

Submitted to Health and Social Care Strategy for Older People
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Place and Wellbeing

1 Do you have examples of communities, voluntary/third sector and public sector organisations working together to improve older people's health and wellbeing and reduce any health inequalities which they experience?

Please add your response to the text box:

Health inequalities

Health inequalities can arise when patients have a lack of information about how to manage medical conditions or how to take any medication safely, this is particularly true of older people who are more susceptible to harm from medication. This can then result in both under- and over-prescribing. Pharmacy teams are skilled at identifying these potential inequalities and since 2015 the range of services offered by pharmacists, in all settings, has been expanded upon in a bid to address these and enable patients, including older people, to make decisions about their care and treatment. Pharmacies are in communities across Scotland and provide the older population with high quality pharmaceutical services. They work with other healthcare providers, including GP's, nurses, care workers, and care homes in the community to ensure a person-centred approach to their care is taken.

NHS Scotland Pharmacy First

This hugely successful Pharmacy First service, which is part of the community pharmacy contract, enables community pharmacists to provide advice and treatment for managing common conditions such as sore throats, cold sores, skin conditions and urinary tract infections. Any person registered with a GP practice in Scotland can use the service, including people living in care settings which removes some of the inequalities of access faced by people living in care homes. An additional service is Pharmacy First Plus through which pharmacists who are registered as prescribers can prescribe for an additional range of conditions: however, this is not yet available in every pharmacy. These services are in addition to the self-care advice pharmacists and pharmacy teams provide for a range of common infections such as sinusitis, cough, ear infections and cold and flu. NHS Pharmacy First Scotland and Pharmacy First Plus are an essential component in how pharmacy can help tackle health inequalities, particularly those faced by older people. These services are accessible in pharmacies which opens that ability to consult with a qualified healthcare professional to older people who may struggle to arrange appointments.

Pharmacotherapy

In GP practices, the Pharmacotherapy Service has been embedded across Scotland and is also addressing some of these inequalities faced by older people. The service, which is part of the GMS contract, is provided by pharmacy teams working together with GP practices to support patients with medication reviews, medicines reconciliation, managing their repeat prescriptions and acute prescription requests. This is particularly valuable for the older population who are more at risk of adverse events as a result of polypharmacy. Pharmacists can work directly with patients to improve their knowledge of their medication and identify, and rectify, any prescribing issues.

Care Homes

Pharmacists and pharmacy teams provide a variety of services to care homes. They offer access to a specialist pharmacist, medication reviews and medicine management. Community pharmacists work alongside care homes to provide medication for residents, training and advice and access to the Pharmacy First service. This input improves the quality and safety of patient care for residents of care homes and improves their access to pharmaceutical care and allows them to have input into their medication and treatment.

Medicines Compliance Service

NHS Greater Glasgow and Clyde have a home visit team, comprised of pharmacy technicians, who conduct home visits to patients requiring assistance to help them remain independent with their medicines longer. They provide services such as education on using MAR charts and setting up of dosette boxes where these will have a beneficial impact. This can mean the patient will be able to manage their medication themselves and avoid medication prompting visits from home carers for as long as possible. Technicians receive referrals from secondary care, primary care, and social work. This service has been available for several years and pre-dates the pharmacotherapy service.

2 Thinking about your physical health, what kind of advice and support would you need to help you make decisions about your health, care and treatment?

Please add your response to the text box:

3 What kind of people or organisations would you like to help you with this?

Please add your response to the text box:

Pharmacists, and pharmacy teams, are accessible in the community, GP practices and in hospital settings and are ideally placed to advise patients on how to manage their condition, what treatment options there are and how to take medication safely. They can also provide lifestyle and health advice to help the older population remain well, in their own homes, for as long as possible. Many care homes have access to pharmaceutical services from a pharmacist and the pharmacy team and can help patients with all aspects of their pharmaceutical care.

4 Thinking about your broader wellbeing, what kind of support and activities would help you to stay socially connected with other people in your community?

Please add your response to the box below:

5 How could local organisations and places such as community groups, cultural centres such as libraries, museums and art galleries and leisure/sports centres, help you with this?

Please add your response to the box below:

6 If you were worried about your mental health who or which (health or care) services would you approach for advice and support?

Please add your response to the box below:

Pharmacy teams play a pivotal role in ensuring that any patient, including older patients, suffering from mental health problems can be treated in the community. They advise patients on initiating new medicines, monitoring, and titrating doses up and down. They work with specialist teams to support patients' management and allow them to remain at home while undergoing treatment. With the correct referral pathways, they could also be an accessible source of advice and support for those concerned about their mental health.

7 What impact do you think the pandemic has had on your ability to access mental health services if you needed them?

Please add your response to the box below:

Pharmacies in the community remained open to patients throughout the pandemic and were able to maintain that access for patients to a healthcare professional when they needed one.

8 What could we do to improve your access to mental health services if you needed them?

Please add your response to the box below:

It is essential that going forward there are robust and straightforward referral pathways that enable pharmacists and pharmacy teams to get support for patients who present to them in the community in a timely and straightforward manner. This would also avoid onward to referral to an already under pressure GP practice.

9 Is there anything else you would like to add about mental health services for older people?

Please add your response to the box below:

10 Tell us about your current housing. Do you own your home, or is it social housing? Does it meet your needs, allowing you to live independently?

Please tell us about the type of housing you live in at the moment:

11 What kind of housing, and adaptations and/or equipment for your housing would assist you in living independently at home for as long as you wish?

Please add your response below:

12 Who would you like to be able to provide and support you to get the kind of housing and adaptations you need?

Please provide your response below:

13 Is there anything else you would like to add about Place and Wellbeing for older people?

Please tell us if there is anything else you would like to add:

To provide holistic care for patients requiring medication we need to ensure we are providing the right medicine, at the right dose in the right place. To achieve this in patients own homes we need to ensure that pharmacists in all settings are given the tools and resources to offer a comprehensive clinical pharmacy service. Solutions that rely on any one healthcare profession or one sector will fail, and the needs of older people will not be met.

Preventative and Proactive Care

1 When thinking about health and social care services for older people in Scotland, what do you feel has worked well in the past?

Please provide your response in the box below:

2 What is currently working well?

Please provide your response in the box below:

Pharmacotherapy Service

This service, which is part of the GMS contract, is provided by pharmacy teams working in GP practices and supports patients with medication reviews, medicines reconciliation, managing repeat prescriptions and acute prescription requests. This is beneficial to older people who may have accumulated medication over several years which may no longer be necessary or appropriate. The service can look at deprescribing and addressing unnecessary polypharmacy which will reduce the risk of harm to older people from their medication and ensure their treatment is optimised. Any person registered with the GP practice can use the service at their practice.

Social/green prescribing initiatives

An advanced Clinical Pharmacist working across two GP practices in NHS Lothian has a special interest in the promotion of sustainable healthcare in particular Green Health Prescribing. Green health prescribing in NHS Lothian uses the interaction between people and health and care services to identify those who could benefit most and connect them with nature. Nature based activities are prescribed or advised to support physical and mental health and wellbeing which is of particular importance in the older population. The activities can take many forms from suggesting a walk in the park to referral to a therapeutic programme. Exercising in and enjoying open spaces and nature has a proven benefit on peoples mental and physical health. The social connection that happens also has a benefit and can help with the loneliness and isolation felt by some older members of the community. NHS Lothian has a vision to have green health prescribing embedded across the system and targeted at people who can benefit the most. This will result in reduce health inequalities, stronger communities and valued green spaces. It also encourages a realistic medicines approach to treatment as well as greater public awareness of non-pharmacological options as treatment.

NHS Greater Glasgow and Clyde have also included CO2e in its inhaled devices prescribing guidelines to allow prescribers and patients to make an informed choice of product.

Pharmacy services to care homes

Pharmacists in the community already provide an excellent service to care homes. They offer services including provision of medication and advice, access to Pharmacy First and in some places Pharmacy First Plus, unscheduled care, falls assessments, education and training for staff and remove expired or unused medication.

3 How do you think services could be improved?

Please provide your response in the box below:

Better communication between professionals providing care

Better referral pathways from one healthcare professional to another

Reduced reliance on one healthcare profession and use of other professions for their areas of expertise

Digital infrastructure

An improved digital structure is vital. RPS is calling for the development of a single shared electronic patient record with read/write access for all, including pharmacists and patients. This would improve the quality and safety of the services pharmacists provide to all patients, reduce health inequalities, and improve the care of older people who can have complex medical needs which are not always disclosed. RPS also wants to see better use of data, including using data to make treatment decisions and deliver personalised medicines, and using outcome measures to drive service improvement. Improvements in digital infrastructure will also provide another choice for patients in how they access care. Healthcare teams would be able to offer remote consultations if and when a patient requested it. It is important to ensure that any digital development is linked to policies to prevent digital exclusion, particularly in older people who may not already have the digital literacy skills necessary. This digital exclusion can be a practical need i.e., no access to hardware or software to use the digital service or an educational need i.e., lack of knowledge or understanding of how to use the technology. All aspects must be considered and addressed.

Workforce

Pharmacists must be integrated into the multi-disciplinary team from every area of practice to prevent professional isolation and improve access to services for patients. Meaningful workforce planning is essential to identify the needs of the service going forward and ensure that the right skill mix is available. Scottish Government should prioritise workforce planning for pharmacists and pharmacy technicians in the same way as it is done for doctors and nurses. Pharmacists are the third biggest healthcare profession, so the lack of effective workforce planning is a significant gap. There are opportunities for increasing the roles of pharmacy technicians and support staff, but the lack of workforce planning is holding this back.

Equity of access

Services must be offered in a way that delivers equity of access. We need to identify older and more vulnerable patients who need specific support and adapt services for them, such as those who are housebound, and those with caring responsibilities. Approaches taken will include using alternative formats for information, creating psychologically informed environments to reduce stigma/enable consultations, providing outreach services, and using technology to make care more accessible. People in care settings will be provided with more patient facing pharmacy services and options to self-care to avoid the risk of becoming institutionalised and help retain their independence.

Pharmacy care homes services

Pharmacists and pharmacy teams in all settings provide extensive pharmaceutical care services for patients, however, we feel this could be improved. 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. This can be for several reasons but can result in a postcode lottery of what is available to patients, and this is particularly evident in care homes.

There are currently no standards for the safe use and administration of medicines which again can mean that patients experience can be different depending on who provides their care.

To improve this, we believe that pharmacists should lead on the provision of pharmaceutical care in care homes, including regular medication reviews as part of the multidisciplinary team (MDT) to improve the quality and safety of patient care focusing on areas of known risk e.g., antipsychotic, NSAID prescribing.

Care homes should have dedicated time from pharmacists and their teams embedded in their service to ensure safe and efficient medicine management systems are in place.

A pharmacist who is known to residents and staff as the first point of contact for medication queries.

There needs to be recognition that pharmaceutical care in care homes is a specialist area and for it to be resourced accordingly.

A national approach to medicines' policies in care homes, including standardised training for medicines administration to eliminate variation that has been previously noted.

Education and training on medicines use

Access to medicines management and administration training for all providing care in any setting, including at home and informal carers. 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 ensuring 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.

4 What would make access to leisure facilities or any other type of physical activity easier?

Please provide your response in the box below:

5 How much do you know about Anticipatory Care Plans?

Please provide your response in the box below:

6 How do you feel about having an Anticipatory Care Plan yourself?

Please provide your response in the box below:

7 What do you think about this Anticipatory Care Planning aspect of care?

Please provide your response in the box below:

Anticipatory care is a valuable tool for older people to be able to ensure their wishes are heard and honoured as they age. This is particularly important if they have a long-term health condition as their anticipatory care plan (ACP) can include details on how they would want their condition treated. It ensures all healthcare professionals involved in the patient's care are aware of their wishes and can work together to ensure they are granted.

National Care Service

The RPS supports the creation of a National Care Service and believe it provides an opportunity to provide patients with equity of access to pharmacists and pharmaceutical care if set up carefully and correctly. Access to pharmaceutical care for people accessing care services can vary and there is also no single consistent standard applied by all care providers on the safe use and administration of medicines.

Medicines are widely used in all care services: they are an essential part of daily life for many people receiving care, including individuals who may be vulnerable and at increased risk of harm from medicines which includes older people. This means it is vital that within the new NCS there is clarity over the safe prescribing, use and administration of medicines in care services.

Setting up a new 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 ensuring there is still flexibility to respond to local needs, such as deprivation or rurality.

The RPS response to the NCS consultation which has more detail can be found here along with our position statement which can be found on our website at www.rpharms.com

8 If you would consider having an Anticipatory Care Plan, who would you like to discuss it with?

Please provide your response in the box below:

Pharmacists working in all settings are experts in medicines and can advise patients on their medicines and treatment options going forward to allow them to make informed choices for their ACP. They can discuss the benefits and risk of each option and ensure a person-centred approach is taken to any decisions made.

9 When is a good time to have discussions about Anticipatory Care Planning with older people?

Please provide your response in the box below:

Any time a patient wishes to discuss their ACP is a good time. It is important to set aside time to talk to the patient, listen to their concerns, have a full discussion, and make some decisions. Patients must feel they can take their time to make any decisions and are being heard, so it is important that these conversations happen in appropriate places and staff and patients are given time to have them.

10 Is there anything else you would like to add about preventative and proactive care for older people?

Please tell us in the box below if there is anything you would like to add on this section:

Integrated Planned Care

1 Tell us about any social care or other outside help with everyday living that you (or a family member) have received in your own home?

Please provide your response in the box below:

2 What was your experience of these services?

Please provide your response in the box below:

3 As an older person, what are your experiences of health and social care services working together?

Please provide your response in the box below:

4 What could be done to improve joint working between health and social care services?

Please provide your response in the box below:

Communication and referral

Better communication between healthcare professionals providing care across social and healthcare with robust communication pathways to facilitate the sharing of appropriate information

Single shared record

RPS is calling for the development of a single shared electronic patient record with read/write access for all, including pharmacists and patients. This would improve the quality and safety of the services pharmacists provide to all patients, reduce health inequalities, and improve the care of older people who can have complex medical needs which are not always disclosed.

Video consulting

Use of video consulting via Near Me, as well as telephone consulting, asynchronous communication, and submitting high resolution photos for clinical review, has increased dramatically during the Covid pandemic. This has improved access to care for patients in general practice and hospital. A key benefit of Near Me is that it enables 3, 4 or even 5-way multidisciplinary team consultations through which pharmacists can remotely play a greater role in supporting patient care. This improves access for patients to the full multidisciplinary team, particularly in remote and rural areas, or where the patient is housebound or resides in a care setting, where this could be an issue and allows pharmacists input into patient care where it may not previously have been possible.

5 Do you live with a long term physical or mental health condition or illness?

Not Answered

6 If yes, how do you feel about the way your health is monitored and reviewed? If no, how do you feel about your ability to access regular health checks?

Please provide your response in the box below:

7 Where would you prefer that regular health checks are provided and who by?

Please provide your response in the box below:

As part of the multi-disciplinary team (MDT) and when appropriate for patients, pharmacists could undertake polypharmacy reviews and carry out health checks to improve patients' health and wellbeing. Polypharmacy is a key challenge in older people and pharmacists in all settings are ideally placed to undertake polypharmacy reviews. This could directly target patients who are most at risk of health harms at a time which is appropriate for the patient. It is vital this is done as part of the patient's MDT and with the necessary IT infrastructure in place to ensure the patient's medical history is available. This would also ensure any interventions can be recorded and reported back to the wider team, as well as the patient's GP. There must also be in place referral pathways to enable the team to refer on if further care or assessment is needed.

8 What support would you need to assist you in self managing your general health or any long term health conditions that you have?

Please provide your response in the box below:

9 Tell us about your experience of any health care appointments you have had in the last 2 years

Please provide your response in the box below:

10 What additional support would you need to make online or telephone medical appointments easier?

Please provide your response in the box below:

It is important to ensure that any digital development is linked to policies to prevent digital exclusion, particularly for older people. This digital exclusion can be a practical need i.e., no access to hardware or software to use the digital service or an educational need i.e., lack of knowledge or understanding of how to use the technology. All aspects must be considered and addressed.

11 What would make it easier for you to know who to contact when in need of advice, support or assistance for a health issue?

Please provide your response in the box below:

Raising public awareness of where older people can access advice and support

Public awareness of community pharmacy services increased significantly during the Covid pandemic. Pharmacy First is a very positive service development that has been well received by patients and has been significantly used. However, awareness of the service is mixed in some populations, including more deprived groups, those with lower health literacy, older people, and people in care settings.

Public awareness of pharmacy teams in GP practices is low. There has been no national publicity around changes to the GP practice teams and the roles

of different professionals within the team. People only become aware when they are directed to the pharmacist as part of routine contact. Now that the teams in practices are well established, the time is right for national publicity.

12 What is currently working well to support planned health care and treatment?

Please provide your response in the box below:

Pharmacotherapy Service

This service, which is part of the GMS contract, is provided by pharmacy teams working in GP practices and supports patients with medication reviews, medicines reconciliation, managing repeat prescriptions and acute prescription requests. This is beneficial to older people who may have accumulated medication over several years which may no longer be necessary or appropriate. The service can look at deprescribing and addressing unnecessary polypharmacy which will reduce the risk of harm to older people from their medication and ensure their treatment is optimised. Any person registered with the GP practice can use the service at their practice.

13 What needs to be improved?

Please provide your response in the box below:

Skill mix/workforce

Invest in skill mix in the pharmacy workforce to release pharmacist capacity. This would include more pharmacy technicians, pharmacy support workers and administrative roles. A key step to improve capacity and allow time to identify and address inequalities in practice is effective workforce planning. Scottish Government should prioritise workforce planning for pharmacists and pharmacy technicians in the same way as it is done for doctors and nurses. Pharmacists are the third biggest healthcare profession, so the lack of effective workforce planning is a significant gap. There are opportunities for increasing the roles of pharmacy technicians and support staff, but the lack of workforce planning is holding this back.

Digital infrastructure

An improved digital structure is vital. RPS is calling for the development of a single shared electronic patient record with read/write access for all, including pharmacists and patients. This would improve the quality and safety of the services pharmacists provide to all patients and reduce health inequalities. RPS also wants to see better use of data, including using data to make treatment decisions and deliver personalised medicines, and using outcome measures to drive service improvement.

Practice pharmacy

Enhance the role of pharmacists within GP practices through several mechanisms to allow them to offer level 3 of the pharmacotherapy service. Which will be invaluable in addressing health inequalities particularly in deprived areas which see higher levels of complex health needs in patients. This will require improved investment in the skill mix within the pharmacy team. This would include more pharmacy technicians, pharmacy support workers and administrative roles.

14 Is there anything else you would like to add?

Please add any additional comments you have on this section:

15 When you, or a family member approach end of life, what care and support would you want?

Please provide your response in the box below:

16 When thinking about palliative and end of life care in Scotland, what is working well?

Please provide your response in the box below:

Community pharmacy palliative care network schemes

These schemes provide a network of Palliative Care Community Pharmacists with specialist pharmacist support. The network develops ways of working, which supports individual practitioners to deliver high quality pharmaceutical palliative care to the local population irrespective of care setting. Community Pharmacy Palliative Care Pharmacists carry a recommended stock of palliative care medicines and provide specialist advice to all other Community Pharmacists and other appropriate health care professionals as and when required based upon individual patient need. The overall aim is to ensure that patients can access palliative care medicines at the appropriate time to enable the patient to remain in their own home if desired.

Specialist palliative care pharmacists' network

A network of highly trained specialist pharmacists who provide expert pharmaceutical care advice for people with complex palliative care needs as part of a multi-professional specialist palliative care team. These pharmacists are accessible and provide expert advice for people in all care settings.

17 What could be improved?

Please provide your response in the box below:

Communication with all professionals providing care to people who are undergoing palliative care could be improved. It is important to ensure that pharmacists and pharmacy teams are informed if a patient who accesses their medication from the community pharmacy where they work is accessing palliative care. At times, pharmacists depend on the person, or their family member, actively sharing their health status or they will need to see a significant change in the patient's medication regimen before they will become aware of the patient's status. If the information is shared in advance, pharmacists can be ready to proactively support the person and their loved ones and will be able to explore issues or worries related to both prescribed medicines and wider issues related to their diagnosis.

If pharmacists are aware of the change in status, they can also then be ready to give advice around medicines to other healthcare professionals involved

in that patients care if needed.

18 Is there anything else you would like to add?

Please any additional comments you have on palliative and end of life care:

As the most accessible healthcare professional who will come in to contact with carers, pharmacists and the pharmacy teams are ideally placed to highlight sources of support for a person and their families. They can also appropriately refer to other sources of health and social care support that are open to their patients.

Pharmacists should be embedded in all multidisciplinary palliative care teams to input expertise on prescribing, deprescribing and use of medicines. Pharmacists and the pharmacy team have particularly important roles following a person's diagnosis of a palliative illness to ensure that the medicines regimen is optimised, as well as to help coordinate the care and medicines supply for patients as they move from one care setting to another. Specialist palliative care pharmacist teams should also be in place in all localities and known to generalist practitioners as a source of advice on medicines issues. A person requiring palliative or end of life care, and their families, must benefit from systems and practitioners that make sure the process of obtaining medicines, including urgent controlled medicines, is as easy and timely as possible. This will avoid any delay in treatment in all care settings and help to ensure that a person can stay in their own homes, in comfort, without needing to be transferred to hospital for essential medicines. Regardless of the services set in place on local levels, it's important that both health care professionals and patients are aware of the processes that are in place to aid medicines supply in the community to avoid delays in treatment. This could be through extending existing services that are deemed to be best practice, or through improving communication regarding current systems of obtaining medicines that are in place. All prescribers issuing emergency prescriptions for end-of-life care should also take responsibility for making sure that the pharmacy they refer a person to does have stock of those prescribed medicines. At an emotional and difficult time any person and their families, sourcing important end of life medicines shouldn't be an additional worry. Pharmacists and pharmacy technicians must work with prescribers, nursing, and care staff to ensure that the necessary medicines for a person in a timely manner. Pharmacists in the community should also make sure they communicate any services they provide that will aid medicines provision for palliative and end of life patients to local general practices. Examples of such services include just in case bags and community pharmacies that are commissioned by local health commissioning bodies to hold an extended list of essential end of life medicines.

19 What would assist you in having discussions with family or medical professionals about how you would like to be cared for, as you approached the end of life?

Please provide your response in the box below:

20 Who would you prefer to have these conversations with?

Please provide your response in the box below:

21 Is there anything else you would like to add about integrated planned care for older people?

Please add any additional comments you have on this section:

Integrated Unscheduled Care

1 What is currently working well to support older people who require urgent or emergency care?

Please provide your response in the box below:

NHS Pharmacy First/First Plus Scotland

This service, which is part of the community pharmacy contract, enables community pharmacists to provide advice and treatment for managing common conditions such as sore throats, cold sores, skin conditions and urinary tract infections. Any person registered with a GP practice in Scotland can use the service, including older people and people living in care settings. An additional service is Pharmacy First Plus through which pharmacists who are registered as prescribers can prescribe for an additional range of conditions: however, this is not yet available in every pharmacy. These services are in addition to the self-care advice pharmacists and pharmacy teams provide for a range of common infections such as sinusitis, cough, ear infections and cold and flu.

2 What could be improved?

Please provide your response in the box below:

NHS Pharmacy First/First Plus Scotland

Widen access to pharmacy first plus in the community and improve public awareness of the services. This means patients accessing the right care, at the right time, in the right place. This frees up capacity in other areas of the health service allowing them to work on tackling inequalities they are faced with. Numbers of training places available to pharmacists to become independent prescribers has been increased which is a step in the right direction, however, we now need the right skill mix in pharmacy teams to allow pharmacists to offer those services. We also need protected learning time for pharmacy teams to allow them to maintain their skill levels.

The Pharmacy First and Pharmacy First plus formularies are under constant review, but we could widen access further and free up more capacity in other areas by adding appropriate products to both formularies to fully utilise the skills of pharmacists now trained as prescribers.

Single shared patient record

RPS is calling for the development of a single shared electronic patient record with read/write access for all, including pharmacists and patients. This would improve the quality and safety of the services pharmacists provide to all patients and reduce health inequalities. RPS also wants to see better use

of data, including using data to make treatment decisions and deliver personalised medicines, and using outcome measures to drive service improvement.

3 Is there anything else you would like to add?

Please provide your response in the box below:

4 What support do older people need after surgery?

Please provide your response in the box below:

5 Do you have any experience of Hospital at Home? What are your thoughts on the service?

Please provide your response in the box below:

6 If you have no experience of Hospital at Home, do you think this is a service you would use if needed and benefit from?

Please provide your response in the box below:

7 Is there anything else you would like to add about integrated planned care for older people?

Please add below any additional comments you have on this section:

8 Please use this space to highlight or raise any other areas you feel should be included in the new health and social care strategy for older people.

Please add any additional comments you have in the box below:

About you

1 What is your name?

Name:

Laura Wilson

2 What is your email address?

Email:

laura.wilson@rpharms.com

3 Are you responding as an individual or an organisation?

Organisation

4 What is your organisation?

Organisation:

Royal Pharmaceutical Society

5 Where in Scotland do you live?

Please select your answer from the dropdown list:

Glasgow City

6 What age are you?

Please select your answer from the dropdown list:

Under 50

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

Publish response with name

8 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

9 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

1 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 satisfied

Please enter comments here.:

Some of the questions were aimed at people with personal experience and some more general, it made it quite difficult to answer some questions.

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.: