



# Pharmaceutical Care Services Plan 2017/18

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## Executive Summary

### Introduction

NHS Borders provides health services to a population of approximately 116,815 (January 2016). The local demographic profiles show that generally the population of the Scottish Borders is older than Scotland as a whole and is more rural.

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 Scottish Government's vision and action plan for pharmaceutical care, Prescription for Excellence, 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 (PfE) 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. PfE facilitates change from the traditional role of each pharmacy dispensing in favour of clinical pharmacy services and access to pharmaceutical care.

### Existing Pharmaceutical Services

There are 29 contracted community pharmacies in the Scottish Borders. These are well distributed across the region and appear to meet the needs of the vast majority of the population. Since the publication of the 2016/17 Pharmaceutical Care Services Plan, no new pharmacies have opened. During 2016/17, three Pharmacies changed ownership; two purchased by existing Borders' Pharmacy groups.

Plans for pharmaceutical care services in 2017/18 include:

- Continuing the medicines review service; Sick Day Rules cards are being reprinted and have proved successful.
- Continuing medicines reconciliation at discharge and discharge follow up through a new Prescription for Excellence technician
- Reducing medicines waste and supporting Cost Effective Prescribing Initiatives
- Supply of Specialist Treatments (e.g. HIV, Hepatitis C, Rheumatology & Oral Chemotherapy, Pain).
- Palliative Care Support
- Reviewing and adding to the common clinical conditions being supported by Community Pharmacies following successes such as urinary tract infections. Future opportunities under discussion include throat swabs to detect infection – reducing GP appointments.

All Community Pharmacies have submitted their business contingency plans. Availability of a current plan is a requirement for any pharmacy participating in a local enhanced service.

## **Key Challenges**

Population aging and deprivation 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.

For the second year, no community pharmacist has come forward to train as an independent prescriber as the training requires significant resource but ongoing clinic funding is uncertain even in the short to medium term. An evolving National contractual framework may help to encourage more community pharmacy involvement. A challenge will be to support and enable pharmacists providing NHS pharmaceutical care to become NHS accredited clinical pharmacist independent prescribers working in collaborative partnerships with medical practitioners.

It is evident that the quality, range and promotion of services being provided can vary between pharmacies and it is the aim of NHS Borders to continue 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.

The NHS is faced with increasing challenges around medicines related spend that will require Community Pharmacy to work in a collaborative way with other Health and Social care colleagues. This work will ensure that waste related to medicines is reduced wherever possible and that maximum effect is obtained from spend.

## 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	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 provided 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.
Dimensions of Healthcare Quality	How the Plan Aligns
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 Lead Pharmacist, Medicines Utilisation and Planning.



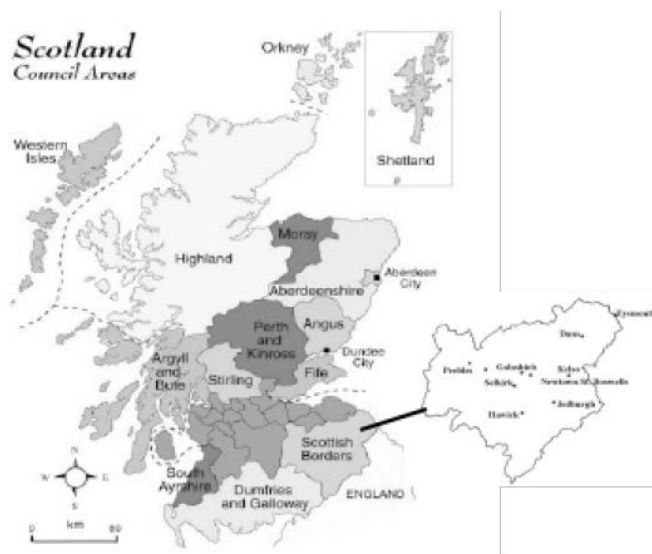
## Background

### The Scottish Borders

The Scottish Borders is a rural local authority with 5 main towns with a population of between 5,000 and 15,000 (Hawick, Galashiels, Peebles, Kelso and Selkirk) and a further 5 towns with a population of 2,000 to 5,000 (Jedburgh, Eyemouth, Innerleithen, Duns and Melrose). According to the Scottish Government's 6-fold urban-rural classification, 47% of the population of the Scottish Borders live in rural areas compared to 18% for all of Scotland. The rural nature of the Scottish Borders can lead to additional challenges for those experiencing inequalities.

The region has one Health and Social Care Partnership, Scottish Borders Council and NHS Borders, formed on 1<sup>st</sup> April 2016.

Figure 1: The Scottish Borders

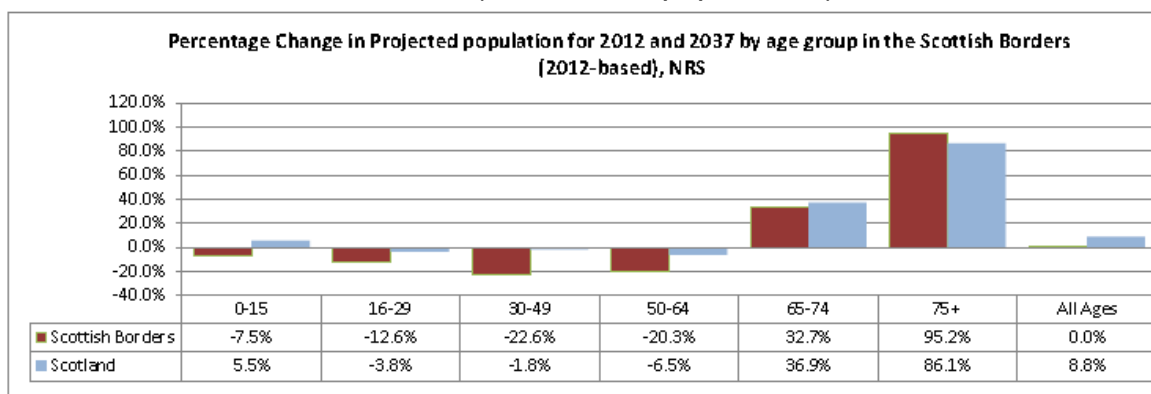


### Population

The 2016 General Practice population for Scottish Borders is 116,815 (January 2016). The population of Scottish Borders accounts for 2.1 per cent of the total population of Scotland. The overall population of Scotland is expected to increase by 8.8% between 2012 and 2037 but the overall population of Scottish Borders is not expected to change significantly in the same period. However, the constitution of the population by banded age group is expected to change significantly, with a drop in the proportions of children and working-age people and an increase in the proportion of pensioners. These changes are expected to be more marked in Scottish Borders than in Scotland as a whole.

In particular, proportions of the 75+ age group in Scottish Borders are projected to increase by almost 100%, which is even higher than the projected Scottish increase. This has been identified as the greatest potential risk to future health services.

Figure 2: the percentage change in population in Scottish Borders and Scotland, 2012-2037 (2012-based populations)



Ethnic minorities make up 0.6% of the Scottish Borders population, significantly lower than the Scottish average of 2.7%. Census data may not capture the seasonal economic migration that occurs in the Borders. A population whose health needs are undetermined.

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

### 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.

### 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	14,994	2,717
Burnfoot, Hawick	14,294	2,954
Tweedbank, Galashiels	14,994	2,097

Source – Scottish Borders Council; Strategic Policy Unit – Mid\_Year Population Estimates 2012 and Population Census 2011

## Town/Village Populations

Table 2 – Scottish Borders Council Population of Towns (last count 2011)  
(Denotes = at least one Community Pharmacy)

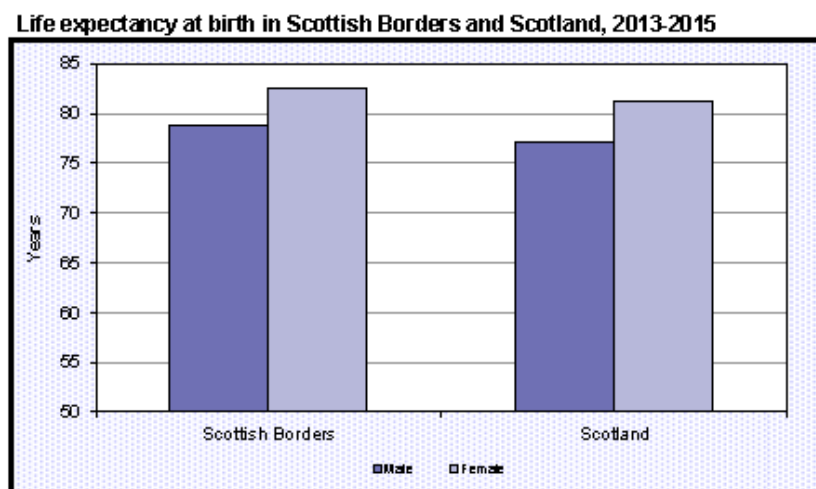
Settlement	Population	Settlement	Population
Galashiels	14,994	Newtown St Boswells	1,279
Hawick	14,294	Chirnside	1,459
Peebles	8,376	Lauder	1,699
Kelso	5,639	St Boswells	1,494
Selkirk	5,784	Eddleston	940
Jedburgh	4,030	Newcastleton	768
Eyemouth	3,546	Walkerburn	700
Melrose, Darnick, Gattonside, Newstead	3,127	Greenlaw	653
Innerleithen	3,031	Denholm	653
Duns	2,753	Stow	718
Tweedbank	2,097	Coldingham	563
Coldstream	1,946	Ayton	559
Earlston	1,779	Yetholm	546
West Linton	1,547		

Source – Scottish Borders Council; Strategic Policy Unit – Mid\_Year Population Estimates 2012

## Health

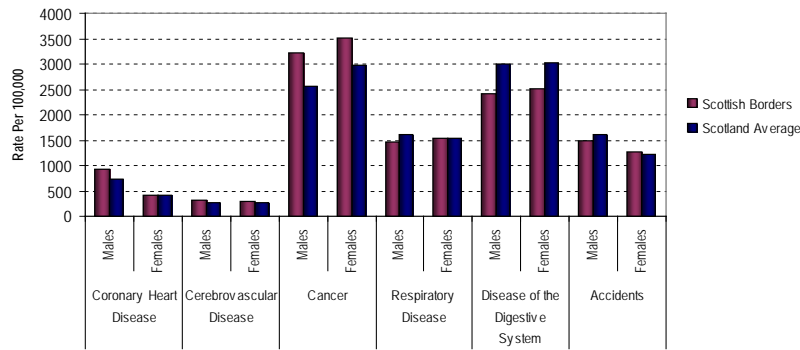
Healthy life expectancy is an estimate of how many years a person might live in a “healthy” state. In Scottish Borders both men and women are expected to have higher life and healthy life expectancy compared to Scotland. Figure 3 shows the life expectancy at birth. There are areas where life expectancy within Scottish Borders is lower than for Scotland (Galashiels West, Langlee, Galashiels South and Galashiels North).

Figure 3: Life Expectancy at Birth in Scottish Borders and Scotland, 2013-2015



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.

Figure 4: 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. An analysis of inequalities in the Scottish Borders was carried out using the SIMD coupled with additional local data collection tools. The ranking matrix shows the rank (1 to 29) for each of the small area geographies and for 46 inequality indicators. There are 9 Intermediate Geographies (small areas) in the Scottish Borders with 20% (9 of the 46) of indicators ranked between 1 and 5 shown in Figure 5 below.

Figure 5: Intermediate Geographies Inequalities Ranks

INTERMEDIATE ZONE	NUMBER OF INDICATORS RANKING 1 TO 5 OF 29	% OF INDICATORS RANKED 1 TO 5 OUT OF 29
Langlee	31	67%
Burnfoot and area	28	61%
Eyemouth	22	48%
Galashiels West	22	48%
Hawick Central	15	33%
Galashiels North	14	30%
Hawick North	11	24%
Coldstream and area	10	22%
Hawick West End	10	22%

Source: Scottish Borders Council

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 multiple medications which can lead to adverse effects and, on occasion, hospital admissions. It is essential to keep an oversight of polypharmacy to maximise the benefits of medication.

## Introduction

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, the Scottish Government's vision and action plan for pharmaceutical care, will support community pharmacy to evolve and 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.

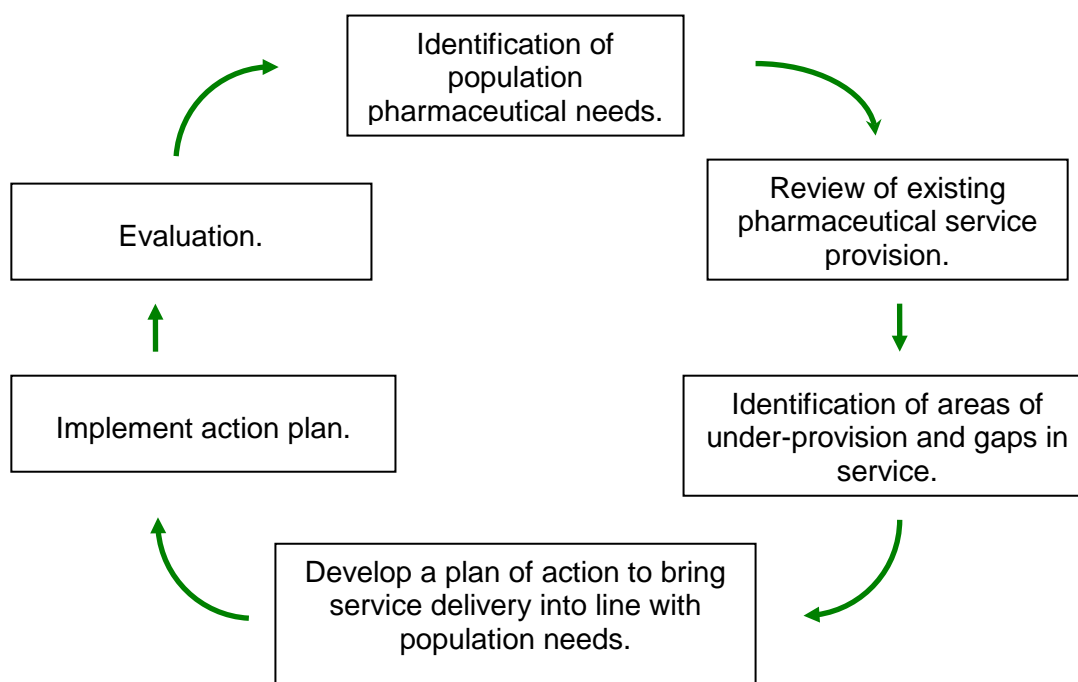
There is a statutory duty on NHS Boards to provide or secure the provision of pharmaceutical services they consider necessary to meet local needs and publish plans for where and what pharmaceutical care services are to be provided in their area. The Pharmaceutical Care Services Plan (PCSP) aims to improve 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 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 *Figure 6* below:

*Figure 6: PCS Planning Cycle.*



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

A PCSP describes the health needs of the population and the pharmaceutical services which are in place, or could be commissioned to meet identified health needs. This is not a standalone 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, particularly locality plans.

The PCSP 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 29 community pharmacies. These are distributed across the region as illustrated in *Figure 7* below. They represent approximately 1 community pharmacy for each 3,932 of population compared to 1 community pharmacy for each 4477 Scottish Average (2015 population estimates).

*Figure 7: Community Pharmacy Locations (2016).*



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 3 - Pharmacy Contractor Ownership Breakdown*

Category	Number
'Multiple' Pharmacies	12
Smaller Group Pharmacies	10
Independent Pharmacies	6
Consortium Pharmacies	1
<b>TOTAL</b>	<b>29</b>



## 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. In line with Prescription for Excellence, two of the dispensing practices (Stow and Newcastleton) are supported by pharmacist independent prescribers providing disease specific clinics.

Figure 8: Dispensing Practice Locations with 10 and 20 minute travel isochrones (2010).

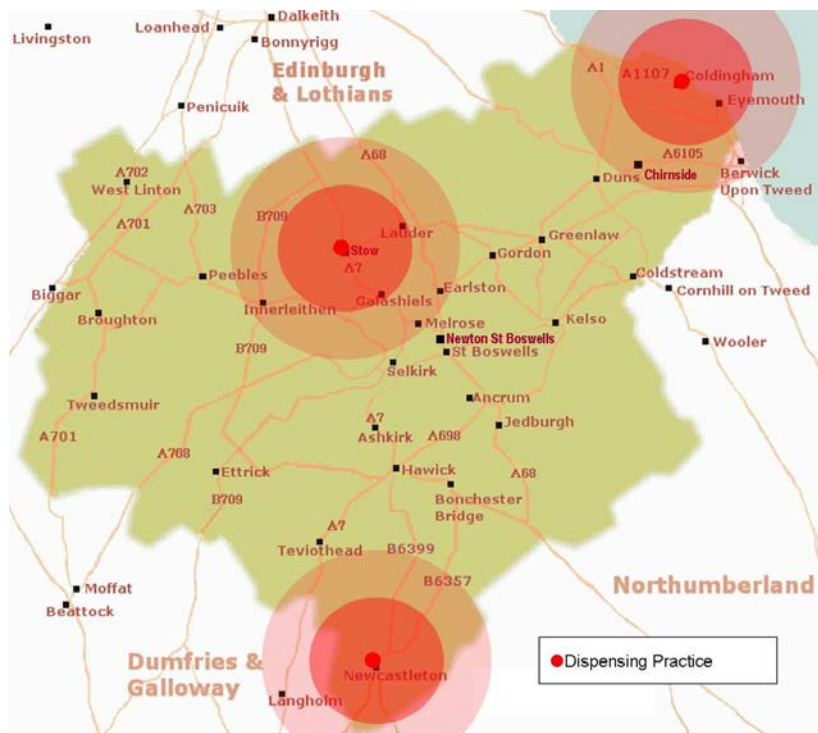


Table 4 - Dispensing Practice Statistics as at 1<sup>st</sup> October 2013

Practice	Dispensing Population	Nearest Community Pharmacy	
		Distance	Time (Car)
Coldingham	1,954	3.5 miles (Eyemouth)	8 Mins
Newcastleton	1,567	20 miles (Hawick)	30 Mins
		10.5 miles (Langholm)	18 Mins
Stow	1,441	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.

### Community Pharmacy Service Availability

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 5 - Community Pharmacy Opening Times (January 2017)

Contractor Code	Pharmacy	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
8005	Eildon Pharmacy Ltd – Newton St Boswells	9 – 6 lunch 1-2pm	9 – 5:30 lunch 1-2pm	9 – 5:30 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 5:30 lunch 1-2pm	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	9-6	9-6	9-6	9-6	9-6	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	
8013	T N Crosby – Hawick	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 12	
8019	Lloyds Pharmacy Ltd – Kelso	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	9 – 5	
8020	Lloyds Pharmacy Ltd – Galashiels	9 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	9 – 5	
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 lunch 1-2pm	9 - 5:30 lunch 1-2pm	9 – 1	9 - 5:30 lunch 1-2pm	9 - 5:30 lunch 1-2pm		
8039	HHCC (Pharmacy ) Ltd - Hawick	9 – 6 lunch 12.30-13.30	9 – 6 lunch 12.30-13.30	9 – 8.30 lunch 12.30-13.30	9 – 6 lunch 12.30-13.30	9 – 6 lunch 12.30-13.30		
8059	West Linton Pharmacy	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	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	Lindsay & Gilmour - Hawick	9 – 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 5	
8048	Lindsay & Gilmour – Selkirk	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 5 lunch 1-2pm	
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 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 5 lunch 1-2pm	9 – 6 lunch 1-2pm	9 - 3	
8052	M Farren Ltd – Galashiels	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5	
8053	Lloyds Pharmacy Ltd - Peebles	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5	
8054	Boots UK Ltd – Melrose	8:30 - 6	8:30 - 6	8:30 - 6	8:30 - 6	8:30 - 6	9 - 5	
8055	Boots UK Ltd – Jedburgh	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 4	
8056	Lauder Pharmacy Ltd	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	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	9 - 1	
8065	Borders Pharmacy - Galashiels	9 - 5:30	9 - 5:30	9 - 5:30	9 - 5:30	9 - 5:30	9 - 5	
8061	Borders Pharmacy – Hawick	8 - 6	8 - 6	8 - 6	8 - 6	8 - 6	9 - 5	10 - 5
8062	G L M Romanes 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	
8063	M Farren Ltd – Innerleithen	9 – 5:30 lunch 1-2.15pm	9 – 5:30	9 – 5:30 lunch 1-2.15pm	9 – 5:30 lunch 1-2.15pm	9 – 5:30 lunch 1-2.15pm	9 - 12:30	
8064	M Farren Ltd – Earlston	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 – 6 lunch 1-2pm	9 - 1	
8066	GLM Romanes Ltd – Chirside	9 – 6 Lunch 12-13.30	9 – 6 Lunch 12-13.30	9 – 6 Lunch 12-13.30	9 – 6 Lunch 12-13.30	9 – 6 Lunch 12-13.30	9 - 12	

### Accessible Locations

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. *Figure 9* 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. This delivery service is not a direct NHS funded service nor a contractual obligation and may be withdrawn at any time.

*Figure 9: Community Pharmacy - 20 Minute travel Isochrones in NHS Borders Area*

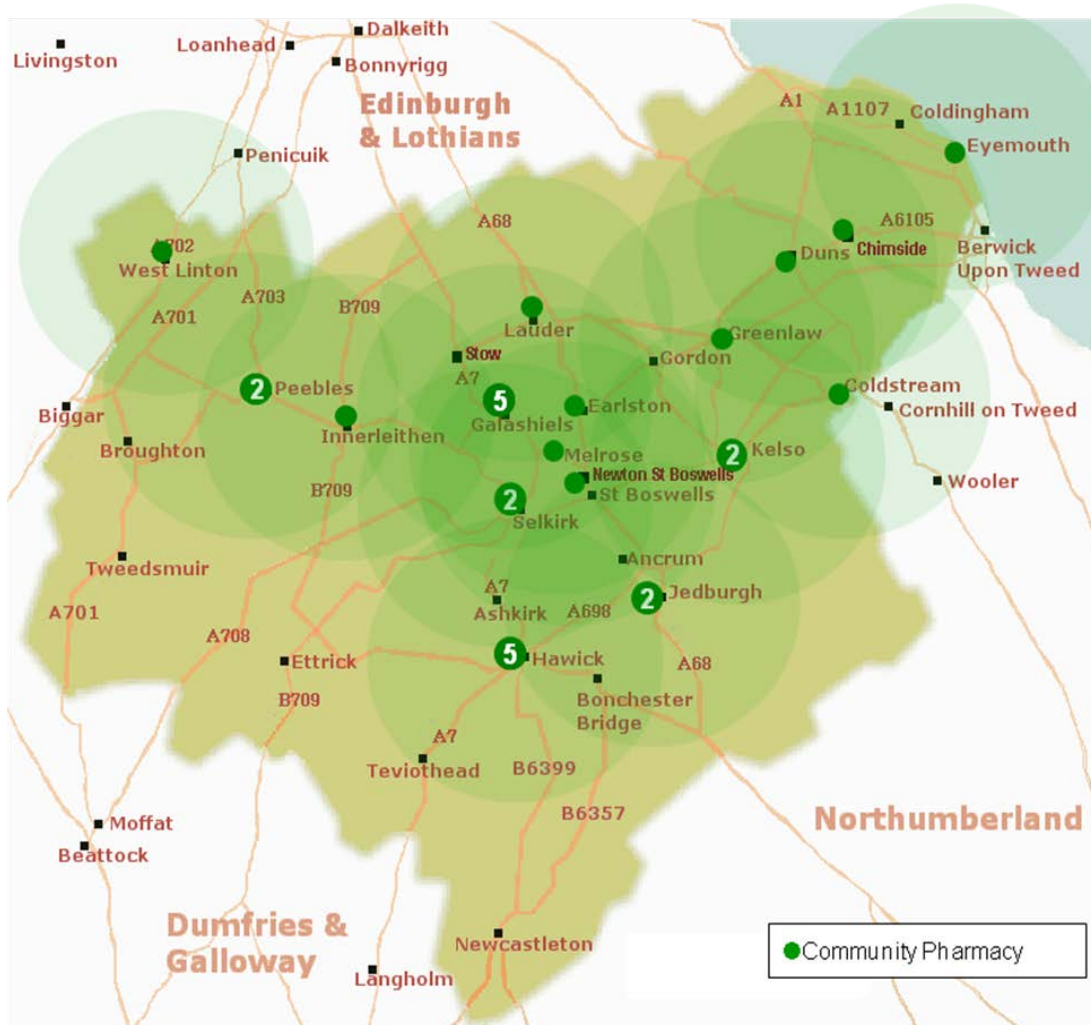


Figure 10 illustrates access (20 minute travel isochrones) to pharmaceutical care services during a Saturday pre 13:00hrs. It would appear that there is an even spread of cover and that the current service provision is adequate for the populations needs.

Figure 10: Community Pharmacy Saturday Pre 13:00hrs Service Provision.

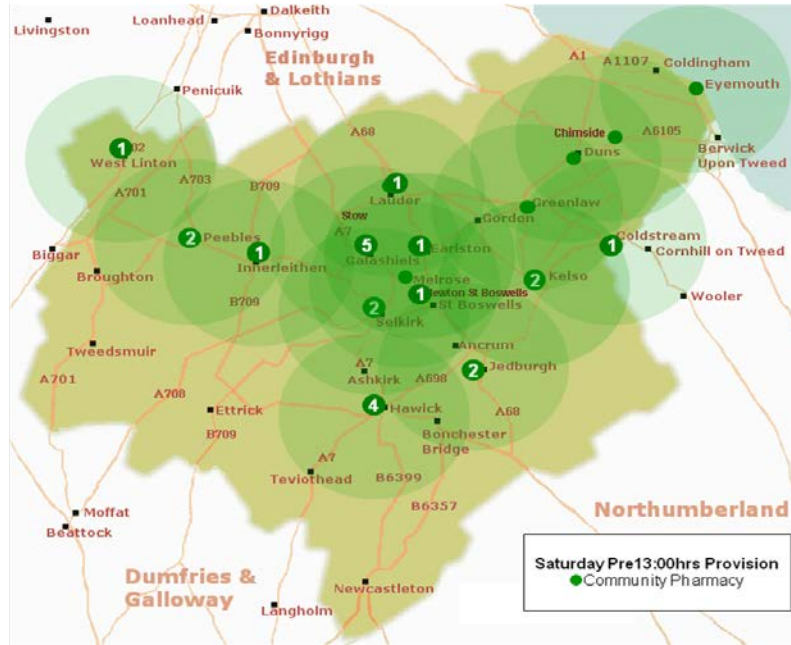


Figure 11 below illustrates access (20 minute travel isochrones) to pharmaceutical care services during a Saturday post 13:00hrs. It would appear that although there is less availability than pre 13:00hrs, it is still an even spread of cover and is adequate for the populations needs.

Figure 11: Community Pharmacy Saturday Post 13:00hrs Service Provision.

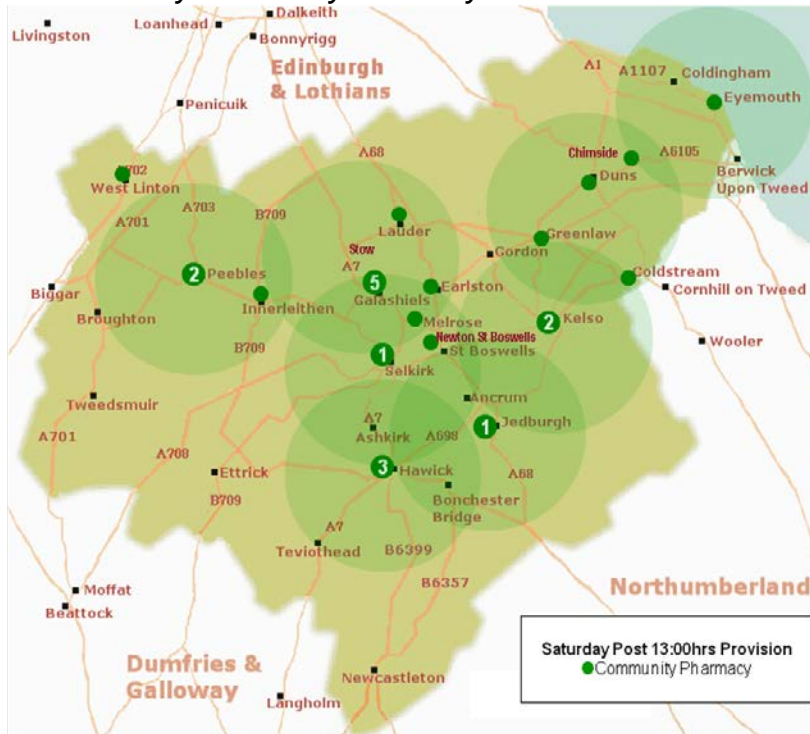
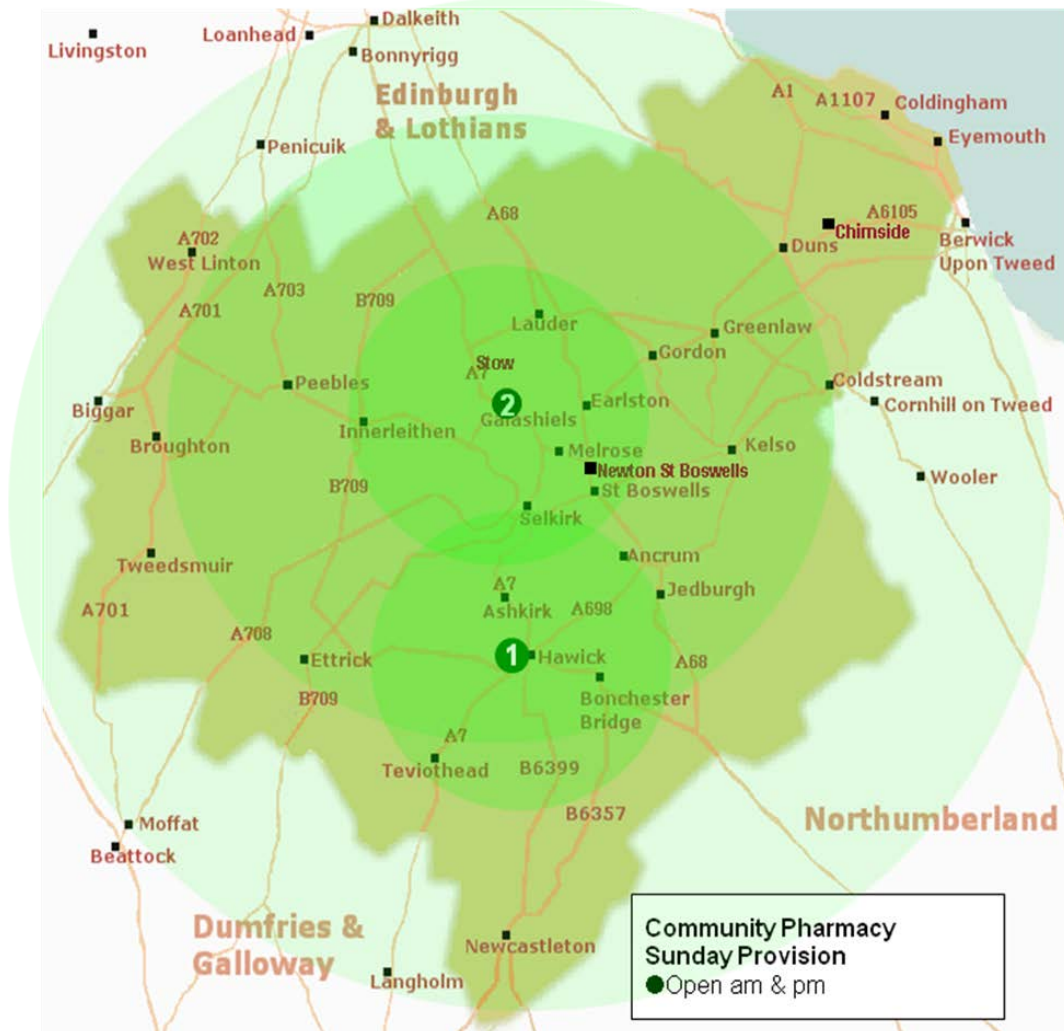


Figure 12 below illustrates access (20, 40 & 60 minute travel isochrones) to pharmaceutical care services during a Sunday. There is service provision on a Sunday from Boots and Tesco in Galashiels and Borders Pharmacy in Hawick. Outwith the Borders, Sunday services are available in Lothian and Berwick Upon-Tweed (Northumberland).

Figure 12: Community Pharmacy Sunday Service Provision.




## Travel/Transport

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

**CAR/VAN OWNERSHIP**

**20.5%** of households have no car/van  
[Scotland = 30.5%]

**34.2%** of households own 2 or more cars/vans  
[Scotland = 27.2%]



In the Scottish Borders Strategic Assessment 2016, it is reported that over 20% of the households in the Scottish Borders **do not** have access to a car or van and that over 16% of people reported **accessibility issues** with public transport.

Scottish Borders Area Profile 2016

Some services are under threat due to national cuts and a reduction in subsidy funding locally. These service reductions are identified as a potential risk to access health services including community pharmacy.

*Table 6 - 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; checked for update to figures January 2017; not available.

## Contractor Premises

**Access** - The Equality Act 2010 (the Equality Act) provides that a person must not be treated in a discriminatory way because of a “protected characteristic” by service providers (including providers of goods, services and facilities) when that person requires their service. A disability would constitute a “protected characteristic” identified in the Equality Act. 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 7*, on the next page, shows a breakdown of the facilities currently available to ensure equality of access for all patients (updated March 2016).

Table 7 - Equality of Access Audit (January 2011; updated March 2016)

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	✓	✓	✓	✓	✓	✓	✓
M Farren – Innerleithen	✓	✓	✗	✓	✓	✓	✗
GLM Romanes - Duns	✓	✓	✓	✓	✓	✓	✗
GLM Romanes – Greenlaw	✓	✗	✓	✗	✗	✓	✗
M Farren - 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	✓	✓	✓	✓	✓	✓	✗
GLM Romanes - Chirnside	✓	✓	✓	✓	✓	✓	✗
Borders Pharmacy - Langlee	✓	✓	✓	✓	✓	✓	✓
Borders Pharmacy - Burnfoot	✓	✓	✓	✓	✓	✓	✓

## 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.

Four community pharmacies do not have sufficient space 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.



This will hamper these pharmacies providing some of the new enhanced services from within the pharmacy. Table 8 outlines the results of the most recent consultation area audit. (February 2016)

*Table 8 - Consultation Room Audit (February 2016)*

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	✓	✓	✓	✓	✓	✓	✓	✗
M Farren – Innerleithen	✗	✓	✓	✓	✓	✗	✓	✗
GLM Romanes - Duns	✓	✓	✓	✓	✓	✓	✓	✓
GLM Romanes – Greenlaw	✗	✗	✗	✗	✗	✗	✗	✗
M Farren - 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	✓	✗
GLM Romanes - Chirnside	✓	✓	✓	✓	✓	N/A	✓	✓
Borders Pharmacy – Galashiels	✓	✓	✓	✓	✓	✓	✓	✓
Borders Pharmacy – Hawick	✓	✓	✓	✓	✓	✓	✓	✓

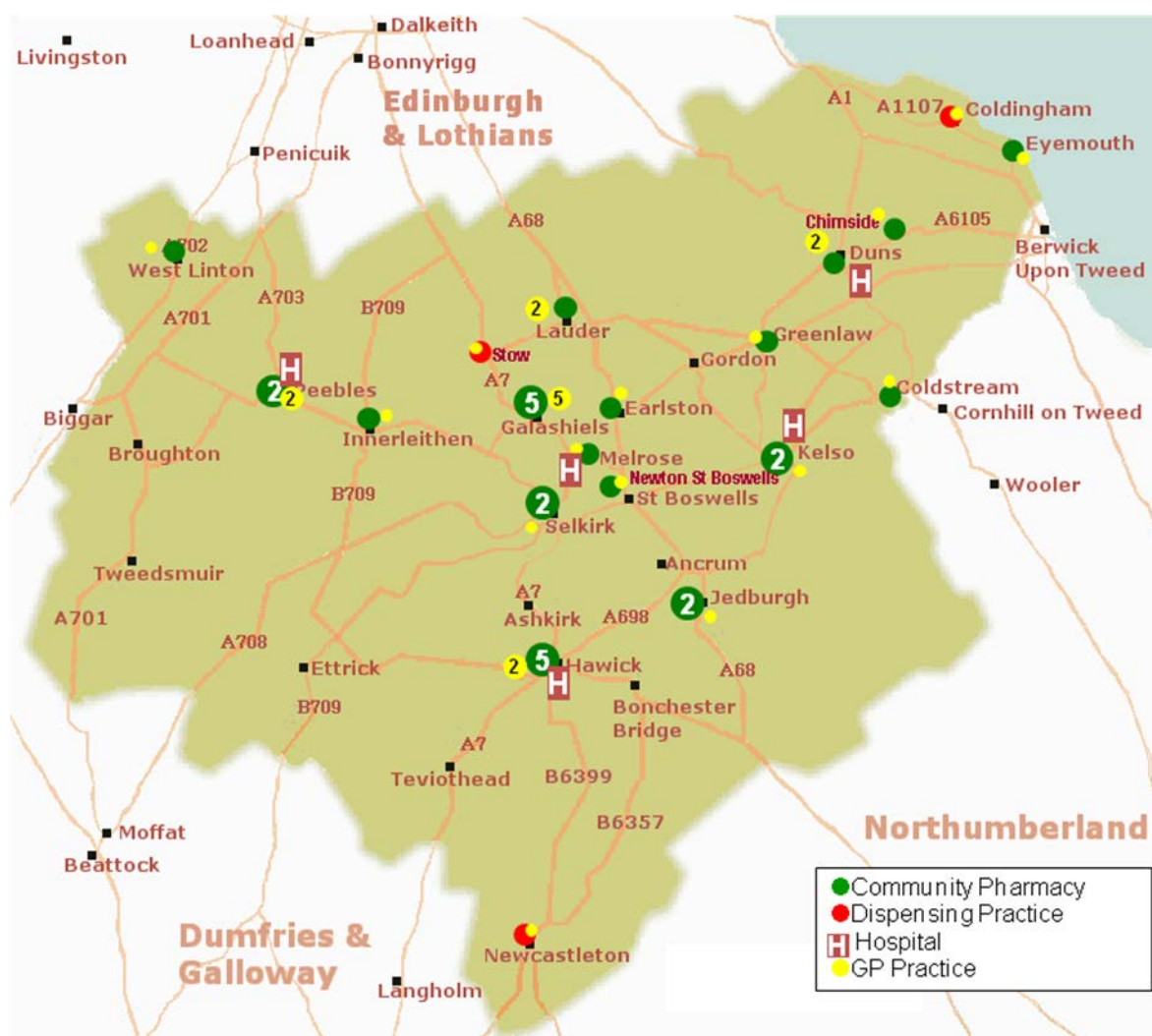
## Community Pharmacy Contract

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 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 *Figure 13* depicts the co-location between Community pharmacies and the GP Practices.

*Figure 13: Community Pharmacy, Hospital & GP Practice Locations.*



## Chronic Medication Service (CMS)

The Chronic Medication Service (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. Ongoing work is in place 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 and 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 October 2016.

*Table 9 - Figures for Minor Ailments Service (October 2016)*

Area	Number of Registrations	Number of Prescriptions Dispensed	MAS Capitation Payment	Average MAS Prescription Value
Scottish Borders	19,996	3,904	£28,244	£2.46
Scotland	926,154	160,004	£1,256,399	

Source: ISD Scotland.

Although MAS is provided by all community pharmacies the level of engagement can vary across the area. The table below highlights the range of activity for all 29 community pharmacies for October 2016.

*Table 10 - Service Activity– October 2016*

Number of Patients Registered per Pharmacy	Number of Paid Items	PD Paid GIC excl. BB
1628	89	£184.74
1438	216	£502.59
1273	93	£276.93
1256	128	£315.81
1176	113	£290.46
1018	308	£663.86
978	296	£825.41
886	34	£76.27
885	177	£468.12
859	10	£12.90
770	35	£58.03
669	42	£97.87
638	426	£958.63
619	165	£389.84
600	141	£400.73
593	214	£444.16
577	31	£72.47
569	62	£122.72
551	84	£208.91
529	109	£264.81
516	51	£137.32
467	148	£363.39
331	114	£314.86
298	211	£654.51
216	23	£60.91
213	187	£304.58
181	20	£73.68
139	307	£944.81
123	70	£132.00
<b>19996</b>	<b>3904</b>	<b>£9,621.32</b>

Source: ISD Scotland

## **Public Health Service (PHS)**

The PHS aims to 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 contraception

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.
- (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.

The aim of the service is to contribute to the number of smokers successfully giving up smoking by:

- 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.

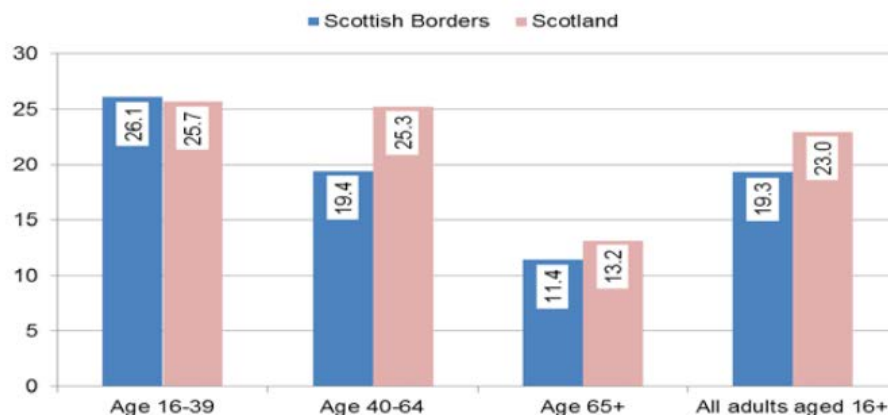
In recent years quit rates and numbers of attempts across NHS Scotland have reduced significantly. The reasons for the fall in quit attempts is not completely clear, but a rise in the use of electronic cigarettes to help quitting is a likely contributing factor. Quit rates for 2015/16 in NHS Borders at 1 month were above the National average, however for 3 months they were around the National average.

In response to this across NHS Borders we have increased the sharing of data on quit attempts and success of attempts both at a pharmacy level and at Board level. We have for a number of years offered support at an individual pharmacy level for example by offering training on Motivational Interviewing which is a technique to support behavioural change and from support by the Specialist Smoking Cessation service delivering training.

Approximately 2/3 of quit attempts in 2015/16 occurred through community pharmacies and they are key in service delivery, it is planned in 2017 to review advice around smoking cessation products in line with the latest UK outcome data which supports the use of Varenicline 1<sup>st</sup> line which has historically not been widely used.

The following graph outlines the proportion of household survey respondents who smoked by age band. Scottish Borders is slightly higher than Scottish average in 16-39 year olds but lower than the Scottish average in other age bands.

*Figure 15: Proportion of Scottish Household Survey Respondents who Smoked, By Age Band, 2012+2013*



Source: ScotPHO tobacco control profiles published January 2015.

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

Table 11 - Total number of quit attempts made by NHS Board, by month; 2015/16

Number of attempts	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>Scotland</b>	<b>5 476</b>	<b>5 300</b>	<b>5 297</b>	<b>5 051</b>	<b>5 212</b>	<b>5 386</b>	<b>5 588</b>	<b>4 630</b>	<b>3 035</b>	<b>6 941</b>	<b>6 641</b>	<b>6 179</b>	<b>64 736</b>
Ayrshire & Arran	439	383	403	345	377	420	407	340	194	489	472	447	<b>4 716</b>
Borders	85	91	96	83	76	79	96	77	50	115	94	87	<b>1 029</b>
Dumfries & Galloway	160	145	141	114	139	155	143	120	91	156	167	163	<b>1 694</b>
Fife	279	302	266	305	261	323	296	247	165	443	372	361	<b>3 620</b>
Forth Valley	220	283	233	242	269	278	287	189	165	330	315	275	<b>3 086</b>
Grampian	506	476	504	438	469	466	491	453	288	657	612	599	<b>5 959</b>
Greater Glasgow & Clyde	1 373	1 367	1 380	1 277	1 316	1 370	1 458	1 171	803	1 657	1 740	1 652	<b>16 564</b>
Highland	254	269	313	240	262	255	254	222	123	350	309	249	<b>3 100</b>
Lanarkshire	890	800	790	830	871	887	935	744	486	1 191	1 077	983	<b>10 484</b>
Lothian	804	808	782	805	764	734	780	686	456	987	889	845	<b>9 340</b>
Orkney	17	11	6	7	10	5	4	7	1	9	5	11	<b>93</b>
Shetland	25	20	18	10	17	13	24	16	10	28	30	17	<b>228</b>
Tayside	414	333	347	350	367	391	395	346	192	517	540	476	<b>4 668</b>
Western Isles	10	12	18	5	14	10	18	12	11	12	19	14	<b>155</b>

Source: NHS Smoking Cessation Service Statistics (Scotland) 1st April 2015 to 31st March 2016 (ISD Scotland)

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

Pharmacists supply Levonorgestrel or Ulipristal Emergency Hormonal Contraception (EHC) where appropriate to clients in line with the requirements of the NHS Borders Patient Group Direction (PGD). 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.

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.

From October, pharmacists were able to supply ulipristal as well as levonorgestrel. The following table highlights the EHC supply via direct access of the service during 2015.

*Table 12 - EHC Supply Statistics By Month, NHS Borders 2016*

NHS Borders			
Month/Year	Monthly items	Month/Year	Monthly items
Nov 2015	70	May 2016	109
Dec 2015	85	Jun 2016	72
Jan 2016	65	Jul 2016	53
Feb 2016	98	Aug 2016	79
Mar 2016	62	Sep 2016	37
Apr 2016	64	Oct 2016	71

Source ISD Scotland 2016

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. A new sexual health service has been established in Boots, Galashiels run by a pharmacist independent prescriber. The uptake has been slow initially and the pharmacist is reviewing consultation times to increase service availability.

### **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 receives 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 Food (GFF)**

The GFF service enables community pharmacy contractors to dispense items for individual patients registered for the service from a published local formulary determined by the NHS Board on whose Pharmaceutical List they are. Each local formulary will reflect existing good clinical practice and embrace only certain 'generic' staple GFF items. Each Board will be responsible for maintenance of its own formulary. The scope of products and conditions are covered within existing ACBS advice. NHS Borders updated the GFF Formulary in September 2016 looking at cost effectiveness and choice for patients.

### **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. 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.

### **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.

## **Additional Locally Agreed Services – including **NEW** in 2017/18**

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).

## **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 to allow recording of medicines administration.

## **NEW Hepatitis C Service**

Community Pharmacies have become part of the treatment pathway for patients receiving treatment for hepatitis C following initiation by a specialist prescriber.

This specification aims to:

- Provide a consistent service to improve quality of pharmaceutical care.
- Empower patients to actively manage their own condition and make best use of the health promoting resources available to them.
- Improve clinical outcomes achieved by patients prescribed these medicines and to improve the patient experience of treatment for complex conditions.
- Ensure clinical monitoring for patients directly affected.
- Support the normalisation of care for patients receiving these medicines through community pharmacies.
- Ensure that all patients experience a service that is free from stigma and discrimination.
- Provide more systematic nationally consistent management of complex care and to facilitate the policy objective of shifting balance of care to primary care community settings.

## **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.

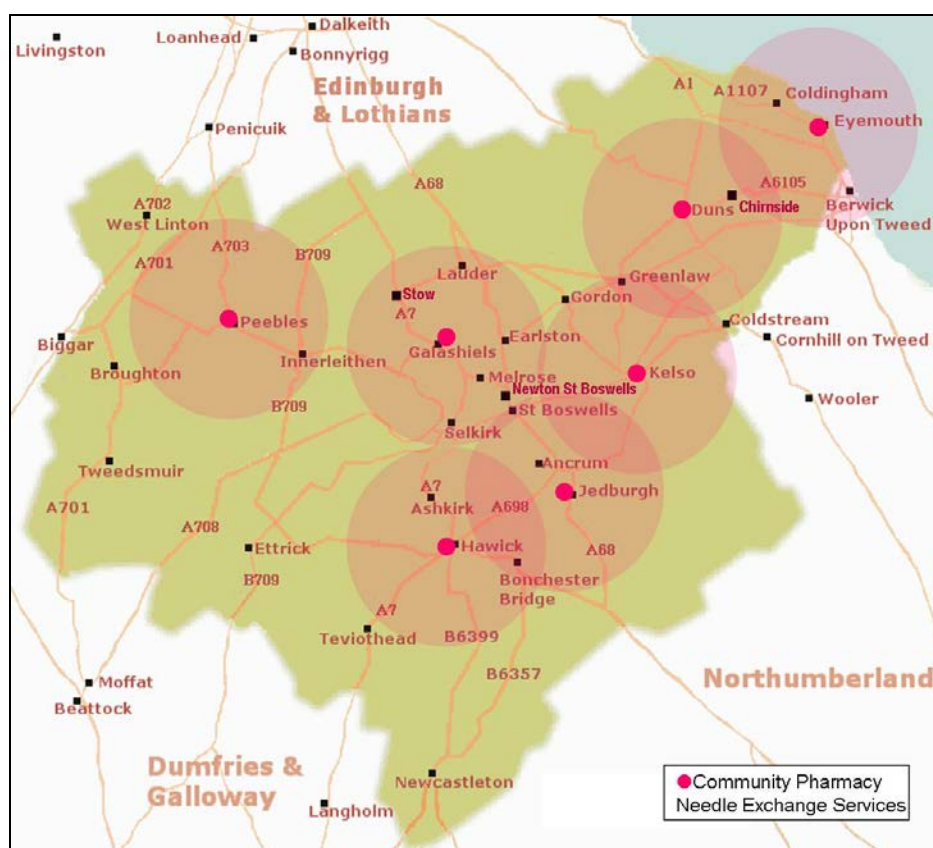
### **(iii) Needle Exchange**

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. *Figure 16* on the following page shows the current Needle Exchange provision (January 2011).

Figure 16: 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.

Pharmacist independent prescribers currently provide substance misuse, respiratory and hypertension clinics as well as supporting stoma services. A review of the prescribing done by pharmacist prescribers is currently underway. This will inform how resources are directed in future. It is likely that the additional funding provided by Scottish Government will stop at the end of March and Boards will need to use the funding allocated to Prescription for Excellence instead.

During 2015, the Scottish Government announced funding for primary care pharmacists to provide patient focussed pharmaceutical care in general practices. These pharmacists will be trained as independent prescribers. Additional funding was announced in 2016 and recruitment is currently underway in Borders.

### **Treatment of Uncomplicated Urinary Tract Infections in Women Aged 16-64**

In December 2015 a service was set up to enable community pharmacists to assess and treat women aged 16-64 with uncomplicated lower urinary tract infections with Trimethoprim. All 29 Scottish Borders pharmacies can now offer this service having successfully completed training.

### **Medicine Review Service**

Prescription for Excellence (PfE) sets out a vision for the delivery of pharmaceutical care. A key part of the action plan is that people accessing pharmacy services should expect regular reviews of their medicines, which can be achieved through the new medicines review service started in January 2016.

During 2016-17, NHS Borders established a medicine review service for priority groups. All 29 pharmacies have a pharmacist who is trained to deliver the medicine review service. 20 pharmacies have undertaken at least one review; 28 have had a peer review visit and the quality of review is good.

In 2017-18, the priority group will change from patients on medicines listed on the “sick day rules” cards to also include patients with chronic pain. The focus of the review will be pain self-management. Funding will be made available to allow 750 medicine reviews of patients during 2017-2018. Training evenings are planned and supported by NES, Pain Association Scotland and the Pain Service in NHS Borders.

*Table 13 - Medicine Review Service – reviews undertaken (2016/17)*

<b>Month</b>	<b>Number of reviews undertaken</b>
April	36
May	23
June	16
July	34
August	36
September	53
October	39
<b>Total</b>	<b>237</b>
Percentage of allocation pro rata = 40%	

As the number of reviews is lower than anticipated, the following changes have been made for 2017/18:

- Funding has been re-allocated to allow those pharmacists engaging in the service to increase the number of reviews undertaken. Activity will be monitored.
- Five pharmacies have support staff trained to assist in the delivery of the service.

### **NEW Pain Service**

A pilot service delivered in 2015-16 trained six community pharmacists in NHS Borders to provide self-management support to a select group of patients referred to the pharmacist from the specialist pain service. Each patient was offered a face-to-face consultation every 4 weeks up to a maximum of 12 consultations during a 12 month period. The focus of the consultation was on pain self-management that included:

- providing educational material that facilitates pain self-management;
- promoting the use of recommended pain self-management websites;
- signposting the patients to local group meetings organised by the Pain Association Scotland and;
- supporting holistic person centred pain management.

The outcome of this pilot work has provided basis for the extension of the Medicines Review service to include patients with Chronic Pain.

Table 14 – Breakdown of Additional Service Provision (January 2017)

Contractor	Advice to Care Homes	Blood Pressure Testing	Consulting/Quiet Area	Prescription Collection	Prescription Delivery	Compliance Support	Emergency Contraception	Gluten Free	Smoking Cessation	Stoma	Urinary Tract Infection	Medicines Review	Supervised Consumption	Needle Exchange	Supplementary Prescribing
GLM Romanes Ltd - Chirside 			✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
G L M Romanes Ltd -Coldstream	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
GLM Romanes – Duns	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
M Farren – Earlston 			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		
GLM Romanes – Eyemouth	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boots the Chemist – Galashiels			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
M Farren – Galashiels	✓		✓	✓	✓	✓	✓	✓	✓	✓			✓		
Lloyds Pharmacy – Galashiels 	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tesco Pharmacy – Galashiels 	✓		✓	✓		✓	✓	✓	✓	✓	✓		✓		
Borders Pharmacy - Galashiels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		
GLM Romanes – Greenlaw			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Borders Pharmacy – Hawick	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
T N Crosby – Hawick 		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Boots the Chemist – Hawick	✓		✓	✓		✓	✓	✓	✓	✓	✓		✓		
Lindsay & Gilmour – Hawick			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
HHCC Pharmacy – Hawick (chronic meds) 			✓	✓		✓	✓	✓	✓	✓	✓		✓		
M Farren – Innerleithen 			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		
Jedburgh Pharmacy - Jedburgh 		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boots the Chemist – Jedburgh			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy –Kelso 	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boots the Chemist – Kelso			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Boots the Chemist – Melrose	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		
Lauder Pharmacy - Lauder		✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓
Eildon Pharmacy Ltd– Newton St. Boswells			✓	✓		✓	✓	✓	✓	✓	✓		✓		
Lloyds Pharmacy – Peebles	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
Boots the Chemist – Peebles			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lindsay & Gilmour - Selkirk	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Right Medicine Pharmacy – Selkirk	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
West Linton Pharmacy – West Linton	✓			✓		✓	✓	✓	✓	✓	✓	✓	✓		

## **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.

### **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 pharmacy services to develop to meet these changing needs. Following the outcome of the consultation on the Control of Entry Arrangements and Dispensing GP Practices additional pharmaceutical care services are now provided alongside dispensing practices. Further work is required to confirm controlled localities in areas served by 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 and public holidays.

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** – three 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.
- **Dispensing Practices.** – A review of the current service provision to dispensing practices is required.
- **Identified Neighbourhoods** – It should be noted that if the predicted growth and ageing of the population become a reality there may be future opportunities for pharmaceutical care 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. The document Prescription for Excellence states that 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 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. All NHS Borders community pharmacies have completed a contingency/continuity plan in place. This should be revised and updated regularly.

### 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 work currently being progressed are:

- Medicines Administration Charts (MAR) - A service to support 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**

Currently some pharmacies provide an advisory service to care homes. There is a need to review this in line with recommendations made by Pharmaceutical Care to Patients in Care Homes (PCCH) National Short Life Working Group and from the Polypharmacy Guidelines.

### **Discharge Support**

A recently appointed discharge technician funded through PfE is working with community pharmacy to support more integrated approach to the discharge process. This post is looking at improving continuity of patient care during the discharge process, when a patient moves from a hospital environment back into the community.

### **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. A successful Integrated Care Fund bid will develop links and ensure that pharmacy works in conjunction with health and Social Care colleagues to ensure that patients receive pharmaceutical care input into the care planning process to ensure the most appropriate intervention to support patients and their carers to manage their medicines..

### **Support for Cost Effective Prescribing Initiatives and Waste Reduction**

It is suggested that all members of the Health and Social Care Partnership 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 given the expected increase in elderly population and long term conditions.

### **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**

A sexual health service has been set up in Boots, Galashiels. This service is increasing the accessibility of sexual health services and developing the role of Pharmacists as prescribers.

### **Transfer to community dispensing of Hospital and Healthcare at Home dispensed products (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. An example of this is the service to support Hepatitis C treatments and this model could be extended to cover other medicines not traditionally dispensed via community pharmacy.

### **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.

### **Telehealth**

NHS Borders is working with NHS24 as part of a pilot for prescription for excellence looking at opportunities for pharmacists to support patients through telehealth. It is proposed to trial this with around 5 pharmacists initially.

### **Out of Hours / Unscheduled Care**

Opportunities exist for community pharmacy to support out of hours services, particularly on Saturdays which tend to be a quieter day for pharmacy. This is currently being discussed with Borders Emergency Care Service (BECS).

### **Medicine Reviews**

This new service will be extended to other clinical conditions, e.g. respiratory and heart failure, as funding allows.

### **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.

### **Supporting Continuous Improvement and Closer Partnership Working**

The Healthcare Quality Strategy for Scotland (2010) set the direction for the role of continuous improvement in delivering the highest quality healthcare services to people in Scotland, and as intended, has progressively extended to capture NHS contractor groups. There is therefore a need to ensure that continuous improvement and patient safety practices are formalised and embedded in the delivery of the services community pharmacy provides. NHS Borders work with Community Pharmacy Borders to take this work forward with initiatives in line with this improvement methodology.

### **Encourage Primary Care Communication**

Funding in 2016/17 to community pharmacies supported community pharmacies to become engaged in working with Primary Care colleagues to facilitate closer partnership working. The board should review the opportunities afforded by funding of this nature to enable Pharmacy staff to meet with other colleagues to develop ways of improving the care to patients. One potential opportunity is to work together to improve repeat prescribing processes and reduce waste.

## **Acknowledgements**

This plan has been developed by the Director of Pharmacy, Lead Pharmacists, and Area Pharmaceutical Committee.

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

NHS Borders PCS Plan 2016/17  
Scottish Borders in Figures 2016  
Scottish Borders Area Profile 2016  
Scottish Borders Strategic Assessment 2016  
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  
Scottish Borders Council  
General Register Office for  
Scotland (GRO(S))  
Scottish Government  
Information Services Division (ISD  
Scotland)  
Scottish Public Health Observatory