



# **Pharmaceutical Care Services Plan.**

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## Executive Summary.

NHS Borders provides health services to a population of approximately 112,430 (2008). This population is predicted to grow to 117,057 by 2016 and to 127,390 by 2031. In conjunction with this predicted growth rate the population is also ageing with the number of pensioners increasing at an average rate of 1.4% per annum with a predicted total increase of 40.9% by 2031. This has been identified as the greatest potential risk to future health services.

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

The future of community pharmacy services will be shaped by both the projected increase and ageing of the population. This may provide further opportunities for new pharmacies to develop to meet these changing needs. This may also have an impact on the areas currently served by a dispensing practice as the towns and villages grow and develop and the case for a community pharmacy becomes more viable.

Three areas stand out as future opportunities for the development of a community pharmacy:

- **Burnfoot and Langlee** - These two neighbourhoods are currently highlighted as key areas of deprivation within the region, this in combination with the projected growth and ageing of the population could in future mean they may be considered to be both large enough in population terms and have the potential demand for pharmacy services.
- **Tweedbank** - Although considered locally to be a neighbourhood of Galashiels, it is identified in the 2008 Mid-year Estimate GRO(s) population of Scottish Borders towns and village as a settlement in its own right and as such may also present a future opportunity for community pharmacy. The proposed rail link due in 2014 will terminate in Tweedbank and will bring with it additional housing and business developments as a result of the improved transport links.

In addition to the future opportunities for community pharmacy growth the evidence also highlights some potential risks and challenges in the short to medium term. These challenges need to be addressed as part of ongoing service development, with the focus on equal opportunities and meeting the changing needs of the population. Areas that should be reviewed are:

- Medicine Compliance Aids/Initiatives
- Clinical Medication Reviews in Care Homes
- Discharge Support
- Carers Support

- Support for Cost Effective Prescribing Initiatives
- Formulary Support
- Oral Contraception/PIL follow up service
- Supply of Specialist Treatments (e.g. HIV, Rheumatology & Oral Chemotherapy).
- Palliative Care Support
- Naloxone Take Home Supply
- Independent/Supplementary Prescribing

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

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

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

## Quality Strategy.

Outlined below is how the pharmaceutical care service plan is consistent with and aligned to the 3 Quality Ambitions and 6 Dimensions of Healthcare Quality contained within The Healthcare Quality Strategy for NHS Scotland (published May 2010). For further information please refer to the Strategy at the following link: <http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf> )

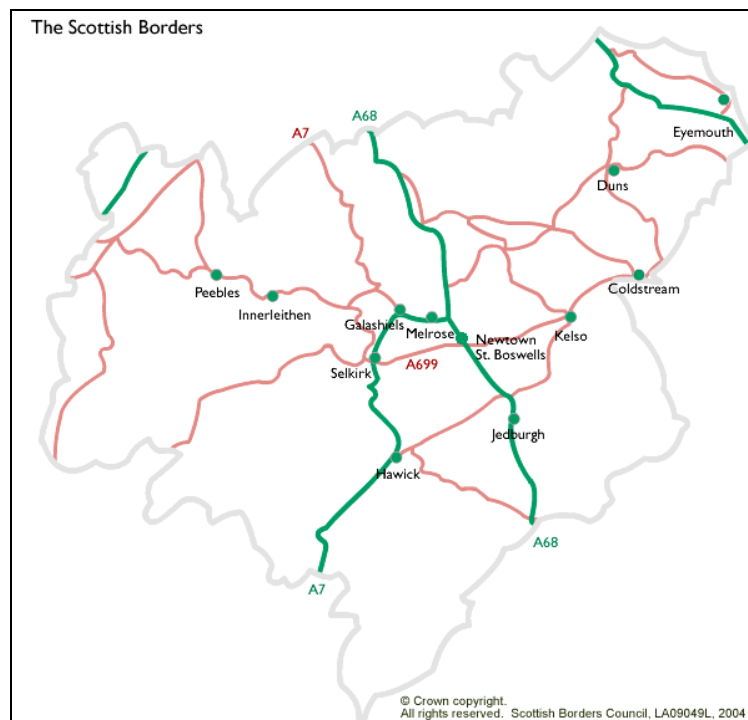
Quality Ambitions and Dimensions	How the Plan Aligns
1. Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.	The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

## Background.

### The Scottish Borders.

The Scottish Borders covers an area of 1,831 square miles (4,743km<sup>2</sup>) it is situated in the south east of Scotland and lies between the Lothians and the Border with England. It stretches from West Linton in the West to Eyemouth in the East, from Lauder in the North to Newcastleton in the South. The region has only one Community Health Partnership and is co-terminus with one local government authority, Scottish Borders Council.

*Fig 1. The Scottish Borders.*

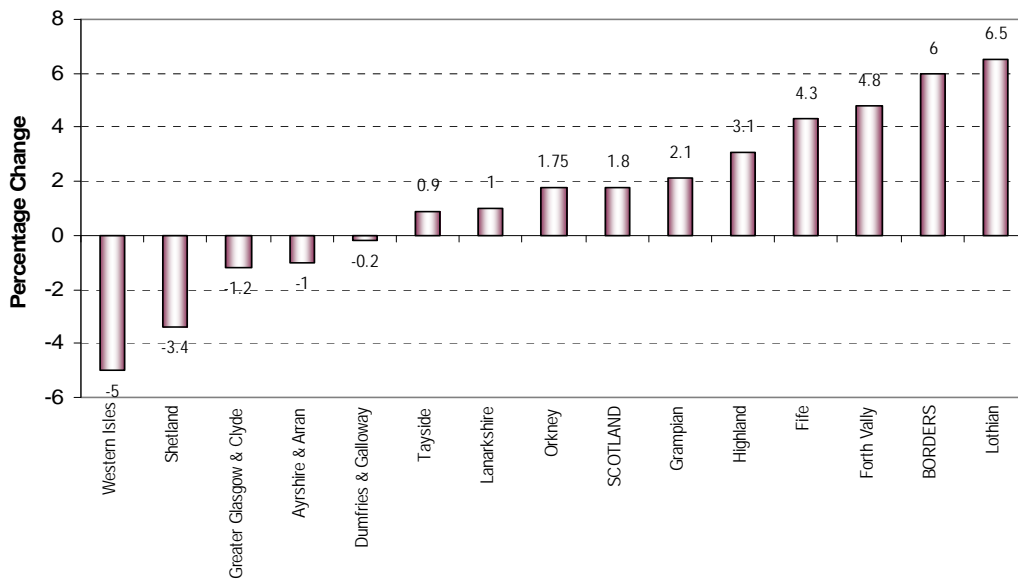


### Population.

The number of people in the Scottish Borders was estimated to be **112, 430** on 30 June 2008. This has risen by 0.9% since 2007. The General Register Office for Scotland (GROS) suggests this increase is due to people moving into the area. The Scottish Borders is predicted to have a population of 117,057 by 2016, growing to 127,390 in 2031. Ethnic minorities make up 0.6% of the population, significantly lower than the Scottish average of 2%.

The areas that are gaining are mostly rural areas and areas where there have been recent housing developments. Population shifts within the Borders tends to reflect the growth of new housing areas, particularly the medium to high value family houses. The Innerleithen and Walkerburn area includes Cardrona, which continues to show strong growth, as does the Melrose and Tweedbank area where there has been significant housing development. A railway link is due to open in 2014 with stations at Stow, Galashiels and terminating at Tweedbank. This may contribute to further growth along its commuter catchment area.

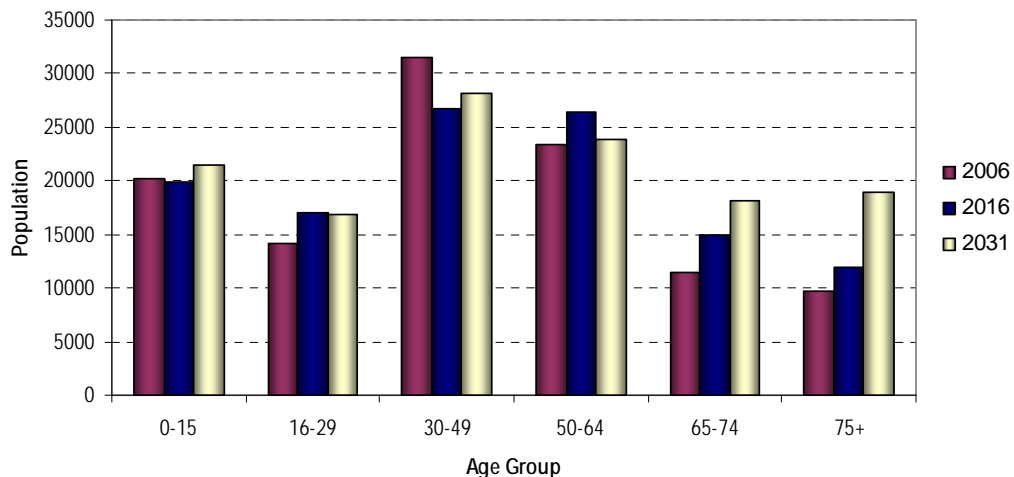
Fig 2. Percentage Change in Population – NHS Board Areas 1998-2008



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

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

Fig 3. Population by Age Band

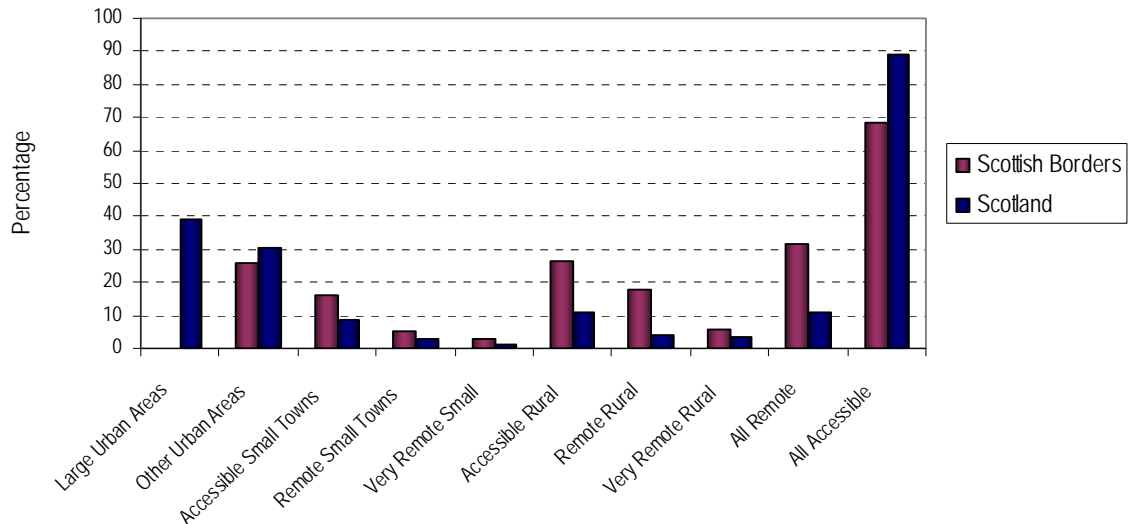


Source: General Register Office for Scotland GRO(S).

## Population Density.

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

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



Source: Adapted from Scottish Government (SNS)/SBC Data.

## Neighbourhoods.

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

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

Table 1. Population of Identified Neighbourhoods in Scottish Borders.

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

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

## Town/Village Populations.

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

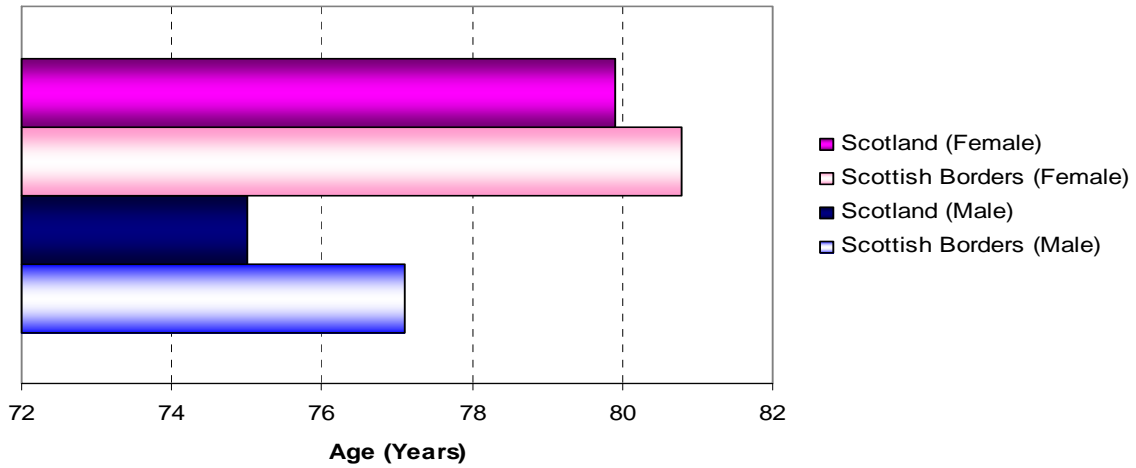
Settlement	Population	Settlement	Population
Hawick	13,787	Burnmouth	220
Galashiels	12,229	Gavinton	201
Peebles	8,006	Paxton	195
Kelso	6,276	St. Abbs	185
Selkirk	5,590	Romannobridge	175
Jedburgh	3,949	Leitholm	161
Eyemouth	3,173	Ednam	140
Innerleithen	2,975	Birgham	139
Duns	2,615	Bonchester Bridge	135
Melrose	2,028	Heiton	133
Coldstream	1,977	Skirling	127
Tweedbank	1,968	Stichill	126
Earlston	1,834	Preston	115
West Linton	1,487	Ashkirk	107
Newton St Boswells	1,244	Blyth Bridge	107
Lauder	1,243	Foulden	106
Chirnside	1,237	Fountianhall	101
St Boswells	1,152	Lanton	100
Eddleston	1,032	Sprouston	100
Newcastleton	718	Grantshouse	97
Yetholm	660	Ettrickbridge	96
Coldingham	643	Carlops	92
Greenlaw	636	Midlem	92
Walkerburn	620	Hutton	89
Denholm	613	Allanton	86
Stow	608	Nether Blainslie	81
Ayton	540	Yarrowford	77
Clovenfords	421	Whitsome	72
Gordon	415	Roxburgh	70
Cockburnspath	412	Eccles	69
Darnick	397	Smailholm	67
Ancurm	392	Longformacus	66
Gattonside	381	Maxton	60
Eddleston	335	Westruther	60
Reston	335	Minto	58
Broughton	306	Redpath	56
Oxton	270	Eildon	53
Morebattle	266	Traquair	51
Newstead	256	Chesters	49
Lilliesleaf	246	Mackerston	45
Cardrona	229	Nisbet	37
Swinton	224	Crailing	36
Bowden	223	Eckford	29

Source GRO(S) 2008.

**Health.**

Life expectancy in Scotland has been slowly rising for many years for both men and women. Using 2006-2008 three year average data life expectancy at birth is 77.1 years for men and 80.8 years for women in Scottish Borders. This is slightly higher than the Scottish average for both men and women at 75 and 79.9 years respectively and is shown in the graph below.

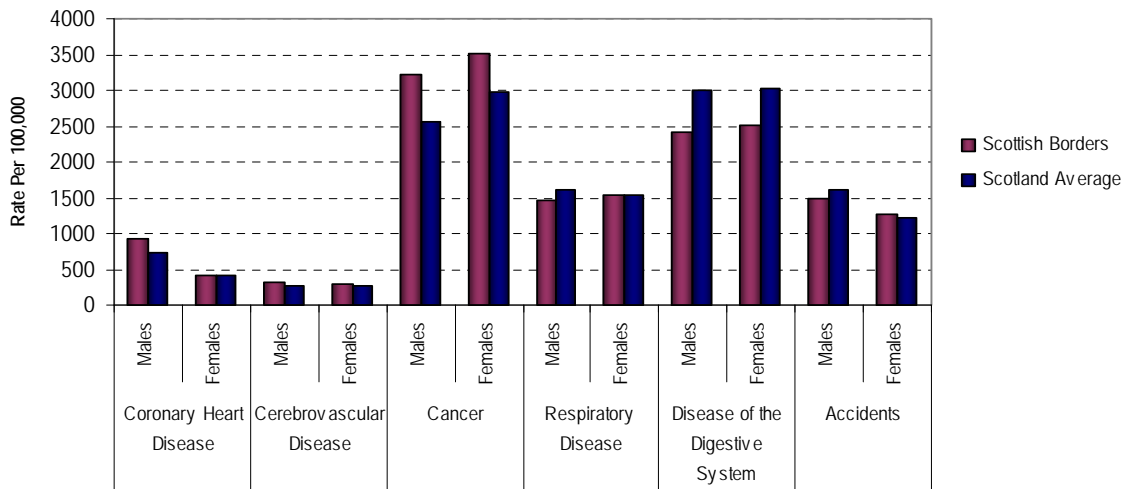
*Fig 5. Life Expectancy at Birth 2006 - 2008*



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

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

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



Source: Scottish Borders in Figures (2010) SBC

## Deprivation.

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

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

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

*Table 3. Indicators of Deprivation.*

Indicator	Scottish Borders	Scotland
Percentage of the working-age population who are income-deprived, 2008	12.6%	15.9%
Percentage of the working-age population who are employment-deprived, 2008	8.4%	10.8%
Percentage of the working-age population in the “Workless Client Group”, 2006	9.7%	13.6%
“Comparative Illness Rate” Per 100,000 population, 2005*	9316	11,762

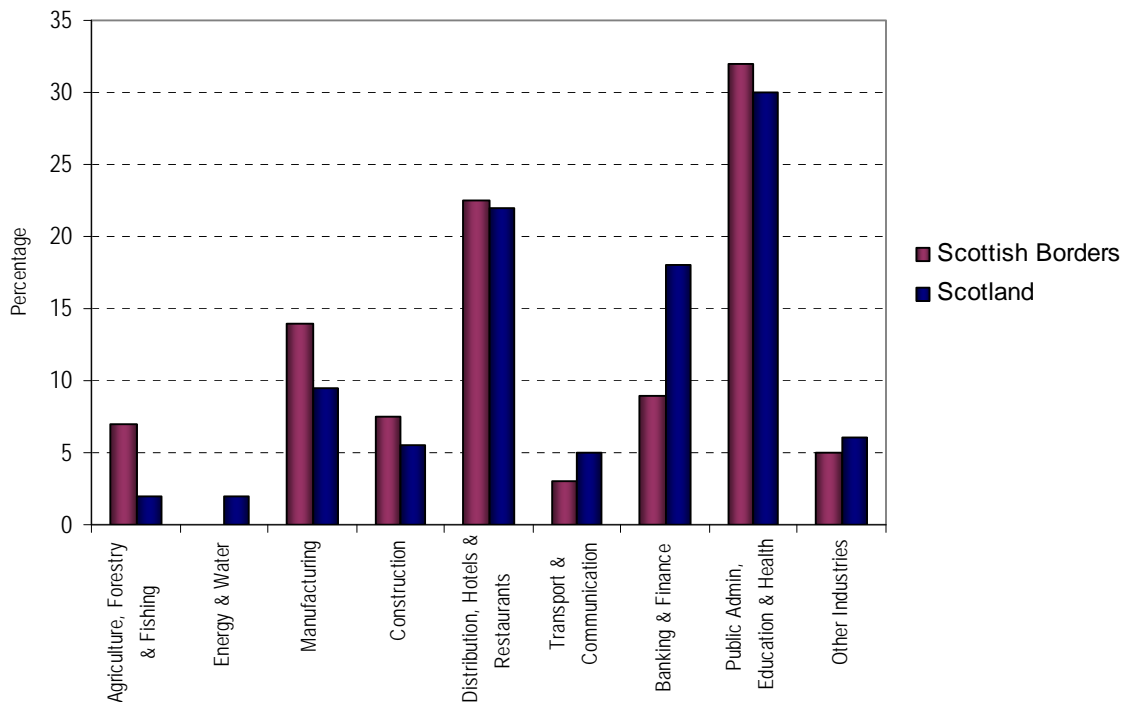
Source: Scottish National Statistics (SNS)

\* Indicator is derived from claimant counts of a combination of key benefits and is used as an indication of deprivation.

## Employment.

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

Fig 7. Percentage of Employees in Selected Industries 2007



Source: Annual Business Inquiry (ABI)

### Employment change over time.

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

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

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

## Introduction.

*The Right Medicine* is the Scottish Government's strategy for pharmaceutical care in Scotland and it was published in 2002, following the publication of the Scottish Health Plan, *Our National Health: a Plan for Action a Plan for Change*. The strategy outlined the Government's commitment to improve patient care and make better use of the community pharmacy workforce by calling for the development of quality services based on a patient centred approach to pharmaceutical care. In a modern NHS, Community Pharmacists provide an accessible and convenient contact point for patients, offering high levels of expertise on the best use of medicines and drug technologies, vital to ensure best patient care and best use of resources. The new community pharmacy contract underpins the approach to modernising community pharmacy services both in the way that services are delivered by community pharmacists and planned and secured by NHS Boards. These changes are based on the results of research evidence, various pilots and consultation on the legislative requirements

The Smoking, Health and Social Care (Scotland) bill was passed in June 2005. Part 3 of the act provides a legislative framework to underpin the introduction of the new community pharmacy contract. The act aims to improve the planning process for establishing and securing Pharmaceutical Care Services (PCS) by ensuring that provision is based on locally identified care needs and patients have a convenient access to a full range of appropriate services.

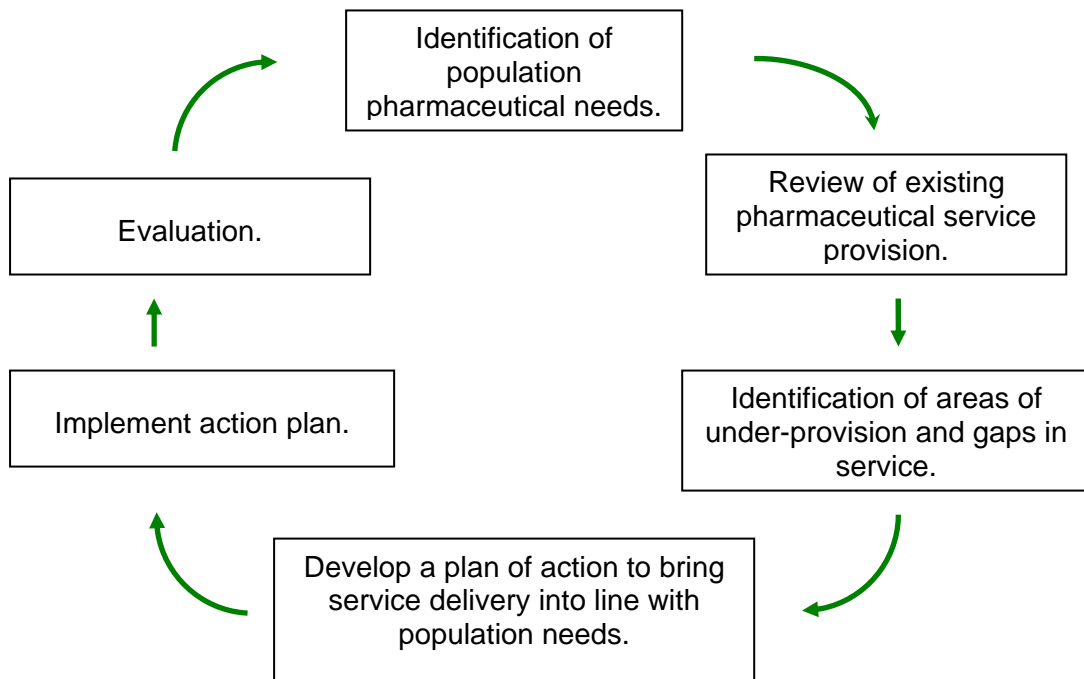
The Act places a statutory duty on NHS Boards to provide or secure the provision of Pharmaceutical Services they consider necessary to meet local needs and publish plans for where and what pharmaceutical care services are to be provided in their area.

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

## Pharmaceutical Care Service Planning Process.

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

*Fig 8 – PCS Planning Cycle.*



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

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

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

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

## Current Pharmaceutical Provision.

### Community Pharmacy.

Pharmaceutical care services are currently provided by 27 community pharmacies. These are distributed across the region as illustrated in *Fig 9* below. They represent approximately 1 community pharmacy for each 4175 of population compared to 1 community pharmacy for each 4274 Scottish Average (2010 population estimates).

*Fig 9 – Community Pharmacy Locations (2010).*



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

*Table 4. Pharmacy Contractor Ownership Breakdown*

Category	Number
'Multiple' Pharmacies	10
Smaller Group Pharmacies	6
Independent Pharmacies	10
Consortium Pharmacies	1
	<b>27</b>

### Dispensing Practices.

In addition to the community pharmacy network 3 GP practices hold dispensing doctor contracts (Stow, Newcastleton & Coldingham). These practices are contracted to dispense medicines for some or all of their patients. They provide monitoring of long term illness as laid out in the General Medical Services regulations and will provide access to medicines for management of minor ailments following consultation with a doctor. They do not provide the full range of pharmaceutical care services available from a community pharmacy.

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

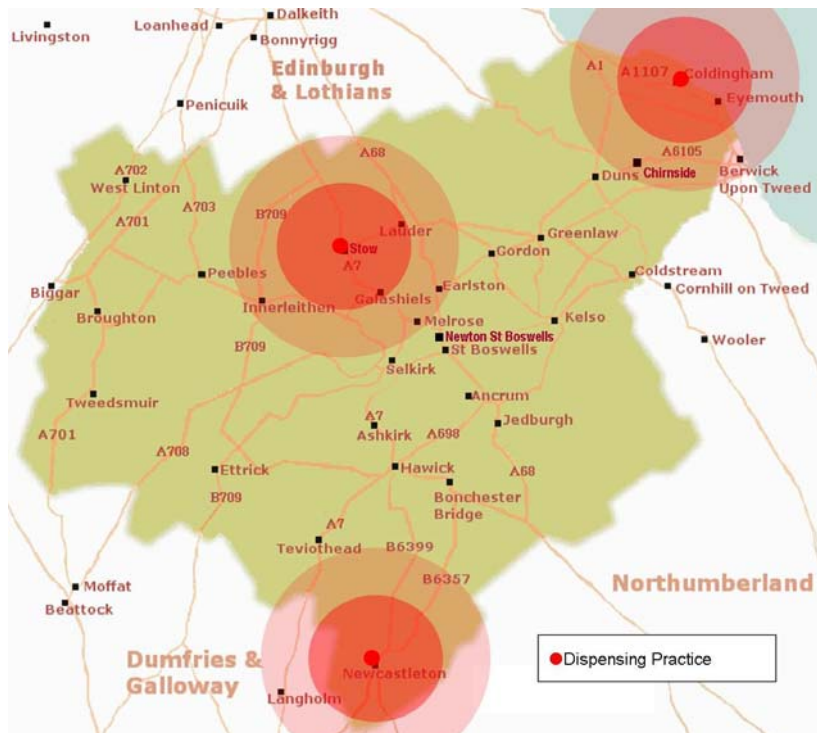


Table 5. Dispensing Practice Statistics

Practice	Dispensing Population	Average Items Dispensed Monthly (2010)	Nearest Community Pharmacy	
			Distance	Time (Car)
Coldingham	2073	3480	3.5 miles (Eyemouth)	8 Mins
Newcastleton	1573	3333	20 miles (Hawick)	30 Mins
			10.5 miles (Langholm)	18 Mins
Stow	2788	2318	5.5 miles (Lauder)	12 Mins
			8 miles (Galashiels)	15 Mins

Source: ISD Scotland 2010

## Access to Pharmaceutical Care Services.

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

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

On five week days in the week (less any public holidays in the week).	9am to 5.30pm (during which time they may be closed for a maximum of one hour in the middle of the day).
On one week day (the Early Closing Day as defined in the Shops Act 1950-65).	9am to 1pm.

Additionally at any other time when a pharmacist's place of business is open for the purpose of supplying drugs or appliances they shall supply drugs or prescribed appliances, which are ordered under the regulations.

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

However there are variations to these hours depending upon individual circumstances and applications for slightly shorter or longer hours have been made at various times to suit the local situation. As a result some pharmacies choose to close at lunch time for up to one hour, some pharmacies also choose to close for a half day in accordance with local trading arrangements and some pharmacies choose not to open on a Saturday.

### Holiday Coverage.

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

Table 6. Community Pharmacy Opening Times (January 2011)

Contractor Code	Pharmacy	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
8005	Eildon Pharmacy Ltd – Newton St Boswells	9 - 6	9 - 5:30	9 - 1:00	9 - 6	9 - 5:30	9 - 12	
8006	Boots UK Ltd – Galashiels	8:30 – 8	8:30 – 8	8:30 – 8	8:30 – 8	8:30 – 8	8:30 – 6	10 – 6
8007	Boots UK Ltd – Hawick	8:30 - 6	8:30 - 6	8:30 - 6	8:30 - 6	8:30 - 6	9 - 5	
8008	Boots UK Ltd – Peebles	9 – 5:45	9 – 5:45	9 – 5:45	9 – 5:45	9 – 5:45	9 – 5:30	
8009	Boots UK Ltd – Kelso	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	8:30 - 5:30	8:30 - 5:00	
8013	T N Crosby – Hawick	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 12	
8019	Lloyds Pharmacy Ltd – Kelso	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:00	
8020	Lloyds Pharmacy Ltd - Galashiels	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:00	
8032	D & E Ogilvie – Innerleithen	9 - 5:30	9 - 1	9 - 5:30	9 - 5:30	9 - 5:30	9 - 12:30	
8034	G L M Romanes Ltd – Duns	9 - 6	9 - 6	9 - 5	9 - 6	9 - 6	9 - 5	
8035	G L M Romanes Ltd - Greenlaw	9 – 5:30	9 – 5:30	9 – 1	9 – 5:30	9 – 5:30		
8038	R G Turnbull – Earlston	9 - 6	9 - 6	9 - 1	9 - 6	9 - 6	9 - 1	
8039	HHCC (Pharmacy ) Ltd - Hawick	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6		
8041	West Linton Pharmacy	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 1	
8044	A A Weir – Selkirk	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 1	
8045	Red Band Chemical Co Ltd - Hawick	9 - 6	9 - 5	9 - 6	9 - 6	9 - 6	9 - 5	
8047	R I McRobbie Ltd - Coldstream	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 12:30	
8048	Red Band Chemical Co Ltd	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 5	
8050	Tesco Stores Ltd – Galashiels	8 - 8	8 - 8	8 - 8	8 - 8	8 - 8	8 - 8	9 - 6
8051	G L M Romanes Ltd - Eyemouth	9 - 6	9 - 6	9 - 6	9 - 5	9 - 6	9 - 5	
8052	M Farren Ltd – Galashiels	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:00	
8053	Lloyds Pharmacy Limited - Peebles	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	
8054	Boots UK Ltd – Melrose	9 - 6	9 - 6	9 - 6	9 - 5	9 - 6	9 - 5	
8055	Boots UK Ltd – Jedburgh	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 5:30	9 – 1	
8056	Lauder Pharmacy Ltd	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 1	
8057	Willow Health Care - Jedburgh	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5:30	8:45 – 5	
8058	A G & S J Gray – Chirnside	9 - 6	9 - 6	9 - 6	9 - 6	9 - 6	9 - 12	



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

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

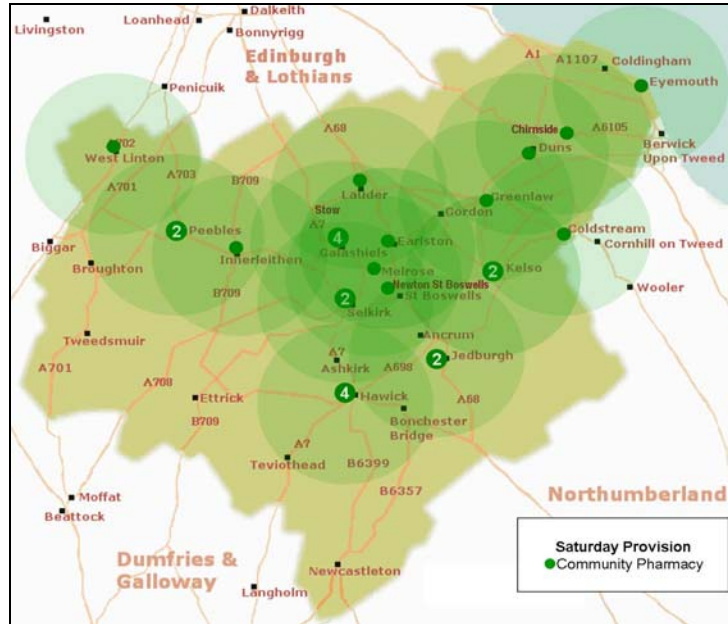


Fig 13 below illustrates access (20 minute travel isochrones) to pharmaceutical care services during a Saturday post 13:00hrs. It would appear that although there is less availability than pre 13:00hrs, it is still an even spread of cover and is adequate for the populations needs.

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

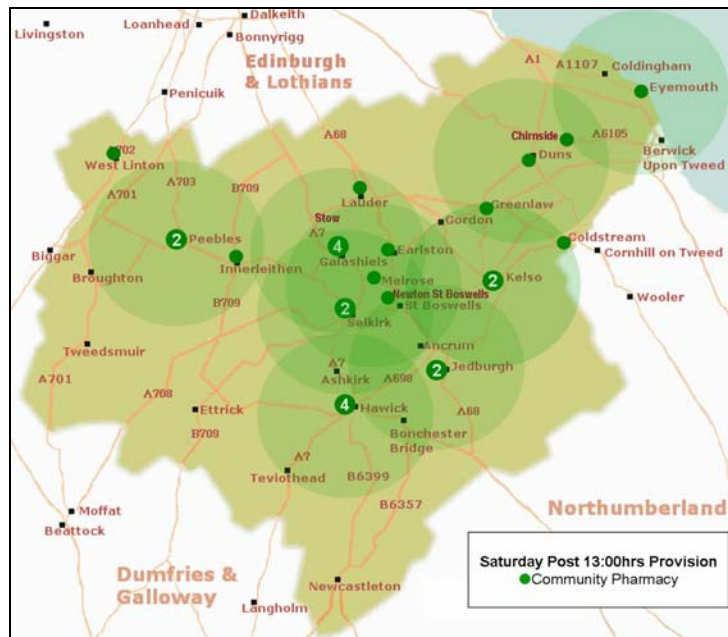


Fig 14 below illustrates access (20, 40 & 60 minute travel isochrones) to pharmaceutical care services during a Sunday. It is evident that there is very limited service provision on a Sunday with both pharmacies being based in Galashiels. It must also be noted that there is a pharmacy in Berwick Upon-Tweed (Northumberland) that is also open on a Sunday and may be accessed as cover for the Berwickshire area.

Fig 14 – Community Pharmacy Sunday Service Provision.



## Travel/Transport

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

It was highlighted in Scottish Borders Councils Transport Strategy 2007/08 that the Scottish Borders does have relatively good public transport and social transport services, however these services are now thought to be under threat due to the pending national cuts and a subsequent reduction in subsidy funding locally.

These service reductions are identified as a potential risk to access of all health services including community pharmacy. If implemented they will have a dramatic effect on the most isolated areas of the community as more services are likely to be centralised and people have to travel longer distances and rely on private transport to access services.

*Table 7 Road Transport Statistics (2007/2008)*

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

Source: SBC/SNS Local Authority average

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

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

Source: Scottish Household Survey

## Contractor Premises.

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

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

Hearing Loops provide improved listening clarity for people with hearing loss who experience difficulty and fatigue, when trying to understand speech, because of distance, reverberation, and distracting background noise. *Table 9* below shows a breakdown of the facilities currently available to ensure equality of access for all patients (January 2011).

*Table 9. Equality of Access Audit (January 2011)*

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

### Confidential Services.

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

As a result of the new pharmacy contract many community pharmacies have been modernised to provide private areas, which can be utilised for the provision of counselling and/or advice. These areas in the pharmacies enable patients to have personal discussions with some privacy and to enable other private services such as emergency hormonal contraception to be provided in a confidential manner. The development of these consultation or private areas in many pharmacies has been an enabling factor in the development of these new services. These areas can either be fully enclosed providing complete audible and visual privacy or can provide a lesser degree of privacy. The table below outlines the results of a recent consultation area audit. (January 2011)

*Table 10. Consultation Room Audit (January 2011)*

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

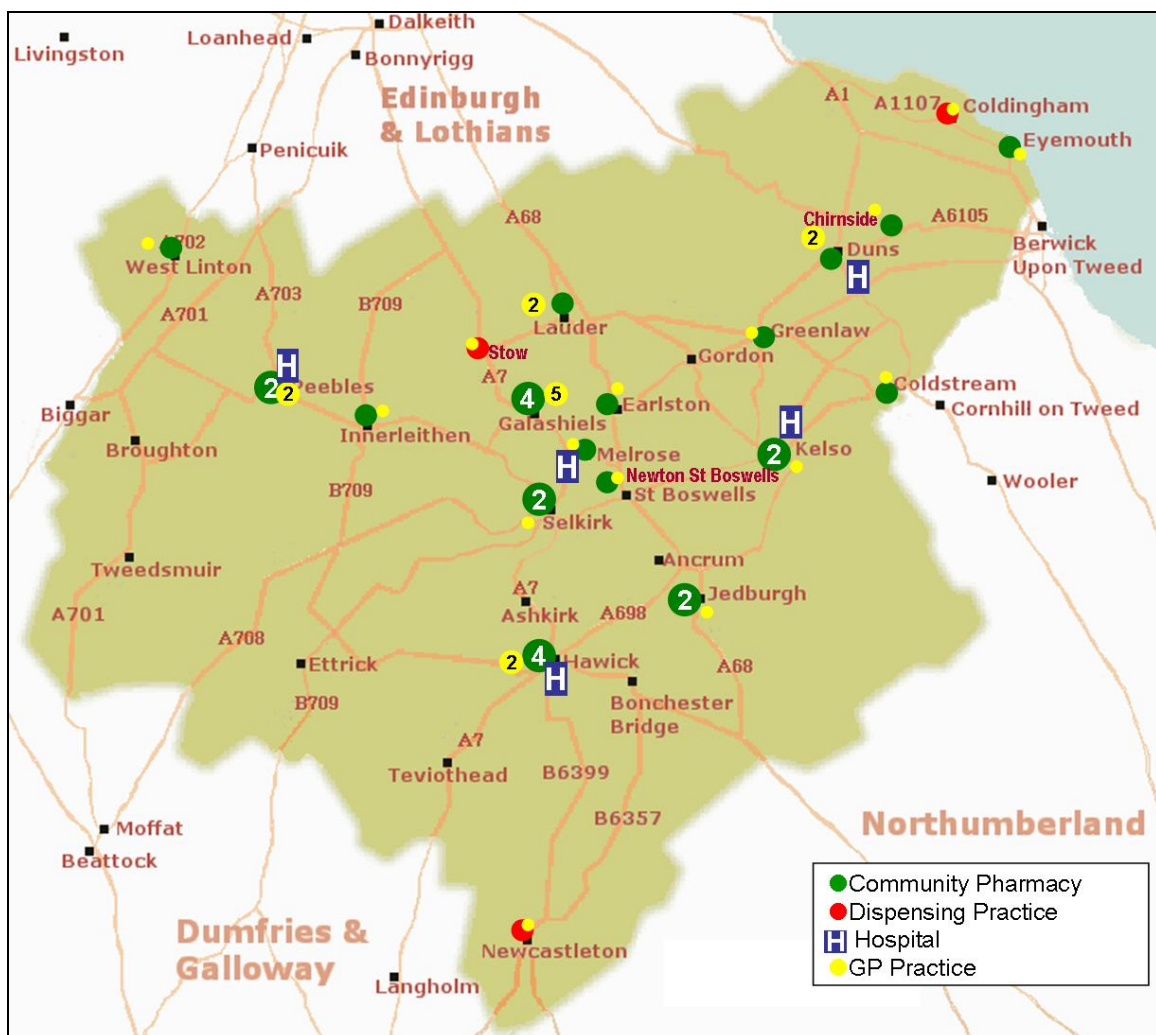
## Community Pharmacy Contract

The National Community Pharmacy Contract has changed the focus from one based on the supply of and advice on medicines, and providing support and advice on health promotion and self care to one which encompasses four core essential services. These four core services – Minor Ailment Service, Public Health Service, Acute Medication Service and Chronic Medication Service - underpin the new contractual arrangements for the provision of pharmaceutical care services and all community pharmacy contractors are required to provide these core services.

### Acute Medication Service (AMS)

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

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



### **Chronic Medication Service (CMS)**

The Chronic Medication Service is the final one of the four core services in the community Pharmacy Contract (CPC) in Scotland to be implemented. It is currently running as a pilot using early adopter sites across Scotland to trial and develop the service and is scheduled to be fully implemented during 2011/12. CMS aims to further develop the contribution of community pharmacists in the management of patients with long-term conditions. CMS supports patients to manage the medications they take for their condition. It is broken down into three parts:

- **Reviewing patient's medicines** – the pharmacist looks at how a patient uses their medicines. They then discuss with the patient any problems they have with their medicines and decide on the need for a care plan.
- **CMS Care Plan** – This plan helps pharmacists give the patient more regular care and advice about their medicines. The care plan is shared with the patient and their GP.
- **Serial prescriptions** – A serial prescription is a prescription for a medicine(s) a patient needs to treat a long-term condition. It is like a normal prescription but lasts for 24 or 48 weeks. The GP issues the prescription and the patient then takes it to the pharmacy where they are registered for CMS. The GP will decide how often the medicines should be dispensed and the pharmacy retains the prescription. The GP is informed each time part of a prescription is issued to a patient. At the end of the term the pharmacy will inform the GP and the GP decides whether to re-issue another prescription or arrange a consultation with the patient.

### **Minor Ailment Service (MAS)**

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

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

The table below shows the average monthly figures for MAS in Scottish Borders compared to Scotland (April – September 2010).

*Table 11. Average Monthly Figures for Minor Ailments Service (April – September 2010)*

Area	Average of Registrations.	Average Number of Prescriptions Dispensed.	Average MAS Capitation Payment.	Average MAS Prescription Value
Scottish Borders	16,535	3,004	£25,140	£6679
Scotland	752,319	131,113	£1,314,440	£289,654

Source: ISD Scotland.

Although MAS is provided by all community pharmacies the level of engagement can vary across the area. The service is generally well promoted by the ‘multiple’ pharmacies but can be more variable within the independent sector. The table below highlights the range of monthly average service activity for all 27 community pharmacies between April - September 2010.

*Table 12. Minor Ailments Service – Range of Service Activity (April - September 2010)*

Average Number of Patients Registered per Pharmacy	Average Number of Prescriptions Issued per Pharmacy	Average Value of Prescriptions Issued per Pharmacy
1972	1959	£1,950.49
1155	1164	£1,173.67
1028	1017	£1,001.47
1010	1012	£1,015.02
972	976	£978.63
858	866	£872.56
829	828	£826.53
817	830	£836.11
813	812	£812.00
750	759	£766.41
736	733	£730.50
726	723	£719.13
669	664	£661.24
604	604	£606.80
578	586	£590.61
553	571	£593.09
548	551	£551.58
322	323	£325.26
313	315	£316.23
269	267	£266.69
248	253	£255.82
232	234	£235.70
164	174	£183.85
159	157	£155.14
92	94	£96.26
77	78	£78.88
44	43	£42.67

Source: ISD Scotland

## Public Health Service (PHS)

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

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

The Public Health Service comprises the following services:

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

### Example of Campaigns Planned During 2010/11.

Prescription charges	29 March – 2 May
Bowel Screening	3 May – 13 June
Care Information Scotland	14 June – 25 July
Smoking	26 July – 5 September
Antibiotics	6 September – 17 October
Seasonal Flu	18 October – 21 November
Hand Hygiene	22 November – 2 January
Adverse Drug Reactions	3 January – 13 February
Pregnancy	14 February – 13 March
Unscheduled Care	14 March – 31 <sup>st</sup> May 2011

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

As outlined in table 13, some pharmacies also have an electronic information database terminal 'Healthpoint' as part of this service.

Table 13. Health Point Locations and 2010 Usage data.

Kiosk ID	Pharmacy	Total Items Viewed 2010
967	Eyemouth Pharmacy - Eyemouth	1584
968	Boots the Chemist – Galashiels	822
1096	Coldstream Pharmacy – Coldstream	<i>Not In Use</i>
1097	Boots the Chemist – Jedburgh	<i>Not In Use</i>
1098	Farren Pharmacy – Galashiels	1076
1099	T N Crosby - Hawick	<i>Not In Use</i>
1169	West Linton Pharmacy – West Linton	1342
1162	Greenlaw Pharmacy - Greenlaw	791
1056	A A Weir Pharmacy - Selkirk	<i>Not In Use</i>
1057	D & E Ogilvie – Innerleithen.	<i>Not In Use</i>
1253	GLM Romanes Pharmacy - Duns	2414
1303	Hawick Health Centre Pharmacy - Hawick	<i>Not In Use</i>
1304	Grays Pharmacy – Chirnside.	3061

(Author: The Healthpoint information system was under review at the time of writing this plan)

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

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

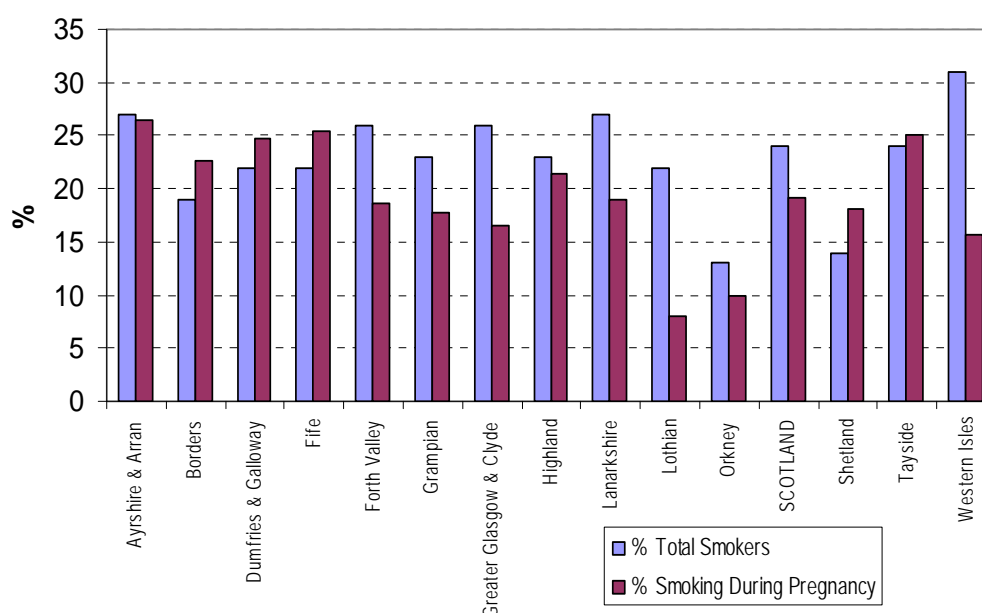
The aim of the service is to increase access to smoking cessation support and the provision of smoking cessation products in order to contribute to the number of smokers successfully giving up smoking this includes:

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

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

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

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



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

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

Table 14. Smoking Prevalence Top 10 Localities (2003/04).

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

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

Table 15 Outlines the success ratio of smoking quits by Board area from 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2010.

Table 15. Smoking Cessation Data (April 08 to March 10)

	A&A	Borders	D&G	Fife	Forth Valley	Grampian	GG&C	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles
Total Quit Attempts made	6896	3013	3986	6520	5899	11040	43176	6830	22137	16210	102	342	7904	601
Total Self-Reported Quits at 1 month	2840	1323	1547	2890	2641	4473	14926	3292	8318	7147	49	159	2327	345
% of Total Successful Quits	41	44	39	44	45	41	35	48	38	44	48	47	29	57
% of Successful Quits Pharmacy	32	37	33	34	35	37	30	29	27	27	71	25	21	50

Source: National Smoking Cessation Database (ISD Scotland)

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

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

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

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

Pharmacists are expected to link into existing networks for community services so that women who need to see either Family Planning or GP can be referred rapidly.

Clients whom fail to meet the criteria laid out in the PGD are referred to another local service such as Family Planning, OOH or GP as soon as possible to ensure contraceptive needs are met.

Pharmacists providing this service are also be expected to provide support and advice on issues including sexually transmitted infections (STIs), the use of condoms (including supply), regular methods of contraception and onward signposting to services that can supply long-term contraception or diagnosis and management of STIs

Aims, Objectives and Service Outcomes:

- To increase the knowledge, especially among young people of the availability of emergency contraception and contraception from pharmacies.
- To improve access to emergency contraception and sexual health advice.
- To increase the use of EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the population.
- To refer clients especially those in the hard to reach groups into mainstream contraceptive services.
- To increase knowledge and awareness of the risks of STIs.
- To refer clients who may have been at the risk of STIs to the Sexual Health Service.
- To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.

The following table highlights the EHC (Levonorgestrel) supply via direct access of the service for 8 months during 2010.

*Table 16. EHC Supply Statistics By NHS Borders Clinical Locality (8 Months 2010)*

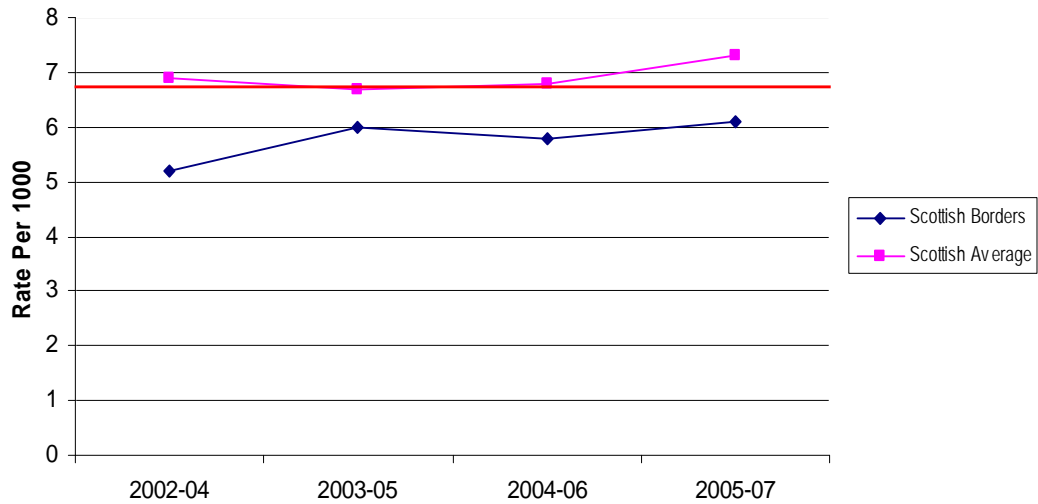
Locality	N° of Pharmacies	Average Monthly Dispensing	Area Total (8 Months 2010)
Berwickshire	4	3	21
Cheviot	5	2	16
Eildon	10	9	71
Teviot	4	3	23
Tweeddale	4	2	17

Source ISD Scotland 2011

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

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

*Fig 17 –Pregnancy rate per 1000 Girls Aged 13-15.  
National target = 6.8 or Lower by 2010*



Source: ISD Scotland/SNS

**(iii) The provision of a Chlamydia testing service;**

Up until September 2010, community pharmacy was part of the national PHS Chlamydia service. This service has now been withdrawn and is no longer offered through pharmacy, but may be reviewed in the future.

**Unscheduled Care Supply (CPUS)**

Unscheduled care can be described as:

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

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

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

## **Additional Locally Agreed Services.**

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

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

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

### **Advice to Care Homes**

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

### **Anticipatory Care (KeepWell)**

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

The objectives are to identify how best to:

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

The pharmacies providing this service do so on an opportunistic basis targeting people aged 45-64 years and living in a recognised deprived area (identified via postcodes and council tax bands A and B). Some clients may be known and are approached when attending the pharmacy for other services e.g. minor ailments.

Once a client is through the screening process the pharmacist/technician arranges a KeepWell health check. During the health check the client is asked questions relating to their general health, lifestyle and social environment. This is then followed by a clinical health check which includes; weight, height, BMI, cholesterol & glucose testing and blood pressure. Once the health check is complete the pharmacist/technician discusses the results with the client, offers advice and makes a referral if appropriate.

## Compliance Support Services

To help tackle the problems of non-compliance and non-adherence with prescribed medication community pharmacies provide qualifying patients with a monitored dosage system (compliance aid). Certain vulnerable patients in the community benefit from having their medication dispensed into compliance aids to assist them in identifying when and how many drugs they are taking.

Under the service, community pharmacists assess the needs of patients and consider whether dispensing their medication with an appropriate supporting device is necessary. Where a device is not necessary the pharmacist may offer alternative advice as to how the patient's compliance may be addressed.

It is expected following the issue of PCA P (2006) 3; that all contractors if requested supply up to 30 patients compliance aids. Most pharmacies have at least 30 patients who are currently in receipt of the service and some limit it at 30 patients and have a waiting list. Many pharmacies currently provide more than the minimum requirement with a few having patient numbers in excess of 70.

*Table 17. Medical Compliance Aid Audit (July 2010)*

Contractor Code	Pharmacy	Town	Number of MCA's 2010
8005	Eildon Pharmacy	Newton St Boswells	60+
8006	Boots UK	Galashiels	30
8007	Boots UK	Hawick	50
8008	Boots UK	Peebles	60+
8009	Boots UK	Kelso	56+
8013	T N Crosby	Hawick	67
8019	Lloyds Pharmacy	Kelso	90
8020	Lloyds Pharmacy	Galashiels	60
8032	D & E Ogilvie	Innerleithen	35
8034	G L M Romanes	Duns	80+
8035	G L M Romanes	Greenlaw	20+
8038	R G Turnbull	Earlston	30 (+ MAR Charts)
8039	H H C C (Pharmacy )	Hawick	40+
8041	West Linton Pharmacy	West Linton	30
8044	A A Weir	Selkirk	70+
8045	Lindsay & Gilmour	Hawick	35+
8047	Coldstream Pharmacy	Coldstream	65+
8048	Lindsay & Gilmour	Selkirk	70+
8050	Tesco Stores Ltd	Galashiels	36
8051	G L M Romanes	Eyemouth	70+
8052	M Farren	Galashiels	65+
8053	Lloyds Pharmacy Limited	Peebles	84+
8054	Boots UK	Melrose	30
8055	Boots UK	Jedburgh	75
8056	Lauder Pharmacy	Lauder	35
8057	Jedburgh Pharmacy	Jedburgh	50+
8058	Grays Pharmacy	Chirnside	14+



### **Healthy Start Vitamins**

The aim of the service is for community pharmacy contractors to dispense free vitamin supplements for children from 6 months until their 4th birthday, and free vitamin supplements for pregnant women and women with babies up to one year old in a community pharmacy setting. The vitamins are issued to qualifying customers who present at a community pharmacy with a valid Healthy Start Voucher. The Pharmacy receives a dispensing fee for each item supplied to the qualifying customer. Non qualifying parents and children can purchase the same vitamins from the pharmacy at a set national rate. (Temporary Funding Agreement for two years - 2010 to 2012)

### **Out of Hours Top-Up Service**

In certain areas community pharmacy contractors have an agreement with NHS Borders Pharmacy Department to check (Including Expiries) and top-up the stock in the Borders Emergency Care Service (BECS) drug cupboards based in treatment rooms in the community hospitals. This service is currently running at The Knoll Hospital in Duns.

### **Stoma Service**

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

### **Substance Misuse Services:**

#### **(i) Buprenorphine Dispensing/Supervision**

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

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

#### **(ii) Methadone Dispensing**

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



**(iv) Oral Fluid Testing**

In agreement with Social Services a limited number of community pharmacists have received training in oral fluid testing. The testing is undertaken as part of a patient's drug treatment order and is normally carried out by a specific DTTO nurse. The pharmacy service is an emergency service where access to the normal route of oral fluid testing is not available. The service is funded via Scottish Borders Council's Social Services Department.

**(v) Supervision of Administration (Naltrexone, Disulfiram)**

The service aims to dispense and supervise the self-administration of disulfiram -containing products in a community pharmacy setting for the treatment of chronic alcohol dependence. The service is available to any individual who presents a valid prescription for disulfiram or naltrexone that specify supervised administration in a similar way to the methadone service.

**Supplementary and Independent Prescribing.**

Health and Social Care Act 2012 allowed for the introduction of independent and supplementary prescribing status for non medical healthcare professionals. Supplementary and independent prescribing enables pharmacists working in community pharmacy to prescribe medicines for patients either to enable improved management and support for long term conditions or to make dosage adjustments on repeat prescriptions as a result of, for example, therapeutic drug monitoring. This is convenient for patients and eases the workload of their GP colleagues and makes use of the pharmacists' expertise in medicines. PCA (P) (2011)4 provides Boards a national allocation to support this work.

Table 18 – Breakdown of Additional Service Provision (January 2011).

Contractor	Additional Services Provided (2010/11).											
	Advice to Care Homes	Anticipatory Care (KeepWell)	Compliance Support	Domiciliary Oxygen	Healthy Start Vitamins	Out of Hours Top-Up	Stoma	Substance Misuse Services				Supplementary Prescribing
								Buprenorphine	Methadone	Needle Exchange	Oral Fluid Testing	
Grays Pharmacy - Chirnside		✓	✓		✓		✓	✓	✓		✓	✓
Coldstream Pharmacy	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓
GLM Romanes – Duns		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
R G Turnbull – Earlston			✓		✓		✓	✓	✓		✓	
GLM Romanes – Eyemouth		✓	✓	✓	✓		✓	✓	✓		✓	
Boots the Chemist – Galashiels			✓		✓		✓	✓	✓		✓	
M Farren – Galashiels	✓		✓		✓		✓	✓	✓		✓	
Lloyds Pharmacy – Galashiels	✓		✓		✓		✓	✓	✓	✓	✓	
Tesco Pharmacy – Galashiels	✓	✓	✓	✓	✓		✓	✓	✓		✓	
GLM Romanes – Greenlaw			✓		✓		✓	✓	✓		✓	
T N Crosby – Hawick			✓	✓	✓		✓	✓	✓		✓	✓
Boots the Chemist – Hawick	✓		✓		✓		✓	✓	✓		✓	
Lindsay & Gilmour – Hawick			✓		✓		✓	✓	✓		✓	
HHCC Pharmacy – Hawick			✓		✓		✓	✓	✓		✓	
D & E Ogilvie – Innerleithen		✓	✓		✓		✓	✓	✓		✓	
Jedburgh Pharmacy			✓	✓	✓		✓	✓	✓	✓	✓	
Boots the Chemist – Jedburgh			✓		✓		✓	✓	✓		✓	
Lloyds Pharmacy – Kelso	✓		✓		✓		✓	✓	✓	✓	✓	
Boots the Chemist – Kelso			✓	✓	✓		✓	✓	✓		✓	
Your Local Boots – Melrose	✓		✓		✓		✓	✓	✓		✓	
Lauder Pharmacy			✓		✓		✓	✓	✓		✓	✓
Eildon Pharmacies – Newton St. Boswells			✓	✓	✓		✓	✓	✓		✓	
Lloyds Pharmacy – Peebles	✓		✓	✓	✓		✓	✓	✓	✓	✓	
Boots the Chemist – Peebles			✓		✓		✓	✓	✓		✓	
Lindsay & Gilmour - Selkirk	✓		✓	✓	✓		✓	✓	✓		✓	
A A Weir – Selkirk		✓	✓		✓		✓	✓	✓		✓	
West Linton Pharmacy			✓	✓	✓		✓	✓	✓		✓	

## **Non Commissioned Services.**

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

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

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

### **Blood Cholesterol Checks.**

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

### **Blood Glucose Checks.**

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

### **Blood Pressure Checks.**

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

### **Palliative Care Medication provision.**

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

### **Pharmaceutical Waste**

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

### **Prescription Collection & Delivery.**

Most community pharmacy contractors provide this service on an ad-hoc and unpaid basis. It is considered to be a part of good customer service and support

and is especially valuable to those patient groups who are housebound or have difficulty in accessing the pharmacy.

**Travel Clinic.**

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

**Weight Management Service.**

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

**Vaccination Service.**

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

- Influenza
- Human Papilloma Virus

During 2011/12 pharmacies will have the opportunity to participate in a national influenza vaccination pilot aimed at patients at high risk and under 65 years of age.

## Conclusion.

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

The future of community pharmacy services will be shaped by both the projected increase and ageing of the population. This may provide further opportunities for new pharmacies to develop to meet these changing needs and potentially challenge the current dispensing practices as the demands on pharmaceutical service grow and the potential development of a community pharmacy becomes more viable.

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

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

## Recommendations.

### Service Provision:

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

- **Saturday coverage** - relating to pharmacies that do not currently provide a full day Saturday service in an area with only one pharmacy.
- **Saturday coverage** – relating to pharmacies that do not provide any service on a Saturday (One of these pharmacies is based within a health centre which is also closed on a Saturday).
- **Sunday coverage** – Only two pharmacies currently provide a service on a Sunday with patients potentially having to travel in excess of one hour each way to access these services. It is acknowledged that in the Berwickshire area access may be possible via a pharmacy in Berwick Upon-Tweed (Northumberland), but future consideration should be given to improve the current lack of service coverage.
- **Dispensing Practices.** – From the three areas currently served by a dispensing practice it is envisaged that should the predicted growth and ageing of the population become a reality, both Coldingham and Stow may be considered as a potential opportunity for community pharmacy. Coldingham may be considered due to its close proximity to the current services provided in the Eyemouth area and Stow due to the opening of the Borders rail link in 2014 and any resulting housing/business developments and rise in local population that may follow as a result of the improved transport links.
- **Identified Neighbourhoods** – It should be noted that if the predicted growth and ageing of the population become a reality the two identified neighbourhood areas of Burnfoot and Langlee may provide future opportunities for community pharmacy services. These two neighbourhoods are currently highlighted as key areas of deprivation within the region and as such could be considered to be both large enough in population terms and have the potential demand for pharmacy services.
- **Tweedbank** – It should be noted that although considered locally to be a neighbourhood of Galashiels, Tweedbank is identified in the 2008 Mid-year Estimate GRO(s) population of Scottish Borders towns and village as a settlement in its own right and as such may also present an opportunity for community pharmacy. The proposed rail link due in 2014 will terminate in Tweedbank and will bring with it additional housing and business developments as a result of the improved transport links.

### Transport Links

It is recommended that both NHS Borders and the pharmacy contractors remain mindful of the potential for a reduction in the public transport services due to the ongoing financial pressures and give consideration to what measures can be put in place to offset such impacts on access to pharmacy services.

**Contingency/Business Continuity Planning:**

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

**Governance Arrangements in Pharmacies.**

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

## Opportunities.

### **Medicine Compliance Aids/Initiatives.**

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

Areas of consideration could include:

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

### **Clinical Medication Reviews in Care Homes.**

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

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

### **Discharge Support.**

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

### **Carers Support.**

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

### **Support for Cost Effective Prescribing Initiatives.**

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

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

### **Formulary Support.**

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

### **Oral Contraception/PIL Follow-Up Service.**

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

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

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

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

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

### **Palliative Care Support.**

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

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

**Naloxone Take Home Supply.**

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

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

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

Community pharmacy should be prepared to take an active role in the Naloxone programme if required and to assist in the development of any potential service as a result of the programme.

**Independent/Supplementary Prescribing.**

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

## Acknowledgements.

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Ros Anderson	Senior Pharmacist, Medicines Management
Adrian Mackenzie	Lead Prescribing Support Pharmacist
Julia Edey	Non-Executive Member of the Board
Dr Doreen Steele	Non-Executive Member of the Board

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

NHS Borders PCS Plan 2007 Draft	NHS Borders Pharmacy
Scottish Borders in Figures 2010	Scottish Borders Council
Scottish Borders social Atlas 3 <sup>rd</sup> Edition 2009	Scottish Borders Council
Scottish Borders Demographic Fact sheet	General Register Office for Scotland (GRO(S))
Scottish National Statistics	Scottish Government
Pharmacy Data	Information Services Division (ISD Scotland)
An Atlas of Tobacco Smoking Scotland	Scottish Public Health Observatory
NHS Boards PCS Plan Drafts(2007)	NHS – A&A, Grampian, Highland & D&G