

## ANNEX A



### Consultation on the new national public health body 'Public Health Scotland'

#### RESPONDENT INFORMATION FORM

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

To find out how we handle your personal data, please see our privacy policy:  
<https://beta.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual  
 Organisation

Full name or organisation's name

|                              |  |
|------------------------------|--|
| Royal Pharmaceutical Society |  |
|------------------------------|--|

Phone number

Address

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| Holyrood Park House<br>106 Holyrood Road |
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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)

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If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

Do not publish response

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

## **ANNEX B CONSULTATION QUESTIONS**

### **Chapter 2**

**Question 1:** Do you have any general comments on the overview of the new arrangements for public health?

We support the proposed whole system approach for the new organisation to focus on multidisciplinary working, designed with people and with an emphasis on prevention. Evidence gathering and use of data to evaluate and improve services is an essential element. Public Health is a wide overarching area and having a joint leadership and accountability between Ministers and local authority is a positive step forward. Establishing this in practice as a new model with a distinct role, as opposed to the current system of accountability for local authorities will be crucial.

### **Chapter 3**

**Question 2:** (a) What are your views on the general governance and accountability arrangements?

We agree that the Board should set the strategic direction but it should also be influencing Scottish Government and COSLA, based on science and evidence as well as responding to their priorities. It will be important to work with Royal Colleges and professional bodies across health and social care using their expertise to gain intelligence, including the sharing of best practice; to highlight where gaps exist in the system at practitioner level and areas for future development.

(b) How can the vision for shared leadership and accountability between national and local government best be realised?

Joint decision making based on local needs will be an essential element of sharing leadership and accountability. Using an MoU to provide clarity of roles and responsibilities would seem to be a sensible approach.

**Question 3:** (a) What are your views on the arrangements for local strategic planning and delivery of services for the public's health?

(b) How can Public Health Scotland supplement or enhance these arrangements?

The Primary Care Clinical Professions Group (PCCPG) represents the professional bodies of all the front line clinical professions. The group comes together to jointly advocate for areas of commonality across the health sectors. This has so far including developing principles for primary care and for a digital enabled health service. They have also raised the issue of the public messaging required for widening the primary care team with Scottish Ministers. This group would be ideal as a sounding board for new strategies and we recommend that Public health Scotland meets with this group at planning and development stages.

We support the concept of an enhanced role for public health specialists. Pharmaceutical public health is an intrinsic part of pharmacy practice and forms part of the core national contract for community pharmacies. Community pharmacies are currently providing sexual health, substance misuse and smoking cessation services. There is potential to use this network in local communities to support a much wider public health agenda have potential. There are pharmacist specialists in public health working in all health board areas across Scotland. The expertise in this group can support development of national strategies as well as ensuring strategic planning and delivery are tailored to local needs.

**Question 4:** What are your views on the role Public Health Scotland could have to better support communities to participate in decisions that affect their health and wellbeing?

It will be essential to engage with as many providers as possible and this must include engagement with the pharmacy profession to fully realise the potential of pharmaceutical public health. The community pharmacy network is an extremely accessible network. Public health is already a core element of the national contract and this could be expanded on to provide local and national initiatives to support local communities.

Use of the third sector in partnership will be essential to ensure the person centred bottom up approach is fulfilled as intended and this will support communities to make the changes required to improve outcomes

**Question 5:** (a) Do you agree that Public Health Scotland should become a community planning partner under Part 2 of the Community Empowerment (Scotland) Act 2015?

This would give the organisation statutory duties to participate in community planning locally. Would it be more appropriate to give statutory duties to community planning partnerships so that their local ideas are overseen by Public Health Scotland? Would this facilitate the concept of national priorities delivered locally?

(b) Do you agree that Public Health Scotland should become a public service authority under Part 3 of the Community Empowerment (Scotland) Act 2015, who can receive participation requests from community participation bodies?

The ability to receive participation requests from community bodies would sit well with a person centred, working with people approach, where communities can be part of decision making processes.

(c) Do you have any further comments?

**Question 6:** (a) What are your views on the information governance arrangements?  
(b) How might the data and intelligence function be strengthened?

We support the concept of sharing information across health and social care to enhance patient care with due consideration to confidentiality and security as outlined in the consultation. Sharing of data to provide evidence and evaluations is

essential and there should not be undue restrictions to accessing this. Being able to use local data to tailor services and resources to where they are most required is essential.

New legislation on data sharing can be interpreted very conservatively which restricts sharing of information essential for patient safety.

## **Chapter 4**

**Question 7:** (a) What suggestions do you have in relation to performance monitoring of the new model for public health in Scotland?

The new organisation will be accountable nationally but outcomes will need to be monitored locally. The benefit of a new structure will only be realised when outcomes above and beyond those already seen can be demonstrated. There must not be more layers of bureaucracy or disruptive change without significant improvements both nationally and locally. A once for Scotland approach with consistent recording and monitoring will allow variation in practice to be identified and improvements to be implemented.

(b) What additional outcomes and performance indicators might be needed?

## **Chapter 5**

**Question 8:** What are your views on the functions to be delivered by Public Health Scotland?

It seems sensible to bring together all the areas currently delivered by the three existing organisations, to pool resources and improve communications and impact of any work undertaken.

Public Health Scotland will need to take account of any national strategies already in progress which include elements of public health, such as "*Achieving Excellence in Pharmaceutical Care*" and "*Realistic Medicine*" and its follow up documents.

Raising of public awareness and strong messaging will be required to achieve the cultural step changes required. There needs to be a heightened public awareness of the importance of public health and prevention of ill health, public ownership of the NHS and awareness of the challenges the country faces in terms of inequalities, ageing population, and lifestyle issues.

## **Chapter 6**

**Question 9:** (a) What are your views on the health protection functions to be delivered by Public Health Scotland?

(b) What more could be done to strengthen the health protection functions?

a) This seems to cover the traditional role of health protection.

b) Use of local specialist practitioners e.g. public health pharmacists to make best use of the potential in our community and primary care networks.

## **Chapter 7**

**Question 10:** (a) Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland and,  
(b) If so, what should they be?

The structure should include as wide a multidisciplinary leadership group as possible. While it will not be possible for all professionals to be represented we suggest that given the NHS budget on medicines, that there should be a specialist pharmacist in pharmaceutical public health, both at strategic and local planning levels. Pharmacists are the only health professional with expertise in all aspects of medicines and given the importance of medicines in so many aspects of public health we emphasise the need for the specialist pharmacist roles to be retained, to use the available data to continue building the evidence base for pharmaceutical public health, targeting public health campaigns locally to improve patient outcomes where they are most needed and so delivering maximum impact.

**Question 11:** What other suggestions do you have for the organisational structure for Public Health Scotland to allow it to fulfil its functions as noted in chapter 5?

As above a requirement for the inclusion of public health specialists from pharmacy.

**Question 12:** What are your views on the proposed location for the staff and for the headquarters of Public Health Scotland?

We agree current locations should be used as much as possible to provide local presence and minimise overall focussing on location rather than functions.

## **Chapter 8**

**Question 13:** Are the professional areas noted in the list above appropriate to allow the Board of Public Health Scotland to fulfil its functions?

Public health is a broad church but health is a major component of that. What weighting will be given to each of the categories listed to ensure an optimum skill set is achieved.

**Question 14:** (a) What are your views on the size and make-up of the Board?

As above multidisciplinary health professional representation is essential.

(b) How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?

Inclusivity and a balance between the essential representations of health and social care will provide evidence of this commitment.

## **Chapter 9**

**Question 15:** What are your views on the arrangements for data science and innovation?

This will be a key area for the future. Good data will be essential to make best use of resources by focusing on local needs rather than a blanket approach. It will also be required to successfully share best practice and support resourcing preventative approaches which may be longer term projects. We support the aspirational elements of this and the use of research to inform wider determinants of health and wellbeing. Resourcing will be a challenge.

## **Chapter 10**

**Question 16:** What are your views on the arrangements in support of the transition process?

This should focus on business as usual as much as possible.

## **Chapter 12**

**Question 17:** (a) What impact on equalities do you think the proposals outlined in this paper may have on different sectors of the population and the staff of Public Health Scotland?

If implemented correctly the proposals should have a positive impact on equalities in all sectors.

(b) If applicable, what mitigating action should be taken?

## **Chapter 13**

**Question 18:** What are your views regarding the impact that the proposals in this paper may have on the important contribution to be made by businesses and the third sector?

The proposals should increase the role of business and the third sector and be a positive move.