ROYAL PHARMACEUTICAL SOCIETY

House of Commons Health and Social Care Committee
Department's White Paper on health and social care

1. The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain, representing pharmacists working in all sectors.

2. We support the aim of the White Paper to encourage greater collaboration between healthcare partners, improve the wellbeing of local communities, and improve patient care and safety. However, legislation alone will not guarantee success and how change is implemented and supported on the ground will be key.

3. A number of topics warrant further investigation, in particular around leadership and governance, clinical and patient engagement, and future changes to commissioning. Delivering integrated health and care services throughout England will also depend on investment in our workforce and a long-overdue upgrade to digital infrastructure.

Leadership and governance

4. We welcomed Sir Simon Stevens' comments to the committee on the ambition to bring together a wider group of stakeholders within an Integrated Care System (ICS) to help make planning judgments. With a need to ensure appropriate clinical advice when making decisions, there is to a clear place for pharmacists at ICS level. This would support safe use of and the best value from medicines for patients and the NHS and should align with the NHS England and Improvement Integrating NHS Pharmacy and Medicines Optimisation programme.[1]

5. Health think tanks have already warned that local flexibility for integrated care systems to determine their own governance arrangements must avoid any confusion in accountability or overlapping responsibilities between the ICS NHS Body and the ICS Health and Care Partnership. We agree with the King's Fund that new arrangements must avoid creating a situation where the ICS Health and Care Partnership "lacks the powers to drive change and that the ICS NHS Body is too narrowly focused on the NHS at the expense of other partners".

6. Experience of local NHS bodies has shown that community pharmacy and other primary care providers have at times been marginalised in decision-making. If we are to develop innovative approaches to patient care within an ICS, working across primary and secondary care settings, pharmacy must be included alongside other partners.

7. We are encouraged to see the proposal for all ICSs to establish a pharmacy and medicines optimisation governance framework and adopt a system pharmacy leadership model. New ICS chief pharmacists must be supported to develop an integrated approach with primary care and across the system.

8. While the White Paper states that NHSE will publish further guidance on how ICS Boards should be constituted, it does not address how proposed reforms should promote more inclusive and diverse leadership across the health service.

Commissioning

9. The White Paper states that the NHS ICS statutory body would have "stronger responsibilities for commissioning primary medical, dental, ophthalmology and pharmaceutical services". There is

[1] https://www.england.nhs.uk/primary-care/pharmacy/system-leadership/

little detail on the extent of these potential changes and what services would move from national- to ICS-level commissioning. This topic has received limited attention in the committee's three oral evidence sessions held as part of the inquiry to date.

10. There will need to be further clarity on the role of ICS as potential commissioners of primary care services, including whether it is proposed that ICSs hold the Pharmaceutical List. With a potential impact on patient care and service provision, we would welcome a commitment from the Government and NHS to engage early and consult with relevant professional bodies and patient groups to avoid any unintended consequences. The NHS paper *Legislating for Integrated Care Systems* acknowledges that stakeholders have raised a number of issues that will need to be addressed as part of any transition and implementation.[2]

11. Potential challenges include:
    - Duplication of effort: The health needs of populations do not vary greatly across much of England as local populations face similar issues such as increasingly older population (multmorbidity and frailty), deprivation, or mental health problems.
    - Postcode lottery and increased health inequality: NHS England should maintain oversight and be empowered to intervene where necessary. If all ICSs are commissioning the same service then a standardised approach to commissioning and provision across England would be more effective. Minimising variation of service provision would support greater public understanding about what is available to them locally.
    - Additional bureaucracy: Providers, such as pharmacists, may be requried by commissioners to demonstrate competency in different ways for essentially the same service. This would affect service provision and provide an additional burden on healthcare professionals working in different ICS areas.
    - Pace of change: ICSs mature at different rates and will therefore be able to take on more commissioning duties at an earlier stage.

Public health

12. With planned changes to Public Heath England and the announcement of a new National Institute for Health Protection, the Government must ensure it delivers a compelling vision for public health and prevention. This must include making most of pharmacy to reduce the backlog of care from COVID-19 and better manage demand across the health service. Pharmacies play a vital role in supporting prevention, healthy living and tackling health inequalities, including in communities at a higher risk from COVID-19. The Secretary of State has committed to embedding health improvements across government and the NHS – this now needs to be supported by funding after years of cuts to public health.

Workforce

13. The committee has previously raised the issue of workforce modelling.[3] Policy experts and professional bodies are united on the need for a comprehensive workforce strategy, backed by appropriate investment, to meet the ambitions of the NHS Long-Term Plan. In its oral evidence the King's Fund called for a workforce plan that combines short-term measures to improve retention, and to improve people's skills in the workforce, linking to the longer-term for new training and increases of supply in the workforce. The 2021 Budget did little to alleviate these concerns.

[2] https://www.england.nhs.uk/wp-content/uploads/2021/02/legislating-for-integrated-care-systems-five-recommendations.pdf
[3] https://committees.parliament.uk/publications/3746/documents/37686/default/

14. Future changes to the workforce operating model must support a defined career pathway for pharmacists working in all areas of practice. ICSs will need to allow for pharmacist's roles to cross organisational boundaries (e.g. acute trust, general practices, community). This must be backed by appropriate investment in the pharmacy education and training, to support professional development and advancement such as increasing the number of pharmacist independent prescribers.

15. ICS must ensure that there are training standards, curricula and assessments in place to support the development of healthcare professionals. Pharmacists are playing an increasing role in primary care teams and will be central to supporting the NHS Long-Term Plan. With increasing demand for pharmacists working in advanced practice roles in multi-professional teams, professional development should not end at the point of registration. Pharmacists should be able to see a clear development pathway from registration through to consultant-level practice. This professional roadmap will support the recruitment of high-quality applicants into the profession. Training standards, curricula and assessments must keep pace with rising public and professional expectations of pharmacists.

16. Our written evidence to the committee's inquiry on burnout highlighted the urgent need to support staff retention. We have called for all pharmacists working for, or delivering services to, have access to national wellbeing services. We welcomed staff wellbeing support developed as part of the COVID-19 response and the Government's commitment that all pharmacists will be able to have continued access, including to new Mental Health and Wellbeing Hubs.[4] ICSs must ensure that all health and care staff are equally support by local wellbeing offers.

Digital

17. Better integration will need the digital infrastructure to support it. Pharmacists in community settings have historically had very limited ability to update a clinical record when they treat a patient. The COVID-19 vaccination programme has highlighted the urgent need to ensure a more integrated approach for health professionals across care settings.

18. Pharmacists who are providing direct care to patients, and particularly those in community pharmacy, must have read and write access to patients' digital medical records. If this is not resolved at a national level, then ICSs need to ensure that pharmacy are offered digital access locally. Pharmacists themselves will also have a role in helping with clinical informatics and shaping local population health approaches alongside quality improvement and research.

Medicines safety

19. We welcome the proposal to allow the MHRA to develop medicine registries where there is a clear patient safety interest, to support the safe and effective use of medicines and enable evidence-based decisions.

Implementation and engagement

20. The White Paper states that proposals will be supported by an implementation programme "that recognises the importance of key non-legislative enablers in facilitating change", such as leadership and workforce. The White Paper says the Government will work closely with the health and care system in developing this implementation programme. With a workforce already under pressure during a global pandemic, implementation must minimise further disruption.

[4] https://www.rpharms.com/about-us/news/details/Supporting-your-health-and-wellbeing

Early engagement with patient and professional groups, as well as the wider health and care system, will be fundamental to making the changes a success, rather than the kind of "listening exercise" undertaken part way through the 2012 reforms. The patient voice must be at the heart of any changes, both at a national level as an implementation programme is developed, but on an ongoing basis within an ICS to support patient-centred care.

Regulation

21. The Government has said it will consider how best to develop proposals to reduce the number of professional regulators. We stated in our response to the 2017 consultation, *Promoting professionalism, reforming regulation*, that any review should be driven by patient safety, rather than a desire to cut costs.[5] Due to the breadth of practice that pharmacists undertake, the General Pharmaceutical Council must remain as a regulator and should not be merged as part of any proposed reduction.

The Royal Pharmaceutical Society

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[5] https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Consultations/January%202018/consdoc4154.pdf