

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Pharmacy and Prescribing	Direction to: NHSS	Overall Budget allocated by IJB for Direction: £8,262,113
Reference Number: 1.10	Relevant Function(s): Pharmacy and Prescribing	Review Date: March 2025
IJB Report(s) Reference Number: CC-17-24		
Date Direction issued/authorised by IJB: 1 May 2024	Date Direction takes effect: 1 April 2024	Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes Direction 1.10 (IJB Report Ref. CC-23-23-F)
Purpose of Direction		
<p>To develop a pharmacy service that enables NHS Shetland to Recover, Renew and Transform through a focus on developing people and improving business processes.</p> <p>To provide pharmaceutical services within the hospital including procurement, storage, supply and dispensing of medicines.</p> <p>To support and apply governance around prescribing both in the hospital and primary care, considering cost, effectiveness, quality, training, safety, clinical input and outcomes for patients.</p> <p>To ensure effective contractual arrangements are in place for the delivery of community pharmacy services.</p> <p>To ensure dispensing arrangements are in place where it is not possible to dispense from a community pharmacy.</p> <p>To provide strategic support, operational leadership and direction in the management of prescribing costs and budgets across Shetland.</p> <p>To ensure appropriate governance in medicine use and administration in community care and care at home settings in in place.</p> <p>To support a multidisciplinary approach within GP Practices providing pharmaceutical expertise and a pharmacotherapy service as described in GMS 2018 and as agreed in local delivery plans.</p>		

Accountability and Governance

The Pharmacy Service provides essential organisational leadership and input to the Area Drug and Therapeutics Committee provides organisational governance for medicines and their use in Shetland. The Clinical Governance Committee provides governance arrangements for the wider work of the IJB in relation to standards of health and care services provided.

The integrated pharmacy services carries out a number of activities which provide assurance around the below directions

- Annual prescribing report for primary care in Shetland
- Annual medicines resource use report for all sectors of care
- Antimicrobial audit and assurance across both acute and primary care
- Audit and review on performance of national therapeutic indicators as applicable in Shetland
- Audit to inform improving cost-effectiveness and quality of prescribing
- We maintain and are developing a set of KPI's which assist in governance as outlined in the directions.
 - Cost per patient in Shetland as a percentage of Scottish cost per patient
 - Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland
 - Proportion of medication review completed across Primary Care
 - Number of patients dispensed medicines out of hours by wards staff on Ward 1&3
 - Number of medicines dispensed by ward staff out of hours

Overarching Directions to Function(s)

- Provide pharmaceutical services

Directions	Outcomes and key actions	Performance Monitoring and Indicators	Challenges & Opportunities – inc. Risks and Finance
The pharmacy service will work as a single team across traditional boundaries of Regional, Primary, Secondary and Community Care to support the seamless	The overarching outcome is to contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead	KPI's which will assist in performance monitoring are: <ul style="list-style-type: none"> • Number of patients dispensed medicines out 	

<p>and safe transfer of patients and their medicines between settings.</p> <p>This will include ensure that access to medicines is appropriate across Shetland and the different models of service delivery including all unscheduled and planned care pathways.</p>	<p>healthy, active lives that maintain independence and allow people to contribute to society in a positive way through Our Ambition 2021-2026, Shetland’s Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes.</p>	<p>of hours by wards staff on Ward 1&3</p> <p>Number of medicines dispensed by ward staff out of hours</p>	
<p>Building on “Achieving Excellence in Pharmaceutical Care” by implementing a workforce plan which modernises pharmacy services and incorporates the clinical specialisms and technical services to meet the increasing need for pharmaceutical care. This is underpinned by both transforming hospital pharmacy and general practice pharmacy frameworks.</p>	<p>The pharmacy workforce plan will ensure provision of a balanced workforce able to provide both clinical and technical expertise in medicines and their management and be reactive to the need for specific specialisms as part of the multidisciplinary plan.</p>		
<p>In carrying out the services covered by this Direction, the Pharmacy service is required to provide safety and clinical checks on medicines prescribed within the hospital environment and will provide clinical as well as technical support to GP practices in Shetland.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Regular attendance on secondary care ward rounds and interaction with the wider multidisciplinary team will provide assurance of safe and appropriate prescribing of medicines within acute care. • The service will demonstrate an increase multidisciplinary working across all settings of 	<p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> • Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland • Proportion of medication reviews completed in primary care • Clinical medicines audit enabled by HEPMA and including antimicrobials 	

	<p>care as outlined in “Achieving Excellence”.</p> <ul style="list-style-type: none"> • The provision of pharmacist and technician input into each health centres and locality multidisciplinary teams. Further development of specialist pharmacists roles, across all sectors of pharmacy practice as part of the multidisciplinary team, with a focus on conditions requiring medicine interventions. • Development of new ways of working in acute care, implementing ward level technician input and reform of current clinical pharmacist input. 	<ul style="list-style-type: none"> • National Therapeutic Indicator Performance 	
<p>The pharmacy service will work as an integrated service across traditional boundaries of Regional, Primary, Secondary and Community Care to support the seamless and safe transfer of patients and their medicines between settings.</p> <p>This will include ensure that access to medicines is appropriate across Shetland and the different models of service delivery</p>	<p>The overarching outcome is to contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through Our Ambition 2021-2026, Shetland’s Corporate</p>	<p>KPI’s which will assist in performance monitoring are:</p> <ul style="list-style-type: none"> • Number of patients dispensed medicines out of hours by wards staff on Ward 1&3 <p>Number of medicines dispensed by ward staff out of hours</p>	

<p>including all unscheduled and planned care pathways.</p>	<p>Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes.</p>		
<p>In carrying out the services covered by this Direction, systems and processes need to be fit for purpose. There is a requirement to reduce waste, improve efficiency and demonstrate value.</p>	<p>Delivering the priority cost savings projects: Diabetes prescribing including new 2023/24 prescribing strategy for NHS Scotland; Respiratory prescribing waste reduction; Non-medicine supply methods and procurement; Effective procurement function within secondary care and utilisation of national procurement frameworks and benchmarking; improved return on investment from cost avoidance approaches i.e. ScriptSwitch by localisation; and pharmacist led medication review in primary care.</p>	<p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> • Cost per patient in Shetland as a percentage of Scottish cost per patient • ScriptSwitch return on investment KPI • Proportion of medication reviews completed in primary care 	<p>On an annual basis we recognise and undertake savings projects in areas of prescribing where savings can be identified. This is under continual review and a core component of the services delivery.</p> <p>Available workforce to implement cash releasing efficiency savings and quality improvement work remains a constraint on opportunity realisation.</p>
<p>The Pharmacy Service will provide information and support to patients and prescribers around medicine use as required.</p>	<p>Patients will have access to pharmacy expertise across Shetland through community pharmacy, primary care pharmacy and hospital pharmacy.</p> <p>Patient information leaflets are supplied with every dispensed medicine and patients are able to be counselled on safe and effective use. Verbal information may also be given</p>	<p>Performance will be monitored through the use of patient feedback questionnaires with the pharmacy team.</p>	

	<p>as appropriate by pharmacists and pharmacy technicians when discussing medicines usage with patients.</p> <p>Where appropriate further written or on-line information will also be supplied.</p> <p>Expertise is available after initial dispensing to support patients through the lifecycle of their medications.</p>		
<p>Carrying out the services covered by this Direction will involve working with North of Scotland Health Boards to maximise the effect of this Direction, avoiding duplication of effort and conflicting strategies.</p> <p>Participate in regional working across the North of Scotland in the areas of –</p> <ul style="list-style-type: none"> • Hospital Electronic Prescribing and Medicines Administration (HEPMA) • Primary Care Prescribing Group • Prescribing Quality and Efficiency projects • Medicines Guidelines and Policies Group • Pharmacy staff education and development through Highlands and Islands collaborative approach • Development, shared governance and updating of Patient Group Directions (PGD) 	<ul style="list-style-type: none"> • NHS Shetland will continue to realise the benefits of HEPMA implementation within Gilbert Bain Hospital (GBH) and will continue working together as a North of Scotland collaborative • We will continue working regionally as part of the Highland & Islands Pharmacy Education and Research (HIPER) to promote collaborative delivery of both under and postgraduate training to be across the Highlands and Islands In providing these opportunities it enables us to develop a robust and island centric workforce which will 	<p>Ongoing participation in partnership working across North of Scotland boards and delivery of outcomes aligned with those shared functions across quality of prescribing, efficiency, governance and education and training.</p>	<p>Finance/Savings:</p> <ul style="list-style-type: none"> • Regional contractual model in place, savings achieved through collaborative procurement. • Ongoing work between the island boards has reduced duplication pooling of ideas, shared delivery of projects, and expertise to develop savings projects appropriate to remote and rural areas. <p>Risks:</p> <ul style="list-style-type: none"> • Workforce capacity

<ul style="list-style-type: none"> • Service delivery and systems improvement i.e. new GPIT, Digital Prescribing and Dispensing Pathways programme, serial prescribing, transition to 56 day prescribing. • Attending regional and partner board clinical leadership meetings i.e. Respiratory MCN, NHS Grampian Primary Care Prescribing Management Group 	<p>stabilise our workforce enabling people to live and work locally while still being able to access all educational opportunities. It encourages people from outside the area to see the islands as a realistic and exciting place to live and work.</p> <ul style="list-style-type: none"> • By working as part of a North of Scotland group producing and authorising PGD's it reduces duplication and workload across the region and makes it possible to have a more diverse range of PGDs available for staff use making the patient journey more efficient. It allows us to use expertise which we may not always have in the islands and streamlines the process for all. It provides assurance for us that we are meeting appropriate legislative requirements. 		<ul style="list-style-type: none"> • System/professional acceptance of change • Partner board resource to provide functions
<p>The Pharmacy Service will lead on governance for medicines prescribed by all clinicians in Shetland including those</p>	<p>Work closely with NHS Grampian to ensure that a regional approach is applied to</p>	<p>Locally we have the following committees providing</p>	

<p>provided directly to patients by. This will involve the delivery of training, review of prescribing across quality and cost domains, supporting organisational response to incidents and adverse events and developing learning.</p>	<p>medicine governance and policy, exploring opportunities for functional integration. NHS Shetland will continue to use the Grampian Formulary.</p>	<p>governance around use of medicines –</p> <ul style="list-style-type: none"> • Area Drug and Therapeutics Committee • Antimicrobial Management Team • Non medical prescribing group • Medical Gas Committee 	
<p>The Pharmacy service will continue to ensure good access to complex treatments and medicines. “Homecare” is an essential function of the acute pharmacy service. The increasing demand and workload associated with a single pharmacy service interacting with varied and highly transitional medical workforce model for specialities provided by external providers will require ongoing focus and review and need to describe additional investment required to sustain medicines</p>	<p>To ensure that an appropriate and reliable Homecare service is in place for Shetland patients. The use of homecare has more than doubled over the last 3 years and so an increased staffing resource is required within the pharmacy team to maintain/grow this service.</p> <p>The use of a largely visiting consultant service has increased the complexity around prescribing and monitoring requirements for a group of medicines with significant risks. The pharmacy team are key to maintaining this safely.</p>	<p>The Pharmacy team will review and report on the volume of homecare medicines used, explore redesign of process and pathways to create capacity for a growing patient cohort and seek investment for ongoing service delivery.</p>	<p>Workforce capacity Recruitment Small team fragility Specialist clinic provision reliance on visiting services with lack of medical continuity</p> <p>Opportunity to secure reinvestment from cost efficiency projects from acute medicines.</p>
<p>The Pharmacy Service will be accountable for the safe management of controlled drugs and lead on the delivery of controlled</p>		<p>Low reported incidence of controlled drug issues.</p> <p>Positive assurance from external inspections on controlled drug</p>	<p>The Controlled Drug Accountable Officer for Shetland is legally responsible for the use of controlled drugs in</p>

<p>drug monitoring, providing organisational accountability and leadership.</p>		<p>management locally (year assurance activity).</p>	<p>Shetland and delegates operational responsibility within NHS Shetland to the Principal Pharmacist and Lead Pharmacist(s).</p> <p>The inspection process and reporting is undertaken by NHS Grampian Controlled Drugs team and will continue to be undertaken externally.</p>
<p>The Pharmacy Service will work with health centres within Shetland to lead on the management of prescribing related work, developing both the pharmacy service provided and supporting existing staff and process to improve and develop.</p>	<p>Pharmacists, technicians and support workers will work with GP practices as appropriate to enable improve the efficiency and safety of the repeat prescription process. This involves:</p> <ul style="list-style-type: none"> • Regular review of medicines usage and associated monitoring of blood tests and other measures to ensure effectiveness of the medicines • Increasing the use of the Community Pharmacy Medicines Care and Review service for provision of serial prescriptions. • Reducing workload volumes by optimising processes (56 day 	<p>Regular audit work on appropriate choice of medicines as per local and national guidelines through delivery of pharmacist led pharmaceutical care.</p>	

	<p>prescribing, serial prescribing, repeat prescribing process improvement)</p>		
<p>The pharmacy team will develop Pharmacotherapy further, developing systems and leadership in managing medicine reconciliation and provision of support to primary care prescribers and clinicians within Shetland so that safe and effective prescribing can be demonstrated.</p> <p>The pharmacy team will work with Scottish Government, Healthcare Improvement Scotland and other territorial boards involved in the Primary Care Phased Investment Programme to deliver further understanding of the implementation of the pharmacotherapy activities in Shetland and Scotland.</p>	<p>Pharmacy teams will work with health centres as appropriate to provide:</p> <ul style="list-style-type: none"> • Assurance of safe transfer of patients between services by providing a medicines reconciliation service at each transfer and solving medicines related issues. • Polypharmacy and medicines reviews with patients to ensure that they are maintained on medicines that are appropriate and efficacious, in pursuit of best possible outcome and reducing associate risks of potential overuse or inappropriate use of medicines. • Specialist clinics as appropriate to the health centre in agreement with the wider multidisciplinary team. 	<p>Achievement of the Primary Care Phased Investment Programme workplan and availability of new staff resource in practice. Improved practice harmonisation of processes.</p> <p>Successful implementation of non-registrants to support activities and workload shift from registered healthcare professionals.</p>	<p>Availability of trained workforce to support the programme of change.</p>

<p>Continue to provide essential pharmacy technician led medicines management to provide support for people to manage their own medicines in their home (including residential care services).</p>	<p>Our Pharmacy Technician team will provide assurance of appropriate medicines use across all settings through advice on medicines use, and assessment and advice on medicines management needs of individual clients.</p> <p>Patients often have a quantity of medicines at home which they are not using as a result of changes to medication or the medicine no longer being required. This poses a risk of medicines misadventure particularly in an older population and so we plan regular medicines amnesties to help to highlight the risk and collect unwanted medicines safely and securely.</p>		
<p>The Pharmacy team will develop the role of the pharmacy technician and the pharmacy support worker across both primary care and hospital pharmacy.</p>	<p>Broadening the scope of technician led activities including;</p> <ul style="list-style-type: none"> • medicines reconciliation • medicines management assessments • prescribing analysis and reporting • clinical audit 	<p>Progress will be measured against the level of service, scope and volume of work delivered by the pharmacy technicians and pharmacy support worker.</p>	

	<ul style="list-style-type: none"> • patient facing technician input 		
<p>The Pharmacy team will focus on the development of the Clinical Pharmacist role within planned care across specialist services to improve access to pharmaceutical care and develop the role of the pharmacist within the outpatient setting.</p> <p>This will be supported by engagement in further education and training and application of Advanced Core Curricula and Frameworks for Advanced Pharmacy practice.</p>	<p>Develop early career clinical pharmacist post for acute & specialist services to allow for recruitment of pharmacists and exposure to isles health systems.</p> <p>This action is aligned to development of the homecare pharmacist service and redesign of the ways of working in acute & specialist services for the pharmacy team.</p>	<p>Performance against this direction will be reviewed in the developing role of the clinical pharmacists across services & pathways including:</p> <ul style="list-style-type: none"> • Preassessment medicines care planning • Specialist diabetes clinic • Dermatology on island provision • Increasing support for rheumatology pathways • Increasing support for mental health clinical pathways <p>This will also be measured by the number of pharmacists engaging in development pathways and a targeted project on improving access to specialist diabetes treatments for patients not under the care of the specialist service through pharmacist facilitated intervention with a focus on primary care clinician competence outcomes and patient access to high value medicine interventions.</p>	

<p>The pharmacy service will work in partnership with community pharmacy contractors to support the integration of the community pharmacy service within the development of Urgent and Unscheduled Care pathways, through embedding the role of the Community Pharmacist as a Provider of Pharmacy First Plus.</p>	<p>Community Pharmacies are embedded within clinical care pathways in primary care across sites where the service is available to the patient population (Brae and Lerwick).</p>	<p>Progress will be assessed by the success of:</p> <ul style="list-style-type: none"> • Creating access to pharmacist independent prescribers in primary care through contractual availability of Pharmacy First Plus and engagement with primary care clinicians • Providing essential systems and information to perform an urgent and unscheduled care role safely i.e. Read and Write access to Patient Medical Records • Developing clinical supervision and escalation models to support safe delivery and competence growth i.e. by partnering with the Flow Navigation Centre <p>Review of activity data from community pharmacy service delivery</p>	
<p>The pharmacy service will support community pharmacy to explore opportunities to modernise the service and work closely to develop new commissioned services.</p>	<ul style="list-style-type: none"> • Enhanced Medicines Management support • Travel health services • Renewed substance misuse and recovery 	<p>This direction will be assessed on</p> <ul style="list-style-type: none"> • the opportunity realised through engagement with contractors 	

	<p>services to achieve MAT standards</p>	<ul style="list-style-type: none"> • successful commissioning of services from the Community Health and Social Care Partnership and NHS Shetland • The use of any new commissioned services by people in Shetland • The experience of service users • The implementation progress of MAT standards <p>The performance of this direction is dependent on effective engagement with and from community pharmacy contractors.</p>	
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Shifting Balance of Care	
<p>This Direction links to the following Shifting Balance of Care work streams:</p>	
Project ref	Service/Programme
PJR0001	Primary Care - Redesign - PC Strategy
PJR0002	Primary Care - Redesign - PC Phased Investment Programme
PJR0003	Primary Care - Redesign - Westside Collaboration
PJR0005	Primary Care - Redesign - Shetland Health Intelligence Platform
PJR0015	Frailty Matters

PJR0016 Frailty Matters - Palliative

PJR0017 System Workforce Planning (NEW)