Day 2 – Professional Support Handout

CDLO s // NHS Protect = Counter Fraud // GPhC Inspectorate

1. Controlled Drug Liaison Officers

The Association of Police Controlled Drugs Liaison Officers (APCDLO) was formed in 2000 by a small group of officers to improve working relationships with the rest of the police service and their partner agencies to promote best practice at both national and regional level. To help support this aim, the Association set up links with the Association of Chief Police Officers Drugs Committee. The value of these links was acknowledged during the Shipman Inquiry and the Association was involved in a subsequent consultation about taking forward the Inquiry's recommendations.
From humble beginnings and annual conferences with 30 interested parties the APCDLO has now gained support from the Association of Chief Police Officers (ACPO) and has grown into a professional body whose conference in 2006 attracted over 250 delegates from across the whole range of industry partners. The conference in 2007 at Cardiff was just as successful attracting around 250 delegates from a wide range of regulatory and healthcare providers.
The APCDLO is divided into six regions throughout England. Each has a representative who organises regular meetings with other regions to meet and share information and good practice.
Until late 2006, the association's remit has been to inspect retail pharmacy outlets and some hospital pharmacies to ensure that they were complying with the misuse of drugs and safe custody regulations in respect of controlled drugs.
However, with the introduction of the Health Act 2006, which came into force on January 1 2007, there is a greater emphasis on the police being involved in investigation, intelligence and partnership working, particularly through local intelligence networks.
Each of the new local partnerships is led by an accountable officer, who must be a Primary Care Trust (PCT) employee working at a senior (board) level. He/she will be responsible for establishing local intelligence networks and adverse incident panels for their PCT area. These will involve regulatory and inspection partners and the police. The intelligence networks will meet when required. The incident panels may have to meet at very short notice depending on the seriousness of issues that arise.
All the agencies will contribute to the collection of intelligence and information, therefore many joint inspections are anticipated.

Controlled Drug Liaison Officer (CDLO) Objectives

- To oversee the implementation of the Health Act 2006 on a National basis
- To initiate investigations and disseminate to boroughs offences of theft, forgery, criminal deception and false accounting by health workers.
- To undertake 'Targeted Inspections, Nationally at Pharmacies and other Health Care premises and collate & disseminate intelligence.
- Prevent the diversion of controlled drugs into the illicit drugs market through targeted inspections and destructions.
- Develop our links with partner agencies concerning the sharing of information and developing processes to enable the CDLOs to tackle drugs more effectively.
- To engage in multi-agency liaison as directed by the Health Act 2006.
- To liaise with law enforcement and other agencies to identify wanted/missing persons from intelligence and information gained during CDLO work.
- To liaise with the PCTs and identify areas of criminality within the Health Care arena where there is the prescribing of Controlled Drugs.

CDLOs Remit

- The CDLOs remit is the policing of controlled drugs within the Health Service. This involves intelligence, prevention and enforcement activities in partnership with health professionals from other organisations.
- The CDLOs remit only includes offences that involve pharmaceutical controlled drugs and their safer management. Therefore does not include offences such as bogus doctors, the sales of non-controlled drugs and theft of miscellaneous items from health service providers premises and fraud.
- CDLOs regularly act in partnership with health professionals and therefore in a position to assist in a liaison role with police investigators in enquiries outside their remit.

Legislation

The CDLOs work within the Misuse of Drugs Act 1971, the Health Act 2006 and the supporting regulations. The Controlled Drugs (Supervision of Management and Use) Regulations 2006. The Misuse of Drugs (Safe Custody) Regulations 1973. Misuse of Drugs Regulations 2001. and The Medicines Act 1968. The misappropriation of controlled drugs investigated under the Theft Act 1968, the Fraud Act 2006 and the Serious Crime Act 2007.

http://www.apcdlo.org.uk/index.html web site

2. NHS Protect (Counter Fraud)

Main areas of work

NHS Protect leads on a wide range of work to protect NHS staff and resources from crime. It has national responsibility for tackling:

- fraud
- violence
- bribery
- corruption
- criminal damage
- theft
- other unlawful action such as market-fixing.

These are all activities that would otherwise undermine the effectiveness of the health service and its ability to meet the needs of patients and professionals.

Objectives The organisation's work covers three main objectives:

- to educate and inform those who work for or use the NHS about crime in the health service and how to tackle it
- to prevent and deter crime in the NHS by removing opportunities for it to occur or to re-occur
- to hold to account those who have committed crime against the NHS by detecting and prosecuting offenders and seeking redress where viable.

Other work

NHS Protect also provides NHS anti-fraud services to the Welsh Assembly Government (under section 83 of the Government of Wales Act 2006) as well as leading on:

- NHS counter terrorism security preparedness
- national data analysis and risk assessment

- anti-fraud and pro-security research.

Local and national results

By placing its emphasis on local accountability, NHS Protect can concentrate on coordinating, regulating and maximising the benefit of localised investments made to tackle crime, as well as dealing with those complex and cross-boundary matters that cannot be dealt with locally.

By managing information and intelligence in all parts of the NHS and sharing this data as required, it can target and coordinate its own work to best effect, as well as providing increased levels of support, guidance and direction to the wider NHS. Across the health service as a whole, this ensures that crime is identified and tackled in a cohesive manner.

NHS Protect FAQs

Context

What is the wider context that requires and supports the setting up of NHS Protect?

- The Government has introduced a new landscape for the NHS, including new arrangements for the commissioning of services for the NHS.

Vision

What is the purpose of NHS Protect?

- Its purpose is to tackle crime and meet current and emerging challenges facing the NHS. It will ensure that the most appropriate anti-crime arrangements are put in place within the reformed NHS.
- It will also support the NHS in meeting two key commitments in the NHS Constitution: That care can be delivered and received in a safe and secure way; and that resources, as provided by the taxpayer, are used effectively.

Aims

What are the main aims of NHS Protect?

- To provide national leadership for NHS anti-crime work by applying a strategic, co-ordinated, intelligence-led and evidence based approach.
- To work in partnership with the NHS, DH, NHS Commissioning Board and with our key stakeholders including with the police, CPS and local authorities to coordinate and deliver our anti crime work, to take action against those who commit offences against the NHS and raise standards and professionalism of anti-crime work across the NHS.
- To lead investigations into serious, organised and/or complex financial risks and losses including fraud, bribery and corruption within a clear professional and ethical framework.
- To establish a safe and secure environment that: protects NHS staff from violence, harassment and abuse; safeguards NHS property and assets from theft, misappropriation, or criminal damage; and has in place systems to protect resources from fraud, bribery and corruption.
- To quality assure the delivery of anti-crime work to ensure the highest standard is consistently applied.

Objectives in more detail

What are the objectives, in more detail, of NHS Protect?

- Identify and prioritise national crime risks affecting the NHS, with a focus on the most serious.
- Coordinate efforts to tackle crime efficiently, professionally and at reasonable cost.

- Manage and share information and intelligence so crime is prevented wherever possible.
- Increase local accountability and build processes to enhance local performance.
- Support local detection, investigation and prosecution of crime against the NHS.
- Centrally take forward complex and cross boundary matters than cannot or would not be dealt with locally.
- Deliver information, expert advice and recommendations to prevent fraud and security incidents/ breaches at local and national levels at the earliest opportunity, and reduce opportunities for crime.
- Use proactive media and stakeholder engagement to deter crime and promote positive practices.
- Educate and inform NHS staff, contractors and public about crime, its true cost, and how to tackle it.
- Where necessary, change perceptions of crime against the NHS so it is not tolerated.
- Seek redress and recover sums lost to crime, where possible.

Dedicated NHS anti-crime service

Why does crime against the NHS need its own dedicated service?

Crimes against the NHS seriously undermine the effectiveness and ability to deliver the best quality of healthcare and experience. NHS Protect is launching this strategy to tackle crime across the NHS and meet the current and emerging challenges.

Department of Health and Commissioning Board

How will NHS Protect serve the Department of Health (DH) and the Commissioning Board?
NHS Protect's remit is to provide strategic and tactical guidance to health bodies, advice to the Department of Health and to work closely with the emerging NHS Commissioning Board.

Local level

What will local level bodies be responsible for?
NHS Protect envisages that GP consortia and provider bodies will:

- Demonstrate their strengthened local accountability.
- Deliver the NHS Protect national strategy at a local level.
- Make the proper investment locally in anti-crime measures including:
  - fully trained professional investigators in post
  - robust contractual arrangements and monitoring mechanisms.
- Where NHS services are made by private provision, we also expect that they make suitable anti-crime provisions backed up by contractual arrangements to protect NHS staff and resources.

What will NHS Protect provide for the local level bodies?

- Increased levels of support, guidance and direction.
- Improved management of information and criminal intelligence.
- Crime will be prevented by targeting and co-ordinating the work of NHS Protect effectively.
- Deal with those complex and cross boundary matters that cannot be dealt with locally.
- Coordinating, regulating and maximising the benefit of localised investments made to tackle crime.
- Evaluation model to allow assessment of the effectiveness of crime prevention activity and improve future proactive work. This work will lead to enhanced performance across the NHS.
- Professionally train those who tackle crime locally and ensure they continue to meet the required standard.

Raising standards

What will NHS Protect do to raise and maintain standards of fighting crime?

- Introduce an innovative national quality assurance process to assist NHS organisations to evaluate their anti-crime provision.
- Disseminate best and innovative practice across the NHS.
- Where there is any shortfall, work with NHS bodies to help them provide the highest standard of anti-crime work.
- Work alongside Care Quality Commission and Monitor and other regulatory stakeholders.
- Ensure anti-crime work contributes to the provision of the highest quality care for patients in new NHS.
- Provide professional training programme for local specialists.
- Provide innovative Continuous Professional Development and Key Skills training to local specialists.
- Maintain and improve communications and engagement with key stakeholder partners.

Working with others

Resources are tight. What will NHS Protect do to work with others?

- Successfully enlist the support of stakeholders - other agencies who also tackle crime, those who have an interest in the NHS and especially those who work for or are treated by the NHS - to tackle crime in the NHS.
- Expect NHS organisations to take tough action against those who commit crime.
- Encourage stronger links between NHS organisations, the police and other agencies in tackling crime.
- Expect NHS organisations to work together to develop anti-crime initiatives and in partnership with others including the police, Crown Prosecution Service (CPS), local authorities and community groups.
- Broker national agreements with key stakeholders.
- Provide local specialists with the necessary information and intelligence to investigate successfully and take cases forward for prosecution.
- Provide free legal advice to NHS organisations to assist with cases such as violence, harassment and abuse.
- Bring prosecutions in partnership with the police and CPS.
- Take action independently where the police and CPS decline to act.
- Comprehensive quality assurance process and far-ranging standards to help NHS organisations objectively assess their own anti-crime provisions.

National investigations

Which cases will be taken on by NHS Protect's National Investigation Service? There will inevitably be serious, complex or cross boundary fraud and corruption that cannot be taken forward locally. For these cases, NHS Protect's National Investigation Service will review the case and, where strategic priorities and available resources allow, take them on.

Evaluation of anti-crime performance

What will NHS Protect do to monitor its own performance and that of local NHS anti-crime measures?

- Monitor performance through clearly defined KPIs (Key Performance Indicators).
- NHS Protect will ensure that proper anti-crime measures are introduced over the next two years.

- Ensure the continuation of anti-crime provisions in relevant legislation and contractual requirements. This includes the continuation in the provision of specialists as existing organisations merge and new ones come into being.
- Following the two year transition period, NHS Protect will introduce a five year business plan.
- Five year plan will lay out its intentions to protect the new NHS by preventing crime over the long term, and to quantify and measure our success in the new NHS.
- NHS Protect will continue to contribute to the reform process and promote our central anti-crime message.

The structure of NHS Protect will see a greater shift towards local accountability, harnessing the talent of some 300 local investigators who are professionally trained and accredited and in place within each health body throughout England and Wales.
By placing its emphasis on local accountability, NHS Protect can concentrate on coordinating, regulating and maximising the benefit of localised investments made to tackle crime, as well as dealing with those complex and cross boundary matters that cannot be dealt with locally. They implement the counter fraud strategy at a trust level, reporting to the NHS body's Director of Finance and working with NHS CFS staff in accordance with Secretary of State Directions and the guidance given in the strategy document Countering Fraud in the NHS and the NHS Counter Fraud and Corruption manual.

3. General Pharmaceutical Council - Inspectors

The Inspectorate

The GPhC is unique among healthcare professional regulators because it has its own Inspectorate. What is the role of the Inspectorate? The inspectors have two main roles:

- Inspection visits

To inspect registered pharmacy premises in order to monitor and secure compliance with relevant legal requirements and professional standards.

- Investigations

To investigate complaints and allegations involving registered pharmacists or registered pharmacy technicians.

In addition to the above, inspectors provide advice on compliance issues and liaise with other regulatory and enforcement agencies as well as local Primary Care Organisations.

Who are the GPhC inspectors?

The GPhC currently employs a number of inspectors across Great Britain. The inspectors are divided into three regional groups: the Northern, Central and South-Eastern region. Each region is managed by a Regional Lead Inspector.

Each inspector is responsible for the registered pharmacy premises in approximately five to seven Primary Care Organisations. This means each inspector has between 500 and 600 registered pharmacy premises to inspect. On average, an inspector will complete on excess of 200 inspection visits per year. Find out who the inspector is for your area and how to contact them:

Inspectors' catchment areas and contact details

Inspectors' areas (Scotland and Wales) and contact details

HS http://www.pharmacyregulation.org/raising-concerns/inspectorate

Inspections

What is the purpose of inspections?

The inspectors visit all registered pharmacy premises in Great Britain to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of pharmacy at the registered pharmacy premises.

If, during an inspection visit, an inspector finds that the pharmacy is not compliant with legal requirements or regulatory standards, the inspector will advise the pharmacist and the superintendent (or owner) how they can secure compliance. The inspector may initiate formal disciplinary proceedings if:

- a complaint is received
- there is persistent non-compliance
- there is a significant patient safety issue.

How often are premises inspected, and what do inspectors look for?

In general, every pharmacy will receive an inspection visit at least once every five years. If an inspector believes more visits are necessary, a premise might be inspected more frequently. This could be because the pharmacy provides services which are high risk, or because previous inspections or other information indicates that more frequent inspections are required.

To find out what the inspectors look for during an inspection, see the inspection visit checklist: Inspector checklist - Monitoring and Inspection visits [PDF 263.6 KB]

To find out more about the management and use of controlled drugs in relation to an inspection, see the controlled drug inspection checklist: Controlled Drug Self Assessment Form [PDF 57.63 KB]

Inspection reports

Following inspection, the pharmacy will get a copy of the controlled drug inspection report (England and Scotland only). This will also be sent to the Accountable Office and to the owner of the pharmacy or the Superintendent Pharmacist. Where appropriate some inspection visits may result in the pharmacy receiving a report on other issues identified during the inspection visit that do not relate to the management and use of controlled drugs. The reports will identify areas of non-compliance with the relevant legal requirements and expected professional standards. It will also provide advice on how the pharmacy can improve and secure compliance.

What powers do the inspectors have to enter a registered pharmacy premises in order to inspect it?

Articles 10-12 of the Pharmacy Order 2010 gives a GPhC Inspector the power to enter any registered pharmacy premises at any reasonable hour in order conduct an inspection. The Inspector must provide evidence of their identity and that they are an authorised GPhC inspector. Inspectors are not obliged to notify premises that they want to carry out an inspection. However, in the majority of cases they will send a pharmacy a notification of visit letter and a self-assessment

form prior to their inspection. By notifying the pharmacy of the visit and requesting the pharmacist in charge of the pharmacy to complete the self-assessment form, this allows the pharmacy team time to prepare for the inspection visit. This means that the inspection visit can then be undertaken in a more efficient manner with minimum disruption.

Investigations

The GPhC's inspectors investigate complaints made against registered pharmacists, registered pharmacy technicians and pharmacy owners. The complaints come from a variety of different sources including patients and the public, other healthcare professionals, primary care organisations and other regulatory and enforcement authorities.

An investigation may also be undertaken if during an inspection visit the inspector finds a persistent non-compliance with legal requirements or regulatory standards, or a significant risk to patient or public safety.

What does an inspector do during an investigation?

How the inspector carries out an investigation will vary depending on the individual facts of a case. Usually an investigation will include:

- speaking to the complainant and any witnesses
- speaking to the registered pharmacist or registered pharmacy technician against whom the complaint has been made
- visiting the registered pharmacy premises where the alleged incident(s) took place.

Depending on the nature of the complaint, the inspector may need to get witness statements from patients or other members of the public. The inspector may also formally interview pharmacists, their employees or owners of pharmacies in accordance with the provisions of the Police and Criminal Evidence Act 1984 and the relevant Codes of Practice made under that Act. The inspector may seize evidence as part of the investigation.

What powers do inspectors have to allow them to investigate?

For GPhC to operate as an effective regulator, inspectors are given a number of powers under the Pharmacy Order 2010 that enable them to carry out investigations.

These include powers to:

- investigate allegations that a registered pharmacist or registered pharmacy technician's fitness to practise is impaired
- enforce the standards set by the GPhC
- secure compliance with the Poisons legislation
- secure compliance with the relevant parts of the Medicines Act 1968 legislation
- enforce provisions within the Order relating to offences relating to the register
- enforce the relevant provisions of the Veterinary Medicines Regulations