



Liberating the NHS: Great choice and control RPS response to the consultation

The Royal Pharmaceutical Society (RPS) is the new professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain and currently have 49,000 members. There are approximately 75 pharmacists per parliamentary constituency, working in hospitals, industry, academia, GP practices, primary care trusts and community pharmacies. This response comes from its English Pharmacy Board (EPB) which is an elected body of pharmacists representing all sectors of pharmacy practice in England.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

Leadership, representation and advocacy: promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

Professional development, education and support: helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

Professional networking and publications: creating a series of communication channels to enable pharmacists to discuss areas of common interest.

The RPS's vision for pharmacy is that pharmacists should be the universally accessible frontline clinical provider of all aspects of pharmaceutical care and be responsible for all aspects of medicines use. Pharmacists aim to be the healthcare professional entrusted by patients to take care of their every pharmaceutical need.

Pharmacists are the experts in medicines – their management, their usage and information about them. Pharmacists can impact at different points on the patient pathway and lead to a reduction in medicines waste, a reduction in unplanned hospital admissions and better medicines adherence resulting in better patient outcomes.

General comments:

Pharmacists agree with the principle that patients and the public should have greater choice and control over their care and treatment and choice of any willing healthcare provider, wherever relevant. We also agree with the concept of shared decision making between professionals and patients and believe this will lead to better outcomes for patients. However, in order to truly make this work patients need to have access to the right information in a way they can understand, the correct support and infrastructure needs to be in place and there needs to be a cultural change within the NHS. We do not believe that all this is achievable within the timeframe set by the government of 2013/14.

In relation to the provision and interpretation of information, we have raised our ideas and concerns in our response to the consultation 'An information revolution' and will not repeat them in detail here. However, we would like to emphasise that choice is not just about the provision of information, but also about how that information is interpreted and provided to patients. We would see pharmacists increasing their patient advocacy role as they are an independent resource for patients and can help them make informed choices about medicines. Pharmacists could provide an opportunity for patients to have an in depth discussion about their medicines.

Pharmacists also have concerns around how the model of 'any willing provider' will work within the developing structure of GP led commissioning. The 'any willing provider' model is advocated in this consultation, providing greater choice for patients. All willing providers need to have the same access to data and the same level of support to provide services. While we support the principle of the 'any willing provider' model there must be a level playing field for all providers, including new entrants to the market, with equal opportunities for all and an understanding of the different cost models in place for all providers. An example of this is the length of contract, which needs to be long enough for private sector operators e.g. community pharmacists, optometrists, GPs, dentists etc to recoup the investment necessary to deliver a high-quality, high standard service. Also, information on service provision and outcomes needs to be comparable.

Pharmacists already play a significant role in shared decision making, when carrying out medication reviews, and we would be keen to see this spread across all professionals. Pharmacists also assist patients and the public to make decisions about their lifestyle and provide a number of public health services. They have a very important role in the self care agenda, recommending lifestyle changes, responding to patient's symptoms and raising awareness of issues such as early detection of cancer. We would like to see pharmacists more widely utilised to help patients navigate through the information provided to enable them to make informed choices.

Patient choice of GP practice could have consequences on the community pharmacy network. The electronic prescription service would need to allow for choice of medicines supply to be exercised within such a system as currently you can only have a choice of one pharmacy.

This consultation discusses the establishment of an urgent care system, namely the use of the 111 number. Currently NHS Direct has a fourth disposition which enables referral to community pharmacy but this does not appear to be part of the 111 system which is being implemented and we would welcome an opportunity to discuss this further. Having pharmacy as an option for NHS Direct has relieved pressure on Accident and Emergency and General Practitioners.

Q1. How should people have greater choice and control over their care? How can we make this as personalised as possible?

The information to support people to make choices needs to be available to all and easily accessible and understandable. Information on all providers of a service should be available so people can make the choices on a fully informed basis. The data that constructs the information for people needs to be comparable across all service providers to ensure people can compare like with like.

Q2. Which healthcare services should be our priorities for introducing choice of any willing provider?

Pharmacists believe that services that can prevent ill health, often referred to as public health services, should be a priority. Also, services that support patients with long term conditions need to be prioritised. If these two areas are the focus then it will prevent people from becoming ill in the

first place and entering the NHS, and also support patients to prevent their condition worsening and enable them to deal with symptoms more effectively which has an long term impact on the NHS.

Q3. How can we offer greater choice of provider in unplanned care?

It is often difficult to offer choice in these circumstances as by nature, unplanned care is often an emergency. However, for those patients with long term conditions, they could have a care plan which states where they would like to receive treatment in the event of an emergency.

Q4. What would help more people to have more choice over where they are referred?

They would require comparable information across all willing providers who provide the service that they require. This may include information on outcomes (if available), distance from their home, ease of access, waiting times and feedback from other service users. However, in order to provide this information, all willing providers need to capture the required data at the point of care.

Q5. Which choices would you like to see in maternity services and which are the most important?

Pharmacists can support pregnant women in a number of ways:

- Providing advice prior to pregnancy on healthy lifestyle choices and taking folic acid if appropriate
- Supporting women through pregnancy to make healthy lifestyle choices and advice on what medicines are suitable to take
- Supporting women who are breast feeding

Q6. Are these the right choices for users of mental health services, and if not why not?

Pharmacists fully support the greater availability of psychological or talking therapies. Most evidence shows that treatments are more likely to be effective if combined with careful optimisation of medicine treatments. As well as improving access to psychological therapies we would welcome greater access to specialist mental health pharmacists to assist in ensuring optimal medicine treatment. If patients are really to understand their choices for medicines then specialist mental health pharmacists are ideally situated to offer this in an independent way and therefore their accessibility should be increased for all people with mental health problems. There is already a framework in place to enable people with mental health problems to have access to personalised care planning and this is via the development of advanced statements. Specialist mental health pharmacists trained in this area should be available to assist patients to complete useful advanced statements.

We agree that it may be necessary to restrict some choice for individuals for reasons of safety or urgency if they are detained or on supervised community treatment under the Mental Health Act. However, we feel that community treatment orders are often poorly designed and could be redesigned to involve specialist mental health pharmacists and we would like to assist in this.

It is suggested that patients will be able to access mental health services independent of their GP. This means that the GP role as gatekeeper will be abandoned leading to a lack of continuity unless systems are all joined up and communicating with one another.

Q7. When people are referred for healthcare, there are a number of stages when they might be offered a choice of where they want to go to have their diagnostic tests, measurements or samples taken. At the following stages, and provided it is clinically appropriate, should people be given a choice about where to go to have their tests or their measurements and samples taken:

- **At their initial appointment - for example, with a GP, dentist, optometrist or practice nurse?**

Pharmacists believe that in certain circumstances a pharmacy service could also be an option for initial testing. Many community pharmacies already offer diagnostic services such as NHS Health Checks, anticoagulation services etc. The benefits of including pharmacy as an option are that they are accessible and open at convenient times.

- **Following an outpatient appointment with a hospital consultant?**

Yes

- **Whilst in hospital receiving treatment?**

If a patient is an inpatient in a particular hospital it would make sense for the diagnostic testing to be carried out within that establishment. Providing diagnostic testing in a different establishment could increase costs significantly.

- **After being discharged from hospital but whilst still under the care of a hospital consultant?**

Yes

Q8. Are there any circumstances where choice of where to go for diagnostic testing would not be appropriate, and if so what are they?

As an inpatient in a hospital it would not be suitable to go to another hospital or provider for diagnostic testing unless that hospital did not have the appropriate facilities. There are additional costs to the NHS if patients are moved from one setting to another unnecessarily.

Q9. Would you like the opportunity to choose your healthcare provider and named consultant-led team after you have been diagnosed with an illness or other condition?

Pharmacists believe that it is important that patients can choose their healthcare provider or consultant led team post diagnosis. However, they need to be provided with the information that is available for all willing providers of the services they require in order to make an informed choice.

Q10. What information and/or support would help you to make your choice in this situation and are there any barriers or obstacles that would need to be overcome to make this happen?

The information for all providers of the services required by the patient needs to be comparable so that patients can make a choice based on evidence. This means that data needs to be collected and supplied to patients in an understandable format. A number of patients may require help to interpret the data to enable them to make the right choices for them.

Q11. Is there anything that might discourage you from changing your healthcare provider or named consultant-led team - for example, if you had to repeat tests, wait longer or travel further?

If all providers are working to the same NHS standards then the test results should be the same wherever the testing is carried out. Therefore, there should be no need to repeat tests unless this was required for long term management of a condition or if the initial tests were inconclusive. If testing with one consultant team had a significant delay due to smaller laboratory facilities then management with another consultant may be preferable. Longer waits and longer distances would have an effect on patient's choice of provider.

Q12. What else needs to happen so that personalised care planning can best help people living with long term conditions have more choice and control over their healthcare?

All relevant health and social care providers need to have read and write access to the patient's personalised care plan and we would like to see this become an integral part of the shared electronic patient record. A major component of a personalised care plan is likely to be the medicines that patient receives and as experts in medicines, pharmacists must be involved.

We would also encourage the development of 'The first prescription service' which is to be provided by community pharmacists. This will enable pharmacists to spend time with patients when they first

receive a medicine for a long term condition and guide them through the information, services they may require and advise on self care aspects, particularly in relation to medicines.

Q13. What choices are most important to people as they approach the end of their lives? What would best help to meet these?

Maintaining dignity is a very important aspect at this time. We believe that continuity of service provision and continuity of people providing the service is important as a person approaches the end of their life, as is receiving treatment and medicines without delay. Choices around where a person wishes to die and how are very important as well as pain relief and medicines to ease suffering. Involving pharmacists in end of life planning would be beneficial as this would ensure availability of the medicines required and enhance patient safety.

Q14. We need to strengthen and widen the range of end of life care services from which patients and carers can choose. How can we best enable this?

There needs to be a wide knowledge of the options available and patients and carers should be provided with information on all service providers whose services meet the needs of what is required so that they can make a fully informed choice. Pharmacists currently play a role in signposting to services and this could be expanded so that they can assist patients and carers in making choices.

Q15. Carers may sometimes feel that they themselves have no choice when the person they care for chooses to die at home. How should the respective needs and wishes of patients and carers be balanced?

Pharmacists should be involved in the development of a patient's care plan so that they too are informed and can help support carers.

Q16. What sort of choices would you like to see about the NHS treatment that you have? Treatment could mean therapy, support for self management, medication or a procedure like surgery.

Pharmacists believe that the following choices are important:

- Access in relation to timing and convenience
- Options for self care
- Joint decision making with practitioners
- Services available
- Success rates of practitioners

Q17. How can we encourage people to take more responsibility for their health and treatment choices?

By providing them with the information on what is and is not available and the related evidence based outcomes. Also, there is a significant role for encouraging people to make healthy lifestyle choices to either assist recovery or worsening of a condition or to prevent a condition developing.

Q18. How do we make sure that everyone can have a say in their healthcare?

The information provided to people to enable them to make these decisions needs to be comparable and provided in a variety of ways e.g. electronically, paper based. It needs to be understood by patients and the public so that they can make informed choices.

Q19. How can we make sure that people's choices can reflect their different backgrounds - whether ethnic, religious or any other background that could affect their healthcare preferences?

Men often have different preferences from women. For example, primary care services that are easy to access with longer opening times and straight forward or no appointment systems are particularly

attractive to men. For this reason, walk in centres, pharmacies and online services have the potential to reach men who may not be currently using other NHS services, such as GP services, effectively.

*“People with higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health”.*¹ In deprived areas you will more often than not find a community pharmacy. However, these areas are often under doctored, so it is up to the pharmacy to provide relevant services for the local population where they are able to.

The principles of access to services and ensuring services are as personalised as possible means that providers need to know their local communities well. Pharmacists are frontline clinicians that do know their communities very well. Greenlight pharmacy (<http://www.greenlightpharmacy.com/>) in London is a good example of personalised services. This pharmacy knew a number of members of the local population were from Bangladesh and did not understand English particularly well. They therefore developed a Bangladesh Health Education service.

Q20. How can we make sure that carers and the families of patients and service users can have a say in decisions about the healthcare of the people they support, where appropriate?

The attitude towards carers and families of patients needs to be one that encourages their involvement in the decision making process. Key decision making points need to be identified and the involvement of carers and families of patients in the creation of patient held notes would assist in this area.

Q21. How can we support the changing relationship between healthcare professionals and patients, service users, their families and carers?

Pharmacists are used to talking to patients and the public about healthy lifestyle choices and also about the medicines they are taking and the conditions they have. In order to encourage all professionals to have an open relationship with their patients there should be training provided at an undergraduate (and also initially post graduate) level to give them the tools to have these discussions.

Q22. What needs to be done to ensure that shared decision making becomes the norm? What should we do first?

The fact that patients can, and should, ask questions and be involved in decision making needs to be advertised and communicated effectively to patients. Patients should be offered a list of points / questions they may wish to ask or make at the time when decisions are being made.

Q23. Should healthcare professionals support the choices their patients make, even if they disagree with them?

Healthcare professionals should support the decisions made by patients even if they don't agree with them, within reason. However, as professionals they need to be able to refuse treatment they don't agree with as long as they refer the patient to a provider who can provide the service the patient requires. The professional would also need to be able to justify their decision professionally and explain this to the patients. The General Pharmaceutical Council Standards state that *‘You must make sure that if your religious or moral beliefs prevent you from providing a service, you tell the relevant people or authorities and refer patients and the public to other providers’*.

¹ Fair Society, Healthy Lives. The Marmot Review, 2010

Q24. What sort of advice and information would help healthcare professionals to make sure that everyone can make choices about their healthcare?

Healthcare providers will need information on what services are available from which providers so they can help patients make the choices and signpost them to suitable services. Shared electronic patient records would support the choice agenda as relevant healthcare providers could annotate records to demonstrate that information has been shared with patients and that patients have made certain decisions about their care.

Q25. How can we encourage more people to engage in advance care planning about their preferences for the care and support they receive – for example, when they are approaching the end of their life?

Spend more time with them discussing the options available. This could become part of a routine procedure rather than making it an optional extra. The development and practice of communication skills throughout a professional's training would assist in achieving this.

Q26. Would you welcome a chance to engage in advance care planning before you become ill – for example, when you go for your mid-life Health Check – rather than after a diagnosis of a life-threatening condition?

Yes, because at this point in time emotions would not be so high and it is likely patients would be thinking more clearly. However, there would also need to be the ability to make changes to the plan should a patient change their mind as the condition worsens. The issue should be highlighted through popular press and magazines so patients know they can approach relevant health and care professionals to discuss this matter.

Q27. How could training and education make choice and shared decision making a part of healthcare professionals' working practices?

Training and education could help professionals deal with difficult situations and decisions. It can also encourage professionals to approach people proactively and have difficult conversations with them about lifestyle choices such as diet, alcohol and smoking. This learning should continue throughout a professional's career from novice to expert.

Q28. How can we help people to learn more about how to manage their health?

Pharmacists believe that the 'First prescription service' being developed as part of the community pharmacy contractual framework provides an great opportunity for a healthcare professional to have an in depth discussion with patients about their condition and the medicines they may need to take, as well as the elements of self care, including healthy lifestyle advice..

Pharmacists would also support the continuation of expert patient groups where patients can discuss and share their experiences.

Q29. What help should be available to make sure that everyone is able to have a say in their healthcare?

It should become a legal right under the NHS Constitution, that patients have a say in their healthcare. Patient advocacy could support this.

Q30. Who would you like to go to for help with understanding information and making decisions and choices about your healthcare, or that of someone you support?

Pharmacists believe that patients like to go to someone who is easily accessible and has knowledge on conditions, healthy lifestyle choices and medicines. The pharmacy profession provides such a service.

Q31. How can we make sure that carers' views are taken into account when the person they support makes a healthcare choice?

This could become part of the operating framework, so carers are automatically involved in the decision making process. However, ultimately the patient's view has to be respected unless they are unable to make that choice / decision for themselves.

Q32. What information and support do carers, parents, guardians and those with powers of attorney or deputyship need to help others to make choices or to make choices on others' behalf?

It is likely that carers, parents and guardians etc would require the same information that the patient would need. Potentially they may require extra support if a difficult decision needs to be made on behalf of the patient.

Q33. What information and support do voluntary sector and patient-led support groups need so that they can continue to help people to make choices about their healthcare?

They need to know about all willing providers that are providing the required service(s) in their areas. They also need to have access to up to date evidence based data on the condition and treatments available. They would need to be unbiased and rely on providing factual objective information.

Q34. How can people be encouraged to be more involved in decisions about their healthcare?

Online forums would help some patients and the establishment of local groups where they can discuss their condition and treatments.

National publicity and public campaigns informing patients that they have a choice may help. Professionals could invite real involvement from the public and patients. The whole approach would require to be joined up with legislation stating that patients / carers are involved, professionals trained to invite real involvement and patients expecting and asking to be involved.

Q35. Would decision aids be a useful tool for healthcare professionals and their patients and service users? Are there any barriers to their use?

We believe that decision aids could be a useful tool to support decision making. These tools should be produced nationally and healthcare professionals may need to be trained in their use.

Q36. How should people be told about relevant research and how should their preferences be recorded?

The results of relevant research need to be communicated in a way that is easily understood for example using the approach undertaken by the organisation 'Sense about science'. The information from research could also support discussions between professionals and patients about healthcare.

Q37. How can we encourage more healthcare professionals to use Choose and Book when they make a referral?

Have more interoperable electronic systems in place so all relevant providers can have access to Choose and Book when talking to patients. Also, enabling relevant healthcare professionals to directly refer patients to services they require, rather than having to go through their GPs, could save time and money for patients and the NHS as a whole. Ensuring patients are informed about Choose and Book and therefore ask for it to be used.

Q38. How can we encourage more healthcare providers to list their services on Choose and Book?

If having your service listed on Choose and Book created more use of the service i.e. increased business, then service providers would be encouraged to list their service.

Q39. How else can we make sure that Choose and Book supports the choice commitments in chapter 2?

The system needs to include the relevant information about service providers so patients can make an informed choice when booking the service.

Q40. Do you agree with the proposed approach to implementing choice of named consultant-led team? What else would you suggest needs to be done?

Pharmacists believe that patients should be able to access their doctor / consultant of choice. However, the system should only allow them to pick a consultant led team or pick a service. It should not default to a service if the patient has no preference as this could lead to a two tier system with a real opportunity for dissatisfaction to occur.

Q41. Do you agree with the proposed approach to establishing a provider's fitness to provide NHS services? What other criteria would you suggest?

Pharmacists agree that all service providers should meet the minimum requirements and standards set out by the NHS when providing NHS services and that these should be stipulated in a contract. However, pharmacists and pharmacies are already regulated by the General Pharmaceutical Council (GPhC) and we would not want to see additional regulatory burdens being placed on our members

We believe that Professional Bodies should have a role in providing accreditation schemes that would enable their members to demonstrate the quality of the services they provide.

Q42. Should this approach apply uniformly to all providers, no matter what size, sector and healthcare services that they provide? For example, should a small charity providing only one healthcare service to a very localised group of patients be subject to the same degree of rigour as a large acute hospital that delivers a range of services to a regional catchment of patients?

It is difficult to see how all of these providers will be inspected and monitored to ensure they are delivering to the required standards. If this is to apply to all service providers then self assessment will be key and the process should not become onerous or burdensome. We believe that if a service is providing to the standards set out by the NHS and is providing a good service than patients will continue to go there. If however, a service is failing and not meeting the standards, then in the 'any willing provider' model being adopted and set out by government, patients will stop using the service provider and the provider will not have a sustainable business.

Q43. Do you agree that an "any willing provider" directory should be established to make it easier for commissioners to identify providers that are licensed and have agreed to the NHS standard contract terms and conditions?

Yes. But we question how this will be monitored and kept up to date. We would suggest that such a directory should be linked to 'Choose and Book'.

Q44. The White Paper indicates that the Government will explore the potential for introducing a right to a personal health budget in discrete areas. Which conditions or services should be included in this right?

All long term conditions should be included. However, we have concerns about personalised health budgets and how patients will manage them, especially concerned about what happens if the patient runs out of money, or a new and more expensive treatment becomes available that was not included in the original plan.

Q45. How can we make sure that any limits on choice are fair, and do not have an unequal effect on some groups or communities?

Pharmacists would suggest that those involved in making decisions on limiting choice are wider than the GP consortia so that the decision making process is fair and transparent.

Q46. What do you consider to be the main challenges to ensuring that people receive joined-up services whatever choices they make, and how should we tackle these challenges?

Currently the health and social care budgets are separate which means that there is always a discussion to be had on who funds which services. If the budgets were joined up or pooled or related then this would not be an issue. Also, all relevant professionals need to have access to shared patient records to ensure that they are offering appropriate care and advice to patients.

Q47. What do you consider to be the main risks to the affordability of choice and how should we mitigate these risks?

The document outlines the issues well.

Q48. How far should we extend entitlements to choice in legislation and hold organisations to account against these?

Pharmacists believe that the legislation should not contain detailed requirements on choice, rather that this should be produced in guidance. However, the fact that all willing providers should be put forwards as an available provider needs to be emphasised and supported. There should not be any bias towards any individual provider and patients should be provided with a fair choice.

Q49. Where no specific right to choice applies, how can the Board best encourage GP consortia to maintain and extend the choice offer?

Self serving any willing provider model as patients will not go to providers that do not deliver the required outcomes.

Q50. What is the right mix of measures to encourage GP consortia to offer appropriate choices to their populations?

GP consortia must be held to account, by the NHS Commissioning Board, if they do not have a fair and transparent process in place where patients can really choose between any willing provider. GP consortia need to ensure patients have access to all the relevant information to enable them to make a fully informed choice. We believe that consortia should not only be judged on having systems in place to allow choice but should also be held to account on the outcomes of the use of the systems against a norm.

Q51. What is the best way to gather patient feedback about the extent to which commissioners have put in place choices?

Via local HealthWatch

Q52. Are the responsibilities of organisations as outlined enough to:

- ensure that choices are offered to all patients and service users where choices are safe, appropriate and affordable?
- ensure that no-one is disadvantaged by the way choice is offered or by the choices they make?

Health and social care professionals need to be able to approach a body of authority if they think their services are not being commissioned or if they are being disadvantaged unfairly by GP consortia.

Q53. If you do not get a choice you are entitled to, what should you be able to do about it?

There should be a formal mechanism in place that enables you to complain at the appropriate level i.e. locally or nationally, and this may be something that could be led by Healthwatch England.

Q54. What are the main risks associated with choice and how should we best mitigate these risks?

One of the main risks is that GP practices who make up the GP consortia, who will be the main commissioners, will also be providing services and therefore, they will be able to influence patient choice. The commissioning process needs to be open and transparent as does the information provision to patients.

New providers into the market need to be supported as they may not have the historical outcome data to demonstrate their quality.