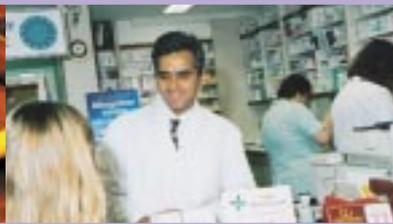


The Right Medicine



A STRATEGY FOR

PHARMACEUTICAL CARE IN SCOTLAND



SCOTTISH EXECUTIVE

Working together for a healthy, caring Scotland

The Right Medicine



A STRATEGY FOR

PHARMACEUTICAL CARE IN SCOTLAND

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Ministerial Foreword



Malcolm Chisholm, Minister for Health and Community Care

The Right Medicine: A Strategy for Pharmaceutical Care in Scotland

Our National Health: a plan for action, a plan for change, published just over a year ago, emphasised that the Plan was not just a simple statement of policy but a plan for action.

Our National Health was built upon many months of dialogue and discussion. It reflects the widespread consensus for improvement and change. Its emphasis is on the need to translate policy into tangible practical measures which will deliver results. In the months since the publication of the Plan we have been endeavouring to do exactly that with, I believe, a high degree of continuing success.

The pharmacy profession is already playing an important role in the delivery of *Our National Health* but I believe that it has much more to contribute. Pharmacists play a key role in determining the experience patients have of NHSScotland and there is agreement that their skills and expertise could be much better utilised. One of the key recommendations in *Our National Health* was therefore that the Scottish Executive should publish a *Strategy for Pharmaceutical Care*.

The Strategy has been produced after a period of consultation with patients, pharmacists and other healthcare professions. It is designed to deliver improved services to the public and patients, using the skills of the pharmaceutical profession to deliver effective care, and sets out how that might be achieved.

The Scottish Executive has encouraged innovation in pharmacy practice by supporting a number of research projects and pilots through the Pharmacy Practice Research Fund and the Primary Care Development Fund. Many of the initiatives in this Strategy have been developed as a result of these projects and pilots.

I look forward to working with the pharmaceutical profession and others to bring about the changes that are proposed in this Strategy.

A handwritten signature in black ink that reads "Malcolm Chisholm". The signature is written in a cursive, slightly slanted style.

Chief Pharmaceutical Officer's Foreword



Bill Scott, Chief Pharmaceutical Officer, Scottish Executive

Our National Health: a plan for action, a plan for change, set out a new direction of travel for health policy and for NHSScotland. It described a plan for change that would deliver a modern, 21st-century NHS, where public service values are paramount and patient and community needs are centre stage. It highlighted the need for those planning or delivering care to ensure that communities and patients/users of services are appropriately involved in decisions affecting public health and service delivery.

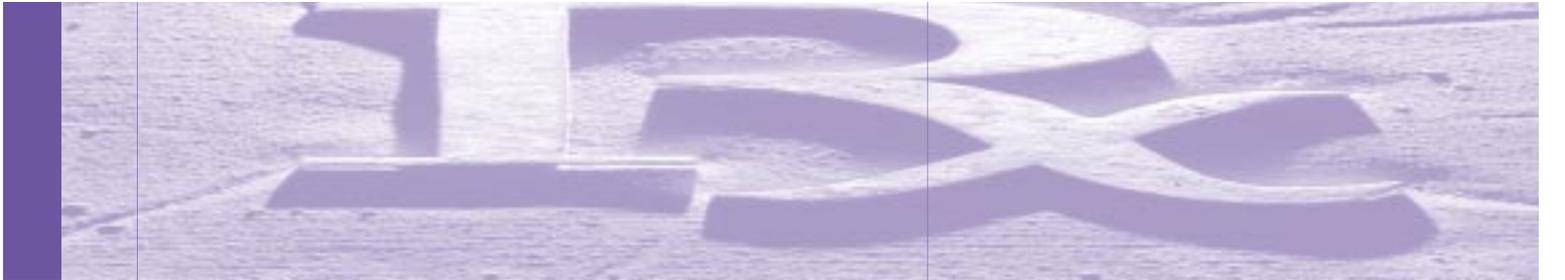
The general public access healthcare advice or services through many different routes – gateways to care. All healthcare professionals have an equally valuable role to play in helping patients and users to access the right advice or care at the right time. This new way of working requires the different professional groups to consider how they can use their specialist skills, knowledge and expertise to support the health improvement agenda and improve the quality of patient care.

Whole system working and improving the patient's experience within and across clinical and organisational boundaries, sets a challenge to healthcare professionals – a challenge which pharmacists have responded to in this *Strategy for Pharmaceutical Care*. The Strategy outlines the ways in which pharmacists and the Scottish Executive will work with key stakeholders to improve the public's health, provide better access to care, deliver better quality services for patients, users and carers, and develop the pharmaceutical profession.

This Strategy supports pharmacists in helping patients get the maximum benefit from their medicines. This requires modernising and strengthening their education and training, and putting in place an infrastructure which supports career development and encourages a systematic and evidence-based culture.

In order to deliver the Strategy I will, through the Scottish Executive, establish Implementation Groups with representation from all the key players to ensure that the actions in the Strategy are delivered. This will involve co-operative working within pharmacy, with other healthcare professions and with patients and the public.

A handwritten signature in black ink that reads "Bill Scott". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.



Introduction

Every day 600,000 people across Scotland visit their local community pharmacist: last year approximately 60 million prescriptions were dispensed and, in hospitals, thousands more patients got the maximum benefit from their medicines courtesy of the hospital pharmacy service.

There are around 4,000 pharmacists working in Scotland. These professionals play a vital role in the patient's journey, whether it be giving the best advice to a parent worried about a child's tickly throat or advising doctors on which combination of drugs will work best for a seriously ill hospital patient.

Scotland has examples of some of the best practice in pharmaceutical care. But, unfortunately, this excellence is by no means uniform.

Scotland needs a pharmaceutical service which is modern, responsive, fit for the 21st-century and which, above all, uses pharmacists many skills to provide the best service for patients, wherever they happen to be.

Our National Health: a plan for action, a plan for change recognised the contribution, both actual and potential, which pharmacists can make. That is why it contained a pledge to draw up a *Strategy for Pharmaceutical Care*.

This is the Strategy:

Published just over a year after *Our National Health*, it shows that changes are already taking place. But it also highlights where action has to be taken, by the Scottish Executive, NHSScotland and by pharmacists themselves.

This is an agenda for the modernisation of pharmacy services. It sets out an achievable vision, recognising both the needs of patient groups and support for the other healthcare professions.

Its main aim is to work in partnership both with other healthcare professionals and with patients, to ensure they make the best and safest use of medicines.

It calls for:

- Better access to NHS pharmacies – that means flexible opening hours and a wider awareness of just how much these healthcare professionals have to offer.
- Safer services – with a Scottish Centre for Adverse Drug Reactions to pick up at the earliest possible stage where there are concerns about potential side-effects.
- Less waste – some 47,000kg of medicines are returned to community pharmacies every year to be thrown away. An estimated £15 million of medicines may be wasted each year in Scotland.
- Valuing pharmacists – ensuring that the current network of community pharmacies continues to operate in Scotland by giving them proper support.
- Redesigning hospital pharmacy services – ensuring every patient receives care from a clinical pharmacist.
- Introduction of a repeat dispensing model – allowing certain patients to receive repeats of their prescriptions from their pharmacy for up to 18 months without having to go back to their GP.
- Underlining pharmacists' role as part of the NHS family – for example by encouraging them to use the NHSScotland logo.
- Improving health – for example by making Nicotine Replacement Therapy (NRT) and Emergency Hormonal Contraception (EHC) available free of charge on the NHS through community pharmacists where appropriate.
- Making better use of pharmacists expertise in planning and delivering services – especially in priority areas such as cancer, heart disease and mental health.
- Ensuring professional standards – providing better training and measurable standards.
- Developing a pharmacy section within the integrated patient electronic health record.

Taken separately, these steps are not revolutionary. They are based on the results of research and initiatives which have been tested throughout the UK and beyond.

This Strategy picks up those that have demonstrated a significant benefit for patients and other health and social care practitioners. Taken together and read in conjunction with *Our National Health*, the proposed measures have the potential to make a difference for patients and the general public.

Medicines are part of the backbone of modern healthcare. Where would the NHS be today without medicines to fight cancer, heart disease, or mental illness? Medicines, however, are no ordinary commodity; when used well, they can alleviate disease or even cure, but they are not without risks, and can be harmful.

Many lifesaving medicines work in small quantities; too much or too little can be the difference between successful treatment, unsuccessful treatment, or toxicity. It is because of the recognised need to help patients get the most benefit from their medicines and to minimise the associated risks that the practice of pharmaceutical care became increasingly meaningful.

All members of the healthcare team have an important role to play in the practice of pharmaceutical care. It is a holistic approach to patient care and involves the healthcare team in a much wider and ongoing responsibility for a patient's medicine-related needs.

Pharmaceutical care reflects a systematic approach that makes sure that the patient gets the right medicines, in the right dose, at the right time and for the right reasons. It is about a patient-centred partnership approach with the team accepting responsibility for ensuring that the patient's medicines are as effective as possible and as safe as possible. This is done by identifying, resolving and preventing medicine-related problems so the patient understands and gets the desired therapeutic goal for each medical condition being treated.

Pharmacists can and do make a unique contribution to improving patient care. Medicines are the most common of all the steps taken by clinicians to help

treat patients. And of all the healthcare professions, pharmacists have the widest knowledge in the science and use of medicines. Whether in the community, in local hospitals or specialist units, pharmacy focuses on empowering and protecting patients. Pharmacists have a key role to play in ensuring health gain wherever medicines are used.

Pharmacists provide care not just to patients but to the wider general public. The 'pharmaceutical health' of the nation depends on good access to medicines, advice and to tailoring therapy to the needs of individuals.

One of the steps in the Strategy will be the development of an integrated pharmacy record and decision-support system to ensure high quality pharmaceutical care is provided across Scotland regardless of where it takes place.

We currently spend approximately £650 million on medicines dispensed in the community. It is important, with such levels of expenditure and the growing demands on NHSScotland resources, that we get best value by providing effective treatments, preventing adverse reactions to medicines and reducing waste. This Strategy sets out ways to ensure that we use medicines effectively.

Redesigning pharmacy services will improve patient care and better utilise the skills of pharmacists and their support staff to meet local needs. *Our National Health* identified the need to improve the health of Scotland's population and the modernisation agenda set the context within which pharmacy services will operate.

In order to make the most of the benefits of medicines NHSScotland needs to harness the expertise of pharmacists – both those it employs and those with whom it contracts – more fully. This requires changes in the way in which pharmacists work with patients and other providers of health and social care. It is important that we retain the unique network of community pharmacies which provide most of this essential front-line care. This Strategy is designed to ensure that the care provided by pharmacists and their staff meets the requirements for the 21st-century.

Improving health

The Scottish Executive wants to improve the health of the people of Scotland – this aim is at the heart of its agenda.

Community pharmacies are based in the heart of communities, in rural as well as deprived inner city areas. Often these pharmacies are an essential part of life in that area. They employ technicians and counter assistants who are local people trained to deliver high quality services. By engaging with communities, providing employment as well as services, pharmacists make a contribution to the wider public health agenda, beyond NHSScotland.

Community pharmacists are often patients' first point of contact, and for some their only contact, with a healthcare professional. This creates a unique opportunity to improve the gateways for signposting, accessing and providing services and information on health and health issues to a broad spectrum of the population. This includes the most vulnerable in our communities; older people, people with mental health problems, homeless people, travellers and drug-misusers. All of these are people who might have difficulty, for lifestyle reasons, in accessing healthcare.

Pharmaceutical Contribution to Public Health

Pharmacists have always worked to promote, maintain and improve health, but it is only recently that this has been specifically identified as part of specialist public health practice. Scotland is leading the way in the development of this new discipline and pharmacists are working in a more structured manner to integrate and develop systems to improve health.

Pharmaceutical Public Health is concerned with issues beyond the use of prescribed medicines. It underpins the many day-to-day activities of pharmacists: providing advice to parents of young children; the monitoring, support and care of drug-misusers; and advising on the proper use of sunscreens. Pharmacists offer non-judgmental help with a range of products and advice designed to support smokers trying to quit. Pharmacists are also ideally placed to promote safe sexual health and family planning, from the sale of condoms and, more recently, Emergency Hormonal Contraception, to the sale of folic acid to women planning to conceive.

The Review of the Public Health Function in Scotland recognised the health improvement role of pharmacists in providing safe and effective pharmaceutical care, and fostering health promotion and disease prevention. Pharmacists working in the community and those in hospital are hands-on public health practitioners. Pharmacists working in Public Health Departments of NHS Boards are part of a multi-disciplinary team with core knowledge, skills and expertise in the area of specialist practice.



Specialists in Pharmaceutical Public Health contribute to improving the health of their local populations

Public Health and Pharmacy

Pharmacists who specialise in Public Health are located within the Public Health Departments of some NHS Boards. They assess pharmaceutical needs in the Board's area, advise on the managed introduction of new drugs and contribute to the development of strategy for, and planning of, pharmaceutical services, which feeds into the Local Health Plan. They work with Boards, Trusts, Local Authorities and other agencies to develop the contribution of pharmacists to public health and to ensure that use of medicines is effective and safe.

However, not all NHS Board Public Health Departments have access to a Specialist in Pharmaceutical Public Health and links with Local Health Care Co-operatives (LHCCs) are even less clearly defined. This situation needs to change to develop the contribution of the whole pharmacy family to the public health agenda.

Action *All NHS Boards and LHCCs should ensure that they have access to pharmaceutical public health advice. (December 2002)*

Pharmacists provide a valuable link between the NHS and the public. The pharmacy presents a familiar unthreatening environment where advice and expertise on medicines and major health messages can be delivered to the public at large. To support this, pharmacy's links with LHCC public health practitioners need to be strengthened along with a recognition of the potential role of community pharmacies as public health outposts.

Pharmacists are already working closely with the Public Health Institute for Scotland (PHIS). The Institute aims to work with others to improve health, help formulate public health policy and increase the effectiveness of the public health endeavour. The Department's Chief Medical Officer and Chief Pharmaceutical Officer have jointly commissioned PHIS to undertake a review of the contribution of pharmacy to public health in Scotland.

Healthy Lifestyles

Individuals should be encouraged to take greater responsibility for their own health. But, the valuable role pharmacists and their staff play in promoting healthy lifestyles in areas such as cancer prevention, oral health and smoking cessation in both hospital and community should be further developed. Information for patients should be available in all pharmacies, not only on medicines, but also on health conditions. This means playing into national campaigns and giving people the opportunity to make their own healthy choices.

Action *The Health Education Board for Scotland (HEBS) and local Health Promotion Units will be asked to include pharmacies in campaigns, activities and initiatives as part of a multi-disciplinary approach to health promotion. (December 2002)*

It's happening already: NHS Glasgow has an established programme of health promotion activities through their network of community pharmacies. This includes a smoking cessation programme with over 200 community pharmacies providing patients with advice and Nicotine Replacement Therapy supplies on the NHS. Given the success of this programme, Glasgow is now looking to extend it to the hospital environment.



Community pharmacists have a key role in improving the health of local communities – taking health to the high street.

Optimising the Use of Medicines

It is important that patients have access to medicines when required. Pharmacists and other healthcare professionals should work together to ensure that patients who may potentially benefit from a medication review are identified.

Our National Health promised to reduce inequalities in healthcare. For example, anybody with cancer would want and expect, quick, efficient, safe and effective therapy no matter where they live. The Scottish Medicines Consortium (SMC) has been established to co-ordinate the work of local Area Drug and Therapeutics Committees (ADTCs) in assessing new drugs. The expertise of pharmacists is essential to the success of the SMC and they form a significant proportion of the membership and help lead this multi-disciplinary approach to assessing new medicines.

The Information and Statistics Division (ISD) of the Common Services Agency (CSA) has a wealth of information about prescribed medicines. Pharmaceutical prescribing advisers use this information to inform local decision-making, but practitioners in ISD should work to further develop



Pharmacists can help GPs to manage the introduction of new drugs, ensuring that patients quickly benefit from the highest standards of pharmaceutical care

the service for users. To identify the medicine needs of the whole population, we need a more complete picture of how medicines are used, including medicines purchased over the counter in pharmacies.

Action *The CSA will establish a Medicines Utilisation Unit to provide NHS bodies with information about how medicines are used. In addition, the Scottish Executive Health Department (SEHD) will explore with the CSA the creation of a combined community and hospital medicines utilisation database. (July 2003)*

Protecting the Public

Medicines are one of the most commonly used treatment options in the NHS but they are not without risk. Pharmacies are the place where the public can access not just their prescription medicines but a wide range of medicines which can only be sold in community pharmacies (pharmacy-only medicines). There is a good reason for that. After many years of training, pharmacists are equipped with the knowledge and experience to maximise the benefits and minimise the harm from these products.

When something does go wrong it is important that there is feedback to the Government agencies involved in licensing medicines and, through them, to manufacturers. The 'Yellow Card' scheme, which operates across the UK, enables pharmacists and doctors to report adverse effects of drugs. Evidence suggests that where there is feedback to and from local centres the reporting rates have increased. There is therefore a need for a local centre in Scotland to provide this feedback.

Action *The SEHD and the Committee on Safety of Medicines (CSM) will jointly establish a Scottish Centre for Adverse Drug Reactions Reporting to improve and encourage practitioners to use the 'Yellow Card' reporting system. (May 2002)*



Medicines Information pharmacists provide advice and information on medicines to the healthcare team

Reducing Accidental Deaths

Medicines need to be treated with respect. We know that medicines can play a role in a number of different types of accidents, for example poisoning in children, unintentional injury or as a contributing factor to falls in older people.

Pharmacists work to minimise problems with medicines by providing advice on their safe storage, use and disposal. This helps to ensure patients and the public get maximum benefit and minimal risk from medicines.

Unused medicines pose a danger to public health if they are not disposed of safely. In 1999 in Scotland, 47,000kg of unwanted medicines were collected in community pharmacies. This does not include unused medicines stored in people's cupboards, thrown in the bin or flushed away. Using the information derived from studies into medicines wastage it is thought that the cost of drug wastage could be in the region of £15 million per year in Scotland, although this may not all be unavoidable wastage. Members of the public carry some responsibility for reducing accidents with

medicines by ensuring that excess medicines are not requested or purchased; and when medicines are no longer needed by returning them to a pharmacy for safe disposal.

Action *NHSScotland will be asked to run major public awareness campaigns about the safe storage and use of medicines and to encourage the return of unwanted medicines to pharmacies. (June 2003)*



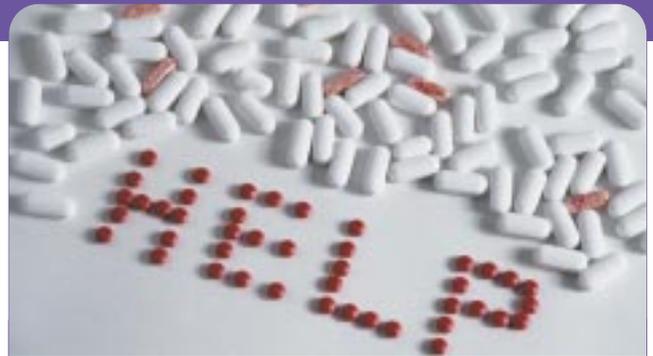
Medicines worth an estimated £15 million may be wasted each year in Scotland. That is money that could be spent on improving patient care.

Using Medicines Safely

Research from both the USA and Australia and more recently, the Department of Health document, *An Organisation with a Memory*, has shown that one of the biggest sources of adverse healthcare events or problems resulting from clinical care is what they call misadventures with medicines. At the most extreme, the consequences to patients, relatives or carers can be devastating. For the most part, the consequences of misadventures with medicines are less serious but can result in, for example, a delay in the discharge of the patient.

Over the years pharmacists have been at the forefront of developing and implementing systems to reduce the risk of such problems occurring. More often than not the misadventure is the culmination of a sequence of events and it is the system which should be modified or redesigned to reduce the risk of the same event happening again. NHSScotland needs to build on this work so that the whole NHS can learn the lessons from misadventures with medicines, both prescribed and purchased. One step towards this would be to collect, routinely at a national level, standardised information on misadventures with medicines. This would not be to point the finger of blame but to identify where things go wrong and find solutions for the future.

Action *The SEHD will support NHSScotland in developing a system to collect information on misadventures with medicines to enable safe systems to be enhanced. (December 2002)*



Medicines are complex formulations which contain the active drug and a number of other substances which can affect the performance of the medicine.

Antimicrobial Resistance

The SEHD is producing a strategy to address the issue of antimicrobial resistance. As antibiotics are used and used again, resistant strains of diseases such as TB and meningitis can develop. One of the contributing factors is the misuse of antibiotics by, for example, unnecessary prescribing or patients not completing the course. Area Drug and Therapeutics Committees are key in developing joint hospital and community policies and guidelines on the management and control of antibiotic prescribing. Local policies and guidelines should, as a minimum, contain standard information on drug dosage and duration, as well as information on local drug susceptibility patterns and how to interpret them, in relation to both hospital and community-acquired infection. The pharmacy service in Trusts should ensure there is regular review of antibiotic prescribing within each ward or unit. Prescribing advisors should work with GPs and community pharmacists to reduce inappropriate prescribing and variations from agreed antibiotic formularies.

Action *Pharmacists will work with Area Drug and Therapeutics Committees to review and monitor local guidelines on antibiotic prescribing. (December 2002)*



It is important that LHCCs engage with pharmacists to deliver seamless pharmaceutical care.

Delivering Seamless Care

The role of LHCCs, working alongside hospital services and other agencies, is developing as a vehicle for the planning and delivery of healthcare and health improvements at a local level. Pharmacists have not always been completely integrated into these structures, at either a strategic or operational level. This has resulted in a lack of recognition of both the pharmaceutical needs of patients and the innovative delivery of services to improve pharmaceutical care to the people of Scotland.

All pharmacists in an LHCC area need to be able to work together to deliver seamless pharmaceutical care and to ensure equity of access to current and future services. This requires effective communication, both between hospital and community pharmacists and with the other disciplines in the LHCC.

Action *LHCCs will be asked to set up Pharmacy Locality Groups comprising of all community and associated hospital pharmacists within an LHCC boundary. Development pharmacists should be appointed to work with the Pharmacy Locality Groups to support the local implementation of this Strategy and to facilitate joint working between hospital and community pharmacists and with the other healthcare professions within LHCCs. (August 2003)*

Working with the Pharmaceutical Industry

The Pharmaceutical Industry has expertise on how and why medicines are used and it is important to work with them. The Profession is keen to work in partnership with the Industry both to support existing services and develop new services. This includes the managed care of chronic conditions, therapeutic drug monitoring and health promotion.

Action *The SEHD will produce guidance on joint working between NHSScotland and the Pharmaceutical Industry, which is transparent and improves patient care. (December 2002)*



Investment by the Pharmaceutical Industry is vital for the development of tomorrow's medicines.

Improving access

Pharmacist Prescribing

It is not only doctors and dentists who are able to prescribe medicines. Certain nurses can also write prescriptions for a number of drugs. It is now recognised that pharmacists can make a greater contribution. The *Review of Prescribing, Supply and Administration of Medicines* recommended that systems be put in place to allow the prescribing of medicines by competent health care professionals – such as pharmacists.

The Health and Social Care Act 2001 allows for the introduction of independent and supplementary prescribing status for healthcare professionals, including pharmacists. Hospital pharmacists working on wards and in clinics will benefit from supplementary prescribing status, as will pharmacists in primary care. Supplementary prescribing would enable pharmacists working in community pharmacy to make dosage adjustments on repeat prescriptions as a result of, for example, therapeutic drug monitoring. This is convenient for patients and eases the workload of their GP colleagues. In addition, pharmacists may be able to prescribe Prescription Only Medicines (POMs) privately, for example in travel clinics.

Action *The SEHD will work with the Department of Health and the Medicines Control Agency to remove the barriers to improved access to medicines through pharmacist prescribing. (December 2003)*

Prescribing Partnerships

Hospital pharmacists, as part of the healthcare team have, for many years, been closely advising on the prescribing of medicines to meet the needs of individual patients. We want to see this extended and believe it is important to explore options. As part of implementing the recommendations of the *Review of Prescribing, Supply and Administration of Medicines*, we are looking at the role of pharmacists and other competent healthcare professionals in ensuring access to safe, evidence-based healthcare. This is particularly in the treatment of priority areas such as cancer, coronary heart disease (CHD) and mental health.

A model is currently being tested in a general practice in Lothian for patients with hypertension. In this practice the GP provides the diagnosis and the pharmacist, working with the practice, selects the most appropriate medicine for the patient.

Action *The Chief Pharmaceutical Officer and the Chief Medical Officer will put in place measures to promote closer joint working between the medical and pharmaceutical professions. (March 2004)*



Working with GP colleagues pharmacists make sure patients get the best treatment available.

Pharmaceutical Services

There are approximately 4,000 pharmacists working in Scotland, the majority of which are employed in community pharmacy and in hospital pharmacy. The remainder work in other areas of pharmacy such as industry and academia. Other staff are also employed in pharmacies, for example technicians, dispensers, counter assistants, clerical and ancillary staff.

It's happening already – Forth Valley Acute NHS Trust is evaluating how hospital pharmacists and doctors can work more closely together to provide safer and effective chemotherapy to breast cancer patients. This is likely to involve an initial assessment and diagnosis by a cancer specialist and provision of continuing care, within agreed criteria, by a hospital pharmacist. Utilising the skills of the hospital pharmacist should free-up time for the specialist, and thus improve timely access to the NHS for more patients.

Ensuring Good Access to Pharmaceutical Services

There are around 1,150 community pharmacies in Scotland contracted by the NHS to provide pharmaceutical services; around 40% are owned by companies having seven or more shops each in Scotland.

There are many therapeutic areas and patient groups where improved pharmaceutical input would enhance patient care. The introduction of Managed Clinical Networks (MCNs) across the

A Department of Health report estimated what patient population an average pharmacy might expect to serve. This list is not comprehensive but gives an indication of the scope that there is for developing pharmaceutical services to meet a wide range of patient needs.

An average community pharmacy would expect to have:

- 1,000 people with chronic disease such as asthma, diabetes and hypertension;
- 750 elderly people and 600 carers (carers are high users of pharmacies);
- 200 people with physical and mental disability;
- 300 under 5s;
- 50 pregnant women;
- six people with major psychiatric illness;
- six drug-misusers;
- at least two people with AIDS or HIV.

service should include the pharmaceutical components of the patient's care.

In general there is a good distribution of community pharmacies throughout Scotland. Pharmacy contracts are governed under the Control of Entry Regulations and are awarded on the grounds of necessity or desirability. These are currently being examined by the Office of Fair Trading. An Essential Small Pharmacy Scheme exists to ensure that small, particularly rural communities, receive pharmaceutical services. In some isolated communities dispensing doctors provide dispensing services.

Currently, however, there are difficulties in accessing pharmaceutical services in some of Scotland's most remote and rural areas as well as in deprived communities. Yet, NHS Boards have no powers to direct either pharmacy contractors or contracts for services to specific locations. The possibility of moving existing contracts to areas of need, with the necessary support to maintain their viability, needs to be explored. Innovative solutions are needed.

Action *The SEHD in partnership with patients and the pharmacy profession will review the best way to deliver pharmaceutical services in areas of high deprivation and in rural and isolated communities where there is current under-provision. (September 2003)*

To do this effectively, there is a need to establish tools to determine the appropriate levels of pharmaceutical care for each area.

Action *Specialists in Pharmaceutical Public Health will be encouraged to develop 'tool kits' for assessing the pharmaceutical needs of local populations and the options open to community pharmacies for identifying and meeting these needs. (April 2003)*

Being Valued as Part of the NHS Family

Community pharmacies are not always identified as either part of NHSScotland or providers of NHS services. This is because they straddle the private and public sectors, although in reality many rely mainly on NHS funding. When we talk of primary or community-based care, we should reflect the whole NHS primary care family and how it works in different settings to identify and deliver services to meet healthcare needs.

Action In order to emphasise the importance of community pharmacy as part of the wider team within the NHS, all pharmacies will be encouraged to carry the NHSScotland logo. (December 2002)

Improving Premises

Raising the profile of community pharmacy will mean addressing the concerns of people who cannot access pharmacy services because of mobility problems or other disabilities. Pharmacists, along with other healthcare professionals, should be encouraged to ensure that all premises have better access for people with disabilities, in line with the Disability Discrimination Act 1995.

Among the investment priorities for NHSScotland is a commitment for both modern health facilities in local communities and new and improved GP premises. In order to support the extended professional role of the pharmacist, community pharmacy premises have been included in the Primary and Community Care Premises Modernisation Programme.



Community pharmacies offer information on medicines and health without the need for an appointment.

This will, for example, support the requirement for greater privacy for patients in community pharmacies by increasing consultation areas, as well as providing models of how community pharmacies might look in the future. This means pharmacy premises that deliver a high standard of patient-centred pharmaceutical care in a professional environment, accommodating both health service and other agencies staff in community pharmacy premises.

It's happening already. As part of the Modernisation Programme, £15 million of developmental funding has been made available to support the provision of improved primary and community-care premises. Bids have been invited to include community pharmacy premises. In addition, funding has been made available through the pharmaceutical global sum to invest in community pharmacy premises' in order to develop quiet areas for consultations and services such as the supervised administration of methadone.

Working with Others

There is a growing acknowledgement of the developing role of the network of community pharmacies as walk-in healthy living centres. This will be enhanced by the development of a standardised pharmacy patient record and decision support system to ensure continuity of care throughout NHSScotland. Other professionals such as nurses, physiotherapists and chiropodists, social work staff, other local authority staff and practitioners in complementary therapies, should be able to use community pharmacies as a contact point to reach patients and clients.



Community pharmacies can provide patients with easy access to other health and social care practitioners– Scotland’s solution to Walk-in Centres

Action *The SEHD and NHSScotland will continue to support this programme of activity including:*

- *improvements in community pharmacy premises as part of the ongoing Modernisation Programme (March 2002);*
- *developing the network of community pharmacies as walk-in healthy living centres using standardised patient records and a decision support system. (April 2005)*
- *developing a number of model pharmacies from existing community and hospital pharmacies to act as ‘test beds’ for new and innovative ways of working. (December 2003)*

It’s happening already. A community pharmacy in Glasgow has been redesigned to explore a model pharmacy concept and provides an opportunity to implement and evaluate future developments. This should be extended to evaluate its feasibility in the hospital sector.

Helping People at Home

A number of studies have shown that around 12% of hospital admissions are related to the patient’s medication. A failure to use medicines properly can make the difference between remaining at home and being admitted to long-term residential care. By visiting housebound patients, a community pharmacist can address problems with medication directly and advise the patient on the safe and effective use of medicines. This should help towards the Scottish Executive’s aim of allowing people to remain in their homes as long as possible.

Action *As part of a new national contract, the SEHD will negotiate terms of service to enable community pharmacists to provide more outreach services such as domiciliary visiting to patients who cannot access a pharmacy. (September 2004)*

It’s happening already. The pharmaceutical care model schemes for older people have allowed pharmacists to make domiciliary visits to housebound patients and review their medication. In some instances social work colleagues have identified these patients as part of a joint assessment process.



Pharmacists need to be able to get out and visit people who cannot access a pharmacy.

Out of Hours Access

Current access to pharmacy services out of hours is variable. Some areas rely on individual pharmacies choosing to open, while others have a rota service covering Sundays and public holidays. There are already good arrangements in place for people who need pharmaceutical services urgently out of hours. But what about cases which would not be deemed an emergency? Although it is not necessary for pharmacies to remain open around the clock, extended opening hours would improve the service for the public and reflect the new ways people access services. If some pharmacists are to increase their accessibility outwith their normal opening hours then this may have implications for manpower requirements and different ways of working.

Pharmacies with extended opening hours should be planned in order to meet the needs of people where they need them and when they need them. Pharmacies should be supported in finding innovative ways to allow extended opening, for example, by working together in a local area. These services should be linked to existing GP out of hours co-operatives.

Action *The SEHD will ensure that all NHS Boards and Area Pharmaceutical Committees review arrangements for out of hours services to improve access for the public. (December 2002)*

Working with NHS24

Our National Health has specified that patients should be able to access an appropriate member of the primary care team in no more than 48 hours. Community pharmacists are available without the need for an appointment and can help achieve this commitment.

Community pharmacy has already been recognised as one of the key partners within NHS24. Where appropriate, the public will be directed to community pharmacies for advice and support in managing minor ailments, for answers to questions about their medicines and, if necessary, to access medicines. Extended out of hours pharmacy services will further improve access. Resources need to be allocated to make the necessary IT links with NHS24 to allow better referral and feedback mechanisms. If NHS24 were to consider the use of information kiosks, they could be sited in community pharmacies where the public could easily access advice, support and interpretation of information.

It's happening already. NHS24 has appointed a pharmacy advisor to provide pharmaceutical input into strategy and policy development and to support a close working relationship between pharmacy and NHS24.

Working with other Stakeholders

There are a number of areas in primary care where community pharmacists could provide greater input and support to improve patient care. Improving pharmaceutical input into community hospitals and health centres would ensure that patients receive the same standard of care regardless of their environment.

Links already exist with nursing and residential homes and other institutions such as children's homes regarding systems and procedures for the safe storage and handling of medicines. This could be further strengthened by expanding these services to include staff training, medication reviews and providing specific packages of pharmaceutical care. These pharmacy systems are also operating within the Scottish Prison Service.



Patients should be able to access the expertise of a pharmacist regardless of the setting they find themselves in.

Working in partnership with Local Authorities provides many educational opportunities for health promotion in schools, colleges and universities. These include addressing issues such as sexual health, drug misuse, smoking cessation and travel advice, as well as systems and procedures for the safe storage and handling of medicines. This can be achieved through the development of local pharmaceutical services.

It's happening already. The Student Health Service, the Student Union and the pharmacy at Stirling University have set up a number of special services for students. These include providing advice on sexual health, travel medicine and nutrition.

Community pharmacists in Lothian have trained staff working in nursing and residential homes on the safe handling of medicines.

Electronic Transmission of Prescription Information

Good progress is being made with the commitment in *Our National Health* to develop the electronic transmission of prescriptions project within primary care. The pilot site is Irvine, Kilwinning and Dundonald LHCC within Ayrshire and Arran. Progress to date includes connecting all the community pharmacies within the LHCC to the NHSnet and work is underway to create the capability to transfer prescriptions, including the sharing of relevant patient information, electronically.

Action *The SEHD will continue to progress:*

- *the connection of community pharmacies to the NHSnet by connecting up all the community pharmacies within Ayrshire and Arran in order to determine the framework within which national roll-out will take place. (May 2002)*
- *the development of the capability for the electronic transmission of prescriptions with a view to having the system operating throughout Irvine, Kilwinning and Dundonald LHCC during 2002 and then rolled out across Scotland. (December 2005)*

Community pharmacy patient medication record systems need to be further developed and enhanced in line with other healthcare professionals' records to allow the recording of additional information and clinical interventions by pharmacists.

Action *The SEHD will work with the Profession to ensure that patient medication records meet the needs of NHSScotland and enhance patient care. (December 2004)*

Hospital pharmacy services also require modernised IT systems. The design of integrated IT systems between secondary and primary care is important and should include the ability to record pharmaceutical care plans. Common drug dictionaries and datasets should be agreed across NHSScotland. Decisions have to be made about the levels of clinical information to be shared.

Action *As part of the structure for implementing the 'Strategy for Information', the Chief Pharmaceutical Officer will develop standards for electronic prescribing in hospital. (December 2003)*

It's happening already. Continuity of pharmaceutical care depends upon good inter-professional communication which, in turn, depends upon effective records. A National Pharmaceutical Working Group has been established and is currently piloting a paper-based system for documenting the pharmaceutical care of patients with cancer. If proven effective, this will be developed into an appropriate software package to enhance the quality of cancer care as patients transfer within, and across, healthcare sectors.

Helping patients make better use of their medicines

Improving health is not simply about providing more services to people. It is about engaging with them in their homes and communities and supporting and empowering them to address their own health needs. Pharmacy does this in many ways. With 94% of the population using community pharmacies at least once a year, there are enormous opportunities to influence the whole of society with healthcare messages.

Nearly all patients treated within NHSScotland receive medicines as part of their therapy. With their unique skills and knowledge there are many ways in which the pharmacist can make the patient's journey through the healthcare system more efficient.

There are a number of things which can affect the outcome of therapy with medicines. Pharmacists can identify these risk factors and help choose the most appropriate medicines for the individual patient. This can help give the best outcome for the patient.

Studies have shown that many hospital admissions are caused by preventable medicine-related problems. Patients, especially older people and those with chronic conditions, often receive treatment with four or more medicines (polypharmacy). These patients are more likely to develop side effects which, in turn, can result in more medication being prescribed. A regular medication review by the patient's pharmacist, working in partnership with their GP, could reduce the incidence of medicine-related illness. In the first instance, this should be targeted at vulnerable groups and those on medication for chronic conditions.

Action *As part of a new national contract, the SEHD will put in place ways to develop the clinical skills of community pharmacists allowing certain patients to have their medicines reviewed at least once a year. (September 2005)*

It's happening already. In a study in Grampian researchers demonstrated that pharmacists were able to identify problems with drug therapy and, in collaboration with the patient and their GP, help to resolve these problems. This study demonstrates that pharmaceutical care is not only possible, but also necessary.

Primary Care Trusts and LHCCs employ pharmacists as advisers to help GP practices to implement guidelines and protocols, to agree budgets, analyse expenditure and encourage GPs to implement prescribing control systems such as formularies. This work is very valuable, however, pharmacists and technicians are a scarce resource to NHSScotland therefore there is a need to explore alternative ways of undertaking some of these functions. It is important that pharmacists located in GP surgeries are integrated into local community and hospital pharmaceutical services to ensure continuity of pharmaceutical care. This will allow them to be wholly engaged in the provision of direct patient care, working in partnership with local community pharmacists.

Action *The SEHD will explore models to ensure integrated provision of pharmaceutical care, regardless of setting. (March 2004)*



Pharmacists can select the most appropriate medicines, allowing the GPs to spend more time with their patients

Empowering Patients

More could be done to empower patients and to ensure that medicines are treated with respect. Patients need to be better informed of the role of the pharmacist, who is able to support them by encouraging them to ask questions of the appropriate healthcare professionals regarding their therapy.

This could take many forms including national advertising, improved patient information, medicines information helplines and through the full and effective involvement of the public in the development of strategies and services. This could also include piloting pharmacist-led medicines clinics to help patients with identified needs make better use of their medicines.

Helping Patients take their Medicines

In most instances taking medicines correctly can only be achieved by patients themselves and they are most likely to be motivated to do so when they understand and agree with their treatment. This means involving them as active partners in prescribing decisions.

We need to focus on how to best achieve effective patient partnership and involvement in their drug therapy and the most convenient way to take it.

Action *The SEHD, NHSScotland and the healthcare professions will explore effective strategies to empower and inform patients and the public about their medicines. (December 2002)*



Many older people have problems accessing their medicines.

Service re-design

Pharmaceutical Care: A Patient's Ideal Journey

Mrs McCabe is an elderly woman with heart disease and arthritis who lives on her own. She was recently admitted to hospital for a hip replacement. When asked about her care and treatment Mrs McCabe said, 'Oh, everyone was very nice to me but I don't think I was a special case'.

What Went Right? Mrs McCabe was admitted to hospital for her hip replacement when she needed it, as part of a planned programme. Her GP knew of her planned admission to hospital and contacted her community pharmacist who gave Mrs McCabe a copy of her personal Patient Medication Record to take with her to the pre-admission clinic. Her community pharmacist had explained that this record showed both the prescribed medicines she was taking and any over the counter medicines she purchased.

The pre-admission pharmacist liaised with her community pharmacist and GP to ensure that they had a complete record. Mrs McCabe brought her own medicines into hospital where she continued to take them herself. They were safely stored in a locked cabinet beside her bed. Where appropriate, any new medicines were supplied as a 28-day pack.

The nurses and pharmacy technicians worked together to ensure Mrs McCabe understood and was able to take her medicines. Some of her medicines were changed whilst she was in hospital. Those that were stopped were safely disposed of so that Mrs McCabe didn't take them home. Any new treatments that were started were explained in detail. All of the medicines were given safely and accurately and recorded using the electronic systems in place.

When it was time for Mrs McCabe to go home, her discharge plan was enacted. The multi-disciplinary discharge team ensured that the District Nurse, GP, community pharmacist and home carer knew that Mrs McCabe was going home. She already had her medicines so she didn't have to wait for them; a copy of her discharge record which included reasons why medicines had been discontinued went both to her GP and community pharmacist.

Following a post-operative Deep Vein Thrombosis (DVT) Mrs McCabe was started on warfarin. When she came home her community pharmacist tested her blood and advised on dose changes according to National Standards for Anticoagulation. At her annual medication review, the pharmacist made sure that her treatment reflected advice in recent national clinical guidelines. By undertaking this work and helping Mrs McCabe to manage minor ailments, the community pharmacist took some of the workload off her GP, who was then able to spend more time with other patients.

Mrs McCabe was not treated as a special case. The planning had taken place, the systems were working and the multi-disciplinary team ensured that her care was of a uniform high standard.

Hospital Pharmacy Service – Fit for the Future

Hospital Pharmacy Service

Hospital pharmacists are employed in 44 NHS hospital pharmacies serving 50 NHS hospitals. The largest pharmacies are located in the major teaching hospitals. The specialist areas found within hospital pharmacy are clinical pharmacy; drug procurement; the safe preparation and dispensing of medicines; medicines information; radiopharmacy; manufacturing and quality assurance. These specialities are not available in every pharmacy, but all have access to them. Hospital pharmacists have developed their clinical role and specialise in different therapeutic areas such as oncology (cancer care). This has been achieved by releasing pharmacists' time through creating new systems of work to allow technical and other staff to undertake some of the pharmacist's duties.



Hospital pharmacists have developed their clinical role and specialise in different therapeutic areas.

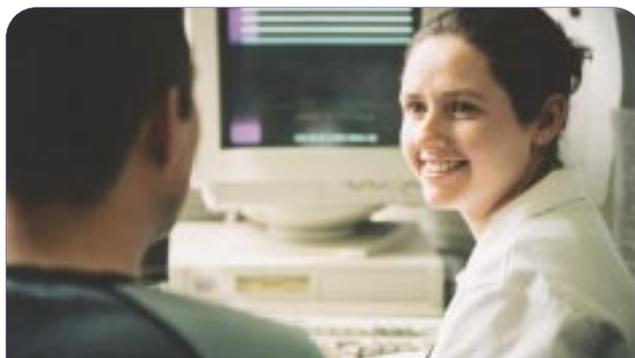
It is over 30 years since hospital pharmacists first began to make sure their expert knowledge of medicines was available where and when it was clinically needed – in the increasingly complex ward environment. Now, clinical pharmacists are often part of the 'ward team', taking the lead in optimising a patient's medicines. This is particularly valuable, for example, when a patient is seriously ill with many problems, or is elderly, or a child. Also, more clinical pharmacists are working in out-patient clinics, taking responsibility for the clinical and cost-effective use of medicines in that environment. Patient care has benefited as a result.

It's happening already. A Senior Pharmacist in North Glasgow provides a therapeutic drug monitoring service to tailor the dose of patients' medicines where the dosing is critical.

If patients are to fully benefit from the clinical skills of hospital pharmacists then traditional ways of working must be redesigned so that hospital pharmacy services become more patient focused. In some hospitals this is already happening; pharmacy staff base themselves in pre-admission clinics and on admission wards. This makes sure that the correct medicines are prescribed and are

available soon after a patient is admitted to hospital. At the same time waste of medicines is minimised by allowing the patient to use suitable medicines that they have brought into hospital with them.

Pharmacy staff ensure that the patient fully understands about their medicines and how to use them so that they can get the full benefit from their therapy. To help this understanding, where clinically appropriate, patients are encouraged to self-administer their medicines. This way of working allows the full use of pharmaceutical manufacturers "patient packs" and meets the legal requirement to provide the Patient Information Leaflet (PIL) with the medicine. This also helps to avoid last minute delays in discharge because the medicines are ready when the patient is discharged. This way of working, supported by multidisciplinary discharge planning, also helps to facilitate better communication between hospital and primary care, thereby reducing the likelihood of medicine-related problems.



An important part of the patient's journey is making sure they have adequate information about their medicines before discharge.

In general, hospital pharmacists are integrated into the multi-disciplinary clinical team where they contribute to safe, clinical and cost-effective prescribing and the use of medicines at strategic and individual patient level. They care directly for patients by conducting medication reviews in targeted groups to assist in reducing morbidity and mortality from drug-induced disease. This is facilitated by ready access to relevant information about the patient.

Action *NHS Boards will be asked to work with the profession to develop models of practice to ensure that every patient has their medicines reviewed and medication problems addressed before their discharge from hospital. (December 2004)*

The SEHD will explore systems to allow, whenever possible, the dispensing of patient packs in all situations across primary, secondary and tertiary care. This should include the implementation of suitable medication self administration schemes in hospital. (December 2005)

It's happening already. In Wishaw General Hospital, the pharmacy department, working with other healthcare staff and patients, has redesigned the way medicines are supplied around the hospital. As a result medicines are used more safely, are available quicker, and fewer are wasted.

Hospital pharmacists career structure requires to be reviewed to reflect their enhanced role. This has happened in Nursing and Professions Allied to Medicine (PAMs) through the introduction of the consultant grade practitioner.

A traditional, unique, and valuable skill of all pharmacists is a comprehensive understanding of how medicines are made. Whether it is tablets or liquids, injections or creams, this knowledge can be utilised in everyday clinical practice.

In a number of cases in hospital, pharmacists are required to make formulations of medicines, which are not commercially available. For example, patients who have difficulty in swallowing may require their medicines in a liquid form. NHSScotland has a pharmaceutical manufacturing laboratory based at Tayside University NHS Hospitals Trust which produces special formulations for use in all of its hospitals in Scotland.

This valuable resource depends on the skills of its pharmacists, technicians and assistants responding at short notice to the special demands of the service. This special pharmaceutical manufacturing unit collaborates with similar units in England and Wales. Such facilities enhance the overall provision of pharmaceuticals from both the public and private sector and present opportunities for collaboration.

Action *The SEHD will explore transferring the management of Tayside Pharmaceuticals to the National Services Division of the CSA. (March 2003)*



Re-designing a hospital pharmacy department can revolutionise the way that medicines are supplied to the wards



Hospital pharmacists can help patients make better use of their medicines.

Medicines Information

Medicines Information Pharmacists are employed in most NHS Board areas to provide medicines information primarily to healthcare professionals employed within NHS hospitals. In some cases this service has extended into primary care. The UK Health Departments' Chief Pharmaceutical Officers have endorsed a strategy for improving information services. The network of medicines information services across Scotland could be used to better effect if they were co-ordinated centrally.

Action *The network and functions of NHSScotland's medicines information services will be reviewed. (July 2004)*



Highly skilled pharmacy technicians are involved in the safe preparation of cancer chemotherapy.

Evolution of Tomorrow's Medicines

Medicines have underpinned the development of modern healthcare. Seventy years ago the discovery of penicillin was destined to revolutionise the treatment of infectious disease. Fifty years ago the isolation of insulin would lead to people with diabetes living a near to normal life and over the last decade treatments for many types of cancer have enabled effective treatment or even cure. As with many scientific discoveries, the full benefit often takes some time to realise.

Over the next few years, the population of Scotland is likely to benefit from some exciting scientific developments. For example the unravelling of the human genome will present many new opportunities to predict, prevent, detect and treat disease. However, the development of new therapies will place new demands on the pharmaceutical service. In this changing healthcare environment, with hospital healthcare becoming increasingly specialised, we need to make sure that NHSScotland is ready for forthcoming challenges.

Action *NHSScotland will explore any changes in pharmaceutical practice and educational requirements to ensure patients benefit from the new therapies derived from genomics and proteomics. (December 2005)*



Genomics and proteomics offer the potential to effectively target medicines, improving patient outcomes and reducing adverse side effects

Community Pharmacy Services – Fit for the Future

Community Pharmacy Services

Around 1,150 community pharmacies in Scotland are contracted by NHSScotland to provide pharmaceutical services and make a vital contribution to patient care and health improvement.

Whilst the dispensing of prescriptions is still a core activity, pharmacists also provide expert advice on health and health-care issues, as well as direct services to individuals and institutions. In addition, Primary Care Trusts contract for locally-funded services: supervised methadone consumption; needle exchange; oxygen services; the disposal of unwanted medicines; advice to nursing and residential homes; collection and delivery services and rota services. There are also a growing number of pharmacists working directly with GP practices and LHCCs to support effective and efficient prescribing.



Community pharmacists are ideally placed to monitor drug therapy in patients with chronic illnesses.

Community pharmacists are a cornerstone of primary care and make a vital contribution to patient care and health improvement, both as individual professionals and as part of the wider National Health Service.

The current system for remunerating community pharmacists for the services they deliver for NHSScotland has worked well for many years. It does, however, reward the quantity of prescriptions dispensed rather than the quality of service delivered to the patient. The system needs to be modernised to reward quality care and provide the correct incentives to enable community pharmacy to take forward and deliver an enhanced professional service. In addition, the problems of professional isolation are well documented. As pharmaceutical services develop it is important that support structures are in place and that concepts such as group practices in community pharmacy can be realised. Any new system will need to have a number of elements including measurable standards for patient care, appropriate rewards for managing the repeat dispensing process and the flexibility to tailor services to meet local needs.

Action *The SEHD will work with the Profession to develop a new system of remuneration which provides incentives to deliver quality services. To support this process the SEHD will seek the necessary powers to introduce Local Pharmaceutical Services (LPS) which will enable NHS Boards to contract directly with community pharmacy contractors for the provision of additional services. (December 2005)*

Patients suffering from chronic conditions such as heart disease, asthma and diabetes, receive regular repeat prescriptions. These prescriptions account for around 75% of all items dispensed and approximately 80% of prescribing costs. There is a commitment in *Our National Health* to improve the provision of repeat medication by giving certain patients a prescription for up to 18 months that is dispensed from a pharmacy in instalments over an agreed period of time. Previous trials for pharmacy-led repeat dispensing models have demonstrated benefits for patients and GPs, as well as reduced drug wastage.

Action *The SEHD will develop and roll-out a repeat dispensing model as part of agreed shared care packages between GPs, pharmacists and patients. (December 2005)*

In-Pharmacy Testing

While diagnosing disease is the responsibility of the doctor, there are a number of tests that can be carried out in any pharmacy which has the appropriate facilities and trained staff. In-Pharmacy testing can help in screening for risk factors, diagnosing disease and monitoring disease or therapy.

Screening for the early diagnosis of a disease or for risk factors can help prevent illness and alert people to the relationship between potential disease and their lifestyle. Pharmacists can offer advice and support and, where appropriate, can refer the patient to another healthcare professional.

However, indiscriminate screening can have adverse consequences, therefore community pharmacists offering screening services should do so in partnership with their NHS Board.

Monitoring Therapy

Effective monitoring helps to control long-term chronic conditions and pharmacists can provide the link between treatment and monitoring. It is now becoming common for pharmacists to run clinics for anticoagulant therapy, asthma, diabetes and coronary heart disease. This means that patients with poor symptom control or inappropriate therapy can be identified and appropriate action taken as early as possible. As a result, dosages of medicines can be adjusted within agreed limits without the patient having to visit their GP.

Action *NHS Trusts and LHCCs will be encouraged to allow all patients undergoing treatment with medicines that require monitoring to have that monitoring provided by their own community pharmacist whenever practicable. (March 2005)*

Pharmacist Prescribing for Common Illnesses

Community pharmacists are often the patient's first port of call when feeling unwell. A pharmacist has three options; offer advice, sell an over the counter medicine or refer the patient to his or her GP. In some instances, patients cannot afford to buy the over the counter medicine and therefore must be referred to their GP. This often requires an appointment at the GP surgery, followed by another visit to the pharmacy for the prescription to be dispensed. Allowing pharmacists to prescribe will improve patient access to healthcare and help reduce inequalities in the current system.

Action *The SEHD will introduce schemes between GPs and community pharmacists to allow certain patients to use their pharmacy as the first port of call for NHS services for the treatment of common illnesses. (December 2005)*



Allowing community pharmacists to prescribe certain medicines on the NHS will improve patient access to healthcare.

It's happening already. The Direct Supply of Medicines pilot projects in Arbroath and Patna are helping to ease the burden on GP and nursing colleagues by allowing community pharmacists to prescribe over the counter medicines as well as some prescription-only medicines on the NHS to those patients normally exempt from prescription charges. Subject to evaluation, this will be rolled out to all pharmacies in Scotland.

Meeting Specific Needs

Cancer

Hospital pharmacists have a pivotal role in cancer care and in the safe delivery of clinically effective chemotherapy services. More recently, within multi-disciplinary teams, they have redesigned the preparation process to enable patients to receive treatment with minimum disruption to their lives and those of their carers. Community pharmacists have developed new roles contributing to cancer prevention and early detection, as well as palliative care.

As the pattern of treatment varies throughout the course of their care, patients require access to services that provide the required level of active, supportive or palliative care in their preferred care setting. Integrated pharmaceutical services that provide consistent standards of care must therefore be readily and easily available.

A National Speciality Steering Group is currently developing a strategy that will define standards to assure the effective pharmaceutical care of cancer patients in line with the recommendations in *Cancer in Scotland: Action for Change*.

Service re-design

Action *Managed Clinical Networks will adopt and implement pharmaceutical care standards for patients with cancer. (December 2003)*

It's happening already. Structures are in place locally and nationally through which specialist pharmacists promote effective treatment and consistent standards of pharmaceutical care in all care environments.

In order to accelerate the pace of change and to ensure effective implementation of the Cancer Strategy, healthcare professionals and other stakeholders need to collaborate to achieve better integration and co-ordination of services. Inherent in this, is the key requirement to identify the priorities for developing and delivering a research strategy that will lead to improved treatment and services for patients. This includes safe and efficient electronic prescribing and medicine administration systems, especially in areas such as chemotherapy services.

Action *The SEHD will work with the appropriate agencies to develop standards for minimising the risk in relation to the preparation and administration of chemotherapy in all care environments. This will include planning for pharmaceutical services. (March 2003)*



Pharmacists can advise patients so that they know and understand about the side effects of their treatment with medicines.

It's happening already. Funding has been made available for 50 more dedicated cancer staff, pharmacists, technicians and other support staff, and for new equipment as a first wave of investments from the Cancer Strategy.

Pharmaceutical services must be flexible and respond to the pace of change. To do this they must keep a close watch on research and rapid developments in technology, biotechnology and gene therapy.

Coronary Heart Disease and Cardiovascular Disease

Pharmacists have a valuable contribution to make to reduce death and ill health from coronary heart disease (CHD) though, for example, disease prevention and health promotion, including smoking cessation support and the provision of NRT on the NHS. Pharmacists can also identify those at risk of developing CHD through local screening services as part of a team approach. They also have an important role to play in improving the pharmaceutical care of patients with established heart disease through pharmaceutical care planning, supporting concordance with medication and therapeutic drug monitoring.

It's happening already. Within a national demonstration project 'Have a Heart Paisley' (HaHP), community pharmacists are involved in a number of initiatives including: developing a disease register through collection of data on patients administering glyceryl trinitrate (GTN) spray and patients who may be appropriate for aspirin therapy, based upon evaluation of their current therapy; a pharmacist-led smoking cessation programme; and window campaigns to increase the awareness of the HaHP project within the population.

Mental Health

Mental Health remains a priority area for NHSScotland, and changes in the way services are now provided emphasise the importance of primary care as a setting for the treatment of patients with mental health problems.

The effective management of patients' medication is a key factor in the success of the treatment of mental illness. A lack of a systematic approach to the pharmaceutical care of those patients may lead to distress for the patients and their families, unnecessary hospital admissions and unnecessary cost to NHSScotland. In extreme cases it could lead to patients harming themselves, or, more rarely, others.

Pharmacists can make a significant contribution to the management of psychiatric and other medicines and can help promote patient compliance. They can also help to minimise the stigma attached to mental illness by raising awareness of mental health problems with the public and improving patient and carer information.

There are steps that can be taken to improve the pharmaceutical services for these patients, for example, repeat dispensing systems, improved individualised patient information, and the appropriate use of monitored dosage systems.

Community pharmacists should be seen as a resource to advise on, review, monitor and support the medication regimens of patients with mental health problems living in the community. As well as ensuring that medication regimens are safe and effective, pharmacists can provide advice to other healthcare professionals. They can also provide a safety net for patients whose medication regimens are not being maintained or are causing adverse effects, where necessary, prompting action by GPs, outreach teams or families. The pharmaceutical care planning process for some patients with

mental health problems may include involving pharmacists in the monitoring of Community Treatment Orders (CTOs).

Community pharmacists can also be integrated better with their local community mental health team and outreach service, including the social and voluntary sectors. They can provide information and advice to patients in drop-in centres and day-care centres, and can offer training on medication issues to staff in these centres.

Diabetes

Diabetes affects 3% of the population with an even higher incidence in certain ethnic groups. There are many people who remain undiagnosed and do not benefit from any form of treatment. This could be improved by developing screening, diagnostic and referral services in pharmacies, by promoting healthy lifestyles and screening for risk factors. Pharmacists and their staff currently encourage safe and appropriate self-medication. Pharmaceutical care planning would further enhance the care of patients with diabetes.

Diabetics are also at risk of developing cardiovascular disease. Pharmacists working in diabetic clinics are targeting patients with cardiovascular complications by conducting medication reviews and optimising secondary prevention treatment, including therapy for high blood pressure.

It's happening already. In Lothian, community pharmacists have been integrated into the primary care team to support the review of patients with type 2 diabetes mellitus, a patient group at high risk of suffering cardiovascular disease. This pilot project has achieved improvement in glycaemic and blood pressure control over a 6-month period.

Action *The SEHD will support the roll-out of the pharmaceutical care model schemes and support the development of chronic disease management schemes in line with national priorities. This will include developing and implementing packages of pharmaceutical care for patients with chronic conditions such as cancer, coronary heart disease, enduring mental illness, asthma, diabetes and epilepsy. (December 2005)*

It's happening already. The SEHD in partnership with the Royal Pharmaceutical Society in Scotland has appointed a Director of Pharmaceutical Care Model Schemes who is in the process of appointing a development team to facilitate the roll-out the current model schemes. There is potential to use these models to develop schemes in chronic disease areas.

Action *The SEHD will support the extension of pharmaceutical care in Scotland's main health priorities by creating Clinical Pharmacy Leaders. (March 2004)*

Drug Misuse

The Advisory Council on the Misuse of Drugs has recognised the role of the pharmacist in service delivery to drug-misusers. Supervised administration of methadone by community pharmacists is a service offered in all NHS Board areas in Scotland. Some community pharmacies already provide a needle exchange service in a number of sites across the country. However, the current distribution is inequitable and needs to be extended. In addition, more work is needed to combat the spread of blood-borne viruses such as Hepatitis B and C and HIV.

Action *The SEHD will explore ways of maximising the contribution of pharmacists in the provision of services to substance misusers. (September 2004)*

Sexual Health

Unwanted pregnancies in Scotland are a concern to all. So is the rising prevalence of Chlamydia infections, which can cause problems for women when they wish to have a child. A responsible mature approach to sexual health means enabling women to have the information to make healthy choices. Pharmacists are able to supply Emergency Hormonal Contraception (EHC) to women aged over 16, but the cost is prohibitive for some women. Patient Group Directions would allow pharmacists to provide EHC on the NHS and NHS Boards should investigate ways to increase access to these services.

Links with Family Planning Services and organisations like the Brook Advisory Centre should be encouraged so that practitioners are more aware of the pharmacist as a source of information and advice on matters of sexual health.

Action *NHSScotland will investigate ways to improve access to contraceptive services through pharmacies. (April 2004)*

It's happening already. As part of a co-ordinated multi-agency campaign to improve sexual health, accredited pharmacists in Fife are supplying EHC, free of charge, to women using a Patient Group Direction

A Lifetime of Pharmaceutical Care

Parents and Children

Women with children under 5 are frequent users of community pharmacies. Their community pharmacist can provide support for both mothers to be and new mothers by giving advice in areas such as smoking cessation, pre-conceptual folic acid, child nutrition, including breast feeding and advice on formula feeds for mothers who choose



People who take part in competitive sports need to take extra care when purchasing over the counter medicines.

not to breast feed. They can also advise on a wide range of issues such as taking medication whilst pregnant or breast-feeding, childhood immunisation, dental care, and minor childhood ailments.

Medicine use in children requires specialist skills. For example, doses of medicines need to be carefully tailored for the individual child. To support appropriate pharmaceutical care for children, the UK Paediatric Chief Pharmacists Group has developed standards for the pharmaceutical care of children in intensive care. This is to be commended and should be extended to other clinical areas of paediatric care.

Action *The Chief Pharmacist's Office will lead a working group to develop an accreditation programme for pharmacists working in paediatrics in NHSScotland. (September 2004)*

Action *LHCCs will be asked to encourage pharmacists and health visitors to work more closely together to provide support for parents and children on a range of pharmaceutical care issues. (June 2003)*

HEBS will be asked to explore, with the Profession, schemes to promote the safe use of medicines in pregnancy and breast feeding. (June 2003)

Young People

Young people's health is affected by many influences. They want local services available at times that are convenient to them, for example, lunchtimes and Saturdays. Community pharmacists, in partnership with other key stakeholders, can contribute to co-ordinated local strategies to improve the health and wellbeing of young people. For example, pharmacists can provide improved access to contraception advice and services, smoking cessation support and information.

Action *HEBS will work with the Profession to introduce campaigns aimed at younger people and targeted through pharmacies, for medicines awareness in sport and driving, improved sexual health and smoking cessation. (June 2004)*

Older People

The ageing process affects the functions of some of the body's vital organs such as the kidney and liver, thereby influencing the way in which some medicines are excreted from the body. It is, therefore, critical to take age into consideration when prescribing, as older people will be more prone to adverse drug reactions and side effects.

Many older people have complex medication needs which go unrecognised, leading to decreased quality of life, accidents, medicine-related hospital admissions, loss of independence and eventual transfer to residential care. Increased pharmaceutical input would greatly enhance the care provided to older people.

The Report from the Expert Group on Healthcare of Older People, *Adding Life to Years*, identifies the key challenges to be addressed in order to meet the needs of older people and the care that they receive. Many problems arise because of poor communication and co-ordination in prescribing, both across the primary and secondary care interface, and at the time of discharge from hospital. Many older people are not allowed to self-administer their own medicines when in the hospital, thereby reducing their independence and making it difficult to identify any self-administration problems prior to discharge.

Redesigning of hospital services, allowing pharmaceutical input to admission and discharge procedures as well as the use of the patient's own medicines on the ward, will go some way towards improving this.

Older people often have difficulty opening child-proof bottles and blister packs, and can find small print labels difficult to read. To help older people, their medicines should be prescribed and dispensed in ways that are physically accessible, with legible labelling and advice.

Many falls in the elderly are attributed to adverse drug reactions. Whilst it is well documented that medication reviews reduce the risks of adverse drug reactions in older people, these are not widely enough practised. If community pharmacists, working with their GP colleagues, review older people's medicines and address any medication problems, the incidence of adverse reactions in this vulnerable group will improve.

It's happening already. In a model scheme in Glasgow a team consisting of an occupational therapist, pharmacist and physiotherapist assess older people at home after they have attended Accident and Emergency with a fall.



Modern medicines can improve the quality of life of older people and help them maintain their independence.

Community pharmacists in a model scheme in Dumfries and Galloway visit 'at risk' people over 75 living at home, offering support in relation to medication and, when necessary, referring them to other healthcare professionals such as their GP or chiropodist.

Most older people enjoy good health and will continue to do so. Health promotion has a big part to play in reducing morbidity and promoting independence in the older population. Pharmacists and their staff have a major contribution to make in ensuring that older people get information about healthy lifestyles. They can also identify when older people, particularly the at risk and vulnerable, become ill and ensure they get quick access to support.

Community pharmacists currently order and supply flu vaccines for their local GP surgeries. Using their knowledge of the local population and their patient medication records, community pharmacists could help identify patients most at risk from flu and, together with their primary care colleagues, could build an accurate 'at risk' register. This would ensure that these individuals were made aware of the benefits of the vaccination programme. In the future, working under Patient Group Directions, pharmacists could administer flu vaccinations, thus relieving pressures on GP practices.

Action *The SEHD will ensure that pharmaceutical care initiatives for older people, including those specified in Adding Life to Years, are given priority in order to improve health services for older people. (July 2004)*

Carers

More and more vulnerable people are being cared for at home or elsewhere in the community. Carers who look after them either on a formal or informal basis have frequent contact with community pharmacists and their support staff. This may be their only regular contact with a healthcare professional.

Individual carers, whether relatives, home care workers, elderly neighbours or young people collect medicines on behalf of the people they care for. Many carers themselves suffer from illness; many may be elderly or infirm and need support to help manage their own medicines, as well as those of their dependants. Pharmacists, therefore, have a vital role in both identifying and supporting carers.

Practical examples of the support that can be offered include advice on how and when medicines should be given, the interpretation of information and confusing directions, advice about missed doses and common side effects, as well as handing out compliance charts, aids and large print labels.

Many formal and informal carers have benefited from training provided by pharmacists on issues such as the safe and secure handling of medicines.

Patients and their carers often need support following discharge from hospital. Medicines may change and the patient and carer may be faced with new or complicated regimens. Community pharmacists are well placed to support patients and their carers cope with these situations.

Action *The SEHD will support schemes bringing together practical and innovative ways of supporting carers utilising the network of community pharmacies and link with Carer's Trusts and Centres. (December 2003)*

It's happening already. In 2001, with funding from the SEHD, the Royal Pharmaceutical Society in Scotland ran a pilot with the Princess Royal Trust for Carers to identify hidden carers in the community.

Homeless, Ethnic Minorities, Refugees and Asylum Seekers

There are many interventions pharmacists can make with these client groups. For those not directly accessing primary care services, community pharmacists can direct them to the most appropriate support services, and can offer a wide range of screening services. This has been recognised in one of the recommendations in the Scottish Consumer Council's Report on *Improving Access to Primary Health Care*.

Community pharmacists already play a vital role in meeting the health needs of homeless people and are ideally placed to identify their unmet health needs. They have the opportunity to form good relationships with homeless people and are able to intervene in times of health and other crises.

Pharmacists and their staff can advise on a range of healthcare issues including prescribed and over the counter medicines, addressing any issues that may be culturally sensitive. Communication with these client groups needs to take into account problems of language and communication as well as untreated sight and hearing difficulties. Patient Information Leaflets should be available in different languages and mediums.

Action *The SEHD and the Profession will work together to put in place ways in which pharmacists can improve access to NHS services for homeless people, ethnic minorities, travelling people and others. (December 2003)*

Partnership with staff

When proposing such radical changes in the way pharmaceutical care is delivered, there is a need to ensure that staff are fully trained for their new roles. This will require the provision of high quality education and training, good workforce planning and the appropriate skill mix.

Education and Training

Registration as a pharmacist takes five years. It is dependent on the completion of a four-year Masters degree in pharmacy (M.Pharm) and one year's practical training in community or hospital pharmacy. The undergraduate course covers all aspects of medicines ranging from how drugs are made to their clinical use.

Post-qualification education for NHS pharmacists is provided by the Post-Qualification Education Board (POEB), which is soon to be part of the new Special Health Board for Education in NHSScotland. The POEB executive arm, the Scottish Centre for Post Qualification Pharmaceutical Education (SCPPE), is responsible for course provision and funding for postgraduate diplomas/degrees.

Presently over 50% of hospital pharmacists have a higher degree such as an MSc or PhD. The equivalent figure in community pharmacy is not known, but is substantially lower than that of hospital pharmacy. To respond to the proposed redesign of services, it will be necessary to look at the post-qualification education for pharmacists to ensure that it is consistent with current and future requirements and promotes new roles and innovative ways of working. This review of post-qualification educational provision may include exploring the provision of higher degrees such as a professional doctorate designed to produce researching professionals to further evidence-based clinical practice in both primary and secondary care.

The Scottish Executive's strategy paper *Learning Together* sets out the framework for shared learning in NHSScotland to encourage multi-disciplinary working and sharing of best practice. The new Special Health Board that will encompass the POEB and the equivalent bodies in medicine, nursing and in the longer term others, will contribute to multi-disciplinary learning at postgraduate levels. Shared learning for professionals at an undergraduate level is also to be encouraged to further enhance multi-disciplinary awareness and promote teamwork and encourage best practice for NHSScotland in the future.

Action *The SEHD will commission a review of the education needs of pharmacists in NHSScotland, including the role of professional doctorates. In addition, they will work with the Profession, the Schools of Pharmacy and the new Special Health Board for NHS Education to encourage shared learning at both undergraduate and postgraduate levels. (May 2005)*

Pre-registration training for pharmacists in NHSScotland is mostly provided in either the hospital or community practice setting. This can lead to fragmentation and isolation within the profession and a reduction in the flow of pharmacists towards identified need in the NHS. It should be a preferred option that pre-registration training should incorporate both primary and secondary care.

Action *In order to encourage seamless pharmaceutical care for patients and reduce intra-professional boundaries, the SEHD will work with the Profession to allow the pre-registration training for pharmacists to be shared between community and hospital pharmacy NHS settings. (August 2004)*



Undergraduate pharmacy courses cover all aspects of medicines ranging from how drugs are made to their clinical use.

It is part of a pharmacist's professional responsibility that they undertake continuing professional development (CPD) and within this concept regular participation in continuing education. CPD is defined as the process which pharmacists continuously undertake to enhance their knowledge, skills and personal qualities to ensure their competence in their practice environment. CPD is an integral part of clinical governance. It contributes to safeguarding the public, patients and the NHS from breaches of legislation and guarantees safe, effective and high quality services.

Action *The SEHD will work with the Royal Pharmaceutical Society of Great Britain (RPSGB) and the Department of Health to support the early implementation of a compulsory obligation for pharmacists to undertake and document their CPD as a requirement for their registration to practice. (December 2005)*

Manpower and Skill Mix

Changes happen when people at the front line are given the opportunity, responsibility, freedom, skills and resources to do a better job. This underpins the need to educate, train and develop the appropriate numbers of pharmacists and their support staff.

In order to optimise pharmaceutical care there is a need to review the current infrastructure to ensure that pharmacies and pharmacists have the capacity to deliver new and improved services.

To ensure the adequate supply of registered pharmacists within the NHSScotland, it is essential to attract good quality undergraduate students to the Schools of Pharmacy. Innovative schemes designed to support undergraduate numbers, such as fast-tracking graduates from other professions, should be explored.

NHSScotland requires more trained pharmacy technicians in both the community and hospital sectors. Ideally, technicians should be trained to allow them to work either in primary or secondary care, allowing the sharing of safe systems of work and improving career progression.

Action *The SEHD will work with the Profession, the Schools of Pharmacy and Colleges of Further Education to ensure that there are sufficient registered pharmacists and qualified pharmacy technicians for the needs of the NHSScotland. This will include reviewing the skill mix requirements in hospital and community pharmacy and examining how to fully utilise the skills of pharmacy technicians, dispensers and assistants. (December 2005)*

Currently there are no recognised standards for capacity and workload in the dispensing process. This is a potential problem in the development of a clinical governance framework, underpinning safe systems of work. It also poses a potential risk to patient safety.

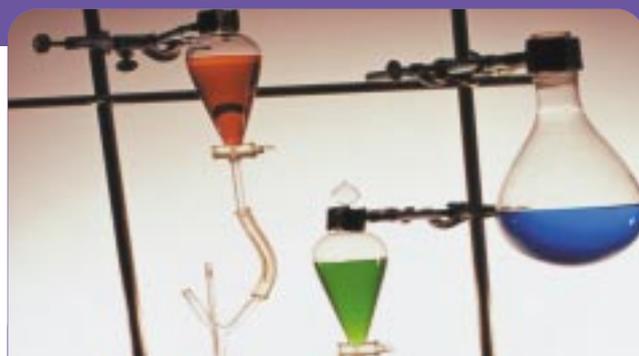
Action *The SEHD will work with NHSScotland and the Profession to explore standards of workload. (December 2004)*

Clinical Governance

Governance and Quality Assurance measures are in place to ensure the delivery of high quality pharmaceutical services to patients.

The pharmaceutical profession has a number of measures in place to contribute to clinical governance, and to encourage professional skills and competence. These measures include the RPSGB's responsibility to accredit undergraduate degree courses in pharmacy to ensure that all Schools of Pharmacy deliver appropriate education for their students' future career. Following this, the pharmacy graduates are required to complete a competency-based training and assessment year and further pass a registration examination to become eligible to practise as a pharmacist.

Partnership with staff



Scotland is internationally recognised for its research at the forefront of biotechnology.

CPD is an obligation for registered pharmacists under their professional code of ethics, and all pharmacists are encouraged to participate in clinical audit. In Scotland, the RPSGB has two inspectors who visit registered pharmacies to ensure that high standards are maintained. The role of the Inspectorate is both advisory and enforcement in order to contribute to the safe and effective pharmacy services to patients. The RPSGB also has an effective complaints procedure and, if required, may invoke disciplinary proceedings which ultimately may result in a decision to remove a pharmacist's name from the register.

The philosophy of clinical governance is embedded in the practice of pharmacy. Quality measures have been adopted in hospital and community pharmacy and it may be appropriate that these measures can be utilised within the NHSScotland to further contribute to clinical governance.

Action *The SEHD will explore with the Profession a framework for clinical governance that will ensure high standards of pharmaceutical care in NHSScotland. (December 2003)*

Research and Development

The pharmaceutical profession contributes to scientific research and health service research to help improve pharmaceutical services and knowledge. The Scottish Executive has supported a number of practice research projects through the Pharmacy Practice Research Fund and the Primary Care Development Fund. Many of the initiatives in this Strategy have been developed as a result of these research projects.

Scotland has two Schools of Pharmacy, one based in Aberdeen at the Robert Gordon University and the other in Glasgow at Strathclyde University. The Scottish Executive encourages joint research between these Schools of Pharmacy and other academic disciplines in healthcare.

Research in the Department of Pharmaceutical Sciences at Strathclyde University is organised into three broad areas – Drug Delivery and Formulation, Biomedical Chemistry and Pharmaceutical Care/Pharmacy Practice. The Cancer Research Campaign has upgraded their existing formulation facility in Strathclyde. This research by the Drug Delivery and Formulation Research Group spans a number of areas fundamental to drug delivery science. A major innovation has been the creating of a clinical imaging research facility based at the nearby Royal Infirmary. This is a unique facility, allowing the assessment of dosage form performance in patients, rather than healthy volunteers.

In order to further develop the evidence-base, it is important that pharmacists and the Schools of Pharmacy are included in setting the research agenda, designing and producing research results, and implementing the outcomes.

Action *The Chief Pharmaceutical Officer will work with the Chief Medical Officer and the Chief Scientific Officer to ensure that the pharmaceutical profession's contribution to research is fully harnessed. (September 2003)*

Actions

During 2002

- Include pharmacies in multi-disciplinary campaigns and activities
- Establish a Scottish Centre for Adverse Drug Reactions Reporting
- Support the collection of information on misadventures with medicines
- Work with ADTCs to review and monitor local guidelines on antibiotic prescribing
- Produce guidance on joint working between NHSScotland and the Pharmaceutical Industry
- Encourage all community pharmacies to carry the NHSScotland logo
- Support improvements in community pharmacy premises
- Review arrangements for out of hours services to improve public access
- Connect all community pharmacies in Ayrshire and Arran to the NHSnet
- Introduce the Electronic Transfer of Prescriptions throughout Irvine, Kilwinning and Dundonald LHCC
- Explore effective strategies to empower and inform patients and the public about medicines
- Ensure that all NHS Boards and LHCCs have access to pharmaceutical public health advice

During 2003

- Establish a Medicines Utilisation Unit to provide NHS bodies with information about how medicines are used
- Run a number of major public awareness campaigns about the safe storage, use and disposal of medicines
- Set up Pharmacy Locality Groups comprising of all community and associated hospital pharmacists within an LHCC boundary
- Remove the barriers to improved access to medicines through pharmacist prescribing
- Improve access to pharmaceutical services in areas of acute deprivation and rural communities
- Develop tool kits for assessing the pharmaceutical needs of populations
- Develop a number of model pharmacies from existing hospital and community pharmacies
- Develop standards for electronic prescribing in hospital
- Adopt and implement pharmaceutical care standards for cancer patients across managed clinical networks
- Develop standards for minimising the risk in relation to the preparation and administration of chemotherapy
- Encourage pharmacists and health visitors to work more closely together to provide support for parents and children on a range of pharmaceutical care issues
- Explore schemes to promote the safe use of medicines in pregnancy and breast feeding
- Support schemes bringing together practical and innovative ways of supporting carers
- Explore ways in which community pharmacists can improve access to NHSScotland services for homeless people, ethnic minorities, travelling people and others
- Commission a review of the education needs of pharmacists
- Explore a framework for clinical governance
- Harness the pharmaceutical profession's contribution to research
- Explore designating Tayside Pharmaceuticals a National Service

Actions

During 2004

- Enable community pharmacists to provide more outreach services such as domiciliary visiting
- Work to ensure that patient medication records meet the needs of NHSScotland and enhance patient care
- Develop models to provide integrated pharmaceutical care, regardless of setting
- Create Clinical Pharmacy Leaders to support the extension of pharmaceutical care in Scotland's main health priority areas
- Explore ways to maximise the contribution of pharmacists in the provision of services to substance misusers
- Give priority to pharmaceutical care initiatives for older people
- Allow the pre-registration training for pharmacists to be shared between community and hospital NHS settings
- Explore standards of workload
- Promote closer joint working between the medical and pharmaceutical professions
- Develop models of practice to ensure that patients have their medicines reviewed and medication problems addressed before their discharge
- Review the network and function of NHSScotland's medicines information services
- Improve access to contraceptive services through community pharmacies
- Develop an accreditation programme for pharmacists working in paediatrics in NHSScotland
- Introduce a number of campaigns for medicines awareness aimed at younger people covering smoking cessation, sexual health, and the use of medicines in sport

During 2005

- Encourage shared learning at both undergraduate and postgraduate levels
- Roll-out the Electronic Transfer of Prescriptions across NHSScotland
- Develop systems to allow, wherever possible, the dispensing of patient packs across primary, secondary and tertiary care
- Look to implement suitable self medication administration schemes in hospitals
- Develop a new system of remuneration for community pharmacy contractors
- Introduce Local Pharmaceutical Services for community pharmacy contractors
- Develop and roll-out a repeat dispensing model
- Allow patients who require monitoring to have that provided, whenever practicable, by their community pharmacist
- Introduce schemes between GPs and community pharmacists to allow certain patients to use their pharmacy as a first port of call for NHS services for the treatment of common illnesses
- Support the roll-out of the pharmaceutical care model schemes, including the development of chronic disease management schemes in line with national priorities
- Support the early implementation of a compulsory obligation for pharmacists to undertake and document their CPD as a requirement for registration to practice
- Work to ensure there are sufficient registered pharmacists and qualified technicians for the needs of NHSScotland
- Review the skill mix requirements in pharmacy
- Develop the network of community pharmacies as walk-in healthy living centres using standardised patients records and a decision support system
- Develop the clinical skills of community pharmacists by allowing certain patients to have their medicines reviewed at least once a year
- Explore the impact of genomics and proteomics on future needs of pharmacy education.