CONTENTS

1 INTRODUCTION .................................................................................................1
  1.1 Purpose and Context of Pharmaceutical Care Services Plan..........................1
  1.2 Geography and Population ........................................................................2
  1.3 Information presented in PCS Plan ...............................................................5
  1.4 Information Sources ..................................................................................5
  1.5 Pharmacy Practices Committee ..................................................................6
  1.6 Equality and Diversity ..............................................................................7

2 DESCRIPTION OF CURRENT PHARMACEUTICAL SERVICES ...............7
  2.1 Annual Prescriptions Dispensed .................................................................7
  2.2 Essential (Core) Services for Community Pharmacy .................................8
    2.2.1 Minor Ailment Service (MAS) .................................................................8
    2.2.2 Public Health Service (PHS) .................................................................9
      2.2.2.1 Smoking Cessation Service .............................................................9
    2.2.2.2 Sexual Health Service .......................................................................10
    2.2.3 Acute Medication Service (AMS) .........................................................11
    2.2.4 Chronic Medication Service (CMS) .......................................................11
  2.5 Unscheduled Care .....................................................................................12
  2.6 Additional Services ...................................................................................13
    2.6.1 Substance Misuse .................................................................................13
      2.6.1.1 Supervised Self Administration of Methadone (SSAM) ..................14
      2.6.1.2 Supervised Self Administration of Buprenorphine .........................14
      2.6.1.3 Injection Equipment Provision (IEP) ..............................................15
      2.6.1.4 Oral Fluid Drug Testing .................................................................15
    2.6.2 Oxygen Therapy Service .......................................................................15
    2.6.3 Appliance Supply .................................................................................16
    2.6.4 Pharmaceutical Advice to Care Homes ...............................................17
    2.6.5 Palliative Care Network .......................................................................17
    2.6.6 Collection and Delivery .......................................................................18
    2.6.7 Home Carers Administration of Medicines ..........................................19
    2.6.8 Rota / Hours of Service .......................................................................19
    2.6.9 Compliance Support ............................................................................19
  2.7 Facilities ....................................................................................................20
  2.8 Pharmacy Workforce ................................................................................20
    2.8.1 Pharmacy Support Staff .......................................................................21
    2.8.2 Pharmacist Prescribers .........................................................................21
  2.9 New Contracts ............................................................................................22
  2.10 Interface with other providers ....................................................................22
  2.11 Accessibility of pharmaceutical services ....................................................22

3 DESCRIPTION OF GENERAL MEDICAL SERVICE PROVISION ........23
  3.1 General Medical Services ........................................................................23
  3.2 Relationship with community pharmacy .....................................................23
  3.3 Dispensing practices ..................................................................................23

4 ANALYSIS OF PHARMACEUTICAL NEEDS AND
RECOMMENDATIONS TO MEET IDENTIFIED UNDER PROVISION ....24

5 APPENDICES ..................................................................................................26

April 2012
1 INTRODUCTION

1.1 Purpose and Context of Pharmaceutical Care Services Plan

The Right Medicine: A Strategy for Pharmaceutical Care in Scotland defined pharmaceutical care is a systematic approach that pharmacists use to ensure that the patient gets the right medicines, in the right dose, at the right time and for the right reasons. It is a person-centred partnership approach with the team accepting responsibility for ensuring that the person's medicines are as effective and as safe as possible. This holistic practice sets out to identify, resolve and prevent medicine-related problems so the patient understands and gets the desired therapeutic goal for each medical condition being treated.

Pharmacists can and do make a unique contribution to improving patient care. Medicines are the most common of all the steps taken by clinicians to help treat patients. And of all the healthcare professions, pharmacists have the widest knowledge in the science and use of medicines. Whether in the community, in local hospitals or specialist units, pharmacy focuses on empowering and protecting patients. Pharmacists have a key role to play in ensuring health gain wherever medicines are used. Pharmacists provide care not just to patients but to the wider general public. The ‘pharmaceutical health’ of the nation depends on good access to medicines, advice and to tailoring therapy to the needs of individuals. The public require access to input from pharmacists in the management of their medicines to sustain their general health and well being.

The purpose of this Pharmaceutical Care Services Plan (PCS Plan) is to provide information on the pharmaceutical care services currently available from Community Pharmacy Contractors (chemist shops on the High Street) within NHS Highland. This should help us find any potential gaps in service provision and identify where a need to develop pharmaceutical services may be required. A secondary function of the plan is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. This document should be read in conjunction with the Board’s Pharmaceutical List (Appendix 1).

In areas where an improvement in pharmaceutical services is suggested, the Board’s first and most cost-effective option would be to address this through the enhancement of services provided by the existing network of community pharmacy contractors.

The Board will also consider applications for inclusion in the Board’s Pharmaceutical List from applicants who believe that services are inadequate in any specific neighbourhood which they define. These applications would be subject to the provisions of the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011, as amended, and be considered in the light of this PCS Plan.
This NHS Highland PCS Plan is both informed by and supportive of relevant national and local strategies and policies. In keeping with NHS Scotland’s strategic direction, the PCS Plan should help to ensure that the delivery of pharmaceutical care services in NHS Highland is safe, effective, efficient and person-centred. It is also supports the NHS Highland Strategic Framework and Vision and should help to deliver the “7 Characteristics of Service Delivery” defined within the Board’s “Transformational Plan”.

The size and nature of the NHS Highland Board area confers particular geographical and demographic challenges to the provision of equitable and timely pharmaceutical care for all of its population. For example, there are some large areas (containing small pockets of the population) that have no easy or quick access to a nearby community pharmacy service. Where significant difficulties of access to pharmaceutical services remain in these remote and rural areas, the importance of dispensing provision from Dispensing Practices should not be underestimated. It is important to recognise, however, that some pharmaceutical care services normally available from a community pharmacy in the Board area are not available from a GMS contractor providing dispensing services. It is incumbent upon the Board therefore to consider new and innovative means of securing such pharmaceutical care services for these patients.

The Scottish Government has recently announced an Independent Review into “Pharmaceutical Care in the Community” which will be led by Dr Hamish Wilson and which should report in the latter half of 2012. The outcome of this review should help to inform the future planning of pharmaceutical care services in the community.

1.2 Geography and Population

The area covered by NHS Highland is diverse and comprises the largest and most sparsely populated part of the UK. The area covers 32,512 km\(^2\) (12,507 square miles) which represents approximately 41% of the land mass of Scotland. The Scottish Highlands are known world wide as containing some of the nation’s most outstanding landscapes and natural features. These wonderful geographical features also present a number of major challenges to the delivery of health services - a difficult terrain, rugged coastlines, populated islands, limited internal and public transport, and limited communications infrastructure.

NHS Highland serves a population of over 310,000 residents with a population density of 10 persons per km\(^2\) compared to the Scottish figure of 67 persons per km\(^2\). In addition, a proportion of our patients are from the many tourists who visit the area all year round, but particularly in the summer months when some local populations double or even triple.

NHS Highland has two principal roles - to improve the health and wellbeing of local people, and to provide healthcare services for people experiencing ill health.
There are four Community Health Partnerships (CHPs) in NHS Highland:

- North Highland CHP (Caithness & Sutherland)
- Mid Highland CHP (Ross & Cromarty, Skye & Lochalsh, and Lochaber)
- South East Highland CHP (Inverness, Nairn & Ardersier, Badenoch & Strathspey)
- Argyll & Bute CHP

The Argyll and Bute CHP has the same boundaries as Argyll and Bute Council. The three other CHPs together make up the area of Highland Council.

The differing characteristics of the area and settlement patterns present challenges in the promotion of equity of access to services. The challenges are associated with differing economies of scale for service providers that have important implications for service accessibility. The geography of NHS Highland area results in proportionally higher unit costs for services in very sparsely populated areas.

Geographical Information System (GIS) mapping has been used to study and depict the population distribution and locations and drive time extents of current pharmacy provision. Maps provided were based on Community Health Index (CHI) postcode information (Appendix 2).

Using travel time to a community pharmacy as a proxy measure for access, GIS mapping indicated that 94% of the population are within a 30 minute travel time of a community pharmacy. By this definition, 6% of the population would experience difficulty in accessing pharmaceutical care services through a community pharmacy.

A pilot study (available on NHS Highland Pharmacy Practices Committee website) was carried out to explore community perceptions of rural community pharmacy models to start to collate quantitative and qualitative information on the extent to which those services which are accessible meet the needs of the population. This study showed that most participants were satisfied with their current model of obtaining medicines. This suggests that as long as there are workable means in place to obtain medicines people have adapted and cope with them. Where community pharmacies have opened, GPs and other community members were appreciative of their value as specialists in medicines.

A key challenge for NHS Highland, therefore, will be to explore options which are capable of reducing inequalities in the provision of pharmaceutical care services.

It remains to be seen whether contractors can respond to the opportunity to pilot projects to evaluate possible models for providing core pharmaceutical services where there is currently no community pharmacy.

A significant growth in the general population through planned housing developments will necessitate corresponding planned developments in the
provision of core and additional pharmaceutical care services. The migrant population and significant growth in the elderly population will add to this requirement.

Inequalities and deprivation

“Equally Well”, the Report of the Ministerial Task Force on Health Inequalities, found that poorer people in Scotland die earlier and have higher rates of disease than better off people. “Evidencing the gap: measuring and comparing local health inequalities in NHS Highland” reviewed the evidence for differences in health between people in poorer and more affluent communities. The report concluded that while health is improving at a population level, the relative health gap has increased from the 1990’s and late 2000’s and there is continuing evidence of health inequalities and these inequalities have worsened. Across NHS Highland not all deprived people live in areas that would be recognised as deprived, but a number of areas with higher numbers of income deprived people consistently have poor population health outcomes and lower levels of screening service uptake.

Estimates of health inequalities associated with income deprivation in NHS Highland have been grouped into five topic areas: life expectancy, mortality, hospital activity, early detection of illness and disability.

Life expectancy at birth is defined by the number of years that a person is expected to live as determined by mortality statistics at the time of their birth. Both male and female life expectancies are increasing at an NHS Highland level. However, the inequalities gap in life expectancy for both sexes has increased, particularly in males. The reason for the increase in male life expectancy can be seen by examining the small changes in life expectancy recorded for the areas in the most deprived third of income deprivation. These compare unfavourably with the larger gains made particularly in mid ranking areas. In terms of lower male life expectancy there are two obvious outlying areas: Inverness Merkinch and Inverness Muirtown. These areas are adjoining within the city. Inverness Merkinch also has the lowest female life expectancy in NHS Highland.

All cause mortality rates have consistently fallen in recent years nationally and in NHS Highland. However, Highland NHS Board rates are twice as high in more deprived areas and the inequalities gradient has increased over the period. In 1996-1998 this gap was (-)33% of the NHS Highland average. Data for the years 2007-2009 indicate that just over 10 years later this difference has widened to (-)53% representing an increasing inequality.
## Table 1 Areas with highest all cause mortality in Highland, 2007-2009

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of events</th>
<th>Area Measure</th>
<th>NHS Highland Average</th>
<th>NHS Highland worst</th>
<th>NHS Highland Range</th>
<th>NHS Highland Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Inverness Merkinch</td>
<td>32</td>
<td>1050.4</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>2 Inverness Balifieary and Dalneigh</td>
<td>73</td>
<td>972.4</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>3 Wick North</td>
<td>55</td>
<td>971.5</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>4 Inverness Muirtown</td>
<td>56</td>
<td>901.4</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>5 Invergordon</td>
<td>58</td>
<td>876.2</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>6 Caithness South</td>
<td>39</td>
<td>869.1</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>7 Rothesay Town</td>
<td>72</td>
<td>867.5</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>8 Wick South</td>
<td>47</td>
<td>854.1</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>9 Nairn East</td>
<td>54</td>
<td>835.9</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
<tr>
<td>10 Dunoon</td>
<td>70</td>
<td>832.9</td>
<td>646.8</td>
<td>1050.4</td>
<td></td>
<td>293.6</td>
</tr>
</tbody>
</table>

**Key:**
- ⚫ Significantly better than NHS Highland
- ○ Not significantly different from NHS Highland
- 🔴 Significantly worse than NHS Highland
- 🟣 No significance can be calculated

Emergency hospital admission rates in the most deprived areas were 50.1% of the Highland average rate higher than in the most affluent areas with Inverness Merkinch having the highest rate.

The lowest rates of breast screening uptake were again seen in Inverness Merkinch where uptake was 59.6% compared with the average NHSH uptake of 78.9%.

The rate of revascularisation, an intervention for heart disease, was higher in deprived areas than more affluent areas with the highest rates in Inverness Muirtown.

### 1.3 Information presented in PCS Plan

Information contained within this document covers current Pharmacy Services including opening times, service descriptions and a summary of numbers of pharmacies providing these services. There is also information relating to provision of medical services, particularly in relation to dispensing practices.

### 1.4 Information Sources

Information for the description of the NHS board area is routinely available from a number of on line resources;

- ScotPHO Health and wellbeing profiles which provide a range of useful data at Scotland, NHS Board, CHP and locality geographies. This plan was developed using CHP geographies. (Available at [http://www.scotpho.org.uk/home/Comparativehealth/Profiles/2010CHPProfiles.asp](http://www.scotpho.org.uk/home/Comparativehealth/Profiles/2010CHPProfiles.asp))
• General Registrar of Scotland website which presents population and demographic information. Available at http://gro-scotland.gov.uk/index.html

• The Scottish census website SCRoL (available at http://www.scrol.gov.uk/scrol/common/home.jsp) which in the main provides social and demographic information. N.B. The Scottish census took place in 2001 and 2011 so the latest results are still being processed.

• Other sources of clinical, behavioural and health indices data are available through the Quality and Outcomes data available from the Information and Statistics Division (ISD) website at http://www.isdscotland.org/ gof/ this information is available at Board, CHP and practice level.

• The Scottish Government Urban/Rural Classification provides a consistent way of defining urban and rural areas across Scotland and may be useful in description of NHS board areas. Information at NHS Board, Council and Council Ward areas is available at http://www.scotland.gov.uk/Topics/Statistics/About/Methodology/UrbanRuralClassification.

• Information regarding deprivation may be sourced at http://www.scotland.gov.uk/Topics/Statistics/SIMD/

• Scottish Health Survey (available at http://www.scotland.gov.uk/Publications/2011/09/27084018/0) is also a useful source and will be available to cover the time period 2012-15 with reduced population sample size and no nurse visit data.

• Local information on the health of NHS Highland population can be found at the Director of Public Health Annual Report 2011 (http://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH%20report%202011.pdf)

This type of information is collated and presented to the Pharmacy Practices Committee (usually at Data Zone or Intermediate Geography level) for their consideration alongside the PCS Plan.

1.5 Pharmacy Practices Committee

Under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended with effect from April 2011, the Pharmacy Practices Committee (PPC) is required to consider applications to provide pharmaceutical services within the Board area and to determine whether community pharmacy applications will be granted.

The Committee will grant the application if it is satisfied that the provision of pharmaceutical services, at the identified premises, is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the proposed premises are located. More details can be found via the following link to the Pharmacy Practices Committee website:- http://www.nhshighland.scot.nhs.uk/Meetings/PharmacyPracticesCommittee/Pages/welcome.aspx
1.6 Equality and Diversity

A Planning for Fairness equality and diversity impact assessment of this PCS Plan is underway to improve patient care for everyone by guiding planners to identify and remove barriers to services and make fair decisions about the allocation of resources to support those who may find services harder to access.

2 DESCRIPTION OF CURRENT PHARMACEUTICAL SERVICES

Community pharmacists are the most accessible of all health care professionals and are positioned at the interface between NHS care and self-care. Pharmacists see patients regularly when they come in to collect prescriptions, and provide a ‘no appointment necessary’ service for giving advice on managing illness and improving health. In addition, premises registered with the General Pharmaceutical Council, and supervised by a pharmacist, can advise on and sell Pharmacy-Only medicines, GSL (General Sales List medicines) and health care products, as well as provide medicines using Patient Group Directions. This role of community pharmacy is an important and increasing aspect of self-care. The Scottish Government identifies pharmacies as the future ‘walk-in healthy living’ centres for Scotland.

2.1 Annual Prescriptions Dispensed

During Financial Year 2010/11, community pharmacies in NHS Highland dispensed 5,765,749 items which is comparable to 6.3% of all items dispensed in Scotland. Over recent years there has been an annual increase in prescription numbers of between 4% and 5% each year leading to increased pressure on the pharmacy workforce but there has not been an equivalent increase in funding.

Table 2 Pharmacies and Population by area

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Community Pharmacies (CPs)</th>
<th>Population (ScotPHO)</th>
<th>Pharmacies per head of population</th>
<th>Number of Dispensing Practices (DPs)</th>
<th>No of CPs or DPs per head of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>1283</td>
<td>5,222,100</td>
<td>4070</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Highland</td>
<td>76</td>
<td>310,530</td>
<td>4086</td>
<td>44</td>
<td>2588</td>
</tr>
<tr>
<td>North CHP</td>
<td>10</td>
<td>38,113</td>
<td>3811</td>
<td>9</td>
<td>2006</td>
</tr>
<tr>
<td>Mid CHP</td>
<td>22</td>
<td>91,548</td>
<td>4161</td>
<td>15</td>
<td>2474</td>
</tr>
<tr>
<td>SE CHP</td>
<td>18</td>
<td>90,829</td>
<td>5046</td>
<td>1</td>
<td>4780</td>
</tr>
<tr>
<td>A&amp;B CHP</td>
<td>26</td>
<td>90,040</td>
<td>3463</td>
<td>19</td>
<td>2001</td>
</tr>
</tbody>
</table>

There is no standard as to the number of people that should be served by a pharmacy but Table 2 shows that there are some differences in the average population served by each pharmacy between the four CHP areas. The table also includes information on the number of dispensing practices in each CHP area.
and the average population served by either a community pharmacy or a dispensing practice.

2.2 Essential (Core) Services for Community Pharmacy

Under the Scottish community pharmacy contract all pharmacies are required to provide all 4 core pharmaceutical care services, which are as follows:

- Minor Ailment Service
- Public Health Service
- Acute Medication Service
- Chronic Medication Service

These services are described in more detail below and Appendix 3 provides some data on current engagement with these services.

2.2.1 Minor Ailment Service (MAS)

Minor ailments can be generally described as common, often self limiting conditions. They normally require little or no medical intervention and are usually managed through self-care and the use of appropriate products that are available to purchase without a prescription. The promotion of self-care is a priority for NHS Highland.

This service aims to support the provision of direct pharmaceutical care within the NHS by community pharmacists. The service allows eligible people to register with the community pharmacy of their choice for a consultation to receive advice and where appropriate, treatment for common self-limiting conditions. When a patient presents with symptoms in the pharmacy, the pharmacist will assess the patient and then offer treatment and advice, advice only, or referral to another health professional (or provides a combination of these actions) according to their needs. To be eligible for this service a person must be registered with a Scottish GP practice and with the abolition of prescription charges from 1 April 2011; MAS will continue to be limited to the groups of exempt patients that were eligible for this service prior to 1 April 2011.

Table 3 Comparison of MAS Registrations by area
2.2.2 Public Health Service (PHS)

The Public Health Service (PHS) element of the contract aims to encourage the pro-active involvement of community pharmacists and their staff in supporting self care, offering suitable interventions to promote healthy lifestyles and establishing a health promoting environment across the network of community pharmacies by participating in national and local campaigns.

It comprises the following services:

- the provision of advice to both patients and members of the public on healthy living options and promotion of self care;
- the provision of NHS or NHS approved health promotion campaign materials, other health education information and additional support materials to patients and members of the public;
- the participation in national health promotion campaigns which are on display and visible in the pharmacy for agreed periods of time, including the display of materials in a window of the pharmacy, or in the absence of a suitable window space, another space in the pharmacy;
- the participation in local health promotion campaigns where agreed between the local NHS Board and community pharmacist;
- the provision of a smoking cessation service,
- the provision of a sexual health service comprising the supply of emergency hormonal contraception (EHC).

2.2.2.1 Smoking Cessation Service

This service comprises advice on smoking cessation and where appropriate the supply of nicotine replacement therapy (NRT) over a period of up to 12 weeks, in order to help smokers successfully stop smoking.

To fulfil contractual obligations, contractors must complete both a payment claim form and a minimum dataset form. There is a national database to record smoking quit attempts and the figures for quits through pharmacy contribute to the Board’s smoking cessation HEAT targets. The minimum
dataset form is the means for capturing this information. The universal HEAT target is for 7.5% of smoking population to remain quit at one month. In numerical terms this would mean that 1,429 smokers in NHS Highland would remain quit at one month over per year. Of the 1,041 patients who had accessed the service between 1 January and 30 June 2011, and for whom minimum datasets had been completed, 394 (38%) had quit smoking at 1 month follow-up.

There is also a HEAT performance measure - that 55% of those successful quits are for people residing in the 40% most-deprived datazones. This means 738 of those successfully quit over the year will be from the most-deprived areas. Data collected on the pharmacy service activity in the most deprived areas is shown in the next table.

1 JAN 2010 - 31 DEC 2010 Information from most deprived areas

<table>
<thead>
<tr>
<th>CHP</th>
<th>QUIT ATTEMPTS</th>
<th>SUCCESSFUL Qmts (at one month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argyll and Bute</td>
<td>207</td>
<td>60</td>
</tr>
<tr>
<td>Mid</td>
<td>96</td>
<td>31</td>
</tr>
<tr>
<td>North</td>
<td>70</td>
<td>24</td>
</tr>
<tr>
<td>South East</td>
<td>146</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>167</td>
</tr>
</tbody>
</table>

2.2.2.2 Sexual Health Service

This service comprises of the provision of a sexual health service involving the supply of emergency hormonal contraception (EHC) to women aged 13 years and above.

Where a contractor decides not to participate in the NHS supply of emergency hormonal contraception (EHC), they should give notice in writing to the Health Board and advise the Practitioner Services Division of NHS National Services Scotland of their decision and ensure prompt referral of patients to another provider who they have reason to believe provides that service.

In addition, a pharmacist who chooses not to supply EHC on the grounds of religious, moral or ethical reasons must treat the matter sensitively and advise the client on an alternative local source of supply (such as another pharmacy, GP or sexual health service).

Following the identification of a need by Sexual Health colleagues some pharmacies have expressed an interest in participating in the provision of a
free condom service. Their details have been passed to Sexual Health colleagues to progress with this service development.

2.2.3 Acute Medication Service (AMS)

The Acute Medication Service (AMS) introduces the Electronic Transfer of Prescriptions (ETP) and supports the provision of pharmaceutical care services for acute episodes of care and supports the dispensing of acute prescriptions and any associated counselling and advice.

Under the current arrangements, patients are prescribed items for acute symptoms when appropriate and receive a GP10 prescription form/s which they take to a pharmacy for dispensing. Under ePharmacy AMS, there is no significant change in the GP process, but upon printing the GP10, the GP system will also send an electronic prescribing message to the central ePharmacy message store and print a unique reference number (URN) on the prescription in the form of a barcode.

The patient then takes the prescription to the pharmacy of their choice for dispensing. The pharmacy will scan the barcode which pulls down the electronic message and the pharmacist uses the message for dispensing purposes. The pharmacy then sends an electronic message via the ePharmacy message store to Practitioner Services for payment processing. Currently they also send the paper prescription to Practitioner Services too. eAMS will support AMS by providing electronic support at key points in the AMS process. It will do this by utilising the ePharmacy infrastructure to allow electronic data (messages) to be made available between the participating systems to provide timely clinical, statistical and payment information.

2.2.4 Chronic Medication Service (CMS)

The Chronic Medication Service (CMS) provides personalised pharmaceutical care by a pharmacist to patients with long term conditions. It is underpinned by a systematic approach to pharmaceutical care in order to improve a patient’s understanding of their medicines and to work with the patient to maximise the clinical outcomes from the therapy.

There are three stages to CMS:

- stage 1 involves the registration of an eligible person for CMS; **Reviewing patient’s medicines**: if a patient registers for the service, the pharmacist will look at how the patient uses their medicines. They will then discuss any problems and whether there is a need to formulate a pharmaceutical care plan.
- stage 2 introduces a generic framework for pharmaceutical care planning which is based on a systematic approach to the practice of pharmaceutical care, **CMS care plan**: this plan helps the pharmacist give more regular care and advice about the patient’s medicines.
• stage 3 establishes the shared care element which allows an eligible person’s GP to produce a serial prescription of 24- or 48-weeks duration for that person which can be dispensed at appropriate time intervals determined by that person’s GP. Serial prescriptions: patients (currently only in Early Adopter sites) may be able to get serial prescriptions from their doctor so that they can get some medicines on a long-term, repeat prescription. This is different from having a normal repeat prescription.

The GP practice will benefit as they will receive regular feedback (electronically) from pharmacies in respect of activity for their CMS registered patients, and from a reduction in the number of prescriptions issued and the workload involved in issuing these prescriptions from the GP practice.

The patient will benefit from CMS as a result of the CMS care package at their chosen pharmacy and the potential for reduced visits to GP practice.

In January 2011 the serial prescribing & dispensing Early Adopter phase started, with a number of GP practices & community pharmacies participating in the first phase. It is likely that there will be one further Early Adopter phase as a precursor to the full roll out of serial prescribing & dispensing.

All 76 community pharmacies are registering patients for CMS and creating pharmaceutical care plans in the Pharmacy Care Record (PCR). As at 31st October 2011 there were 4,926 patients registrations and 2,046 PCRs. See Appendix 3 for CHP level data on core contract services.

2.5 Unscheduled Care

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

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care when the patient’s prescriber is unavailable particularly over weekends and public holidays when surgeries are closed or if an Out of Hours service is in operation.
One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Provision of Current Repeat Prescribed Medicines and Appliances. This service was initiated nationally in December 2005 and enables pharmacists to provide one prescribing cycle i.e. quantity and duration normally prescribed to the patient, or up to one month’s supply if not known. The pharmacist completes a special prescription form and ensures that the patient’s usual prescriber is notified at the earliest opportunity.

Community pharmacies can also use Direct Referral to local Out of Hours services where the pharmacist has assessed a patient and feels that the patient does not have a repeat medicines supply issue but needs to be seen by another healthcare professional during times when their GP practice is closed.

For many years Boards have put rota arrangements in place to provide access to services during Public Holidays e.g. Christmas. The requirements for rota opening are agreed in consultation with the Out of Hours Steering Group.

In the financial year 2010-11 a total of 9,126 items were dispensed using the National Patient Group Direction and this represents 6% of the Scottish total.

2.6 Additional Services

There are several additional services agreed locally within NHS Highland. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population, however this does not mean that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. The services might also not be provided entirely by pharmacy and so provision must be looked at in the context of wider healthcare services. See Appendix 4 for CHP level data on additional services.

Pilot services and full service specifications are developed and implemented in response to need.

A limiting factor in extending the provision of additional services to plug identified gaps is sourcing the additional funding which would be required to achieve this.

2.6.1 Substance Misuse

NHS Highland only had access to a Substance Misuse Specialist Pharmacist one day a week in Argyll & Bute CHP prior to the withdrawal of funding. As yet it has not been possible to fund this type of post in the other CHPs and Highland are therefore out of step with other Boards.
2.6.1.1  Supervised Self Administration of Methadone (SSAM)

Supervised methadone consumption services are currently available from most of the community pharmacies in NHS Highland.

Methadone is a well-established treatment for opiate dependent patients. It reduces harm to the individual and to society by reducing the injecting of drugs, which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug misusers and integrate them back into society.

SSAM has become a key component of any methadone maintenance programme. The main reason for supervising the dose is to check that the dose is correct for the patient (i.e. neither too high nor too low) and that adequate blood and tissue levels of methadone are maintained. However, it also ensures that the patient takes the prescribed dose of methadone and it is not being illegally shared, swapped or sold.

The use of community pharmacists for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of methadone.

A valuable supportive relationship can develop between the community pharmacy team and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol which can be fed back to the professional responsible for prescribing that patient’s methadone. It also allows the pharmacist to provide health promotion advice and to daily assess the patient with regard to their general health and well-being.

Table 4 Supervised Methadone Dispensing by area

<table>
<thead>
<tr>
<th>Monthly Methadone Dispensing by Community Pharmacy - August 2011</th>
<th>Number of Supervised Dispensings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argyll &amp; Bute Community Health Partnership</td>
<td>2,237</td>
</tr>
<tr>
<td>Mid Highland Community Health Partnership</td>
<td>1,634</td>
</tr>
<tr>
<td>North Highland Community Health Partnership</td>
<td>212</td>
</tr>
<tr>
<td>Monthly Methadone Dispensing by Community Pharmacy - August 2011</td>
<td>Number of Supervised Dispensings</td>
</tr>
<tr>
<td>South East Highland Community Health Partnership</td>
<td>2,837</td>
</tr>
<tr>
<td>Total</td>
<td>6,920</td>
</tr>
</tbody>
</table>

2.6.1.2  Supervised Self Administration of Buprenorphine

April 2012
Supervised self administration of buprenorphine is a service which has been developed in many other Board areas and discussions are underway with Substance Misuse colleagues to investigate current use of buprenorphine, to quantify the need to develop this type of service in NHS Highland and the potential availability of funding to support the development of a service. This will increase the need for the development of specialist pharmacist input across all CHPs.

2.6.1.3 Injection Equipment Provision (IEP)

The NHS Highland IEP service replaced the needle exchange service and is provided with the aims of reducing the transmission of blood borne viruses by sharing of injecting equipment; to protect the public from discarded equipment; to make contact with drug users who are not in contact with drug treatment services; and to improve access to health and harm reduction advice. There are 14 community pharmacies in Highland who currently offer this service.

The need for additional IEP sites or service in Lochgilphead, Helensburgh and Oban are being investigated.

2.6.1.4 Oral Fluid Drug Testing

It has been suggested that there may be an opportunity for community pharmacists to do some oral fluid drug testing if it could be incorporated into the relevant service specifications. Potentially this would offer more random testing in the harm reduction service and therefore could improve the quality and reduce the costs of the service.

2.6.2 Oxygen Therapy Service

The domiciliary oxygen therapy service is delivered to patients through pharmacy contractors and dispensing practices that are currently included on the Board’s Pharmaceutical List of authorised Oxygen Contractors. The aim of the service is to enable patients with respiratory problems requiring oxygen therapy to be maintained in their own homes. Supply is restricted to the existing authorised pharmacies (and dispensing doctors). This service is provided by 31 community pharmacies and 10 dispensing practices.

Oxygen sets and cylinders are owned by the pharmacy contractor and supplied on loan to patients. The amount of sets allocated to a pharmacy is decided by the Board who will assess the needs of the area and from this determine the level of provision that is required.

Portable oxygen is available to patients following an assessment by an NHS respiratory physician. The physician’s recommendation will trigger a GP prescription that will be dispensed via the existing community pharmacy network.
A pharmacy that undertakes to provide an oxygen therapy service for NHS patients must be prepared to hold oxygen therapy equipment on their premises and must be responsible for the safe delivery and installation of oxygen in the patient’s home.

Currently contracts are awarded on the basis of there being unmet need in a particular area. The nature of this service (i.e. it includes delivery of oxygen) means that it might not be expected for the provider to be in the immediate vicinity of the client. For this service an expectation of geographical closeness to the patient may not be required.

Discussions and early planning are underway around the future shape of the Domiciliary Home Oxygen Service (DOTS). This service is currently provided through two separate strands:-

- Health Facility Scotland (HFS) provides a range of home oxygen services to around 5,000 patients across the country, primarily for Long Term Oxygen Therapy (LTOT) and includes oxygen concentrator, liquid oxygen and babyOX services through their contractor Dolby Medical.

- Community Pharmacy currently provide large static cylinders for the provision of Short Burst Oxygen Therapy (SBOT) and small portable cylinders for ambulatory use to around 2,500 patients across the country.

Following a recent review of oxygen services by the Scottish Government, the Scottish Public Health Network (NSS) and in consultation with Health Boards and other stakeholders, it is proposed that a move towards an integrated oxygen supply route would be in the best interests of patients and the wider NHS.

For those patients being provided with significant amounts of oxygen via cylinders there are considerable savings to be made by transferring the patient to an oxygen concentrator. This is also likely to be a benefit to the patient providing an easy arrangement for oxygen supply. There are therefore both efficiency and quality reasons, but any change needs to be associated with assessment of the patient’s clinical need for oxygen.

2.6.3 Appliance Supply

This service underwent a redesign in 2006 when supply of stoma appliances was no longer included in the main community pharmacy contract. A national tender process was undertaken and all community pharmacies at that time signed up to provide appliance supply services in addition to other appliance contractors. Some Dispensing Practices also provide this service and the current numbers in addition to appliance suppliers give NHS Highland adequate coverage for this service. Details of Appliance Suppliers can be found at http://www.psd.scot.nhs.uk/pharmacists/stoma-providers.html
2.6.4 Pharmaceutical Advice to Care Homes

The aim of this service is to ensure that all drugs and medicines supplied to the residents of a care home are handled, stored and administered correctly, safely and legally.

Community pharmacists are the best placed healthcare professionals to offer this type of advice to homes within their vicinity. The pharmacy is responsible for providing pharmaceutical advice on the safe handling, storage and correct administration of any drugs and medicines that they supply to the residents of home to which they are affiliated.

A pharmacy must apply to the Board on an application form and complete an agreement form in conjunction with the home they wish to provide the service for before they can start participating in the scheme.

The service provided includes an initial assessment visit and then subsequent visits at intervals of not more than three months. The visiting pharmacist will advise on the safe keeping and correct administration and recording of any drugs and medicines supplied. Records must be kept of visits made and advice given – the pharmacy must provide a patient medication record system on the terms set out in the memorandum to NHS Circular 1989 (PCS) (26).

The participating pharmacist(s) must comply with any necessary training and education requirements as determined by NHS Highland and conform to the practice standards generally accepted in the pharmaceutical profession.

This service would not be expected to be geographically spread but instead correspond to the needs of care homes within their local area. It would not be necessary for a pharmacy to be located in the same CHP as the care home.

2.6.5 Palliative Care Network

The aims of the scheme are to:

- Allow timely access to palliative care drugs for patients being cared for at home including the out of hours period.
- Provide information regarding palliative care drugs to patients, carers and other health care professionals.
- Support and maintain the formation of a network of "palliative care" community pharmacies in NHS Highland and liaise with other health care professionals on palliative care issues.

Patients or their carers are encouraged to continue to use their usual community pharmacy to obtain prescriptions. The community pharmacies participating in the scheme should only be accessed when the patient’s usual community pharmacy cannot supply the palliative care drug(s) within the timescale required during normal working hours. There are 54 community pharmacies in Highland who currently run this service.
The Network is designed to meet the needs of the local patient population it serves and:

- provides for a network of community pharmacies giving immediate access (including urgent supply out with the normal opening hours of the pharmacy) to a core range of drugs as agreed by those medical, pharmaceutical and nursing practitioners involved in specialist palliative care
- provides enhanced palliative care pharmaceutical advice to patients, carers, GPs, nurses and other community pharmacists
- provides a network of support from the local palliative care pharmacist to those community pharmacists who will provide the enhanced pharmaceutical services
- provides integrated team working with the local hospices and palliative care teams
- assists good communication between stakeholders thus ensuring that information about the scheme is widely distributed.

A Palliative Care Community Pharmacy is required to:

- stock an agreed list of palliative care medicines
- provide information and advice to patients, carers, other community pharmacies and other health care professionals
- undertake annual training to support the advisory role
- participate in, contribute to and remain updated through attendance at the palliative care community pharmacies network peer review meetings
- document the service usage to evaluate outcomes
- provide pharmacist contact details for out of hours access to palliative care medicines

The Area Specialist Palliative Care Pharmacist is the Chair of the NHS Highland Palliative Care Network. The network provides guidance of the need for palliative care pharmacy services – data is gathered through audit and patient feedback forms and a research strategy is being drafted which may also contribute to this process.

The Area Specialist Palliative Care Pharmacist is currently chair of the Scottish Palliative Care Pharmacists Association. The group have developed a capacity plan which may also advise on pharmaceutical needs.

A project is being planned with Macmillan Cancer Support and evaluation will also contribute to the evidence base regarding service needs.

The Scottish Government strategy documents for palliative care Living and Dying Well and Living and Dying Well Building on Progress will also contribute to needs identification.

2.6.6 Collection and Delivery
Other services relating to accessibility are collection and delivery services provided by community pharmacies.

Provision of a collection and delivery service is not usually a contractual obligation. The high percentage of pharmacies providing this service for their clients highlights the extra accessibility to community pharmacy prescription dispensing. However, as there is generally no contractual aspect to this service, the pharmacy can withdraw it at any time.

In Highland, however, there are three Board funded collection and delivery services to GP practice locations and these are Fortrose/Cromarty, Brora/Helmsdale and Mallaig/Arisaig.

2.6.7 Home Carers’ Administration of Medicines

The majority of home care service users are able to take responsibility for their own medicine management and it is important that people are supported to maintain as many self-care skills as possible, however service users may sometimes require assistance with medication. The Home Carers’ Administration of Medicines Service has been developed with Highland Council which enables home carers to administer medication as safely as possible. This is part of a broader strategy to keep patients out of care homes and hospitals and keep them in their own homes.

The Community Pharmacist is responsible for the preparation and maintenance of medication record chart (MAR chart) for patients with ‘level 3’ compliance support requirements.

This service is not available yet in the Argyll & Bute Council area.

2.6.8 Rota / Hours of Service

Pharmacies provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week. They can be closed for 1 hour during the middle of the day and offer one day per week of a 9am to 1pm opening (NHS Highland General Pharmaceutical Services: Hours of Service Scheme is available on the Pharmacy Practices Committee website). In summary, each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays.

2.6.9 Compliance Support

Funding was provided to contractors on a monthly basis for the ongoing provision of compliance support. This was linked to providing compliance assessment and, if indicated, the filling of monitored dosage systems. Some
pharmacies have periodically had issues with their capacity to take on additional patients for this service. Availability of capacity for compliance support for patients to enable discharge is an important factor for health and social services.

2.7 Facilities

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 who 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 and:-

- 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.

In recent years there has been significant investment in improving pharmacy premises to ensure that they are fit for purpose. This has been supported by the Scottish Government, the Right Medicine, Boards and contractors themselves. The majority of pharmacies now have a private consulting room or a private area which can be utilised for the provision of counselling and/or advice. The private areas in the pharmacies enable patients to be spoken to with privacy and to enable other private services such as emergency hormonal contraception to be provided in a confidential manner. The development of consultation or private areas in many pharmacies has been an enabling factor in the development of these services. These areas can either be fully enclosed providing complete audible and visual privacy or can provide a lesser degree of privacy.

In NHS Highland most pharmacies currently have either a private area or consultation room. And the majority also has induction loop facility and wheelchair access. The circular PCA (P) (2007)28 provided guidance and a self assessment tool to ensure that those pharmacies with a deficit in these areas developed an action plan to undertake corrective action. Information will be collected annually to enable review against these action plans and this will aid the planning of any future pharmacy premises or potential relocations.

2.8 Pharmacy Workforce

Community pharmacy services are delivered by a trained and knowledgeable workforce. Approximately two-thirds of all registered pharmacists are employed within community pharmacy. The pharmacist provides an expert
source of knowledge about medicines to the public. The availability of a skilled pharmacy technician workforce is critical to enable the process of moving the pharmacists practice to take on the changes required by the new pharmacy contract. It is too early in the implementation phase of the contract to estimate the required capacity of different skills sets amongst support staff, but it is likely that more individuals who have received more intensive training will be required.

During the current year some community pharmacies are reporting decreased profits due to a drop in dispensing margins and reduced counter sales. Combined with increasing costs, this may have led to some pharmacies reducing the number of support staff. Given the increasing prescription item numbers this has led to some pharmacists working longer hours to cope with the existing workload. Some community pharmacists are not engaging with new services as much as they desire to due to a lack of resources and sufficient support staff.

2.8.1 Pharmacy Support Staff

All pharmacy support staff must have completed, or be in the process of undertaking training courses for the role they undertake which have been accredited by the General Pharmaceutical Council (GPhC). Any member of staff involved in the following areas must be appropriately trained in the following areas:

- Sale of over-the-counter medicines and the provision of information to customers on symptoms and products
- Prescription receipt and collection
- The assembly of prescribed items (including the generation of labels)
- Ordering, receiving and storing pharmaceutical stock
- The supply of pharmaceutical stock
- Preparation for the manufacture of pharmaceutical products
- Manufacture and assembly of medicinal products.

See Appendix 5 for more information on pharmacy support staff training requirements.

2.8.2 Pharmacist Prescribers

Supplementary and Independent Prescribing enables pharmacists working in community pharmacy to prescribe medicines for patients to enable improved management and to support for long term conditions. This is convenient for patients and eases the workload of their GP colleagues and makes use of the pharmacists’ expertise in medicines. The Scottish Government introduced funding in 2005 to establish community pharmacy supplementary prescribing clinics in order to utilise recently acquired prescribing skills, promote closer working between GPs and community pharmacists and improve access to medicines for patients. Funding has continued since to allow community pharmacists and GPs to tailor the remit of the clinics towards meeting locally identified patient needs. Pharmacists and GP practices may choose to deliver the clinics as half a day per week, one day per fortnight or any other
reasonable combination that amounts to a half day per week. Details of Community Pharmacy Prescribing Clinics are available in Appendix 6.

2.9 New Contracts

New contracts have been granted in Gairloch and Fort Augustus. Gairloch will be opening in November 2011 and Fort Augustus as soon as possible next year.

The only appeal currently under consideration by the National Appeal Panel is for Milton of Leys, Inverness and a decision is expected in November 2011.

Current details are available on the PPC website.

2.10 Interface with other providers

The interface between community pharmacy and secondary care is an area of increasing focus as Scotland pursues its policy of shifting the balance of care. As models of care provision within the community setting continue to develop, it will not be possible to consider the need for community pharmacy services in isolation of the wider context of care provision by the NHS, local authority and third sector providers. Work continues with NHS Highland Pharmacy to develop and maintain work streams across the interface between acute and community services, in collaboration with council colleagues, Child & Adult Protection teams, substance misuse services, Health Promotion colleagues and others as required.

2.11 Accessibility of pharmaceutical services

The purpose of this section of the plan is to describe the current availability of NHS pharmaceutical services within NHS Highland and the CHP areas where appropriate. Full details are provided in the Pharmaceutical List (Appendix 1). This document provides details of opening hours, details of those pharmacies which provide extended opening hours and the availability of pharmaceutical services.

The Pharmaceutical List details national and locally negotiated services. Community pharmacies may offer non-NHS services that are not included in this document and are not considered for planning purposes. Individual pharmacies should be contacted directly for details of these services.
3 DESCRIPTION OF GENERAL MEDICAL SERVICE PROVISION

3.1 General Medical Services

The location of general medical services (GMS) across the area and information about those practices that, under the direction of the Board, provide dispensing services are included in Appendix 7.

3.2 Relationship with community pharmacy

The relationship between pharmaceutical and medical services is strong and the location of GP practices has historically had a significant influence over the geographical location of community pharmacies. However prescription collection services, the introduction of the electronic transmission of prescriptions and the planned introduction of CMS serial prescribing will increasingly allow repeat prescriptions to be available directly from the pharmacy without their being a need for the patient to have contact with the surgery for every prescription. It is the neighbourhood, as defined in the Pharmaceutical Regulations, which influences the location of new contracts.

3.3 Dispensing practices

Where those GP practices providing GMS have been requested by the NHS Board to provide a dispensing service, such services are included as part of the NHS Board’s provision and assessment of need within the pharmaceutical care service plan.

Within NHS Highland there are 44 dispensing practices which dispense medicines to a significant proportion (approximately 50,000 patients) of NHS Highland’s total population.

The GMS regulations make allowance for an NHS Board to request a GMS practice to dispense medicines, but only in certain circumstances. These circumstances, are where the Board, after consultation with the Area Pharmaceutical Committee is satisfied that “a person, by reason of distance or inadequacy of means of communication or other exceptional circumstances, will have serious difficulty in obtaining from a pharmacist any drugs, not being scheduled drugs or appliances required for his treatment under these (GMS) regulation”.

The stability of NHS services must be considered in remote and rural areas as these areas are particularly vulnerable. The ambition of this plan to consider novel methods of delivering pharmaceutical services could involve dispensing practices. NHS salaried practices present an opportunity and could be used to develop new models of pharmaceutical care in remote and rural areas.
4 ANALYSIS OF PHARMACEUTICAL NEEDS AND RECOMMENDATIONS TO MEET IDENTIFIED UNDER PROVISION

During this stage of the planning process preliminary data has been gathered from the existing network of community pharmacies on the current levels of Pharmaceutical Care Service provision and some assessment has been made also of additional Locally Negotiated Services. The plan does not address pharmaceutical care services provided by hospital pharmacy services. Analysis of gaps in service provision at this stage of the planning process has relied mainly on expert opinion across the CHPs and Pharmacy Service.

More detailed work on needs assessment will be used to inform subsequent plans. This can be complemented by more clarity both around the characterisation of core pharmaceutical care services and some exploration of available options to address the practicalities of meeting needs in remote and rural populations. It is anticipated that a predominantly focussed needs assessment would be undertaken for a defined set of services.

Geographical Information System (GIS) mapping has been used to study and depict the population distribution and locations and drive time extents of current healthcare provision. Subsequent Plans may identify geographical locations where there is sufficient need for a community pharmacy contract.

KEY POINTS

1. The Highland NHS Board has established a Steering Group for Planning Pharmaceutical Care Services.

2. A significant growth in the general population through planned housing developments will necessitate corresponding planned developments in the provision of core and additional pharmaceutical care services. The Steering Group will need to keep abreast of the timing and scale of these and other developments in order to ensure parallel developments in pharmaceutical care service provision. The significant growth in the elderly population will add to this requirement.

3. The Steering Group should evaluate the pharmaceutical needs of the population who are not within a 30 minute travel time of a community pharmacy and consider any novel means by which these needs could be met. It remains to be seen whether contractors will respond to these identified opportunities.

4. Consideration of the staffing changes required to underpin full implementation of the Community Pharmacy Contract should be planned for now as these will have implications for education and training and workforce planning.
5. At the present time, there remains for the entire population the need to fully implement the remaining core pharmaceutical care service within the Community Pharmacy Contract, namely the Chronic Medication Service.

6. A needs assessment will be required for each of the local additional services. The benefits of additional services should also be evaluated where they exist such that these services could be prioritised and extended to other areas which would benefit, subject to available funding. A limiting factor in extending the provision of additional services is sourcing the additional funding which would be required to achieve this.

7. Community pharmacy smoking cessation services should be extended and pharmacies not presently promoting the service should be enabled and encouraged to do so.

8. There is a need for further qualitative and quantitative work to be undertaken to characterise the nature, activity and capacity of existing community pharmacy services.

9. A key challenge for NHS Highland, based on its unique remote and rural status, will be to identify and fund new models of care which can help to reduce existing inequalities in the provision of pharmaceutical care services.

10. NHS Highland should explore the implications of establishing a salaried community pharmacy or service should the Board be unable to secure a contractor to service unmet needs. Such a salaried service could support dispensing practices in the provision of pharmaceutical services. Another option might be to consider encouraging more formal collaboration between dispensing practices and community pharmacies for the provision of pharmaceutical services other than dispensing.

11. The Steering Group will require to be cognisant of the time scale and the implications of any new dispensing contract for GP practices, as well as considering any means by which Community Pharmacists and GP Dispensing Practices might collaborate to improve patient access to pharmaceutical care services.

12. It would be very important to evaluate objectively the advantages and disadvantages of any novel service delivery methods.

13. Some of the more detailed work on needs assessment that has been undertaken is not presented in this year’s plan but will be used to inform subsequent plans. By then there should be more clarity around the characterisation of core pharmaceutical care services and some exploration of available options to address the practicalities of meeting needs in remote and rural populations should have taken place.
## APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>Pharmaceutical List</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>GIS Maps</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Overview at CHP level of core service engagement</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Overview at CHP level of Additional Services</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Pharmacist Prescribing Clinics</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Pharmacy Support Staff Training Requirements</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Medical List</td>
</tr>
</tbody>
</table>