



## **A narrative for person-centred coordinated ('integrated') care. 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.

### **Specific questions:**

1. Leaving aside the specific content, **do you agree that a common narrative will help to create a shared purpose and outcomes for 'integration'** in health and social care?

We do agree that a common narrative will help to create a shared purpose and outcomes for integration across health and social care. If there is a common narrative then health and care professionals as well as patients and the public will understand what is meant by integration and what outcomes they can, and should, expect.

2. Looking at the current draft Narrative, **would this be directly helpful to orientate your own programmes of work**, for example by drawing on it for your goals, aims and outcomes/benchmarks?

Yes, this would help us to orientate our programmes of work. One of the areas we are concentrating on at the moment is medicines optimisation which is a patient focused approach to optimising patient outcomes from their medicines. We have also previously undertaken work to look at the transfer of medicines information when patients move

between care setting and developed a core data set that should be transferred with the patient when they move between different care providers.

3. What is your reaction to the overall subject: 'Integration means... Person centred coordinated care'?

We believe that this is a good way of describing integration as care should be centred on the patient.

4. What comments would you like to make on the headline definition of what this means from the service user perspective? In particular, have we left anything out that you consider vital to such a statement?

This statement reflects integrated care from the service user perspective.

5. Looking at the generic service user statements, have we got the right set of categories?

We believe that the right set of categories have been used. We must remember that care needs to be translated into what all health and social care professionals deliver and that it includes the treatment of the patient with medicines and the services related to that.

6. We suggest that some sub-groups of people who need co-ordinated care will have important, specific system demands that cannot sit within the generic statements. For example, children with disabilities need their care to work seamlessly with their education and developmental needs. **How do you think we can produce further statements relevant to these groups?** Should it be done at local level or regionally/nationally?

We would encourage further statements to be developed at a national level

7. Finally, a **challenge: could you suggest a 'we' statement** that could represent the particular contribution of your type of organisation (CCG/HWB/LA/service provider) to achieving the central statement?

The RPS will support its members to retain their unique position in professional oversight of the medicines supply chain, critical to patients and the NHS. We will support our members to ensure their skills and knowledge is retained as the experts on medicines and their use (whether as a generalist or specialist) so they remain best placed to play a key supporting role or lead on medicines optimisation.

The RPS aspire to work with other professional bodies and organisations to support information flow as the patient changes care settings or so that those accepting responsibility for the care understand 'why' the patient is on the medicines they are and critically 'what next'.

The RPS will support the profession to work with patients so they can understand the patient's individual needs and vulnerabilities and act accordingly

A handwritten signature in black ink that reads "Shilpa Gohil". The signature is written in a cursive, slightly slanted style.

Shilpa Gohil

Chair, English Pharmacy Board

*For further information or any queries you may have on our consultation response please contact Heidi Wright at [heidi.wright@rpharms.com](mailto:heidi.wright@rpharms.com) or 0207 572 2602.*