



# NHS Borders Pharmaceutical Care Services Plan April 2021 – March 2024

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## Document Details

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## Document Pathway

Document Pathway – Groups:-	Approved on:
Area Pharmaceutical Committee	27 <sup>th</sup> April 2021
GP Sub-committee of Area Medical Committee	24 <sup>th</sup> May 2021
Covid Recovery Planning Group	7 <sup>th</sup> June 2021
Public Partnership Forum	17 <sup>th</sup> June 2021
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NHS Borders Board	24 <sup>th</sup> June 2021
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## Document Change Log

Version	Author/Contributor	Issue Date	Change
1.0	Alison Wilson; Dawn MacBrayne; Kate Warner	November 2020	Review content; update format, data sources and content.
1.1	Dawn MacBrayne; Adrian Mackenzie	December 2020	Updates to Community Pharmacy information/services
1.2	Keith Maclure	December 2020	Updates to GP based Pharmacy information/services
1.3	Lynne Amos; Adrian Mackenzie	December 2020	Care Home Services; CP/Vaccination Services
1.4	Cathryn Park/Kirsten Thomson	April 2021	Updates to Hospital Pharmacy Services
1.5	Alison Wilson	April 2021	Key Challenges / Conclusion / review all
1.6	Sonya Lam / Alison Wilson	June 2021	Suggestions from Board member including to align with SB H&SC Strategic Plan and NHS Borders organisational purpose
<b>2.0</b>			
2.0	Pharmacy Senior Management Team	January-February 2022	Updates to <a href="#">Action Plans 2021-2024</a>
2.0	Include Pharmacy Application Process at appendix 8	February 2022	
2.0	Minor updates and some suggestions from NHS Borders Board	February 2022	Coldingham closed; additional funding for WTE increase for care home pharmacy tech not received

# Executive Summary

## Introduction

NHS Borders provides health services to a population of approximately 115,500<sup>1</sup>. The local demographic profiles show that generally the population of the Scottish Borders is older than Scotland as a whole and is more rural<sup>2</sup>.

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

NHS Borders Pharmaceutical Care Services Plan combines the six commitments from The Scottish Government's 2017 vision and action plan "Achieving Excellence in Pharmaceutical Care" with our own local healthcare requirements, objectives and action plans over the coming years. The Plan takes into account the [NHS Borders Organisational Objectives 2020-2023](#) and [Scottish Borders Health & Social Care Partnership Strategic Plan 2018-2021](#). Please follow links to Appendices for more information.

Each chapter in the plan refers to the visions below, addressing the current and future plans for NHS Borders. The [Conclusion & Action Plans](#) outline how the commitments will be addressed across 2021-2024.

### **1. Improved and Increased Use of Community Pharmacy Services**

- *Minor Ailment Service* (now called NHS Pharmacy First Scotland)
- *Chronic Medication Service* (now called Medicines Care and Review Service)
- *Independent Prescribing & Advanced Clinical Skills* (now called Pharmacy First Plus)
- Public Health Service

### **2. Pharmacy Teams Integrated into GP Practices**

- GP Practice based Pharmacy

### **3. Transformed Hospital Pharmacy Services**

- Transformation requirements
- Discharge Process
- Quality improvement & performance measures
- Modern Outpatient Programme

### **4. Pharmaceutical Care that supports Safer Use of Medicines**

- Data Measurement & Monitoring
- Medicines Reconciliation
- Pharmacy Role Awareness
- Quality Improvement in Community Pharmacy

### **5. Improved Pharmaceutical Care at Home or in a Care Home**

- Improvement Approaches

### **6. Enhanced Access to Pharmaceutical Care in Remote and Rural Communities**

- Recruitment and Retention
- Availability of technology to support R&R

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<sup>1</sup> Population estimate from National Records of Scotland, updated April 2020

<sup>2</sup> Scottish Borders Strategic Assessment 2020

## Community Pharmacy – GP Practice-Based Pharmacy – Hospital Pharmacy

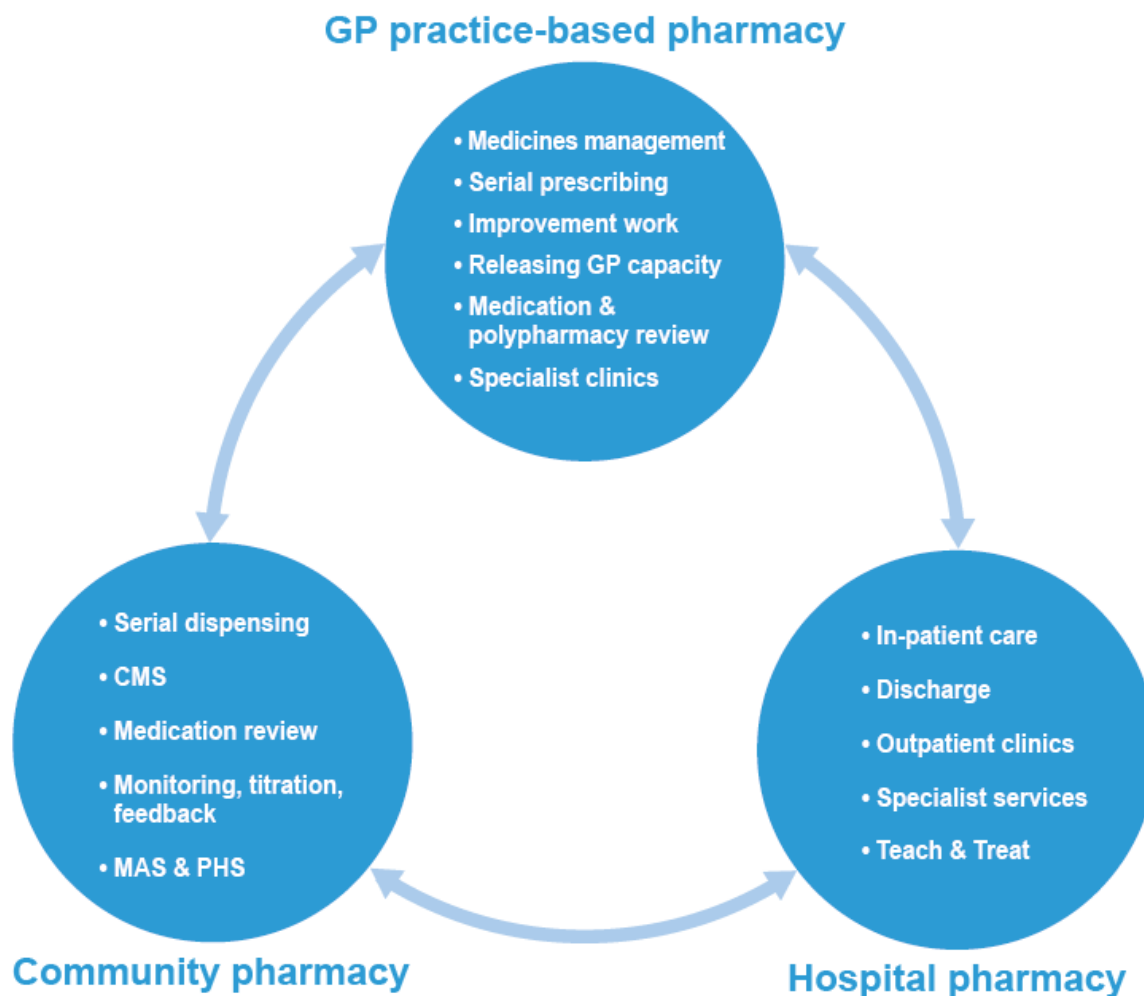


Figure 1 Integrated Pharmaceutical Care

**Together all of these services play an important part by:**

- Improving healthcare access for the public.
- Delivering safer use of medicines for patients.
- The right professional with the appropriate skill set delivering patient centred care.
- Making best use of a digitally enabled infrastructure.
- Improving medicine supply processes and enhancing delivery of pharmaceutical care.

## Key Challenges

### Previous Challenges Addressed

Each year, the Pharmaceutical Care Services Plan outlined challenges facing the Board. From the 2020/21 Plan, **the challenges have been addressed as follows:-**

<b>Development of clinical services within communities.</b>	COVID-19 and social distancing created many challenges. Pharmacy teams within community pharmacy and practices adapted their roles through use of Near Me for consultations; creating a hub model; remote logins to practices and using PPE. New services, such as NHS Pharmacy First Scotland, were introduced and the roll out of pharmacotherapy continued.
<b>Developing and progressing the closer partnership working between GP practice and community pharmacies.</b>	Although this slowed during the first lockdown, progress was made as outlined above.
<b>Delivery of patient safety programme.</b>	Medicines reconciliation measures are no longer required to be reported on nationally; awaiting update from the Scottish Patient Safety Programme. At BGH there has been a local focus on missed doses of medicines but impact of COVID-19 has limited progress.
<b>Delivery of services to care homes.</b>	Support was provided to care homes locally from the Lead Pharmacist and Care Homes Technician. Key areas of focus were end of life care and repurposing medicines to deal with urgent need in acutely unwell residents.
<b>Demand for support with medicines.</b>	Limited progress was made in this area due to the extreme pressure faced by community pharmacists during lockdown. Many community pharmacies had to change patient-facing opening times to enable them to source medicines and plan the day ahead.
<b>Supporting community pharmacists through the independent prescribing course and utilisation of those skills when attained.</b>	8 pharmacists are qualified as independent prescribers. Pads have been ordered for all 8 pharmacists under the Common Clinical Conditions code (now called NHS Pharmacy First Scotland). Data shows that 3 Pharmacists have been using these skills regularly up to March 2021 with others ready to start April 2021.



## Future Challenges facing NHS Borders

### Staff Recruitment, Retention and Training & Skills Gaps

- Recruitment and retention of staff to a rural health board and succession planning:-
  - Potential loss of aseptic services may make BGH pharmacy a less attractive place to work for junior pharmacists wanting to undertake core hospital training.
  - The need to shift the perception of pharmacy services from an operational to a clinical service with appropriate resource to embed this.
- Workforce and the increased demand for qualified pharmacists and pharmacy technicians largely created by the Primary Care Improvement Plan and the Pharmacotherapy service.
- Impact of an aging population on staff of working age to deliver care.
- Adequate resources to meet the education and training requirements of all staff.
- Changes to education and training of pharmacists and pharmacy technicians will require an investment in suitably trained staff.
- Emerging roles using the skills of pharmacist independent prescribers and ensuring gaps left behind are filled by suitably skilled and knowledgeable pharmacy technicians

### Impact on Services

- Meeting the needs of service users whilst redesigning the acute pharmacy service.
- Potential impact of loss of aseptic services and impact on pharmacy services and Borders Macmillan Centre.
- Impact of an aging population and increasing demand from pharmaceutical services.

### Pace of Digital Transformation

- Digitisation and automation to help increase the reach of pharmacy services in a rural area and improve sustainability.
- Digital transformation keeping pace with other acute pharmacy departments across Scotland.

## Background

### The Scottish Borders

The Scottish Borders has one Health and Social Care Partnership: Scottish Borders Council and NHS Borders, formed on 1st April 2016. The [Scottish Borders Strategic Assessment 2020](#) 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.

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**
- Tweedale**

[Locality populations outlined at APPENDIX-01](#)

Figure 2 - 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<sup>3</sup>. 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 pension-age people. 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%

<sup>3</sup> Source: National Records of Scotland

## Rural & Remote

The Scottish Borders covers around 1,827 square miles and is the 4<sup>th</sup> most rural area in Scotland with 30% of the population living in settlements of below 500 people<sup>4</sup>. The location of Community Pharmacies and the services provided by them is an important consideration in such a rural area.



Figure 3 Transport Links

In previous years, transport has played a key role in the access to all services in a rural location with 16% reporting issues with transport as a barrier to health. Post COVID-19, and with improvements in technology, fewer patients may travel to hospital as a centralised location. Issues for rural and remote patients must be addressed with different solutions.

This highlights the importance of access to pharmaceutical care through our Community Pharmacies and Dispensing Practices; as well as Prescribing Support services in GP practices.

## Health

A key source for understanding health, care and wellbeing is the Scottish Public Health Observatory ([ScotPHO profile](#)) website<sup>5</sup>.

- Male life expectancy in the Scottish Borders (78.6 years) is higher than Scotland's (77.1 years), although it can range from 73.5 years to 84.6 years.
- Female life expectancy in the Scottish Borders (82.6 years) is higher than Scotland (81.1 years), however it ranges from 78.8 years to 83.5 years.
- The proportion of adults that self-assess their general health as "Good or Very Good" had decreased in the Scottish Borders over the last few years.
- More people in the Scottish Borders report a limiting, long-term health condition (29%) compared to Scotland (24.6%).
- Scottish Borders consistently has a lower rate of all-cause mortality in 15-44 year olds compared to Scotland.

Patient numbers with long term conditions can also be an indicator of ill health and the requirements of the local patient population. Charts detailing this can be found at [APPENDIX-07](#).

<sup>4</sup> Source: Local Police Plan 2020-23 The Scottish Borders; Police Scotland

<sup>5</sup> [https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

## Deprivation

The Scottish Index of Multiple Deprivation (SIMD) looks at the extent to which an area is 'deprived' across seven domains: income, employment, education, health, access to services, crime and housing. Data zones in rural areas tend to cover a large land area and reflect a more mixed picture of people experiencing different levels of deprivation.

The SIMD2020 shows that 6% (9) of the 143 data zones in the Scottish Borders are part of the 20% most deprived of all of Scotland. A further 17% (24) of the data zones in the Scottish Borders are amongst the 2140 most deprived in Scotland.

The distribution of the 143 data zones in the Scottish Borders can be seen in the map<sup>6</sup> below.

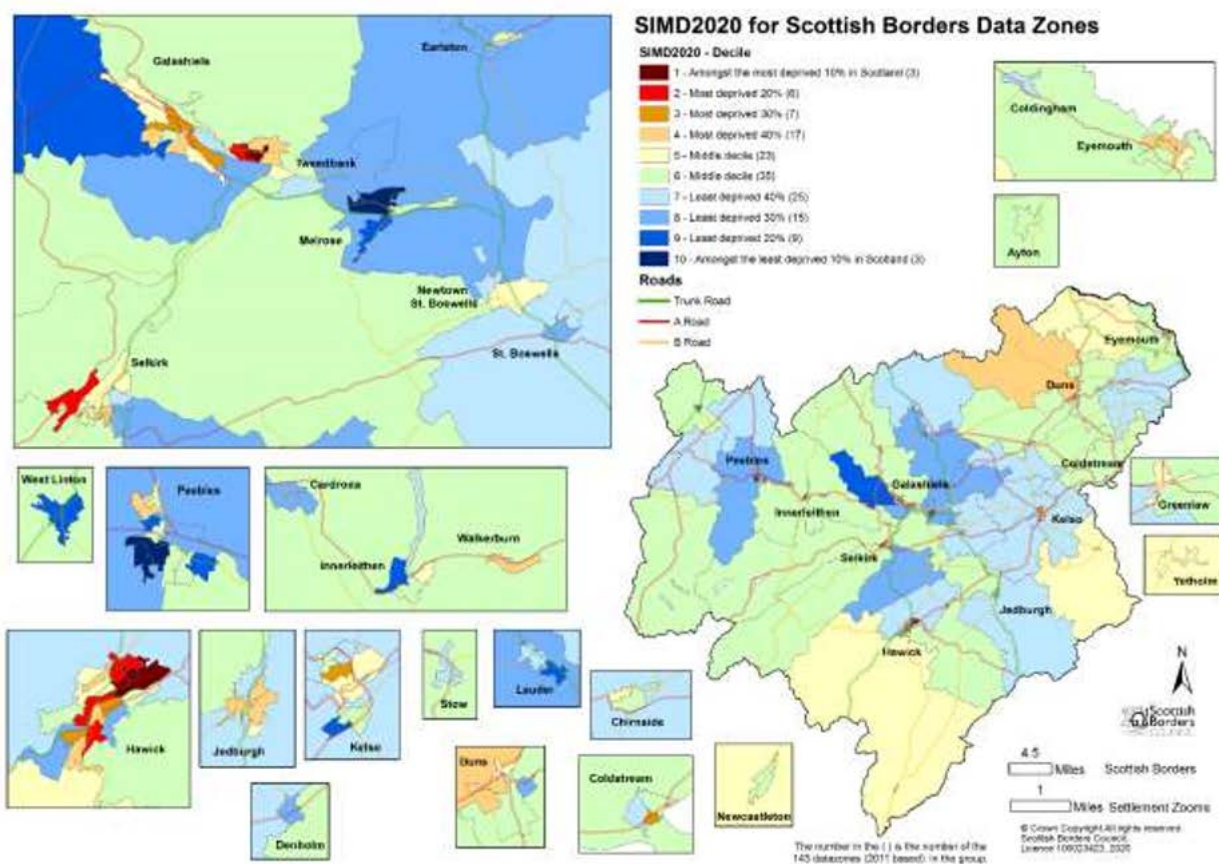


Figure 4 Index of Multiple Deprivation map Scottish Borders

In areas of deprivation, continuity of pharmacy services and pharmaceutical care is important to reduce adverse effects of taking multiple medications and hospital visits. In addition pharmacies provide an important public health role through smoking cessation, substance misuse, Sexual health services and provision of advice.

<sup>6</sup><https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

# Introduction to the Pharmaceutical Care Services Plan

## Introduction

In a modern NHS, Community Pharmacists provide an accessible and convenient contact point for patients, offering high levels of expertise on the best use of medicines and drug technologies, vital to ensure quality 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 how they are 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.



Figure 5 Community Pharmacy

This plan focuses on Community Pharmacy, ensuring that provision is based on locally identified needs and that patients have access to a full range of patient-centred and holistic services. It also details the relationship between Community Pharmacy, Hospital and GP Based Pharmacy to support the population of the Scottish Borders.

## Aim of the Plan

The aim of the 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.

The Plan also reviews the enablers for pharmaceutical transformation<sup>7</sup>, outlined below, and how these will be addressed by NHS Borders:-

- **Enhanced clinical capability and capacity – through pharmacy workforce**
- **Digital information and technologies through improved service delivery**
- **Sustainable services that meet population needs**

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<sup>7</sup> Scottish Government Achieving Excellence in Pharmaceutical Care – Enabling Pharmaceutical Transformation  
*NHS Borders Pharmaceutical Care Services Plan 2021 – 2024*

## Current Pharmaceutical Service Provision

### Current Service Provision - Community Pharmacy

Pharmaceutical care services are currently provided in the Scottish Borders by 29 Community Pharmacies and 2 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 business contingency plans. Availability of a current plan is a requirement for any pharmacy participating in a local enhanced service.

In addition to the community pharmacy network, 2 GP practices (shown as '1' on map) hold dispensing doctor contracts (Stow and Newcastleton). 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. *UPDATED 2021 – Coldingham closed.*

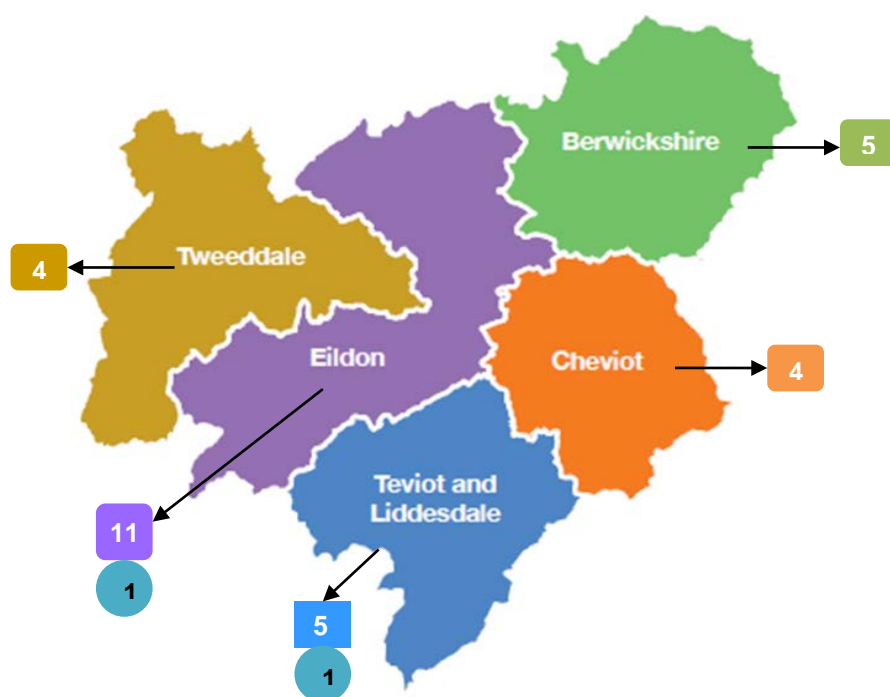


Figure 6 Community Pharmacy map Scottish Borders

The most recent Community Pharmacy Survey undertaken in July 2019 reported the following details for NHS Borders:

Health Board	Role	Headcount	Full Time Equivalent
Borders	Pharmacist	37	31.21
Borders	Pharmacy technician	38	30.10
Borders	Support staff	108	74.67



These figures demonstrate that 22.95% of the workforce is pharmacists in NHS Borders pharmacies compared to a Scotland average of 19.5%.

Compared to the previous survey in 2016, pharmacists appear to have seen a reduction in FTE since 2016. There has been a displacement of Pharmacists from Community Pharmacy to Primary Care<sup>8</sup> with the community roles being filled by less experienced pharmacists. The report also details the vacancy rate for pharmacists and locum pharmacists. For NHS Borders pharmacists it was 3.10% (range within Scotland was 1.71% - 13.85%) and for locum pharmacists 28.78% (0%-73.26%). These figures suggest that NHS Borders is in a much better position compared to other Scottish Health Boards.

### **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 earlier and remain open for longer at their own discretion.

### **Response to COVID-19 Pandemic**

During the first lockdown in 2020, community pharmacy saw an increase in workload as many patients received earlier prescriptions or 2 months at a time. Access to GP surgeries was restricted and patients turned to the community pharmacist for advice and support. In order to support pharmacies manage the increased demand, the NHS Borders, along with other Health Boards, permitted pharmacies the option of temporarily amending their patient facing hours to allow them to prioritise their workload and undertake essential cleaning of areas to reduce virus spread. Not all pharmacies felt the need to reducing their patient facing hours and many pharmacies worked longer hours in the mornings and evenings to maintain services. There was some delay in pharmacies obtaining the right PPE in the early part of the COVID-19 outbreak which caused challenges with ensuring staff were adequately protected. Once the 1<sup>st</sup> lockdown was eased patient-facing opening hours reverted to normal and pharmacies were able to maintain this during the 2<sup>nd</sup> lockdown in 2021.

### **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. 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. [Weekend opening times for each locality at APPENDIX-02](#)

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<sup>8</sup> Community Pharmacy Workforce Survey 2019 - <https://test1.nes.digital/pharmacy-report-2019.html>

## **Accessible and Confidential Services**

As a provider of health services, Pharmacies must adhere to The Equality Act 2010 which states 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. Pharmacies must take reasonable steps to provide auxiliary aids or services, which will enable their service to be accessible to all.

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. Hand washing facilities is also required for some services.

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.

[Confidential and accessible facilities in Community Pharmacies at APPENDIX-03](#)

## **Community Pharmacy Application Process**

Updated February 2022

The Community Pharmacy Application process is included in this plan at [APPENDIX-08](#).



## Current Service Provision - GP Practice-Based Pharmacy

Integrating pharmacists with advanced clinical skills and pharmacy technicians was a key commitment within “Achieving Excellence in Pharmaceutical Care” and has been accelerated with the inclusion of Pharmacotherapy with the new General Medical Services contract of 2018. Recruitment and work has been underway since 2018 to achieve this aim and core services available are listed here. The plan sets out goals and aims for this service.

[Current GP Cluster service cover diagram at APPENDIX-04](#)

### Core Pharmacotherapy Services

- Acute/Repeat prescribing requests
- Discharge letters
- Medicines Reconciliation
- Medicines safety reviews/recalls
- Monitoring high risk medicines
- Non clinical medication review
- Monitoring clinics
- Medication compliance reviews (patient’s own home)
- Medication management advice and reviews (care homes)
- Formulary adherence
- Prescribing indicators and audits

### Current Prescribing Support / Pharmacotherapy Team

The original Prescribing Support Team comprised 3 WTE Pharmacists and 2.4 WTE Technicians. PCIF and PCIP funding have added to the team and the planned Team will be 13 WTE Pharmacists and 13 WTE Technicians.

Currently NHS Borders has 10 WTE Pharmacists and 12 WTE Technicians (4.5 pre-registration).

NHS Borders Pharmacotherapy Team has Lead Pharmacists/Technicians in specialist areas:-

- Respiratory
- Diabetes
- Pain
- Stoma
- Controlled Drugs
- Scriptswitch
- Medicines Care & Review (Serial Prescribing)

NHS Borders has representation on the Scottish Practice Pharmacy & Prescribing Advisors Association and National Pharmacy Technician Group Scotland.

## Current Service Provision - Hospital Pharmacy

### Delivering Secondary Care Pharmaceutical Services

Pharmaceutical needs of patients are met in a variety of ways within a secondary care setting, including:-

- Medicines management & safe supply of medicines
- Guideline development & governance
- Patient facing roles
- Working within the MDT
- Aseptic services
- Outpatient / day case

### Current BGH Pharmacy Services

There are 11 WTE Clinical Pharmacists, 17.3 WTE Pharmacy Technicians and 12.4 WTE Assistant Technical Officers (ATO) working in Borders General Hospital Pharmacy<sup>9</sup>; employing the following core departmental requirements:-

- Pharmacists and pharmacy technicians have joint professional responsibility for operational and clinical services within BGH for the procurement and safe supply of medicines.
- Effective teams with defined roles and shared objectives.
- Pharmacy technician and Pharmacist leads, for all relevant areas, with the ability to work autonomously to influence patient care delivery.
- Collaborative working between clinical and operational services.

Pharmacists and Technicians provide front line care; ensuring that medicines are prescribed with evidence based care and the most appropriate and cost effective interventions are provided. Achieving high quality, patient centred services that are safe, effective, sustainable and cost effective. Clinical pharmacy technicians work with patients and/or their carers to help them manage their medicines and work with Community Pharmacy, social care and primary care colleagues to support an integrated approach to the discharge process – across the interfaces of care.

The aim to create a technology enabled Pharmacy department was included in last year's plan and has started with the rollout of electronic ward cabinets in Wards 4, 5, 6 and Emergency Department. The next phase of the rollout was approved to include Wards 7, 9, 12, 14, Borders Stroke Unit/Margaret Kerr Unit, Intensive Care Unit, Theatres, Pharmacy Controlled Drugs and all four Community Hospitals. The introduction of the cabinets has demonstrated increased governance of medicine transactions; greater availability of patient level dispensing data for stock medicines; savings in Pharmacy and Nursing staff time; reduction in stock spend and better management of stock levels. The 2021-24 Pharmaceutical Care Services Plan aims to build on this and other successes to develop a digitally enabled workforce to release time for patient facing care.

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<sup>9</sup> Staff numbers as at April 2021; WTE=Whole Time Equivalent

## Pharmaceutical Care Services Plan 2021-24 – NHS Borders

NHS Borders Pharmaceutical Care Services Plan aims to address the 6 commitments of the Scottish Governments' Achieving Excellence in Pharmaceutical Care<sup>10</sup>. Each commitment is addressed in this section – with Action Plans for each commitment at [Action Plans 2021-24](#).

### 1. Improved and Increased Use of Community Pharmacy Services

The structure of the UK healthcare model places community pharmacy at the front line of healthcare delivery and are a key part of the NHS Scotland strategy around Reshaping Urgent Care. This is made possible by an expanding range of services coupled with a delivery model that is designed to maximise accessibility through appointment, free access and extended hours of opening.

Throughout the COVID-19 pandemic, community pharmacies continued to provide a key role in supply of medicines and supporting the population with health related queries when many other services had reduced to very limited face to face access. Pharmacy closures during this period were very rare and are a testament to the high standards of infection control measures implemented by pharmacy teams and the cooperation of the public during this time.

Major changes to services are listed below:

#### NHS Pharmacy First Scotland (NHS PFS)

The Scottish Government is committed to increasing access to community pharmacy services by developing and implementing redesigned minor ailment and common conditions services available to all. The focus is on the community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions.

Introduced in July 2020, NHS PFS replaced *the Minor Ailment Service* and is a **consultation service** provided by the community pharmacy team. The consultation can result in 3 outcomes:



Advice will always be given. Treatment may be provided if appropriate. The medicine will be supplied free of charge from a nationally agreed Approved List or the patient may prefer to buy a product over the counter (for example, where the patient wants a specific branded medicine).

This is a National Service and all Community Pharmacies in NHS Borders provide this service. NSS Pharmacy Activity data is being monitored to evaluate how this service is being provided at

<sup>10</sup><https://www.gov.scot/publications/achieving-excellence-pharmaceutical-care-strategy-scotland/>

[APPENDIX-05](#) and [APPENDIX-06](#) commentary on the evaluation is in the Data Measurement and Monitoring section.

### Medicines Care and Review Service/Serial Prescribing & Dispensing

The Medicines Care and Review service (MCR), *previously named Chronic Medication Service*; 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. The pharmacist is responsible for: a review of the patient’s medicines; production of a care plan within the pharmacy and; where appropriate, provision of a prescription to treat a stable long-term condition that lasts 24 or 48 weeks. This system allows for care of the patient with long-term conditions to pass to the community pharmacy. The data below shows that MCR dispensed items has increased from 1065 in week 45 2019 to 1515 in week 45 2020, an increase in MCR items dispensed of 42%.

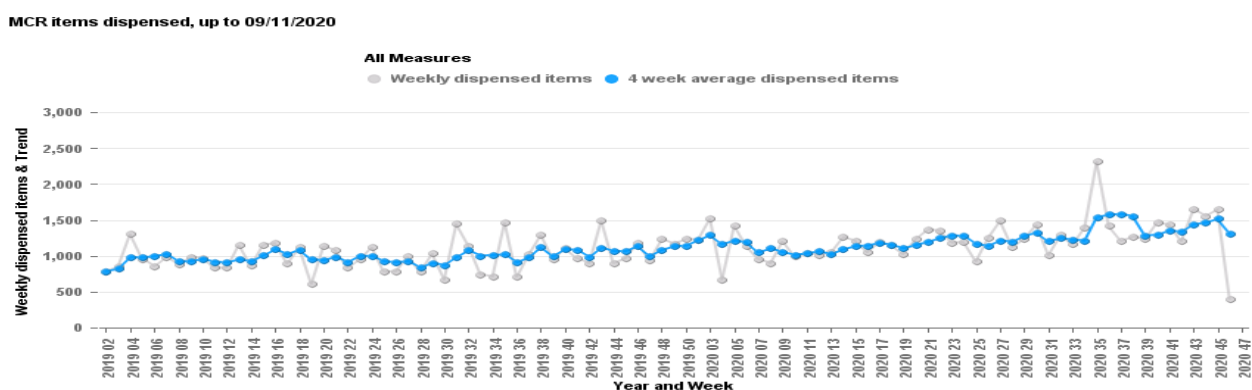


Figure 7 Medicines Care & Review Service to Nov 2020

### Independent Prescribing & Advanced Clinical Skills (Pharmacy First Plus)

There are currently 8 independent prescriber community pharmacists (and 5 in training) that provide community pharmacy services in NHS Borders, covering 5 of the 29 pharmacies (14%). Recent changes through the introduction of Pharmacy First Plus, [PCA\(P\)\(2020\)16 - Independent Prescribing Service \(NHS Pharmacy First Plus\)](#), have provided a structure through which these independent prescribers can provide advanced skills and services within a community pharmacy. NHS Borders is working with these pharmacists to support and facilitate the provision of Pharmacy First Plus.

### Public Health Service

Community pharmacists are highly accessible primary care practitioners and provide a unique opportunity to improve signposting and access to information and services. This includes the most vulnerable in our communities such as people with mental health problems, homeless people and substance misusers, all of whom might have difficulty in accessing mainstream healthcare. Public Health Services delivered through community pharmacy include: smoking cessation services; sexual health services; gluten free food services; unscheduled care services (CPUS); vaccination services.

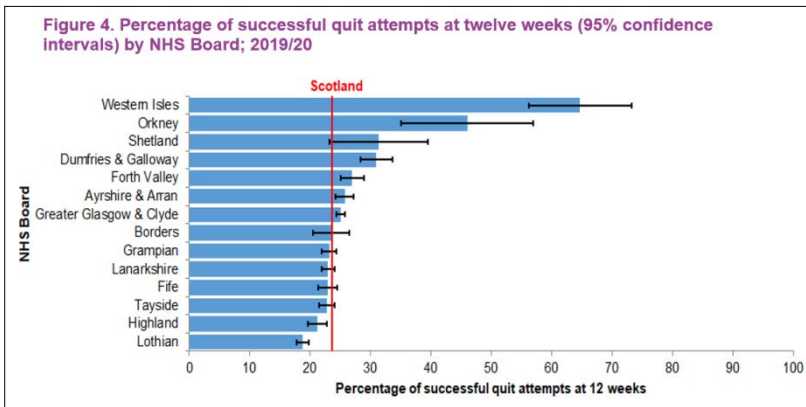


Figure 8 Smoking Cessation Service 2019/20

Looking at smoking cessation services, this table demonstrates that data for NHS Borders is comparable to the Scottish average when measuring successful quit attempts at 12 weeks.

The data has identified that the types of services accessed to support smoking cessation makes a difference, with those accessing specialist services twice as likely to be still not smoking after 12 weeks compared with those who use pharmacy based services (39.5% and 18.6% respectively). This represents a challenge going forward for pharmacy services to review delivery of the service to improve rates. Further details can be found at: <https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/smoking/nhs-smoking-cessation-service-statistics-scotland/>

### Community Pharmacy Urgent 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.”

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes: an urgent appointment with their GP; advice from NHS 24; referral to the Out of Hours service via NHS 24. Service developments, implemented within community pharmacy, have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays.

The graph below shows the data of items dispensed by NHS Border pharmacies. The peak in supply during weeks 13 to 19 in 2020 demonstrate the significant part community pharmacies played in providing NHS services during the COVID-19 lockdown of March-April 2020.

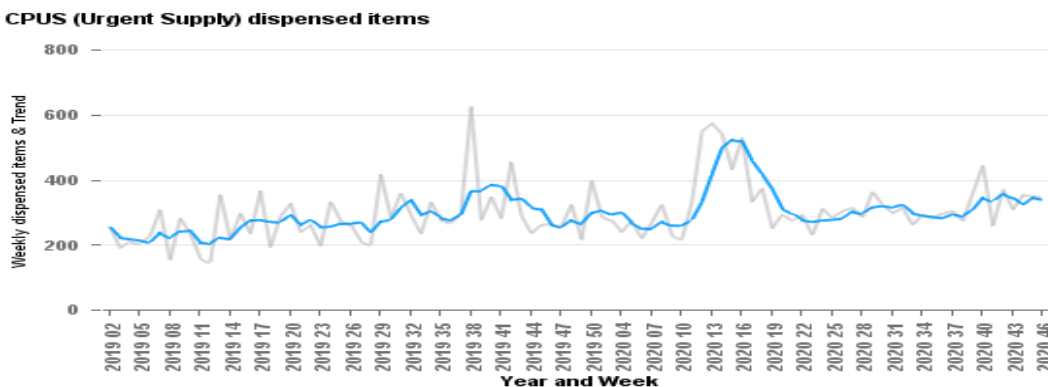


Figure 9 CPUS 2019/20

Universal Claim Form activitydetail can be found at [APPENDIX-06](#)with commentary in the Data Measurement and Monitoring section.

## Vaccination Services

The 2018 General Medical Services (GMS) contract has specified that all vaccination programmes will be moved out of general practice by the end of 2021, with each Health and Social Care partnership responsible for the transformation of services. The COVID-19 outbreak in 2020 has impacted on the timescale of this however it still remains on course to happen.

As part of the response to COVID-19, NHS Borders in line with most other Scottish Health Boards commissioned community pharmacies to undertake an NHS Flu vaccination service building on the private flu service that many contractors had operated for a number of years. This supported NHS Borders in the first transition to delivering flu vaccination services out with GP practices.

The delivery of the flu vaccination programme and the success of private vaccination services through community pharmacy demonstrate the demand from the general public for these services and willingness for pharmacy contractors to meet the demand. As the Vaccination transformation Programme is taken forward it is hoped that community pharmacies will become a cornerstone in the delivery of vaccines in the future.

One of the obstacles in the way of a community pharmacy service that will need resolving is that currently pharmacies can only provide vaccinations as a private service in our pharmacies, due to the 1978 NHS (Scotland) Act which refers to 'medical practitioners' and those under their supervision as the only groups that the NHS can contract with for vaccination provision. During the COVID-19 period pandemic legislation allowed pharmacies to undertake vaccination services. However as we transition back towards normality this will need to be resolved.

In the 2020-21 Flu season 15 out of the 29 pharmacies in NHS Borders participated in the service and administered almost 1000 vaccines to Frontline Social Care Staff, Pharmacy Staff, Optician's staff and a mop-up of the Over 65s and Under-65s at risk. The service was well received by patients and staff who found pharmacy vaccination to be a convenient way to get vaccinated.

There is also a large amount of interest in how community pharmacy can support the widespread vaccination of initial doses and booster doses of COVID-19 vaccine as Scotland and the rest of the world works to control the COVID-19 virus. Plans are being discussed at an NHS Scotland level to look at how this can be taken forward nationally.

## 2. Pharmacy Teams Integrated into GP Practices

### GP Practice Based Pharmacy

The Pharmacotherapy Team based in GP Practices is working towards achieving the desired outcomes of the General Medical Services (GMS) Contract – Pharmacotherapy level 1.

CORE AND ADDITIONAL PHARMACOTHERAPY SERVICES		
	Pharmacists	Pharmacy Technicians
<b>Level one (core)</b>	<ul style="list-style-type: none"> <li>• Authorising/actioning<sup>15</sup> all acute prescribing requests</li> <li>• Authorising/actioning all repeat prescribing requests</li> <li>• Authorising/actioning hospital Immediate Discharge Letters</li> <li>• Medicines reconciliation</li> <li>• Medicine safety reviews/recalls</li> <li>• Monitoring high risk medicines</li> <li>• Non-clinical medication review</li> </ul> <p>Acute and repeat prescribing requests includes/authorising/actioning:</p> <ul style="list-style-type: none"> <li>• hospital outpatient requests</li> <li>• non-medicine prescriptions</li> <li>• installment requests</li> <li>• serial prescriptions</li> <li>• Pharmaceutical queries</li> <li>• Medicine shortages</li> <li>• Review of use of 'specials' and 'off-licence' requests</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring clinics</li> <li>• Medication compliance reviews (patient's own home)</li> <li>• Medication management advice and reviews (care homes)</li> <li>• Formulary adherence</li> <li>• Prescribing indicators and audits</li> </ul>

Figure 10 Pharmacotherapy Services Level 1

The practice-led pharmacy service ensures that the team work to the top of their licence and incorporates the principles of Realistic Medicine. One aim is to have appropriate tasks done by well-supported, experienced Technicians. Pharmacy Assistants (x6) will also contribute to the roles in the Pharmacotherapy Team. Nationally the aim for the Pharmacotherapy Team is to have 1:5000 list size – patient facing. Currently NHS Borders is around 1:6,500.

The following table gives an indication of the type of work which would be expected at each level. It is not a complete list and it is important to note with all staff there will be an initial learning/development phase, where team members develop competency and capability in their tasks. This is particularly relevant to students, but still applies to Pharmacist Independent Prescribers being asked to prescribe either a drug new to them or in a new clinical situation. Training & development should become increasingly self-directed through the Agenda for Change banding system.

Staff Member	Work expected at this level/band
<b>Student Technician (Pharmacotherapy Assistant)</b>	<ul style="list-style-type: none"> <li>• Routine tasks; following standard operating procedures; will coordinate the collection of information, input and provide basic data, update clinical records as appropriate and collate information in support of quality medication reviews.</li> <li>• Be a point of contact for the pharmacy team, on areas such as supply problems, issues with prescriptions. The role will be to triage the information to the most appropriate member of staff.</li> <li>• Specific tasks allocated by line manager to support senior Pharmacotherapy staff.</li> <li>• Discuss use of medicines over the phone with patients.</li> <li>• Competencies to allow completion of Pharmacy Technician college course.</li> <li>• Ad hoc tasks as agreed with line manager/mentor and having received appropriate</li> </ul>



	training.
<b>Technician 4</b>	<ul style="list-style-type: none"> <li>• Work through <a href="#">Vocational program from NES</a>.</li> <li>• All Level 1 Pharmacotherapy tasks after demonstrating confidence &amp; competency (evidenced and signed off by line manager).</li> <li>• Protocol-led project work to support cost-effective, realistic medicine, e.g. dose optimisation, drug switches (including Scriptswitch), Formulary compliance.</li> <li>• Supporting practices to do Non-clinical Medicine Reviews.</li> <li>• Tasks allocated by line manager to support senior Pharmacotherapy staff, e.g. Scriptswitch, processing prescribing reports.</li> <li>• Drug searches to support Quality Improvement projects, prescribing indicators and audit.</li> <li>• Medicine Reconciliation work to support patient Primary-Secondary Care interface, including Care home work, processing Treatment Summary Reports/ supporting MCR etc.</li> <li>• Medicine shortages support work – liaison with Community/Industry where appropriate.</li> </ul>
<b>Technician 5</b>	<p>As per 4, plus:</p> <ul style="list-style-type: none"> <li>• All Level 1 Pharmacotherapy &amp; Level 2 &amp; 3 Technician tasks.</li> <li>• Care home review and Care at Home projects</li> <li>• Identifying and prioritising Technician work, development of Technician-led projects (e.g. Care home reviews).</li> <li>• Supporting work for the Gluten-Free Food Service and Scriptswitch.</li> <li>• Specials (unlicensed medicine) authorisations and follow up.</li> <li>• Line manager to Band 4's.</li> <li>• Prescribing Reporting management.</li> <li>• National User Group representation for assorted IT systems and policy.</li> </ul>
<b>Pharmacist 6</b>	<ul style="list-style-type: none"> <li>• On final rotation from BGH clinical team</li> <li>• Clinical support to Technicians for core PST work.</li> <li>• Medicines Reconciliation, if required, to support Technicians &amp; other Team Pharmacists.</li> <li>• Community Hospital discharge liaison with Care at Home project.</li> <li>• Medicine reviews and efficiency projects to support General Practice</li> <li>• Following NES Vocational Training .</li> <li>• Level 1-2 Pharmacotherapy– only completing activities where competency and confidence is established.</li> </ul>
<b>Pharmacist 7</b>	<p>As B6, plus:</p> <ul style="list-style-type: none"> <li>• Interim Care bed &amp; Community Hospital pre-discharge reviews (MDTs?).</li> <li>• Polypharmacy 7-step review/MUR Reviews to support 8A's.</li> <li>• Helping 8A Specialist with project reviews and staff training.</li> </ul>
<b>Pharmacist 8A</b>	<p>As B7, plus:</p> <ul style="list-style-type: none"> <li>• Identifying individual practices variation.</li> <li>• Devising, negotiating and managing projects to improve practice performance.</li> <li>• Level 1-2 Pharmacotherapy– only completing activities where competency and confidence is established.</li> <li>• Leading on the main National Strategies: Respiratory, Diabetes &amp; Pain, as well as more recent publications such as the Stoma recommendations, with subsequent input to the local MCN/Formulary sub-groups.</li> <li>• Line management of pharmacists.</li> </ul>
<b>Independent Prescriber Pharmacist</b>	<ul style="list-style-type: none"> <li>• Level 1-3 Pharmacotherapy– only completing activities where competency and confidence is established.</li> <li>• Following the national GP Practice Pharmacist competency framework guidance (currently under development).</li> </ul>
<b>Pharmacist 8B</b>	<p>As per 8A plus:</p> <ul style="list-style-type: none"> <li>• Team lead and line manager.</li> <li>• Strategic reviews &amp; planning.</li> <li>• Representing Medicines Management at Board meetings.</li> <li>• Negotiating and planning Enhanced Services.</li> <li>• Representing NHS Borders at National Pharmacotherapy Oversight Groups</li> <li>• Financial forecasting and analysis.</li> </ul>



### 3. Transformed Hospital Pharmacy Services

For our hospital pharmacy service to be most effective, the level of our work needs to be manageable in order to deliver safe and effective pharmaceutical care. Part of the plan for hospital services includes defining and publicising the role of pharmacy services to the organisation, ensuring that work is efficient, minimising reactive workloads where care of patients is planned, and developing performance indicators.

#### Transformation requirements

- Development of technology enabled care (e.g. electronic prescribing, robotics) to enable pharmacy staff to be available on the ward, assisting people to achieve the best outcome from their medicines.
- To support advanced practice of pharmacists and pharmacy technicians through investment of education and training for all staff.
- Integration to multi-disciplinary teams to support safe prescribing and administration of medicines at ward levels.
- Support all pharmacists to become independent prescribers with full integration to clinical multi-disciplinary teams.
- Ensure the pharmaceutical care needs of complex patients are targetted using triage processes for pharmacists and pharmacy technicians (e.g. polypharmacy, multiple comorbidities, organ failure, frail and vulnerable).
- Review benefits of a 7 day pharmacy clinical service aligned to local organisational developments.
- Support local delivery of realistic medicine within BGH.

#### Discharge Process

The BGH pharmacy team will ensure the supply of medicines at discharge is efficient and safe. As the role of the primary care pharmacy teams develop, there is an identified need to minimise duplication of workload around the medicines reconciliation process for the hospital pharmacy team. This will be reviewed as follows:

- Digitally enabled, improved communication between secondary care, primary care and community pharmacy
- Medicines management support, assessment and sign posting
- Development of clinical pharmacy technician patient centred roles to facilitate safe supply of medicines at discharge
- Develop a range of discharge processes that meet the needs of individual patients (e.g. pre-packs for independent patients) in line with contractual changes within community pharmacy services
- Review the role of the clinical pharmacist in the discharge process to minimise duplication of medicines reconciliation between primary and secondary care

The Prescribing Support Team in NHS Borders process hospital discharge letters and medicine reconciliation as well as supporting practice staff to complete Non-Clinical Medicine Reviews. This

frees up GP time whilst maintaining accuracy and patient safety in admission and discharge process. It forms part fo the Pharmacotherapy service detailed in commitment 2.

### Quality improvement & performance measures

- Identify areas for improvement and develop subsequent audit plans through medicines governance groups
- Revamped medicines safety programme wider than medicines reconciliation.
- Engagement with non-pharmacy key stakeholders to embed and improve medicines governance across BGH with identified outcome measures
- Ensure all pharmacy staff have a role in quality improvement with understanding of the methodology
- Support development of research skills and advanced practice of pharmacy staff in partnership with academia

### Modern Outpatient Programme

With the driver for patients to receive more complex drug therapies at home there will be opportunity for pharmacists to work at an advanced level to facilitate this by engagement with clinical specialities. This will facilitate more cohesive multidisciplinary team working to create opportunities for advanced practice in line with local organisational developments.

## 4. Pharmaceutical Care that supports Safer Use of Medicines

### Data Measurement & Monitoring

Community Pharmacies use a Universal Claim Framework (UCF) that allows pharmacies to claim payment for pharmacy-led services such as: NHS PFS, unscheduled care, public health services and gluten-free food service (GFFS). [APPENDIX-06](#) demonstrates how NHS Borders compares to all other Scottish Health Boards for these services. At present it is difficult to interpret this data due to Health Board variables but it will be useful to look at trends in the data in the future

An example of how this data has been used to monitor pharmacy activity and provide feedback to prescribers/dispensers is described below. The graph below shows choice of treatment in smoking cessation services demonstrating that only 16.1% of all items were for the first-line choice varenicline (compared to a Scottish average of 17.8%).

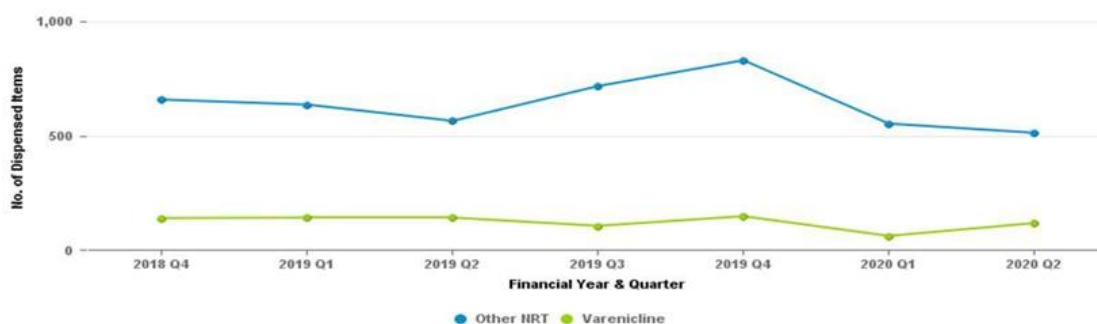


Figure 11 Example of pharmacy activity and monitoring

This information was fed back to community pharmacies with guidance promoting a change in clinical behaviour. NHS Borders will develop a feedback system that facilitates changes in line with clinical recommendations.

#### Did you know?

- Varenicline is first choice in the Borders Joint Formulary.
- Data shows that smokers are more likely to successfully quit using varenicline plus behavioural support (see chart ).
- A study published in the Lancet reported that varenicline was not associated with a significant increase in neuropsychiatric events compared to placebo<sup>1</sup>.

1. Lancet 2016; 387:2507-20

Figure 12 Educational message sent with data feedback

Data monitoring systems have been established to allow, for example:

- Adherence to the GFFS formulary by the lead dietitian
- Monitoring of smoking cessation data by Smoking Cessation Services
- Adherence to the National Approved List for NHS PFS

### Medicines Reconciliation

There is an identified need to minimise duplication of workload around the medicines reconciliation process for the hospital pharmacy team and the planned review is outlined under the [Discharge Process](#).

### Pharmacy Role Awareness

One positive that be taken from the COVID-19 pandemic of 2020 is the increased awareness of the services that community pharmacy can provide. The general public are now much more aware of the breadth of service provision.

A recent study undertaken by [Community Pharmacy Scotland](#) outlines the “soft skills” that are important and make community pharmacy services valued:

- 80.5% of people accessing community pharmacy rated complete satisfaction of their overall experience
- 57% access community pharmacy because of the existing relationship with the pharmacy team
- 41% of people would go to their GP if community pharmacy was unavailable.

The research also found that 93% of people want their GP and pharmacist to work closer together. Initiatives such as the NHS PFS has helped to integrate services and NHS Borders has work with GP practices and Optometrists to explain the service and how referral between professions work.

# GET THE RIGHT CARE IN THE RIGHT PLACE



	NHS Inform includes self-help guides for a range of common conditions: <a href="https://www.nhs.uk/nhsinform/scot/self-help-guides">NHSinform.scot/self-help-guides</a> If you think you need A&E, but it's not life threatening, call NHS 24 on 111. If you need same day medical attention that cannot wait for your GP Practice to reopen, call NHS 24 on 111.	<b>NHS 24</b>
	<ul style="list-style-type: none"> <li>Colds</li> <li>Cold sores</li> <li>Sore throat</li> <li>Diarrhoea or constipation</li> <li>Indigestion</li> <li>Aches and pains</li> <li>Help if you run out of your repeat prescription</li> </ul>	<b>Pharmacist</b>
	Contact your GP Practice Call NHS 24 on 111, 24/7, 365 days a year <b>Breathing Space:</b> 0800 83 85 87 Weekdays: Monday - Thursday 6pm to 2am Weekend: Friday 6pm - Monday 6am	<b>Mental Well-being</b>
	<ul style="list-style-type: none"> <li>Tooth pain</li> <li>Swelling to your mouth</li> <li>Injury to your mouth</li> <li>Painful or bleeding gums</li> <li>Advice on oral hygiene</li> </ul>	<b>Dentist</b>
	<ul style="list-style-type: none"> <li>Red or sticky eye</li> <li>Pain in or around your eye</li> <li>Blurred or reduced vision</li> <li>Flashes and floaters</li> </ul>	<b>Optometrist</b>
	A range of clinicians, including doctors, nurses and sometimes pharmacists and physiotherapists to help you with both mental and physical health issues.	<b>GP Practice</b>
	<ul style="list-style-type: none"> <li>Cuts and minor burns</li> <li>Sprains and strains</li> <li>Suspected broken bones and fractures</li> </ul>	<b>Minor Injuries Unit</b>
	<ul style="list-style-type: none"> <li>Suspected heart attack or stroke</li> <li>Breathing difficulties</li> <li>Severe bleeding</li> </ul>	<b>A&amp;E or 999</b>

If you are unsure about where to go or who to see, find out at:  
[NHSinform.scot/right-care](https://www.nhs.uk/nhsinform/scot/right-care)

This “at a glance” guide to NHS services is part of a communications toolkit designed to raise awareness about a new approach to accessing urgent care. As you can see, Pharmacy has a prominent position in this new approach.

Figure 13 NHS Services communications - urgent care

## Quality Improvement in Community Pharmacy

The COVID-19 pandemic has re-enforced the need for preparation and continuity planning. All Community Pharmacies were provided with a Business Continuity Plan template to help them plan for potential significant disruption to the delivery of the health care services. A Memorandum of Understanding (MOU) was also drawn up to allow agreement between Community Pharmacies and NHS Borders on temporary reassignment of registered pharmacists/technicians to assist with business continuity.

As highlighted above in the Data Measurement and Monitoring section, analysis of community pharmacy activity will continue to be used to improve service delivery.

The Community Pharmacy Funding Settlement for 2020-2023<sup>11</sup> contains a Quality Improvement element. Funding for 2020 is provided to support implementation and training for NHS PHS and participation in a NES workforce survey. These quality improvement activities will help to inform service development. Pharmacy’s professional body, the Royal Pharmaceutical Society is calling for "all pharmacists to have access to protected learning time (PLT) to support and enable their professional development". NHS Borders supports the wellbeing agenda and will work to support the development of PLT processes.

<sup>11</sup><https://www.cps.scot/media/3134/pca-p-2020-2-community-pharmacy-funding-settlement-2020-21-2022-23.pdf>

## 5. Improved Pharmaceutical Care at Home or in a Care Home

### Improvement Approaches

The provision of services to care homes was audited during 2018-19 and throughout 2019/20 and 2020/21 the following priorities have continued to be monitored:-

- Delivery of high quality pharmaceutical care
- Recording of outcomes
- Reducing medicines waste

The Integrated Care Fund Project worked with Health & Social Care to review the Medicines Administration Charts (MAR) – a service to support home carer administration of medicines – and to improve joint working within the multi-disciplinary team to ensure patients are supported safely to be as independent as possible. This work continues now with the Pharmacotherapy Team.

### Project Introduction

Our frailest patients outside of the hospital environment are looked after either in their own homes or in Care Homes, yet this is the only location where patients do not receive regular face to face pharmaceutical care input tailored to them as individuals. Many of these patients are at risk of adverse effects due to their frailty and multi morbidity.

The pressure in Social Care services is also felt by Pharmacy as the increasing elderly population, on multiple medications, results in more patients who require support to take their medicines and support re-ablement, promote independence and self care. Many patients receive social care visits to support them with their medicines, with no reviews of the medicines which may lead to a reduction in the number and/or need for visits or the length of visits due to the number of medicines.

The table below shows the effect of different levels of input on patient independence and resources.

Increasing levels of patient independence	↑	<b>Level of Support</b> Prompting Assisting Administering Medicines	↓	Increasing Resources required to support patient
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It has become apparent that many carers and social care workers have issues around medicines management and that advice from a member of pharmacy staff who understands the issues related to care providers is necessary to reduce risk to patients and staff administering medicines.

### Medicines Management Project

In 2018 to 2020, Pharmacy led a medicines management project, which explored how to further support patients who require assistance with taking their medication. This project was funded by the Integrated Care Fund (ICF) and aimed to demonstrate the benefits of providing pharmaceutical advice into social care decision making for patients who need support to take their medication.

The project supported Social Care & Health Care Management to ensure that appropriate medicines management assessments were undertaken for all patients who were being supported or likely to be supported with medication tasks by a social care provider. The project team also provided medicines management advice to care providers along with medication training to support workers in care at home and care homes.

Supporting Independence remains a focus as an outcome of an assessment and with appropriate methods of dispensing and the use of appropriate tools to support independence; this reduces the need for support from a care provider.

The project focused on care at home and also included enablement within the transitional care facility at Waverley Care Home and discharge to assess unit at Garden View. The aim of the project was to also identify the resources needed to develop the support beyond the project areas. Evidence in the project supports benefits to patients following a joint Health & Social Care approach to the assessment of patient's needs in relation to medicines management, focusing on independence and self care.

At the point of assessment the benefits of a medicines review will contribute to reducing harm to patients from their medicines and may result in patients being prescribed fewer medicines, improve patient safety and reduce errors. This could support independence, support family in assisting with medication and could result in a reduction of medication tasks where other support is required.

### *Recommendations from the project*

- Funding should be identified to continue pharmacy technician support to liaise with Scottish Borders Council Contracts Manager and Care at Home Providers to provide support, individual patient assessments and advice.
- Consideration should be given to providing refresher training to all care at home providers which focuses on outcome of screenings/assessments, definitions of prompt, assist and administer and levels of need. This will ensure consistency of approach with medicines management across Scottish Borders.
- Any future work to implement this must include 1 WTE pharmacist to ensure that a review of medication, in line with best pharmaceutical care takes place. This review will also contribute to ensuring that the objectives outlined as part of the project are delivered.
- Support should be provided to all localities within Scottish Borders Council which would require an additional pharmacy technician resource (1 WTE) giving a total of 2 WTE of pharmacy technician time. It is recommended that due to logistics and cover across the area that this will involve a head count of more than 2 individuals.

As yet, no funding has been approved by the ICF, however 1 WTE Pharmacy Technician, specifically designated to care homes and care at home, was recruited in 2019, as part of the pharmacotherapy team.

The work carried out by this pharmacy technician is restricted due to capacity, but includes providing advice and support on medicines management to:

- social care assessors
- care providers
- community pharmacy
- pharmacotherapy team

This advice includes resolving issues to ensure the correct support worker medication tasks are in place which enable independence, where appropriate, and ensure medicines are taken as prescribed.

The pharmacy technician liaises with pharmacotherapy colleagues to ensure medicines reviews are carried out in the care at home patients they had involvement with and co-ordinates regular medicines reviews in care homes. The work carried out by the pharmacy technician at the moment is limited to providing advice and carrying out medicines assessments for complex cases only. If funding was to become available for further technicians to be recruited, this would enable more support to be provided to social care and health, including:

- Carrying out medicines assessment visits on all service users identified as requiring support with medicines. The purpose of the visit is to:
  - Visit the person in their own home to provide advice on why they take each of their medicines and when/how they should take them.
  - Discuss the medicines currently in their home and removing any that are no longer prescribed.
  - Determine the person's ability to manage their medicines independently and provide advice on appropriate aids.
  - Establish the correct level of medication support that may be required from social care to enable the person to take their medicines correctly.
  - Review a person's medication to ensure the minimum doses are required which in turn may reduce carer visits.
  - Feedback the outcome of the assessment to social care to enable the person's support plan to be updated accurately.

The overall aim of the assessment visit is to ensure the person takes their medicines correctly and decrease the chance of them becoming ill or being admitted to hospital due to medicines mismanagement.

Providing advice on medicines management training and protocols to social care & health. This could enable continuity over all service providers.



## 6. Enhanced Access to Pharmaceutical Care in Remote and Rural Communities

Due to the rural nature of the Scottish Borders, in previous Pharmaceutical Care Services Plans, transport has been a key part of access to services. With COVID-19, expectations of access have changed with communities relying more on their local services (often Community Pharmacy) and increasing use of technology to overcome distance. During the pandemic Community Pharmacies and volunteers provided an extended delivery service, at not inconsiderable cost, which some patients still rely on.

As a short-term COVID-19 response, an NHS Scotland Funded delivery service was commissioned nationally from January to March 2021. Delivery services in the long-term are not a funded NHS service nor a contractual obligation and could be withdrawn at any time.

Consideration is given in the Plan to the travel time to a Pharmacy with 20 minutes average journey time deemed reasonable with the size and nature of the Scottish Borders. Access coverage in this map - using 20 minute isochrones. A single green circle = 1 Pharmacy; others indicated by numbers.

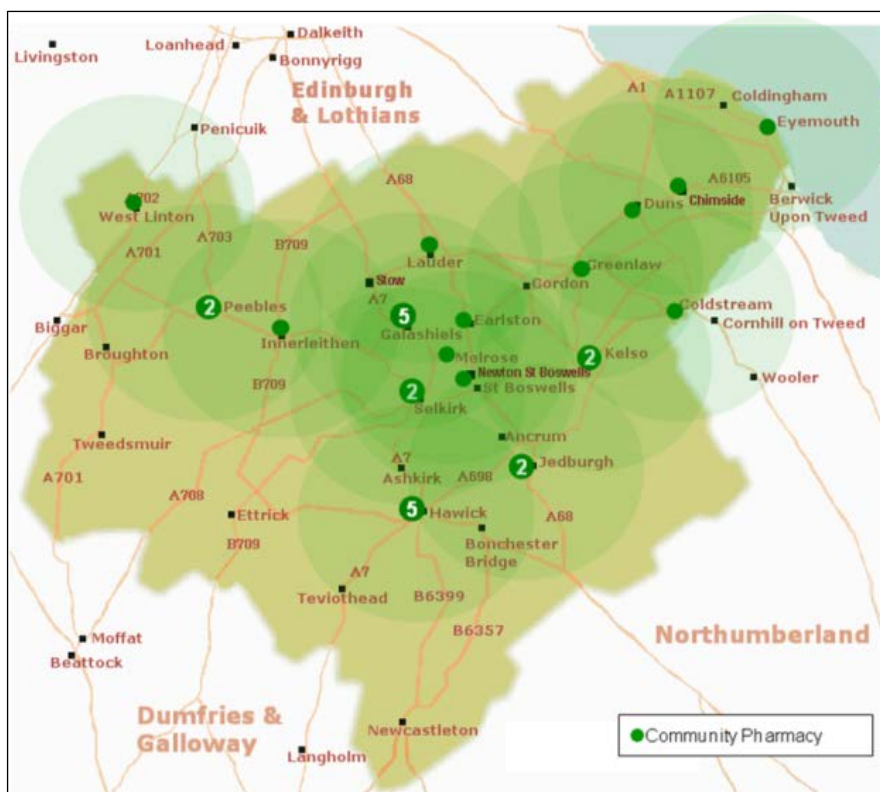


Figure 14 Access to community pharmacies map

Out of hours / unscheduled care / Pharmacy First services provided by Community Pharmacies, particularly on Saturdays, enables access to more local services for rural and remote communities.



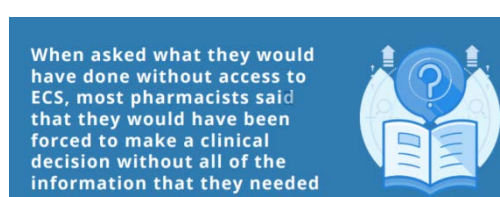
## Recruitment and Retention

Scottish Government in circular PCA(P) 2020 (16)<sup>12</sup> indicated the intention to establish a National Community Pharmacy Early Career Framework<sup>13</sup>. This framework would bring together the National Post-Registration Foundation Training programme for newly qualified pharmacists currently provided by NES and the Independent Prescriber course, creating a simple pathway to maximise the pharmacists' expertise in medicines and, with the introduction of the new NHS Scotland Pharmacy First Plus service, the opportunity for pharmacists to further enhance patients' care.

Community Pharmacy Scotland (CPS) and the Scottish Government (SG) have agreed to provide funding to support the establishment of the National Community Pharmacy Early Career Framework. This funding will be made available in the form of a monthly grant to contractors who provide the support, detailed in the agreement, to each of their employed pharmacists undertaking the National Post-Registration Foundation Training Programme.

## Availability of technology to support Rural & Remote

The Emergency Care Summary (ECS) was made available to Community Pharmacies during the COVID-19 lockdown of March 2020. This national system allows pharmacies to deliver enhanced and efficient patient care by enabling them to access patient records no matter which Board they live in or Community Pharmacy they present at. A survey undertaken by Community Pharmacy Scotland demonstrated the benefits of access to ECS with the following findings:



Use of the ECS is monitored by NHS Borders and, at present, use is low. NHS Borders will continue to monitor to ensure all community pharmacies maintain their ability and skills required to access the information and will promote use through educational programmes.



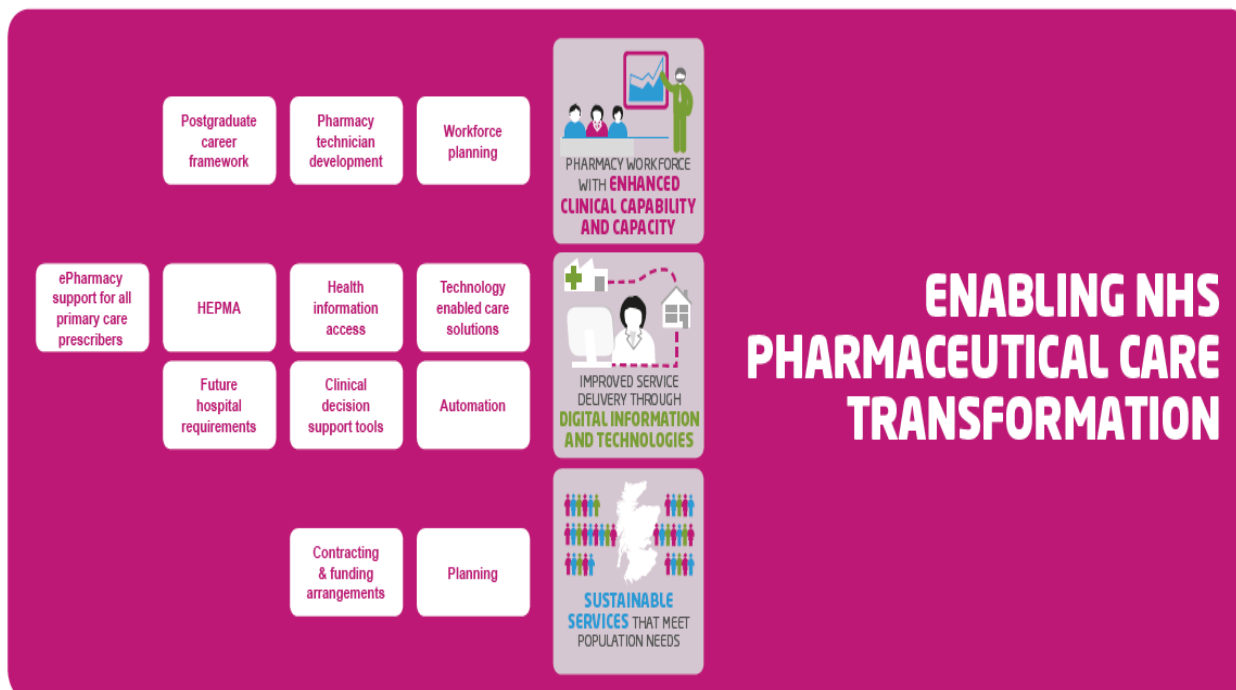
NearMe is NHS Scotland's video consulting service. It is valuable technology that allows access to care for patients who find it difficult to attend health care premises and, in times of the COVID-19 pandemic, can be used to reduce exposure to the virus for both clinicians and patients.

NearMe technology was made available to all NHS Borders Community Pharmacies in July 2020. Fifteen (50%) of community pharmacies have so far signed up to use the technology. NHS Borders have offered training sessions to promote its use, provide support and continue to monitor access.

<sup>12</sup> <https://www.cps.scot/media/3696/circular-pca-p-2020-16-national-career-pathway-and-introduction-of-a-common-clinical-conditions-independent-prescribing-servi.pdf>

<sup>13</sup> <https://www.cps.scot/news-insight/news/early-career-framework-for-community-pharmacists-in-scotland/>

## Enabling NHS Pharmaceutical Care Transformation



Enabling NHS Pharmaceutical Care Transformation provides three final commitments in the vision for Achieving Excellence – outlining the changes to the planning and delivery requirements for sustainable NHS pharmaceutical care. This will be achieved by NHS Borders Health & Social Care Partnership taking a proactive approach to planning and delivery and creating an integrated role for pharmacy across all healthcare settings.

The following three enablers have been identified by Scottish Government to ensure that pharmacy teams have the resilience to be able to respond and adapt to the changing needs and pressures.

1. Pharmacy Workforce - with enhanced clinical capability and capacity
2. Improved Service Delivery – through digital information and technologies
3. Sustainable Services – that meet population needs

Areas and actions can be found at:-

[2021-24 PLAN for Enabling NHS Pharmaceutical Care Transformation.](#)

## Conclusion

NHS Borders Pharmaceutical Care Services Plan 2021-24 addresses the six commitments from “Achieving Excellence in Pharmaceutical Care” and combines those with the NHS Borders Clinical Strategy/Health & Social Care Plan – Statement of Intent.

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 continue to develop significantly. Community Pharmacies have, made a fundamental contribution to the health of the population in the Scottish Borders, particularly throughout the COVID-19 pandemic.

The future of community pharmacy services in the Scottish Borders will be shaped by the projected increase and ageing of the population; the on-going work required around the pandemic; and changes to the GMS contract. There will be additional opportunities and challenges for pharmacy to support vaccination, pharmacotherapy and multi-disciplinary work.

Evidence highlights some potential risks to community pharmacy in the short to medium term, such as recruitment and retention of staff. These challenges must be addressed as part of the on-going service development – with a focus on equal opportunities and meeting the changing needs of the population.

### Action Plans 2021 - 2024

Action Plans for all six commitments are outlined on the following pages. There is a colour code for the following three years and when Actions are expected by – **2021/22**; **2022/23**; **2023/24**. ***The Pharmaceutical Care Services Plan Actions will be reviewed and updated annually.***

Date	Review Details
January 2022	All Action plans to Senior Management Team for update
March 2022	All Action plans updated and reviewed

## Action Plans 2021-2024

The following tables outline the Action Plans for each of the 6 commitments over the coming three years and finishes with the plan for Enabling NHS Pharmaceutical Care Transformation.

### 1. PLAN for Improve and Increase Use of Community Pharmacy Services

2021/22 - 2022/23 - 2023/24		Update April 2022
<b>NHS Pharmacy First Scotland (NHS PFS)</b>	<ol style="list-style-type: none"> <li>1. Use Universal Claim Form data data to monitor NHS Pharmacy First Scotland service provision.</li> <li>2. Monitor National Approved List compliance.</li> <li>3. Develop and share educational messages to community pharmacy teams.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>On-going</b>; UCF activity data is provided and monitored monthly. It is made available to all community pharmacies through NHS Borders community pharmacy webpage and presented at the Area Pharmaceutical Committee and Community Pharmacy Borders committee meetings. New data analysis is currently being developed to monitor trends in each individual community pharmacy.</li> <li>2. <b>COMPLETE</b> – there is no payment for non compliance.</li> <li>3. <b>COMPLETE</b> - Worked with Midwives to produce guidance on management of dyspepsia, thrush and constipation in pregnant women to support them being treated through Pharmacy First. <b>On-going</b>; continue to work in other clinical areas to support/build confidence in specific patient groups and the wider population.</li> </ol>
<b>Medicines Care and Review Service (M:CR) (including serial dispensing)</b>	<ol style="list-style-type: none"> <li>1. Monitor use and identify areas of low uptake.</li> <li>2. Support engagement between GP practices and Community Pharmacies.</li> <li>3. Audit use of PCR in community pharmacy.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>On-going</b>.</li> <li>2. <b>COMPLETE</b> - Work with Pharmacotherapy Team to promote use of MCR. Good engagement from GP practices and community pharmacies to increase use. Champion Pharmacist role engagement increased.</li> <li>3. Monitoring the use of PCR to record elements of GFF service and following up where data is not input/updated.</li> </ol>
<b>Independent</b>	<ol style="list-style-type: none"> <li>1. Provide support through provision of service</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>COMPLETE</b> - Approval to Practice documentation has been</li> </ol>

<b>Prescribers (Pharmacy First Plus)</b>	<p>specification.</p> <ol style="list-style-type: none"> <li>2. Establish clear peer review process.</li> <li>3. Facilitate and encourage training of pharmacists.</li> <li>4. Audit provision of service.</li> <li>5. Establish provision of service in each locality.</li> <li>6. Establish provision of service in 50% of community pharmacies.</li> </ol>	<p>developed to meet the governance needs of NHS Borders.</p> <ol style="list-style-type: none"> <li>2. <b>COMPLETE</b> - All PIPs and trainees are invited to attend a two monthly peer review process facilitated by NHS Borders. This has been well attended. Pharmacists share best practice and discuss elements of the service.</li> <li>3. <b>On-going</b>; supporting pharmacies to identify training required and facilitate accordingly; including providing and attending Teach and Treat Hubs.</li> <li>4. <b>COMPLETE</b> - Prescribing data is provided monthly and reviewed within the peer review session.</li> <li>5. <b>On-going</b> – 5 pharmacies providing – Lauder, Earlston, Duns, Selkirk and Greenlaw – 3 out of 4 localities covered (West pharmacist is undertaking IP training).</li> <li>6. 5 out of 29 pharmacies so far = 17%; 2022 x 3 IP pharmacists adds 3 locations = 27%</li> </ol>
<b>Public Health</b>	<ol style="list-style-type: none"> <li>1. Monitor according to national targets for smoking cessation</li> <li>2. Support engagement between Well Being Service and Community Pharmacies.</li> <li>3. Monitor formulary compliance for smoking cessation, Emergency Hormonal Contraception and Gluten Free Food Service.</li> <li>4. Produce regular compliance report for dissemination to Community Pharmacies.</li> <li>5. Ensure Pharmacy entries are kept up to date on NHS Inform</li> <li>6. Support the roll out of the extensions to the sexual health service to include supply of contraception and training on supporting people affected by sexual assault.</li> <li>7. Support the development of vaccination services via community pharmacies as part of the</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>On-going</b>.</li> <li>2. <b>COMPLETE</b> - Review of activity has resulted in plans for the Well Being Service to provide additional pharmacy support for 2022-23. Includes marketing, advertising, introduction of referral forms and short educational online training sessions.</li> <li>3. <b>On-going</b>; smoking cessation and emergency hormonal contraception monitored through UCF activity data. Data on patients using the GFF is fed back to community pharmacies to facilitate the annual health check.</li> <li>4. <b>COMPLETE</b> - This relates to formulary choice for smoking cessation but as the first choice is no longer available the report is not necessary at this time.</li> <li>5. <b>On-going</b>; Pharmacies inform NHSB and NHS Inform of any changes to details.</li> <li>6. <b>COMPLETE</b> – contraception rolled out; training on sexual health being produced by NES</li> <li>7. <b>On-going</b>; 1 pharmacy delivering travel health services;</li> </ol>

	response to COVID and the roll-out of the Vaccination Transformation Programme.	encouraging more to deliver in 2022. 9 pharmacies delivered flu vaccination services for 2021/22- providing 2,400 vaccinations to end December 2021; other pharmacies do not have the space/staff resources to deliver.
<b>Community Pharmacy Engagement</b>	<ol style="list-style-type: none"> <li>1. Continue to engage Community Pharmacy in cost efficiency.</li> <li>2. Work with Community Pharmacies and Practices to implement a test of change to reduce waste medicines.</li> <li>3. Review how performance data can be supplied to pharmacies improving performance and reducing variance.</li> </ol>	<ol style="list-style-type: none"> <li>1. No progress due to Covid.</li> <li>2. No progress due to Covid.</li> <li>3. No progress due to Covid.</li> </ol> <p>1-3 Include in 2022/23 and progress as soon as possible.</p>

## 2. PLAN for Pharmacy Teams Integrated into GP Practices

	2021/22 - 2022/23 - 2023/24	Update 2022
<b>Medicines Management</b>	<ol style="list-style-type: none"> <li>1. Discharge Letters / ECS improvement work.</li> <li>2. Getting to the root of medicine issues and solving them</li> <li>3. IDL Processing.</li> <li>4. Data collection of monthly activity.</li> </ol>	<ol style="list-style-type: none"> <li>1. On-going; interface QI work continues with Medical Assessment Unit and other stakeholders. Pharmacy Support Staff Obsolete Medicines protocol improving accuracy of repeat lists.</li> <li>2. On-going.</li> <li>3. Level 1 GPCP contract work occurring across all practices.</li> <li>4. Monthly activity being manually collated, and linked into national work to streamline data collection through Scottish Therapeutic Utility software.</li> </ol>
<b>Serial Prescribing</b>	<ol style="list-style-type: none"> <li>1. Reducing actioning and signing burden within Practices.</li> <li>2. Allowing Community Pharmacy to better schedule/spread workload.</li> <li>3. Encourage steady growth in all practices (a focused project would result in increased seasonal burden at Rx expiry &amp; review time).</li> <li>4. Patients being systematically and ad hoc by</li> </ol>	<ol style="list-style-type: none"> <li>1. Reducing signing burden by continued increase in serial prescribing in Borders from around 10,000 items/month in 2019 to nearly 20,000 items/month in 2021. This work continues as several practices take part in the HIS Acutes Project (Acutes→Repeats→Serial).</li> <li>2. Included in above.</li> <li>3. On-going; included in above.</li> <li>4. Protocols and training under development to allow extra</li> </ol>

	<p>Pharmacy team</p> <p>5. Weekly progress statistics issued to Practices.</p>	<p>support from non-clinical staff to underpin and drive serial prescribing.</p> <p>5. <b>COMPLETE</b> – This is monthly rather than weekly and further work is happening nationally to improve quality of data.</p>
<b>Improvement Work</b>	<p>1. Specific projects for step-wise improvement of previous GP systems.</p>	<p>1. <b>On-going</b>; Unified Prescribing Policy and HIS Acutes Project involvement will continue this year.</p>
<b>Releasing GP Capacity</b>	<p>1. Discharge letter / ECS improvement.</p> <p>2. Supporting new GMS contract.</p>	<p>1. <b>On-going</b>.</p> <p>2. <b>On-going</b>.</p>
<b>Medication &amp; Polypharmacy Review</b>	<p>1. A systematic review program will target the highest need medicines management problems.</p> <p>2. Time and expectation management within practice to allow time to do consistently and effectively.</p>	<p>1. <b>On-going</b>; an experienced member of GPCP team will be leading a Polypharmacy/Realistic Medicine program starting February 2022.</p> <p>2. <b>On-going</b> with work above.</p>
<b>Specialist Clinics</b>	<p>1. Chronic Pain.</p> <p>2. Heart Failure.</p> <p>3. Respiratory.</p> <p>4. Mental Health.</p> <p>5. Polypharmacy/Realistic Medicine.</p> <p>6. Others depending on local needs and capacity.</p>	<p>1. Linking in with Pain Team and with NHS Fife work from February 2022.</p> <p>2. <b>No update at his time.</b></p> <p>3. Joint working COPD review project underway. <b>National Strategy parked in NHSB at moment but we will be re-visiting environmental projects (aerosol devices) later in 2022/23.</b></p> <p>4. Linking in with Mental Health team to develop and improve local strategy including drug monitoring.</p> <p>5. An experienced member of GPCP team will be leading a Polypharmacy/Realistic Medicine program starting February 2022.</p> <p>6. <b>National Strategies will be re-starting/refreshed as we come out of Covid pandemic. Starting in February 2022 we will be benchmarking the National Therapeutic Indicators to establish local KPI.</b></p>

### 3. PLAN for Transformed Hospital Pharmacy Services

2021/22 - 2022/23 - 2023/24	Update 2022
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<b>Transformation requirements</b>	<ol style="list-style-type: none"> <li>1. Technology enabled care in 2021 – next phase of ward cabinet rollout to Ward 7, 9, 12, 14, Borders Stroke Unit/Margaret Kerr Unit, Intensive Care Unit, Theatres, Pharmacy Controlled Drugs and 4 x community hospitals.</li> <li>2. Pharmacy Automated Dispensing System (robotics) January-March 2021.</li> <li>3. HEPMA – Hospital Electronic Prescribing &amp; Medicines Administration to remove paper based processes from prescribing and medicines administration; improve patient safety and quality of care. Part of national rollout timings.</li> <li>4. Support advanced practice of pharmacist and pharmacy technicians through investment of education and training for all staff.</li> <li>5. Support pharmacists to become independent prescribers.</li> <li>6. Pharmacists integration to clinical multi-disciplinary teams to support safe prescribing and administration of medicines at ward level.</li> <li>7. Triage processes for pharmacists and pharmacy technicians – complex patients.</li> <li>8. Review benefits of 7 day pharmacy clinical service.</li> <li>9. Support local delivery of realistic medicine.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>COMPLETE</b> - Electronic cabinets have been purchased and installation planned for wards. I community hospital installation January 2022; others planned.</li> <li>2. Business case approved; awaiting other departments to be able to move forward. Installation will result in pharmacy staff released to patient facing roles, better stock control and reduced drug errors.</li> <li>3. <b>On-going</b>; scoping and engagement work continues in conjunction with IM&amp;T colleagues and other national teams involved in roll-out. Outcomes to be measured – drug errors (prescribing and administration; timeliness and missed doses) and improved medicine communication between secondary and primary care.</li> <li>4. <b>On-going</b> – Royal Pharmaceutical Society (RPS) is still to publish the advanced practice framework end of March 2022 and the first intake would be in Summer 2022.</li> <li>5. <b>On-going</b>; 4 and 5 plan to increase number of pharmacist prescribers and involvement in QI projects and research. We currently have 4 pharmacist independent prescribers and 2 in training. Developing education and training for technicians has benefits for patient facing roles and support for wards; increase number of checking pharmacy technicians and technicians within clinical services.</li> <li>6. <b>On-going</b>.</li> <li>7. <b>On-going</b>.</li> <li>8. Benefits under review – volume of dispensing at weekends; number of discharge prescriptions processed and impact on on-call service; also digital transformation success.</li> <li>9. Prescribing guidance being developed as appropriate along with regional formulary work; polypharmacy reviews where appropriate.</li> </ol>
<b>Discharge</b>	<ol style="list-style-type: none"> <li>1. Digitally enabled, improved communication</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>On-going</b>.</li> </ol>



<b>Process</b>	<ul style="list-style-type: none"> <li>between secondary and primary care and community pharmacy.</li> <li>2. Assessment and sign-posting of medicines management support.</li> <li>3. Development of clinical pharmacy technical roles.</li> <li>4. Development of discharge processes to meet individual patient requirements.</li> <li>5. Review clinical pharmacist role in the discharge process.</li> </ul>	2. <b>On-going</b> ; using number of referrals received from on-pharmacy colleagues as measure.
<b>Quality Improvement &amp; Performance Measures</b>	<ul style="list-style-type: none"> <li>1. Defining and communicating the role of Pharmacy services to the wider hospital.</li> <li>2. Developing performance indicators to ensure workload is efficient and as proactive as possible.</li> <li>3. Improving medicines governance across BGH with identified outcome measures.</li> <li>4. Development of research skills and advanced practice – in partnership with academia.</li> </ul>	1 – 4 <b>On-going</b> due to pandemic and sickness absence in team.
<b>Modern Outpatient Programme</b>	<ul style="list-style-type: none"> <li>1. Development of pharmacists working at an advanced level to facilitate complex drug therapies at home with clinical specialities.</li> <li>2. Facilitate more cohesive MDT working – advanced practice.</li> </ul>	1 – 2 <b>On-going</b> due to pandemic and sickness absence in team.

#### 4. PLAN for Pharmaceutical Care that supports Safer Use of Medicines

2021/22 - 2022/23 - 2023/24	Update 2022	
<b>Data Measurement &amp; Monitoring</b>	<ul style="list-style-type: none"> <li>1. Using data monitoring to measure adherence to Gluten Free Food Service; smoking cessation and NHS Pharmacy First services.</li> </ul>	1. <b>COMPLETE</b> - Senior Prescribing Support Pharmacist undertakes monitoring on a regular basis in conjunction with the teams.
<b>Medicines Reconciliation</b>	<ul style="list-style-type: none"> <li>1. Connected to Discharge process in Hospital Pharmacy Services.</li> </ul>	1. <b>COMPLETE</b> - IM&T are taking this forward - to send discharge letters, where patient consent is obtained, to community

		pharmacies. This is being followed up by Pharmacy Project Manager.
<b>Pharmacy Role Awareness</b>	<ol style="list-style-type: none"> <li>1. Promote NHS Pharmacy First Scotland service.</li> <li>2. Raise awareness on new approach to accessing urgent care.</li> <li>3. Continue to promote closer working GP and pharmacist.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>COMPLETE</b> - Work undertaken as part of Covid pandemic response and reshaping urgent care workstream. Promoting through Communications team.</li> <li>2. <b>COMPLETE</b> - See above 1.</li> <li>3. <b>On-going</b>; regular interface work with Practice based teams including pharmacotherapy team to promote joint working.</li> </ol>
<b>Quality Improvement in Community Pharmacy</b>	<ol style="list-style-type: none"> <li>1. Improve service delivery through analysis of community pharmacy activity and services provided.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>COMPLETE</b> - Senior Prescribing Support Pharmacist is leading and this overlaps with data monitoring above.</li> </ol>

## 5. PLAN for Improved Pharmaceutical Care at Home or in a Care Home

	2021/22 - 2022/23 - 2023/24	Update 2022
<b>Improvement Approaches</b>	<ol style="list-style-type: none"> <li>1. Increase standard of delivery of care in patients' own homes.</li> <li>2. Work with Pharmacotherapy Team to review patients' medication support needs &amp; ensure medication reviews.</li> <li>3. Provide education &amp; advice to Health &amp; Social Care staff on medicines management.</li> <li>4. Support Health &amp; Social Care staff with complex medicines management assessments.</li> <li>5. Improve the pharmaceutical care of residents in care homes</li> <li>6. Review the current service provided by Community Pharmacy and introduce more clinical support to link in with work of Pharmacotherapy Team.</li> <li>7. Pharmacy led, structured medication review as</li> </ol>	<p>All <b>on-going</b> – 5,6,7 have been moved to action in 2022/23 due to Covid making this unable to complete in 2021/22.</p> <p>NHS Borders Board asked if an increase to the WTE of Care Home Pharmacy Technician post. Repsonse to this is No and in the short term care homes and care at home is funded by Winter planning.</p> <p>A business case has been submitted to winter planning group for pharmacy resource to cover care homes and care at home.</p>

	<p>part of MDT.</p> <p>8. Pharmacy specialist advice and education on use of medicines/policies/procedures.</p> <p>9. Medicines waste.</p>	
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## 6. PLAN for Enhanced Access to Pharmaceutical Care in Remote and Rural Communities

2021/22 - 2022/23 - 2023/24		Update 2022
<b>Recruitment and Retention</b>	<ol style="list-style-type: none"> <li>Support Pharmacists to complete the Independent Prescribing qualification and other training available.</li> </ol>	<ol style="list-style-type: none"> <li>We have a total of five community pharmacists currently undertaking their IP training. Continue to promote.</li> </ol>
<b>Availability of technology to support Rural &amp; Remote</b>	<ol style="list-style-type: none"> <li>Reviewing the use of Telehealth and Telecare to improve the ability to deliver pharmaceutical care to patients despite the geographical challenges and improve efficiency of pharmacy services.</li> <li>Accessibility of medical records on a read/write basis.</li> <li>Monitor support of Emergency Care Summary by Community Pharmacies, feedback data and promote use.</li> <li>Provide educational sessions to promote the use of Near Me by Community Pharmacies.</li> <li>Share best practice use by other health care professionals to demonstrate benefit, for example, completion of annual gluten-free health check using Near Me.</li> </ol>	<ol style="list-style-type: none"> <li><b>On-going</b>; working with all pharmacies to ensure access to Near Me, uptake is low but is available to all pharmacies. Regular update/discussion - Area Pharmaceutical Committee meetings. Continue to support.</li> <li><b>On-going</b> work which has the support of Medical Director.</li> <li><b>COMPLETE</b> - Support provided to all Pharmacists and Technicians although use is low. Continue to provide support.</li> <li><b>COMPLETE</b> - Education sessions have been made available.</li> <li><b>COMPLETE and on-going</b>- Led by Senior Prescribing Support Pharmacist - Peer Group team to share experiences and GFF service briefing imminent.</li> </ol>

## 2021-24 PLAN for Enabling NHS Pharmaceutical Care Transformation

2021/22 - 2022/23 - 2023/24		Update 2022
<b>Postgraduate career</b>	<ol style="list-style-type: none"> <li>Implement Scottish Government recommendations for Independent Prescribers.</li> </ol>	<ol style="list-style-type: none"> <li>Work progressing in line with National Oversight Groups supported by our Education and Training lead Pharmacist/</li> </ol>

<b>framework</b>	<p>Check SG target for IPs and set proportional target for NHSB.</p> <p>2. Provide administration support to enable service provision of Pharmacy First Plus.</p> <p>3. Establish peer review processes to support high level services</p> <p>4. Support introduction of Protected Learning Time in Community Pharmacies.</p>	<p>2. COMPLETE</p> <p>3. COMPLETE</p> <p>4. On-going</p>
<b>Pharmacy technician development</b>	<p>1. Career framework.</p> <p>2. Developing advanced skills and roles.</p>	<p>1–2 Career opportunities in Surgery, Mental Health introduced and further work will be taken forward when new lead practice technician starts April 2022.</p>
<b>Workforce planning</b>	<p>1. Be responsive to SG policy recommendations and CPS advice following publication of workforce planning data in 2021.</p>	<p>1. On-going</p>
<b>ePharmacy support for all primary care prescribers</b>	<p>1. Review weekly report on pharmacy-led electronic data, feedback to relevant teams and provide associated educational messages.</p> <p>2. Review data in line with national and local guidelines.</p> <p>3. Ensure that responsibility is given to NHSB pharmacist who is able to recommend policy development.</p> <p>4. Develop method of communicating data to CPs.</p>	<p>1-4 COMPLETE</p>
<b>HEPMA</b>	<p>1. Working with other Boards and within NHS Borders to implement HEPMA.</p>	<p>1. On-going; work continues on this project within NHS Borders.</p>
<b>Health Information Access</b>	<p>1. Support and promote safe sharing of information between NHS Borders and GP practices.</p>	<p>1. On-going</p>
<b>Technology enabled care solutions</b>	<p>1. Ensure CPs retain access to ECS.</p> <p>2. Support use of ECS.</p> <p>3. Ensure CPs retain access to Near Me.</p> <p>4. Support use of Near Me.</p>	<p>1-6 Access available; continuing to promote use and benefits within Community Pharmacy.</p>

	<ol style="list-style-type: none"> <li>5. Provide specific training to pilot use of Near Me such as consultations within smoking cessation service and annual check for the gluten-free food service.</li> <li>6. Facilitate use of Near Me in service provision to Care Homes.</li> </ol>	
<b>Automation</b>	<ol style="list-style-type: none"> <li>1. Be aware of and monitor impact of off-site dispensing.</li> <li>2. Request and review feedback from users of off-site dispensing.</li> <li>3. Pharmacy Automated Dispensing System (Robotics) in BGH.</li> </ol>	<ol style="list-style-type: none"> <li>1-2 COMPLETE</li> <li>3. Waiting for Finance and Estates to progress.</li> </ol>
<b>Clinical decision support tools</b>	<ol style="list-style-type: none"> <li>1. Provide training on use of shared decision making tools.</li> <li>2. Access to resources and training.</li> </ol>	1-2 On-going
<b>Contracting and funding arrangements</b>	<ol style="list-style-type: none"> <li>1. Ensure responsibility is assigned to NHSB pharmacist to review and determine impact of SG PCAs.</li> </ol>	1. On-going
<b>Planning</b>	<ol style="list-style-type: none"> <li>1. Monitor resilience of CPs - collation of business continuity plans</li> <li>2. Lessons learned – Covid-19 responses.</li> <li>3. Be prepared for future emergencies – NHSB responsible pharmacist.</li> <li>4. Ensure clear policies and procedures for communication pathways.</li> </ol>	<ol style="list-style-type: none"> <li>1. COMPLETE</li> <li>2. On-going</li> <li>3. COMPLETE</li> <li>4. COMPLETE</li> </ol>

## APPENDIX-01 SCOTTISH BORDERS BY LOCALITY – POPULATION >500

The table below shows the towns within each locality with a population >500.

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 15 Population >500 Scottish Borders by Locality

## APPENDIX-02 COMMUNITY PHARMACY WEEKEND OPENING TIMES

Locality	Town	Community Pharmacies & Dispensing Practices	Saturday Opening	Sunday Opening
Berwickshire	Chirnside	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	08:30-17:00	-
		Lloyds Pharmacy	09:00-17:00	-
Cheviot	Jedburgh	Boots Pharmacy	09:00-16:00	-
		Jedburgh Pharmacy	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	09:00-13:00	-
		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	-	
Eildon	Selkirk	Lindsay & Gilmour ( closed 1-2pm)	09:00-17:00	-
		Right Medicine Pharmacy	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 16 Community Pharmacy Weekend Opening Times



## APPENDIX-03 COMMUNITY PHARMACY - ACCESSIBLE AND CONFIDENTIAL SERVICES

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 access	Large enough for 2 people plus Pharmacist	Worktop /desk	Hand washing facilities
Berwickshire	Chirnside	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Coldstream	GLM Romanes Pharmacy	✓	✓	✓	✓	-	✓	✓	✓
	Duns	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Eyemouth	GLM Romanes Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Greenlaw	GLM Romanes Pharmacy	-	-	-	-	-	-	-	-
Cheviot	Kelso	Boots Pharmacy	-	-	✓	✓	✓	✓	✓	-
		Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
Jedburgh	Boots Pharmacy	-	✓	✓	✓	✓	✓	✓	✓	✓
	Jedburgh Pharmacy	-	✓	✓	✓	✓	✓	✓	✓	-
Eildon	Earlston	M Farren Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
	Galashiels	Boots Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
		Borders Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
		Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓	-
		M Farren Pharmacy	-	✓	-	✓	✓	✓	✓	✓
	Tesco Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	
	Lauder	Lauder Pharmacy	-	✓	-	✓	✓	✓	✓	✓
Melrose	Boots Pharmacy	-	✓	✓	✓	✓	✓	✓	✓	
Newtown St Boswells	Eildon Pharmacy	-	✓	-	✓	-	✓	✓	✓	
Selkirk	Lindsay & Gilmour Pharmacy	-	✓	✓	✓	✓	✓	✓	✓	✓
	Right Medicine Pharmacy	-	✓	-	✓	✓	✓	✓	✓	✓
Teviot & Liddesdale	Hawick	Boots Pharmacy	✓	✓	✓	✓	✓	✓	✓	-
		Borders Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
		Hawick Health Centre & Pharmacy	-	✓	✓	✓	✓	✓	✓	✓
		Lindsay & Gilmour Pharmacy	-	✓	✓	✓	✓	✓	✓	✓
		TN Crosby Pharmacy	-	✓	✓	✓	✓	✓	✓	✓
Tweeddale	Innerleithen	M Farren Pharmacy	-	-	✓	✓	✓	✓	✓	-
	Peebles	Boots Pharmacy	-	-	-	-	-	-	-	-
		Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
West Linton	West Linton Pharmacy	-	-	-	✓	-	-	✓	-	

Figure 17 Community Pharmacy Accessible and Confidential Services

## APPENDIX-04 GP CLUSTER – PHARMACY SERVICE COVER

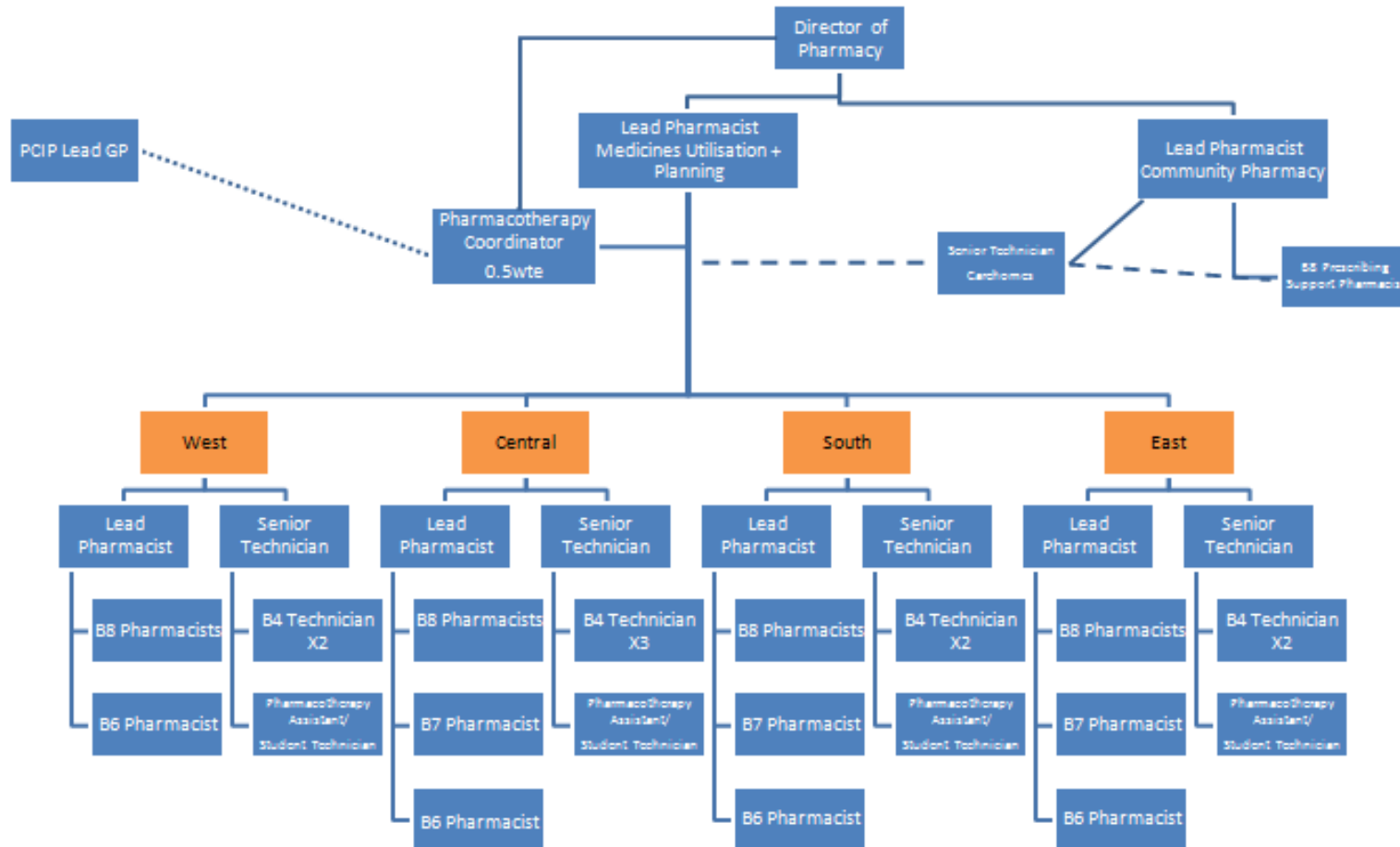


Figure 18 GP Cluster Pharmacy Service Cover

## APPENDIX-05 MONITORING OF NHS PHARMACY FIRST SCOTLAND

### NHS Pharmacy FirstScotland service – UTI consultation, referral, advice

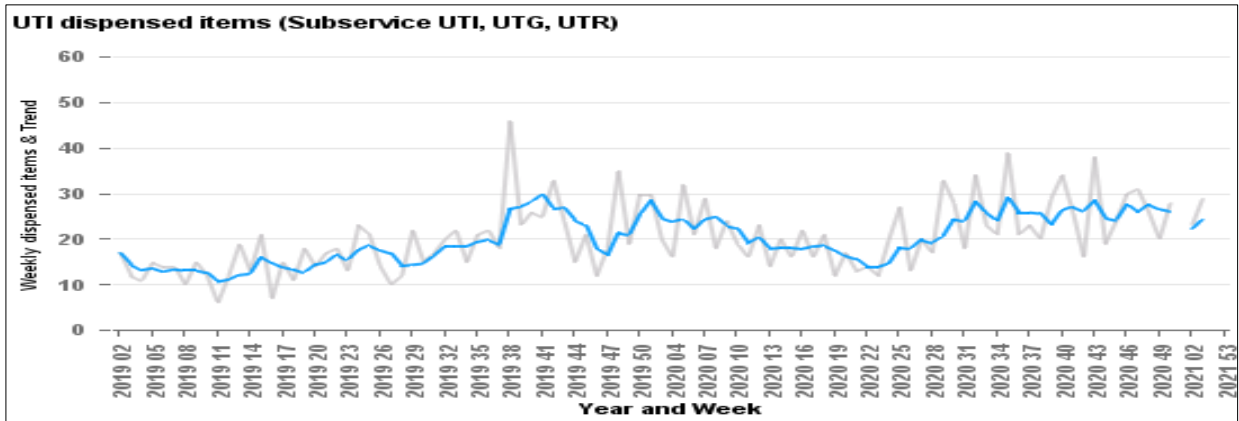


Figure 19 NHS Pharmacy First - Consultation and item dispensed

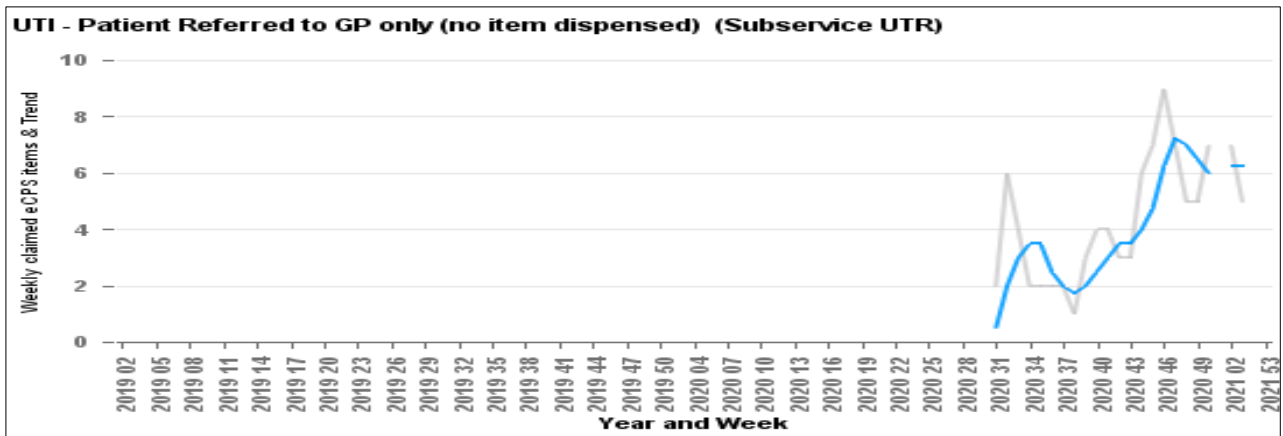


Figure 20 NHS Pharmacy First - Consultation and referral to GP practice

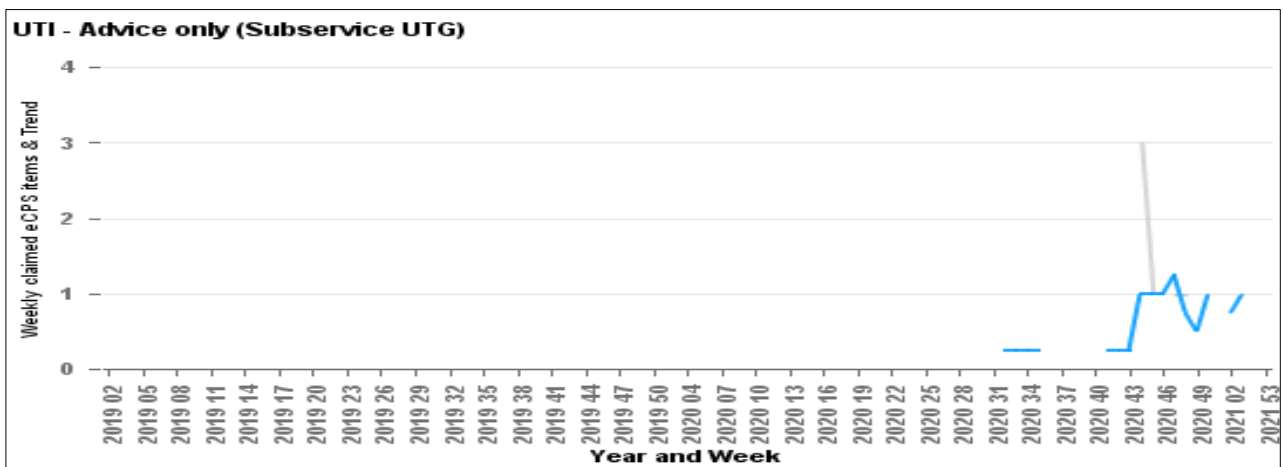


Figure 21 NHS Pharmacy First - Consultation and advice given

Note: data for referrals and advice given was only made available from week 31

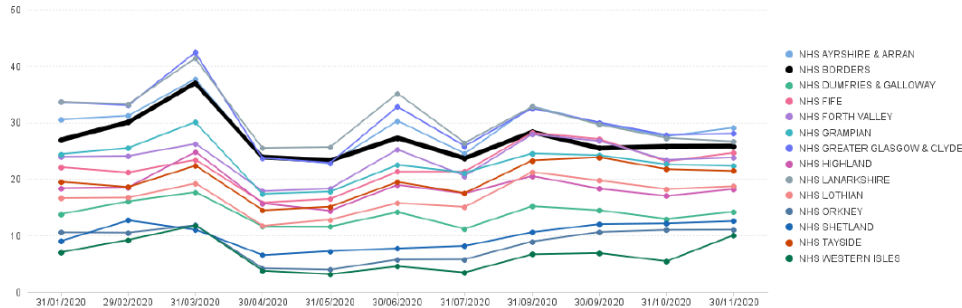
# APPENDIX-06 MONITORING OF UNIVERSAL CLAIM FORM ACTIVITY

## NHS Pharmacy First Activity data(all items)

**Pharmacy First Items per '000 List Size by Board**

Pharmacy First includes sub-services flags M (Minor Ailments), UT/GR (UTI where an item has been dispensed), IPT/IGR (Impetigo where an item has been dispensed)

Items per '000 LS by Date and Presc Health Board Name



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
NHS AYRSHIRE & ARRAN	30.5	31.2	37.72	23.93	22.76	30.29	24.51	<b>32.86</b>	29.87	27.56	<b>29.09</b>
NHS BORDERS	26.91	30.04	37.02	23.86	23.26	27.28	23.65	28.31	25.44	25.78	25.82
NHS DUMFRIES & GALLOWAY	13.8	16.04	17.67	11.61	11.59	14.15	11.2	15.17	14.47	12.94	14.22
NHS FIFE	22.08	21.16	23.39	15.82	16.48	21.29	21.31	28.19	27.06	23.1	24.65
NHS FORTH VALLEY	23.93	24.07	26.23	17.85	18.32	25.22	20.55	27.89	26.74	23.37	23.81
NHS GRAMPIAN	24.41	25.5	30.1	17.37	17.78	22.48	21.12	24.53	24.2	22.58	22.3
NHS GREATER GLASGOW & CLYDE	33.6	33.03	<b>42.45</b>	23.71	22.85	32.79	25.83	32.51	<b>30.01</b>	<b>27.78</b>	28.06
NHS HIGHLAND	18.39	18.55	24.79	15.67	14.4	18.95	17.45	20.53	18.29	16.99	18.24
NHS LANARKSHIRE	<b>33.66</b>	<b>33.27</b>	41.38	<b>25.5</b>	<b>25.64</b>	<b>35.16</b>	<b>26.42</b>	32.76	29.62	27.27	26.65
NHS LOTHIAN	16.61	16.7	19.24	11.74	12.82	15.75	15.04	21.23	19.73	18.22	18.73
NHS ORKNEY	10.56	10.52	11.84	4.2	3.97	5.75	5.79	8.94	10.63	11	11.04
NHS SHETLAND	9.02	12.68	11.02	6.54	7.23	7.71	8.15	10.59	12.03	12.15	12.54
NHS TAYSIDE	19.49	18.59	22.36	14.47	15.09	19.47	17.52	23.27	23.84	21.73	21.43
NHS WESTERN ISLES	7.04	9.23	11.8	3.76	3.17	4.55	3.47	6.68	6.9	5.45	10.08

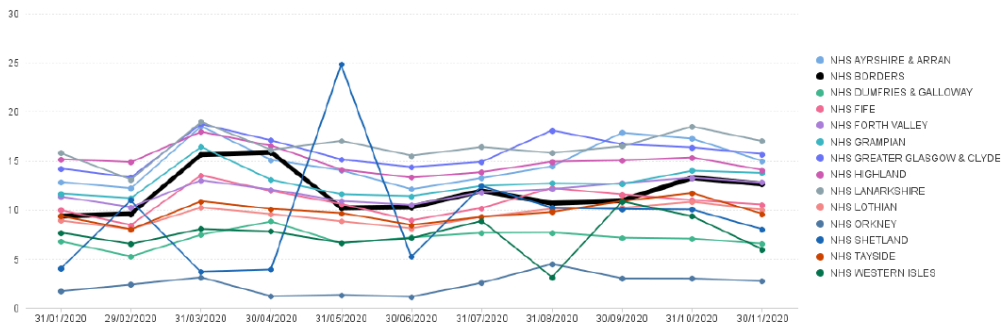
Figure 22 NHS Pharmacy First Activity Data (all items)

## Community Pharmacy Urgent Supply

**Community Pharmacy Urgent Supply (CPUS) Items per '000 List Size by Board**

Items dispensed under sub-service flag CPUS

Items per '000 LS by Date and Presc Health Board Name



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
NHS AYRSHIRE & ARRAN	12.83	12.19	18.5	15.08	14.01	12.09	13.22	14.42	<b>17.84</b>	17.24	14.96
NHS BORDERS	9.34	9.57	15.62	15.85	10.18	10.27	11.92	10.66	10.93	13.26	12.61
NHS DUMFRIES & GALLOWAY	6.78	5.25	7.46	8.81	6.6	7.2	7.65	7.69	7.17	7.08	6.55
NHS FIFE	9.94	8.46	13.52	11.91	10.59	8.92	10.18	12.21	11.55	10.98	10.53
NHS FORTH VALLEY	11.33	10.27	13	12.05	10.88	10.5	11.77	12.11	12.72	13.27	12.78
NHS GRAMPIAN	11.63	11.18	16.4	13.04	11.56	11.38	12.43	12.7	12.62	13.98	13.76
NHS GREATER GLASGOW & CLYDE	14.2	13.31	18.73	<b>17.07</b>	15.12	14.35	14.88	<b>18.09</b>	16.68	16.35	15.68
NHS HIGHLAND	15.16	<b>14.86</b>	17.95	16.52	14.09	13.28	13.84	14.9	15.03	15.33	14.05
NHS LANARKSHIRE	<b>15.78</b>	13.08	<b>18.96</b>	16.1	17.03	<b>15.51</b>	<b>16.39</b>	15.78	16.46	<b>18.48</b>	<b>16.99</b>
NHS LOTHIAN	8.91	8.03	10.22	9.56	8.84	8.11	9.27	10.1	10.19	10.8	10
NHS ORKNEY	1.69	2.38	3.11	1.19	1.32	1.14	2.55	4.47	3.01	3	2.73
NHS SHETLAND	4.01	10.98	3.7	3.92	<b>24.83</b>	5.23	12.42	10.2	10.07	10.02	8.01
NHS TAYSIDE	9.34	8.01	10.86	10.09	9.66	8.47	9.27	9.76	10.88	11.69	9.58
NHS WESTERN ISLES	7.67	6.51	8.04	7.79	6.63	7.12	8.88	3.13	10.85	9.33	5.97

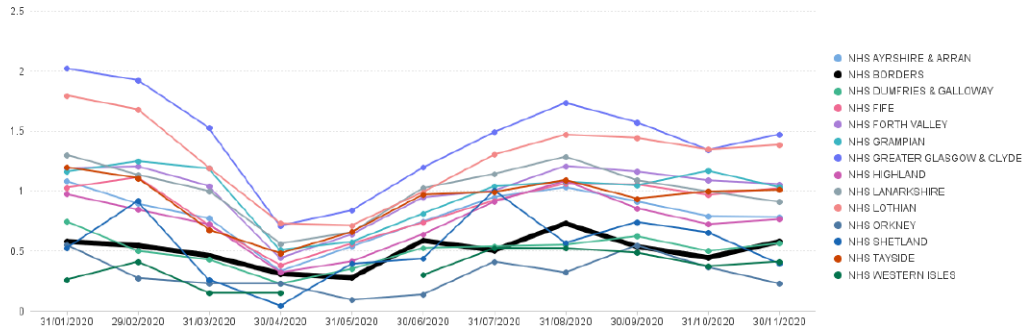
Figure 23 Community Pharmacy Urgent Supply

# Emergency Hormonal Contraception

## Emergency Hormonal Contraception Items per '000 List Size by Board

Items dispensed under sub-service flag EHC

Items per '000 LS by Date and Presc Health Board Name



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
NHS AYRSHIRE & ARRAN	1.08	0.89	0.77	0.33	0.54	0.74	0.95	1.03	0.91	0.79	0.78
NHS BORDERS	0.58	0.54	0.46	0.31	0.28	0.59	0.5	0.73	0.54	0.44	0.58
NHS DUMFRIES & GALLOWAY	0.74	0.5	0.43	0.23	0.35	0.52	0.54	0.55	0.62	0.5	0.56
NHS FIFE	1.03	1.11	0.71	0.38	0.56	0.74	0.92	1.06	1.05	0.97	1.02
NHS FORTH VALLEY	1.19	1.2	1.04	0.44	0.64	0.94	1	1.21	1.16	1.09	1.06
NHS GRAMPIAN	1.16	1.25	1.19	0.51	0.58	0.81	1.04	1.08	1.05	1.17	1.03
NHS GREATER GLASGOW & CLYDE	2.02	1.92	1.52	0.71	0.84	1.19	1.49	1.73	1.57	1.34	1.47
NHS HIGHLAND	0.97	0.84	0.72	0.32	0.41	0.64	0.91	1.08	0.86	0.72	0.76
NHS LANARKSHIRE	1.3	1.13	1	0.56	0.66	1.02	1.14	1.28	1.09	0.99	0.91
NHS LOTHIAN	1.79	1.68	1.19	0.73	0.71	0.99	1.3	1.47	1.44	1.34	1.38
NHS ORKNEY	0.55	0.27	0.23	0.23	0.09	0.14	0.41	0.32	0.55	0.36	0.23
NHS SHETLAND	0.52	0.92	0.26	0.04	0.39	0.44	1	0.57	0.74	0.65	0.39
NHS TAYSIDE	1.2	1.11	0.68	0.48	0.66	0.97	0.99	1.09	0.93	0.99	1.01
NHS WESTERN ISLES	0.26	0.41	0.15	0.15		0.3	0.52	0.52	0.48	0.37	0.41

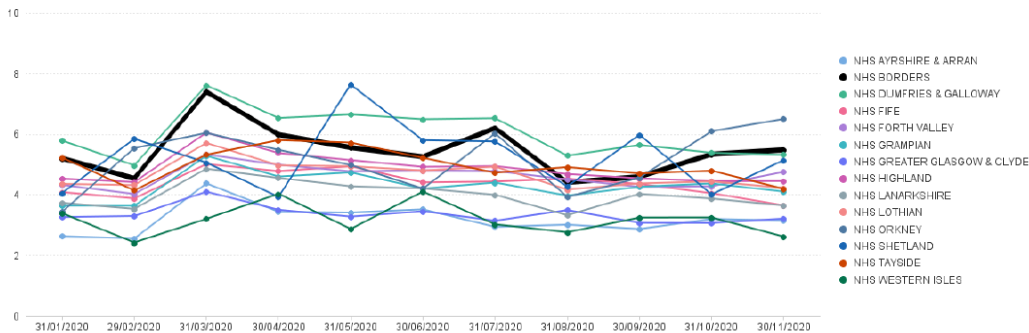
Figure 24 Emergency Hormonal Contraception items

# Gluten Free Food Service

## Gluten Free Food Items per '000 List Size by Board

Items dispensed under sub-service flag GFF

Items per '000 LS by Date and Presc Health Board Name



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
NHS AYRSHIRE & ARRAN	2.63	2.55	4.37	3.43	3.41	3.51	2.94	3.01	2.87	3.2	3.15
NHS BORDERS	5.2	4.54	7.39	5.98	5.55	5.25	6.19	4.4	4.59	5.33	5.48
NHS DUMFRIES & GALLOWAY	5.78	4.97	7.6	6.53	6.64	6.49	6.52	5.29	5.64	5.38	5.32
NHS FIFE	4.08	3.87	5	4.78	4.93	4.4	4.43	4.53	4.35	4.04	3.64
NHS FORTH VALLEY	4.32	4.02	5.33	4.98	4.77	4.8	4.78	4.5	4.26	4.28	4.75
NHS GRAMPIAN	3.63	3.63	5.28	4.6	4.73	4.2	4.4	3.97	4.26	4.37	4.1
NHS GREATER GLASGOW & CLYDE	3.26	3.29	4.09	3.5	3.27	3.45	3.14	3.49	3.07	3.07	3.21
NHS HIGHLAND	4.53	4.41	6.04	5.37	5.14	4.91	4.94	4.68	4.54	4.44	4.45
NHS LANARKSHIRE	3.73	3.53	4.85	4.55	4.28	4.2	3.99	3.32	4.02	3.87	3.64
NHS LOTHIAN	4.35	4.31	5.7	4.96	4.93	4.79	4.92	4.17	4.37	4.44	4.22
NHS ORKNEY	3.43	5.53	6.04	5.48	4.97	4.2	6.02	3.92	4.56	6.09	6.5
NHS SHETLAND	4.05	5.84	5.05	3.92	7.62	5.79	5.75	4.27	5.97	4.01	5.14
NHS TAYSIDE	5.22	4.14	5.32	5.8	5.72	5.21	4.72	4.91	4.7	4.79	4.19
NHS WESTERN ISLES	3.39	2.42	3.2	4.03	2.87	4.1	3.02	2.76	3.24	3.25	2.61

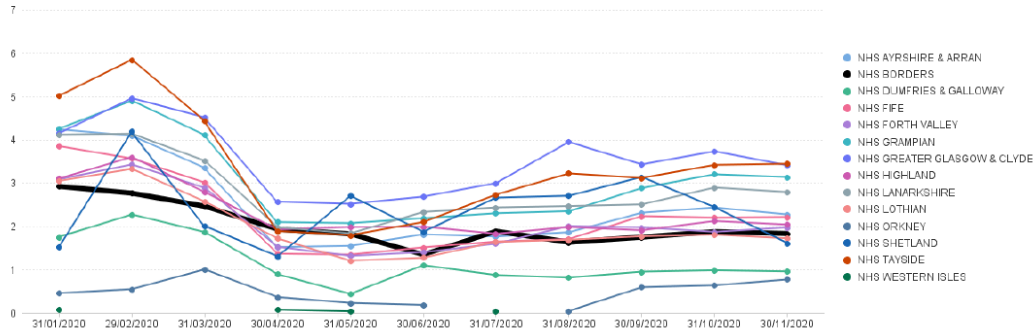
Figure 25 Gluten Free Food Service

# Smoking Cessation Service

## Nicotine Replacement Therapy Items per '000 List Size by Board

Items dispensed under sub-service flag NRT

Items per '000 LS by Date and Presc Health Board Name



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
NHS AYRSHIRE & ARRAN	4.24	4.09	3.35	1.52	1.55	1.81	1.76	1.86	2.31	2.43	2.27
NHS BORDERS	2.92	2.76	2.46	1.93	1.82	1.35	1.88	1.63	1.75	1.87	1.83
NHS DUMFRIES & GALLOWAY	1.75	2.27	1.86	0.89	0.44	1.1	0.87	0.82	0.95	0.98	0.96
NHS FIFE	3.85	3.56	3.01	1.37	1.35	1.51	1.65	1.7	2.24	2.2	2.22
NHS FORTH VALLEY	3.08	3.43	2.89	1.53	1.32	1.4	1.6	2.01	1.98	1.87	1.97
NHS GRAMPIAN	4.25	4.9	4.1	2.1	2.07	2.19	2.3	2.35	2.88	3.2	3.14
NHS GREATER GLASGOW & CLYDE	4.15	4.96	4.51	2.57	2.52	2.68	3	3.95	3.43	3.73	3.4
NHS HIGHLAND	3.1	3.6	2.79	1.92	1.98	1.99	1.83	1.98	1.91	2.12	2.04
NHS LANARKSHIRE	4.12	4.14	3.51	1.98	1.84	2.33	2.43	2.47	2.5	2.89	2.79
NHS LOTHIAN	3.05	3.32	2.57	1.72	1.21	1.27	1.64	1.69	1.77	1.81	1.72
NHS ORKNEY	0.46	0.55	1.01	0.37	0.23	0.18		0.05	0.59	0.64	0.77
NHS SHETLAND	1.53	4.18	2	1.31	2.7	1.87	2.66	2.7	3.14	2.44	1.61
NHS TAYSIDE	5.01	5.84	4.43	1.89	1.79	2.1	2.73	3.22	3.12	3.42	3.44
NHS WESTERN ISLES	0.07			0.07	0.04		0.04				

Figure 26 Smoking Cessation Service

## APPENDIX-07 PATIENT NUMBERS – LONG TERM CONDITIONS

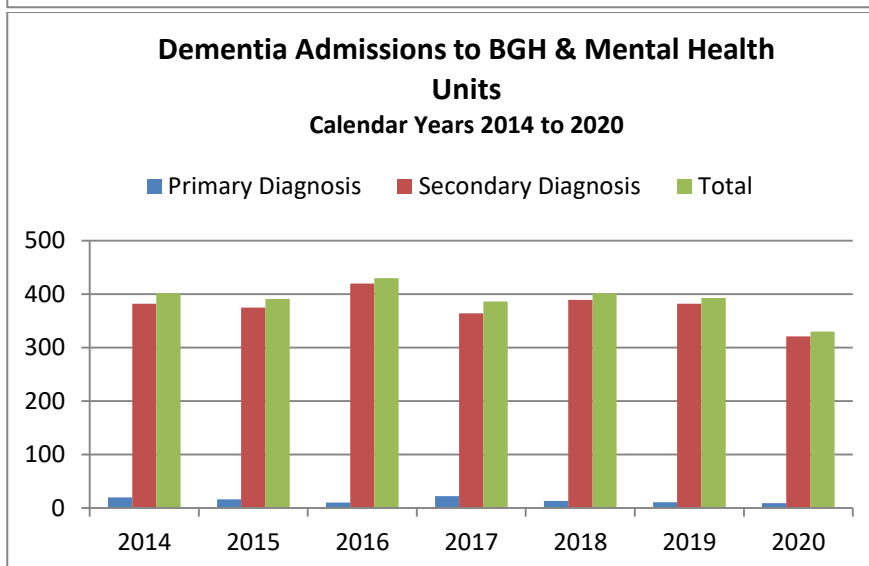
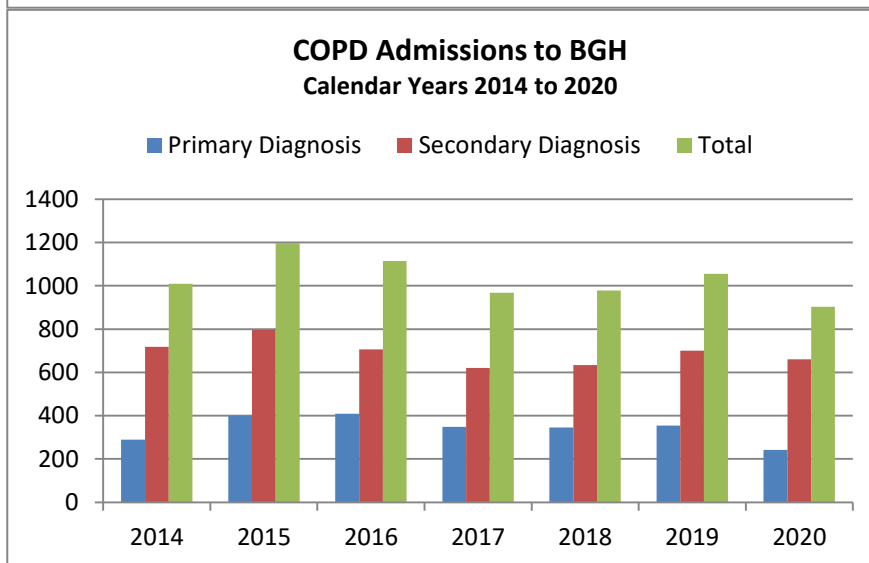
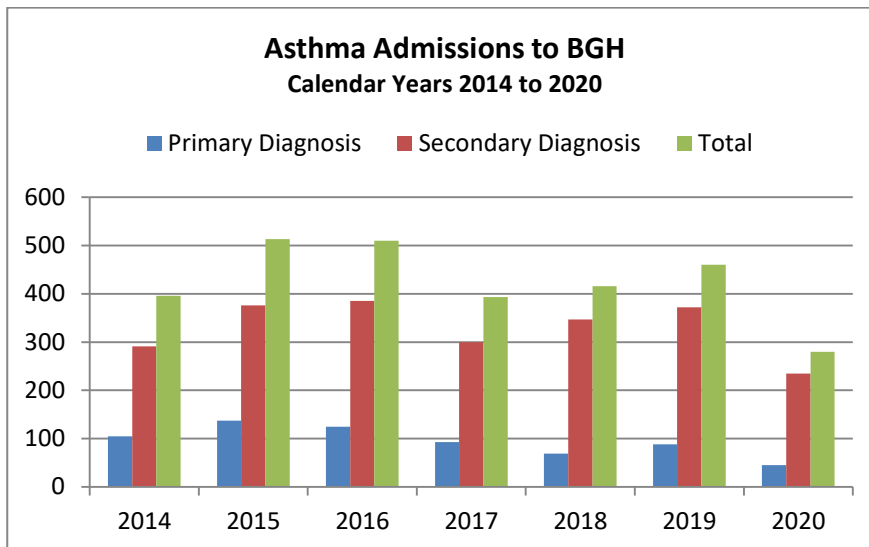
Spreadsheet/data available



2021-04-21 Long Term Conditions Char



2021\_04\_20\_Diabetes NHSB.xlsx





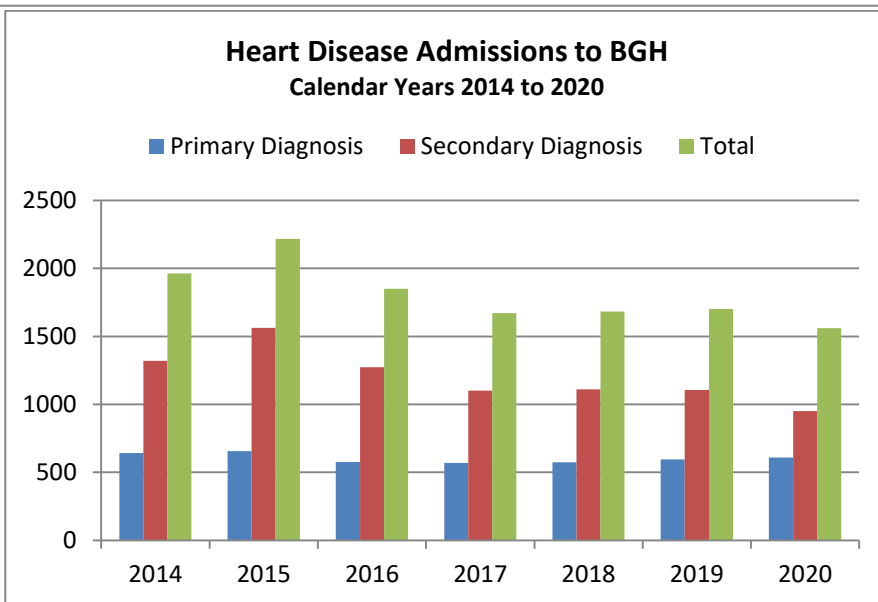
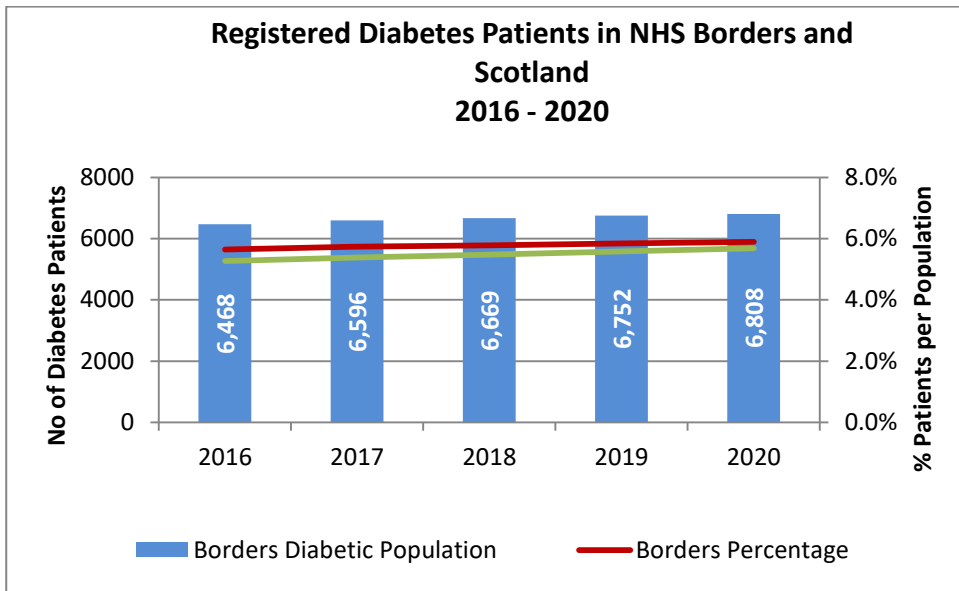
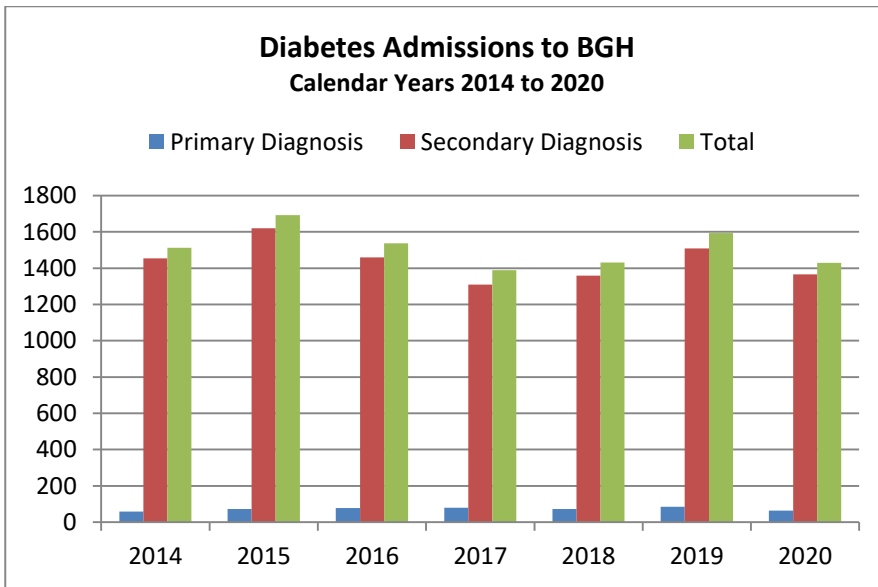
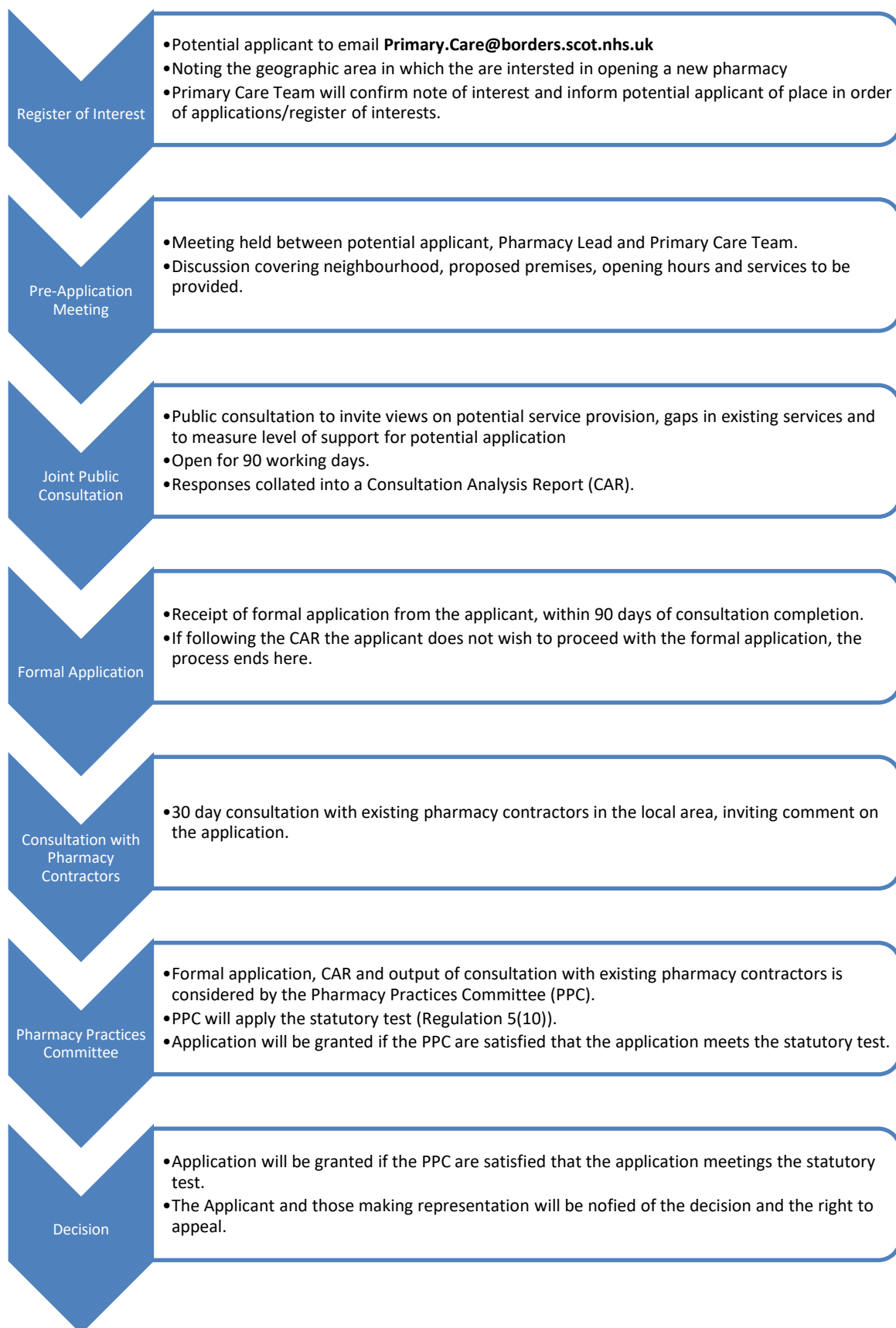


Figure 27 NHSB Long Term Conditions – Asthma, COPD, Dementia, Diabetes, Heart Disease

## APPENDIX-08 COMMUNITY PHARMACY APPLICATION PROCESS

### Pharmacy Application Process, NHS Borders Primary & Community Contracts Manager



## APPENDIX-09 NHS BORDERS ORGANISATIONAL PURPOSE, OBJECTIVE, PRIORITIES AND VALUES 2020-2023

Available at [http://www.nhsborders.scot.nhs.uk/media/786877/Organisational-Objectives-2020\\_2023-APPROVED-14072020.pdf](http://www.nhsborders.scot.nhs.uk/media/786877/Organisational-Objectives-2020_2023-APPROVED-14072020.pdf)

The NHS Borders Pharmaceutical Care Services Plan addressed the following areas:-

- Reduce health inequalities and improve the health of our local population.
- Provide high quality, person centred services that are safe, effective, sustainable and affordable.
- Promote excellence in organisational behaviour and always act with pride, humility and kindness.

<b>To implement objectives, NHS Borders plan to:</b>	<b>Location in PCSP objective addressed:</b>
Increase investment in Primary and Community health and care services to deliver care as close to home as possible.	PLAN for Improved and Increased Use of Community Pharmacy Services – page 37 PLAN for Improved Pharmaceutical Care at Home or in a Care Home – page 39 PLAN for Enhanced Access to Pharmaceutical Care in Remote and Rural Communities – page 40
Work closely with the Integration Joint Board, Scottish Borders Council, the third sector and other partners to deliver the best possible health and social care for the people of the Borders.	PLAN for Improved and Increased Use of Community Pharmacy Services – page 37 PLAN for Improved Pharmaceutical Care at Home or in a Care Home – page 39
Be agile and innovative in our thinking, decision making and actions.	Addressed in PLAN for Enabling NHS Pharmaceutical Care Transformation – page 40
Provide community alternatives to hospital care so that we can safely reduce the number of people who need to be admitted to hospital.	PLAN for Improved and Increased Use of Community Pharmacy Services – page 37 PLAN for Pharmacy Teams Integrated into GP Practices – page 38 PLAN for Improved Pharmaceutical Care at Home or in a Care Home – page 39
Provide local acute care on the BGH campus except when the service cannot be safely and sustainably provided by NHS Borders.	PLAN for Transformed Hospital Pharmacy Services – page 38
Provide services from a reduced number of NHS sites and beds and use a proportion of the resources released to support our investment in health and social care community services.	PLAN for Improved and Increased Use of Community Pharmacy Services – page 37 PLAN for Enhanced Access to Pharmaceutical Care in Remote and Rural Communities – page 40
Increase our use of digital technology to benefit people and support changes in our services.	Addressed in PLAN for Enabling NHS Pharmaceutical Care Transformation – page 40
Reshape our support services to maximise the level of resources invested in front line care.	PLAN for Improved and Increased Use of Community Pharmacy Services – page 37 PLAN for Pharmacy Teams Integrated into GP Practices – page 38
Prescribe medicines in line with evidence based care and ensure the most appropriate and cost effective interventions are provided.	Throughout the plan, aim of Community Pharmacy, Pharmacy Services in GP Practices and Hospital based Pharmacy.
Focus on prevention and early intervention to improve the physical and mental health and wellbeing of the people in the Borders and reduce health inequalities.	Throughout the plan, aim of Community Pharmacy, Pharmacy Services in GP Practices and Hospital based Pharmacy.
Focus on the renewal of the health and wellbeing of our communities following the impact of Covid-19.	Response to Covid-19 pandemic, page 16, is on-going.
Change the skill mix of our workforce by transforming roles to meet current and future needs and provide care by the most appropriately trained person.	PLAN for Transformed Hospital Pharmacy Services – page 38 Addressed in PLAN for Enabling NHS Pharmaceutical Care Transformation – page 40

## **APPENDIX-10 SCOTTISH BORDERS HEALTH & SOCIAL CARE PARTNERSHIP STRATEGIC PLAN 2018-2021**

Available at

[https://www.scotborders.gov.uk/downloads/file/5131/integration\\_strategic\\_plan\\_2018-21](https://www.scotborders.gov.uk/downloads/file/5131/integration_strategic_plan_2018-21)

The Integration Strategic Plan identifies three strategic objectives:-

- Improve the health of the population and reduce the number of hospital admissions
- Improve the flow of patients into, through and out of hospital.
- Improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

The seven partnership principles which feed into and inform the local objectives have also been acknowledged in the Pharmaceutical Care Services Plan:-

1. Prevention and early intervention
2. Accessible services
3. Care close to home
4. Delivery of services with an integrated care model
5. Greater choice and control
6. Optimise efficiency and effectiveness
7. Reduce health inequalities.

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## APPENDIX-12 ACKNOWLEDGEMENTS AND BIBLIOGRAPHY

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:

1. [Population estimate from National Records of Scotland, updated April 2020](#)
2. [Scottish Borders Strategic Assessment 2020](#)
3. Source: [National Records of Scotland](#)
4. Source: [Local Police Plan 2020-23 The Scottish Borders; Police Scotland](#)
5. [https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)
6. <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>
7. [Scottish Government Achieving Excellence in Pharmaceutical Care – Enabling Pharmaceutical Transformation](#)
8. Community Pharmacy Workforce Survey 2019 - <https://test1.nes.digital/pharmacy-report-2019.html>
9. Staff numbers as at April 2021; WTE=Whole Time Equivalent – from Pharmacy Dept.
10. <https://www.gov.scot/publications/achieving-excellence-pharmaceutical-care-strategy-scotland/>
11. <https://www.cps.scot/media/3134/pca-p-2020-2-community-pharmacy-funding-settlement-2020-21-2022-23.pdf>
12. <https://www.cps.scot/media/3696/circular-pca-p-2020-16-national-career-pathway-and-introduction-of-a-common-clinical-conditions-independent-prescribing-servi.pdf>
13. <https://www.cps.scot/news-insight/news/early-career-framework-for-community-pharmacists-in-scotland/>
14. SCI Diabetes data (for both Borders and Scotland)
15. BGH Admissions with Long Term Conditions: Discharge Calendar Years 2014 to 2020;  
Source: SMR1 SMR4