



# PHARMACEUTICAL CARE SERVICES PLAN

Version: 7.0	Supersedes: 6.0	Status: Approved
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## NHS Ayrshire & Arran – Pharmaceutical Care Services Plan

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## Section 1 Introduction

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 determines the process to be followed when applications are made to NHS Boards to provide pharmaceutical services.

NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 (SSI 2011/32) make a number of changes to the Control of Entry arrangements and processes for inclusion on the pharmaceutical list of an NHS Board.

One such change was an onus on NHS Boards to publish a Pharmaceutical Care Services Plan (PCSP) and to update the plan on an annual basis. The PCSP is a summary of the pharmaceutical services available in an NHS Board area that applicants can consider when making an application to an NHS Board to appear on their pharmaceutical list. It is also there to assist the Pharmacy Practices Committee (PPC) at hearings of applications made to the NHS Board to appear on the pharmaceutical list.

This document describes the current provision of community pharmacy services in NHS Ayrshire & Arran, further sub-divided by Health and Social Care Partnership (HSCP). The plan does not include pharmaceutical care services provided by the hospital pharmacy service, nor does it consider how community pharmacy will fit within the wider provision of local primary healthcare services.

We would like to thank Alistair Hooke and his colleagues within Public Health Department at NHS Ayrshire & Arran for the population health and wellbeing overview that describes the challenges for health and pharmaceutical care through our network of community pharmacies.

Roisin Kavanagh  
Director of Pharmacy  
July 2021

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## Section 2: Description of Ayrshire and Arran

Ayrshire and Arran is situated in southwest Scotland on the Firth of Clyde, and extends from Skelmorlie in the north to Ballantrae in the south, from Ayr in the west to Muirkirk in the east. Ayrshire falls under three Health and Social Care Partnership (HSCP) areas (coterminous with Council areas); East Ayrshire, North Ayrshire and South Ayrshire. North Ayrshire includes the Isle of Arran, Great Cumbrae and Little Cumbrae, all of which lie off the west coast of Ayrshire. Ayrshire and Arran covers 3,377 square kilometres and is made up of urban and rural areas.

### Urban-Rural Composition

Using the Scottish Government's 8-fold Urban Rural Classification, urban areas are defined as settlements of at least 10,000 people, small towns of 3,000 to 9,999 people, and rural areas of less than 3,000 people. Small town and rural areas are further classified by their remoteness (or accessibility) to the nearest urban area, rendering 8 categories in total (details are shown in Appendix 1).

Table 1 shows breakdown, in 2016, of the urban-rural composition of the three local HSCP areas in Ayrshire and Arran, along with that of Scotland for comparison. It can be seen that a higher percentage of people in all parts of Ayrshire and Arran live in urban areas than in Scotland as a whole, with North and South Ayrshire considerably more urban in their composition. Small town settlements are prolific in East and North Ayrshire (above the Scottish average), and rural settlements are prolific in East and South Ayrshire (also above the Scottish average).

Overall, East is the most varied composition-wise (i.e., with settlements more evenly spread across urban, small town and rural areas), with North predominantly urban and small town, and South a more polarised mixture of urban and rural. These variations mean that population health needs and corresponding service plans and infrastructure will likely vary across the three HSCP areas.

**TABLE 1: Percent of population in each Urban Rural category (8-fold), by local HSCP area, 2016**

Area	Large urban	Other urban	Accessible small towns	Remote small towns	Very remote small towns	Accessible rural	Remote rural	Very remote rural
East Ayrshire	0.0	42.0	19.1	10.3	0.0	20.6	8.0	0.0
North Ayrshire	0.0	72.0	18.8	0.0	0.0	4.9	1.0	3.3
South Ayrshire	0.0	68.7	4.1	5.7	0.0	17.5	4.0	0.0
<b>Scotland</b>	<b>34.6</b>	<b>36.2</b>	<b>8.5</b>	<b>2.3</b>	<b>1.2</b>	<b>11.2</b>	<b>3.2</b>	<b>2.8</b>

Source: [Scottish Government Urban Rural Classification 2016 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

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## Area Deprivation

The importance of deprivation as a key component of social inequality has been recognised for a long time. It is widely accepted that deprivation increases the risk of early death and is associated with more years of ill health and higher rates of illness from certain diseases.

The [Scottish Burden of Disease Study \(2016\) Deprivation Report](#) showed that:

- poorer areas had double the rate of illness or early death than more affluent areas;
- people in Scotland's most affluent areas were more likely to live in ill health than die early due to ill health, and the number of years of life affected were much smaller;
- there were differences in rates of early death and ill health seen across socio-economic deprivation groups by age and sex.

While these inequalities have been characterised and demonstrated, deprivation itself is hard to measure since people with differing levels of socio-economic disadvantage can live very close together in the community. Thus, when considering the level of socio-economic deprivation present within a defined geographical area, measures of area deprivation are often area-based averages, which may obscure highly polarised patterns of deprivation existing across very diverse communities in one area. This is worth considering when planning a health service in any given area.

The [Scottish Index of Multiple Deprivation](#) (SIMD) is a widely used tool for identifying the places in Scotland where people are experiencing disadvantage across different aspects of their lives. SIMD ranks nearly 7,000 small areas, or data zones, covering the whole of Scotland from the most deprived to the least deprived, and is comprised of seven domains (income, employment, health, education, access to services, crime and housing). For reporting and presentation purposes, ranks are frequently grouped into cut-offs or categories such as vigintiles, deciles, quintiles, and 15% or 20% most deprived data zones.

Table 2 shows the number of data zones in each Scottish council area which comprise the 20% most deprived data zones in Scotland, along with the local and national share of these zones. Considering the local share first, almost 2 in 5 (39.8%) data zones in North Ayrshire fall into the 20% most deprived in Scotland, while just under 1 in 3 (31.3%) in East Ayrshire and just under 1 in 5 (18.3%) in South Ayrshire fall into this category. Thus, North and East have disproportionately higher numbers of the 20% most deprived Scottish data zones within their boundaries, while South is just about on a par with Scotland as a whole.

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In terms of the national share, Ayrshire and Arran has an 11.0% share of Scotland's 20% most deprived data zones, which is a relatively high share – in HSCP area terms, this breaks down as North 5.3%, East 3.7% and South 2.0%. Unsurprisingly, Glasgow City has the lion's share (24.3%) of Scotland's 20% most deprived data zones.

**TABLE 2: SIMD 2020v2 local and national share of 20% most deprived data zones in Scotland, by Local Authority area (data published 28 Jan 2020)**

Local Authority	Number of data zones:		Percentage share of 20% most deprived data zones:	
	Total data zones	20% most deprived	Local share	National share
Glasgow City	746	339	45.44%	24.30%
Inverclyde	114	51	44.74%	3.66%
<b>North Ayrshire</b>	<b>186</b>	<b>74</b>	<b>39.78%</b>	<b>5.30%</b>
West Dunbartonshire	121	48	39.67%	3.44%
Dundee City	188	70	37.23%	5.02%
North Lanarkshire	447	153	34.23%	10.97%
<b>East Ayrshire</b>	<b>163</b>	<b>51</b>	<b>31.29%</b>	<b>3.66%</b>
Clackmannanshire	72	18	25.00%	1.29%
Renfrewshire	225	56	24.89%	4.01%
South Lanarkshire	431	88	20.42%	6.31%
Fife	494	97	19.64%	6.95%
<b>South Ayrshire</b>	<b>153</b>	<b>28</b>	<b>18.30%</b>	<b>2.01%</b>
Falkirk	214	35	16.36%	2.51%
West Lothian	239	35	14.64%	2.51%
Stirling	121	15	12.40%	1.08%
City of Edinburgh	597	71	11.89%	5.09%
Argyll and Bute	125	13	10.40%	0.93%
Aberdeen City	283	29	10.25%	2.08%
Highland	312	30	9.62%	2.15%
Dumfries and Galloway	201	19	9.45%	1.36%
Midlothian	115	10	8.70%	0.72%
Angus	155	12	7.74%	0.86%
Scottish Borders	143	9	6.29%	0.65%
East Lothian	132	8	6.06%	0.57%
Perth and Kinross	186	11	5.91%	0.79%
East Renfrewshire	122	7	5.74%	0.50%
East Dunbartonshire	130	5	3.85%	0.36%
Moray	126	4	3.17%	0.29%
Aberdeenshire	340	9	2.65%	0.65%
Na h-Eileanan an Iar	36	0	0.00%	0.00%

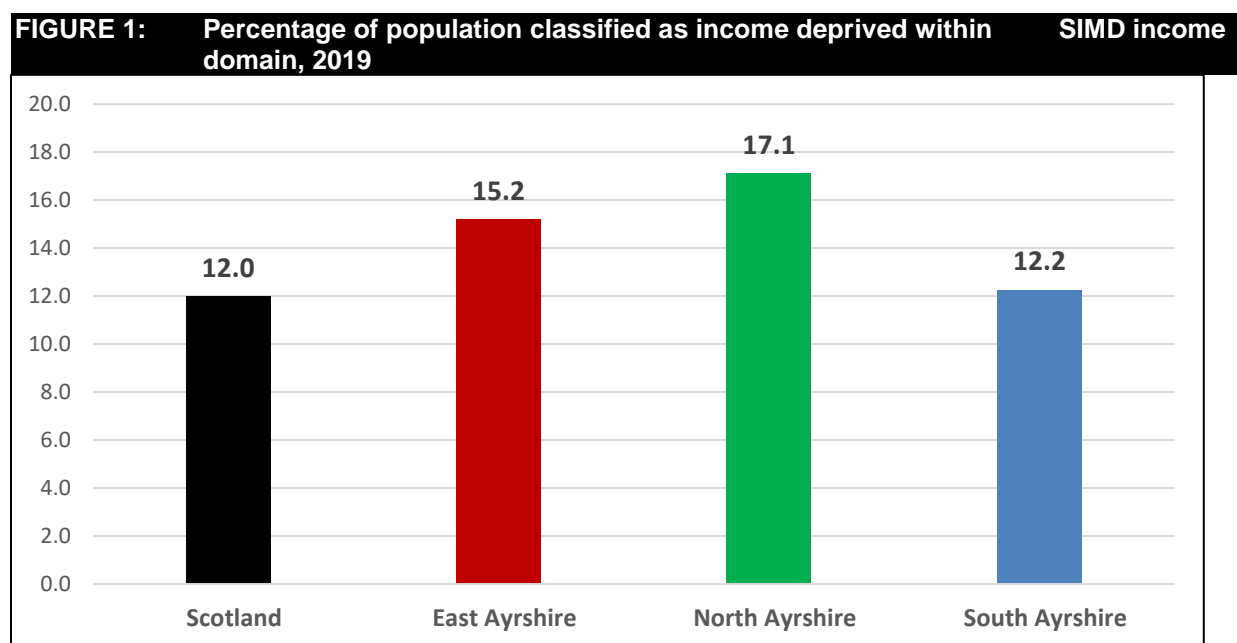
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Orkney Islands	29	0	0.00%	0.00%
Shetland Islands	30	0	0.00%	0.00%
<b>SCOTLAND</b>	<b>6,976</b>	<b>1,395</b>	<b>-</b>	<b>-</b>

**Source:** [Scottish Index of Multiple Deprivation 2020v2 local and national share calculator - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-index-of-multiple-deprivation-2020v2/pages/10-local-and-national-share-calculator.aspx)



**Source:** Scottish Government (SIMD); data retrieved from ScotPHO profiles, 2<sup>nd</sup> June 2021

**Income deprivation**, as defined by the SIMD, is a measure of the percentage of the population (adults and their dependents) in receipt of Income Support, Employment and Support Allowance, Job Seekers Allowance, Guaranteed Pension Credits, Child and Working Tax Credits, or Universal Credit (excluding those in the category 'working with no requirements'), or in Tax Credit families on low income.

Figure 1 shows the pattern of income deprivation, in 2019, within the three local HSCP areas, with Scotland as comparator. The pattern displays the same order as was seen in Table 1, with North generating the highest report of population income deprivation at 17.1%, standing above East at 15.2% and South at 12.2%, the latter once again on a par with Scotland. This consistent order should be kept in mind when considering patterns evident in area health and wellbeing data trends (reported below), particularly in light of health inequalities which are known to be strongly linked to socio-economic deprivation, and some of which were highlighted at the start of this section.

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## Section 3 Demographics

The most recent population estimates available in Scotland are for 2020. In 2020, the estimated Ayrshire and Arran population was 367,990. This breaks down as 121,600 residents in East Ayrshire, 134,250 in North Ayrshire and 112,140 in South Ayrshire, respectively accounting for 33.0%, 36.5% and 30.5% of the total NHS Board area population.

The main centres of population are the towns of Ayr (46,810 residents; 2,578/km<sup>2</sup>) located in South Ayrshire, Kilmarnock (46,580 residents; 3,087/km<sup>2</sup>) in East Ayrshire, and Irvine (33,780 residents; 1,626/km<sup>2</sup>) in North Ayrshire (based on 2019 figures). While it can be seen that Ayr is the most sizeably populated centre, Kilmarnock is the most densely populated.

### Male and female age distribution in Ayrshire and Arran

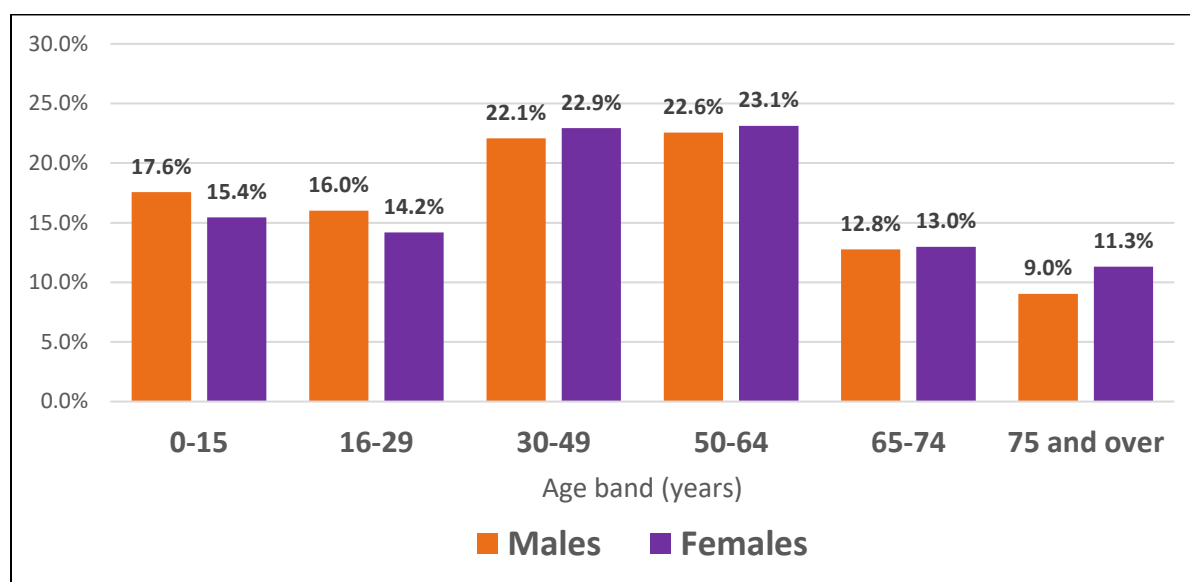
Figure 2 provides a profile of the age and gender distribution, in broad age bands, of the estimated Ayrshire and Arran population in 2020. The gender balance shifts from a higher proportion of males in the two youngest age categories, to a higher proportion of females in the oldest age category. These gender imbalances reflect the national pattern, and also simply reflect the fact that women tend to live longer than men.

In 2020, persons aged 65 years and over accounted for 23.1% of the Ayrshire and Arran population. This compares to 18.6% in 2009, showing a big overall shift toward an ageing population over time, which is predicted to continue in future.

**FIGURE 2: Estimated Ayrshire and Arran population, 2020: percentage of population by age group, within each gender**

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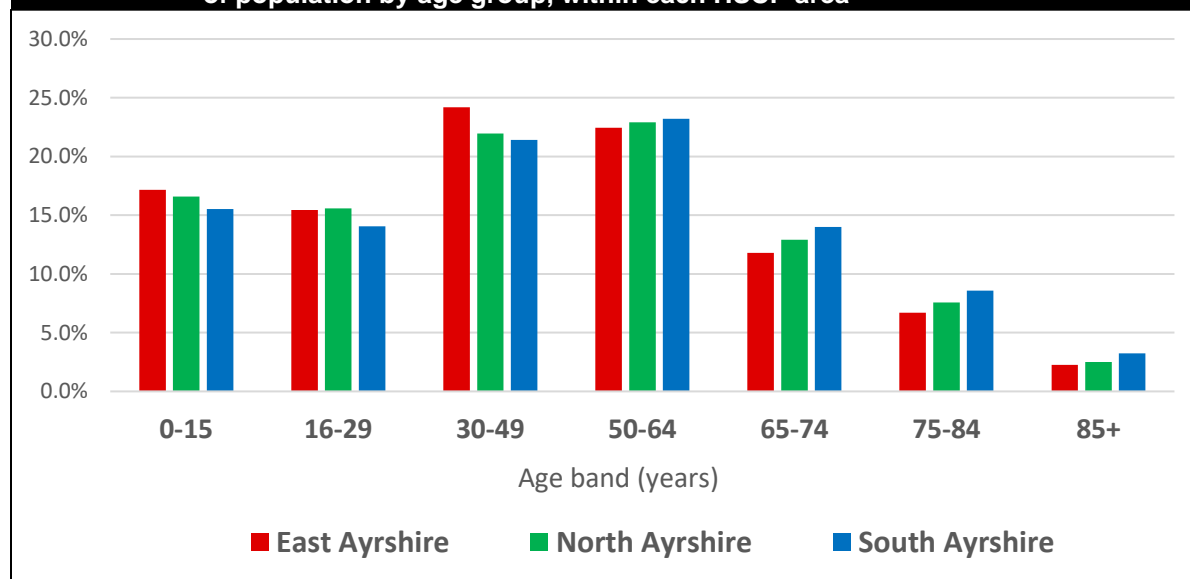


Source: [Mid-Year Population Estimates | National Records of Scotland \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

### Age group distribution within local HSCP areas

The age distribution patterns within each of the three local HSCP populations show that, in 2020, South Ayrshire had a substantially older population than East and North Ayrshire (Figure 3). It was estimated that about 1 in 4 (25.8%) residents in South were aged 65 or above, compared to only 1 in 5 (20.7%) in East, with the North figure in between (23.0%). Conversely, East and North have notably younger populations, with greater proportions of residents than South in all younger age categories (i.e., up until 49 years old).

**FIGURE 3: Estimated Ayrshire and Arran population, 2020: of population by age group, within each HSCP area** percentage



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Source: [Mid-Year Population Estimates | National Records of Scotland \(nrsotland.gov.uk\)](https://nrsotland.gov.uk/mid-year-population-estimates)

## Ethnicity by local HSCP area

Accessing services for minority groups can be challenging because of language and cultural differences. The 2011 Census provides information on distribution of minority ethnic groups in Scotland. In Ayrshire and Arran, the proportion of the population in minority ethnic groups in 2011 was reported at 1.16%, up from 0.68% in 2001. The figure for South Ayrshire (1.26%) was marginally higher than that for East Ayrshire (1.14%) and North Ayrshire (1.08%).

In Ayrshire and Arran in 2011, the most common minority ethnic group was Asian (0.74%), followed by people of mixed or multiple ethnicity (0.23%). Within the Asian category, the Chinese community had slightly higher representation (0.24%) than the Indian community (0.21%), followed by the Pakistani community (0.14%). This differs from the Scottish population as a whole, where the most common minority ethnic group in 2011 was Pakistani (0.93%).

## Section 4 Population Health and Wellbeing

### Life expectancy and mortality

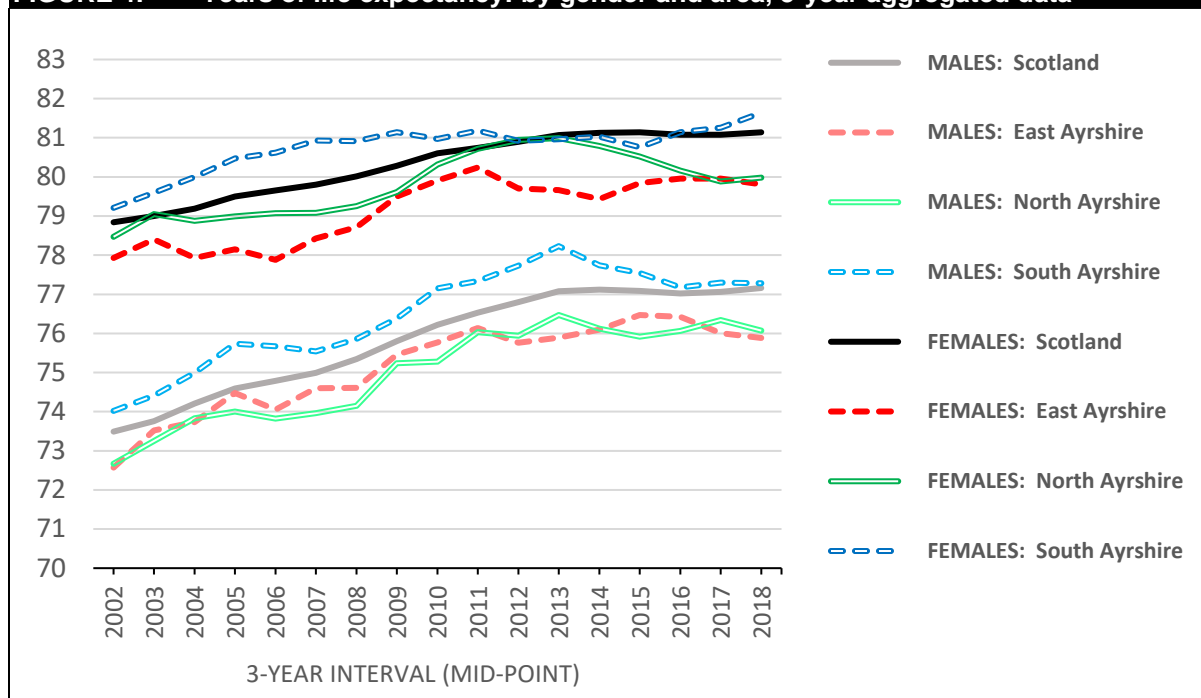
#### Life expectancy:

Analysis of 3-year rolling interval data shows that, from 2001 to 2019, years of life expectancy (LE) increased substantially in Ayrshire and Arran and in Scotland as a whole, among both men and women (Figure 4). LE generally increased steadily up until about 2013, after which area trends generally flattened.

Throughout the whole period, female LE was higher than male LE - verifying that women normally live longer than men - though the gap has reduced slightly over time. In 2001-03, the gap between men and women was about 5-6 years of life expectancy, and in 2017-19 the gap has narrowed to about 4 years.

In the recent recording period, 2017-19, female LE in North and East Ayrshire stood at 80 years, below that of Scotland and South Ayrshire which both exceeded 81 years. Meanwhile, male LE in North and East was around 76 years, while that in South and Scotland was around 77 years. North and East figures were significantly worse (lower) than that of Scotland for both men and women, while South was not significantly different from Scotland in both cases. This undoubtedly reflects higher levels of income deprivation in North and East Ayrshire compared to South Ayrshire and Scotland as a whole (as was evident from Figure 1 above).

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**FIGURE 4: Years of life expectancy: by gender and area, 3-year aggregated data**


Source: [National Records of Scotland \(NRS\)](#); data retrieved from ScotPHO profiles, 2nd June 2021

### All-cause mortality:

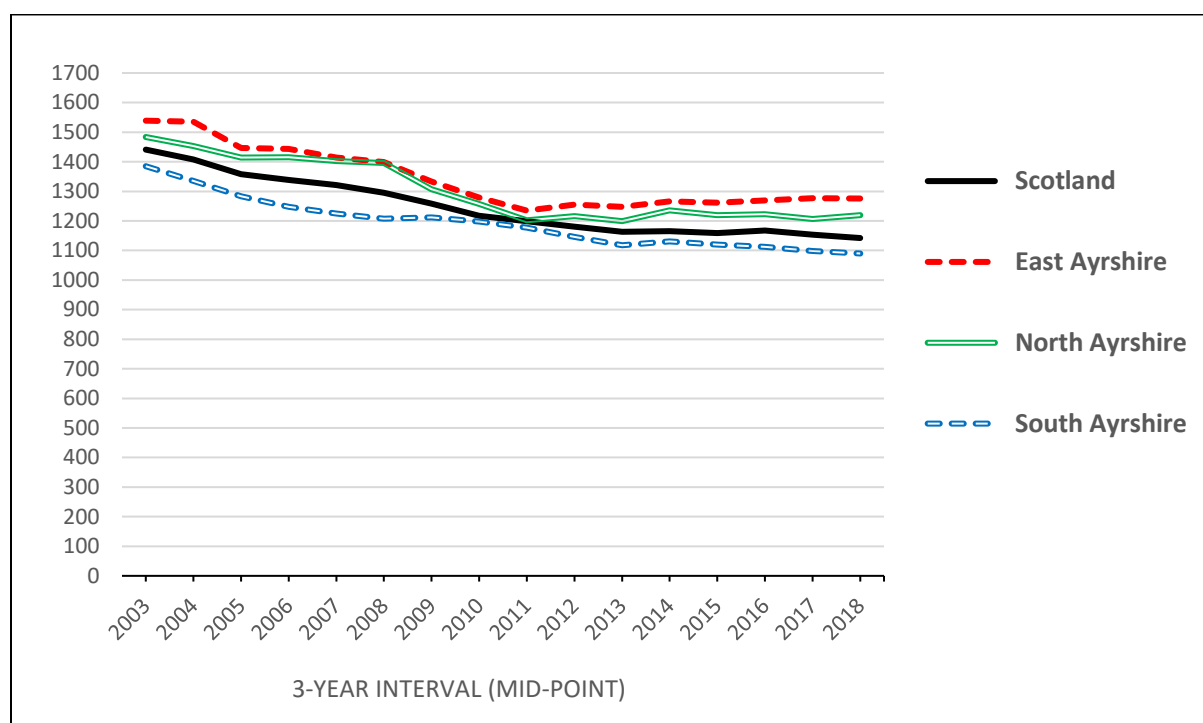
From 2002 to 2019, rates of death from all causes, all ages, reduced locally and nationally (Figure 5). A decline in area rates was observed up until around 2011, after which the rates generally levelled off. Over the whole period, area mortality rates fell markedly by 250-300 per 100,000 population. In 2017-19, death rates ranged from 1,090 per 100,000 in South Ayrshire to 1,276 in East, with North in between at 1,219 (national average 1,142). East and North rates were significantly worse (higher) than Scotland, while South was not significantly different from Scotland.

Interestingly, the mortality pattern roughly mirrors, in reverse, that of life expectancy (as seen in Figure 4 above), demonstrating an inverse relationship that exists between the two sets of data. The flattening of both the mortality and life-expectancy data trends may signify some adverse and slightly time-lagged impact on population health arising from economic recession which began in 2008.

**FIGURE 5: Death, all ages: age-sex standardised rate per 100,000 population, 3-year aggregated data**

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**Source:** National Records of Scotland (NRS); data retrieved from ScotPHO profiles, 2<sup>nd</sup> June 2021

While all-cause mortality among persons of all ages has somewhat plateaued since 2011, rates among people aged 15-44 have conversely increased since 2011. Within this particular demographic, rates increased marginally, from 2010-12 to 2017-19, by 6 per 100,000 in Scotland, while local increases during the same period were notably higher – up by 27 per 100,000 in North, by 39 per 100,000 in South, and by 42 per 100,000 in East Ayrshire.

### Limiting long-term illness and priority diseases

#### Limiting long-term illness:

A long-term illness is defined as an illness or health condition (physical or mental) lasting, or expected to last, 12 months or more. A long-term illness is further defined as limiting if a respondent judges that it has limited their activities in any way.

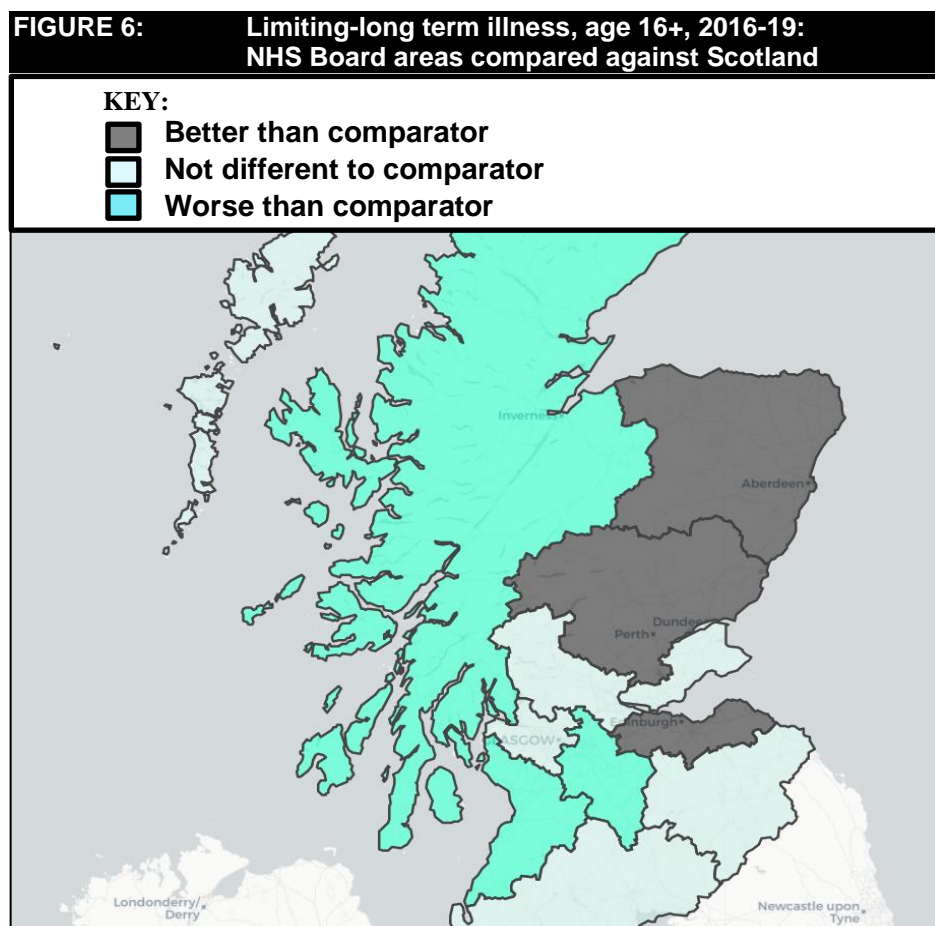
The Scottish Health Survey (SHeS) collates annual data at NHS Board area level on limiting long-term illness among samples of Scottish residents. The national trend shows that, from 2008 to 2019, self-reported limiting long-term illness increased from 26% to 35%. Higher increases have occurred among younger age groups.

In the recent 4-year period 2016-19, three NHS Board areas in Scotland yielded reports of limiting long-term illness which were significantly higher than the national comparator

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– these were Highland, Lanarkshire, and Ayrshire and Arran (Figure 6). In fact, Ayrshire and Arran gave the highest report, of all areas, at 45% compared to the national average of 33%. The pattern in the map shows a distinct higher level of reported illness across western parts of Scotland and lower across eastern parts.



**Source:** Scottish Health Survey, 2020; [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-health-survey/)

## Priority diseases:

### *Death rates:*

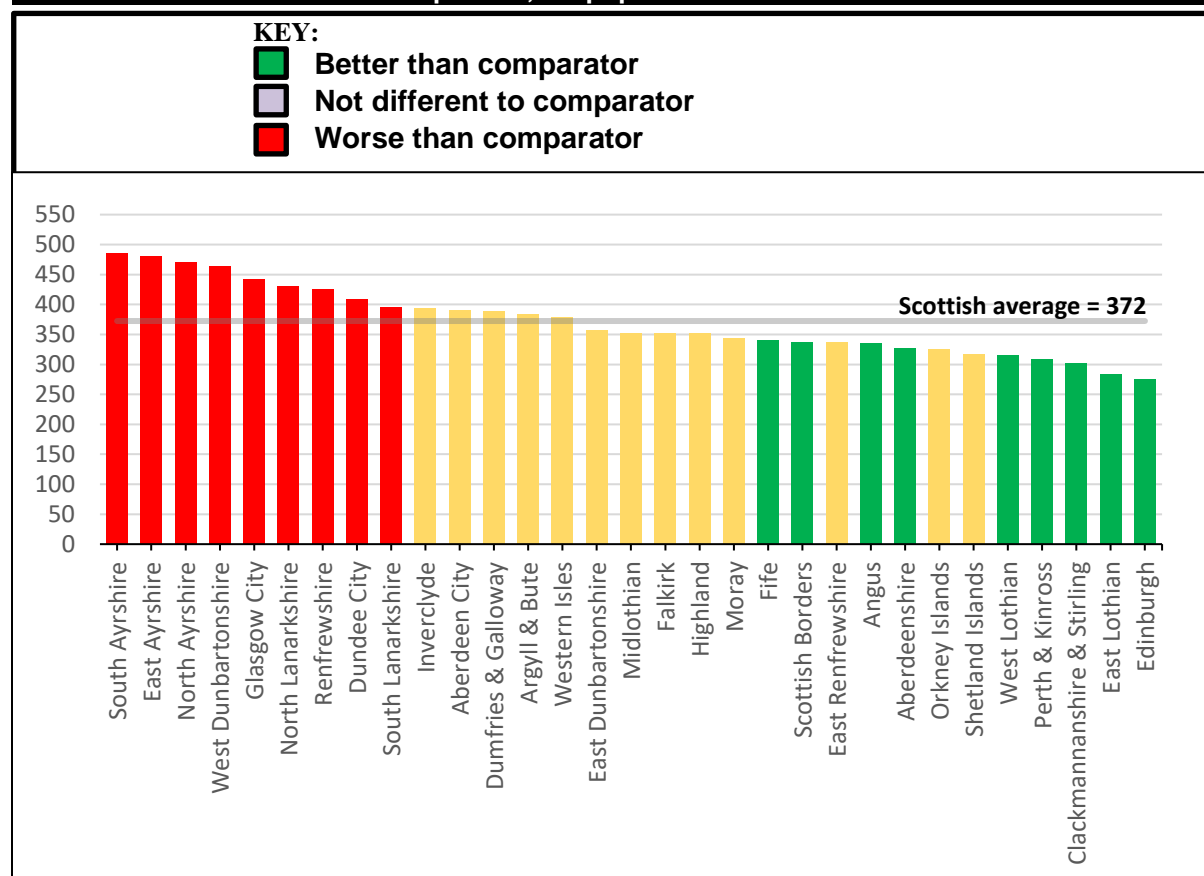
There have been steady declines since the early 2000s, both locally and nationally, in rates of early death (<75 years old) from coronary heart disease (CHD) and cancer. In the period 2016-18, local mortality rates for these two diseases were not significantly different from the Scottish average. Meanwhile, death rates for chronic obstructive pulmonary disease (COPD) were consistently high in East Ayrshire from 2002 to 2019. In 2017-19, the COPD mortality rate in East (101 per 100,000) was significantly higher than the national comparator (73 per 100,000).

### *Hospitalisation rates:*

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Compared to death rates, hospitalisation rates for priority diseases display far greater differentiation between Scotland and local areas. For example, rates of hospitalisation for CHD in the three local HSCP areas are currently the worst in Scotland (Figure 7). In addition, rates of hospitalisation for asthma and COPD are significantly higher in all local HSCP areas than nationally, with asthma rates in East, North and South Ayrshire currently among the four worst in Scotland, along with that of North Lanarkshire.

**FIGURE 7: CHD hospitalisations by HSCP area in Scotland, 2017/18 to 2019/20: age-sex standardised rate per 100,000 population**



Source: [National Records of Scotland \(NRS\)](#); data retrieved from ScotPHO profiles, 2nd June 2021

## Mental health

### Mental health inpatient admissions:

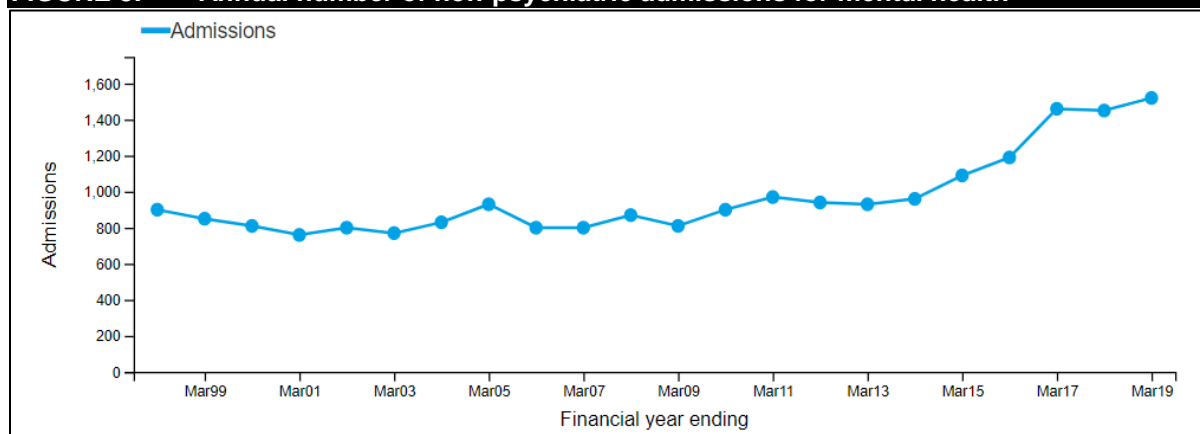
The number of admissions for Ayrshire and Arran to psychiatric inpatient facilities has steadily declined from 2,640 in the financial year ending 1998 to 1,140 in the year ending March 2019. (This is in part due to the increase in community-based care.) The opposite trend can be seen for non-psychiatric admissions for mental health, which have increased from 900 in 1997/98 to 1,520 in 2018/19, amounting to a substantial 69% increase (Figure 8). However, most of these stays are quite short (between 1 and 7 days). From Figure 8, it can be seen that an upward trajectory in non-psychiatric admissions for mental health

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set in at 2008/09, around the start of economic recession, and appears set to continue rising in future.

**FIGURE 8: Annual number of non-psychiatric admissions for mental health**



Source: [ISD Scotland | Mental Health Inpatient Activity | Trend data](#)

### Prescribing for mental health problems:

Over the 10-year period from 2010/11 to 2019/20, the percentage of the population prescribed drugs for mental health problems (anxiety, depression, psychosis) has risen in almost linear fashion, both locally and nationally. Relative increases over 10 years have been in the range 30-40% in all areas.

In 2019/20, the percentage of the population prescribed drugs for mental health problems within all local HSCP areas significantly exceeded the national comparator – 22.3% in North and South Ayrshire and 21.4% in East Ayrshire (19.7% in Scotland). Ten years ago (in 2010/11), the figures were 15.8% in East, 16.3% in North and 16.9% in South (15.0% in Scotland). Absolute 10-year increases have therefore ranged between 5-6%. Continuation of these trends in future has serious implications for local and national healthcare costs, including pharmaceutical care costs.

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## Health-impacting behaviours

### Tobacco smoking:

While tobacco smoking prevalence in Scotland has fallen markedly over the last 20 years due largely to major public health reforms, smoking remains the single biggest cause of preventable ill health and death in Scotland. Decline in prevalence has translated as notable declines in smoking-attributable deaths and hospital admissions, as well as falling rates of lung cancer, both locally and nationally.

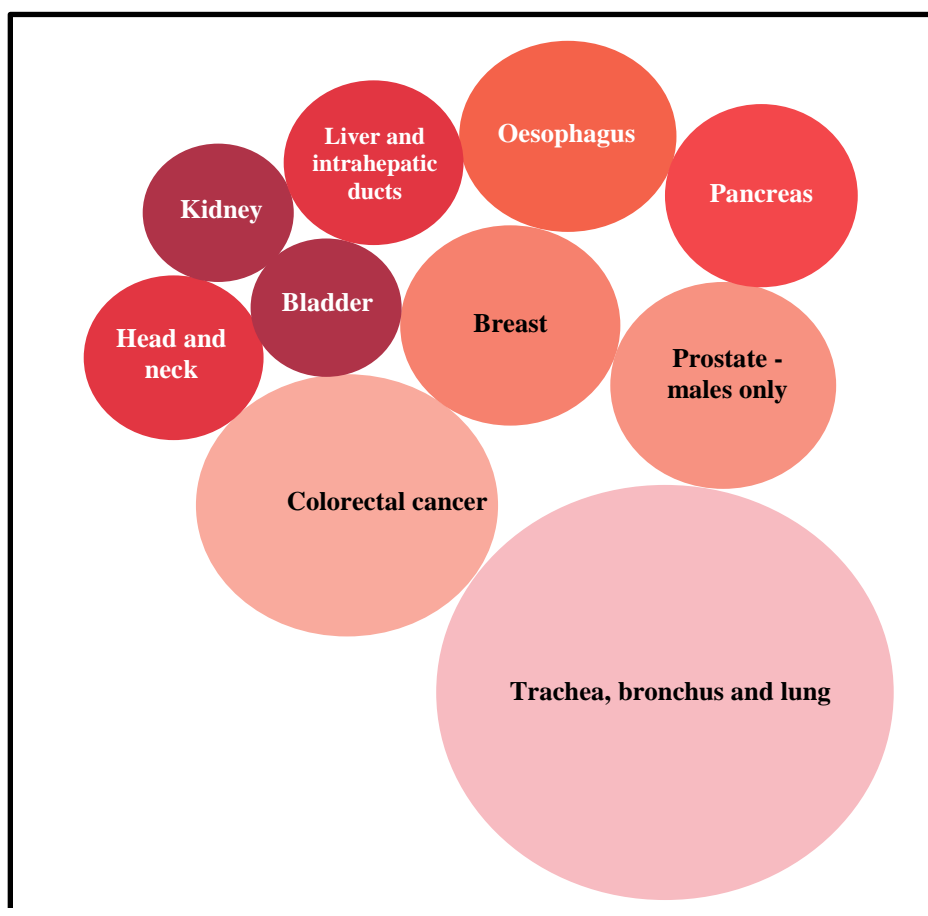
Smoking has been shown to be a contributing factor in lung disease, heart disease, stroke and various types of cancer. This is noteworthy in that, in 2018, cancer of the trachea, bronchus and lung was by far the most common category of cancer-related mortality in Ayrshire and Arran (Figure 9) – and indeed across the whole of Scotland.

In 2018, 19% of adults in Scotland, aged 16 or over, self-reported as current tobacco smokers - this compares to 19.5% in South Ayrshire, 20.8% in East Ayrshire, and 21.7% in North Ayrshire (SHeS 2018). Deprivation is a key factor in these statistics.

**FIGURE 9: Relative magnitude of the ten most common cancers for mortality in Ayrshire and Arran, 2018**

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## NHS Ayrshire & Arran – Pharmaceutical Care Services Plan



**Source:** [Cancer Mortality in Scotland \(2016\) | Publications | Cancer | Health Topics | ISD Scotland](#)

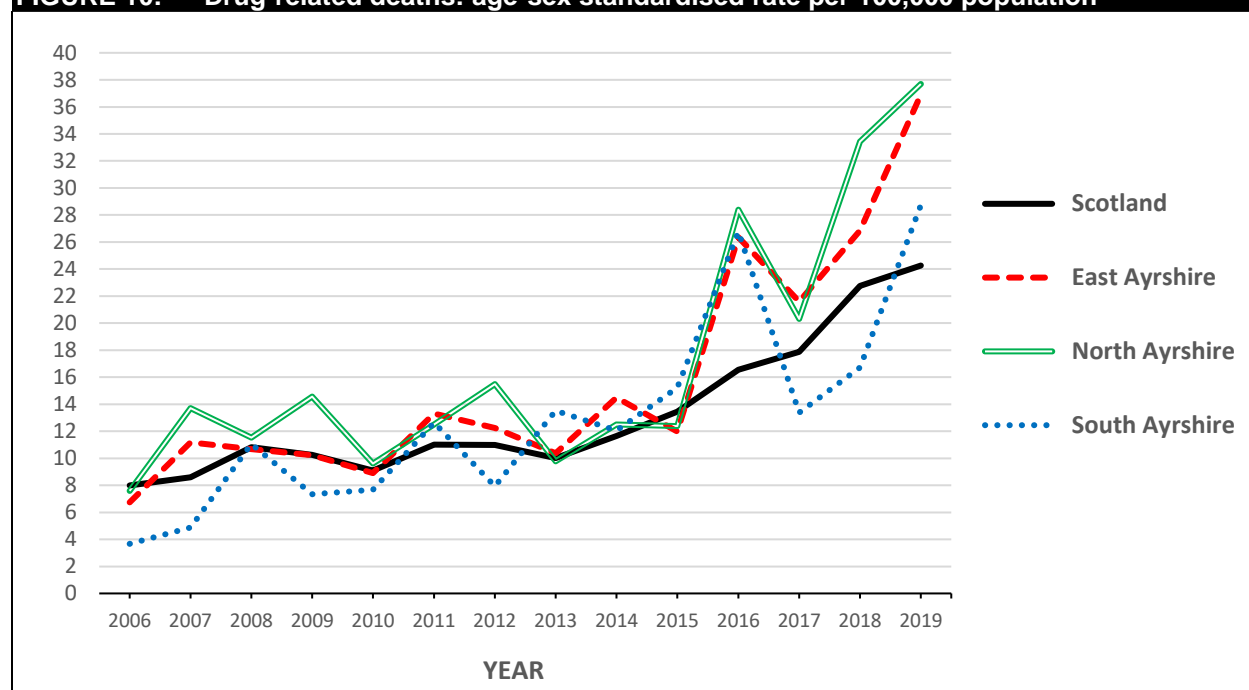
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## Drug misuse:

Since 2014, drug-related death (DRD) rates have risen sharply in Scotland, but even more so locally (Figure 10). In 2019, DRD rates in North and East Ayrshire (38 and 37 per 100,000) significantly exceeded that of Scotland (24), while the South rate (29) was above but not significantly different from the national comparator. In 2019, North and East also had the highest drug-related hospitalisation rates in Scotland, with South reporting the sixth highest rate after Dundee, Glasgow and Inverclyde. A recent local study has identified big increases in DRDs among those aged 35-44 and in the number of deaths with benzodiazepine, now more often found in fatalities than methadone.

**FIGURE 10: Drug-related deaths: age-sex standardised rate per 100,000 population**



**Source:** [National Records of Scotland \(NRS\); data retrieved from ScotPHO profiles, 2nd June 2021](#)

## Alcohol misuse:

From the early 2000s up until 2012, alcohol-specific death and alcohol-related hospital admission trends fell steadily, locally and nationally. Since 2012, these trends have somewhat flattened. While local death rates attributed to alcohol have now fallen below that of DRDs, the local rates of hospital admission linked to alcohol are currently about double that of those linked to drugs. Back in 2003, alcohol more commonly presented in admissions than drugs by about 5-7 times across local HSCP areas, demonstrating that coterminous reduction in alcohol misuse and inflation of drug misuse has resulted in a radical closing of the gap between the two types of harm. This gap looks set to further narrow should alcohol misuse statistics remain static and drug misuse statistics continue rapidly increasing (as seen in Figure 10 above).

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## Diet, physical activity and obesity:

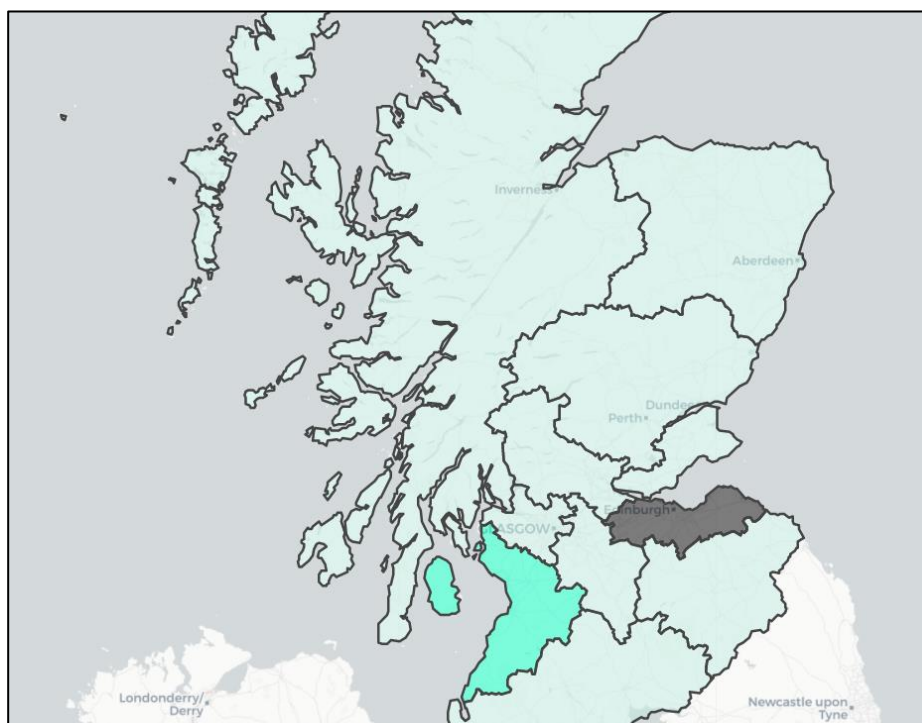
*“Good nutrition, physical activity, and a healthy body weight are essential parts of a person’s overall health and well-being. Together, these can help decrease a person’s risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer.”*

Source: [Nutrition, Physical Activity, and Obesity | Healthy People 2020](#)

For adults, obesity is defined as having a body mass index (BMI) measurement of 30 or above. In 2016-19, Ayrshire and Arran was the only NHS Board area in Scotland with a reported adult obesity level significantly worse than the national average (Figure 11). In particular, 34% of adults surveyed in Ayrshire and Arran were classified as obese compared to 29% in Scotland as a whole. This finding is entirely consistent with two other coterminous findings: significantly less people sampled in Ayrshire and Arran than Scotland ate 5 or more portions of fruit and vegetables daily (15% v. 22%) and significantly less met UK guidelines on weekly physical activity (58% v. 65%). Only Lanarkshire (adjacent to Ayrshire and Arran) replicated this pattern, though reported levels of obesity in that area were not significantly different to the national comparator.



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Source: Scottish Health Survey, 2020; [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-health-survey/)

## Sexual health

One measure of the undesirable direct consequences of sexual activity is unplanned pregnancy. It has been shown that giving birth at a young age can cause mothers and their children to suffer from ill health, deprivation, isolation and emotional problems. Overall teenage pregnancy rates are higher in areas of greatest deprivation. People tend to start families at a younger age in areas of social disadvantage compared to people in more affluent areas, possibly reflecting patterns of sexual activity and/or differential access to contraception.

From 2016 to 2018, the crude rate of teenage pregnancies in Scotland was 30.5 per 1,000 women aged 15 to 19 years old. The local figures (per 1,000) were 36.1 in North, 35.9 in East, and 27.3 in South Ayrshire. Local figures were not significantly different from the national comparator. North and East Ayrshire reported the 4<sup>th</sup> and 5<sup>th</sup> highest rates in Scotland after Dundee, Fife and West Dunbartonshire.

## Overview and summary

Table 3 provides an overview of current local population health with Scotland as comparator, and demonstrates in a clear way that people living in Ayrshire and Arran are generally affected by poorer socio-economic conditions and experience worse health across a wide range of health and wellbeing indicators (Appendix 2 shows the relevant periods of data collection for each indicator appearing in Table 3).

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A number of critical factors highlighted in this report will impinge heavily on healthcare services, including local pharmacies, going into the future:

- Comparatively higher levels of limiting long-term illness in the local population, with an ongoing upward trend observed in younger age groups;
- Generally higher levels locally of hospitalisation and/or death relating to priority diseases such as cancer, CHD, COPD and asthma, with East, North and South Ayrshire all indicating higher levels of morbidity in these categories compared to other Scottish HSCP areas, particularly with respect to CHD and asthma;
- Indications of increasing impact of mental health problems on non-psychiatric healthcare services and year-on-year increase in proportion of the population in receipt of prescribed medications for mental health problems;
- A disquieting exponential increase over the last 5 years in drug-related deaths in Ayrshire and Arran, the pace of which is far outstripping the national increase;
- Clear signs of significantly poorer diet and lower recommended physical activity levels in Ayrshire and Arran, giving rise to higher levels of adult obesity and child obesity in North Ayrshire (the latter reported in Table 3 below).

There is a further challenge to the population age structure, with a prediction for increased numbers of older people that generally consume more health care and a smaller number or people of working age.

**TABLE 3: Local health and wellbeing profiles with Scotland as comparator**

<b>KEY:</b> Local HSCP areas compared against Scotland: <div> <div style="display: inline-block; width: 15px; height: 15px; background-color: blue; margin-right: 5px;"></div> Better than comparator <div style="display: inline-block; width: 15px; height: 15px; background-color: #d3d3d3; margin-right: 5px; margin-left: 10px;"></div> Not different to comparator <div style="display: inline-block; width: 15px; height: 15px; background-color: red; margin-left: 10px;"></div> Worse than comparator </div>				
Data group	Data indicator	East Ayrshire	North Ayrshire	South Ayrshire
<b>Economy &amp; environment</b>	Population income deprived			
	Working age population employment deprived			
	Children in low-income families			
	Population within 500 metres of a derelict site			
	People in 15% most 'access deprived' areas			
<b>Life expectancy &amp; mortality</b>	Life expectancy, females			
	Life expectancy, males			
	Deaths, all ages			
	Deaths, aged 15-44 years			
	Early deaths from CHD, aged <75			

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	Early deaths from cancer, aged <75			
<b>Ill health &amp; injury</b>	Emergency patient hospitalisations (EPHs)			
	Multiple EPHs, aged >65			
	CHD patient hospitalisations			
	COPD patient hospitalisations			
	Asthma patient hospitalisations			
	Cancer registrations			
	Road traffic accident casualties			
<b>Behaviours</b>	Smoking during pregnancy			
	Alcohol-specific deaths			
	Alcohol-related hospital admissions			
	Drug-related deaths			
	Drug-related hospital admissions			
<b>Mental health</b>	Deaths from suicide			
	Psychiatric patient hospitalisations			
	Population prescribed drugs for anxiety, etc.*			
<b>Women's &amp; children's health</b>	Teenage pregnancies			
	Healthy birth weight			
	Babies exclusively breastfed at 6-8 weeks			
	Child health weight in primary 1			
	Child dental health in primary 1			
	Child dental health in primary 7			
<b>Immunisations &amp; screening</b>	Immunisation uptake at 24 months - MMR			
	Immunisation uptake at 24 months – 6 in 1			
	Bowel screening uptake			

\* Population prescribed drugs for anxiety/depression/psychosis

Source: [Various data sources; data retrieved from ScotPHO profiles, 15th June 2021](#)

## Section 5 Pharmaceutical Care Services - Current Provision

At the time of development of this plan (July 2021) NHS Ayrshire & Arran has 99 community pharmacies on its Pharmaceutical List providing Pharmaceutical Care Services within its 3 Community Health Partnership areas, South Ayrshire, North Ayrshire & East Ayrshire. At present there are 30 expressions of interest or applications sitting with the NHS Board. Not all of these expressions will result in an application but effectively place a marker for timing of any other applications in a similar neighbourhood.

This section describes the current availability of Pharmaceutical Care Services across Ayrshire & Arran.

Appendix 3 contains details of the Pharmaceutical List of NHS Ayrshire & Arran.

It is recognised that not all Pharmaceutical Care Services will be available in every community pharmacy in NHS Ayrshire & Arran but that a full range of services should

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be available to the population within these large towns or natural geographic communities.

Community pharmacies can be broadly split into three categories: nationally represented multiples, which are pharmacy multiples with branches throughout the United Kingdom, Small Chains, which are pharmacy multiples with branches in one or more NHS Board areas in Scotland and Independents, which are pharmacies (maximum number two pharmacies) owned by a single company.

**Table 4** below shows the breakdown of contracts with Ayrshire & Arran.

Area	Independents	Small Chains	National Multiples
Ayrshire & Arran	24	25	50
North Ayrshire	9	11	17
East Ayrshire	8	10	15
South Ayrshire	7	4	18

**Table 4: Contract type in Ayrshire & Arran**

This table shows that just over half of the pharmacies in Ayrshire & Arran are operated by nationally represented multiples, such as Boots and Lloydspharmacy. The remainder of pharmacies in Ayrshire & Arran consist of small chains and independents. The picture is slightly different within each of the three HSCP areas.

## Hours of Service Scheme

NHS Ayrshire & Arran has an Hours of Service Scheme for community pharmacies. This ensures all community pharmacies are opened during a designated core period, namely five and a half days per week (between 9am and 5:30pm Monday to Saturday with one hour for lunch). Within this there is dispensation to vary this under exceptional circumstances and there is the flexibility that pharmacies may also open longer.

The Hours of Service Scheme also ensures there are adequate Pharmaceutical Care Services available on Sundays and Public holidays, with rotas for opening as required.

## Open after 6pm

Most GP practices are closed by 6pm on Monday to Friday. In the out of hours period medical services are provided through NHS24 and Ayrshire Unscheduled Care Service (AUCS), based at 3 centres in Ayr, Irvine and Kilmarnock. Within Ayrshire & Arran, a number of community pharmacies are sited within larger retail premises. Many, but not exclusively, of these pharmacies allow the population to access Pharmaceutical Care Services in the evening. They are mainly sited in Ayr and Kilmarnock and allow patients

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visiting AUCS to have prescriptions that have been issued dispensed in these localities. AUCS also carries an agreed list of medicines that can be supplied directly to patients at the centres or from a mobile unit in the event a community pharmacy is not available.

### Sunday Opening

The Hours of Service Scheme makes provision for the availability of Pharmaceutical Care Services on a Sunday.

On Sundays, medical services are provided through NHS24 and AUCS based at 3 centres in Ayr, Irvine and Kilmarnock. Within Ayrshire & Arran a number of community pharmacies are sited within larger retail premises and shopping areas of the larger towns. These pharmacies allow the population to access Pharmaceutical Care Services on Sundays. They are sited in Ayr, Irvine and Kilmarnock and allow patients visiting AUCS to have prescriptions that have been issued dispensed in these localities. In addition, access to Pharmaceutical Care Services is also available in Troon and Largs.

### Urgent Call Out by Police

NHS Ayrshire & Arran maintains a list of community pharmacists who are willing to dispense prescriptions that are deemed urgent by the prescriber. This mainly occurs overnight and is not a contractual obligation on the pharmacist. To access these pharmacists a prescription must be endorsed as 'Urgent' by the prescriber and the patient or their representative must contact the nearest manned police station to have a pharmacist contacted.

The Primary Care contracts team updates these lists every 3 months and circulates the information to Strathclyde Police and other interested parties such as AUCS and the hospital 'on-call' pharmacist.

The fee paid for dispensing an urgent script was incorporated in the transitional payment to pharmacists under arrangements for implementing the changes to the community pharmacy contract in Scotland in December 2004.

Information from Practitioner Services (Pharmacy) has indicated that the use of this service is extremely rare due to the available opening hours of community pharmacies and that AUCS carry supplies of medicines for urgent supply. Many prescriptions issued by AUCS can wait until community pharmacies open to be dispensed.

The list of pharmacists willing to support the dispensing of urgent prescriptions has dwindled over the years as more pharmacists tend not to live near the community pharmacies they work in. In combination with the exceptionally rare nature of such requests this is only available through 3 pharmacists.

**Table 5** below summarises when services are available in each area within Ayrshire & Arran and the number of pharmacies providing this service

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Service	Ayrshire & Arran	North Ayrshire	South Ayrshire	East Ayrshire
Open after 6pm	5	2	2	1
Sunday Opening	8	2	4	2
Urgent Supply	3	1	2	0

**Table 5: Breakdown of availability of pharmacies open outwith the Ayrshire & Arran Hours of Service Scheme.**

### **Essential Services of Community Pharmacy Contract of the Pharmaceutical Care Services Contract**

The main activity and remuneration of community pharmacies has been the dispensing of NHS prescriptions issued by prescribers. However, over the past 20 years, the wider role of the community pharmacy has been recognised in a number of areas and evolved through a number of national and local services.

#### **Acute Medication Service (AMS)**

AMS is one of the 4 essential, or core, services of the pharmacy contract and will be provided from every community pharmacy. It is described as the dispensing of medication to treat an acute condition. Community pharmacists will dispense these medicines and provide any associated advice on the medicine or condition that is appropriate for the patient. This will be underpinned by the electronic transmission of these prescriptions to the pharmacy from the GP practice via the national ePharmacy message store. AMS is similar to the dispensing service historically provided. The electronic messages are used for payment and prescribing data purposes.

#### **Medicines: Care and Review (M:CR)**

Formerly known as the Chronic Medication Service (CMS), NHS Circular PCA(P)(2021)03, issued in February 2021, outlined key improvements and a new service specification for this essential core service of the pharmacy contract to be provided from every community pharmacy. Scottish Government's *Programme for Government 2018/19* included a commitment to strengthen and refresh the Chronic Medication Service in order [to] improve how it enables community pharmacists to provide personalised care for people with stable long-term conditions. The Circular also outlined that in the coming months of 2021 more information would be issued about how the shape of this service would be enhanced, building in medication review, pharmacist prescribing and monitoring of patient medicines.

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One of the elements of M:CR is the underpinning of the service by the issuing of a serial prescription (SRx) for a 24 or 56 week treatment period by a patient's GP practice, which is then dispensed by the pharmacy every 4 or 8 weeks depending on their requirements for prescribed medicines. Electronic transmission of these prescriptions to the pharmacy from the GP practice will be via the ePharmacy message store, with claims for the 4 or 8 week instalments being made electronically by the pharmacy team. At each repeat dispensing there will be an opportunity for the pharmacist to give ongoing pharmaceutical care for the chronic condition. The roll out of serial prescriptions is contingent on a partnership between the community pharmacy and the GP practice. Since prescriptions must be generated within the GP practice, they are key players in the success of this element of M:CR. In NHS Ayrshire & Arran all GP practices have been supported to start initiating patients. At February 2021, all but 2 of the 53 GP practices have patients receiving a SRx, although numbers do vary depending on how long the service has been in place and the drive to use this method of issuing prescribed medication. In total, around 13,000 patients have a SRx at February 2021.

At present, the clinical element of M:CR is the registration and assignment of a priority care plan to those registered patients by a community pharmacy. The payments are outlined in NHS Circular PCA(P)(2021)06. The Circular also highlights that a review of the M:CR remuneration model will be undertaken during 2021/22. When registering a patient, community pharmacists are expected to assign a risk priority to each patient (high, medium or low) and decide if patients have care issues that pharmacists need to address. These issues can be addressed over time in consultation with the patient. This is done by a web-based application allowing pharmacists to produce a Patient Care Record (PCR) for each patient.

### NHS Pharmacy First Scotland

Minor ailments and common clinical conditions are generally described as common, often self-limiting, conditions. They normally require little or no medical intervention and are usually managed through self-care and the use of products that are available to buy without an NHS prescription. Consulting and advising on the treatment of minor ailments has always been a core role provided by community pharmacists.

The Minor Ailment Service (MAS) previously allowed patients who were exempt from prescription charges to register with a community pharmacy of their choice and to attend that pharmacy for a consultation for a minor ailment and a supply of free medication, if appropriate. However, from 1<sup>st</sup> April 2011 prescriptions charges for patients registered with a GP in Scotland were abolished. Not only did this make MAS eligibility difficult to understand but it also meant a large cohort of patients who may have benefitted from the service were not eligible to use MAS. Scottish Government's *Programme for Government 2018/19* included a commitment to extend the use of community pharmacies as a first port of call for common clinical conditions. NHS Circular PCA(P)(2020)13 - Additional Pharmaceutical Services - NHS Pharmacy First Scotland launched a new service intended to replace the Minor Ailment Service (MAS) from 29<sup>th</sup> July 2020.

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NHS Pharmacy First Scotland allows eligible patients to attend a community pharmacy of their choice for a consultation on a common clinical condition and be provided with advice, supply of a medicine or referral to another healthcare professional (or a combination of these). These interactions are all recorded within the community pharmacy and conveyed electronically to Practitioner Services for collation and, ultimately, payment.

The following persons are eligible for the service:

- a person registered with the Defence Medical services (even if they are a visitor to Scotland),
- a person registered on a permanent basis with a GP Practice in Scotland,
- a person registered on a temporary basis with a GP Practice in Scotland (unless they are a visitor to Scotland),
- a person who lives in Scotland,
- a person who is a gypsy or traveller in Scotland, or
- a person who is an asylum seeker in Scotland or a dependent of an asylum seeker in Scotland.

An Approved List of products available under the NHS Pharmacy First Scotland service has been prepared and is available as Part 17 of the Scottish Drug Tariff. Only products from this Approved List are prescribable under NHS Pharmacy First Scotland. Some Prescription Only Medicines (POMs), previously only available from qualified prescribers, are available under this service as a Patient Group Direction (PGD), such as Trimethoprim for urinary tract infections. This allows a wider range of conditions to be seen under the new service. The ambition is to add to the range of conditions with available PGDs so that community pharmacy can undertake workload previously seen within GP practices, although in time there will be less reliance on PGDs as pharmacists qualify as prescribers.

### NHS Pharmacy First Plus

NHS Circular PCA(P)(2020)16 – Community Pharmacy – National Career Pathway and Introduction of a Common Clinical Conditions Independent Prescribing Service outlined a new funded service to support the activities of community pharmacists who are qualified independent prescribers and to encourage other community pharmacists to undertake that training to further spread the availability of pharmacist prescribers to deal with a wider range of common clinical conditions.

In introducing remuneration for this service, there is an ambition to have pharmacist prescribers in every pharmacy in Scotland and this is supported by a pathway from the

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new Post-Registration Foundation Framework for Newly Qualified Pharmacists, through an Independent Pharmacist Prescribing course to service provision once qualified.

NHS Ayrshire & Arran previously supported a model as outlined in the Circular in a small number of pharmacies using a previously available funding source. Patients attended the clinics as a first port of call or after redirection from their GP practice for a range of common clinical conditions, e.g. ENT infections and dermatological conditions, that reduced pressure for 'same day' appointments with GP practices. The clinics also encouraged a closer relationship with GP practices that allowed for onward referral of more serious conditions. At April 2021, 6 pharmacies were providing a service as outlined in the Circular.

### Public Health Service (PHS)

PHS will be one of the 4 essential or core services of the pharmacy contract and will be provided from every community pharmacy. There are a number of services which now make up PHS, namely: participating in health promotion campaigns; provision of smoking cessation service; and sexual health services, not solely the provision of emergency hormonal contraception. The testing and treatment of chlamydia was included within the national sexual health service until 31<sup>st</sup> March 2011 when it was withdrawn. NHS Ayrshire & Arran has now reintroduced this as a local service (see later in this section).

Like NHS Pharmacy First Scotland, PHS are provided as Additional Pharmaceutical Services, defined in PCA(P)(2006)12 and PCA(P)(2008)17.

**Health Promotion Campaigns:** Two tiers of the service are outlined in the Circular PCA(P)(2006)12. Tier 1 is the provision of proactive and opportunistic advice on healthy living and to support healthy living materials. Tier 2 is making available window or display space for a range of nationally agreed health promotion campaigns each year. Recent campaigns have included Detect Cancer Early, Smoking Cessation, Seasonal Influenza Vaccination Campaign and Be Ready for Winter.

All pharmacies in Ayrshire & Arran have agreed to provide both levels of this service.

**Sexual Health:** It is known that although it is effective for up to 120 hours following unprotected sexual intercourse (depending on the choice of medication), emergency hormonal contraception (EHC) is most effective when taken within the first 24 hours. Outwith pharmacy settings access to EHC is limited, particularly at the weekend when sexual health clinics are closed. Making EHC available free when clinically and professionally appropriate through community pharmacists increases availability in terms of geography and time. Community pharmacists, following a consultation with a woman, are able to make a free supply to women over the age of 13 years of one of a choice of two medicines as EHC when clinically and professionally appropriate. As part of the consultation following a request for EHC, the community pharmacists may provide written and verbal advice on future contraceptive needs, avoidance of sexually transmitted infections and sign posting to specialist sexual health services where appropriate. Provision of EHC was previously available in NHS Ayrshire & Arran as a

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local service until this was replaced by the national service under the directions within PCA(P)(2008)17.

**Smoking Cessation:** Smoking is one of the major health issues for the population of Scotland. Community pharmacies are ideally placed to make changes to the health of their local community including offering advice and services to give up smoking. Through funding from the Tobacco Strategy NHS Ayrshire & Arran previously had a pharmacy-based smoking cessation service until this was replaced by the national service under the directions within PCA(P)(2008)17.

Community Pharmacists and their staff involved in providing this service provide a structured programme of information, advice and support to patients and supply Nicotine Replacement Therapy or, under a Patient Group Direction, Varenicline (Champix®). Patients can self-refer or be signposted to the community pharmacy by a range of healthcare professionals. Community pharmacists providing this service may also refer patients into the NHS Ayrshire & Arran Smoking Cessation advisory service (Quit Your Way) where considered appropriate for additional support in their quit attempt.

Community pharmacists capture patient details and record interactions and update the Patient Care Record (PCR). This data is then extracted for payment purposes and to populate the National database that measures smoking cessation performance. In turn, this contribution is counted towards NHS Ayrshire & Arran's Local Delivery Plan (LDP) target on smoking cessation.

Year	Total Quit Attempts	4-Week Quit Attempts	12 Week Quit Attempts
2018*	2199	1430 (65%)	612 (28%)
2019	2734	1738 (63%)	632 (23%)
2020**	1981	1420 (72%)	466 (24%)

**Table 6: Number of patients accessing smoking cessation service, 4-week and 12-week quit rates.** Figures are based on submission by pharmacies to the National database (Note – \*2018 figure in April – Dec as data capture started differently from this point; \*\*2020 figures affected by social distancing and access to community pharmacies due to Covid-19)

## **Direct (Additional) Pharmaceutical Services**

A number of pharmaceutical services were identified in NHS Circular PCS(P)(1996)1 and Management Executive letter 'Local Contracting for Pharmaceutical Services: Initial Guidance for Health Boards (February 1997)' that allowed NHS Boards to conduct local negotiations for these services. All the services below were identified in these

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communications except Collection and Delivery and Methadone Supervision. The former was identified in PCA(P)(1998)1 and the latter is linked to the dispensing of methadone and is contained in this section for that reason.

NHS Boards negotiate payment and delivery of these services with local Pharmacy Contractors Committees. In NHS Ayrshire & Arran this body is Community Pharmacy Ayrshire & Arran. Each service has a standard 'Service Specification' document that defines the service that is to be provided to the patient. Individual contractors can apply to NHS Boards and agree to provide these services in addition to the dispensing of NHS prescriptions.

### Pharmaceutical Waste

Community Pharmacists providing this service will accept returns of patient's medicine for destruction. All pharmacies currently provide this service. Patients may return any unused medicines to a pharmacy for destruction. Community Pharmacists will store any returned medicines in a pharmaceutical waste container provided by NHS Ayrshire & Arran for that purpose. This is uplifted and disposed of on a monthly basis by a contractor commissioned by NHS Ayrshire & Arran. Replacement empty containers are left with the pharmacy at these visits.

### Injecting Equipment Provision (IEP) and Safe Disposal

The aim of an Injecting Equipment Provision (IEP) service is to minimise the risk of spread of blood borne infections (such as HIV, Hepatitis C and Hepatitis B) associated with injecting drug use as well as to reduce the risk of harms related to wider drug use. An IEP service allows individuals to access new and sterile injecting equipment and other harm-reduction paraphernalia. The service also provides equipment and support for alternative (non-injecting) routes of drug use as well as robust sharps bins for the safe storage and disposal of used equipment. Each IEP service which provides equipment also facilitates receipt and safe disposal of used equipment.

Community pharmacy IEP service providers receive additional training in order to provide suitable advice and information on safer injecting, harm reduction, reducing the risks of drug related death as well as wider health issues associated with drug use.

### Prescription Collection and Delivery

For the purposes of this exercise we will only consider official "collection and delivery" schemes. Many pharmacies provide this on an unpaid, ad-hoc basis. The official services were set up using guidelines issued by The Scottish Department and the Royal Pharmaceutical Society of Great Britain in 1984. NHS Ayrshire & Arran no longer has any of these official services in place but this is included to highlight that such delivery services do not form part of the community pharmacy contract.

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**Table 7** below summarises which Direct (Additional) Pharmaceutical Services are available in each area with Ayrshire & Arran and the number of pharmacies providing these services.

Service	Ayrshire & Arran	North Ayrshire	South Ayrshire	East Ayrshire
Pharmaceutical Waste	99	37	29	33
Injecting Equipment Provision	40	15	15	10

**Table 7: breakdown of availability of Direct (Additional) Pharmaceutical Services in Ayrshire & Arran and by HSCP**

### **Local Pharmaceutical Care Services**

Local pharmaceutical care services are services which are operated on behalf of NHS Ayrshire & Arran for the population served by community pharmacy.

NHS Boards negotiate payment and delivery of these services with local Pharmacy Contractors Committees. Each service has a 'Service Specification' document that defines the service that is to be provided to the patient. Individual contractors can indicate to NHS Boards that they wish to provide these services in addition to the dispensing of NHS prescriptions.

### **Opioid Substitution Therapy (OST) for Substance Dependence – Methadone and Buprenorphine**

Treatment for substance dependence seeks to: reduce the damage and harms of problematic drug use; reduce the risk of death; reduce or stop drug use; address underlying health and social issues; and support personal recovery while shielding the individual from avoidable harm or unnecessary suffering. Methadone and buprenorphine are two of the medications which can be prescribed as part of the overall treatment for substance dependence. The dispensing of methadone, but not the supervision, was formerly a Direct (Additional) Pharmaceutical Services but has evolved and is best now captured in this section.

Community pharmacies who provide a service for substance dependence will dispense these prescribed medications along with additional patient-centred care and support.

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The enhanced care provided includes: monitoring patient response to treatment; ensuring concordance through supervision of self-administration of medication; promoting patient safety and wellbeing; working closely with the specialist treatment services to share information or concerns; ensuring safe and robust storage and supply of medicines with abuse potential; and providing patients with health advice and information on accessing relevant public health services.

Community pharmacies providing this service undertake additional training in order to support the effectiveness of prescribed treatment and reduce the risks of drug related death or wider health issues associated with drug use. The regular contact with a health professional as well as the relationship between the pharmacy staff and the patient are protective and support the patient's care and wellbeing.

### Access to Palliative Care Medicines

Many patients in the final stages of terminal illness make the decision to spend this time at home rather than in a hospital or hospice. A small range of medicines is usually required to support these patients but often the sporadic nature of the need for them can lead to an unacceptable delay in acquiring them in a primary care setting.

Community pharmacies providing this service agree to keep in stock an approved list of palliative care medicines. If this stock expires while being held, community pharmacists can replace it and claim for reimbursement from NHS Ayrshire & Arran. Given the range of palliative care medicines that may be required, a smaller subset of these community pharmacies carries an extended range. Information on all community pharmacies and the lists of palliative care medicines that are required are provided to all 99 community pharmacies to minimise delays in accessing these medicines.

In addition to the holding of palliative care medicines, network pharmacy staff are also asked to participate in educational sessions arranged by the specialist palliative care pharmacist based at Ayrshire Hospice. These are held once or twice a year and have covered a range of agreed topics that support the community pharmacies in wider palliative care issues.

Funding to provide this service is outlined in PCA(P)(2007)27. PCA(P)(2009)07 contained details of increased funding available to NHS Boards to further enhance Palliative Care Model Schemes. For NHS Ayrshire & Arran this is currently £28,000 per annum. Community pharmacies are approached to participate to ensure a good geographic cover, as well as including community pharmacies that are open extended hours and weekends to try to ensure access to palliative care medicines is as easy as possible. All relevant stakeholders are kept notified of the community pharmacies involved and the medicines that are held.

### Palliative Care Just In Case (JIC) Bags

The Palliative Care Just in Case (JIC) Bag scheme is available across Ayrshire and Arran from participating community pharmacies. The JIC bag contains end of life medicines selected from an approved list, or, where deemed appropriate by the prescriber, an alternative medicine may be prescribed.

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A multi-disciplinary team, in liaison with the General Practitioner (GP), will identify adult patients with a terminal diagnosis and who require palliative care support in their home. If it is anticipated that the patient's medical condition may deteriorate into the terminal phase of illness within weeks or a short number of months, with the patient and carer's agreement, the prescriber can initiate and prescribe a JIC bag. The GP practice produces a prescription for the appropriate items and a community medication record chart and arrange for the participating community pharmacy to receive the prescription and chart. The community pharmacy dispense the medicines into the JIC bag. The JIC bag is then kept in the patient's home allowing for rapid access to the medicines prescribed for breakthrough symptom control.

### **Drug Related Death Prevention and Emergency Availability of Naloxone**

Opioid drugs were involved in more than 90% of the 1,187 drug-related deaths reported in Scotland in 2018. The opioid-antidote naloxone is a first aid intervention which can temporarily reverse the effects of opioid drugs in an overdose.

Community pharmacies who provide the Injecting Equipment Provision (IEP) service can also provide this service to make nasal spray naloxone antidote available for emergency administration in the event of a suspected opioid overdose. Community pharmacies are typically ideally placed within the heart of communities and already provide a similar emergency provision of care for adrenaline in emergency anaphylaxis.

Community pharmacy IEP service providers receive additional training on overdose awareness, naloxone and drug-related death which ensures that they are able to respond to emergencies and provide the support needed to save lives.

### **Clozapine Service**

Clozapine is an atypical antipsychotic, usually used to treat schizophrenia. Less commonly, it is used to treat other illnesses where psychosis is present. Rarely, it can cause blood disorders, which may be fatal if not detected in time. Patients receiving the drug require to undergo regular blood tests so that any blood disorders can be detected rapidly and treated quickly. It has a variety of other side-effects, many of which are manageable with lifestyle changes, medication or altering the dose of clozapine. Clozapine is traditionally dispensed in the hospital pharmacy only. In the past this meant that many patients had to travel to hospital to collect their medication. To assist patients in the community receiving clozapine, a service was put in place to distribute it to patients through a local community pharmacy. Payment for this service was, initially, made through Pharmaceutical Care Model Schemes funding, outlined in PCA(P)(2006)3. However, patients requiring this service are not evenly distributed across Ayrshire & Arran and the payment mechanism did not take cognisance of this. This caused some issues with access. In 2011 the Clinical Resource Group made funding available to address this issue and ensure the service was available where required. The service is not necessarily required at every community pharmacy. At April 2021, 61 community pharmacies were providing this service having been nominated by a patient requiring the service, with patient numbers varying from 1 to 19. No community pharmacy has declined to provide the service having been nominated.

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### Unscheduled Care Supply

The Medicines Act 1968 allows pharmacists to make emergency supplies of Prescription Only Medicines when patients run out of their prescribed medication, with certain caveats. Requests for such supplies have become a frequent request to NHS24 in periods where GP practices are closed.

NHS Circular PCA(P)(2005)21/PCA(M)(2005)16 made arrangements by which community pharmacists could provide a full cycle of a patient's repeat medication under certain circumstances if they had signed the Patient Group Direction for that purpose. The scheme allows NHS24 and other services to refer patients to a community pharmacy when they need a further supply of their repeat medication and their GPs are unavailable, when in the past they may have had to attend GP Out of Hours services.

### Condom Distribution

Members of the public in NHS Ayrshire & Arran can be provided with free condoms from a variety of sources, including community pharmacies through the C-Card Scheme, which is also now provided using an app held on mobile phones. The C-Card collection points are available in various health related settings including sexual health and Family Planning clinics, some GP practices and Health Centres and some school nurses. Only named and appropriately trained persons will give advice and information on the use of condoms and issue Ayrshire C-cards. The App can be downloaded on completion of an online training resource, age dependent.

The participating community pharmacy will supply condoms and information leaflets, if appropriate, in a discrete package, to an individual on presentation of an Ayrshire C-Card or App.

This service sits well within the range of sexual health services available from community pharmacies.

### Chlamydia and Gonorrhoea Testing and Treatment

Chlamydia testing and treatment was previously provided by community pharmacies under the auspices of the Public Health Service element of the national contract. This ceased in March 2011. Prior to the introduction of the national service, in September 2008, NHS Ayrshire & Arran had its own local community pharmacy chlamydia testing and treatment service.

The service was considered as a useful addition to the range of sexual health services provided from community pharmacies and as such the service was reintroduced in September 2011, including the expansion of the service to test for gonorrhoea. Participating community pharmacies provide testing kits for all patients. After being notified of the result a community pharmacist can treat a positive case of chlamydia using a Patient Group Direction (PGD) for doxycycline or azithromycin. Positive cases of gonorrhoea are passed to local NHS sexual health services for treatment.

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The PGD for doxycycline or azithromycin also allows for the treatment of known contacts of positive cases for chlamydia, without the need for a test. Other health care professionals, such as school nurses, who may test for chlamydia, can also refer positive cases to participating community pharmacies for treatment.

The community pharmacy service also allows for involvement with NHS sexual health services for contact tracing of individuals who have tested positive.

### **Provision of Medicines Administration Record (MAR) Charts for Paid Carers**

Health and Social Care Partnerships in North, South and East Ayrshires, with the assistance of NHS Ayrshire and Arran Pharmacy Team, have developed Medication Policies and Guidelines for the Management and Administration of Medication in Care Services for Vulnerable Adults and Older People, which provide clear and consistent guidance to the social care staff on the management of medication within the homecare setting.

Social Services will include an assessment of the level of medication support required as part of the initial holistic assessment of the individual. The assessment will facilitate the promotion of independence and enablement to allow the individual to safely manage their own medicines and self care wherever possible.

MAR Chart Service enables suitably trained paid carers to administer medicines in accordance with a Medicine Administration Record chart, recording administration of all medicines to those individuals who have been assessed as being unable to manage their own medication.

The community pharmacy will help support the MAR Chart Service by the provision of a medication administration record (MAR) chart with medication in original dispensing packs, for patients assessed as requiring Level 3 medication support. The pharmacist will also provide appropriate information and advice as required.

The service is not necessarily required from every community pharmacy and is driven by the needs of the patient. No community pharmacy has declined to provide the service having been nominated.

### **Pharmaceutical Care of Patients Receiving Treatment for Hepatitis C**

This service allow patients under the care of their specialist clinician to use their community pharmacy as the delivery point for pharmaceutical care and dispensing of their medicines for the treatment of Hepatitis C. Community pharmacists will help patients achieve their planned outcomes by preventing treatment defaults and supporting adherence to treatment. Community pharmacies providing the service have close links with the specialist service should they require support for patients.

The service is not necessarily required from every community pharmacy and is driven by the needs of the patient. At present, only two community pharmacies have declined to support patients who have required this service and those patients have accessed

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the service from a nearby community pharmacy. This is related to the very high cost of the medicines and the issues that causes for some community pharmacies.

### **Pharmaceutical Care of Patients Receiving Treatment for Prostate Cancer**

This service allow patients under the care of their specialist clinician to use their community pharmacy as the delivery point for pharmaceutical care and dispnsing of their medicines for the treatment of Prostate Cancer. Community pharmacists will help patients achieve their planned outcomes by preventing treatment defaults and supporting adherence to treatment. Community pharmacies providing the service have close links with the specialist service should they require support for patients.

The service is not necessarily required from every community pharmacy and is driven by the needs of the patient. At present, only one community pharmacy has declined to support patients who have required this service and that patient has accessed the service from a nearby community pharmacy.

**Table 8** below summarises which Local Pharmaceutical Services are available in each area with Ayrshire & Arran and the number of pharmacies providing these services.

<b>Service</b>	<b>Ayrshire &amp; Arran</b>	<b>North Ayrshire</b>	<b>South Ayrshire</b>	<b>East Ayrshire</b>
OST Methadone	91	35	26	32
OST Buprenorphine	92	33	27	32
Palliative Care	66	21	20	25
Palliative Care (Enhanced Service)	3	1	1	1
Just in Case Bags	95	37	28	30
Naloxone*	tbc	tbc	tbc	tbc
Clozapine	85	31	32	21
Unscheduled Care	99	37	29	33
Condom Distribution	91	32	28	31
Chlamydia/Gonorrhoea Testing/Treatment	52	21	12	19
MAR Chart Service	91	31	32	28
Hepatitis C Service (as required)	90	32	28	30
Prostate Cancer Service (as required)	86	33	25	28

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**Table 8: breakdown of availability of Local Pharmaceutical Services in Ayrshire & Arran and by HSCP. Note\* This service is still under negotiation at the time of publication.**

### **General Medical Services in Ayrshire & Arran**

Within NHS Ayrshire & Arran there are 53 General Medical Practices providing Primary Medical Services within its 3 Health and Social Care Partnership (HSCP) areas, South Ayrshire, North Ayrshire & East Ayrshire.

**Table 9** below shows the breakdown of the number of GP practices within each of the HSCP areas

Area	Number of GP practices
Ayrshire & Arran	53
East Ayrshire	15
North Ayrshire	19
South Ayrshire	19

**Table 9: Number of GP practices in Ayrshire & Arran and by HSCP**

Historically, there has been a strong and direct relationship between pharmaceutical and medical services and the location of GP practices has had a significant influence over the location of community pharmacies. This relates to the fact that the dispensing of NHS prescriptions formed the majority of business that community pharmacists provide, therefore, their co-location has ensured a commercially viable community pharmacy.

As the services of the community pharmacy contract have developed, and will continue to develop, this co-location may become less important and community pharmacies may more logically be placed in communities with their patients rather than next to GP practices. For instance, NHS Pharmacy First and Pharmacy First Plus requires no interaction with a GP practice. The service is provided totally by the community pharmacy. Similarly, if the serial prescription element of M:CR allows repeat dispensing over a longer defined period, with the community pharmacy dispensing medicines at agreed intervals, then the proximity of GP practice is not as important. However, with AMS, the proximity of the nearest community pharmacy may be of relevance since patients who have attended their GP for an acute illness will often need a prescription dispensed. It will be important this service is available within a reasonable time and distance.

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## Dispensing GP Practices

In addition to the network of community pharmacies, three GP practices hold dispensing doctor contracts for some or all of their patients.

These practices are required by the NHS Board to dispense medicines for some or all of their patients. Such a decision is made, after consultation, where an NHS Board is satisfied that “a person, by reason of distance or inadequacy of means of communication or other exceptional circumstances, will have serious difficulty in obtaining from a pharmacist any drugs, not being scheduled drugs or appliances required for his treatment under these (GMS) regulations”.

Dispensing doctors provide access to medicines by provision of a dispensing service within the practice. They also provide a range of services which will reflect local need which can include the services provided by community pharmacies as described previously. In such cases the services form part of General Medical Services, e.g. monitoring of long term illness, management of minor ailments following a consultation with a doctor.

As can be seen from the table below, these practices are in remote or island localities where services are sparse and where traditional community pharmacy has not been provided or is not viable.

It is recognised that any such change in the contractual arrangements with the local General Medical Practitioners regarding the requirement to dispense may jeopardise the sustainability of a practice and therefore the provision of General Medical Services to the locality. Should such a situation arise, NHS Ayrshire & Arran would be required to fulfill its duties and responsibilities as specified in paragraph 19(1) of the National Health Service (Scotland) Act 1978 to secure an alternative provider of General Medical services for the local population.

Where an application for a proposed new pharmacy is received by the Board for any area currently served by a dispensing GP practice, the NHS Circular PCA(P)(2014)15 The NHS (Pharmaceutical Services)(Scotland) (Miscellaneous Amendments) Regulations 2014 outlined two linked provisions, Controlled Localities and the Prejudice Test, to support NHS Boards to consider when a neighbourhood was a Controlled Locality. Specific national criteria exists around the criteria for a Controlled Locality and a process is in place within NHS Ayrshire and Arran for such an event. Contained within the regulations is the inclusion of a GP Sub Committee nominee to serve on the Pharmacy Practices Committee for a hearing in such a defined Controlled Locality.

**Table 10** below shows the location of dispensing doctor services in Ayrshire & Arran

Area	Practice	Area covered
North Ayrshire	Shiskine, Isle of Arran	Whole practice

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North Ayrshire	Brodick, Isle of Arran	Only for patients outwith Brodick
South Ayrshire	Ballantrae	Whole practice
South Ayrshire	Dailly	Whole practice

**Table 10: details and location of Dispensing Doctors within Ayrshire & Arran**

## APPENDIX 1:

### Scottish Government Urban Rural Classification, 8-fold version:

Class	Class Name	Description
1	Large Urban Areas	Settlements of 125,000 people and over.
2	Other Urban Areas	Settlements of 10,000 to 124,999 people.
3	Accessible Small Towns	Settlements of 3,000 to 9,999 people, and within a 30 minute drive time of a Settlement of 10,000 or more.
4	Remote Small Towns	Settlements of 3,000 to 9,999 people, and with a drive time of over 30 minutes but less than or equal to 60 minutes to a Settlement of 10,000 or more.
5	Very Remote Small Towns	Settlements of 3,000 to 9,999 people, and with a drive time of over 60 minutes to a Settlement of 10,000 or more.
6	Accessible Rural Areas	Areas with a population of less than 3,000 people, and within a drive time of 30 minutes to a Settlement of 10,000 or more.
7	Remote Rural Areas	Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes but less than or equal to 60 minutes to a Settlement of 10,000 or more.
8	Very Remote Rural Areas	Areas with a population of less than 3,000 people, and with a drive time of over 60 minutes to a Settlement of 10,000 or more.

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## APPENDIX 2:

Period of time pertaining to area snapshots shown in Table 3 of main report

Data group	Data indicator	Year / period used for area snapshots
<b>Economy &amp; environment</b>	Population income deprived	2019
	Working age population employment deprived	2019
	Children in low-income families	2016, August snapshot
	Population within 500 metres of a derelict site	2017
	People in 15% most 'access deprived' areas	2019
<b>Life expectancy &amp; mortality</b>	Life expectancy, females	2017 to 2019, aggregated
	Life expectancy, males	2017 to 2019, aggregated
	Deaths, all ages	2017 to 2019, aggregated
	Deaths, aged 15-44 years	2017 to 2019, aggregated
	Early deaths from CHD, aged <75	2017 to 2019, aggregated
	Early deaths from cancer, aged <75	2017 to 2019, aggregated
<b>Ill health &amp; injury</b>	Emergency patient hospitalisations (EPHs)	2017 to 2019, aggregated
	Multiple EPHs, aged >65	2017 to 2019, aggregated
	CHD patient hospitalisations	2017/18 to 2019/20, aggregated
	COPD patient hospitalisations	2017/18 to 2019/20, aggregated
	Asthma patient hospitalisations	2017/18 to 2019/20, aggregated
	Cancer registrations	2017 to 2019, aggregated
	Road traffic accident casualties	2016 to 2018, aggregated
<b>Behaviours</b>	Smoking during pregnancy	2017/18 to 2019/20, aggregated
	Alcohol-specific deaths	2015 to 2019, aggregated
	Alcohol-related hospital admissions	2019/20
	Drug-related deaths	2015 to 2019, aggregated
	Drug-related hospital admissions	2016/17 to 2018/19, aggregated
<b>Mental health</b>	Deaths from suicide	2014 to 2018, aggregated
	Psychiatric patient hospitalisations	2017/18 to 2019/20, aggregated
	Population prescribed drugs for anxiety, etc.*	2019/20
<b>Women's &amp; children's health</b>	Teenage pregnancies	2016 to 2018, aggregated
	Healthy birth weight	2017/18 to 2019/20, aggregated
	Babies exclusively breastfed at 6-8 weeks	2017/18 to 2019/20, aggregated
	Child health weight in primary 1	2019/20, school year
	Child dental health in primary 1	2018/19, school year
	Child dental health in primary 7	2018/19, school year
<b>Immunisations &amp; screening</b>	Immunisation uptake at 24 months - MMR	2017 to 2019, aggregated
	Immunisation uptake at 24 months – 6 in 1	2017 to 2019, aggregated
	Bowel screening uptake	2017 to 2019, aggregated

\* Population prescribed drugs for anxiety/depression/psychosis

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**Source:** [ScotPHO area profiles](#)

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### APPENDIX 3: Pharmaceutical List of Ayrshire & Arran at July 2021

Name	Address	TOWN
Alloway Pharmacy	21 Alloway	Alloway
Gallagher Healthcare	41 Glasgow Street	Ardrossan
Gallagher Healthcare	6 Central Avenue	Ardrossan
Arran Pharmacy	Lamlash	Arran
Arran Pharmacy	Shore Road, Whiting Bay	Arran
Arran Pharmacy	Brodick	Arran
Lloyds Pharmacy	178 Main Street	Auchinleck
Boots Chemist	168/170 High Street	Ayr
Boots Chemist	42 Main Road, Whitletts	Ayr
Boots Chemist	99 New Road	Ayr
Lloyds Pharmacy	63/65 Alloway Street	Ayr
Boots Chemist	22 Fullarton Street	Ayr
Lloyds Pharmacy	26 Wellington Square	Ayr
Rowland Pharmacy	29 Mount Oliphant Crescent	Ayr
Well Pharmacy	10/12 Sandgate	Ayr
Wm Morrisons Pharmacy	Castlehill Road	Ayr
Lloyds Pharmacy	146 Dalmellington Road	Ayr
Seafield Pharmacy	43/45 Blackburn Drive	Ayr
Ogg & Co	44 Newmarket Street	Ayr
Well Pharmacy	18/20 Main Street	Beith
Penman Pharmacy	2 Eglinton Street	Beith
J&A Reekie	8 Ford Street	Catrine
Coylton Pharmacy	13 Main Street	Coylton
Davidsons Pharmacy	4/48 Irvine Road	Crosshouse
Lloyds Pharmacy	9B Townhead Street	Cumnock
Lloyds Pharmacy	2 Tanyard	Cumnock
Doon Valley Pharmacy	5 Cathcartston	Dalmellington
Davidsons Pharmacy	18 Main Street	Dalry
Gallagher Healthcare	1 New Street	Dalry
Dalrymple Pharmacy	6 Main Street	Dalrymple
RW McConnell	7 West Main Street	Darvel
Davidsons Pharmacy	20 Main Street	Dreghorn
Drongan Pharmacy	64 Mill 'O' Shield Road	Drongan

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Davidsons Pharmacy	11 Main Street	Dundonald
Fenwick Pharmacy	77 Main Road	Fenwick
RW McConnell	4 Wallace Street	Galston
Boots Chemist	39 Dalrymple Street	Girvan
Boots Chemist	Girvan Community Hospital	Girvan
RW McConnell	27 Mauchline Road	Hurlford
Boots Chemist	1 Fullarton Square	Irvine
Boots Chemist	9 Lower Vennel	Irvine
Lloyds Pharmacy	154/156 High Street	Irvine
Boots Chemist	22/24 High Street	Irvine
Boots Chemist	Unit 2B, East Road	Irvine
Boots Chemist	9a Frew Terrace	Irvine
JS Shergill	36 Caldon Road	Irvine
Lawthorn Pharmacy	1 Cardow Crescent	Irvine
Boots Chemist	78 Main Street	Kilbirnie
Boots Chemist	2A Dalry Road	Kilbirnie
Boots Chemist	62/70 King Street	Kilmarnock
Boots Chemist	5 Burns Precinct	Kilmarnock
Lloyds Pharmacy	120 Glasgow Road	Kilmarnock
Boots Chemist	63 Grange Street	Kilmarnock
Boots Chemist	9 Portland Road	Kilmarnock
Boots Chemist	9/11 St Marnock Street	Kilmarnock
Wm Morrisons Pharmacy	West Langlands Street	Kilmarnock
Lloyds Pharmacy	16 Central Avenue	Kilmarnock
Deans Pharmacy	53 MacPhail Drive	Kilmarnock
E Templeton	14 Dean Street	Kilmarnock
Bellfield Pharmacy	89 Whattriggs Road	Kilmarnock
Kilmaurs Village Pharmacy	5 Main Street	Kilmaurs
Boots Chemist	27 Almswall Road	Kilwinning
Lloyds Pharmacy	151 Main Street	Kilwinning
Townhead Pharmacy	Station Plaza, Pennyburn Road	Kilwinning
Boots Chemist	42 Main Street	Largs
Superdrug	6B Aitken Street	Largs
Halliday Pharmacy	5 Aitken Street	Largs
Wm Morrisons Pharmacy	4 Irvine Road	Largs
Logan Pharmacy	Unit 4, Logan Avenue	Logan

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Well Pharmacy	1/5 Loudon Street	Mauchline
Lloyds Pharmacy	71 High Street	Maybole
Lloyds Pharmacy	9 High Street	Maybole
Cumbræ Pharmacy	30 Stuart Street	Millport
Mossblown Chemist	Mauchline Road	Mossblown
M Farren	45 Main Street	Muirkirk
Lloyds Pharmacy	24 The Castle	New Cumnock
RW McConnell	30 Main Street	Newmilns
Right Medicine Pharmacy	90 Main Street	Ochiltree
Boots Chemist	1 Doonside Avenue	Patna
Boots Chemist	66/68 Main Street	Prestwick
Boots Chemist	89 Main Street	Prestwick
Toll Pharmacy	153 Ayr Road	Prestwick
Boots Chemist	8 The Cross	Prestwick
Boots Chemist	77 Dockhead Street	Saltcoats
Gallagher Healthcare	19 Dockhead Street	Saltcoats
Gallagher Healthcare	41 Hamilton Street	Saltcoats
Gallagher Healthcare	17/19 Raise Street	Saltcoats
JB Spence	49 Skelmorlie Castle Road	Skelmorlie
Care Pharmacy	55 Main Street	Springside
Lloyds Pharmacy	28/30 New Street	Stevenston
Gallagher Healthcare	33 New Street	Stevenston
Boots Chemist	8 Main Street	Stewarton
Stewart Pharmacy	55 High Street	Stewarton
Davidsons Pharmacy	47 Brewlands Drive	Symington
Tarbolton Pharmacy	The Cross	Tarbolton
Boots Chemist	49 Academy Street	Troon
Stevenson Chemist	131 Deveron Road	Troon
Willis Pharmacy	15 Templehill	Troon
Lloyds Pharmacy	110/112 Main Street	West Kilbride

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