

ICB Medicines Lead Engagement

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*ICB Primary Care Educational
Session*

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National Team
National, regional and local
Support
Deputy Director of Medicines
Management & IR(ME)R
National IR(ME)R, CD & Regional
Managers
Pharmacist Specialists
Medicines Inspectors



Primary & Community Care

Key themes we are coming across on inspections:

- Clinical Searches
- Medication Reviews
- Safety Alerts
- Competency & Scope of Practice

Clinical Searches

Search topics:

- Medicines requiring significant or very frequent monitoring
- Safety Alerts
- Potential missed diagnosis
- Other high-risk prescribing
- Long term conditions risks
- Medication Review

See General Practice Mythbuster number 12

Searches accessed via [Ardens](#) or VISION directly

Clinical Searches

- Responsibility for monitoring and ensuring monitoring is undertaken
- Monitoring of higher risk medicines

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/12-accessing-medical-records-during-inspections>

GP mythbuster 12: Accessing medical records and carrying out clinical searches

Page last updated: 30 May 2023 Categories: Organisations we regulate

Guidance updated December 2022

We have updated this guidance to include information:

- from mythbuster 84: Managing high risk medicines in general practice (now unpublished)
- about what we look at and how we carry out searches of GP clinical systems.

When we inspect GP and urgent care services we review medical records. This is to assess the quality of care provided by the practice.

We use searches of the clinical system to help understand the clinical safety and effectiveness of care delivered. They have been developed to support our regulatory function. They are not a substitute for good clinical governance and oversight of safe practice. We expect providers to have their own systems and processes to make sure they are delivering safe and effective care to patients. This should follow national guidance.

Medication Reviews

CQC will review clinical notes, where a medication review code has been added, to determine quality of care.

Looking to be assured that the necessary actions have been taken that would indicate a review of the medication had been completed. For instance:

- All monitoring conducted /arranged / requested/ enquired about
- Interactions considered – actions/discussions
- Any drug safety alert information has been actioned. Including clear info if patient remains on treatment included in the alert.
- Concordance noted/addressed.

If a code had been added without the above considerations being addressed, then CQC would consider there to be insufficient evidence of review.

Safety Alerts

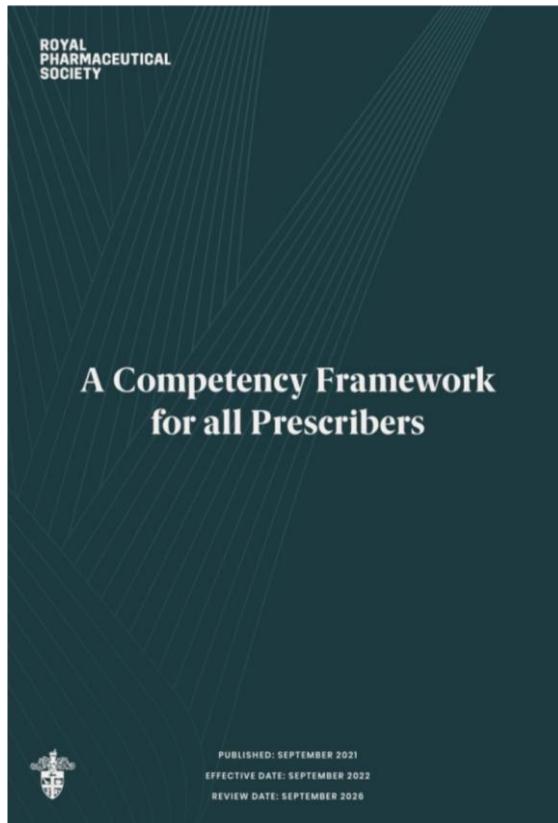
- CQC perform a selection of searches where action might be expected to be documented
- Info from the searches are used to verify what clinicians tell us about the management of MHRA information
- Processes seem to have improved, however, still evidence of patients receiving medicines outside of alert advice with no explanation on notes...

Competence

How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

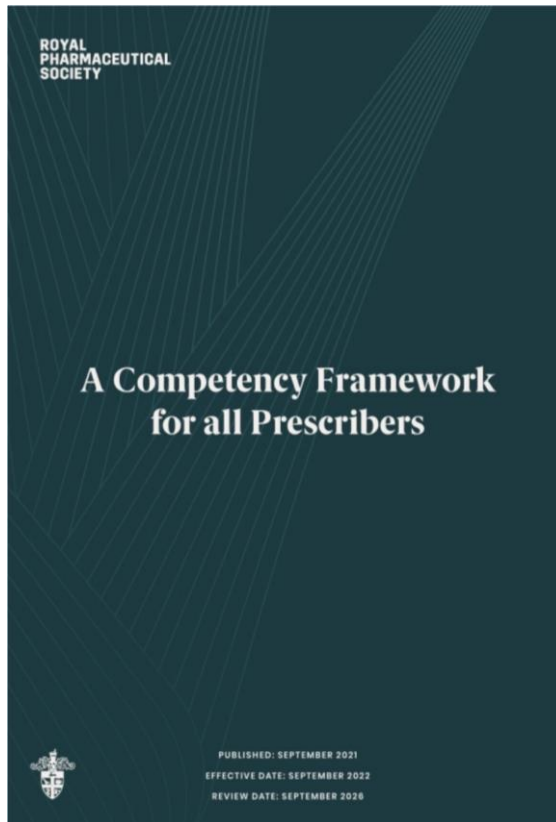


Competency Framework & Scope of Practice



- [Framework developed jointly by RPS and NMC](#)
- Applies to all prescribers, including non-medical
- The prescribing competencies in this framework will help healthcare professionals to be safe and effective prescribers who support patients in getting the best outcomes from their medicines.

Competency Framework & Scope of Practice



- Deals with a 'Scope Of Practice'...
- Also, can refer to CQC Mythbusters on [non-medical prescribing](#) and [Pharmacy Professionals in GP practice](#) for more information

Our role and purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.



Unique oversight of care



Is it safe?
Is it effective?
Is it caring?
Is it responsive?
Is it well-led?

23,982 adult social care services
136 NHS acute hospital trusts
385 independent acute hospitals
141 NHS or independent community health providers or locations
10 NHS ambulance trusts
141 Independent ambulance services
205 hospices
49 NHS mental health trusts
239 independent mental health locations
11,164 dental practices
6,331 GP practices
184 Urgent care and out of hours

Why we're changing?

- To have a greater focus on care across local areas or systems
- To use our new regulatory powers effectively to improve people's care
- To make our regulation less complex and more efficient
- To regulate in a smarter way
- To work better with the sector as it changes and recovers



Our strategy

Our overall aim and focus is on tackling inequalities and driving improvement



What will change?

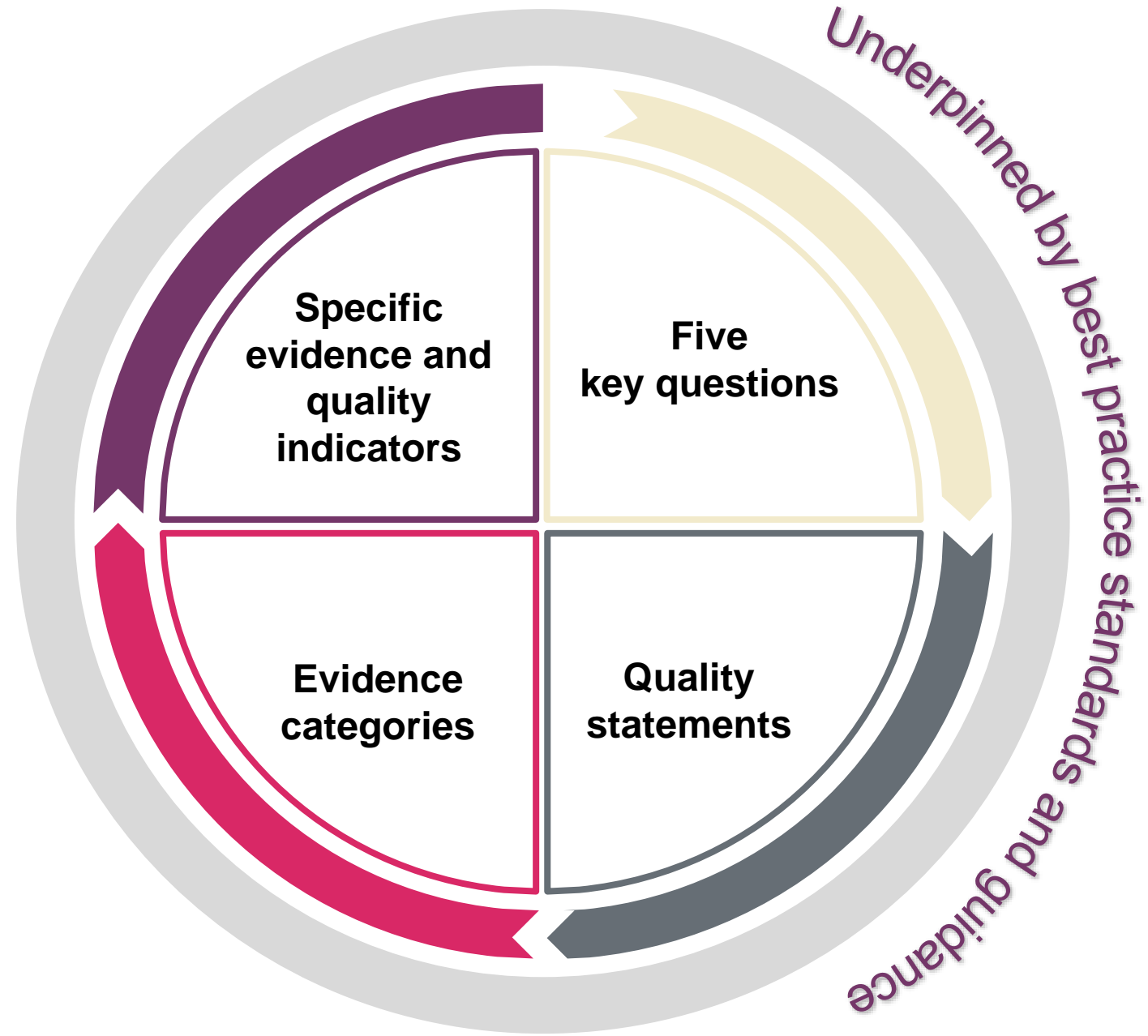
Our new approach will fall into four main areas:

- **New technology** – we'll be able to harness what we hear from people using services through new data and insight skills and technology
- **New policy** – we'll use a single quality assessment framework for all service types and at all levels
- **New ways of organising** – we'll be working in multidisciplinary teams to make sure we can look at quality better across an area
- **New powers** – we'll build on our previous activity looking at how services work together across a local area with new powers to look at Integrated Care Systems and local authorities

Our single assessment framework

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes

- Giving us an up-to-date view of quality
- Helping us better identify trends and patterns across areas



How will we inspect medicines?

Key question: Safe
I feel safe and am supported to understand and manage any risks

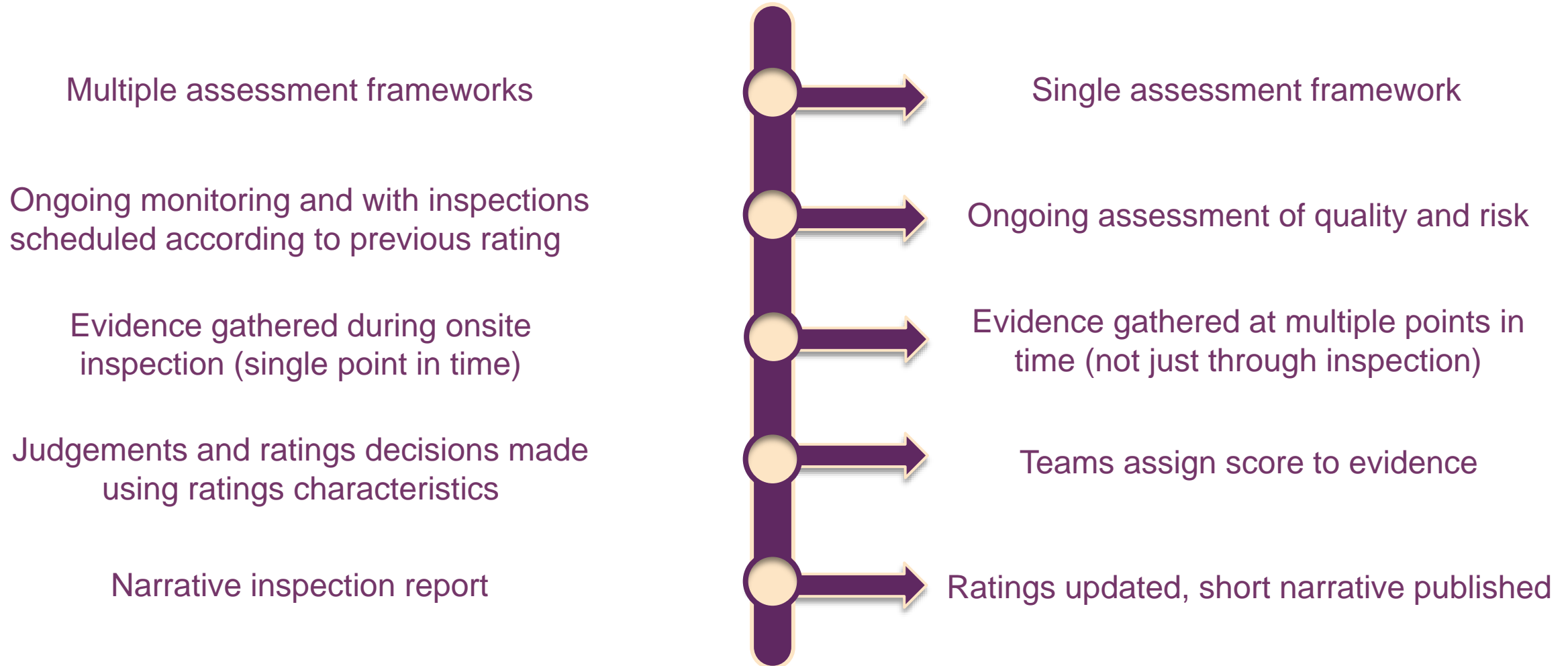
Quality statement: Medicines optimisation
We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Evidence categories: talking to people and staff, observations of medicines administration, review of medicines records

Specific evidence and quality indicators: refer to best practice guidance NICE SC1 and NG67



Changes to our regulatory approach



Any Questions?

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