

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:

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

The prescribed information relating to the prescribed matter of local governance arrangements for an integration joint board details the members of the Board. We believe the joint board should include representatives from independent contractors (pharmacy, general practice, dentistry, optometry) as these organisations will be expected to deliver the majority of health care within a local area. The expertise of these practitioners should be utilised to ensure service provision.

ANNEX 2(D)

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?

Many of the functions listed in the schedule of the act have a strong link to community pharmacy.

Currently the provision of addiction services in community pharmacy is locally negotiated at Health Board Level. To ensure patients receive a holistic service it would be crucial to include community pharmacy contractor in any discussions around deliver of these service.

The same can be stated for care home services. Many community pharmacies supply medicines and appliances to care homes for which they are remunerated through the national contract. In some Health Board areas pharmacy contractors are also instructed to provide advice and support to the care homes they supply. This is again negotiated locally.

It would be prudent to include community pharmacies in any discussion around how mental health services can be delivered to local authorities. Currently pharmacies offer pharmaceutical care for patients who are prescribed medicines for mental health conditions. The pharmacy offers a unique open access to a professional health care team which could be further utilised to support patent care in this area.

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:

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

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

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.

We note the reasons behind the non-inclusion of certain aspects of healthcare functions for practical reasons. Whilst acknowledging that, CPS believes that as a consequence the role of the community pharmacy team has been omitted in the "must" table of services for several of the service listed. Without acknowledgement of the role played by community pharmacy it may impede the delivery of services under the new arrangements to patients.

Community pharmacy contractors and their staff provide a range of pharmaceutical care for older people services, negotiated both nationally and at Health Board level. In particular a large number of elderly patients receive compliance support through a number of mechanisms from community pharmacy contractors often at the request of social care services. That essential area of support will need to be maintained if the desired national outcomes are to be achieved.

Contractors also provide Women's Health services with a national emergency hormonal contraction service being accessed by approximately 6500 women every month. The Minister for Public Health has stated work is going on to look at expanding the role of this service.

Out of hours services are also provided by community pharmacy contractors due to the long opening hours and accessibility of community pharmacies. All community pharmacies offer the Minor Ailment Service (MAS) through the national contract. Almost 900,000 patients are registered across Scotland for MAS. Community Pharmacies also provide out of hours care through the Community Pharmacy Urgent Supply scheme. The service allows pharmacists to make supplies of medication to patients who require it and has referral pathways to NHS24 services.

The table also make reference to Pharmaceutical Services- GP prescribing detailing that the service involves "prescribing and dispensing of all medication and therapeutic agents". The overwhelming majority of dispensing in Scotland is delivered by community pharmacy contractors and it is therefore inappropriate to have dispensing listed within a description of this service. A very small percentage of dispensing is delivered by dispensing doctors.

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

CPS accepts the rationale behind having the flexibility not to include pharmaceutical services as mandatory services for integration at this time. However where there is current involvement we would urge that that involvement remains recognised and whenever possible is developed further in order to bring improvements for service users. We would strongly ask the new integrated boards to recognise the benefits from community pharmacy involvement.

**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?

Outcome 4 is intended to achieve consistency and quality across Scotland – delivery to meet local needs seems incompatible with consistency.

**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?

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

The scope of the regulations is so wide that at this time we cannot say with any confidence that the policy intention will be effectively delivered. We see the need for active involvement from all stakeholders currently involved in delivery of healthcare and we have tried to illustrate where involvement of community pharmacy would be beneficial.