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Health and Sport Committee
Scottish Parliament
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Consultation on the Draft Health and Sport Budget 2018-19

The Royal Pharmaceutical Society (RPS) is the professional body for individual members of the pharmacy profession across all sectors. We welcome the opportunity to respond to this call for views and would like to respond to the questions from the perspective of how the pharmacy profession is able and willing to support the National Performance Framework, the Local Development Plan (LDP) standards and the National Health and Wellbeing Outcomes.

The RPS welcomes any questions from the committee regarding our response and would be happy to discuss any aspects in more detail if required.

Key messages:

- There is not enough emphasis on a longer term budgetary strategy to implement the transformational change required to sustain our NHS for the future.
- Treating illness is only one aspect of the NHS and there must be increased funding for public health measures which encourage prevention of disease and investment in health literacy.
- There is expertise available within the pharmacy profession which is currently under-resourced and under-used which could positively contribute to implementing many of the national outcomes detailed in the National Performance Framework[1].

Question 1: Do you consider that the Scottish Government's Health and Sport Budget for 2017-2018 reflects its stated priorities (as set out in the National Performance Framework, the LDP standards and the National Health and Wellbeing Outcomes)? If not, how could the budget be adjusted to better reflect priorities?

According to the most recent Scottish Government figures[2], the only health related national indicator to show improved performance is "*improve the quality of healthcare experience".* Others such as "*reduce the percentage of adults who smoke"* and

[1] National Performance Framework
[2] Performance versus National Indicators July 2017

"*reduce emergency admissions to hospital"* have remained steady while there has been a worsening performance in "*reduce premature mortality"*

Outcome 1 – 'people are able to look after and improve their own health and wellbeing and live in good health for longer'.

Smoking remains one of the biggest causes of death and ill health in Scotland and smoking cessation measures have been most successful in the higher socio-economic groups where life expectancy remains higher than in more deprived areas. More investment in public health and preventative measures to address inequalities are therefore still required. The previous RPS responses to both the Scottish Parliament Health and Sport Committee[3] and Finance Committee[4] outline in more detail the areas where more could be done to achieve this.

Question 2: For the Health and Sport Budget 2018-2019, where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?

Medicines account for a very substantial portion of the NHS budget with an annual spend of £1.4 billion but we know that around 50% of medicines are not taken as prescribed.[5] The RPS believes that additional resources could be more effectively deployed and that the expertise of the pharmacy profession in maximising benefit from treatment, minimising unintentional harm and reducing waste is still underused and under-resourced in both primary and secondary care.

Our Manifesto for the Scottish Election in 2016[6] "*Right Medicine - Better Health – Fitter Future*" outlined the areas where more resource was required to reduce the number of hospital admissions from avoidable harm, to speedily resolve medicines related issues on admission to hospital and to free up time for pharmaceutical care across primary care, improving adherence to treatment and patient outcomes.

"The Review of NHS Pharmaceutical Care of Patients in the Community in Scotland" by Scottish Government in 2013[7] outlined the areas where change must be implemented to improve overall care but to date many of these recommendations have not yet been actioned.

There is much more that could be done to provide true person centred, as opposed to system driven, care, and to realise improvements in the patient journey, in particular when people and their medicines move between hospital and other care settings. A shift in funding for 2018-2019 is required to provide a focus on the National Health and

[3] http://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/PA056_The_Royal_Pharmaceutical_Society_.pdf
[4] http://www.parliament.scot/S4_FinanceCommittee/General%20Documents/Royal_Pharmaceutical_Society_11.2015.pdf
[5] http://www.nice.org.uk/nicemedia/pdf/CG76FullGuideline.pdf
[6] Royal Pharmaceutical Society in Scotland 2015 "Right Medicine –Better Health-Fitter Future "
[7] The Review of NHS Pharmaceutical Care of Patients in the Community in Scotland, by Dr Hamish Wilson and Professor Nick Barber in 2013

Wellbeing Outcomes[8] with visible investment targeted at provision of pharmaceutical care within Health and Social Care Integration.

Technology

In the RPS response to the Technology and Innovation in the NHS call for views[9] we stated that one of the failures of the current Scottish Government's eHealth Strategy was the lack of read and write access to a patient's electronic health record by community pharmacists which is now an urgent patient safety concern. Access to the Emergency Care Summary (ECS) was promised for community pharmacists by 2014 and this has not yet been actioned.

The primary care network must have up-to-date technology that functions within a stable infrastructure to support safe and quality care in all settings. Appropriate read and write access to the patient's health record is essential to allow all health professionals involved in a person's care to make more informed and safer health decisions. The RPS policy on access to health records[10] cites many examples of where appropriate access to information has improved patient safety and increased access to treatment.

Future Models of Care

Currently, in Scotland, £16.2m is being invested to fund pharmacists in GP practices in order to improve patient access during this period of GP workforce deficit. Funding is equivalent to 140 whole time equivalent pharmacists who have advanced clinical skills training. This will improve access for patients, relieve the pressure on both GPs, A&E departments and Out of Hours services, ensure better use of medicines and NHS resources and support improving patient outcomes. This however, is nowhere near the level of resource required to provide every GP practice with access to the expertise of a pharmacist as promised by the current Scottish Government in the SNP manifesto in 2016[11]

Pharmacists First

Some Health boards are currently piloting an extension of the NHS Minor Ailment Service in community pharmacies to allow access to the service by all patients. The MINA study[12] established that management of minor ailments from community pharmacies was both cost-effective in terms of lower prescribing costs as well as giving equivalent health outcomes for patients. There are other new initiatives in community pharmacy to improve access to treatment for common clinical conditions such as urinary tract infections and impetigo. The shift to pharmacy as a first port of call improves the capacity of GPs and Out of Hours teams to provide appropriate care

[8] National Health and Wellbeing Outcomes
[9] Technology and Innovation in the NHS RPS Response to Call for Views July 2017
[10] https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy%20statements/patient-health-record-2015.pdf?ver=2016-10-12-152437-883
[11] https://d3n8a8pro7vhmx.cloudfront.net/thesnp/pages/5540/attachments/original/1485880018/SNP_Manifesto2016-web_(1).pdf?1485880018
[12] Community Pharmacy Management of Minor Illness

for more serious conditions. Initial evaluation is proving positive and when established resourcing of a national service must be prioritised.

Care Homes and Care at Home

Care homes and care at home are two areas where medicines play an essential part of care but currently there is very little resource in providing pharmaceutical care in order to improve patient safety and improve the quality of life in later years. The RPS Care home report in 2012 [13] called for more clinical roles for pharmacists and although there has been some improvement and new roles created this has not yet been established as the norm across Scotland. There is evidence that de-prescribing and addressing polypharmacy issues is most successful when integrated into multidisciplinary team working. [14] Our report is currently being refreshed and new and outstanding issues will be highlighted, calling for the changes in the provision of pharmaceutical care required to improve the quality of life of these vulnerable groups of people.

Question 3: Is sufficient information available to support scrutiny of the Scottish Government's health and sport budget? If not, what additional information would help support budget scrutiny?

The RPS believes that there is not sufficient information available to support scrutiny of the budget and in particular, how the budget has been allocated across the individual Health and Social Care Partnerships (HSCP) in relation to achievement of the National Performance Framework Indicators.
The RPS would like clarity on the Scottish Government's budget proposals to build on the success of existing pharmaceutical care services and to develop new, innovative services which will support the National Performance Framework.

Question 4: What impact has the integration of health and social care budgets had on ensuring resources are directed at achieving the Scottish Government's desired outcomes?

It is not yet clear from available outcomes what improvements have been achieved in this area**.**

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[13] Improving Pharmaceutical Care in Care Homes March 2012
[14] NHS Polypharmacy Guidance 2015