

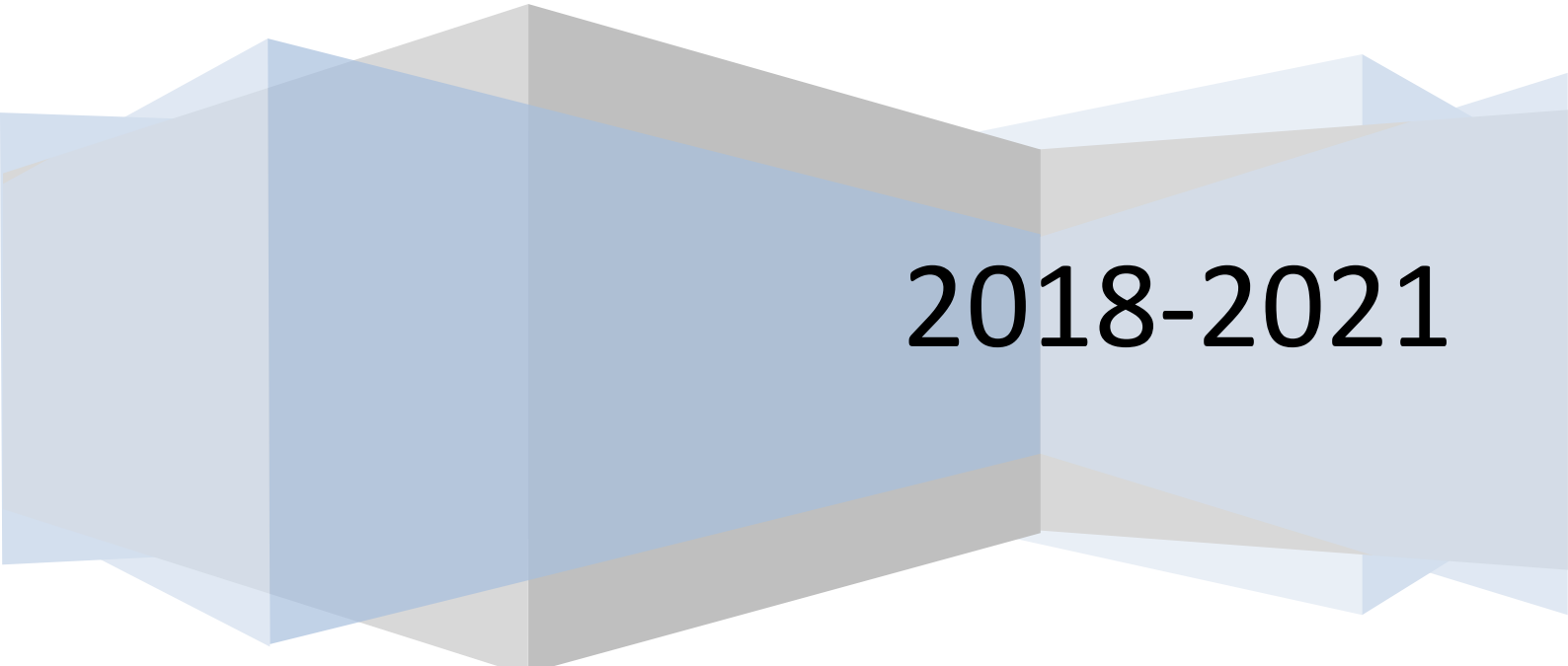
NHS Forth Valley

# Pharmaceutical Care Service Plan

A comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided with NHS Forth Valley; Identifying local needs and gaps within the NHS board area; making recommendations of priorities and actions to target and remedy these unmet needs

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# 1.0 Pharmaceutical Care Service Plan

## 1.1 Introduction

The Smoking, Health and Social Care (Scotland) Act 2005 introduced a statutory requirement that NHS boards publish a Pharmaceutical Care Service Plan (PCSP). The PCSP is required to

- Provide a comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided with the NHS board area
- Identify local needs and gaps within the NHS board area; making recommendations of priorities and actions to target and remedy these unmet needs

The Scottish Government strategy Achieving Excellence in Pharmaceutical Care provides clear leadership and priorities to improve how NHS pharmaceutical care is delivered in Scotland. A key principle of this is the planning and delivery requirements for sustainable NHS pharmaceutical care services with a pro-active approach to care service planning. Pharmaceutical care focuses the attitudes, behaviours, commitments, concerns, ethics, functions, knowledge, responsibilities and skills of the pharmacist and pharmacy team on the provision of drug therapy with the goal of achieving definite therapeutic outcomes towards patient health and quality of life (1).

Putting people at the centre of decision making and building a personalised approach are key to our Chief Medical Officer's plans to change the way in which we work across all professions in NHS Scotland. Realistic Medicine, Realising Realistic Medicine and Practising Realistic Medicine all set out the ways in which we can change patient's experiences of our health service.

As our populations live longer, they are more likely to develop a range of long-term conditions – all of which may require multiple medications which add to the patient's treatment burden. The more medicines people take, the greater the burden of storing, organising, scheduling doses and understanding what each medicine does. This in turn makes it less likely people will take their medicines as intended. This causes an increasing risk for the patient and creates a situation in which compliance may be reduced and the desired therapeutic outcomes may not be met, leading to more medicines being prescribed.



Community Pharmacy is increasingly recognised for the role it can play in the provision of person centred care and services that can contribute to the public health agenda to change behaviour, promote healthy living and manage treatment burden leading to maximising health gain at a population level, which is the cornerstone of public health practice.

Core to Achieving Excellence in Pharmaceutical Care is seamless pharmaceutical care delivered in innovative ways where communities need services; in ways in which communities wish to access them. To do this NHS boards will need to unlock the potential of the talented pharmacy workforce across all sectors developing new ways of working together for the benefit of patients and the wider community.

To allow this to happen NHS boards will have flexibility to enter into arrangements to provide pharmaceutical services to local populations based on the care needs identified through this pharmaceutical care planning report which will allow the board to provide appropriate and responsive care with evidence based interventions that add value and resilience to local populations.

## **1.2 Aims**

The aim of Pharmaceutical Care Planning is to identify local needs and assess if the current provision and activities of Community Pharmacies, Locality pharmacy services and Secondary Care pharmacy services provide adequate care for these communities at present with consideration of how services may adapt and provide care in the future with changing pharmaceutical care needs of the population.

## **1.3 Principles of Pharmaceutical Care Needs Assessment**

Pharmaceutical Care Needs assessment is specific to each locality as each community has differing needs based upon a number of factors such as

- Social demographics
- Deprivation index
- Geographical Location
- Community Service Provision

Identifying needs of communities is complex and should be based on evidence from

- Health and Social Care Partnership Strategic Plans



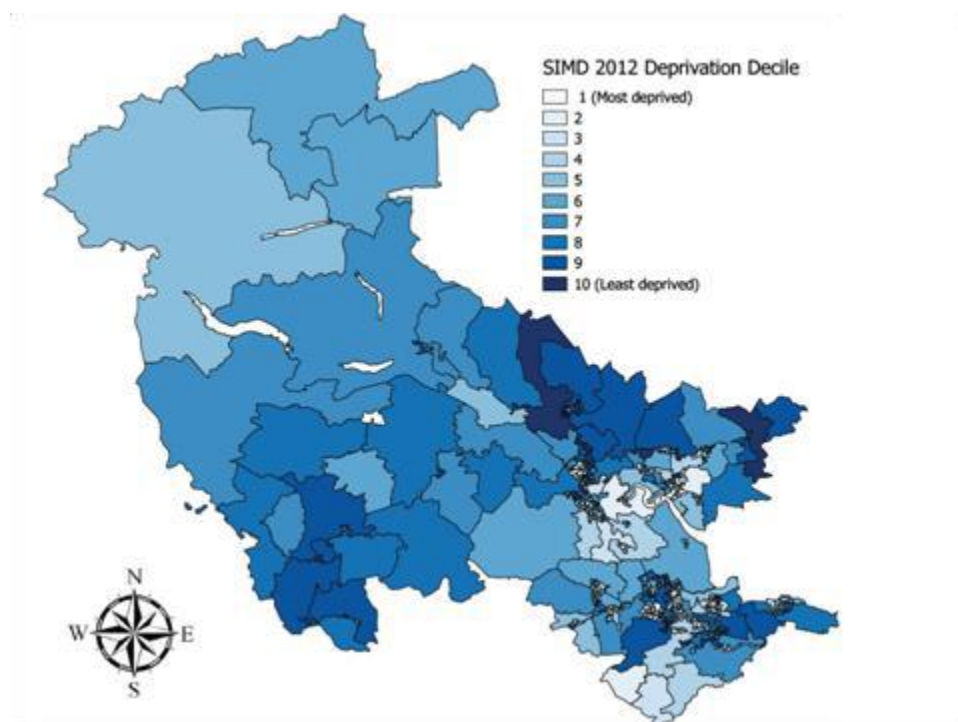
- Health and Social Care Partnership Integrated Needs Assessments
- Director of Public Health Annual Report
- National Clinical Strategies

## 2.0 Overview of NHS Forth Valley population description

Around 300,000 people live in the NHS Forth Valley area. Forth Valley lies within Central Scotland and stretches from Killin and Tyndrum in the North to Strathblane and Bo'ness in the South, covering approximately 1,000 square miles

Population projections indicate that the population of Forth Valley is rising faster than the Scottish average. The total population of Forth Valley is projected to increase by 10% between 2012 and 2037 compared to an increase of 8.9% in Scotland overall.

- The 65 and over age cohorts population is expected to rise by 70.5% (from 51,500 in 2012 to 87,700 in 2037), accounting for just over 1 in 4 of the population.
- The numbers of those aged 75 and over are projected to rise by 101.5% (from 22,406 in 2012 to 45,153 in 2037) this group will represent around 1 in 7 of the population.



The above map highlights the areas of deprivation within Forth Valley by Scottish Index of Multiple Deprivation (SIMD) deciles with the lighter areas representing the more deprived communities. (2)

## 2.1. Locality Profiles

Forth Valley is made up of two Health and Social Care Partnerships

- Falkirk HSCP
- Clackmannanshire & Stirling HSCP

Forth Valley has a significant prison population; however this is out with the scope of this plan.

### 2.1.1 Falkirk HSCP

Falkirk HSCP is made up of three localities

- 1) Falkirk
  - a. Population of just under 40,000
  - b. Some of the most deprived areas lie in Falkirk, particularly in parts of Camelon, Bainsford, Langlees and Hallglen.
- 2) Grangemouth, Bo-ness and Braes
  - a. Populations of over 65,000
  - b. Area ranges between the most affluent areas to areas of deprivation in Grangemouth, Bo'ness, Maddiston, Westquarter and Slamannan.
- 3) Denny, Bonnybridge, Larbert and Stenhousemuir
  - a. Population of around 53,000
  - b. Small pockets of deprivation in Denny and Stenhousemuir

The Falkirk HSCI Partnership aims to enable people in Falkirk to live full and positive lives within supportive communities. (3)





### Service provision in Falkirk



26 GP surgeries



34 Community Pharmacies



Forth Valley Royal Hospital

Falkirk Community Hospital



36 Care Homes with 1,121 beds

### Expected population changes in Falkirk

The 75+ year population is projected to increase by 98% by 2037 in the Falkirk HSCP area. This has significant implications for service provision as over 75's are generally intensive users of health and social care. Corresponding with the growth in the older population, the working age population is expected to decrease. (4)

### The Life Expectancy of someone living in Falkirk



Females 81.0 years

Scotland 81.1



Males 77.3 years

Scotland 77.1 years



## Health Behaviours

	Falkirk measure <sup>1</sup>	Scotland measure
Smoking prevalence (16+ years)	16.7	20.7
Smoking attributable deaths	359.5	366.8
Smoking in pregnancy	13.9	17.3
Alcohol related hospital stays	492.1	680.6
Alcohol related mortality	18.0	22.0
Drug related hospital stays	100.8	146.9
Drug related mortality	8.8	13.5

Falkirk fares well against the national levels for all of the above health behaviour indicators despite pockets of deprivation.

## Long term conditions and polypharmacy

Long term conditions are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. Long term conditions can have a serious impact upon a person's personal life but can also have a serious economic impact on health and social care services. Sixty per cent of all deaths are attributable to long term conditions and they account for 80 per cent of all GP consultations. (5)

An increasing older population will mean that there are potentially more people living with multiple conditions and therefore the greater the number of medications prescribed to manage these conditions. Polypharmacy is not always inappropriate, however the greater the number of medications a patient takes the risk of interactions and side effects increase. Polypharmacy is largely driven by multimorbidity.

It is suggested that up to 50% of drugs are not taken as prescribed and many drugs in common use can cause problems. Adverse drug reactions (ADRs) are implicated in 5 - 17 per cent of all hospital admissions. (6)

<sup>1</sup> Average number, directly age-sex standardised rate per 100,000 population



Patients on multiple medications are more likely to suffer drug side effects and those who are on medications deemed to be high risk are most at risk of a hospital admission.

### Priorities for Falkirk HSCP

- **Self-Management:** Individuals, carers and families are enabled to manage their own health, care and wellbeing
- **Autonomy and Decision Making:** Where formal support is needed people should be able to exercise as much control and choice as possible over what is provided
- **Safe:** Health and social care support systems are in place, to help keep people safe and live well for longer
- **Service User Experience:** People have a fair and positive experience of health and social care
- **Community Based Support:** Informal supports are in place, which enable people, where possible, to live well for longer at home or in homely settings within their community

### 2.1.2 Clackmannanshire & Stirling HSCP

The three localities are:

#### 1. Clackmannanshire

- a. Population 51,280
- b. 18.2% are over the age of 65 years (Scotland 18.0%)
- c. Population of 322.6 per square Km (Scotland 68.6 per square Km)
- d. Population income deprived 15.5% (Scotland 13.1%)
- e. Population living within 15% most access deprived area 2.6% (Scotland 15.0%)

More people are population deprived in Clackmannanshire than the Scottish average.

#### 2. Stirling City with the Eastern Villages, Bridge of Allan and Dunblane

- a. Population 70,222
- b. 17.1% are over the age of 65 years (Scotland 18.0%)
- c. Population of 231.8 per square Km (Scotland 68.6 per square Km)



- d. Population income deprived 11.1% (Scotland 13.1%)
- e. Population living within 15% most access deprived area 14.3% (Scotland 15.0%)

The population in Stirling, Eastern Villages, Bridge of Allan and Dunblane has a lower than national average of those aged over 65 years, lower percentage of those who are income deprived than the national average and also less access deprived than the national average.

### 3. Rural Stirling

- a. Population 21,038
- b. 22.2% are over the age of 65 years (Scotland 18.0%)
- c. Population of 12.7 per square Km (Scotland 68.6 per square Km)
- d. Income deprived 6.5% (Scotland 13.1%)
- e. Population living within 15% most access deprived area 53.3% (Scotland 15.0%)

The population of rural Stirling are made up of a greater percentage of those aged over 65 years than the national average, whilst less of the population are income deprived than in the other two localities within this area there is a significantly high percentage of the population who are access deprived, possibly influenced by the rural setting of this locality. This creates specific challenges to address the health needs of this area. (7)



## Services in Clackmannanshire & Stirling



29 GP practices



42 Community Pharmacies



Stirling Community Hospital

Clackmannanshire Community Healthcare Centre



Care Home Beds 1098

### Expected population changes in Clackmannanshire & Stirling

Age Group	2012 population	2037 population
Clackmannan 0- 15 year	9,166 (17.9%)	8,320 (16.6%)
Clackmannan 16-49 years	22,747 (44.4%)	16,886 (33.7%)
Clackmannan 50-64 years	10,636 (20.7%)	9,174 (18.3%)
Clackmannan 65-74 years	5,163 (10.1%)	7,590 (15.2%)
Clackmannan 75+years	3,568 (7.0%)	8,073 (16.1%)

The population of Clackmannan is expected to slightly decrease from 51,280 (2012) to 50,043 (2037) with all age ranges under 65 years decreasing and an increase in those aged 65 years and over. This will have an impact on the provision of health care in the area.



Age Group	2012 population	2037 population
Stirling 0-15 years	15,923 (17.5%)	17,952 (17.0%)
Stirling 16-49 years	41,309 (45.4%)	46,184 (43.6)
Stirling 50-64 years	17,517 (19.2%)	15,141 (14.3%)
Stirling 65-74 years	9,022 (9.9%)	12,426 (11.7%)
Stirling 75+ years	7,249 (8.0%)	14,157 (13.4%)

The population of Stirling is expected to increase from 91,020 (2012) to 105,860 (2037) with age ranges under 65 years decreasing slightly and an increase in those aged 65 years and over. As with Clackmannanshire there will be an impact on the provision of health care in this area as the population ages. (8)

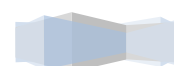
### The Life Expectancy of someone living in Clackmannanshire & Stirling



Clackmannanshire 79.9 years  
 Stirling 82.2 years  
 Scotland 81.0 years



Clackmannanshire 77 years  
 Stirling 78.5 years  
 Scotland 77.1 years



## Health Behaviour

	Clackmannanshire & Stirling measure <sup>2</sup>	Scotland measure
Smoking prevalence (16+ years)	21.9	20.7
Smoking attributable deaths	361.4	366.8
Smoking in pregnancy	19.4	17.3
Alcohol related hospital stays	502.8	680.6
Alcohol related mortality	22.0	22.0
Drug related hospital stays	116.8	146.9
Drug related mortality	14.4	13.5

Despite the introduction of the smoking ban in public places in 2006, latest estimates suggest that a higher proportion of people in Clackmannanshire still smoke. Tobacco smoking is the main risk factor for lung cancer, accounting for an estimated 80-90% of cases in developed countries and is linked to other cancers and Chronic Obstructive Pulmonary Disease (COPD).

The alcohol related mortality rate in Clackmannanshire and Stirling is at the national average level; however local data suggests that the figure for Clackmannanshire is significantly worse than national average with Stirling better than national level. (8) Whilst drug related hospital stays are below national level, drug mortality is above national level indicating that there are those in the population who are not seeking help with drug misuse problems.

### Long term conditions and polypharmacy

As with Falkirk HSCP the population aged 65 years and older is expected to rise in Clackmannanshire & Stirling HSCP. This will have an impact on the number of people living with one or more long term condition for longer; increasing the polypharmacy burden on the population.

<sup>2</sup> Average number, directly age-sex standardised rate per 100,000 population



## Priorities for Clackmannanshire & Stirling HSCP

1. **Self-Management** - Individuals, their unpaid carers and families are enabled to manage their own health, care and wellbeing.
2. **Community Focused Supports** – Supports are in place, they are accessible and enable people, where possible, to live well for longer at home or in homely settings within their community.
3. **Safety** - Health and social care support systems help to keep people safe and live well for longer.
4. **Decision Making** - Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing.
5. **Experience** – Individuals will have a fair and positive experience of health and social care.

### 2.2 Locality Priorities

Both Health and Social Care Partnerships have set out the same priorities for improving the health and well-being of their local populations. The provision of Pharmaceutical care across NHS Forth Valley should contribute towards these priorities and any considerations of new initiatives or new provision of pharmaceutical care should take into account how the service will contribute.

- 1) Self Care/Management
- 2) Community based support
- 3) Safe care support systems
- 4) Supported decision making
- 5) Fair and positive experience of health and social care





## 2.3 Provision of pharmaceutical service to address locality priorities.

### Self care/management and supported decision making

Involving people in decisions about their care is a key priority for each locality and the Scottish Government. We need to see and treat people as partners in their own health, care and support, who are able to manage their conditions, putting them at the centre of the process. Pharmacy has a role to play in this by providing pharmaceutical care in the form of polypharmacy reviews with patients, providing expert advice so patients can make informed decisions about the medication they take, including how best to manage the burden of treatment. Polypharmacy reviews take place in primary, secondary and specialist settings. They also form part of the Medicine Care and Review (MCR) Service (previously known as Chronic Medication Service (CMS)) provided by Community Pharmacy which enables patients with long term health conditions to have their medicines reviewed regularly with expert advice from a pharmacist in the local community at a time and location convenient to the patient.

### Community based

As localities look to re-invest in community based services and the redesign of non-acute hospital based services community pharmacy could be a natural place for some of these services. Community pharmacy already provides important services to address health inequalities in local communities;

- Opiate Substitute Treatment (OST)
- Smoking cessation provision
- Emergency Hormonal Contraception (EHC)
- Alcohol Brief Interventions (ABIs)
- Healthy living advice through public health promotional campaigns.
- Medicine Care & Review (MCR)
- Minor Ailment Service (MAS)
- Pharmacy First and Pharmacy First extension service.

In the future NHS boards will have flexibility to enter into arrangements to provide pharmaceutical services to local populations based on the care needs identified. This will allow Community Pharmacy to provide unique community based services building on the vision set out in Achieving Excellence in Pharmaceutical Care and Realistic Medicine that



everyone should have access to high quality pharmaceutical care in their local communities.

### **Safety and a positive and fair experience of health care.**

Community Pharmacies are a significant, trusted and established community resource and offer great potential to support more people to live as independently as possible at home. Community Pharmacy has a unique role; they are the most accessible of all health care professionals and are positioned at the interface between NHS care and self care. Community Pharmacy is able to reach and engage with those who are experiencing both good health and ill health. Community Pharmacies are located within easy reach of local communities, are open at times convenient to patients and have the unique ability to provide a health service without the need for an appointment.

Community Pharmacy promotes health and wellbeing through information, advice and delivering key public health interventions allowing individuals to maintain and protect their health and wellbeing for the future.

Pharmacy has a significant role to play in ensuring patient safety. It is suggested that up to 50% of drugs are not taken as prescribed and many drugs in common use can cause problems. Adverse drug reactions (ADRs) are implicated in 5 - 17 per cent of all hospital admissions. (6) The provision of polypharmacy reviews as part of (MCR) and safety care bundles is important to review the treatment burden patient's face and address any risks from their medicines identified through these processes.

### **3.0 Pharmacy Services across Forth Valley**

Within Forth Valley there are 6 localities:

- Falkirk Town
- Grangemouth Bo'ness and The Braes
- Clackmannanshire
- Rural Stirling
- Stirling City
- Denny, Bonnybridge and Stenhousemuir



With the development of Health and Social Care Partnerships (HSCP), Localities will be the method of delivering local health and social priorities in the area, as identified by the HSCP.

Each Locality has a nominated Pharmacy Champion – their key role is to represent the Community Pharmacy Service in a locality, working with all relevant stakeholders to support the development of an effective locality network, discussing and identifying priorities and issues for pharmacists and support staff in the locality. The Champions engage with Acute and Primary Care to support Community Pharmacy Teams and enable the Pharmacy Service to deliver on all aspects of pharmaceutical care within Locality Planning. The Pharmacy Champions work closely with the Community Pharmacy Development Team and provide relevant information for NHS Forth Valley Pharmacy Leadership Team.

### **3.1 Accessibility**

#### **3.1.1 Opening times**

The availability of a pharmacy in a locality is an enabling factor in the ability of the population to get access to effective healthcare. Pharmacies not only provide dispensing services for patients requiring prescribed medication, but also advice on minor ailments and self-care and provision of the different services available through patient group directions.

The population of Forth Valley requires access to the four additional core pharmaceutical care service elements, as well as a range of locally negotiated services identified as necessary to meet local need.

To date Scottish research confirms that peak hours for visits to community pharmacies are between 9 am - 12 noon (43%) and 2 - 5 pm (32%). However, increasingly for some services, including the supply of emergency hormonal contraception and emergency medicines supplies, most uptake occurs over the weekend period.



Pharmacies must provide;

- Opening hours of five days per week (less any public holidays in the week).
- These must cover 9.00am to 5.45pm 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 Forth Valley Primary Care Services: Hours of Service).

There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances and need, to suit the requirements at individual locations

The opening hours and number of the pharmacies in each HSCP area are shown below

	Week Day Hours				Weekend Opening		
	Number of Contracts	To 5.30pm	5.30pm To 6.00pm	6.00pm To 8.00pm	½ Day Saturday	All Day Saturday	Sunday
Forth Valley	76	17	52	5	35	37	5
Falkirk	34	7	25	2	14	18	2
Stirling	29	7	18	3	13	14	3
Clackmannan	13	3	9	0	9	4	0*

One Pharmacy in Stirling opens until 9.00pm Monday to Sunday.

\* Sunday rota service operates in Clackmannanshire

### 3.1.2 Travel Times

Previous national research has indicated that community pharmacies are accessible with;

- 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes.
- 47% of respondents travelled by car and 42% walked.
- The majority (83%) started and ended their journey at home with only 8% travelling from their place of work.

This data is broadly supported by a UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy. When travelling to a community pharmacy 54% of



respondents reported travelling by foot, 36% drive themselves, 3% drive others, 5% travel by bus and 1% by bike.

### **3.1.3 Resources – Premises/Facilities**

The General Pharmaceutical Council (GPhC) has published standards for registered pharmacies that are designed to strengthen the regulation of pharmacies and improve the quality of pharmacy practise. The standards focus on what pharmacies are achieving for patients and people who use pharmacy services.

Pharmacy owners and superintendents (when the pharmacy is company-owned) are accountable for how well the standards are being achieved. They are responsible for creating and maintaining a physical and organisational environment in which pharmacy can be practised safely and effectively.

The standards are set out under five principles which describe arrangements for safe and effective pharmacy care.

Principle 1 – looks at identifying and managing risks in your pharmacy

Principle 2 – looks at staffing issues

Principle 3 – is about the pharmacy premises

Principle 4 – is about delivery of pharmacy services

Principle 5 – is about equipment and facilities.

## **3.2 Pharmacy workforce**

Community pharmacy services are delivered by a trained and knowledgeable workforce. 74% of Forth Valley's pharmacy workforce is employed within community pharmacy. The pharmacist provides an expert source of knowledge about medicines to the public with a number of pharmacists in Forth Valley possessing specialised areas of competence in the areas in which they work.

Pharmacy technicians are a regulated profession and are required to practise according to the GPhC codes and standards which sets the patient as the central focus. It is a requirement for pharmacy technicians to be responsible for identifying and addressing their own professional development needs through participation in continuing professional development (CPD). Individual pharmacy technicians are accountable for their own practice. Together, this provides an assurance of quality which will generate a confidence in the professional practice of the pharmacy technician workforce.



The role of a pharmacy technician within community pharmacy is to order, maintain and supply medicines to patients, provide information to help people get the most from their medicines, dispense prescriptions and to supervise other pharmacy staff.

An *Accuracy Checking Pharmacy Technician (ACPT)* is a pharmacy technician who has completed a recognised Accuracy Checking Pharmacy Technician training programme. ACPTs carry out the final accuracy check on dispensed prescriptions which have been clinically screened by a pharmacist. The use of ACPTs within Community Pharmacy allows Pharmacist time to be released so that they can deliver more complex services such as the public health services already outlined in this document.

The availability of a skilled pharmacy technician workforce is critical to enable the process of allowing pharmacy practice to take on additional public health roles.

### **3.3 Community Pharmacy Core Services**

#### **3.3.1 Minor Ailment Service**

The Minor Ailment Service (MAS) is now a well established and valued service within community pharmacy since its roll out in 2006. MAS enables people to use the pharmacy as their first port of call for advice and treatment of common illnesses.

The service aims to:-

- Improve access for patients
- Promote care through the community pharmacy setting
- Transfer care from GPs and nurses to pharmacists where it is appropriate
- Help address health inequalities
- Assist the primary care team to achieve their 48 hour access commitment

Patients who are registered with a Scottish GP and who were previously exempt from prescription charges (with the exception of people who are resident in a care home, temporary residents or those who have bought a prepayment certificate) 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. The provision of the service is supported by the e-Pharmacy programme. All community pharmacies are required to possess the necessary software functionality.



Payment for the service is made on a capitation basis calculated on the number of registrations held within the Central Patient Registration System which is hosted by National Support Services. The calculation is carried out on the last day of each month.

At October 2017 there were 40,657 patients registered for MAS in Forth Valley. The number of patients registered for MAS is steadily declining from initial MAS registration activity as patients registrations lapse when there has been no activity for that patient in the last 12 month period. This picture is similar across all board areas in Scotland.

### **3.3.2 Public Health Service**

The Public Health Service provided by Community Pharmacy covers three core activities:-

- a health promoting philosophy
- health promoting activities
- a health promoting environment

Community pharmacy contractors and their staff via the public health services:-

- promote self care
- make use of windows/frontage and/or display space in pharmacies to promote health
- provide access to appropriate health education information, materials and support
- encourage a more pro-active approach to self care and health promotion
- offer opportunistic interventions to promote health
- provide a rolling programme of pharmacy based health promotion activities offering opportunistic interventions in areas such as alcohol brief intervention, self care, smoking cessation and emergency hormonal screening

Health protection, health improvement and promoting medicine safety should be an integral part of a pharmacist's holistic approach to pharmaceutical care services.

In the spirit of "Health Promoting Health Service" all interactions between community pharmacists and their support staff with patients and the general public allows for the giving of opportunistic advice on healthy living and the encouragement and support for patients to self care.

All 76 pharmacies deliver the full Pharmaceutical Public Health Service in Forth Valley



### 3.3.2.1 Smoking Cessation

The Scottish Government's tobacco control strategy, *Creating a Tobacco-Free Generation*, sets out a vision of a society where almost no one smokes. Community pharmacies in Forth Valley are an important source of smoking cessation services contributing to NHS Forth Valley achieving this policy objective. In the year 2016/17 Forth Valley achieved a HEAT quit target at 12 weeks of 118% (376 quits at 12 weeks) which is above the Scottish average, with community pharmacy contributing to 42% of this target. A number of these patients accessed support through shared care between the smoking cessation service and community pharmacy.

NHS Forth Valley has been working to address recommendations made in the advisory group report, *Review of NHS smoking cessation services* (June 2014) to reduce variation in outcomes and improve consistency between services.

Historically Forth Valley has been one of the lower prescribing health boards of varenicline; however in January 2018 a new Patient Group Direction (PGD) was issued to allow varenicline to be provided as first line therapy alongside NRT. The uptake of varenicline as a first line agent should be closely monitored with training and promotion as a first line agent within services to improve access to this therapy.

The community pharmacy development team have been working closely with the Stop Smoking team to improve referral systems and to maximise the links between a smoke free NHS and smoking cessation service.

A test of change was piloted in 2017 with the stop smoking service working closely with community pharmacy to support more robust data recording and analysis. There were a high number of open files with no documented follow up on the PCR reported from the pharmacy service creating uncertainty on patient smoking outcomes. The project between Pharmacy Services, E-Health and Stop smoking services sent out reminders to individual community pharmacies to encourage patient contact, follow up and recording on PCR. The project delivered a significant decrease in the number of patients not followed up who set a quit date from 58% in 2016 to 38% in 2017.

To improve referral systems the stop smoking team have also implemented business cards which are issued at the diabetic outpatient department to encourage patients with diabetes to attend their local community pharmacy for support to help stop smoking.





Training sessions to refresh the smoking cessation service within community pharmacy were held in March 2018. The sessions focussed on the use of varenicline, NRT product choice, behavioural support education and the up-skilling of pharmacy support staff to assist in the delivery of this intervention.

### **3.3.2.2 Emergency Hormonal Contraception (EHC)**

The Scottish Government commissioned a national Sexual Health Service as part of the Community Pharmacy contract through PCA(P)(2008)17 which has allowed all pharmacies in Forth Valley to supply Emergency Hormonal Contraception (EHC). Pharmacies are the main supplier issuing 93% of all EHC in Forth Valley.

Five of the top ten pharmacies dispensing EHC are open 7 days per week and therefore have extended hours, with two of the top ten pharmacies in Alloa which is an area of deprivation. The pharmacy located at Stirling University provides a high number of EHC. This reflects the needs of young women accessing the service requiring easily accessible pharmacies opening throughout the week.

Future developments in Forth Valley will include ellaOne® as a first line therapy. A National PGD is currently under review and consideration for including bridging contraception from community pharmacies likely to be included and implemented in Forth Valley following National guidance.

### **3.3.3 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.” (9)

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP
- advice from NHS 24
- referral to the Out of Hours service via NHS 24



Service developments, implemented within community pharmacy, have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. Such service developments implemented by community pharmacy contractors include:-

- The National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances
- Community pharmacy Direct Referral to local Out of Hours services
- The NHS Minor Ailment service and Pharmacy First

The National Patient Group Direction (PGD) for urgent provision of medication has been in place now for over 11 years and the contribution that community pharmacy has made to patient care is well recognised and appreciated, over 24,000 items a month are supplied urgently to patients using the PGD. Patient Group Directions (PGD) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for prescribing treatment.

The inclusion and exclusion criteria of the National PGD were reviewed and changed with the latest PGD version 24 issued in May 2018. The PGD allows Pharmacists to further maintain continuity of medication supply and care to patients when their prescriber is unavailable. This includes hours when the GP practice may be open, however the prescriber may not be readily available.

Requirements for the medication to be on a repeat prescription were removed to bring the PGD in line with existing emergency supply regulations. The exclusion criteria that prevented successive supplies were also removed. The changes made allow Pharmacists more flexibility enabling them to make appropriate supplies for patients who previously did not fit the inclusion criteria.

The service is also a good opportunity to identify patients who are struggling to manage their medication and an opportunity to discuss compliance and concordance with the patient.



### 3.3.4 Medication: Care and Review (MCR)

The Chronic Medication Service (CMS) was refreshed by the Scottish Government in 2018 and re-named *Medication: Care and Review* (MCR) comprising of:

- a) Pharmaceutical Care where patients have access to expert medicines review and healthcare assessment of long-term conditions, and
- b) Serial Prescriptions

The MCR service allows patients with long-term conditions to register with a community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, community pharmacist and General Practitioner (GP). It introduces a more systematic way of working and formalises the role of community pharmacists in the management of individual patients with long term conditions in order to assist in improving the patient's understanding of their medicines and optimising the clinical benefits from their therapy.

A key element of the new General Medical Service pharmacotherapy service is the identification of patients suitable for a 6 or 12 month serial prescription. Methods will be explored to develop the community pharmacy annual medication reviews as part of MCR. The aim will be to create a pathway for recommendations to inform and link with the Pharmacotherapy Service promoting liaison with the GP pharmacist and wider GP clinical team.

Innovative ways of working will be explored to understand and inform potential opportunities to support MCR implementation and integration with the pharmacotherapy service. Scoping work is proposed to identify the benefits of scanning technology and ability to release pharmacist capacity. Community pharmacy access to EMIS is proposed to explore the benefits of community pharmacy completion of medicines reconciliation post hospital discharge.



### **3.3.5 Gluten Free Food Service**

Adult and paediatric patients with a confirmed diagnosis of either Coeliac Disease (CD) or Dermatitis Herpetiformis can access the Forth Valley GFFS. This is part of the National initiative introduced by Scottish Government in April 2014.

The Forth Valley GFFS allows patients to self-manage their gluten free prescription with the help of community pharmacy rather than General Practice. Patients are identified and informed of the new National Gluten-Free Food (GFF) Service by their Dietician and referred to their chosen pharmacy to register.

Each patient presenting with a Patient Registration Form requires the Community Pharmacist to complete a Patient Care Record (PCR). A Pharmacy Annual Coeliac Disease Health Check is carried out for Coeliac Disease patients aged 16 years and older.

Patients can then order gluten free food on the Forth Valley food list up to their maximum allocated food units via the community pharmacy.

### **3.4 Locally Negotiated Pharmaceutical Care Services**

Locally negotiated pharmaceutical care services have been developed by NHS Forth Valley to meet specific needs within the population. These services are currently operated through locally negotiated contracts and not provided by all pharmacies. Under the legislation contained in the Smoking Health and Social Care Act (Scotland) 2005, it is the duty of NHS Boards to secure the pharmaceutical care services necessary to meet these needs. The pharmaceutical care services plan defines the specific needs of different sections of the population for locally negotiated pharmaceutical care services.

#### **3.4.1 Advice to Care homes**

A Locally Enhanced Scheme (LES) is commissioned by Forth Valley Health Board to provide and improve the quality of pharmaceutical care for patients living within the care home setting. This service specification is currently under review.



### 3.4.2 Substance Misuse services

In common with other countries in the developed world, Scotland faces a significant challenge from rising levels of substance misuse. Scotland has seen increases in drug related deaths year on year with drug related deaths reaching 867 in 2016 across Scotland. In Forth Valley the figures were 57 in 2016 and 38 in 2017. There was a particularly large increase in drug deaths in the Falkirk area of Forth Valley in the year 2016 and rates of drug deaths in Clackmannanshire have been consistently high over the past 5 years.

In July 2017 the Scottish Government announced a refresh of the policy document *Road to Recovery* (10). The nature of the refresh is to respond to the changing nature of Scotland's drugs problem and aims to address issues experienced by older drug users, developing a framework to encourage them into services and keep them in treatment. The Scottish Government Policy documents *Getting It Right for Every Child and Getting Our Priorities Right* (11) outline the effect of parental substance misuse on children and families. These documents set out the guidance on early intervention for families affected by substance misuse to ensure the best possible outcomes for children through maintaining the family unit where possible.

Commitment 13 within the Mental Health Act sets out a pathway for substance misuse services and mental health services to work together to provide holistic care for individuals with co-morbidity.

#### 3.4.2.1 Opiate Substitution Treatment (OST) and Pharmaceutical Care

OST is supported through community pharmacies as part of public health provision delivering important and beneficial health outcomes. Opiate dependent patients have higher rates of chronic disease and multi-morbidity than others from similar communities. Pharmacists have specialist expertise in the management and interaction of medicines and these skills are critical for the care of OST patients. Pharmacists contribute to treatment and care through liaison with prescribers and key workers in the assessment and monitoring of appropriate levels of supervised consumption.

This patient group also experiences problems with access to local resources and facilities contributing to damage to their health and increasing health inequalities experienced. (12) People who misuse substances have many pharmaceutical care needs that require to be addressed. Community Pharmacy are the healthcare professionals who have the most



contact with these patients, often on a daily basis. It is therefore crucial that the benefits of these therapeutic relationships are embraced to provide a patient centred and recovery focussed holistic package of care.

Community Pharmacy Forth Valley and NHS Forth Valley agreed a new model of delivery of pharmaceutical care for patients prescribed OST in 2015 to fulfill the expectations and aspirations set out in Prescription for Excellence. The model embraces a patient centered recovery focus where community pharmacies are reimbursed for providing a package of care (i.e. a monthly fee per patient) rather than payment per item of dispensing/supervised dispensing. A key objective of this package of care is to raise awareness of the community pharmacy role and responsibility within the wider Forth Valley Recovery Orientated System of Care (ROSC). Pharmacists are expected to develop a care plan based on their regular assessment of each patient and record key interventions within the Pharmaceutical Care Record (PCR).

The service aims to provide holistic pharmaceutical care for patients prescribed OST and promote recovery. To do this contractors:

- Provide close liaison with the Substance Misuse prescribing service
- Dispense and supervise OST as prescribed
- Monitor the patient's response to prescribed treatment
- Provide general health advice including pharmaceutical public health services and signposting to assist access to further advice or care
- Promote patient safety and appropriate harm minimisation strategies
- Promote community safety through reducing risks due to the overuse or underuse of medicines and diversion of prescribed medicines

All pharmacies In Forth Valley are willing to provide pharmaceutical care for patients prescribed Opiate Substitution Therapy (OST). However a few pharmacies do not contract to this service where no need has been identified. Pharmacies actively participating in the OST service are distributed across the two Health & Social Care Partnerships as follows:

Falkirk – 32 pharmacies

Stirling – 25 pharmacies



Clackmannanshire – 13 pharmacies

There is limited access to 7 day provision of the OST service across Forth Valley with no provision in Clackmannanshire. This is particularly problematic when considering the management of high risk complex patients and in view of the rising drug related death trends.

### **3.4.2.2 Harm reduction**

#### **Injecting Equipment Provision Service**

This service aims to protect individual and public health by reducing the incidence of blood-borne virus infection and drug-related deaths amongst service users by:

- providing sterile injecting equipment and related paraphernalia as agreed locally
- reducing the rate of sharing and other high-risk injecting behaviors
- promoting safer injecting practices
- providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention.

It supports health protection of local communities by promoting and providing safe disposal facilities for used injecting equipment and encourages people who inject drugs to access other health, voluntary and social care services where appropriate.

There are 16 pharmacies providing IEP across Forth Valley which comprises 6 in Falkirk, 6 in Stirling and 4 in Clackmannanshire

#### **Naloxone Service**

Naloxone is an opioid antagonist; a medicine which can temporarily reverse the effects of a potentially fatal overdose involving opioids such as heroin, morphine or methadone.

Intramuscular injection of naloxone is a first aid emergency response and provides more time for emergency services to attend and medical care to be given. Supplies of 'take home' naloxone (THN) kits are made available, along with training on overdose awareness, to those individuals at risk of opioid overdose in order to reduce the risk of fatality.



The Community Pharmacy Naloxone service was set up within community pharmacies engaged in IEP but since expanded to include those who provide services to patients receiving OST. Training is provided to people identified as being at risk of an opiate overdose to recognise overdose risks and symptoms plus how to administer naloxone in an emergency situation.

The service is delivered in a user-friendly, non-judgemental way that maintains client confidentiality. The provision of overdose awareness and take home naloxone is key in tackling drug related deaths in Forth Valley.

There are 25 pharmacies participating with the supply of take home naloxone from community pharmacies in Forth Valley.

Clackmannanshire – 3

Stirling - 9

Falkirk - 13

### **3.4.3 Palliative Care Network**

This initiative was developed in response to concerns expressed in accessing palliative care medicines for patients being cared for at home. Fourteen community pharmacies throughout Forth Valley form the Forth Valley Community Pharmacy Palliative Care Network.

Clackmannanshire – 3

Stirling – 5

Falkirk - 6

The pharmacies in the scheme stock an agreed range of palliative care medicines. Patients or their carers continue to use their usual community pharmacy to obtain prescriptions. The community pharmacies participating in the scheme are only accessed when the patient's usual community pharmacy cannot supply the palliative care medicine(s) within the time-scale required.

*The aims of the scheme are to:-*

- Allow timely access to palliative care medicines for patients being cared for at home.





- Provide information regarding palliative care medicines to patients, carers and healthcare professionals.

#### **3.4.4 Alcohol Brief Intervention (ABI)**

Tackling alcohol misuse is a priority for the Scottish Government. A part of the policy document, “*Changing Scotland’s Relationship with Alcohol: A Framework for Action*”, health boards were asked to develop services that deliver screening and brief intervention. Community pharmacy was identified as a route through which alcohol brief interventions to reduce hazardous and harmful alcohol consumption could be delivered to the population to improve health and reduce disease.

An ABI service has been implemented periodically as a short term initiative linked to local campaigns to engage with the public to review their drinking habits. The scheme involves completion of a simple scratch card by patients, which will provide a score reflecting their alcohol consumption. This raises awareness of safe drinking limits and may lead to a brief consultation with the pharmacist to help facilitate change in drinking behaviors.

#### **3.4.5 Stoma service**

The Stoma Contract sets out the service standards to be met by all Dispensing Appliance Suppliers and Community Pharmacy contractors for the purposes of being placed on a list of approved suppliers authorised to dispense and supply stoma appliances and associated services to patients in the community.

It also sets out the ongoing standards to be met by Dispensing Appliance Suppliers and Community Pharmacists for the purposes of remaining on that approved supplier list.

All pharmacies in Forth Valley provide a stoma service, which includes:

- Availability of flange cutting and customisation of appliances on request
- Supply of disposal bags and wipes as required
- Supply and delivery in accordance with patient's needs e.g. delivery times, amounts, use of discreet packaging/carrier
- Home delivery within two working days (if requested) by the patient
- A confidential and private patient support service



### 3.4.6 Direct Acting Antivirals in Hepatitis C

Hepatitis C is a blood borne virus which can lead to chronic liver disease with relatively few symptoms. Transmission is mainly blood to blood contact. In Forth Valley area it is estimated there are 3000 people infected with almost two thirds of these yet to be diagnosed. The Direct Acting Antivirals (DAA) now used to treat Hepatitis C can be prescribed by the hospital services but dispensed and supplied to the patient from community pharmacies.

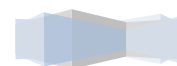
Community Pharmacy provide a package of care for patients prescribed DAAs as most visit their pharmacy regularly and so can be supported through treatment and closely monitored for side effects. As part of the package of care pharmacies develop a care plan for each patient engaged with the service and record this information on the patients PCR. When a patient is identified for DAA therapy a member of the hepatology team contacts their preferred pharmacy and visits the pharmacy team to discuss the treatment plan and also to provide points of referral for the patient.

The aim of the service is to provide holistic care for patients prescribed DAA by:

- Providing a close liaison with the Hepatology Service
- Dispensing and supervising dose consumption when required of DAA
- Monitoring the patient's response to prescribed treatment and any side effects experienced
- Providing general health advice including pharmaceutical public health services and signposting to assist access to other services when required.
- Promote patient safety and appropriate harm minimisation strategies, which may include provision of IEP, sexual health services or referral.

A total of 64 pharmacies have contracted to provide Direct Acting Antivirals in Forth Valley, not all pharmacies are currently active, due to changing demand.

As Scotland moves towards elimination of Hepatitis C community pharmacy could make significant contributions in case-finding, as well as providing a package of care once diagnosed, by providing dry blood spot testing in all community pharmacies.



### **3.4.7 Healthy Start Vitamins**

The National Healthy Start Pharmacy Distribution pilot ended in September 2015. In Forth Valley the distribution model involves a combination of participating community pharmacies along with direct board distribution through midwives, health visitors and NHS clinics. Participating pharmacies supply Healthy Start beneficiaries with the appropriate Health Start Women's or Children's vitamins and are reimbursed following submission of a signed CPUS.

The pharmacist or a member of the pharmacy team will also signpost families to support and information on appropriate health and lifestyle choices, including their diet in pregnancy, breastfeeding, smoking cessation, and the roles of milk, fresh fruit, vegetables and vitamins in their diet.

### **3.4.8 Pharmacy First**

NHS Forth Valley community pharmacy continues to transform treatment pathways for patients in primary care bringing treatments and care closer to home and contributing to alleviating the burden on general practice and Out Of Hours (OOH)

The Pharmacy First Service offers all patients, registered with a GP in the UK, access to free consultation and treatment or advice for common clinical conditions. Previously patients would have had to attend a primary care appointment or OOH for uncomplicated urinary tract infections and impetigo.

Community pharmacists carry out a consultation in the pharmacy with the patient and provide advice and treatment if required under locally agreed patient group directions (PGD's)

The service also aims to increase access for patients with COPD to medication related advice and patient centred medicine review through community pharmacies and to provide rescue antibiotics and steroids to patients with hand held COPD record cards.

The Pharmacy First Service is available from local community pharmacies both within GP opening hours and out of hours.



There are 76 community pharmacies providing the pharmacy first service across Forth Valley.

In the year March 2016 to March 2017 3,908 patients attended a community pharmacy for a consultation for uncomplicated UTI (80% of consultations), impetigo (11%) or exacerbation of COPD (9%)

Of the 10 top providers of Pharmacy First consultations, three pharmacies provide extended opening over 7 days with 2 pharmacies in Stirling and 1 in Falkirk.

Clackmannan is identified as not having a 7 day extended opening pharmacy (local one hour rota service on a Sunday) and this may impact on this population accessing this service.

The success of Pharmacy First within Forth Valley has led to an extension of the service to include a further 4 common clinical conditions:

- Minor skin conditions
- Minor skin infections
- Bacterial conjunctivitis
- Recurrent vaginal candidiasis

73 out of 76 community pharmacies have been trained and have contracted to provide the extended Pharmacy First Extension service.

The vision within Forth Valley is to extend this service to have at least one community pharmacy utilising prescribing skills to provide an extended common clinical conditions clinic in each of the HSCP localities.

### **3.4.9 Clozapine service**

The clozapine service enables community pharmacies to fulfil their role as part of the multi-disciplinary, integrated mental health team involved in the care of patients prescribed clozapine that are identified for community pharmacy dispensing.

Clozapine is a second generation antipsychotic licensed for Treatment Resistant Schizophrenia and requires regular blood monitoring. All patients treated with clozapine



are registered with the clozapine patient monitoring service (e.g. ZTAS). The patient, prescriber and registered pharmacy must all be registered.

The service aims to:

- improve safety and access to clozapine and provide medicine related advice through community pharmacies in a patient focussed service
- promote partnership working between General Practice, Community Pharmacy and Specialist Mental Health Services (MHSS) within localities
- provide a single source of medicine supply for people prescribed clozapine (high risk medicine) and manage the potential risk of drug interactions with other medicines prescribed via General Practice

### **3.4.10 Dementia pharmacy services**

Over 90,000 people in Scotland have dementia, with around 5000 of them living in Forth Valley. Forth Valley community pharmacy development team are supporting and encouraging all 76 contractors to become dementia friendly pharmacies. Within the dementia friendly pharmacy all of the pharmacy team will have completed the Alzheimer Scotland Dementia Friend training and be able to signpost patients to appropriate resources, regular pharmacists will have completed additional national training and the pharmacy itself will provide a dementia friendly environment to minimize distress for patients. Monitoring and evaluation will be undertaken using an environment checklist and patient feedback. Within Forth Valley 50 pharmacies have contracted to provide a dementia friendly environment.

Forth Valley further encourages contractors to complete training to provide additional post diagnostic support to newly diagnosed patients and their carers/families. Tier 2 of the dementia programme supports community pharmacies to provide an integrated service working with the multi-disciplinary team caring for patients prescribed cognitive enhancers identified and referred to them by Mental Health Specialist Services. Pharmacists will provide small monthly interventions with additional signposting to tertiary services and will deliver key messages while checking compliance and side effects. (13)



## **4.0 Polypharmacy in Forth Valley**

Polypharmacy has a significant impact on the population's health across Forth Valley. NHS Forth Valley currently spends around £87 million per annum on medicine resource with the expectation that it is contributing to improving the population's health. However there is evidence to demonstrate the impact that medication at this volume is detrimental to the population's health and it is recognised as a public health issue cause by over-diagnosis and over-treatment.

- 50% of medicines are not taken as prescribed.
- 50% of people struggle to take more than 4 medicines consistently and as prescribed.
- In Forth Valley we can estimate that 48,459 people are not taking their medication as prescribed (96,918 people take 5 or more medicines)

Community pharmacy, primary care and secondary care pharmacy teams in Forth Valley are key to addressing the polypharmacy burden to improve our population's health.

Throughout NHS Forth Valley we aim to ensure that all patients, regardless of their age and setting of care, receive a high quality of pharmaceutical care from clinical pharmacist independent prescribers. The aim is to ensure that every patient gets the best possible outcome from their medicines, while avoiding waste and harm.

### **4.1 Snapshot of the level of polypharmacy occurring within Forth Valley within the 6 month time period of January to June 2017.**

The data demonstrates the number of patients registered in NHS Forth Valley according to the number of different BNF paragraphs for which drugs were dispensed to each patient within the specified time period.

The report is for patients aged 50 years or over.

The report includes all types of prescription forms written.



**Patients with NO HIGH RISK medicines prescribed.<sup>3</sup>**

Health Care Partnership	BNF paragraph count			Total
	01-04	05-09	10+	
<b>Clackmannanshire</b>	<b>9,234</b>	<b>6,690</b>	<b>3,125</b>	<b>19,049</b>
<b>Falkirk</b>	<b>24,317</b>	<b>18,493</b>	<b>8,470</b>	<b>51,280</b>
<ul style="list-style-type: none"> <li>• Locality Denny, Bonnybridge, Larbert and Stenhousemuir</li> </ul>	7,967	5,895	2,647	16,599
<ul style="list-style-type: none"> <li>• Locality Falkirk Town</li> </ul>	6,489	5,171	2,502	14,162
<ul style="list-style-type: none"> <li>• Locality Grangemouth, Boness &amp; The Braes</li> </ul>	9,861	7,337	3,321	20,519
<b>Stirling</b>	<b>16,028</b>	<b>9,879</b>	<b>4,218</b>	<b>30,125</b>
<ul style="list-style-type: none"> <li>• Locality Rural Stirling</li> </ul>	5,207	2,872	1,109	9,188
<ul style="list-style-type: none"> <li>• Locality Stirling City</li> </ul>	10,819	7,005	3,108	20,932
<b>Unknown</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>
<b>Total</b>	<b>49,580</b>	<b>35,063</b>	<b>15,814</b>	<b>100,457</b>

- There are 50,880 people taking 5 or more medicines in Forth Valley (with no high risk medicines)

<sup>3</sup> Reports are restricted to patients aged 50 years and over (age calculated at mid-point of reporting time period).

\* All prescription form types are included.

\* Medications are restricted to items from BNF chapters 1-10 only.

\* Patients may be prescribed one or more drugs from the same BNF paragraph, counts of numbers of BNF paragraphs will count each BNF paragraph only once irrespective of how many drugs were prescribed from that paragraph.



- Falkirk has the highest number of people taking 5 or more medicines.
- The Grangemouth, Bo'ness and The Braes locality accounts for the greatest proportion of polypharmacy in the Falkirk Health Care Partnership.
- Stirling City accounts for the greatest proportion of polypharmacy in the Stirling Health Care Partnership

96,918 people are dispensed 5 or more medicines from different BNF paragraphs in Forth Valley between January to June 2017.





### Patients WITH 1 OR MORE HIGH RISK medicines<sup>4</sup>

Health Care Partnership	BNF paragraph count			Total
	01-04	05-09	10+	
<b>Clackmannanshire</b>	<b>4,511</b>	<b>5,879</b>	<b>3,067</b>	<b>13,457</b>
<b>Falkirk</b>	<b>12,450</b>	<b>16,216</b>	<b>8,235</b>	<b>36,901</b>
<ul style="list-style-type: none"> <li>• Locality Denny, Bonnybridge, Larbert and Stenhousemuir</li> </ul>	4,154	5,344	2,573	12,071
<ul style="list-style-type: none"> <li>• Locality Falkirk Town</li> </ul>	3,289	4,503	2,436	10,228
<ul style="list-style-type: none"> <li>• Locality Grangemouth, Boness &amp; The Braes</li> </ul>	5,007	6,369	3,226	14,602
<b>Stirling</b>	<b>7,397</b>	<b>8,541</b>	<b>4,098</b>	<b>20,036</b>
<ul style="list-style-type: none"> <li>• Locality Rural Stirling</li> </ul>	2,278	2,470	1,081	5,829
<ul style="list-style-type: none"> <li>• Locality Stirling City</li> </ul>	5,119	6,069	3,016	14,204
<b>Unknown</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>
<b>Total</b>	<b>24,359</b>	<b>30,637</b>	<b>15,401</b>	<b>70,397</b>

- There are 46,038 patients receiving 5 or more medicines that include at least one high risk medicine in Forth Valley

<sup>4</sup> High risk medicines defined as Antidepressant drugs BNF Section 0403, Diuretics BNF Section 0202, Beta-blockers BNF Section 0204, NSAIDs BNF SubSection 100101, Opioid analgesics BNF SubSection 040702, Oral anticoagulants BNF SubSection 020802, Antipsychotic drugs BNF SubSection 040202, Antipsychotic depot injections BNF SubSection 040202, ACE Inhibitors BNF Paragraph 0205051, Digoxin, Prednisolone, Ticagrelor, Prasugrel or Clopidogrel.



- Falkirk has the highest level of polypharmacy across Forth Valley with the largest concentration in the Grangemouth, Boness and The Braes locality
- Stirling City has a significant proportion of the population prescribed 5 or more medicines which include at least one high risk.



## 5.0 Relating Local needs to Pharmaceutical Care planning

Community Pharmacy Service	Number of participating Pharmacies			Total
	Stirling	Clackmannanshire	Falkirk	
Smoking Cessation	ALL	ALL	ALL	76
EHC	ALL	ALL	ALL	76
MAS	ALL	ALL	ALL	76
CMS	ALL	ALL	ALL	76
AMS	ALL	ALL	ALL	76
Gluten Free Foods	ALL	ALL	ALL	76
Advice to Nursing Homes	6	2	3	11
Substance Misuse	25	13	32	70
IEP	6	4	6	16
Take Home Naloxone	9	3	13	25
Palliative Care	5	3	6	14
ABI	5	3	4	12
Stoma	ALL	ALL	ALL	76
DAA	As requested	As requested	As requested	As requested
Healthy Start Vitamins	4	4	5	13



## 6.0 Description of General Medical Dispensing Service Provision in NHS Forth Valley

At March 2018 there are two GP practices that currently provide dispensing services. These are:

V2536            Kippen

V2559            Buchlyvie

It is important to ensure that patients accessing dispensing via GP practices have adequate pharmaceutical care services available from a community pharmacy.

## 7.0 Pharmacotherapy service

The 2018 General Medical Services Contract in Scotland has proposed that a new pharmacotherapy service is developed to allow pharmacists and other members of the multidisciplinary team to take over tasks traditionally completed by a GP to improve patient care. A sustainable pharmacotherapy service will be developed over the next 3 year period to improve patient care in every GP practice. Over the three year implementation period pharmacy teams will take responsibility for

- Core elements of the pharmacotherapy service
  - Acute and repeat prescribing; monitoring high risk medications; non-clinical medication reviews and medicines reconciliation.
- Additional elements of the pharmacotherapy service
  - resolving high risk medicine problems; medicine reviews; polypharmacy reviews and the provision of specialist clinics

GP practice teams and community pharmacies will continue to build relationships and develop communication links to increase the uptake of these services with a focus on serial prescribing in areas where sustainability practices exist. Community pharmacy champions will support pharmacy teams to work collaboratively and in alignment with GP practice clusters.



A key element of the Pharmacotherapy Service will be triage and signposting to community pharmacy services including MAS, pharmacy first, pharmacy first extension services and smoking cessation. Forth Valley have invested in a “meet the expert” video, leaflets and posters promoting community pharmacy services to encourage the public to access pharmacy first for common clinical conditions, healthcare advice. The message will be targeted via social media to areas experiencing greatest sustainability issues.

## **8.0 Conclusions**

The pharmaceutical care service provision across NHS Forth Valley effectively contributes to the priorities set by Falkirk HSCP and Clackmannan & Stirling HSCP Strategic Plans; providing accessible support and advice relating to medicines within local communities. Recommendations have been made for Forth Valley as a whole and for each HSCP area to address local needs.



## 9.0 Recommendations and Actions

### Forth Valley Wide recommendations

1. Address the reducing numbers of patients registered for the Minor Ailment Service. Continue to promote MAS locally as the point of access to health care and advice for minor ailments.
2. Monitor the uptake of prescribing of varenicline as a first line agent for smoking cessation and provide local training to community pharmacy teams.
3. Continue to improve community pharmacy recording on PCR for smoking cessation and supported follow up by community pharmacy.
4. Include ellaOne® as a first line therapy in Forth Valley. Review and consider inclusion of bridging contraception from community pharmacies following National guidance.
5. Continue to support and monitor locally negotiated care packages with ongoing education and training to improve recording and outcomes.
6. It is estimated that 48,459 people in Forth Valley are not taking medications as prescribed. Promote registration with MCR and support community pharmacy teams to engage patients in medicine review to improve their understanding of medicines and optimise the clinical benefits from their therapy.
7. Provide the ABI service to support local public health campaigns. Conversations around alcohol consumption need to be normalised if we are to change Scotland's attitude to alcohol.
8. Develop and implement dry blood spot testing for BBV as part of enhanced IEP services in selected community pharmacies.
9. Work to address NHS Forth Valley's polypharmacy burden through multidisciplinary working across all areas.
10. Extend Pharmacy First services to include common clinical conditions clinics in all HSCP localities.
11. Promote dementia friendly pharmacies to embrace all 76 pharmacies in Forth Valley.
12. Review the IEP service to ensure that there is adequate coverage for all areas of Forth Valley.



## 9.1 Clackmannanshire & Stirling

- Smoking prevalence in adults aged 16 years or older is above national levels, smoking in pregnancy is also above national levels.
  - Focus for stop smoking services to support pharmacies in this locality to engage more adults who smoke and with pregnant women.
  - Identify variation in quit rates at 4 and 12 weeks and address any variation identified within community pharmacies through support and training
- Drug related mortality is above national level and 12 pharmacies in this locality provide Take Home Naloxone
  - . Support the Take Home Naloxone programme to make it available in every pharmacy where OST is supplied or IEP occurs to ensure that there is equality of provision across the HSCP.
- Clackmannanshire has no pharmacy open after 6pm or open on a Sunday. This has been identified as a barrier for the Pharmacy First Service and also for provision of EHC and complex opiate dependent patients. There may also be an impact on the accessibility of Palliative Care Service provided in this locality.
  - Explore options to extend access to service in this locality.

## 9.2 Falkirk

- Review the provision of Take Home Naloxone as part of the harm reduction response to the ongoing local and national drug related death concerns.
- Review the number of pharmacies delivering the palliative care service and consider if the provision meets the needs of the local populations

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