

## Response ID ANON-7Z93-ECYU-K

Submitted to Commissioner for Older People (Scotland) Bill  
Submitted on 2025-09-12 10:00:26

### About you

1 Please read the privacy notice below and tick the box below to show that you understand how the data you provide will be used as set out in the policy.

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2 How your response will be published

I would like my response to be published in its entirety

3 What is your name?

Name:  
Rachel Bruce

4 What is your email address?

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5 Are you responding as an individual or on behalf of an organisation?

Organisation

### Organisation details

1 Name of organisation

Name of organisation:  
The Royal Pharmaceutical Society

2 Information about your organisation

Please add information about your organisation in the box below:

We are the Royal Pharmaceutical Society, the professional membership body for pharmacists and pharmacy.  
Our mission is to put pharmacy at the forefront of patient care.  
Our vision is to become the world leader in the safe and effective use of medicines.  
Since RPS was founded in 1841 we have championed the profession and are internationally renowned as publishers of medicines information.  
We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development  
The RPS welcome the opportunity to comment on the Commissioner for Older People (Scotland) bill.

### Questions (page 1 of 2)

1 What impact do you think the creation of a Commissioner for Older People would have on different individuals and groups within Scottish society? Please provide a brief explanation of the reasons for your views.

Please provide your response in the box provided.:

We welcome the creation of the commissioner for older people if it results in the improved promotion and safeguarding of the rights of all older people. It is essential that this role is created as a unique position which does not duplicate the work carried out by other organisations. It is also imperative that clear structures are in place which explain how this role will work with, consult, and integrate with older people themselves, and with organisations working with, and for older people, as mentioned within the Bill.

A specific older people commissioner will provide a stronger focus on the needs of older people, ensure those needs are considered, and work to protect their rights and interests. They would be able to advocate for, and safeguard, the rights of older people.

The role should have an overarching remit for identifying wider thematic issues in the care of older people, with a view to assessing the adequacy, effectiveness and promoting best practice by service providers.

2 Do you have any comments on the proposed roles and responsibilities of a Commissioner for Older People in Scotland as set out in the Bill?

Please provide your response in the box provided.:

Review law, policy and practice relating to the rights and interests of older people:

The role of commissioner would require a working knowledge of the existing laws, policies and practice in place for older people. This knowledge could be enhanced through working with older people, services and expert groups who can provide a view on the needs and gaps that impact on older people and their friends/family/carers. All this knowledge brought together should enable the commissioner to provide insight to those writing laws on the potential impact of them on older people and will give a stronger voice for older people. It will also provide a wider overarching understanding of themes affecting the care of older people.

It may also encourage those writing laws, policies and practice statements to be more mindful of the impact of what they are producing on the lives of older people.

Assessing adequacy and effectiveness and promote best practice by service providers:

Increasing people's knowledge and raising awareness of the rights of older people would be an important role for the commissioner. However, this is not a task one person could undertake. It may be necessary for the commissioner to oversee a group of people undertaking this work and have in depth knowledge and a personal input or via extensive networking with relevant organisations. Promoting best practice should link with research findings. For example, exploring and understanding the increasing use of agency staff within nursing care homes on older people's care.

Promote, commission, undertake and publish research on matters relating to the rights and interests of older people and promote the skills and experience of older people:

We would support more research into issues relating to older people, as long as the research is robust and meaningful. There would be a requirement for access to relevant and reliable data. It would be important to ensure that there was adequate funding and no conflicts of interest.

Undertake investigations into devolved matters if they consider that the issue relates to older people:

These investigations will seek to encourage the consideration of the rights, views, and interests of older people in the decision-making and actions of service providers.

All organisations should be knowledgeable about the rights of older people and take appropriate action to ensure that they are not knowingly discriminated against or excluded. It would be important for the commissioner to be able to investigate both Scottish Public Bodies and service providers to ensure consistency in the approach to how older people are considered. It is also important that the commissioner supports anyone it investigates to gain relevant knowledge on how to make improvements, to change their practice and make reasonable adjustments to remove the barriers for older people and ensure an inclusive environment for all. There are many organisations involved in care of older people so it would be hugely important that the commissioner did not work in isolation or duplicate other agencies. The role should enhance the overall interests of older people and not be an additional "regulatory" body to report to. This, however, could be a positive role for the commissioner.

Give older people, who are often marginalised, a voice and would seek to ensure that their long-term needs and challenges are fully considered in policy and practice across all government departments and public bodies:

The views and input of older people themselves would be vital for certain aspects of the role. The role of commissioner should in some regards be a force for good and a voice for older people, but to accurately reflect that voice, the commissioner would need to listen first. Therefore, the involvement of older people and their families/carers/support networks would be essential.

For other aspects of the role, such as investigations, it may not be appropriate to have external input.

3 What are your views on the proposed age range (over 60s) covered by the Commissioner's remit?

Please provide your response in the box provided.:

Although an arbitrary age cut off is not ideal and other factors such as frailty should be considered, it might be unworkable to define the role unless an age range was provided. We would suggest that over 60s would be an acceptable lower age limit.

## Questions (page 2 of 2)

1 What are your views on the proposal that the Commissioner should be independent of Government?

Please provide your response in the box provided.:

It is important that this new role is entirely independent to ensure that investigations can be carried out without undue influence by government or employers. To have a significant impact and affect change, the role would need statutory powers to ensure timely investigation, access to information and compulsion of co-operation that can only be conferred by law.

2 Given that a number of other bodies have similar functions to some of those proposed for the Commissioner, how best do you think the proposed Commissioner's remit can avoid duplication with existing officeholders?

Please provide your response in the box provided.:

Clear roles and responsibilities with transparent reporting and accountability.

Have, and maintain, good relationships with and have regular multi agency meetings/communication with main bodies involved in the care of older people.

The role of the commissioner should be to provide oversight and pull together wider themes, rather than at individual organisation level. They should provide overall assurance that other bodies are undertaking their roles effectively.

It is important to consider how this role will support a National Care Service for Scotland to ensure the best possible outcomes for people accessing care and support and end the 'postcode lottery' of care.

The National Care Service Bill will make Scottish Ministers accountable for adult social care in Scotland - a change strongly supported by those responding to the recent consultation on the plans and this commissioner role should ensure those aims are delivered.

<https://www.gov.scot/news/national-care-service-bill-published/>

### 3 Please provide any other comments you have on the Bill.

Please provide your response in the box provided.:

We are the Royal Pharmaceutical Society, the professional membership body for pharmacists and pharmacy. Our mission is to put pharmacy at the forefront of patient care and our vision is to become the world leader in the safe and effective use of medicines. We acknowledge and appreciate that healthcare would only be a small part of the overall role of the commissioner, however as an organisation we would like to bring a specific focus to access of older people to pharmacy services such as community pharmacy, general practice and acute pharmacy services.

The safer use of medicines is a key organisational priority for our profession, and evidence shows that older people often receive inappropriate polypharmacy, that can result in harm. Medication related harm accounts for half of all preventable harm in healthcare. The prevalence of medication related harm globally is 1 in 20, where 26% of the harm was potentially serious or life threatening. (World Health Organization, Global burden of preventable medication-related harm in health care: a systematic review. Geneva; 2023. Licence: CC BY-NC-SA 3.0 IGO). Hodkinson A, Tyler N, Ashcroft DM, Keers RN, Khan K, Phipps D et al. Preventable medication harm across health care settings: A systematic review and meta-analysis. BMC Med. 2020;18(1):313 (doi: 10.1186/s12916-020-01774-9).

The care of people with multimorbidity is one of the greatest challenges faced by the health service (Pearson-Stuttard, Jonathan et al., Multimorbidity—a defining challenge for health systems, The Lancet Public Health, Volume 4, Issue 12, e599 - e600, December 2019). Care of adults with multiple medical conditions is often complex and rarely centred around the person. This leads to poor health outcomes, unsustainable levels of expenditure and avoidable environmental damage, all of which disproportionately affects the most vulnerable in society. Medication is the single most common healthcare intervention and generates the third highest cost of health expenditure. (Mair A., Fernandez-Limos F., Alonso A., Harrison C., Hurding S., et al. Polypharmacy Management by 2030: a patient safety challenge, 2nd Edition. Coimbra: SIMPATHY Consortium, 2017). A core element of care is the management of multiple medications (usually to manage multiple morbidity), known as polypharmacy. There is a need to address polypharmacy management as a public health issue.

An important principle in improving the care of those with multimorbidity and resulting polypharmacy is to ensure an integrated care approach to health and social care services (Mair A, Alonso, A., International Organisation of Integrated Care. Polypharmacy and Integrated care. Handbook of integrated care. Second edition. 2020. Springer. 978-3-030- 69261-2 DOI :10.1007/978-3-030-69262-9\_27.4) and we would hope the commissioner would have a role in supporting improved outcomes for people by helping reduce errors that result from disjointed ways of working.

Medicines management is an area where pharmacists have a key role in reviewing and addressing (poly)pharmacy in older people, through medication review, improving medicines adherence, promoting lifestyle interventions and access to public health interventions such as flu vaccinations.