

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.

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

Yes

No

4. If yes, please suggest:

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

Stipulating specifically a medical or clinical director will restrict the choice of health professional. While we appreciate all professionals cannot be represented, a broader representation should be encouraged by this wording. It will be difficult for one person to fully represent and encompass all the necessary issues across the spectrum of the professions. Given that medicines are the second most expensive intervention in the NHS after staffing we would like to see pharmacy represented particularly to ensure discharge planning is integrated and pharmaceutical care in care homes is improved.

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:

We are not clear on what the term “non cash limited pharmaceutical services” is addressing. Is this Community Pharmacy Services in which case they should be referred to as such, in a similar way to General Dental Services and General Ophthalmic Services?

While a flexible approach to locality planning is required there needs to be stipulation about the requirement for links in each locality between community and acute professional advisory and contractual groups to ensure continuity of care and that all available local resources are used to best advantage.

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

Yes

No

There is a misnomer in the title *Pharmaceutical service – GP prescribing*. These are two separate functions. Pharmaceutical services would usually refer to the community pharmacy contract and any other projects in primary care where pharmacists are providing pharmaceutical care in a variety of settings. This could include care homes and domiciliary settings. GP prescribing is a separate entity with a budget allocated from each health board to each GP practice. Pharmacists in primary care and working in GP surgeries form part of the governance structure for this aspect of provision. It would not be feasible to integrate prescribing budgets with social care which should remain within the established governance structure in place. There are however advantages to integration of prescribing budgets across primary and secondary care although this will present considerable challenges, particularly as new therapeutic treatments become increasingly more expensive.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes

No

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

1. More clarity is required around some services which straddle primary and secondary care. e.g. Some aspects of older people's care are managed from the acute setting and this could be difficult in the new structure.
2. Some services which already required an integrated approach are not mentioned such as re-enablement or integrated care services and these also cross primary and secondary.
3. There are several service areas where pharmacists are not included but where they do provide services either alone or as part of the multidisciplinary team.
 - Unplanned admissions – pharmacists provide part of this service with medicines reconciliation, treatment planning, integrated care services and discharge planning.
 - A and E – pharmacists can also work in A and E as prescribers and triaging patients
 - Older people – pharmacists should be included. Specialist clinical pharmacists provide pharmaceutical care treatment plans, carry out polypharmacy reviews and prescribe for this group of patients.
 - Women's health - pharmacists provide sexual health services as specialist independent prescribers and as a core part of the community pharmacy contract
 - GP – out of hours – some out of hours centres now have pharmacist prescribers and this function is liable to increase in future
 - Continence services – community pharmacy works with the continence service to provide supplies.

**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:

Outcome 1 -We agree with the principle but would like the emphasis on prevention to be more evident.
Outcome 2 – this emphasises the policy direction to keep people in the community but does not make clear that at times hospital treatment is required and when this occurs it should be for as short a time as appropriate with the support in place to move people to the correct settings for their condition and to consider their own preferences.

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?

The outcomes are strategic and high level and could therefore appear vague to some users. Further explanatory information with examples in another document could be useful in illustrating the practical applications for more general use.

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?

**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?

As mentioned in the responses above there are areas which need further clarification in order to effectively achieve the policy intention.

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