



## RESPONDENT INFORMATION FORM

**Please Note** this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

- Individual  
 Organisation

Full name or organisation's name

Royal Pharmaceutical Society

Phone number

01315564386

Address

Postcode

EH8 8AS

Email

[Scotinfo@rpharms.com](mailto:Scotinfo@rpharms.com)

106 Holyrood Road,  
Edinburgh

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name  
 Publish response only (without name)  
 Do not publish response

### Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

No

## **CONSULTATION QUESTIONS INDEX**

1. Introduction
2. Chapter 1 – The legislative and policy context
3. Chapter 2 – Rights and responsibilities
4. Chapter 3 – NHS board and education authority agreements and policies
5. Chapter 4 – School level arrangements
6. Chapter 5 – Circumstances where a school may need to make special arrangements for supporting children and young people with healthcare needs
7. Annexes A & B – Guidance on the use of emergency salbutamol inhalers and other condition specific information
8. Annexes C and D – Other relevant legislation, other useful guidance documents and useful organisations
9. Paracetamol (and the use of other non-prescription medicines in schools)
10. Guidance Structure
11. General

## CONSULTATION QUESTIONS

(If you are responding to this consultation electronically, to complete tick boxes, please double click on one of the boxes above and select the default value as 'checked').

### 1. Introduction

The introduction provides information on what the guidance is about, how the guidance should be used, the status of the guidance and principles that should be applied in supporting the healthcare needs of children and young people in schools.

- Is the information provided in the introduction clearly set out? Please tick the box that applies.

**Yes**  **No**  **Don't know**

- If you selected no, please provide details of additional information which should be included or removed and a brief reason for it.

- Are there any areas missing, requiring strengthening, or which are not required? Please tick the box that applies.

**Yes**  **No**  **Don't know**

- If you selected yes, please provide alternative suggestions or indicate the areas which should be removed.

Perhaps it needs to place greater emphasis on the need of the patient. Currently it majors on the procedures to be followed highlighting the relative complexity of each process and its associated legal framework. Staff may consider that these to be too difficult to follow, or interpret them wrongly and not provide any intervention which could be detrimental to patient care. The importance of providing appropriate and timeous care to the child in this setting needs to be prominently emphasised throughout the document.

## 2. Chapter 1 – The legislative and policy context

This chapter of the guidance sets out the legal and policy framework which directly affects the provision of healthcare support in schools.

- Does this chapter provide sufficient reference to the relevant policy and legislative provisions? Please tick the box that applies.

Yes  No  Don't know

- If you selected no, please provide details of additional information which should be included or removed and a brief reason for it.

The guidance doesn't make reference to the Misuse of Drugs Act 1971 (and associated current regulations and subsequent amendments – e.g. footnote no. 102) nor the Psychoactive Substances Act 2016. While we appreciate the main focus of the guidance is on healthcare, we believe that it is equally important to consider the role of schools in preventing substance misuse and in being aware of how to tackle situations involving controlled drugs or psychoactive substances.

There may also be circumstances where a pupil for health reasons may require a controlled drug. Non-healthcare settings, such as schools, should have systems and processes in place for storing, recording and transporting controlled drugs that belong to a person who is under the organisation's supervision.

Controlled drugs, such as some of the treatments for Attention Deficit Hyperactive Disorder are controlled by the Misuse of Drugs Act 1971, therefore it is imperative that controlled drugs are strictly managed between the school and parents.

The Guidance also makes no reference to the regulations relating to the disposal of hazardous waste (e.g. Footnotes referenced 76, 77, 78 and 79). It may be advantageous to include this for further context for related aspects of the guidance.

The Scottish Government may also wish to reference Prescription for Excellence, the wider primary care team and the changing role of pharmacists? (Listed as a resource in Appendix)

- Does the information provided under each heading in this section adequately explain how the legislation or policy applies in relation to provision of healthcare or administration of medicines in schools? Please tick the box that applies.

Yes  No  Don't know

- If you selected no, please provide suggestions or additions that should be made and a brief reason for it.

Para 5. Age of Legal Capacity (Scotland) Act 1991 – explanation needs to be more explicit and embracing to incorporate mention of other healthcare practitioners who may assess the child's capacity to understand the intervention. Applies to community pharmacists and Emergency Hormonal Contraception supply. Content implies that only medical practitioners have authority under the Act which is not accurate. Literal interpretation could restrict access to treatment.

### 3. Chapter 2 – Rights and responsibilities

This chapter outlines the framework of responsibility and accountability that NHS boards, education authorities and schools have when putting in place arrangements for supporting the healthcare needs of children and young people at school.

It reflects the importance of collaborative working to provide support and enable children and young people with healthcare needs to participate fully in their learning and in the life of the school.

- Are there any areas missing, requiring strengthening, or which are not required and could be removed? Please tick the box that applies.

**Yes**  **No**  **Don't know**

- If you selected yes, please suggest ways in which this section might be improved.

Para 37 – should include reference to pharmacists as members of the wider primary care team. Many pharmacists work in GP practice and are the point of contact for any medication queries, similarly pharmacists working in community can provide advice and information and will have been in regular contact with children, their families and carers.

Para 41 – Do all schools have a school health team? Is this a statutory requirement? Suggest paragraph 49 is moved here as it contains more useful detail general expertise mentioned above, particularly with reference to safety and accessibility of medicines in school policies and procedures. (Reference paragraph 57)

Para 43 – For some complex medicines regimens you may wish to directly reference the expertise that can be provided by pharmacists.

Para 50 – Pharmacists should be included as member of the school health team, particularly in instances where a child/children/young person(s) have more complex pharmaceutical care needs.

Para 57 – It is essential to include the role of pharmacists and community pharmacies as an important resource for advice. Parents also need to be aware that they can register their child for the NHS Minor Ailment Service in community pharmacy and that if their child has a long-term medical condition, and receives regular prescriptions, they can register their child for the NHS Chronic Medication Service in community pharmacy.

Para 58 – This para should move up to the section above. Pharmaceutical advice shouldn't be restricted to coming from NHS Board pharmacists – pharmaceutical advice could also be provided from practice-based pharmacists (some of whom may be NHS Board employees) or the local community pharmacist.

Para 63 – While we agree that 'staff who play a direct role in supporting the health and wellbeing needs of an individual child or young person should have access to relevant information which includes information on their health needs', we would like to understand how this will be supported. Currently, no single health practitioner has

access to one patient record (a single health record doesn't yet exist). With new methods of access to medicines and many more health professionals now prescribing GP records which traditionally hold most information are no longer always a complete record of an individual's care or healthcare needs. The community pharmacy will have a record of all medicines dispensed from that community pharmacy in their Patient Medical Record (PMR), but does not routinely have either read or write access to the Emergency Care Summary (ECS).<sup>12</sup> Equally important is the consideration of how any healthcare provided in schools gets recorded back on the child or young person's GP or pharmacy records.

Para 64 – This para needs to be clearer as to who will be responsible for administering medication and support children and young people's healthcare needs while they are in the care of the school to ensure access to medicines is available when required in a person centred approach to care .

#### 4. Chapter 3 – NHS board and education authority agreements and policies

This chapter sets out that NHS boards must ensure that they have strategic joint agreements in place with the relevant education authority which determines the respective responsibilities of each in relation to supporting the healthcare needs of children and young people in schools in their areas (outlining local protocols and procedures, including training). These strategic joint agreements will reflect or form part of the local arrangements in place for children's services planning and should reflect the principles of "*Getting it Right for Every Child*".

- Are there any areas missing, requiring strengthening, or which are not required and could be removed? Please tick the box that applies.

**Yes**  **No**  **Don't know**

- If you selected yes, please suggest ways in which this section might be improved.

Para 71 – The last sentence needs an end.

Para 74 – Pharmacists are well-placed to provide more information on many common medical conditions and the medicines associated with their healthcare. This could link directly to the experiences and outcomes sought through Curriculum for Excellence Health & Wellbeing, specifically the Substance Misuse segment.

Para 75 – If school staff are administering medicines (under the direction of the prescriber and appropriately supported by the school health team), will they require

<sup>1</sup> Your Emergency Care Summary – What does it mean for you?

<http://www.nhs24.com/explained/myinfohhs24/ecs/>, accessed 11 April 2017.

<sup>2</sup> For more info read our response to the Scottish Government's Digital Strategy Consultation:

<https://www.rpharms.com/news/details/Digital-transformation-required-to-enable-improved-records-sharing>, accessed 11 April 2017.

any further insurance/indemnification arrangements from what is currently in place? What is the process when errors occur in the event of not administering according to direction by the prescriber?

Para 77 – Data sharing arrangements must be transparent, and children, their families and carers must give informed consent for information sharing.

## 5. Chapter 4 - School level arrangements

This chapter sets out that schools should consider the NHS Board and EA joint policy framework on supporting the healthcare needs of children and young people and adopt or reflect this in any of the local policies and practices that are put in place by any individual school or cluster of schools. This will ensure that the arrangements in place at school are consistent with other schools in the area, and appropriate to the local context of the school and the school community.

- Are there any areas missing, requiring strengthening, or which are not required and could be removed? Please tick the box that applies.

**Yes**  **No**  **Don't know**

- If you selected yes, please suggest ways in which this section might be improved.

This section should contain something to raise awareness of the actual usage of illicit drugs within schools and the implications of this which can result in emergency situations. In particular the evolving use of New Psychoactive substances (NPS) where use means that young people can present with symptoms and behaviours not seen in with other substances and can be unpredictable. Any instances of NPS use and associated side effects should be recorded and reported to an appropriate health professional as further treatment might be appropriate and /or data collected on the incident.

Para 84 – needs to include mention of the patient's designated community pharmacist.

Para 90 – Where will the healthcare plan be held to facilitate appropriate access for everyone involved?

Para 95 – dealing with medicines safely. Medication queries should be directed to a pharmacist as the key healthcare professional possessing the greatest level of expertise in the use of medicines The Royal pharmaceutical Society has reference resources on safe and secure handling of medicines in social care settings on their website.

97 – Should say 'Medicines may be harmful to ...' rather than 'some medicines....' and that the local education authority is "responsibility for managing the risks" to the

health of others...

98 – Agree self-management must be supported when required and that suitable facilities should be available, allowing for the required flexibility in timing of doses. A further consideration in relation to self-management is also risk to others. Para 99 covers some of this but not all and Para 100 below touches on this.

Para 100 – Clear instructions on any special requirements must be communicated to schools by children their families or carers if children are allowed to self-manage, but require medicines that need special storage (e.g. fridge). Where is the schools liability if anything goes wrong?

Para 105 and 106. Important that this reads 'appropriate healthcare practitioner', Not always necessary to be a medical practitioner and this expectation could delay access to care.

Para 108 parents or carers should be informed if there are any problems in administering medicines.

Para 109 – Children and young people are eligible to register for the Minor Ailment Service with their designated community pharmacy to facilitate access to non-prescription medicines such as analgesics and antihistamines on the NHS without the need to see a GP when required for common clinical conditions .

Para 112. Please add a line to ask a pharmacist if there are any queries regarding both bought and prescribed medications. Reference should be to 'products containing codeine'

Para 114. A record should be made when a patient's refuses to take medication including the reason given.

## **6. Chapter 5 – Circumstances where a school may need to make special arrangements for supporting children and young people with healthcare needs**

The policy framework as agreed by NHS boards and EAs on supporting the healthcare needs of children and young people in schools should be adopted or reflected in any of the local policies and practices that are put in place by any individual school or cluster of schools. This will ensure that the arrangements in place at school are consistent with other schools in the area, but are also appropriate to the local context of the school and the school community.

- Are there any areas missing, requiring strengthening, or which are not required and could be removed? Please tick the box that applies.

**Yes**  **No**  **Don't know**

- If you selected yes, please suggest ways in which this section might be improved.

This section should include also making reasonable adjustments also in relation to exams as some medication is time-sensitive and e.g. blood glucose monitoring may be required out with the examination room.

For school trips and outdoor learning activities consideration must be given to storage of medicines and the same standards for administration and supervision applied.

## **7. Annexes A & B – Guidance on the use of emergency salbutamol inhalers and other condition specific information**

Annex A provides guidance to education authorities and schools in Scotland on the use of emergency Salbutamol Inhalers to accompany the guidance to NHS boards, education authorities and schools on ‘Supporting the healthcare needs of children and young people at school’. Annex B contains other condition specific information.

- Are there any areas missing, requiring strengthening, or which are not required and could be removed? Please tick the box that applies.

**Yes**  **No**  **Don't know**

- If you selected yes, please suggest ways in which this section might be improved.

Very welcome information on asthma as the majority of asthma deaths are deemed preventable as adherence to treatment is an important aspect of this.

While it is difficult to cover all therapeutic areas or possible emergency situations there are other areas which might be highlighted e.g. Should there also be a raised awareness of the emergency use of EpiPens in severe allergic reactions and anaphylactic shock? Is training given if children with a prescribed EpiPen are in the school?

Para 24 – Will work placements/volunteers ever be in sole charge of children and need to be informed on policies and emergency procedures?

### **8. Annexes C and D – Other relevant legislation, useful guidance and useful organisations**

Annexes C and D provide additional information/ resources to support the guidance.

- Do these Annexes provide appropriate supplementary detail? Please tick the box that applies.

**Yes**    **No**    **Don't know**

- If you selected no, please provide details of additional information which should be included or removed and a brief reason for it.

### **9. Paracetamol (and the use of other non-prescription medicines in schools)**

Paragraph 109-112 of the guidance sets out:

#### **Paracetamol (and the use of other non-prescription medicines in schools)**

109. Children and young people in schools sometimes ask for painkillers (analgesics) or other non-prescribed medication at school such as antihistamines. However, schools should not hold non-prescribed medication. If a child or young person suffers regularly from acute pain or symptoms, such as a headache, period pain or hay fever, parents may provide the school with non-prescribed medication alongside clear and appropriate instructions and consent for the medication to be (often via the completion of a standard form). Alternatively parents (or where appropriate the young person) may ask for the medication to be prescribed by a GP.

110. A member of staff should supervise younger children taking the medication and ensure that the individual's parents are informed on the day the medication is taken.

111. Some children and young people with the maturity and capacity to carry and self-manage their own non-prescribed medication and symptoms (for example, for

period pain, occasional headaches, minor viral illnesses, coughs, sore throats or hay fever) should be allowed to do so. In such circumstances it is recommended that only medication that can be purchased from a pharmacy should be carried and that children and young people carry as little medication as possible in the original pack or bottle. It is recommended that children and young people should carry as little medication as possible in the original pack or bottle - normally only enough for a single school day (although this may not be possible for liquids or sprays). Blister packs, for example, can be cut to ensure only a single day's medication is carried.

112. It should be noted that children under 16 should not be given or take aspirin, unless prescribed by a doctor<sup>3</sup>. Further, codeine should not be provided to children under 12 as it is associated with a risk of respiratory side effects, and is not recommended for adolescents (12 to 18) who have problems with breathing<sup>4</sup>.

- This is a particularly difficult balance to strike, is the guidance on this particular issue appropriate? Please tick the box that applies.

Yes  No  Don't know

- If you selected no, please provide details of additional information which should be included or removed and a brief reason for it.

Please add a line to say that any medication queries on both prescribed and bought medicines should be directed to a pharmacist

<sup>3</sup> <http://www.nhsinform.co.uk/health-library/articles/a/anti-platelets-aspirin-low-dose/introduction/>

<sup>4</sup> <https://www.gov.uk/drug-safety-update/codeine-for-cough-and-cold-restricted-use-in-children>

## 10. Guidance Structure

Does the structure help the reader to follow/use the guidance effectively? Please tick the box that applies.

Yes  No  Don't know

- If you selected no, please explain your answer.

Some text should be rearranged as information on one topic is in several places.

- Is there anything in the body of the document that you would like moved to an annex or anything in an annex moved to the body of the document? Please tick the box that applies.

Yes  No  Don't know

- If you selected yes, please provide details of the changes you would wish to see.

## 11. General

Is the guidance helpful? Please tick the box that applies.

Yes  No  Don't know

- If you selected no, please explain your answer.

- 
- Are there any other comments you would wish to make about the draft guidance in supporting the health care needs of children and young people in schools?

The Handling of Medicines in social care settings is currently being updated – the address for this on our new website is:  
<https://www.rpharms.com/resources/toolkits/pharmaceutical-services-to-social-care-settings>

We would like The Royal Pharmaceutical Society to be included in the list of useful organisations as an appropriate organisation to access for further helpful information about medicines: [www.rpharms.com](http://www.rpharms.com) . Many of our resources are on open access on the website.

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We are the only body that represents all sectors and specialisms of pharmacy.

The RPS leads and supports the development of the pharmacy profession to deliver excellence of care and service to patients and the public. This includes the advancement of science, practice, education and knowledge in pharmacy and the provision of professional standards and guidance to promote and deliver excellence .

We would also suggest including NHS Inform and the BNF as a source of further information, particularly BNF for Children -

<https://www.medicinescomplete.com/about/publications.htm>.

Health literacy is important and should be included in the curriculum to improve general knowledge on navigating the NHS and the use of medicines, particularly the dangers of sharing any medicines.

**Thank-you for responding to this consultation.**

**Please return a completed copy of respondent information form by email to [HNIS@gov.scot](mailto:HNIS@gov.scot) or by post to HNIS, Support and Wellbeing Unit, Area 2C South, Victoria Quay, Edinburgh, EH6 6QQ**