Response to
The Scottish Government

Integration of Adult Health and Social Care in Scotland: Consultation on Proposals

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The case for change

Question 1: Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

Yes √☐ No ☐

The National Pharmacy Association (NPA) is the trade body which represents the entire spectrum of community pharmacy owners in Scotland and the UK. We count amongst our members nationwide pharmacy multiples, regional chains and independent pharmacies accounting for 90% of Scottish pharmacies. This spread of members, our Scotland and UK-wide geographical coverage, and our remit for NHS and non-NHS affairs means that we are fully representative of the community pharmacy sector. In addition to being a representative voice, we provide members with a range of commercial and professional services to help them maintain and improve the health of the communities they service.

The NPA believes that to focus on older people outcomes initially would be practical. There is however a number of existing integrated care schemes, such as those for substance misuse services which must not be lost. In the next twenty years it is projected that the number of people over 75 will have increased by almost 60%. Three quarters of the total bed days occupied for delayed discharges patients are for patients aged over 75 (ISDScotland Delayed Discharges in NHSScotland - Aug 28 2012). In the majority of cases medicines are the main treatment for patients with long term conditions and the majority of those medicines will be supplied by a community pharmacy. The Family Health spend on medicines in 2009-10 was £945.6M. It is believed somewhere between 30 and 50% of medicines are not taken as the prescriber intended with the associated costs both financial, in health outcomes and increased hospitalisations.

1. Initially focussing on elderly care provides the opportunity to build upon the existing collaborative working that has existed between local authorities and NHS Boards, for example the Lothian pilot providing Medication Administration Review Charts for elderly patients in the community rather than providing medicine compliance aids to patients.

2. Although there is a solid platform of integrated working in services for the elderly, considerable progress has been made in service provision for the non-elderly. The NPA feels the implementation of the integration of social and adult health care should not solely focus on care of the elderly and should enable service provision for

the non-elderly to continue and to be developed where a service need is identified. For example the care of substance mis-users is an example where collaborative working has improved outcomes for service users and providers.

3. The NPA believes that community pharmacy should be fully engaged with the integration of social care and adult health. Service development will in the main be for patients with a long term condition. Successful self management of long term conditions depends on appropriate pharmaceutical care being routinely provided. Community pharmacy supplies the majority of patient's medicines and provides the most accessible source of pharmaceutical care.

4. Community pharmacies are located where people live and work on high streets, in supermarkets and local shopping areas. They are open for longer than GP surgeries, evenings, Saturdays and some are open on Sundays. There are a higher number of pharmacies in areas of deprivation than average and these are the areas where people are more likely to have multiple long term conditions and require integrated care.

5. Pharmacists are the most accessible healthcare professional, being available without an appointment whilst the pharmacy is open. Community pharmacists and their staff usually see patients more frequently than any other healthcare provider. This makes them uniquely placed not only to provide the expert advice on medicines; pharmacists are the experts in medicines and have undertaken five years training in order to qualify, but are uniquely placed to support patients holistically.

6. Pharmacies sit where health and social care meet supporting those who are frail, disabled or housebound to live at home, supporting formal and informal home carers with the administration of medicines and providing pharmaceutical services to care homes.

7. As a result of their frequent contact with patients and carers, pharmacy staff get to know patients and are frequently the first to be aware when they are not well, becoming increasingly unwell, have fallen or are no longer coping on their own and need support from for example social care. This informal monitoring can easily be transformed into a formal role, more integrated with other parts of the health and social care system,.

Out line of proposed reforms

Question 2: Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

Yes ☐ No √☐

The NPA believes the proposed framework for integration to be a good starting point for development but not comprehensive.

1. The framework lacks detail in accountability and governance structures.

2. The framework discusses strengthening the role of clinicians in the strategic commissioning of services for adults but lacks detail in how this will be done. The NPA believes that commissioning should not necessarily be GP led, but rather by a wider group of health and social care professionals including community pharmacists.

3. Health and Social Care Partnerships in the framework will have a duty to ensure that effective processes are in place for budgetary responsibilities. No detail of how this will be achieved is provided.

4. A key enabler to integration is robust IT systems with read / writes access to the patient care / social care records available for appropriate use by all those, across primary and secondary healthcare, community social care and care/ nursing homes involved in the care of a patient. This would ensure that everyone has up to date information so they can make informed decisions.

National outcomes for adult health and social care

Question 3: This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?

Yes √☐ No ☐

Nationally agreed outcomes for adult health and social care will support the proposed changes.

1. National outcomes are helpful in providing equity of geographical and demographic service provision

2. There is little detail provided on actions if the outcomes are not met.

3. National outcomes should be supported by national service specifications which include suggested providers for each element of the service. The specifications could be tailored to suit local need but the core elements would be mandatory to ensure equality of provision across the country. This would have the added benefit of reducing the requirement for each area to develop its own service specifications with all the associated costs.

4. To ensure a smooth transition some guidance for those leading on the change would be useful. This should include how to maximise the potential of existing resources such as community pharmacy which is frequently neglected by commissioners. Throughout this document we have given examples of how community pharmacists and their staff can support the proposed changes.

Question 4: Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

Yes √☐ No ☐

National agreed outcomes should be included in the vast majority of local Single Outcome Agreements, however there may be a local need identified that is not included in the National outcomes.

Governance and joint accountability

Question 5: Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?

Yes √☐ No ☐

Joint accountability is crucial to the successful integration of social care and adult health. This depends on shared aspects of organisational culture and language between the stakeholders. For the Joint Accountable Officer to have authority over the integrated budget about resource prioritisation, a full understanding of the both partner organisations is required. This understanding will only come from a wide representation of stakeholders contributing to the HSCP.

Question 6: Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?

Yes √☐ No ☐

The vast majority of integrated care should be provided in Local Authority shared partnerships to simplify accountability and resource, however there should be flexibility within specified parameters to reduce duplication of development costs. It would be hoped that the Health and Social Care partnerships would be mutually co-operative, sharing examples of best practice.

Question 7: Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnership?

Yes ☐ No √☐

Due to the importance of medicine management and pharmaceutical care to improving outcomes for the integration of social care and adult health, and due to the huge financial resource medicines require, the NPA consider that it is necessary:

1. To have a voting pharmaceutical advisor on the HSCP committee. This advisor should have an understanding of all sectors of the pharmacy profession. This member of the committee should have procedures in place to act as a conduit of information between the committee and existing and future Pharmacy committees including the NHS Pharmacy Contractors Committee and the Area Pharmaceutical Committee.

2. As a requirement if any community pharmaceutical care aspect is involved in a Single Agreed Outcome then Non-voting committee members representing the professional service provider perspective should include a local community pharmacy owner representative.

3. The Health and Social Care Committee should have a duty to consult at planning stage with each individual contractor if achievement of a single agreed outcome is dependent on their participation.

Question 8: Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

Yes ☐ No √☐

More details on performance management are required.

Question 9: Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

Yes √☐ No ☐

Within the scope of the Health and Social Care Partnership, integrated working and therefore budgets should be encouraged. This integration requires a sound platform of joint outcomes and understanding of organisational priorities and cultures, however if this is strongly developed then further integration should not be hindered.

Integrated budgets and resourcing

Question 10: Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need “health” or “social care” support?

Yes √☐ No ☐

The models outlined focusing on local need and single outcome agreements could provide savings overall for Scottish Government, however there is not enough detail in this consultation to provide analysis of financial arrangements.

Question 11: Do you have experience of the ease or difficulty of making flexible use of resources across the health and social care system that you would like to share?

Yes ☐ No √☐

Community pharmacy will frequently provide support for medicines for example the supply of compliance aids for use by carers , which are paid for out of the health budget when in fact the benefit is felt by the social care budget if a patient is enabled to stay in their own home for longer.
They will also supply support to enable patients to take their medicines under the Disability Discrimination Act such as large print or talking labels, medicines reminder charts and easy open tops.

Question 12: If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

Yes ☐ No √☐

Minimum categories of spend to be included in the integrated budget are useful for HSCPs. This should avoid HSCPs under-spending on particular services that contribute to the National Outcomes. The NPA is concerned that direction of spend for HSCPs needs to be more detailed than merely providing a minimum value in order for the stability of some services not to be jeopardised.

1. Community pharmacies, like GP practices, are independent contractors and play an integral part in promoting and supporting adult health. Pharmacists are responsible for the supply of most medicines available to the public. They advise the public and other professionals on the safe and effective selection and use of medicines and other medicine-related matters. In Scotland, community pharmacies provide pharmaceutical care services including the provision of Emergency Hormonal Contraception and smoking cessation. Both of these services have been evaluated by the Scottish Government in 2011 as working well providing an excellent level of accessibility and a high level of patient satisfaction. The success of implementation of these services has been dependent on the investment by pharmacy owners in pharmacy premises and staff skills for the benefit of NHS Scotland and patients. This investment has been possible due to the stable financial contract that pharmacy owners have been working with in Scotland.

2. A financial environment, stable and secure, for at least the medium term future is required for independent pharmacy contractors to further improve NHS pharmaceutical services and to develop services integrated with social care.

3. Community Pharmacy owners have consistently provided savings for NHS Scotland through the Efficient Purchasing and Prescribing Programme. This successful programme provides evidence of the collaborative working of community pharmacy owners to reduce medicine costs. Integrated budgets on a local level could put at risk savings available to Scottish Government on a National level as arranged within national contracts.

4. With medicines costs increasing with the requirements of a growing elderly population, the investment in the National Prescribing budget should be protected, maintained and managed nationally.

Jointly Accountable Officer

Question 13: Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?

Yes ☐ No ☐

There is not enough detail within the consultation to comment.

Question 14: Have we described an appropriate level of seniority for the Jointly Accountable Officer?

Yes ☐ No ☐

There is not enough detail in the consultation regarding the qualifications and experience required of the role to comment.

Professionally led locality planning and commissioning of services

Question 15: Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

Yes ☐ No ☐

Scottish Government has recognised the importance and potential benefits of strong clinical and professional leadership in locality planning. There is little detail how leadership will be developed and with whom.

1. The NPA appreciates that NES has been recognised as contributing to Leadership development for the integration of social care and adult health. Leadership development should be evident for every partner of integrated care and not just invested in with HSCP voting members.

2. Scottish Government expect locality planning to deliver locally agreed strategic commissioning that has the support of the health and social care professionals involved. To gain this support, it is vital that community pharmacy owners are engaged with at a strategic and local level.

3. It should be noted by HSCPs that the geographical area of service development may not match the defined responsibility of a current representative committee for community pharmacy and that novel ways to gain representation from contractor groups should be developed.

4. A community pharmacist is required to be at a regulated pharmacy for the provision of NHS services resulting in difficulty for community pharmacists to leave the premises to attend meetings. Novel approaches to involving community pharmacy representation in local planning should be developed.

5. Protected time similar to that available for other independent NHS contractors should be available to pharmacists to develop the skills necessary for integrated care.

6. Scottish Government has indicated that it will work with key representative groups in the implementation of integrated care. The NPA would be available to represent community pharmacy professional and business practice.

Question 16: It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

Yes ☐ No ☐

The NPA welcomes the proposal to consult local professionals.

1. The NPA suggests it should be made a statutory requirement to consult and involve pharmacy advisors in planning, implementation and review of any service involving pharmaceutical care or medicine provision.

2. There should be a requirement for the HSCP to inform any representative committees in an area of planning that involves their profession.

Question 17: What practical steps/changes would help to enable clinicians and social care professionals to get involved with and drive planning at local level?

1. The successful integration of social care and adult health will be dependent on the mutual understanding of Local Authority and NHS Scotland organisational and governance structures. Joint working focusing on the service user experience for reviewing services will promote this.

2. For integrated working with Social Care, NHS colleagues need to understand the differing roles of the range of health professionals caring for patients within NHS Scotland. Joint learning opportunities as protected learning time will support this.

3. Alignment of NHS contracts and performance outcomes with regards to nationally agreed outcomes would be beneficial to integrated working.

4. An electronic patient owned record accessible in parts by relevant Health and Social care professionals would facilitate joint

professional working and planning from a service user point of view.

5. Service user publications showing clear signposting and remit of health and social care local contacts would be beneficial.

Question 18: Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

Yes ☐ No √☐

General practices could be a cluster for a specific service locality planning if by needs analysis it is deemed appropriate. Service planning requires detailed needs analysis which may highlight other potential centres for development. Planning should be flexible, dependent on the particular service. It may be the case that a local social care advice centre or the local pharmacy is the most appropriate cluster centre for service planning.

1. Pharmacies provide services in the heart of communities where they are within reach of the people who need them most – poorer people, older people and people with a disability or chronic condition.

2. To many people who do not have ready access to transport pharmacies provide a lifeline and are sometimes the only accessible contact with NHS Scotland. For many, community pharmacy is the primary source of patient and public information about medicines, the number one healthcare intervention.

3. Many people who are not registered with GPs visit community pharmacies. There are more pharmacies than GP practices.

4. The location of community pharmacies is linked to deprivation. In areas of highest deprivation, higher incidence of ill health results in higher prescribing per head of population. You will find a greater number of pharmacies in areas of deprivation.

5. Community pharmacists support self care in all communities. Community Pharmacy premises have had considerable investment, with the vast majority now having at least one private consultation room.

Question 19: How much responsibility and decision making should be devolved from Health and Social Care Partnerships to locality planning groups?

Responsibility and decision making being devolved locally has to be dependent on the particular service. There needs to be flexibility but no unnecessary duplication or bureaucracy required locally with the focus

remaining on Nationally agreed outcomes.

Question 20: Should localities be organised around a given size of local population – e.g., of between 15,000 – 25,000 people, or some other range? If so, what size would you suggest?

Yes ☐ No ☐

Scotland has densely populated areas and large geographical areas sparsely populated and therefore one population size of locality may not suit everywhere or every defined service need in Scotland. There may be a service developed that involves a percentage of a defined population across a wide area that have similar needs to elsewhere, in which case the locality could be of a large area and population size to reduce bureaucracy.

Do you have any further comments regarding the consultation proposals?

Comments

Do you have any comments regarding the partial EQIA? *(see Annex D)*

Comments

Do you have any comments regarding the partial BRIA? *(see Annex E)*

The NPA welcomed being invited to the BRIA workshop but found a lack of detail within this consultation to base business impact on. The NPA would be available to meet with Scottish Government at further stages in the implementation of the consultation.