

# Pharmaceutical Care Services Plan



April 2016

# Pharmaceutical Care Services (PCS) Plan

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## **Executive Summary**

### Introduction

NHS Dumfries & Galloway provides health services to a population of approximately 150,270 people living in the South West of Scotland. The local demographic profiles show that generally the population of Dumfries & Galloway is older than Scotland as a whole, is spread over a large, rural area, enjoys better than average health compared with the rest of Scotland and has small pockets of relative deprivation.

This Pharmaceutical Care Services Plan compares current pharmaceutical care service provision to an assessment of what services the population needs, taking local sensitivities into account. Consideration is then given as how the identified shortfall might be addressed, including prioritised recommendations.

### Existing Pharmaceutical Services

There are 35 contracted community pharmacies in Dumfries & Galloway. These are well distributed across the region and appear to meet the access needs of the vast majority of the population. Locally agreed services have developed across the region and are described here.

## **1. The Pharmaceutical Care Services (PCS) Plan: An Overview**

### **1.1 Background**

Health needs assessments form a cornerstone of public health practice, where the emphasis is on maximising health gain at a population level and can be defined as the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way. This involves the identification and characterisation of the needs of a population and prioritisation of these needs to inform the planning and delivery of services. Pharmaceutical care needs assessment narrows the focus of need to the provision and use of medicines and pharmaceutical services.

In its widest sense, a pharmaceutical care needs assessment sets out to: assess what pharmaceutical care services are needed by the population; what services are currently provided; define and quantify the gap in service provision and; describe plans to close the gap.

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care plans and annually update them.

PCA(P) 7 (2011) advised NHS Boards of the amended regulations and the revised control of entry regulations.

This document forms the plan required by the circular.

Once published, it is intended that this plan will form the basis for making arrangements with those who can provide the required services.

### **1.2 Aims**

The primary function of this PCS plan is to describe the unmet need for pharmaceutical services within Dumfries and Galloway Health Board population and the recommendation of the Health Board as to how these needs should be met. A secondary function of the plan is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards for new or enhanced community pharmacy services, the PCS plan is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

### **1.3 Consultation and Delivery of the PCS Plan in Dumfries & Galloway**

A multidisciplinary group was responsible for the development of the initial NHS Dumfries and Galloway Pilot PCS Plan, published 2008.

This original plan has now been updated several times and this version was undertaken by;

Michael Pratt	Chief Pharmacist
Catherine Smith	Service Development Pharmacist
Jenny Bruce	Senior Health Intelligence Analyst

The plan, and any further amendments to the plan, will be displayed on the NHS Dumfries & Galloway website: [http://www.nhsdg.scot.nhs.uk/Dumfries and Galloway NHS](http://www.nhsdg.scot.nhs.uk/Dumfries_and_Galloway_NHS)

#### 1.4 Pharmacy Practices Committee

Under regulation of the NHS (Pharmaceutical Services) (Scotland) (Miscellaneous Amendments) Regulations 2014, the Pharmacy Practices Committee (PPC) is required to consider applications to provide pharmaceutical services within the Board area and to determine whether community pharmacy applications will be granted.

The Committee will grant the application if it is satisfied that the provision of pharmaceutical services, at the identified premises, is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the proposed premises are located.

This PCS plan is a data source that Pharmacy Practices Committees will be directed to use for help in assessing need when considering applications to the Pharmaceutical List.

#### 1.5 Equality and Diversity

An equality and diversity impact assessment of this PCSP will be undertaken. This will ensure that barriers to accessing services are identified and removed, where possible, and will allow fair decisions to be made about the allocation of resources to support those who may find services harder to access.

#### 1.6 Prescription for Excellence

*Prescription for Excellence – A Vision and Action Plan for the Right Pharmaceutical Care through integrated Partnership and Innovation*

The Scottish Government vision was launched in September 2013 which will have major implications for the delivery of pharmaceutical care over the next decade. It recognises that, in particular, significant changes will occur in medicine and therapeutics that will require new and innovative models of care to enable patients to obtain the maximum benefit. The patient is recognised as being a critical member of the health and social care team and requires to be given enough information to enable them to make informed decisions about their care. This is key to delivering *person-centred* healthcare.

Pharmaceutical care is a key component of safe and effective healthcare. It involves a model of pharmacy practice which requires pharmacists to work in partnership with patients and other health and social care professionals to obtain optimal outcomes with medicines and eliminate adverse events whenever possible. Patients, regardless of their setting should receive high quality pharmaceutical care. This is particularly important for patients with complex health issues, including multimorbidities and those in care settings.

Services will need to develop around the new vision provided by Prescription for Excellence and this will help shape future Pharmaceutical Care Service Plans.

#### 1.7 Health and Social Care Partnership

The integration of Health and Social Services under the new Health and Social Care Partnership will provide an opportunity for Pharmaceutical Services to more effectively deliver services to support patients in communities. Close working with a range of disciplines and patients within the Health and Social Care Partnership is expected in the future.

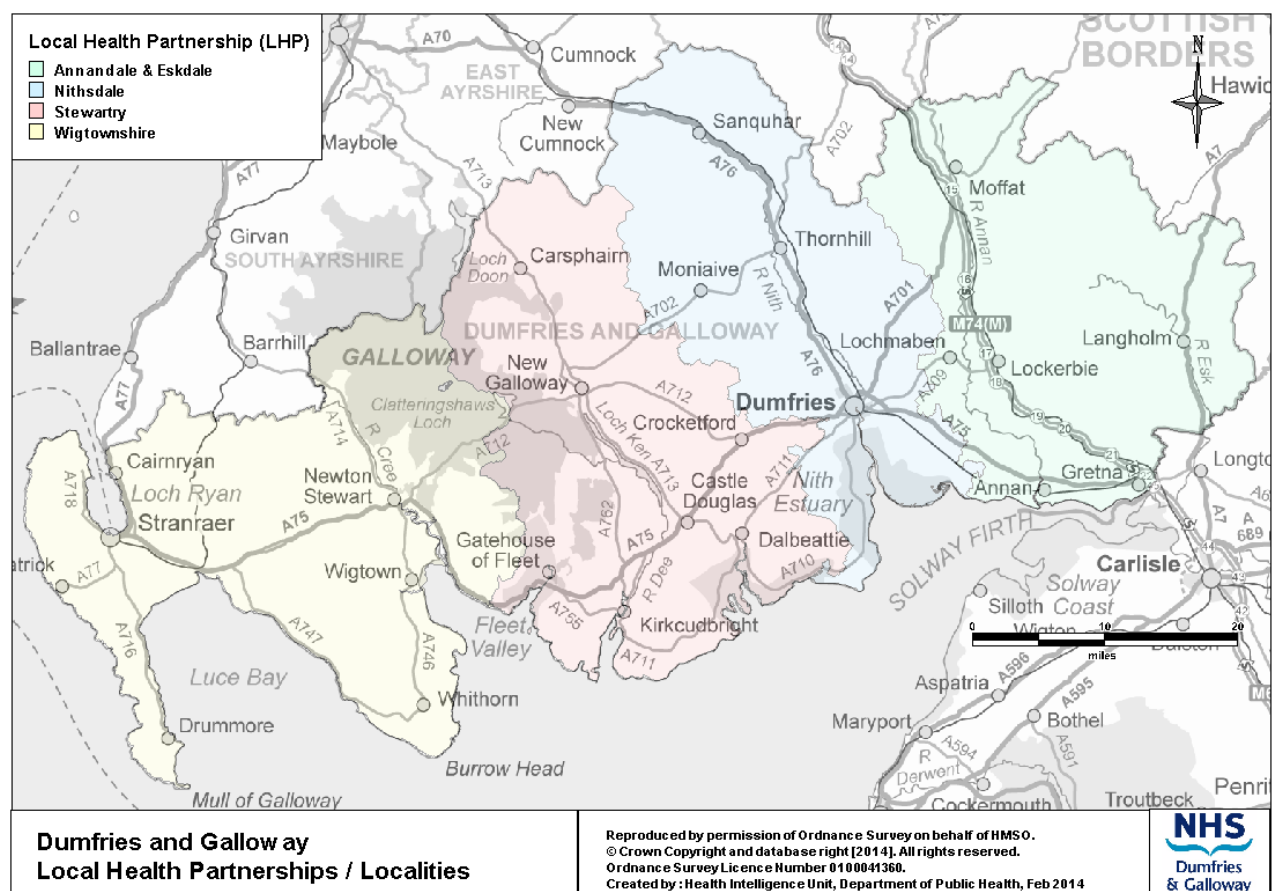
## 2. Introduction

Dumfries and Galloway is a mostly rural region in south-west Scotland. It covers an area of 6,426 square kilometres and has a current population of approximately 150,270 people. The region is planned to be covered by one Health and Social Care Partnership covering the geographical region and delivered operationally through four traditional geographical localities:

- Wigtownshire
- Stewartry
- Nithsdale
- Annandale and Eskdale

The main towns are Dumfries and Lochaberbriggs (39,240 residents), Stranraer (10,510), Annan (8,920), Lockerbie (4,290), Dalbeattie (4,260), Castle Douglas (4,070) and Newton Stewart (4,010). All other towns and settlements have populations of less than 4,000. At the 2011 Census, around one third of people in Dumfries & Galloway were living in settlements with less than 500 people.

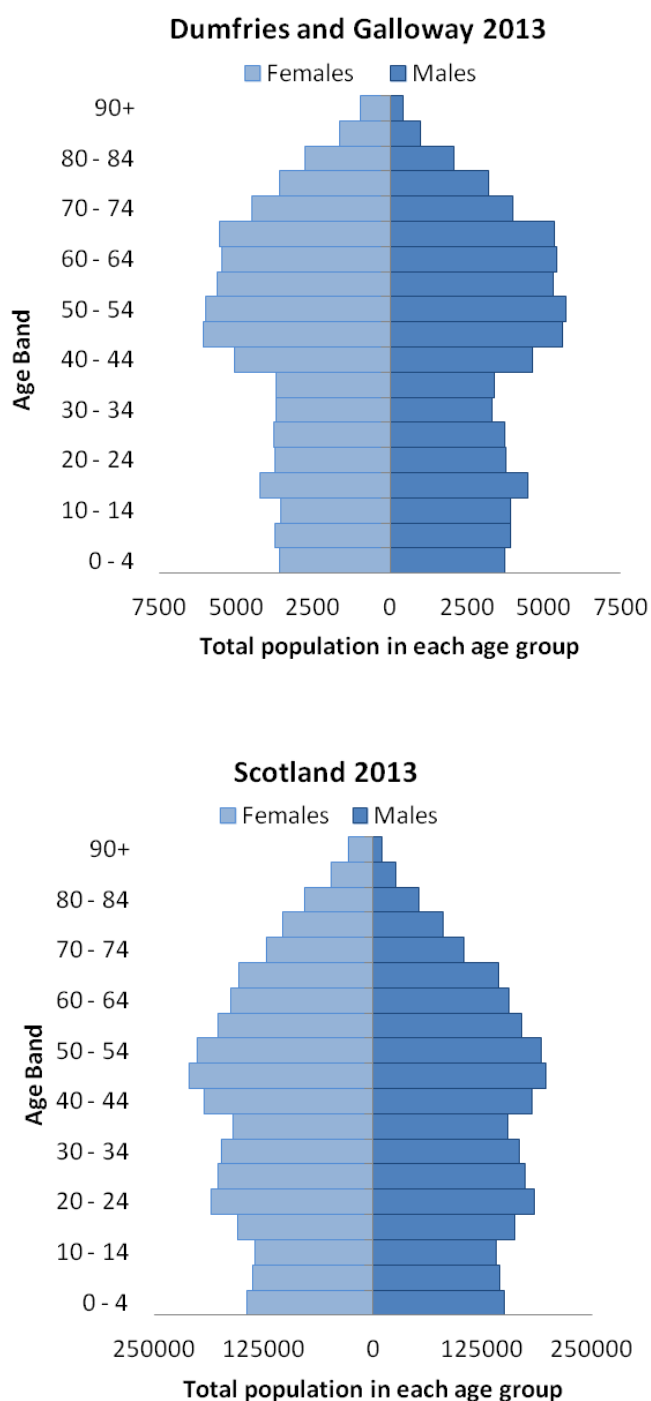
Figure 1: Map of Dumfries and Galloway showing Main Settlements and Local Health Partnerships



### 2.1 Population Profile

Mid-year population estimates published by the National Records of Scotland (NRS) indicate that in 2013 NHS Dumfries and Galloway had a population of 150,270. The age pyramids in Figure 2 illustrate that the current population of Dumfries and Galloway is substantially different from the Scottish population profile. There is a larger proportion of older people and a smaller proportion of young people. Dumfries and Galloway has the oldest age structure of all NHS Board areas, with 23.3% of the population aged 65 and over compared to 17.8% across Scotland as a whole.

Figure 2: Population Pyramids for Dumfries & Galloway and Scotland, 2013



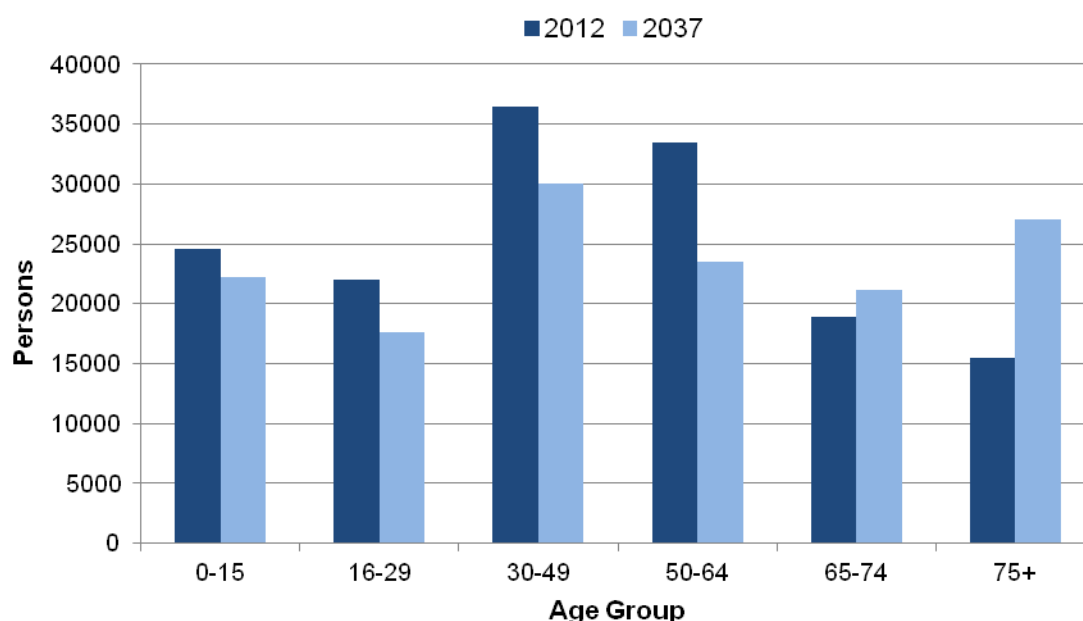
Source: NRS Mid-Year Population Estimates, 2013

In general, Dumfries and Galloway's population is ageing, with notable increases in the population aged 65 and over. The latest population projections issued by the General Register Office for Scotland (GROS) suggests that the gap between older and younger populations is likely to widen over time. By 2037 it is anticipated that the number of people aged 65 and over will increase by 40.4% (12.1% for those aged 65-74 and 74.9% for those aged 75 and over). There is also expected to be a decline in the working age population of 14.3% and in the number of children aged 0-15 of 9.5%.

A further concern highlighted by the population projections is the expected increase in the number of the most elderly residents over time. The number of residents aged 90 years or over is projected to increase by 263% from 1,314 in 2012 to 4,771 in 2037. Although we hope that a continuing improvement in age expectancy will also mean that we stay healthier for longer, it is envisaged that most people in their 90s will require some level of input from either the NHS or Social Services.

The changing age structure of Dumfries and Galloway's population is summarised in Figure 3, which compares the 2012 estimate with the 2037 projection figures.

Figure 3: The changing age structure of Dumfries and Galloway's population, 2012 - 2037



Source: Population projections for Scottish Areas (2012-based), NRS

## 2.2 Life Expectancy

Life expectancy is an important measure of the health of the population. While life expectancy in Scotland has been slowly improving in recent years for both men and women, they are both lower than in the UK as a whole, as shown in Table 1. Life expectancy at birth in Dumfries and Galloway is currently 78.0 years for males and 81.5 years for females born in 2011 to 2013. This is higher than the Scottish average but lower than the overall UK figure. For both males and females the expectation of life at birth, ranks in the bottom 25% of all local authorities.

Table 1: Life Expectancy in Years at Birth and Age 65, United Kingdom, 2011-2013

Area	LE at birth (years)		LE at age 65 (years)	
	Males	Females	Males	Females
United Kingdom	78.9	82.7	18.3	20.8
England	79.2	83.0	18.5	21.0
Wales	78.2	82.2	18.0	20.5
Northern Ireland	78.0	82.3	17.9	20.5
Scotland	76.8	80.9	17.1	19.5
Dumfries & Galloway	78.0	81.5	18.2	19.9

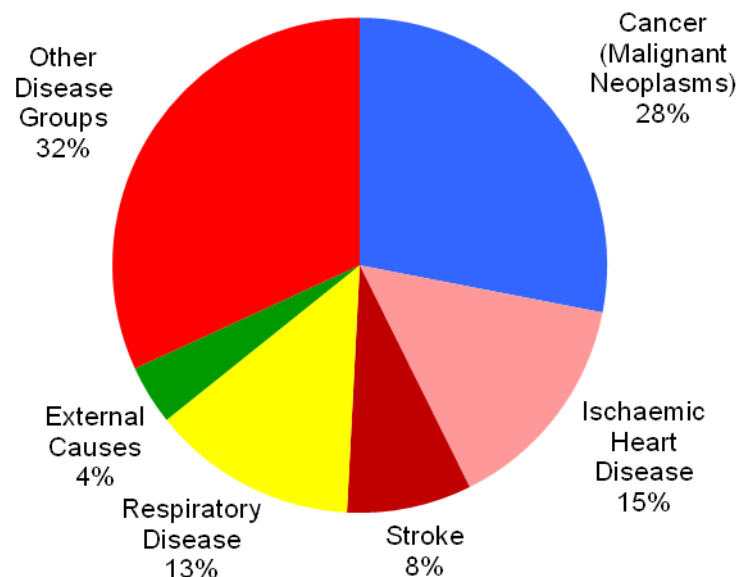
Source: Office for National Statistics, 2014



### 2.3 Mortality

The biggest causes of death in Dumfries and Galloway are cancer, coronary heart disease, respiratory disease and stroke, which were responsible for just under two thirds of all deaths in 2013. There were 526 deaths from cancer (28% of all deaths), 274 from coronary heart disease (15%), 252 deaths from respiratory disease (13%) and 153 from stroke (8%).

Figure 4: Main Cause of Death, Dumfries and Galloway, All ages, 2013



Source: National Records of Scotland, 2014

Standardised mortality ratios (SMRs) are used to compare local death rates with death rates in Scotland as a whole, taking account of the different population structure of each area. Scotland is given a SMR of 100. Where ratios are less than 100 it means there are fewer deaths locally than in Scotland, and where ratios are greater than 100 there are more deaths than in Scotland. Table 2 shows that compared with the Scottish population as a whole, the health of the people of Dumfries and Galloway is broadly better than average. Mortality ratios for a range of diseases including cancers, stroke, male respiratory disease and female ischaemic heart disease are lower than the Scotland rates. While the 2013 SMR for male ischaemic heart disease and female respiratory disease deaths are slightly above the Scottish average, the difference is not statistically significant.

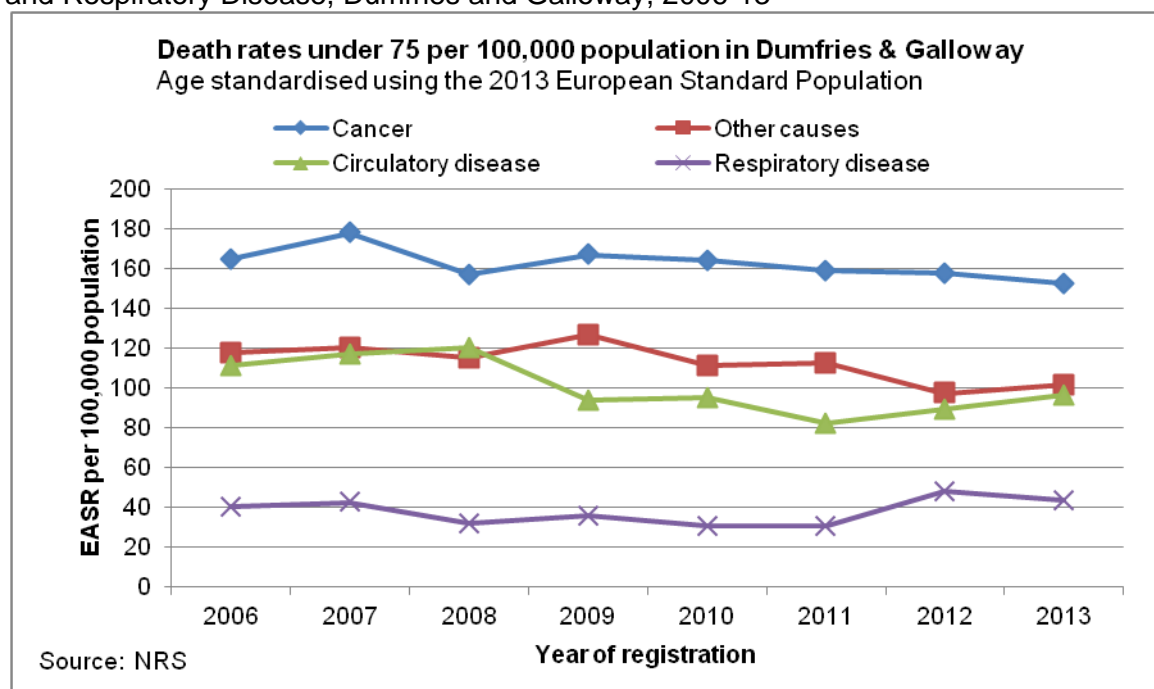
Table 2: Standardised Mortality Ratios for the Main Causes of Death, Dumfries and Galloway, All ages, 2013

Dumfries & Galloway 2013	All Causes	Cancer	Coronary Heart Disease	Respiratory Disease	Stroke
Men	92.1	94.3	108.5	80.0	93.9
Women	100.3	90.1	99.1	116.0	96.0

Source: National Records of Scotland, 2014

Premature mortality, defined as death from all causes in people aged under 75, is an important indicator of the overall health of the population. Scotland has the highest rates of pre-mature mortality in the UK, as well as significant inequalities in pre-mature mortality within Scotland. Between 2006 and 2013, death rates amongst those aged under 75 years have decreased by 9.2% in Dumfries & Galloway and 15.9% across Scotland. Despite all Health Boards seeing similar decreases, around 20,350 people aged under 75 still die each year across Scotland.

Figure 5: Age Standardised Premature (Under 75's) Death Rates for Cancer, Circulatory Disease and Respiratory Disease, Dumfries and Galloway, 2006-13



#### 2.4 Chronic Disease Prevalence

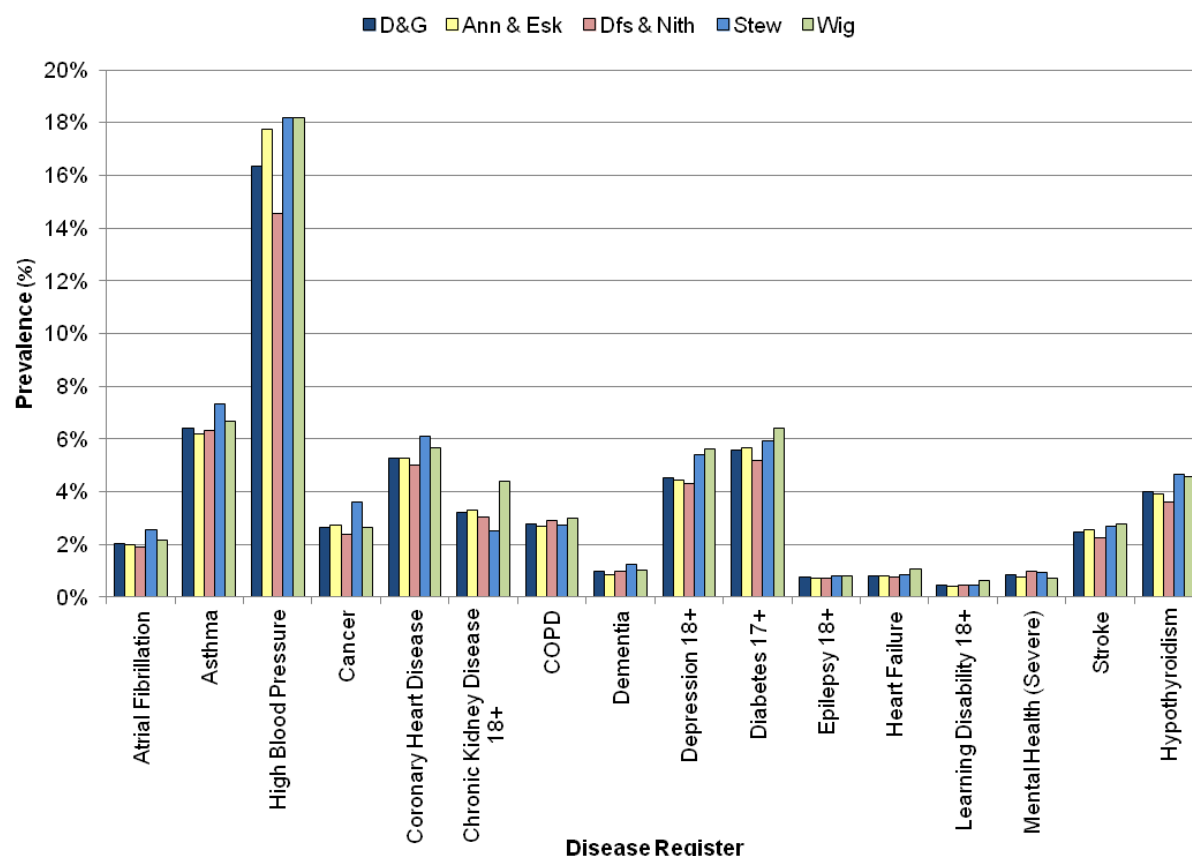
Information on the prevalence, or frequency of a disease or health condition, is important in determining the level of different types of health problems in the population. The following table and chart give an indication of the prevalence of chronic disease (incidence in the case of cancer) in general practice in 2013-14. The figures shown represent the proportion of the population with each condition for each of the 4 localities (LHPs) and are not adjusted to account for differences in the age or sex profiles of the practice populations.

Table 3: Prevalence of Chronic Disease by Locality, Dumfries and Galloway, March 2014

LHP	Atrial Fibrillation	Asthma	High Blood Pressure	Cancer	Coronary Heart Disease	Chronic Kidney Disease 18+	COPD	Dementia	Depression 18+	Diabetes 17+	Epilepsy 18+	Heart Failure	Learning Disability 18+	Mental Health (Severe)	Stroke	Hypothyroidism
Dumfries and Galloway	2.0%	6.4%	16.4%	2.7%	5.3%	3.2%	2.8%	1.0%	4.5%	5.6%	0.7%	0.8%	0.5%	0.9%	2.5%	4.0%
Annandale and Eskdale	2.0%	6.2%	17.7%	2.7%	5.3%	3.3%	2.7%	0.9%	4.4%	5.6%	0.7%	0.8%	0.4%	0.8%	2.6%	3.9%
Dfs & Upper Nithsdale	1.9%	6.3%	14.6%	2.4%	5.0%	3.1%	2.9%	1.0%	4.3%	5.2%	0.7%	0.8%	0.4%	1.0%	2.3%	3.6%
Stewartry	2.6%	7.3%	18.2%	3.6%	6.1%	2.5%	2.7%	1.2%	5.4%	5.9%	0.8%	0.9%	0.5%	0.9%	2.7%	4.7%
Wigtownshire	2.2%	6.7%	18.2%	2.6%	5.7%	4.4%	3.0%	1.0%	5.6%	6.4%	0.8%	1.1%	0.6%	0.7%	2.8%	4.6%

Source: ISD, QOF Calculator

Figure 6: Prevalence of Chronic Disease by Locality, Dumfries and Galloway, March 2014



## 2.5 Rurality

The Scottish Government has acknowledged that issues such as transport, education and health can have a particular impact on rural communities. A number of urban rural classifications have been released since 2000 that aim to develop our understanding of these issues and ensure that remote and rural communities have their needs reflected across a range of government policy.

The Scottish Government Urban Rural Classification provides a standard definition of rural areas across Scotland. The core definition of rurality defines settlements of 3,000 or less people to be rural. It also classifies areas as remote based on 30 minute drive times from settlements of 10,000 or more people.

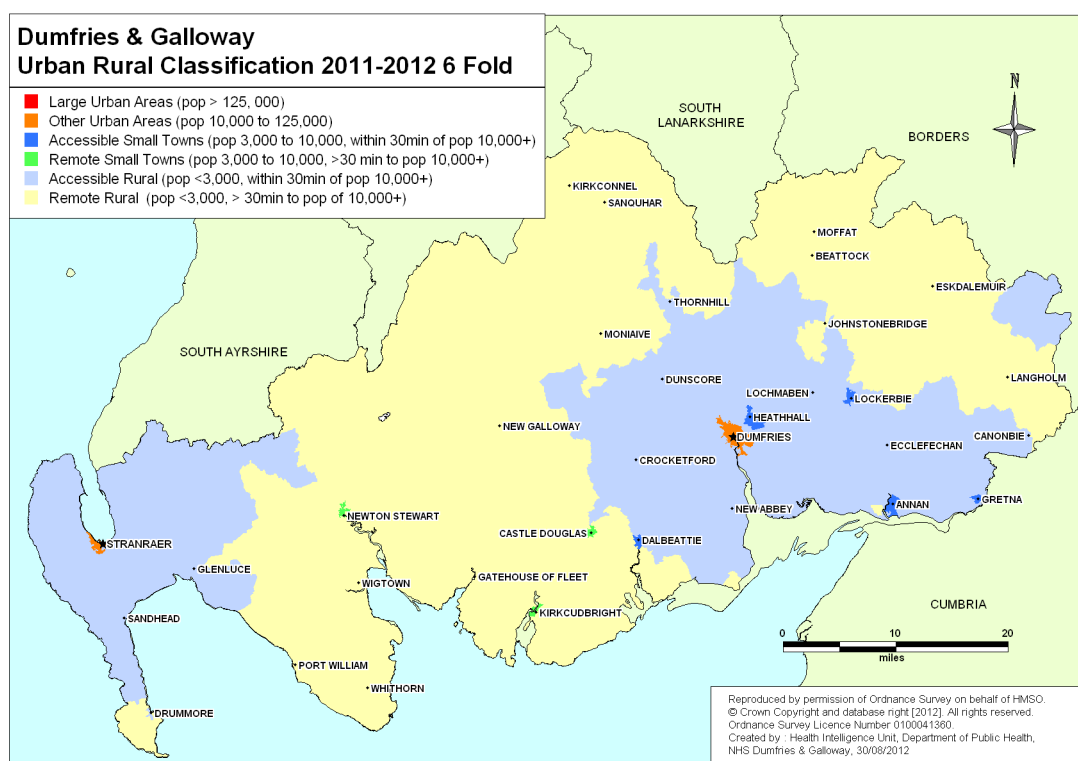
Table 4 shows that Dumfries and Galloway is amongst the most rural in Scotland. Nearly half of all people in Dumfries & Galloway live in areas classified as rural i.e. living in settlements with less than 3,000 people. The only urban areas are the towns of Dumfries and Stranraer, though neither of these are classified as large urban areas. In terms of accessibility, just under two-thirds of the population live further than 30 minutes drive away from a large town.

Table 4: Percentage of Population by 6-Fold Urban Rural Classification 2011-2012

Area	Large Urban Areas	Other Urban Areas	Accessible Small Towns	Remote Small Towns	Accessible Rural	Remote Rural
Dumfries & Galloway	0.0%	28.3%	17.3%	7.5%	24.1%	22.8%
Ayrshire & Arran	0.0%	58.8%	17.4%	4.3%	13.7%	5.8%
Borders	0.0%	25.0%	21.5%	4.8%	33.6%	15.0%
Scotland	39.1%	30.4%	8.7%	3.7%	11.6%	6.5%

Source: Scottish Government Urban Rural Classification 2011-2012

Figure 7: Scottish Government Urban-Rural Classification, Dumfries and Galloway, 2011-12



## 2.6 Accessibility and Transport

Transport plays a crucial role in access to services in Dumfries and Galloway due to the rural nature of the area and the distances that people need to travel. This is highlighted by the fact that the region has 76 datazones (39%) that are in the 15% most access deprived areas in Scotland, the seventh highest of any local authority.

The Dumfries and Galloway Regional Transport Strategy 2008 recognises that the transport system for the area should facilitate access to public services and enhance the quality and integration of public transport. In a large rural area such as Dumfries and Galloway, this is not easy. The long distances involved and the fragile nature of many of the region's isolated communities makes it harder to provide alternatives to private transport than might be the case in many urban areas.

Pressure on public sector budgets and future service reductions should be regarded as a potential risk to access of all health services including community pharmacy. Service reductions may affect the most isolated areas of the region the most. This is because services are likely to be centralised and people have to travel longer distances and rely on private transport to access services. Increasing fuel costs are also a potential problem, since from Table 6 it can be seen that the petrol and diesel consumption per 100,000 population is almost twice the national average, highlighting the dependency of the population on motorised transport.

Table 5: Population of Dumfries and Galloway Settlements, with Community Pharmacy provision highlighted in bold.

Settlement	Population	Number of Pharmacies	Settlement	Population	Number Of Pharmacies
<b>Dumfries</b>	<b>33,280</b>	<b>8</b>	<b>Sanquhar</b>	<b>1,980</b>	<b>1</b>
<b>Stranraer</b>	<b>10,510</b>	<b>3</b>	<b>Eastriggs</b>	<b>1,850</b>	<b>1</b>
<b>Annan</b>	<b>8,920</b>	<b>3</b>	<b>Thornhill</b>	<b>1,610</b>	<b>1</b>
<b>Locharbriggs</b>	<b>5,960</b>	<b>1</b>	<b>Gatehouse of Fleet</b>	<b>950</b>	<b>1</b>
<b>Lockerbie</b>	<b>4,290</b>	<b>2</b>	<b>Wigtown</b>	<b>900</b>	<b>1</b>
<b>Dalbeattie</b>	<b>4,260</b>	<b>1</b>	Ecclefechan	850	
<b>Castle Douglas</b>	<b>4,070</b>	<b>2</b>	<b>Whithorn</b>	<b>790</b>	<b>1</b>
<b>Newton Stewart</b>	<b>4,010</b>	<b>2</b>	Eaglesfield	680	
<b>Kirkcudbright</b>	<b>3,390</b>	<b>2</b>	Creetown	650	
<b>Gretna</b>	<b>3,040</b>	<b>1</b>	Portpatrick	620	
<b>Moffat</b>	<b>2,550</b>	<b>1</b>	Cargenbridge	610	
<b>Langholm</b>	<b>2,250</b>	<b>1</b>	Glenluce	600	
<b>Lochmaben</b>	<b>2,100</b>	<b>1</b>	Moniaive	500	
<b>Kirkconnel</b>	<b>2,070</b>	<b>1</b>			

Source: NRS, Mid-Year Population Estimates for Settlements and Localities, 2012

Table 6: Accessibility and Transport Statistics, Dumfries and Galloway, 2011-13

Measure	Dumfries and Galloway	Scotland
% of datazones in the 15% most deprived, SIMD12 access domain	39.9	15.0
% of datazones in the 15% most deprived, SIMD12 drive time sub-domain	38.3	15.0
% of datazones in the 15% most deprived, SIMD12 public transport sub-domain	41.5	15.0
% of households without access to a car	21.9	30.5
% of household with access to one car	45.3	42.2
% of household with access to two or more cars	32.8	27.2
% of health journeys	2.6	2.0
% of roads needing repairs (red and amber classification)	29.4	28.5
Expenditure on roads and transport (£1,000) per 100,000 population	12,165	9,012
Road usage (million vehicle kilometres) per 100,000 population	1,293	828
Petrol and diesel consumption (1,000 tonnes) per 100,000 population	107.3	54.9
% of children's journeys to school by cycling/walking	36.7	51.0

Source: Scottish Index of Multiple Deprivation 2012, Census 2011, Scottish Neighbourhood Statistics

## 2.7 Deprivation in Dumfries and Galloway

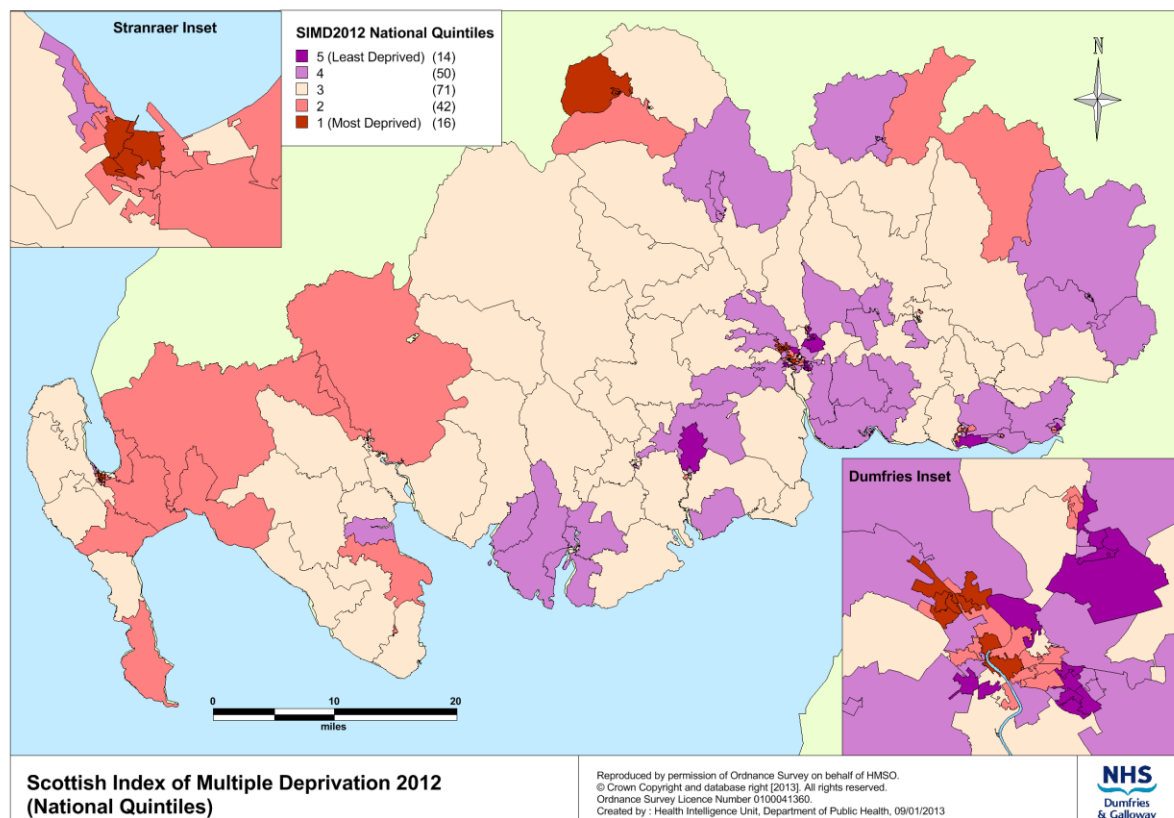
Deprivation is a term used to indicate the level of disadvantage for individuals or areas. It can be measured in terms of wealth, opportunities or other aspects of need but it is always difficult to measure because advantaged and disadvantaged people can live side by side. Deprivation is, however, known to have a strong link with disease and death rates, regardless of how it is measured.

The Scottish Index of Multiple Deprivation 2012 (SIMD12) is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across Scotland. Categories such as income, employment, education, health, housing, crime and access to services are used to calculate deprivation scores for small areas known as data zones. It is presumed that by using very small areas, the people within these neighbourhoods will be similar to each other.

Dumfries and Galloway has 16 data zones that are in the 20% most deprived in Scotland. This is equivalent to a 1.2% share of all the worst areas in Scotland. The number of people who live in these most deprived areas is approximately 11,083, which is 7.4% of the Dumfries and Galloway population. The figure for Scotland is 20.0% of the population in the 20% most deprived areas, so there are significantly fewer people living in the worst areas.

Figure 8 illustrates the location (and size) of the most and least deprived areas in Dumfries and Galloway, with the most deprived areas marked out in red and the least deprived areas marked in dark purple. There are five areas of relative deprivation in the region: central Dumfries and part of Annan as well as the previously recognised areas in northwest Dumfries, Upper Nithsdale, and Stranraer. These areas include people living in relatively deprived circumstances. However, when considering health needs we have to bear in mind that only a minority of income-deprived and employment-deprived people live in these areas of relative deprivation. The majority (82% of income-deprived and 82% of employment-deprived people) live outwith these areas of relative deprivation and constitute 'hidden pockets' of deprivation scattered throughout the more affluent neighbourhoods.

Figure 8: Scottish Index of Multiple Deprivation 2012, Dumfries and Galloway



## 2.8 Ethnicity

The Scottish Census show that in Dumfries and Galloway the size of the non-white minority ethnic population was 1,771 or 1.17% in 2011, doubling since 2001 from 969 or 0.66%. As far as comparison of figures will allow, an increase in numbers applies to all non-white minority ethnic groups in the region.

White people who are not 'White Scottish', 'White Irish', or 'Other White British' were categorised in the 2011 Census as 'Other White', 'White Polish' or 'White Gypsy/Traveller' which collectively in Dumfries and Galloway numbered 2,465 – that is 1.63% of the region's total population. Excluding 'White Irish' this means that the region had a total 'minority ethnic' population of 4,236 or 2.80%. In terms of the distribution of these minority ethnic groups, almost half the total minority ethnic population resides in Nithsdale (47%), just under a quarter (24%) in Annandale and Eskdale, with smaller proportions resident in both Stewartry (14%) and Wigtownshire (15%).

## 2.9 What does this mean for the future?

There are considerable challenges in improving health and providing health services to meet the needs of the population now and in the future.

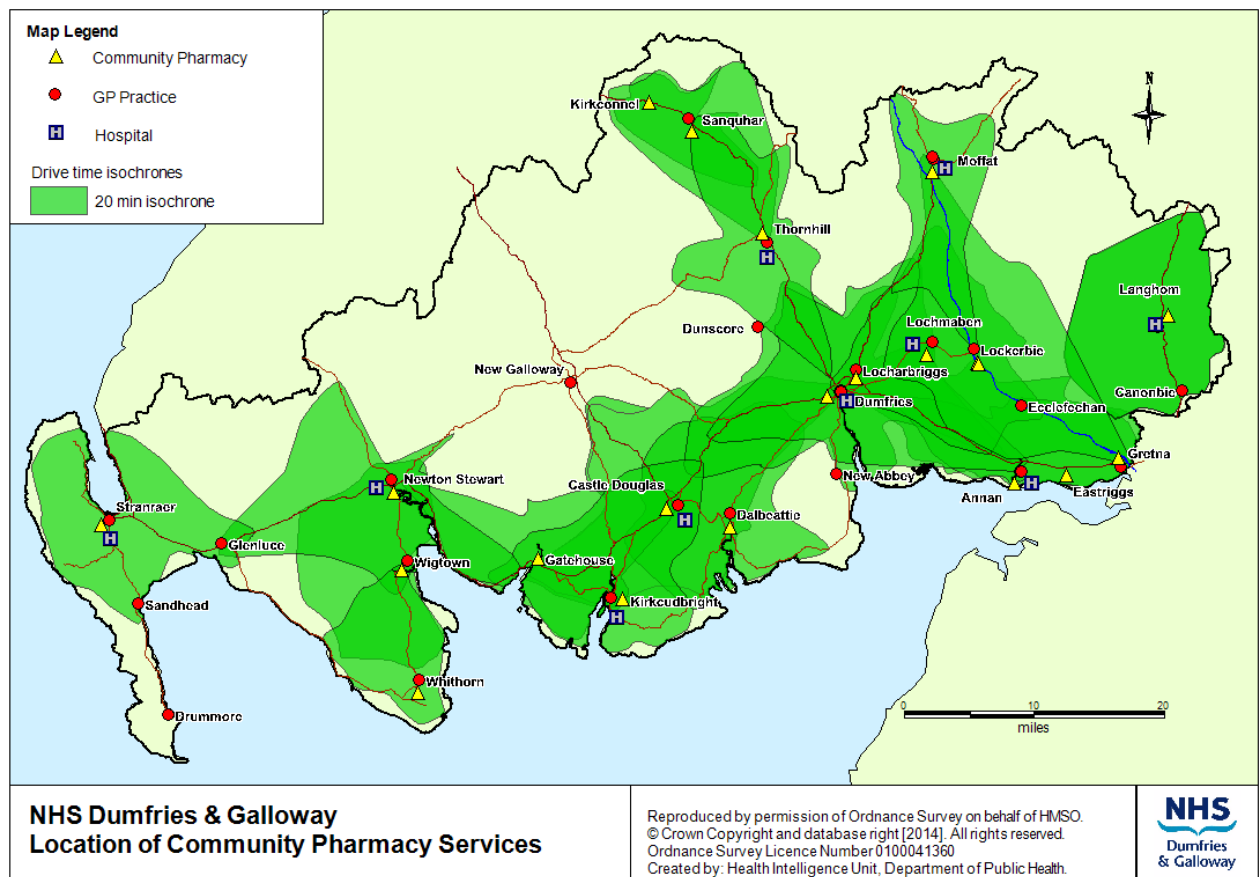
- The biggest single factor influencing social care and health needs in the future is expected to be the substantial rise in the number of older people
- It will be important to prevent disease and disability in older people, to try and help them to remain healthy and active
- There will be more cases of certain diseases associated with older age (for example, cancer, dementia, osteoarthritis, and diabetes)
- There will be a need for improved access to pharmacy support as the volume and range of medicines used in the community setting increase
- Fewer people of working age means it is likely to become increasingly difficult to attract the skilled professional and care staff who will be needed
- The rural nature of the area shows the importance of developing and maintaining a transport system for the area that facilitates access to public services
- Lifestyle factors continue to need to be tackled, including obesity, smoking, diet, physical activity, alcohol and drug use
- Specific health issues, such as improving the death rates for cancer and stroke towards the United Kingdom and European average also need to be tackled

### 3. Existing Pharmaceutical Care Services

#### 3.1 Pharmacies

Pharmaceutical Care Services are currently provided across Dumfries & Galloway through a network of 35 Community Pharmacies. These pharmacies are distributed across the region as illustrated in Figure 9 below. Accessibility of community pharmacy services, measured using 20 minute travel isochrones, is also shown. NHS Dumfries & Galloway has used a 20 minute drive time to represent reasonable access to a community pharmacy, allowing for the constraints of population density and geography. It should be noted, however, that whilst a 20 minutes drive time for access is the current norm, this should not be considered a standard.

Figure 9: Location of Community Pharmacies with 20 min travel time isochrones, Dumfries and Galloway, 2014



Currently, in Dumfries and Galloway there are 13 independent / small group pharmacies and 22 pharmacies belonging to large multiple organisations.



### 3.2 Opening Hours: The opening hours of pharmacies throughout NHS Dumfries and Galloway are shown in Table 7.

Table 7: Opening hours for pharmacies in Dumfries and Galloway (Feb 2015)

Pharmacy	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Boots High Street , Dumfries	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	12.00-4.00
Boots , Stranraer	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-5.30	Closed
Boots, Newton Stewart	9.00-6.00	9.00-6.00	9.00-5.30	9.00-6.00	9.00-6.00	9.00-5.30	Closed
Boots, Garden hill, Castle Douglas	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	9.00- 12.00	Closed
Boots, Annan	9.00-5.55	9.00-5.55	9.00-5.55	9.00-5.55	9.00-5.55	9.00-5.30	Closed
Boots ., Kirkcudbright	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed
Boots, Castle Street, Dumfries	8.30-6.15	8.30-6.15	8.30-6.15	8.30-6.15	8.30-6.15	9.00 - 5.00	Closed
Boots, Buccleuch Street, Dumfries	9.00-5.45	9.00-5.45	9.00-5.45	9.00-5.45	9.00-5.45	9.00-5.00	Closed
Boots, Thornhill	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-5.00	Closed
Co-op Healthcare, Dalbeattie	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-5.00	Closed
Lloyds Pharmacy, Stranraer	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.00	Closed
Lloyds Pharmacy, Castle Street, Dfs	9.00-6.15	9.00-6.15	9.00-6.15	9.00-6.15	9.00-6.15	9.00 - 12.00	Closed
Boots, King Street, Castle Douglas	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-5.00	Closed
Northern Chemist, Lochside, Dumfries	9.00-6.00	9.00-6.00	9.00 - 6.00	9.00-6.00	9.00-6.00	9.00 - 12.00	Closed
Lloyds Pharmacy, Gillbrae, Dumfries	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	9.00 - 1.00	Closed
Murray's Pharmacy, Dumfries	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 1.00	Closed
Lochthorn Pharmacy, Dumfries	9.00-6.00 Closed 1-2	9.00-6.00 Closed 1-2	9.00-6.00 Closed 1-2	9.00-6.00 Closed 1-2	9.00-6.00 Closed 1-2	Closed	Closed
Wigtown Pharmacy, Wigtown	9.00-5.30 Closed 12.30-1.30	9.00-5.30 Closed 12.30-1.30	9.00 - 5.30	9.00-5.30 Closed 12.30-1.30	9.00-5.30 Closed 12.30-1.30	9.00 - 12.30	Closed
Co-op Healthcare., Moffat	9.00-5.45	9.00-5.45	9.00-5.45	9.00-5.45	9.00-5.45	9.00-4.00	Closed
Co-op Healthcare, Gretna	9.00-5.45	9.00-5.45	9.00-5.45	9.00-5.45	9.00-5.45	9.00-1.00	Closed
Co-op Healthcare, Lochmaben	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-12.30	Closed
Co-op Healthcare, Lockerbie	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-1.00	Closed
N & R Gordon, Stranraer	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed
Dalston Pharmacy, Lockerbie	8.45 -5.45	8.45 -5.45	8.45 -5.45	8.45 -5.45	8.45 -5.45	9.00-4.00	Closed
St Conal's Pharmacy, Kirkconnel	9.00-5.30 Closed 1-2	9.00-5.30 Closed 1-2	9.00-5.30 Closed 1-2	9.00-5.30 Closed 1-2	9.00-5.30 Closed 1-2	9.00 - 12.00	Closed
Eastriggs Pharmacy, Easttriggs	8.30-6.00	8.30-6.00	8.30-1.00	8.30-6.00	8.30-6.00	Closed	Closed
Boots, Gatehouse of Fleet	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 1.00	Closed
Lloyds Pharmacy, Rose Street, Annan	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed	Closed
Lloyds Pharmacy, High Street, Annan	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 1.00	Closed
Lloyds Pharmacy, Sanquhar	9.00-5.15	9.00-5.15	9.00-5.15	9.00-5.15	9.00-5.15	9.00 - 12.00	Closed
Holm Pharm Ltd., Dumfries	8.45 -6.00	8.45 -6.00	8.45-6.00	8.45-6.00	8.45 -6.00	9.30-12.30	Closed
Dalston Pharmacy, Langholm	8.45 - 5.30 Closed 1-2	8.45 - 5.30 Closed 1-2	8.45 - 5.30 Closed 1-2	8.45 - 5.30 Closed 1-2	8.45 - 5.30 Closed 1-2	8.45 - 12.30	Closed
Whithorn Pharmacy, Whithorn	9.00-5.30	9.00-5.30	9.00-3.00	9.00-5.30	9.00-5.30	9.00 - 12.30	Closed
KBT Pharmacy, Kirkcudbright	8.45-5.45	8.45-5.45	8.45-5.45	8.45-5.45	8.45-5.45	9.00-12.30	Closed
Creebridge Mill Pharmacy, Newton Stewart	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed

### 3.3 Out of hours Services

An urgent dispensing service is in place for those with a prescription marked “urgent” by the prescriber and is accessed through the police and the Primary Care Out of Hours Service, who hold a list of pharmacists who can be contacted out-of-hours.

Christmas and New Year Public holiday cover is provided in each geographical locality on a rota basis with a planned minimum of one pharmacy in each locality opening for 2 hours in the morning and another pharmacy for 2 hours in the afternoon.

A Dumfries based pilot that extended the opening time of one pharmacy to 21:00hrs each evening, on a rotational basis, had an extremely limited uptake. Therefore, at this time, the Board has no plans to fund such a service.

### 3.4 Premises

In September 2007, Health Facilities Scotland issued guidance to contractors and health boards to ensure that premises are appropriate for the delivery of pharmaceutical care services within community pharmacy (see appendix 1 for more details).

A premises audit was carried out by NHS Dumfries & Galloway in 2011 to establish how many pharmacies had taken reasonable steps to ensure disabled people can access their premises and make use of their services. In addition, information on the availability of a consultation room was collected, since many of the new pharmacy services require to be carried out in a confidential manner. The information from this survey was updated in 2012, 2014 and then again in February 2015.

Table 8 shows the results of the disabled access audit. This shows that, where reasonably possible, most pharmacies have adapted their premises to ensure accessibility.

Table 9 shows the results of the consultation room audit. Only 1 pharmacy does not have a consultation room (February 2015). The pharmacy does have a personal advice area where consultations can take place and does have plans in place to create consultation rooms.

Table 8: Disabled Access Audit 2011 (Updated February 2015)

Pharmacy	Level access and ramps available throughout (including mobile ramps)	Automatic entrance door	Door suitable for wheelchair users	Wheelchair accessible waiting area	Lowered counter suitable for wheelchairs	Hearing induction loop
Boots Annan	✓	✓	✓	☒	✓	✓
Lloyds Annan, High Street	✓	☒	✓	✓	✓	✓
Lloyds Annan, Rose Street	✓	☒	✓	✓	✓	✓
Boots Castle Douglas, GHill	✓	✓	✓	✓	✓	✓
Boots Castle Douglas King St	✓	✓	✓	✓	☒	✓
Co-op Dalbeattie	✓	☒	✓	✓	✓	✓
Boots Dumfries Buccleuch St	✓	☒	✓	✓	☒	✓
Blount's, Dumfries	✓	☒	✓	✓	☒	✓
Boots Dumfries, Castle St	✓	✓	✓	✓	✓	✓
Boots Dumfries, High St	✓	✓	✓	✓	✓	✓
Lloyds Dumfries, Castle St	✓	✓	✓	✓	✓	✓
Lloyds Dumfries, Gillbrae	✓	✓	✓	✓	✓	✓
Lochthorn Pharmacy Dumfries,	✓	✓	✓	✓	✓	☒
Northern Pharmacy Dumfries	✓	☒	✓	✓	✓	✓
Wm Murray, Dumfries	✓	☒	✓	✓	✓	☒
Eastriggs Pharmacy	✓	☒	✓	✓	☒	✓
Boots Gatehouse of Fleet	✓	✓	✓	✓	☒	✓
Co-op Gretna	✓	✓	✓	✓	✓	✓
St Conal's Pharmacy, Kirkconnel	✓	☒	✓	✓	✓	✓
Boots Kirkcudbright	✓	✓	✓	✓	☒	✓
KBT Pharmacy Kirkcudbright -	✓	☒	✓	✓	☒	☒
Dalston Pharmacy, Langholm	✓	☒	✓	✓	☒	✓
Co-op Pharmacy, Lochmaben	☒	✓	✓	✓	☒	✓
Co-op Pharmacy Lockerbie	✓	✓	✓	✓	☒	✓
Dalston Pharmacy Lockerbie	✓	☒	✓	✓	✓	☒
Co-op Moffat	✓	✓	✓	✓	✓	✓
Boots Newton Stewart	✓	✓	✓	✓	✓	✓
Creebridge Mill, Newton Stewart	✓	☒	✓	✓	✓	☒
Lloyds Sanquhar	✓	☒	☒	✓	☒	✓
Boots Stranraer, Castle St	✓	✓	✓	✓	✓	✓
Gordon's Chemist Stranraer	✓	✓	✓	✓	☒	✓
Lloyds Stranraer	✓	☒	✓	✓	✓	✓
Boots Thornhill	✓	✓	✓	✓	✓	✓
Whithorn Pharmacy	✓	☒	✓	✓	✓	✓
Wigtown Pharmacy	✓	☒	✓	✓	☒	✓

Table 9: Consultation Room Audit 2011 (Updated February 2015)

Pharmacy	Wheelchair accessible?	large enough for 2 people + pharmacist	Sound proof and private?	Close to dispensary/ chemist counter?	Worktop/ desk?	Hand washing facilities?
Boots Annan	<input checked="" type="checkbox"/>	✓	✓	✓	✓	✓
Lloyds Annan, High Street	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/>
Lloyds Annan, Rose Street	✓	✓	✓	✓	✓	✓
Boots Castle Douglas, GHill	✓	✓	✓	✓	✓	✓
Boots Castle Douglas, King St	✓	✓	✓	✓	✓	✓
Co-op Dalbeattie	✓	✓	✓	<input checked="" type="checkbox"/>	✓	✓
Boots Dumfries, Buccleuch St	✓	✓	✓	✓	✓	✓
Blount's, Dumfries	✓	✓	✓	✓	✓	✓
Boots Dumfries, Castle St	✓	✓	✓	✓	✓	✓
Boots Dumfries, High St	✓	✓	✓	✓	✓	✓
Lloyds Dumfries, Castle St	✓	✓	✓	✓	✓	✓
Lloyds Dumfries, Gillbrae	✓	✓	✓	✓	✓	✓
Lochthorn Pharmacy Dumfries, No consultation room - plans being developed. Private advice area available	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Northern Pharmacy Dumfries	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/>
Wm Murray, Dumfries	✓	✓	✓	✓	✓	✓
Eastriggs Pharmacy	✓	✓	✓	✓	✓	✓
Boots Gatehouse of Fleet	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/>
Co-op Gretna	✓	✓	✓	✓	✓	✓
St Conal's Pharmacy, Kirkconnel	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/>
Boots Kirkcudbright	✓	✓	✓	✓	✓	✓
KBT Pharmacy Kirkcudbright -	✓	✓	✓	✓	✓	✓
Dalston Pharmacy, Langholm	✓	✓	✓	✓	✓	✓
Co-op Pharmacy, Lochmaben	✓	✓	✓	✓	✓	✓
Co-op Pharmacy Lockerbie	✓	✓	✓	✓	✓	✓
Dalston Pharmacy Lockerbie	✓	✓	✓	✓	✓	✓
Co-op Moffat	✓	✓	✓	✓	✓	✓
Boots Newton Stewart	✓	✓	✓	✓	✓	✓
Creebridge Mill Newton Stewart	✓	✓	✓	✓	✓	✓
Lloyds Sanquhar	✓	✓	✓	<input checked="" type="checkbox"/>	✓	<input checked="" type="checkbox"/>
Boots Stranraer, Castle St	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/>
Gordon's Chemist Stranraer	✓	✓	✓	✓	✓	✓
Lloyds Stranraer	✓	✓	✓	✓	✓	✓
Boots Thornhill	✓	✓	✓	✓	✓	✓
Whithorn Pharmacy	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/>
Wigtown Pharmacy	<input checked="" type="checkbox"/>	✓	✓	<input checked="" type="checkbox"/>	✓	✓

### 3.5 Pharmacy Services

Community pharmacy services can be described in terms of core and additional (locally agreed) services, provided to or on behalf of the NHS under contract.

All contracted pharmacies provide the 4 core elements of the pharmacy contract to their surrounding population. Furthermore, additional, locally agreed services, are provided by the pharmacies as illustrated in Table 10.

Table 10: Additional services provided by pharmacies

<b>Service</b>	<b>No. providing</b>
Substance Misuse Services	33
Advice to Care Homes	17
Injection Equipment Provision	11
Prescribed Medical Compliance Support	35
Care at Home (Medication Charts for level C patients)	35
Short intervention for smoking cessation (supply of NRT against Smoking Matters Form)	35
Stoma Service	35
Supply of Chlamydia Test Kits	35
Supply of Healthy Start Vitamins ( <i>National Pilot</i> )	35
Gluten Free Food Service ( <i>National Pilot</i> )	35

### 3.6 Core Services

All pharmacies must provide all 4 core pharmaceutical care services

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

Pharmacies may opt out of the provision of emergency hormonal contraception, part of the Pharmacy Public Health Service. However, all pharmacies in Dumfries and Galloway do currently provide this service. In addition, all pharmacies now provide Unscheduled Care, working to a national Patient Group Direction.

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

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

This service aims to support the provision of direct pharmaceutical care within the NHS by community pharmacists. The service allows eligible people to register with the community pharmacy of their choice for the consultation and treatment of common self-limiting conditions. The pharmacist advises, treats or refers the person (or provides a combination of these actions) according to their needs. A person must be registered with a Scottish GP practice and belong in a current exemption category to be eligible for the service. A summary of MAS registrations and items dispensed for Oct 2013- September 2014 is shown in Table 11.

Table 11: MAS Registrations and Items Dispensed Oct 2103 - September 2014

	MAS Registrations	Number MAS Items Dispensed
Average per pharmacy Dumfries & Galloway	633	1117
Dumfries and Galloway Total (35 pharmacies)	21,881	39099
Average per pharmacy Scotland	721	1622
Scotland Total (1246 pharmacies)	897,867	2,020,795
Range across all pharmacies in D&G	Lowest 101 – Highest 1,304	Lowest 226 - Highest 2,376

Source: National Services Scotland Data

The range in the number of registrations and items dispensed shows that, although all pharmacies do provide MAS, the extent of this provision is variable. In fact, figures for individual pharmacies also show that there is little correlation between the number of MAS Registrations and the level of deprivation for the area. It might be expected that there would be a larger uptake of the service in areas of deprivation but the evidence does not support this.

National advertising of the service does take place and nationally developed patient information leaflets are available in pharmacies and GP practices explaining the service.

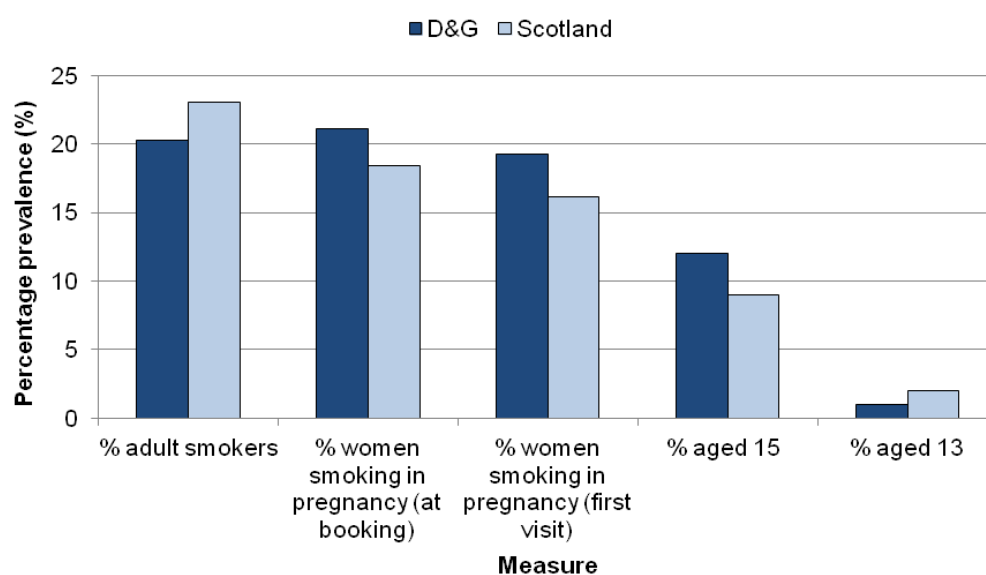
### 3.6.2 Public Health Service (PHS)

There are two patient service elements of the public health service; Smoking Cessation and the Provision of Emergency Hormonal Contraception (EHC).

#### (a) Smoking Cessation Service

Figure 10 outlines the total smoking prevalence in Dumfries and Galloway compared to Scotland for adults aged 16+, pregnant women and young people aged 13 to 15. The data shows that although Dumfries and Galloway has a comparatively lower proportion of the adult population smoking, there is evidence of higher than average smoking during pregnancy. Among young people, 1% of 13-year-olds and 12% of 15-year-olds were regular smokers.

Figure 10: Estimated percentage of smokers, Dumfries and Galloway and Scotland



Source: Scottish Household Survey (2012 & 2013), SMR02 (2012-13), SALUS (2013)

Table 12 outlines the areas in Dumfries and Galloway with the highest levels of smoking. The estimates are based upon modelled smoking prevalence for intermediate zones based on 2001 Census and 2003/04 Scottish Household Survey and therefore differ from the data illustrated in Figure 10.

Table 12: Estimated number and percentage of smokers in the adult population, Top 10 Areas in Dumfries and Galloway, 2003-04

Area	Males (16+)		Females (16+)		Persons (16+)	
	Smokers	% pop	Smokers	% pop	Smokers	% pop
<i>Scotland</i>	<i>542684</i>	<i>28.1</i>	<i>570313</i>	<i>26.5</i>	<i>1112997</i>	<i>27.2</i>
<i>Dumfries &amp; Galloway</i>	<i>15040</i>	<i>26.4</i>	<i>15626</i>	<i>24.9</i>	<i>30665</i>	<i>25.6</i>
Lincluden & Lochside	533	35.9	634	35.4	1167	35.6
Upper Nithsdale	667	35.4	695	34.5	1362	34.9
Stranraer Central	620	34.6	655	32.1	1276	33.3
Nithside & Nunholm	647	34.1	683	31.7	1330	32.8
Lower Nithsdale	343	30.7	341	29.6	684	30.1
Summerville	664	30.1	698	28.6	1362	29.3
Stranraer West	461	29.9	503	28.8	964	29.3
Annan North	655	29.3	680	26.9	1336	28.0
Portpatrick	396	28.3	416	27.2	812	27.7
Gretna & Eastriggs	647	28.2	673	26.9	1320	27.5

Source: An Atlas of Tobacco Smoking in Scotland: Health Scotland; 2007

The Pharmacy Smoking Cessation Service offers easy access to advice, support and supply of nicotine replacement therapy (NRT) products, where appropriate, over a period of up to 12 weeks.

To fulfil contractual obligations, contractors must now complete an electronic smoking cessation tool which is used to collate data and as a means of submitting claims for the service provided. This information contributes to the Board's Smoking Cessation Local Delivery Plan standard. NHS Dumfries and Galloway has supplied all pharmacies with a carbon monoxide meter to allow pharmacists and their staff to confirm quit attempts.

In Dumfries & Galloway there is an established specialist Stop Smoking Service (*Smoking Matters*), which is instrumental in supporting the development of the pharmacy service, offering training and advice for all pharmacists and their staff, in partnership with the pharmacy development team. These services have produced joint guidelines to ensure continuity in prescribing and provision of service across the region, referral between services allowing for optimal patient centred care.

From the 1<sup>st</sup> July 2014, community pharmacies were directed to record all new quit attempts through the support tool within the Patient Care Record, with all future payments being made following electronic completion and submission of data within the specific time spans stated in the new Service Specification. This was in an attempt to improve the quality of data being collected, improve the claiming process and to assist pharmacists in managing smoking cessation records. As part of the new service specifications, community pharmacists can now supply varenicline via a national PGD to support quit attempts. Currently, very little varenicline is being prescribed by community pharmacists.

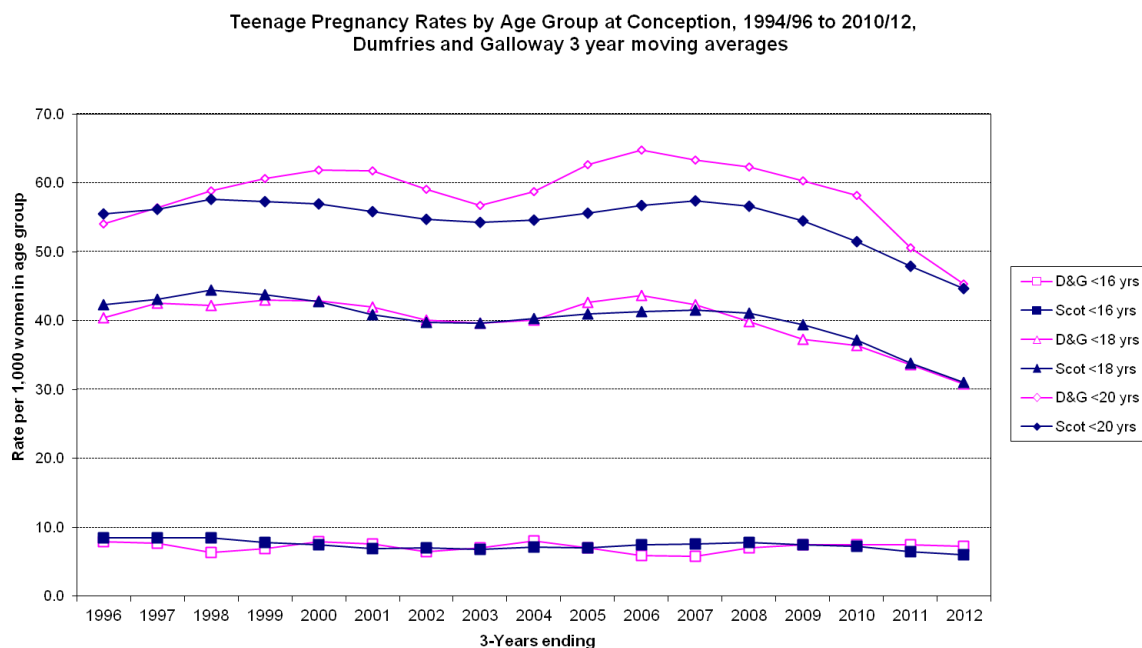
Unfortunately, due to initial IT and implementation issues, the current data available regarding the number of quit attempts, one month and 3 month quit rates cannot be guaranteed to be accurate. This is being addressed locally by supporting pharmacists to use the tool correctly and nationally, by addressing IT and data submission problems. Smoking Matters is once again supporting pharmacy to address local problems.

It can be reported, however, that the actual number of patients accessing the local pharmacy smoking cessation service has dropped significantly over the last 12 months (as has the number of people accessing smoking cessation services nationally). This has been attributed to several factors in Dumfries & Galloway, including an increase in the use of electronic cigarettes and the fact that the easy to reach smokers have already been targeted in this rural area. Pharmacy is continuing to work with Smoking Matters to develop our local services, with the aim of meeting the specific needs of the people of Dumfries & Galloway.

#### (b) Sexual Health Services: Provision of Emergency Hormonal Contraception

Figure 11 outlines the pregnancy rate for young women aged under 16, under 18 and under 20 for both Dumfries and Galloway and Scotland for the time period 1994-96 to 2010-12. The figures shown are three year annual averages to smooth out the variation caused by small numbers.

Figure 11: Teenage Pregnancy Rates by Age Group at Conception, 1994-96 to 2010-12, Dumfries and Galloway 3 year moving averages



Source: ISD, NRS registered births, stillbirths and notification of abortions

All community pharmacies in Dumfries and Galloway supply emergency hormonal contraception (EHC) to females 13 years and above using a national patient group direction (PGD). Set protocols have been established and a local proforma produced for use during consultations. This national service follows the provision over many years of a local service (for over 16 year olds), which was established with the support of the NHS D&G Sexual Health Department. The sexual health team continues to offer advice, support and training for pharmacists providing this service.

Where a contractor decides not to supply emergency hormonal contraception (EHC), they should give notice in writing to the Health Board of their decision and ensure prompt referral of patients to



another provider who they know provides that service. In addition, an individual pharmacist who chooses not to supply EHC on the grounds of religious, moral or ethical reasons must treat the matter sensitively and advise the client on an alternative local source of supply (such as another pharmacy, GP or sexual health service). All pharmacies are provided with up to date lists of the dates and times of sexual health service clinics taking place in their area.

Table 16: The number of supplies of EHC made by pharmacists in Dumfries &Galloway from October 2013 to September 2014.

<b>ANNANDALE &amp; ESKDALE</b>	<b>DUMFRIES &amp; UPPER NITHSDALE</b>	<b>STEWARTRY</b>	<b>WIGTOWNSHIRE</b>	<b>Dumfries &amp; Galloway</b>
160	522	250	187	1119

Source: National Services Scotland Data

When comparing this to the number of EHC supplies made through pharmacies during October 2012 to September 2013, overall across Dumfries and Galloway there were 86 fewer supplies of EHC made through pharmacies during October 2013 to September 2014, with a decrease in supplies being seen in Annandale / Eskdale and Dumfries, an insignificant change in Wigtownshire but an increase being noted in Stewartry of 116 supplies.

### *3.6.3 Acute Medication Service (AMS)*

The Acute Medication Service (AMS) introduces the Electronic Transfer of Prescriptions (ETP) and supports the provision of pharmaceutical care services for acute episodes of care and any associated counselling and advice. A GP prints a GP10 prescription form, which also carries a bar code and unique prescription number (UPN). At the same time as printing the form, the GP IT system automatically sends an electronic prescribed message to the ePharmacy Message store (ePMS). The electronic message contains exactly the same information as printed on the GP10. On receiving a prescription in the pharmacy, the pharmacist scans the bar code which pulls down the electronic message from ePMS. The pharmacist then uses the information in the electronic message for dispensing purposes, reducing the need for data entry and transcription. The nationally agreed target for the number of acute GP10 prescriptions that should be scanned in a pharmacy, the Quality and Efficiency target, is 90%. Table 17 below shows the average percentage for Dumfries & Galloway in comparison to the average Scottish percentage for January 2015

Table 17: Quality and Efficiency Summary January2015

	<b>No. of Community Pharmacies</b>	<b>Eligible Claims</b>	<b>Actual Claims</b>	<b>Jan 2015 Q&amp;E %</b>	<b>Dec 2014 Q&amp;E%</b>
NHS DUMFRIES & GALLOWAY	35	203435	202581	99.58%	98.07%
SCOTLAND	1253	6356120	6306431	99.22%	99.37%

Source: National Services Scotland Data

It can be seen from Table17 that the average Q&E percentage for pharmacies across Dumfries and Galloway in January 2015 has improved since January 2014 and is now above the national average.

### 3.6.4 Chronic Medication Service (CMS)

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

There are three basic stages to CMS:

#### **Stage 1: Review**

A Patient Profile is completed and a Pharmaceutical Care Risk Assessment carried out. From these a Priority Profile is assigned, prioritising the need for a Care Plan to be produced, dependent on any issues that have been identified.

Over the last two years additional elements to CMS have been introduced, including specific assessments for High Risk Medicines (*lithium, methotrexate and warfarin*) and New Medicine Interventions.

#### **Stage 2: CMS Care Plan**

A Care Plan is produced, where appropriate, with Care Issues logged and desired outcomes and actions agreed with the patient. A review date is also agreed.

#### **Stage 3: Serial Prescribing and Dispensing**

A serial prescription can be produced for medication that is being used to treat a stable, long term condition. This prescription lasts for 24 or 48 weeks, with length of time and dispensing intervals being set by the GP. The GP issues the prescription, which the patient takes to the pharmacy where they have registered for CMS. On scanning the prescription, the pharmacy can dispense the first, and subsequent, instalments of the prescription, with dispensing information messages being sent automatically to the GP Practice. At the end of the 24/48 weeks the pharmacy can send an end of care treatment summary to the GP Practice and can request a new prescription electronically.

The Chronic Medication Service is the final core service to be implemented. All pharmacies in Dumfries and Galloway have registered patients for CMS, have set up Patient Care Records and have carried out Risk Assessments, producing Care Plans where necessary. In accordance with national guidelines and targets, they have undertaken High Risk Medicine Reviews and New Medicine Interventions. All 35 pharmacies have Standard Operating Procedures in place for Serial Dispensing and have staff trained to provide this service

GP Practices that are fully dispensing practices do not, at this time, produce serial prescriptions. However, dispensing practices where there is a non-dispensing branch have been included in the roll out. Only one non-dispensing practice has been unwilling to become involved in serial prescribing.

The aim for 2014-2015 was to provide additional support to pharmacies and participating GP Practices to increase the number of patients receiving serial prescriptions. Table 18 shows the number of patients registered for CMS and the number of patients with active serial prescriptions on 27<sup>th</sup> March 2015.

Table 18: Number of patients registered for CMS and the number of patients with active serial prescriptions on 27th March 2015

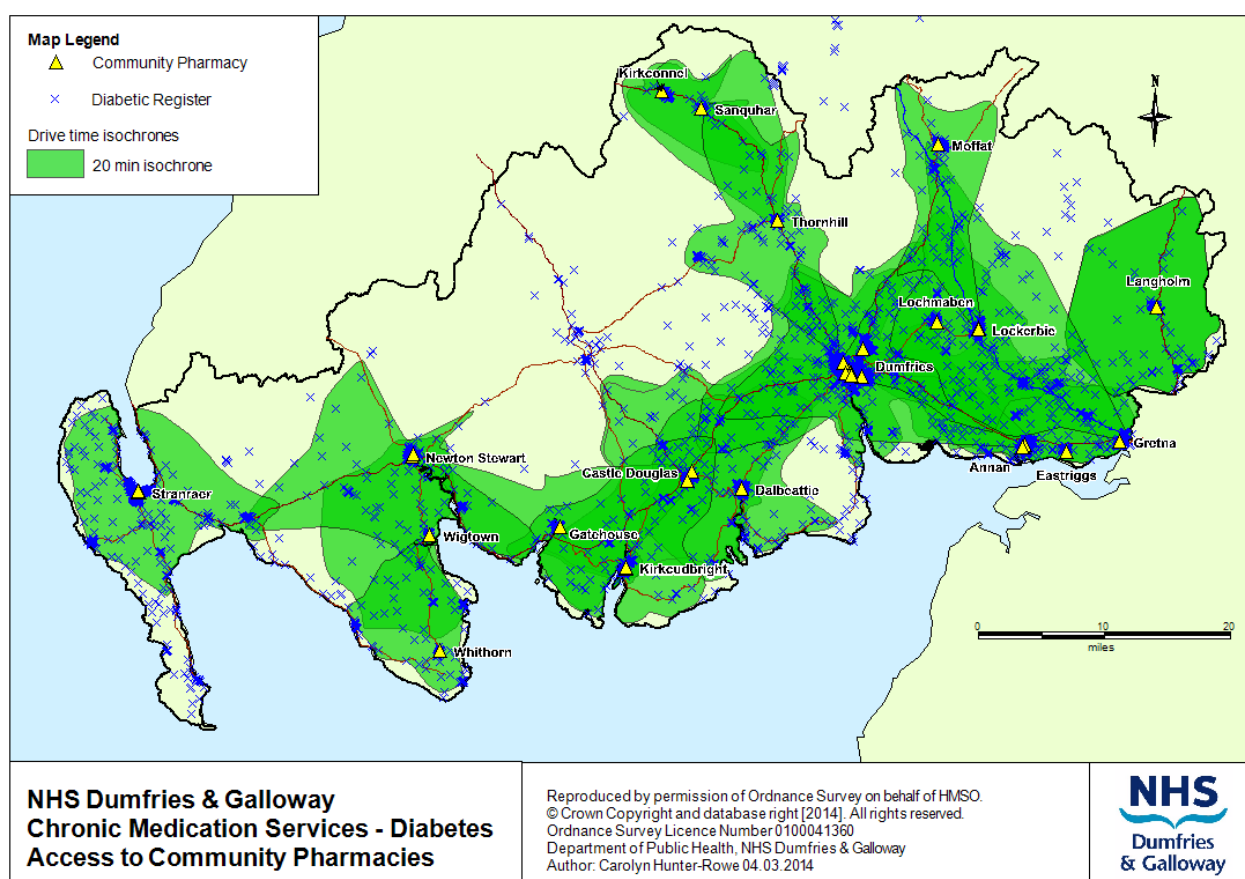
	Number of patients registered for CMS	Number of Patients with Serial Prescriptions Dispensed
Dumfries & Galloway	13,310	1216
(March 2014)	(11,605)	(786)
Scotland	429,512	33, 898
(March 2014)	(372,864)	(17,764)

Source: National Services Scotland Data

Analysis of serial prescribing across Dumfries and Galloway shows that although we have many sites participating, we must continue to work on increasing the number of patients with serial prescriptions at each site. There is a great variance across pharmacies regarding the number of patients currently receiving serial prescriptions. (*Lowest* = 0: *Highest* = 256), which has been shown to be related to existing GP/Community pharmacy links. There are currently 4 sites with no serial prescriptions, including 2 sites linked to GP practices that cannot take part in serial prescribing due to IT issues, 1 site linked to a GP practice not willing to participate and 1 due to known mitigating circumstances. Plans are in place to work with community pharmacists and GP practices to continue to increase the number of patients per practice, thus making serial prescriptions part of the normal daily routine. National IT enhancements are required to facilitate this process.

For the purposes of this plan, a geographical plot of those with Diabetes is used to demonstrate distribution of a chronic disease and how the needs of this group are served by pharmacy availability. Figure 12 shows where in the region the estimated population with diabetes are located with those within a 20-minute drive time highlighted. This shows that the majority of the diabetic population live with reasonable access to community pharmacy services.

Figure 12: Estimated Population with Diabetes with 20 min travel time isochrones, Dumfries and Galloway, 2014



### 3.7 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

Service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. Examples of the tools available to pharmacists 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
- provision of medicines using an Emergency Supply
- the NHS Minor Ailment Service element of the new community pharmacy contract which has established community pharmacy as the first port of call for the treatment of minor or routine ailments

The introduction of the National PGD for Urgent Supply has been welcomed by pharmacists in Dumfries and Galloway and is widely used to ensure patients can access their repeat medication in situations where a prescription cannot be provided by the GP. Table 19 shows the number of items supplied using this PGD from Oct 2013- Sept 2014

Table19: Number of Items Prescribed Using the National PGD on CPUS Forms Oct 2013-Sept 2014

	Items on CPUS Form Oct 2013-Sept 2014
Total NHS D&G	4,369
(2012 - 2013)	(4,276)
Total Scotland	242, 934
(2012 - 2013)	(222, 178)

Source: National Services Scotland Data (PRISMS)

### 3.8 Additional Services (locally agreed)

#### *3.8.1 Substance Misuse Services*

33 Pharmacies dispense methadone and supervise daily self-administration on premises. This service has been developed to include provision of breathalysers to Community Pharmacists, along with an agreed protocol for handling situations where the client is suspected of having consumed alcohol before attending the pharmacy to collect/consume methadone.

The supervision of the self-administration of disulfiram / buprenorphine on premises has recently been included as part of this service.

#### *3.8.2 Advice to Care Homes*

Fifteen community pharmacies are currently funded by NHS Dumfries and Galloway to provide advice to care homes. The service provided includes:

- an initial assessment
- subsequent visits at intervals of not more than 3 months
- advice on the safe keeping and correct administration of drugs and medicines
- record of visits made and the advice given

There are 38 care homes listed with Primary Care Development across Dumfries & Galloway

Pharmacists have free access to a Medication Training Pack for Care Homes, including the *NPA Medicines in Care Homes Work Books*, Trainer Notes, Power Point Presentation, laptop and Power Point Projector. It is recommended that training is provided at a cost set by the local Contractors Committee.

The standards of service provided by pharmacies to care homes is currently under review by the Royal Pharmaceutical Society of Great Britain.

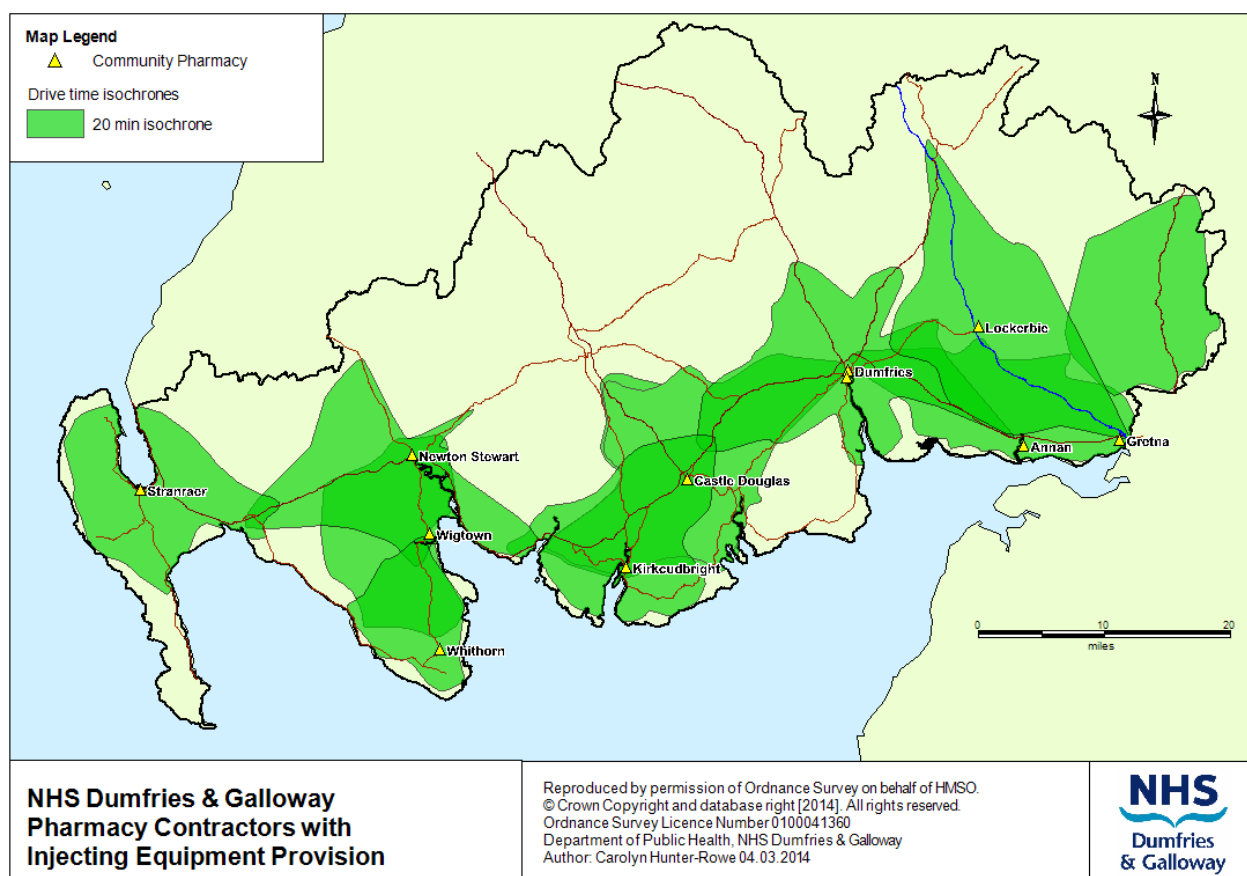
#### *3.8.3 Injecting Equipment Provision (previously Needle Exchange)*

Pharmacies offer an easily accessible, user-friendly, non-judgmental and confidential service following an agreed service specification and working closely with the Blood borne Virus/Public Health Team. Pharmacists and their staff must attend training sessions and are offered Hepatitis B Immunisation. Violence and Aggression Training has also been offered

Working closely with the Public Health Team, areas of need have been identified and services established to fulfil this need. At the moment there are no identified areas where IEP is required but not available.

Currently, 11 pharmacies across Dumfries and Galloway provide this service, along with other non-pharmacy services, including an outreach worker in the east of the region. Figure 13 shows the location of pharmacies offering this service.

Figure 13: Location of 11 Pharmacy Contractors offering Injection Equipment Provision



#### 3.8.4 Distribution of Chlamydia Postal Test Kits (PTKs)

Following the withdrawal of the national funding for a Chlamydia Testing and Treatment Service in pharmacies, as part of the Dumfries and Galloway Sexual Health Strategy, all community pharmacies in the health board area have been supplied with Chlamydia Test Kits for males and females. These kits are for distribution during EHC consultations or on request. PTK Vouchers have been produced that can be handed over to pharmacy staff, removing the need for the patient to ask for a kit. These are provided via the sexual health team and are available to download from the sexual health website.

This was agreed to allow access to the kits in all areas of Dumfries and Galloway, including areas where sexual health clinics are not currently available.

#### 3.8.5 Prescribed Medical Compliance Support

Compliance devices can be useful in tackling issues of non-compliance or non-adherence with prescribed medication. Community pharmacists are reimbursed for the provision of compliance devices for patients assessed as requiring such a device to allow them to continue to manage/be responsible for their own medication. It should be noted that these devices are not suitable for all patients and some medicines cannot be added to these compliance aids. As such, it is important that assessment of need and assessment of the ability to use these devices is carried out. These assessments are no longer funded at a local level, being part of the national contract payment.

Currently, based on monthly claims, around 2000 patients are being supplied with compliance devices by community pharmacies across Dumfries and Galloway each month.

### *3.8.6 Care at Home: Level C Medication Charts*

Community Pharmacists are reimbursed for producing and updating medication charts for home care workers who are responsible for ensuring Level C Patients/Service Users receive the correct medication at the correct time and in the correct way. Level C patients are those who have been assessed by the social work and health care team as no longer being capable of managing or being responsible for their own medicines. This is an example of pharmacists working closely with the multidisciplinary team from the NHS, Council and Private Care Providers.

Currently, based on monthly claims, around 600 Level C Patients are being supported by community pharmacies across Dumfries and Galloway.

### *3.8.7 Stoma Service*

A national tender process has been undertaken and community pharmacies have signed up to provide appliance supply services, in addition to other appliance contractors. Some Dispensing Practices also provide this service. Service provision must be to an agreed level, in line with service specifications set nationally.

The Stoma Provider register for March 2015 lists all 35 community pharmacies in Dumfries and Galloway as having registered as providers, along with 13 dispensing GPs. Details of Appliance Suppliers can be found at <http://www.psd.scot.nhs.uk/pharmacists/stoma-providers.html>.

### *3.8.8 Healthy Start Vitamins*

Healthy Start Vitamins are provided free of charge to beneficiaries of the Healthy Start Scheme, in exchange for a Vitamin Coupon and non beneficiaries can purchase these vitamins at a locally agreed price. All 35 community pharmacies participate in this service, along with 8 Dispensing GP Practices. This is now part of a national pilot, previously being a locally agreed service.

### *3.8.9 Gluten Free Food Service*

All 35 community pharmacies have opted in to providing this service over the one year pilot period. From February 2014, patients with a confirmed diagnosis of either Coeliac Disease or Dermatitis Herpetiformis will be able to self-manage their gluten free prescription with the help of community pharmacy rather than General Practice. Patients on the GFF Service are provided with an allocation of gluten free units by their GP when they register for the pharmacy service (this is an opt in service). Patients then select gluten-free food items up to this unit allocation from the local Gluten Free Formulary and take their order directly to their community pharmacy. This system allows the patient more variation in their diet as the service allows them to make changes to their gluten-free order on a monthly basis.

As part of the Gluten-Free Food (GFF) Service, community pharmacists are also required to undertake and record a Pharmacy Annual Health Check with adult patients.

### *3.8.10 Domiciliary Oxygen*

Domiciliary oxygen is delivered via a nationally contracted service, with supplies made by R L Dolby. Access to this service is coordinated through the specialist respiratory team. This service is now embedded and seems to be functioning well. This model ensures equity of access to a consistent service across the Region.

#### **4. Non-Commissioned Services**

Non-commissioned services are services that are not funded by the NHS, being neither part of the core pharmacy contract or part of the additional services agreement. They are out with the control of the Board and the decision to provide these services lies directly with community pharmacy contractors. Some of these services will be provided free of charge to patients, while others will have a cost associated with them.

##### 4.1 Collection and delivery service.

All pharmacies provide a collection service for prescriptions from GP Practices and many provide a delivery service, delivering medication to patients. In some cases delivery is limited a specific distance from the pharmacy. Those pharmacies who do not offer an official delivery service do often deliver medication to their regular patients when requested to do so in an emergency.

##### 4.2 Other Non-Commissioned Services offered throughout Dumfries & Galloway

Pharmacies throughout Dumfries and Galloway currently offer non-commissioned services from the list below. Some offer a variety of services; others do not offer any of these services.

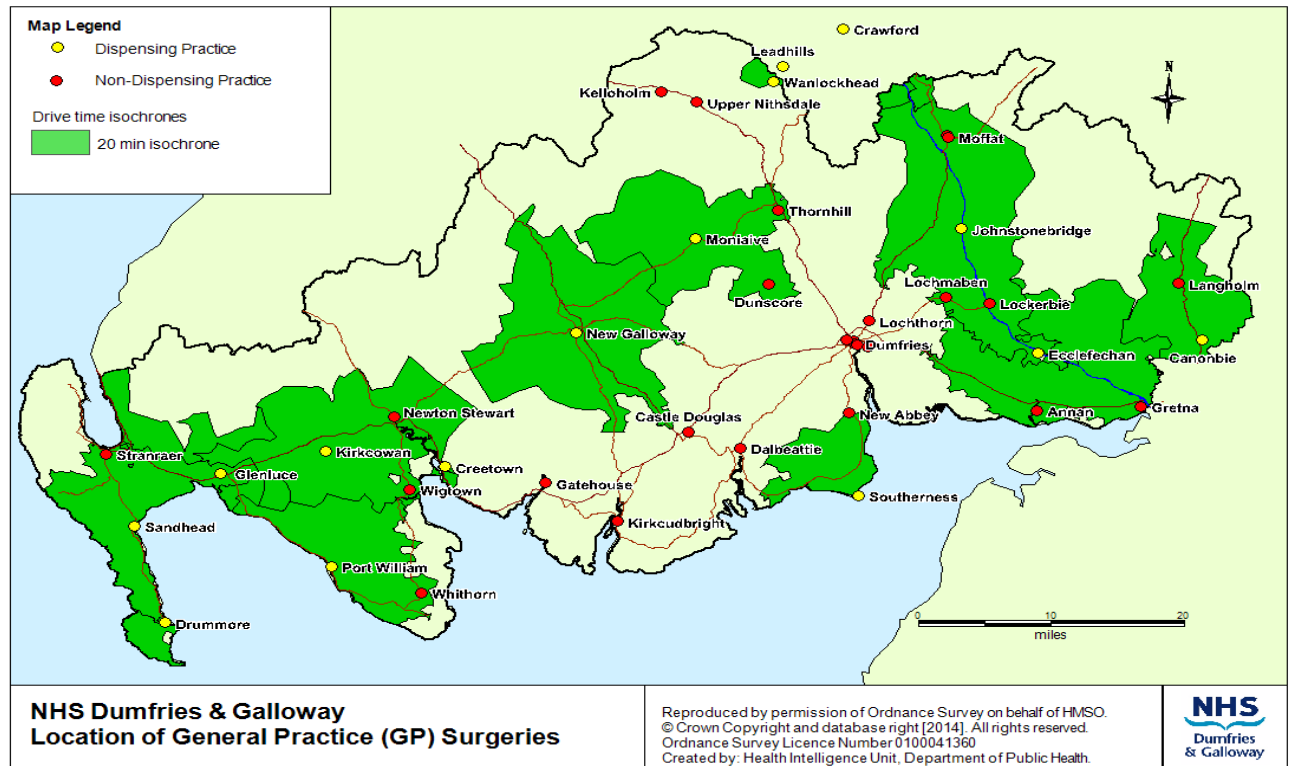
- Blood Glucose Checks
- Blood Pressure Checks
- Cholesterol Checks
- Asthma Management
- Weight Management
- Administration of Vaccinations under a Patient Group Direction e.g. Influenza
- Supply of Prescription Only Medicines under Patient Group Directions  
e.g. medicines for the treatment of Erectile Dysfunction and for Malaria Prophylaxis



## 5. Dispensing Doctor Services

In addition to the community Pharmacy Services, 13 GP Practices provide a dispensing service to some or all of their registered population. Figure 14 shows the distribution of GP practices across the region with the dispensing practices and 20 minute drive time isochrones highlighted.

Figure 14: Dispensing and Non-dispensing GP Practices



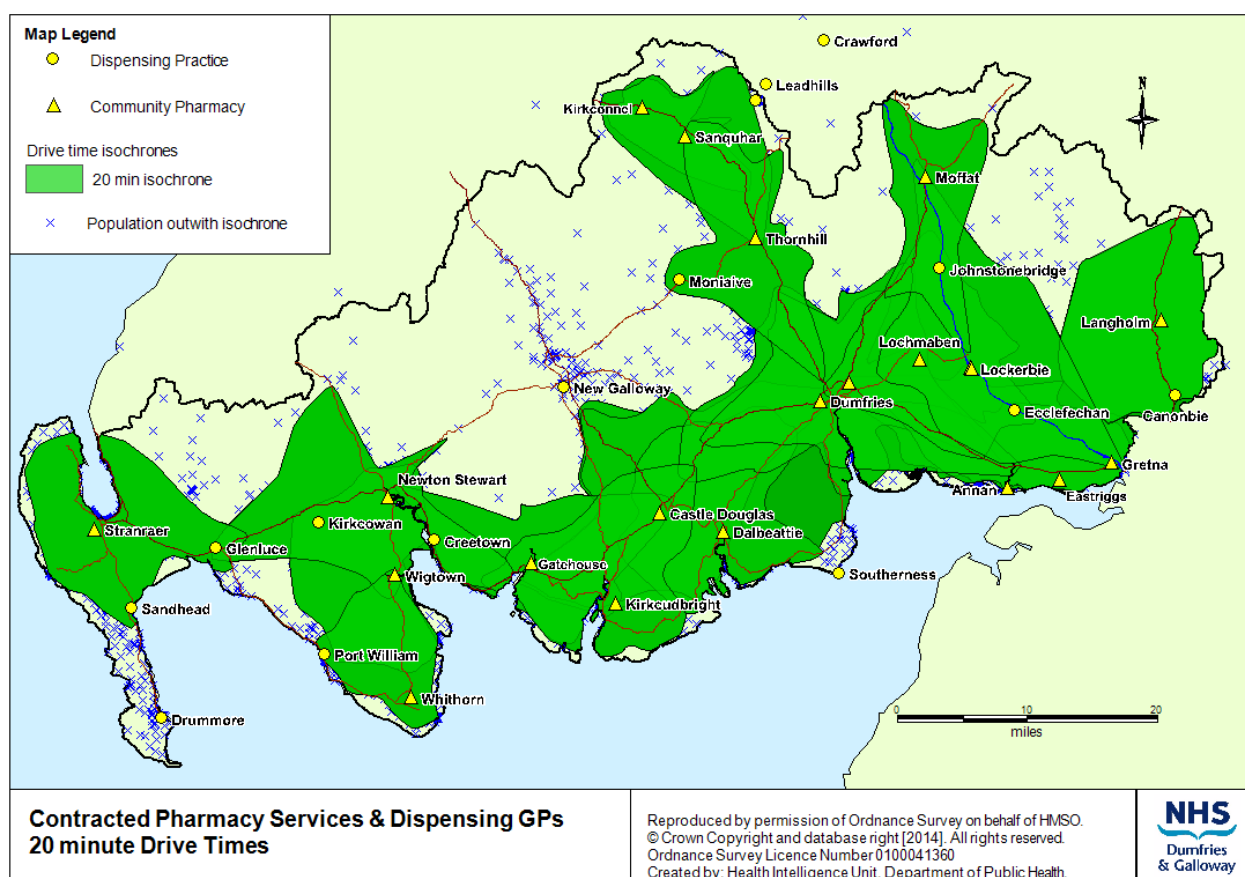
## 6. Summary of Pharmaceutical Care Under-Provision

Analysis of access to existing community pharmacies shows that an estimated 5,933 people live further than a 20 minute drive from their nearest pharmacy. This is equivalent to 3.9% of the Dumfries and Galloway population. The distribution of these areas is shown in Table 20 and Figure 15.

Table 20: Distribution of population greater than a 20 minute drive of a Community Pharmacy

Postcode Sector	Area Description	Population Estimate	Population (%)
DG7 3	New Galloway	1,699	1.1%
DG9 9	Drummore and Sandhead	941	0.6%
DG2 8	Southernness and Solway coast	534	0.3%
DG2 0	Dunscore environs	359	0.2%
DG8 0	New Luce and Glen Luce environs	348	0.2%
DG13 0	Moniave environs	258	0.2%
DG3 4	Eskdalemuir	240	0.2%
DG8 9	Machars	178	0.1%
ML12 6	Wanlockhead	160	0.1%
All Others		1,216	0.8%
Total		5,933	3.9%

Figure 15: Contracted Pharmacy Service and Dispensing GP Practices



The analysis highlights two areas where significant numbers of individuals live greater than a 20 minutes drive to their closest pharmacy. These are New Galloway and Drummore and Sandhead. In both cases these areas are served by a Dispensing Doctor Contractor. There is no persuasive argument based on travelling time to community pharmacies that there are any gaps in the current geographical provision of pharmaceutical care services in Dumfries and Galloway which could support the development of a traditional pharmacy service. However, it is recognised that there are significant numbers of the population in 2 areas that do not have ready access to a range of pharmaceutical services. The introduction of the Scottish Government strategy Prescription for Excellence may present an opportunity to deliver pharmaceutical care services to this patient population in a way which does not adversely affect the Dispensing GP service.

### Recommendations Developed from this Plan

1. The progress being made in implementing the Chronic Medication Service is noted, and it is recommended that the Board continues to facilitate this work to ensure complete and successful implementation to improve the pharmaceutical care of this patient population. This to be taken forward in conjunction with Prescription for Excellence priorities.
2. The projected demographic change is noted, bringing with it an expected health burden and a consequent increased patient reliance on medicines. It is recommended therefore that the Board continues to work with pharmacists and also the full range of prescribers to ensure the effective use of medicines.
3. The pockets of remote population are noted, and it is recognised that in each of the identified areas it is not likely to be able to offer a full pharmaceutical service in an effective way. Prescription for Excellence however does create an opportunity for new models of care to enable the provision of pharmaceutical care to this population. It is planned to test a pilot model of provision of pharmaceutical care to patients of a dispensing practice.
4. The increasing cost of fuel is noted and it is also noted that as a region we are high fuel consumers. It is recommended that the Board works to address this by working with partner organisations and continuing the use of technologies to reduce unnecessary travel.
5. The introduction of serial dispensing as part of the Chronic Medication Service is noted. It is recommended that the Board continues to work with both GPs and community pharmacists to increase the number, and benefits achieved from serial dispensing. It is however noted that there are significant technical difficulties that may prevent progress. These difficulties will be raised Nationally with a view to achieving resolution.
6. The introduction of Prescription for Excellence, as a Scottish Government Strategic direction for pharmacy is noted. It is recommended that significant effort is made to implement Prescription for Excellence and achieve its aims. It is noted however that this is part of a long term strategy. The main priority therefore is to create the capacity to facilitate progress this to be achieved initially by training more independent prescribers and to have them use their skills in new clinics to support patient care.
7. The development of a Health and Social Care Partnership is noted. The opportunity to increase the role of pharmacy to provide additional patient benefit exists within this new organisation. Opportunities to develop pharmacy services to provide this additional patient benefit will be explored actively.

## **Appendix 1 – Premises Requirements**

*Scottish Health Planning Note 36 – Part 3 Community Pharmacy Premises in Scotland – Providing NHS Pharmaceutical Services* was issued by Health Facilities Scotland in August 2007. Whilst it is aspirational in nature it provides guidance to contractors and NHS Boards when considering upgrading existing premises, or planning new facilities to ensure that premises are appropriate for the delivery of pharmaceutical care services within community pharmacy.

PCA(P) (2007)20 *Pharmaceutical Services Remuneration Arrangements for 2007-08: Contract Preparation Payments Premises Guidance and Assessment Tool* provides guidance to NHS Boards and community pharmacy contractors on the pharmacy premises elements appropriate to the delivery of service under the new contract and thus eligible for Phase 3 Contract Preparation Payment.

### **Core requirements**

*Ensuring equality of access for all patients* – The contractor should have conducted a formal assessment of their premises and the way services are delivered to ensure that they are consistent with the duties placed on service providers by the Disability Discrimination Act 1995 and where deficiencies have been identified should have a plan in place for rectification.

*Waiting area* – Premises are to include a waiting area with appropriate seating and sufficient space to enable a wheelchair user, guide dog or someone with a pushchair to sit without obstructing the route of travel of others.

*Consultation area* – Premises are to have a consultation area which is fit for purpose, offers privacy and is capable of accommodating two people standing or seated and wheelchair access.

*Health promotion area* – Premises will have an area which is set aside for the display of health promotion leaflets and health educational materials.

*Environment and design* – Premises, in particular the area/s where clinical activities are provided will be uncluttered, provide a professional image and be conducive to efficient working.

*Signage* – Services panels detailing information on the services the pharmacy offers should be available in all premises and signage should be used to alert members of the public and patients to the appropriate areas / facilities of the pharmacy

### **Additional service requirements**

The following only apply if the pharmacy provides additional services

*Needle and syringe exchange* – The area used provides privacy, with space for sharp collection bins, including additional space for storage of bins within the pharmacy premises and ensures safety for staff involved in providing the service. Provision for wheelchair access is required.