

## Response ID ANON-Z1FZ-UJ2G-3

Submitted to National Care Service (Scotland) Bill (Detailed)  
Submitted on 2022-09-02 12:45:37

### About you

Please read the privacy notice below and tick the box below to show that you understand how the data you provide will be used as set out in the policy.

I have read and understood how the personal data I provide will be used.

#### How your response will be published

I would like my response to be published in its entirety

#### What is your name?

Name:  
Laura Wilson

#### What is your email address?

Email:  
laura.wilson@rpharms.com

#### Are you responding as an individual or on behalf of an organisation?

##### Organisation

Organisation :  
Royal Pharmaceutical Society

Please tell us a little more about your connection to care services. Which of the following options best describes you. (Tick all that apply)

##### Other (please specify in the box below)

If you selected 'Other' please provide more information in the box provided.:  
Professional body representing pharmacists

#### Would you like to be involved in future engagement work?

Yes, I would like to be involved in future engagement work and agreed to be contacted by the Committee in the future.

### Organisation details

#### What is your job role?

Please provide answer in box provided:  
Policy and Practice Lead, Scotland

#### Information about your organisation

Please add information about your organisation in the box below:

The Royal Pharmaceutical Society is the professional leadership body for pharmacists.  
Our mission is to put pharmacy at the forefront of healthcare and our vision is to become the world leader in the safe and effective use of medicines.

We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development.

### General questions about the Bill

The Policy Memorandum accompanying the Bill describes its purpose as being “to improve the quality and consistency of social work and social care services in Scotland”. Will the Bill, as introduced, be successful in achieving this purpose? If not, why not?

Please provide your response in the box provided.:

The Bill, as introduced, will allow the creation of a new national body called the National Care Service. Whether it will achieve anything beyond that is not possible to say because at this stage the Bill is high level and not detailed enough to explain how it will improve quality and consistency across social work and social care. What the Bill does do, is provide an opportunity to address the current variation that exists when patients access pharmaceutical care within social care services.

The Bill, and the subsequent National Care Service, will allow the setting of minimum standards for medicines management in care services and clarity over their safe prescribing, use and administration. It will also give the opportunity for the development of new structures to ensure integrated working among all professions across both the new National Care Service and the existing National Health Service.

Is the Bill the best way to improve the quality and consistency of social work and social care services? If not, what alternative approach should be taken?

Please provide your response in the box provided.:

Are there any specific aspects of the Bill which you disagree with or that you would like to see amended?

Please provide your response in the box provided.:

#### Data

There is mention of Care records within the Bill, but it does not go far enough to ensure a single shared record it makes reference only to a 'system' but does not afford any further detail.

Key to achieving consistency of social work and social care services is appropriate access to data to enable the best care of individuals – with careful consideration given to what steps are required to develop an interoperable care dataset across settings. This single shared integrated electronic patient record needs to be accessible across health and social care in order to achieve safe systems for prescribing, supply, storage, and administration of medicines within the NCS and truly transform patient care. There is more detailed mention of this nationally consistent, integrated and accessible electronic social care and health record within the financial memorandum and the data protection risk assessment, but this intention is not reflected in the Bill itself.

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.

#### Training

There is no detail within the Bill of training needs within the NCS, only that appropriate or necessary training will be provided. At present, 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. We need legislation to ensure all care providers apply consistent high quality service standards to deliver safe use of medicines and train staff to deliver these services. We need to include in any training informal carers and provide them with support when needed.

Is there anything additional you would like to see included in the Bill and is anything missing?

Please provide your response in the box provided.:

We appreciate the Bill, as introduced, will allow the creation of the National Care Service and as such some of the detail may not be in this legislation. We have highlighted below aspects of any National Care Service which we feel need to be covered by legislation whether that be primary or secondary.

#### Standards and Governance

Within the Bill there is a section on the strategic planning to be carried out by both Ministers and the Care Boards but within the detail of what must be included in these plans there is no mention of the need for minimum standards to be met. This is referenced within some of the supporting documents e.g., Equality impact assessment but does not seem to form part of the legislation. It is vital that within any NCS there are nationally agreed standards to ensure safe systems for prescribing, supply, storage, and administration of medicines in care services. These standards must be applied by all care providers to guarantee the quality and consistency of pharmaceutical care within the service. 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.

There is no mention of any governance that must be put in place within the National Care Service. 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. There needs to be a robust governance structure within the National Care Service, led by a pharmacist, to achieve safe use of medicines and appropriate medicines management.

#### Avoid fragmentation

There is no detail within the Bill on the proposed changes to the contractual arrangements for primary care services, including community pharmacy and GP practices. There is also no mention within the Bill at this level of the interface with hospital services. There is a risk without this detail that a separation between primary and secondary care services develops which will impact on patient care across settings. This must be avoided. It should be made clearer

how the organisational structure of the NCS will improve consistency, ensure minimum standards are delivered and raise the quality of services.

#### Leadership

There is no mention of any strategic leadership roles which would be required at a Care board level, in particular those roles that would involve medicine management and pharmaceutical care. Given the fundamental importance of medicines use in care services, it is essential that an Executive Director role is created for pharmacy. This role would include oversight and co-ordination of all aspects of medicines management within the National Care Service to ensure pharmacy teams in all settings work together to provide seamless care to patients. There should also be roles which specifically include strategic oversight of medicines safety and governance within each Care Board. It is important these roles be carried out by pharmacists to ensure there is appropriate professional representation and leadership wherever medicines are involved.

#### Care homes, care at home and supported living

The Bill, as introduced, does not give detail as to exactly what services will be taken under the NCS. 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.

#### Future secondary legislation

Please provide your response in the box provided:

We appreciate the Bill, as introduced, will allow the creation of the National Care Service and as such some of the detail may not be in this legislation. We have highlighted in previous answers details of any National Care Service which we feel need to be covered by legislation whether that be primary or secondary.

We feel that more detail around care records and data is need within this Bill as above. We also believe that the strategic plans to be set out by Scottish Ministers and care boards should include a section on standards and governance. Secondary legislation could define the detail of these standards, for example to ensure the safe use of medicines, but the core principle of maintaining standards should be within this Bill.

#### Transfer of services to the National Care Service

Please provide your response in the box provided:

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.

Do you have any general comments on financial implications of the Bill and the proposed creation of a National Care Service for the long-term funding of social care, social work and community healthcare?

Please provide your response in the box provided.:

It is not possible to comment on the financial implications of the Bill when we are not clear on what services will be brought under the NCS. We are unsure if independent contractors such as community pharmacists will be included or is it just GP practices that are being considered?

#### Impact assessments

Please provide your response in the box provided.:

#### Questions about the Financial Memorandum

Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?

Please provide your response in the box provided.:

No

If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the financial memorandum (FM)?

Please provide your response in the box provided.:

Did you have sufficient time to contribute to the consultation exercise?

Not Answered

If the Bill has any financial implications for you or your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.

Please provide your response in the box provided. :

Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?

Please provide your response in the box provided. :

If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?

Please provide your response in the box provided. :

Does the FM accurately reflect the margins of uncertainty associated with the Bill's estimated costs and with the timescales over which they would be expected to arise?

Please provide your response in the box provided. :

### National Care Service principles (Section 1)

Please provide your comments on the National Care Service principles in the box provided.

Use text box provided:

We agree with the general principles

### Accountability to Scottish Ministers (Sections 2 and 3)

Please provide your comments on Scottish Ministers' overarching responsibilities for the National Care Service in the box provided.

Text box provided below:

### Strategic planning and ethical commissioning (Chapter 2)

Please provide your comments on this part of the Bill in the box provided.

use text box below:

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### National Care Service Charter (Sections 11 and 12)

Please provide your comments on these sections of the Bill in the box provided.

Text box:

### Health and social care information (Part 2)

Please provide your comments on this section of the Bill in the box provided.

text box:

## Data

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## Reserved right to participate in certain contracts (Section 41)

Please provide comments on this section of the Bill in the box provided.

text box:

## Final provisions (Part 4)

Please provide comments on this part of the Bill in the box provided.

text box: