About Celesio Group (UK)

The Celesio Group is the UK's leading provider of integrated healthcare services to the NHS specialising in medicines, pharmaceutical care and primary care patient services.

Whilst other companies provide some of these services to the NHS, the Celesio Group is **unique** in the UK in our ability to offer the NHS an integrated package of medicine and patient care related services which stretch from the manufacturers of medicines through to individual patients at community pharmacies, in hospitals or at home.

Celesio Group (UK) operates through four customer facing business units:

- Lloydspharmacy: which provides dispensing, professional advice and healthcare services to patients;
- AAH Pharmaceuticals: which provides pharmacy and dispensing doctors with a full range of distribution, retail, professional and business development services;
- Pharmaco Business Services: which develops the logistical and service solutions which the manufacturers of medicines need;
- Public Sector & Services: which develops the service solutions which public sector customers, including hospitals, need.

Annex G Consultation Questionnaire

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 ☐

Yes, given the ageing population and rising demands on health and social services from older people, this seems like a sensible place to start and potentially where significant improvements can be achieved.

We would encourage a stringent set of measures and periodic review to ensure that any transition and service redesign is having the desired effect, and that there aren't any unintended consequences impacting on other areas of the system.

Outline 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 proposals appear to add even more complexity and bodies to the existing model, without providing clarity on decision making responsibility, funding flows and pace of change.

We would particularly like to know more about how independent providers of healthcare would engage with the various bodies within the proposed structure to ensure that the benefits of for example, community pharmacy delivered services are incorporated and expertise harnessed.

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 ☐

Unsure.

Whilst the aspirations of the proposals are plausible and joint responsibility will drive a certain level of integration, a great deal of consideration needs to be given to accountability to actually deliver outcome measures and appropriate key performance indicators to really drive any change.

With this in mind there may also be some harmonisation of existing national contracts required.

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 ☐

Comments

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 ☐

Not sure.

The focus must be on the delivery of the outcomes, within the framework of democratic and professional accountability.

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

Yes ☒ No ☐

It is sensible to consider this approach in terms of achieving scale with limited resources.

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

Yes ☐ No ☒

We would like to see a statutory requirement for a community pharmacy representative to be part of the Committee arrangements, given the NHS spend on medicines and expertise and advice available in relation to optimisation, and preventing unnecessary / avoidable hospital admissions.

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 ☒

There needs to be greater clarity on ownership of any performance issues coming to light.

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 ☒

We would want to ensure that the funding arrangements for community pharmacy and the medicines budget are excluded from these arrangements. Greater pooling of budgets will undoubtedly lead to unintended consequences in other areas.

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 ☐

Unsure. We would need greater clarity and detail before commenting further.

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 ☐

We are aware of rising demands for services for the provision of compliance aids which support carers in the administration of medicines without any additional funding. The NHS has absorbed the costs of this increase in demand.

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 ☐

There is not enough detail to comment at this stage.

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 ☐

Unsure, we would need to understand the level of investment and from where these resources were being diverted.

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

Yes ☒ No ☐

Comments

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 ☐

Comments

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 ☐

We agree that the views and expertise of local professionals should be taken into account and would be keen to learn more about how this would take place in practice. In our response earlier, we believe that there should be a statutory duty to consult with community pharmacy as part of the local primary care team. In our experience this is difficult to do, especially as health and social care professionals are capacity constrained.

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?

Mutual understanding of each other's strengths and potential contributions to the delivery of outcomes 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 ☒

The assessment of the needs of people accessing health and social care services should be the driver, and gaps in provision should be the focus, not specifically around GP practices.

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

There should not be any further devolution until the HSCP and associated budgets are set and operational – with effectiveness being evaluated.

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 ☒

The size of the population should be determined by the benefits that can be achieved within the scope of resources available.

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)*

Comments