

Pharmacy Services Strategy 2025 – 2030



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Summary

What is this plan about?

This plan explains how pharmacy services in NHS Highland will improve over the next 5 years. It focuses on helping patients, supporting staff and using new technology.



How will we know the plan is working?

1. Updates and Reports: Track progress, identify issues and maintain transparency.

- Set a reporting schedule (e.g., weekly, monthly).
- Use dashboards and summary reports with key performance indicators (KPIs).
- Include both quantitative data (metrics, timelines) and qualitative insights (feedback, case studies).

2. Staff and Patient Engagement: Understand how our changes are affecting people.

- Conduct regular surveys and feedback sessions.
- Use suggestion boxes or digital platforms for anonymous input.
- Hold focus groups or informal check-ins to gather deeper insights.

3. Clear Goals & Timeline: Provide direction and a benchmark for success.

- Define SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound).
- Break down the timeline into phases or milestones.
- Regularly review progress against these goals and adjust as needed.

Introduction

I am delighted to present to the pharmacy workforce and wider organisation this NHS Highland Pharmacy Services Strategic Plan which outlines our priority areas for pharmacy service development to improve patient care and the health of our local population over the next 5 years. Pharmacy Services in NHS Highland incorporates all pharmacy teams working across community pharmacies, general practices and hubs, within hospitals (district, rural, community & mental health), Highland Hospice and care homes as well as our teams who provide support functions to these sites and the wider organisation; including public health and vaccination services, controlled drugs governance, formulary and clinical guidelines, prescribing support, management and professional leadership.

Geographically, NHS Highland is the largest territorial health board in Scotland with significant areas of rurality and remoteness. Highland Council area 31.1% is classed as remote rural and 11.7% classed as remote small towns. Argyll and Bute Council areas 41.8% is classed as remote rural with 29.8% classed as remote small towns. This remote rurality presents unique challenges for the organisation; namely providing care close to patients and recruitment and retention of our workforce. In line with *NHS Highland's "Together We Care" Strategy* and commitment to Digital Direction, these challenges should be embraced as opportunities to trial new service models and technologies to empower our patients to choose how they engage with our services and enable our pharmacy teams to work seamlessly.

Pharmacy workforce roles and numbers within sectors have changed significantly over the last 10 years and continue to do so, with pharmacist graduates being prescriber ready from July 2026, the development of a pharmacy technician career framework and advanced practice, and the expansion of pharmacy support worker opportunities. The annual NES workforce data survey and report monitors these changes in demographics across organisations. The re-establishment of the National Pharmacy Workforce Forum (NPWF) is promoting the career opportunities available within pharmacy and developing career pathways across all 3 professions. In NHS Highland, an integrated approach to pharmacy workforce planning is essential to ensure quality service delivery for our patients. My goal is for NHS Highland to be at the forefront of pharmacy workforce developments, through career promotion at school level, trainee student development opportunities, research engagement, professional framework adoption and leadership opportunities to grow our service leaders of the future. Such aspirations do not happen accidentally, and so we must have a whole service approach to planning for incoming trainees, existing pharmacy and technician students as well as identifying individuals and areas for further career development. Our Highlands and Islands Pharmacy Education and Research (HIPER) team is ideally placed to facilitate and support whole service planning.

As the roles of our pharmacy workforce evolve, so too must our service models. The creation of pharmacotherapy teams has enabled pharmacy support workers, pharmacy technicians and pharmacists to become critical members of general practice teams. In hospital settings, our pharmacy workforce are established integrated members of ward and specialist teams. The expansion of clinical services in community pharmacies has created an opportunity for our independent contractor teams to integrate with the wider NHS workforce. Despite positive integration within multi-professional teams, we still have areas within NHS Highland where some of our pharmacy workforce feel professionally isolated, working and learning predominantly with colleagues from other professions. This need for meaningful pharmacy peer support and professional leadership is a priority which must be addressed.

Pharmacists are often quoted as being “*experts in medicines*”. I consider the pharmacy profession to be “*experts in medicines governance*”. Ensuring that medicines are procured, prescribed, dispensed, administered and destroyed safely in the right place, at the right time, for the right patient, is a key priority for pharmacy teams and will continue to be. However, this is not a task which should be undertaken in isolation, and it is crucial that collaborative working with colleagues from medicine, nursing, dental, midwifery, allied health professionals and social care staff, as well as eHealth, estates, finance and procurement takes place. Indeed, as the national medicines bill soars and the volume of medicines being approved for use in Scotland with significant financial and/or service implications (e.g. newly licensed weight loss medicines) also increases, it is essential that NHS Highland has in place the correct medicines governance processes to ensure our patients have safe and equitable access to medicines across the board area.

Medicines governance is a key component of the *Value Based Health and Care Strategy*, which promotes the importance of practising *Realistic Medicine* (shared decision making and personalised care for patients) and aims to; improve outcomes and experiences for our patients through person-centred care, ensure fair and transparent access to care and use resources wisely and reducing environmental impact. These aims also align with the principles of *Together We Care*, confirming our pharmacy services priorities to improve the health and wellbeing of our patients and reduce health inequalities across our board. These priorities have been further endorsed by the recently published *Population Health Framework for Scotland*, which outlines that by 2035, we will reduce the life expectancy gap between the most deprived 20% of the population and the national average. Our pharmacy services teams will now focus on improving health outcomes for our patients in NHS Highland by working towards implementation of the strategic priorities identified above and from our pharmacy workforce engagement sessions.

A thematic analysis from the pharmacy workforce stakeholder engagement sessions undertaken in November 2024 provided comprehensive feedback to plan our priorities for the service over the next five years and this strategy was further developed from the draft strategy consultation period throughout May and early June 2025. Below are the priorities agreed by the pharmacy senior leadership team relating to our workforce, patients and service delivery aligned to *Together We Care* strategic aims:

Alignment of Pharmacy Service Priorities with NHS Highland Strategic Outcomes

Pharmacy Service Priority	Aligned Strategic Outcome(s)	Supporting Themes
Align with population health improvement aim to reduce health inequalities.	Stay Well, Anchor Well, Health Inequalities	Prevention, equitable access, strategic collaboration
Embed a culture of innovation and quality improvement.	Grow Well, Research, Development and Innovation, Quality	Innovation, service redesign, continuous improvement
Recruit, train, retain and develop our workforce.	Grow Well, Plan Well	People development, workforce planning, quality improvement

Promote progressive leadership and advancement of skills.	Grow Well, Nurture Well, Listen Well	Leadership development, inclusive culture, staff engagement
Develop an integrated and phased workforce plan.	Plan Well, Grow Well	Sustainable workforce, recruitment, succession planning
Prioritise medicines governance and quality prescribing.	Care Well, Treat Well, Quality	Patient safety, governance, realistic medicine
Develop collaborative pharmacy services.	Care Well, Live Well, In Partnership	Integrated care, multidisciplinary collaboration
Implement Digital Delivery Plan.	Live Well, Digital Direction	Digital transformation, systems connectivity, patient-centred care
Promote pharmacy's strategic importance.	Value Well, Listen Well	Advocacy, stakeholder engagement, national representation
Implement a clear communication plan.	Listen Well, Nurture Well	Communication, transparency, stakeholder engagement

I thank all pharmacy colleagues for their participation in the stakeholder engagement workshops and consultation responses, and I look forward to working with all partners to promote and implement this pharmacy services 5-year strategic plan.

Sarah Buchan,

Director of Pharmacy

Pharmacy Service: Function and Strategic Aims

The pharmacy service plays a critical role in delivering integrated, patient-centred pharmaceutical care that aligns with NHS Highland's overarching Strategy, Annual Delivery Plan, and national healthcare priorities.

Its strategic aims are to:

- **Improve population health** through both broad public health initiatives and targeted individual interventions.
- **Enhance quality of patient care** by prioritising those with the greatest health needs, ensuring equitable access to pharmacy services, and minimising avoidable harm from medicines.
- **Deliver better value** by designing pharmacy services around the needs and experiences of patients.

This approach ensures that pharmacy services contribute meaningfully to the delivery of safe, effective, and sustainable healthcare across NHS Highland.

Pharmacy Service Responsibilities

The main responsibilities of pharmacy service teams are:

Delivering Patient Care and Efficient Pharmacy Services

Pharmacy teams are responsible for delivering direct patient care as well as planning and running safe and effective pharmacy services across NHS Highland. This includes both hospital and community-based services across urban and remote and rural areas, as well as overseeing the work of local community pharmacies who hold a NHS Pharmaceutical Services contract.

Leading on Medicines Governance

Pharmacy teams provide expert guidance on medicines and pharmacy-related issues to NHS Highland's leadership teams, committees, and healthcare professionals. This helps ensure that decisions about patient care and medicine use are well-informed and safe.

Ensuring Safety, Good Practice & Education

Pharmacy teams put systems in place to make sure that medicines are used safely and that both patients and staff are protected. This includes following rules and best practices to reduce risks and support high standards of care. Pharmacy teams support education and training of pharmacy workforce and other professions at all levels of practice.

NHS Highland Pharmacy Services Vision:

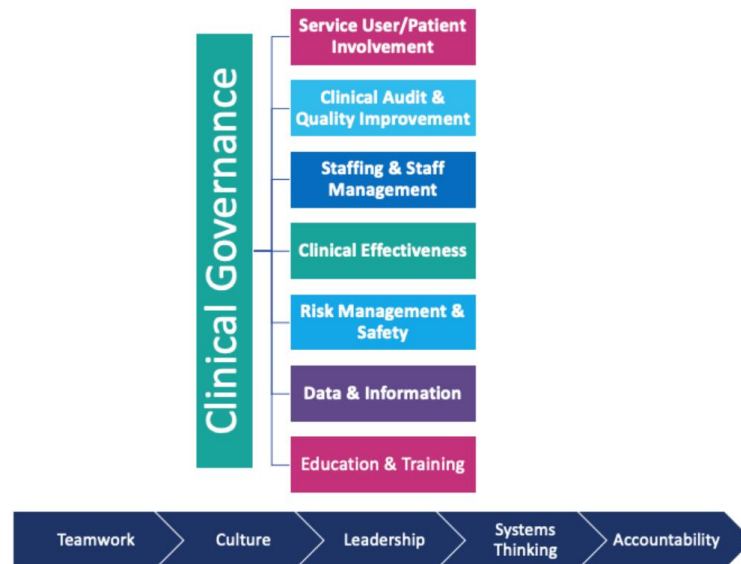
We want to give the best care to every patient - This care should be joined up and focused on what each person needs.

Our staff are important - We want them to feel supported, respected, and part of a strong team.

We follow NHS Highland's values - We help our staff to learn, grow and find new ways to make care better.

Clinical Governance

Clinical governance is the process by which NHS Highland maintains high standards of care, continuously improves the quality of our services and creates an environment to promote excellence in patient-centred care. The 7 pillars of clinical governance are key priorities in enabling NHS Highland deliver excellence in clinical care:



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Reviewing the pharmacy service priorities identified through the workforce engagement sessions which are outlined in the introduction, the comparison with the 7 principles of clinical governance is evident and provides that our pharmacy workforce is committed to ensuring clinical governance across NHS Highland.

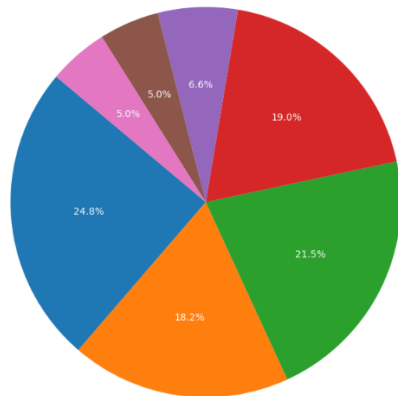
Assurance of clinical governance to the Board currently involves compliance with regulatory and legal obligations as well as local governance and assurance groups. In NHS Highland assurance groups, policies and processes are in place for all pharmacy and medicines related services and activities. An example of this is the Area Drug and Therapeutics Committee (ADTC), a governance committee of NHS Highland which promotes a consistent patient experience across all NHS Highland services by providing strategic leadership on the full spectrum of medicines governance issues. Its overall aim is to ensure patients receive safe and effective treatment with medicines, ensuring best use of available resources. The ADTC is the parent committee for a range of important subgroups, including the Antimicrobial Management Team (AMT), Highland Immunisation Coordinating Group (HICOG), Medicines Safety (MSSG), Non-Medical Prescribers (NMP), Patient Group Directions (PGDs), Policy and Procedures (PPG), Treatments and Medicines (TAM) and the Highland Formulary.

Engagement with service users was the only pillar of clinical governance not identified via the stakeholder engagement sessions which should be included as a key priority for pharmacy services. Patient representatives and lay members have been invited to join our medicines governance groups, but these are historically challenging positions to fill. NHS Highland pharmacy services currently have one lay member chair for the Treatments and Medicines Subgroup of ADTC.

Strategic Priorities and Key Deliverables

What will we do and how will we measure our success and outcomes?

Summary



Priorities Focus Breakdown:

- Workforce
- Medicines Governance
- Quality Improvement
- Digital Transformation
- Communication
- Wellbeing
- Strategic Representation

What We Will Do:



Implement population health & equality initiatives.



Implement quality improvement culture initiatives.



Implement integrated workforce planning initiatives.



Implement skills development initiatives.



Implement collaborative pharmacy services initiatives.



Implement digital delivery plan initiatives.



Implement strategic importance of pharmacy initiatives.



Implement workforce wellbeing initiatives.

Our Expected Outcomes:



Improved safety, quality, service delivery and staff engagement.

How We Will Measure Success:



KPIs, feedback, iMatter and performance reviews.

The Detail:

We will...**Align with local and national ambitions for population health improvement; fair and equitable access to medicines and services, reducing health inequalities by collaborating with multi-disciplinary teams and contributing to strategic outcomes.**

Our outcomes will be...

- Establish NHS Highland priority areas and how pharmacy can influence and support these: e.g. hosp@home, CP services, medicines shortages, suppliers via dispensing practices
- Create a modernised Pharmaceutical Care Services Plan ensuring annual review to allow for national and local changes to care and service delivery.

We will...**Plan together for recruitment, training and development of our workforce to provide assurance that our workforce delivers the highest quality care for our patients.**

Our outcomes will be...

- A career structure and development pathway for all clinical and non-clinical roles
- Outline expectations and required underpinning knowledge for entry level posts
- Ensure alignment of all job descriptions across the managed sector
- Support all to undertake professional curricula
- Undertake capacity planning analysis to account for professional training and impact of reduced working week
- Undertake a skill mix review ensure we have the most appropriate staff undertaking the tasks required in the places our patients require them

We will...**Actively promote skills development across our services, attracting and retaining a motivated and valued workforce.**

Our outcomes will be...

- Ensure all staff are developed to work to the top of their level of competence
- Measure completion of all PDPs annually and review their use as an opportunity to identify and support individual's development and completion of frameworks and / or training.
- Actively discuss career aspirations, development needs and support colleagues through professional development
- Seek additional funding to enable professional development where required
- Identify annual priority areas for service development and share this with all pharmacy colleagues

We will...**Develop and implement an integrated and phased workforce plan to cover all roles across the pharmacy service to ensure a sustainable workforce available to deliver the highest quality care for our patients.**

Our outcomes will be...

- A completed workforce plan to underpin service delivery

- Collaborate with NHS Highland People Services Teams on schools' engagement
- Utilise business intelligence data available within NHS to proactively monitor workforce retention and upcoming succession planning needs
- Utilise our HIPER team to report on professional training programmes being undertaken
- Establish additional workforce needs for all service areas and opportunities for development of current workforce and any regulatory or educational changes which may impact or change requirements.
- Undertake a mapping exercise to establish where there is duplication of workload and collaborative opportunities or centralised function opportunities available to meet service needs.

We will...**Ensure all pharmacy services work collaboratively to provide seamless care for patients and promote medicines governance across the Board, always ensuring the safe and appropriate use of medicines.**

Our outcomes will be...

- A Highland Professional Assurance Framework for Pharmacy
- Development and implementation of early career rotational role opportunities across our pharmacy services
- Development of portfolio role opportunities
- Development and implementation of specialist clinical roles beyond hospital setting
- Develop teach and treat models on specific clinical topics to advance clinical knowledge and skills across sectors.
- Bi-annual review and share learning from incidents and near misses, taking proactive measures to minimise recurrence, improving the quality of our services
- Describe opportunities for centralised roles who could support services across sectors e.g. quality improvement, medicines governance, public health.

We will...**Inform and implement the NHS Highland Digital Delivery Plan to include pharmacy services systems connectivity and encourage digital leadership and data sharing and utilisation to promote patient safety and care closer to home opportunities.**

Our outcomes will be...

- Develop a workplan across pharmacy services for the prioritisation of digital service needs, upskilling of teams and development of digital leadership roles
- Embed representatives from all sectors of pharmacy service into digital pharmacy working group
- Consider the benefits of key "super user" roles across key digital / data systems
- Appoint pharmacy representation at the NHS Digital Health and Care Group
- Describe the pharmacy aspirations for future services with respect to digital and technological innovations.

We will...**Promote the values of strategic and operational importance of the pharmacy service by representing effectively through local and national forums.**

Our outcomes will be...

- Undertake mapping analysis of existing established groups to understand where the “pharmacy input” gaps are across the organisation- including input to other professional group meetings e.g. NMAHP, Medical.
- Implement effective meeting representation to maximise value, ensure pharmacy are represented in service planning, but reduce meeting burden.
- Describe and implement how pharmacy can influence wider NHSH / national agendas relating to medicines governance, service delivery, technology, innovation and workforce development.
- Promote our core patient safety values through the pharmacy workstreams ensuring the safe, effective and rational use of medicines including policies, formulary and prescribing feedback.

We will...**Embed a culture of quality improvement within all areas of service delivery, attracting opportunities for collaboration with patients and professionals to measure quality outcomes and prescribing.**

Our outcomes will be...

- Undertake baseline audit of all service areas to review key quality, patient outcome and performance indicators
- Undertake a review of business continuity measures and seek guidance from resilience planning colleagues on how to improve areas of concern
- Collaborate with colleagues from public health to evaluate how sustainable and environmentally supportive our medicines governance practices across the organisation are and identify priority areas for improvement aligned to national value-based health and care priorities
- Invest in and normalise using data systems to regularly inform and improve performance across all medicines use areas
- Consider how information sharing across interfaces can be regularly reviewed and improved as well as new data systems to inform best practice and quality service provision
- Implement systems for the review of evidence-based prescribing across the organisation and highlight outlying areas in line with clinical and medicines governance policies.
- Actively seek and explore potential research projects to ensure evidence-based quality improvement.

We will...**Prioritise the wellbeing of our workforce to ensure they feel empowered, supported and celebrated, improving overall culture and psychological safety within our services.**

Our outcomes will be...

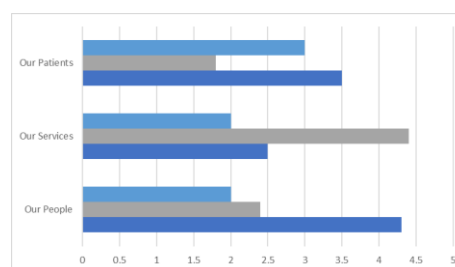
- Review current peer support and professional leadership mechanisms, consult with the workforce and consider measures needed to improve psychological safety for all.
- Consult with the workforce to understand what is meaningful to them and how best to celebrate successes
- Ensure that peer support is in place for all professional roles and this is extended to all pharmacy service teams.

We will...**Embed a clear and consistent communication plan for engagement with our patients and service users, pharmacy workforce and wider stakeholders.**

Our outcomes will be...

- An agreed and consistent approach to information sharing
- Develop a hosted pharmacy section on intranet and ensure maintained
- Promote early and regular engagement with MSPs, local councillors and 3rd sector organisations
- Undertake a reflection of current organisation of policies / clear understanding of processes e.g. how to ratify
- Proactively engage with patients, patient advocacy groups and service user feedback in the design and development of our services.

Performance, Assurance and Governance



It is recognised that the priorities identified above have some crossover and will not be completed in isolation, we will be working on all of these at the same time, with different end points. To measure the progress and delivery of these priorities and outcomes, additional assurance reporting and escalation mechanisms are required.

1. There will be accountability through the pharmacy senior leadership team (SLT) structure. The Associate Directors of Pharmacy (aDoPs), Director of Pharmacy Education & Research & Consultant in Pharmaceutical Public Health will continue informal weekly huddle for information sharing and escalation of issues and a monthly agenda-led meeting will include additional senior leadership from the pharmacy service, including technician and non-clinical staff representation.
 - 1.1 At these first of these monthly meetings the extended pharmacy SLT will develop a timeline for the key priorities identified and finalise an implementation plan for teams.
 - 1.2 Decision and risk registers will be produced and reviewed at each extended SLT meeting. The need for escalation support from colleagues across the organisation will also be considered in line with these registers e.g. financial, eHealth, public health, etc.
2. Quarterly progress reports for the priorities and outcomes will be produced and reviewed via the SLT meetings. These will include successes, challenges and areas of risk identified. These updates will be shared to all pharmacy services and the professional advisory group, the Area Pharmaceutical Committee (APC), through the Director of Pharmacy (DoP) newsletter cascade.
3. An annual progress report will be provided to the APC and Clinical Governance Committee and shared via the DoP newsletter cascade.

Existing Governance Groups will continue to meet and report on outcomes according to their Terms of Reference.

Next Steps

Publication of this Strategy will be followed by:

- Implementation plan for teams including timeline for deliverable outcomes
- Summary slide presentation & Teams Q+A session with the DoP and SLT representatives
- A Teams channel for resources upload and questions & updates from colleagues
- Face to face team visits facilitating two-way feedback, progress updates and questions.

These will be available to all pharmacy teams to ask questions, promote opportunities and to understand what this plan means for you as an individual and for your wider teams. Please avail of these opportunities as they are promoted.

Appendix 1: Stakeholder Engagement Session Thematic Analysis

Thematic Analysis Areas for Improvement:

Seamless Service Deliver • Communication and information transfer • Policy updates • Coordination and collaboration • Workload / resource management • Role clarity • Patient-centred care • Accessibility • Support and education • Pharmacy involvement and integration • Digital systems	Workforce • Role clarity • Professional frameworks • Learning and development (& training) • Career pathways and progression • Mentorship and support • Workforce management • Recruitment • Retention • Operational efficiency and collaboration • Communication • Engagement and involvement • Professional standards • Awareness and transparency
Quality and Safety • Quality and consistency of services • Resource allocation • Patient prioritisation • Workforce wellbeing and development • Communication and integration • Continuous improvement and innovation • Interprofessional collaboration • End of life planning • Data utilisation • Data analysis • Prescribing practices • System improvements and updates • National direction and policy • Workload management and support • Recognition and morale • Training and professional development • System and legislative changes • Safety	Technology and Innovation • System integration and connectivity • Resistance to change • Adoption of new technologies / modernisation • Uniformity / standardisation • Support for RDI • Centralisation / accessibility / equity • Transparency and decision making • System usage and efficiency • Patient access and feedback • Transportation / logistics • Prevention vs reaction • Service prioritisation and resource allocation

Appendix 2: Summary Analysis of Feedback from Consultation

1. Pharmacy Vision Statement

- Positive sentiment: Many respondents found it clear, ambitious, and aligned with NHS Highland values.
- Suggestions: Simplify the language; include references to rurality and patient focus; ensure it's actionable.
- Concerns: Some felt it was too broad or filled with buzzwords; lacked clarity on implementation.

2. Pharmacy Service Description

- Positive: Generally well-received, especially the inclusion of integrated care and cross-sector collaboration.
- Suggestions: Clarify roles; align descriptions across services.
- Concerns: Some descriptions were vague or inconsistent; risk of siloed working.

3. Our People

- Positive: Strong support for development, leadership, and psychological safety.
- Suggestions: Emphasise protected learning time, career progression and support for all roles (including non-clinical).
- Concerns: Lack of clarity on how ambitions will be resourced, especially rural areas.

4. Our Services

- Positive: Ambitious and aligned with best practices.
- Suggestions: Prioritise rural planning, define short/medium/long-term goals, and integrate community pharmacy more fully.
- Concerns: Delivery may be hindered by lack of prioritisation and operational planning.

5. Performance, Assurance, and Governance (PAG)

- Positive: Clear structures appreciated.
- Suggestions: Develop two-way communication channels; local escalation pathways.
- Concerns: Risk of top-down communication; lack of visibility for some teams

6. Next Steps

- Positive: Appreciation for having a strategy and extended consultation.
- Suggestions: Include SMART objectives, implementation plans and regular updates.
- Concerns: Without clear accountability and rural focus, delivery may falter.

Appendix 3: Supporting Documents

- [Scotland's Population Health Framework](#) 2025 – 2035
- [NHS Highland Together We Care](#) 2022 – 2027
- Scottish Government [Delivering Value Based Health and Care](#) 2022
- [Practising Realistic Medicine](#) 2018