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Convener, Health & Sport Committee  
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The Scottish Parliament  
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Date 24 February 2020

Dear Mr Macdonald

### Health and Sport Committee – Supply and Demand for Medicines Inquiry

Thank you for inviting me to give evidence to the Health and Sport Committee - Supply and Demand for Medicines Inquiry.

You have asked me a number of specific questions:

- 1. You spoke of pressures in the system in fulfilling prescriptions for patients waiting to be discharged from hospital. You said “Sometimes when things run hot, we get clogs in the system that should not be there. That is the current situation.” The Committee would welcome your view on how such clogs can be eradicated and what your recommended solution, as Director of Pharmacy, would be.*

At present, as you will be aware, the hospitals in Scotland are extremely busy, this means that we have more patients to be assessed, admitted, treated and discharged. From a pharmacy perspective this might mean that if our staff have more patients to see then it might take more time to sort out medicines review, ensuring this is the right medicine for this patient and in line with the NHS Lothian Formulary. It may also take time to work with other disciplines to agree treatment options and ensure supply. This can be partly resolved by having a full staffing complement, by utilising our staff and addressing the skill mix of staff effectively. To do this we have a Pharmacy Vacancy Group that meet monthly, who review the vacancies in the system, test the skill mix of each role that comes to this group and approve new or replacement posts. New posts may result from skill mix review or from an awareness that particular posts may be difficult to recruit.

It is challenging to recruit as the numbers of pharmacist produced in Scotland is not controlled. It may be helpful if Pharmacists and Pharmacy Technicians were placed in the Shortages Occupation List (SOL). I understand this could happen for Pharmacists but at present the skill level for technicians does not qualify them for the SOL. We have responded to the technician challenge in NHS Lothian by commissioning a course from Edinburgh College to train 30 pharmacy technicians. We have given them employment in NHS Lothian and will support them through this 2 year course. This will train and upskill people living in and around Edinburgh.

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Interim Chair Esther Robertson  
Chief Executive Tim Davison

*Lothian NHS Board is the common  
name of Lothian Health Board*

As Director of Pharmacy my recommended solution is to continue to support the work of the Pharmacy Vacancy Group and ensure that we recruit pharmacy staff to work in NHS Lothian. I would also recommend putting Pharmacists on the SOL and investigating the possibility of Pharmacy technicians also being added to this list. I would further recommend investment from SG in Pharmacy staff workforce planning and funding training of more pharmacy technicians.

2. *You also suggested you'd like the Committee to focus on the data and technology required to "drive improvements in care". The Committee has received a lot of evidence suggesting that such changes are required and would welcome more detail on where the driving force for such change should come from. It is unclear to the Committee why the Director of Pharmacy within a health board is unable to achieve this and it would welcome your thoughts on the barriers to this as well as the solutions.*

The use of data and technology to improve care is well recognised worldwide. In Primary Care in NHS Scotland there have been systems to capture prescribing data since the early 1990s. Audit Scotland and others have reported that this has resulted in improvements in both quality of care and efficiency. I note that a number of respondents to your call for evidence have referred to this evidence. The hospital approach, Hospital Electronic Prescribing and Medicines Administration (HEPMA) requires recording and collection of electronic data regarding not only the medicines prescribed to patients in hospital but actually what medicines were administered to them. NHS Scotland through National Procurement has undertaken a robust piece of work to develop a framework to ensure that any commercial systems as safe as they can be. There was a national tender and there are now a number of suppliers on this framework. This has been supported by a national business case to take the work forward. NHS Lothian has moved rapidly to implement HEPMA and we are the first of the four Teaching Boards in Scotland to implement. As Director of Pharmacy, I have worked closely with the Director of eHealth, the Medical Director and Director of Finance in NHS Lothian to bring a business case to the Health Board through appropriate governance routes. It should be noted that funding provided by Scottish Government does not fully fund HEPMA and each HB requires to address the gap. It is my view the HEPMA is an essential first step to obtaining robust information on the medicines prescribed and administered to our patients. This will support safe, high quality care.

3. *"It is probably quite shocking for patients to realise just how little we know about the medicines that they have in hospital. A lot of it depends on having medicines governance systems in place, with formularies across primary and secondary care so that we can look at compliance. We hope that our prescribers, as part of their continuing professional development and attention to detail, will share that information so that we can see what is happening. At the moment, those systems are not there, but they have to be. Again, the Committee seeks detail from you as to the role you, as Director of Pharmacy, can play in ensuring the prescription information for patients is shared from one part of the health service to another. What improvements do you think are required, how can you contribute to that and what are the main barriers?"*

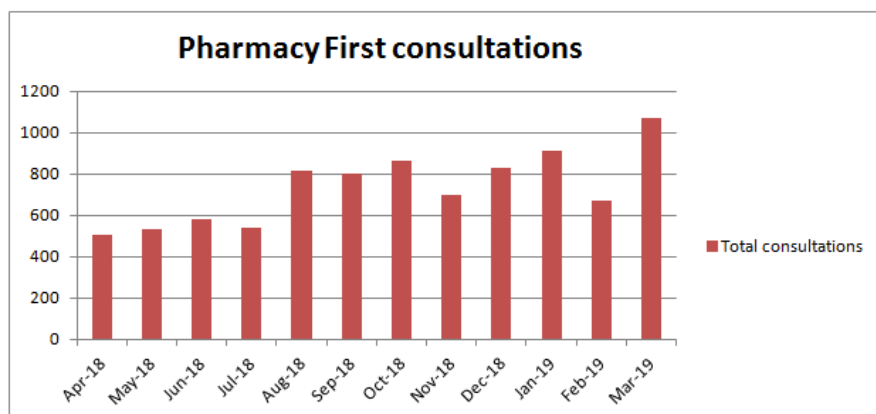
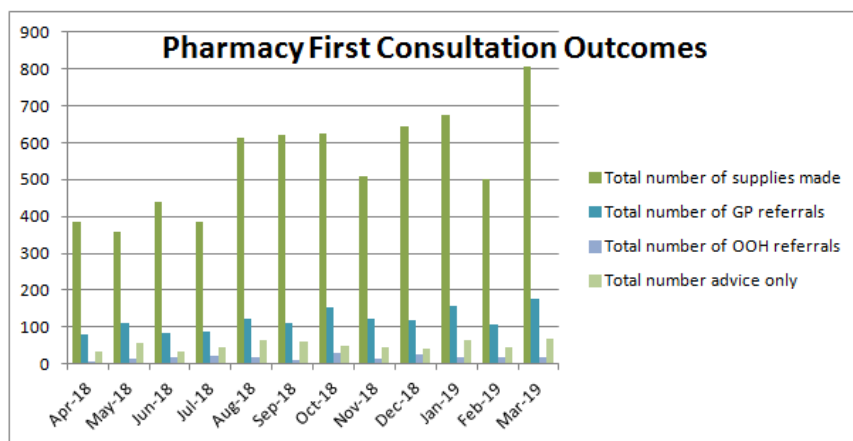
I stated in my evidence that patients would be surprised to know how little data we have on the medicines they get in hospital, this will be addressed by the HEPMA system we are implementing. I then described the other medicines governance processes we have in place which ensure high quality care, NHS Lothian has a Lothian Joint Formulary (LJF) <https://www.ljf.scot.nhs.uk> across the whole system. When patients leave hospital their discharge letter will identify what medicines they received and the information will be communicated to Primary care. When we have HEPMA the system will automatically populate the Immediate Discharge letter (IDL), this is an improvement on the system in place. As Director of Pharmacy and vice chair of the Area Drug and Therapeutics Committee I ensure that all parts of the health system work to ensure patient get high quality effective care. You have asked what I think is required to improve the system and it is my view that we require much better information on the outcomes of medicines use. This requires an ability to follow patients through their journey to see if the benefits seen in a clinical trial are achieved in our population. My role in this regard to work with our Universities and with research funding bodies, as well as with Scottish Government, to encourage investment in this approach. I recommend increased investment in systems to support medicines outcomes evidence and research.

4. *On skills, you spoke of how tasks and responsibilities are shared among pharmacy staff and suggested clerical staff and support workers could play a bigger role. The Committee is interested in what is being done to facilitate this and to assess who is best placed within a pharmacy setting to carry out which roles. It was also suggested during the meeting NHS Lothian is setting precedent on work on training pharmacy technicians and the Committee would welcome further detail on this, including how this experience will be shared with other boards.*

In my answer to Question 1, I described the NHS Lothian Pharmacy vacancy group where we review each vacancy and consider if the post could be filled by other staff. We work closely with our HR colleagues in Lothian and have produced a document detailing the skills at each level of Agenda for Change and the training and support we provide. We therefore test our approach across disciplines as well as within our discipline (see enclosed Appendix 1). In terms of the course we have commissioned from Edinburgh College we have presented this work nationally to the Achieving Excellence in Pharmaceutical Care Implementation group. In addition, it has also been shared with my Director of Pharmacy colleagues and with the Scottish Primary Care Pharmacy group.

5. *You mentioned NHS Lothian had undertaken research on the minor ailment scheme/Pharmacy First for impetigo and urinary tract infections. The Committee would welcome sight of this research.*

In my response to the Committee I stated that NHS Lothian had recorded utilization of the Pharmacy First Scheme. Please see below data for the last financial year which demonstrates that the majority of consultations by patients were handled within the pharmacy through advice and treatment decreasing the workload for General Practitioners.



Thank you for inviting me to this session, I hope this additional information is of benefit. Yours sincerely

**PROFESSOR ANGELA TIMONEY FRPharms FRCP (Edin)**  
**Director of Pharmacy**

# NHS Lothian Pharmacy Education / Career Development Pathway – Bands 2 to 7

(Based on the NHS Scotland Career Framework – ref 1)

Key points;

- Pharmacy includes the following job roles: **Pharmacy Support Workers**, **Pharmacy Technicians** and **Pharmacists**
- The framework below gives examples of resources that staff can access as part of developing their roles and need to be agreed as part of staff's PDPR discussions. Please click on subject hyperlink for more detail
- Underpinning the pathway is: Mandatory training, Healthcare Support Worker Standards and Code, PDPR
- All new roles must be agreed via the NHS Lothian Workforce Organisational Change Committee



### References

- NHS Scotland Career Framework  
<http://www.careerframework.nes.scot.nhs.uk/>  
<http://www.nes.scot.nhs.uk/media/4939/nmahp-careers-poster.pdf>

### Resources

- NHS Lothian HR online



Underpinned by Corporate & local Induction, HCSW Mandatory Induction Standards, Knowledge & Skills Framework, Personal Development Planning & Review, Mentorship & shadowing, Mandatory training including e-learning and classroom based training – Health & Safety, Fire, Hospital Associated Infection, Information Governance, Basic Life Support, Violence & Aggression, Public Protection, Equality & Diversity and Fire, Mandatory policy packages and Work Based Learning

# NHS Lothian Pharmacy Education / Career Development Pathway – Bands 8A to 9

(Based on the NHS Scotland Career Framework – ref 1)

Key points;

- Pharmacy includes the following job roles: **Pharmacy Support Workers**, **Pharmacy Technicians** and **Pharmacists**
- The framework below gives examples of resources that staff can access as part of developing their roles and need to be agreed as part of staff's PDPR discussions. Please click on subject hyperlink for more detail
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### Resources

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(SCQF) Level

10-11

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Underpinned by Corporate & local Induction, HCSW Mandatory Induction Standards, Knowledge & Skills Framework, Personal Development Planning & Review, Mentorship & shadowing, Mandatory training including e-learning and classroom based training – Health & Safety, Fire, Hospital Associated Infection, Information Governance, Basic Life Support, Violence & Aggression, Public Protection, Equality & Diversity and Fire, Mandatory policy packages and Work Based Learning