

## Borders NHS Board



Meeting Date: 2 April 2020

<b>Approved by:</b>	Alison Wilson, Director of Pharmacy
<b>Author:</b>	Alison Wilson, Director of Pharmacy
<b>PHARMACEUTICAL CARE SERVICES PLAN 2020-21</b>	
<b>Purpose of Report:</b>	
<p>The purpose of the NHS Borders Pharmaceutical Care services Plan 2020/21 is 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.</p>	
<b>Recommendations:</b>	
<p>The Board is asked to <b>approve</b> the plan.</p>	
<b>Approval Pathways:</b>	
<p>This report has been updated and prepared by Alison Wilson, Director of Pharmacy; Adrian Mackenzie, Lead Pharmacist (Community Pharmacy); Kate Warner, PA to Director of Pharmacy; Keith Maclure, Lead Pharmacist and Dawn MacBrayne, Prescribing Support Pharmacist.</p> <p>The Plan has been reviewed and endorsed by Dr Cliff Sharp, Medical Director and at meetings of Area Pharmaceutical Committee; GP Sub-Committee; Clinical Executive Group; Public Partnership Forum; and Area Clinical Forum.</p>	
<b>Executive Summary:</b>	
<p>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.</p> <p>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.</p> <p>Recommendations and opportunities that may be considered as part of the continuous improvement and development programme are outlined in the Plan.</p>	

<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	Complies with the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 to amend the provisions for the control of entry application process regulations.
<b>Patient Safety/Clinical Impact</b>	N/A
<b>Staffing/Workforce</b>	N/A
<b>Finance/Resources</b>	N/A
<b>Risk Implications</b>	Please identify any risks – has a risk assessment been undertaken – is the risk captured on the risk register.
<b>Equality and Diversity</b>	Supports NHS Borders Equality & Diversity through ensuring equitable access to Pharmaceutical care.
<b>Consultation</b>	Area Pharmaceutical Committee; GP Sub-Committee; Clinical Executive Group; Public Partnership Forum; and Area Clinical Forum with final approval from NHS Borders Board.
<b>Glossary</b>	N/A

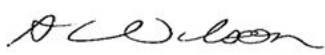


# Pharmaceutical Care Services Plan 2020/21

**Version:** 1.6  
**Issue Date:** March 2020  
**Status:** FINAL

*This document is copyright © 2019, NHS Borders and all rights reserved. No part of this document may be stored or reproduced in any form, conventional or electronic, without prior written consent from an authorised representative of NHS Borders. No part of this document may be disclosed for any reason to any third party without the prior written permission of an authorised representative of NHS Borders.*

*Printed documentation may become obsolete. Please check the electronic master to ensure that this is the current approved version of this document before using it for reference in the course of your work.*

Name	Job Title or Role	Signature	Date
Authored by:	<b>Alison Wilson</b> Director of Pharmacy		03/02/2020
<i>Completion of the following signature blocks signifies the approver has read, understands, and agrees with the content of this document.</i>			
Approved by:	<b>Dr Cliff Sharp</b> Medical Director		
Approved by:	NHS Borders Board		

## Document Details

Document Pathway		Signed Off
<b>Groups:</b>	Area Pharmaceutical Committee	28 <sup>th</sup> January 2020
	Clinical Executive Group	27 <sup>th</sup> February 2020
	GP Sub-Committee of the Borders Area Medical Committee	24 <sup>th</sup> February 2020
	Public Partnership Forum	20 <sup>th</sup> February 2020
	Area Clinical Forum	3 <sup>rd</sup> March 2020
	NHS Borders Board	2 <sup>nd</sup> April 2020
<b>File Location:</b>	\\nhsb.borders.scot.nhs.uk/sites\bgh\borders\Pharmacy\Community Pharmacy\Pharmaceutical Care Services Plan\NHS Borders Pharmaceutical Care Services Plan\2020-21	

## Document Change Log

Version	Author	Issue Date	Comment
1.0	Kate Warner	12/12/2019	Update to Plan for 20/21. Minor changes to text.
1.1	Adrian Mackenzie; Keith Maclure	21/01/2020	Updates to charts and figures
1.2	Alison Wilson	22/01/2020	Update to Conclusion and Recommendations
1.3	Kate Warner	22/01/2020	Final formatting
1.4	Dawn MacBrayne	03/02/2020	Update to Medicine Reviews section
1.5	Adrian Mackenzie	03/02/2020	Inclusion of Varenicline prescribing information
1.6	GP Sub Group	25/02/2020	Slight amendment to wording Pharmacists in GP Practices

## Table of Contents

Executive Summary .....	5
Introduction .....	5
Key Challenges.....	6
Background.....	7
The Scottish Borders.....	7
Population.....	8
Localities – Town Population.....	8
Health .....	9
Deprivation.....	10
Dementia .....	11
Diabetes.....	12
Heart Disease .....	13
Mental Health.....	14
Respiratory .....	15
Introduction to the Pharmaceutical Care Services Plan.....	16
Current Pharmaceutical Service Provision .....	17
Community Pharmacy.....	17
Dispensing Practices.....	17
Access to Pharmaceutical Care Services.....	18
Community Pharmacy Service Availability .....	18
Accessible Premises .....	19
Confidential Services .....	20
Community Pharmacy Contracts.....	21
Achieving Excellence in the Scottish Borders.....	21
Community Pharmacy.....	22
Pharmacy First (was Minor Ailment Service up to March 2020) .....	22
Medicines Care and Review service (was Chronic Medication Service) .....	22
Long Term Condition Management.....	22
Medicine Review Service .....	23
Public Health Service .....	24
Smoking Cessation .....	24
Sexual Health Service – Emergency Contraception .....	26
Unscheduled Care Supply (CPUS) .....	27
GP Practice-Based Pharmacy.....	28
Prescribing Support Pharmacists in GP Practices.....	28
Independent Prescribers in Community Pharmacies.....	29
Closer Partnership Working .....	29
Hospital Pharmacy.....	30
Hospital Discharge.....	30
Health & Social Care Integration .....	30
Safer Use of Medicines .....	30
National Programmes .....	30
Medicines Reconciliation.....	31
Involving People and Supporting Meaningful Participation .....	31
Care Homes and Care at Home.....	32
Medicine Compliance Aids/Medicines Administration Charts .....	33
Remote and Rural Communities .....	33
Travel/Transport.....	33
Accessible Locations.....	34
Out of Hours / Unscheduled Care .....	34
Pharmacy Workforce.....	34
Pharmacy - NES Education for Scotland.....	34

Independent Prescriber Training .....	35
Drug Information and Technologies .....	35
Improving Planning and Delivery.....	35
Additional National Services .....	36
Gluten Free Food (GFF).....	36
Stoma Service.....	36
Pharmaceutical Waste .....	36
Additional Locally Agreed Services .....	37
Additional Services Provision .....	38
Non Commissioned Services .....	39
Conclusion .....	40
Recommendations .....	41
Opportunities .....	42
APPENDIX-01 .....	44
APPENDIX-02 .....	45
APPENDIX-03 .....	46

# 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 communities, 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.
- 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

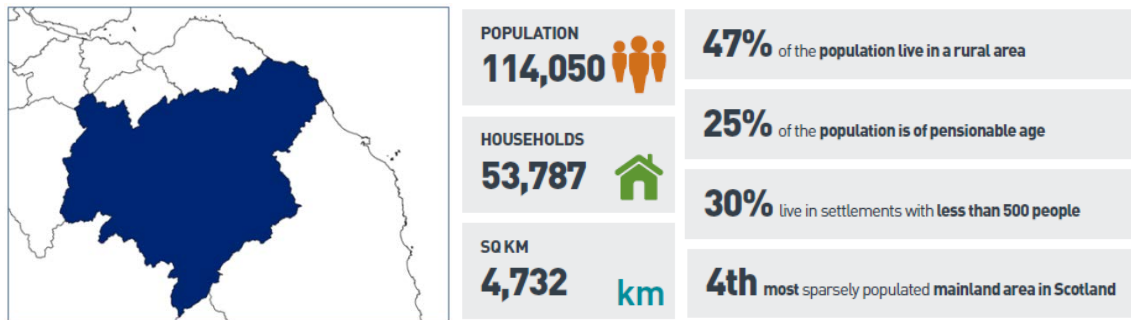


Figure 2: The Scottish Borders – Statistics

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 1<sup>st</sup> April 2016.

The Health & Social Care Locality Plan published in May 2018 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.



There are 5 main areas - known as Localities:-

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

Figure 3: The Scottish Borders – Localities Map

## 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
<b>Berwickshire</b>	Eyemouth	3,540	<b>Eildon</b>	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
<b>Cheviot</b>	Kelso	6,821	<b>Tweeddale</b>	Peebles	8,583
	Jedburgh	3,961		Innerleithen	3,064
	St Boswells	1,466		West Linton	1,561
	Yetholm	618		Cardrona	919
<b>Teviot &amp; Liddesdale</b>	Hawick	14,003		Walkerburn	711
	Newcastleton	757			
	Denholm	625		<b>Total pop +500 towns</b>	<b>82,067</b>

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.

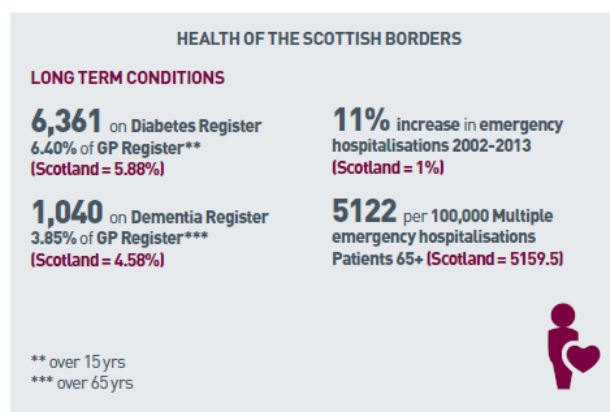
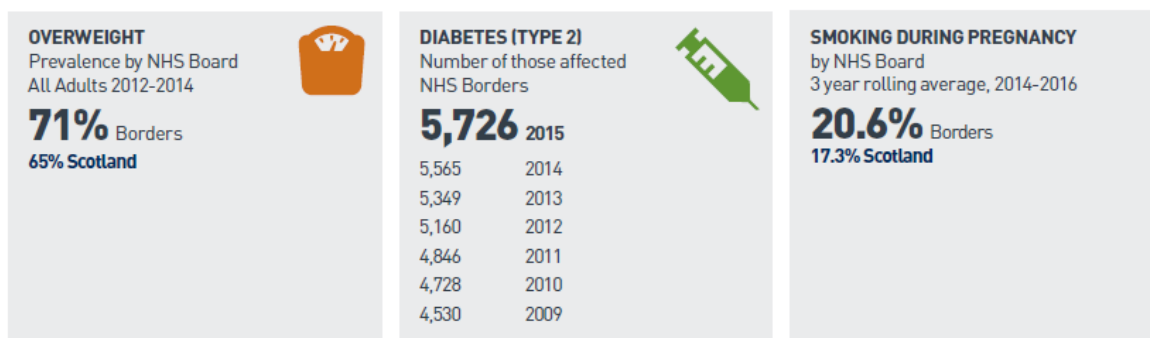


Figure 7: The Health of the Scottish Borders  
Source: Scottish Borders Strategic Assessment 2016 “Know Borders”

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.

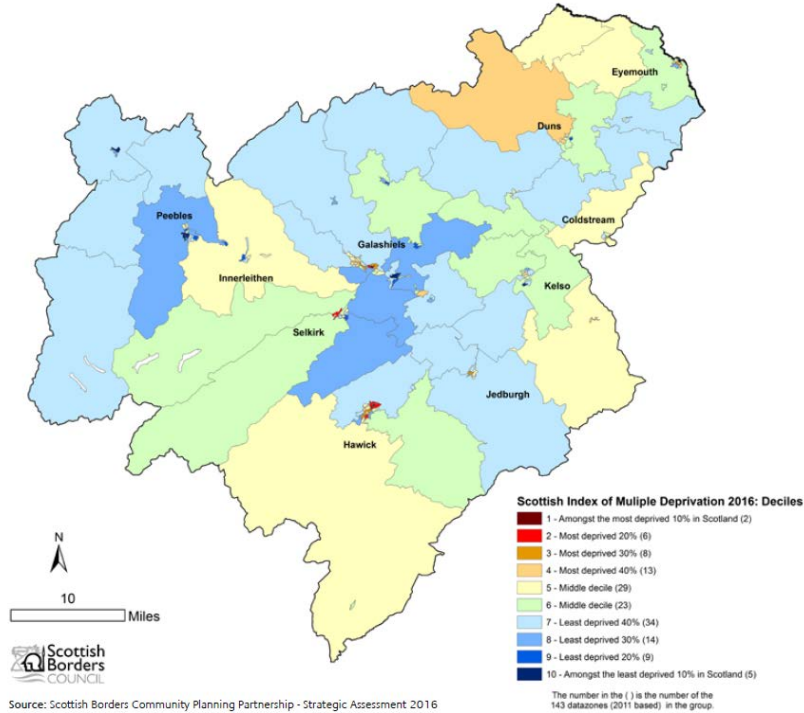


Figure 9: Scottish Index of Multiple Deprivation 2016 :Deciles

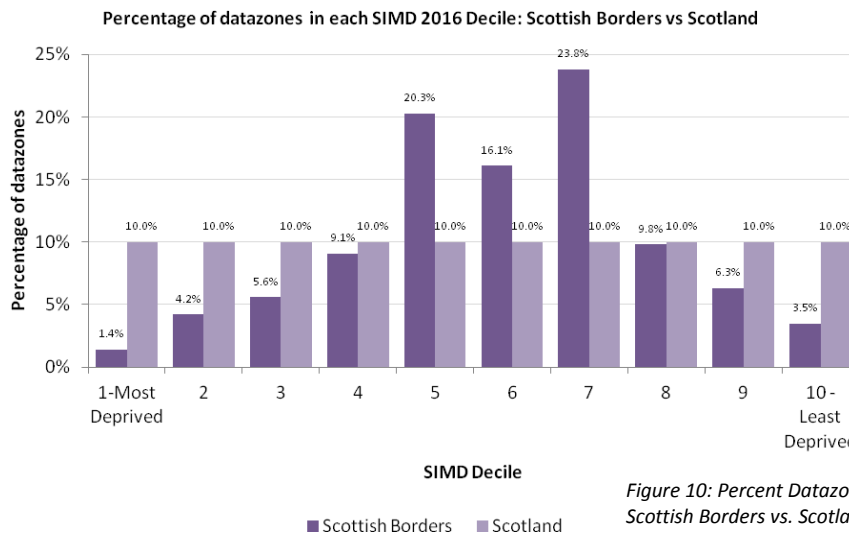


Figure 10: Percent Datazones by SIMD2016 Decile: Scottish Borders vs. Scotland

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.

## Dementia

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

At March 2017, the 23 GP practices in Scottish Borders recorded a total of 1,056 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 3.8% 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 and the number of patients receiving a drug used for dementia.

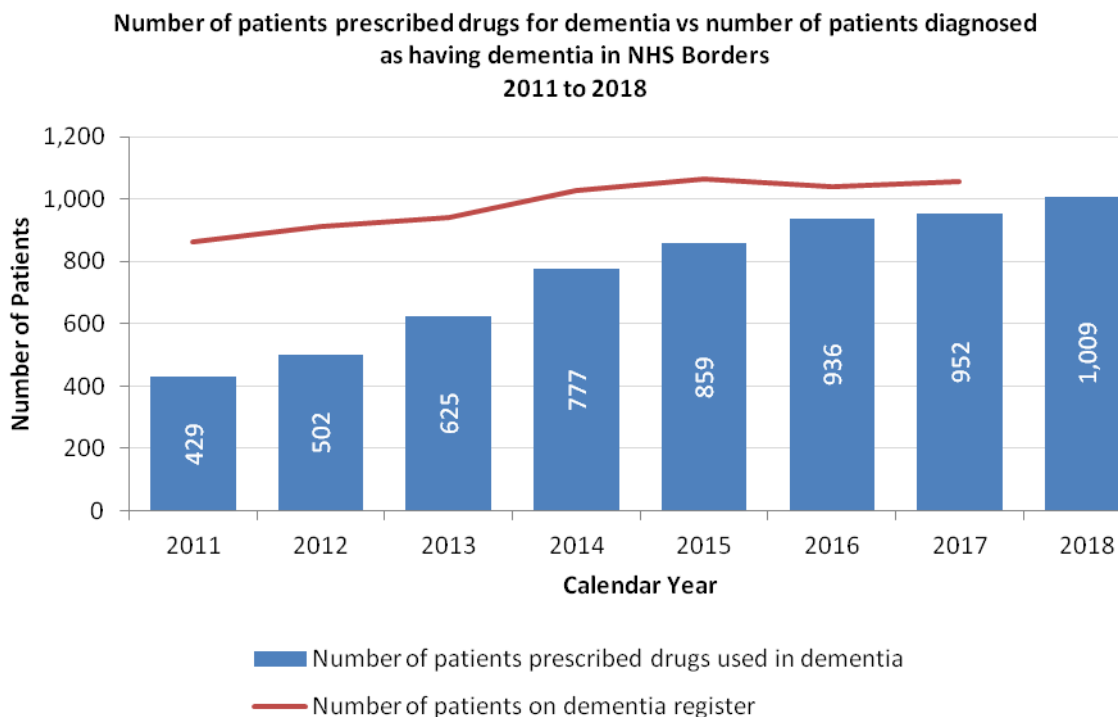


Figure 11: Diagnosed dementia cases in Scottish Borders and number of patients being treated.

## Diabetes

At the end of 2017, 6,822 people in Scottish Borders (6.0% 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 5.5%, 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 2010-2017 in Scottish Borders and Scotland.

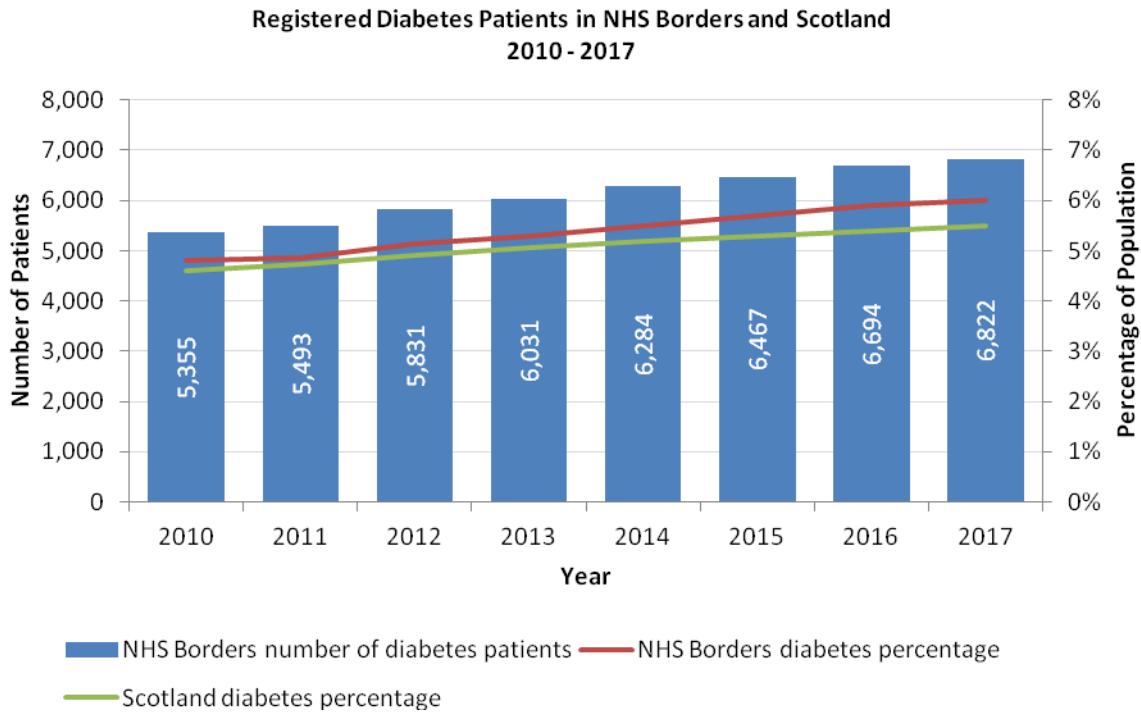


Figure 12: Crude prevalence of diabetes (all types) in the Scottish Borders and Scotland 2010-2017(all ages) Source: Scottish Diabetes Survey

## Heart Disease

The graph below shows that there has been a steady downward trend in deaths from coronary heart disease in NHS Borders over the last ten years. In Scotland, the mortality rate fell by 20.1% between 2008/09 and 2017/18. The reduction in NHS Borders over the same time period was 30.0%. However, coronary heart disease is still a leading cause of death and a national clinical priority for Scotland.

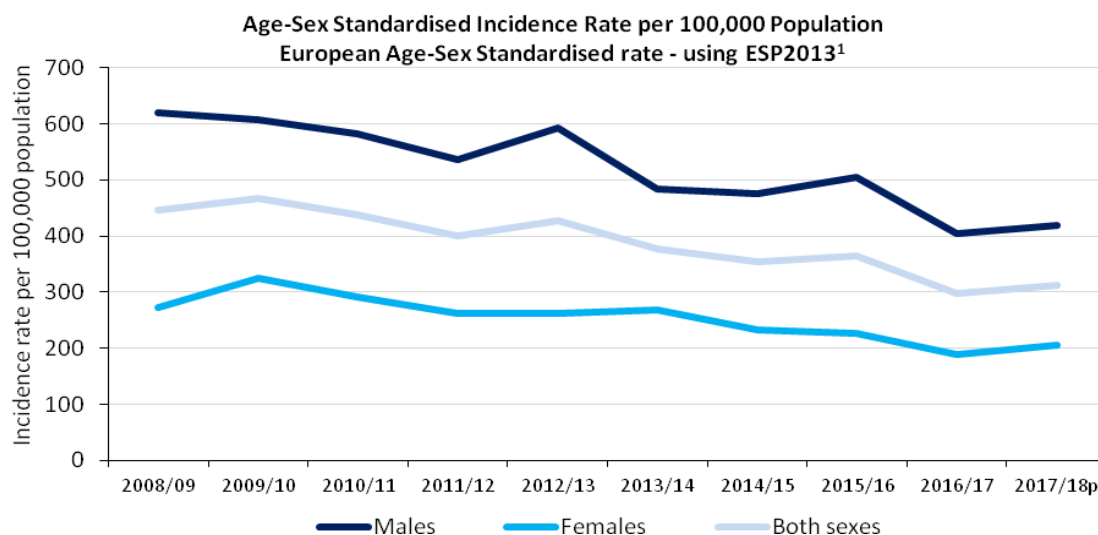


Figure 13: All Heart Disease, trends in mortality, 2008/09-2017/18 for NHS Borders. Numbers of deaths, with crude and age-sex standardised mortality rates (using ESP2013) by age, NHS board and year of death registration. Source: Information Services Division Publication Report, Scottish Heart Disease Statistics.

The incidence rate for coronary heart disease decreased over the past decade for both males and females. The rate for males has decreased by 32.4% between 2008/09 and 2017/18 while the rate for females fell 24.7% over the same period. Although the rate of decrease for females was less than that for males, 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 in Scotland. The percentage reduction in deaths in the most deprived quintile (29.5%) over the last ten years was smaller than that in the least deprived quintile (39.6%).

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 87.9% to 92.8% in Scotland.

The number of patients prescribed drugs used to treat diseases of the cardiovascular system increased by 10.7% in NHS Borders between 2009 and 2018. Despite this, the cost of prescriptions dispensed for these drugs has fallen by 4.7% over the same period to £3.4 million in 2018, reflecting falls in drug prices for these conditions.

## Mental Health

In the year ending December 2018, an estimated 24,409 people in NHS Borders (20.6% of the population) were prescribed drugs for anxiety, depression and/or psychoses. This rate was higher than that of the Scottish average of 19.3%. (Source: PIS, March 2019).

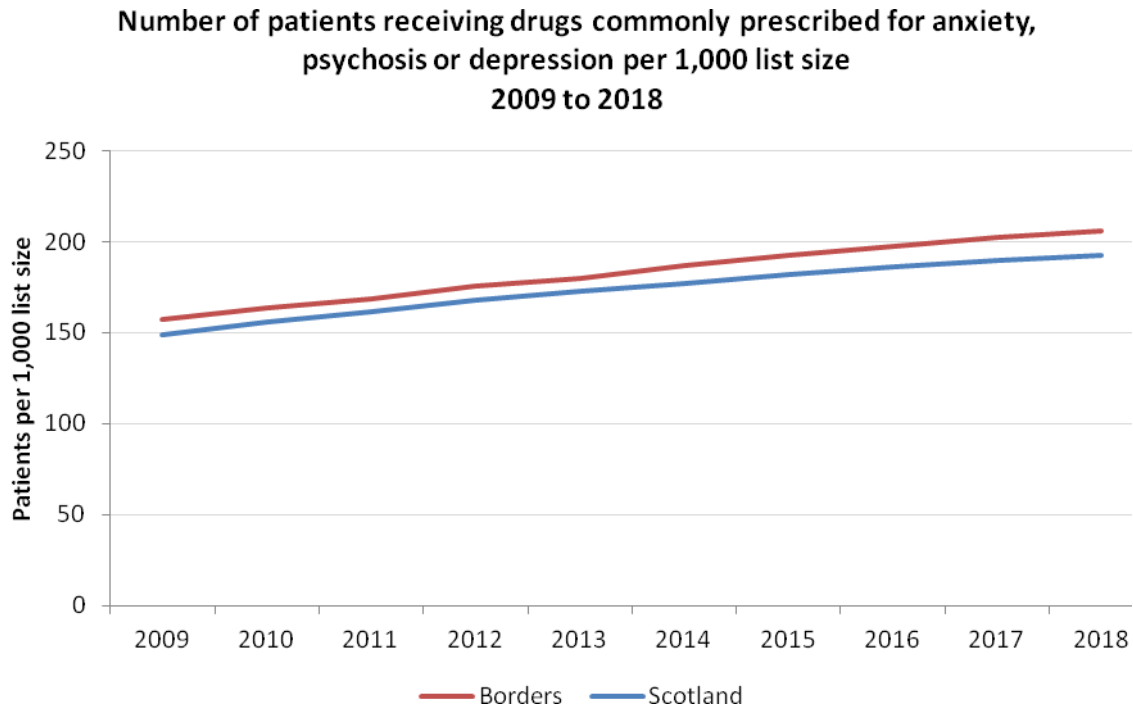


Figure 14: Number of patients receiving drugs commonly prescribed for anxiety, psychosis or depression per 1000 list size. Source: Information Services Division Prescribing Information System March 2019.

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 2018 “Medicines for Mental Health” publication (ISD Scotland, 2018) notes, in relation to mental health drugs, that “a significant number are used for reasons other than their licensed indication”.

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. Cheviot has the lowest rate (38), whereas Teviot and Liddesdale has the highest rate (109).

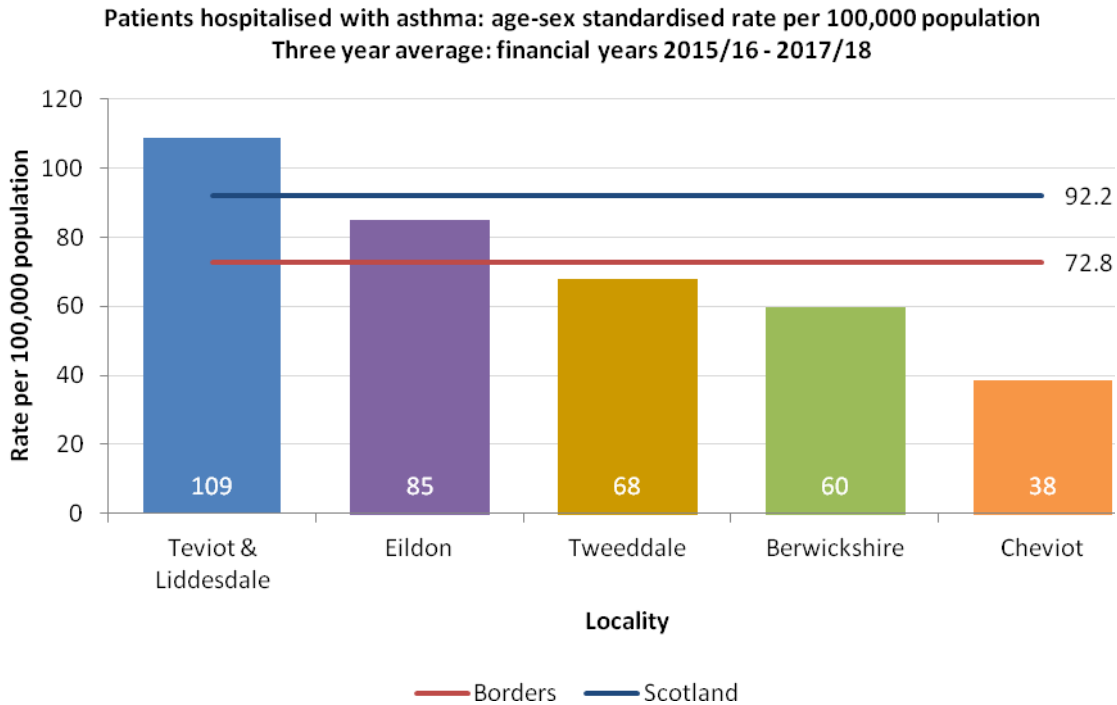


Figure 15: Patients hospitalised with asthma (2015/16-2017/18)

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.

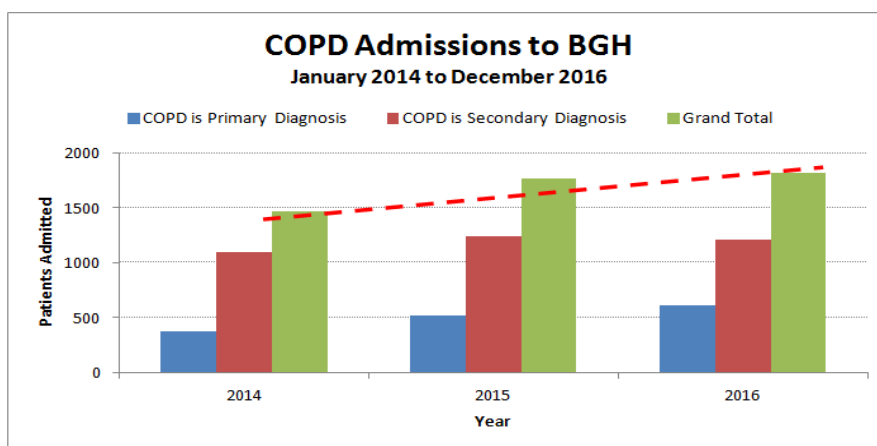


Figure 16: COPD Admissions to BGH

## 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.

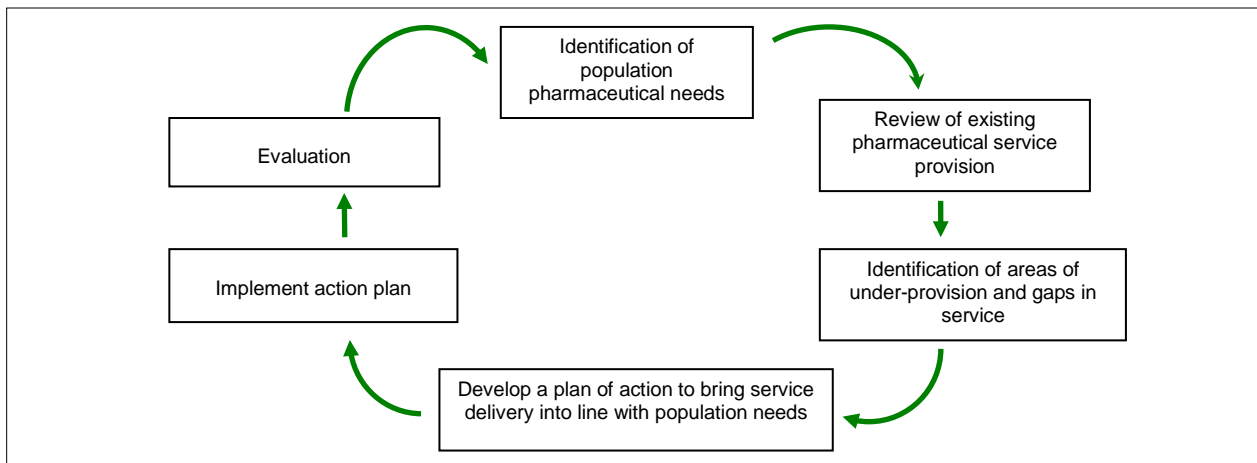


Figure 17: Source: Adapted from Scottish Needs Assessment programme (SNAP) – Needs assessment in primary care: a rough guide.

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.

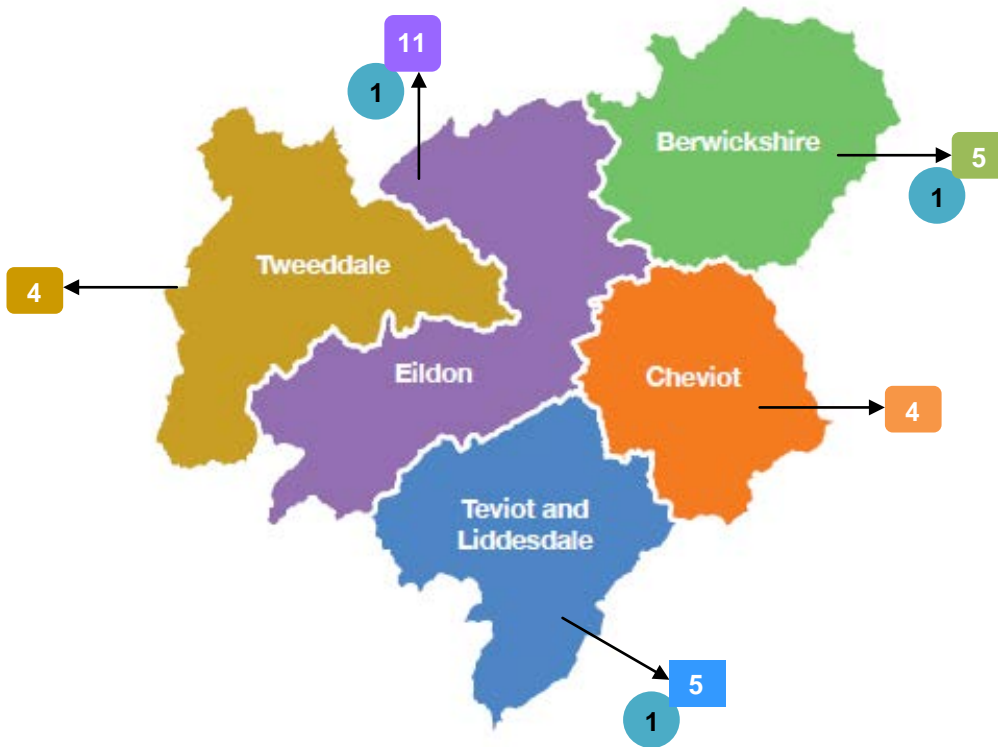


Figure 18: Locations of Scottish Borders Community Pharmacies and Dispensing Practices

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

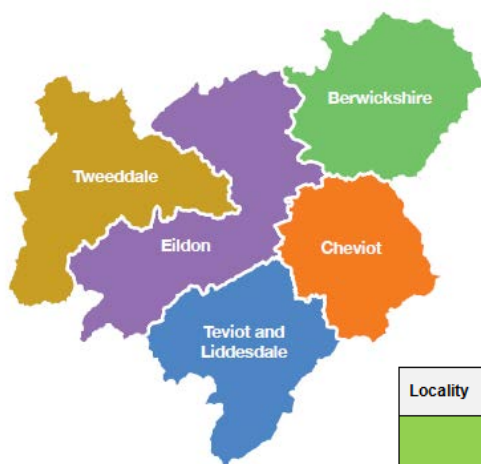
In addition to the community pharmacy network 3 GP practices (*shown as '1' on map*) hold dispensing doctor contracts (Stow, Newcastleton & Coldingham). These practices are contracted to dispense medicines for some or all of their patients. Dispensing doctors play an essential role in the dispensing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

Pharmaceutical care provision should complement and support dispensing doctors' services and their patients. The dispensing practices in Stow and Newcastleton are supported by pharmacist independent prescribers 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 provides 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	-
	Greenlaw	GLM Romanes Pharmacy	-	-
Cheviot	Kelso	Boots Pharmacy Lloyds Pharmacy	08:30-17:00 09:00-17:00	- -
	Jedburgh	Boots Pharmacy Jedburgh Pharmacy	09:00-16:00 09:00-13:00	- -
Eildon	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	-
Selkirk	Lindsay & Gilmour Pharmacy Right Medicine Pharmacy	09:00-17:00 09:00-13:00	- -	
Stow	Dispensing Practice	-	-	
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 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	-	✓	✓	✓	✓	✓	✓	✓	
Teviot & Liddesdale	Newtown St Boswells	Eildon Pharmacy	-	✓	-	✓	-	✓	✓	✓
		Selkirk	Lindsay & Gilmour Pharmacy Right Medicine Pharmacy	- -	✓ ✓	✓ -	✓ ✓	✓ ✓	✓ ✓	✓ ✓
		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 Premises Confidentiality/Privacy by Locality

There are currently on-going discussions in relation to the GP practice in Newtown St Boswells following the practice notifying NHS Borders of their intention to withdraw from owning its premises in the village. This may lead to changes in the services operated through the community pharmacy in Newtown St Boswells.

# Community Pharmacy Contracts

## Achieving Excellence in the Scottish Borders

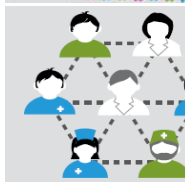
“Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland” sets out a vision for how pharmaceutical care will evolve in Scotland. There are nine commitments with complementary actions.

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.



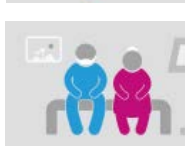
### **Commitment 3: Transformed Hospital Pharmacy Services**

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.

### **Pharmacy First (was Minor Ailment Service up to March 2020)**

All Patients who are registered with a Scottish GP or are resident in Scotland can access advice, treatment or a referral to another health care professional according to their needs from any Community Pharmacy. This service from April 2020 has been expanded beyond those who came under the previous prescription exemption classifications. This service now encompasses the uncomplicated Urinary Tract Infections and Impetigo services which previously operated as separate services.

The pharmacy first service will support the promotion of Community Pharmacies as the first port of call for Minor Ailments. At 31 October 2019, 17,603 patients were registered with the previous Minor Ailments Scheme which equates to approx 15.2% of the Borders population and is in line with the average for Scottish Healthboards.

### **Medicines Care and Review service (was Chronic Medication Service)**

The Medicines Care and Review service (MCR) aims to further develop the contribution of community pharmacists in the management of patients with long-term conditions. MCR 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.
- **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 MCR. 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 MCR is fully supported by pharmacies and GP practices.

### **Long Term Condition Management**

Using the structured process within MCR, 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 in the process of being changed from Chronic Medication Service to Medicines Care and Review which reflects a more positive person-centred image.



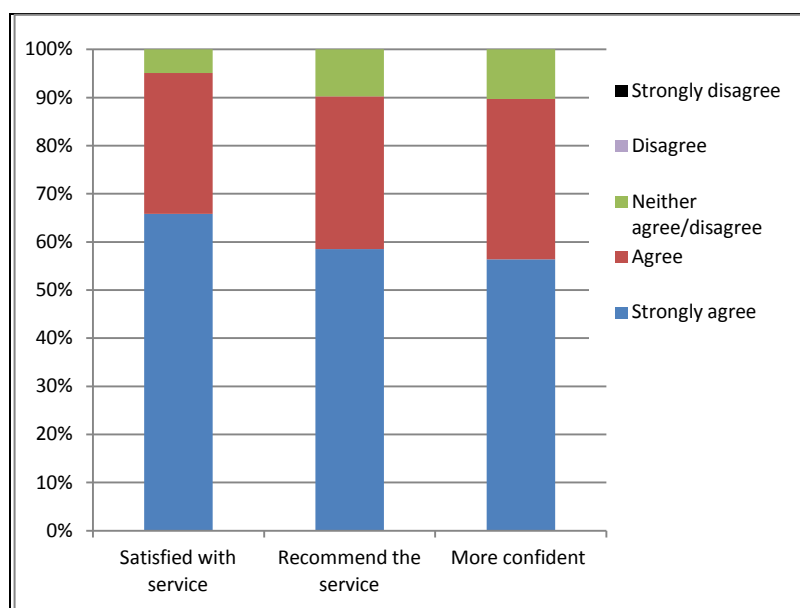
## Medicine Review Service

In 2019, the Medicine Review Service specification covered three priority groups – patients receiving 4 or more medicines at least one of which is: listed on the “sick day rules” card; a pain relief medicine; a respiratory inhaler.

- In the financial year 2018-19, a total of 171 medicine reviews were completed (compared to 218 in 2017-18).
- For financial year 2019-20, 80 reviews were conducted to September 2019 (compared to 58 in 2018-19); 9 of 29 Borders pharmacies had pharmacists who delivered one or more medicine reviews and £13,000 has been allocated for medicine reviews with just 18% allocation used in a six month period).
- The Prescribing Support Team has delivered training to 40 pharmacy staff in 9 Pharmacies focusing on inhaler technique.
- Liaison with the Team has resulted in 2 pharmacies providing successful medicine reviews for patients who have not attended their GP practice for their annual asthma review. The service continues to be reviewed and to receive positive feedback from patients.

## Evaluation of the Medicine Review Service

A medicine review service has been successfully delivered by community pharmacists in NHS Borders since 2016. Each year, it has been audited using a patient satisfaction questionnaire (PSQ) and the results for 2019 are presented below.



### Patient's comments:

“Well done, I have said the knowledge our pharmacist's have is grossly underused”

“It gave me reassurance and confidence about my treatment”

“I think more people will appreciate this service”

97% of patients strongly agreed or agreed that they were satisfied with the medicine review service; 90% strongly agreed or agreed that they would recommend the service to others and; 90% strongly agreed or agreed that they felt more confident about managing their condition.

## 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 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 your way' 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<sup>1,2</sup>**

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
<b>Scotland</b>	<b>1 045</b>	<b>1 086</b>	<b>1 008</b>	<b>1 085</b>	<b>923</b>	<b>975</b>	<b>931</b>
	<b>171</b>	<b>101</b>	<b>273</b>	<b>375</b>	<b>769</b>	<b>986</b>	<b>623</b>
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 22: 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 decreased from 2016/17 to 2018/19

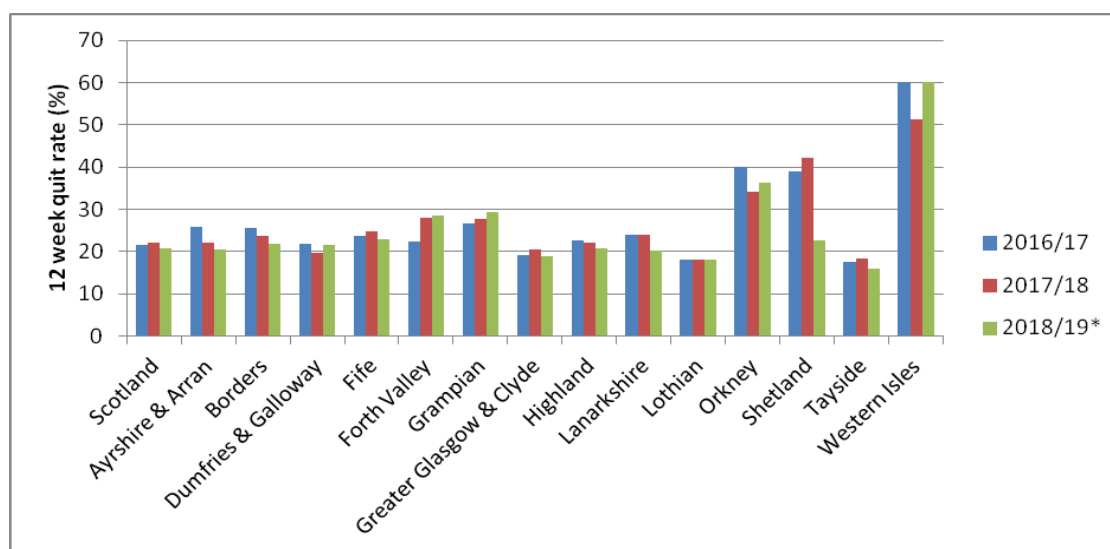


Figure 23: 12-week quit rates (Scotland and Health Board of Treatment) Financial Years 2016/17 to 2018/19

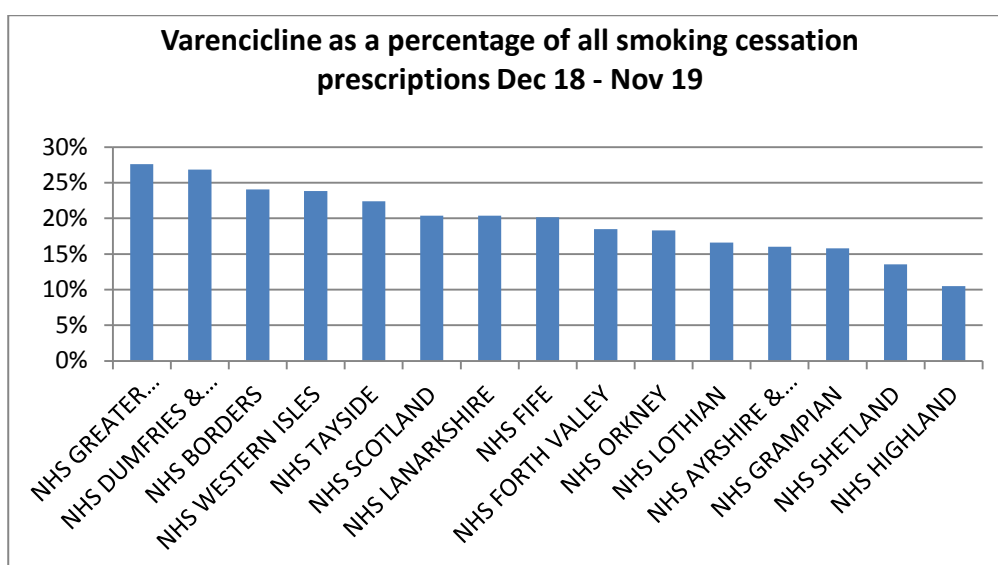
Source: Information Statistics Division, Publication Report: Smoking Cessation 2016

Over the period 2013/14 to 2017/18 all NHS Boards showed a decrease in the number of dispensed items per 1,000 population. The average for NHS Scotland was a decrease of 46% from 98.35 items per 1000 to 52.68. NHS Borders was in line with this decrease with a reduction of 47% from 66.70 items per 1000 to 35.35. This change is understood to be related to the use of electronic cigarettes as a method of reducing or stopping tobacco consumption.

## Varenicline

In conjunction with the smoking cessation lead, the community pharmacy team delivered a session on nicotine replacement therapy and the place of Varenicline in treatment. Evidence shows that patients who use Varenicline to help them stop smoking are far more successful than those that use nicotine containing smoking cessation products e.g. Patches, Gum or Vaping. Since 2010 the use of Varenicline in Borders has increased from 15% of prescriptions to 25%. The significance of this is that the numbers of patients who are attempting to quit as smoking rates decline, those that do want to quit have found it harder so require the most effective treatment to increase their levels of success.

We will continue to work with specialist smoking cessation colleagues to support community pharmacy teams to provide the most effective advice and treatment to patients who wish to stop smoking.



## Sexual Health Service – Emergency 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 EC 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.

## Oral Emergency Contraception

The graph below shows the level of service provision for Oral EC:

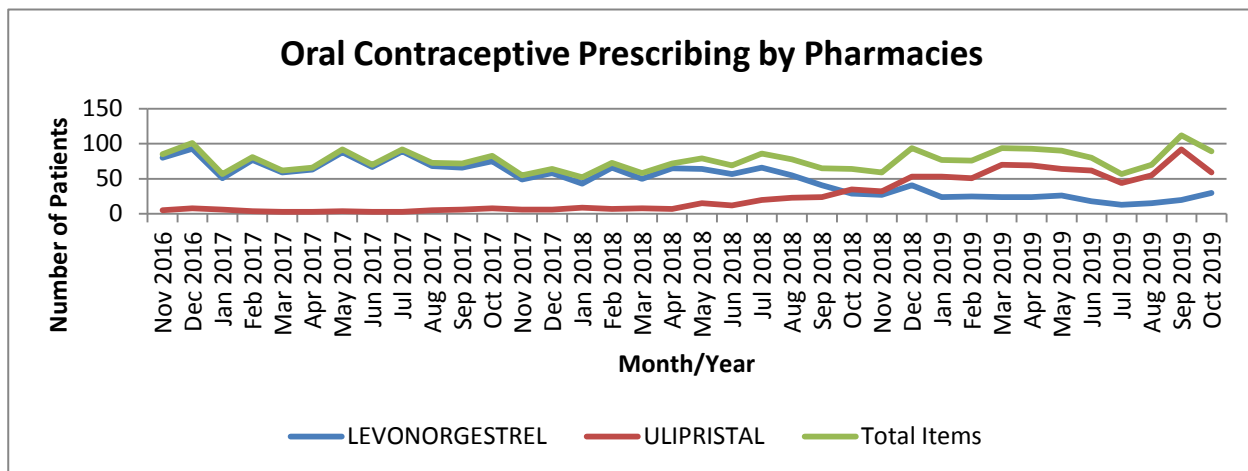


Figure 24: Emergency Hormonal Contraception prescribing on CPUS – Nov 15 – Oct 18

It can be seen that Levonorgestrel has been prescribed historically in the majority of cases. Guidance to support the use of Ulipristal in line with recommendations from the Faculty of Sexual and Reproductive Healthcare was produced in 2018 which is now the most prescribed form of oral emergency contraception. 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 continue to support delivery of the emergency contraception service.

## 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 who receive medication and are registered with a Scottish GP  
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.

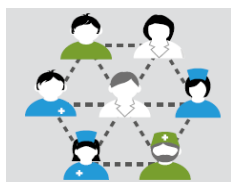
Recent changes to the urgent provision of medicines will utilise community pharmacy more effectively and ease the workload on GPs.



### ACTION – NHS Borders

**NHS Borders will continue to 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

The Pharmacy team within practices has increased over the last 3 years and are working towards achieving the desired outcomes of the GMS Contract pharmacotherapy level 1- 3, in particular taking over the work associated with repeat prescribing and discharge letters. The practice-led pharmacy service ensures that staff work to the top of their licence and incorporates the principles of Realistic Medicine.

Board-led prescribing efficiency projects are being limited to the prescribing support funded pharmacy hours until level 1-3 is in place.

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.
- ✓ Care Home and care at home medicine reviews.
- ✓ Respiratory review project: to ensure patients are not being prescribed High Dose Inhaled Corticosteroids (ICS) unless absolutely necessary. All patients receiving high dose ICS are being reviewed by Pharmacists in practices.

“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 3 Community Pharmacists with Independent Prescriber (IP) qualifications; and an additional 3 in training. The qualification leads to an enhanced level of service and medicines supply. 2 prescribers are actively practising:-

- Stoma review and Respiratory clinic in Duns
- Hypertension Clinic in Stow/Lauder

The Independent Prescribers provide a monthly report detailing the number of patients seen, the number and detail of changes made and any efficiency 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.”

Achieving Excellence in Pharmaceutical Care

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 Discharge Technicians work with patients and/or their carers to help them manage their medicines and works with Community Pharmacy and GPs 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 in relation to pharmaceutical care. A project manager and pharmacy technician supported social care teams to review people needing care packages which include support for medicines administration.

Since the end of the project this work has continued with an aim to support safer use of medicines in the community and care homes.

## 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”

*Achieving Excellence in Pharmaceutical Care*

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 all community pharmacies require them to undertake patient related safety interventions, for example in 2019 patients were counselled on how to avoid harm from their medicines when they were dispensed or had purchased anti-inflammatory medication e.g. Ibuprofen. The topic changes annually and is intended to embed good practice in patient care.

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 continue to support pharmacists in the delivery of this national Scottish Patient Safety Programme.

### Medicines Reconciliation

The Prescribing Support Team 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 and will form part of the Pharmacotherapy Service.

### 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

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 are encouraged to support “What matters to you days” This initiative aimed to encourage and supports patient centred 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 continue to support pharmacists in the delivery of “What matters to you” days.

## 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.

Achieving Excellence in Pharmaceutical Care

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. Updates to the service level agreement for pharmaceutical services to care homes in 2018/19 have improved outcomes to ensure delivery of high quality pharmaceutical care.

The provision of services to care homes was audited during 2018-19 to ensure the delivery of high quality pharmaceutical care and changes made to recording of outcomes and this continued to be a priority in 2019-20. In 2020-21 we will continue to look at how we can work with care homes to reduce medicine waste.

## Medicine Compliance Aids/Medicines Administration Charts

It was acknowledged in previous 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.

This work will continue as part of the pharmacotherapy service from 2019/20 to provide support to care homes and care at home.

## 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 and Newcastleton Pharmacist Independent Prescribers are providing pharmaceutical care to the dispensing practices.

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.

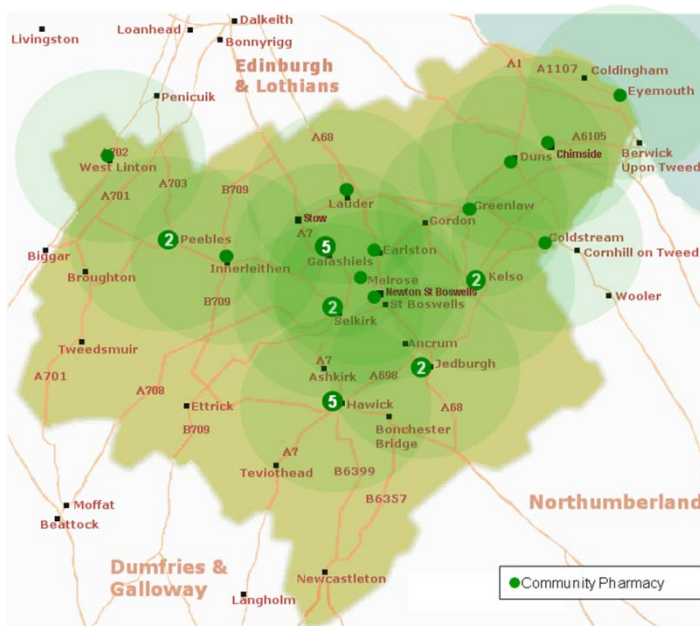


Figure 25: Access coverage using 20 minute isochrones  
Single green circle = 1 Pharmacy; others indicated by numbers

## 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 has 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 3 trained Community Pharmacy Independent Prescribers with an additional 3 working through training this year. There are 3 Independent Prescribers working in Hospital Pharmacy.

## Technicians

In Secondary Care, there are 3 members of staff who have completed an HNC.

## 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 3<sup>rd</sup> 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 continually review the GFF Formulary 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 whenever the clinical waste driver is in the town/location of Pharmacy to minimise repeat journeys, replacement containers are issued and the medicines included in clinical waste destruction. The method of collecting pharmaceutical waste changed in 2019 from regular quarterly to ad hoc/managed pickups; saving costs on man power and vehicle hire. Pharmaceutical Waste in the Scottish Borders is steadily rising – as can be seen in Figure 26. 2019-20 does not include the last quarter of the year.

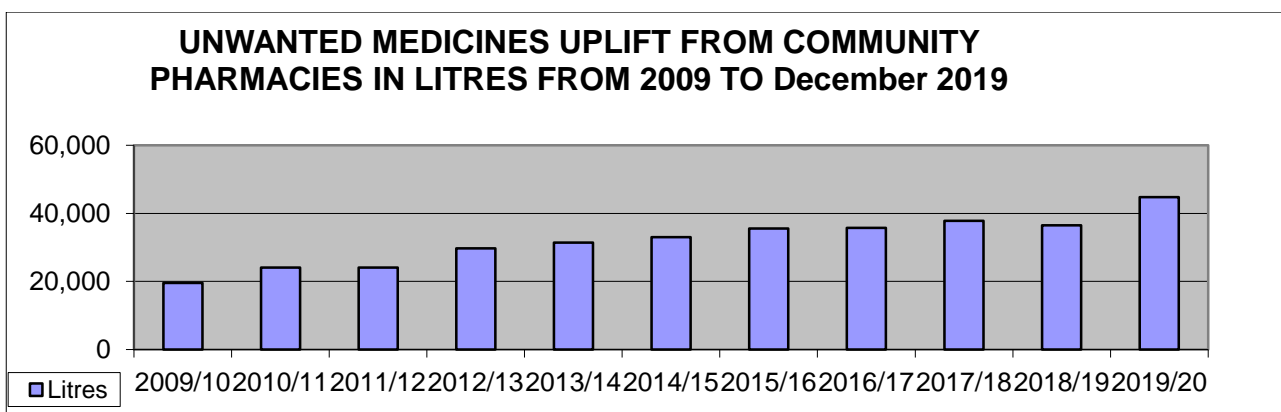


Figure 26: Community Pharmacy Unwanted Medicines Uplift



#### ACTION

An urgent patient awareness campaign is required to alert the public to this issue and to reduce medicine waste.

## 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	Impetigo	Medicines Review	Supervised Consumption	Needle Exchange	Supplementary / Independent 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 Ltd– Newtown St. Boswells			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy – Peebles	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
Boots the Chemist – Peebles				✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Lindsay & Gilmour - Selkirk	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Right Medicine Pharmacy – Selkirk			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
West Linton Pharmacy – West Linton	✓			✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		

Figure 27: 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 (29)
- Impetigo treatment (29)
- Medicines Review (23)
- Supervised Consumption (29)
- Needle Exchange (7)
- Independent Prescribing (2)

Supplementary & Independent Prescribing - Prescribing Support Pharmacists' in GP Practices – more detail on page 27.

Community Pharmacists continue to support treatment of Hepatitis C; patients are able to choose the best location for them.



## 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, Travel Vaccines and Human Papilloma Virus.

## Conclusion

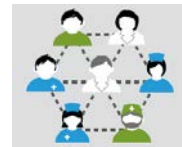
From the evidence gathered and outlined within this plan it is apparent that the current service provision is adequate for the populations immediate needs. No major gaps have been identified.

Changes to the pharmacy contract, and its associated care services, has provided the platform for community pharmacy services to develop significantly. This has enabled 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 will 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 highlights some potential risks and challenges in the short to medium term: such as recruitment and retention of staff. 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 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 patients manage medicines safely at home.

### 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 currently unable to offer it.

### 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.

## 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 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.

## APPENDIX-01

### List of Figures

Figure 1 Infograph source: Achieving Excellence in Pharmaceutical Care; 2017.....	5
Figure 2: The Scottish Borders – Statistics.....	7
Figure 3: The Scottish Borders – Localities Map.....	7
Figure 4: The Scottish Borders – Projected Population. Source: National Records of Scotland.....	8
Figure 5: The Scottish Borders – Town Populations within Localities .....	8
Figure 6: The Scottish Borders & Localities Life Expectancy compared to Scotland. Source: National Records of Scotland .....	9
Figure 7: The Health of the Scottish Borders .....	9
Figure 8: Community Plan Health, Care & Wellbeing .....	9
Figure 9: Scottish Index of Multiple Deprivation 2016 :Deciles.....	10
Figure 10: Percent Datazones by SIMD2016 Decile: Scottish Borders vs. Scotland .....	10
Figure 11: Diagnosed dementia cases in Scottish Borders and number of patients being treated.....	11
Figure 12: Crude prevalence of diabetes (all types) in the Scottish Borders and Scotland 2010-2017(all ages) Source: Scottish Diabetes Survey .....	12
Figure 13: All Heart Disease, trends in mortality, 2008/09-2017/18 for NHS Borders. Numbers of deaths, with crude and age-sex standardised mortality rates (using ESP2013) by age, NHS board and year of death registration. Source: Information Services Division Publication Report, Scottish Heart Disease Statistics. ....	13
Figure 14: Number of patients receiving drugs commonly prescribed for anxiety, psychosis or depression per 1000 list size. Source: Information Services Division Prescribing Information System March 2019. ....	14
Figure 15: Patients hospitalised with asthma (2015/16-2017/18) .....	15
Figure 16: COPD Admissions to BGH .....	15
Figure 17: Source: Adapted from Scottish Needs Assessment programme (SNAP) – Needs assessment in primary care: a rough guide. ....	16
Figure 18: Locations of Scottish Borders Community Pharmacies and Dispensing Practices.....	17
Figure 19: Community Pharmacies – Weekend Opening Times by Locality.....	18
Figure 20: Community Pharmacy Premises Accessibility by Locality.....	19
Figure 21: Community Pharmacy Premises Accessibility/Privacy by Locality.....	20
Figure 22: Number of estimated smokers. Source: Information Statistics Division, Publication Report: Smoking Cessation 2016.....	25
Figure 23: 12-week quit rates (Scotland and Health Board of Treatment) Financial Years 2016/17 to 2018/19 .....	25
Figure 24: Emergency Hormonal Contraception prescribing on CPUS – Nov 15 – Oct 18 .....	27
Figure 25: Access coverage using 20 minute isochrones.....	34
Single green circle = 1 Pharmacy; others indicated by numbers .....	34
Figure 26: Scottish Borders Unwanted Medicines Pickup 2009 - 2019 .....	36
Figure 27: Community Pharmacy Additional Service Provision (updated December 2017) .....	37

## APPENDIX-02

### 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

## APPENDIX-03

### 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.