

Response form

The Royal Pharmaceutical Society welcomes the opportunity to respond to the Welsh Government Consultation on a “National framework for social prescribing”. The pharmacy workforce across Wales are well positioned to support the framework and refer into the scheme.

1a	Do you think the model captures an appropriate vision of social prescribing within Wales?
	Yes, the model is comprehensive and we liked that it depicts the whole system.
1b	If not, why not? Is there anything missing / not appropriate?
2a	What is your view of the language/terminology used in the model and supportive narrative? This may include the language and terminology used in both English and, if appropriate, Welsh.
	The discussions on the terminology “social prescribing” clearly outlined the potential difficulties with this phrase. However, we feel that the term is well established as a concept by organisations worldwide and as such it may be work needs to be completed on promoting and educating everyone to ensure they understand the term rather than changing it. The research being conducted by WSSPR will be extremely useful in helping in this area.
2b	Do you have any suggestions on alternative language / terminology? This may include the language and terminology used in both English and, if appropriate, Welsh.
	None
3	How do we at a national level develop a common understanding of the language/terminology used to describe social prescribing for both professionals and members of the public alike? This may include the language and terminology used in both English and, if appropriate, Welsh.
	National campaign for the public about social prescribing and its benefits, supplemented by education for professionals. The education should be aimed at both those currently practising but also those entering the various professions who would be utilising social prescribing during their career. The earlier the role and benefits of social prescribing are embedded the more likely it will be used throughout the professionals’ careers.
4a	What actions could we take at a national level to help professionals (from healthcare, statutory and third sector organisations) know about, recognise the value of and be confident in referring people to a social prescribing service?
	Education and information for professionals will be paramount. This education needs to include information about social prescribing, its benefits and the general system but also requires specific information about social prescribing in their cluster for example (clear sign-posting with times/phone numbers, referral processes). Ideally different taster sessions of

	the options available in the professional's working area would be beneficial, allowing more detailed discussions with patients/carers about the different options available. It is also important that we consider who can refer to social prescribing -within pharmacy we would support the referral from pharmacists and pharmacy technicians, who already sign-post to other services.
4b	In the case of self referrals, what actions could we take at a national level to help members of the public know about, recognise the value of and be confident in contacting a social prescribing service?
	We agree with your proposal for adopting a community-based model alongside a digital presence enabling self-referral to be as easy as possible for all.
4c	In the case of targeted referrals, what actions could we take at a national level to help organisations identify specific populations/groups of people who might benefit from contacting a social prescribing service?
	Suggestions include having 'champions' in the different areas of Wales, who can promote and spread the news about social prescribing and its benefits. One of the challenges will be ensuring this initiative is high on the organisations/groups' agenda and also instilling confidence in them to participate and identify different populations.
5	What actions could we take at a national level to support organisations/groups offering community based support to engage with social prescribing services?
	As above, it will require a co-ordinated approach where the benefits of engagement are promoted to the organisations/groups.
6a	What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?
	Hopefully if clear documentation and education is available about social prescribing and its benefits, there should be minimal inappropriate referrals. However, it is important that should these arise, the social prescribing teams can easily refer these people back to others. Inappropriate referrals need to be recorded so they can be evaluated to see why they occurred and how they can be prevented in future.
6b	What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community-based support
	Again clear documentation and education are key.
7	Which actions could be taken at a national level to support strong leadership and effective governance arrangements?
	Engagement with the different professional bodies would be beneficial; the Royal Pharmaceutical Society has already published a position statement on Social Prescribing RPS (rpharms.com) to raise awareness and encourage appropriate referrals.
8	What actions could we take at a national level to support the commissioning process and help engage the public in developing a local level model which meets the needs of their community?

	Sharing of good practice will be paramount. Robust data to help inform the commissioning process will also be required to ensure that a local level model is developed. The data needs to show benefit at population and at an individual level (before/after data).
9a	Do the current online directories and sources of information provide you (in an easily accessible format) with the all the information you need to make decisions on the appropriateness and availability of community based support?
	From a pharmacy perspective, it is important that the resources provide information on the different options available, their benefits, any inclusion/exclusion criteria, when available and also contact details for further information.
9b	Are there other online directories / sources of information you use?
9c	What are the key features you think online directories should provide to help people access community based support?
	See above.
10 a	What actions could we take at a national level to help address the barriers to access?
	As already discussed, education of our multicultural nation will be paramount, and it is imperative that such education is in many different ways and places to reach the whole population e.g. religious and cultural centres. It could also be a part of initiatives such as compassionate communities (Compassionate Communities UK Wales - Compassionate Communities UK (compassionate-communitiesuk.co.uk)). Consideration of how to access the different social prescribing options is vital; this includes transport to and from the groups, and training of the different organisations so that they can support people who are vulnerable and disadvantaged e.g. named person to meet them etc. Important to also ensure multiples methods to self-refer to social prescribing as discussed in the consultation.
10 b	What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?
	As outlined in 10a.
11 a	Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns? Yes / No / Not sure
	They should ensure that all organisations have safeguarding policies and procedures in place.
11 b	If yes, what are the key things the national standards for community support should cover?

11 c	If no or not sure, what are your main concerns around the introduction of national standards for community based support and how might these be addressed?
12	What actions could we take at a national level to help overcome barriers to using digital technology for community based support?
13	What action could we take at a national level to support effective partnership work to secure long term funding arrangements?
	The importance of robust evaluation of social prescribing across Wales and also locally will be essential. This evidence would hopefully demonstrate the benefits of this, which will hopefully help with securing further funding.
14	What actions could we take at a national level to mitigate the impact of the increased demand on local community assets and well-being activities?
	Again collection of evidence will be essential. The uptake of social prescribing will need to be monitored and if the demand is great and benefit shown, then consideration to redirecting resources will need to be considered.
15	In your view what are the core things we need to measure to demonstrate the impact of social prescribing?
	The consultation outlines areas to consider in the evaluation; academic literature also is a valuable resource about the different ways in which to evaluate it and some of the tools that can be used. From the pharmacy perspective, information we feel would be useful include the uptake of the service, whether it reduces need of other services and prescription medicines and feedback from the patients.
16 a	Do you have any research or evaluation evidence you'd like to share with us?
16 b	Do you have any suggestions on how the implementation of the national framework in Wales can and should be evaluated
	A multi-professional approach to the evaluation, with patient/public involvement would be important.
17 a	What are the key knowledge and skills the planned competency framework should cover?

	Communication skills will be important and multi-disciplinary working.
17 b	How can the planned competency framework best complement existing professional standards? The planned competency framework complements the Professional Standards for Pharmacy Professionals https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf
18	Are there benefits and/or disadvantages of education and training to underpin the competency framework, that is academically accredited? The RPS supports the need for education and training in social prescribing, although we feel that the training requirement should acknowledge the workload pressures of the current workforce and should not be too bureaucratic.
19	What other actions could we take at a national level to support the development of the workforce? The RPS supports social prescribing but also acknowledges the need for our young children to develop life skills where the benefits of connecting with nature and people are embedded in their education and more widely in society. This will have a positive benefit on our future workforce.
20 a	What are your current experiences of using digital technology in the following areas of social prescribing? <ul style="list-style-type: none">• Referral process• Assessment process• Accessing community based support• Delivery of community based support• Management of information and reporting of outputs / outcomes
20 b	How could the use of digital technology enhance delivery of social prescribing in the following areas? <ul style="list-style-type: none">• Referral process• Assessment process• Accessing community based support

	<ul style="list-style-type: none"> • Delivery of community based support • Management of information and reporting of outputs / outcomes
	<p>For pharmacy, we feel that it is important to ensure that any digital technology can be integrated with the current digital platforms in healthcare. From experience of introducing other digital systems, it is also important that the person referring has an acknowledgement and so the referral doesn't "just go into a black hole". General feedback on social prescribing nationally but also more locally would motivate the pharmacy staff; this could include case studies, testimonials etc. In addition, pharmacy staff would find it useful to easily refer people to further information on social prescribing and options available e.g. use of QR codes.</p>
21 a	<p>We would like to know your views on the effects that the introduction of a national framework for social prescribing would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.</p> <p>What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?</p>
	<p>We feel that all advertisement and information should be available in both English and Welsh. It is important that people's first language should not be a barrier to accessing the service. Ideally it may be encouraging for some people to engage if there are specific Welsh language groups available.</p>
21 b	<p>Please also explain how you believe the proposed a national framework for social prescribing could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.</p>
	See 21a
22	<p>We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:</p>
	No – thank you for the opportunity to respond.