Pharmacy, Medicines and You

Wendy Robertson  Principal Pharmacist – Pharmaceutical Services
Liz Kemp  Principal Pharmacist – Pharmaceutical Services
Caroline Hind  Deputy Director of Pharmacy and Medicines Management
As a team, our mission statement is:

"Getting the best from pharmacy services and medicines for better health and safer care"
In Scotland on a typical day in the NHS

- 62,000 people visit their family doctor
- 341,602 prescriptions are dispensed by pharmacists
- 23,173 people are seen as outpatients
- 13,334 visits are made by district nurses
- 600,000 people visit a community pharmacy (2002 Consumer survey)
Traditional Pharmacy

- Dispensing of prescriptions
- Healthcare advice
- Over the counter sales of medicines
Additional Services - locally negotiated

- Extended and out of hours services
- Domiciliary Oxygen services
- Palliative Care Service
- Advisory services to care homes
- Harm reduction / minimisation services
  - methadone supervision
  - needle and syringe exchange service
The New Community Pharmacy Pharmaceutical Care Services Contract (2006)

The 4 Core Services

- Minor Ailments
- Public Health
- Acute Medication
- Chronic Medication
Community Pharmacy Modernisation

• Improve access
• Provide private or consultation areas for patient counselling
• Provide better signage of services delivered
Robotic dispensing
Minor ailment service (MAS)

- Patients register for MAS with their preferred pharmacy
- Advice, treatment or referral as appropriate for ailments
- Treatment free of charge with appropriate medicines provided from an agreed limited formulary
Grampian Minor Ailment Service Formulary

- Indigestion
- Infant Colic
- Constipation
- Diarrhoea
- Haemorrhoids
- Mouth ulcers
- Oral Thrush
- Hay Fever
- Cough
- Nasal Congestion
- Sore Throat
- Pain
- Travel Sickness

This is reviewed every 2 years
MAS Activity in NHS Grampian

In Grampian in June 2011

- All 131 community pharmacies take part
- 63,706 patients were registered for MAS
- 11,112 items of treatment were supplied
- at a cost of £23,840.82
Acute Medication Service (AMS)
Chronic Medication Service (CMS)

- Patients register for CMS with their preferred pharmacy
- The pharmacist will go over their current medicines and treatments
- Identify care issues and take action
- Possible eligibility for serial prescriptions
Do you think patients will be happy to participate in CMS reviews by when approached to do so by the pharmacist?
Public Health Services

Commitment from Scottish Government (The Right Medicine) to develop the role of community pharmacy:

– providing a health promoting environment in their Community Pharmacies
– promoting healthy lifestyles
– offering opportunistic interventions in areas such as alcohol, self care, smoking cessation and sexual health services, chlamydia screening and emergency hormonal contraception
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• 2008/9 - national service specifications smoking cessation, and a emergency hormonal contraception
• make use of windows/frontage and/or display space in pharmacies to promote health
• provide access to appropriate health education information, materials and support
• Chlamydia screening
Smoking cessation advice and provision of NRT

• Local Grampian scheme prior to National Contract
• January to June 2011, community pharmacy scheme showed 1162 four week quits (75% of all 4 week quits for Grampian)
• 42% quit rate
Emergency Hormonal Contraception

- Patient presenting in person at the community pharmacy requesting emergency contraception for their own use within 72 hours of unprotected sexual intercourse or failure of a contraceptive method.
Community Pharmacy support for substance misuse

• Local contract

• To support harm minimisation by:
  – Consume on premises methadone
  – Needle exchange
  – Naloxone take-home
Influenza immunization in pharmacy

• Not part of national contract
• Administration under PGD
• First in UK
• This year 34 community pharmacies across Grampian providing clinics for OHS & fee paying service
• 739 OHS clients immunised in 2010/11 (from 25 pharmacies)
Pharmacy travel clinics

- Majority of immunisations & medicines for travel are not NHS
- Two pharmacies in Grampian providing full travel clinic service (fee paying)
  - Aberdeen City & Inverurie
  - Administration & supply under PGD
  - Risk assessment, vaccinations and anti-malarials
  - Other travel products
- Nine pharmacies providing malaria prophylaxis service (fee paying)
  - Aberdeen, Peterhead, Portlethen, Mintlaw, Inverurie, Huntly, New Deer
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- [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)
Nurse-led community pharmacy
minor injuries walk-in service

If the service had not been available, 36.6% of patients would have attended A&E at Foresterhill and 28% would have visited their GP the following week (n =71)

The Minor Injuries Clinic CAN treat:

- Anyone over the age of two
- Sprains and strains
- Wound infections (if patient has previously attended Service within last 72 hrs and now has infected wound)
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- Cuts, laceration & puncture wounds
- Minor burns and scalds
- Minor head injuries (no loss of consciousness)
- Nasal trauma
- Human, insect and animal bites/stings
- Foreign bodies under skin
- Minor eye injuries (not currently due to lighting issue)
- Bruising to skin and under nails
Antibiotics Grampian vs Scotland

The graph shows the number of Defined Daily Doses (DDD) per 1,000 patients for Grampian and Scotland from 2006/07 to 2011/12, categorized by financial year and quarter. The data indicates fluctuations over time, with periods where Grampian's usage is higher or lower than Scotland's.
Patient information leaflets

Antibiotics

So you want to know more?

Cough?

Sinusitis?

Earache?

Sore throat?
Community Pharmacy - No of Prescription Items Dispensed in Grampian 2006 - 2011

Over 2 million items per quarter
Prescribing in Primary Care

• Around 10% of all NHS costs in Scotland
• 70% of all prescribing costs
• 90% of all prescribed items
• 80% is for repeat medication
• 65% of GP consultations result in a prescription
Why is Prescribing Increasing?

• Increasingly elderly population
• Treating previously untreatable conditions
• Increased chronic disease screening
• More preventative treatments
• National guidance
• Increased access to medicines
  • More drugs
  • More prescribers
Scotland’s population - Death Rates

The BIG 3 Killers
Mortality Rates for the under 75s 1995-2008

<table>
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<th>Year</th>
<th>Other</th>
<th>Cancer</th>
<th>CHD</th>
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• Given the increase in growth of medicines do you think patients might be confused or overwhelmed with their medicines?
• What can we do to help patients?
er... EENY, MEEENY, MINY... MO...
Do You Know Who To Turn To?

www.know-who-to-turn-to.com
Community Pharmacists -
Supply of medicines without a G.P. prescription

- Minor Ailment Service
- Non-Medical Prescriber Clinics
- Provision of urgent supply of repeat medicines - Unscheduled care
- Emergency supply
Non Medical Prescribing (2006)

- Supplementary Nurse, Pharmacist and other health care professional Prescribers
- Nurse Independent Prescribers and Community Practitioner Nurse Prescribers
- Pharmacist Independent Prescribers
Independent Prescribing

For patients
• access to medicines at a time and place convenient to the patient

For non-medical prescribers
• Best use of skills, knowledge and expertise

For doctors
• allows doctors more time to use their expertise to deal with complex patients
Community Pharmacist Prescriber Clinics

12 clinics in Grampian

Asthma / COPD
Substance Misuse
Gastro - intestinal
Hypertension
Sexual Health
Unscheduled Care - Provision of urgent supply of repeat medicines

• National Patient Group Direction for Urgent Provision of Repeat Medicine by Pharmacists
  – enables community pharmacists to provide patients with up to one cycle of their repeat medicine when they cannot obtain a prescription from their medical practice usually out-of-hours or on public holidays
Emergency Supply

- At request of doctor or patient
- If there is immediate need
- If prescription cannot be provided immediately due to circumstance
- If it is not practical for patient to obtain a prescription
- Previously prescribed treatment
Community pharmacy Keep Well health check

• free, and typically takes 30-40 minutes.
• It’s for eligible 40 to 64 year olds at participating GP practices and selected community pharmacies in Grampian.
• Targeted at vulnerable populations in greatest need
• Particular focus on those at risk of heart disease and diabetes

Keep well
A Keep Well health check includes:

- a physical check up
- general questions about health and lifestyle
- an opportunity to ask about any other health related problems or worries.

*Keep well*
Community pharmacy Keep Well health check

• designed to provide support and advice which can help patients make their own healthier lifestyle choices.

• Signpost/refer patients to appropriate services which can help
• Do you think that people recognise that pharmacy is a source of information and signposting that allows patients to better manage their own health?
Unused Medicines
Community Pharmacy – Cost (GIC) of Prescription Items Dispensed in Grampian 2006 - 2011

About £23 million per quarter
Estimated £44 million wasted on medicines across Scotland every year

Some prescribed drug wastage is inevitable e.g.

- Patients recovering before their dispensed medicines have all been taken;
- Medicines being stopped or changed by the prescriber
- Progressing conditions so that new treatments are needed
- Patient death
- Factors relating to repeat prescribing and dispensing processes
- Medicines taking by vulnerable individuals living in the community, who cannot independently adhere fully to their treatment regimens.
- Where there is excess medicines kept by the patient then waste will be increased
Unused medicines campaign
Number of items on repeat prescription

- Total: 245
- Male: 123
- Female: 122
- Under 17: 60
- 17-24: 61
- 25-34: 59
- 35-44: 37
- 45-54: 34
- 55-59: 36
- 60+: 13

- One - two: 29%
- Three - four: 21%
- Five - six: 21%
- Seven or more: 35%

Base: 245
How often do you order items other than what you need?

- Always
- Sometimes
- Never
- Don't know

Base: 245
A meeting of the NHS Grampian Public Forum was held on Thursday 29 September 2011, in the Recreation Hall, Woodend Hospital, at 6.30pm. The topic for the meeting was ‘Pharmacy, Medicines and You’ and the speakers on the night were:

Caroline Hind  Deputy Director of Pharmacy and Medicines Management
Liz Kemp   Principle Pharmacist – Pharmaceutical Services
Wendy Robertson Principle Pharmacist – Pharmaceutical Services

Each of the speakers presented their information, including some time for questions, before the group discussions which focussed on medicines waste in primary and secondary care. A copy of the presentation is attached to the back of the report.

Presentation Discussion

The presenters allowed a short time at the end of each section for Forum members to give their views on specific areas of the presentation. A summary of these discussions is given below.

1. Do you think patients will be happy to participate in Chronic Medication Services (CMS) reviews when approached to do so by the pharmacist?

- Forum member gave example of having to wait for pharmacy to have more information. Adverts displayed in pharmacies over a year ago but never advised why there was a delay. It was confirmed that the launch has been staggered.
- Concerns about assuming that patients are still ‘stable’ – should at least be asked by Pharmacist if things are still the same.
- Concerns about people opting in who shouldn’t. It was confirmed that, at any time, the patient, GP or Pharmacist can say that they don’t think it is appropriate and opt out.
- The leaflet is very confusing.

2. Given the increase in growth of medicines do you think patients might be confused or overwhelmed with their medicines? What can we do to help patients?

- Changes in medication with no explanation – change of colour, size, packet. Better communication is needed to assure patients.
- Following a stay in hospital when the Consultant has said to take a certain medicine / certain amount and your GP says something else patients are unsure what to do.
- NHS Grampian’s Director of Pharmacy needs to raise issues about changes to medications (colour etc.) with the manufacturers and insist that this doesn’t happen.
- Give patients ‘compilation sheets’ when they leave hospital so everyone is clear.
• Not all pharmacies have a private consulting area so have to have conversations in public.
• If you have to split blister packs can get confused about how many you have left and don't know if they are out of date.

3. Do you think that people recognise that pharmacy is a source of information and signposting that allows patients to better manage their own health?

• No – people don’t know to go to pharmacy for ‘lifestyle’ advice and information.
• More education needed so that people understand all of the things you can go to pharmacy for / about.

Group Discussion

Following the presentation, Forum members took part in group discussions. Three of the five groups discussed issues relating to medicines waste in secondary care, and the remaining two groups discussed primary care issues.

Primary Care

1. What do you think are the main reasons for medicine waste?

• GPs keep prescribing the same things without checking if the patients really still need it.
• Crossing off drugs on repeat prescriptions when not all needed is a waste.
• Media reporting on possible negative side affects of drugs so people stop taking them and have drugs left over.
• Lack of communication and joining up of care providers e.g. Consultants and Registrars not discussing medicines for a patient, GP not aware of patient ‘history’ or new medication instructions from stay in hospital. Adding in Pharmacy could make this problem worse.
• People starting but not completing a course of medication.
• Some people expect to come away from their GP with a prescription “to make them better”. Education is needed for public to understand medication isn’t always the answer. However, some group members believe that GPs are now more likely to tell patients that they don’t need a prescription.
• People use the internet to ‘self diagnose’ before seeing their GP.
• Some drugs such as those for respiratory conditions are more wasted than other drugs.

Some members were not surprised about the amount of money wasted each year in Grampian and Scotland (£9m and £44m respectively).

2. How do you think we can get the public to make better use of their medicines?

• Stop providing two months supply of all drugs, especially if it a drug that has been prescribed to that person for the first time – if the patient has a bad reaction after taking one or two of the drugs and has to stop taking them this is a waste.
• Culture / generation – younger people happier to question their GPs, older people need to know and have the confidence to ask their GP / question their GP about their medication.
• Put a system in place for re-using unused medicines. Some group members disagreed with this idea.
• When GPs review medications they should see and speak to each patient, not just do it on a computer.
• Wastage seems to happen more on the shorter term drugs rather than those for long term conditions. Annual reviews may not capture this so reviews should happen more often with nurse/GP. Patients need to be more aware that they can request reviews.
• Some feeling of helplessness about this expressed within the group.
• Patient/public need to take more responsibility and improve/develop self-management.
• Some drugs such as those for respiratory conditions are more wasted than other drugs. However, group felt targeting respiratory patients, for example, would probably single out a particular group of patients and be unfair – waste is not a blame on patients. For respiratory patients, some drugs are needed “just in case”.
• If it’s not prescribed – it’s not wasted! Need to look at un-necessary and over prescribing by GPs.
• Talk more to the pharmacist – requesting better privacy to do this.

3. Awareness campaign – how best can we communicate the key messages to members of the public?

• Encourage people to question their GP / Pharmacist about their medication(s).
• Education.
• Leaflets giving more information.
• Give information to Community Councils / Community Groups / Pubs & Clubs / GP practices.
• Any campaign on waste needs to be more prominent in GP practices.
• People don’t think about or understand the impact of ‘wasting’ medicine – should tell people what the cost of this is.
• Show cost of medicines on the packet (like ‘smoking kills’ on cigarette packets)

Secondary Care

1. Do you think it’s important to take your medicines in to hospital?

• One group – all members said yes.
• Forum member had been told to take them in for planned care.
• Another Forum member explained that for an emergency admission they didn’t take medication but were supplied with new medication when left hospital.
• Members thought the green bag system would be a good idea and would help patients avoid losing medication if they are being moved round the hospital.
• Yes – but some concerns about whether you get medicines back.
• Many patients tend to use the hospital medicine while their stay in hospital and use their own at home.
• Don’t always get medicine at times they are prescribed.
• Timing needs to be concern.
• Inpatient care for people who self manage is an issue – needs a change culture.

2. Why do you think it’s important/not important to take medicines in to hospital?

• To allow a complete picture of medical history possibilities.
• It lets the medical staff know what you know about your own health.
• Should take them to save staff time of having to find out what patient is on.
• Easy to get confused with names when asked (if don’t take in).
• It avoids confusion about different colours and sizes if hospital issue you with another brand of medication.
• You should take them to make sure you still get your medication at the right time.
• If medicines are taken from you, you don’t always get them back. Hospitals don’t always have drugs in stock.
• Issue when had to pay for prescriptions and hospital might keep some – cost for patient when had to get new ones once home.

3. How do you think we could encourage patients to take their medicines with them in to hospital?

• Put on admission letter but with recognition not all are planned admissions.
• For planned care a letter should include information about taking medication.
• For unplanned care ambulance staff should say to patient or relative.
• Green bag (medicine bag) for the patients (pharmacy colour) scheme pilot to start with.
• Pre assessment clinic should provide green bag to the patients.
• Green bag should follow the patients ward to ward. Ambulance will also have the green bag and if you are taken to hospital in urgent situation, some one should check the fridge to make sure if there is a medicine in the fridge (as some medicines are kept in the fridge).
• Ward should also provide green bag to the patients when they are discharged from the ward so that they can use the bag if they have to come back to the hospital.
• Yellow card (warning card) should be credit card size and single card is a lot better rather than card for each medicine.
• Sometimes common sense.
• Awareness campaign needed.
• Leaflets, posters, credit card advertising in pharmacies, GP practices, hospitals, shops.

4. Awareness campaign – how best we communicate the key messages to members of the public?

• Leaflets.
• Prescription bags.
• T.V but it only gives a short impact so not very effective.
• Put information in pharmacies / GP surgeries to let people know.
• Health Screen (concourse/A&E).
• healthpoint – those who know about healthpoint will use it and like it.
• Local pharmacy – windows.
• Voluntary networks communicating messages.
• GP could raise awareness at appointment when discussing going into hospital.
• Going out and raising awareness with community groups, carers groups.
• Tackle by using various methods at the same time such as speaking to groups, advertising and marketing campaigns to include posters, bus advertising, TV.
• Use all means possible.

5. Other discussions

• Question about going home - do you go out with old and new medicines? Facilitator confirmed - yes strictly because belong to you but for safety, would restrict as appropriate.
• Comment about cut up blister packs (can cause confusion, don’t know if out of date etc.). Facilitator confirmed that they are aware that this is an issue and do feedback to industry.
• Issue about having to go to hospital pharmacy when easier to go to community pharmacy after discharge. Facilitator explained reason for this is because some patients don’t go to community pharmacy e.g. lose prescription, forget, aren’t able to get there.
• Example given of husband going home without drugs at weekend and pharmacy/doctor shut. Facilitator acknowledged that this shouldn’t have happened.

A commitment was made to ensure the feedback from all of the groups is reported to the service, as well as to Forum members, as soon as possible.

Meeting Evaluation
At the end of every meeting Forum members are encouraged to tell us what they thought about the meeting. Below is a summary of the responses from the September meeting evaluation.

What do you think worked well today?
• Good choice of topic for discussion. Good to hear of latest initiatives.
• Presentations were informative and interesting. Group work valuable but could have been longer.
• All speakers really informative and explained very clearly what was covered in the presentations. Well attended event.
• The presentation was extremely informative and the opportunity to work in a group produced some interesting points.
• Very good presentations. Good discussion.
• A wide range of questions/comments and time given to air these.
• For me everything was very good and informative, but a lot of work has or should be done within the NHS re communication in different departments.
• Good info regarding medication supply. Clarification of services from Pharmacists.
• Good but broad discussion. Large scale opportunity for public involvement. Thanks for this opportunity.
• I found the presentation today answered some of the questions I needed to be answered and filled in the blanks I had over minor ailments.
• The discussion groups worked very well and would have benefited from more time (as usual).
• Lots of information! Lots to think about! Lots to share!
• Very informative meeting raising issues I personally was not aware of. Possibly short of publicity in certain cases.
• I think everything went well as always.

What could have been better?
• Perhaps to have a representative from a Community Pharmacy to hear from the local pharmacy side of things work smoothly as they are claimed to do.
• Didn’t get the OHP [PowerPoint] notes- this would have been helpful to get, slides often contained a lot of info. Difficult to read - even at the front. Meetings during the week are very suitable to me now. Thank you
• For me again – a loop system for the “Hard of Hearing”. Otherwise have enjoyed every evening.
• Some people took too much time putting over their questions or views.
• Longer time for group discussions.
• As usual it felt rushed but that is not a complaint merely a comment as there was a lot of information.
• Lots of issues with general solutions, so many exceptions not enough opportunity to question statements. I’d like to see lay involvement in pharmacy management issues. Some fundamental pharmacy issues need much more study.
• Think meeting should have been split in two on following days.
• More time taking about preventative services. When to go to GP, when to pharmacy.
• I still think the balance between time spent on presentation and time spent on question and answer needs to be a bit more even. Poor Laura’s always left hurrying on the speakers and the questions to ensure we finished on time. Perhaps we should take on a little less for one meeting.

Any other comments
• Very enlightening as to the services provided by pharmacists. More people should be made aware of this!
• I don’t know of many patients who want to take more medication than they need! Quite the opposite – most people would love not to be on medication. Good group discussion on unused medicine.
• Well done! A very good forum – my first in Aberdeen.
• Excellent Evening.
• Woodend is difficult to reach by public transport from Stonehaven.
• The venue at Woodend is perfect but when you have to travel meetings at night means we are late getting home, so afternoon would be far better.
• At question time could the group be reminded that general questions are welcomed but there is insufficient time and it is not relevant to get full details of ones personal problems?
• An interesting and enjoyable evening. Thank you.

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October 2011
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- Minor eye injuries (not currently due to lighting issue)
- Bruising to skin and under nails
Antibiotics Grampian vs Scotland

![Graph showing the comparison of antibiotics usage between NHS Grampian and Scotland over different financial years and quarters. The graph displays data from 2006/07 to 2011/12, with peaks and troughs indicating variations in antibiotic prescriptions per 1000 patients.]
Patient information leaflets
Community Pharmacy - No of Prescription Items Dispensed in Grampian 2006 - 2011

Over 2 million items per quarter
Prescribing in Primary Care

- Around 10% of all NHS costs in Scotland
- 70% of all prescribing costs
- 90% of all prescribed items
- 80% is for repeat medication
- 65% of GP consultations result in a prescription
Why is Prescribing Increasing?

- Increasingly elderly population
- Treating previously untreatable conditions
- Increased chronic disease screening
- More preventative treatments
- National guidance
- Increased access to medicines
  - More drugs
  - More prescribers
• Given the increase in growth of medicines do you think patients might be confused or overwhelmed with their medicines?

• What can we do to help patients?
er... EENY, MEEENY, MINY... MO...
Do You Know Who To Turn To?

www.know-who-to-turn-to.com
Community Pharmacists - Supply of medicines without a G.P. prescription

- Minor Ailment Service
- Non-Medical Prescriber Clinics
- Provision of urgent supply of repeat medicines - Unscheduled care
- Emergency supply
Non Medical Prescribing (2006)

- Supplementary Nurse, Pharmacist and other health care professional Prescribers
- Nurse Independent Prescribers and Community Practitioner Nurse Prescribers
- Pharmacist Independent Prescribers
Independent Prescribing

For patients
• access to medicines at a time and place convenient to the patient

For non-medical prescribers
• Best use of skills, knowledge and expertise

For doctors
• allows doctors more time to use their expertise to deal with complex patients
Community Pharmacist Prescriber Clinics

12 clinics in Grampian

Asthma /COPD
Substance Misuse
Gastro - intestinal
Hypertension
Sexual Health
Unscheduled Care - Provision of urgent supply of repeat medicines

• National Patient Group Direction for Urgent Provision of Repeat Medicine by Pharmacists
  – enables community pharmacists to provide patients with up to one cycle of their repeat medicine when they cannot obtain a prescription from their medical practice usually out-of-hours or on public holidays
Emergency Supply

- At request of doctor or patient
- If there is immediate need
- If prescription cannot be provided immediately due to circumstance
- If it is not practical for patient to obtain a prescription
- Previously prescribed treatment
Community pharmacy Keep Well health check

• free, and typically takes 30-40 minutes.
• It’s for eligible 40 to 64 year olds at participating GP practices and selected community pharmacies in Grampian.
• Targeted at vulnerable populations in greatest need
• Particular focus on those at risk of heart disease and diabetes
A Keep Well health check includes:

- a physical check up
- general questions about health and lifestyle
- an opportunity to ask about any other health related problems or worries.

*Keep well*
Community pharmacy Keep Well health check

• designed to provide support and advice which can help patients make their own healthier lifestyle choices.

• Signpost/refer patients to appropriate services which can help
• Do you think that people recognise that pharmacy is a source of information and signposting that allows patients to better manage their own health?
Unused Medicines
Community Pharmacy – Cost (GIC) of Prescription Items Dispensed in Grampian 2006 - 2011

About £23 million per quarter
Some prescribed drug wastage is inevitable e.g.

- Patients recovering before their dispensed medicines have all been taken;
- Medicines being stopped or changed by the prescriber
- Progressing conditions so that new treatments are needed
- Patient death
- Factors relating to repeat prescribing and dispensing processes
- Medicines taking by vulnerable individuals living in the community, who cannot independently adhere fully to their treatment regimens.
- Where there is excess medicines kept by the patient then waste will be increased

Estimated £44 million wasted on medicines across Scotland every year
Unused medicines campaign
Number of items on repeat prescription

- 245 Base

- 29% 17% 37% 100% 61% 59% 33% 34% 16% 13% 24% 25% 25% 0% 11% 19% 37% 36% 19% 21% 21% 27% 18% 0% 0% 7% 14% 36% 29% 19% 27% 13% 0% 0% 6% 10% 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- One - two

- Three - four

- Five - six

- Seven or more

Base: 245
How often do you order items other than what you need?
Details of the next Public Forum meeting

Date: Thursday 29 September 2011,
Time: 6.30pm-8.30pm

Topic: Pharmacy, Medicines and You

Venue: Recreation Hall, Staff Home, Woodend Hospital
A map of the venue is shown on the back page of the newsletter.

NHS 24 Public Partnership Forum

NHS 24 is currently recruiting new members for the NHS 24 Public Partnership Forum (PPF).

The main purpose of the PPF is to:
- support the delivery, monitoring and evaluation of Patient Focus and Public Involvement (PFPI) actions and encourage NHS24’s participation in PFPI activity,
- to contribute and influence the development and prioritisation of the 12-month workplan and PFPI Strategy
- to influence the policies and practices of NHS 24 and support its PFPI performance and activities.

If you would be interested in joining the NHS 24 PPF, or would like more information, please contact the NHS Grampian PFPI Team on 01224 558098 or e-mail nhsg.involve@nhs.net.

Public Forum Review

The PFPI Team is currently carrying out a review of the NHS Grampian Public Forum.

This will give Forum members an opportunity to tell the team what they think about the Forum meetings, information and purpose of the Forum and what improvements could be made.

Make sure you give us your views by completing the review survey online at www.surveymonkey.com/s/Public_Forum, fill in the survey sent to you in the post or contact the PFPI Team on 01224 558098 or e-mail nhsg.involve@nhs.net to request a paper copy.

The closing date for the survey is Friday 14 October 2011.

NHS Grampian Annual Review – Tuesday 1 November 2011

The performance of NHS Grampian is assessed formally by the Scottish Government Health Department each year through the Annual Review process. This includes a public meeting where key areas of performance are discussed.

This year's public meeting will take place on Tuesday 1 November 2011 at 1pm in Woodhill House, Aberdeen. The review will be chaired by the Minister for Public Health, Michael Matheson MSP.

Further details will be made available nearer the time.
PFPI Team updates

NHS Grampian’s Patient Focus and Public Involvement Team are currently working on a number of projects. Below is an update on current developments.

Wheelchair and Seating Services leaflet

An information leaflet for users of the NHS Grampian Wheelchair and Seating Service and their carers has been developed.

The Wheelchair and Seating Service is based in Woodend Hospital in Aberdeen and provides wheelchairs, buggies (for children) and specialist seating for patients in Grampian, Orkney and Shetland.

The leaflet is intended to answer some of the common questions that people have about the service including information about how people can access the service, equipment that can be provided and useful contact details.

Patients and carers were involved in the development of the leaflet. If you would like a copy of the leaflet please contact David Cooper on 01224 553161.

Car parking at Foresterhill

Following the Public Forum meeting in May when Forum members heard about the proposals for improving car parking on the Foresterhill site, further work was carried out to develop the proposals which aim to improve the car parking arrangements on the Foresterhill site in order to improve the quality of patient care and experience.

The proposals, developed by the Foresterhill Transportation Partnership Group, were approved by the NHS Grampian Board in August and will now move into the implementation phase of the project which will include a thorough communication exercise.

NHS Grampian on Facebook and Twitter

NHS Grampian is now on Facebook and Twitter!

Official pages have been set up on both of these social networking sites to provide members of the public with news and updates about local health services and other health related information.

You don’t need to have an account with Facebook or Twitter to view the NHS Grampian pages on these sites, all you need is internet access.

If you do have a Facebook or Twitter account, or if you create an account with these sites, you will be able to ‘Like NHS Grampian’ (on Facebook) or ‘Follow NHS Grampian’ (on Twitter) which will mean you will be able to receive regular updates. You will also be able to respond to or comment on any items that appear.
Patient Self-Referral to Out-Patient Physiotherapy Services in Grampian

During the summer of 2011, patient self-referral to the out-patient physiotherapy clinics in Aberdeen was introduced for patients with musculoskeletal problems (including continence and other pelvic dysfunction).

This means that patients over the age of 16 are now able to refer themselves directly to physiotherapy without having to see their GP first.

Patients can now complete and submit their referral forms to their nearest clinic. Once received, the form will be reviewed by a physiotherapist and the patient will be contacted to either discuss the problem or to arrange an appointment.

All referrals received, whether via self-referral or through traditional referral routes, will be prioritised on the basis of clinical need.

Further work will include the development of a webpage which will allow patients to access information on how to manage their musculoskeletal problem as well as being able to download a referral form or send it electronically. Further promotion of the self-referral service is also planned for later in the year through the Know Who to Turn To campaign.

If you have any queries regarding this service then please contact Lynn Morrison, Lead Physiotherapist – Aberdeen City CHP, by e-mail at lynn.morrison@nhs.net or phone 01224 555466.

NHS Grampian Feedback Service

The NHS Grampian Feedback Service allows anyone to comment on NHS Grampian services. The Feedback Service deals with all feedback about NHS Grampian from service users and members of the public. This includes compliments, comments and complaints.

You can praise staff, comment on standards of care or give your views on any other aspect of NHS services in Grampian.

The Feedback Service is open during the office hours of Monday to Friday 9:00am to 5:00pm. You can contact the Feedback Service is a number of ways:

NHS Grampian Feedback Service
St Martin's House
181 Union Street
Aberdeen
AB11 6BB

Tel: 0845 337 6338

E-mail: nhsglampian.feedback@nhs.net

Alternatively, you can complete a Feedback Card which can be found throughout NHS Grampian at clinics and practices.
Patients Rights Secondary Legislation Consultation

The Scottish Government is currently running a consultation on the secondary legislation arising from the Patient Rights Act, which was passed by Parliament shortly before the Scottish general election earlier this year.

The secondary legislation provides more detail about how the Act should be implemented, and the steps that NHS Bodies and others must take to ensure the Act is delivered.

The consultation includes draft regulations and directions on the Treatment Time Guarantee, Complaints Procedures, Feedback, Comments and Concerns, and Health Care Principles.

The Health Care Principles are set out in the Act and are expected to be upheld by all service providers. They are:

- **Patient Focus** - patients’ needs, circumstances, opinions and abilities must be taken into account when they receive healthcare. Privacy and confidentiality are to be respected and that support necessary for patients to receive or access health care is available.

- **Quality Care and Treatment** - healthcare is to be based on current clinical guidelines and standards; regard is had to the importance of providing the optimum benefit to the patient's health and wellbeing and the range of options available in each patient's case is considered.

- **Patient Participation** - patients are to be encouraged to take part in decisions about their health and wellbeing, given any information or support that they need in order to do so, and encouraged to treat health care staff in an appropriate way.

- **Communication** - patients are to be communicated with in a way that they can understand. NHS bodies and relevant service providers are to make sure that the patient has understood the information given.

- **Complaints** - any concerns or complaints are to be dealt with according to the NHS complaints procedure.

- **Waste of Resources** - this means that relevant NHS bodies and relevant service providers are to make sure that resources are used as efficiently as possible.

The closing date for responses to the consultation is 14 October 2011. For more information about the consultation visit [www.scotland.gov.uk/Publications/2011/07/21152328/0](http://www.scotland.gov.uk/Publications/2011/07/21152328/0) or contact Fiona Wherrett on 0131 244 2425.

Responses to the consultation and any suggestions for changes will be considered by the Scottish Government and, where possible, changes and improvements will be made to the secondary legislation.

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**International Older People’s Day**

Aberdeen City Council is holding a local Older People’s Wellbeing Event (Get Prepared for Winter) on Thursday 29th September 2011, from 10am to 1pm, at the Town & County Hall in Aberdeen.

The purpose of the event will be to showcase local organisations that currently support the Wellbeing of Older People.

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**New healthpoint in Fraserburgh**

A new NHS Grampian healthpoint was officially opened in Fraserburgh on 30 June this year. Healthpoint provides quality health information and advice to both the general public and local professionals.

The new healthpoint at 58A High Street in Fraserburgh is the fifth healthpoint in Grampian and replaced the mobile unit in the area.
NHS Grampian is committed to involving patients and the public in its work and supports the principle that people should not be out-of-pocket when working with the organisation. The NHS Grampian Patient and Public Involvement Expenses Payment Policy details the occasions when NHS Grampian will reimburse expenses, exceptions and how to make a claim.

For those who do make expenses claims who are involved in various projects and/or long term projects it is possible to arrange for payments to be made directly into your bank account. This can be set up easily by providing bank details for payment via BACS (Banker’s Automated Clearing Services). This service not only means that payments will be made directly into your bank account, but also provides e-mail notification or printed statements of any payments made.

If you have any questions about the Expenses Policy or wish to sign up to receive payments by BACS, please contact David Cooper on 01224 553161 or e-mail d.cooper@nhs.net.

The NHS Grampian Pharmacy Practices Committee (PPC) considers applications that are made to NHS Grampian for entry to the Pharmaceutical List and new NHS pharmacy contract or for major relocation of premises from which pharmaceutical services are already provided.

The Committee meets as required, as hearings are determined by the number of applications received by NHS Grampian. With recent changes in regulations, Committee meetings are held approximately three months after the application date so there is plenty of notice to plan meetings.

The Committee is currently looking for public representatives who might be interested in joining the group. Training is provided for new PCC members and support is provided by the Committee Administrator. If you think that you might be interested in joining the Committee please contact call 01224 558098 or e-mail nhsg.involve@nhs.net.

MEETING DATES

Dates of the NHS Grampian Board Meetings for 2011 are:

- Tuesday 4 October
- Tuesday 6 December

KEEP IN TOUCH WITH US!

To contact the PFPI Team please:
- send an e-mail to nhsg.involve@nhs.net
- write to us at Room 15, Ground Floor, Ashgrove House, Foresterhill, Aberdeen, AB25 2ZA
- call us on 01224 558098 and leave a message

If you wish to discuss or provide feedback on any aspect of NHS services, please contact the Feedback Team on 0845 337 6338.

Website: www.nhsgrampian.org