

Pharmaceutical Care Services Plan 2021-25

Approval date:	1st March 2022
Version number:	0.2
Author:	Chris Nicolson, Anthony McDavitt
Review date:	Jan 2025
Security classification:	Green: unclassified

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Document reference number:

NHS Shetland Document Development Coversheet*

Name of document	Pharmaceutical Care Services Plan		
Document reference number	CHPLN001	New or Review?	New
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Executive lead	Kirsty Brightwell		
Review date	Jan 2025		
Security classification	Green; unclassified		

Proposed groups to present document to:		
Area Pharmaceutical Committee		
Pharmacy Practices Committee		

Date	Version	Group	Reason	Outcome
3/6/21	0.1	APC	PO	PRO
21.1.22	0.1	PPC	C/S and PO, FA	MR

Examples of reasons for presenting to the group	Examples of outcomes following meeting
<ul style="list-style-type: none"> Professional input required re: content (PI) 	<ul style="list-style-type: none"> Significant changes to content required – refer to Executive Lead for guidance (SC)
<ul style="list-style-type: none"> Professional opinion on content (PO) 	<ul style="list-style-type: none"> To amend content & re-submit to group (AC&R)
<ul style="list-style-type: none"> General comments/suggestions (C/S) 	<ul style="list-style-type: none"> For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
<ul style="list-style-type: none"> For information only (FIO) 	<ul style="list-style-type: none"> Recommend proceeding to next stage (PRO)
<ul style="list-style-type: none"> For proofing/formatting (PF) 	<ul style="list-style-type: none"> For upload to Intranet (INT)
<ul style="list-style-type: none"> Final Approval (FA) 	<ul style="list-style-type: none"> Approved (A) or Not Approved, revisions required (NARR)

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
21/1/22	Minor changes to wording. Reworking of Figure 4

1. INTRODUCTION

1.1 Purpose and Context of Pharmaceutical Care Services Plan

The purpose of this Pharmaceutical Care Services Plan (PCS Plan) is to provide information on the pharmaceutical care services currently available within NHS Shetland to aid the identification of any potential gaps in service provision and to identify where improved access to pharmaceutical services may be required. This document should be read in conjunction with the Board's Pharmaceutical List (**Appendix 1**).

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

The Board will also consider applications for inclusion in the Board's Pharmaceutical List from applicants who believe that services are inadequate in any specific neighbourhood which they define. These applications would be subject to the provisions of the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 SSI 2011/32, as amended, and be considered in the light of this PCS Plan.

This NHS Shetland PCS Plan is both informed by and supportive of relevant national and local strategies and policies. In keeping with NHS Scotland's strategic direction, the PCS Plan should help to ensure that the delivery of pharmaceutical care services in NHS Shetland is safe, effective, efficient, and person-centred. It also supports the NHS Shetland Clinical and Primary Care strategic intent.

The size and nature of the NHS Shetland Board area confers particular geographical and demographic challenges to the provision of equitable and timely pharmaceutical care for all of its population. For example, there are some large geographical areas where relatively few residents live. These residents have no easy or quick access to a nearby community pharmacy service. Where significant difficulties of access to pharmaceutical services remain in these remote and rural areas, the importance of dispensing provision from Dispensing Practices should not be underestimated. However, all pharmaceutical care services except dispensing of acute medicines, normally available from a community pharmacy in the Board area are not available from a doctor providing dispensing services. It is incumbent upon the Board therefore to consider new and innovative means of securing such pharmaceutical care services for patients living in these areas.

1.2 Access to a Pharmaceutical Services.

The area covered by NHS Shetland is one of the least densely populated areas of the UK. Shetland are is an archipelago comprised of both inhabited and uninhabited islands. In addition to the mainland the inhabited islands are Yell, Unst, Fetlar, Skerries, Whalsay, Bressay, Fair Isle, Foula and Papa Stour.

Shetland has some of the nation's most outstanding remote landscapes seascapes and natural features. These geographical features also present significant challenges to the delivery of health services - difficult terrain, rugged coastlines, rough seas, limited internal and external public transport, and limited communications infrastructure.

NHS Shetland serves a population of over 22,000 residents, in addition to transient visiting populations such as tourists who visit the area all year round, but particularly in the summer months with visits from cruise ships; and those working on Shetland based infrastructure projects.

NHS Shetland has two principal roles - to improve the health and wellbeing of local people, and to provide healthcare services for people experiencing ill health.

There is a single Community Health Care Partnership in NHS Shetland, responsible for joint working between Health and Social Care.

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

A study undertaken in 2011 suggested that travel time to a community pharmacy (used as a proxy measure for access), indicated that around 80% of the population at that time were within a 30 minute travel time of a community pharmacy. Patients in the islands (Unst, Yell, Fetlar, Skerries, Papa Stour, Fair Isle and Bressay) are disadvantaged in accessing pharmaceutical care services through a community pharmacy. Few patients in mainland Shetland would have this difficulty.

However, the transport infrastructure only allows this level of access where there is access to a car, and while there are bus services, these are too infrequent and journey times are too long to allow timely access. A key challenge for NHS Shetland and partner organisations, therefore, is to explore and encourage options which can reduce inequalities in the provision of services; this includes pharmaceutical care services.

Over the last five years pharmacy contractors have been able to respond to the opportunity to pilot projects to evaluate models for providing core pharmaceutical services to areas where there is currently no community pharmacy – this has included provision of pharmaceutical care to care homes, often in more remote settings..

A significant growth in the general population through planned housing developments will necessitate corresponding planned developments in the provision of core and additional pharmaceutical care services. In response to this population move a community pharmacy in 2017 relocated from Lerwick town centre to the residential area of Sound. In recent years the population in Scalloway and the Brae area has also grown, and pharmacies have been added to the pharmaceutical list.

1.3 Inequalities and deprivation

“Equally Well”, a much-quoted report on Health Inequalities, found that poorer people in Scotland die earlier and have higher rates of disease than better off people. Throughout Shetland there are areas that would not be recognised as deprived, but deprivation exists, and a proportion of the Shetland population are likely to have poorer health outcomes associated with lower levels of screening and service uptake.

The methodology used to produce Scottish Index of Multiple Deprivation for Shetland is unlikely to be sensitive to the rural elements of deprivation and while it does not accurately reflect other factors experienced by populations living in rural Scotland. It does show that there are differences in disease prevalence within the populations associated with various GP practices.

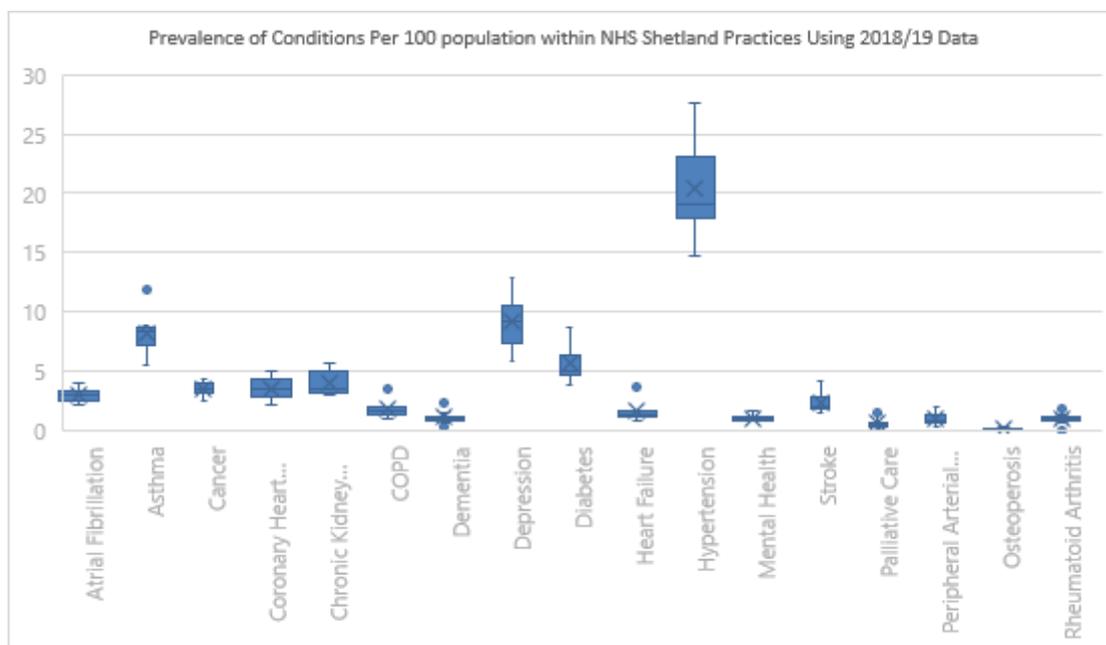


Figure 1 Prevalence Boxplot of conditions within NHS Shetland using GP practice data¹

1.4 Information presented in PCS Plan

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

Information for the demographic description of the NHS board area is routinely available from a number of on line resources which can be considered alongside this plan.

1.5 Information Sources

This plan was developed using

- CHP geographies. (Available at [SpatialData.gov.scot](https://spatialdata.gov.scot/))
- General Registrar of Scotland website which presents population and demographic information. Available at [Statistics & Data | National Records of Scotland \(nrscotland.gov.uk\)](https://statistics.gov.scot/national-records-of-scotland/)
- The Scottish census website [Home | Scotland's Census \(scotlandscensus.gov.uk\)](https://scotlandscensus.gov.uk/) which in the main provides social and demographic information.
- Other sources of clinical, behavioural and health indices data are available through the Quality and Outcomes data available from the Information and Statistics Division (ISD) website at [Topics | ISD Scotland](https://isds.gov.uk/) this information is available at Board, CHP and practice level.
- The Scottish Government Urban/Rural Classification provides a consistent way of defining urban and rural areas across Scotland and may be useful in description of NHS board areas. Information at NHS Board, Council and Council Ward areas is available at [Scottish Government Urban Rural Classification 2016 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/urban-rural-classification-2016/pages/introduction.aspx)

¹ Adapted from data within ISD publications: <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/25-february-2020/dashboard/>

	Prescriptions Issued Per Financial Year	
	2010/11	2020/21
Health Centre		
BIXTER HEALTH CENTRE	13116	27122
BRAE MEDICAL PRACTICE	47735	54533
HILLSWICK HEALTH CENTRE	17263	23545
LERWICK HEALTH CENTRE	162716	194084
LEVENWICK MEDICAL PRACTICE	56211	72272
SCALLOWAY HEALTH CENTRE LLP	39302	54267
UNST HEALTH CENTRE	11182	18597
WALLS HEALTH CENTRE	10269	14928
WHALSAY HEALTH CENTRE	22232	23970
YELL HEALTH CENTRE	29424	29623
TOTALS	409450	512941

Figure 2 Prescriptions (Items) issued by each health centre - 2010/11 vs 2020/21

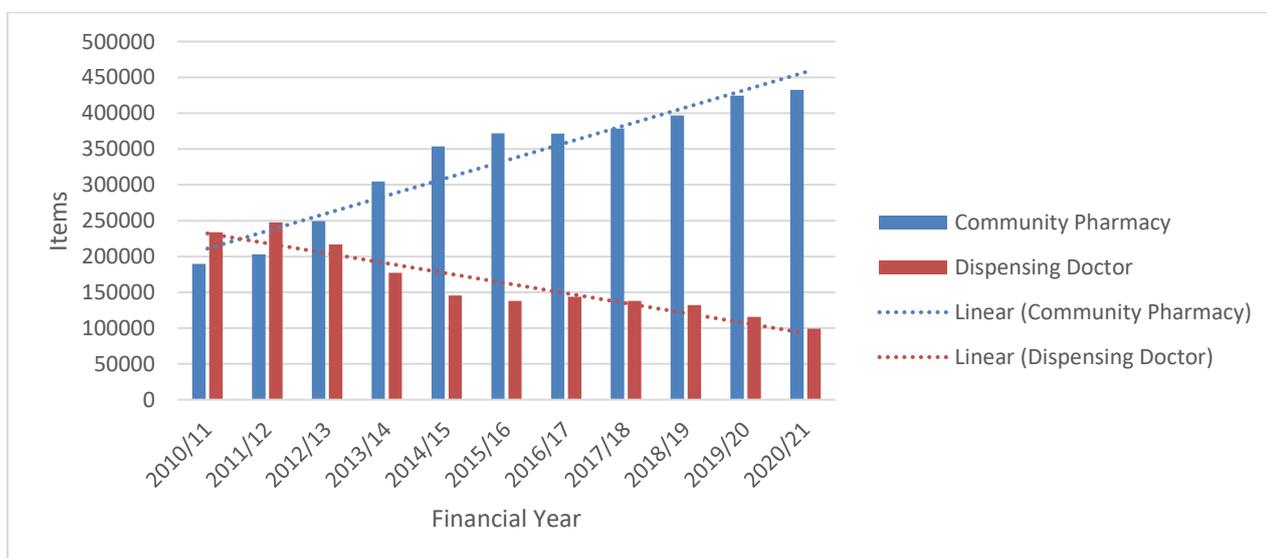


Figure 3 Items dispensed each financial year by Community Pharmacies and Dispensing Doctors

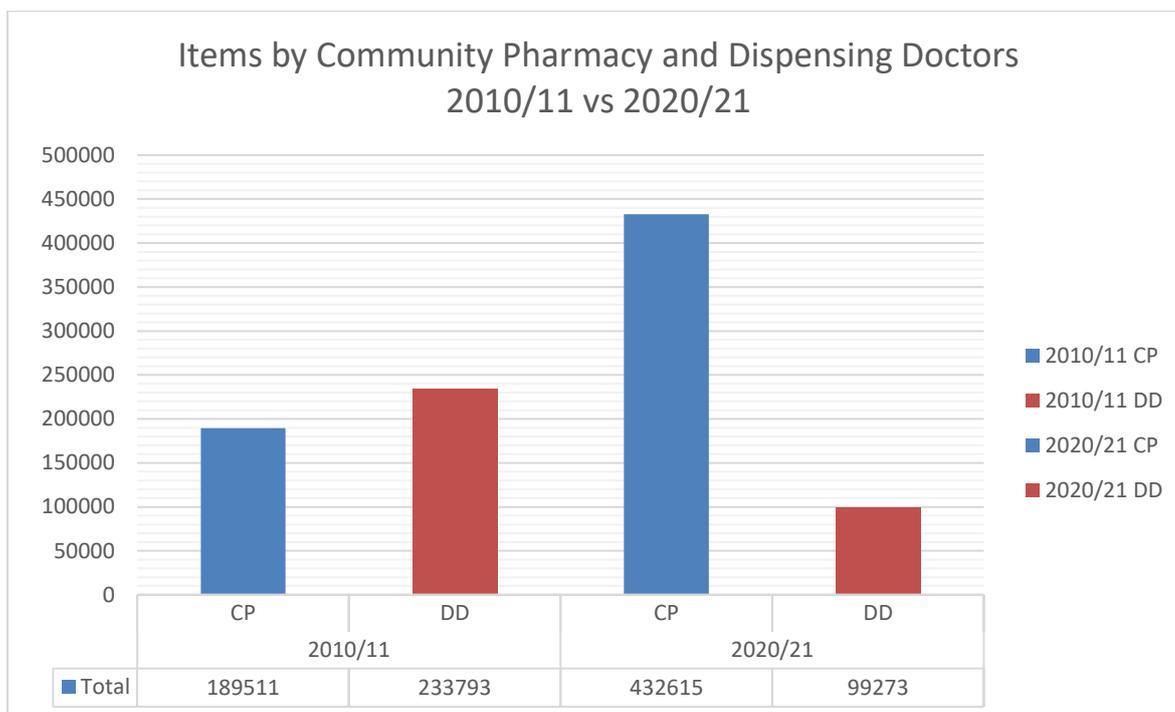


Figure 4 Prescription items dispensed by contractor and by contractor (CP = Community Pharmacy, DD = Dispensing Doctor) type 2010/11 vs 2020/21

2.2 Core Services for Community Pharmacy

Under the Scottish community pharmacy contract all pharmacies are required to provide all 5 core pharmaceutical care services, which are as follows:

- NHS Pharmacy First Scotland (formerly Minor Ailments Scheme or MAS).
- Public Health Service
- Medicines Care and Review (formerly Chronic Medication Service or CMS)
- Acute Medication Service
- Quality Improvement

These services are described in more detail below.

2.2.1 NHS Pharmacy First Scotland

The promotion of self-care is a priority for NHS Shetland. Minor ailments can be generally described as common, often self-limiting conditions. They normally require little or no medical intervention and are usually managed through self-care and the use of appropriate products that are available to purchase without a prescription. Some of these products are pharmacy only medicines which includes some prescription only medicines prescribed by the pharmacist or available utilising a Patient Group Directive.

A growing number of conditions can be treated using Pharmacy First PGDs. These include treatment of shingles, skin infections and uncomplicated urinary tract infections.

This service aims to support the provision of direct pharmaceutical care within the NHS by community pharmacists. The service allows eligible people to attend the community pharmacy of their choice for a consultation to receive advice and where appropriate, treatment for common self-

limiting conditions. When a patient presents with symptoms in the pharmacy, the pharmacist will assess the patient and then offer treatment and advice, advice only, or referral to another health professional (or provides a combination of these actions) according to their needs.

This service is widely available to all patients within Scotland.

2.2.2 Public Health Service (PHS)

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

It comprises the following services:

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

2.2.3 Smoking Cessation Service

These services comprise advice on smoking cessation and where appropriate the supply of nicotine replacement therapy (NRT) and other smoking cessation products over a period of up to 12 weeks, to help smokers successfully stop smoking.

2.2.4 Sexual Health Service

This service comprises of the provision of a sexual health service involving the supply of emergency hormonal contraception (EHC) to women aged 13 years and above, and during 2021/21 will widen scope to also include the provision of bridging contraception.

2.2.5 Acute Medication Service (AMS)

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

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

message store and print a unique reference number (URN) on the prescription in the form of a barcode.

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

This service is undergoing review and is likely to be replaced with a fully electronic prescription process from prescribing to collection, removing the need for paper in the future.

2.2.6 The Medicines Care and Review Service (MCR)

Personalised pharmaceutical care provided by a pharmacist to patients with long term conditions. It is underpinned by a systematic approach to pharmaceutical care to improve a patient's understanding of their medicines and to work with the patient to maximise the clinical outcomes from the therapy. The new MCR service enhances a pharmacist's ability to provide pharmaceutical care and improves the previous service through:

- Including Care Home residents from 2021
- A 'serial prescriber' in the National Health Service
- (Pharmaceutical Services) (Scotland) Regulations 2009 can now include pharmacist independent prescribers and independent nurse prescribers, in addition to GPs.
- A patient is registered specifically for MCR.
- Serial prescriptions –can be written for a duration of 24, 48 or 56 weeks.
- Improved 'Stage 1' PCR tool and a new 'Stage 3' PCR tool
- Development of the initial pharmaceutical assessment and subsequent annual pharmaceutical assessments.

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

The patient will benefit from MCR because of the MCR package at their chosen pharmacy and the potential for reduced visits to GP practice.

2.2.7 Unscheduled Care

Unscheduled care can be described as:

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

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

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

Developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care when the patient's prescriber is unavailable particularly over weekends and public holidays when surgeries are closed or if an Out of Hours service is in operation.

One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Provision of Current Repeat Prescribed Medicines and Appliances. This service was initiated nationally in December 2005 and enables pharmacists to provide one prescribing cycle i.e. quantity and duration normally prescribed to the patient, or up to one month's supply if not known. The pharmacist completes a Community Pharmacy Urgent Supply (CPUS) or Universal Claim Form (UCF) prescription form and ensures that the patient's usual prescriber is notified at the earliest opportunity via electronic communications.

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

For many years Boards have put rota arrangements in place to provide access to services during Public Holidays e.g. Christmas, and during some periods at the weekend. This will require ongoing review, together with the frequent changes within NHS Shetland to weekend out of hours service provision.

2.3 Additional Services

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

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

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

2.3.1 NHS Scotland Pharmacy First plus (common clinical conditions)

Community pharmacy contractors will provide a Pharmacist Independent Prescriber (PIP)-led service for 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 IP providing the service's competence and within the terms of their professional indemnity arrangements. Conditions may include but are not limited to:

- Urinary tract infections
- Respiratory infections
- Ear, nose and throat
- Dermatological presentations
- Allergies
- Eye infections (in conjunction with local optometry services)

Full service specification details can be found here:

[https://www.sehd.scot.nhs.uk/pca/PCA2020\(P\)16.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2020(P)16.pdf)

2.3.2 Supervised Self Administration of Methadone (SSAM)

Supervised methadone consumption services are currently available from **four** of the pharmacies in NHS Shetland.

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

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

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

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

During the Covid pandemic an increasing number of patients received weekly dispensings of methadone, these are taken daily and are unsupervised. Studies are currently underway to establish whether this has impacted on harm or drug related deaths. Findings from these studies may well result in enhanced roles for community pharmacists to help tackle Scotland's growing drug problem.

2.3.3 Supervised Self Administration of Buprenorphine

Supervised self-administration of buprenorphine is a service which has been developed in many other Board areas and is available for a small number of clients in Shetland.

2.3.4 Injection Equipment Provision (IEP)

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

2.3.5 Naloxone provision

Community pharmacies in Shetland providing Substance Misuse Services also will participate in the provision of Naloxone kits to service users and others.

2.3.6 Covid test kits.

Under the Scottish Governments Universal access lateral flow device test kit distribution service [PCA\(P\)\(2021\)08 - Universal access lateral flow device test kits – community pharmacy covid-19 test kit distribution service \(scot.nhs.uk\)](https://www.scot.nhs.uk/pca/p/2021/08-universal-access-lateral-flow-device-test-kits-community-pharmacy-covid-19-test-kit-distribution-service) community pharmacies distribute COVID test kits on demand to the public.

2.3.7 Pharmaceutical Care to Care Homes

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

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

This service is supported by the primary care pharmacy team and requires contracting between NHS Shetland, the care provider and the community pharmacy.

2.3.8 Palliative Care Medicines Access

The aim of this is to:

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

Patients or their carers are encouraged to continue to use their usual community pharmacy to obtain prescriptions. The community pharmacies participating in the scheme should only be accessed when the patient’s usual community pharmacy cannot supply the palliative care drug(s) within the timescale required during normal working hours. All community pharmacies in Shetland carry some stocks of palliative care medicines.

The community pharmacies are there to meet the needs of the local patient population it serves and:

- provides for a network of community pharmacies giving immediate access (including urgent supply out with the normal opening hours of the pharmacy) to a core range of drugs as

agreed by those medical, pharmaceutical and nursing practitioners involved in specialist palliative care

- provides palliative care pharmaceutical advice to patients, carers, GPs, nurses and other community pharmacists
- provides support to the palliative care team

2.3.9 Collection and Delivery

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

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

2.3.10 Support with Medicines Administration for Patients and Carers

The majority of home care service users are able to take responsibility for their own medicine management and it is important that people are supported to maintain as many self-care skills as possible; however service users may sometimes require assistance with medication.

Pharmacies provide support to patients through a variety of means, sometimes including the provision of a pharmacy filled compliance aid.

2.3.11 Rota / Hours of Service

Pharmacies provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week. They can be closed for 1 hour during the middle of the day and offer one day per week of a 9am to 1pm opening.

In summary, each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

In Shetland there is no extended hours to 6pm and no Sunday service. However, there is agreement to provide rota services over the Christmas holiday period.

2.4 Facilities

Under the Disability Discrimination Act 1995 (DDA), it is unlawful to treat a person less favourably for a reason related to that person's disability (unless it can be justified).

Pharmacies who have fewer than 15 employees are exempt from the employment regulations of the Act. But everyone providing "services", regardless of size, must follow the provisions of the Act. Pharmacies are specifically included in this section because they provide health services and:-

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

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

2.5 Pharmacy Workforce

Community pharmacists can be difficult to recruit and retain. With increasing prescription item numbers this has led to many pharmacists working longer hours (after the shop closes) to cope with the workload. While robotics have undoubtedly improved dispensing efficiency, the enhanced clinical role for the pharmacist can only be fulfilled through recruitment and training of support staff.

2.5.1 Pharmacy Support Staff

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

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

2.5.2 Pharmacist Prescribers

Independent Prescribing will enable the delivery of Pharmacy First **Plus**. Community Pharmacy contractors are supported by Scottish Government to develop into Independent Prescribers, by providing funding for backfill and support for learning.

This enables improved access to medicines in the community for Shetland residents, across a spectrum of common minor illnesses.

2.5.3 Pharmacy Technicians

The role of pharmacy technicians is of growing importance. With pharmacists taking on more clinical roles, including the established clinical check of each prescription, the technician, now registered with the GPhC is increasingly responsible for the operational aspects of the dispensary and provision of the accuracy, final check when the prescription is assembled. Pharmacy Technician training can be carried out locally by accessing distance learning and the help of a local tutor. It is completed over a period of 2 years alongside vocational training in a pharmacy.

The continued viability of the community pharmacy may ultimately depend on the recruitment and training of pharmacy technicians.

2.6 New Contracts

New contracts were granted in Scalloway, Levenwick and Brae. Scalloway and Brae pharmacies were opened by 2012. The pharmacy application in Levenwick although approved has not opened consequently the pharmacy has been removed from the provisional pharmacy list.

Shetland is a controlled area as described in NHS (Pharmaceutical Services) (Scotland) (Miscellaneous Amendments) Regulations 2014 (SSI 2014/148).

Whether or not a pharmacy application can be considered will depend on an assessment of rurality. Assessing an area as being remote or rural will require consideration of specific individual circumstances and factors to take into account in each area, and each case must be judged on that basis. The judgement will depend on local knowledge and observation of each area under consideration and will be reviewed in conjunction with the publication of each update of the PCSP.

2.7 Interface with other providers

The interface between community pharmacy and secondary care is an area of increasing focus as Scotland pursues its policy of shifting the balance of care. As models of care provision within the community setting continue to develop, it will not be possible to consider the need for community pharmacy services in isolation of the wider context of care provision by the NHS, local authority and third sector providers. Work continues with NHS Shetland Pharmacy to develop and maintain work streams across the interface between acute and community services, in collaboration with Health and Social Care Partnership.

2.8 Accessibility of pharmaceutical services

The purpose of this section of the plan is to describe the current availability of NHS pharmaceutical services within NHS Shetland and the CHSCP areas where appropriate. Full details are provided in the Pharmaceutical List (**Appendix 1**). This document provides details of opening hours, details of those pharmacies which provide extended opening hours. The Pharmaceutical List details national and locally negotiated services. Community pharmacies may offer non-NHS services that are not included in this document and are not considered for planning purposes. Individual pharmacies should be contacted directly for details of these services.

3. DESCRIPTION OF GENERAL MEDICAL SERVICE PROVISION

3.1 General Medical Services

The location of general medical services (GMS) across the area and information services are included in **Appendix 2**.

3.2 Relationship with community pharmacy

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

3.3 Dispensing practices

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

Within NHS Shetland there are 5 dispensing practices which dispense medicines to 35% of Shetlands total population. Of the 35% of patients registered with the 5 dispensing practices, only 15% of Shetland registered patient receive the majority of their medicines from a dispensing practice. Most other dispensing practice patients receive the majority of their medicines from community pharmacies.

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

The stability of NHS services must be considered in remote and rural areas as these areas are particularly vulnerable. The ambition of this plan is to promote consideration of novel methods of delivering pharmaceutical services which could involve dispensing practices. The increase in NHS salaried GP practices have presented an opportunity to remodel pharmaceutical care services and continue to be part of a model of pharmaceutical care in remote and rural areas.

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

During this stage of the planning process preliminary data has been gathered from the existing network of community pharmacies on the current levels of Pharmaceutical Care Service provision and some assessment has been made also of additional Locally Negotiated Services. The plan does not address pharmaceutical care services provided by hospital pharmacy services. Analysis of any gaps in service provision at this stage of the planning process is drawn from expert pharmacy opinion including from the Area Pharmaceutical Committee, drawing the following findings.

5. FINDINGS AND RECOMMENDATIONS

The Shetland NHS Board and partner organisations should engage in ongoing consultations around this plan, future plans will continue to include input from local community planning groups such as the Patient Focus Public Involvement, and advisory committees in particular the Area Pharmaceutical Committee and Area Clinical Forum.

A significant growth in the general population through planned housing developments particularly in the central area of Shetland will necessitate parallel developments in pharmaceutical care service provision. The significant growth in the elderly population, and the shift in population towards Lerwick will add to this requirement. Where suitable levels of population can be demonstrated it will be possible to consider the provision of a Community Pharmacy subject to national guidance and regulation.

The pharmaceutical needs of the population who are not within a 30 minute travel time of a community pharmacy will require continued consideration. However five pharmacies is a high number of pharmacies for a population of 23,000 and the value of remote pharmaceutical care services has already been demonstrated by these pharmacies.

Current Pharmacy location in Lerwick now better reflects the population. The three pharmacies are located in close proximity to the main populated areas of Lerwick.

Current pharmacy opening times and rota arrangements may no longer reflect the need for access to services. Community pharmacies provide many more services than dispensing prescriptions and should be open when there is no access to GP practices. The same should be true for the collection of prescriptions from GP surgeries in rural locations.

A need for a pharmacy in Levenwick was previously identified and a neighbourhood defined. Subsequently the NHS (Pharmaceutical Services) (Scotland) (Miscellaneous Amendments) Regulations 2014 (SSI 2014/148) necessitated the consideration of the impact on existing contractors alongside the identified need for pharmaceutical care services.

At the present time, there remains the need to fully utilise the remaining core pharmaceutical care service within the Community Pharmacy Contract, namely the service wide benefits of serial prescribing through Medicines Care and Review, Pharmacy First and Pharmacy First Plus.

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

The extent to which additional services can be developed will depend on the suitability of the pharmacy premises. The pharmacies are modern and accessible but there are space constraints in the existing pharmacies. Pharmacies are often co-dependent on shared space- Scalloway shares with a post office, Brae with a Health centre and the Lerwick pharmacies with retail space- while there are benefits these can also detract from the core function off the pharmacy.

Community pharmacy smoking cessation services should be integrated with existing Health Improvement activities to realise the benefits of community pharmacies capacity as providers.

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

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

NHS Shetland should explore the implications of establishing a salaried community pharmacy or other service should the Board be unable to secure a contractor to service unmet need if that need has been identified.

There is a continued need to consider means by which Community Pharmacists and remote GP practices might collaborate to improve patient access to pharmaceutical care services and to evaluate objectively the advantages and disadvantages of any novel services planned.

National clarity around the characterisation of core pharmaceutical care services will help exploration of available options to address the practicalities of meeting needs in remote and rural populations.

6. APPENDICES

Appendix 1	Pharmaceutical List
Appendix 2	Pharmacy Audits.
Appendix 3	Locations of GP premises
Appendix 4	Location of Care Homes

7. Appendix 1 the Pharmaceutical list

The Pharmaceutical List 1st July
2021

Pharmacy	Owner	Status	Location	Opening Hours	Half day
A L Laing	WHB Sutherlands Ltd	Included on list	Kantersted Lerwick	9-5.00 Monday to Saturday	Not taken
Freefield pharmacy	WHB Sutherlands Ltd	Included on list	Browns Buildings Commercial street	9-5.30 Monday to Saturday	Not taken
Boots	Boots PLC	Included on list	Commercial Street	9-5.30 Monday to Saturday	Not taken
The Scalloway Pharmacy	Norsepharm Ltd	Included on list	Main street Scalloway	9-5.00 weekdays	Saturday 10am-1pm
Brae Pharmacy	DeltingPharm Ltd	Included on list	Brae Health Centre, Brae	8.30am-1pm 1.30pm-5.00pm Monday to Friday	Saturday 9am-1pm

8. Appendix 2 – Pharmacy Services provided by each pharmacy in Shetland.

This is provided as a separate spreadsheet and is available on request from shet.pcp@nhs.scot.

9. Appendix 3 SHETLAND PRIMARY CARE HEALTH CENTRES

This is provided as a separate reference document and is available on request from shet.pcp@nhs.scot.

10. appendix 4 – Shetland care home services

This is provided as a separate reference document and is available on request from shet.pcp@nhs.scot.

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