

A National Care Service for Scotland – RPS Position Statement

RPS Scotland supports the creation of a National Care Service (NCS) in Scotland.

Medicines are widely used in all care services: they are an essential part of daily life for many people receiving care, including individuals who may be vulnerable and at increased risk of harm from medicines. This means it is vital that within the new NCS there is clarity over the safe prescribing, use and administration of medicines in care services. To achieve this, pharmacists must be involved in shaping the service, right from the very beginning. Pharmacy is ready and willing to embrace the changes the new NCS will bring, although the need for adequate resourcing must be recognised from the outset.

The Scottish Government's aim is for the NCS to deliver "consistency, equity and fairness, and the accountability needed to deliver high quality services across Scotland". RPS Scotland wants to see equity of access to high quality pharmaceutical care for every person in Scotland. The NCS provides an opportunity to do this, but it will only be achieved if pharmacists are involved at both the strategic level and patient facing level of this new service.

Key recommendations

- Pharmacists must be involved both at the strategic level and patient facing level of the NCS.
- The NCS must have nationally agreed standards to ensure safe systems for prescribing, supply, storage and administration of medicines in care services. These must be applied by all care providers.
- The NCS must deliver equity of access to high quality pharmaceutical care. This should be supported by a national service specification on the provision of clinical pharmacy input to care homes, care at home services and other supported living services.
- To achieve safe systems for prescribing, supply, storage and administration of medicines within the NCS, a single shared integrated electronic patient record is needed across health and social care.
- Resources must be directed to pharmacy services to ensure success of the NCS.

Strategic role of pharmacists

It is essential that pharmacists have leadership roles in the new structure of the NCS in order to achieve safe use of medicines and appropriate medicines governance. The NCS consultation describes an Executive Director role for nursing: given the fundamental importance of medicines use in care services, the equivalent role must be created for pharmacy.

In current care services, there are two fundamental issues: access to pharmaceutical care services varies widely according to what has been negotiated locally, and there is no single consistent standard applied by all care providers on the safe use and administration of medicines by carers. Both problems could be resolved within the new NCS.

Pharmacists in strategic roles within the new NCS should have the responsibility for:

- Setting a framework to support the safe use of medicines for everyone involved with medicines (including citizens, their families, and health and care staff). It is essential that this strikes the right balance between being supportive to achieve safety without being overcomplicated and burdensome.
- Ensuring the NCS meets medicines legislation requirements.
- Ensuring all care providers apply consistent high quality service standards to deliver safe use of medicines.
- Setting the standards for the education and training of care workers in medicines management and administration of medicines, and ensuring all care providers train staff to the same high standard of accredited training.
- Ensuring all care providers have safeguards in place to support carers in their roles in the safe administration of medicines including robust documentation and responding to potential adverse effects of medicines.
- Ensuring informal carers are given the opportunity to access support, education and training in the safe use of medicines.
- Improving the quality of medicines use through education, audits and feedback, learning, incident reporting and investigation, and data sharing.
- Advising the rest of the NCS management team on medicines management.

Patient-facing role of pharmacists

Pharmacists must be part of the integrated team that supports individuals, where they will provide advice and support on all medicines related care.

Pharmacists' roles in the new NCS should include:

- Supplying medicines to people being supported by all types of care services.

- Providing verbal and written information about medicines for patients, residents and their family/carers.
- Supporting people to stay at home through individualised assessment of medicines needs, including preventing hospital admission and supporting patients after hospital discharge.
- Providing medication and polypharmacy reviews to improve the safe, effective, appropriate and cost-effective use of medicines, in particular taking a Realistic Medicine approach to reducing unnecessary prescribing.
- Using independent prescribing skills to resolve medicines issues.
- Using anticipatory prescribing to prevent crises.
- Responding to acute symptoms with the provision of advice, treatment or referral, including the provision of unscheduled care.
- Advising other members of the integrated team on medicines.
- Training care service staff in medicines administration and management.

The essential role that pharmacists play in care services was demonstrated during the Covid-19 pandemic when they ensured individuals in care homes and who were shielding received essential supplies of medicines and advice about safe medicines use, including those for end of life care.

To achieve equity of access within the NCS and to reduce health inequalities, a national service specification should be agreed for the provision of clinical pharmacy input to care homes, care at home services and other supported living services. This might be applied via existing services such as the Pharmacotherapy Service and Medicines: Care and Review Service.

Structure of the NCS

The organisational structure of the new NCS must deliver equity of access to care, improved quality of care, reduced variation in services and clear accountability for service delivery.

The NCS structure must avoid creating barriers between health and care settings. The proposed structure aims to integrate community-based health and care services but it does not include the interface with hospital services. This is a risk which may result in separation between primary and secondary health care. Furthermore, it does not address current pressure points in the system such as people remaining in hospital because of a lack of social care to support discharge. Medicines use spans the entire spectrum of health and care, being used everywhere from an individual in supported living accommodation to an intensive care unit. Without a joined-up approach across the system, the risk of disjointed care and problems in one part of the system impacting on another remain. Therefore, creating a single system that includes all of health and social

care is preferred: this could be an overarching organisation under which clearly defined NHS and NCS delivery organisations sit.

A further risk of the proposed NCS structure is increased variation resulting from changes to the contractual arrangements for primary care services, including community pharmacy and GP practices. This must be avoided. It should be made clearer how the NCS will improve consistency, ensure minimum standards are delivered and raise the quality of services.

The NCS provides an opportunity to address the current variation that exists in access to pharmaceutical care within social care services. Nationally agreed minimum standards should be agreed to ensure everyone across Scotland receives high quality pharmaceutical care. There should still be flexibility to respond to local needs, such as deprivation or rurality. To avoid unwarranted variation, nationally agreed template service specifications for additional services could be applied locally according to population needs.

The NCS consultation also considers the inclusion of mental health and alcohol and drug services. Fragmentation of these services should be avoided, and this is one of the reasons why RPS believes a single system to support all of health and social care is needed. Mental health and alcohol and drug services should be underpinned by the principles of national minimum standards combined with local application of additional services to respond to local population needs.

Digital tools to support care

To achieve safe prescribing, use and administration of medicines within the NCS, a single shared integrated electronic patient record is needed across health and social care. Data is currently siloed which results in a poor care experience for individuals who have to repeat their story to every professional they encounter. In addition, poor information sharing is a risk to the delivery of safe care. Pharmacists must be given access to all relevant data to allow them to provide high levels of pharmaceutical care. Current barriers, such as consent issues, must be addressed and removed.

Electronic prescribing and electronic referral pathways both within and between all health and care settings are also needed to improve the flow of information to support patient care. Both electronic prescribing and the creation of a single shared record are in development: these programmes need to be accelerated to deliver safe care within the NCS.

About this statement

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists across GB. We are the only organisation that represents pharmacists in all settings: community, hospital, primary care and specialist services. To create this statement, RPS Scotland collated the views of members via a focus group which was open to all RPS members in Scotland to attend, received email feedback, and sought views from key pharmacy stakeholders in Scotland.