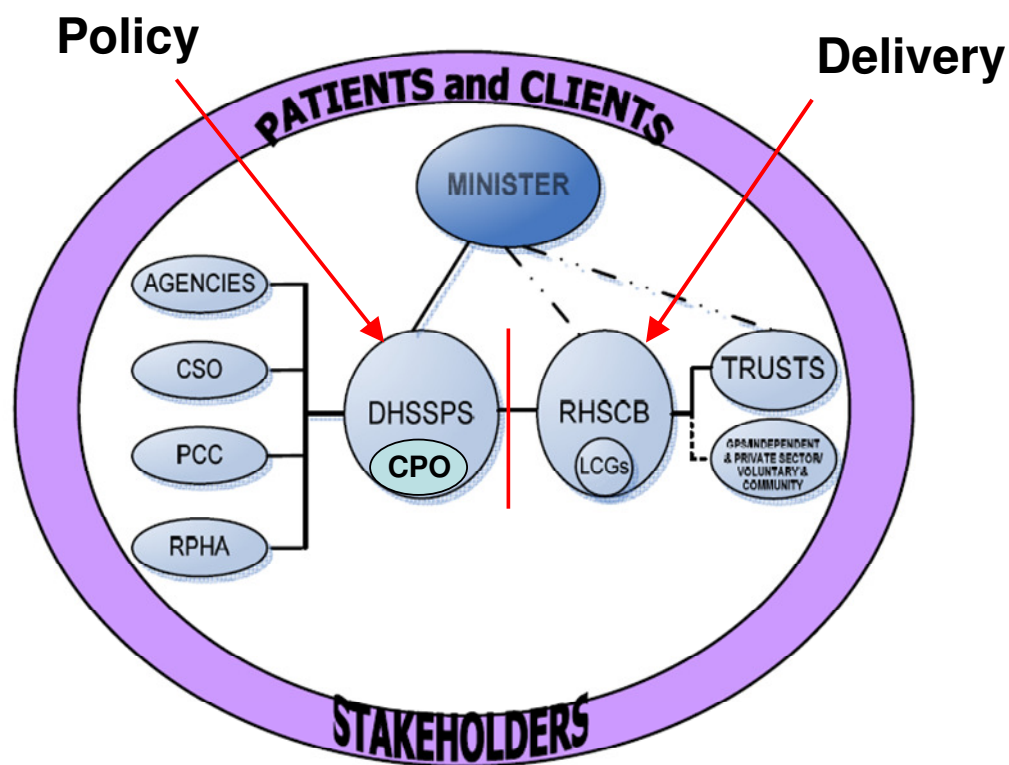


## Response of the Pharmaceutical Society of Northern Ireland to the Review of Public Administration



*Separating Policy from Delivery*

Pharmaceutical  
Society  
of  
Northern Ireland

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**PSNI response on the Review of Public Administration**  
*Separating Policy and Delivery*

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12 May 2008

Dear Sir or Madam,

**PSNI response to the Review of Public Administration:**

*“Separating Policy from Delivery”*

The Pharmaceutical Society of Northern Ireland warmly welcomes this opportunity to respond to the proposals for reforming the administration of health and social services.

We suggest to the Department that the proposals could be strengthened in the following ways:

- A clearer separation of policy from delivery in the division of roles between the Department of Health, Social Services and Public Safety; and the new Regional Health and Social Care Board;
- Ensuring strong emphasis on the pharmacy profession in the future delivery of the public health agenda; and
- Including two pharmacists in the Local Commissioning Groups in order to future-proof the new arrangements

The Society is content for our response to be made public and we look forward to continuing dialogue with the Department as the RPA moves into its next stages.

Yours Faithfully,



Raymond Anderson  
President  
Pharmaceutical Society of Northern Ireland

## **Executive Summary**

The Review of Public Administration is a once in a generation opportunity to make the best arrangements for how the health service in Northern Ireland is structured and delivered, and to make sure our public services are ready to meet the challenges and needs of the future.

In distilling and analysing the Review of Public Administration proposals, the Pharmaceutical Society of Northern Ireland wish to highlight 3 areas in which the current suggestions could be improved:

*1. Clearer separation of policy from delivery*

The Pharmaceutical Society of Northern Ireland supports the greater separation of policy and delivery functions indicated in the RPA. The DHSSPS should concentrate on high level policy and delivery should take place through the Regional Health and Social Care Board, the Trusts and other agencies. This will lead to greater accountability, a reduction in potential conflicts of interest, less duplication and a greater ability for the Department to forward an agenda of innovation and excellence.

However, to achieve this separation of functions, will necessitate the transfer of a number of current pharmacy delivery functions from the Department to other delivery bodies. These are discussed in greater detail in our response but include: the Department's Inspectorate; the commissioning of education; and, negotiation of the Family Health Practitioner contracts.

*2. Ensuring the contribution of pharmacy to public health is maximised*

There is a growing need for public health pharmacy in Northern Ireland, particularly if the Programme for Government is to be successful in its ambition to *"take action to prevent illness and improve physical and mental health, promoting healthier lifestyles and changes in physical activity"*. This demand should be recognised and reflected in the future structures of the health service. The Pharmaceutical Society of Northern Ireland therefore suggests:

- The institution of a Director or Senior Manager of Public Health Pharmacy within the RHSCB, underpinning a RHSCB Senior Director of Pharmacy and Medicines Management. This person will become the accountable public health pharmacy lead for delivery, working in close conjunction with the RPHA;
- A role for the new Regional Public Health Agency in defining the outcomes to be achieved from the Community Pharmacy Contract in relation to public health; and,

- The placement of the Building Community Pharmacy Partnership into the new RPHA, to become an important delivery tool of the nascent agency, achieving public health benefits in the heart of targeted communities

*3. Future-Proofing the RPA by placing 2 pharmacists on the Local Commissioning Groups*

Related to the public health agenda, there is a need for commissioning to have a stronger understanding of the benefits to be gained from pharmaceutical input.

The RPA proposal document references the need to take account of experience from elsewhere including England, Scotland, Wales, and the Republic of Ireland. The Pharmaceutical Society of Northern Ireland would like to refer the Modernisation Directorate therefore to recent experience in England. Whilst the capacity of pharmacy to deliver for public health has been recognised by Ministers and the Health Department for some years, it is now acknowledged that pharmacy cannot realise this potential on its own – it needs the support and engagement of all parts of the health service, including Trusts and Commissioning Groups, for the potential to be realised.

The possible avenues to delivering health through pharmacy need to be better understood by commissioners and reflected in their decisions. For this reason the Pharmaceutical Society of Northern Ireland recommends **two** pharmacists sit within the proposed local commissioning groups, one as an exclusive representative of public health pharmacy, the other with a remit to represent the mental health pharmacy and medicines management agenda.

.....  
With the above modifications to the RPA proposals in place, the Pharmaceutical Society of Northern Ireland are confident that a bright future for the health service in Northern Ireland can be heralded, with structures that imbed:

- Accountability;
- Innovation;
- Efficient use of capacity; and
- Public health improvement.

The Pharmaceutical Society of Northern Ireland is the regulatory body for pharmacists in Northern Ireland. The Society not only has a code of ethics but a statutory responsibility for the maintenance of quality of standards within the profession. The Society's interest in the RPA consultation therefore is to ensure the new arrangements deliver a health service in which pharmacy services:

- continue to be administered in a safe and effective manner;
- contribute fully to a step change in public health; and,
- play a pivotal part in the delivery of world class and constantly improving services.

## CONSULTATION QUESTIONS

### Question 1 – The Regional Health and Social Care Board

*The Department is seeking your views on the functions, constitution and governance proposals for the new Regional Health and Social Care Board.*

***Preamble:***

The PSNI support the creation of the new Regional Health and Social Care Board as a key mechanism for achieving a division between the responsibility for policy development and policy delivery. It is therefore imperative that policy delivery functions, wherever possible, are moved from the Department to the new delivery board.

Separation of these responsibilities will ensure one of the key ambitions of the health minister is indeed brought into being, that is, to “*provide a streamlined and democratically accountable way of managing our health service*”. Public, patients and politicians will all have clarity as to which organisation within the health service is accountable for what role. It will also lead to a fit for purpose Department, developing leading edge policy, driving through legislative and regulatory reform where required, undiluted in its focus by a large number of day to day delivery responsibilities.

***The functions of the RHSCB:***

**1) Greater powers of commissioning for the RHSCB**

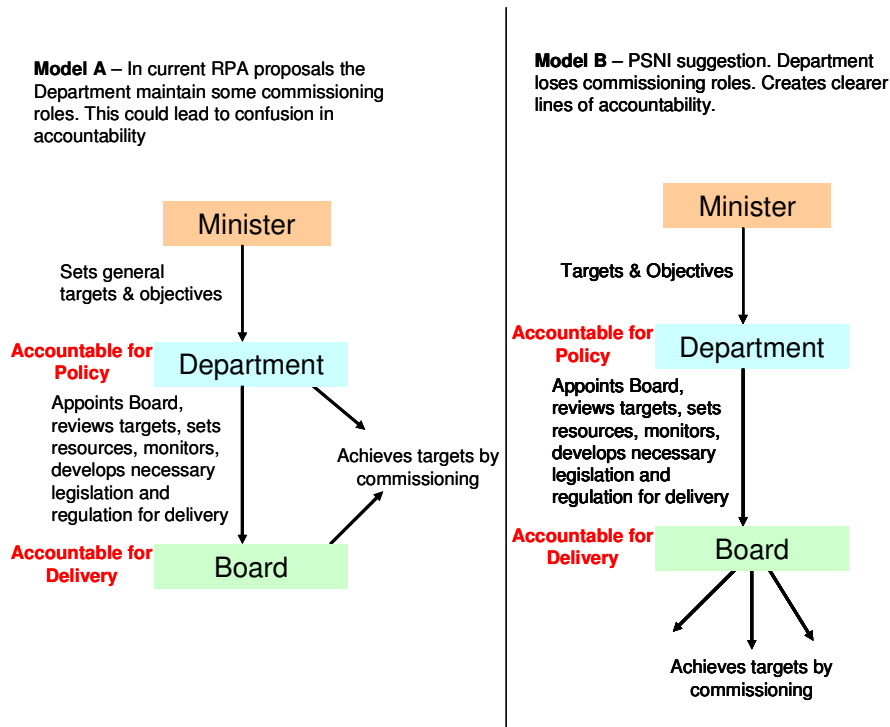
With the above in mind, the Pharmaceutical Society of Northern Ireland believe the current RPA proposals should go further in divesting the Department of its delivery responsibilities, many more of which should be ceded to the RHSCB. These include:

- Commissioning of services;
- Commissioning of Workforce Planning requirements; and,
- Negotiation and management of the Family Health Practitioner contracts.

The Society views it as important to achieving a clear policy/delivery split that the new Regional Board take responsibility from the Department of the above commissioning responsibilities. The Society envisages the Department setting the broad headline outcome targets for the Board to achieve, and the Board deciding how to meet these targets within the resources available. Commissioning is a vital tool for delivery in this regard and therefore responsibility for which should be placed within the Board.

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*Separating Policy and Delivery*

Otherwise, an overlapping relationship could be deemed to exist within the current RPA proposals: the Department would set the objectives and **then** commission services, contracts and workforce planning requirements – for which the Board would be held accountable! The Society views this as an unsatisfactory situation which would needlessly confuse accountability. Figure 1 below illustrates the concern, and preferred alternative.



*Figure 1: the role of commissioning*

**2) Other RHSCB roles described in the RPA proposals**

**a) delivery of efficiency and innovation**

The PSNI support the RHSCB being given responsibility for delivering efficiency and innovation.

However, the RHSCB efficiency and innovation delivery plans should be developed and executed in close communication with the professions involved in order to ensure their safe, efficacious and timely execution. Professionals in the health service need to understand what the current targets of the health service are, and have awareness of any toolkits or operating procedures that should be employed in order to deliver them. The Society would welcome further

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discussion with the Modernisation Directorate on how good lines of communication between the RHSCB and professionals can be imbedded.

The PSNI also seek clarity on how the new Regional Health and Social Care Board will interact with the Department for Finance's Performance Efficiency Delivery Unit.

**b) the Safeguarding Authority**

The PSNI question the suggestion in the RPA consultation document that the RHSCB host the new Safeguarding Authority for Northern Ireland. The introduction of the Independent Safeguarding Authority regulations will be a significant challenge for all involved and will extend beyond the health service in terms of its reach and scope. Given the recruitment and human resources function of the Common Services Organisation, the Society suggests this may provide a more suitable home to the function.

It will be imperative for the smooth running of the health service that applications for ISA registration are processed in as timely and as efficient a manner as possible. Delays in processing ISA registrations could lead to under-staffing in health service delivery bodies and therefore increase risk to patient safety. Wherever the Safeguarding Authority in Northern Ireland is housed, there will be a significant task in communicating the full requirements of the ISA regulations to the myriad of professions likely to be encompassed within the remit of the regulations.

Therefore the need for the new safeguarding authority to be adequately resourced should be given careful consideration by the Modernisation Directorate in the ongoing discussion and decision-making about RPA staffing and budget levels.

**c) the recommendations of the Bamford Review**

The PSNI support the RHSCB being given responsibility for overseeing the implementation of the Bamford Report's recommendations. This agenda should be led by a Director of Public Health Pharmacy (DPHP) within the RHSCB (see next section), in close co-operation with the RPHA.

The Society refer the Modernisation Directorate to the recent report by pharmacists Stephen Guy and Aaron Coulter on "Mental Health Pharmacy in Northern Ireland" for more information on the important role pharmacists can play in addressing the mental health challenge. The report also

highlights the shortage of mental health pharmacy skills in Northern Ireland. This further underlines a need for the DPHP to have powers to commission workforce requirements from NICPPET.

**d) Improvement in care for those with long term conditions**

The PSNI support the proposal in the RPA consultation document to give the RHSCB responsibility for ensuring improvement in the care provided for those with long term conditions. Pharmacy has a very particular role to play in this area. The Director of Primary Care Pharmacy within the RHSCB (see next section), as proposed by the PSNI, should be given particular responsibilities in this area.

\*In relation to points c) and d) above, the Society notes the recently published report by Sir David Varney into the Competitiveness of the Northern Ireland economy<sup>1</sup>. One of the author's particular recommendations is that the Executive do more to reduce inactivity in the workforce. Long term ill health can often be a large contributory factor towards inactivity and the Society suggest there may be expanded roles for pharmacists in helping such cohorts make a successful to the workplace. This consideration was previously expressed in the Society's response to the Programme for Government documents<sup>2</sup>.

***The Constitution of the RHSCB:***

**The RHSCB as a centre of pharmacy expertise within the health service**

A consequence of the PSNI's recommendation that the Department's commissioning roles be moved into the RHSCB would be to place the bulk of pharmacy expertise in the new health structures within the board.

A potential structure for pharmacy in the board might therefore be constructed along the following lines:

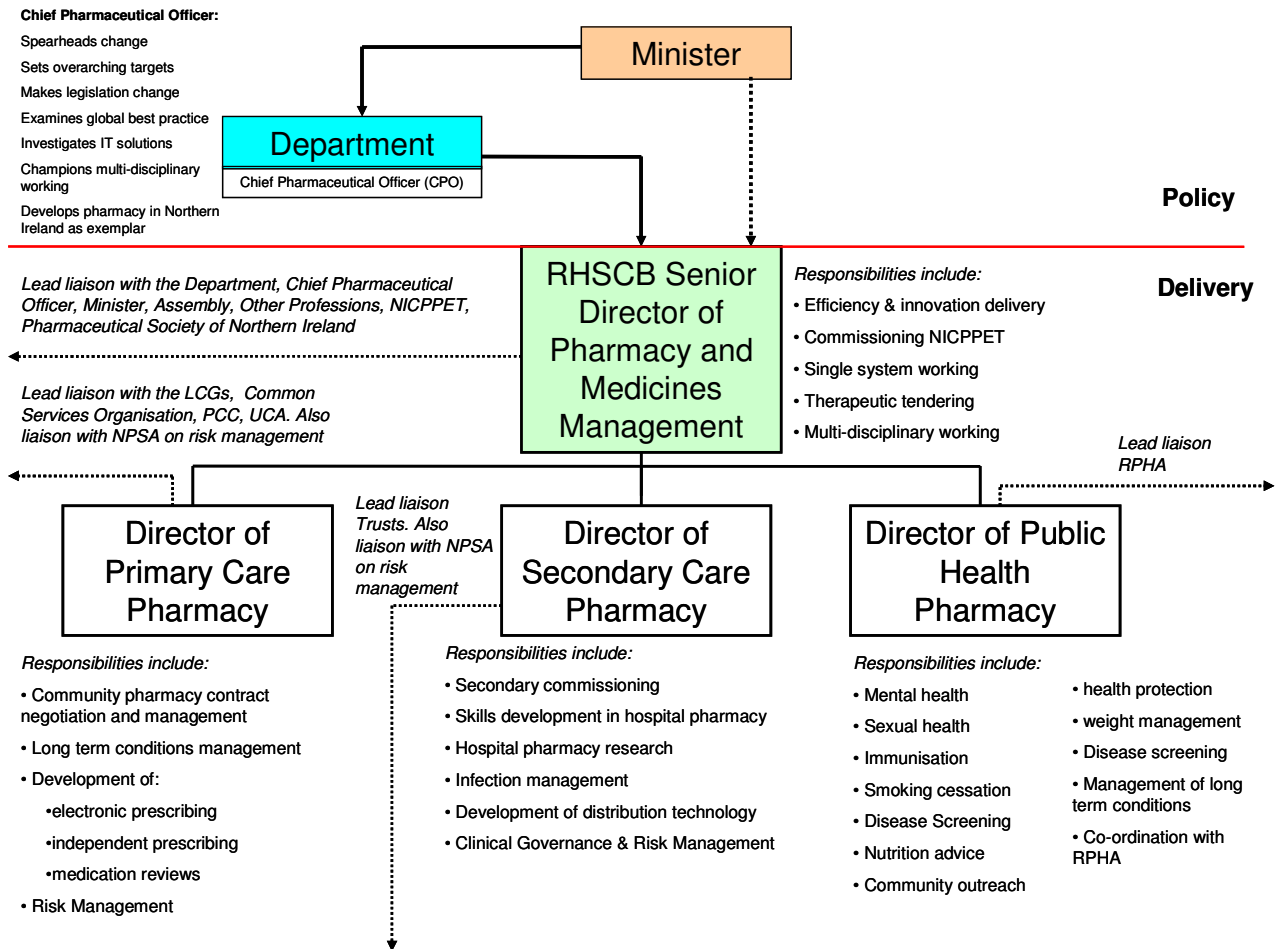
*Figure 2: Potential pharmacy structure within the RHSCB*

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<sup>1</sup> [http://www.hm-treasury.gov.uk/media/7/F/varney\\_review300408.pdf](http://www.hm-treasury.gov.uk/media/7/F/varney_review300408.pdf)

<sup>2</sup> <http://www.psni.org.uk/documents/220>

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**a) The RHSCB Senior Director of Pharmacy and Medicines Management (DPMM)**

The Society proposes the institution within the RHSCB of a Senior Director of Pharmacy and Medicines Management (DPMM). This figure would have overall responsibility for the delivery of pharmacy-related objectives set by the Minister and Department, overseeing three sector specific Directors (more details below). The Society suggests the DPMM might have *direct* responsibilities for: ensuring the delivery of multi-professional policies set by the Department that involve pharmacy; single system working; therapeutic tendering; commissioning NICPPET; facilitating the delivery of innovation throughout pharmacy; and ensuring all branches of pharmacy are achieving their goals on efficiency.

**b) The RHSCB Director of Primary Care Pharmacy (DPCP)**

This DPCP would provide a lead within the RHSCB on all matters relating to the delivery of Primary Care Pharmacy, including both the negotiation and management of the Community Pharmacy contract. The DPCP would be instructed by the DPMM as to the efficiency, innovation and multi-disciplinary requirements to be obtained from the contract. The DPCP would also have responsibility for delivering primary care pharmacy's role in medicines management, medication review, expanding independent pharmacist prescribing and maximising the benefits to be derived from electronic prescribing.

The Society furthermore suggest that the DPCP be given a role in day-to-day risk management in primary care pharmacy, for example, monitoring the procurement process within primary care pharmacy to ensure Total Quality Management (TQM). The DPCP would therefore take a lead in corresponding with the National Patient Safety Agency on such matters. The DPCP should also ensure that robust systems of clinical governance are being operated in community pharmacy, and new services are being developed in a manner which is not entailing risk to patient safety.

**c) The RHSCB Director of Secondary Care Pharmacy (DSCP)**

The DSCP would lead on all matters relating to secondary care and pharmacy, including commissioning, skills development and ensuring hospital pharmacists maximise their role in reducing hospital acquired infections. The DSCP would monitor hospital pharmacy performance in each trust.

Similar to the DPCP, the DSCP should be at the forefront of ensuring robust risk management and clinical governance is being operated in secondary care pharmacy.

**d) The RHSCB Director of Public Health Pharmacy (DPHP)**

The PSNI offer strong support to the emphasis placed within the RPA to develop further the public health function of the Health Service. There are exciting opportunities for pharmacy to deliver greater outcomes in this particular area. Over 500 pharmacy premises deliver instantly accessible "health in the high street" across Northern Ireland. Indeed it is estimated that community pharmacies in Northern Ireland have a combined daily footfall of over 123,000 persons. This places community pharmacists in an ideal position to reach individuals in a community and make best use of their training and expertise to make a positive impact on Northern Ireland's public health – on those who are patients *and* the walking well.

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However, the Society suggests that in order to bring this vision to fruition there is a requirement for a clear and accountable figurehead in the RHSCB to drive the delivery of the profession's offering by:

- ensuring the correct workforce skills are commissioned to be developed from NICPPET;
- communicating with Northern Ireland's own regulatory body for pharmacy (the Pharmaceutical Society of Northern Ireland) to ensure the Board's efforts to expand pharmacy services are supported with any new guidance or regulations that might be required;
- fully involving the RPHA in the RHSCB's public health drive in pharmacy services;
- delivering appropriate incentives to develop pharmacist's public health skills and offering;
- supporting public health pharmacy with appropriate IT and other infrastructure support; and,
- communicating the growing public health role of pharmacy to the public at large.

***The Governance of the RHSCB:***

The PSNI support the Minister having an oversight role of the RHSCB, in addition to the Department. It is important that in Northern Ireland's new devolved context that the Minister has a strong input into both the policy and the measure of output.

The RHSCB should be answerable for its performance to the Northern Ireland Assembly Health Committee.

The RPA legislation should also stipulate that the RHSCB take steps to engage stakeholders in its work and before instituting major service revisions.

Finally, the Society reiterate, that in respect of accountability, it is of paramount importance that policy and delivery are truly separated between the Department for Health, Social Services and Public Safety, and the Regional Health and Social Care Board. The Society therefore recommends further delivery roles of the Department are ceded to the Board, particularly in the field of commissioning, as expressed earlier in this response.

## **Question 2 – Local Commissioning Groups**

***The Department is seeking your views on the functions, constitution and governance proposals for the Local Commissioning Groups, including membership***

### ***Preamble:***

The PSNI support the proposals for Local Commissioning Groups, particularly their construction to promote both strong professional engagement, and representation from local government.

The Society especially support the emphasis given in the consultation document for LCGs to promote health and well being, not simply secure health and social care services. For this reason, the PSNI suggest consideration be given by the Modernisation Directorate to constituting the LCGs with two pharmacists.

The role of pharmacy in public health is developing at pace as the valuable position the profession occupies with the general public, providing “health on the high street”, is increasingly recognised. Constituting the LCGs with two pharmacists would go a long way to ensuring the LCGs are future-proofed for transitions currently taking place in how public health services are delivered, and help to ensure the public health agenda is properly understood and acted upon by the LCGs.

### ***Functions of the LCGs:***

The Society supports the overall proposals for the LCGs to be given responsibility for planning, purchasing and performance management of appropriate services within their geographic areas.

The Society also supports LCGs being given an additional set of responsibilities in pursuing programmes of health improvement, addressing health inequalities and pursuing “opportunities to secure enhanced value for money and better resource utilisation”. As described elsewhere, the Society sees a strong role for pharmacy expertise in supporting the delivery of public health and value for money, and thus there is merit in constituting a second pharmacist member on the LCGs.

In addition to these responsibilities, the Society also suggests the LCGs be given a function to engage and involve local people in the promotion and planning of services. Community pharmacy premises may provide portals for such engagement.

**Constitution of LCGs:**

**a) Local Government participation**

The Society supports the inclusion of local councillors within the local commissioning groups as an important link between the commissioning process and local government, particularly in the light of current proposals to further empower that tier of government.

The Society supports the consultation document's suggestion of reviewing the number of LCGs pending the outcome of deliberations on local government reform. Co-terminosity provides for clear accountability arrangements between commissioning and local government.

**b) Pharmacist participation**

Pharmacists have much to offer the Local Commissioning Groups in the conduct and exercise of their duties. Local Commissioning Groups will make strategic local commissioning decisions in a large number of areas in which pharmacy has a central role, including:

- The role of hospital pharmacy
- Management of long term conditions
- Innovation of systems
- Minor Ailment Schemes
- Pharmacist Prescribing
- Sexual health services
- Multi-professional approaches especially between GPs and pharmacists
- Support for carers
- Mental health care
- Procurement
- Disease screening
- Health education
- Medicines Management
- Addiction therapy services
- Immunisation programmes
- Therapeutic tendering
- Nutritional advice
- Smoking cessation services
- Serving the needs of an ageing population
- Needle and syringe exchange
- The use of new technology

The Society wishes to see the pharmacy profession leading in the development of these services in order that the new Northern Ireland Executive can meet or surpass its targets in health. However, the profession may be constrained in ensuring its delivery role is maximised unless it is strongly positioned in the commissioning process. For this reason the Society recommend the Local Commissioning Groups be constituted with 2 pharmacists, a position commensurate with pharmacy's current and, more importantly, future roles in health delivery.

Moreover, a second pharmacist representative on the Local Commissioning Groups would serve the consultation document's aspirations to constitute LCGs with *"a bias, in terms of numbers, favouring those with close (preferably daily) contact with the local population"* and ensuring the

professional members *“have expertise across the various programmes of care particularly mental health and learning disability”*.

Finally, it should be appreciated that pharmacy is both directly and indirectly responsible for a significant amount of NHS expenditure. For example, the gross annual cost of pharmaceutical care (including the cost of prescribed items and other pharmacy services) comes to nearly £400m. This is a significant proportion of the overall £4bn Departmental budget. Increasing the input of pharmacy expertise in the commissioning process could therefore yield significant benefits in terms of the role of LCGs in governing expenditure and costs. Pharmacist knowledge in this area includes possibilities for better procurement, how to improve uptake in medicines management schemes and developing enhanced local formularies.

***Governance of LCGs:***

The PSNI wish to see a number of elements laid out clearly in the enabling legislation for LCGs. It is important that there is clarity in statute about:

- the duties upon LCGs in *“promoting health and well being, not simply securing health and social care services”*;
- the duties upon LCGs to engage local populations in their work; and,
- the mechanisms for ensuring professional members of LCGs *“have expertise across the various programmes of care particularly mental health and learning disability”*

In terms of creating a fully accountable health service, the PSNI suggest co-terminous LCGs have accountability procedures with their local authority, for example, a public “question time” every six months.

**Question 3 – Local government representation on Local Commissioning Groups**

***The Department is seeking your views on the process for obtaining local government representation on the Boards of the Local Commissioning Groups***

The PSNI believe the process for obtaining local government representation on the Boards of the Local Commissioning Groups is best commented on by those from the local government sector.

#### **Question 4 – The Department for Health, Social Services and Public Safety**

***The Department is seeking your views on the functions, staffing and governance proposals for DHSSPS***

#### **The Department as the engine of policy, regulation and legislation**

##### ***Preamble:***

The Society wishes to put on record its high regard for the service and dedication consistently shown by the Department to the development of the pharmacy profession in Northern Ireland. It is the Society's experience that the Department conducts its work with great dedication and commitment to achieving excellence in service to the public's benefit. Exemplar schemes developed by the Department in recent years include the development of the Building Community Pharmacy Partnership and the Integrated Medicines Management in Secondary

However, the Society also recognise the RPA as an opportunity to fundamentally reform the processes of policy development and service delivery and support the rationale for a greater division of these roles between the Department and RHSCB respectively. This will afford an opportunity to further increase focus and emphasis on policy development as well as ensuring the growing requirements of devolution are met. These include serving Ministerial needs, preparing legislation, responding to Assembly information requests, and informing Assembly business.

One particular area of legislative formulation that the Pharmaceutical Society of Northern Ireland keenly await is a new Pharmacy Order for Northern Ireland. This will enable to the Society to modernise the regulation of the pharmacy profession in Northern Ireland in line with the recommendations of the Government White Paper "*Trust, Assurance and Safety*" (February 2007). A new Northern Ireland Pharmacy Order is needed in order to enable the Pharmaceutical Society to:

- Reformulate its governing Council to include lay membership;
- Register and regulate pharmacy technicians;
- Consider a wider range of sanctions in Fitness to Practise cases;
- More appropriately handle cases in which a pharmacist is experiencing health-related performance issues;
- Make Continued Professional Development a mandatory requirement for pharmacists in Northern Ireland.

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In so doing, the new Pharmacy Order can herald a new dawn for pharmacy regulation in Northern Ireland in much the same way as the Pharmacy and Pharmacy Technicians Order has in Great Britain.

The Society hope bringing forward legislation for the Assembly's approval, such as the above mentioned Pharmacy Order, can be a new focus for the Department, led by a newly constructed legislative unit.

In this sense, the Society views separating the Department's current delivery roles from its policy responsibilities as enabling and forward-looking.

***Functions:***

*Support for separating policy and delivery:*

The Society fully endorses the RPA's recommendation for:

*“a smaller department more sharply focused on its responsibilities for serving the devolved administration, bringing forward legislation, and determining and periodically reviewing policy, standards, priorities and targets”*

The Department's responsibilities to the devolved administration are a particularly important new responsibility as health is the major item of government expenditure for which the Assembly has responsibility. It is the source of considerable political interest, and has a high status amongst the new administration's priorities in its Programme for Government. Resource and attention will need to be properly applied to serving this interest whether through answering questions, giving account to the Health Scrutiny Committee or serving other requests.

The Society does not wish to see the proposed set of *delivery* functions for the Department in the RPA increased. Indeed further separating the roles of policy-setting and delivery between the Department and the Board respectively will lead to clearer accountability to external stakeholders and a better-defined sense of responsibilities to those working within the health system.

*Potential delivery functions for review:*

The Society suggests the following functions, which are currently proposed within the RPA consultation document to remain within the Department, are given further consideration by the Modernisation Directorate as to their most appropriate place within the overall health service:

- **Negotiation and management of Family Health Practitioner Contracts**

The Society considers it an irregular arrangement for the RHSCB to be accountable for financial performance and delivery of the Family Health Practitioner Contracts but not to have the primary role in negotiating and managing these contracts. The Society would also not wish to see the expertise in handling the pharmacy contract fragmented across several organisations. The Society therefore recommends responsibility for negotiating and managing Family Health Practitioner contracts should reside with the RHSCB, rather than the DHSSPS (NI).

- **Commissioning of education and training**

The RPA consultation document states the RHSCB should be focussed on commissioning. The Society sees commissioning of workforce planning needs (e.g. postgraduate courses from the Northern Ireland Centre for Postgraduate Pharmaceutical Education) as entirely in line with this vision. The RHSCB will, by its nature, be home to the greatest levels of commissioning skills. For these reasons, the Society suggests the Modernisation Directorate consider again the current proposal to give responsibility for commissioning education and training to the Department.

- **Responsibilities allied to the Medicines Act and Misuse of Drugs Act**

The PSNI recognise that a case has been made for retaining the statutory responsibilities allied to the Medicines Act and Misuse of Drugs Act within the Department. This is primarily due to a perceived need to change legislation in order to relocate this function to another part of the health service. It has also been commented that this function is best placed within the Department as the responsibilities extend beyond merely the health service itself.

Whilst these are both valid arguments for retaining the inspectorate body charged with these responsibilities within the Department, the Society think there is a case for further review of this position, given the need to create *“a smaller department more sharply focused on its responsibilities for serving the devolved administration”*.

An alternative position within the health service for the inspectorate function to reside could be alongside the RQIA. There may be some synergies in two inspection functions working side by side, and areas of best practice and improvement could be shared. Alternatively the inspectorate could exist as an agency within its own right

**Staffing:**

*The Chief Pharmaceutical Officer – a champion of innovation and improvement*

The Chief Pharmaceutical Officer plays an invaluable role in leading the pharmacy profession within the Department and spearheading innovation. The Society believes the role is central to creating a “continuously improving” health service, as desired in the RPA. Indeed health services in Europe without these Chief Officer roles are noticeably less active in developing the offer of their health professionals. We also note recent reports of frustration within the pharmacy profession in the Republic of Ireland regarding the long term absence of such a figure in the Irish health service<sup>3</sup>.

With a thorough separation of policy and delivery between the Department and (primarily) the RHSCB, the Chief Pharmaceutical Officer can emerge from the post-RPA health service as an even stronger driver of change and continuous improvement for pharmacy in Northern Ireland:

- Spearheading programmes of change;
- Setting appropriate targets for the Regional Board;
- Ensuring timely change to legislation as required;
- Drawing useful lessons from best practice elsewhere (e.g. England, Scotland, Wales, ROI and Europe);
- Investigating, and advising on, the latest delivery benefits available from IT investment;
- Analysing, and making recommendations on, the opportunities available from greater multi-disciplinary working, for example in training and service development; and,
- Developing pharmacy in Northern Ireland as exemplar.

We note the recent White Paper on Pharmacy in England indicated a similar approach to developing the profession, by appointing two clinical directors of pharmacy within the Department of Health to champion the development of pharmaceutical services. One will represent hospital pharmacy, the other community pharmacy. This is in recognition of pharmacy’s fast-evolving and emerging role in healthcare, and the need to take account and overcome obstacles to change, such as outdated legislation, or requirements for new operational toolkits and systems.

The Pharmaceutical Society of Northern Ireland believe the Department has already outlined a strong desire to see the benefits of pharmacy to patients and the public, but view the RPA as an opportunity to increase the pace of change yet further, by conceding pharmacy delivery

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<sup>3</sup> <http://www.ireland.com/newspaper/breaking/2008/0430/breaking30.htm>

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responsibilities to the Regional Board, and further emphasising the policy development role of the Chief Pharmaceutical Officer.

*A DHSSPS legislation unit:*

Health, and regulation of professionals within that sector, is a devolved matter in Northern Ireland.

Following the publication of the Shipman Inquiry's recommendations and a Government White Paper on professional regulation, the Pharmaceutical Society of Northern Ireland is keen to keep pace with current best practice in regulation. Doing so requires legislative change in terms of the Society's statutory framework. Accordingly, the Society requests from the Department a new Pharmacy Order for Northern Ireland to enable the Society to, amongst other powers:

1. Register and regulate pharmacy technicians;
2. In Fitness to Practise proceedings, have access to a varied range of sanctions, and hear cases related to an individual pharmacist's health;
3. Reconstitute the Society's Governing Council to include significant lay representation;
4. Make Continued Professional Development mandatory for pharmacists in Northern Ireland; and,
5. Investigate complaints against pharmacists not-related to the Medicines Act, for example unprofessional conduct or poor health

A strong and experienced legislation unit in the DHSSPS could quickly address highlighted legislative gaps, presenting necessary legislation to the Northern Ireland Assembly for approval.

Such a legislative unit could also closely correspond with, and monitor, legislative progress elsewhere including England, Scotland, Wales and the Republic of Ireland.

Below are some case study examples of scenarios in which the Society foresees a legislation unit playing a vital role.

**Example one: A Westminster Bill to be given legislative consent**

It has become a relatively frequent practice for devolved assemblies to give the Westminster Parliament "legislative consent" to pass policies in areas of devolved competency. A recent example of this is the Health and Social Care Bill.

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The process of agreeing consent consisted of officials from the DHSSPS giving evidence to the Northern Ireland Assembly Health Committee on the contents of the Bill, and a motion was passed in the Assembly to give consent to the Bill applying to Northern Ireland.

However, subsequent to the Health and Social Care Bill being given consent by the Assembly, in the House of Lords some inconsistencies in the Bill's application to Northern Ireland, as against Scotland, were discovered. The Society understands these are now in the process of being resolved. However, overall this demonstrates to the Society the need for robust scrutiny by the DHSSPS of the Westminster Bills to which the Northern Ireland assembly is requested to give legislative consent, and the provision of appropriate briefings to MLAs.

The Department will now need to increase its expertise in being able to:

- Fully scrutinise Westminster Bills to ensure the proposed legislation does not, for example:
  - incur upon the devolved Minister's independence;
  - hinder the achievement of health policies in Northern Ireland; or,
  - create the possibility of constitutional difficulties in the future
- Consider any amendments to a Bill required from a Northern Ireland perspective; and,
- Monitor developments in Westminster in terms of amendments tabled and/or passed, from the perspective of Northern Ireland interests.

The Pharmaceutical Society have been particularly impressed by the manner in which the Scottish Executive Government produces briefings<sup>4</sup> on the impact of Westminster legislation upon that devolved region and suggest it may provide an example for future presentation of Northern Ireland Department briefing materials on future Westminster Bills.

**Example two: Legislation in Scotland**

Like Northern Ireland, the regulation and registration of pharmacy technicians is a devolved matter in Scotland.

For this reason, the Pharmacy and Pharmacy Technicians Order 2007 mandated pharmacy technicians in England and Wales to register with the Royal Pharmaceutical Society of Great Britain but did not extend this requirement to Scotland or Northern Ireland. Therefore it has been

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<sup>4</sup> <http://www.scotland.gov.uk/Topics/Government/Sewel>

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agreed that a separate Section 60 order will be laid for approval by resolution of the Scottish Parliament as well as Westminster in 2008. A similar exercise would be needed to introduce such a Section 60 order to Northern Ireland. However such a step has not yet been agreed, announced or consulted upon by the DHSSPS.

The Pharmaceutical Society of Northern Ireland are strongly of the view that there is a need to develop the skills mix of the pharmacy workforce and this requires that pharmacy technicians are developed, registered and professionally regulated.

The DHSSPS should seek to be as timely as the Scottish Executive in bringing such a Section 60 order to resolution, in order to ensure patient safety in Northern Ireland is no less protected than in any other devolved region. A dedicated legislation unit can help to ensure this is the case.

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Devolution across the United Kingdom brings with it a variety of legislative opportunities, but also potential threats. A dedicated legislative unit within the Department, as practised elsewhere, would help to ensure the Department's legislative role is performed to an exemplary level and the challenge of devolution is met.

***Governance:***

*The need for consultation in policy development*

As the lead in all policy development, the Chief Pharmaceutical Officer should continue to consult with a wide range of stakeholders including professional and patient representative groups, and the Regional Public Health Agency. This is not only in the interests of openness and transparency, but also improved policy-making and the development of partnership approaches.

The Society believe the Central Pharmaceutical Advisory Committee has proved to be a very useful conduit for bringing pharmacy stakeholder experience into the policy-making arena and should therefore retain its advisory role under the new RPA arrangements.

*Accountability*

The Chief Pharmaceutical Officer should be accountable to the Minister and the Northern Ireland Assembly Health Committee.

## **Question 5 – The Common Services Organisation**

***The Department is seeking your views on the additional functions, staffing and governance proposals for the common services organisation.***

### *Functions:*

The Pharmaceutical Society of Northern Ireland agrees in principle with the additional functions proposed for the common services organisation.

The Society suggest the common services organisation, as a home of IT expertise within the Health and Social Care system, and the centre for processing prescription information, be given a remit in both the development of pharmacy IT and in deriving the maximum benefits from existing technology. This might particularly apply, for example, should the Northern Ireland Health Minister wish to propose moves towards an e-pharmacy programme akin to that developed by the Scottish Executive Government.

The PSNI question the suggestion in the RPA consultation document that the RHSCB host the new Safeguarding Authority for Northern Ireland. The introduction of the Independent Safeguarding Authority regulations will be a major challenge for all involved and will reach beyond the health service in terms of its reach and scope. Given the recruitment and human resources function of the Common Services Organisation, the Society suggests this may provide a more suitable home to the function.

It will be imperative for the smooth running of the health service that applications for ISA registration are processed in as timely and as efficient a manner as possible. Delays in processing ISA registrations could lead to under-staffing in health service delivery bodies and therefore significantly increase risk to patient safety. Wherever the Safeguarding Authority in Northern Ireland is housed, there will be a significant task in communicating the full requirements of the ISA regulations to the myriad of professions likely to be encompassed within the remit of the regulations.

Therefore the need for the new safeguarding authority to be adequately resourced should be given careful consideration by the Modernisation Directorate in the ongoing discussion and decision-making about RPA staffing and budget levels.

### *Staffing:*

Little detail was given in the consultation document as to the staffing implications of the creation of the common services organisation, particularly the implications upon the General

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Pharmaceutical Services division. The Society is not therefore making substantial comment on the subject of staffing at the CSO at this stage.

*Governance:*

If the Common Services Organisation is to become the home of Northern Ireland's Safeguarding Authority, given the scale of the task in covering all the professions (potentially including the pharmacy profession) the PSNI suggest that a senior Director of the Authority give regular account of progress being made towards (and subsequent to) implementation. This might be in the form of quarterly progress reports to the Health Minister and/or account to the Northern Ireland Assembly Health Committee.

**Question 6 – The Regional Public Health Agency**

***The Department is seeking your views on the proposal to create a Regional Public Health Agency and the functions it would undertake.***

*Proposal to create a Regional Public Health Agency:*

The PSNI support the RPA's intention of putting public health "*at the heart of the Health and Social Care system*". We also support "*improved health and well-being and reduced health inequalities*" being the key measurements by which the success of the health system will be judged. To this extent the Society offers qualified support for the RPHA as a means of achieving that ambition.

The Society does however hold some concerns that the RPHA's work may be remote from other units of the health and social care system and may even draw public health expertise away from important delivery units. For this reason the Society has settled on a view that the major figurehead for delivering public health pharmacy be within the RHSCB, working directly under a Director for Pharmacy and Medicines Management (see answer to Question 1). The functioning of the RPHA should be reviewed after 5 years in order to measure its outputs and outcomes, and to discern if the body is correctly constituted to fulfil its function.

*Functions undertaken by the RPHA:*

- **A stronger role for Local Government in public health**

The PSNI support a stronger role being given to local government in shaping health improvement programmes and in tackling the underlying causes of poor health. Local

Government has much to offer the Northern Ireland health service in this regard, with unique strengths in terms of its knowledge of a local area, connection with resident concerns and its own sense of accountability to local populations. In this sense, the Society believes inclusion of local councillors within the commissioning process helps to take forward the consensus desire to increase patient and public involvement in health and social care.

The Society therefore support the intention expressed in the consultation document that the RPHA will provide advice and expertise to local government, potentially through a statutory requirement to consult the RPHA. The Society also support the suggestion of locally-elected representatives being appointed to the Board of the RHPA.

**- Interaction with a Director of Public Health Pharmacy in the RHSCB**

Pharmacy provides an enormous resource to the Health Service in pursuing public health aims.

Examples of the public health roles currently performed by pharmacists include:

- Disease-screening and risk assessment;
- Smoking cessation;
- Advice on self-care;
- Advice to young mothers;
- Participation in health promotion campaigns;
- Drug misuse awareness;
- Needle and Syringe exchange schemes;
- Promotion of healthy lifestyles in schools; and,
- Improved AIDS awareness and sexual health support

Examples of public health roles that could be further developed by pharmacists in future include:

- Development of Pharmacies as Walk-in Health Centres
- Further development of the Building Community Pharmacy Partnership
- An enhanced role in vaccinations, including winter flu
- Clearly understood responsibilities in the contingency plans for a pandemic flu outbreak
- Further promotion to the public of the community pharmacist's role in assessing an individual's health and supporting public health behavioural change
- Blood testing and interpretation of results for cholesterol levels
- Supporting those with mental health conditions
- Enhancing links between the health service, home care, and social care

Clearly the role of pharmacy in public health is an area the new RPHA should seek to develop. Therefore, the RPHA should have an involvement both in policy development for pharmacy in the DHSSPS, and in delivery through the RHSCB and LCGs. This might take the form of the RPHA producing policy papers on pharmacy and public health to the Chief Pharmaceutical Officer.

Furthermore, the Society sees merit in issuing the RPHA with some delivery tools, in particular the Building Community Pharmacy Partnership.

- **The RPHA and the Building Community Pharmacy Partnership (BCPP)**

The RPA consultation document states that the RPHA *“would build on the work of existing partnerships between health and other sectors to enhance the capacity and capability of those partnerships to achieve demonstrable improvement in key public health measures, for example, better mental health, lower suicide rates, lower levels of obesity, drug and alcohol abuse, and ultimately, better life chances for all.”*

Given this function of the new RPHA, it seems sensible to the PSNI that responsibility for the Building Community Pharmacy Partnership is transferred from the DHSSPS to the new RPHA.

*Other comments on Public Health:*

- **Ministerial Group on Public Health and Cross-Departmental Co-operation**

The PSNI see an important role for the Ministerial Group on Public Health in ensuring cross-departmental cooperation on the public health aims of the Executive. Alongside the DHSSPS, other particularly important Departments in this regard are the Department for Education (DENI), the Department for Culture, Arts and Leisure (DCAL), and the Department for Social Development (DSD).

For example, the Pharmaceutical Society of Northern Ireland believe it is important that the new communities planned by the DSD (5,250 new homes by 2011) are planned with access to medical services including pharmacies. We hope the Ministerial Group on Public Health will be a forum in which such issues can be addressed.

The Society believes the RPA therefore represents an opportunity to revitalise the existing Ministerial Group on Public Health with increased transparency to stakeholders. The Society recommends all minutes and agenda papers for the Ministerial Group's meetings are placed on

the Group's website as a matter of course and an annual progress report of the Group's achievements against its objectives be published. This would enable external groups to feed into the Ministerial Group's work and give the deliberations of the Group more accountability.

- **Accountable senior pharmacy figure in the RPHA**

Pharmacy will be to the fore in achieving the RPA's ambitions for public health improvement. The PSNI envisage the Chief Pharmaceutical Officer in the Department devising the ultimate targets for developing the pharmacy profession's public health role and the Director of Public Health Pharmacy in the RHSCB taking responsibility for overall delivery of that agenda. The RPHA would play an important role feeding in to the work of both individuals. Therefore there is a need for a clearly identifiable and responsible figurehead for pharmacy within the RPHA to engage with the rest of the Health and Social Care system on this important policy agenda.

**Question 7 – The RPHA and HSC Trusts**

*The Department is seeking your views on the proposal to incorporate Health and Social Care Trust specialist health improvement functions into the Regional Public Health Agency*

The Society sees the merit in responsibilities such as Community Development and Investing for Health, and the Health Action Zone functions of HSC Trusts and HSS Boards being moved into the RPHA. This would sit well alongside the Building Community Pharmacy Partnership and would give the RPHA a strong "on the ground" delivery presence in local communities.

However, the Society sees some risk in the RPHA proposals as it would be detrimental to the achievement of the RPA's aims if there was significant reduction in the availability of public health expertise from the frontline of services. The overall effect of the RPHA must be to supplement the existing pool of public health skills and expertise in the health service, not to simply move the expertise from trusts into a more distant agency.

It will be important that the health improvement work of the RPHA is set against a number of measurable targets in order for the success of the new agency to be fairly assessed.

### **Question 8 – The RPHA and local government**

***The Department is seeking your views on the proposal that, in the future, local government could be required, through legislation, to consult with the Regional Public Health Agency when developing its community plans***

The Pharmaceutical Society of Northern Ireland supports this proposal as a mechanism for:

- “joined-up government”, ensuring the public health expertise of the RPHA, particularly its knowledge of community pharmacy’s role in public health, is linked into local government plans.
- giving the work of local councils a greater public health focus
- embedding the expertise and offer of local government into the *overall* health and social care system

By way of an example, a local council may be developing plans for a large scale housing project. The project may, however, leave the new community with poor access to community pharmacy and the public health services therein. Consultation with the RPHA would provide an opportunity to pick up on such issues.

### **Question 9 – The RPHA and the RHSCB/LCGs**

***The Department is seeking your views on the proposal that the Regional Health & Social Care Board and its Local Commissioning Groups would be required, through legislation, to seek advice from the Regional Public Health Agency when developing their commissioning plans***

The Pharmaceutical Society support this proposal as a mechanism for “joined up government” and ensuring the public health expertise of the RPHA, particularly its knowledge of community pharmacy’s role in public health, is linked into local commissioning plans and the management of the health service per se.

As expressed elsewhere in this response, the Society recommends a second pharmacist be added to the Local Commissioning Groups to strengthen the voice of pharmacy within the process. This call is made mostly in relation to pharmacy’s growing role in public health delivery. A useful supporting role for the RPHA in this respect would be: the publication of policy papers for the DHSSPS on such matters as pharmacy and public health; and monitoring of delivery in terms of pharmacy and public health. These outputs from the RPHA could then inform the pharmacist members of LCGs in the conduct of their roles.

### Question 10 – The RPHA and the RHSCB Board

*The Department is seeking your views on the proposal to appoint the Chief Executive or a senior Executive of the Regional Public Health Agency as a non-Executive of the Board of the Regional Health and Social Care Board*

This seems to the Society a sensible means of ensuring the work of the new RPHA is tied into the work of other arms of the health service, including the RHSCB.

The RPHA's relationship with the RHSCB should certainly not be confined to this position alone. The two organisations need to cross-pollinate expertise and insight on a regular basis, particularly in relation to such matters as the Community Pharmacy contract.

### Question 11 – The RPHA and the professions

*The Department is seeking your views on the proposal of how to make the work of the Regional Public Health Agency fully multi-professional.*

Multi-professional input into the RPHA is important because it helps to ensure:

**1. The *potential* of individual professions to deliver for public health is well understood.**

For example, a recent White Paper on the future of Pharmacy in England revealed there is still a lack of understanding and knowledge of the capacity of pharmacy to deliver for public health.

**2. The *barriers* to improved professional delivery are understood.**

For example, the pharmacy profession is still awaiting legislation from the DHSSPS to enable pharmacy technicians in Northern Ireland to be registered and regulated. Once pharmacy technicians become more widely utilised pharmacists will have greater availability to provide public health services such as smoking cessation and weight management services.

**3. The *potential* for *multi-professional* approaches are well understood.**

For example, the Society see much greater scope for pharmacists, GPs and nurses working together in areas of public health, sharing information on a patient's condition and delivering improved care for those with long term conditions.

*An annual multi-professional forum:*

The Society makes a suggestion to the Modernisation Directorate that one way in which to imbed multi-professional input into the work of the Public Health Agency would be for the Agency

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to host an annual multi-professional policy forum. Such an event could be hosted in partnership with the Department, RHSCB and professional organisations such as the PSNI, BMA, RCGP and RCN. The Society envisages such an event:

- Being focussed on public health policy, examining the impact of current policy and the scope for future improvement and best practice elsewhere;
- Considering the scope for greater inter-professional cooperation in public health policies, for example between GPs and pharmacists;
- Considering potential resolutions to existing barriers to improvement, for example data-sharing and outdated legislation; and,
- Giving continuous momentum to the development of the public health agenda and ensuring all professionals having an input and ownership in terms of the strategy and methods of implementation.

The findings and conclusions of such an event would be published and acted upon, with subsequent workshops or delivery partnerships being convened as necessary.

More generally, the RPHA should ensure it:

- communicates regularly with the professions;
- offers opportunities for their input whenever practicable;
- utilises multi-professional expertise in policy development;
- promotes common training; and,
- advances any IT initiatives that may be of value to the public health agenda.

*Information:*

Finally in relation to the RPHA, the PSNI make the point that the ongoing development of e-prescription technology will bring with it a myriad of opportunities for improving local knowledge of disease prevalence and response to treatments. The RPHA should make strides to ensure best use is made of this, and other, information sources. A strong in-house team is required to process and analyse public health data, both from Northern Ireland and elsewhere. This intelligence should be widely shared beyond the RPHA alone, preferably by means of a publicly accessible online statistics portal, enabling academics, think tanks and other external stakeholders to draw conclusions and recommendations from the information. Statistics are a powerful resource in stimulating useful debate and findings.

## **Question 12 – The Agencies**

***The Department is seeking your views on the proposals for the Agencies referred to in Section 8.***

### *NICPPET*

The Society strongly applauds the work of the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training (NICPPET) and the valuable role of the agency in building the skills of the pharmacy profession in Northern Ireland. We note in particular its ISO award status for quality management and consistent achievement of key performance indicators.

As stated elsewhere in our consultation response, the Society supports the RPA's intention to split policy from delivery in terms of the Department's role and the other parts of the health service. In keeping with this, the Society suggest the function of commissioning NICPPET should be given to the Regional Board, following the setting of overarching delivery targets by the Department. There would also be a synergy in so far as the Regional Board will be the centre of commissioning skills within the overall Health and Social Care system.

Furthermore, pharmacy continues to be a fast-evolving profession, taking new and expanded roles in public health delivery and other areas. The work of NICPPET is invaluable in providing pharmacists with the skillsets required to meet these challenges. For these reasons and others, the Society trusts the funding status of NICPPET will not face serious challenge in the aftermath of the RPA.

### *The Medicines Act Inspectorate*

Consistent with the Society's position that the Department's delivery responsibilities should be ceded to other appropriate units of the health service, the Society highlights to the Modernisation Directorate the possibility of relocating the Medicines Act Inspectorate from the Department.

A potential synergistic site of location may be alongside the Regulation and Quality Improvement Authority, who also carry out inspection duties. Alternatively, the inspectorate could exist as a separate stand-alone agency.

**Question 13 – the HSS Councils**

*The Department is seeking your views on the proposals for the two options, set out in Section 9, to replace the HSS Councils.*

The PSNI broadly favour Option One within the consultation document as it will provide a single coherent voice for patients and the public to all parts of the health service and the Northern Ireland Assembly, whilst encompassing patient and public views within each trust area.

**Question 14 – constitution of the HSS Councils**

*The Department is seeking your views on the constitution of the new organisation(s) under each of the proposed options, set out in Section 9, to replace the HSS Councils.*

The PSNI would support the inclusion of local government representation within the structures of the Patient Client Council as a further means of tying local government into the structures of the health service and making local government a partner in health service delivery.

**Question 15 – Human Rights**

*The Department is seeking your views on the human rights implications of the proposals for Health and Social Care reform and any issues you think relevant.*

The Pharmaceutical Society of Northern Ireland do not have significant comment to make in relation to the human rights implications of the proposals for Health and Social Care reform, other than to reiterate the benefits that might be derived from a clear split between policy and delivery in respect of the Department. A Department with a stronger policy and legislative focus (potentially with a bespoke legislative unit) is, in the Society's views, likely to have better resourced and focussed to the needs of policy to reflect and respect human rights legislation, particularly the Human Rights Act 1998.

### **Question 16 – Equality**

***Can you identify any additional relevant evidence or information which the Department should have considered in assessing the equality impacts of these proposals?***

The Pharmaceutical Society of Northern Ireland do not have significant comment to make in relation to the equality impact of the proposals for Health and Social Care reform, other than to reiterate the benefits that might be derived from a clear split between policy and delivery in respect of the Department.

A Department with a stronger policy and legislative focus (potentially with a bespoke legislative unit) is, in the Society's views, likely to be better resourced and focussed to the needs of policy to reflect and respect human rights legislation, including in respect of Section 75 of the Northern Ireland Act 1998.

### **Question 17 – adverse impacts of proposals**

***Can you identify any other potential adverse impacts, with supporting evidence, which might occur as a result of these proposals being implemented?***

### **Question 18 – Mitigation of impacts**

***Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?***

### **Question 19 – Needs of Section 75 categories**

***Have the needs of the Section 75 categories of people been fully considered in this EQIA? If not, please provide details and supporting evidence***

The Pharmaceutical Society of Northern Ireland do not have significant comment to make in relation to the equality impact of the proposals for Health and Social Care reform, other than to reiterate the benefits that might be derived from a purer split between policy and delivery in respect of the Department.

A Department with a stronger policy and legislative focus (potentially with a bespoke legislative unit) is, in the Society's views, likely to be better resourced and focussed to the needs of policy to reflect and respect human rights legislation, including in respect of Section 75 of the Northern Ireland Act 1998.

**Question 20 – Equality of Opportunity**

*Do the proposals afford an opportunity to promote equality of opportunity and/or good relations?*

**General Comments**