regulatory organisations to work better together as a collective, coherent regulatory force. Whilst Memoranda of Understanding may exist, it was felt that there was a need to foster better understanding between operational staff of each others roles, powers and responsibilities. This is to encourage them to think beyond the confines of their own jurisdictions when solving regulatory problems. It also ensures that separate parts of the regulatory framework operate as a whole to provide improved protection for patients and the public. Events at Winterbourne View give this a renewed sense of urgency.

We are convening a series of meetings to set this in motion, bringing regulators together so that we can:

- Foster understanding of each others' operational processes and encourage shared learning and insight
- Understand the different ways that the organisations interface with each other and discuss how successfully the boundaries are being managed
- Discuss ways to improve the management of boundaries in future and discuss the scope for collaborative working
- Recognise and identify the areas of work where process is similar and promote learning from best practice.

Our first meeting will be on 29 July, which we will report on through our website in due course. After that, we intend to arrange further meetings from the autumn onwards to discuss specific areas of work in more detail – for example, information and data flows to support quality assurance of higher education and complaints handling. We will provide updates on these areas in the future.

## **New regulator's focus is on patient safety**

The General Pharmaceutical Council (GPhC) took over from the Royal Pharmaceutical Society (RPSGB) in September 2010 as the regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. In line with the other UK health professional regulators our job is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services in England, Scotland and Wales.

As a new regulator we have set out our vision and approach to regulation. To secure the confidence of patients, the public and pharmacy professionals we aspire to being a health regulator with a focus on patient safety as the key to all we do. We apply regulation in a way that is proportionate, risk based and focused on efficiency and effectiveness.

This first year of operation has been an incredibly busy one for us as we apply this regulatory approach. We have been dealing with the 589 fitness to practise cases we inherited from the RPSGB. We are very pleased that by the beginning of July 2011 we had dealt with over 60% of cases, although we recognise that there is so much more to do.

Another key development is that all pharmacy technicians, an important part of the pharmacy workforce in hospitals and community settings, are now subject to compulsory registration and regulation where previously this had been only voluntary. We have been working with a range of organisations and front line staff to ensure that those individuals working as pharmacy technicians were registered before the deadline of 1 July 2011. We are still processing applications and anticipate that by the end of the application period, there may well be in the range of 20,000 practising pharmacy technicians on the register.

Finally, a major policy development area for us is our work to develop new standards for pharmacy premises to replace the interim standards. These standards will underpin the operation of our regulatory powers in relation to premises, including defining the requirements we will place on any premises, how we inspect them, and what approach we will take if the standards we require are not being met.

We have been undertaking a period of pre-consultation engagement with pharmacy representative organisations, pharmacy employees and patients and the public. The feedback will be used to inform the way we develop our standards, and a model that is proportionate, risk based and consistent with CHRE's 'right-touch' regulatory model. We will be launching our formal consultation later this year.

For more information on the GPhC, visit [www.pharmacyregulation.org](http://www.pharmacyregulation.org)

**The General Pharmaceutical Council**

## **Regulation: putting patients' needs at the centre**

For almost 50 years The Patients Association has championed the needs of patients, listening to their concerns and making their voices heard by those who make decisions. We operate a helpline, receiving thousands of calls every year and giving advice to patients on how to get the most out of their healthcare. Often, people who contact us just want to tell us their story - we have heard some truly appalling accounts of poor care. Patients' stories from our helpline form the basis of all the work we do.

In December last year we published *Listen to Patients, Speak up for Change*, a report of 17 cases where we heard of some of the terrible care that elderly patients received in some hospitals. These patients were treated with little or no dignity or respect. When we published our report, we called on the Government to introduce independent matrons to walk the wards. Their role would be to ensure the dignity of elderly patients.

Instead, the Government directed the Care Quality Commission (CQC) to undertake over 100 random inspections. This resulted in what we already know: that some hospitals fail to look after vulnerable patients. Hospitals do not tend to be 'good' or 'bad'. The reality is hospitals are patchy with good and bad wards, good and bad shifts and good and bad health professionals. If NHS leadership worked well, we would not get this variation, but far too often clinical leaders are out of touch with what goes on in wards.

The position of regulators needs to be strong. Regulators, both of premises and professionals, need to not only report on what is going wrong, but also apply and enforce real sanctions to make hospitals and professionals improve standards. The CQC is struggling and proposed health reforms will see its remit expanding. At the same time the number of organisations it must work with also increases. Without genuine support, it is at risk of becoming obsolete, unable to make a difference because of budget constraints and lack of staff.

Regulators must work together and in partnership with patient organisations to improve patient care. Patients rely on regulators to ensure that treatment they receive meets the essential minimum standards.

**Katherine Murphy**  
Chief Executive of the Patients Association

*\*\* The views expressed in this article are those of the Patients Association. The Patients Association is a charity funded by personal and corporate donations.*