

Continuing to Improve the Patient Journey

Future Focus:

There is a programme of work currently ongoing within the board looking at the Redesign of Urgent Care (RUC). We're looking at how we can improve the processes for community pharmacists so they could directly refer to a prescriber if they've assessed and highlighted a specific need. This would prevent the current requirement for the patient to go home and engage with surgery triage systems again – delaying their care. If you have any ideas or would like to be involved in testing this work please contact alec.murray@nhs.scot.

NOW

YESTERDAY

TOMORROW

Our [community pharmacy champions](#) are a great contact and key liaison if you can't get in touch directly with your own local pharmacists. They are aligned to the same clusters and provide valuable insight and feedback to the board.

We have been sharing these information briefs with community pharmacy teams across Fife and asked them if there were any key messages they'd like to share. Overwhelmingly (and in a nutshell) the theme of their responses was

"Give us a call, we'd like to help as much as possible."

When asked if there were any opportunities for quick fixes that community pharmacy teams would like to share some general comments (and places where you may be able to help) included:

Repeat Prescription Turnaround Time

"A lot of people think the medicines will be ready in 48 hours because either the surgery's answer machine or repeat slip says so. It would be really helpful if surgery colleagues could help manage patients' expectations with this, it'll be at least another 48 hours before it'll be ready and waiting at the pharmacy"



Knowing What Services We Can Provide

"I've had patients tell me that my local surgery have sent them for blood pressure checks, to look in their ears, sound their chest and even had the odd couple bring in a urine sample. I know some pharmacies offer different services (like **Pharmacy First Plus**) where this may be more appropriate, but we had to send the patients back (something we try to avoid, we know they're really busy too). Now it might be the patients getting confused, but I think it'd be good just to have a chat and explain what we can and can't do at the moment"