



**Royal
Pharmaceutical
Society
of Great Britain**

London, Eastern
and South East
Specialist Pharmacy Services



Sadia Khan

Lead Pharmacist for Self-Care
Royal Pharmaceutical Society
1 Lambeth High Street
London
SE1 7JN

Clinical Pharmacy

Denise Farmer
Clinical Pharmacy Unit
Northwick Park Hospital
Watford Rd
Harrow
Middlesex HA1 3UJ

Karen Walker
Programme Manager
Skills for Health
2 Brewery Wharf
Leeds
LS10 1JR
karen.walker@skillsforhealth.org.uk

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Response to the Consultation on Draft Core Principles of Self Care

We welcome the opportunity to respond to the consultation on the draft core principles for self care.

The comments provided below represent the views of the following:

The Royal Pharmaceutical Society of Great Britain: The Royal Pharmaceutical Society of Great Britain is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation.

The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.

The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

The Society has responsibility for a wide range of functions that combine to assure competence and fitness to practise. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

Members of the clinical pharmacy specialist service for London, Eastern and South East:

Denise Farmer
David Webb

Associate Director of Clinical Pharmacy (Eastern)
Director of Clinical Pharmacy

Dr Catherine Duggan Associate Director of Clinical Pharmacy for Evaluation and Development & Senior Clinical Lecturer School of Pharmacy, University of London
Jane Nicholls Associate Director of Clinical Pharmacy, London, Eastern and South East Specialist Pharmacy Services, London Pharmacist Prescribing Lead

The clinical pharmacy specialist service contributes the core membership of the Competency Development and Evaluation Group (CoDEG). CoDEG has produced competency frameworks, and quantified their impact, at a general level of practice in community pharmacy, primary and secondary care (the General Level Framework, GLF) and at advanced/consultant level in the managed sector (Advanced/Consultant Level Framework, ACLF). The GLF helped to inform the design of the Department of Health's assessment framework for pharmacists providing the Medicines Use Review and Prescription Intervention Service. These are Advanced Services in the NHS Community Pharmacy contract. The ACLF was modified with CoDEG involvement to create the competency framework for pharmacists with special interests. Both the ACLF and PhwSI framework are included in DH guidance on consultant pharmacists and pharmacists with special interests.

In addition, several team members form part of the Joint Programmes Board (JPB), which is collaboration between NHS organisations and six schools of pharmacy in London, East of England, South East Coast and South Central. The JPB is establishing a common platform for work-based, post-registration learning at general and higher levels of practice.

Scope of our response

This response incorporates considerations in the following areas:

- General comments on the principles
- The context of medicines and self care, including "shared decision making" about the use of medicines.¹
- The contribution of pharmacists and pharmacy staff to self care and health promotion^{2,3}

General comments

We support the use of the five principles as together they capture the requirements for health and social care workers to incorporate self care in their services.

We have provided below comments on the individual behaviours within each principle. However, the need to build self care into continuing professional development (CPD) is not represented under the five principles. There may be scope to add this as a sixth principle and several National Occupational Standards, which are within the health and social suite maintained by Skills for Health, relate to CPD and could be used to identify the requisite behaviours.

Consultation questions

In order to structure our response, comments relevant to Q1 Q2 and Q3 will be given for each principle. Q4 will be answered separately.

Principle 1:

We agree with the title and context paragraphs for this principle.

Q1: The following are comments and suggested amendments to the behaviours listed under this principle:

¹ "Competency Framework for shared decision making with patients- achieving concordance for taking medicines" NPC Plus (January 2007)

² "The Self-Care Challenge- A Strategy for Pharmacists in England" RPSGB March 2006

³ "Choosing Health through Pharmacy- A programme for pharmaceutical public health 2005-2015" DH April 2005

Behaviour 2: "Support the privacy and dignity of the individual including the need for confidentiality and consent"

Behaviour 3: This behaviour relates to the identification of the individual's needs (and thus the options available to them) but the current format seems less user/patient centred than the other behaviours. An alternative behaviour that follows a similar approach to the others could be:
"Establish the possible choices and outcomes available to the individual. This should be based on their history, preferences, wishes and needs."

Behaviour 6: We acknowledge that in some areas positive risk taking in relation to self care may be appropriate.

We recommend that this behaviour is revised to clarify the definition of positive risk taking and perhaps include additional behaviours about identification and assessment of risks. This will support the communication and consideration of the risks to the individual as detailed in behaviours 7 to 11.

To avoid misinterpretation, this behaviour might draw on the understanding of what constitutes effective medicines management: "*Medicines management (MM) includes the clinical, cost-effective and safe use of medicines to ensure that patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm*". Department of Health, Management of Medicines- A resource to support the implementation of the wider medicines management of NSF's (July 2004)

Behaviours 7 and 8: We recommend that the word "understand" is replaced by a action that can be displayed and assessed; e.g., Behaviour 7 "Recognise that.....and demonstrate that risks can be broken....."; Behaviour 8: "Recognise that.....and demonstrate that this does not dominate the approach".

Q2: Is there anything missing? If so what is it?

Additional behaviours within this principle:

- Additional behaviours should be considered for identifying and assessing risks associated with the choices available to the individual.
- "Accept the choices/decisions made by the individual and continue to support positively their self care."

Experience with shared decision making in the use of medicines indicates that acceptance constitutes a significant difficulty for health professionals. This behaviour has been included in the recently published "Competency Framework for shared decision making with patients- achieving concordance for taking medicines" NPC Plus (January 2007)¹. Performance of the behaviour can be identified by the actions taken as a result of the individual's decision e.g. referral to other agencies; future episodes or monitoring of care, etc.

Q3: What needs to be added to the knowledge section?

Additional Knowledge elements:

- Working understanding of the legislation that relates to confidentiality and information sharing, the provision of services, anti-discriminatory practice, informed consent,

vulnerable adults, relevant mental health legislation and care programme approach, the rights of the child, child protection (*taken from NOS EUS56 in SfH database Oct 2006*)

Once the principles are finalised, further links could be made with current NOS available from SfH or Skills for Care (SfC) to include relevant knowledge elements.

Principle 2

We agree with the title for this principle. The context should clarify whether the behaviours refer to verbal and written communication. The words "and needs" should be considered for inclusion after the word "problems".

Q1: The following are comments and suggested amendments to the behaviours listed under this principle:

Behaviour 1: We recommend that the wording for this behaviour is clarified to make indicate whether it is the health/social care worker who is expected to enhance their own understanding, skills and confidence, or if the worker is expected to enhance the understanding, skills and confidence of the patient/service user.

Behaviour 2: Consider altering the words "work in the field" to "provide services"

Behaviour 4&7: These could be combined and more directly related to communication by altering "work" to "build" e.g. "Build a partnership with patients/users to agree and sustain care plans, manage minor ailments and the individual's health and well-being"

Behaviour 8: We suggest that the word "work" be altered to either "develop or build".

Q2: Is there anything missing? If so what is it?

Additional behaviours for this principle:

- "Adapt communication using appropriate style(s), support or tools that meet the individual's needs and remove barriers to effective communication". This behaviour demonstrates the application of the knowledge criteria more directly.

Q3: What needs to be added to the knowledge section? Nothing at this stage

Principle 3

We agree with context paragraph for this principle, but suggest that the title includes "aids" as well as technology. This has particular relevance for the use of medicines; e.g. a simple medication reminder chart may be sufficient in some circumstances, rather than a complex monitored dosage system.

Q1: The following are comments and suggested amendments to the behaviours listed under this principle:

As with the title, it may be useful to incorporate aids as well as technology

Q2: Is there anything missing? If so what is it?

Experience in supporting self care with the use of medicines has shown the need for service providers to a) identify individuals who would benefit from an assistive device or tool to enable self-care and b) the completion of an appropriate assessment to establish the appropriate choice

of device. These behaviours might also extend more generally to self-care and we suggest these are considered for inclusion.

Q3: What needs to be added to the knowledge section?

- A working knowledge of guidance and assessment methods that inform the choice of aids, tools and devices for self care.

Principle 4 & Principle 5

We agree with the title and context paragraphs for these principles.

Q1: The following are comments and suggested amendments to the behaviours listed under this principle:

None

Q2: Is there anything missing? If so what is it? No

Q3: What needs to be added to the knowledge section? Nothing at this stage

Question 4: Do you have any suggestions for how these common core principles might be implemented and embedded in the health and social care workforce?

As with any implementation of change clinicians and workers will engage with self care if they are confident that a change in their practice will benefit the patient/service user and if there are the resources and opportunities to develop themselves and the services they provide to incorporate self-care.

To facilitate this we suggest that:

- Any evidence that shows the benefit of self care in the management of conditions should be included in health and social care guidance (e.g. NICE guidance 36 for the management of Atrial Fibrillation [June 2006] contained information on self-monitoring by patients taking warfarin).
- Organisations should include self care in their local delivery plans thus prioritising services and workforce development in this area
- Resources should be available both nationally and locally to support workforce/service user development, service development and evaluation of self care
- Commissioners should include self care within the contracts and services they commission (Primary Care Contracting has recently provided a service specification template to support this: <http://www.pcc.nhs.uk/204.php>).
- Self care needs to be embedded within the provision of education and training at every level of workforce development
- Continuing to develop service users' self care skills and expectations of self care via specific patient development programmes and via patient/service user support networks
- In particular, there should be clarity on the relationship between the self care initiative and the expert patient programme
- Include supporting patients/service users to self care in job descriptions in the health and social care workforce. Neither health nor social care service providers should seek to apportion responsibility for promoting self care to the other sector. Our experience with medicines and self care suggests that this is often regarded as solely a health care issue.

Name: Denise Farmer Organisation: London, Eastern and SouthEast Clinical Pharmacy

Name: Sadia Khan Organisation: The Royal Pharmaceutical Society of Great Britain

Are you providing feedback as an individual or on behalf of your organisation? **On behalf of the two organisations.**

For any further queries please contact Denise Farmer: denise.farmer@norfolk.nhs.uk or Sadia Khan: sadia.khan@rpsgb.org