

## Response ID ANON-MSFG-S884-4

Submitted to **A Consultation on the Draft Respiratory Care Action Plan for Scotland**

Submitted on **2020-06-25 12:59:14**

### Our vision and aims

#### 1 Do you agree with the overall vision and aims of this draft Plan?

Yes

**Please expand on your answer if you wish to.:**

We welcome a national approach to address the variation in treatment and integrate and coordinate models of care across the health and social care sectors .

### Priority 2 - Diagnosis, management and care

#### 2 Do you think we have included the most important priorities in this draft Plan?

Yes

**Please expand on your answer if you wish to.:**

The plan has identified key areas but there are some gaps.

We agree that early diagnosis is critical but it is equally important to improve the outcomes of anyone with a respiratory diagnosis and so an overall strategic approach to treatment and holistic care is required.

It is important that all health professionals involved in respiratory care

are up to date with the evidence base and therapeutic guidelines wherever they are practising. Continual professional development and sharing of best practice across sectors is important. IT and digital solutions mean that remote and rural locations should not be disadvantaged .

Prevention is crucial to overall improvement of outcomes Smoking is still the highest overall cause of morbidity and mortality. The national smoking cessation programme has not been as popular with patients since the advent of e-cigarettes. A reinvigorated national approach advertising the benefits of this core public health service would be welcomed .

Our e cigarette policy has been recently revised with an expert scientific panel. Recent evidence casts doubt on the long term respiratory and cardiovascular risk of e-cigarettes. Until we know more we advocate a cautious approach which should focus both on reducing use of tobacco and e-cigarettes. This aligns with recent NHS policy for reducing use in prisons similar guidance is planned for community settings.

As a further preventative measure the plan should consider increasing access and uptake of flu vaccinations by NHS provision through community pharmacies as part of the transition in primary care.

There needs to be more call for sharing of information across all health and social care professionals. IT systems need to be interoperable between GP practices, community pharmacies and secondary care with read and write access for all those involved in patient care. We have advocated for this for some time and it has become even more important for patient safety as the number of non-medical prescribers increases across the multidisciplinary team (MDT).

The recent pandemic has also highlighted the importance of this to provide continuity of care and resilience across the health and social care systems. The national digital platform should be prioritised to expedite this programme of work as much is possible. Working through the Coved pandemic has brought more responsive communication and improved integration of services, using digital options which should be built on and captured for routine use in future. This will improve patient safety, the patient journey , access to treatment and capacity across the system.

Medicines are an extremely important part of respiratory care, improving the quality of life for patients on a daily basis. If not used properly to stabilise and treat disease a patient's conditions can deteriorate, require hospital admission and sometimes be fatal. Respiratory treatment is an expensive NHS resource which must be prescribed and used appropriately. As experts in all aspects of medicines it is important that pharmacists are involved in the strategic planning of respiratory care at both national and local levels.

#### 3 Early and correct diagnosis of respiratory conditions are a priority

Yes

**Please expand on your answer if you wish to.:**

Commitment 1 YES. Any training and education should be available to pharmacists. With the widening of the primary care team is it even more important that a multidisciplinary approach to training and education is taken. Respiratory is a key area where a preventative approach can reduce unnecessary deaths and it is important that all health professionals have a clear understanding of what the different professions can contribute to the patient care pathway. This is not yet normal practice but there is an opportunity here to showcase how patient care can be optimised.

At the moment normal practice does not include protocols between health professionals which make sure that the patient has all the information required to safely and efficiently use their medicines.

Pharmacists in primary care need to work closely with patients and their GP and nursing colleagues to identify where the gaps are, and what is still required to ensure holistic pharmaceutical care. Multidisciplinary training would make sure that everyone is working to the same standards of patient care.

Commitment 2

YES. It is important that as demographics become more challenging the NHS uses all available resources to improve patient outcomes. Pharmacists in some health board areas already provide spirometry and Fractional exhaled Nitric Oxide(FeNO) testing in the community but this is not yet available to all. Access to this could be expanded through both community and general practice sectors. If adequately resourced this would provide opportunities for increased capacity,

including evenings and weekends. Suitably trained support staff could carry out diagnostics with pharmacists interpreting results and linking with asthma nurses, GPs and secondary care as appropriate. Consistency is paramount and all health professionals wherever they are practising need to follow the agreed evidence based guidelines and protocols so that there can be easy links between settings to ease the patient journey and avoid duplication of resources.

#### Commitment 3

YES. An integrated multidisciplinary approach to embedding services would provide the widest and most consistent access. Specific pathways agreed across the MDT would ensure that patients do not fall through any treatment gaps and are supported throughout their journey to obtain the most benefit from their medicines and to minimise avoidable harm ( pharmaceutical care )

Better referral systems and closer communication between all the health professionals involved in a patient's care is required. Pharmacists should be able to meet the patient needs as required and not always have to refer patients back to the practice nurse. This would improve the patient pathway and avoid duplication of resources, ensuring efficient clinical handover between health professionals for individual patients.

We welcome the increased funding which has enabled more community pharmacists access to train as independent prescribers in a similar way to their GP practice and secondary care colleagues. This is an important enabler to ensure changes to treatment are made when required by the patient to change inhalers or to optimise treatment. The new Care and Review service in community pharmacy ( formerly the Chronic Medication Service ) is particularly suited to this approach. It would allow patients to access an asthma or treatment review when picking up their medicines and identify any deterioration in conditions before they become more serious.

There are already services in some health boards where anyone not attending their GP practice for an asthma review is reviewed by their community pharmacist, working to the same protocol as local GP practice. Our long term conditions policy has many examples of where including pharmacist in the management of respiratory conditions has improved patient outcomes.

### 4 Increase access to pulmonary rehabilitation

Yes

#### Please expand on your answer if you wish to.:

YES. Pharmacists must be involved in delivering the medicines advice section of the rehabilitation programme. There should be a similar approach as with cardiac rehabilitation where pharmacists can provide a holistic approach, looking at all aspects of pharmaceutical care, including discussing polypharmacy and deprescribing issues.

As stated above there is a requirement for a more joined up approach with standardised patient pathways and agreed MDT protocols which can be individualised to ensure that a person centred approach is always undertaken by the team of health professionals responsible for overall care.

Feedback mechanisms and sharing of information are an essential component to a holistic approach. At the moment the system is disjointed and there is no overall record available to all health professionals to review patient care. In order to support self-management it is important that shared decision making can take place following the "What matters to me" approach. To support this all health professionals require access to the relevant information. This does not happen at the moment and often the patient has to relay their history many times at the various stages of their journey from diagnosis through to rehabilitation.

### 5 Mental health support

Yes

#### Please expand on your answer if you wish to. :

YES . Again good referral system between all health and social care professionals are required so that any deterioration in mental health can be addressed before it becomes more serious. In community pharmacy both pharmacists and their staff are the people most in contact with patients on a very regular basis. They often know their family circumstances and can see when mental health is becoming more fragile. Good communication systems as outlined above between local practitioners are absolutely essential to promote a preventative approach and early access to support services .

### 6 Transition from child and young people services to adult services

Yes

#### Please expand on your answer if you wish to. :

YES. We know that people are most at risk when they transfer across care settings and this is when mistakes can happen. Efficient referral systems across the health and social care sectors are essential to ensure good clinical handover when people transition from one area of the service to another and prevent loss to follow up. Community pharmacy is one area where the provision of care will be consistent as the patient moves from paediatric to adult care therefore more communication and integration with this part of the MDT is essential.

### 7 Palliative care

Yes

#### Please expand on your answer if you wish to.:

YES. At the moment without joined up communication and a shared patient record across the disciplines and sectors not everyone has enough information to provide the best palliative care. Pharmacists in community must be informed when a person is on the palliative care register so that they are aware of sensitivities and can tailor their interactions with people and their families or carers accordingly. Medicines play a very significant part in palliative care to control end of life symptoms provide pain relief. It is absolutely crucial that pharmacists are involved to provide medication reviews and optimise pharmaceutical care. Our recent care home report has called for more dedicated pharmacist in care homes to ensure this pharmaceutical input is included in end of life care.

### Priority 3 – Person centred and self-management

## 8 Person centred and self-management

Yes

**Please expand on your answer if you wish to.:**

Commitment 8

YES. Messaging to patients needs to be clearer and more consistent to raise awareness of the dangers of not having regular medication reviews and the requirement to have their condition stabilised by optimising treatment.

As above there needs to be a more joined up approach across the MDT to support this.

Pharmacists in community practice have a lot to contribute to self-management and people should be sign-posted to them as a first port of call for medicines queries or concerns. They are the health professional who see people most regularly when dispensing prescriptions and providing minor ailments treatments. The Care and Review service is an ideal tool to ensure asthma management plans are working well. They can ensure that treatment is adhered to and inhaler technique is optimised. Any queries or issues around managing medicines are easily dealt with and the necessary information can be shared with GPs or asthma nurses. As outlined above there is an urgent need to have more interoperable IT systems to facilitate this communication. It is estimated that around 76% of the asthma deaths are preventable and regular contact with a community pharmacist can identify over-use of short acting beta agonists, identify early deterioration of symptoms and optimise therapy.

Commitment 9

YES. Apps to track peak flow, compliance and other respiratory symptoms could be very useful and remote consultations should be available to those requiring it from any of their health care team. The use of "Near me " technology for remote consultation has increased dramatically during the pandemic and this is now identified as another tool to improve access to health professionals when clinically appropriate. It could be a very useful asset to respiratory patients whose mobility is sometimes compromised .

A usage tracker would aid the healthcare professionals to see patterns on a daily and weekly basis and optimise treatment accordingly . Prescribing decisions would be based on evidence and individual information. It would also visualise the overall picture for patients which would aid self-management.

Third sector public and patient involvement would be essential to ensure any advances in technology are based on patient needs and are user friendly.

Commitment 10

YES . Pharmacists should be made aware of any agreements to share information to avoid issues of confidentiality and consent hampering delivery of treatment and care. Obtaining consent to provide individual NHS services can delay treatment. Frequently it is the carer not the patient who is presenting. This needs to be addressed in a strategic way to bring together all NHS providers and avoid unnecessary bureaucratic burden on both health professionals and patients.

## Priority 4 – Equal Access

### 9 Equal access

Yes

**Please expand on your answer if you wish to.:**

YES. Accessing services and support within the community context may be overlooked and not captured depending on the background and experience of the clinicians consulted in developing the Atlas. Community pharmacy should be represented here.

### 10 Data

Yes

**Please expand on your answer if you wish to.:**

YES. Good data will aid clinical decision making and ensure that available resources are spent in areas where they are most required.

At the moment the lack of access to patient information severely hampers optimising patient care. This is important to optimise medicines management ,and to collect information to inform ongoing treatment.

IT systems in GP practices, community pharmacies, other primary care providers and secondary care are all incompatible. This can result in delays in all parties accessing essential information. It introduces risk into the system and has implications for patient safety. As mentioned above this becomes become more acute with the widening of the primary care team and more non-medical prescribers. Community pharmacists have only recently had direct access to the Emergency Care Summary (ECS) , as part of the Covid pandemic provision and this is only a first step in sharing all the relevant patient information required keep people safe.

Read and write access to patient health records is required to provide timely access to medication when people run out of essential medication or to provide appropriate care plans. Sharing information with the wider MDT can often depend on the quality of local relationships, with paper based or verbal contacts rather than electronic messaging which would be fast, efficient and provide data to support service planning.

## Priority 5 - Workforce

### 11 Workforce

Yes

**Please expand on your answer if you wish to.:**

YES . There are many new roles for pharmacists in GP practices, integrated care and care homes where new models could be tested out to deliver a more integrated approach across primary and secondary care and across health and social care. Pharmacists in all sectors of practice are already prescribing and providing respiratory clinics which can contribute to increasing availability , increased capacity and access to care, improving self-management, prevention and

preventing relapse.

## 12 Wider workforce

Yes

**Please expand on your answer if you wish to.:**

Commitment 14

YES. Pharmacists can support education programmes for care home or social care staff. This can support more in-house management of conditions as appropriate. Community pharmacists are easily available on weekdays for extended hours and at weekends. Using their expertise as a first call to triage a situation can minimise the requirement for out of hours and emergency appointments. However the recent pandemic has illustrated the enormous workload in pharmacies and a strategic approach, appropriately resourced is required for any additional services.

Commitment 15

YES . Workforce planning is urgently required to make sure that we have the right skill mix in place all along the patient journey to streamline the system, avoid repetition and use all available NHS resources appropriately.

Many of our policies and future thinking support the aims of the respiratory action plan highlighting the benefits that the pharmacy profession can bring in all sectors of the NHS. A "once for Scotland " national approach to minimise variation and optimise individual treatment plans in an integrated way would be welcomed.

Many pharmacists are already prescribing and providing respiratory clinics to improve patient outcomes in respiratory conditions and we would be happy to showcase some of the innovative practice and discuss this further .

## Equality Impact Assessment

**13 Do you think there are particular impacts or implications for any equalities groups from any of the commitments in this consultation, either positive or negative?**

No

**Please expand on your answer if you wish to.:**

## About you

**What is your name?**

**Name:**

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**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

**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 satisfied

**Please enter comments here.:**

Could have been more detailed on plans .

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

Slightly satisfied

**Please enter comments here.:**

It is not possible to review spelling or add hyperlinks as in a normal word document and this option would be welcomed.