

**ROYAL
PHARMACEUTICAL
SOCIETY**
Scotland

Pharmacy 2030: a vision for community pharmacy



Pharmacy 2030: a professional vision

INTRODUCTION

Every health and care profession, every health service provider and every Government is currently looking at how to recover and rebuild following the Covid-19 pandemic. In response, the Royal Pharmaceutical Society is seeking to create a new vision for pharmacy in Scotland.

This vision will be created iteratively during 2021. The reason for this is simple: it is vital that practising pharmacists across Scotland are involved in the creation of the vision so it accurately reflects the profession's views. The RPS is the only pharmacy organisation with members across all sectors of pharmacy and therefore the only organisation that can create a single vision for the whole profession.

The first step is to understand the views of pharmacists working in four key patient-facing areas: community pharmacy, GP practice pharmacy, hospital pharmacy and specialist services.

Focused-visions for each of these four sectors will be written, clearly aligned to national strategic priorities. These focused -visions will then be widely consulted on to seek views across the pharmacy profession, other health and care professions, and importantly with patients.

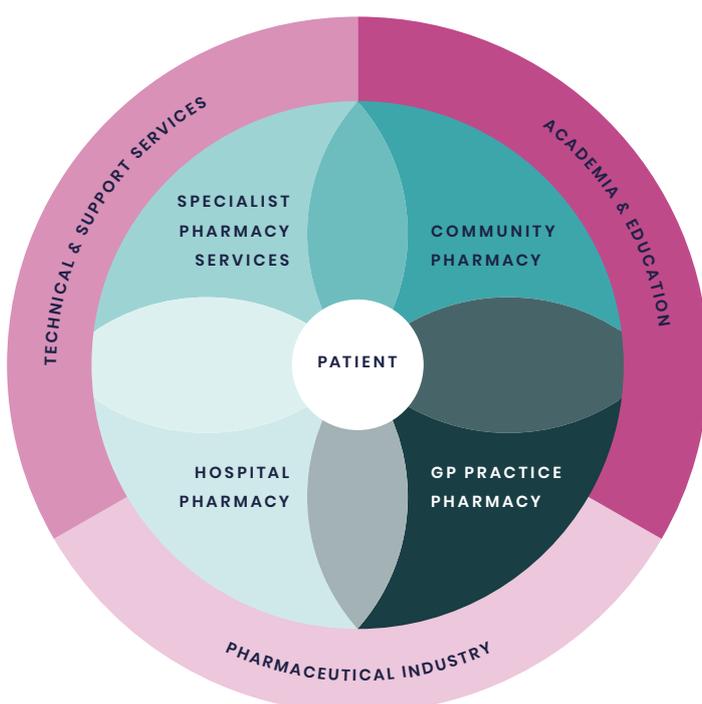
Each focused-vision will consider how pharmacy will:

- Improve the safe and effective use of medicines for patients
- Address health inequalities and wellbeing for patients

They will also consider the underpinning infrastructure required to deliver this, to:

- Ensure patients receive high quality services
- Maximise innovations including digital and technology developments
- Develop the pharmacy workforce

Alongside these four patient-facing areas, the RPS will engage with pharmacists working in non-patient facing roles such as technical roles, academia, education and the pharmaceutical industry. In the autumn of 2021, all of this scoping work will be brought together into a single new vision for pharmacy – Pharmacy 2030 – which will demonstrate how pharmacy can work together as a whole profession, and with the wider multi-disciplinary team, to deliver seamless, person-centred care for patients.



Pharmacy 2030: community pharmacy

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CONTEXT

This is a professional vision for community pharmacy. Community pharmacies provide NHS contracted services: the contractual arrangements for services are outwith the scope of this vision. As such, this is a vision for community pharmacists and not for community pharmacy contractors, although in many cases there is significant overlap.

This vision was developed with pharmacists across Scotland. All RPS members were invited to join a short life working group by email, and social media was used to reach non-members. All group members were sent a survey to collate views. Responses were also received via individual emails, messages and phone calls. The RPS Scottish Pharmacy Board met to discuss the vision, and some members of the short life working group joined a focus group discussion. Views were scoped from other groups met by the RPS team, including NHS pharmacists and pharmacy students. All of their views were brought together into this vision.

CULTURAL SHIFT FOR PHARMACISTS FROM MEDICINES SUPPLY FOCUS TO CLINICAL FOCUS

KEY ROLES



IMPROVING THE SAFE AND EFFECTIVE USE OF MEDICINES

Experts in medicines
Delivering person-centred care



TREATING COMMON CLINICAL CONDITIONS

Expansion of Pharmacy First concept
Clinical examination & prescribing as standard
Seen as first port of call by public



MANAGING LONG TERM CONDITIONS

Targeted brief interventions
Regular conversations
Use of independent prescribing



IMPROVING ACCESS TO LOCALLY DELIVERED SERVICES

Providing patient choice for how:
Medicines are supplied (collected & delivered)
Consultations are offered (face to face & virtual)



ADDRESSING HEALTH INEQUALITIES AND WELLBEING

Preventing ill health
Services planned for the needs of the local population



MODERNISING MEDICINES SUPPLY

Process managed by pharmacy technicians
Dispensing fully supported by technology
Technology-assisted accuracy checking

**CULTURAL SHIFT FOR PHARMACISTS
FROM MEDICINES SUPPLY FOCUS TO
CLINICAL FOCUS**

Community pharmacists will be recognised as clinicians

Patients will be offered a conversation about medicines with every medicines supply

Patients will be registered with a community pharmacy for continuity of care

Community pharmacists' prime role will be to interact with patients and the public

Medicines supply will be largely managed by pharmacy technicians

UNDERPINNED BY



BETTER USE OF DATA

Using data to make treatment decisions and deliver personalised medicine

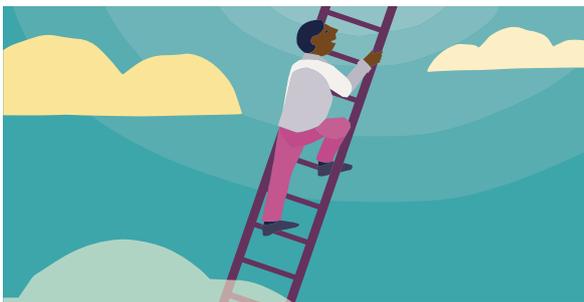
Using outcome measures to drive service improvement



DIGITAL INFRASTRUCTURE

Single shared electronic patient record with read/write access for all

Offering patient-facing digital services



WORKFORCE INFRASTRUCTURE

Enhanced clinical assessment skills and independent prescribing for vast majority

Clear career pathways with credentialing of career stages to enable professional fulfilment

Protected time and peer networks for learning and research activities



MULTIDISCIPLINARY TEAM WORKING

All pharmacists working together as one pharmacy profession

Pharmacy integrated with other health and care services, with clear referral pathways

Section 1 Professional roles

1.1 Improving the safe and effective use of medicines

In 2030, community pharmacists will have a much more clinically focused role. Medicines supply will still be an essential role for community pharmacies, but it will be a process largely managed by technicians and enhanced by technology. Pharmacists' time will be focused on interactions with patients. Patients will be offered a conversation about their medicines every time a medicine is supplied. This represents a cultural shift for community pharmacists from a focus on medicines supply to a focus on clinical advice.

1.1.1 Experts in medicines

The key role of pharmacists, that distinguishes them from other health care professions, is expertise in medicines. For community pharmacists, that expertise is as generalists across the whole spectrum of medicines that are supplied in primary care. By 2030, community pharmacists will be recognised as “*advanced generalists*” in pharmacy, just as GPs are recognised for their generalist expertise in medicine.

Community pharmacists will use this expertise in medicines to support the pharmaceutical care of long-term conditions and to treat common clinical conditions. They will be focused on ensuring safer use of medicines through both individual consultations with patients and targeted patient safety campaigns. They will improve the safe use of medicines for both adults and children.

1.1.2 Person-centred holistic care

Services provided by community pharmacies will be person-centred and holistic. They will be focused on the person rather than their condition. Long term condition management will be provided for people, rather than in disease-specific clinics.

These recommendations reflect the ALLIANCE's recent report on Health and Wellbeing priorities for the future¹ which states care should be “*flexible, person-centred which recognises the holistic nature of individuals*”. Similarly, Scotland's National Clinical Strategy² said health care teams should “*provide care that is person centred rather than condition focused*”.

By 2030, patients will be registered with a community pharmacy so that they receive the continuity of care that will ensure safe and effective medicines use. The importance of continuity of care is recognised in Scotland's National Clinical Strategy² which states care should be “*based on long-term relationships between patients and the relevant clinical team*”. The use of digital technology will enable patients to remotely access the services provided by their community pharmacy from wherever they are (eg, work, home).



1.1.3 Value of the consultation and shared decision making

By 2030, community pharmacists will spend their day consulting with patients. Most of these conversations will be short, provided on a “walk-in” basis (whether that is in person or virtually), maintaining the accessibility that community pharmacies are well known for. However, some longer consultations will be provided for long-term condition management or specialised services which will be on an appointment basis in order to manage workload.

Community pharmacists will be recognised for their role as a consulting clinician by the public and by other health professionals. Importantly, community pharmacists themselves will understand the value of their advice: historically, advice provided in consultations in pharmacies was not recorded in an efficient way that enabled sharing of information, although this has recently started to improve with NHS Scotland Pharmacy First. By 2030, this will have changed and community pharmacists will record all consultations in a patient record just as every other health care professional does.

Consultations will be based on empowering patients to make decisions about their medicines and their health and wellbeing, reflecting the approach of understanding what matters to people.

This is in line with the ALLIANCE’s recommendation¹ that “*being involved in the decision-making process and treated as an expert in their own life circumstances and care*” is of the utmost importance to people. It is also stated in the Scottish Government’s remobilisation plan³ for the NHS which states: “*We will practise Realistic Medicine. We will share decisions with patients based on what matters to them*”.

The importance of shared decision making is stated in the Chief Medical Officer’s annual report⁴ which says: “*Serious harm can result if we don’t listen to the people we care for, and if they are not given the information and support they need to make informed decisions about their care.*” The report describes the importance of finding out what matters to patients as part of optimising use of medicines via the iSIMPATY initiative. By 2030, pharmacists will universally use the

Choosing Wisely BRAN questions (Benefits, Risks, Alternatives, Nothing) highlighted in the report: “*By encouraging people to use the BRAN questions, we empower them to be active partners in decisions about their care, and support them to make an informed choice.*”

In 2030, pharmacists will provide consultations in the way that patients want in order to improve access to services. Pharmacists will consult with patients in person in the pharmacy and virtually using technology such as digital applications, Near Me and telephone. It will be essential to offer patients the choice of how to access services in order to deliver person-centred care while still enabling the long-term relationship between patients and pharmacist, as described in the National Clinical Strategy.

Consultations will not just be limited to community pharmacists: pharmacy technicians and other members of the community pharmacy team will also provide advice to patients, and the role of pharmacy technicians will be further developed to take on more clinical roles.

It’s happening now... independent prescribing

Debbie Smith, a community pharmacist at Davidsons Chemists in Portsoy, started prescribing five years ago for common clinical conditions.

“Portsoy is a small community and I’ve been here for 12 years, so know the local population well and have a really good relationship with the local GP practice. Skin conditions are what we see the most, but presentations are really varied, including infections, cellulitis, sore throats and ear problems.

“A recent example of the difference we make is a patient who had long-term constipation associated with painkillers. She was being prescribed lactulose by her GP but it wasn’t working. I reviewed her diet and fluid intake, then increased the lactulose dose, advising on how to do this safely. A week later she was still constipated so I prescribed an additional stimulant laxative, again advising on how to take it safely. Over the next few weeks, we adjusted the doses until we found a combination where her constipation was resolved. I then sent a report to the GP practice so her repeat prescription could be adjusted to this new regime.”

1.1.4 Treating common clinical conditions

Common clinical conditions will continue to be managed in community pharmacies through an expansion of the NHS Scotland Pharmacy First service. By 2030, the vast majority of community pharmacists will be independent prescribers, enabling the Pharmacy First service to be further developed to encompass management of additional common clinical conditions.

This service provision will mean community pharmacies will be recognised by the public as the first port of call for common conditions. The public will routinely seek advice from pharmacists for a condition rather than asking for a specific product, but in addition people will recognise pharmacies as safe places to purchase medicines in a supported way with professional advice. Community pharmacists will use advanced clinical assessment skills to provide appropriate advice and treatment as needed.

This aim is already stated in the Scottish Government's Programme for Government⁵ which states "additional common clinical conditions will be added to the Pharmacy First service". It builds on the Scottish Government's previous vision for pharmacy in Scotland, Achieving Excellence in Pharmaceutical Care⁶, which states that community pharmacies will be the first port of call for self limiting illness.

1.1.5 Managing long term conditions

By 2030, community pharmacies will be playing a more integral role in managing patients' medicines for long-term conditions. Serial prescriptions will be the norm, so once a patient's condition has moved from acute to long-term, a serial prescription will be issued and care handed over to a community pharmacist, managed via the Medicines Care Review service.

The community pharmacist will monitor the patient's pharmaceutical care through conversations with the patient, targeted brief interventions and medication reviews. The focus will be on regular interactions with patients rather than a formal annual review. Community pharmacists will provide advice and support to enable patients to take their medicines, addressing issues such as swallowing difficulties,

and be able to adjust doses of medicines using independent prescribing skills. This role will improve the safety and efficacy of medicines for patients.

Community pharmacists will have a key role in reducing medicines waste. Up to 50% of prescribed medicines are not taken as intended: through regular brief interventions community pharmacists will identify when patients are not taking medicines. Some issues may be able to be resolved directly and others may need referral. Alongside a reduction in medicines waste, this will also help address the issue of unrealised clinical benefit from medicines. Medicines waste also occurs when repeat prescriptions are requested but are not needed: this will be reduced through use of serial prescriptions.

This aim is in line with Achieving Excellence in Pharmaceutical Care⁶ which states: "*Over time community pharmacists will be enabled to play a greater role in managing people with long term conditions by prescribing, monitoring and adjusting medicines*".

Community pharmacists will work seamlessly with GP practice pharmacists. Brief interventions such as checking how a patient is getting on with their medicines will be routinely carried out by community pharmacists and shared with GP practice pharmacists via recording in a shared patient record. Problems will be flagged to the GP practice pharmacist who will undertake more in-depth and complex medication reviews. Long term condition monitoring, such as blood tests, will be carried out by health care assistants in GP practices, with the results visible to both community and GP practice pharmacists. Community pharmacists may request/arrange blood tests. Local agreements between community and GP practice pharmacists will ensure all patients are regularly and appropriately reviewed for long-term conditions.

Patient Journeys in 2030: Managing common clinical conditions

Wendy has been suffering from a painful ear for a few days which hasn't responded to standard painkillers. The pharmacist takes a full history, and performs vital signs tests and an ear examination. They discuss diagnosis and treatment options, and the pharmacist writes a prescription, provides self-care advice and agrees to review in a few days. The pharmacist records the consultation on the patient's single shared record.

1.1.6 Supplying medicines

In 2030, community pharmacies will continue to be the main place from which patients receive their medicines. Community pharmacies will offer medicines supply in a variety of ways to meet the needs of the individual patient. These will include coming to the pharmacy to collect, delivery services and remote collection options. However in all cases it is essential that the patient is given the opportunity to consult with a pharmacist every time a medicine is supplied. Medicines are not, and never should be, seen as a retail commodity: pharmacists provide an essential role in providing advice about medicines to enable safe and effective use.

The assembly of medicines in community pharmacies will be a process managed by pharmacy technicians. However this process will be automated as much as possible. Accuracy checking will be automated through scanning technology, releasing both pharmacists and technicians from a purely manual accuracy checking process. This both reduces workload and increases safety. Further automation via robotics will be used in larger volume dispensaries and hub and spoke models, but manual dispensing is likely to remain routine in smaller volume dispensaries.

The role that pharmacists will continue to have in the assembly of medicines in 2030 is the clinical check. Every prescription for a new or changed medicine will be clinically checked by the pharmacist, and this clinical check will involve a conversation with the patient. Repeat medicines, particularly those being managed via serial dispensing, may not need to be clinically checked at every dispensing, although all items must be checked on the first issue. At this first issue, community pharmacists will identify repeat supplies that can be reissued subject to a protocol without a further clinical check (eg, dispensed at correct interval if there have been no changes) and the parameters for which a technician overseeing the process would ensure the prescription is referred back to the pharmacist for further input (eg, early collection).

Patient Journeys in 2030: One pharmacy profession delivering seamless care

Iain has a number of health conditions for which he takes 13 medicines a day. He comes into the community pharmacy to pick up his medicines which are all on a serial prescription. The pharmacy technician had flagged Iain's prescription as one that need a routine brief intervention to follow up on some medicines started a few months ago. The pharmacist asks Iain how he is getting on with his medicines. Iain looks a bit apprehensive so the pharmacist asks if he has time for a quick chat. Iain explains he is struggling to take all of this medicines, especially since the two additional ones were added recently. He has begun to miss some out, especially one of the new ones which is making him feel unwell. The pharmacist decides Iain needs a deep dive polypharmacy review and some blood tests, and refers Iain to the GP practice pharmacist and updates Iain's shared patient record. The GP practice pharmacist follows up on the referral, arranges blood tests, has a detailed conversation with Iain and makes changes to ensure Iain's medicines are more manageable.

The removal of the dispensing and accuracy checking roles will release time for pharmacists which can then be spent on clinical roles. Automation of the dispensing process will also release technician time to spend on more clinical roles.

1.1.7 Working as part of the multi-disciplinary team

By 2030, pharmacists will work as one profession, removing the current barriers created by silo working in community pharmacy, GP practices, hospitals and specialist services. Instead, all pharmacists will recognise the skills of their pharmacist colleagues and work to ensure seamless transitions of care for patients as they move around the health service. This will include, for example, a hospital pharmacist contacting a community pharmacist to plan a patient's medication discharge arrangements; a community pharmacist identifying deterioration in a patient with dementia and referring to a specialist pharmacist for a home visit; or a GP practice pharmacist changing a patient's medication and asking a community pharmacist to follow this up at the next supply of the medicine. In addition, pharmacists will stop being described by their location but by their skills.

Within the community pharmacy itself, there will be a team involving:

- Pharmacists – at least one per pharmacy, in some locations more than one
- Pharmacy technicians – managing the dispensing process, but also providing clinical roles such as medication review and using Patient Group Directions
- Pharmacy support workers
- Administrative support – a practice-manager style role

Community pharmacists are already linked with other members of the multidisciplinary team, such as local GP practice staff and NHS staff working in primary care. By 2030, they will be truly integrated into all other local health and care services, across primary and secondary care and the third sector. Community pharmacists will have clear, recognised and well established referral pathways in and out of other services, including with both health and social care services. They will also have integrated communication with the rest of the multidisciplinary team.

This is in line with the National Clinical Strategy² which says: “*Stronger primary care across Scotland should and will be delivered by increasingly multidisciplinary teams, with stronger integration (and where possible, co-location) with local authority (social) services, as well as independent and third sector providers.*”



1.2

Addressing health inequalities and wellbeing

Health inequalities have always been present in Scotland, but they have been exacerbated by the Covid-19 pandemic. A key role for community pharmacies in 2030 will be to reduce health inequalities and improve wellbeing for patients. This will build on the existing roles community pharmacies already have in reducing health inequalities: a key one of these is being available for advice free of charge on a walk-in basis, as well as providing NHS services such as Pharmacy First.



1.2.1 Place in communities

Community pharmacies are located at the centres of communities right across Scotland. This accessibility will continue to be crucial in 2030.

The place of community pharmacies is particularly important to help deliver the current strategic focus of community-based services, recognised both in the Scottish Government's programme for Government⁵ which states services should be delivered close to people's homes and the Scottish Parliament's Health and Sport Committee report into primary care⁷ which says "Place is central to the delivery of good health".

In addition to be present in communities where other services are lacking, the general accessibility of community pharmacies is also important for services where some patients have perceived stigma about using a service, such as those for addiction and mental health. Community pharmacies help to improve access to such services through their accessibility. Community pharmacies will be safe, welcoming and inclusive spaces, so both pharmacy users and pharmacy teams can be their authentic selves.

The places in which community pharmacies are located in Scotland are diverse, from city-centres to remote islands. In 2030, community pharmacy services will be planned and tailored to meet the specific needs of these diverse local populations, rather than universally offered by all pharmacies. The current locations of community pharmacies will be reviewed to ensure the population has equitable access, addressing current gaps where there are no community pharmacies including through the use of digital services.

This need to tailor services for individual communities is described by Public Health Scotland⁸. It says: "Scotland is a diverse country: what works in our cities may not suit remote rural communities, just as the priorities in our towns may not be the same as those on our islands." It highlights the need to use data to enrich understanding of the unique needs of communities.

Finally, it should be recognised that community pharmacies in themselves can help address inequalities by providing employment (including job training) in locations where there may be limited job opportunities.

1.2.2 Prevention

By 2030, community pharmacies will become local health care hubs, where people can access lifestyle advice, support to prevent ill health and referral to other services. Importantly, the services each individual community pharmacy offers will be built around the specific needs of the local population. This will ensure a tailored approach to addressing health inequalities. For example, community pharmacies in urban deprived areas may have a greater need to provide services to reduce harm from drug use, whereas community pharmacies in very rural areas may be more focused on improving the population's awareness of and access to wider services through appropriate signposting.

Community pharmacies will be able to provide direct support to reduce health inequalities by having access to specific endorsed NHS tools for lifestyle management. They will also be able to use social prescribing and have clear direct referral pathways to specialist services.

Services provided in community pharmacies will include:

- Support to stop smoking
- Brief interventions to reduce alcohol use
- Harm minimisation to reduce drugs deaths – substitution therapy (oral and injectable), naloxone provision, harm reduction services, health improvement for drug users
- Weight management
- Early cancer detection – improving awareness of early detection, spotting early warning signs and structured referral if warning signs are identified
- Mental health support – see below
- Women's health services – improving access to contraceptive services, plus support for managing menstrual health and the menopause
- Vaccination services – routine involvement with national NHS vaccination programmes
- Blood borne viruses – provision of testing and treatment

Provision of these services will enable community pharmacy to contribute to the Scottish Government's Programme for Government⁵ aims of tackling health inequalities in general as well as specifically women's health inequalities, mental health and early detection of cancer.

Drug-related deaths are a huge public health challenge, with the Chief Medical Officer's report⁴ stating: *"We are in the midst of a drugs crisis, with more drug deaths per capita in Scotland than any other country. Drug-related deaths increased by 6% in 2020."* New standards for treatment are in development⁹. By 2030, community pharmacists will have enhanced roles in harm minimisation to reduce drug deaths.

The need for improved mental health services was brought to the fore during the Covid-19 pandemic. Community pharmacists already provide support around medicines used for mental health, but by 2030 this will have been expanded. Every patient receiving a new medicine for a mental health condition will have a consultation with a community pharmacist about how best to take the medicine and manage side effects, something which is particularly important for antidepressants which can take several weeks to work. Pharmacists will have additional NHS tools to be able support someone seeking mental health advice, such as direct referral to computerised cognitive behavioural therapy (CBT). In order to be able to respond to crisis situations, community pharmacy teams will also be trained in mental health first aid and suicide prevention

Antimicrobials are an important resource that need to be sustained, and community pharmacists will play an important role in antimicrobial stewardship to prevent antimicrobial resistance. This will include advising on non-antimicrobial treatments for common clinical conditions, and advising on prudent use of antibiotics both for human consumption and in some cases in veterinary medicine.

1.2.3 Hubs

Community pharmacies will also be used as hubs where people can access other NHS services. This provision will be planned around local health needs, for example it may not be needed in a well-served urban area but will be very important in a rural location. As has been stated already, there is a strategic priority in Scotland for care to be delivered as close as possible to people's homes, and community pharmacies can help deliver this.

Community pharmacies already have consulting rooms and these facilities will be developed further, ensuring adequate and appropriate consulting space for the pharmacy team and visiting health professionals. In addition, many community pharmacies will have private rooms where patients can have a consultation with another NHS professional using digital technology such as Near Me. This will reduce the number of people having to travel for appointments and help reduce digital exclusion where patients do not have their own device for digital consultations or digital skills to use it. This will help deliver the Scottish Government priority in its remobilisation plan³ of *“going forward there is a need to minimise unnecessary travel and increase the focus on net zero approaches”* and *“We will continue to support the move to more health care being provided in the community and closer to home. We will evaluate and develop the role of virtual consultations and Covid community hubs, ensuring that the people who are most vulnerable are not missing out”*.

1.2.4 Specialised services

Some community pharmacists will be involved in the provision of specialised services. The need for these additional services will be planned according to local population need, taking into account the other local services available and the skills of individual pharmacists.

Specialised services that might be provided in community pharmacies include:

- Holistic review of long-term conditions which may incorporate use of advanced clinical skills and prescribing to manage specific conditions, for example:
 - Pain management services: medicines management such as dose titration as part of an holistic service linked with other members of the multidisciplinary team
 - Enhanced mental health support
- Palliative care services: building on the existing Palliative Care Community Pharmacy Network to include Paediatric Palliative Care. Children requiring palliative care often take multiple medicines and are at high risk of adverse events. Enhanced community pharmacy services will be developed to provide better support for these children and their families in order to improve the safe and effective use of medicines.
- Enhanced clinical services for substance misuse – injecting equipment provision, wound care, testing and treatment in collaboration with other health professionals working in pharmacies
- Enhanced services for care homes: polypharmacy reviews, and regular monitoring and adjustment of medicines in a frail population
- Administration of medicines which might previously have been administered in hospitals, such as oncology services

1.2.5 Pharmacy premises

In 2030, community pharmacy premises will have a more clinical and less retail focus. Products sold in pharmacies will deliver health needs rather than be gift items. This will change current public perceptions, and those of other health professionals, that community pharmacists are shopkeepers rather than clinicians.

This shift to a more clinical environment will lead to an increase in the number of NHS services provided from community pharmacies and to an increase in the number of individuals accessing community pharmacy services because they now recognise pharmacists' clinical role.

However, it is acknowledged that in some locations, the decline of local shops seen in society in recent years has meant that populations may be dependent on community pharmacies to sell certain products such as toiletries.

In these locations, the community pharmacist should consider how best to balance the needs of the population while still improving the clinical environment of the pharmacy. In any pharmacy continuing to have a retail section, clinical pharmacy services should be situated in a clearly demarked area supported by pharmacy staff to ensure patient care is not compromised by non-health retail activities.

Patient Journeys in 2030: Improving access to care

Edith has been prescribed a new medication for arthritis by her GP. Edith is elderly, has several medical issues and struggles to get out of her house, so uses her local pharmacy's delivery service. Her new medicine is delivered to her and she also receives a message to her smart TV inviting her to have a video consultation with the pharmacist. During this remote consultation the pharmacist discusses the various aspects of Edith's new medicine with her and also takes the opportunity to check on her wellbeing and how she is managing with her other long-term medical conditions and associated medication. Edith reveals she has a sore area of broken skin on her lower leg, so the pharmacist updates her single shared patient record to flag this as a concern and electronically refers the case to the GP and nursing team so they can arrange a home visit.

1.2.6 Improving access

There is little doubt that there is a public appetite for all services to be more convenient, accessible from home or work, and available outside normal working hours. The rise of internet shopping and delivery services has demonstrated this in multiple areas, and data in Scotland from a nationwide public engagement exercise on Near Me video consulting¹⁰ demonstrated the public demand for remote access to health services.

By 2030, community pharmacies will have embraced this agenda and have developed services that patients can access how and when they want. Community pharmacies will routinely offer remote consulting and other digital services.

Delivery services will be a key component of community pharmacy services but in 2030 they will be automatically combined with professional support. This will mean all delivery services will include patients routinely speaking to their pharmacist remotely about their medicines. Similarly, where vending machines for medicines collection are offered, the same requirement will be in place. This arrangement will ensure that the value of speaking to the pharmacist is not lost and will deliver the National Clinical Strategy's recommendation² around services being based on long-term relationships between patients and clinicians.

In some locations, dependent on local population needs, community pharmacies may provide mobile outreach services. This may include areas of deprivation or very rural areas.

Another form of access that must be addressed is communication. Community pharmacy will improve the information it provides to meet health literacy and inclusive communication standards.

It's happening now... hepatitis C service

Lauren Clarke, a community pharmacist in Forfar, NHS Tayside, explains how her pharmacy is providing a hepatitis C screening and treatment service:

"All of our patients receiving opioid substitution therapy at the pharmacy are offered screening. This involves dry blood spot testing which takes place in our consultation room, managed by one of our pharmacy assistants. The samples are sent to the local NHS laboratory for analysis and, with the patient's consent, I can access the NHS Tayside clinical portal to obtain the results electronically.

"For patients who test positive for hepatitis C, we provide a treatment service. With their consent, I check whether they have had recent blood tests to confirm treatment is safe for them and, if not, arrange for a phlebotomist to visit the pharmacy. I then ask the NHS Tayside hepatitis team to provide a prescription. We provide daily supervised treatment for 12 weeks. At the end we carry out another dry blood spot test to check they have been cured.

"Patients tell us it's much more convenient for them than going to a hospital clinic because they are coming to the pharmacy every day anyway for their opioid substitution therapy. It is also more reassuring for them to come to a familiar place and be supported through their treatment by a team they know well."

1.2.7 Sustainable pharmacy services

By 2030, community pharmacies will be delivering greener services. The Chief Medical Officer's annual report⁴ states: *"NHS Scotland is a significant contributor to the climate emergency. It emits a large amount of greenhouse gasses, consumes huge amounts of resources and produces copious amounts of waste. We have a moral obligation to help tackle the greatest threat to human health by reducing our impact on the environment. Responsibility rests with us all."*

This statement applies as much to community pharmacy as it does to any other part of NHS Scotland. The next decade must see an increasing awareness of this issue, so that by 2030 community pharmacies will be delivering more sustainable services and will be committed to moving to Scotland's net zero target.

Vans used to deliver medicines to patients, as well as those supplying stock to pharmacies from wholesalers, will be electric in order to achieve net-zero emissions. Travel will be reduced for both patients and for pharmacists through the use of remote communication such as Near Me for consultations, multidisciplinary meetings and education.

Plastic packaging will have been reduced in pharmaceuticals and in the sundries used in pharmacies. The environmental impact of pharmaceuticals, including inhalers, will have been improved. Community pharmacists will refer people into green initiatives for lifestyle improvements including walking, cycling and other outdoor activities.

Water stewardship will be taken seriously to ensure sustainability of water resources globally, as described by the Alliance for Water Stewardship¹¹. Community pharmacists will support water stewardship by reducing the pollution of water systems with pharmaceuticals. This will include enabling appropriate disposal of medicines (actively encouraging the public to take unused medicines to pharmacies for disposal) and by having regular conversations with patients about medicines to ensure they are benefiting from the medicine.



Section 2 Underpinning infrastructure

2.1 Using data to deliver high quality services

2.1.1 Outcome measures

Patient outcome measures for community pharmacy services will be developed and monitored to ensure that pharmacies are improving population health and meeting high quality standards.

The National Clinical Strategy² says NHS services must “collect and use more information on outcomes, especially those that matter most to patients, rather than clinical data such as biochemical or other surrogate markers”. Furthermore, it says data should be used to identify and reduce inappropriate variation in interventions across regions.

In community pharmacy, historical data collection has been based on process measures: how many interventions have been provided. A new set of measures will be defined for community pharmacy to understand whether interventions are maximising the effect people get from medicines, reducing harm from medicines, improving access to health care and ensuring people receive the support they need from their pharmacy.

These outcome measures will be used to drive continuous service improvement in community pharmacy. The outcome measures need to be developed to demonstrate population-level improvements but also be clearly connected to measurements at an individual pharmacy level to make them tangible for pharmacy teams. This will mean pharmacy teams can see how improvements they make directly contribute to overall population-level changes, as well as enable monitoring of individual pharmacies' performance.

This reflects an aim in Achieving Excellence in Pharmaceutical Care⁶ which says quality improvement will be integral in community pharmacy and that it will “introduce a programme of continuous improvement”, as well as to “establish measuring and monitoring parameters for medicines safety...to consider past, present and predictable future harm”.

2.1.2 Using data for decisions

By 2030, community pharmacists will use data routinely to provide personalised care and medicines for patients. This will include both prescribing data and population health data.

Pharmacogenomics is a fast expanding area in pharmacy, and by 2030 it will be in use in all community pharmacies. Pharmacogenomic point of care testing kits will enable community pharmacists to personalise an individual's treatment, for example to identify whether they are a fast or slow metaboliser of a medicine they have been prescribed, and then to adjust the dose accordingly using independent prescribing skills.

Data will also be used for the planning of community pharmacy services: to understand local population health issues so that services can be delivered to meet these needs.



2.2 Digital infrastructure

2.2.1 Technology within pharmacy processes

The biggest digital change that will have transformed community pharmacy by 2030 is the introduction of a single shared electronic patient record across all health and care services in Scotland.

This will be a universal patient record held in a data cloud into which every professional both reads and writes information, using their existing clinical system as the entry point. Each professional group will have a different view, according to what is appropriate for their role, but the key point is that all professionals will be viewing the same set of data. It will be one medication record for all of health and care: there will be no need for medicines reconciliation, community pharmacists will have full information about all the medicines that have been prescribed for the patient in all care settings (primary care, hospital and specialist services). Information will be timely: changes made including those made at a GP appointment just 10 minutes before the patient arrived in the pharmacy. Patients will have access to this record and will be able to enter information too, which will help professionals provide better care.

In addition to the single shared electronic record, a full electronic prescribing, dispensing and payment system will be in place so there will be no need for paper prescriptions in community pharmacies.

The dispensing processes will also have been transformed. All community pharmacies will use scanning checking technology for accuracy checking of prescriptions, releasing time and improving safety in pharmacies. Some pharmacies will also use robotics for dispensing. Pharmacy stock ordering systems will be more automated to improve stock control.

Community pharmacists will work together to remotely provide a second clinical check on prescriptions written by pharmacists as independent prescribers.

Digital technology will also transform communication in community pharmacies, connecting pharmacists to other members of the local health care team using tools such as Microsoft Teams and enabling wider networking across pharmacy to enable a one profession approach to providing care and professional development. This will also ensure community pharmacists are less isolated, improving workforce wellbeing. Technology will also be used for remote involvement in education activities.

This modernisation of digital technology in community pharmacy was planned in Achieving Excellence in Pharmaceutical Care[®] which highlighted electronic prescribing, access to information, robotics, technology enabled care and decision support. Progress is already being made in these areas, but more needs to be done and by 2030 these will be truly embedded.



2.2.2 Patient facing digital technology

Patients have stated clearly that they want the NHS to embrace technology, and community pharmacy needs to respond to this.

In its recent report¹, the ALLIANCE endorses greater use of technology, stating: *“For many people the innovative and accelerated implementation of virtual services improved access, made it quicker and supported more choices for the individual. People have welcomed the use of this technology and its wider implementation and use should continue.”* However, it also recognises that digital services are not for everyone so digital should not be default.

By 2030, community pharmacies will use digital technology to provide services remotely. This will include online communication such as asynchronous messaging including submitting high resolution photos for clinical review, online booking of appointments with pharmacists (where appointments are needed) and video consultations using Near Me. All community pharmacies will have good quality IT equipment so that digital services are as easy to use as face to face services. Community pharmacies will also act as digital hubs to enable people to access other health and care services locally.

Community pharmacy apps will have been developed to improve patient access to pharmacy services and for patients to enter information which pharmacists can use to provide care for patients. This will include technologies such as wearables to collect monitoring data such as use of over the counter medicines, lifestyle factors (exercise, diet, smoking) and remote monitoring parameters like heart rate and blood pressure. It will also be combined with other forms of remote monitoring such as home blood pressure testing.

Developing more patient-facing digital services is also in line with the Programme for Government⁵, which states: *“We will now move to a position of Near Me as the default option where that is right for a person and they are happy to use the service, with the aim that all health and care consultations are provided by Near Me or telephone whenever clinically appropriate.”* It also states computerised cognitive behavioural therapy will be expanded, along with remote monitoring.

Likewise the recent Health and Sport committee report⁷ states: *“The health service must now embrace new technology, stop talking about what they are going to do and start delivering a 21st century system.”*

By 2030, community pharmacists will also use technology to enable remote participation in multidisciplinary consultations and to support patient groups. This potential is highlighted in the Chief Medical Officer’s annual report⁴ which states: *“We need to make greater use of Near Me for supported self management, to involve the wider healthcare team in multidisciplinary discussions about patient care, to facilitate patient support groups, and for continued professional development of health and care professionals. We should also consider how we can make use of further technologies to bring care close to home, such as devices for remote monitoring.”*

Patient Journeys in 2030: Delivering personalised care

John has chronic pain which is not improving despite being treated with various prescription medicines, so his GP refers him to his local community pharmacy where the pharmacist specialises in holistic pain medication review. The pharmacist is able to use point of care pharmacogenomic testing to determine which types and doses of pain medication may be most suitable for John (eg, tricyclics, codeine.) The pharmacist then uses independent prescribing to make changes to the type and dose of medication, based on the pharmacogenomic test results and other clinical factors. These adjustments are entered electronically into the patient’s single shared record so the GP can access them. The pharmacist also refers John directly to a local NHS pain management programme to try to reduce his reliance on medication and regain function.

2.3 Workforce infrastructure: professional development

2.3.1 Training and Professional Development

By 2030, community pharmacists will have had extensive exposure to clinical and prescribing skills training throughout their undergraduate and foundation years. For pharmacists who are already qualified, access to postgraduate training including the development of relevant clinical skills and other support for development will be provided. This will mean that the vast majority of community pharmacists will be qualified independent prescribers via either route.

Initial education and training of pharmacists will have changed significantly by 2030, which will enable student pharmacists to be exposed to wider practice experience through longer placements in multiple care settings. As a result, pharmacists choosing to work in community pharmacies will have a far better understanding of the roles of pharmacists working in GP practices and hospitals which will improve collaborative working as one pharmacy profession.

Post-registration foundation training and further postgraduate career pathways will also enable pharmacists to develop portfolio careers, combining roles in different care settings or a generalist role with a specialist service role. Pharmacists will stop identifying themselves by their location of work and describe themselves by their clinical role, such as an advanced generalist or a clinical area specialist.

All community pharmacists will possess, as a minimum, basic clinical assessment and physical examination skills which support their generalist practice in the management of common clinical conditions, eg, measurement of vital signs, ear nose and throat, and chest examination. There will also be options to undergo training to develop further areas of specialist practice in addition to their core, generalist role.

There will be ready access to training and support for personal development, eg, communication and decision-making skills, leadership, brief interventions.

Pharmacists will have opportunities to develop digital skills, mirroring the Digital Health and Care Leadership Programme open to nurses and allied health professionals.

Protected learning time and peer support networks (both intra and inter-professional) to underpin safe and effective practice will be well established for community pharmacists. This will improve both professional development and workforce wellbeing by ensuring community pharmacists (who often practise as sole practitioners) feel better supported and less isolated.

Inter-professional networking will involve existing structures such as GP clusters which were established for GP teams to learn, develop and improve together for the benefits of local populations. GP clusters are expected to have both intrinsic and extrinsic functions, with national guidance¹² stating extrinsic functions include *“collaboration and practice systems working with the community multidisciplinary team and third sector partners”*⁸ into which community pharmacists would fit.

Competency frameworks will be in place to help guide their professional, practice and career development.

In addition to protected learning time, all community pharmacists will have access to protected rest/meal breaks during the working day to improve wellbeing, reduce stress and with this reduce the risk of errors.

Training others will also be a key part of community pharmacists' roles by 2030. They will be involved in and supported to provide a range of education and training roles in practice, and jointly with academia and continuing education providers. This will include providing experiential learning facilitation for student pharmacists, supervision for trainee pharmacists in their Foundation year and into the newly qualified pharmacist programme, designated prescribing practitioner roles with trainee independent prescribers (both pharmacists and other healthcare professionals), and undergraduate and postgraduate teaching and development / peer support roles.

The development of independent prescribing skills in community pharmacy will be particularly important and will be supported through experiential learning or the Community Pharmacy Teach and Treat Programme. This programme is delivered for community pharmacists by community pharmacists, with experienced community pharmacist independent prescribers identified as Teach and Treat Leads. These leads provide clinical supervision to newly qualified community pharmacist independent prescribers to further develop their clinical assessment, consultation and clinical decision making skills.

Community pharmacy support staff teams will be led predominantly by pharmacy technicians, who are well trained and supported to provide a range of autonomous technical and clinical medicines supply and healthcare functions. These staff teams will also provide vital clerical and administrative support to pharmacists who are spending the majority of their working day consulting with patients.

Pharmacy technicians will be enabled via their training, experience and legislation to provide a wide range of both technical and clinical services, including supply of medicines and administration of vaccines via patient group direction.

Workforce planning will be used routinely to ensure the right skill mix in community pharmacies.

2.3.2 Career Development

Community pharmacists will have a career structure and pathway that allows them to flourish and feel professionally fulfilled in their patient facing roles, whether working exclusively in the community pharmacy environment or as part of a portfolio career. There will be a work culture which embraces teaching, mentoring, the importance of personal and professional development, and supporting other pharmacists, support staff and other health professionals in their career progression.

Community pharmacists will progress through defined career stages and associated credentialing¹³ for Foundation, Advanced and Consultant level practice. Professional competency frameworks will underpin this process: encompassing clinical, managerial, leadership, research and education and training skills. These career stages will be attainable for all community pharmacists performing their core, generalist role.

Leading and participating in practice-based research will be a normal professional activity for the majority of community pharmacists. This will be enabled by protected learning time being firmly embedded in the professional life of the community pharmacist. They will also have developed research skills through postgraduate structures and be linked to research networks to enable continued development and cross-team research.

Community pharmacists will have the option of developing specialist areas of practice in addition to their core, generalist role. This specialist knowledge and skills could be applied both within the community pharmacy and other settings dependent on patient need. The specialism could be in a particular disease area (such as chronic pain), relate to a particular patient group (such as frailty), or be public health focused (such as sexual health). Leadership, management and research options will exist also.



Section 3 Additional Information

NEXT STEPS

This vision is now open for consultation until 1 July 2021. We would welcome views on this vision – from pharmacists, other health and care professionals, and importantly the public in Scotland.

Please send any comments or arrange to speak to a member of the RPS team by contacting: scotinfo@rpharms.com

At the same time, scoping work will take place on other areas of pharmacy practice. All the scoping work will then be brought together into a finalised single professional view for pharmacy which will describe how pharmacy can work together as a whole profession to deliver seamless, person-centred care for patients. RPS Scotland plans to publish this in autumn 2021.

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