

Name
Address

MSP Candidate
Your Constituency



"Right Medicine - Better Health - Fitter Future"

- The pharmacy profession's prescription for Scotland's health and the NHS

If elected, I will work to support my constituents' health by ensuring that:

- Everyone in Scotland has access to pharmacists' expertise in medicines and are able to receive pharmaceutical care* regardless of setting.
- Pharmacists' clinical knowledge of medicines use and medicines interactions, unique within the health professions, is fully utilised to improve patient safety and deliver better health outcomes for the public resulting in a more effective NHS.

I am signing to show my support

Date

* Pharmaceutical Care is a person-centred approach to ensure patients get the right medicine, at the right dose, at the right time, to achieve the right response from treatment.



#pharmacysp16

'WHY SCOTLAND NEEDS PHARMACISTS' EXPERTISE'

Medicines are one of the most important interventions in modern day healthcare. They can help avoid premature death, cure illness and significantly improve the patient's quality of life. However, medicines can carry risks as well as benefits, and patient safety is a core focus for pharmacists wherever they are practising.

The focus on long term conditions has seen treatment regimens become more sophisticated as people are living longer, many with complex conditions which may require more pharmaceutical care to support safe and effective self-management. The development of future medicines that can be matched individually to the right patient is advancing. This will require an increased understanding of how these medicines affect the body, how they interact with other medicines taken by the patient and is an area where the pharmacist's expertise will be invaluable.

The proportion of people over **75 years of age** who are the highest users of NHS services and for whom prescribing can be particularly complex, will increase by over



25%
over the next decade,



and by almost
60%
over the next two decades.



£1.4bn

Medicines are the commonest form of treatment in the NHS – a yearly spend of £1.4 billion.

Up to
280

preventable inpatient deaths in acute hospitals are due to medicines.

Between 5-17% of hospital admissions were medicines related and preventable. This increased to almost **27%** in the older population.

The commonest causes were:

prescribing
and monitoring
problems

53%

33%

not taking
their medicines
as agreed.



20% adults in Scotland take more than 5 medicines. This rises to **59%** in people over **70 years**.

4 in 10 people in Scotland live with at least one long-term condition.



Over **1 in 10** GP consultations and **1 in 20** A&E attendances could have been managed by community pharmacists utilising the Minor Ailment Service.



15,000

patients admitted to acute hospitals experience an adverse event due to medicines.

61,000

emergency hospital admissions are due to medicines, this equates to over **10%** of all non-elective hospital admissions.



RECOGNISE PHARMACISTS' EXPERT CONTRIBUTION TO PATIENT CARE AND OUR NHS

Pharmacists already make a significant contribution to the health and wellbeing of the population and can do more if their specialist skills and expert knowledge are utilised more fully. Policy makers can make sure that both patients and the public benefit further from the pharmacist's expertise in medicines by:

- Ensuring that all GP practices and emerging community health hubs have access to the expertise of a pharmacist who should be patient facing in their role first and foremost, and included in both the decisions and governance of prescribing to improve patient care.

Engagement with our members showed that:

Nine out of ten pharmacists want to spend more time providing direct patient facing care.



- Reviewing the primary care GP and community pharmacy contracts in tandem to make better use of the complimentary skills available within the wider primary care team. This will encourage greater collaboration and improved access for the public to NHS services.
- Integrating a dedicated pharmacist role into care homes and aligning one community pharmacy and one GP practice to each care home as a building block for change (the latter as recommended by the Royal College of General Practitioners and the British Geriatric Society as a good model to achieve the required improvements in care).
- Implementing our recommendations on the future contribution of community pharmacy as proposed in *"Pulling together: Transforming urgent care for the people of Scotland"*, including:
 - Remodelling the Minor Ailment Service, including making greater use of the enhanced clinical skills of pharmacist independent prescribers, and raising public awareness with a view to making pharmacy the first port of call for everyone for common clinical conditions. This would ease pressures on the NHS both in daytime and out-of-hours services.

- Positioning pharmacists at the point of admission to hospital, enabling them to improve patient safety through pharmaceutical care, particularly in regards to high risk medicines.

- This would help to resolve medicines-related issues speedily on admission.
- Co-locating pharmacists in emergency departments, as recommended by the Royal College of Emergency Medicine, would help relieve pressure on A & E departments and out-of-hours services. Including a pharmacist routinely in the hospital ward round multidisciplinary team to support appropriate prescribing decisions, at case reviews and in clinics.

Ensure pharmacists and fellow health professionals have access to up-to-date information to consistently deliver person-centred safe and effective patient care by:

- Providing access to the Emergency Care Summary/Key Information Summary for all pharmacists as a first step; moving towards a single patient electronic health record which, with patient consent, could be accessed appropriately by registered professionals working in an integrated health and social care landscape.

Participants at our Public and Patient Seminar were surprised to discover that access to records has not yet been delivered for community pharmacists and recognised the improvement this would bring to the patient experience.

"If Pharmacists can't see my records how can they possibly advise?"

"It is scary that this isn't already in place"

- Improving the patient journey by establishing a nationally recognised system of referral and handover between all health professionals, getting it right from the beginning for everyone.

Supporting everyone from an early age to gain an understanding of the role medicines and pharmacists can play in their health by:

- Promoting health literacy from an early age as part of general education within Curriculum for Excellence to gain an understanding of our healthcare system, to encourage self care and to know where to go for help when required.



Candidate in the 2016 Scottish Parliament elections? Interested in hearing more about how pharmacists make a real difference to your constituents' health?

We are happy to help set up a pharmacy visit in your local area or meet with you to discuss in more detail how pharmacists make a real difference to people's health outcomes.

Please contact Susanne Cameron-Nielsen, Head of External Relations, via scn@rpharms.com or 0131 524 2006.

RESOURCE AND EMPOWER PHARMACISTS TO DELIVER BETTER HEALTH SERVICES FOR THE PUBLIC

Redesign pharmacy operational models to address workforce pressures and workloads by:

- Introducing workforce planning to ensure that the pharmaceutical care needs of the current and future population can be met.
- Improving the quality of patient care by resourcing operational models in the community that reward pharmaceutical care interventions using an outcomes and values based approach.

- Appropriately resourcing proposed new and extended roles (e.g. seven day working in hospitals and Prescription for Excellence initiatives).
- Increasing the number of Accuracy Checking Technicians and Pharmacy Technicians to release pharmacists to provide more patient-facing care, enabling electronic prescribing for pharmacist prescribers and community pharmacy public health services as a matter of urgency.
- Decreasing the bureaucratic burden of administrative tasks.

Our recent members' survey showed that:

Over **a third** were spending the equivalent of one working day a week on administrative/technical tasks rather than on patient-facing care.

More than **10%** spend more than **8 hours** every week outside of working hours on administrative tasks.



They rated the support of Accuracy Checking Technicians, electronic prescribing and support of Pharmacy Technicians as the most helpful in releasing them to provide more direct patient-facing care.

Strengthening pharmacy training and development to build capacity across the profession by:

- Introducing regular protected learning and education time for all pharmacists similar to other health professionals.
- Enabling experienced pharmacist independent prescribers to become a designated practitioner. This would allow pharmacist independent prescribers to mentor/supervise others through an independent prescribing course, thus more easily building capacity across the profession.
- Improving patient journeys and supporting integration across primary and secondary care by implementing a single integrated vocational training programme for all newly qualified pharmacists similar to the junior doctor rotational model which is based on workplace assessment opportunities across all sectors'.

95% of survey respondents would approve of an integrated vocational training programme across all pharmacy sectors for new graduates.

"To implement Prescription for Excellence and break down the barriers between care sectors, it needs to happen".

ABOUT PHARMACISTS

Of all the healthcare professions, pharmacists have the widest knowledge in the science and use of medicines. With five years of training, they are the experts in medicines and how they work. A growing number of pharmacists in all settings are independent prescribers. The current healthcare structure does not enable the majority of these pharmacists to work to their full potential using their prescribing and clinical skills for patient benefit.

Regardless of setting, pharmacists use their clinical expertise to reduce risks to patients by ensuring safe and effective use of medicines.

- Many are based in the heart of communities, from remote and rural to deprived inner city areas, and community pharmacists play an essential part in supporting the population's health and well-being. They are also the most accessible health professional for the public and patients to consult with on health and medicines matters with many pharmacies open over six days and often over extended hours, including Sundays.
- A growing number of pharmacists work in GP practices as part of the practice team and provide expertise to the practice health professionals on all aspects of medicines and support patients through pharmaceutical care.
- About a fifth of pharmacists work in hospitals as part of multi-disciplinary teams to provide clinical input including prescribing into treatment plans. They specialise in a wide variety of therapeutic areas where medicines are especially important or treatment poses high risks, such as in cancer care, paediatrics, critical care and clinical trials.
- Pharmacists work in universities, industry and research, teaching the next generation of health professionals, building the evidence base for our treatment options and developing new medicines for tomorrow.

ABOUT THE ROYAL PHARMACEUTICAL SOCIETY

We are the professional body for individual pharmacists in Great Britain. We represent pharmacists across all sectors and specialties. Our mission is to advance the profession of pharmacy for public and patient benefit.

This includes the advancement of science, practice, education and knowledge in pharmacy and the provision of professional standards and guidance to promote and deliver excellence in patient care.

This manifesto was developed after wide consultation with our members. We also consulted with members of the public and patient groups on the issues that were important to them with thought to what needs to change in today's NHS in order to maximise the use of pharmacists' clinical expertise to deliver excellent patient care. We discussed themes within the manifesto with other relevant professional bodies to ensure what we are proposing for pharmacy fits within the wider health context. The issues have been discussed at local pharmacy meetings and via a Scotland wide survey as well as through the Scottish Pharmacy Board who are the elected representatives of the profession in Scotland.

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Interested in knowing more about the Society's work and policy positions?

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