

**PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

**Yes**

**No**

2. If no, please explain why:

3. Are there any additional matters that should be included within the regulations?

**Yes**

**No**

4. If yes, please suggest:

The NPA believes that the regulations should clearly define the expertise that the Integration Joint Board and Monitoring Committees should hold within its membership. For the Joint Board and Monitoring Committees to be able to work effectively the membership of the committees must include those who have a full understanding of the health and social care roles involved in specific service provision. This needs to include those who have knowledge and understanding of relevant contractual arrangements. This expertise is necessary for successful delivery of integrated health and social care services. The prescribed information should include evidence that all relevant social care and health professional expertise is included on the Board and Monitoring Committee.

The Bill discusses wide professional consultation, specifically mentioning General Practitioners, it should be a requirement that the overall planning committees include the expertise of all health and social care professions, and the inclusion of all relevant professions in local planning, rather than just by consultation. Community pharmacies sit where health and social services meet and provide services which enable people to stay in their own homes for longer. This knowledge need to be available to enable the effective planning and implementation of integrated services.

5. Are there any further comments you would like to offer on these draft Regulations?

The regulations need to ensure that the right range of knowledge and expertise is involved in the planning, commissioning and delivery of services to enable patients the ability to access the right care in the right place by the appropriate provider. Community pharmacy, one of the gateways to the NHS, must be represented in planning and commissioning Boards and Committees.

**PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

1. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes

No

2. If no, please explain why:

3. Are there any further comments you would like to offer on these draft regulations?

**PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

Yes

No

If no, please explain why:

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

Yes

No

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

The NPA believes that the inclusion of some community pharmacy services within Joint Integrated services will positively contribute to the National Health and Wellbeing Outcomes.

Community pharmacists are the most accessible health professionals in Scotland. There are over 1200 community pharmacies in Scotland operating as independent contractors to NHSScotland within a nationally agreed contract.

Community pharmacies are located where people live and work and are to be found right in the heart of communities. As such community pharmacy owners have the potential to have considerable impact on the successful delivery of the National Health and Wellbeing Outcomes by providing integrated health and social care services.

There are more pharmacies per head of population in areas of deprivation, where health and social care needs are greater. Community pharmacies typically open for longer than other primary care health services and the pharmacist is available without the need for an appointment. Community pharmacists and their teams typically see patients more frequently than any other healthcare provider and this is certainly true for the elderly. The vast majority of community pharmacies have consultation rooms in which a conversation can take place without being overheard.

Pharmacists are listed in the Regulation tables as providing addiction services, community mental health services, learning difficulties services and health promotion. The value community pharmacists provide with addiction services and health promotion has been quantified recently in independent reviews.

Medical care for older people, to the extent not covered by unplanned admissions, is listed in the regulations however pharmacists are not listed as a provider. The NPA believes this omission requires clarification of the definition of medical care or the insertion of pharmacists as providing this care. Community pharmacists typically see people, especially older people, more frequently than any other health care provider. This frequent contact means pharmacy staff can be the first to notice when things are amiss; such as a patient has fallen or is at risk of falling, this informal monitoring can be transformed into a formal role when linked to other health and social care providers. For example integrated care systems for substance misusers link the pharmacy, key worker, patient and prescriber. Pharmacists provide care to older people in a variety of ways including management of care issues and assessment of pharmaceutical risk through the Chronic Medication Service. The medicines advice provided to patients and carers at the point of prescription, Minor Ailment Service and over-the-counter medicine supply, and commonly with older people the provision of medicine compliance aids all contribute significantly to medical care for older people. Many pharmacists undertake domiciliary visits to older patients and most pharmacies provide a delivery service which could provide an opportunity for a health or social care intervention for housebound patients or their carers with a member of the pharmacy team.

Women's health including family planning also has no mention of services provided by community pharmacists. Community pharmacists are the main provider of emergency hormonal contraception in the community and have a long established successful EHC service in place. This family planning service along with its potential for further development should be recognised within the services listed.

The contribution that community pharmacists provide in reducing GP out of hours, A&E attendance, and unplanned hospital admissions through the Unscheduled Care service should also be recognised within the regulations.

Prescribing Pharmacists in GP surgeries are included as services to be jointly integrated however the NPA believes that independent prescriber pharmacists working in community pharmacies have a potential role within integrated services.

The Scottish Government Vision and Action Plan for Pharmaceutical Care in the Community aspires to

*“All patients, regardless of their age and setting of care, receive high quality pharmaceutical care from clinical pharmacist independent prescribers. This will be delivered through collaborative partnerships with the patient, carer, GP and the other relevant health, social care, third and independent sector professionals so that every patient gets the best possible outcomes from their medicines, and avoiding waste and harm.”*

The NPA believes that all pharmacist prescribers, regardless of their setting, should be within the remit of an Integration Joint Board. This will enable them to provide the maximum positive impact on the National Health and Wellbeing Outcomes. Accessing both Health and Integrated budgets may place challenges on commissioners. However the NPA believes the unique placement of community pharmacies in the heart of communities, the accessibility they provide to an NHS health professional without an appointment during extended hours and the suitability of their premises to private conversations and access to secure NHS IT systems facilitate community pharmacists taking an active and widening role in the provision of integrated health and social care services.

*The National Pharmacy Association (NPA) is the not for profit trade body which represents the vast majority of independent community pharmacy owners (including independent multiples) in Scotland and across the UK. The Association provides its members with professional and commercial support as well as representing the interests of community pharmacy.*

**PROPOSALS FOR NATIONAL HEALTH AND WELLBEING  
OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT  
WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes

No

If no, please explain why:

2. Do you agree that they cover the right areas?

Yes

No

3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes

No

5. If not , why not?

6. Are there any further comments you would like to offer on these draft Regulations?



**PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE  
TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING  
TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

Yes

No

2. If you answered 'no', please explain why:

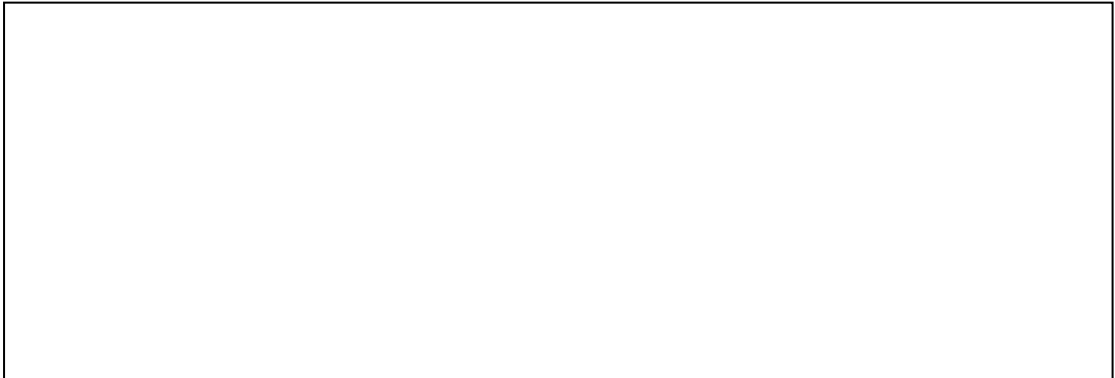
3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

Yes

No

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

5. Are there any further comments you would like to offer on these draft Regulations?

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**PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER  
RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT  
2014**

**CONSULTATION QUESTIONS**

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

**Yes**

**No**

2. If not, which part of the draft Regulations do you believe may not effectively achieve the policy intention of the Act, and why?

3. Are there any further comments you would like to offer on these draft Regulations?