A consultation on strengthening the NHS Constitution.
Royal Pharmaceutical Society Response

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.

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.

Patient involvement

Q1. What are your views on the proposed changes to strengthen patient involvement in the NHS Constitution?

We 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. The data that constructs the information for people needs to be comparable across all service providers to ensure people can compare like with like.

Pharmacists already play a significant role in shared decision making when carrying out medication reviews. 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.

Currently around £8.8 billion[1] is spent on medicines each year in the NHS and around £300million of medicines is wasted each year[2]. Whilst medicines are clinical interventions they require the active

[1] Data taken from the NHS Information Centre

participation of the patient so patients need to be involved in the decision making process around treatments. Pharmacists are the experts in medicines use and the Government have recognised their lead role in medicines optimisation[3] so we see pharmacy as a major player in helping patients make decisions about their medicines.

Shared decision making is not only about collaboration between healthcare professionals and patients but also between groups of health professionals, especially doctors and pharmacists[4] .

Feedback

Q2. What do you think about our proposal to set out in the NHS Constitution the importance of patient and staff feedback towards improving NHS services?

We think it is extremely important that both patients and staff provide feedback on services they receive in order for lessons to be learnt and the quality of services provided. The current community pharmacy contractual framework requires pharmacists to undertake a survey of the patients that visit their pharmacy and to take action on the feedback provided.

Duty of Candour

Q3. Do you agree with, or have any concerns about, amending this pledge to make it more specific as suggested?

The duty of candour will improve patient care and safety and the RPS strongly supports this aim but has some concerns as outlined below:

1. The RPS is concerned that the introduction of a duty of candour without a change in the current legislation relating to dispensing errors, means pharmacists are open to prosecution under criminal law if they wrongfully dispense a medicine, even if it is a genuine error and without malicious intent. Therefore, this does not encourage pharmacists to be open and transparent with patients about such errors. The RPS is currently working with (the) Government to address this anomaly in healthcare. We would urge DH to accelerate the work to decriminalise dispensing errors as this would remove a significant barrier to the implementation of candour amongst the pharmacy profession which currently would contravene human rights.

2. Implementation of this duty may require employers to make changes to their procedures and processes so a period of time is required between the requirement being made and implementation in practice.

3. The duty of candour must be joined up with a learning culture and not treat cases of serious harm or death differently from a 'near miss'.

4. The reporting process must also include an obligation on the person who receives reports to initiate a review of operating processes and to implement changes required to address any further risk to patients.

5. The process of reporting error must be engendered by a culture of learning, where other peoples' mistakes can be avoided by communicating with all relevant stakeholders. The RPS believes that communication with patients is important, however, the real benefits to patients accrue from the ability to learn from mistakes across the NHS.

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[2] http://php.york.ac.uk/inst/yhec/web/news/documents/Evaluation_of_NHS_Medicines_Waste_Nov_2010.pdf

[3] Equity and Excellence: Liberating the NHS paragraph 3.22

[4] http://www.rcplondon.ac.uk/sites/default/files/n1_why_people_matter_in_medicines.pdf

6. The RPS believes the introduction of a duty of candour will lead to an increase in the number of patients seeking legal redress, even if this is just in an initial period, until there is a clearer understanding by patients of what a declaration of error and apology mean. Therefore, there would need to be an information piece to the public prior to implementation to allow the duty of candour to bed in.

7. The RPS, agrees in principle, with a duty of candour for all healthcare professionals in order to enhance patient safety. However, we believe implementation should be via professional guidance and standards rather than a contractual requirement. If the route of a contractual requirement is followed this will be extremely difficult to monitor, assess and could become a bureaucratic burden on the NHS. When considering the commissioning of any qualified provider in the future, we would suggest that the provider must include a relevant regulated professional as part of any tender or service level agreement, in order to ensure that the duty of candour is a part of the commissioned service

Making every contact count

Q4. What are your views on including in the NHS Constitution a new responsibility for staff to make 'every contact count' with the aim of improving health and wellbeing of patients?

We agree with 'making every contact count' and pharmacists working on the frontline have significant contact with patients. However, we must not mandate that a patient is spoken to about their lifestyle choices every time they come into contact with a healthcare professional as they could become overwhelmed.

Having integrated IT systems would really support the implementation of 'making every contact count' as health and social care professionals could see what others had recommended.

Integrated care

Q5. Do the proposed changes to the NHS Constitution make it sufficiently clear to patients, their families and carers how the NHS supports them through care that is coordinated and tailored around their needs and preferences?

Good integrated care will improve the quality of care patients receive and ensure they receive care from the most appropriate provider (for the patient) in an accessible and timely way leading to improved health outcomes. The ideal of fully integrated health and social care which focuses on preventive health care will lead to healthier people and populations and reduced costs to the NHS.

When considering integration of care, all patient interfaces need to be considered together particularly between secondary and primary care and across health and social care in order to truly develop person centred integrated services. If any one of these is taken in isolation gaps will develop and care will not be integrated.

In order to address the challenges faced when patients move between the various health and social care settings, the RPS led a piece of work with the other Royal Colleges, focusing on the transfer of medicines information when patients move across care providers. This guidance has been implemented in practice via an Early Adopter Programme and assists with integration of care. More information can be found at www.rpharms.com/toc.

From a pharmacy perspective our main comment would be about the lack of integration in the use and optimisation of medicines in the system at the present time and what could be done to improve this. Medicines are the second highest cost within the NHS and the biggest intervention made in

relation to healthcare. We believe that the integration of medicines optimisation is key to a safe and effective NHS.

We have several points to make relating to this:

- Without integrated systems allowing access to healthcare records showing either prescribed medicines from GP practices or dispensed medicines from community pharmacies medicines reconciliation in secondary care is both time consuming and more importantly carries serious patient safety risks;
- Similar patient safety risks occur at hospital discharge where systems are not well integrated with the many organisations involved to allow transfer of care from secondary to primary care settings in an accurate or timely manner, although the RPS are working with other royal colleges to address this issue (see www.rpharms.com/toc);
- Hospital pharmacy is poorly integrated with local pharmacy services and the ability to coordinate what needs to happen with the medicines between the various parts of the pharmacy profession is difficult. Discharge Medicines Use Review (MURs) have recently been introduced as an advanced service in the community pharmacy contractual framework in England to improve medicines optimisation between secondary and primary care;
- Clinical specialist integrated care pharmacists should be routinely involved in the review of medicines for people with complex medication to liaise between secondary and primary care at discharge;
- Patients taking medicines receive advice about their medicines from a number of sources but this could be improved to ensure patients are well and consistently informed about their medicines. The introduction of the New Medicines Service and targeted MURs in England also assist with this in the community. The integration of the management of medicines and its associated physical testing needs to be improved;
- Patients in care homes have been the subject of much concern and medicines optimisation for such patients has been shown to be poorly integrated into the overall system; and
- There is little integration of medicines management between the GP and community pharmacists. The care record service could be enhanced and used more fully.

Complaints

Q6. Do you think it is helpful for the NHS Constitution to set out these additional rights on making a complaint and seeking redress?

We believe it is helpful to set out these additional rights as it clearly highlights what patients can expect.

Q7. Do the additional new rights make the complaints process easier to understand and make clear to patients what they should expect when they make a complaint?

The most important part of dealing with a complaint is the learning as to why the complaint happened in the first instance. This is often due to problems in the operating system rather than the individual involved in the incident. There needs to be methods established to enable and encourage sharing of learning between all elements of the NHS.

Patient data

Q8. Do the proposed changes to the NHS Constitution make clear how the NHS will safeguard and use patient data?

We agree with these proposed changes and would encourage the Government to establish guidance that enables all healthcare professionals involved in a patient's care to have access to the appropriate parts of the patient's health record.

Staff rights, responsibilities and commitments

Q9. Do you agree with the proposed changes to the wording of the staff duties and the aims surrounding the rights and responsibilities of staff? What do you think about the changes to make clear to staff around what they can expect from the NHS to ensure a positive working environment?

We agree with these proposed changes. The RPS is working closely with its members and other relevant organisations to embed a 'just culture' within pharmacy.

Parity of esteem between mental and physical health

Q10. Do you agree with the wording used to emphasise the parity of mental and physical health? Are there any further changes that you think should be made that are feasible to include in the NHS Constitution?

The RPS has been working together with the Royal College of Psychiatry to look at various aspects of the management of medicines and whether people with mental health problems are disadvantaged compared to others. There is little doubt that for a whole variety of historical reasons people with mental health problems receive a lower level of care and service than others with complex illnesses. These anomalies are unlikely to be brought to everyone's notice by the proposed wording. The way to correct the problem is by positive affirmative statements rather than by the subtle inclusion of the word 'mental', for example, statements such as those proposed below could be used:

- People with mental health problems should be entitled to the same level of service as others
- The resources and skills available to support good medicine management in mental health should be on a par to that devoted to other specialities

Dignity, respect and compassion

Q11. What are your views on the wording used to highlight the importance of ensuring that the tenets of dignity, respect and compassion are sufficiently represented in the NHS Constitution?

We agree with this wording. Medicines optimisation, which is about helping and supporting patients to get the best outcomes from the investment made in their medicines fits nicely into this principle. It is all about a dialogue between patients and their healthcare professionals to assist informed and shared decision making about medicines use.

Q12. Do you agree with the suggestion of including a new pledge for same sex accommodation?

We have no particular comments on this question

Local Authorities' role

Q13. Do the proposed changes to the NHS Constitution make it clear what patients, staff and the public can expect from local authorities and that local authorities must take account of the Constitution in their decisions and actions?

There is concern that Local Authorities will not understand health and that the ideals and principles in the constitution will not be adopted by local authorities. We welcome the expectation that other organisations both public and private who provide for the NHS will adopt the constitution.

Community pharmacies could be used to tackle a wide range of local public health priorities and we believe there is untapped potential for community pharmacies to deliver effective and efficient public health interventions. Through patient choice community pharmacy is now the main route of access for emergency hormonal contraception and has been successful in delivering Chlamydia screening and treatment programmes. Community pharmacies could also be used to tackle the social determinants of health as well as improving health through primary prevention services such as hormonal contraception and delivering treatment and secondary prevention services.

Raising awareness and embedding the Constitution

Q14. Have you seen further examples of good practice in raising awareness and embedding the NHS Constitution that should be taken into account in these plans?

We have no comments on this question

Q15. Do you have further recommendations for re-launching, rolling out and embedding the Constitution from next spring?

We believe that the NHS constitution will be promoted and gain traction, if organisations are rewarded for doing so or penalised for not doing so.

Giving the Constitution greater traction

Q16. To help shape our future consultation, do you have views on how the NHS Constitution can be given greater traction to help people know what they should do when their expectations of the NHS are not met?

We have no comments on this question

Equalities

Q17. How can we ensure the NHS Constitution is accessible and useable to individuals of different backgrounds and to different sections of society?

We have no comment on this question

Q18. Are there any ways in which the proposed changes set out in this consultation could have an adverse impact, directly or indirectly, on groups with protected characteristics? If so, how?

We have no comment on this question

General

Q19. Do you have any further comments about our proposals for strengthening the NHS Constitution

The NHS Constitution fails to give patients any expectation around their medicines. We would support a pledge to patients to ensure they understand their medicines and receive sufficient information on benefits and risks to make informed decisions about their medicines. This would support healthcare professionals and patients to make best use of their medicines i.e. medicines optimisation. Some examples of statements that would support this pledge are:

- Every person should know why they are prescribed the medicines and the potential for side effects
- Patients should expect someone with the right expertise to support them with their medicines and they should have the opportunity to discuss their medicines in detail
- For vulnerable people who are unable to understand the purpose of their medicines or who live in any kind of care establishment there should be a mandatory yearly review of their medicines with the carers. That review should involve a pharmacist
- Organisations that provide specialist care should have access to specialist pharmacists able to assist patients with the management of their medicines

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