

Borders NHS Board



NHS BORDERS PHARMACEUTICAL CARE SERVICES PLAN 2018/19

Aim

The NHS Borders Pharmaceutical Care services Plan 2018/19 is designed to evaluate the current service provision, identify any gaps and support the decision making process on any future application for a new community pharmacy in the Scottish Borders. A secondary function of the plan is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services.

Background

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 determines the process to be followed when applications are made to NHS Boards to provide NHS pharmaceutical services. The 2011 Amendment Regulations (SSI 2011/32) make a number of changes to the Control of Entry arrangements and processes for inclusion on the pharmaceutical list. Regulation 6 amends Regulation 15 of the Principal Regulations so that Boards are obliged to publish ***Pharmaceutical Care Services Plans***. Boards also have to monitor their Pharmaceutical Care Services Plan annually to reflect changes in service provision or patient needs.

Summary

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. 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. 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. Recommendations and opportunities that may be considered as part of the continuous improvement and development programme are outlined in the Plan.

Recommendation

The Board is asked to **approve** the plan.

Policy/Strategy Implications	Complies with the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 to amend the provisions for the control of entry application process regulations.
Consultation	Public Reference Group.

Consultation with Professional Committees	Area Pharmaceutical Committee; GP Sub-Committee; Primary, Acute & Community Services Clinical Board; Clinical Executive Strategy Group; Area Clinical Forum; NHS Borders Board
Risk Assessment	N/A
Compliance with Board Policy requirements on Equality and Diversity	Supports NHS Borders Equality & Diversity through ensuring equitable access to Pharmaceutical care.
Resource/Staffing Implications	N/A

Approved by

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Pharmaceutical Care Services Plan 2018/19

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<i>Completion of the following signature blocks signifies the approver has read, understands, and agrees with the content of this document.</i>			
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Approved by:	NHS Borders Board		05/04/2018

Document Details

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Document Change Log

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1.0	Kate Warner	18/12/2017	Revised layout of PCSP – using SBC Infographics and updating supporting documents using the Localities Plans. Updates from SBC and ISD. Update focus on – Top 5 Hospital Admissions – Top 5 Long Term Conditions – commissioning services and supporting patients.
1.1	Dawn MacBrayne / Kate Warner	27/12/2017 – 08/01/2018	Additions to the PCSP regarding prescribing work; content changes to community pharmacy contract section to relate to “Achieving Excellence” commitments; adding information and statistics on long term conditions and public health services.
1.1	Keith Maclure	27/12/2017	Adding information and statistics
1.2	Alison Wilson	15/01/2018	Approve for dissemination to Senior Management Team & Area Pharmaceutical Committee
1.3	Final Review	23/01/2018	Review by SMT; APC; SBC H&SC; Dr Cliff Sharp
2.0	Alison Wilson	20/03/2018	Final version

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Executive Summary

Introduction

NHS Borders provides health services to a population of approximately 114,000. The local demographic profiles show that generally the population of the Scottish Borders is older than Scotland as a whole and is more rural. 25% of the Scottish Borders population is of pensionable age and 47% live in a rural area.

From the evidence gathered and outlined within this plan it is apparent that the current service provision is adequate for the populations' immediate needs and no major gaps have been identified. The Scottish Government's 2017 vision and action plan, "Achieving Excellence in Pharmaceutical Care", provides the platform for pharmacy services to develop significantly enabling them to make a fundamental contribution to the health of the population.



Figure 1: Infograph source: *Achieving Excellence in Pharmaceutical Care; 2017*

Community Pharmacy plays an important role in the provision of NHS pharmaceutical care, providing accessible services for people and a first port of call for many patients.

Key Challenges

Population ageing 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.

Other challenges facing NHS Borders include:-

- Development of clinical services within community, such as medicine review service, due to time constraints etc in community.
- Developing and progressing the closer partnership working between GP practice and community pharmacies.
- Delivery of the patient safety programme as outlined in the pharmaceutical services arrangement documents.
- Delivery of services to care homes.
- Demand for support with medicines e.g. compliance aids.
- Supporting community pharmacists through the independent prescribing course and utilisation of those skills when attained.

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.

Reviewing pathways of care, for example, chronic obstructive airways disease (COPD), pain management and mental health which will expand the role of the Community Pharmacy.

Background

The Scottish Borders

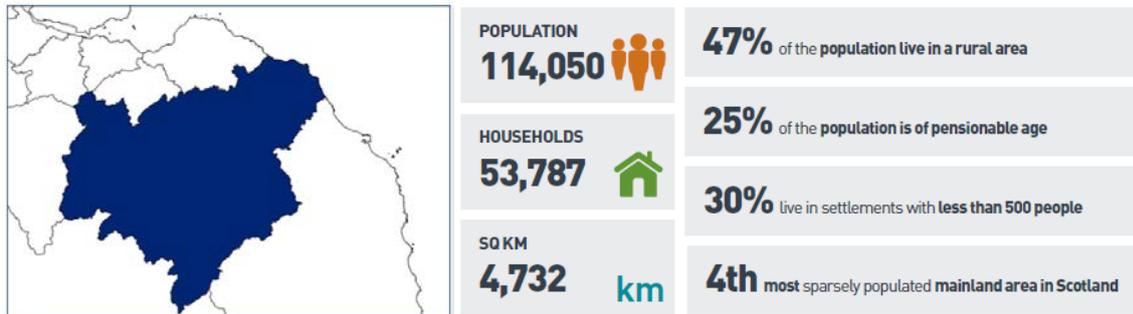


Figure 2: The Scottish Borders – Statistics

Source: Scottish Borders Community Planning Partnership - Strategic Assessment 2016

The Scottish Borders has one Health and Social Care Partnership: Scottish Borders Council and NHS Borders, formed on 1st April 2016.

The Health & Social Care Locality Plan (for consultation 2017-19) outlines the rural nature of the Scottish Borders. Almost half of the population live outside the main towns with no health and social care services close by. Transport is limited and some people may feel isolated and lonely.

Plans include more local care and support so that people can live more independently in their own homes and communities; more local services; making services easier to get to; more local support to help people stay well; sustainable transport links and more suitable places for people to live.



Figure 3: The Scottish Borders – Localities Map

There are 5 main areas - known as Localities:-

- Berwickshire
- Cheviot
- Eildon
- Teviot & Liddesdale
- Tweeddale

Population

The overall population of Scotland is expected to increase between 2014 and 2039 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.

Projected population numbers from 2014 to 2039 by age group in the Scottish Borders (2014-based)

AGE 0 TO 15	AGE 16 TO 29	AGE 30 TO 49	AGE 50 TO 64	AGE 65 TO 74	AGE 75 +
-16 population -0.1% change	-1,072 population -7.0% change	-4,279 population -15.5% change	-5,068 population -19.7% change	+ 3,162 population +21.4% change	+ 10,353 population + 89.5% change
Scotland +1.4%	Scotland -7.64%	Scotland -2.3%	Scotland -6.4%	Scotland +27.4%	Scotland +85.4%

Figure 4: The Scottish Borders – Projected Population. Source: National Records of Scotland

1 in 4 people living in the Scottish Borders are aged 65 and over. In 20 years time this may be 1 in 3 people.

Localities – Town Population

Locality	Town	Population	Locality	Town	Population
Berwickshire	Eyemouth	3,540	Eildon	Galashiels	12,670
	Duns	2,722		Selkirk	5,586
	Coldstream	1,867		Melrose	2,457
	Chirnside	1,426		Tweedbank	2,073
	Greenlaw	629		Lauder	1,773
	Ayton	573		Earlston	1,766
	Coldingham	549		Newtown St Boswells	1,347
Cheviot	Kelso	6,821	Tweeddale	Peebles	8,583
	Jedburgh	3,961		Innerleithen	3,064
	St Boswells	1,466		West Linton	1,561
	Yetholm	618		Cardrona	919
Teviot & Liddesdale	Hawick	14,003		Walkerburn	711
	Newcastleton	757			
	Denholm	625		Total pop +500 towns	82,067

Figure 5: The Scottish Borders – Town Populations within Localities

The table above shows the towns within those localities that have a population of over 500 and a total population for these larger towns. Around 30% of the population in Scottish Borders are living in more rural areas.

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.

Life Expectancy Ranges	Men	Women
SCOTLAND	77.1 yrs	81.2 yrs
Scottish Borders	78.1 yrs	82 yrs
Berwickshire	78.3 – 83 yrs	81.5 – 87.5 yrs
Cheviot	77 – 82 yrs	81.4 – 85.8 yrs
Eildon	74.7 – 82.5 yrs	79.1 – 89 yrs
Teviot & Liddesdale	77.3 – 78.5 yrs	79.9 – 84.1 yrs
Tweeddale	77.6 – 81.2 yrs	80.9 – 84.5 yrs

Figure 6: The Scottish Borders & Localities Life Expectancy compared to Scotland. Source: National Records of Scotland

A good indicator of ill health is patient numbers with long term conditions and the rate of emergency hospitalisations.

Top 5 long term conditions reviewed for this plan are dementia, diabetes, heart disease, mental health and respiratory conditions.

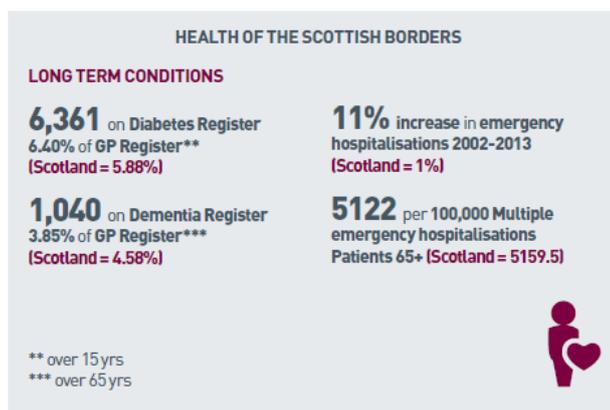
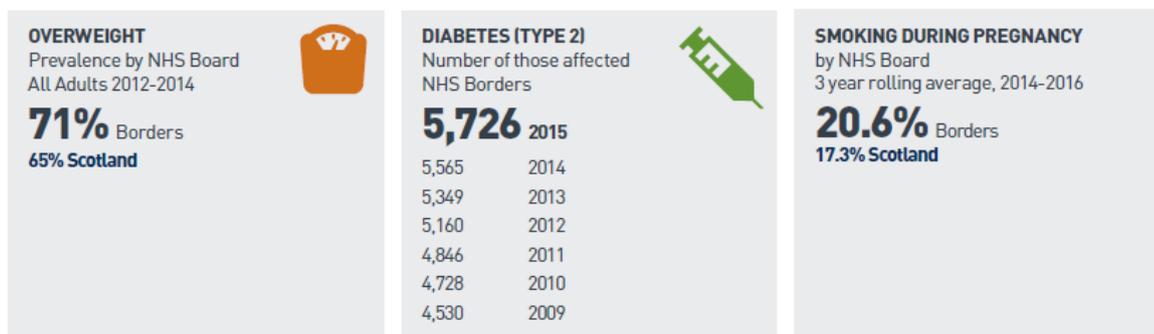


Figure 7: The Health of the Scottish Borders
Source: Scottish Borders Strategic Assessment 2016 “Know Borders”

Encouraging people to lead an active healthy lifestyle at every age and stage in life is one of the outcomes in the Scottish Borders Community Plan. This philosophy is reinforced through community pharmacy public health messages.



Source: Scottish Health Survey, Scottish Diabetes Surveys, ISD Scotland

Figure 8: Community Plan Health, Care & Wellbeing

Deprivation

Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of multiple deprivation across all of Scotland in a consistent way. SIMD ranks small areas (called data zones) from the most deprived to least deprived.

A data zone is a small geographical area, showing statistics for a population of between 500 and 1,000 people. A decile is one part of ten equal groups into which a population can be divided.

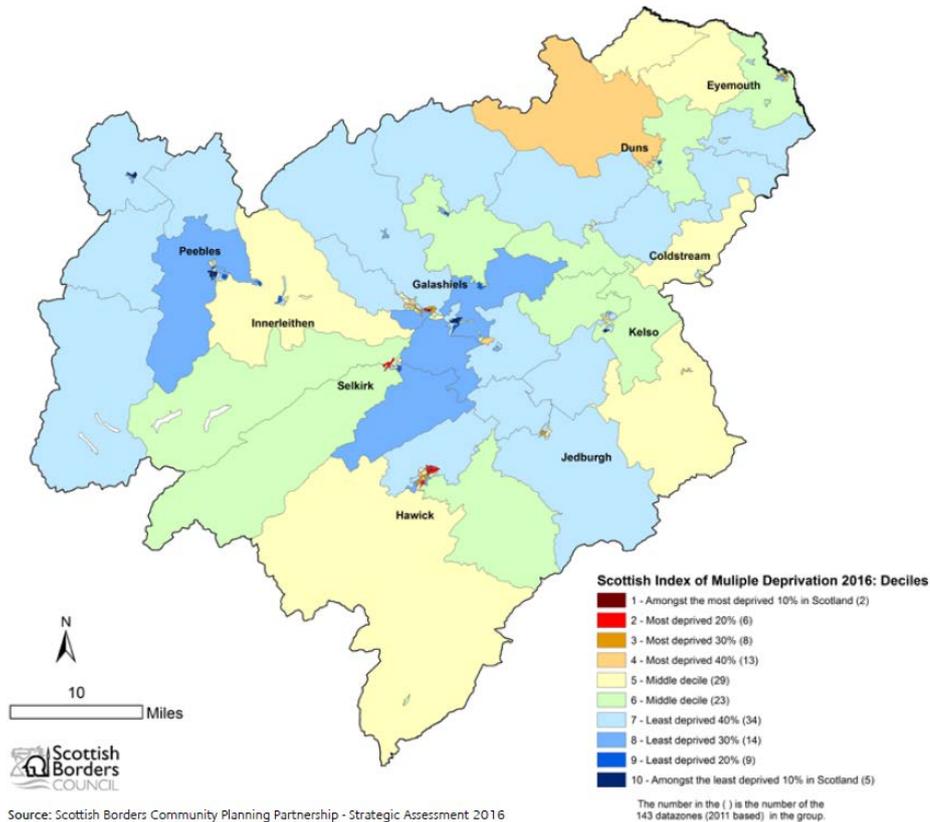


Figure 9: Scottish Index of Multiple Deprivation 2016 :Deciles

Scottish Borders

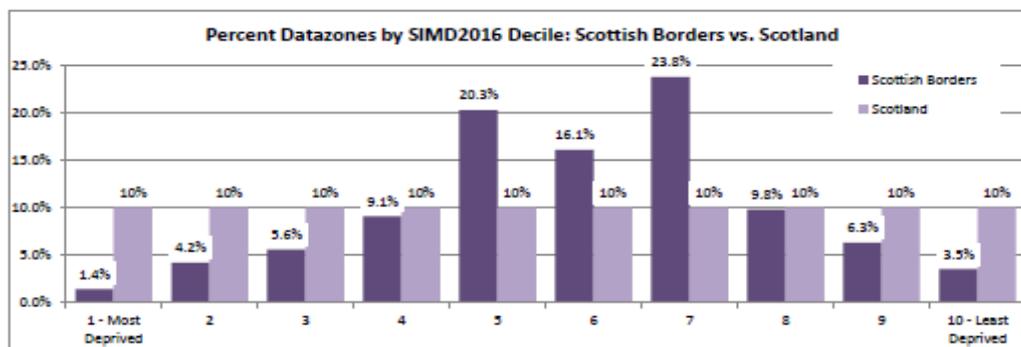


Figure 10: Percent Datazones by SIMD2016 Decile: Scottish Borders vs. Scotland

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.

Top 5 BGH Main Diagnosis of Discharges and Specific Medical Condition Discharges

Borders General Hospital

Top 5 Main Diagnosis of Discharges: April to March 2014'15, 2015'16, 2016'17 & April to October 2017

Order of Diagnosis	Main Diagnosis	Dis charges					Percentage of Total				
		2014	2015	2016	2017	Total	2014	2015	2016	2017	Total
1	R10 Abdominal And Pelvic Pain	656	785	643	303	2387	4.3%	5.1%	4.5%	4.4%	4.6%
2	R07 Pain In Throat And Chest	636	723	385	142	1886	4.2%	4.7%	2.7%	2.0%	3.7%
3	N39 Other Disorders Of Urinary System	431	499	417	198	1545	2.9%	3.2%	2.9%	2.9%	3.0%
4	J18 Pneumonia, Organism Unspecified	330	380	393	177	1280	2.2%	2.5%	2.8%	2.5%	2.5%
5	J44 Other Chronic Obstructive Pulmonary Disease	329	392	396	159	1276	2.2%	2.6%	2.8%	2.3%	2.5%

Top 5 Main Diagnosis of Occupied Bed Days: April to March 2014'15, 2015'16, 2016'17 & April to October 2017

Order of Diagnosis	Main Diagnosis	Occupied Bed Days					Percentage of Total				
		2014	2015	2016	2017	Total	2014	2015	2016	2017	Total
1	N39 Other Disorders Of Urinary System	3996	4003	3247	1616	12862	5.0%	5.3%	4.3%	4.2%	4.8%
2	S72 Fracture Of Femur	2992	3759	4111	1462	12324	3.8%	4.9%	5.4%	3.8%	4.6%
3	J18 Pneumonia, Organism Unspecified	3064	3562	3311	1784	11721	3.9%	4.7%	4.4%	4.7%	4.3%
4	R29 Other Symptoms And Signs Involving The Nervous And Musculoskeletal Systems	3679	2817	3231	1427	11154	4.6%	3.7%	4.3%	3.7%	4.1%
5	J44 Other Chronic Obstructive Pulmonary Disease	2029	2384	2611	841	7865	2.6%	3.1%	3.4%	2.2%	2.9%

Notes: Includes Elective & Emergency Inpatients

Source: SMR1

Borders General Hospital

Specified Medical Conditions : Discharges April to March 2014'15, 2015'16, 2016'17 & April to October 2017

Main Diagnosis C. Condition	Dis charges					Percentage of Total Discharges					Occupied Bed Days					Percentage of Total OBDs					
	2014	2015	2016	2017	Total	2014	2015	2016	2017	Total	2014	2015	2016	2017	Total	2014	2015	2016	2017	Total	
Long Term Conditions																					
J44	COPD	329	392	396	159	1276	2.2%	2.6%	2.8%	0.8%	2.5%	2029	2384	2611	841	7865	2.6%	3.1%	3.4%	2.2%	2.9%
F00-F99	Mental Health	172	157	166	128	623	1.1%	1.0%	1.2%	0.8%	1.2%	1977	1717	1365	1000	6059	2.5%	2.3%	1.8%	2.6%	2.2%
J45	Asthma	117	126	114	53	410	0.8%	0.8%	0.8%	0.8%	0.8%	268	324	285	114	991	0.3%	0.4%	0.4%	0.3%	0.4%
E10-E14	Diabetes	65	70	75	38	248	0.4%	0.5%	0.5%	0.8%	0.5%	359	259	327	132	1077	0.5%	0.3%	0.4%	0.3%	0.4%
J40-J43, J46, J47	Other Chronic Respiratory Diseases	18	27	29	12	86	0.1%	0.2%	0.2%	0.8%	0.2%	107	235	282	74	698	0.1%	0.3%	0.4%	0.2%	0.3%
I73	Other Peripheral Vascular Diseases	16	8	6	3	33	0.1%	0.1%	0.0%	0.8%	0.1%	294	139	80	120	633	0.4%	0.2%	0.1%	0.3%	0.2%
I25	Chronic Ischaemic Heart Disease	8	7	5	2	22	0.1%	0.0%	0.0%	0.8%	0.0%	20	26	33	3	82	0.0%	0.0%	0.0%	0.0%	0.0%
N18	Chronic Kidney Disease	3	5	7	5	20	0.0%	0.0%	0.0%	0.8%	0.0%	26	27	106	117	276	0.0%	0.0%	0.1%	0.3%	0.1%
Other Conditions																					
N39	Other Disorders Of Urinary System	431	499	417	198	1545	2.9%	3.2%	2.9%	0.8%	3.0%	3996	4003	3247	1616	12862	5.0%	5.3%	4.3%	4.2%	4.8%
L01	Impetigo	6	2	2		10	0.0%	0.0%	0.0%	0.8%	0.0%	12	7	1		20	0.0%	0.0%	0.0%	0.0%	0.0%

Notes: Includes Elective & Emergency Inpatients ; Main Diagnosis Code only

Source: SMR1

Figure 11: BGH Discharge information 2014 – October 2017

5 Long Term Conditions

Dementia

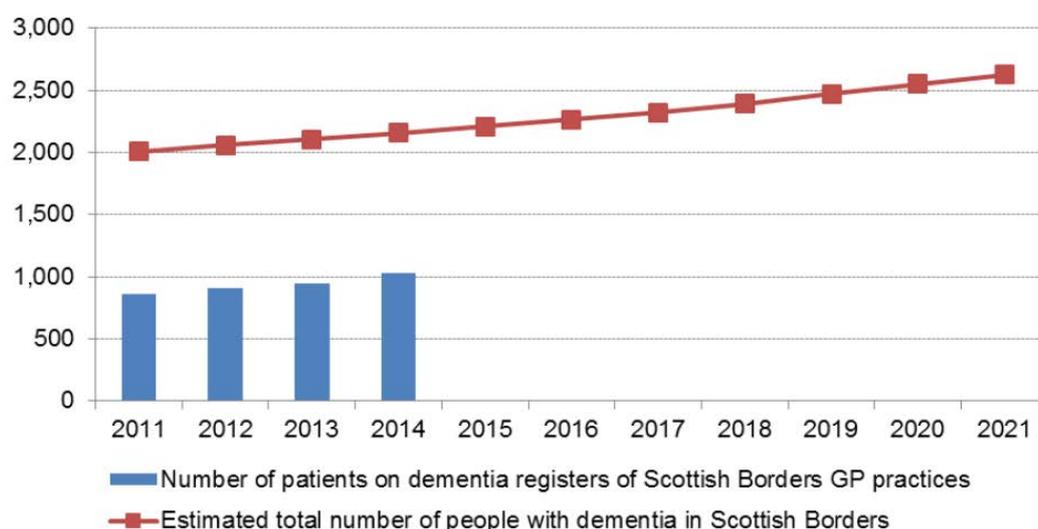
Dementia presents a significant challenge for health and care services, now and going forward into the future.

At March 2014, the 23 GP practices in Scottish Borders recorded a total of 1,027 patients known to them as having dementia. This equates to 0.9% of all patients registered to a GP practice in Scottish Borders at the time, or 4% of all patients aged 65 and over (the majority of dementia sufferers are aged 65+).

However, the number already diagnosed with dementia is only part of the picture; over and above this there will be people living with signs and symptoms of the condition, but who have not been formally identified as having it. Since 2007, the NHS in Scotland has been working to increase the number of people formally diagnosed with dementia, further to Scottish Government estimates that less than half of people with dementia were recorded as having a formal diagnosis. Numbers of diagnosed cases have been increasing, but so too have projected estimates of the total prevalence of this condition in the population.

These estimates suggest that the prevalence of dementia will continue to rise across Scotland; and that in Scottish Borders the rate of increase will be faster than the national average, given the relatively higher proportion of older people in our population. Overall, the number of people with dementia may double within the next ten years.

The following chart shows the diagnosed dementia cases in Scottish Borders versus Scottish Government projections of possible overall prevalence



Sources:

1. Diagnosed cases: Quality and Outcomes Framework (QOF) www.isdscotland.org/qof
2. Estimated overall prevalence: Scottish Government projection, based on Eurocode prevalence model used by Alzheimer's Scotland, and 2010-based population projections.

Figure 12: Diagnosed dementia cases in Scottish Borders versus Scottish Government projections of possible overall prevalence

Diabetes

At the end of 2013, 6,031 people in Scottish Borders (5.3% of the population) were registered as having diabetes. The crude prevalence rate for diabetes in the Borders population was higher than the overall Scotland rate of 5.05%, but this reflects the relatively older age profile of the Borders population in comparison with Scotland's overall. The chart below shows the rise in overall prevalence (all types, all ages) from 2008-2013 (per 100 population) in Scottish Borders and Scotland.

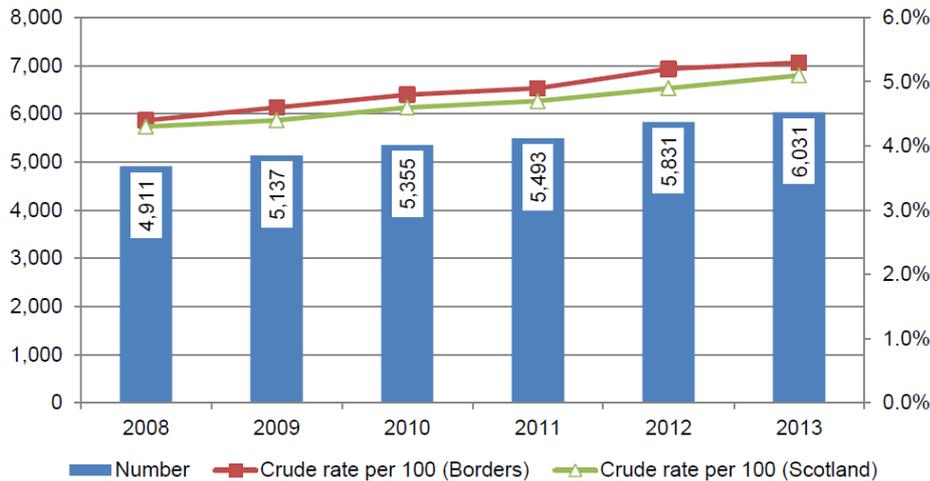


Figure 13: Crude prevalence of diabetes (all types) in the Scottish Borders and Scotland 2008-2013 per 100 population (all ages) Source: Scottish Diabetes Survey

Heart Disease

The graph below shows that there has been a steady downward trend in deaths from coronary heart disease in Scotland and the rest of the UK over the last ten years. In Scotland, the mortality rate fell by 37.6% between 2006 and 2015. However, coronary heart disease is still a leading cause of death and a national clinical priority for Scotland.

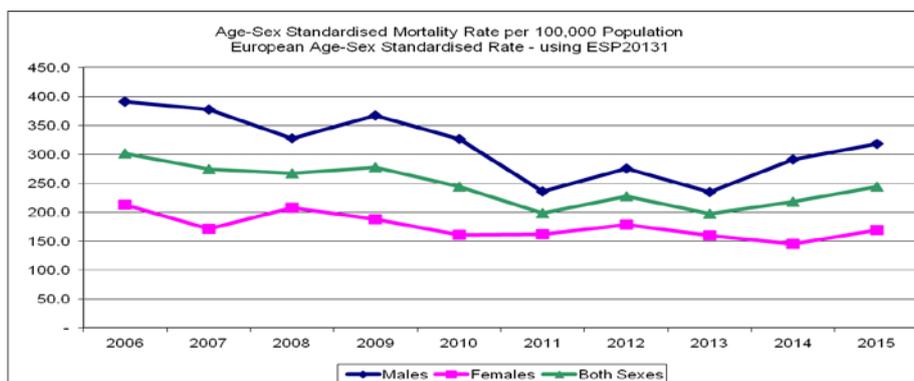


Figure 14: All Heart Disease, trends in mortality, 2005-2014 for NHS Borders. Numbers of deaths, with crude and age-sex standardised mortality rates (using ESP2013) by age, health board and year of death registration. Source: Information Services Division Publication Report, Scottish Heart Disease Statistics.

The incidence rate for coronary heart disease decreased over the past decade by 27.3%. Incidence rates for coronary heart disease remain consistently higher in males than females.

The reduction in death rates for coronary heart disease was seen in both the most and least deprived communities. The percentage reduction in deaths in the most deprived category (31.3%) over the last ten years was smaller than that in the least deprived category (38.5%).

For an individual admitted to hospital as an emergency with their first heart attack, their chances of surviving at least 30 days improved over the last ten years from 84.9% to 92.9%.

The number of prescriptions for drugs to treat diseases of the circulation increased by 6.6% in the last ten years. Despite this, the cost of prescriptions dispensed for these drugs has fallen by 44.6% over the last ten years to £116.8 million in 2015/16, reflecting falls in drug prices for these conditions.

Mental Health

In the year ending March 2013, an estimated 18,795 people in Scottish Borders (16.5% of the population) were prescribed drugs for anxiety, depression and/or psychoses. The Scottish Borders rate was a little higher than the Scottish average of 16.2%. (Source: ScotPHO Health and Wellbeing Profiles 2014).

However, whilst prescribing data are sometimes used as a proxy for information on population prevalence of certain health conditions, there are challenges in interpreting them in the context of mental health problems. For example, the 2013 “Medicines for Mental Health” publication (ISD Scotland, 2013) notes that “Increased dispensing of drugs classified as antidepressants should be interpreted with caution; a notable proportion of these drugs are prescribed at low dose for conditions other than depression”.

More work is required as to whether prescribing data could be used in a more specific way in order to reasonably restrict the analysis to people who have received these drugs for a mental health problem in particular.

Respiratory

The Scottish Borders has a higher average number of patients hospitalised with asthma than Scotland. Tweeddale has the lowest rate (81.64), whereas Teviot and Liddesdale has the highest rate by a large distance (142.3).

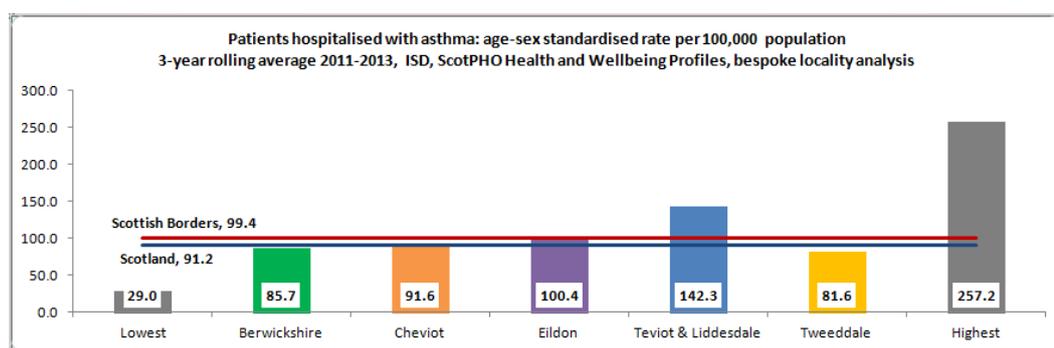


Figure 15: Patients hospitalised with asthma (2011-2013)

The number of patients admitted to the BGH with Chronic Obstructive Pulmonary Disease (COPD) as either a primary or secondary diagnosis is increasing year on year.

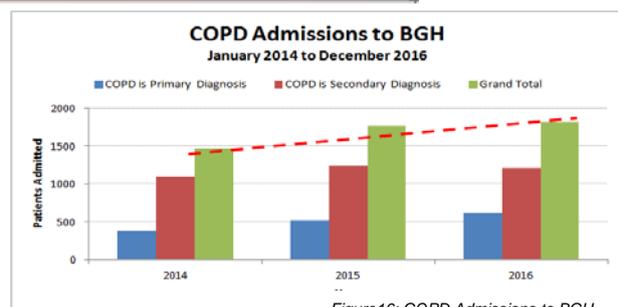


Figure 16: COPD Admissions to BGH

Introduction to the Pharmaceutical Care Services Plan

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. 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.

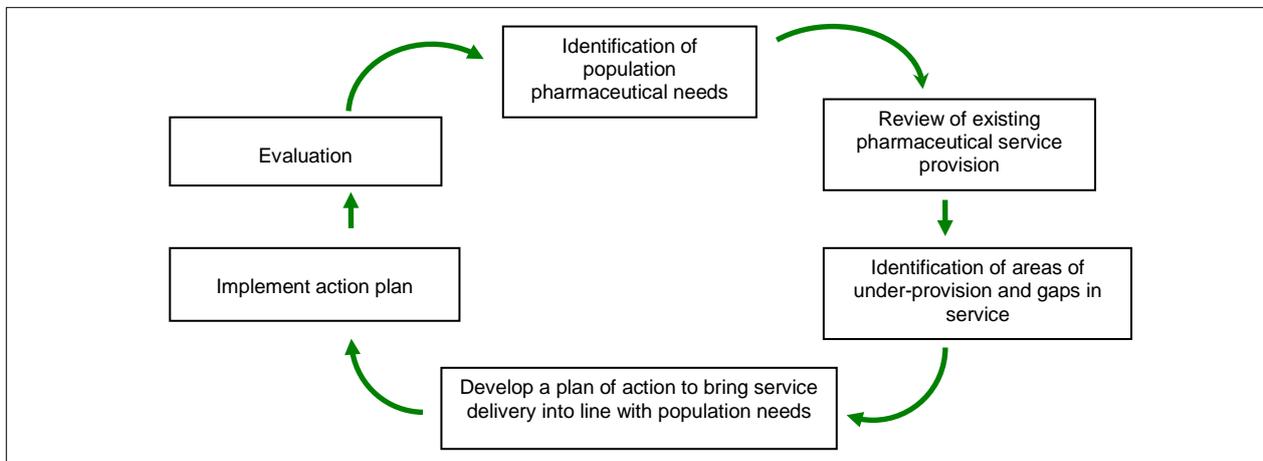


Figure 17: Source: Adapted from Scottish Needs Assessment programme (SNAP) – Needs assessment in primary care: a rough guide.

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.

Current Pharmaceutical Service Provision

Community Pharmacy

Pharmaceutical care services are currently provided in the Scottish Borders by 29 community pharmacies. These are distributed across the localities as illustrated below.

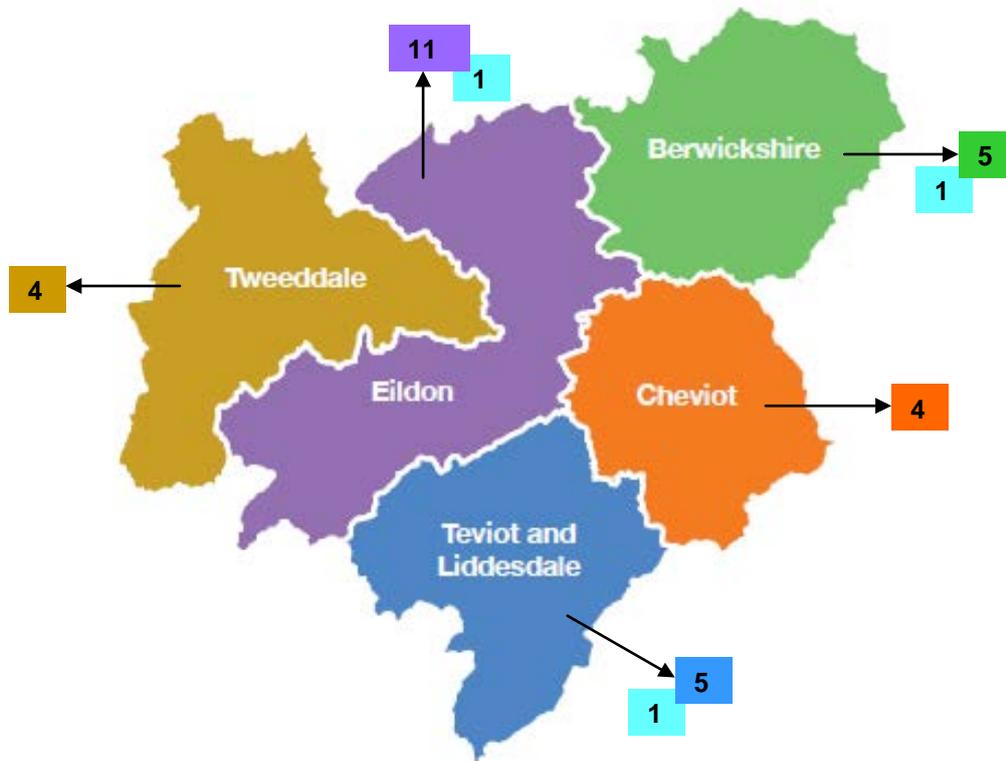


Figure 18: Locations of Scottish Borders Community Pharmacies and Dispensing Practices

Community pharmacies are independent contractors who provide a service to NHS Scotland in accordance with national regulation and locally negotiated contracts. 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.

Dispensing Practices

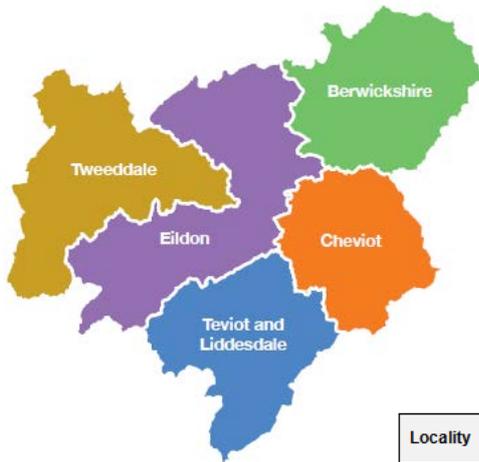
In addition to the community pharmacy network 3 GP practices (*shown as '1' on map*) hold dispensing doctor contracts (Stow, Newcastleton & Coldingham). These practices are contracted to dispense medicines for some or all of their patients. Dispensing doctors play an essential role in the dispensing and supply of medicines to patients in rural communities.

Pharmaceutical care provision should complement and support dispensing doctors' services and their patients. The dispensing practice in Stow is supported by a pharmacist independent prescriber providing specific clinics.

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



Each contracted Pharmacy in the Scottish Borders must open for five and a half days a week and opening hours should reflect the local GP Practice times.

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.

Saturday and Sunday opening shows Community Pharmacy cover across the localities.

BGH Pharmacy is open on Saturday mornings.

Public Holidays

Many Pharmacies open during public holidays and this is publicised through NHS24 and NHS Borders communications.

A rota is in place for Christmas and New Year holidays, for which a fee is paid, to ensure emergency cover is maintained.

Locality	Town	Community Pharmacies & Dispensing Practices	Saturday Opening	Sunday Opening	
Berwickshire	Chirside	GLM Romanes Pharmacy	-	-	
	Coldingham	Dispensing Practice	08:45-12:30	-	
	Coldstream	GLM Romanes Pharmacy	08:45-12:30	-	
	Duns	GLM Romanes Pharmacy	09:00-17:00	-	
	Eyemouth	GLM Romanes Pharmacy	09:00-15:00	-	
Cheviot	Kelso	Boots Pharmacy	08:30-17:00	-	
		Lloyds Pharmacy	09:00-17:00	-	
Eildon	Jedburgh	Boots Pharmacy Jedburgh Pharmacy	09:00-16:00 09:00-13:00	- -	
	Earlston	M Farren Pharmacy	09:00-13:00	-	
		Galashiels	Boots Pharmacy	08:30-18:00	10:00-18:00
			Borders Pharmacy	09:00-17:00	-
			Lloyds Pharmacy	09:00-17:00	-
			M Farren Pharmacy	09:00-17:00	-
	Tesco Pharmacy	08:00-20:00	09:00-18:00		
	Lauder	Lauder Pharmacy	09:00-13:00	-	
	Melrose	Boots Pharmacy	09:00-17:00	-	
Newtown St Boswells	Eildon Pharmacy	09:00-12:00	-		
Teviot & Liddesdale	Hawick	Boots Pharmacy	09:00-17:00	-	
		Borders Pharmacy	09:00-17:00	10:00-17:00	
		Hawick Health Centre & Pharmacy	-	-	
		Lindsay & Gilmour Pharmacy	09:00-17:00	-	
		TN Crosby Pharmacy	09:00-12:00	-	
Newcastleton	Dispensing Practice	-	-		
Tweeddale	Innerleithen	M Farren Pharmacy	09:00-12:30	-	
	Peebles	Boots Pharmacy	09:00-17:30	-	
		Lloyds Pharmacy	09:00-17:00	-	
West Linton	West Linton Pharmacy	09:00-13:00	-		

Figure 19: Community Pharmacies – Weekend Opening Times by Locality

Accessible Premises

Access - The Equality Act 2010 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.

Locality	Town	Community Pharmacies & Dispensing Practices	Hearing Loop	Door width 800mm or wider	Aisle width 800mm or wider	Counter Height between 750-800mm from floor	Suitable waiting area incl wheelchair/ Pushchair	Ramps & level access throughout	Automatic/ Semi automatic door open
Berwickshire	Chirnside	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	-
	Coldstream	GLM Romanes Pharmacy	✓	✓	✓	-	✓	✓	-
	Duns	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	-
	Eyemouth	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	-
	Greenlaw	GLM Romanes Pharmacy	-	✓	-	✓	-	-	-
Cheviot	Kelso	Boots Pharmacy	✓	✓	✓	-	✓	-	✓
		Lloyds Pharmacy	-	✓	✓	✓	✓	✓	✓
	Jedburgh	Boots Pharmacy	✓	✓	✓	✓	✓	✓	✓
		Jedburgh Pharmacy	✓	✓	✓	✓	✓	✓	-
Eildon	Earlston	M Farren Pharmacy	✓	✓	✓	✓	✓	✓	-
	Galashiels	Boots Pharmacy	✓	✓	✓	✓	✓	✓	✓
		Borders Pharmacy	✓	✓	✓	✓	✓	✓	✓
		Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓
		M Farren Pharmacy	-	✓	✓	✓	✓	✓	-
		Tesco Pharmacy	✓	✓	✓	-	✓	✓	✓
	Lauder	Lauder Pharmacy	-	✓	✓	-	✓	✓	-
	Melrose	Boots Pharmacy	✓	✓	✓	✓	✓	✓	✓
Newtown St Boswells	Eildon Pharmacy	✓	✓	✓	✓	✓	-	-	
Selkirk		Lindsay & Gilmour Pharmacy	-	✓	✓	✓	✓	-	✓
		Right Medicine Pharmacy	-	✓	✓	-	✓	✓	-
Teviot & Liddesdale	Hawick	Boots Pharmacy	✓	✓	✓	-	✓	✓	✓
		Borders Pharmacy	✓	✓	✓	✓	✓	✓	✓
		Hawick Health Centre & Pharmacy	✓	✓	✓	-	-	✓	✓
		Lindsay & Gilmour Pharmacy	-	✓	✓	✓	✓	✓	✓
		TN Crosby Pharmacy	✓	✓	✓	-	✓	✓	-
Tweeddale	Innerleithen	M Farren Pharmacy	✓	✓	✓	-	✓	✓	-
	Peebles	Boots Pharmacy	✓	✓	✓	✓	✓	✓	-
		Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	-
West Linton	West Linton Pharmacy	-	✓	✓	-	✓	✓	-	

Figure 20: Community Pharmacy Premises Accessibility by Locality

Confidential Services

In order to provide many of the additional services available to patients, community pharmacies must have a suitable environment that offers the patient the privacy expected of such services.

A consultation room or private area enables patients to have personal discussions with some privacy and other services, such as emergency hormonal contraception, can be provided in a confidential manner.

A number of pharmacies are constrained by their premises. Some may make arrangements to see patients at the GP practice.

Guidance on premises requirements is available to pharmacies and aids the planning of any future pharmacy premises or refurbishment.

Locality	Town	Community Pharmacies & Dispensing Practices	Privacy - Is a separate enclosed room available?	Sound proof & private	Located close to, or part of, main counter	And/or area screened from main retail area	Wheelchair accessible	Large enough for 2 people plus Pharmacist	Worktop /desk	Hand washing facilities
Berwickshire	Chirnside	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Coldstream	GLM Romanes Pharmacy	✓	✓	✓	✓	-	✓	✓	✓
	Duns	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Eyemouth	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Greenlaw	GLM Romanes Pharmacy	-	-	-	-	-	-	-	-
Cheviot	Kelso	Boots Pharmacy	-	-	✓	✓	✓	✓	✓	-
		Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Jedburgh	Boots Pharmacy Jedburgh Pharmacy	- -	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ -
Eildon	Earlston	M Farren Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Galashiels	Boots Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
		Borders Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
		Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓	-
		M Farren Pharmacy	-	✓	-	✓	✓	✓	✓	✓
		Tesco Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Lauder	Lauder Pharmacy	-	✓	-	✓	✓	✓	✓	✓
	Melrose	Boots Pharmacy	-	✓	✓	✓	✓	✓	✓	✓
Newtown St Boswells	Eildon Pharmacy	-	✓	-	✓	-	✓	✓	✓	
Selkirk	Lindsay & Gilmour Pharmacy	-	✓	✓	✓	✓	✓	✓	✓	
	Right Medicine Pharmacy	-	✓	-	✓	✓	✓	✓	✓	
Teviot & Liddesdale	Hawick	Boots Pharmacy	✓	✓	✓	✓	✓	✓	✓	-
		Borders Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
		Hawick Health Centre & Pharmacy	-	✓	✓	✓	✓	✓	✓	✓
		Lindsay & Gilmour Pharmacy	-	✓	✓	✓	✓	✓	✓	✓
		TN Crosby Pharmacy	-	✓	✓	✓	✓	✓	✓	✓
Tweeddale	Innerleithen	M Farren Pharmacy	-	-	✓	✓	✓	✓	✓	-
	Peebles	Boots Pharmacy	✓	-	✓	✓	-	✓	✓	✓
		Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
West Linton	West Linton Pharmacy	-	✓	✓	✓	-	-	✓	-	

Figure 21: Community Pharmacy Confidential Services Facilities by Locality

Community Pharmacy Contracts Achieving Excellence in the Scottish Borders

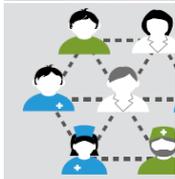
“Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland” sets out a vision for how pharmaceutical care will evolve in Scotland. There are nine commitments with complementary actions.

These nine commitments are considered within the NHS Borders Pharmaceutical Care Services Plan and include:



Commitment 1: Community Pharmacy

Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self management of stable long-term conditions; in-hours and out-of-hours.



Commitment 2: GP Practice-Based Pharmacy

Integrating pharmacists with advanced clinical skills and pharmacy technicians in GP practices to improve pharmaceutical care and contribute to the multi-disciplinary team.
Integrating pharmacists with advanced clinical skills and pharmacy technicians in GP practices to improve pharmaceutical care and contribute to the multidisciplinary team.



Commitment 3: Transformed Hospital Pharmacy Services

Creating the conditions to transform hospital pharmacy services to deliver world leading pharmaceutical care.



Commitment 4: Safer Use of Medicines

Providing the focus, resources and tools to support the safer use of medicines.



Commitment 5: Improved Pharmaceutical Care at Home

Improving the pharmaceutical care of residents in care homes and people being cared for in their own homes.



Commitment 6: Enhanced Access to Pharmaceutical Care

Enhancing access to pharmaceutical care in remote and rural communities.



Commitment 7: Enhanced Clinical Capability and Capacity

Building the clinical capability and capacity of the pharmacy workforce.



Commitment 8: Improved Service Delivery

Optimising the use of digital information, data and technologies for improved service delivery.



Commitment 9: Sustainable Services

Improving the planning and delivery of pharmaceutical care to meet the needs of the population.

Community Pharmacy



Commitment 1: Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self management of stable long-term conditions; in-hours and out-of-hours.

Minor Ailment Service

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 Minor Ailment Service (MAS). A pharmacist can provide advice, treatment or a referral to another health care professional according to the patients' needs.

At 31 March 2017, 16.4% of the population of Scotland (around 884,000 people) were registered for MAS. All but one community pharmacy in Scotland had patients registered for the service. Registrations decreased by 6.6% (from around 947,000 people) between March 2015/16 and March 2016/17.

The table below shows that the number of MAS registrations in NHS Borders is around the Scottish average of 16.4%

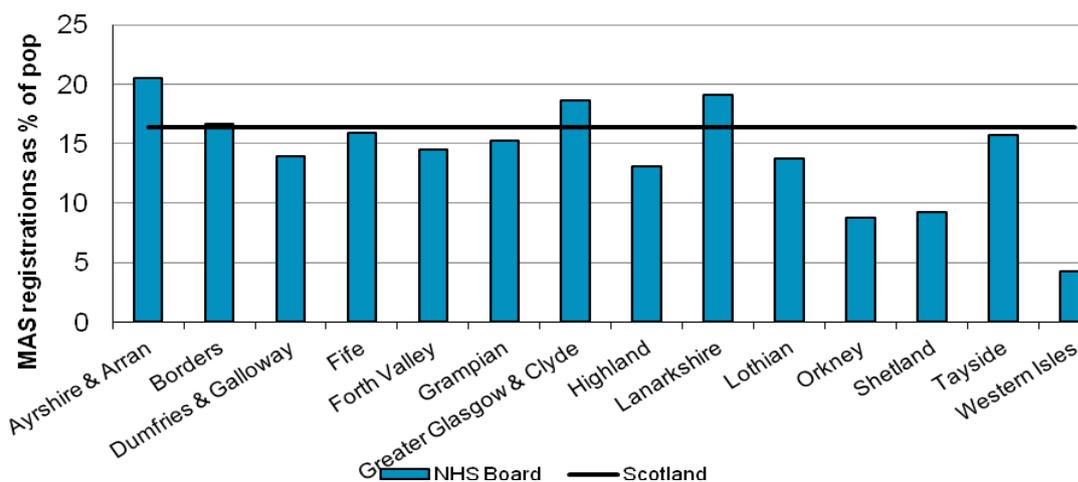


Figure 22: MAS registrations as a % of population by NHS Board, March 2017.
Source: Information Statistics Division, Publication Report: Prescribing and Medicines, Minor Ailment Service (MAS) Financial Year 2016/17

Between 2007/8 and 2015/16 the number of items supplied under the MAS increased each year. However, in 2016/17 there has been a decrease, with 5.6% fewer items supplied compared to 2015/16, with a corresponding decrease in cost. The service supplied over 2 million items in 2016/17 with a total cost of £4.9 million. This accounted for 2.0% of all items supplied by community pharmacies in Scotland. The most common drug supplied was paracetamol, which accounted for 20.7% of items.

For patients aged under 16 registered for the MAS in 2016/17, those who lived in the most deprived Scottish Index of Multiple Deprivation quintile received the greatest number of items per 1,000 MAS registrations (2,927 items) while those who lived in the least deprived quintile received the least (2,318 items).

The table below shows that NHS Borders pharmacies issue a slightly greater number of prescriptions per head of the population but at a slightly lower cost:-

Minor Ailment Scheme 2016/17	Number of Community Pharmacies	Prescription items dispensed (total)	Prescription items dispensed (per head of population)	Average cost per prescription item dispensed					
				Gross Ingredient Cost	Net Ingredient Cost	Dispensing fees & allowances	Total Cost (Gross)	Charges paid by patients	Total (Net Cost)
				£ (per prescription item)					
	<i>number</i>	<i>thousands</i>	<i>number</i>						
NHS Scotland	1,255	103,410	19.1	10.98	10.54	2.07	12.61	0.00	12.63
NHS Borders	29	2,387	20.8	10.39	9.98	1.85	11.83	0.00	11.88

Figure 23: Scottish Borders / Scotland Minor Ailment Service Registrations; 2017. Source: ISD

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, by Locality, at September 2017.

MAS Registrations, Items and Gross Ingredient Cost by Contractor as at September 2017

Scottish Borders Totals	18,486	3,828	£9,232
--------------------------------	---------------	--------------	---------------

Locality	C/Code	Registrations	Items	Gross Cost
Berwickshire	8066	415	93	£219
	8062	378	50	£105
	8034	1,194	180	£426
	8051	1,051	218	£469
	8035	91	12	£32
			3,129	553

Locality	C/Code	Registrations	Items	Gross Cost
Cheviot	8009	665	86	£243
	8019	1,207	354	£847
	8055	613	122	£288
	8057	581	152	£383
			3,066	714

Locality	C/Code	Registrations	Items	Gross Cost
Teviot & Liddesdale	8007	543	87	£234
	8013	1,603	375	£873
	8039	500	82	£179
	8045	1,234	304	£840
	8068	660	204	£611
			4,540	1,052

Locality	C/Code	Registrations	Items	Gross Cost
Eildon	8064	194	26	£45
	8006	1,116	208	£437
	8020	191	37	£87
	8050	494	119	£244
	8052	144	11	£20
	8065	497	222	£603
	8056	296	56	£135
	8054	508	91	£264
	8005	417	72	£169
	8048	725	150	£348
	8067	425	73	£180
		5,007	1,065	£2,531

Locality	C/Code	Registrations	Items	Gross Cost
Tweeddale	8063	868	167	£311
	8008	681	121	£293
	8053	634	79	£169
	8059	561	77	£180
			2,744	444

Figure 24: Scottish Borders Minor Ailment Service Registrations; 2017.

Chronic Medication Service

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 medicine(s) which 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. Ongoing work is in place to ensure CMS is fully supported by pharmacies and GP practices.

Long Term Condition Management

Using the structured process within CMS, the service will be strengthened and enhanced in order to improve how it enables community pharmacists to provide personalised care for people with stable long term conditions. Based on national feedback, the name of the service is to be changed to one that reflects a more positive person-centred image.

“...community pharmacists will be enabled to play a greater role in managing people with long term conditions”

Achieving Excellence in Pharmaceutical Care

Medicine Review Service

NHS Borders has been locally funding a Medicine Review Service to allow pharmacists to focus on the consultation, medicine review, care planning and education. All 29 community pharmacies were trained to deliver medicine reviews and a total of 368 reviews were completed between April 2016 and January 2017. Evaluation of the reviews found that more than one pharmaceutical care issue was discussed with 77% of patients, disease monitoring was discussed with 43% and 17% were referred to their GP for a further review.

From a sample of 40 patient telephone questionnaires used to determine patient satisfaction with the medicine reviews, the consultation was rated as:

Consultations	Excellent	Good	Fair	Poor
40	88%	12%	0%	0%

Comments made by the patients included: “**She’s a marvel**” and “**A brilliant place and a brilliant service**”.



ACTION – NHS Borders

For 2018-19, NHS Borders will fund and support the Medicine Review Service in pharmacies that have consistently provided the service during 2016 and 2017.

Public Health Service



We will work at a national level to expand the public health role in community pharmacy

Achieving Excellence in Pharmaceutical Care

The Public Health Service (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 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:

- ✓ 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.
- ✓ 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.
- ✓ 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 Community Pharmacy Scotland. Between these campaigns generic display material is used by PHS providers.
- ✓ 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.

Smoking Cessation

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, or who would benefit from additional support, to the NHS Borders 'Quit 4 Good' service.

Provision of this service contributes towards the HEAT standard of 173 quits at 12 weeks, in the 40% most deprived geographic areas of NHS Borders.

The Scottish Government is aiming for a smoking prevalence among the adult population of 5% or lower by 2034. The table below shows the estimated number of smokers within Scotland and Health Board regions.

Number of estimated smokers^{1,2}

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Scotland	1 045 171	1 086 101	1 008 273	1 085 375	923 769	975 986	931 623
Ayrshire & Arran	76 680	76 983	77 333	73 662	74 004	68 538	68 538
Borders	18 763	18 826	18 926	18 596	21 528	16 042	16 042
Dumfries & Galloway	26 156	26 219	26 331	29 242	25 139	29 858	29 858
Fife	72 451	72 757	73 430	71 738	74 074	59 967	59 967
Forth Valley	59 972	60 364	60 997	53 121	53 298	57 177	57 177
Grampian	104 024	105 252	106 292	102 162	105 004	103 644	103 644
Greater Glasgow & Clyde	256 704	258 700	261 008	254 454	243 996	228 480	228 480
Highland	57 966	58 281	58 815	61 851	54 442	53 762	53 762
Lanarkshire	127 301	127 826	128 407	114 031	123 973	101 646	101 646
Lothian	149 310	151 059	153 151	159 941	135 058	132 170	132 170
Orkney	2 675	2 720	2 758	2 868	3 635	3 055	3 055
Shetland	2 752	2 787	2 815	3 592	3 620	3 746	3 746
Tayside	82 808	83 519	84 403	82 489	76 762	76 074	76 074
Western Isles	7 602	7 688	7 725	4 632	4 933	5 932	5 932

Figure 25: Number of estimated smokers. Source: Information Statistics Division, Publication Report: Smoking Cessation 2016

Each Health Board has a local delivery plan (LDP) related to three month quit rates through smoking cessation services. The table below shows that NHS Borders 12-week quit rates have increased from 20.1% (2014) to 28.5% (2017).

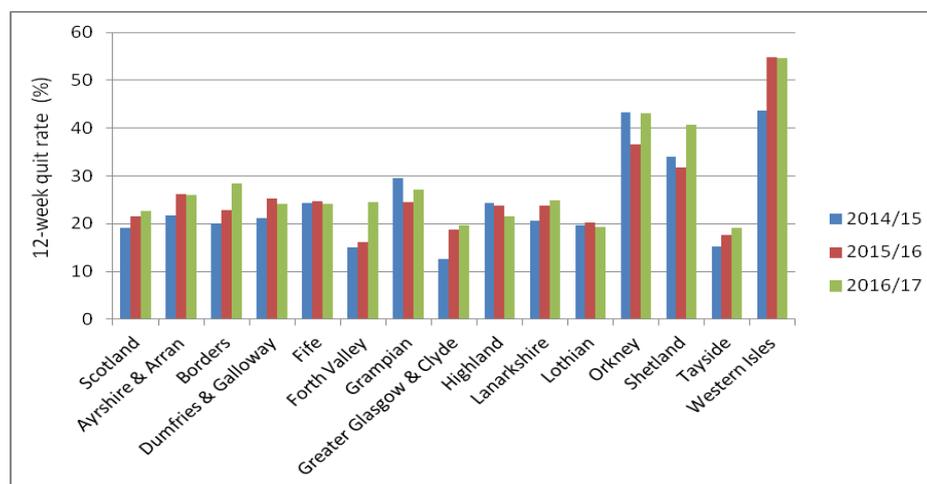


Figure 26: 12-week quit rates (Scotland and Health Board of Treatment) Financial Years 2014/15-2016/17

Source: Information Statistics Division, Publication Report: Smoking Cessation 2016

Considerable variation exists among the fourteen NHS Boards in 2014/15. Eight of the fourteen Scottish health boards have shown an increase in the number of dispensed items per 1,000 population from 2008/09 to 2014/15. NHS Dumfries and Galloway, Fife, Forth Valley, Greater Glasgow and Clyde, Orkney and the Western Isles all showed a decrease in items per 1,000 population per day and NHS Lothian had the same rate of items in 2008/09 compared to 2014/15. NHS Borders showed the highest proportional increase (63.9%) in items per 1,000 population and NHS Lothian the lowest (0.0%). The overall percentage increase in the number of dispensed items per 1,000 population for NHS Scotland was 10.6%.

Sexual Health Service – Emergency Hormonal Contraception

Community 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 aims and objectives are:

- 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 graph below shows the level of service provision for EHC:

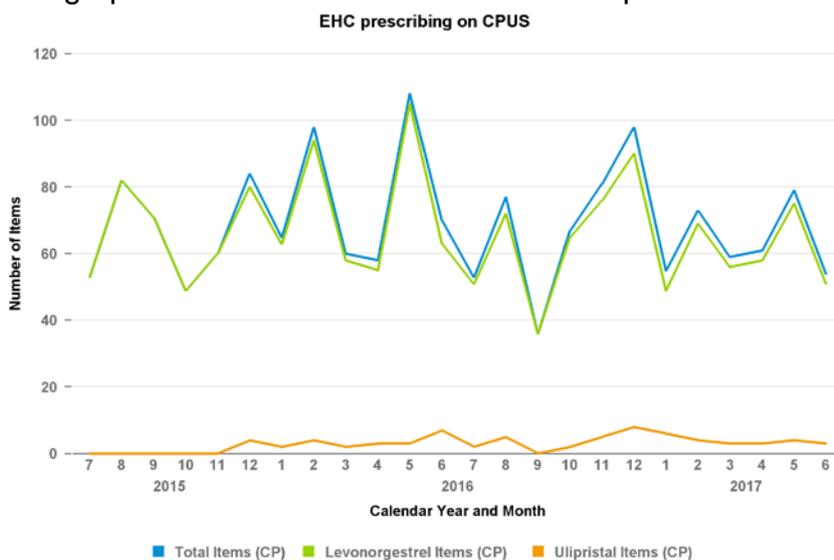


Figure 27: Emergency Hormonal Contraception prescribing on CPUS – July 2015-June 2017

It can be seen that levonorgestrel is being prescribed in the majority of cases. Ulipristal guidance is being developed to support the supply of ulipristal in line with recent recommendations from the Faculty of Sexual and Reproductive Healthcare.

National training is currently being developed to refresh guidance on supply but also consider the introduction of bridging contraception.



ACTION – NHS Borders

NHS Borders will support delivery of the revised emergency contraception service.

Pharmacy First Service

“People tend to default to going to their GP for advice about medicines and are not fully aware of the expertise and services offered by their community pharmacist.”

Achieving Excellence in Pharmaceutical Care

PHARMACY FIRST NHS SCOTLAND

Need healthcare advice without an appointment?
Go to your Pharmacy First

Pharmacy First allows patients to access FREE advice and / or treatment for uncomplicated Urinary Tract Infections to women and Impetigo. Your pharmacist will ask you about your symptoms in order to give you the right advice. You should be aware there are some exclusions which can prevent your pharmacist from treating you and you may need to be referred to your GP.

Urinary Tract Infection

Are you a woman aged between 16 and 65 with any of the following:

- Burning or stinging sensation on passing urine?
- Need to pass urine frequently?
- Need to pass urine urgently?

Impetigo

Do you have any of the following:

- Minor skin infection on one area of the body?
- Red sores that pop easily and leave a yellow crust?
- Fluid-filled blisters?
- Itchy rash?

NHS Borders, in line with all health boards in Scotland, launched the Pharmacy First Service in November 2017 to allow patients access to treatment for uncomplicated Urinary Tract Infections and Impetigo from a community pharmacy. This will build on the previous service, which started in December 2015, offering treatment for uncomplicated urinary tract infections.

Community pharmacists will carry out a consultation in the pharmacy with the patient and provide advice and treatment if required under locally agreed patient group directions (PGD's). The service will be available both within GP opening hours and out of hours.

ACTION – NHS Borders



NHS Borders will work to develop Pharmacy First further. One option may be to increase access for patients with COPD to medication related advice and patient centred medicine review through community pharmacies and to provide rescue antibiotics and steroids to patients with hand held COPD record cards.

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.
- 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.

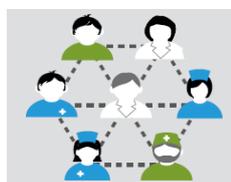
Recent changes to the urgent provision of medicines will utilise community pharmacy more effectively and ease the workload on GPs.



ACTION – NHS Borders

NHS Borders will support pharmacists in the delivery of unscheduled care.

GP Practice-Based Pharmacy



Commitment 2: Integrating pharmacists with advanced clinical skills and pharmacy technicians in GP practices to improve pharmaceutical care and contribute to the multi-disciplinary team. Integrating pharmacists with advanced clinical skills and pharmacy technicians in GP practices to improve pharmaceutical care and contribute to the multidisciplinary team.

Prescribing Support Pharmacists in GP Practices

NHS Borders have a long established Prescribing Support Team operating within GP practices. There are now 5 Independent Prescriber qualified Pharmacists with another 1 in the training pipeline. Where practical a named Pharmacist and Technician is allocated for each GP practice with time allocated on the basis of practice list size and the needs of projects running at the time.

The Prescribing Support Team retain a focus on Board-led prescribing efficiency projects and will begin to work towards the full extent of professional licence where the team will be able provide a Practice-led Pharmacy service incorporating Realistic Medicine philosophies.

A fully phased project has been planned and is currently in the first phase.

Some examples of the specific project gains are:-

- ✓ On-going monitoring and adjustments to optimise medication and help people take the correct medication at the correct time.
- ✓ Multidisciplinary team (GP, Pharmacist, Care Home Manager, Older Adults Psych Liaison Nurse) review of 18 bed Care Home. As a result of Pharmacy involvement:-
 - 14 medicines stopped – Realistic Medicine
 - Medication doses reduced, changed and optimised as appropriate for patients
- ✓ Respiratory review project: to ensure patients are not being prescribed High Dose Inhaled Corticosteroids (ICS) unless absolutely necessary for patient. All

patients are being reviewed by Pharmacists in practices. So far annual savings for the Board due to reductions are approximately £8,000 with the added benefits of reduced side-effects for patients.

“After a discussion with a patient about stepping down her steroid inhalers, I asked if they had any questions. The patient told me about an unrelated condition that they had been too embarrassed to tell their GP about. I was able to reassure the patient that doctors are used to dealing with these things and also arrange for the female duty doctor to have a phone consultation with the patient. As a result the patient received a prescription for the treatment needed.”

Feedback from NHS Borders Prescribing Support Pharmacist; 2017

Independent Prescribers in Community Pharmacies

NHS Borders currently has 4 Community Pharmacists with Independent Prescriber (IP) qualifications. The qualification leads to an enhanced level of service and medicines supply. 3 prescribers are actively practising:-

- Stoma and Respiratory in Duns
- Sexual Health in Boots, Galashiels
- Hypertension Clinic in Stow/Lauder

There are also a two members of the Primary Care team doing occasional locums who are IP qualified – this brings extra oversight and governance knowledge.

The Independent Prescribers provide a monthly report detailing the number of patients seen, the number and detail of changes made and any cost savings that apply to those changes.

Examples include: supporting patients through dose reductions; changing inhaler products/technique; reviewing blood results and giving lifestyle advice; referring to GP when reassessment of medication is required; skin care and product advice for stoma patients.

“I have worked as an independent prescriber one afternoon a week in a GP surgery for the past six years. In a standard 20 minute appointment slot, my focus is hypertension and managing elevated cholesterol firstly through lifestyle changes and then with medication. My role extended to polypharmacy reviews about two years ago. This was initially a steep learning curve but increased my confidence to manage a wider range of issues. Now I can see a patient who is due an annual review and spend time with them, picking through issues, time that a GP often does not have. For this type of appointment I set aside 40 minutes so there is no feeling of being rushed. The patient is happy for the chance to discuss issues and learn more about their medications and I feel satisfied that I have made a difference.”

Independent Prescriber, NHS Borders

Closer Partnership Working

The Scottish Government provided funding for closer partnership working between local community pharmacies and local GP practices within the community pharmacy funding settlement for 2016-2017.

“We are keen to ensure pharmacists working across all settings, including, community pharmacy, are drawn into work with GP practices in order to build and maintain capacity and to make the best use of pharmacists with advanced clinical skills.”

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Through this NHS Borders promoted and supported a number of initiatives including use of shared mailboxes, work shadowing and attendance at GP practice meetings.

“After a few meetings, collaboration between the GP Practice and Pharmacy has significantly improved. We have started a work exchange programme which is giving us a better understanding of how work is carried out making it easier for both health professionals.”

Community Pharmacist, NHS Borders

Hospital Pharmacy



Commitment 3: Creating the conditions to transform hospital pharmacy services to deliver world leading pharmaceutical care.

Hospital Discharge

In 2015 a discharge liaison role was created led by a pharmacy technician. The purpose of the role is to identify people with complex medication needs who may have difficulty administering their medicines at home.

The technician works with the patient and/or their carers to help them manage their medicines and liaises with the Community Pharmacy and GPs.

✓ 2017/18 Opportunities → Successfully Implemented

✓ Discharge Technician working with Community Pharmacy to support a more integrated approach to the discharge process; improving continuity of patient care from the hospital environment back into the community.

Health & Social Care Integration

A one year project was started in December 2017 to look at the needs of the Health & Social Care Partnership pharmaceutical care. A project manager and pharmacy technician will work with the matching panel to review people needing care packages which include support for medicines administration.

The aim is to support safer use of medicines in the community.

Safer Use of Medicines



Commitment 4: Providing the focus, resources and tools to support the safer use of medicines.

National Programmes

“We will make quality improvement an integral element of community pharmacy funding arrangements in a similar way to GPs and introduce a programme of continuous improvement”

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Funding was made available in the community pharmacy funding settlement 2016-2017 to support professional development in improvement methodology which was followed by all community pharmacy teams undertaking the safety climate survey within the Scottish Patient Safety Programme (SPSP).

All 29 (100%) community pharmacies in NHS Borders completed the safety climate survey. Nationally 82% of pharmacies had completed the survey by the date stipulated. NHS Borders asked each community pharmacy to share their experiences of this task so that we could share best practice within the region. Below is a snapshot of our findings.

Feedback from the SPSP safety climate survey

We agreed the area we need to work on the most is safety systems and learning. There is a degree of confusion as to what is a significant event, what is a safety incident and what needs recorded and where. We agreed to do more with near misses, improving the learning opportunities that they provide. As a team we are proud that the open communication we feel we have is evident in our results and our teamwork is also above average.

Overall we have found the survey a really good starting point for discussing where we are as a pharmacy team and we are keen to gauge progress throughout the year, not just when the next survey is due.

Community Pharmacy, NHS Borders

The Pharmaceutical Services arrangements for 2017-18 included a new SPSP structured intervention tool and supporting materials for pharmacists to deliver a NSAID patient safety service to patients. Patients are counselled when either being dispensed or purchasing an NSAID.

This programme ensures that the whole pharmacy team can deliver the intervention, maximising the number of patients reached and making a significant contribution to medicines safety.



ACTION – NHS Borders

NHS Borders will support pharmacists in the delivery of this national Scottish Patient Safety Programme.

Medicines Reconciliation

Following a successful pilot project, the Prescribing Support Pharmacy staff in NHS Borders will be processing hospital discharge letters and medicine reconciliation as well as training & supporting practice staff to complete Non-Clinical Medicine Reviews within GP Practices. This will free up GP time whilst maintaining accuracy and patient safety in the admission and discharge process.

Involving People and Supporting Meaningful Participation

“To be effective people need to be supported to understand their part in effective healthcare partnerships, to be informed and to be able to express preferences. We are committed to embedding these themes into pharmacy practice”

Achieving Excellence in Pharmaceutical Care

Research has shown that people are not fully aware of the expertise and services offered by their local community pharmacy. Health Improvement Scotland (HIS) produced a factsheet “Medicines in Scotland: what’s the right treatment for you”, which explains how healthcare professionals make prescribing decisions, how to find out more about medicines and what to do if side effects are experienced.

As part of a project, NHS Borders trained 8 community pharmacy technicians to use these factsheets to talk to patients about their medicines prior to the patient attending a medicine review by their pharmacist. A review of the project found that this patient-centred intervention was helpful to both the patient and pharmacy staff.

“In the future having a technician to support the service will be invaluable. I’m hoping in time the technician will know which patients I am comfortable reviewing so she can identify patients to review as well as talking to patients about the service and organising appointments.”

Community Pharmacist, NHS Borders

Community pharmacies were encouraged to support “What matters to you day” on 6 June 2017. This initiative aimed to encourage and support more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care. All community pharmacies were sent resources to display in their pharmacy.



“To have ‘What matters to you’ conversations, ideally time is required to be able to practice deep listening and to provide the participant the opportunity to talk. Quality and quantity of time is often not available to the community pharmacist however even small pockets of time can provide opportunities to have short but powerful conversations with their patients and customers”.

Community Pharmacist, NHS Borders



ACTION – NHS Borders

NHS Borders will support pharmacists in the delivery of “What matters to you” day in 2018.

Care Homes and Care at Home



Commitment 5: Improving the pharmaceutical care of residents in care homes and people being cared for in their own homes.

We need to ensure high quality pharmaceutical care is delivered to people in care homes and in their own homes, many of who have increasing dependency and multiple conditions.

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Concerns about the variation on the quality of pharmaceutical care in some care homes has been well documented and were highlighted in the Wilson and Barber Review of NHS Pharmaceutical Care in the Community in Scotland.

The report identified the need for high quality pharmaceutical care to meet the medication needs of the whole cohort of care home residents.

A recent review of the service level agreement for pharmaceutical services to care homes in NHS Borders has identified that a more robust contract is required to ensure delivery of high quality pharmaceutical care.

Medicine Compliance Aids/Medicines Administration Charts

It was acknowledged in last year's Pharmaceutical Care Services Plan that the current level of medicines compliance aids being issued by community pharmacies could become unworkable and alternative compliance initiatives were to be investigated.

The Integrated Care Fund is a project working jointly between Health & Social Care to look at needs and review:-

- Medicines Administration Charts (MAR) – a service to support home carer administration of medicines.
- Improved joint working within the multi-disciplinary team to ensure only those who need to be are issued with a medicines compliance aid and those who are capable are offered other alternatives to support them to continue to be independent.



ACTION – NHS Borders

The provision of services to care homes will be audited during 2018-2019 to ensure the delivery of high quality pharmaceutical care.

Remote and Rural Communities



Commitment 6: Enhancing access to pharmaceutical care in remote and rural communities.

Travel/Transport



In the 2017 Health & Social Care Partnership area profiles, 16.6% of Scottish Borders residents reported public transport as an accessibility issue.

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. 6.1% residents feel isolated.

Accessibility to Community Pharmacists may help some patients. Independent Prescribers are able to offer clinics for conditions that require regular reviews and advice.

For example, in Stow a Pharmacist Independent Prescriber is providing pharmaceutical care to the dispensing practice.

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.

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.

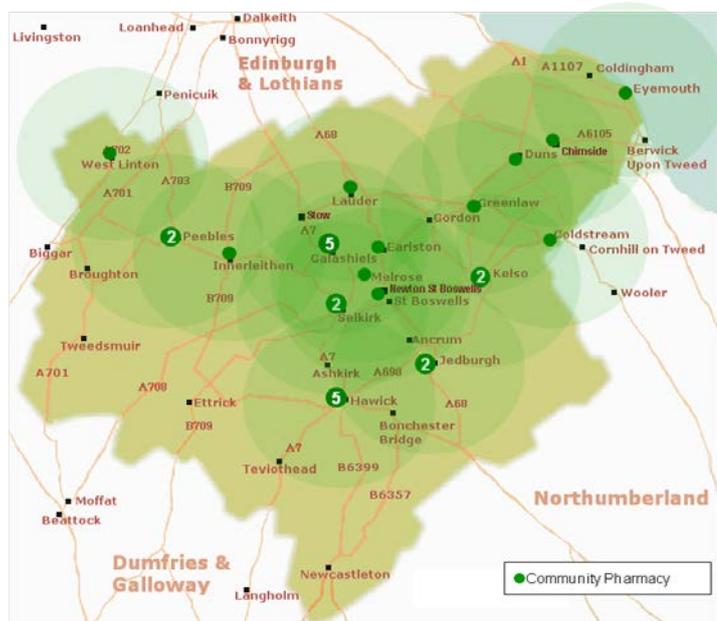


Figure 28: Access coverage using 20 minute isochrones
Single green circle = 1 Pharmacy; others indicated by numbers

Out of Hours / Unscheduled Care

Community pharmacy supporting out of hours services, particularly on Saturdays, is currently being discussed with Borders Emergency Care Service (BECS) and would enable access to more local services for rural and remote communities.



ACTION – NHS Borders

We will ensure that all new Pharmacy premises and refurbishments meet legislation on accessibility and confidentiality; and that they are enhancing accessibility for rural and remote patients.

Pharmacy Workforce



Commitment 7: Building the clinical capability and capacity of the pharmacy workforce.

Pharmacy - NES Education for Scotland

The Pharmacy Directorate of NHS Education for Scotland provides education for pre registration pharmacists, registered pharmacists and registered pharmacy technicians within NHS Scotland. NES Education for Scotland has been undergoing a process of digital transformation for the last two years, including the development of a digital platform, Turas, which will become a central place to access learning.

All NHS Borders Pharmacists – both hospital and community based have access to the NES portal and local training courses run regularly are open to all. Community Pharmacists can access online or local training to offer new services such as UTI and Medicines Reviews.

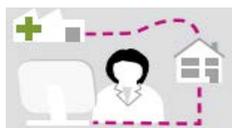
Independent Prescriber Training

There are currently 2 trained Community Pharmacy Independent Prescribers and a further 3 have signed up for the course over the coming year.

Technicians

In Secondary Care, there are 2 members of staff currently working through technician training, 2 other staff members have completed HNC and 1 will finish in May 2018.

Drug Information and Technologies



Commitment 8: Optimising the use of digital information, data and technologies for improved service delivery.

One pharmacy in NHS Borders has made use of robotic technology to support the dispensing process. However, due to the high acquisition cost and associated building works for the original purchase and subsequent upgrades, no other pharmacies are currently to our knowledge looking to install robotic technology.

Improving Planning and Delivery



Commitment 9: Improving the planning and delivery of pharmaceutical care.

Currently community pharmacists in Scotland do not have widespread access to electronic records unlike their counterparts in the rest of the UK. Restricted access to records, in particular, the Emergency Care Summary can delay patient access to care as pharmacists need to involve a 3rd party to obtain information either through NHS24 or via the Out of Hours service. This system can result in time being spent on administration rather than the provision of pharmaceutical care.

NHS Borders will continue to work with colleagues in NHS Scotland and the Royal Pharmaceutical Society in Scotland to ensure all registered health and social care professionals directly involved in patient care have appropriate read/write access to health records.

Borders Health and Social Care Partnership is currently reviewing the use of telehealth to improve the ability to deliver pharmaceutical care to patients despite the geographical challenges present in Borders.

The most effective use of telehealth involves two aspects: accessibility of medical records on a read/write basis and; video consultation with the patients. The two aspects are complementary; however, each strand alone could deliver significant improvements in healthcare. For example, telehealth in a community pharmacy linked to the out of hours services would enable patients who require referral to receive a telehealth consultation and potentially avoid a 2 hour round trip to see an out of hours clinician.



ACTION

Encourage and support pharmacists to complete the Independent Prescribing qualification and other training available. Continue to investigate the technology available to enhance practice.

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 November 2017 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 transported to Healthcare Environmental Group in Shotts and destroyed according to national guidelines.

In 2015/16 a campaign was run to highlight the amount spent in unwanted medicines and the destruction of that medication. This has not halted the rise of returned medicines. The cost to NHS Borders for incineration alone was approximately £50,000 in 2016/17. Added to this would be transportation and VAT. In the same year, the cost of returned medicines (taking an average value of medicines) amounted to over £200,000.

Pharmaceutical Waste in the Scottish Borders is steadily rising – as can be seen in Figure 26.

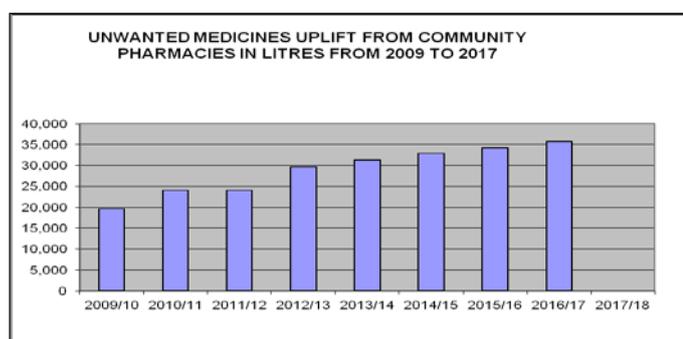


Figure 29: Scottish Borders Unwanted Medicines Pickup 2009 - 2017



ACTION

A follow up campaign is recommended for 2018/19 to reiterate the message to prescribers and patients – that reducing medicines waste could save NHS Borders in the region of £250,000 per annum.

Additional Locally Agreed Services

Additional Pharmaceutical Services are available in NHS Borders based on the local need for each specific service.

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			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		
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 – Newtown St. Boswells			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy – Peebles	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
Boots the Chemist – Peebles			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lindsay & Gilmour - Selkirk	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Right Medicine Pharmacy – Selkirk	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
West Linton Pharmacy – West Linton	✓			✓		✓	✓	✓	✓	✓	✓	✓	✓		

Figure 30: Community Pharmacy Additional Service Provision (updated December 2017)

Additional Services Provision

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.

Services offered from 29 Community Pharmacies (number of Pharmacies able to offer):-

- Advice to Care Homes (15)
- Blood Pressure Testing (7)
- Consulting/Quiet Area (28)
- Prescription Collection (29)
- Prescription Delivery (18)
- Compliance Support (29)
- Emergency Contraception (29)
- Gluten Free (29)
- Smoking Cessation (29)
- Stoma Services (29)
- Urinary Tract Infection (27)
- Medicines Review (23)
- Supervised Consumption (29)
- Needle Exchange (7)
- Supplementary Prescribing (3)

**✓ 2017/18 Opportunities
→ Successfully Implemented**

- ✓ Carers' Support
- ✓ Oral Contraception/PIL Follow-Up Service
- ✓ On-going Medicines Reviews
 - ✓ HIV transfer to community dispensing
- ✓ Urinary Tract Infection treatment available in Community Pharmacy
 - success leads to Impetigo treatment being made available
- ✓ Review of Gluten Free formulary

Supplementary & Independent Prescribing - Prescribing Support Pharmacists' in GP Practices – more detail on page 28.

Services in 2018/19 – Hepatitis C continues to be provided by Community Pharmacists where local patient registered; Pain Service which provided the basis for the Medicines Review service to include patients with chronic pain.

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 and Human Papilloma Virus.

Conclusion

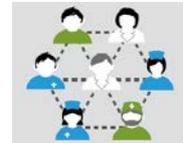
From the evidence gathered and outlined within this plan it is apparent that the current service provision is adequate for the populations immediate needs. No major gaps have been identified.

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 in the Scottish Borders.



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.

The GMS contract will provide additional opportunities and challenges for pharmacy to support pharmacotherapy and multi-disciplinary work.



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

Health & Social Care

Review the needs of carers and other support staff to help patient manage medicines safely at home through the Integrated Care Fund project.

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.

Contingency/Business Continuity Planning:

All NHS Borders community pharmacies have a contingency/continuity plan in place. These will 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.

Continuing to Support the Medicine Review Service:

The Medicine Review Service has an impact on monitoring and treating long term conditions; patient care and cost effectiveness. NHS Borders will continue to support the pharmacies offering this service and work with those at present unable to offer.

Reducing Pharmaceutical Waste:

It has been acknowledged that regular messages to prescribers and patients could reduce the amount of pharmaceutical waste within NHS Borders. This would have a financial saving for both the cost of drugs wasted and the transportation and incineration of waste. This will be a focus in 2018/19.

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.

The Integrated Care Fund project is working jointly between Health & Social Care to look at the needs and review the following:-

- Medicines Administration Charts (MAR) - A service to support home carer administration of medicines.
- 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.

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.

Work has begun nationally on a Scottish Single National Formulary and NHS Borders will work with the project team to take this forward.

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.

Services are being developed to focus on 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.

Medicine Reviews

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

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.

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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:

[Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland, Scottish Government Pharmacy and Medicines Division, published August 2017](#)

General Practice Pharmacy in NHS Borders - Keith Maclure, Lead Pharmacist

[Information Statistics Division, Scottish Heart Disease Statistics Year ending 31 March 2016; February 2017](#)

Medicines Reviews Publication - Scottish Pharmacy Review, October 2017 p 36
<http://scothealthcare.com/latest-issue/>

Medicine Utilisation and Planning (14th November 2017)

[NHS Borders Pharmaceutical Care Services Plan 2017-18](#)

[NHS Pharmaceutical Care in the Community in Scotland](#) – independent review by Dr Hamish Wilson and Professor Nick Barber.

[Prescribing & Medicines: Minor Ailments Service \(MAS\) Year Ending 31 March 2017; publication Date – 26 September 2017](#)

[Prescribing of Smoking Cessation Products in Scotland Financial Years 2005/06 – 2014/15; publication date – 13 October 2015](#)

[Scottish Borders Community Plan, published November 2017](#)

[Scottish Borders Health and Social Care Partnership - Facts and Statistics document September 2015](#)

[Scottish Borders Health and Social Care Partnership – Locality Plans 2017](#)

Scottish Borders Health and Social Care Partnership - Locality Profiling V1.4 (no link - background data to the Locality Plans)

Staff Share: Focus on Realistic Medicine, email September 2017

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.