



Pharmaceutical Care Services Plan.

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Name	Job Title or Role	Signature	Date
Authored by:	Susan Hogg PA to Director of Pharmacy		January 2014
<i>Completion of the following signature blocks signifies the approver has read, understands, and agrees with the content of this document.</i>			
Approved by:	Alison Wilson Director of Pharmacy		January 2014
Approved by:	NHS Borders Board		

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2.1	Alison Wilson	28.03.2014	Amendments to: sections on transport, three geographical areas identified as opportunities the pharmaceutical care areas for review (page 7)
3.0	Alison Wilson	07.05.2014	p24 access to transport p46 reference to multiple deprivation

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Executive Summary.

NHS Borders provides health services to a population of approximately 114,920 (2013). This population is predicted to grow to 118,747 by 2020 and to 124,824 by 2035. In conjunction with this predicted growth rate the population is ageing with the number of pensioners increasing at an average rate of 1.4% per annum with a predicted total increase of 32% by 2035. This has been identified as the greatest potential risk to future health services.

From the evidence gathered and outlined within this plan it is apparent that the current service provision is adequate for the populations immediate needs. No major gaps have been identified and the introduction of the new pharmacy contract and its associated care services has provided the platform for community pharmacy services to develop significantly enabling them to make a fundamental contribution to the health of the population.

Prescription for Excellence is the Scottish Government's vision and action plan for the right pharmaceutical care through integrated partnerships and innovation. This vision and action plan recognises the continuing and important role of pharmacists located in our communities and considers their future relationship with other local healthcare provision; crucial for future service planning in remote and rural areas and in our most deprived communities.

The consultation on control of entry arrangements and dispensing GP practices may increase access to pharmaceutical care in areas serviced by dispensing doctors.

Prescription for Excellence will change the model for community pharmacy. The traditional role of each pharmacy dispensing will change in favour of clinical pharmacy services. Future contract applications should be required to demonstrate partnership with patients and health and social care professionals and a plan to provide person-centred pharmaceutical care services to meet the specific needs of the population they will serve.

Following this update of the Pharmaceutical Care Services Plan and the publication of Prescription for Excellence, it could be concluded that increased Sunday opening may be required in future. This may be more so in Hawick with the second largest population catchment in the Borders. The railway link due to open in 2015 with stations at Stow, Galashiels and terminating at Tweedbank may change pharmaceutical care needs in these areas depending on population changes.

Population Aging and Deprivation.

These key areas will provide future opportunities for community pharmacy growth and the evidence highlights some potential risks and challenges in the short to medium term. These challenges need to be addressed as part of ongoing service development, with the focus on equal opportunities and meeting the changing needs of the population. Longer term, the challenge will be to support and enable all pharmacists providing NHS pharmaceutical care to become NHS accredited

clinical pharmacist independent prescribers working in collaborative partnerships with medical practitioners.

Areas to be reviewed are:

- Services to support safe medicines administration not just compliance aids
- Medicines reconciliation at discharge and discharge follow up
- Reducing medicines waste and support Cost Effective Prescribing Initiatives
- Concordance
- Clinical Medication Reviews in Care Homes
- Carers Support
- Formulary Support
- Oral Contraception/PIL follow up service
- Supply of Specialist Treatments (e.g. HIV, Rheumatology & Oral Chemotherapy).
- Palliative Care Support
- Independent Prescribing

It is recommended that following on from work done prior to the H1N1 flu pandemic and in response to the lessons learned during the severe weather encountered in 2010, all community pharmacies should develop and test a business continuity plan. The plans should highlight and address the potential consequences of both internal and external threats to service continuity and to identify means of protecting the core functions of the Service. It is suggested that any pharmacy wishing to be included in the Board's pharmaceutical list should have a current business continuity plan in place as a matter of good practice.

Community pharmacies may be directly affected by changes in services due to financial and resource constraints and will need to consider adapting to meet the changing needs of the community. In particular, access to adequate transport could be a problem within Borders, particularly on Sundays.

It is evident that the quality, range and promotion of services being provided can vary between pharmacies and it should be the aim of NHS Borders to develop governance arrangements that will ensure that a patient can expect the same high standard of service in all the pharmacies regardless of location.

Quality Strategy & 20:20 Vision.

Outlined below is how the pharmaceutical care service plan is consistent with and aligned to the 3 Quality Ambitions and 6 Dimensions of Healthcare Quality contained within The Healthcare Quality Strategy and 2020 Vision for NHS Scotland.

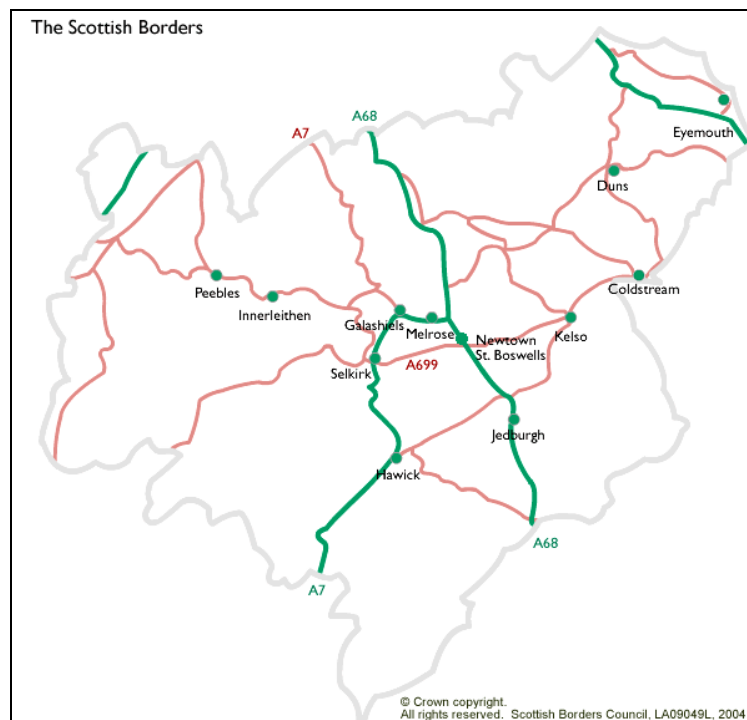
Quality Ambitions and Dimensions	How the Plan Aligns
1. Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.	The plan seeks to assess and improve access to pharmacy services for all sectors of the population, with an emphasis on meeting the needs of specific groups. The plan gives the Board the opportunity to identify gaps and enhance services available to a wide range of target groups including those covered by the Equality Act.
2. There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.	The plan seeks to ensure that all community pharmacy services are provide within the national care standards and that governance arrangements are in place to ensure both safety and quality of service.
3. The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.	The plan has been designed to be a dynamic document which will be continually reviewed and developed to meet the changing needs of the population.
1. Person-centred	This plan and its actions will reduce the variation in service provision across the region and ensure services are available where needed.
2. Safe	Governance, monitoring and adherence to the national care standards will ensure patient safety.
3. Effective	The plan will drive continuous improvement of services to ensure the highest quality of care and services are available in areas of need.
4. Efficient	Services will be continually reviewed and added or removed as defined by patient need.
5. Equitable	Variations in service will be identified and addressed in conjunction with the governance, national care standards and changing needs of the population.
6. Timely	The plan is a live document and as such will look to address changing areas of need in a dynamic and timely manner. The plan will also be officially reviewed annually by the pharmacy development manager.

Background.

The Scottish Borders.

The Scottish Borders covers an area of 1,831 square miles (4,743km²) it is situated in the south east of Scotland and lies between the Lothian's and the Border with England. It stretches from West Linton in the West to Eyemouth in the East, from Lauder in the North to Newcastleton in the South. The region has only one Community Health Partnership and is co-terminus with one local government authority, Scottish Borders Council.

Fig 1. The Scottish Borders.

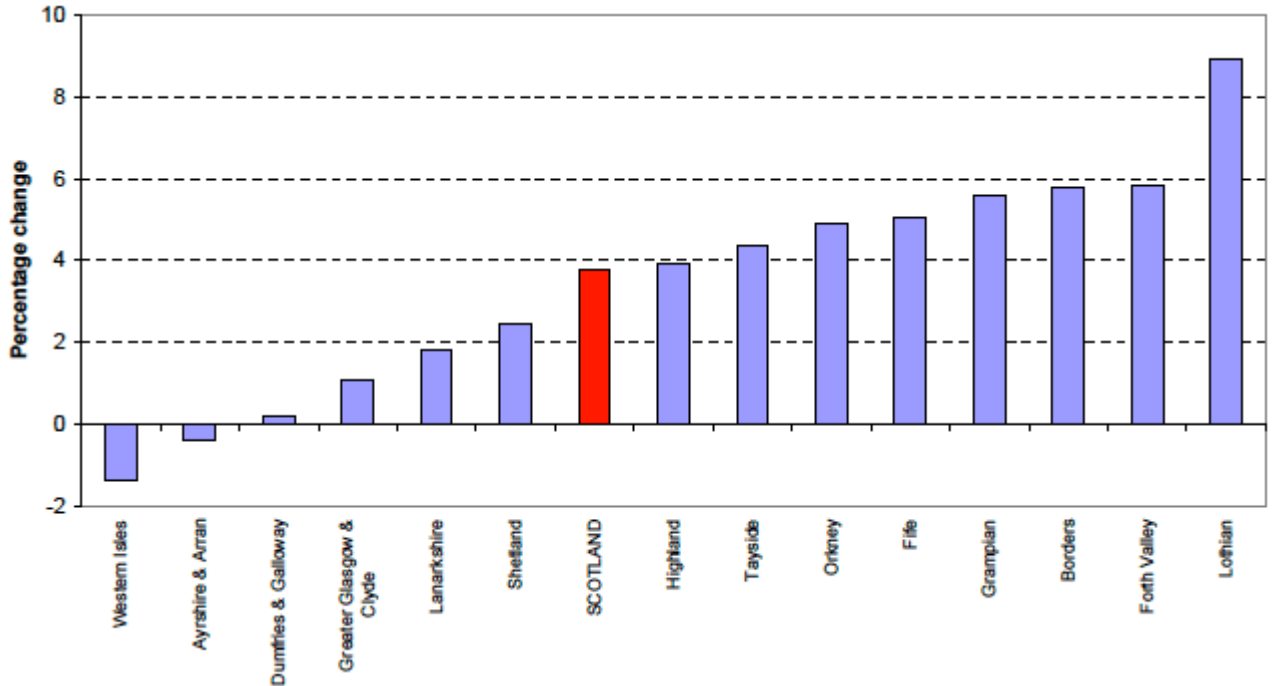


Population.

The 2013 population for Scottish Borders is 114,920 (December 2013); an increase of 0.91 per cent from 113,880 in 2011. The population of Scottish Borders accounts for 2.1 per cent of the total population of Scotland. In Scottish Borders, 13.5 per cent of the population are aged 16 to 29 years. This is smaller than Scotland where 18.4 per cent are aged 16 to 29 years. Persons aged 60 and over make up 29.3 per cent of Scottish Borders. This is larger than Scotland where 23.5 per cent are aged 60 and over. Ethnic minorities make up 0.6% of the population, significantly lower than the Scottish average of 2%.

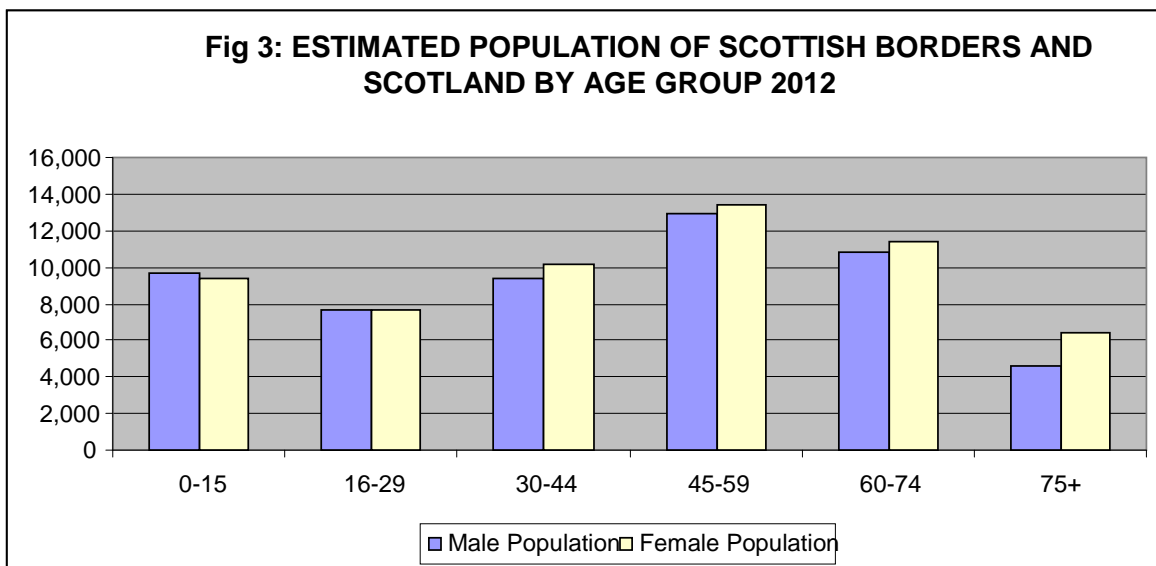
Population shifts within the Borders tends to reflect the growth of new housing areas. A railway link is due to open in 2015 with stations at Stow, Galashiels and terminating at Tweedbank. This may contribute to further growth along its commuter catchment area.

Fig 2: Percentage Change in Population, NHS Board Area Mid-2001 Mid-2011



Source: General Register Office for Scotland GRO (S).

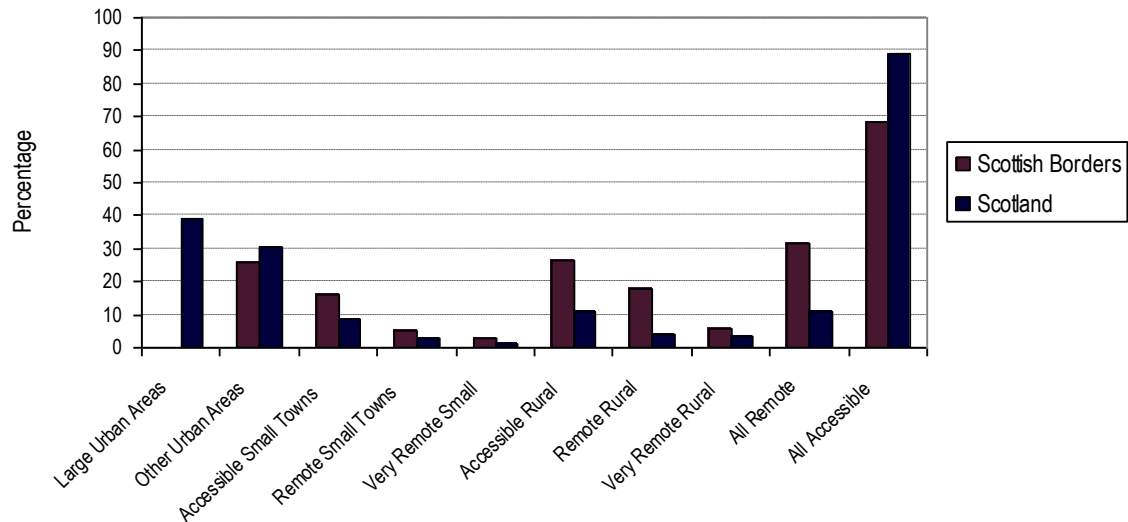
Both the number and the proportion of over 65 in the Scottish population have continued to rise steadily between 2001 and 2007. The number of pensioners has been increasing at an average rate of 1.4% per annum in Scottish Borders, which is greater than the Scottish average. In 2007, 22.6% of the population in Scottish Borders was of pensionable age, which was the fifth-highest proportion in Scotland. Information from General Register Office of Scotland (GROS) indicates that the proportion of pensioners is projected to increase by 40.9% by 2031, which is well above the Scottish Average of 31.2%. The growing number and proportion of pensioners will continue to place increasing demands on services for older people. Population estimates for The Scottish Borders by age band are highlighted in the following graph.



Population Density.

The Scottish Borders has 24 persons per square kilometre, compared to 66 persons per square kilometre for Scotland. The population density of the Scottish Borders is the fourth lowest in mainland Scotland. The Scottish Government 8-fold urban rural classification is highlighted in the graph below.

Fig 4. Scottish Government 8-Fold Urban Rural Classification 2007 -2008: Recognised Measurement of 'Remoteness' and 'Accessibility'.



Source: Adapted from Scottish Government (SNS)/SBC Data. – 2007-08

Neighbourhoods.

Definition – 'A **neighbourhood** is a geographically localised community within a larger city, town or suburb'. Neighbourhoods are often independent social communities with considerable face-to-face interaction among members.

Within the Scottish Borders there are several identifiable neighbourhoods but there are three which stand out as large enough to be considered communities in their own right; Langlee (Galashiels), Burnfoot (Hawick) and Tweedbank (Galashiels).

Table 1. Population of Identified Neighbourhoods in Scottish Borders.

Area	Town Population	Neighbourhood Population
Langlee, Galashiels	12,229	1917*
Burnfoot, Hawick	13,787	2,732
Tweedbank, Galashiels	12,229	1968

Source GRO(S) 2008 * Total from 2008 DWP data.

Town/Village Populations.

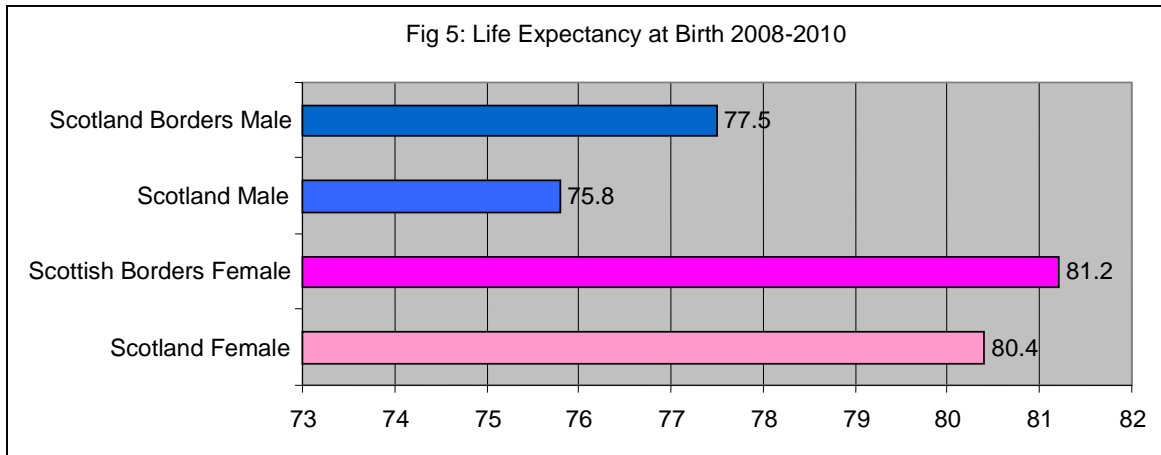
Table 2. 2008 Mid-year Estimate GRO(s) population of Scottish Borders towns and villages. (Denotes has at least one Community Pharmacy)

Settlement	Population	Settlement	Population
Hawick	13,787	Burnmouth	220
Galashiels	12,229	Gavinton	201
Peebles	8,006	Paxton	195
Kelso	6,276	St. Abbs	185
Selkirk	5,590	Romannobridge	175
Jedburgh	3,949	Leitholm	161
Eyemouth	3,173	Ednam	140
Innerleithen	2,975	Birgham	139
Duns	2,615	Bonchester Bridge	135
Melrose	2,028	Heiton	133
Coldstream	1,977	Skirling	127
Tweedbank	1,968	Stichill	126
Earlston	1,834	Preston	115
West Linton	1,487	Ashkirk	107
Newton St Boswells	1,244	Blyth Bridge	107
Lauder	1,243	Foulden	106
Chirnside	1,237	Fountainhall	101
St Boswells	1,152	Lanton	100
		Sprouston	100
Newcastleton	718	Grantshouse	97
Yetholm	660	Ettrickbridge	96
Coldingham	643	Carlops	92
Greenlaw	636	Midlem	92
Walkerburn	620	Hutton	89
Denholm	613	Allanton	86
Stow	608	Nether Blainslie	81
Ayton	540	Yarrowford	77
Clovenfords	421	Whitsome	72
Gordon	415	Roxburgh	70
Cockburnspath	412	Eccles	69
Darnick	397	Smailholm	67
Ancurm	392	Longformacus	66
Gattonside	381	Maxton	60
Eddleston	335	Westruther	60
Reston	335	Minto	58
Broughton	306	Redpath	56
Oxton	270	Eildon	53
Morebattle	266	Traquair	51
Newstead	256	Chesters	49
Lilliesleaf	246	Mackerston	45
Cardrona	229	Nisbet	37
Swinton	224	Crailling	36
Bowden	223	Eckford	29

Source GRO(S) 2008.

Health.

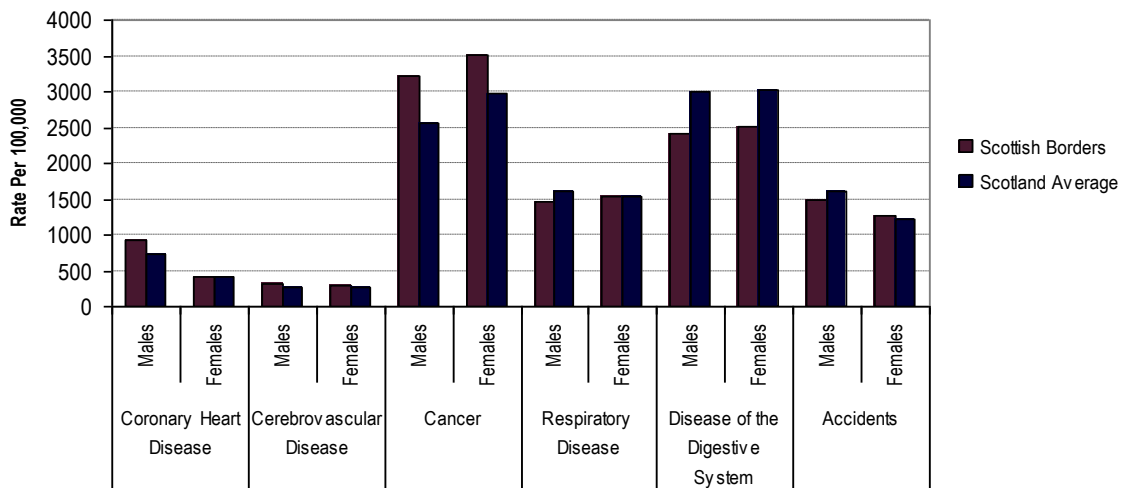
Life expectancy in Scotland has been slowly rising for many years for both men and women. Using 2006-2008 three year average data life expectancy at birth is 77.5 years for men and 81.2 years for women in Scottish Borders. This is slightly higher than the Scottish average for both men and women at 75.8 and 80.4 years respectively and is shown in the graph below.



Source: National Records of Scotland

A good indicator of ill health is the rate of admission to hospital for various conditions. The graph below shows the hospital admissions for selected conditions for Scottish Borders and the Scottish average. It is evident that both coronary heart disease and cancer in the Scottish Borders are above the Scottish national average, cerebrovascular disease is comparable and respiratory disease and disease of the digestive system below Scottish average.

Fig 6. Hospital Admissions for Selected Conditions all Ages (2008)



Source: Scottish Borders in Figures (2010) SBC

Deprivation.

The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of multiple deprivation across all of Scotland in a consistent way. It allows effective targeting of policies and funding where the aim is to wholly or partly tackle or take account of area concentrations of multiple deprivation.

The average percentage of the total population who were “income-deprived” in 2005 was 12.7%. This ranged from 7.3% in East Dunbartonshire to 24.7% in Glasgow City. Scottish Borders scores 9.3%, placing it eighth lowest out of 32 Local Authority areas. This is lower than many comparable rural Local Authority areas, such as Dumfries & Galloway, Lothians, Angus and Argyll & Bute but not as low as Moray, Perth & Kinross and Aberdeenshire.

At an Intermediate Data Zone level, scores range from 3.4% in Ettrick, Yarrow and Yair to 23.5% in Langlee, Galashiels. The next most income-deprived area is Burnfoot area in Hawick with 22.8%, followed by Eyemouth with 14.4% and other parts of Galashiels and Hawick, Coldstream and Jedburgh. The Central Burnfoot area of Hawick and the Kenilworth Avenue area of Lower Langlee fall within the Top 15% Most Deprived in Scotland. (More information is available in the ‘Scottish Borders Social Atlas – 3rd edition March 2009’ Produced by Scottish Borders Council.)

Table 3. Indicators of Deprivation.

Indicator	Scottish Borders	Scotland
Percentage of the working-age population who are income-deprived, 2008	10%	13%
Percentage of the working-age population who are employment-deprived, 2008	10%	13 %

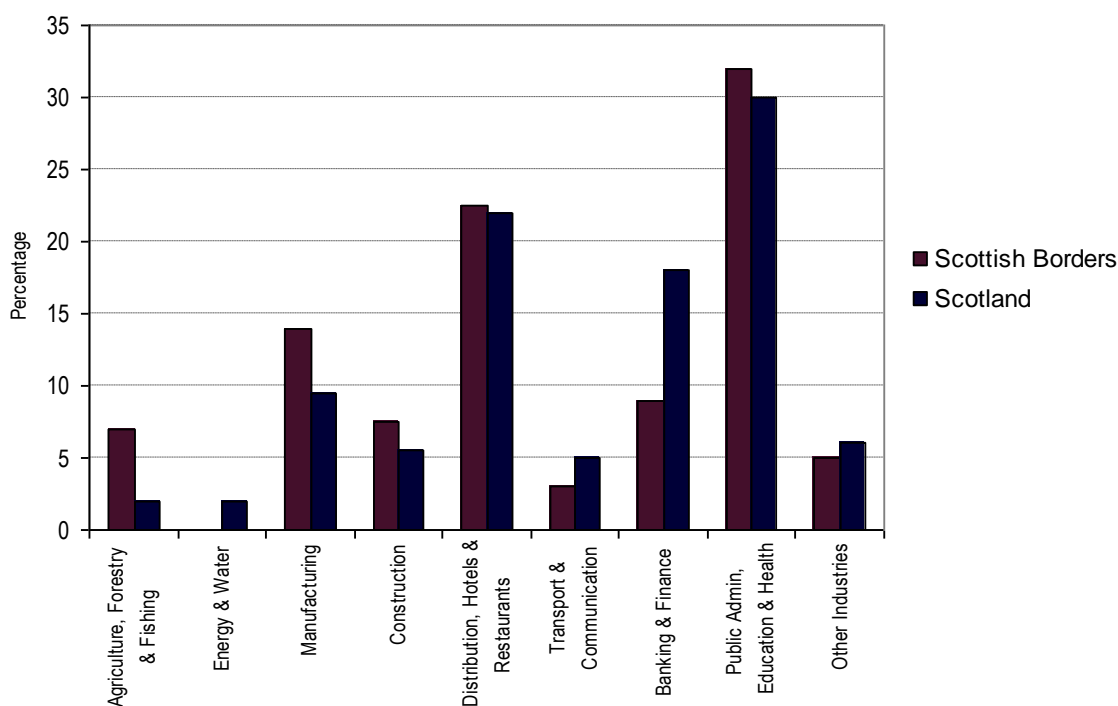
Source: Scottish National Statistics (SNS)

In relation to areas of deprivation or of high populations of the elderly continuity of pharmacy services and pharmaceutical care is important. Many people will take multiply medications which can lead to adverse effects and, on occasion, hospital admissions. It is essential to keep an oversight of poly pharmacy to maximise the benefits of medication.

Employment.

The workforce in the Scottish Borders was just over 43,500 in 2007. There are some key differences between the Scottish and the Borders economies. For example, the Borders has a relatively large proportion of its employment concentrated in the manufacturing sector (14.3% in the Borders compared to 9.2% in Scotland). In the last five years employment in manufacturing has generally declined, both here and in the rest of Scotland. In contrast, the region is under-represented in the growing services sector generally, and most notably in the banking and financial services industries. The following graph shows the percentage of employees in selected industries.

Fig 7. Percentage of Employees in Selected Industries 2007



Source: Annual Business Inquiry (ABI) - 2007

Employment change over time.

The workforce profile has changed over the last five years. The biggest changes in the Scottish Borders are the increases in the service sector, notably in banking, finance and insurance (+21.1%), and other services have risen by almost one-quarter. Employment in construction also increased by just over one-quarter during this period, but this is known to have dipped drastically following the current economic recession.

The sectors showing a fall in employment are manufacturing (-7.7%) and distribution, hotels and restaurants fell by one-fifth.

In Scotland prior to the onset of the economic recession, the biggest rise in employment had been in construction (+14.8%). The service sector also showed increases of almost 10% in banking, finance and insurance and public administration, education and health. The most notable decrease in Scotland was also the manufacturing sector (-9.2%).

Introduction.

The Right Medicine was the Scottish Government's strategy for pharmaceutical care in Scotland published in 2002. The strategy outlined the Government's commitment to improve patient care and make better use of the community pharmacy workforce by calling for the development of quality services based on a patient centred approach to pharmaceutical care. In a modern NHS, Community Pharmacists provide an accessible and convenient contact point for patients, offering high levels of expertise on the best use of medicines and drug technologies, vital to ensure best patient care and best use of resources. The community pharmacy contract underpins the approach to modernising community pharmacy services both in the way that services are delivered by community pharmacists and planned and secured by NHS Boards.

Prescription for Excellence will build on changes created from *The Right Medicine* and the community pharmacy contract to ensure that all patients regardless of their setting should receive high quality pharmaceutical care. Prescription for Excellence complements the Scottish Government's 2020 Vision Route Map and Quality Strategy ambitions as pharmaceutical care is a key component of safe and effective healthcare.

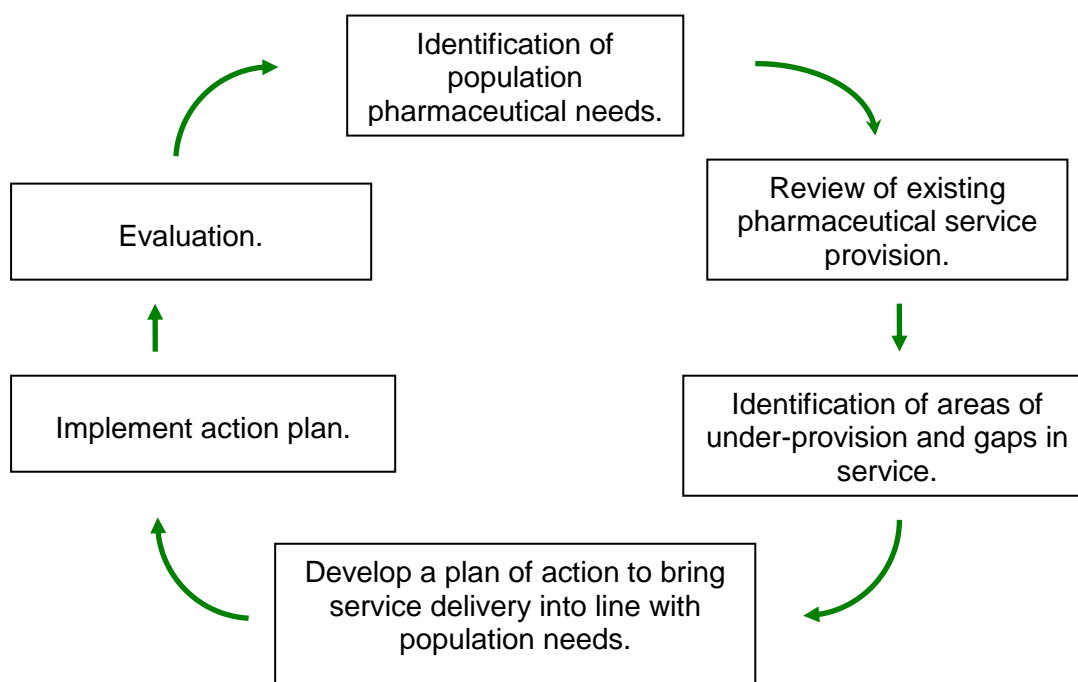
There is a statutory duty on NHS Boards to provide or secure the provision of Pharmaceutical Services they consider necessary to meet local needs and publish plans for where and what pharmaceutical care services are to be provided in their area. Pharmaceutical Care Services Planning (PCSP) aims to improve the planning process for establishing and securing Pharmaceutical Care Services by ensuring that provision is based on locally identified care needs and patients have a convenient access to a full range of appropriate patient-centred and holistic services.

The aim of this pharmaceutical care services plan is to identify the current and anticipated needs of the Borders population with reference to pharmaceutical care services and is subject to extensive consultation with professional and public partners. The plan should be embedded within the planning processes of NHS Borders in order that the necessary resources for implementation can be identified in subsequent health plans.

Pharmaceutical Care Service Planning Process.

The overarching aim of the Pharmaceutical Care Service (PCS) planning process is to assess local needs for community pharmaceutical services and identify where there is a mismatch with current provision in order to inform service development that is both clinically effective and cost effective. This PCS planning cycle is summarised in *Fig 8* below:

Fig 8 – PCS Planning Cycle.



Source: Adapted from Scottish Needs Assessment programme (SNAP) – Needs assessment in primary care: a rough guide.

A PCS plan describes the health needs of the population and the pharmaceutical services which are in place, or could be commissioned to meet the identified health needs. This is not a stand alone document and the plan should be embedded within the planning processes of NHS Borders in order that the necessary resources for implementation can be identified in subsequent health plans.

The PCS plan will therefore contribute to achievement of key strategic targets for example keeping people out of hospital; support for those with long term condition(s) and improvement of access within primary care. It will be used to:

- Inform planning processes about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need.
- Commission high quality pharmaceutical services.
- Ensure pharmaceutical and medicines management services reflect the health needs of the region.
- Facilitate opportunities for pharmacists to make a significant contribution to the health of the population of the Scottish Borders.
- Ensure we have robust and relevant information on which to base decisions about applications for market entry for pharmaceutical services.

Current Pharmaceutical Service Provision.

Community Pharmacy.

Pharmaceutical care services are currently provided by 27 community pharmacies. These are distributed across the region as illustrated in *Fig 9* below. They represent approximately 1 community pharmacy for each 4,256 of population compared to 1 community pharmacy for each 4274 Scottish Average (2010 population estimates).

Fig 9 – Community Pharmacy Locations (2010).



Community pharmacies are independent contractors who provide a service to NHS Scotland in accordance with national regulation and locally negotiated contracts. These contractors may be individuals/independents with one or more outlets, partnerships/consortium with one or more outlets or multiples that generally have many outlets. The table below gives the breakdown of community pharmacies in these groups.

Table 4. Pharmacy Contractor Ownership Breakdown

Category	Number
'Multiple' Pharmacies	10
Smaller Group Pharmacies	6
Independent Pharmacies	10
Consortium Pharmacies	1
	27

Dispensing Practices.

In addition to the community pharmacy network 3 GP practices hold dispensing doctor contracts (Stow, Newcastleton & Coldingham). These practices are contracted to dispense medicines for some or all of their patients. Dispensing doctors play an essential role in the dispensing and supply of medicines to patients in rural communities. Pharmaceutical care provision should complement and support dispensing doctors' services and their patients.

Fig 10 – Dispensing Practice Locations with 10 and 20 minute travel isochrones (2010).

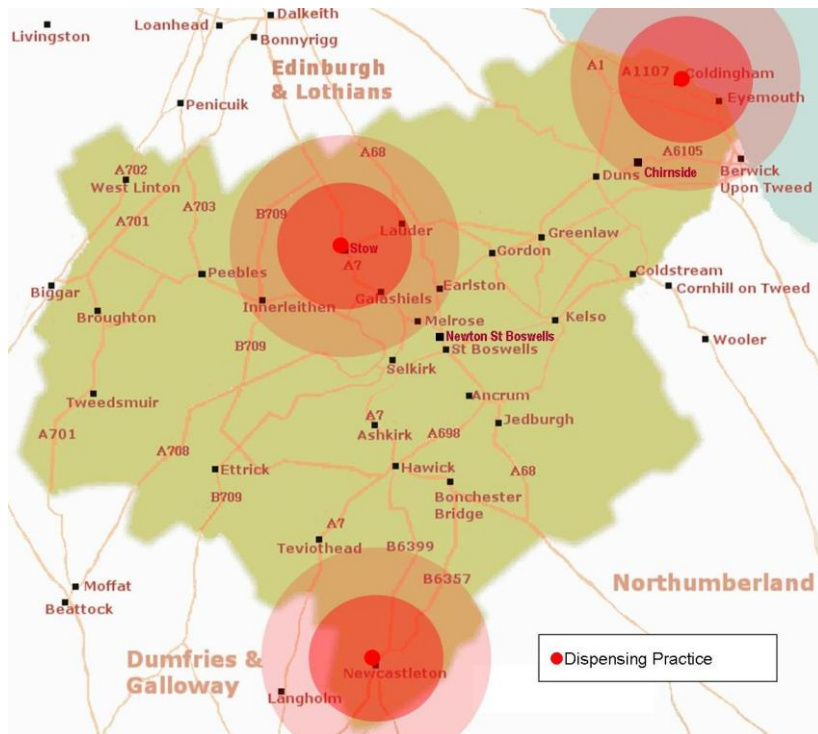


Table 5. Dispensing Practice Statistics as at 1st October 2013

Practice	Dispensing Population	Nearest Community Pharmacy	
		Distance	Time (Car)
Coldingham	2,023	3.5 miles (Eyemouth)	8 Mins
Newcastleton	1,534	20 miles (Hawick)	30 Mins
		10.5 miles (Langholm)	18 Mins
Stow	2,349	5.5 miles (Lauder)	12 Mins
		8 miles (Galashiels)	15 Mins

Source:

ISD

Scotland

2010

Access to Pharmaceutical Care Services.

The population of the Scottish Borders access pharmaceutical care services in line with the hours of service scheme. Most GP practices are closed by 6pm, Monday to Friday. The hours of Service Scheme means that all community pharmacies are open for most of this period. The flexibility within the scheme means that pharmacies may be able to open slightly earlier and remain open for slightly longer at their own discretion.

Normal hours of service for pharmacies are laid out as: *All places of business on the Pharmaceutical List shall be open for the supply of drugs and prescribed appliances (as the case may be), on the days and at the hours following:*

On five week days in the week (less any public holidays in the week).	9am to 5.30pm (during which time they may be closed for a maximum of one hour in the middle of the day).
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Additionally at any other time when a pharmacist's place of business is open for the purpose of supplying drugs or appliances they shall supply drugs or prescribed appliances, which are ordered under the regulations.

This effectively means that each contracted pharmacy must open five and a half days per week and the opening hours should reflect local surgery times.

However there are variations to these hours depending upon individual circumstances and applications for slightly shorter or longer hours have been made at various times to suit the local situation.

During public holidays all community pharmacies operate within a rota system to ensure emergency cover is maintained. Fees for providing this service are agreed as part of the Boards locally agreed services.

Table 6. Community Pharmacy Opening Times (January 2011)

Contractor Code	Pharmacy	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
8005	Eildon Pharmacy Ltd – Newton St Boswells	9 - 6	9 – 5:30	9 – 1:00	9 - 6	9 – 5:30	9 – 12	
8006	Boots UK Ltd – Galashiels	8:30 – 8	8:30 – 8	8:30 – 8	8:30 – 8	8:30 – 8	8:30 – 6	10 – 6
8007	Boots UK Ltd – Hawick	8:30 - 6	8:30 - 6	8:30 - 6	8:30 - 6	8:30 - 6	9 - 5	
8008	Boots UK Ltd – Peebles	9 – 5:45	9 – 5:45	9 – 5:45	9 – 5:45	9 – 5:45	9 – 5:30	
8009	Boots UK Ltd – Kelso	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	8:30 - 5:00	
8013	T N Crosby – Hawick	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 12	
8019	Lloyds Pharmacy Ltd – Kelso	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:00	
8020	Lloyds Pharmacy Ltd - Galashiels	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:00	
8032	D & E Ogilvie – Innerleithen	9 - 5:30	9 - 1	9 - 5:30	9 - 5:30	9 - 5:30	9 - 12:30	
8034	G L M Romanes Ltd – Duns	9 - 6	9 - 6	9 - 5	9 - 6	9 - 6	9 - 5	
8035	G L M Romanes Ltd - Greenlaw	9 – 5:30	9 – 5:30	9 – 1	9 – 5:30	9 – 5:30		
8038	R G Turnbull – Earlston	9 - 6	9 - 6	9 - 1	9 - 6	9 - 6	9 - 1	
8039	HHCC (Pharmacy) Ltd - Hawick	9 – 8:30	9 - 6	9 - 6	9 - 6	9 - 6		
8059	West Linton Pharmacy	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 1	
8044	A A Weir – Selkirk	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 1	
8045	Red Band Chemical Co Ltd - Hawick	9 - 6	9 - 5	9 - 6	9 - 6	9 - 6	9 - 5	
8047	R I McRobbie Ltd - Coldstream	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 12:30	
8048	Red Band Chemical Co Ltd	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 5	
8050	Tesco Stores Ltd – Galashiels	8 - 8	8 - 8	8 - 8	8 - 8	8 - 8	8 - 8	9 - 6
8051	G L M Romanes Ltd - Eyemouth	9 - 6	9 - 6	9 - 6	9 - 5	9 - 6	9 - 5	
8052	M Farren Ltd – Galashiels	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:00	
8053	Lloyds Pharmacy Limited - Peebles	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	
8054	Boots UK Ltd – Melrose	9 - 6	9 - 6	9 - 6	9 - 5	9 - 6	9 - 5	
8055	Boots UK Ltd – Jedburgh	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 1	
8056	Lauder Pharmacy Ltd	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 1	
8057	Willow Health Care - Jedburgh	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5	
8058	A G & S J Gray – Chirnside	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 12	

To help guide understanding of accessibility to community pharmacies consideration has to be given to the travel time to a pharmacy. With the size and geography of the Scottish Borders a travel time of 20 minutes is deemed to represent reasonable access to community pharmacy. The travel time is based on a patient accessing a pharmacy via motorised transport (Car, Bus, Taxi etc) on an average journey time. Fig 11 shows the resultant access coverage using 20 minute travel isochrones.

The information provided does not take into consideration access to public transport, bus routes and numbers of changes or the time required for this. Delivery services from community pharmacies help provide easier access to dispensed medicines but not pharmaceutical care.

Fig 11 – Community Pharmacy - 20 Minute travel Isochrones in NHS Borders Area

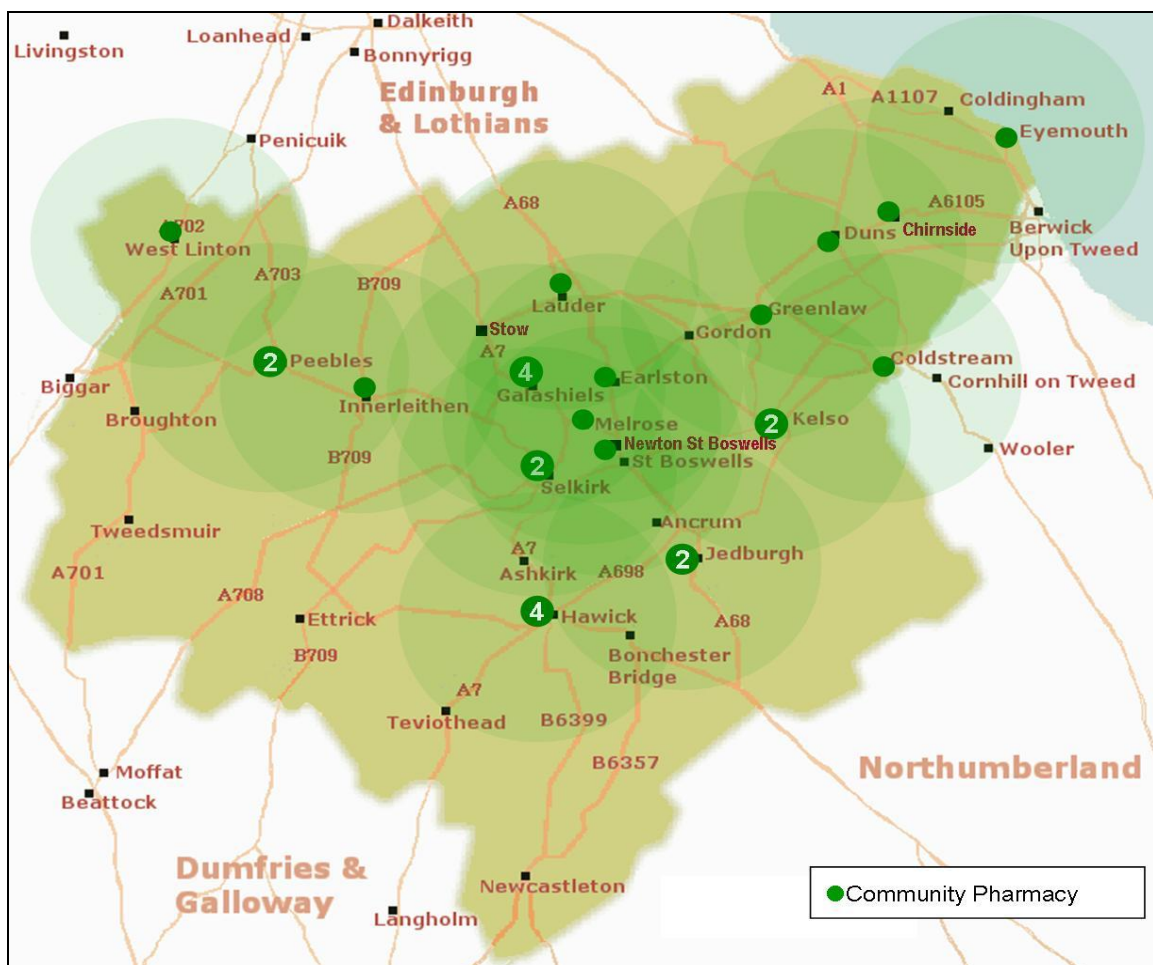


Fig 12 illustrates access (20 minute travel isochrones) to pharmaceutical care services during a Saturday pre 13:00hrs. It would appear that there is an even spread of cover and that the current service provision is adequate for the populations needs.

Fig 12 – Community Pharmacy Saturday Pre 13:00hrs Service Provision.

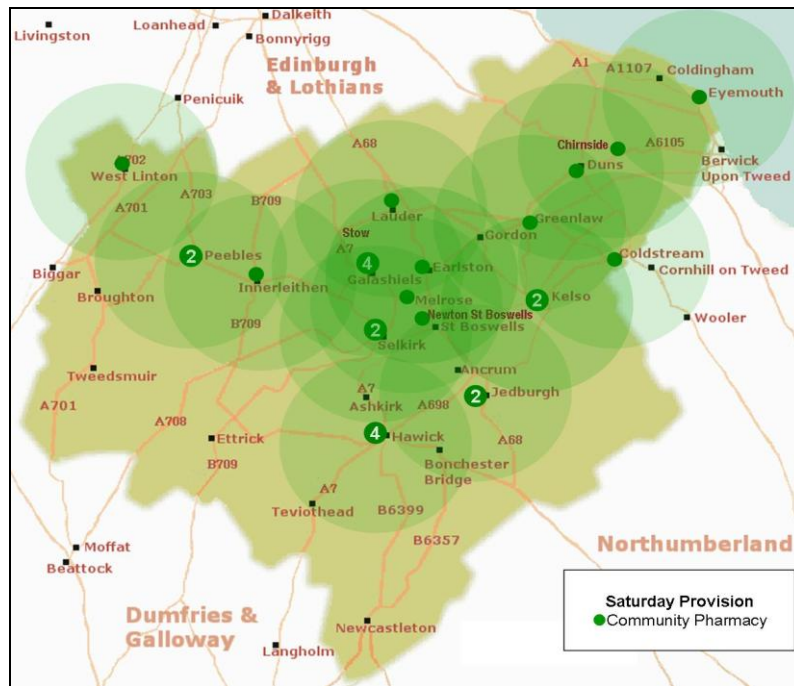


Fig 13 below illustrates access (20 minute travel isochrones) to pharmaceutical care services during a Saturday post 13:00hrs. It would appear that although there is less availability than pre 13:00hrs, it is still an even spread of cover and is adequate for the populations needs.

Fig 13 – Community Pharmacy Saturday Post 13:00hrs Service Provision.

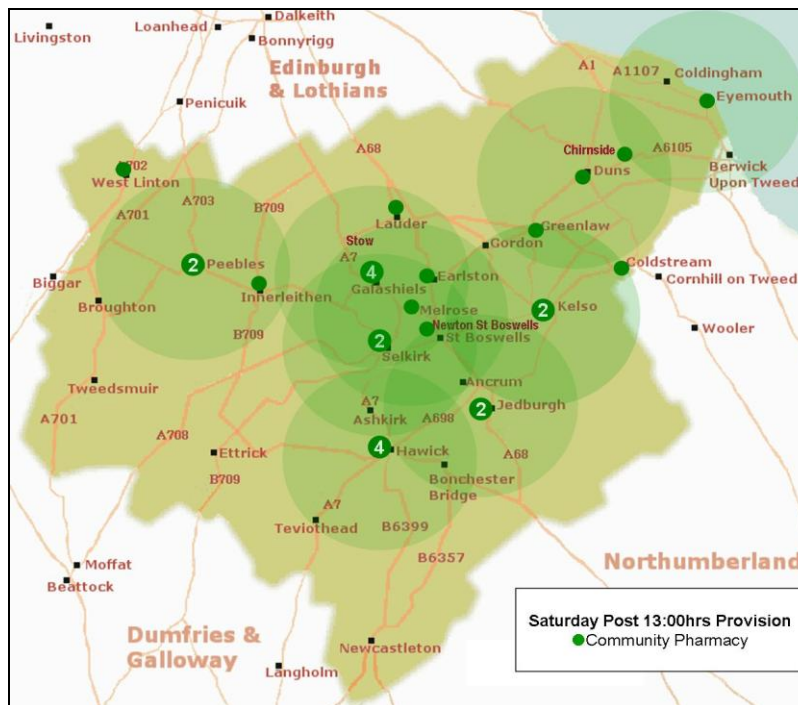
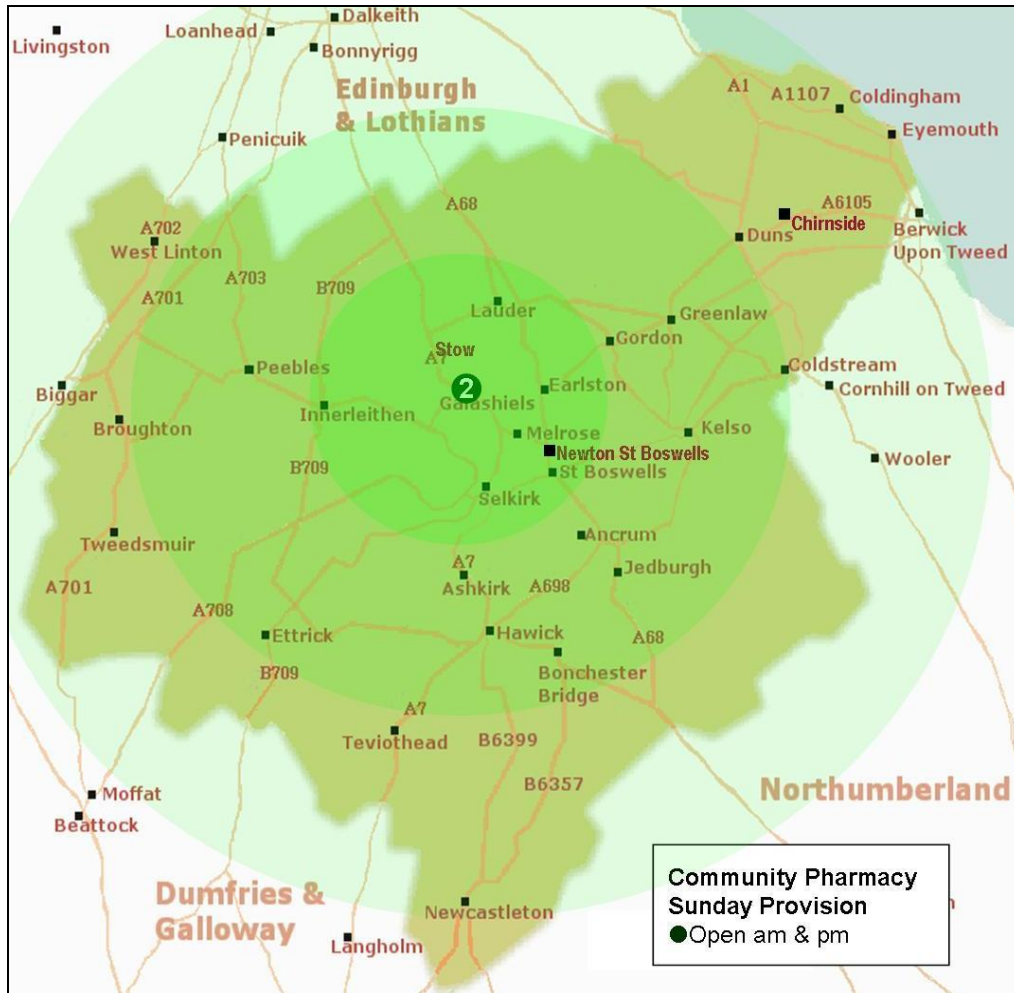


Fig 14 below illustrates access (20, 40 & 60 minute travel isochrones) to pharmaceutical care services during a Sunday. There is very limited service provision on a Sunday with both pharmacies being based in Galashiels. Sunday services are available in Lothian and Berwick Upon-Tweed (Northumberland).

Fig 14 – Community Pharmacy Sunday Service Provision.



Travel/Transport

Transport plays key role in the access to all services in the Scottish Borders mainly due to the peripheral nature of the area and the distances that people need to travel.

It was highlighted in Scottish Borders Councils Transport Strategy 2007/08 that the Scottish Borders does have relatively good public transport and social transport services, this is more so in centres of larger population density. Some services may be under threat due to national cuts and a reduction in subsidy funding locally. These service reductions are identified as a potential risk to access of all health services including community pharmacy.

Table 7 Road Transport Statistics (2007/2008)

	Scottish Borders	Scotland
% of households without access to a car	20	26
% of households with access to one car	47	46
% of households with access to two or more cars	33	28
% of roads needing maintenance (Red & Amber Classification)	37	35
Average rate of road usage (million vehicle km) per head of population	11	9
Rate of total government expenditure (£1,000) on roads per 100,000 population (2006)	12	9
Rate of petrol & diesel consumption (1,000 tonnes) per 100,000 population (2006)	88	61
% of children walking or cycling to school	55	51

Source: SBC/SNS Local Authority average

Table 8 Main Mode of Travel by Council, 2007/2008.

Method	Walking	Driver Car/Van	Passenger Car/Van	Bicycle	Bus	Taxi	Rail	Other (Inc M/cycle, U/G, Ferry)	Sample Size (=100%)
Scotland	22	50	14	1	9	2	2	1	40,440
Scottish Borders	28	58	10	0	2	0	0	1	842

Source: Scottish Household Survey

Contractor Premises.

Access - Under the Disability Discrimination Act 1995 (DDA), it is unlawful to treat a person less favourably for a reason related to that person's disability (unless it can be justified). Pharmacies that have fewer than 15 employees are exempt from the employment regulations of the Act, but everyone providing "services", regardless of size, must follow the provisions of the Act. Pharmacies are specifically included in this section because they provide health services.

- Pharmacies must take reasonable steps to provide auxiliary aids or services, which will enable disabled people to make use of their service.
- Where physical barriers make it impossible for disabled people to use a service, the pharmacy is expected to facilitate the provision of the service by an alternative method. This could involve directing the patient to a nearby alternative pharmacy with the appropriate facilities.

Table 9 below shows a breakdown of the facilities currently available to ensure equality of access for all patients (January 2011).

Table 9. Equality of Access Audit (January 2011)

Pharmacy	Door width 800mm or wider	Aisle Width 800mm or wider	Counter Height between 750mm - 800mm from floor	Suitable Waiting Area Inc Wheelchair /Pushchair	Hearing Induction Loop	Ramps and Level access throughout	Automatic/Semi automatic Door Opening
Eildon – Newton St Boswells	✓	✓	✓	✓	✓	✗	✗
Boots - Galashiels	✓	✓	✓	✓	✓	✓	✓
Boots - Hawick	✓	✓	✗	✓	✓	✓	✓
Boots - Peebles	✓	✓	✓	✓	✓	✓	✗
Boots - Kelso	✓	✓	✗	✓	✓	✗	✓
T N Crosby – Hawick	✓	✓	✗	✓	✓	✓	✗
Lloyds – Kelso	✓	✓	✓	✓	✗	✓	✓
Lloyds – Galashiels	✓	✓	✓	✓	✓	✓	✓
D & E Ogilvie – Innerleithen	✓	✓	✗	✓	✓	✓	✗
GLM Romanes - Duns	✓	✓	✓	✓	✓	✓	✗
GLM Romanes – Greenlaw	✓	✗	✓	✗	✗	✓	✗
R G Turnbull - Earlston	✓	✓	✓	✓	✓	✓	✗
HHCC – Hawick	✓	✓	✗	✗	✓	✓	✓
West Linton Pharmacy	✓	✓	✗	✓	✗	✓	✗
A A Weir – Selkirk	✓	✓	✗	✓	✗	✓	✗
Lindsay & Gilmour - Hawick	✓	✓	✓	✓	✗	✓	✓
Coldstream Pharmacy	✓	✓	✗	✓	✓	✓	✗
Lindsay & Gilmour - Selkirk	✓	✓	✓	✓	✗	✗	✓
Tesco - Galashiels	✓	✓	✗	✓	✓	✓	✓
GLM Romanes - Eyemouth	✓	✓	✓	✓	✓	✓	✗
M Farren - Galashiels	✓	✓	✓	✓	✗	✓	✗
Lloyds - Peebles	✓	✓	✓	✓	✓	✓	✗
Boots - Melrose	✓	✓	✓	✓	✓	✓	✓
Boots - Jedburgh	✓	✓	✓	✓	✓	✓	✓
Lauder Pharmacy	✓	✓	✗	✓	✗	✓	✗
Jedburgh Pharmacy	✓	✓	✓	✓	✓	✓	✗
Grays Pharmacy - Chirnside	✓	✓	✓	✓	✓	✓	✗

Confidential Services

In order to provide many of the additional services community pharmacies must have a suitable environment that offers the patient the privacy expected of such services. NHS Circular: PCA(P)(2007)28 Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provided guidance on the premises requirements under the new community pharmacy contract. This guidance also aids the planning of any future pharmacy premises or potential relocations.

As a result of the new pharmacy contract many community pharmacies have been modernised to provide private areas, which can be utilised for the provision of counselling and/or advice. These areas in the pharmacies enable patients to have personal discussions with some privacy and to enable other private services such as emergency hormonal contraception to be provided in a confidential manner. The development of these consultation or private areas in many pharmacies has been an enabling factor in the development of these new services. These areas can either be fully enclosed providing complete audible and visual privacy or can

provide a lesser degree of privacy. The table below outlines the results of a recent consultation area audit. (January 2011)

Table 10. Consultation Room Audit (January 2011)

Pharmacy	Sound proof & private.	Located close to, or part of main counter.	Screened from main retail area	Wheelchair Accessible	Large enough for 2 people plus Pharmacist	Is a separate enclosed room available if complete privacy is required	Worktop / Desk	Hand Washing facilities
Eildon – Newton St Boswells	✓	✗	✓	✗	✓	N/A	✓	✓
Boots - Galashiels	✓	✓	✓	✓	✓	✓	✓	✓
Boots - Hawick	✓	✓	✓	✓	✓	✓	✓	✗
Boots - Peebles	✗	✓	✓	✗	✓	✓	✓	✓
Boots - Kelso	✗	✓	✓	✓	✓	N/A	✓	✗
T N Crosby – Hawick	✓	✓	✓	✓	✓	N/A	✓	✗
Lloyds – Kelso	✓	✓	✓	✓	✓	✓	✓	✓
Lloyds – Galashiels	✓	✓	✓	✓	✓	✓	✓	✗
D & E Ogilvie – Innerleithen	✗	✓	✓	✓	✓	✗	✓	✗
GLM Romanes - Duns	✓	✓	✓	✓	✓	✓	✓	✓
GLM Romanes – Greenlaw	✗	✗	✗	✗	✗	✗	✗	✗
R G Turnbull - Earlston	✓	✓	✓	✓	✓	✓	✓	✓
HHCC – Hawick	✓	✓	✓	✓	✓	N/A	✓	✗
West Linton Pharmacy	✓	✓	✓	✗	✗	N/A	✓	✗
A A Weir – Selkirk	✓	✗	✓	✓	✓	N/A	✓	✓
Lindsay & Gilmour - Hawick	✓	✓	✓	✓	✓	N/A	✓	✓
Coldstream Pharmacy	✓	✓	✓	✓	✓	N/A	✓	✓
Lindsay & Gilmour - Selkirk	✓	✓	✓	✓	✓	N/A	✓	✓
Tesco - Galashiels	✗	✓	✓	✓	✓	✓	✓	✓
GLM Romanes - Eyemouth	✓	✓	✓	✓	✓	✓	✓	✓
M Farren - Galashiels	✓	✗	✓	✓	✓	N/A	✓	✓
Lloyds - Peebles	✓	✓	✓	✓	✓	✓	✓	✓
Boots - Melrose	✓	✓	✓	✓	✓	N/A	✓	✓
Boots - Jedburgh	✓	✓	✓	✓	✓	N/A	✓	✓
Lauder Pharmacy	✓	✗	✓	✓	✓	N/A	✓	✓
Jedburgh Pharmacy	✓	✓	✓	✓	✓	N/A	✓	✗
Grays Pharmacy - Chirnside	✓	✓	✓	✓	✓	N/A	✓	✓

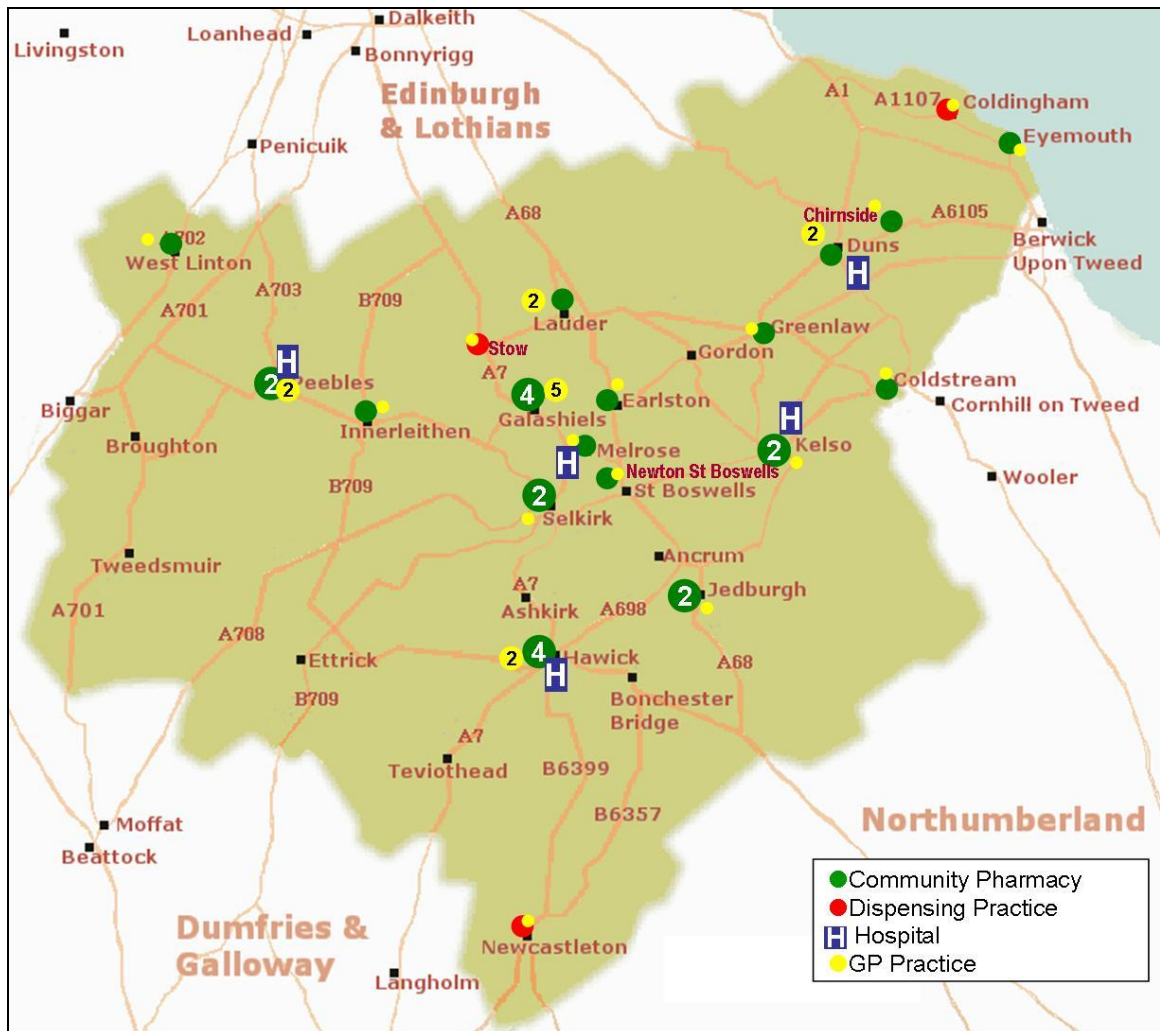
Community Pharmacy Contract

The National Community Pharmacy Contract encompasses four core essential services. These four core services – Minor Ailment Service, Public Health Service, Acute Medication Service and Chronic Medication Service - underpin the new contractual arrangements for the provision of pharmaceutical care services which all community pharmacy contractors are required to provide.

Acute Medication Service (AMS)

AMS is the provision of pharmaceutical care by community pharmacists for acute episodes of care. The process begins when a GP prints a prescription for a patient (GP10). The patient then presents this prescription in a community pharmacy or dispensing GP practice of their choice. The map shown in *Fig 15* depicts the co-location between Community pharmacies and the GP Practices.

Fig 15 – Community Pharmacy, Hospital & GP Practice Locations.



Chronic Medication Service (CMS)

The Chronic Medication Service is the final one of the four core services in the community Pharmacy Contract (CPC) in Scotland to be fully implemented. CMS aims to further develop the contribution of community pharmacists in the management of patients with long-term conditions. CMS supports patients to manage the medications they take for their condition. It is broken down into three parts:

- **Reviewing patient's medicines** – the pharmacist looks at how a patient uses their medicines. They then discuss with the patient any problems they have with their medicines and decide on the need for a care plan. Recent additional elements include support for patients on new medicines and high risk medicines.
- **CMS Care Plan** – This plan helps pharmacists give the patient more regular care and advice about their medicines. The care plan is shared with the patient and their GP.
- **Serial prescriptions** – A serial prescription is a prescription for a medicine(s) a patient needs to treat a stable long-term condition and lasts for 24 or 48 weeks. The GP issues the prescription and the patient then takes it to the pharmacy where they are registered for CMS. The GP will decide how often the medicines should be dispensed. The GP is informed each time part of a prescription is issued to a patient. At the end of the term the pharmacy will inform the GP and the GP decides whether to re-issue another prescription or arrange a consultation with the patient. Serial prescribing has been rolled out to all practices. Only Kelso Medical Group Practice has declined from making use of serial prescriptions. Further work is required to ensure CMS is fully supported by pharmacies and GP practices.

Minor Ailment Service (MAS)

Patients who are registered with a Scottish GP and who come under the previous prescription exemption classification (with the exception of people who are resident in a care home, temporary residents) must register with a community pharmacy to receive the service. A pharmacist can provide advice, treatment or a referral to another health care professional according to the patients' needs. Minor ailments can include:

- Acne
- Athlete's foot
- Backache
- Cold sores
- Constipation
- Cough
- Diarrhoea
- Earache
- Eczema and allergies
- Haemorrhoids
- Hay fever
- Headache
- Head lice
- indigestion
- Mouth ulcers
- Nasal congestion
- Pain
- Period pain
- Thrush
- Sore throat
- Threadworms
- Warts and verrucae

The table below shows the figures for MAS in Scottish Borders compared to Scotland for November 2013

Table 11. Figures for Minor Ailments Service (November 2013)

Area	Number of Registrations.	Number of Prescriptions Dispensed.	MAS Capitation Payment.	Average MAS Prescription Value
Scottish Borders	20,557	4,031	£27,226	£2.61
Scotland	913,314		£1,242,455	

Source: ISD Scotland.

Although MAS is provided by all community pharmacies the level of engagement can vary across the area. The service is generally well promoted by the 'multiple' pharmacies but can be more variable within the independent sector. The table below highlights the range of activity for all 27 community pharmacies for November 2013.

Table 12. SERVICE ACTIVITY – NOVEMBER 2013

Number of Patients Registered per Pharmacy	Number of Prescriptions Issued per Pharmacy	Value of Prescriptions Issued per Pharmacy
1634	307	£609.96
1483	195	£438.27
1440	418	£905.30
1323	180	£332.43
1276	316	£668.21
1209	353	£903.77
1004	251	£524.70
996	283	£650.16
984	110	£280.77
908	164	£374.12
816	144	£356.91
812	51	£89.90
800	100	£164.00
764	144	£350.78
704	248	£492.68
660	117	£289.67
639	69	£141.76
633	145	£367.60
618	103	£226.66
546	78	£181.70
267	58	£143.79
245	47	£73.92
239	46	£93.69
237	42	£101.79
148	35	£74.73
112	20	£50.87
60	7	£6.64

Source: ISD Scotland

Public Health Service (PHS)

The Right Medicine made a commitment to further develop the role of community pharmacy contractors and their staff in public health through:

- providing a health promoting environment in their Community Pharmacies
- promoting healthy lifestyles
- offering opportunistic interventions in areas such as alcohol, self care, smoking cessation and sexual health services and emergency hormonal screening

The Public Health Service comprises the following services:

- (a) The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public.
- (b) Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material.
- (c) Participation in health promotion campaigns, each campaign being on display and visible within a pharmacy for a set period, determined nationally by Scottish Ministers following consultation with a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by Scottish Ministers for use by PHS providers if they wish.

Example of Campaigns Planned During 2013/14

Bowel Cancer	8 April 2013 - 5 May 2013
Healthy Start Vitamins	6 May 2013 - 16 June 2013
Measles	17 June 2013 - 28 July 2013
Asthma	29 July 2013 - 1 September 2013
Organ Donation	2 September 2013 - 6 October 2013
Seasonal Flu	7 October 2013 - 10 November 2013
Be Ready for Winter	11 November 2013 - 15 December 2014
Take Life On	16 December 2014 - 19 January 2014
Stroke/Blood Pressure	20 January 2014 - 23 February 2014
Smoking Cessation	24 February 2014 - 30 March 2014

- (d) Where agreed between a PHS provider and the Health Board, community pharmacies can participate in locally agreed health promotion campaigns in the intervals between the national campaigns referred to above. Community pharmacies must have a designated Health Promotion Area clearly identified within the pharmacy premises for leaflet display and other promotional materials.

(e) (i) the provision of a Smoking Cessation Service;

Community pharmacies provide extended access through the NHS national programme to a smoking cessation support service, including the provision of advice and smoking cessation products, in order to help smokers successfully stop smoking as part of the Public Health Service (PHS) element of the community pharmacy contract.

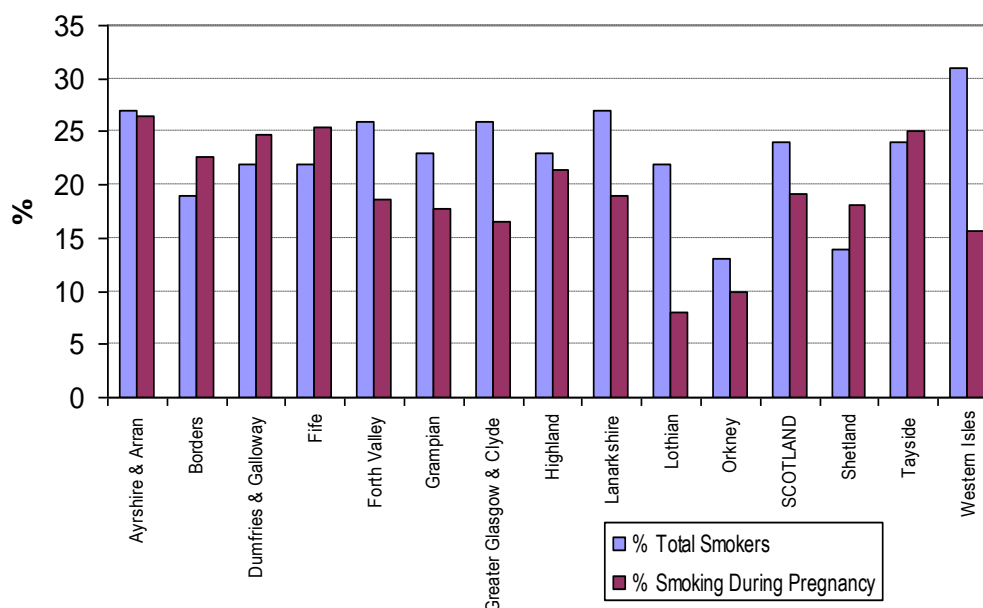
The aim of the service is to increase access to smoking cessation support and the provision of smoking cessation products in order to contribute to the number of smokers successfully giving up smoking this includes:

- Providing consistent smoking cessation advice to people considering quitting smoking.
- Providing smoking cessation products and motivational support to people engaged in a quit attempt.
- Referring people presenting who are not eligible for provision of the community pharmacy based service to the NHS Borders 'Quit 4 Good' service.

Community pharmacies also support the NHS Borders local 'Quit 4 Good' smoking cessation programme, by providing Nicotine Replacement Therapy (NRT) products to patients via voucher (prescription) service. Patients in receipt of the vouchers can access any community pharmacy and have their prescription for NRT dispensed.

The following graph outlines the total smoking prevalence in Scotland in tandem with the prevalence of smoking in pregnant women broken down into NHS Board area. It is evident from the data that although the Scottish Borders has an average percentage of smoking population, we do have a higher than average percentage of smoking during pregnancy.

Fig 16. Smoking Prevalence in Scotland among adults aged 16+ years by NHS Board 2009.



Source: Scottish Public Health Observatory (ScotPHO) 'An Atlas of Tobacco Smoking Scotland'

The following table outlines the Top 10 geographic areas of smoking prevalence in the Scottish Borders. These tie in with the previously identified areas of deprivation.

Table 13. Smoking Prevalence Top 10 Localities (2003/04).

Intermediate Zone Name	Males (16+)		Females (16+)		Persons (16+)	
	Smokers	as % of male population	Smokers	as % of female population	Smokers	as % of population
SCOTLAND	542684	28.1	570313	26.5	1112997	27.2
Burnfoot and area	421	30.6	483	31.2	904	30.9
Langlee	303	30.8	321	29.4	624	30.1
Hawick North	421	30.4	461	28.6	882	29.5
Galashiels North	406	30.6	408	28.2	813	29.4
Newcastleton and Teviot area	422	28.9	422	27.3	844	28.1
Hawick West End	380	29.3	387	26.3	767	27.7
Galashiels West	343	28.9	369	25.9	713	27.3
Hawick Central	453	27.9	414	23.7	867	25.7
Eyemouth	339	26.4	356	24.8	695	25.6
Innerleithen and Walkerburn area	411	25.8	426	24.3	837	25.0

Source: Scot PHO 'An Atlas of Tobacco Smoking Scotland'

Table 14 Outlines the success ratio of smoking quits by Board area from 1st April 2008 to 31st March 2011.

Table 14. Smoking Cessation Data (April 08 to March 11)

	A&A	Borders	D&G	Fife	Forth Valley	Grampian	GG&C	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles
Total Quit Attempts made	12,513	4,783	6,469	11,089	8,860	20,402	73,043	11,600	36,836	27,062	185	559	4,036	916
Total Self-Reported Quits at 1 month	5,673	2,108	2,509	4,747	4,001	9,331	25,455	5,659	12,619	11,653	96	262	4,440	522
% of Total Successful Quits	45	44	39	43	45	46	35	49	34	43	52	47	32	57
% of Successful Quits Pharmacy	1													

Source: National Smoking Cessation Database (ISD Scotland)

(ii) The provision of a sexual health service; emergency hormonal contraception;

Pharmacists supply Levonorgestrel Emergency Hormonal Contraception (EHC) where appropriate to clients in line with the requirements of the NHS Borders Patient Group Direction (PGD) for the supply of Levonorgestrel by Community Pharmacists. The PGD specifies that supplies should be made to clients over the age of 13.

Pharmacies offer a user-friendly, non-judgemental, client-centred and confidential service. This service is delivered in a consultation room to ensure client confidentiality.

The supply of EHC is made free of charge to the client at NHS expense.

Pharmacists are expected to link into existing networks for community services so that women who need to see either Family Planning or GP can be referred rapidly. Clients whom fail to meet the criteria laid out in the PGD are referred to another local service such as Family Planning, OOH or GP as soon as possible to ensure contraceptive needs are met.

Aims, Objectives and Service Outcomes:

- To increase the knowledge, especially among young people of the availability of emergency contraception and contraception from pharmacies.
- To improve access to emergency contraception and sexual health advice.

- To increase the use of EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the population.
- To refer clients especially those in the hard to reach groups into mainstream contraceptive services.
- To increase knowledge and awareness of the risks of Sexually Transmitted Infections (STIs).
- To refer clients who may have been at the risk of STIs to the Sexual Health Service.
- To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.

The following table highlights the EHC (Levonorgestrel) supply via direct access of the service for 12 months during 2013

Table 15. EHC Supply Statistics By NHS Borders Clinical Locality

Locality	N° of Pharmacies	Average Monthly Dispensing	Area Total (12 months 2013)
Berwickshire	4	7	81
Cheviot	5	2	14
Eildon	10	63	750
Teviot	4	5	63
Tweeddale	4	6	71

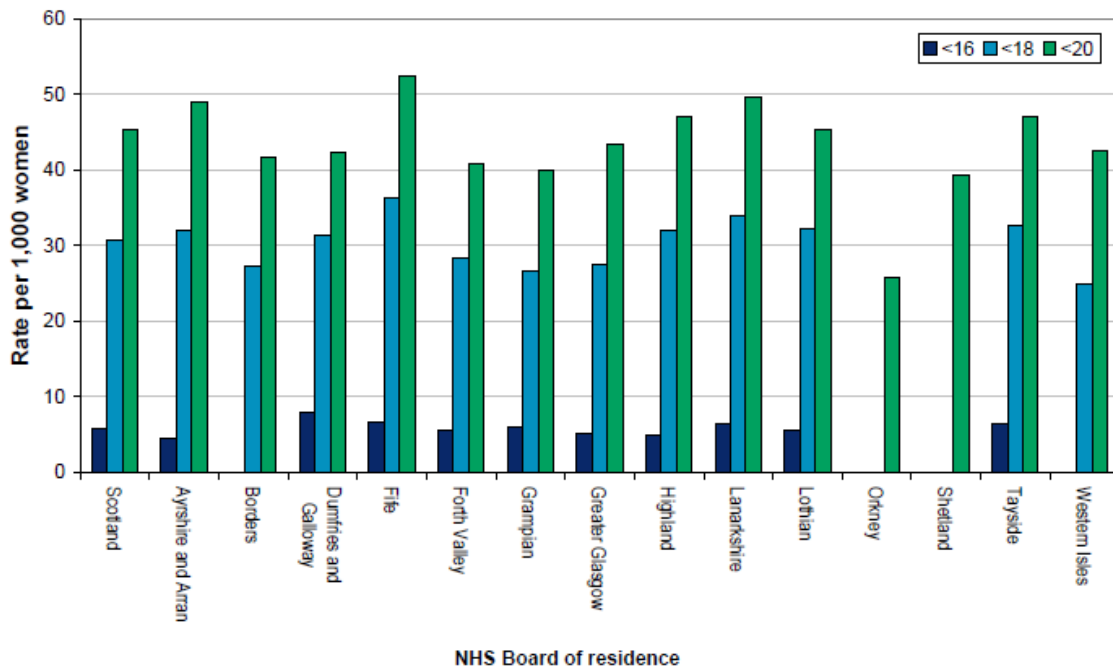
Source ISD Scotland 2011

It is worth noting that the areas with the highest rates of EHC supply are also the areas identified as containing the lowest SIMD scoring and identified as areas of deprivation.

In addition to the EHC statistics the following graph outlines the pregnancy rate per 1000 girls aged 13-15 in both Scotland and the Scottish Borders.

Fig 17

Teenage pregnancies by NHS Board of residence, 2011



Source: ISD Scotland/SNS

Unscheduled Care Supply (CPUS)

Unscheduled care can be described as:

“NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.”

Community pharmacists have several options to ensure continuity of treatment when patients run out of their repeat medication and to arrange medical care if required in the ‘out of hours’ period’. Options include:

- A National PGD for urgent provision when the prescriber is unavailable for patients registered with a Scottish GP who receive medication on a repeat prescription.
- Emergency supply – Available to all patients across the EU and Switzerland to receive medication for a treatment period of up to 30 days.
- Direct Referral to out of hours GP at local Borders Emergency Care Service – when medical care is required in the out of hours period or pharmacist is unable to use the national PGD or provide an emergency supply of medication.

Additional National Services

Gluten Free

As part of Pharmaceutical Services, community pharmacy contractors currently dispense individual occasional prescriptions for Gluten Free Foods written by GPs. The scope of GFF items which may be dispensed by community pharmacy contractors will be subject to a published local formulary determined by the NHS Board on whose Pharmaceutical List they are to optimise value for money and clinical effectiveness. Each local formulary will reflect existing good clinical practice and embrace only certain 'generic' staple GFF items. In order to assist Boards in establishing their local formularies an initial list of products and the equivalent units that each product equates to will be supplied to them. Each Board will be responsible for maintenance of its own formulary. The scope of products and conditions are covered within existing ACBS advice.

Stoma Service

Registered Community pharmacies provide a stoma appliance service to anyone who requires access to the service. This service has Government guidance on what patients can expect by way of service. This includes timely orders, delivered if needed (within 48hours) with sufficient disposal bags and a cutting service if required by the patient. It is important that they use the correct type of pouching system and accessories suitable for their stoma and lifestyle. Pharmacies offer a discreet and supportive service to patients, they offer advice on a range of issues that aim to improve the patient's quality of life, and help them to get back to living as normally as possible.

Healthy Start Vitamins

The aim of the service is for community pharmacy contractors to dispense free vitamin supplements for children from 6 months until their 4th birthday, and free vitamin supplements for pregnant women and women with babies up to one year old in a community pharmacy setting. The vitamins are issued to qualifying customers who present at a community pharmacy.

Additional Locally Agreed Services.

Additional Pharmaceutical Services are available in NHS Borders based on the local need for each specific service. All community pharmacy contractors who are named on the Pharmaceutical Services list of NHS Borders are eligible to apply to participate in the provision of additional services under the National Health Services (Pharmaceutical Services) (Scotland) Regulations 1995, as amended.

NHS Boards negotiate payment and delivery of these services with Local Pharmacy Contractors Committees. Each service has a 'Service Specification' that defines the service that is to be provided to the patient.

NHS Borders pharmacy contractors currently provide additional services from the following list:

Advice to Care Homes

Pharmacy contractors provide advice and support to the residents and staff within care homes, over and above the normal dispensing service. This is to ensure the proper and effective ordering of drugs and appliances, their clinical and cost effective use, their safe storage, supply and administration and proper record keeping. The aim is to improve patient safety within the care home with a particular focus on the ordering, storage, administration and disposal of medicines and appliances and use of residents' own medicines (prescribed and purchased).

Anticipatory Care (KeepWell)

The overall aim of the national KeepWell programme is to identify the best way to target, reach, engage and develop an anticipatory care service for people at high risk of ill health in our most deprived households and communities, thus reducing health inequalities.

The objectives are to identify how best to:

- Identify, target, reach and engage hard-to-reach and at risk individuals and households in our most deprived areas
- Optimise access to health services and primary care
- Use social marketing and community development approaches
- Improve the responsiveness of services.

Lack of patients presenting to pharmacies meant the service was decommissioned in 2012.

A number of pharmacies have staff trained to provide this service. The service could be reinstated if funding becomes available in the future.

Carers Medicine Administration Records

To help tackle the problems of non-compliance and non-adherence with prescribed medication community pharmacies provide qualifying patients with a monitored dosage system (compliance aid). Certain vulnerable patients in the community benefit from having their medication dispensed into compliance aids to assist them in identifying when and how many drugs they are taking as part of the national contract. Where a device is not necessary the pharmacist may offer alternative advice as to how the patient's compliance may be addressed.

If patients are unable to manage their medicines themselves a carer may be required to support administration. Under this service, community pharmacists assess the needs of patients and consider whether dispensing their medication with an appropriate supporting device is necessary. If a carer is required they will be issued with a Medicines Administration Record (MAR) produced by the pharmacy.

Table 16. Medical Compliance Aid Audit (July 2013)

Contractor Code	Pharmacy	Town	Number of MCA's 2010
8005	Eildon Pharmacy	Newton St Boswells	28
8006	Boots UK	Galashiels	0
8007	Boots UK	Hawick	48

8008	Boots UK	Peebles	0
8009	Boots UK	Kelso	46
8013	T N Crosby	Hawick	21
8019	Lloyds Pharmacy	Kelso	122
8020	Lloyds Pharmacy	Galashiels	104
8032	D & E Ogilvie	Innerleithen	20
8034	G L M Romanes	Duns	69
8035	G L M Romanes	Greenlaw	0
8038	R G Turnbull	Earlston	2
8039	H H C C (Pharmacy)	Hawick	16
8041	West Linton Pharmacy	West Linton	5
8044	A A Weir	Selkirk	45
8045	Lindsay & Gilmour	Hawick	19
8047	Coldstream Pharmacy	Coldstream	63
8048	Lindsay & Gilmour	Selkirk	57
8050	Tesco Stores Ltd	Galashiels	24
8051	G L M Romanes	Eyemouth	61
8052	M Farren	Galashiels	31
8053	Lloyds Pharmacy Limited	Peebles	95
8054	Boots UK	Melrose	0
8055	Boots UK	Jedburgh	7
8056	Lauder Pharmacy	Lauder	2
8057	Jedburgh Pharmacy	Jedburgh	44
8058	Grays Pharmacy	Chirnside	0

Substance Misuse Services:

(i) Buprenorphine and Suboxone Dispensing/Supervision

Pharmacy contractors dispense and supervise the self-administration of buprenorphine in a community pharmacy setting for the management of opioid dependence. The service is available where capacity allows, to any individual who presents a valid prescription for buprenorphine that specifies supervised administration.

A user-friendly, non-judgemental, client-centred and confidential service is provided by the pharmacist or a suitably trained member of staff to supervise the consumption of the prescribed dose.

(ii) Methadone Dispensing/Supervision

Pharmacy contractors dispense and supervise the self-administration of methadone in a community pharmacy setting for the management of opioid dependence. The service is available, where capacity allows, to any individual who presents a valid prescription for methadone that specifies supervised consumption and/or dispensing.

Community pharmacy contractors are requested to hold adequate stocks of methadone and will dispense and supervise the self-administration of

methadone in accordance with the directions on the prescription requested by the prescriber.

A user-friendly, non-judgemental, client-centred and confidential service is provided by the pharmacist or a suitably trained member of staff to supervise the consumption of the prescribed dose.

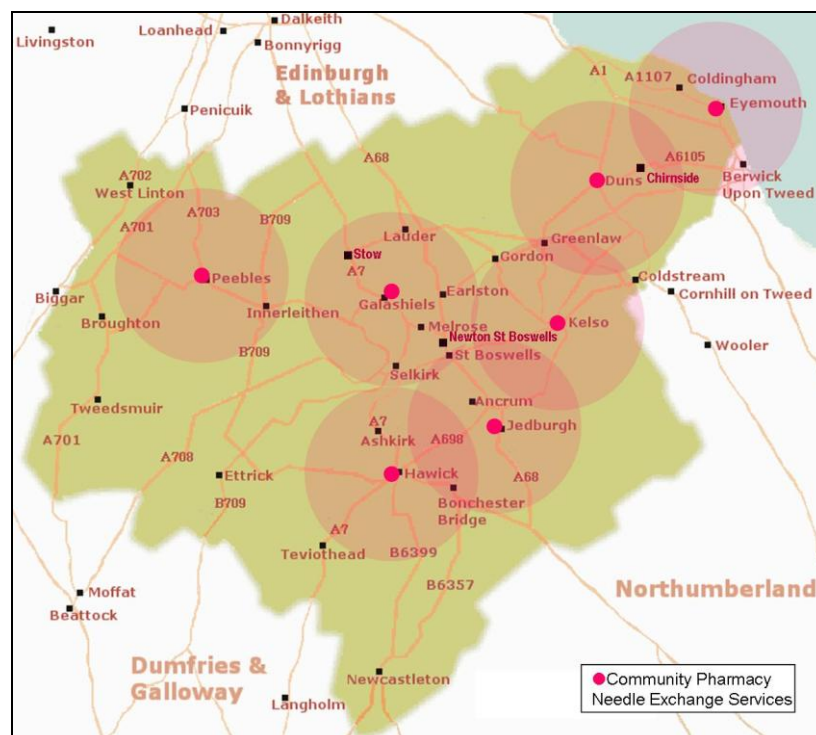
(iii) Needle Exchange

The aim of the service is to protect both individual and public health by reducing the incidence of blood-borne infection and drug-related deaths amongst service users by:

- Providing sterile injecting equipment and related paraphernalia as agreed locally.
- Reducing the rate of sharing and other high-risk injecting behaviours.
- Promoting safer injecting practices.
- Providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention.

In addition to the provision of injecting equipment the community pharmacy contractor is responsible for offering a user-friendly, non-judgemental, client-centred, confidential service, providing information in a variety of formats on blood-borne viruses, safer injecting techniques, wound management and overdose prevention. They also provide information on local treatment and care services, including referral routes for blood-borne virus testing. Fig 19 shows the current Needle Exchange provision (January 2011).

Fig 18 Needle Exchange provision including 20minute isochrones.



(iv) Naloxone Take Home Supply.

The Minister for Community Safety wrote out to Alcohol & Drug Partnership Chairs and Co-ordinators, along with NHS Chief Executives, Local Authority Chief Executives and Police Chief Constables, on 2 November 2010 highlighting the priority the Scottish Government is placing on the roll out of the National Naloxone Programme.

The aim of this national programme is to increase the availability of naloxone and to improve the chance of it being available for use during an opiate overdose situation. The intention is that those deemed to be at risk of opiate overdose will be provided with a take home naloxone supply once they have received training in recognising the signs of overdose, safe administration of naloxone, basic first aid skills, and the importance of calling an ambulance.

It is hoped that, over time, this programme will have an impact on the number of fatal opiate overdoses in Scotland, enabling more people to move towards recovery.

Supplementary and Independent Prescribing.

Health and Social Care Act 2001 allowed for the introduction of independent and supplementary prescribing status for non medical healthcare professionals. Supplementary and independent prescribing enables pharmacists working in community pharmacy to prescribe medicines for patients either to enable improved management and support for long term conditions or to make dosage adjustments on repeat prescriptions as a result of, for example, therapeutic drug monitoring. This is convenient for patients and eases the workload of their GP colleagues and makes use of the pharmacists' expertise in medicines. PCA (P) (2011)⁴ provides Boards a national allocation to support this work.

Table 17 – Breakdown of Additional Service Provision (January 2014).

Contractor	Additional Services Provided (2012/13).												
	Advice to Care Homes	Anticipatory Care (KeepWell)	Compliance Support	Healthy Start Vitamins	Out of Hours Top-Up	Stoma	Buprenorphine	Methadone	Needle Exchange	Oral Fluid Testing	Naltrexone/Disulfiram	Supplementary Prescribing	Gluten Free
Grays Pharmacy - Chirside		✓	✓	✓		✓	✓	✓			✓	✓	✓
Coldstream Pharmacy	✓	✓	✓	✓		✓	✓	✓			✓	✓	✓
GLM Romanes – Duns		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
R G Turnbull – Earlston			✓	✓		✓	✓	✓			✓		✓
GLM Romanes – Eyemouth		✓	✓	✓		✓	✓	✓	✓		✓	✓	✓
Boots the Chemist – Galashiels			✓	✓		✓	✓	✓			✓	✓	✓
M Farren – Galashiels	✓		✓	✓		✓	✓	✓			✓		✓
Lloyds Pharmacy – Galashiels	✓		✓	✓		✓	✓	✓	✓	✓	✓		✓
Tesco Pharmacy – Galashiels	✓	✓	✓	✓		✓	✓	✓			✓		✓
GLM Romanes – Greenlaw			✓	✓		✓	✓	✓			✓		✓
T N Crosby – Hawick			✓	✓		✓	✓	✓		✓	✓		✓
Boots the Chemist – Hawick	✓		✓	✓		✓	✓	✓			✓		✓
Lindsay & Gilmour – Hawick			✓	✓		✓	✓	✓			✓		✓
HHCC Pharmacy – Hawick			✓	✓		✓	✓	✓	✓		✓		✓
D & E Ogilvie – Innerleithen		✓	✓	✓		✓	✓	✓			✓		✓
Jedburgh Pharmacy			✓	✓		✓	✓	✓	✓		✓		✓
Boots the Chemist – Jedburgh			✓	✓		✓	✓	✓			✓		✓
Lloyds Pharmacy – Kelso	✓		✓	✓		✓	✓	✓	✓		✓		✓
Boots the Chemist – Kelso			✓	✓		✓	✓	✓			✓		✓
Your Local Boots – Melrose	✓		✓	✓		✓	✓	✓			✓		✓
Lauder Pharmacy			✓	✓		✓	✓	✓			✓	✓	✓
Eildon Pharmacies – Newton St. Boswells			✓	✓		✓	✓	✓			✓		✓
Lloyds Pharmacy – Peebles	✓		✓	✓		✓	✓	✓	✓		✓		✓
Boots the Chemist – Peebles			✓	✓		✓	✓	✓			✓		✓
Lindsay & Gilmour - Selkirk	✓		✓	✓		✓	✓	✓			✓		✓
A A Weir – Selkirk		✓	✓	✓		✓	✓	✓			✓		✓
West Linton Pharmacy			✓	✓		✓	✓	✓			✓	✓	✓

Non Commissioned Services.

Non-commissioned pharmaceutical services are services provided by community pharmacies that are neither part of the core pharmacy contract with the NHS, nor are part of the additional services agreement. These services are often very valuable for special patient groups e.g. patients who are housebound.

The decision to provide these services lies directly with the community pharmacies as they are not funded by the NHS. The decision to provide these services is often a commercial decision, especially when the service increases the pharmacies overhead costs. Some of the services may incur a charge which the patient has to pay for the service.

NHS Borders pharmacy contractors currently provide non-commissioned services from the following list:

Blood Cholesterol Checks.

Some pharmacies offer this service on a payment basis. The aim is to offer both screening for concerned individuals or to offer monitoring as part of supporting patients with related long term conditions.

Blood Glucose Checks.

Some pharmacies offer this service on a payment basis. The aim is to offer both screening for concerned individuals or to offer monitoring as part of supporting patients with related long term conditions.

Blood Pressure Checks.

Some pharmacies offer this service as part of a monitoring program aimed at supporting patients with a related long term condition.

Palliative Care Medication provision.

Some pharmacies in partnership with their local GP practice currently provide a stock and checking service for a palliative care box within a medical practice. This is currently done on an ad-hoc basis and although the list of drugs available is fairly consistent the service is not managed or controlled by the Board. The aim is to allow access to palliative care drugs 24 hours a day 7 days a week for patients being cared for at home.

Pharmaceutical Waste

Community pharmacy contractors providing this service act as a drop-off point for medicines waste for the general public. Patients may return any unused or un-required medicines to a pharmacy for destruction. Pharmacies store this waste in dedicated containers provided by NHS Borders. This waste is then collected on a three monthly basis by the NHS Borders courier service, replacement containers issued and the medicines destroyed according to national guidelines.

Prescription Collection & Delivery.

Most community pharmacy contractors provide this service on an ad-hoc and unpaid basis. It is considered to be a part of good customer service and support and is especially valuable to those patient groups who are housebound or have

difficulty in accessing the pharmacy. Access to pharmaceutical care is not available from this service as delivery is generally by a driver who has no or limited knowledge of pharmacy.

Travel Clinic.

Some pharmacies offer a travel clinic to patients who are preparing to travel abroad and are looking for advice on any vaccinations they may require prior to their trip. They can also offer advice and supply of travel related health products.

Weight Management Service.

Several pharmacies offer their own individualised weight management support service. The aim is to offer a tailored advice and support program to help patients reach their weight low goal. These services usually involve a free initial consultation followed by ongoing support and some offer discounts on selected weight management products.

Vaccination Service.

Some pharmacies offer this service on a payment basis. The aim is to offer patients who may not qualify or be in the national targeted at risk groups the opportunity to receive a flu vaccination. Vaccination may include:

- Influenza
- Human Papilloma Virus

Conclusion.

From the evidence gathered and outlined within this plan it is apparent that the current service provision is adequate for the populations immediate needs. No major gaps have been identified and the changes to the pharmacy contract and its associated care services has provided the platform for community pharmacy services to develop significantly enabling them to make a fundamental contribution to the health of the population.

The future of community pharmacy services will be shaped by both the projected increase and ageing of the population. This may provide further opportunities for new pharmacies to develop to meet these changing needs. Depending on the outcome of the consultation on the Control of Entry Arrangements and Dispensing GP Practices there may be a potential for pharmaceutical care to be provided alongside dispensing practices.

Both NHS Borders and the pharmacy contractors should be mindful of the potential for a reduction in the public services, in particular transport, due to the ongoing financial pressures. Community pharmacies may be directly affected by such reductions in service and will need to consider adapting to meet the changing needs of the community. This creates particular problems at weekends.

In addition to the future opportunities for community pharmacy growth the evidence also highlights some potential risks and challenges in the short to medium term. These challenges need to be addressed as part of ongoing service development, with the focus on equal opportunities and meeting the changing needs of the population. The following sections highlight these areas and suggest both some recommendations and opportunities that may be considered as part of the continuous improvement and development programme.

Recommendations.

Service Provision:

The current distribution of general pharmaceutical care provision is deemed to be adequate for the immediate needs of the population. There are however several areas where access to service could be revisited in future. These are:

- **Saturday coverage** - relating to pharmacies that do not currently provide a full day Saturday service in an area with only one pharmacy.
- **Saturday coverage** – relating to two pharmacies that do not provide any service on a Saturday
- **Sunday coverage** – two pharmacies provide a service on a Sunday. Most patients can access a service within an hour's drive. Should a need be demonstrated or local unscheduled care arrangements change the Sunday coverage could be reviewed. This may be more so in Hawick with the second largest population catchment in the Borders.
- **Dispensing Practices.** – Depending on the outcome of the current consultation there may be opportunities to establish pharmaceutical care services in future, particularly in Stow due to the opening of the Borders rail link in 2015.
- **Identified Neighbourhoods** – It should be noted that if the predicted growth and ageing of the population become a reality the two identified neighbourhood areas of Burnfoot and Langlee may provide future opportunities for community pharmacy services. Both areas are recognised as key areas of multiple deprivation within the region and should be a focus for enhanced support to improve health. They could have potential demand for pharmacy services.

When considering new pharmacy contract applications it will be necessary to take into account the pharmaceutical care services to be provided by the applicant and their plans to provide holistic patient-centred care. Pharmacists should demonstrate how they will undertake an enhanced role in preventing ill-health, co-production and minimise health inequalities. By 2023 all pharmacists providing NHS pharmaceutical care will be NHS accredited clinical pharmacist independent prescribers.

Contingency/Business Continuity Planning:

It is recommended that following on from work done prior to the H1N1 flu pandemic and in response to the lessons learned during the severe weather encountered in 2010, all community pharmacies develop and test contingency/business continuity plans. The plans should highlight and address the potential consequences of both internal and external threats to service continuity and to identify means of protecting the core functions of the Service. It is suggested that any pharmacy wishing to be included in the Boards pharmaceutical list should have a contingency plan in place as a matter of good practice.

Governance Arrangements in Pharmacies.

It is recognised that both the quality and range of services being provided vary between pharmacies and it should be the aim of NHS Borders to develop governance arrangements that will ensure that a patient can expect the same high standard of service in all the pharmacies regardless of location.

Opportunities.

Medicine Compliance Aids/Initiatives.

It is acknowledged as a risk to ongoing service provision that the current level of medicine compliance aids being issued by community pharmacies may soon become unmanageable. It is recommended that alternative compliance initiatives are investigated as a measure to reduce the impact from the anticipated rising age of the population before it puts further pressure on an already stressed service.

Areas of consideration could include:

- Medicines Administration Charts (MAR) - A service for home carer administration of medicines.
- Review and standardisation of the current process of 'making up' and supplying patients with compliance aids, by sharing good practice.
- Improved joint working within the multi-disciplinary team to ensure only those who need to be are issued with a medicine compliance aid and those who are capable are offered other alternatives to support them to continue to be independent.

Clinical Medication Reviews in Care Homes.

It is recommended that the Board review and give consideration to adopting the service improvements outlined by the recently set-up Pharmaceutical Care to Patients in Care Homes (PCCH) National Short Life Working Group. This group have been set-up to examine the current state of pharmaceutical care in care homes, identify areas where pharmaceutical care could be improved in care homes and identify areas of best practice of pharmacist delivered pharmaceutical care that could be emulated across Scotland.

It is anticipated that this will form the basis of a new national service level agreement for the pharmaceutical care services to patients in care homes.

Discharge Support.

Following ongoing work within secondary care it has been identified that there can be risks in the continuity of patient care during the discharge process, when a patient moves from a hospital environment back into the community. It is suggested that community pharmacy plays a more integrated part in the discharge process to ensure that patients receive the continuity of care and continued clinical support following their discharge.

Carers Support.

It has been highlighted that carers can be 'left out of the loop' or not fully involved in a patient's health care, especially when they are discharged from hospital back into the community. It is suggested that links are created to ensure that community pharmacy works with carers to develop clear communication pathways, particularly during the discharge process to ensure that patients receive the continuity of care and continued clinical support following their discharge.

Support for Cost Effective Prescribing Initiatives and Waste Reduction.

It is suggested that the Board/Community Pharmacy consider joint cost effective prescribing initiatives, similar to those already developed within primary care. The

aim would be to ensure the medicines budget is maximised and that everyone plays a part in both improving efficiency in the system and maximising the service to patients. This is particularly important in light of the abolition of prescription charges from 1st April 2011 and the expected increase in activity in the initial bedding-in period.

Formulary Support.

The Borders Joint Formulary (BJF) is an evidence-based formulary based on local expert opinion and practice in NHS Borders, and encompasses prescribing in both primary and secondary care. In conjunction with cost effective prescribing initiatives community pharmacy has a key role to play in the adherence with the Borders Joint Formulary.

Oral Contraception/PIL Follow-Up Service.

It is suggested that consideration should be given to developing a follow-up service to women prescribed oral contraception. This is a service that could be provided by the pharmacist and may seek to cover:

- Follow-up appointment to hold medication review.
- Consider potential drug interactions.
- Age related reviews – alternative treatments.
- Ongoing support for patients – Change in medical history?
- Annual review – Including blood pressure check.
- Giving the patient the opportunity to ask questions.

Supply of Specialist Treatments (e.g. HIV, Rheumatology & oral chemotherapy).

Pharmacists are uniquely positioned to provide expert medication advice and education, thus creating a specialised role within the health care team providing both end-of-life and long term condition care, dedicated to rational medication use.

Consideration should be given to the development of a service which is focused around detecting and resolving drug-related problems, advising providers on appropriate medication use, medication reconciliation, creating medication guidelines and providing both patient and carer education.

Palliative Care Support.

Some pharmacies in partnership with their local GP practice currently provide a stock and checking service for a palliative care box within a medical practice. This is currently done on an ad-hoc basis and although the list of drugs available is fairly consistent the service is not managed or controlled by the Board.

It is recommended that this service is formalised and developed to cover the entire region. The emphasis should be on providing access to palliative care drugs 24 hours a day 7 days a week for patients being cared for at home and to provide information regarding palliative care drugs to patients, carers and other health care professionals.

Independent/Supplementary Prescribing.

The board should review the opportunities currently provided with the aim of developing this service in response to the changing needs of the population. It is envisaged that a greater percentage of the population will live longer and live with health conditions that need to be managed by pharmaceutical care. This service is considered both convenient for patients and eases the workload of their GP. It also makes use of the pharmacists' expertise in medicines.

Wound products

Inhaler reviews

Hypertension reviews

Medicines Utilisation Reviews

Acknowledgements.

This plan has been developed by the Director of Pharmacy, Lead pharmacist, community pharmacy development and Area Pharmaceutical Committee.

The following documents are acknowledged as providing essential information in the completion of this plan:

NHS Borders PCS Plan 2011 Draft
Scottish Borders in Figures 2010
Scottish Borders social Atlas 3rd Edition 2009
Scottish Borders Demographic Fact sheet

Scottish National Statistics
Pharmacy Data

An Atlas of Tobacco Smoking Scotland

NHS Borders Pharmacy
Scottish Borders Council
Scottish Borders Council
General Register Office for
Scotland (GRO(S))
Scottish Government
Information Services Division (ISD
Scotland)
Scottish Public Health Observatory