**LAURA WILSON:** Welcome to the RPS Pharma Scene podcast. I'm Laura Wilson, the RPS Director for Scotland, and I have a background in community pharmacy. Today we're looking at the Pharmacy First Class Service, which is where pharmacists who are independent prescribers in the community can consult with patients and provide advice, signpost or prescribe a treatment for them there and then depending on what is needed. And I'm lucky enough today to be joined by Matt Barclay, who's the Director of Operations at Community Pharmacy Scotland, and Nicola Middleton, a Community Pharmacist in Scotland, and also an independent prescriber in the community who provides the Pharmacy First Plus service to patients. Matt, welcome.

**MATT BARCLAY:** Hi, everyone. My name's Matt. So as Laura says, I'm currently Director of Operations at Community Pharmacy Scotland. I've worked for CPS for just over 12 years now. I've been a pharmacist since the year 2000. Community Pharmacy is my background. I'm an independent prescriber as well. Community Pharmacy Scotland, very interesting job. It's certainly a great job to try and push the boundaries of Scottish Community Pharmacy practice.

**LW:** Thanks very much, Matt. And Nicola?

**NICOLA MIDDLETON:** Hello, I'm Nicola Middleton and I've been a Community Pharmacist since the olden days. About 1999, I qualified. I worked for a large multiple for over 20 years, but I left three years ago When I was locuming, that's when I sat my IP qualification at Robert Gordon. I'm now working for an independent pharmacy in the community where I live. The owner is also an IP pharmacist. So we both kind of provide the Pharmacy First Plus service on all our opening hours. I absolutely love community pharmacy. So, yeah, I'm in the job I want to do. So that's good for me.

**LW:** Fantastic. Thank you very much, Nicola. So welcome to the Pharma Scene podcast and thank you for taking the time out to chat to us. I just want to maybe delve a bit deeper into maybe your backgrounds and find out how you got where you are. So Matt, how did you actually come to work at Community Pharmacy Scotland? What actually led you to that role?

**MB:** That's a good question Laura, because I'm a bit of a saddo in the way that I quite like pharmacy politics. I like the thought of service development. Kind of like Nicola as well. I've worked for large organisations when I qualified in community pharmacy for a few years and then I'd worked for an independent and it was when I was working for these companies they actually gave me the autonomy to get involved in local pharmacy politics and the health board that I was involved in at the time which was Forth Valley. So I got involved in all sorts of different committees and you know whether it's here or Pharmaceutical Committee. Contractors Committee and various multidisciplinary. I enjoyed all that chat. I enjoyed advocating for pharmacy as a profession and advocating for community pharmacy as a sector within that profession. So when the job of, I suppose, policy pharmacists came up at Community Pharmacy Scotland at the time, somebody tapped me in the shoulder and said, Matt, you'd be quite good at that. You should go for that. And I was kind of like, I never had any really thought about it, to be honest, but I applied for the job and then... Obviously the rest is history and I've seen a lot of change in my time as Nicola will have in community pharmacy but it's great to be at the side where I am and I do still like to go into practice on occasion to see the things I'm discussing with government, with yourselves Laura you know at RPS because we meet regularly as stakeholder organizations and just to see I'm not talking nonsense as well you know so that I can go into the community pharmacy and see right what's working what's not even for myself on occasion. That's what I was like to think that I could make a difference at a national level and still think I'd like to make a difference at a national level. So, yeah.

**LW:** Yeah, and I think, you know, given what we're talking about, there definitely have been differences made. I did mention to students at one point, you know, as a pharmacist, you don't you don't think, oh, one day I really want to write policy. But when you go into it, it's actually quite interesting, you know, and you learn so much about so many different topics.

**MB:** You're absolutely right Laura, actually I would never have envisaged being in the job I'm in just now when I was at university but I concur with what you've just said.

**LW:** And Nicola, how was it you decided that you wanted to become a prescribing pharmacist? What led you to that qualification and undertaking these services?

**NM:** Lots of different reasons to be honest. I had been thinking about it for years and years and of course... as a human nature, you think of all the reasons why you shouldn't do it, personal reasons, young kids, etc. at the time, they're a bit more grown up now. And then professional reasons for a while, I would say actually, independent prescribing lost a bit of its mojo in community pharmacy, when the specialized clinics were kind of losing their funding and they didn't really know where to go. And as I say, for a good while, my company wouldn't actually support me doing the prescribing course. But then I kind of heard a bit more about Pharmacy First Plus coming on the agenda and obviously I heard about graduates eventually going to be coming out with that qualification. So I really didn't want to fall behind the pack. So I decided, right, I'm going to email my boss with a huge steal as to why this would be good. And then was very surprised when he came back within five minutes. Yeah, just go ahead and do it. I was like, that is really strange. After all the kickback I've had before. At that time, I have to say I did not know about the funding that was going to be involved in it, which obviously was, you know, helping my area manager make that decision and to support me. That was one of the reasons. But I would say probably the biggest factor for myself was me growing in confidence and really enjoying doing all the PGDs that were on offer. Basically, doing a bit more consulting, you know, in my consultation room and just loving the fact that I was getting this one-to-one contact with my patients and really feeling I was helping them instead of having to go down to the surgery constantly for things that I knew I could help and could anticipate the prescription that was going to come back to me. So it definitely gives more job satisfaction without a doubt.

**LW:** Yeah, it sounds like there's some really good reasons for going ahead and obviously the support of your employer is vital for people undertaking it which is good you got that. But thinking about the service, so Nicola's obviously alluded to the actual service itself, Matt. Obviously, sometimes Scotland is seen as being quite ahead of other countries in that regard. And I know Wales have got really good service and England are talking about starting one. But can you tell us a bit of background to how we've actually got to this Pharmacy First Plus service that's using these independent prescribers in this way?

**MB:** Nicola's touched on some of the challenges, I think, in the previous model, you know, the clinic. type model that we tended to always think prescribing had to be. I mean, I remember when I qualified as a prescriber, everything I was doing, you know, to get that four hours worth of funding to fill a clinic was off my own back with some help from people from the local health board and the relationships that built with the GP practice. So it was all done really and driven with the support of health board individuals, I think, and depending on the relationships you had. And we were very fixed in this idea of, right, we'll do an asthma clinic. do a hypertension clinic, you know, we'll pick a condition and then we'll prescribe under that, whether you were a supplementary as a first qualified as an independent prescriber. That probably meant that a lot of people who were coming on with the prescribing qualification weren't in community pharmacy at least always finding a way to utilise the qualification. So the idea behind the Pharmacy First Plus service was to create a framework, a general enough framework that wasn't embedded in the type of clinic, I suppose, mentality and that, you know, it fitted in with what we did in community pharmacy, it fitted in with the workflow and hopefully the workload as well that allowed pharmacists to prescribe and use it as and when they saw fit within their independent prescribing qualifications. So it was, we were looking at that time as how can we do that? We thought long and hard about working with the government around, you know, do we define it? Do we make it black and white? You know, you know, setting up, if you like, a kind of a formulary for prescribing, or do we leave it more open? And we actually decided alongside the government to leave it more open to allow the experienced guys to, I suppose, really use their professional autonomy to use their prescribing skills as how they see fit. One of the unintended consequences of that is that we have some... people with a wealth of experience using their IP in a lot of different ways, which is great. But we're at the point now of thinking, how can we evolve the service? How can we look at the data, look at the prescribing and move it on? Because I think there is a bit of work around forming it up slightly, but not taking away that professional autonomy that I was talking about. So there's a wee bit of work now to be done around the edges, but that was the initial thinking, was that we had to provide a framework. One that... fitted in with the pharmacy first idea and we could allow people to come out with the qualification and start using it as kind of Nicola's describing.

**LW:** And do you think moving away from that kind of clinic model to tying it into what pharmacists do on a daily basis in the community has meant that patients have been able to access it more because it's not limited to those kind of four hours and it's not the specific conditions almost?

**MB:** Yeah, that's certainly the idea. It's a minimum of 25 hours in the spec, but if you're a practitioner that's there, more than that, and it sounds like in Nicholas practice, for example, that pharmacy hasn't covered more often. So you'd like to think ultimately patient care will benefit, absolutely, because the staff, your teams will get used to signposting and getting used to what you do. Your confidence will grow in that time as well. I think it does allow practitioners to dip in at first. And I think the other thing, supply services, we know there's consultation and advice. What we do need to do as well around Pharmacy First Plus is create more of an infrastructure to capture what we're doing. Prescribing at the minute, just starting to look at the data on that. That's one proxy. But actually, how is Nicola using her IP skills to just give advice and just give, you know, and count that and refer on when appropriate as well when something's a bit more complex. And you get to know, Nicola will get to know her patients. the patients will get to know what to expect from their pharmacy teams as well and from their IPs. So I think patient care ultimately will be the winner.

**LW:** And you mentioned there about sort of like there's consultations, there's advice and Nicola thinking about how you offer the service on a practical level, how does it actually work in your pharmacy? What would a pharmacy first plus service being offered to patients look like?

**NM:** There's a few different scenarios, Laura, to be honest. Sometimes it would just be just an extension of the Pharmacy First service. So upon speaking to the patient you realise that their needs are just that little bit outwith what I can provide in a normal Pharmacy First scenario or the Pharmacy First formulary. Or again it can just be that little bit outwith the normal PGDs so you feel their symptoms aren't delivering me completely red flags but you're not really ticking all the boxes for me to do it within a PGD or the pharmacy first. So quite often it's just a very fluid type scenario. There are other ways though that, you know, people are actually referred from the clinic to ourselves for actually more specific things where I would do a complete consultation from the start, for instance. Perhaps they think they've got tonsillitis, you know, etc. That type of thing. As Matt said, it very much fits in. to a community pharmacist remit because we don't know what's going to walk through our door at any given point within our opening times and you do have to have the flexibility to just kind of know whether it's something that they can deal with, I can deal with as just a pharmacy first or whether I have to basically use my IP qualification. We're a one GP practice, one pharmacy village. We've got quite good relationships with the doctor. Of course these things can always be better. but before doing the independent prescribing bit, we did go across and we did get a meeting with the GPs just to explain and also just ask them to be on board and to help us because it's constantly evolving, we're constantly training and we do need support. There are things that we might feel that we could deal with but could we maybe just get a meeting just with them just to say, right, in this scenario, we think we would do that, is that what you would do? So I do think you need so much support out there, which I actually do think is available because there's also WhatsApp groups with other community pharmacists, IPs, and there's training things. There's lots of things out there to help to kind of implement it, but it's not just a one size fits all. Every patient is different and every patient's problems are different. So it's kind of difficult to be able to tell you exactly how each one works.

**LW:** Am I right in thinking what you've said? Part of the success of the scheme is the sort of behind the scenes, multidisciplinary aspect of it, where you have that communication with other prescribers in the area to agree that, you know, this is what we're going to offer and get their support.

**NM:** Yes, and I think in an ideal world, there are times when, as Matt said, this isn't just all about me prescribing, it can be about me having to refer. We've got to remember, I'm relatively new to this. I've really only been doing it officially since I started in. my new place of work, which is only about 18 months. And what I'm finding is that if I refer, I'm not necessarily at the moment getting the feedback. Did I refer? Should I have referred? What did you do? And then if I see that situation again, perhaps I could then feel more competent to actually treat myself. So I do think that that's an issue, but we're all struggling for time. So it's a challenge, but certainly. not a complete negative, I think that these things can be overcome.

**LW:** Yeah, as Nicola's said, you know, pharmacy is definitely not a one size fits all profession. Is the way that Nicola's describing the service, how it's offered, you know, across the board, or is the service offered differently in different areas? Does it have that flexibility?

**MB**: It can do, Laura. Yeah. The main thrust of the service is that it's largely walk in. But. We have seen that in some established sites, the demand is incredible. There are a few sites that are no option, but to put in an appointment type system in some ways. Nicola has perfectly illustrated a lot of the things that you need to do. I mean, right from the bat, it sounds like Nicola has approached the surgery and told them what the service is and what the service isn't, because actually in some of these areas where the demand is incredible. Some of that's been driven by the pharmacists themselves being really enthusiastic and proactive and going out there. But some of that is driven by, as Nicola says, everybody's busy. In the news, it seems every second day, the GPs are saying about how overworked they are. So some GPs and their teams may be referring on to the pharmacies a bit more than we would like in some areas. But in saying that. Another is we're seeing some fantastic joint working by GPs and professionals and interdisciplinary learning, which I think Nicola makes a really good point there about what she needs to enhance the service that she provides. Is that type of feedback? So was that referral right? What could I do differently? Or what would you like me to do differently? But if you're not getting that, sometimes that can be a bit difficult to move on. I think one other aspect of where some sites have maybe developed slightly differently is. depending on access to records. It's still an issue across Scotland. And for example, in one remote rural area where I know there's a prescriber, she's used probably more than we ever would have envisaged the service to be used, but it's because the GP service has collapsed. Full access to records for that individual because, you know, actually it's really important for them to have that, but probably the service and the payment they're getting is not commensurate with the service that she's maybe providing. And that's one example, but there are others. But I think, again, to build on Nicola's point about how do you learn, how do you move, how do you develop your practice, access to records.

**LW:** And it would help streamline working as well, because some of the, you know, prescribers have speak to say that the SBARs take longer than the consultations themselves to write.

**MB:** Absolutely. So it's actually that it's all part of that infrastructure thing. How do we actually capture the activity and how do we make it easier for prescribers to do what they're doing? So that is all stuff that we're looking at. Yeah, it's not one size fits all. There's a bell curve activity among people that are claiming the service fee, as you would expect. Some doing maybe not so much activity, prescribing wise, and some doing it a lot.

**LW:** Yeah, that's the type of thing we're looking at moving on as well. Yeah, but I think that flexibility means that people that maybe can't do those high activities, seeing patients all day, every day, they can still take part in the service and offer it to their patients but if not on the same level, which I think is probably a positive. And as you know, we do advocate regularly for access to records and shared patient data, and hopefully that will be a game changer when we get it.

**MB:** I've heard that once or twice, Laura, yeah. I think it's actually in every policy we've written for about the last.

**LW:** More on that in a minute. personal level, Nicola. Obviously, first and foremost, you are a pharmacist and the prescriber is kind of the sort of add-on bit, but how do you feel that actually being able to provide that add-on service and that Pharmacy First Plus service has affected your practice? Do you feel there's been real benefits for you and your patients?

**NM:** No, I absolutely love doing the independent prescribing part of my job. It's hugely positive, I think, for myself and it's very rewarding. And for my patients, I'm getting told and able to access to a healthcare so quick with regards to the fact that they can't get GP appointments. So thinking the whole, it's really positive, but obviously there's all my other work still waiting for me when I come. So it is just getting that balance.

**LW:** Okay, and maybe a question to both of you, maybe if you've had feedback, but how have you found other healthcare professions and even You know, Matt, maybe you know more of the government, how have they reacted to the service as it's provided now? Has it been a positive response, would you say, or mixed bag?

**MB:** Yeah, it's been very positive. We strategically at Community Pharmacy Scotland think independent prescribing is one of the game changers for the profession and the sector in Scotland. And government so far have been behind that. I mean, I have to say in terms of funding, the way our funding works. We have put most of our own money into that so far. You may be asking how is it our own money, but the way our funding works, it kind of is from the way that we've shared monies from the drug tariff in previous years. But so far, the government are fully behind the IP strategy. I think they see it as being something that will enhance the patient experience in primary care. And they're looking at a lot of these things that I've talked about already. So the access to records, as you know, Laura. been talked about for a while but recent discussions of hopefully we can move that on and then you know even more recent discussions even in the past week have had around the kind of infrastructure and pharmacy first plus to support the practitioners and patient experience on the ground so we're going to come to a crunch point in the next few years with some of the pharmacists that we have going through the system and of course in 2026 when the graduates come out with the IP qualification. because what we want is we want an IP in every community pharmacy by 2030. And we think it will enhance patient safety, enhance patient experience in primary care, and really embed community pharmacy into primary care even further. So, yeah, and just having some discussions around independent prescribing at a national level with some from the BMA and others, it's very positive. I think when they hear about the service, there are some misconceptions that, you know, we're trying to be you know, pseudo doctors and whatever, but that never comes across at a national level. They understand the strategy. And in terms of other health care professions, many of them are going on their own prescribing journeys anyway. So if you take optometry, for example, they are similarly looking at ways to obviously use their prescribing qualifications. And yeah, there are actually things that we can learn from other health care professions, never mind actually communicating and understand from it. But yeah. Nicola may be safe or experiencing the ground is very different, but that's certainly been my experience nationally anyway.

**NM:** No, I don't suppose I've had too many health professionals kind of giving me feedback regarding how they found it, but I do know that the local GPs are definitely on board with it. And as I say, we've had, first of all, the launch meeting and then we have had another feedback meeting with them. So they are definitely trying to encourage us to do more and trying to give us a bit of training if we need to. It's not really happening in practice, if I'm being honest, but that is the, in theory, I know that they are liking the fact they can send people to us. But in terms of, you know, say optometrists or any other health professionals, I don't really have much feedback from them.

**LW:** And I suppose you've kind of touched on this in a couple of the answers, but just in case there's anything else, you know, we do think of Pharmacy First and Pharmacy First Plus as kind of talked about as being the future of pharmacy in Scotland.

**MB:** And what we've heard so far is really positive and there's things we can still do differently. And we did touch on some of the challenges around access to records and maybe that sort of not getting the feedback, that closing the loop on the consultations and getting the learning that way.

**LW:** Are there other challenges with providing the service that we need to address to make it really the future of pharmacy in Scotland?

**MB:** Strategically it's about managing that demand effectively. We can't become overwhelmed with the service but I think it's How do we manage that effectively and how do we fund it properly? I think operationally we've talked about the associated admin that Nicola and other IPs have to do at the minute and how do we capture what the activity is properly. And then I think communication has to be loud and clear at all levels to make the most of the service about what it is and what it isn't so that other healthcare professionals and the public know exactly when it's available and what it can and can't do for IPs. So I think that for me, And there are probably three areas that I would probably say are challenges for the future.

**LW:** And on the ground, Nicola, what do you see as the biggest challenges?

**NM:** I think one of the biggest challenges would be public perception and pressure. I think that they have seen pharmacists, they come in, they demand, or they buy something off the shelf traditionally, and that's what they want. So I think that they come in expecting to get something. on many occasions that perhaps it's not appropriate for me to give them something or indeed they don't need anything. So I think that's been a challenge and I think that's only got worse after Covid. I'm saying that I would say that we're now becoming a bit better but when all the GP surgeries were completely closed doors it was definitely much more of a challenge because everybody was coming in just wanting us to prescribe and basically do a lot of the work that really was out with our area of competencies. So I think that's definitely one, but I think that as I get more used to this and experience, you actually realise ways of dealing with that type of thing. So that's maybe a more of an inexperienced type thing. And I definitely feel as if I'm growing in confidence to say, no, you're not getting it. And the reasons being A, B and C. Also, as I've touched on before, just the support. You need the support of your local GP, I think it's huge. And again, we'll just need to just keep on battering at their door to make sure that we're getting the support. Also time pressure, just how do we deliver the service all the time when all the other things are still there? And we are putting things in place in our own practice. You know, my technician is going through an ACT course at the moment. We do... have double cover twice a week in the kind of busier days and that is a massive pressure off myself when there are lots, particularly in winter months and last year with the strep A scare. Oh my goodness, I mean I should have really done some kind of like appointment system but that's hard in itself in a community pharmacy. So yeah there are challenges but I would definitely say that the positives and the future of pharmacy should definitely be included in independent prescribers. one of the challenges you mentioned there around inexperience, but I suppose that's going to affect every single prescriber, you know, so it's good that it's recognised that you need to sort of learn how to have those challenging conversations and know what your boundaries are and be willing to stick to them.

**LW:** And I suppose that sort of, as Matt mentioned, you know, in a couple of years, everyone will qualify as prescribers. So how do we think that'll affect the provision of Pharmacy First Plus and Pharmacy First Plus, and how will that affect the care that patients receive? Do you think it will have a positive effect?

**MB:** If everybody delivers it as passionately as Nicola, I think, yeah, it absolutely will have a positive effect because it will increase access to care as we were talking about earlier. I mean, I think things like health inequalities and stuff, we can address issues like that. Access to health is a fundamental thing and we all know policy terms. again how Scottish Government officials rightly focus on health inequalities. But straight off the bat, we'll probably see a steep rise in the number of live sites that we have doing pharmacy verse plus. I mean, that makes complete sense because we want to see it delivered in all pharmacies. I think Nicola touches on a really good point and a last answer around how you then appropriately resource and support that within a pharmacy. And every pharmacy will be different. Some will do it through technology support, some will do it. through investment in the team as Nicola's indicated that they're doing in their pharmacy. But that's absolutely crucial to free up the time because just being a pharmacist without an IP qualification is busy enough in community pharmacy at the minute. So yeah, supporting their IPs to enable them to do their job and free them up for however many hours they can do it is fundamental. But yeah, I think undoubtedly it should improve patient care and safety. which is what we want, which is essentially the crux of the services that we're offering, which is wonderful, you know, and absolutely fantastic. The pharmacist will be able to use that qualification sort of on a daily basis when it's needed for patient care, which is, I think, what we all kind of strive to do.

**LW:** Well, Matt and Nicola, thank you so much for an informative and interesting discussion about. Pharmacy services in Scotland and the community and how we are looking towards the future and hoping to improve that patient experience through these new services and innovative ways of offering them and providing them. Really thinking about how we work as pharmacists, upskilling our teams to support that work and improving the job satisfaction for pharmacists and really utilizing everything that they've learned throughout their whole degree qualification and career to date to be able to treat patients in the community as we've done for years, but just in a more advanced way. So thank you again, and I hope that everyone has enjoyed the podcast.

**MB & NM:** Thank you.