

Pharmaceutical Care Service Plan 2024 – 2027

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

**Updated By Kirstin Cassells, Lead Pharmacist: Community Pharmacy,
Public Health & Integrated Services**

Previous Authors

Sarah Donaldson, Specialist Pharmacist

Arlene Turnbull, Pharmacy Project Support Manager, NHS Forth Valley

With Thanks to

Pamela Calder, Pharmacy Contracts Officer, NHS Forth Valley

Clare Colligan, Associate Director of Pharmacy

William Dennis, Medicines Management Pharmacist

Contents

1.0	Pharmaceutical Care Service Planning - page 5
1.1	Introduction – page 5
1.2	Aims – page 6
1.3	Principles of Pharmaceutical Care Needs Assessment – page 6
2.0	Overview of NHS Forth Valley population description – page 7
2.1	Locality profiles – page 8
2.1.1	Falkirk HSCP – page 8
2.1.2	Clackmannanshire & Stirling HSCP – page 11
2.2	Locality Priorities – page 16
2.3	Provision of pharmaceutical services to address local priorities – page 17
3.0	Pharmacy Service across Forth Valley – page 19
3.1	Accessibility – page 19
3.1.1	Opening Times – page 19
3.1.2	Travel Times – page 20
3.1.3	Resources – Premises/Facilities – page 20
3.2	Pharmacy Workforce – page 21
3.3	Community Pharmacy Core Services – page 22
3.3.1	Pharmacy First – page 22
3.3.2	Pharmacy First Plus – page 22
3.3.3	Public Health Service – page 23
3.3.4	Smoking Cessation – page 24
3.3.5	Emergency Hormonal Contraception (EHC)– page 24
3.3.6	Unscheduled Care – page 26
3.3.7	Medication : Care and Review (MCR) – page 26
3.3.8	Gluten Free Food Service – page 27

3.3.9	Naloxone Service – page 27
3.4	Locally Negotiated Pharmaceutical Care Services – page 28
3.4.1	Advice to Care Homes – page 28
3.4.2	Substance Misuse – page 28
3.4.2.1	Medicines Assisted Treatment and Pharmaceutical Care – page 29
3.4.2.2	Harm Reduction – page 30
3.4.3	Palliative Care Network – page 31
3.4.4	Stoma Service – page 31
3.4.5	Direct Acting Antivirals in Hepatitis C – page 32
3.4.6	Pharmacy First Extension Service – page 33
3.4.7	Clozapine Service –page 34
4.0	Polypharmacy in Forth Valley – page 34
4.1	Snapshot of polypharmacy – page 35
5.0	Relating local need to Pharmaceutical Care Planning – page 37
6.0	Description of General Medical Dispensing Services in NHS Forth Valley – page 37
7.0	Pharmacotherapy Service – page 38
8.0	Conclusion – page 38
9.0	Recommendations – page 38
9.1	Clackmannanshire & Stirling locality recommendations – page 39
9.2	Falkirk locality recommendations – page 40
10.0	References – page 41
11.0	Appendix 1 – Pharmacy Application Process

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 Practicing Realistic Medicine all set out the ways in which we can change patients' 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. The other side is polypharmacy when too many medicines are prescribed without review.

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 prevention agenda, to change behaviour, support and promote healthy living and early intervention and manage treatment burden to optimise 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 skilled 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 and decrease health care health inequalities.

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:

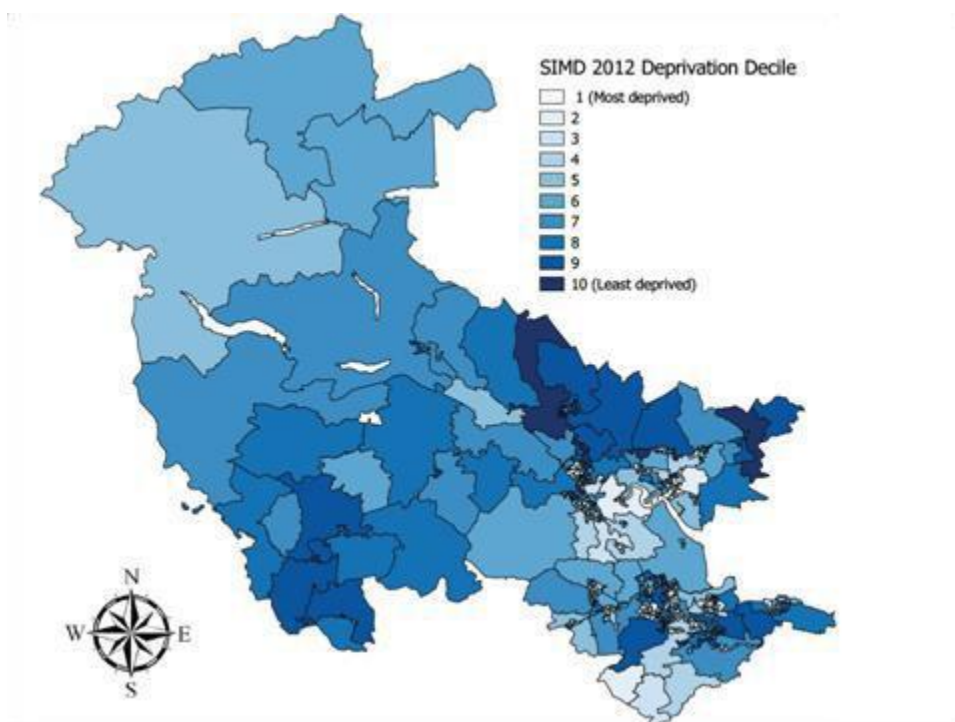
- Health and Social Care Partnership Strategic Plan
- Health and Social Care Partnership Integrated Needs Assessments
- Director of Public Health Annual Report
- National Clinical Strategies

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 (HSCPs)

- Falkirk HSCP
- Clackmannanshire & Stirling HSCP

Forth Valley has a significant prison population and while the services provided to this population are out with the scope of this plan, the pharmaceutical services currently provided to this population are via a nationally agreed and tendered contract with local pharmacy provision provided by the NHS Prison Service.

3.5 Falkirk HSCP

Falkirk HSCP is made up of three localities

- 1) Falkirk
 - Population of over 44,000
 - Some of the most deprived areas lie in Falkirk, particularly in parts of Camelon, Bainsford, Langlees and Hallglen
- 2) Grangemouth, Bo-ness and Braes
 - Populations of over 67,000
 - 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
 - Population of over 47,000
 - Small pockets of deprivation in Denny and Stenhousemuir

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

Service provision in Falkirk



25 GP surgeries



34 Community Pharmacies



Forth Valley Royal Hospital
Falkirk Community Hospital
Bo'ness Community Hospital



31 Care Homes with 1,103 beds

Expected population changes in Falkirk

It is estimated that the population of Falkirk will grow by 3.7% by 2029-30. Increasing life expectancy is likely to have an impact on services provided. 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 80.3 years

Scotland 81.08

Life expectancy of males in Falkirk is similar to the Scottish average while life expectancy of females in Falkirk is less than the Scottish average. (4)



Males 77.1 years

Scotland 77.06 years

Expected population changes in Falkirk (01 2016 based population projections.pdf (falkirk.gov.uk))

Age Group	2016 population	2041 population
Falkirk 0- 15 year	28359 (17.8%)	27542 (16%)
Falkirk 16-59 years	92608 (58.1%)	88952 (51.7%)
Falkirk 60-64 years	9256 (5.8%)	10157 (5.9%)
Falkirk 65-74 years	16604 (10.4%)	21716 (12.6%)
Falkirk 75+years	12553 (7.9%)	23852 (13.8%)

The population aged 65 and over is predicted to increase with those in the 75 years and older range increasing by over .40% by 2041 which will have a significant impact on services.

Health Behaviours

	Falkirk measure ¹	Scotland measure
Smoking prevalence (16 - 64 years)	16.5	19.5
Smoking attributable deaths	272.41	270.02
Smoking in pregnancy	15.06	12.92
Alcohol related hospital stays	537.86	611
Alcohol related mortality	18.29	21.11
Drug related hospital stays	236.23	228.36

¹ Average number, directly age-sex standardised rate per 100,000 population

Falkirk fares well against the national levels for most of the above health behaviour indicators despite pockets of deprivation with the exception of smoking in pregnancy, smoking attributed

deaths and drug related hospital stays.

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. Deaths attributable to long term conditions account for 60 per cent 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) 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

- Support and strengthen community-based services.
- Ensure people can access the right care at the right time, in the right place.
- Focus on prevention, early intervention and minimising harm.
- Ensure carers are supported in their caring role

2.1.1 Clackmannanshire & Stirling HSCP

The three localities are:

1. Clackmannanshire
 - Population 51,540
 - 20.7% are over the age of 65 years (Scotland 18.0%)

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

2. Stirling City with the Eastern Villages, Bridge of Allan and Dunblane
 - Population 67,936
 - 18.85% % are over the age of 65 years (Scotland 18.0%)

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
 - Population 25,534
 - 23.4% % are over the age of 65 years (Scotland 18.0%)

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)

In Clackmannanshire & Stirling, 25,884 people (17.8% of the population) live in SIMD Quintile 1 areas. SIMD is used to measure areas of deprivation; this is not just low income but can also include fewer health and education outcomes, opportunities and access to services. (7)

Services in Clackmannanshire & Stirling



26 GP practices



40 Community Pharmacies



Stirling Community Hospital/Bellfield

Clackmannanshire Community Healthcare Centre



28 Care Homes with 1186 beds

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 80.6 years
Stirling 81.9 years
Scotland 81.0 years



Clackmannanshire 76.2 years
Stirling 77.6 years
Scotland 76.8 years

Health Behaviour

	Clackmannanshire	Stirling	Scotland measure ²
Smoking prevalence (16 - 64 years)	27.5	13.8	19.5
Smoking attributable deaths	288.83	235.3	270.02
Smoking in pregnancy	18.81	11.84	12.92
Alcohol related hospital stays	639.48	488.99	611
Alcohol related mortality	17.72	16.35	21.11
Drug related hospital stays	337.6	260.28	228.36

2 Average number, directly age-sex standardised rate per 100,000 population

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 below 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) Drug related hospital stays are above the national level and 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.

Priorities for Clackmannanshire & Stirling HSCP

1. Prevention, early intervention & harm reduction - Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.
2. Independent living through choice and control - Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.
3. Achieving care closer to home - Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.
4. Supporting empowered people and communities - Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.
5. Reducing Loneliness & Isolation - Connecting people to their communities, reducing loneliness and isolation and the impact on people's health and wellbeing.

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 to:

- 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. Currently work is ongoing in some of the localities around patient conversations to understand their needs. 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.

- Opioid Replacement Treatment (ORT)
- Smoking cessation provision
- Emergency Hormonal Contraception (EHC)
- Alcohol Brief Interventions (ABIs)
- Healthy living advice through public health promotional campaigns.
- Medicine Care & Review (MCR)
- Pharmacy First (PF)
- Pharmacy First Plus (PF+)
- 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 the Community Pharmacy MCR service 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.

3.1 Accessibility

3.1.1 Opening times

The availability of a community pharmacy in a locality is an enabling factor in the ability of the population to get access to effective healthcare. Community 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 can offer one day per week of a 9am to 1pm opening (NHS Forth Valley Primary Care Services: Hours of Service). This day cannot be a Saturday.

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	74	18	50	3	39	32	4
Falkirk	34	9	24	1	17	16	2
Stirling	27	7	17	3	13	12	2
Clackmannan	13	4	9	0	9	4	0

One Pharmacy in Falkirk opens until 8.00pm Monday to Saturday.

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. 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 with the GPhC. Both pharmacists and pharmacy technicians as professionals are required to practise according to the GPhC codes and standards which set the patient as the central focus. It is a requirement for all pharmacists and pharmacy technicians to be responsible for identifying and addressing their own professional development needs through participation in continuing professional development (CPD). Individual pharmacists and 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 Pharmacy First

The Pharmacy First service (PF) is now a well established and valued service within community pharmacy since its roll out in 2006 (previously called Minor Ailment Service). The service 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

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.

3.3.2 Pharmacy First Plus

Pharmacy First Plus builds on the national Pharmacy First service and is offered by 26 pharmacies in Forth Valley. A Pharmacist Independent Prescriber (PIP) assesses patients presenting in the community pharmacy with a common clinical condition which is beyond the scope of the standard NHS Pharmacy First Scotland service and would otherwise require onward referral to another healthcare professional. The service includes the assessment and treatment of acute common clinical conditions which are within the PIP providing the service's competence and contributes to the wider health policy aims of keeping people well as close to home as possible and shifting the balance of care within the community.

Conditions may include but are not limited to:

- Urinary tract infections
- Respiratory infections
- Ear, nose and throat
- Dermatological presentations
- Allergies

3.3.3 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 74 pharmacies deliver the full Pharmaceutical Public Health Service in Forth Valley

3.3.4 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 2022/23 Forth Valley achieved a HEAT quit target at 12 weeks of 69% (239 quits at 12 weeks) with community pharmacy contributing to 34% 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.

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.

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.

3.3.5 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 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.

A National PGD is in place for bridging contraception which allows community pharmacies to supply desogestrel as an interim measure prior to the patient obtaining their preferred method of contraception from their prescriber.

3.3.6 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 Pharmacy First Service

The National Patient Group Direction (PGD) for urgent provision of medication has been in place now for over 17 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 30 issued in April 2023. 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.

3.3.7 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:

- Pharmaceutical Care where patients have access to expert medicines review and healthcare assessment of long-term conditions, and
- 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 repeat 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 GP practice patient records is proposed, to explore the benefits of community pharmacy completion of medicines reconciliation post hospital discharge.

3.3.8 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.

3.3.9 Naloxone Service

The Drug Death Taskforce report published in July 2022 contains the following action: All community pharmacies should hold Naloxone for administration in an emergency and should be able to supply take home naloxone (THN) to people who use drugs, families and anyone likely to witness an opioid overdose.

A national Naloxone emergency supply service was launched via community pharmacies in October 2023. The aim of the service is to increase access to Naloxone should it be required to reverse the effects of an opioid overdose. Through the service, Naloxone is available for emergency use in every community pharmacy across Scotland. A local service is also available which allows community pharmacists to supply 'Take Home' Naloxone to those individuals who are at risk of opiate overdose or are a contact of those at risk. At the time of writing this service has just been re-launched therefore the number of contractors who are contracted to provide this service are low. The Community Pharmacy Development Team and Contracts Team are working to raise awareness with contractors to increase service availability.

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 Use Services

Across Scotland work continues to reduce the number of drug-related deaths. In 2022 there were 1051 deaths due to drug misuse in Scotland, this is 279 deaths fewer than in 2021 and was the lowest number since 2017. While in 2022 we saw a decrease of 21% from 2021 drug misuse deaths are still more common than in 2020. Data shows that in 2022 males are twice as likely to die as a result of drug misuse than females and those who live in the most deprived areas of Scotland are almost 16 times as likely to die from drug misuse compared to those living in the least deprived areas.

In 2022 the most common types of drug implicated in drug misuse deaths in 2022 were opiates/opioids and these were implicated in 82% of all deaths. Within Forth Valley there has also been a reduction in the number of drug related deaths and in 2022 there were 47 deaths which was a reduction from 69 in 2021 and the lowest the number has been since 2017. (10)

In 2021 The Scottish Government launched the Medication Assisted Treatment (MAT) standards: access, choice, support with the aim of ensuring that people have immediate access to the treatment they need with a range of options and the right to make informed choices.

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.

Work is ongoing within Forth Valley to support Community Pharmacies to keep people safe through the development of signposting materials and contact information to support Community Pharmacies to safeguard vulnerable individuals.

3.4.2.1 Medication Assisted Treatment (MAT) and Pharmaceutical Care

MAT 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 MAT 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 MAT in 2015 to fulfil the expectations and aspirations set out in Prescription for Excellence. The model embraces a patient centred 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 MAT and promote recovery. To do this contractors:

- Provide close liaison with the Substance Use Service
- Dispense and supervise MAT 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

Community pharmacies in Forth Valley record the interventions for this patient cohort via an online system called Neo 360. NHS Forth Valley commissioned a bespoke module on this system to record care provided to patients in receipt of MAT. The system also generates notifications to the Substance Use Service if a patient fails to collect medication. These alerts can then trigger a welfare check to be carried out. It is hoped over time this could contribute to reducing drug related deaths within Forth Valley due to early intervention. While the system is currently in early stages of implementation, it has the potential for further developments.

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

Falkirk – 21 pharmacies

Stirling – 21 pharmacies

Clackmannanshire – 11 Pharmacies

There is limited access to 7 day provision of the MAT 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 behaviours
- 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 7 in Falkirk, 6 in Stirling and 3 in Clackmannanshire

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 out of 13

Stirling – 5 out of 27

Falkirk – 6 out of 34

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 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

3.4.5 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.

3.4.6 Pharmacy First Extension Service

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 Extension 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.

Both the national Pharmacy First Service and the FV Pharmacy First extension service are available from local community pharmacies both within GP opening hours and out of hours

There are 74 community pharmacies providing the pharmacy first and the extension service across Forth Valley.

3.4.7 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.

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 caused 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 April to September 2023.

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.³

Health Care Partnership	BNF paragraph count			
	01-Apr	05-Sep	10+	Total
Clackmannanshire	9074	6542	2802	18,418
Falkirk	24,833	18,049	8,020	50,902
• Locality Denny, Bonnybridge, Larbert and Stenhousemuir	9,008	6,655	3,016	18,679
• Locality Falkirk Town	6,414	4,707	2,080	13,201
• Locality Grangemouth, Boness & The Braes	9,544	6,779	2,940	19,263
Stirling	21,215	13,736	5,220	40,171
• Locality Rural Stirling	5,833	3,238	1,128	9,188
• Locality Stirling City	15,382	10,498	4,092	20,932
Total	55,122	38,327	16,042	109,491

³ 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.

- There are 54,369 people taking 5 or more medicines in Forth Valley (with no high risk

medicines)

- Falkirk has the highest number of people taking 5 or more medicines.
- The Grangemouth, Bonness 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

Patients WITH 1 OR MORE HIGH RISK medicines⁴

Health Care Partnership	BNF paragraph count			
	01-Apr	05-Sep	10+	Total
Clackmannanshire	4,359	5,685	2,748	12,792
Falkirk	12,450	16,216	8,235	36,901
• Locality Denny, Bonnybridge, Larbert and Stenhousemuir	4,515	5,766	2,936	13,217
• Locality Falkirk Town	3,232	4,110	2,041	9,383
• Locality Grangemouth, Boness & The Braes	4,493	5,891	2,869	13,253
Stirling	9,432	11,847	5,077	26,356
• Locality Rural Stirling	2,380	2,711	1,098	6,189
• Locality Stirling City	7,052	9,136	3,979	20,167
Total	26,241	33,748	16,060	76,049

⁴ 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.

- There are 49,808 patients receiving 5 or more medicines that include at least one high risk medicine in Forth Valley
- 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.
- Discussions are ongoing around setting up a Polypharmacy locally enhanced service.

5.0 Relating Local needs to Pharmaceutical Care planning

Community Pharmacy Service	Number of participating Pharmacies			
	Stirling	Clackmannanshire	Falkirk	Total
Smoking Cessation	ALL	ALL	ALL	75
EHC	ALL	ALL	ALL	75
Pharmacy First	ALL	ALL	ALL	75
CMS	ALL	ALL	ALL	75
AMS	ALL	ALL	ALL	75
Gluten Free Foods	ALL	ALL	ALL	75
Advice to Nursing Homes	5	2	3	11
Substance Misuse	21	11	21	53
IEP	7	3	6	16
Take Home Naloxone	5	1	2	8
Emergency Naloxone Stockholding	ALL	ALL	ALL	74
Palliative Care	5	3	6	14
Stoma	ALL	ALL	ALL	75
DAA	As requested	As requested	As requested	As requested
Total	26,241	33,748	16,060	76,049

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

At October 2023 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

All General Practices in NHS Forth Valley have access to a pharmacotherapy service provided by the Health Board. The general practice pharmacy team, comprising pharmacists, pharmacy technicians and pharmacy support workers, manage acute and repeat prescriptions, undertake medicines reconciliation, perform medication and polypharmacy reviews and manage serial prescribing.

GP practice teams and community pharmacy teams continue to build relationships and develop communication links to increase the uptake of serial prescribing, mitigate the impact of medicine supply issues and to sign post patients to community pharmacy services including MAS, Pharmacy First, Pharmacy First Plus and smoking cessation.

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. Training was made available to all contractors within Forth Valley on Child Protection via face to face training in November 2023.

9.0 Recommendations and Actions

Forth Valley Wide recommendations

1. Support Community Pharmacists to undertake training to become qualified Independent Prescribers to allow them to deliver the Pharmacy First Plus Service, thereby increasing the access to this service across Forth Valley which provides the people of Forth Valley with access to advice and treatment for Common Clinical Conditions.
2. Continue to extend the local Pharmacy First Extension Service to include other common clinical conditions which are not included in the national service.

3. Continue to improve community pharmacy recording on PCR for smoking cessation and supported follow up by community pharmacy.
4. Continue to support and monitor locally negotiated care packages with ongoing education and training to improve recording and outcomes.
5. 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 and other pharmacy teams such as the Pharmacotherapy Service, to engage patients in medicine review to improve their understanding of medicines and optimise the clinical benefits from their therapy.
6. Develop and implement a dry blood spot testing initiative for BBV as part of enhanced IEP/MAT services in selected community pharmacies.
7. Continue to support the implementation and development of Medicines Assisted Treatment Neo module to help address drug related deaths in Forth Valley.
8. Review the Palliative Care Service to ensure that there is adequate coverage for all areas of Forth Valley.
9. Work to address NHS Forth Valley's polypharmacy burden through multidisciplinary working across all areas.
10. Review the IEP service to ensure that there is adequate coverage for all areas of Forth Valley.
11. NHS FV is committed to working with Community Pharmacy Forth Valley to ensure local pharmaceutical services are fit for purpose for our local populations.

9.1 Clackmannanshire & Stirling

1. Smoking prevalence in adults aged 16 years or older is above national levels, smoking in pregnancy is also above national levels.
2. Focus for stop smoking services to support pharmacies in this locality to engage more adults who smoke and with pregnant women.
3. Identify variation in quit rates at 4 and 12 weeks and address any variation identified within community pharmacies through support and training
4. Drug related mortality is above national level and 6 pharmacies in this locality provide Take Home Naloxone
5. 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.
6. 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.

7. Explore options to extend access to service in this locality.

9.2 Falkirk

1. Review the provision of Take Home Naloxone as part of the harm reduction response to the ongoing local and national drug related death concerns.

10.0 References

1. WHO. The role of the pharmacist in the Health Care System. s.l. : WHO, 1994.
2. NHS Forth Valley. Director of Public Health Report 2013-2015. s.l. :
<https://nhsforthvalley.com/wp-content/uploads/2014/01/The-Report-of-the-Director-of-Public-Health-2013-15.pdf>, 2013-2015.
3. Falkirk HSCP. Falkirk Integrated Strategic Plan. s.l. :
<https://falkirkhscp.org/wp-content/uploads/sites/9/2018/01/Falkirk-HSCP-Strategic-Plan-2019-2022-1.pdf>
4. Falkirk Joint Strategic needs assessment. 2021 S.l.
: <https://www.falkirk.gov.uk/services/people-communities/communityplanning/docs/Falkirk%20JSNA.pdf?v=202105101227>
5. Scottish Government. Long Term Conditions.
<http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions>. [Online] 2015. [Cited: 31August 2018.]
6. Polypharmacy Guidance. October 2012.
7. Clackmannan & Stirling HSCP. Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033. s.l. : <https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2023/03/Approved-Strategic-Commissioning-Plan-2023-2033.pdf>
8. Clackmannanshire & Stirling IJB. Clackmannanshire & Stirling IJB Strategic needs assessment.
s.l. : <https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2020/04/Clackmannanshire-Stirling-IJB-Strategic-Needs-Assessment-2016-2019.pdf>
9. Community Pharmacy Scotland. Unscheduled Care. s.l. :
http://www.communitypharmacy.scot.nhs.uk/unscheduled_care.html.
10. Scottish Government. National Mission on Drugs : annual monitoring report 2022-2023. s.l. : <https://www.gov.scot/publications/national-mission-drugs-annual-monitoring-report-2022-2023/documents/>
11. Scottish Government. Getting our Priorities Right. s.l. :
<http://www.gov.scot/Publications/2013/04/2305/0>, 2013.
12. Department of Health. Drug misuse and dependence. UK guidelines on clinical management (Orange Guidelines). s.l. : Department of Health, 2017.
13. Community Pharmacy Scotland. Unscheduled Care. s.l. :

http://www.communitypharmacy.scot.nhs.uk/documents/unscheduled_care/Section_2_Unscheduled_Care_Background_v4_Final.pdf.

14. Catherine Calderwood. Chief Medical Officer's Annual Report Realistic Medicine. s.l. : Scottish Government, 2016. ISBN: 9781785449475.
15. Realising Realistic Medicine Chief Medical Officer's Annual Report. s.l. : Scottish Government, 2017.
15. National Records of Scotland. Drug-related deaths in Scotland in 2022. s.l. : <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/22/drug-related-deaths-22-report.pdf>
16. Public Health Information for Scotland. Online Profiles Tool s.l.: <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>

Appendix 1 Pharmacy Application Process

Proposed pharmacy application received; initial meeting arranged with Primary Care Representatives and Applicant, Joint Public Consultation date is agreed.

Joint consultation runs for a continuous period of not less than **90 working days**.

On completion of the Joint Public Consultation, Primary Care will produce a Consultation Analysis Report (CAR) and agree this with the applicant.

Following completion of the Joint Public Consultation the Applicant has **90 days** in which to submit their application, which the Board will review, any missing information must be provided within 5 working days.

Within 10 working days of receiving application, the Board will invite representatives from The GP Sub Committee, Interested Parties, and any neighbouring Health Board if boundary is within 2km of the proposed premises.

They have **30 days** from notification to respond.

PPC Hearing is then arranged,

Decision of the PPC to the Health Board within 10 working days of the meeting.

The Health Board must notify the applicant and other relevant parties of the PPC decision within 5 working days and advise them of any right of appeal.

The Board is also required to publish the full PPC decision on their website within **5 working days** of the decision.

Timescale for an application moving through the full process at the Health Board is therefore minimum from the pre application meeting until PPC hearing. Should the decision on an application be appealed then the process will be extended.

Appeal Process

Any appeal submitted by applicant must be done within 21 days of the PPC decision. This must be submitted to the National Appeal Panel (NAP). NAP will review the appeal and will render the decision within 3 months. The Board will inform the applicant within 5 working days of the NAP decision.