

# Response ID ANON-YV7S-58HJ-R

Submitted to A National Care Service for Scotland  
Submitted on 2021-11-01 15:58:07

## 1a Improvement

1 What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services?  
(Please tick all that apply)

Better co-ordination of work across different improvement organisations., Effective sharing of learning across Scotland., Intelligence from regulatory work fed back into a cycle of continuous improvement., More consistent outcomes for people accessing care and support across Scotland., Other – please explain below

Please add any comments in the text box below:

A National Care Service for Scotland aims to deliver 'consistency, equity and fairness, and the accountability needed to deliver high quality services across Scotland.' The RPS wish to embrace the systemic change this will bring and want to ensure that pharmacists will help shape a service for the future. Access to pharmaceutical care for people accessing care services varies widely according to what has been negotiated within a particular Health and Social Care Partnership. There is also no single consistent standard applied by all care providers on the safe use and administration of medicines. The RPS would like to help build a National Care Service with equity of access to pharmacists and pharmaceutical care and this will only be achieved if pharmacists are involved at both a strategic and patient facing level of this new service from the beginning.

All the above benefits should be possible if the NCS is appropriately structured and funded. Appropriate access to data to enable the correct care of individuals will be key to this – with careful consideration given to what steps are required to develop and interoperable care dataset across settings. The complexity and size of this task should not be underestimated as NHS Scotland still struggle with this despite having travelled further down this road. To ensure our full position on the creation of a National Care Service for Scotland is heard, we have also submitted a position statement to the consultation email address.

2 Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

Please add any comments in the text box below:

Yes there are a number of risks –

1. Nothing changes and patients themselves do not see any positive changes. There would need to be robust outcome measures in place to ensure that changes made were resulting in benefits to the patients as intended.
2. There is no mention of the interface between community based health and care services and hospital services. This could result in the separation of primary and secondary care which must be avoided.
3. There is a risk of increased variation resulting from changes to the contractual arrangements for primary care services, including community pharmacy and GP Practices. It must be made clear how the NCS would improve consistency, ensure minimum standards and raise the quality of services.
4. There is a risk of fragmentation of mental health and alcohol and drug services if they are not included within the NCS.
5. Potential confusion of roles. Roles and responsibilities need to be clearly defined to reduce this risk. Simplified care pathways need to be developed with the identification and adoption of best practice models from around the country.
6. Risk of duplication of effort. At all steps within the care pathway(s) clear responsibilities need to be described to ensure multiple parties do not assume responsibility or that they are not responsible at all.
7. Lack of access to (and understanding of) data appropriate to care is a risk. Without appropriate access to the data necessary to provide the correct care to individuals and families, any NCS will be limited and inefficient. Considerable effort will be required to develop and implement an appropriate data model for the NCS to ensure it is interoperable not only within that service but also between the NCS and NHS. Therefore it needs to take into consideration the data models already in use within the NHS in Scotland.

## 1d Using data to support care

11 To what extent do you agree or disagree with the following statements?

Using data to support care - There should be a nationally-consistent, integrated and accessible electronic social care and health record.:  
Strongly Agree

Using data to support care - Information about your health and care needs should be shared across the services that support you.:  
Strongly Agree

12 Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

Yes

Please say why in the text box below:

Without the sharing of data it will be impossible to achieve what is being set out for the NCS.

Data to support care is probably more siloed than data in healthcare due to the fact the computer systems being used to record relevant information have grown organically and in an uncoordinated manner. Patients having to repeat their care and support needs multiple times is well founded and is

caused by a lack of interoperability and disconnectedness between the care and healthcare worlds.

Long term, the aspiration would be interoperability. In the short to medium term an integrated approach will be required to be able to move data around and map it between systems. We agree with the recommendations in IRASC that are premised in the need for good quality data and digital infrastructure and believe the NCS would address this gap. Aligning with the SG's strategic approach to digital health and care is important in ensuring transparency on the purpose of the information, who can access it and how it can be shared.

Secondary uses of the data recorded to enable local and national strategic planning and service improvement will be vital. 'Business intelligence' should be built out from this data to provide near real-time information on provision of services. This could be made available to all parties involved in providing, managing and planning care and support services.

Legislation would provide the necessary 'air cover' for people/organisations concerned about data provision. Without it, it will be difficult, if not impossible, to get organisations to provide data.

13 Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

Please add any comments in the text box below:

## Chapter 2: National Care Service

20 Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

Yes

Please add any comments in the text box below:

We agree on the understanding that this change would result in improvements in governance and accountability across the system, which would lead to improvements in care for patients.

21 Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Please add any comments in the text box below:

The National Care Service must have nationally agreed standards to ensure the safe prescribing, use and administration of medicines in care services. These must be applied by all care providers.

The National Care Service must deliver equity of access to high quality pharmaceutical care. This should be supported by a national service specification on the provision of clinical pharmacy input to care homes, care at home services and other supported living services.

22 Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

Please add any comments in the text box below:

## 3b Healthcare

27 Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

Yes

Please say why in the text box below:

We agree with this only if it ensures better governance, accountability and organisation which will result in better outcomes for patients. It is also vital this also still ensures local needs are identified and addressed. It should be made clearer how the NCS will improve consistency, ensure minimum standards are delivered and raise the quality of services. The NCS provides an opportunity to address the current variation that exists in access to pharmaceutical care within social care services. Nationally agreed minimum standards should be agreed to ensure everyone across Scotland receives high quality pharmaceutical care. There should still be flexibility to respond to local needs, such as deprivation or rurality. To avoid unwarranted variation, nationally agreed template service specifications for additional services could be applied locally according to population needs.

28 If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

Please say why in the text box below:

The NCS structure must avoid creating barriers between health and care settings, and we are concerned about a potential separation between hospital-based and community-based services. Medicines use spans the entire spectrum of health and care, so a lack of joined-up approach across the system risks disjointed care. Creating a single system that includes all of health and social care is preferred to avoid this risk.

The NCS must ensure that there are robust and effective referral pathways which can be used by all independent contractors where appropriate to prevent duplication of work.

29 What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

Better integration of health and social care

Please add any comments in the text box below:

30 What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

Fragmentation of health services, Other (please explain below)

Please add any comments in the text box below:

At present, the GP contract and other independent contracted services such as community pharmacy, provide a core level of services to ensure equity of access to healthcare which will meet the basic needs of the whole population. There is also then the flexibility within the contract to provide services which are required to meet the healthcare needs of the local population. In any new service this flexibility must be retained whilst ensuring that the number of decision-making bodies involved does not result in a postcode lottery of services. We are concerned that a change in contracted arrangements may increase variation.

31 Are there any other ways of managing community health services that would provide better integration with social care?

Please add any comments in the text box below:

### 3d Nursing

34 Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

Not Answered

Please say why in the text box below:

Medicines are widely used in all care services. Given the fundamental importance of medicines use in care services, it is essential that an Executive Director role is created for pharmacy in the way that the consultation proposes this for nursing. This strategic role will be vital to ensure the safety and quality of medicines prescribing, use and administration is consistent and to an appropriate standard within a National Care Service. It will also be essential for ensuring the National Care Service meets medicines legislation requirements. It is important there is appropriate professional representation and leadership from a pharmacist wherever medicines are involved.

35 Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.

Not Answered

Please say why in the text box below:

36 If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?

Not Answered

Please add any comments in the text box below:

### 3g Alcohol and Drugs Services

45 What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

Other opportunities or benefits - please explain

Please add any comments in the text box below:

46 What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

Confused leadership and accountability, Less efficient use of resources

Please add any comments in the text box below:

47 Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

Yes

Please say why in the text box below:

It is vital that fragmentation of these services is avoided, and this is one of the reasons why RPS believes a single system to support all of health and social care is needed. It would need to be made clear how any changes would lead to better outcomes for patients and what would change at that level to

ensure this happens.

Alcohol and drug services should be underpinned by the principles of national minimum standards combined with local application of additional services to respond to local population needs. The needs of local populations of people who use drugs can vary greatly so it is vital these services continue to receive information around local population health needs and input from public health officials.

48 Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

Please add any comments in the text box below:

49 Could residential rehabilitation services be better delivered through national commissioning?

Yes

Please say why in the text box below:

National commissioning could allow residential services to be provided consistently and to high standards across the country but it must also allow flexibility to respond to local needs.

50 What other specialist alcohol and drug services should/could be delivered through national commissioning?

Please add any comments in the text box below:

51 Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Please add any comments in the text box below:

### 3h Mental Health services

52 What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

Other – please explain

Please add any comments in the text box below:

Fragmentation of any of these services should be avoided, and this is one of the reasons why RPS believes a single system to support all of health and social care is needed. Mental health services should be underpinned by the principles of national minimum standards combined with local application of additional services to respond to local population needs.

53 How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

Please add any comments in the text box below:

- 1.A single shared integrated electronic patient record is needed across health and social care.
- 2.Pharmacists must be given access to all relevant data to allow them to provide high levels of pharmaceutical care.
3. Current barriers, such as consent issues, must be addressed and removed.
4. Clear referral pathways from primary health care providers, NHS and independent to access mental health services.

## Chapter 4: Reformed Integration Joint Boards: Community Health and Social Care Boards

58 “One model of integration... should be used throughout the country.” (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

Not Answered

Please say why in the text box below:

59 Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

Not Answered

60 What (if any) alternative alignments could improve things for service users?

Please add any comments in the text box below:

61 Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

Please add any comments in the text box below:

62 The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

Please add any comments in the text box below:

It is vital that pharmacy is represented at all levels to provide leadership and advice on medicines management and administration.

63 "Every member of the Integration Joint Board should have a vote" (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?

Not Answered

64 Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

Please add any comments in the text box below:

65 "[Integration Joint Boards] should employ Chief Officers and relevant other staff." (Independent Review of Adult Social Care, p53). Currently, the Integration Joint Boards' chief officers, and the staff who plan and commission services, are all employed either by the local authority or Health Board. The Independent Review of Adult Social Care proposes that these staff should be employed by the Community Health and Social Care Boards, and the chief executive should report directly to the chief executive of the National Care Service. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

Not Answered

66 Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

Please add any comments in the text box below:

#### 6a Core principles for regulation and scrutiny

73 Is there anything you would add to these core principles?

Please add any comments in the text box below:

74 Are there any principles you would remove?

Please add any comments in the text box below:

75 Are there any other changes you would make to these principles?

Please add any comments in the text box below:

#### 6b Strengthening regulation and scrutiny of care services

76 Do you agree with the proposals outlined above for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?

Yes

Please say why in the text box below:

77 Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

Please add any comments in the text box below:

#### 6d Enhanced powers for regulating care workers and professional standards

83 Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

Please add any comments in the text box below:

Yes. The public must be assured that when they are accessing care, the professional providing it is adhering to a code of practice which will ensure the support is provided to a standard set by their regulator. They must be confident that any incident where it is suggested that a professional is not acting in an appropriate manner is investigated and sanctions implemented if necessary. This ensures the public can be confident that the professional working with them is fit to practice.

84 Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

Please add any comments in the text box below:

Yes. Action can only be taken to address poor practice, or a professional unfit to practice, if the regulator has, and is able to get, all the relevant information to ensure it is fair for all parties involved. Professionals should have a duty to speak up about concerns to protect people receiving care and this should be reflected in the profession's standards. If this duty is made clear it removes the question over whether or not you should report a concern or speak up as well as helping with any guilt or unease colleagues may feel at doing so.

85 How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Please add any comments in the text box below:

86 What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

Please add any comments in the text box below:

### 7c Training and development

92 Do you agree that the National Care Service should set training and development requirements for the social care workforce?

Yes

Please say why in the text box below:

It is vital this training includes medicines management and administration. This would address some inequalities patients experience accessing medication and therefore being able to remain at home longer. This will also improve safety and have better outcomes for patients by minimising the risk of harm from their medication as well as reducing the inappropriate use of compliance aids. Pharmacists, as experts in medicines, must be involved from the outset with designing and providing this training to ensure minimum standards are being met. Going forward, and on an ongoing basis, there must be a programme of audit or assessment in place to check that standards with regards medicines administration and management are being maintained.

93 Do you agree that the National Care Service should be able to provide and/or secure the provision of training and development for the social care workforce?

Yes

### 7d Personal Assistants

94 Do you agree that all personal assistants should be required to register centrally moving forward?

Yes

Please say why in the text box below:

Registration would allow them to be offered and access training on areas where patients may experience harms e.g. medicines management and administration.

95 What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)

National minimum employment standards for the personal assistant employer, Other (please explain)

Please add any comments in the text box below:

Minimum standards for training in the administration and management of medication. This would reduce the risk of harm for patients and in some cases allow them to remain at home for longer.

96 Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

Yes

### About you

What is your name?

Name:  
Laura Wilson

What is your email address?

Email:  
laura.wilson@rpharms.com

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:  
Royal Pharmaceutical Society

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

Individuals - Your experience of social care and support

Organisations – your role

Other

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Slightly dissatisfied

Please enter comments here.:

It was very hard to express relevant views given the closed and guided nature of some of the questions, to this end we have also submitted a position statement which we have emailed separately. It was also not clear why vastly different questions were asked about each of the services being considered for a national care service. Also the lack of acknowledgement throughout the document of the vital role the wider multidisciplinary team who contribute to the care and wellbeing of all patients who require care play.

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Very satisfied

Please enter comments here.: