

Community Pharmacy England's response to DHSC's consultation on *'Leading the NHS: proposals to regulate NHS managers'*

February 2025

About Community Pharmacy England

We are the voice of community pharmacy in England, representing all of the c.10,800 community pharmacies across the country.

We champion community pharmacies across the country – representing our members and giving them the support they need, negotiating the best deal with the Government and NHS, and influencing positive change.

We represent community pharmacy businesses of all sizes in England and are responsible for negotiating the NHS Community Pharmacy Contractual Framework (CPCF) under which all community pharmacies operate.

We work closely with everyone in the community pharmacy sector, including the [Local Pharmaceutical Committees \(LPCs\)](#), to meet our goals and to promote the value of community pharmacy.

Because everyone in society needs community pharmacy to thrive.

Consultation questions

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Community Pharmacy England is the operating name of the Pharmaceutical Services Negotiating Committee.

Overall approach to the regulatory model

Community Pharmacy England's (CPE's) response to the consultation seeks reassurance that Community Pharmacy owners will **not** be subject to the proposed regulation. The consultation proposals do not explicitly include pharmacy owners as a group to be subject to the proposed regulation, and we seek to avoid accidental or inadvertent inclusion through any regulation of NHS and NHS-related primary care organisations.

The main reasons why community pharmacy owners (retail pharmacy businesses in England providing NHS pharmaceutical services) should not be regulated or their directors or staff, as NHS managers are as follows:

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1. Community pharmacy owners are independent organisations or contractors providing NHS pharmaceutical services. They are not NHS organisations, to which the proposed regulation is targeted.
 2. Further regulation of community pharmacy owners and their provision of NHS pharmaceutical services would add an unnecessary, and additional layer of regulation.

NHS quasi-regulation/contract management

3. Community pharmacy owners provide NHS pharmaceutical services under their Terms of Service/contractual framework.
4. These Terms of Service (contractual arrangements) are set out in statutory regulations – the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
<https://www.legislation.gov.uk/ukxi/2013/349/contents>
5. The procedures for listing pharmacies and ongoing Terms of Service for pharmacies, require those involved to be fit to provide services. They include the requirement to provide relevant fitness information for pharmacist owners, directors who are pharmacists, and superintendent pharmacists, as well as notification of any future convictions, etc.

6. NHS England is the quasi-regulator (contract manager) of service provision, with oversight provided by the Department of Health and Social Care.
 7. Any additional regulation would be unnecessary and add cost to NHS service provision.
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General Pharmaceutical Council regulation

8. Community pharmacy owners and community pharmacies in England are registered with and regulated by the General Pharmaceutical Council (GPhC), which publishes Standards for Pharmacies. <https://www.pharmacyregulation.org/pharmacies/standards-and-guidance-registered-pharmacies>
 9. The GPhC states the principles for registered pharmacies are:
 - *the governance arrangements safeguard the health, safety and wellbeing of patients and the public*
 - *staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public*
 - *the environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public*
 - *the way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public*
 - *the equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public*
 10. Pharmacists, superintendent pharmacists, and pharmacy technicians (who provide pharmaceutical services) are also registered and regulated by the GPhC, which can receive information relating to their *fitness to practise* directly from relevant authorities, for example, pharmacists' convictions.
 11. Pharmacy teams are also under a duty of candour (as referenced in the consultation).
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12. Any additional regulation would be unnecessary and add cost to NHS service provision.

Community pharmacy owner regulation

13. Community pharmacy owners seek to ensure directors, pharmacists and other pharmacy staff providing NHS services (and private services) are appropriately qualified and experienced for the services they provide to patients and the public.

14. There is also relevant company regulation, which is applicable in many cases.

15. Any additional regulation would be unnecessary and add cost to NHS service provision.

Summary

The proposed regulation would not be appropriate for community pharmacy owners, their directors and staff, and others they engage to provide NHS pharmaceutical services. Community pharmacy owners and their pharmacy teams are subject to at least 3 other tiers of regulation already. This would be an additional and unnecessary layer of regulation and add unnecessary cost to the provision of NHS services.