Notice of Meeting and Agenda

Midlothian Integration Joint Board

Venue: Virtual Meeting,

Date: Thursday, 25 August 2022

Time: 14:00

Morag Barrow
Chief Officer

Contact:

Clerk Name:	Mike Broadway
Clerk Telephone:	0131 271 3160
Clerk Email:	mike.broadway@midlothian.gov.uk

Further Information:

This is a meeting which is open to members of the public.

For Noting

( ) Indicative timings.

6   Private Reports

No private reports to be discussed at this meeting.

7   Date of Next Meeting

The next meeting of the Midlothian Integration Joint Board will be held on:

- 15 September 2022 at 2.00 pm – Special Meeting/Development Workshop
- 13 October 2022 at 2.00 pm - Midlothian Integration Joint Board

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 16 June 2022	1.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):		
Carolyn Hirst (Chair)	Cllr Colin Cassidy (Vice Chair)	Tricia Donald
Jock Encombe	Cllr Derek Milligan	Cllr Kelly Parry
Val de Souza (Substitute for Angus McCann)	Cllr Pauline Winchester	

Present (non-voting members):		
Morag Barrow (Chief Officer)	Hannah Cairns (Allied Health Professional)	Keith Chapman (User/Carer)
Wanda Fairgrieve (Staff side representative)	Claire Flanagan (Chief Finance Officer)	Miriam Leighton (Volunteer Midlothian)
Fiona Stratton (Chief Nurse)		

In attendance:		
Nadin Akta (NHS Lothian Board Member)	Nick Clater (Head of Adult Services)	Grace Cowan (Head of Primary Care and Older Peoples Services)
Annette Lang	Cllr Willie McEwan	Cllr Stuart McKenzie
Jim Sherval (Public Health Practitioner)	Johanne Simpson (Medical Practitioner)	Jill Stacey (Chief Internal Auditor)
Elouise Johnstone (Programme Manager)	Roxanne Watson (Executive Business Manager)	Tom Welsh (Integration Manager)
Andrew Henderson (Clerk)		

Apologies:		
Angus McCann	Grace Chalmers (Staff side representative)	Joan Tranent (Chief Officer Children's Services, Partnerships and Communities)

Midlothian Integration Joint Board
Thursday 16 June 2022

1. Welcome and Introductions

The Chair, Carolyn Hirst, in welcoming everyone to the virtual Meeting of the Midlothian Integration Joint Board, extended an additional welcome to new and returning Councillors who had been appointed to the Board. Carolyn Hirst further highlighted that this was the final board meeting of Tricia Donald and extended thanks on behalf of the board for her service and contributions. Tricia Donald then took the opportunity to thank her fellow Board members for their support.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interest

Keith Chapman outlined that for the sake of transparency he was a trustee for Alzheimer's Scotland.

4. Minute of Previous Meetings

4.1 Minutes of the MIJB held on 14 April 2022

The minutes of the meeting of the MIJB of the 22 of March were approved as correct record subject to the addition to item 5.8, in which it was highlighted that a discussion had taken place in relation to the visibility of performance areas and that Morag Barrow had agreed to look into this. Morag Barrow highlighted that the re-establishing of the integrated care forum had been considered and acknowledged the need to find a solution and agreed to keep board members updated.

Matters arising:

Item 5.1, Carolyn Hirst updated that a paper was being formulated on community pharmacies which would be circulated in due course.

Item 5.5, Carolyn Hirst advised that the draft revised IJB Board Member Code of Conduct had been submitted to the Scottish Government and the board s proposed amendment looked likely to be accepted, although it had not yet received formal approval.

Item 5.10, Carolyn Hirst advised that the consultation period was now complete and that the Scheme of Integration would be submitted for approval to the NHS Lothian board on the 22nd of June and Midlothian Council on the 27th of June.

Midlothian Integration Joint Board
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4.2 Minutes of the Strategic Planning Group held on 16 March 2022

The minutes of the meeting of the Strategic Planning Group were noted.

5.   Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chief Officer Report – Morag Barrow, Chief Officer Morag Barrow provided an overview of the Chief Officer report making reference to the key strategic updates for the MIJB. Grace Cowan also took the opportunity highlight the figures in relation to discharge delays, recruitment issues, and opened to questions from board members. In relation to the increase in fuel allowance for NHS staff and the possibility for this to be extended to Midlothian Council staff, Morag Barrow confirmed that NHS staff are covered as part of a national agreement and that fuel allowances for council employees would be discussed at the next meeting of Midlothian Council. . Reference was also made to the value of the 3rd sector reference group and Morag Barrow welcomed the opportunity for the strategic planning group to have a discussion with 3rd sector representatives. Morag Barrow advised that to help support staff a	Noted the Chief Officers Report	All members	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
wellbeing lead had been recruited for the HSCP, that a new wellbeing assessment tool was being set up and that wellbeing hubs were being established at main sites. Nick Clater also confirmed the intention to establish Naloxone training for staff, and subsequent availability of kits across a wider area.			
5.2 Chair's Update Carolyn Hirst advised that the Board Member self-evaluation survey had now been analysed and that the outcome would be discussed at a future Development session. Carolyn Hirst also advised that work was taking place on possible future venues for IJB Board meetings and on the feasibility of holding meetings which could be both in person and remote access.	Noted the Chairs update		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.3 Council Membership of Integration Joint Board Paper prepared by Mike Broadway, Democratic Services and presented by Carolyn Hirst, Chair Carolyn Hirst provided a brief overview of the report and welcomed Councillor Cassidy in to the board in his role a Vice Chair and outlined that per the MIJB scheme of integration, two Councillors would be required to partake in the MIJB's Audit and Risk Committee. After a brief discussion it was agreed that per the previous term, the two administration members would be nominated to sit on the Audit and Risk committee.	a) Members endorsed the Council nominations for voting members of the Midlothian Integration Joint Board including the position of Vice-Chair until August 2023. b) Members nominated Councillors Cassidy and Parry to fill the two vacant positions within the Audit and Risk Committee and appointed Councillor Cassidy as Chair of the Committee.	All members All members	
5.4 Approval of MIJB Annual Report on Directions 2021-2022 Paper presented by Elouise Johnstone, Programme Manager for Performance Carolyn Hirst took the opportunity to thank Gill Main, for the significant amount of work that had gone into the report. Elouise Johnstone then provided an overview of the report, outlined the recommendations and responded to board members questions. Regarding Workforce planning, Elouise Johnstone confirmed that due to the report structure that this had been taken into account throughout the report. Morag Barrow further highlighted that this was a retrospective report and that as workforce is one of the spotlight	a) Members reviewed and noted the full year report on Directions 2021-22 b) Members agreed that bi annual updates be continued with more frequent updates from the finance, performance group and the IJB scrutiny group and that any urgent business be brought to the board's attention.	All members Chief Officer	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
programs and that more detailed reporting would be done in future. In relation to substance misuse, Elouise Johnstone highlighted that a move had been undertaking to a new platform with different measures to minimise the duplication of work and that there would be further information at the next reporting period. With regard to the use of language used for reporting, Elouise Johnstone acknowledged that 'avoidance' could be difficult to clarify and that some cases required a proxy or a 'best guess' and that the alternative pathways would need to be explored and expanded where useful. In relation to future reporting, Morag Barrow suggested that continuing with the bi annual with updates on finance, performance group and the IJB scrutiny group coming through more frequently Carolyn Hirst acknowledged that anything exceptional would also be brought to the board's attention out with the typical reporting attention should it occur.			
5.5 Approval of MIJB Directions 2022-2023 Paper presented by Tom Welsh, Programme Manager Tom Welsh provided an overview of the MIJB Directions 2022-2023 and outlined the IJB's key objectives and the report recommendations.	a) Approved the proposal to issue the attached Directions to Midlothian Council and NHS Lothian. b) Approved the proposal that the HSCP maintains a comprehensive log of Directions to ensure a more systematic and more vigilant review process.	Programme Manager All members	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
In response to comments in regarding the lack of mention of dementia, Morag Barrow agreed to look at the wording going forwards. Morag Barrow clarified that the directions were a result of consultations that had taken place in throughout the previous year and confirmed that anything that required urgent attention would be brought to the board. Morag Barrow further outlined that any of the directions could be amended by the board going forward. Going forward, Morag Barrow confirmed that progress on the directions would be brought to the Board routinely twice a year. Operational oversight is thought the HSCP Finance and Performance group, with overarching performance reviewed by the IJB Strategic Panning Group (SPG). Any deviation from planned trajectory would be highlighted to Board via SPG.	c) Approved the proposal to issue new Directions to make full use of financial reserves. d) Agreed to a review and refresh of the MIJB Directions Policy	Chief Finance Officer Programme Manager	
5.6 Financial Allocation for 2022-2023 Paper presented by Claire Flanagan, Chief Finance Officer Claire Flanagan provided an overview of the report making reference to the IJB reserve position and underspends from the 21/22 financial year, further outlined the 22/23 financial position and provided an initial look at the 23/24 financial position. Claire Flanagan then opened to questions from board members.	a) Noted the final 21/22 out-turn position for the IJB. b) Noted the impact of that position on the IJB's reserves. c) Noted the review of the 22/23 financial position.	All members All members All members All members	

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Claire Flanagan acknowledged that COVID reserves were higher than anticipated as a result of non-recurrent funding and also highlighted some of the difficulties with earmarked reserves including recruitment challenges and inflation impacts. Claire Flanagan also highlighted the requirement to maintain a 2% contingency reserve. A brief discussion followed in relation to the level of reserves. It was suggested that if there was spare capacity that the funding could be used to support the local population and the IJBs strategic plan as long as it was one off expenditure and it was acknowledged that senior officers would need to guide where the money was spent. The board then approved for the use of the financial reserves in line with the IJB directions.	d) Noted the initial look at the 23/24 financial position. e) Approved for the use of the financial reserves in line with the IJB directions.	Chief Finance Officer	
5.7 Approval of 2022-23 IJB Performance Indicators Paper presented by Elouise Johnstone, Programme Manager for Performance Elouise Johnstone provided an overview of the report and outlined the IJB Improvement goals for 2022/23. Elouise Johnstone then offered to respond to points of clarity outwith the meeting. Morag Barrow highlighted that the report rationale was not due to a lack of ambition but was due to this being an unknown area. Board members then approved the IJB improvement goals for 2022/23.	a) Noted the performance against the IJB Improvement Goals for 2021/22. b) Noted the recommendation from the Performance Assurance & Governance Group regarding the proposed Improvement Goals for 2022/23. c) Approved the IJB Improvement Goals for 2022/23.	All members All members Programme Manager for Performance	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.8 Clinical Care and Governance Report Paper presented by Fiona Stratton, Chief Nurse Fiona Stratton provided an overview of the report outlining the main concerns. In addition Fiona Stratton outlined that that the Clinical Care and Governance Group provides the opportunity to allow members for share stories and experiences as referenced in the report. Carolyn Hirst commended the approach of the report and highlighted that the Chief Social Worker would also submit an annual report.	Board members noted and approved the content of this report.	All members	

6. Any other business

Carolyn Hirst thanked members for attending the meeting and offered further thanks to Tricia Donald for her work with the MIJB.

7. Private Reports

No private reports were submitted for consideration.

8. Date of next meeting

The next meetings of the Midlothian Integration Joint Board would be held on:

- Thursday 29 June 2022   2.00pm   MIJB Audit and Risk Committee
- Thursday 25 August 2022   2.00pm   MIJB Board

 (**Action: All Members to Note**)

The meeting terminated at 15:12

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Audit and Risk Committee	Thursday 3 March 2022	2.00pm	Virtual Meeting held using MS Teams.

Present (voting members):

Councillor Jim Muirhead (Chair)	Carolyn Hirst	Councillor Derek Milligan
Jock Encombe		

Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Jill Stacey (Chief Internal Auditor)

In attendance:

Grace Scanlin (EY, External Auditor)	Derek Oliver (Chief Officer Place)	Elaine Greaves (Principal Internal Auditor)
Gill Main (Integration Manager)	Andrew Henderson (Democratic Services)	Mike Broadway (Clerk)

Apologies:

Pam Russell (Independent Member)	Stephen Reid (EY, External Auditor)	

Audit and Risk Committee
Thursday 3 March 2022

1. Welcome and introductions

The Chair, Councillor Jim Muirhead welcomed everyone to this virtual meeting of the Audit and Risk Committee, in particular Gill Main, Integration Manager, H&SC.

2. Order of Business

The order of business was as set out in the Agenda.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Meeting

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 2nd December 2021 was submitted and approved as a correct record.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Update on Chief Internal Auditor and Chief Finance Officer. The Chief Internal Auditor, Jill Stacey, and Interim Chief Finance Officer, David King, provided the Committee with updates on their respective positions, and the transitional arrangements that were in place to support the MIJB. The Committee, in acknowledging that the Local Government Elections in May were also likely to	Noted the current position.		

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
bring around further changes in membership, expressed thanks to both Jill and David, and to the retiring Council Members who had served on the Committee.			
5.2 Midlothian Integration Joint Board Annual Audit Plan Year ending 31 March 2022 - Report by EY, External Auditors. There was submitted the Midlothian Integration Joint Board Annual External Audit Plan for the financial year ending 31 March 2022. Grace Scanlin, External Auditor, EY in presenting the Plan to the Committee explained that this Annual Audit Plan had been prepared for the benefit of IJB management and the Audit and Risk Committee, setting out the proposed audit approach for the audit of the financial year ending 31 March 2022. The Plan also set out the proposed work they would perform to allow them to provide an independent auditor's report on the financial statements and meet the wider scope requirements of public sector audit, including the audit of Best Value, in this the fifth year of their appointment. As a result of the impact of Covid-19 their appointment had been extended by a further 12 months to include the financial year 2021/22. The Plan outlined the key areas and challenges in the current year including the financial sustainability, value for money and the identification of significant	Approved the Annual External Audit Plan.	External Auditors	

Audit and Risk Committee
Thursday 3 March 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
audit risks. Also included within the Plan was a timetable on the key phases of the audit for 2021/22. Thereafter Grace responded to Members' questions and comments.			
5.3 MIJB Internal Audit Annual Plan 2022/23 – Report by Chief Internal Auditor. The purpose of the report was to present for the Committee approval the proposed Internal Audit Plan for 2022/23; a copy of which was appended to the report. The report advised that the Public Sector Internal Audit Standards (2017) require the Chief Internal Auditor to develop a risk-based audit plan which sets out the priorities for the Internal Audit activity during the year in order to enable the Chief Internal Auditor to prepare the annual opinion on the adequacy of the overall control environment of the Midlothian Integration Joint Board. These priorities needed to be consistent with the MIJB's goals and objectives as set out in the Strategic Plan. Having heard from Chief Internal Auditor, Jill Stacey, who responded to Members' questions and comments, the Committee in discussing the Plan and the importance of the work being undertaken by Internal Audit, welcomed the way in which the programme of work was designed to add value to, and improve, the MIJB's operations in order to meet the objectives set out in the Strategic Plan. It being	Approved the Internal Audit Annual Plan for 2022/23.	Chief Internal Auditor	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
hoped that these principles would in time be extended to other areas. It was also acknowledged that the differing roles of Internal and External Audit would require to be picked up as part of the induction training for new Members.			
5.4 Risk Register – Report by Chief Officer Place. The purpose of this report was to provide an update on the Strategic Risk Profile covering quarter 3 2021/22, 1 October 2021 – 31 December 2021 and the current issues, future risks and opportunities for the MIJB. The report also provided the Committee with an overview of the most significant issues and risks on the MIJB strategic risk profile during the quarter. Having heard from Derek Oliver, Chief Officer Place, the Committee discussed issues arising from the current strategic risk profile, in particular the most significant issues and risks which had been highlighted in the report.	(a) Noted the current Strategic Risk Profile; (b) Noted the updates provided on the risk control measures and the progress being made to address all risks; and (c) Confirmed that, otherwise, the risks contained in the Strategic Risk Profile reflected the current risks/opportunities facing the MIJB.		
5.5 CIPFA – Financial Management Code, 2021/22 – Report by Interim Chief Finance Officer. With reference to paragraph 5.1 of the Minutes of 2 December 2021, there was submitted a report the purpose of which was to consider how the guidance in the CIPFA Financial Management Code, 2021/22 pertains to the operations of the IJB and to consider	(a) Noted the analysis detailed in the report as to which elements of the guidance relate to the IJB directly and the assurance process that were required. (b) Agreed that a report laying out opinions be submitted to the IJB recommending the adoption of the code on the basis of the	Interim Chief Finance Officer	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
how the IJB can assure itself that the guidance was being met. The report explained that the IJB was, in essence, a strategic planning board and did not – for example, pay suppliers or staff. The operational delivery was in the hands of the IJB Partners – the IJB having no authority to deliver its functions except through Midlothian Council and NHS Lothian – and assurance of much of the CIPFA FM guidance would flow from the assurance systems of the partners. It should be noted that the adoption of this guidance was an element in the overall achievement of best value. After hearing from both the Interim Chief Finance Officer, David King and Chief Internal Auditor, Jill Stacey, the Committee acknowledged the contents of the report.	committee's considerations.		
5.6 Best Value – Consideration of the Audit Scotland Questionnaire – Report by Interim Chief Finance Officer. With reference to paragraph 5.2 of the Minutes of 2 December 2021, there was submitted a report the purpose of which was to set out for the Committee consideration suggested responses to the Audit prompts/questions in the Audit Scotland report Auditing Best Value for Integration Joint Boards, along with a consideration of assurance that might be provided to support the responses.	(a) Noted the suggested responses to the Audit Scotland best Value questionnaire for IJBs as outlined in the report; and (b) Agreed to request the preparation of an appropriate best value framework for adoption by the IJB.	Interim Chief Finance Officer	

Audit and Risk Committee
Thursday 3 March 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The Interim Chief Finance Officer in presenting the report explained how the Committee might assure itself that the principles of best value were being applied to the work of the IJB that is the development and delivery of the IJB's Strategic Plan. The Committee, following questions to the Chief Internal Auditor, welcomed the proposed responses and having discussed a number of issues, suggested a number of further refinements.			
5.7 Audit Scotland – Recent Audit Reports of Interest - Report by Interim Chief Finance Officer. The purpose of this report was to highlight audit reports from Audit Scotland on areas of interest to the IJB Audit and Risk Committee. Topics cover included: • Social Care Briefing ▪ Planning for Skills ▪ Use and Application of Performance Indicators in the Public Sector A copy of the full Social Care Briefing was included as an Appendix to the report, which also contained hyperlinks to the other complete audit reports mentioned. Having heard from the Interim Chief Finance Officer, David King, the Committee welcomed the report.	Noted the publications and the key messages they contained.	All to Note.	

Audit and Risk Committee
Thursday 3 March 2022

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
7.1 Membership The Committee having noted that this would be the final meeting prior to the Local Government Elections in May joined in thanking the Chair and the other Council Members who had served on the Committee and in wishing them all the best for the future.	(a) Recorded an expression of thanks and appreciation to Councillor Jim Muirhead for his contributions as Chair of the MIJB Audit and Risk Committee, and also to the other elected Members who had served on the Committee over the past five year period; and (b) Noted that the necessary steps would be taken in due course to secure suitable replacements.		

8. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 2 June 2022 at 2.00 pm.

(**Action: All Members to Note**)

The meeting terminated at 3.42 pm.

Midlothian Strategic Planning Group

Wednesday 25 May 2022 via MS Teams
MINUTES

Chair: Carolyn Hirst (Midlothian IJB)
Vice Chair:
Minutes taken by: Lisa Cooke

In attendance

Grace Cowan (HSCP)	Head of Primary Care & Older People's Services	Gill Main (HSCP)	Integration Manager
Hannah Cairns (HSCP)	Chief AHP	Morag Barrow (HSCP)	Chief Officer
Rebecca Hilton (NHS)	Public Health Practitioner	Elouise Johnstone (HSCP)	Programme Manager: Performance
Graham Kilpatrick (HSCP)	Service Manager Adult	Annette Lang	Group Service Manager CPP & CLL
Gemma Robertson	PA to Grace Cowan	Wanda Fairgrieve	Lead Partnership Representative
Rebecca Miller	Strategic Programme Manager	Jim Sherval	Consultant in Public Health
Lynne Douglas	Chief Exec, Bield Housing & Care	Matthew Curl	Midlothian HSCP Digital Lead
Gillian McClusker	Manager Housing Services	Claire Flanagan	Chief Finance Officer

Apologies

Nick Clater	Head of Adult & Social Care	James Hill (MDC)	Partnership Rep, Unison
Laura Hill (VOCAL)	Carers Rep (Proxy)	Joan Tranent	Chief Social Work Officer
Chris King	Finance	Lesley Kelly	Interim Third Sector Rep
Shelagh Swithenbank	Planning Officer: Carers	David King	Interim Chief Finance Officer
Roxanne Watson (HSCP)	Executive Business Manager	Carly McLean (HSCP)	Social Worker
James Hill	Partnership Rep, Unison	Fiona Stratton (HSCP)	Chief Nurse
Clare Dorrell	OT/Social Care	Colin Briggs	Director of Strategic Planning
Anthea Fraser	Learning & Development	Debbie Marklow	Clinical Vaccination Manager

			ACTION
1	**Welcome and Introductions**	Carolyn Hirst welcomed all to meeting and introducing Annette Lang, (Group Service Manager for Community Planning Partnership, Communities, Lifelong Learning and Employability), and Gemma Robertson, Grace Cowan's PA to the group. CH provided the group with an update on MIJB members: • New council members are Kelly Parry SNP, Colin Cassidy SNP along with Derek Milligan and Pauline Winchester who are returning as MIJB Board Members • Colin Cassidy (Council) will take up Vice Chair of the MIJB and also Chair of SPG and Audit and Risk Committee • New NHS Lothian members are Val de Souza and Nadin Akta • Tricia Donald will leave the MIJB in June • Carolyn Hirst will leave the MIJB in August • Val De Souza (NHS) will join MIJB in August and take up the Chair of MIJB from September • Nadin Akta (NHS) will join the MIJB in September • Miriam Leighton appointed member of IJB voluntary sector • Grace Chalmers joining as staff representative.	
2	**Minutes of Last Meeting**	Minutes of meeting on 16 March were approved as accurate	
3	**Action Log**	The action log was updated and shared with the group with all actions complete	
4	**Soap Box**	**Homelessness and Prevention** RH previously circulated a paper to the group. Scottish Government propose to place a legal duty on HSCP to: • Legal duty to identify anyone at risk of homelessness (in next 6 months) and either act or refer for appropriate help • In some cases, HSCP will have primary responsibility for meeting accommodation needs or to case co-ordinate accommodation needs. A national consultation ended 8 April with a response submitted on behalf of HSCP. RH asks that while awaiting the national outcome, we consider with Council colleagues what can we do now. The request for a health, housing and social care strategic planning group was	

previously raised at this meeting and recognised to be considered as part of a wider review of planning groups. AL raised that a housing group is already in exitance as part of community planning and requested consideration to linking with existing joint planning forums in the first instance before creating additional groups
https://yourviews.parliament.scot/health/health_inequalities/consultation/published_select_respondent

Spotlight Programme
EJ shared a short presentation with the group. Following a request made by the MIJB in January's board meeting, the HSCP Executive Management Team attended a workshop on Friday 4 February to identify recommended areas of enhanced focus during year 1 of the 2022-25 strategic plan. This work will be supported by 2 FTC Assistant Strategic Programme Managers (to be recruited).

All areas already have actions plans as part of the MIJB Strategic Commissioning Plan 2022-25. The Spotlight Programme aims to provide allocate additional project support in key areas to maximise progress towards achieving the 6 aims of the strategic plan and the identification of further opportunities to improve. Spotlight areas have been provided with direct support to create enhance priority areas plan and will also benefit from additional project support (following recruitment)
EJ to circulate presentation to the group

Teviot Court move to Primrose Lodge
GK highlighted the complexity around moving the residents from Teviot Court. There are 12 residents all with complex needs living in individual tenancies. In order to complete building works, residents must be temporarily relocated in suitable accommodation, following risk assessments and ensuring care plans are in place. Temporary accommodation at Primrose Lodge has become available but this has incurred significant challenge. GK asked the group to be aware of both the complexity around work and issues and challenges round operational management.
MC and CF mentioned to GK if he required any support from digital or was aware of possible additional pressures on inpatient beds to feedback

		Trauma Informed PDW	
		Agenda item postponed until next meeting.	
5	Items for Discussion & Agreement	**I. Draft 12-month Annual report on Directions 2021-22**	

I. **Draft 12-month Annual report on Directions 2021-22**

A paper for noting was circulated in advance of the meeting alongside the updated report for 2021-22 Directions. During August and September 2022, work with services to establish a robust Measurement Framework underpins the more strategic Directions and feeds into the 6-month update position. This will include establishing a measure, a metric and a data source for each Direction. Progress will continue to be reported at 6 months and 12-month intervals.

All to consider directions and feedback to GM and EJ

LD suggested an impact statement at the end of each direction would be beneficial. SPG Chair, GM and EJ to review how this could be considered for future reports

II. **Directions 2022-23**

A paper was circulated in advance of the meeting alongside the draft Directions for 2022-23. The purpose of this paper was to inform the SPG of the final set of Directions to be issued to Midlothian Council and NHS Lothian subject to the approval of both the SPG and the MIJB. In line with Statutory Guidance the revised set of draft Directions brings together the previous Directions for 2022-23, alongside the outstanding MIJB Directions issued in 2020-21 and 2021-22 and the new and additional asks from the MIJB resulting from its meeting in April 2022.

GM noted on behalf of Marlene Gill concerns around the housing direction showing as being revoked. As housing is not a delegated function it cannot be an issued Direction. GM had liaised with MG and discussed that housing remained a key consideration within actions across several Directions and offered assurance that the requirement for good quality housing tailored to the needs of people with physical and mental health needs or disabilities was recognised as crucial to enabling people to manage as independently as possible. The plans to achieve this are laid out in the Housing Contribution Statement provided as an appendix to the Strategic Plan.

		SPG reviewed the proposed revision of the MIJB Directions Policy and agreed to recommend that the MIJB consider a review of the MIJB Directions Policy approved on 10th December 2015

There was a discussion around the need for a further Direction being added to specifically request enhanced reporting from Acute services in relation to set-aside.

All to consider and feedback to GM
GM to work with CF to propose a Direction to MIJB specifically relating to Set-Aside for meeting on 16th June
GM to take SPG recommendation to MIJB to review Direction Policy approved in 2015
GM to circulate spreadsheet to RH | |
| 6. | **Items for Discussion** | **I.   Digital Programme**
HC and MC shared a presentation with the group giving an overview of the 3 core themes of the Digital Implementation and Delivery Plan 2022-25. HC explained to the group the purpose of the plan along with the strategic and policy mapping. There are 7 primary drivers along with 8 deliverables which include develop leadership, ensure appropriate resources, build a digital culture, promote prevention, mitigate digital inequality, adopt co-design, work in partnership and existing committed and known projects.
HC and MC to circulate presentation to group
All to consider and feedback to HC and MC

II.   Review of Planning Structures
GM shared with the group some high-level feedback on the collaborative work completed as part of a review of the planning process, associated governance structures and activity with a short presentation. The purpose of this review is to ensure there is shared decision making and joint responsibility to achieve agreed outcomes within a supportive planning structure. This should include clarity on the role and remit of groups, and clearly defined outputs at each stage to ensure quality planning as part of a wider quality management system. It is also vital that work is completed in partnership with all relevant stakeholders. Quality planning sits within 4 quality management areas:

- Quality Planning
- Quality Control
- Quality Improvement
- Quality Assurance | |

		The next steps are working with the operational teams and planning managers to agree planning processes. **GM to feedback progress at the next Strategic Planning Group** **GM to circulate presentation with the group** **All to consider and feedback any questions to GM** III. **Spotlight Programme Performance Data** EJ share presentation with the group highlighting the 5 key areas: - Midlothian Community Hospital - Learning Disability - Frailty - Workforce - Primary Care Each Spotlight area has agreed 3 priority areas of focus for enhanced working. Measures have been determined across the 6 dimensions of quality; safe, efficient, effective, timely, person centred, and equitable. **EJ to circulate presentation to the group** **All to consider and feedback any questions to EJ**	
7.	AOCB	None	
8.	**Future Meetings**	**All future meetings below are via MS Teams** Wed 03 August 14:00 to 16:00pm Wed 14 September 14:00 to 16:00pm Wed 23 November 14:00 to 16:00pm	

Midlothian Integration Joint Board

Midlothian Health & Social Care Partnership

Thursday 25th August 2022, 14.00-16.00

Chief Officer Report

Item number:	5.1

Executive summary

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous month and looks ahead to the following 8 weeks.

Board members are asked to:

- *Note the updates within the report*

Report

Chief Officer Report

1   Purpose

1.1   The paper sets out the key strategic updates for Midlothian IJB over the previous month and looks ahead to the following 8 weeks.

2   Recommendations

2.1   As a result of this report Members are asked to:

- Note the updates highlighted by the Chief Officer

3   Background and main report

3.1   Chief Officer

Midlothian IJB Chair

Members were updated at previous meetings of the intention of Carolyn Hirst to step down as Midlothian IJB Chair, and as a member of the Board form end August 2022. Carolyn has provided significant leadership and support to the Board and been instrumental to progress made over the last 18 months. I would like to take this opportunity to thanks Carolyn for her commitment to Midlothian and wish her success in future ventures.

IJB Directions 2022/23

Following the agreement of the Board at June 2022 Board meeting, Directions have been issues to NHS Lothian and Midlothian Council Chief Executives. We await conformation of these, and the Board will be updated when received.

Scheme of Integration

NHS Lothian and Midlothian Council have approved the revised Scheme of Integrations for Midlothian IJB. This has now been submitted to Scottish Government for approval. Once confirmation received, this should then be formally issued to the Board.

IJB Standing Orders

Once confirmation from Scottish Government has been received that the Midlothian Scheme of Integration has been approved, work will commence to review the IJB standing orders. Work is anticipated to take place across September and brought to the Board in October for review.

Midlothian Integration Joint Board

Code of Conduct & Register of Interest

The Code of Conduct has been reviewed and approved. Scottish Government have requested that once Board members have confirmed their compliance with the Code of Conduct and completed Registers of Interests, both documents must be published on the HSCP website. The revised Code of conduct can be found on the HSCP website here Who we are - Midlothian Health and Social Care Partnership

System pressure

System pressure across the whole health and social care system remains significant. Rising covid infection rates, coupled with covid related absence, workforce challenges and annual leave, continues to provide challenges for the HSCP team. Additional demand relating to patient flow, and pressure on acute hospital beds and care home bed availability continue to impact on operational performance on delayed discharge. A review of the HSCP Care at Home model is underway, to utilise and embed learning form other areas, to maximise efficiency, capacity and providing the right care model for Midlothian residents.

New Board members

Welcome to Dr Rebecca Green who has commenced in post as new Clinical Director for Midlothian HSCP on 18th July. Rebecca will replace Dr Hamish Reid on Midlothian IJB.

Morag Barrow, Chief Officer - Morag.barrow@nhslothian.scot.nhs.uk

3.2 Integration

Scottish Government Framework for Community Health and Social Care Integrated Services

Board members were updated in June, on work to bring a Quality Management System approach across the HSCP. As part of this work, Scottish Government are supporting the HSCP in undertaking an innovative approach to deliver/update service specifications that are aligned to the Framework for Community Health and Social Care Integrated Services. This is an evidence-based framework that determines the foundations for best practice integrated care. This will support the mapping of current delivery, recognise existing good practice, and support self-evaluation to identify service gaps and inform recommendations to the Board in relation to IJB Directions for 2023/24.

Information about the framework can be found here.

Gill Main, Integration Manager - Gill.main@nhslothian.scot.nhs.uk

3.3 Adult Services

Drug Misuse Figures

The National Records of Scotland (NRS) have recently released the drug misuse death figures for Scotland in 2021. In 2021 the NRS recorded 23 drug-related deaths in Midlothian; 16 males and 7 females representing an increase of 2 deaths from 2020. This is in the context of a significant population increase in Midlothian with population growth from 93,871 in 2020 to an estimated 96,473 (2.77%) in 2022.

Midlothian Integration Joint Board

A briefing was provided by Nick Clater to IJB members, and it is anticipated that there will be a wider development session on substance use at the September IJB Development Session.

Nick Clater, Head of Adult Services - nick.clater@midlothian.gov.uk

4   Policy Implications

4.1   The issues outlined in this report relate to the integration of health and social care services and the delivery of policy objectives within the IJBs Strategic Plan.

5   Directions

5.1   The report reflects the ongoing work in support of the delivery of the current Directions issued by Midlothian IJB.

6   Equalities Implications

6.1   There are no specific equalities issues arising from this update report.

7   Resource Implications

7.1   There are no direct resource implications arising from this report.

8   Risk

8.1   The key risks associated with the delivery of services and programmes of work are articulated and monitored by managers and, where appropriate, reflected in the risk register.

9   Involving people

9.1   There continues to be ongoing engagement and involvement with key stakeholders across the Partnership to support development and delivery of services.

10   Background Papers

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
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DATE	27/07/22

Appendices:

Midlothian Integration Joint Board

Midlothian Integration Joint Board

Thursday 25th August 2022, 14.00-16.00

Membership of Integration Joint Board

Item number:	5.3

Executive summary

This report provides information about NHS Lothian's non-voting member appointments to the Midlothian IJB and seeks the Board's formal endorsement of them.

Board members are asked to:

- *Endorse the NHS Lothian Board's nominations for non-voting members of the Midlothian Integration Joint Board; and*

- *Welcome existing and new colleagues to the Midlothian IJB.*

Report

Membership of Integration Joint Board

1.   Purpose

1.1   This report notes and seeks the Board's endorsement of nominations for NHS Lothian's non-voting members on the Midlothian Integration Joint Board.

2.   Recommendations

2.1   Endorse the NHS Lothian Board's nominations for non-voting members of the Midlothian Integration Joint Board.

2.2   Welcome existing and new colleagues to the Midlothian IJB.

3.   Background and Main Report

3.1   The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (as amended) determines the membership of Integration Joint Boards. The NHS Board is required to appoint a person to each of the following non-voting positions:

"(f)   a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
(g)   a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
(h)   a registered medical practitioner employed by the Health Board and not providing primary medical services."

3.2   The Order provides that the term of office for members of integration joint boards is not to exceed 3 years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be reappointed for a further term of office.

3.3   Dr Hamish Reid stood down as Clinical Director of the Midlothian HSCP on 14 May 2022 and therefore also demitted office as the non-voting member of the Midlothian IJB fulfilling the position at (f) above. Dr Rebecca Green took up post as the new Clinical Director from 18 July 2022.

3.4   Dr Johanne Simpson currently sits on the Midlothian IJB as a non-voting member and as the Board's nominated *"…registered medical practitioner employed by the health board and not providing primary medical services"* - position (h) above. Johanne's first term of office will end on 1 October 2022.

Membership of the Midlothian Integration Joint Board

Non-Voting Members

3.5   At the NHS Lothian Board meeting on 3 August 2022, with the support of the NHS Lothian Board's Medical Director, it was agreed that Johanne be re-nominated by the Board for a second three-year term, from 2 October 2022 to 1 October 2025.

3.6   The Board also agreed to nominate Rebecca as a new non-voting member of the Midlothian IJB and specifically as the *"…registered medical practitioner whose name is on the list of primary medical services performers…"*, to apply retrospectively from her date of appointment for a period of 3 years (18 July 2022 to 17 July 2025).

4.   Policy Implications

4.1   The creation of Integration Joint Boards is intended to rebalance care towards community based health and social care services. In keeping with the Christie Report on the *Future Delivery of Public Services* the IJB will be expected to continue to develop approaches which are more effective in preventing ill health and in promoting recovery wherever possible.

5.   Directions

5.1   The report reflects the ongoing work in support of the delivery of the current Directions issued by Midlothian IJB.

6.   Equalities Implications

6.1   There is no direct impact on inequalities arising from this report although it is worth noting that the Midlothian IJB has as one of its primary objectives, responsibility for addressing health inequalities.

7.   Resource Implications

7.1   There are no resource implications arising from this report.

8.   Risks

8.1   It is essential that there is a clear and robust process for appointing voting and non-voting members to the IJB otherwise there is a risk that the new arrangements will not be compliant with regulations.

9.   Involving People

9.1   The regulations accompanying the Public Bodies Act (2014) are unequivocal about the importance of working with localities and involving, in a meaningful way, all key stakeholders. This includes staff, users, family carers, voluntary

sector, housing and independent providers of health and social care. Locally, a Strategic Planning Group has been established in line with these regulations.

10. Background Papers

10.1 There are no additional background papers other than those mention in this report

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DATE	9 August 2022

Appendices:	None

4

Midlothian Integration Joint Board

Thursday 25th August 2022, 14.00-16.00

Record Management Plan Update

Item number:	5.4

Executive summary

This report updates the IJB Board on the Records Management Plan (RMP), details the recommended updates to the RMP and provides information on outstanding actions which need to be resolved prior to resubmission of the RMP to the Records Keeper of Scotland.

Board members are asked to:

- Agree the recommended updates as detailed in this paper.
- Note the actions and agree to review the completed Records Management Plan at a later meeting to allow the re-issue to the Records Keeper.
- Agree to receive quarterly updates on progress against the finalised action plan.

Report

Record Management Plan Update

1   Purpose

1.1   The purpose of this report is to update members on the required updates and recommendations for the IJB Record Management Plan. Following the completion of proposed amendments, the IJB Records Management Plan will be submitted to the Record Keeper for review and feedback. This will form our action plan, the progress on which will be communicated to the IJB.

2   Recommendations

2.1   As a result of this report Members are asked to:

- Agree the recommended updates as detailed in this paper (3.3)
- Note the actions and agree to review the completed Records Management Plan at a later meeting to allow the re-issue to the Records Keeper (3.4)
- Agree to receive quarterly updates on progress against the finalised action plan.

3   Background and main report

3.1   The Public Records (Scotland) Act 2011 requires the IJB to develop a Records Management Plan (RMP). The IJBs current RMP was submitted to the Records Keeper in 2018. Recommendations were received from the Records Keeper in 2019, but due pressures relating to the pandemic, work in this area was put on hold. There have been various changes to the management structure and we are looking to revise our RMP for resubmission to the Records Keeper in order to provide assurance that the IJB is meeting legislative requirements in relation to records management.

3.2   The RMP conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011.

This RMP covers Midlothian Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management, and disposal of the public records it creates and uses in pursuance of its statutory functions.

In line with the model plan, the IJB's RMP addresses 14 elements:

Element 1: Senior management responsibility
Element 2: Records manager responsibility
Element 3: Records management policy statement

Midlothian Integration Joint Board

Element 4: Business classification
Element 5: Retention schedule
Element 6: Destruction arrangements
Element 7: Archiving and transfer arrangements
Element 8: Information security
Element 9: Data protection
Element 10: Business continuity and vital records
Element 11: Audit trail
Element 12: Competency framework for records management staff
Element 13: Assessment and review
Element 14: Shared Information

3.3   Recommended updates for agreement
- Element 1 – Senior management responsibility
  - Removal of Allister Short and replacement with Morag Barrow as Chief Officer, Midlothian IJB

- Element 2 – Records manager responsibility
  Amendment to Operational Officers responsible for records management:
  - Roxanne Watson is now Executive Business Manager
  - Removal of Tom Welsh as Integration Manager
  - Removal of secondary NHS Lothian Operational Officer

- Element 13 - Assessment and review
  - References to Joint Management Team updated to Senior Management Team to reflect new governance structures.
  - Addition of commitment to review the RMP every six months at Strategic Planning Group.

3.4   Actions for noting only
- A requirement for a formal agreement to be put in place regarding permanent preservation.
- Requirement to review and agree a local RMP planning group to provide further assurance to our governance of Records Management.

4   Policy Implications

4.1   The RMP is required under the Public Records (Scotland) Act 2011.
4.2   Our partners NHS Lothian and Midlothian Council maintain local records management policies.

5   Directions

5.1   N/A

6   Equalities Implications

6.1   None

Midlothian Integration Joint Board

7 Resource Implications

7.1 Requirement to identify suitable Information Governance resource to support the execution of the IJBs RMP.

8 Risk

8.1 The recommendations set out in this report will allow the RMP to be updated to ensure the IJB meets its obligations in respect of the Public Records (Scotland) Act 2011. Once the plan is completed, approved by IJB and approved by the Record Keeper, the IJB will have met legislative requirements. Not completing this work risks breaching the legal requirements of records management and associated reputational damage.

9 Involving people

9.1 By refreshing our RMP and investing time in structuring our record management responsibilities and requirements as detailed in the outstanding actions above, the RMP will help ensure compliance with legislative, regulatory and best practice standards.

The ongoing development of the RMP will need to be supported by Midlothian Council and NHS Lothian Information Governance Officers, the HSCP Senior Management Team and IJB members.

10 Background Papers

10.1 None

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DATE	26 July 2022

Midlothian Integration Joint Board

Midlothian Integration Joint Board

Thursday 25th August 2022, 14.00-16.00

Annual Performance Report 2021-22

Item number:	5.5

Executive summary

The IJB is required by Scottish Government and the 2014 Joint Working Act to publish an Annual Performance Report.

The Midlothian Annual Performance Report provides information on the health and wellbeing of the people of Midlothian and assesses performance towards meeting the 9 National Health and Wellbeing Outcomes. It also describes the financial performance of the Partnership and the quality of health and care services delivered during 2021-22.

The first framework draft of the Annual Performance Report was discussed and scrutinised at the Strategic Planning Group (SPG) meeting held on the 3rd August 2022. The group made recommendations relating to structure and content to ensure

- closer links between the vision of the Strategic Commissioning Plan 2019/22 (right care, right place, right time) and the performance data
- greater use of lived experience to articulate the difference our service offers and supports have made in the lives of people and communities
- to include a focus on the performance of our hosted service is e.g., dietetics

A full draft Annual Performance Report will be discussed at the SPG meeting on 14th September. IJB Board Members will receive a copy of the draft and are invited to either attend SPG to discuss the draft or to liaise directly with the Integration Manager.

Board Members are asked to:

- **Note the proposed content of the Annual Performance Report**
- **Provide feedback on the proposed content**
- **Note an invitation to the Strategic Planning Group to discuss a full draft on 14th September 2022**

Midlothian Integration Joint Board

Annual Performance Report 2021-22

1　Purpose

1.1　The attached draft Midlothian Annual Performance Report provides information on the health and wellbeing of the people of Midlothian and an assessment of our performance towards achieving the 9 National Health and Wellbeing Outcomes. It also describes the financial performance of the IJB, and the quality of health and care services delivered during 2021-22.

2　Recommendations

2.1　As a result of this report what are Members are asked to:

- **Note the proposed content of the Annual Performance Report**
- **Provide feedback on the proposed content**
- **Note an Invitation to the Strategic Planning Group to discuss a full draft on 14th September 2022**

3　Background and main report

3.1　The IJB are required by Scottish Government and the 2014 Joint Working Act to publish an annual report detailing key achievements of the previous financial year and an assessment of performance against the national core suite of integration indicators and in meeting the 9 National Health and Wellbeing Outcomes.

3.2　The purpose of the Annual Performance Report is to provide an overview of performance of the IJB in planning and carrying out integrated functions and is produced for the benefit of the IJB, Partnerships and their communities. It must be made publicly available, written using plain English, and make good use of graphics and case studies to bring performance data to life. All published reports must also meet legal accessibility standards.

3.3　In recognition of the impact of Covid-19 on the planning and delivery of Health and Social Care, Scottish Government extended the date of publication of Annual Performance Reports through the Coronavirus [Scotland Act (2020) Schedule 6, Part 3](.).

3.4　The National Core Suite of Integration Indicators were received from Public Health Scotland at the end of July and are included in the report, along with July release of the 21/22 the Midlothian IJB performance against MSG indicators. This data is required by Scottish Government to be updated following the September release of data so remains for management purposes at this time.

Midlothian Integration Joint Board

3.5   Information on the number of responses for the Health and Care Experience Survey (which is used to give the data indicators 1-9) was requested from Public Health Scotland to support understanding of this data. This information has been included in the draft Annual Performance Report.

3.6   As the report covers April 2021 to March 2022 in sharing our activities and achievements over the year, we have aimed to reflect the ongoing impact of Covid-19 whilst still presenting a balanced report of both HSCP activities.

3.7   The first framework draft of the Annual Performance Report was discussed and scrutinised at the Strategic Planning Group (SPG) meeting held on the 3rd August 2022. The group recognised the challenge of retrospective review in the context of a previous Strategic Commissioning Plan and made recommendations relating to structure and content.

3.8   As a consequence, the content and structure of draft Annual Performance Report has been reviewed to ensure
- closer links between the vision of the Strategic Commissioning Plan 2019/22 (right care, right place, right time) and the performance data
- greater use of lived experience to articulate the difference our service offers and supports have made in the lives of people and communities
- to include a focus on the performance of our hosted service is e.g., dietetics

3.9   A full draft Annual Performance Report will be discussed at the SPG meeting on 14th September. IJB Board Members will receive a copy of the draft when papers are circulated to the SPG and are invited to either attend SPG to discuss the draft or to liaise directly with the Integration Manager.

3.10   The final draft of the Annual Performance Report will be presented to the Board on 13th October 2022 for approval.

4   Policy Implications

4.1   IJBs have a legal obligation to produce an annual performance report in line with The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 and the Scottish Government Guidance: Health and Social Care Integration Partnerships: reporting guidance.

4.2   This includes reporting on the national Core Suite of Integration Indicators provided by Public Health Scotland, using these to support reporting on how well we are progressing the 9 National Health and Wellbeing Outcomes which apply to integrated health and social care.

4.2   This Midlothian Annual Performance Report complies with all the requirements with the exception of a breakdown of spend per locality. Systems to facilitate a robust report on this are not yet in place.

5   Directions

5.1   This report does not relate to any specific directions.

Midlothian Integration Joint Board

6   Equalities Implications

6.1   There are no equalities implications arising directly from this report. However, the report itself has been written with accessibility in mind. This includes being structured and written in a way that is easily followed and understood by those in our communities who may wish to read the report. The final report will meet the legal requirements for accessibility standards.

7   Resource Implications

7.1   There are no resource implications arising from this report.

8   Risk

8.1   IJBs, have a legal obligation to produce an annual performance report which meets the requirements set by Scottish Government. Not complying will pose legislative risks and it will be more difficult for the IJB to undertake its duties related to accountability and good governance

9   Involving people

9.1   The report highlights the involvement of users of people and communities in the development and recommissioning of services

10   Background Papers

n/a

AUTHOR'S NAME	Gill Main
DESIGNATION	Integration Manager
CONTACT INFO	Via email or MS Teams
DATE	08/08/2022

Appendices:
Appendix 1: Draft Annual Performance Report Contents Page

Midlothian Integration Joint Board

Annual Performance Report 2021-22

Contents

Midlothian Integration Joint Board

Thursday 25th August 2022, 14.00-16.00

Learning Disability Service Update

Item number:	5.6

Executive summary

This report provides the Midlothian Integration Joint Board (MIJB) with an update on Learning Disability Services. It will cover both activity and the financial position.

Board members are asked to:
1. **Note** the report;
2. **Agree** the recommendation

Learning Disability Service Update

1 Purpose

1.1 The purpose of this paper is to provide an update on Learning Disability services within Midlothian HSCP. An initial paper presented to the Midlothian IJB (MIJB) in December 2021 provided an overview and initial analysis of the Learning Disability expenditure.

2 Recommendations

2.1 As a result of this report Members are being asked to:
- **Note** the contents of the report
- **Agree** the following:
  a) That a review of Learning Disability services is progressed and concluded within 6 months.

3 Background and main report

3.1 A report attached as *Appendix 1* provides an overall context and illustrates the current spend. It is an update from the report provided in December 2021 and has a particular focus on transitions from child to adult disability services.

Summary of Key Points

3.2 The total annual net expenditure on Learning Disability services is currently around £16.4m. There are 375 adults with a learning disability who receive funded services from Midlothian Health and Social Care Partnership.

3.3 With the exception of 2020/21, the % increase in spend has exceeded the % increase in budget due to increase in the number of people receiving learning disability services and the increased complexity in their care needs.

3.4 As of 2019/20, the overspend was £2.7m. This reduced to £764k in 2020/21 and £43k in 2021/22, through the allocation of demographic monies to this budget although caution should be exercised here due to the Covid-19 pandemic also caused reduced delivery of some non-critical care. The projected overspend for 2022/23 is currently around £450k – this is set against a background of no increase having been applied to the budget in 2022/23 by Midlothian Council for demographic pressures.

3.5 There are 375 care packages provided. 108 of these (representing 29% of all packages) are projected to cost £10k or less each. 33 of these (representing 9% of all packages) cost more than £150k each.

3.6 20 people account for 25% of overall expenditure.

Midlothian Integration Joint Board

3.7 An area of financial pressure is the increasing number of young adults in Midlothian who have a learning disability – 37% of adults with a learning disability are under the age of 30**.**

3.8 Analysis of financial pressures arising from young people with Learning Disabilities transitioning from Children's to Adult Services has estimated there will be a further pressure of £1.9m over the next 3 financial years.

3.9 In 2019 CIPFA[1] produced comparative data on Learning Disability expenditure. (No more recent data is available). This data shows that Midlothian has a higher-than-average incidence of adults with a learning disability compared with the Scottish Average.

3.10 Analysis of the 2019 data identified the Learning Disability spend per head of population for Midlothian is £125.35. In comparison the national average is £135.60. While these figures may have changed more recently, there is no indication that Learning Disability spend in Midlothian has deviated significantly from national averages.

Options to Mitigate Financial Pressures

3.11 The Board is reminded of discussions at previous meetings relating to the redesign of the Royal Edinburgh Hospital and the anticipation that Midlothian HSCP will receive a cash release from this. The full extent of this remains unclear, but it is tentatively suggested that this will be between £200k and £400k. It is recommended that if and when received, this cash release be used to offset the historic overspend. It is not however anticipated that this release would be within the current financial year and it is likely to be in 2024 at the earliest.

3.12 A potential short-term solution to address the financial pressure is to increase the current budget allocation to support the IJB direction for Learning Disability. This increase would need to be covered from resource elsewhere in the IJB budgets. Consideration could be given to use of the non-recurring underspend from the care at home allocation in the 22/23 financial year. Further modelling would be required to ascertain the sustainability of this approach and any risks or budget pressures that could arise in other service areas. This modelling could form part of the recommended review.

3.13 Consideration could be given to a review of Learning Disability services, involving a review of the full model of care, including the 3 areas detailed below:

- A strategic review of transport costs is in the process of being commissioned. The current spend on transport for people with a Learning Disability is £954k (including £566k for Council-provided transport). The construction of the contractual arrangements requires this review (and are an outstanding action within Direction 10). A full review will determine the scope for a new commissioning model. As an example, a 10% saving here would equate to £95k.

[1] Chartered Institute of Public Finance and Accountancy

Midlothian Integration Joint Board

- A scoping exercise to explore reducing commissioned services' funding (excluding Day Services) for Learning Disability services. As an example, a 10% reduction here would amount to a recurring saving of £1.108 m. It is clear that this reduction in service would carry significant risk and further work would be required to both clarify these risks and then articulate these to the IJB for decision.

- A scoping exercise to explore reducing day service access for all learning disability clients. For example, an 8% reduction in day service provision (including internal services) would give an efficiency saving of £817k. As above, this would carry significant risk, not least in relation to the impact on individuals and their carers.

3.14 Using the examples above, a 10% reduction in transport costs, a 10% reduction in commissioned services' funding and an 8% reduction in day service provision would garner an efficiency saving of £2.020m to offset a 4-year (pre-covid) average overspend of £1.876m. While redesigning services will deliver some benefits, there will also be risks and cultural challenges to be managed. The review would provide options and consider these challenges.

4　Policy Implications

4.1 The aims and ethos of the Learning Disability services as articulated through the relevant strategic plans fit with the general policy direction of the Midlothian IJB, in providing more care closer to home and more care being community based.

5　Directions

5.1 Direction 10 (and the actions associated) on Learning Disability, specifically: "We are committed to empower people with learning disabilities and autism to recognise and realise their human rights and to participate in community life free from fear, harassment and abuse".

6　Equalities Implications

6.1 The work undertaken by the Learning Disability services aim to significantly reduce inequalities for that client/patient group.

7　Resource Implications

7.1 It is noted that Learning Disability services are currently operating with an overspend. This is not sustainable. It is further noted that the projected transition costs will provide additional cost pressures.

8　Risk

8.1 Operating with a cost pressure as is the case currently with the Learning Disability services presents a risk to Midlothian IJB.

Midlothian Integration Joint Board

9   Involving people

9.1   Midlothian HSCP teams have been involved in the development of this report.

10   Background Papers

10.1   None.

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DATE	4 August 2022

Appendices: Appendix 1: Learning Disability – Expenditure Analysis & Financial Governance.

Learning Disability – Expenditure Analysis & Financial Governance

This paper provides an analysis of the Learning Disability (LD) social care expenditure for Midlothian Health and Social Care Partnership and the financial governance in place around LD expenditure. It details a breakdown of the expenditure and identifies some of the complexities around managing the total expenditure where the scope for changing individual care packages can be limited.

This report is based on expenditure in FY 19/20. This is due to Covid-19 causing a baseline shift in the cost base of LD services as a result of both upward and downward financial pressures. Consequently it has not been possible to conduct a meaningful analysis of more recent expenditure.

PART A – ANALYSIS OF EXPENDITURE

1. Annual Expenditure

The following table outlines the actual net expenditure on Learning Disability Services for the last five financial years. It also includes details of year on year changes in expenditure and the number of transitions cases contributing to the inflationary pressures. Changes in service provision as a result of COVID-19 mean it is not possible to make accurate year on year comparisons for the Financial Years 20/21. An updated analysis of projected LD expenditure for the FY 22/23 will be prepared early in advance of the next financial year.

	16/17	17/18	18/19	19/20	20/21	21/22
Learning Disability Spend - Gross	15,448	16,257	17,593	19,432	19,114	19,953
Learning Disability Income	-3,238	-3,256	-3,423	-3,334	-3,428	-3,547
Learning Disability Spend - Net	12,210	13,001	14,269	16,098	15,686	16,406
LD Increase		791	1,268	1,829	-412	720
% Increase		6.48%	9.75%	12.82%	-2.56%	4.59%
Budget	10,990	11,335	12,331	13,417	14,922	16,363
% Increase in Budget		3.14%	8.79%	8.81%	11.22%	9.66%
Overspend	1,220	1,666	1,938	2,681	764	4
Total Transition Cases	13	16	18	11	15	4
24/7 Care Transitions	3	4	2	-	1	0

Notes:

- Income includes care charges paid by service user, income from intensive housing management arrangements and resource transfer[1] from the NHS.
- There is reduced expenditure in FY20/21 and to a lesser extent in FY21/22 due to Covid-19 reducing and deferring some expenditure on non-critical care needs

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[1] Resource Transfer is a longstanding funding arrangement from NHS that has been in place over 20 years. This arrangement was part of the agreements made during the closure of learning disability hospitals.

- At the end of 2021-22 the budget provision for the Living Wage uplift effective 1/12/21 was still held in a central budget within Adult Social Care therefore this budget is under-stated
- In FY17/18 there were a number of hospital discharges that will have resulted in an increase in LD spend.
- Teviot Court opened in FY 17/18 which resulted in a significant step change of expenditure in this year. Some of this increase had been delayed from previous years as some individuals delayed the transition to independent living until Teviot Court opened.

Analysis has been carried out on the increase of £1,876k in FY19/20. The increase is broken down as follows:

• Re-categorisation of clients formally categorised as Physical Disability	£705k
• Living Wage increase	£333k
• In year effect of this year's transition cases	£246
• Year on year increase in taxi spend	£77k
• Other increases/decreases	£515k

        (including full year effect of 2018-19 transitions cases)

2. Overall Expenditure

The total annual expenditure on Learning Disability services is currently around £16.4m. There are currently approximately 400 people with a learning disability who receive funded services from Midlothian Health and Social Care Partnership.

The following graph provides a breakdown of the expenditure in FY19/20. (The analysis has not been undertaken for FY20/21 or FY21/22 as due to COVID these years will not be representative of the ongoing breakdown of expenditure.

Breakdowwn of Expenditure

Day Carer 24%, Care at Home 24%, Housing Support 18%, Daycentre Placement 13%, Residential Care 8%, Direct Payments 6%, Transport 3%, Respite 1%, Other 2%
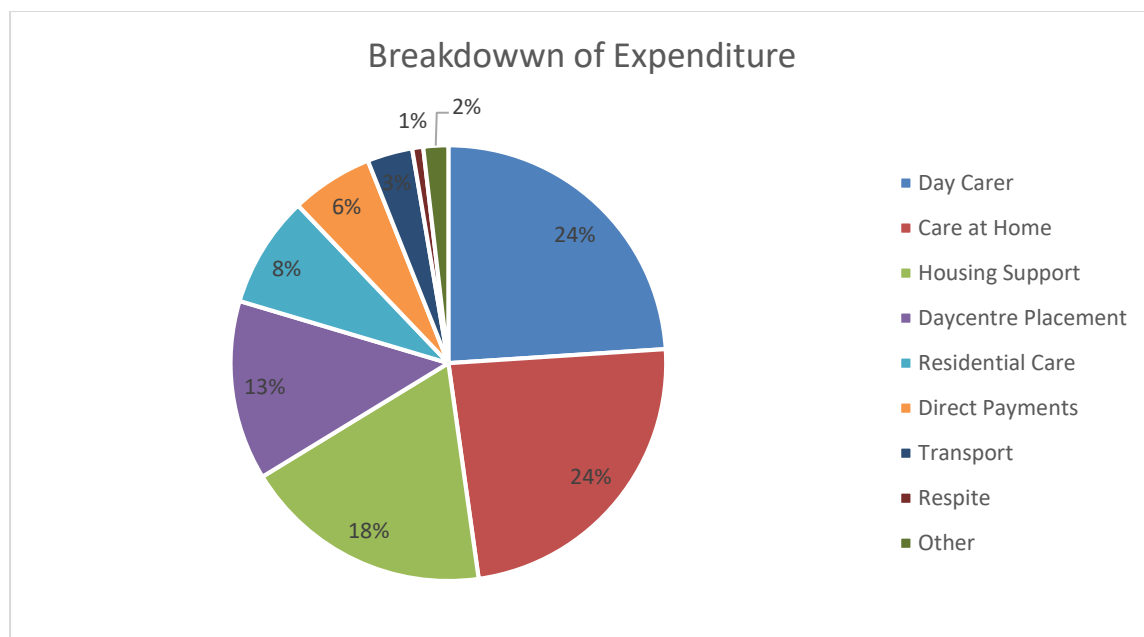
The following points should be noted:

- **Supported Living Services (Care at Home, Day Carer & Housing Support)** accounts for around 65% of expenditure. This reflects the high costs of supporting individuals who cannot live independently without large amounts of support (for example individuals who require 24/7 care)

- **Residential Care** accounts for around 8% of the expenditure. 22 individuals (6%) receive residential care. This is less than the national average of 7.8%.

- **Respite** expenditure is relatively low accounting for only about 1% of the budget however this is expenditure that sustains individuals current care arrangements. There is a risk that non provision or respite services can lead to current packages of care ceasing to be sustainable and more expensive supported living packages of care being required. It should also be noted that individuals will benefit from respite funded out of carer's budget.

- **Day Centre** expenditure accounts for about 10% of all expenditure

3. Breakdown & Profile of Expenditure

The following graph provides a breakdown of the expenditure profile for all care packages[2]. It highlights that there are a large number of lower cost packages of care relative to a small number of high cost packages of care.

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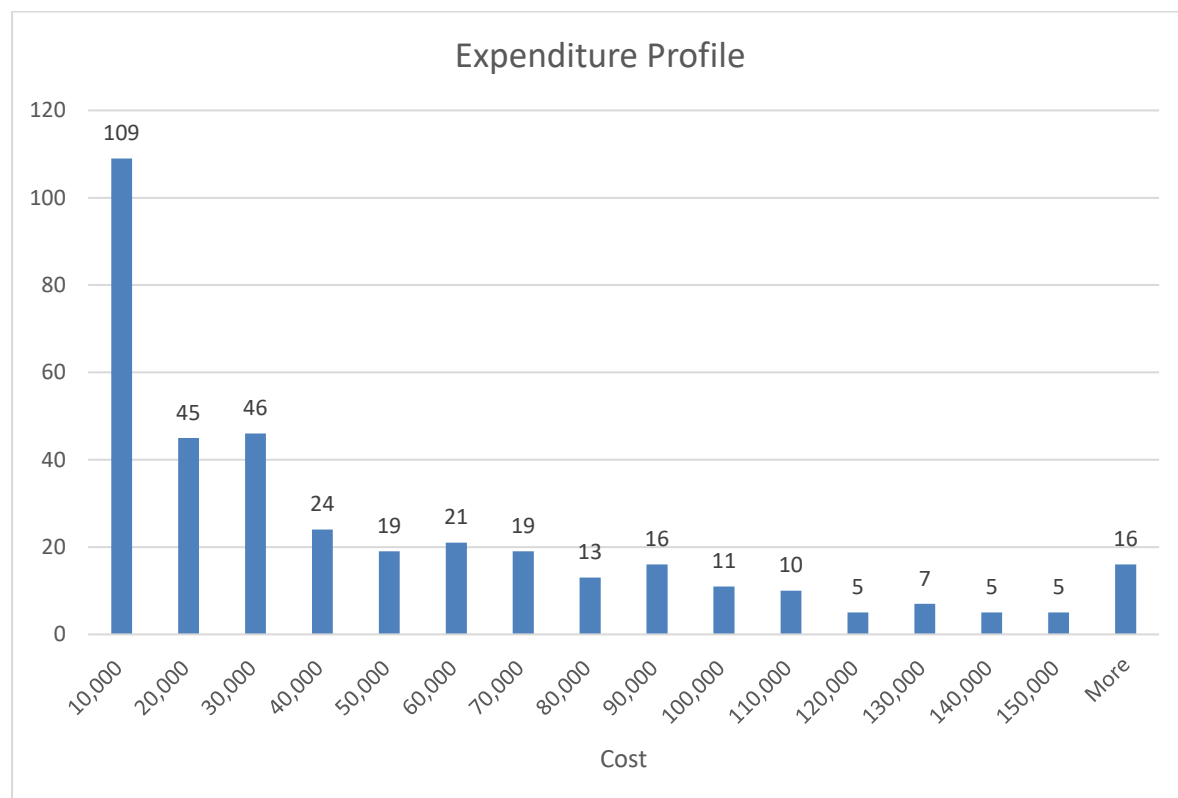
[2] Excludes individuals with annual expenditure less than £500.

The following table and graph illustrate the proportions of expenditure accounted for by the most expensive packages of care. Each 5% is equivalent to approximately 18 individuals. It can be seen that 20 people account for 25% of the overall expenditure.

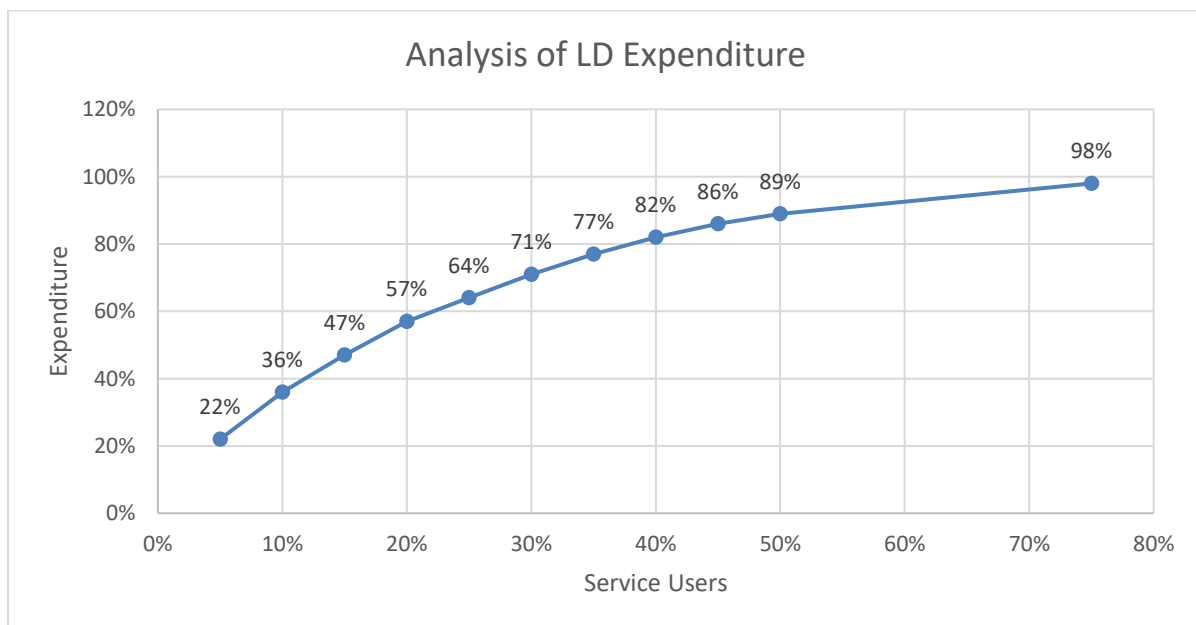| Clients	5%	10%	15%	17%	20%	25%	30%	35%	40%	45%	50%	75%
Expenditure	22%	36%	47%	50%	57%	64%	71%	77%	82%	86%	89%	98%
Threshold (£k)	£142	£114	£93	£87	£80	£66	£57	£50	£39	£31	£26	£7

These figures demonstrate a need to consider how the expenditure on individual packages contributes to the overall expenditure.

- **High Expenditure** – Around 17% (62) of care packages account for 50% of all expenditure. The individuals in receipt of these care packages have complex needs of requiring high staff ratios. These packages are subject to increased scrutiny and while reducing the costs of some of these packages can have a significant impact on the overall budget in reality there is often little scope for changing making any significant changes to these packages of care.

- **Mid Expenditure** – The 125 packages costing between £26k and £87k account for 33% of all care packages and 39% of all expenditure. Arguably there on average slightly more scope to make changes to packages of care in this price range that could have some degree of impact on the overall budget. Consequently there is need to ensure scrutiny and to avoid drift in reviews of care packages in this expenditure range.

- **Low Expenditure** – The least expensive packages account for 50% of packages of care but only about 11% of expenditure. While there is scope to manage costs of individual packages in this area it does have a relatively smaller effect on the overall budget. (e.g. if the cost of these individual packages of care were reduced by 5% the overall budget would only decrease by 0.6%). The general characteristic of these packages therefore is diminishing returns with large amounts of effort to require to change packages of care would only result in relatively small reduction in costs.

4. Age Profile of Service Users

An area of financial pressure is the increasing number of young adults who have a learning disability. The graph below displays the age profile of individuals receiving a Learning Disability service in November 2021. It shows an age profile with a large number numbers of young adults with a learning disability (37% are under 30) although there is a noticeable rise in the number of individuals aged between 50 and 65.

It should be noted the number of people with Learning Disability over the age of 65 may be understated as some care provision may be allocated to the older people cost centre. The data included here are clients whose costs are attributed to the learning disability cost code.
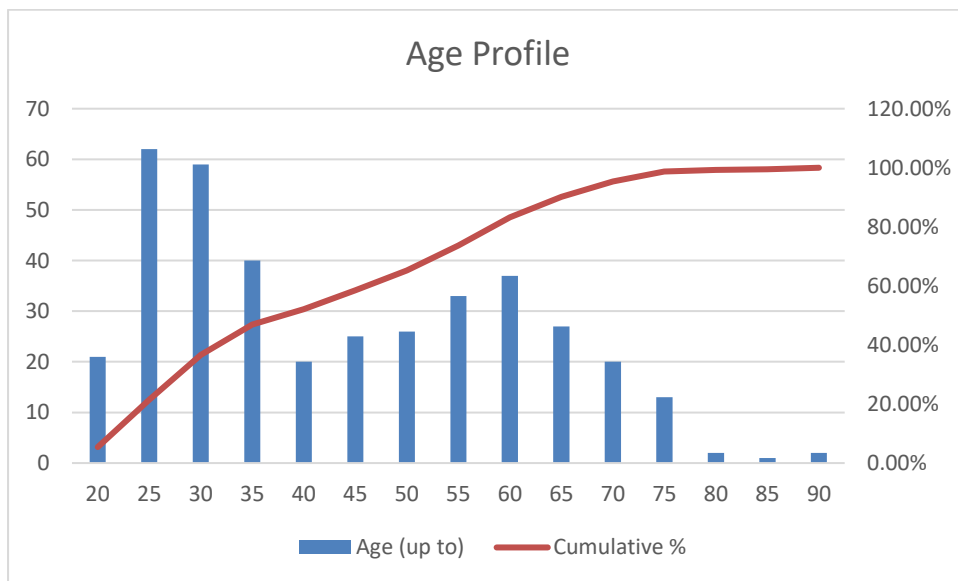
The following graph displays the average expenditure by age. There does seem to be a consistency on the costs by age, although there does seem to be evidence of reduced average expenditure in the 35-55 age range. Again the expenditure on people aged 65 or over may be understated with some costs assigned to older people.
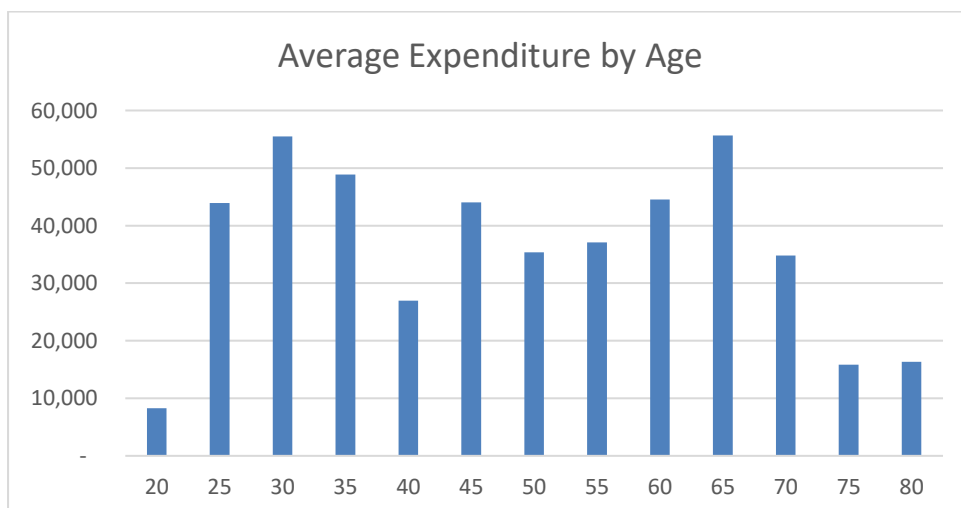
5. Transitions from Children's Services – Future Financial Pressure

It is estimated that there will be a financial pressure in future years resulting from the transition oy young people from Children's to Adult Services.

- **FY 23/24   £605k**
- **FY 24/25   £945k**
- **FY 25/26   £380k**
- **FY 26/27   £240k (excludes med & low level care needs)**

There is evidence of an increasing number of young people with complex needs related to learning and or physical disabilities living in Midlothian and these figures are estimates based on knowledge of the individual young people who will transition to adult services. With the exception of young people who are looked after responsibility for the provision of social care generally transfers to Adult Services when the young person leaves school. This section sets out the estimated number of people transitioning to Adult Services up to FY 26/27 and the estimated of meeting their care needs.

It should be noted that the estimated and actual cost of care packaged can vary significantly for the following reasons and there is a high probability the actual financial pressure will vary from the estimates:

- The care needs of young people can change considerably in teenage years meaning the actual care an individual requires when they are 18 may differ significantly from what is estimated based on their care needs at an earlier age

- Estimates will exclude children with care needs who move into the Midlothian area

- As funding responsibility changes when young people leave school the timing of transitions can change, although there is now expectation that most young people with care needs will attend school until the completion of 6th year

School Leavers

The following table sets out the estimated number of school leavers and the additional financial pressure this will place on adult services.

	FY23/24	FY24/25	FY25/26	FY26/27
Low / Med Care Needs	15 (£375k)	5 (£125k)	4 (£100k)	5 * (£125k)
High Care Needs	1 (£80k)	4 (£320k)	1 (£80k)	3 (£240k)
Estimated Annual Cost	**£455k**	**£445k**	**£180k**	**Upwards of £240k**

Notes:
- The number of people with low / med care needs in FY26/27 is an estimate based on historic usage.

- There are a high number of transitions in FY23/24 due to a change in practice in Saltersgate School resulting in pupils attending for a 6th year and deferring their transition to Adult Services.
- The number of people with low medium care needs is likely to be under estimated as more pupils with increasingly complex needs are supported in mainstream schools. (Work is ongoing to identify pupils in mainstream schools with additional care needs.
- The estimated cost for low level care is £25k per year. Typical packages of care for this age group range from £15k (3 days at day service + transport) to £35k (5 days at day service + transport + some respite care)
- The estimated cost for the high level care is £80k per year. The main driving factor in relation this is whether or not individuals can remain in the family home. Typical packages of care for this age group range from £55k (5 days enhanced day service + transport + respite) to £155k (1-1 care 24/7)

Looked After Young People

The following table sets out the estimated number of looked after young people and the additional financial pressure this will place on adult services. For confidentiality no detailed breakdown of costs is provided in this report.

	FY23/24	FY24/25	FY25/26	FY26/27
Number	1	3	1	-
Estimated Annual Cost	**£150k**	**£500k**	**£200k**	

Notes:
- There is one young person in a high cost out of area placement where ordinary residence is being disputed that may transition to Adult Services.
- The exact time of transition may change dependent upon circumstances and availability of appropriate placements.

6. Social Care Spend – National Comparison

Data from 2019[3] shows that Midlothian has a higher than average incidence of individuals with a learning disability compared with the Scottish Average. The table below compares each of the Lothian's Local Authorities and the national average.

Adults with Leaning Disability known to Local Authority[4]

Authority	Number / 1000 or Population	Rank of all Scottish LAs
East Lothian	7.3	4
Midlothian	6.3	9
Edinburgh	5	22
West Lothian	4.7	27
Scottish Average	5.2	-

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[3] CIPFA Analysis – 2019 data is the most recently available data, more recent data would inaccurate due changes in expenditure patterns during covid-19
[4] SCLD Learning Disability Statistics Scotland, 2019

The following diagram provides the most recently available comparison of social care spend per head of the population for all Scottish Local Authorities. The source of this data is the CIPFA social care statistic – 17/18 actuals. More recent information is not available.
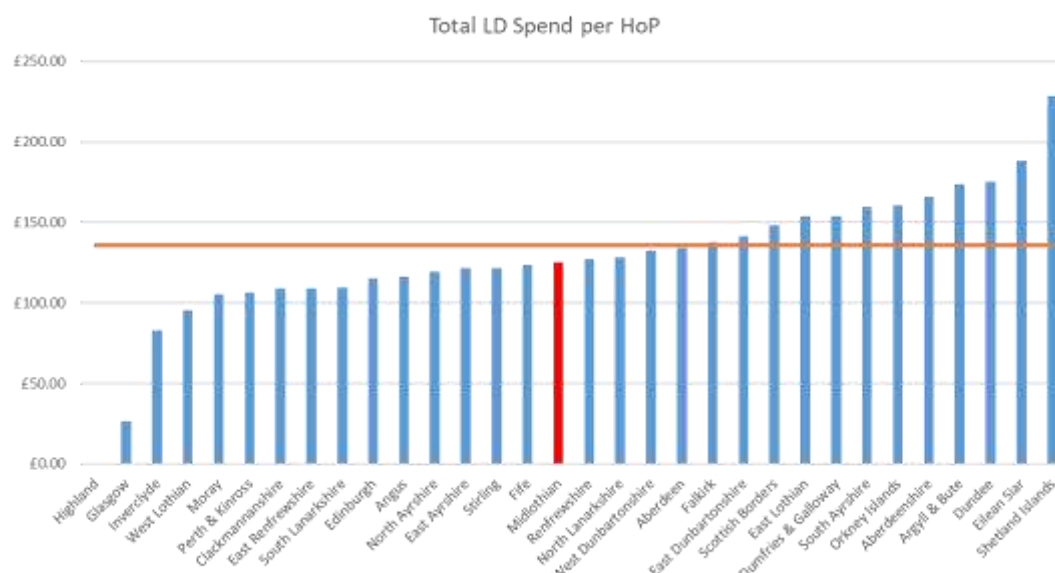
This shows that the Learning Disability spend per head of population for Midlothian is £125.35. This compares to national average of £135.60.

The above graph generally correlates with the SCLD figures on number of adults with learning disabilities, (i.e. local authorities with greater number of adults with learning disabilities have a greater spend per head of the population. It is notable that while Midlothian has an above average incidence of individuals with a learning disability it has a below average spend per head of population.

7. Lothian Wide Comparison

The following table provides a Lothian wide comparison of Health and Social Care Expenditure. It shows that when health costs are taken into consideration Midlothian's spend per head of population is relatively low.

The position with respect to West Lothian seems unclear. While they appear to have a lower incidence of individual's with a Learning Disability than the wider population their costs also seem to be significantly lower that other Local Authorities suggesting there may be a systemic reason for this difference with a likely reason being the data collection methodology.

	Population	Social Care LD Spend /HoP	Inpatient bed usage	Inpatient Spend / HoP	Total H&SC Spend / HoP
East Lothian	103,100	£153.61	5.85%	£4.77	£158.38

Edinburgh	498,000	£114.98	79.82%	£13.44	£128.42
Midlothian	87,400	£125.35	0.28%	£0.27	£125.62
West Lothian	178,600	£95.23	11.32%	£5.33	£100.56

Notes on the above figures:

- Figures for population and LD Spend are from CIPFA social care statistic – 17/18 actuals
- % LD bed usage is calculate based on use in 2018 and 2019
- Inpatient annual spend is £8.4m per year
- 2.73% inpatient bed usage for non-Lothian patients

PART B – FINANCIAL GOVERNANCE

8. Changes to Care Packages

Over a normal year there will be a significant number of changes to care packages as a result of:

- Increased / reduced support needs due to changes in circumstances / conditions
- Life events such as transitioning from school, leaving home, growing old
- Changes to shared living services that can effect shared support

The table below highlights the number of resource panel requests agreed in the past three years. This highlights a significant level of oversight activity given there are around 400 individual with a Learning Disability in receipt of a package of care. It also highlights the volume of changes to packages of care in any year and the level of ongoing assessment & review activity taking place each year with each resource panel request being signed off by a Service Manager. The resource panel includes team leaders from both health and social care and a finance representative ensuring there is robust review of the decision making. The increased volume in FY21/22 will reflect changes in care packages to accurately reflect care being provided during covid remobilisation.

Panel Requests Type	FY 19/20	FY 20/21	FY 21/22
Non-Residential Resource Request *	229	143	383
Non-Residential Decrease/Change of use	21	49	*tbc*
Residential Resource Request	27	26	44
Total	**277**	**218**	**427**

* It should be noted that the reductions in service can also be included in Non-Residential Resource Request.

9. Reviews

A key are of governance around packages of care is the completion of regular reviews or care provision. The following table outlines the key measures in place to track performance and the actual performance as of March 2022

Cases with Assessment / Review	% of Cases	% of Expenditure
Within the previous year	49%	49%
Within the past two years	65%	66%

Work continues to improve the timescales since the last assessment / review, but this has been challenging for the following reasons:

- **Covid-19** – This put additional pressures on the team to respond to operational demands to ensure the continued provision of critical services which led to reviews taking a lower priority. There were also practical issues completing thorough reviews while covid-19 restrictions restricted direct work with clients and limited opportunities to explore alternative and more cost effective options for service provision.

- **New referrals** – There has also been a steady flow of new referrals to the LD team. These are frequently associated with changing care needs and / or incidents (including ASP) that require a social work response. Responding to these referrals can impact the capacity to take on reviews however the risk of not responding promptly to these referrals is that care provision is increased by default without robust scrutiny.

- **Review Complexity** – Where care packages have not been reviewed for a significant period of time there is frequently a complexity about the reviews that mean they can take additional time to resolve. A dedicated worker has been progressing completing reviews focused on the cases with the greatest length of time since the last review and this work is now making an impact on the average time since the last review for all cases.

10. Managing Overall Expenditure

An area for consideration is the amount of scope there is in practice for managing the overall expenditure on Learning Disability service provision. The following table outlines some key points for consideration.

Area	% of exp.	Scope for Change & Risk	Actions to Manage Expenditure
20 most expensive care packages (cost greater than £139k)	25%	The 23 most expensive packages all cost in excess of £139k and account for 25% or overall LD social care spend.	Individual scrutiny of packages of care
Packages between £88k and £139k	25%	Approx. 37 packages that cost between £88k and £139k account for 25 % of all expenditure	Consider extending individual analysis of these care packages
Respite provision	4%	While there is scope for reducing this area of expenditure there is a risk of unintended consequences. One or two placement breakdowns would more that negate any savings in this area.	Continue to ensure respite provision is aligned to risk of placement breakdown
Packages under £27k	10%	Scope of change but little influence on overall bottom line	Continue to manage through reviews process / resource panel
Day Service Provision	11%	Review service provision as part of covid remobilisation	Work is being progressed with day service providers both individually and collectively

11. Transformation Projects

In addition to reviewing individual packages of care it is recognised there is a need for transformational initiatives that will result in changed models of care that facilitate more cost effective service provision.

- *Extra Care Housing* – The planned provision of extra care housing will provide increased opportunities for shared support for individuals in their own tenancies.

- **Day Service Provision** – Covid-19 as had a significant impact on the day to day delivery of day services. Despite this work is continued to ensure that as part of the remobilisation of day services there is an element of reconfiguration to ensure more cost effective provision.

- **Positive Behavioural Support (PBS)** – The disaggregation of PBS services is allowing more targeted responses when individuals present challenging behaviour. There is evidence of this already starting to have a positive response and ensure that increased staffing ratios does not become the default response when individuals display challenging behaviour.

- **Transport & Taxi Provision** – Work is being undertaken to prepare for the recommissioning of transport provision which should lead to more consistent and cost effective pricing structure.

While these project will aim to reduce overall financial commitment there is a risk of any reduction in commitment being offset by financial pressures arising from transitions from Children's services the demographic pressure of an aging learning disability population. As part of the new proposed reporting arrangements work will be done to assess the financial impact of these new transitions.

12. Future Actions

It is recognised that there is an ongoing need to understand the cost base of LD services. It is therefore proposed that work is carried out to understand the budget for the FY 22/23 and compare it to the analysis of expenditure pre-covid. The analysis will aim to identify and quantify any changes in the underlying cost of LD services. This will include a more detail analysis of the impact of recent and future transition cases and how any change in the underlying costs could be contributing to ongoing financial pressures.

Graham Kilpatrick

05/08/22

Midlothian Integration Joint Board

Thursday 25th August 2022, 14.00-16.00

Clinical and Care Governance Group (CCGG) report

Item number:	5.7

Executive summary

This report to Midlothian Integration Joint Board aims to provide assurance regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership.

Board members are asked to discuss and approve the contents of this report

Midlothian Integration Joint Board

Clinical and Care Governance Group (CCGG) report

1   Purpose

1.1   This is the Clinical and Care Governance Group (CCGG) report for Midlothian Integration Joint Board (IJB).

2   Recommendations

2.1   Board members are asked to discuss and approve the content of this report

2.2   Board members are asked to accept the recommendation in 3.2 that future reports be integrated, covering clinical, care and business assurance.

3   Background and main report

3.1   This report will update the IJB on the activity undertaken to provide assurance around the delivery of safe, effective and person-centred care in Midlothian.

3.2   **Clinical Care and Governance and Assurance Structure and Processes**
The Clinical and Care Governance Group (CCGG) meets quarterly to enable assurance to be provided to the IJB around the safety, effectiveness and person centredness of Midlothian Health and Social Care Partnership (MHSCP) services.

Quality Improvement Teams (QITs) report to the CCGG around the actions services undertake to address clinical and care governance and deliver quality improvement as a result of learning and innovation. The Quality Improvement Teams are expected to meet at least 4 times per year and report to the CCGG. A reporting template collates information about actions in place relating to the learning arising from investigation of adverse events and complaints, implementation of actions around safety alerts, specific standards and guidance, improvement work, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides

It has been observed that the alignment of QITs with the annual calendar of CCGG groups has been inconsistent, and the CCGG has not had a complete picture of the assurance being reported across all services at every meeting. Templates are completed to a varying level of quality and detail, and QIT leads have not been required to report on the level of assurance they deliver using standard terminology.

Midlothian HSCP has committed to implement a total Quality Management System (QMS) to strengthen the links between the clinical and care governance workstreams and the management of performance and resources, ensuring all activities and tasks are delivered to a desired level of excellence. The system

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covers the four domains of Quality Management namely, Quality Planning, Quality Control, Quality Assurance and Quality Improvement.

The decision to focus on QMS supports consideration of the approach the Partnership takes to the delivery of assurance around the quality (safety, effectiveness and person centredness) of delegated and hosted services.

The Board have previously been advised of work underway to refresh the assurance template to support a more streamlined and consistent approach across services. From October 2022 it is anticipated that an electronic system – the Governance and Assurance Framework - will be in place to support the processes around clinical and care governance. The system will provide a clear statement of the level of assurance being provided and will generate a system for auditing the evidence for the level of assurance provided.

The Chief Allied Health Professional (AHP) has led on the development and testing of the AHP Governance and Assurance Framework for NHS Lothian and the four associated HSCP's. It is anticipated that this Governance and Assurance Framework will enable a consistent approach to professional governance and was designed to prevent and reduce the need to duplicate processes and enhance and support use of existing mechanisms.

A trial of the system is underway involving AHPs in Midlothian HSCP, other HSCPs in Lothian and a selection of single system AHP services including the Dietetics service hosted in Midlothian. The trial includes evaluation of the Framework and associated Standard Operating Process, the data input Application, and a Tableau Dashboard as a visible output of the data.

The Senior Management team has agreed to implement the Governance Assurance Framework across all operational teams and professional groups in a phased approach from October 2022. Initial discussion has taken place with NHS Lothian's eHealth Department, and indications are that the digital application will be available to support this ambition.

The new approach will:

- Provide a quarterly Quality Assurance reporting timetable which articulates clear performance standards (see attached slide deck).

- Provide a system to audit performance against timescales, quality and accuracy of submissions

- support continuous development and improvement of the approach to deliver clinical and care assurance.

This refreshed approach has provided opportunity to consider how the HSCP reports assurance to the IJB. It is recommended that an integrated assurance report is provided in future that delivers assurance on clinical, care and business governance, and that this would commence from October 2022.

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3.3 The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis, The group has not met since the last report to the Integration Joint Board in June 2022.

The CCGG will meet in August and the HSCP's annual report will be prepared to be presented at the September meeting of the NHS Lothian Healthcare Governance Committee.

3.4 Investigating and Learning from Adverse Events and Complaints

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address patient/client falls and pressure ulcers. Another group, the Midlothian Safety and Experience Action Group (MSEAG) has oversight of all other significant adverse events (adverse events which result in harm assessed as moderate or above), including the death or suicide of patients engaged with mental health and substance misuse services. This group commissions external reviews in line with NHS Lothian protocols. The MSEAG minutes are submitted to the Lothian Patient Safety and Experience Action Group, and all Serious Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure.

The HSCP Senior Management Team (SMT) receives a fortnightly report from the Chief Nurse regarding performance around the management of complaints and the reporting and management of adverse events on the Datix system. Datix is a web-based tool accessed by NHS Lothian staff to report and learn from safety concerns such as actual adverse events and near misses and helps in the collection and analysis of information to support safety and quality improvement. The system also provides modules to support the administration of Complaints, Claims and Service Management Team level Risk Registers, to provide an integrated information systemDATIX

Currently 7 Significant Adverse Event (SAEs) are under investigation, one of those being a Level 1 external review open more than 6 months. As previously reported to the IJB in April, scrutiny and support will be maintained to support the delivery of completed investigations and learning action plans for all SAEs within Healthcare Improvement Scotland guidance timescales. Charts 1 and 2 show the Midlothian HSCP's performance regarding SAEs open more than 6 months and 12 weeks over 2021/22. Work continues to support actions that will enable local teams to address all adverse events within the national guidance timescales and to maintain and improve the processes that support teams to address this important work within appropriate timescales. While SAE review performance against timescales has improved, continued work is needed to maintain performance and assure the quality of the reviews. Training is planned to support Managers across the HSCP to consistently deliver reviews within expected timescales and to the level of detail and quality required.

Outstanding actions from previously investigated Significant Adverse Events continue to be monitored by the MSEAG.

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Chart 1
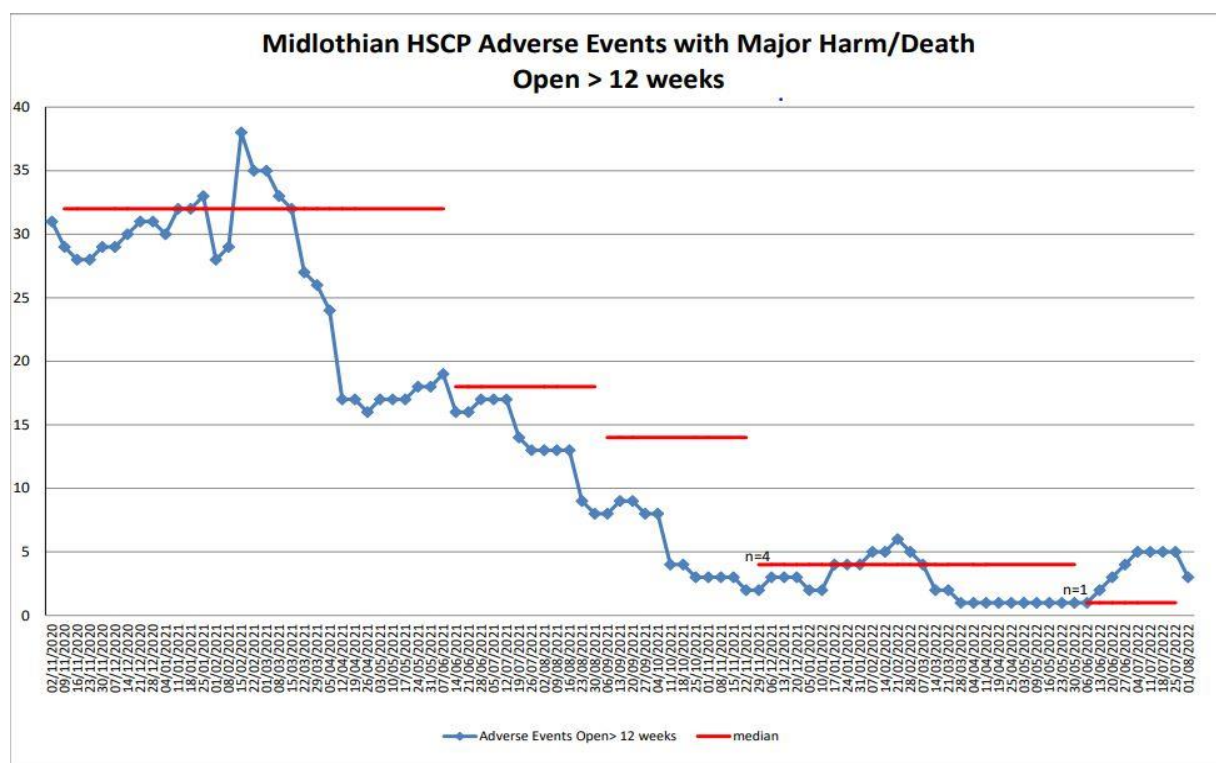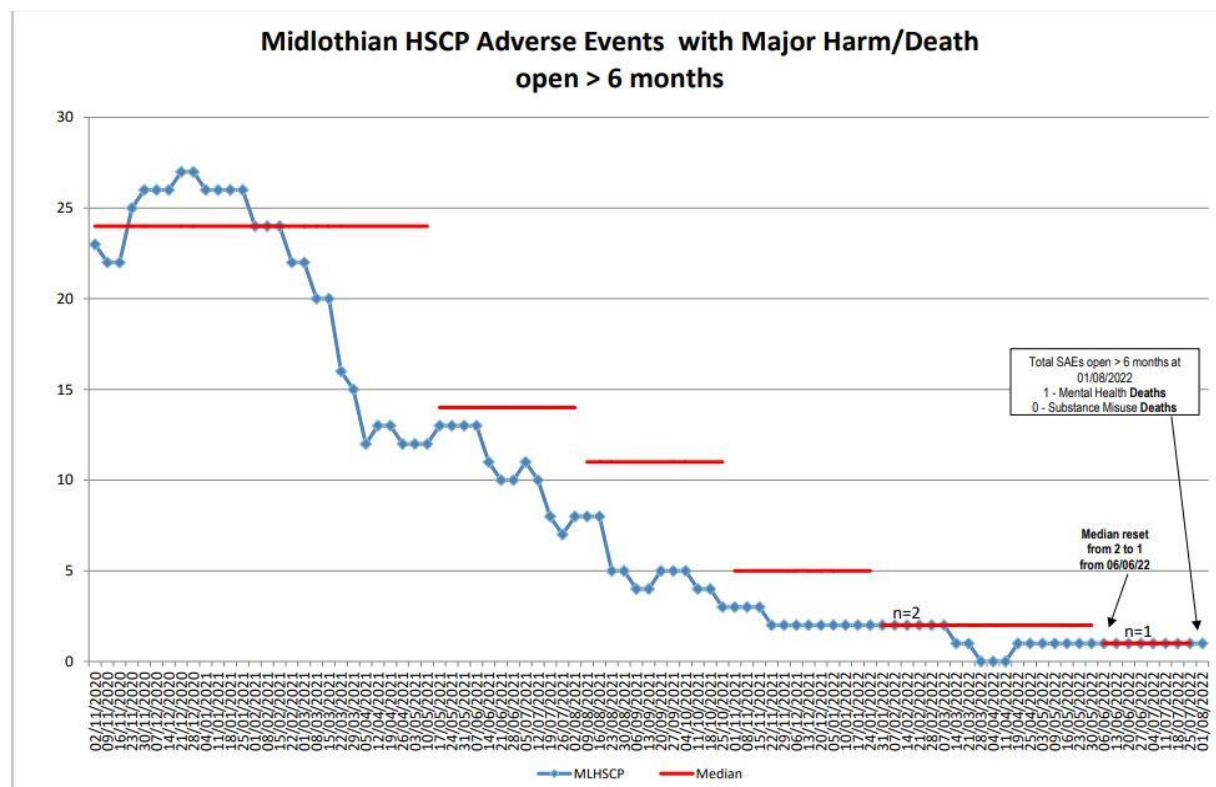Midlothian Serious Adverse Events Open over 12 weeks at 1st August 2022

Chart 2 Midlothian Adverse Events Open over 6 months at 1st August 2022

A Lothian wide short life working group is underway to address improvement in complaints handling and it is expected this will be rolled out in Midlothian within the next 6 months. There is an opportunity to consider the alignment of NHS Lothian and Midlothian Council complaints handling processes, and how learning from complaints and feedback has greater priority and visibility in relation to the work to improvement the quality of experience and outcome for Midlothian residents.

3.5 Clinical and Professional Oversight of Care Homes

Health Boards and local Health and Social Care Partnerships continue to carry responsibilities for the clinical and professional oversight of the care provided to people resident in care homes. These enhanced multidisciplinary arrangements required by the Scottish Government will be in place until the end of March 2023.

The IJB will recall that the responsibilities given to Executive Nurse Directors are to:

- provide clinical leadership to support the health needs of care home residents
- use information from the safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required
- facilitate assurance/professional support visits providing professional and clinical advice on infection prevention and control practice, education requirements and nursing standards of care
- maintain oversight of the overall status of each care home and include in the weekly compliance report to the Scottish Government

Accountability for care home and care at home provision remains with the Chief Officer and Chief Social Work Officer.

Midlothian HSCP has well established local mechanisms in place to deliver its delegated responsibilities and to link its work with pan-Lothian and national mechanisms. The Care Home Support Team works alongside the staff and managers in the10 Care Homes for older people in Midlothian. The frequency and intensity of routine contact reflects the maturity of the system in addressing the level of outbreak activity and the assessment of the Care Home Support Team and Care Home Managers regarding the level of support required by each care home.

Lothian wide multi agency discussion at operational and strategic level continues to support collaborative risk assessment, problem solving and learning and links care home staff teams to a range of educational and improvement initiatives across the sector.

The Care Home Support team meets regularly with the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership to discuss the observations and experience of the different teams involved in work with care home residents. This approach enables proactive support to deliver person-centred care. The relationships forged allow issues and challenges being faced in the care homes to be identified and addressed as they arise, using informal approaches and more formal procedures as required.

A weekly operational Care at Home assurance meeting takes place in Midlothian and links are in place with the other Lothian HSCPs to support shared learning and

mutual aid. The Lothian Strategic Oversight Group meets fortnightly and now includes oversight of Care at Home and Care Home services in recognition of the significant challenges being faced in both sectors.

A National Review of this Assurance work is underway and this will inform future care home and care at home assurance activity in Midlothian

3.6   Inspections

The Clinical and Care Governance Group maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. Managers log their inspection reports with their QIT submissions.

3.7   Midlothian Community Hospital

Workforce challenges persist and securing sufficient Nursing staff continues to be a daily challenge in Midlothian Community Hospital. IJB members will be aware that this is a reflection of the national shortfall of registered nurses. Delivery of a staffing plan enables 20 beds additional to the 2020 baseline to be available to provide care to Midlothian patients. Local and Pan Lothian oversight of the staffing position is maintained using the electronic 'Safecare' tool.

The IJB has previously been updated on the rollout of the Lothian Accreditation and Care Assurance Standards in Midlothian Community Hospital. The programme started with 2 wards in Cycle 1 and all in patient areas for Cycle 2. The process supports the staff teams to target their improvement work on specific domains in each ward area. Data capture for the most recent cycle is being validated at the time of writing and the IJB will receive further updates as these become available.

4   Policy Implications

4.1   This report should provide assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian.

5   Directions

5.1   Clinical and care governance is implicit in various directions that relate to the delivery of care.

6   Equalities Implications

6.1   There are no equalities implications arising directly from this report.

7   Resource Implications

7.1   Resource implications are identified by managers as part of service development. and additional resource may at times be required to ensure required standards of clinical and care governance are met. The expectation is that clinical and care governance is embedded in service areas and teams and that staff have time built in to attend the CCGG and undertake the associated responsibilities.

Midlothian Integration Joint Board

8   Risk

8.1   This report is intended to keep the IJB informed of governance arrangements and any related risks and to provide assurance to members around improvement and monitoring activity.

All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9   Involving people

9.1   Midlothian staff are involved in the development and ongoing monitoring of processes related to clinical and care governance.

Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10   Background Papers

10.1 N/A

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DATE	27th July 2022

Midlothian Integration Joint Board

Quality Management System (QMS) & Governance Assurance (GA) Annual Cycle

Start of Year	Quarter 2	Quarter 4
1 Apr.	**July–Sep.**	**Jan.–Mar.**

Apr.–June	**Oct.–Dec.**	**31 Mar.**
Quarter 1	Quarter 3	Year-End
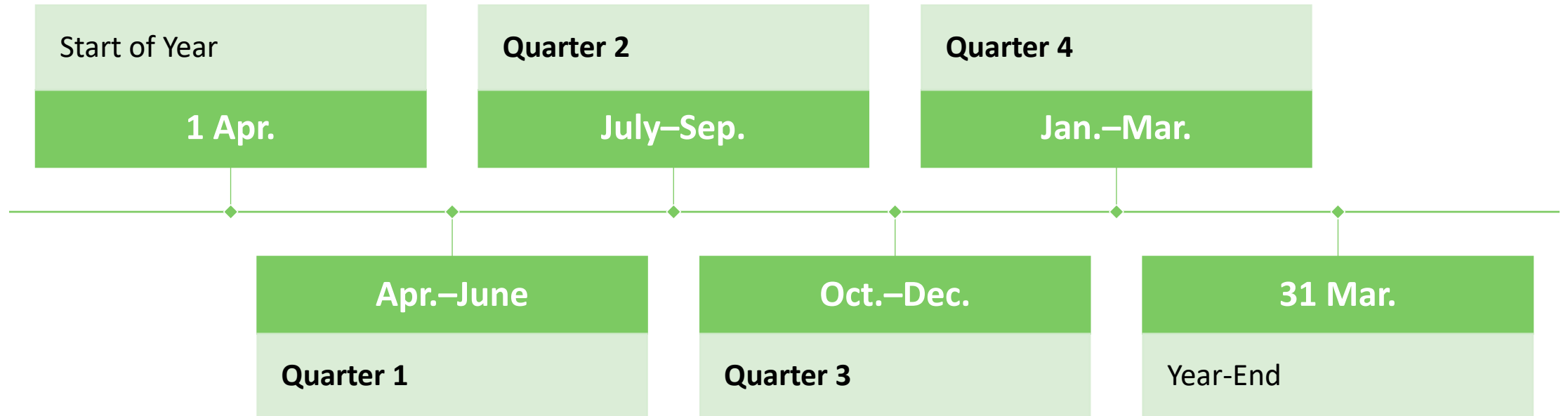
Governance & Assurance Structure
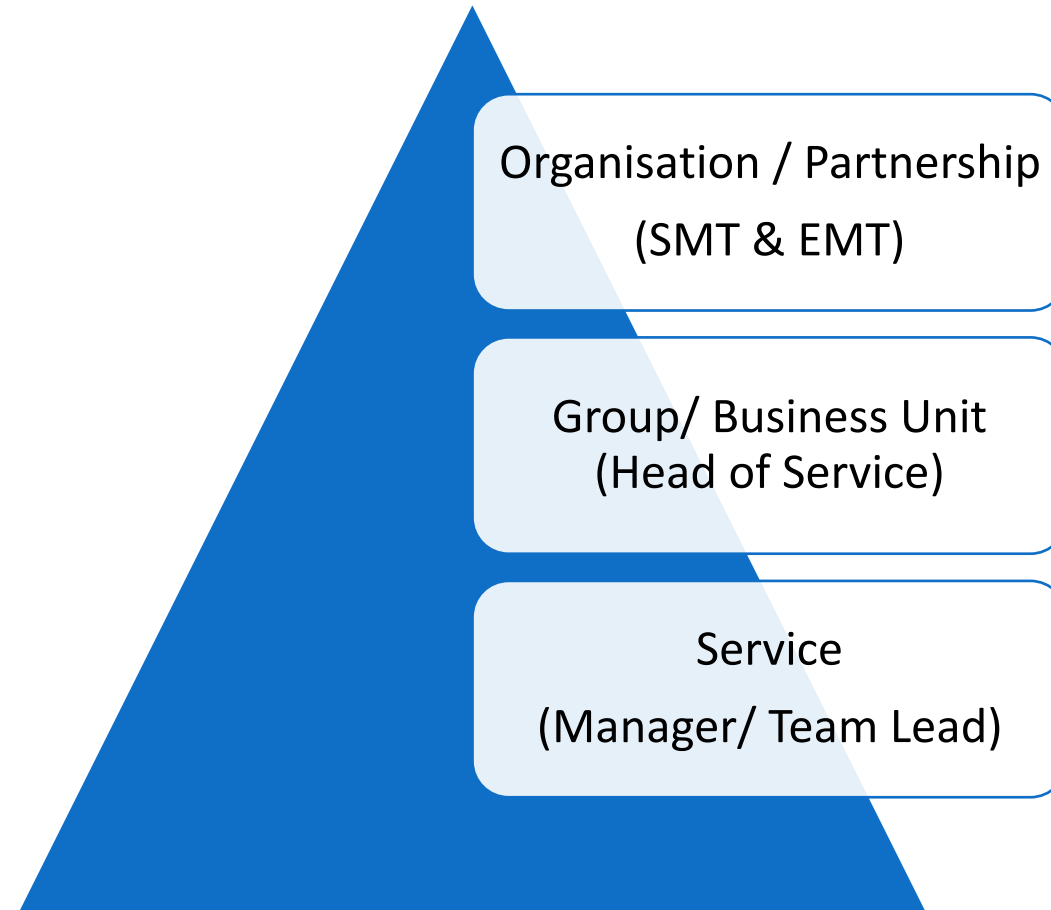
Service Level
QMS & GA Annual Cycle

Annual Service Plan Development – in place by start of year

Q1 Quality Assurance Forum & Submission – by 15 July

Q2 Quality Assurance Forum & Submission – by 15 October

Q3 Quality Assurance Forum & Submission – by 15 January

Q4 Quality Assurance Forum & Submission – by 15 April

Update Annual Service Plan & Improvement Actions – year-end

Group (Business Unit) Level
QMS & GA Cycle

Service Plans Review & Oversight

Q1 Quality Assurance Analysis, Audit and Action Plan

Q2 Quality Assurance Analysis, Audit and Action Plan

Q3 Quality Assurance Analysis, Audit and Action Plan

Q4 Quality Assurance Analysis, Audit and Action Plan

Service & Improvement Plan Review

Organisation/ Partnership Level
QMS & GA Annual Cycle

Start of Year Annual Delivery Plan Development	**Quarter 1** Clinical Care & Governance Board - July	**Healthcare Governance Committee -** September	**Quarter 2** Clinical Care & Governance Board - October

Quarter 3 Clinical Care & Governance Board - January	**Quarter 4** Clinical Care & Governance Board - April	**Year End** Annual Performance Review
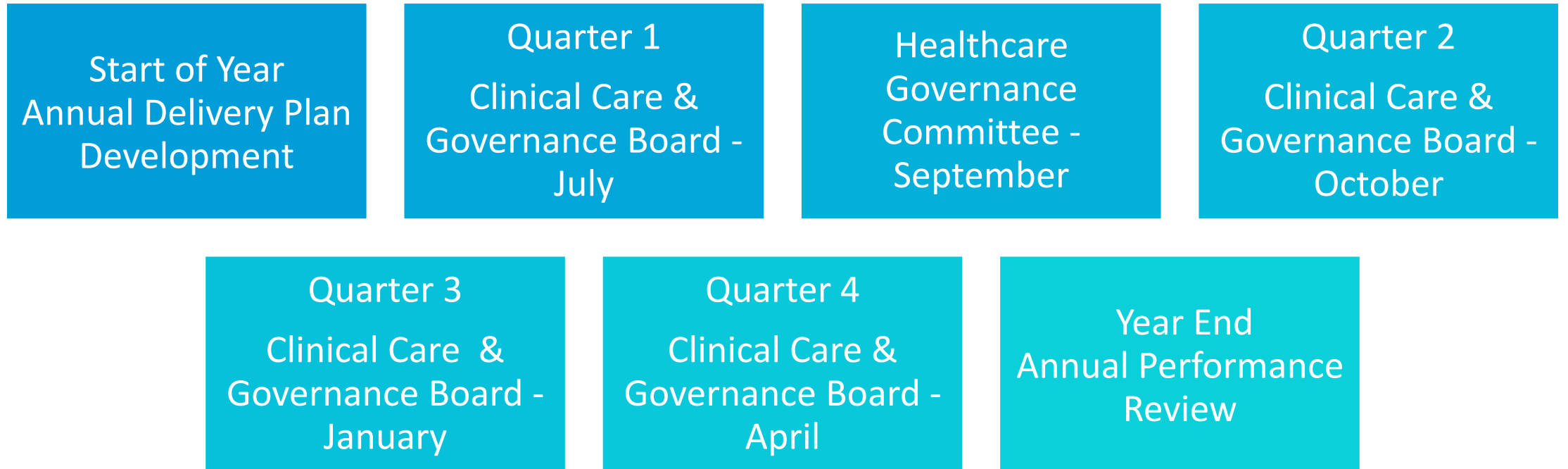
Partnership-Wide Annual Plan
QMS & GA

April

Service Plan Development (S) & Review (Group/BU)

End April

Partnership Annual Delivery Plan (Org)

July

- Q1 Quality Assurance Forum, Report & Submission (Service)
- Q1 Quality Assurance Analysis and Action Plan (Group/BU)
- Q1 Clinical Care & Governance Board (Org)

September

Healthcare Governance Committee (Org)

October

- Q2 Quality Assurance Forum, Report & Submission (Service)
- Q2 Quality Assurance Analysis and Action Plan (Group/BU)
- Q2 Clinical Care & Governance Board (Org)

January

- Q3 Quality Assurance Forum, Report & Submission (Service)
- Q3 Quality Assurance Analysis and Action Plan (Group/BU)
- Q3 Clinical Care & Governance Board (Org)

April

- Q4 Quality Assurance Forum, Report & Submission (Service)
- Q4 Quality Assurance Analysis and Action Plan (Group/BU)
- Q4 Clinical Care & Governance Board (Org)

April

Partnership Annual Performance Review (Org)

Midlothian Integration Joint Board

Thursday 25th August 2022, 14.00-16.00

Update to IJB Improvement Goals

Item number:	5.8

Executive summary

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals for the financial year 2022/23.

Board members are asked to:

- Note the performance against the IJB Improvement Goals for 2022/23;
- Note the update in relation to the Spotlight Programme.

Update to the IJB Improvement Goals

1   Purpose

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals (2022/23); and to provide an update on progress within the Spotlight programme.

2   Recommendations

2.1   As a result of this report Members are asked to:-
   - Note the performance against the IJB Improvement Goals for 2022/23 (Appendix 1)
   - Note the update in relation to the Spotlight Programme

3   Background and main report

3.1   The IJB has previously identified improvement goals to monitor progress on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care (find out more here).

3.2   At the IJB meeting in June 2022 the Performance Assurance & Governance Group recommended that the improvement goals for 2022/23 were set in order to prioritise an increase in system stability, focussing on workforce recovery and wellbeing.

3.3   The Members approved the following goals, based on a continuation of the target rates set for 2021/22:

MSG Indicator	2021/22 Target Rate per 100,000	*2021/22 Running Average per 100,000*	**2022/23 Target Rate per 100,000**
A&E Attendances	2,629 / month	*2,789 (at Feb 2022)*	**2,629 / month**
Emergency Admissions	767 / month	*820 (at Feb 2022)*	**767 / month**
Unplanned Bed Days	5,074 / month	*4,714 (at Feb 2022)*	**5,074 / month**

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Delayed Discharge Occupied Bed Days	820 / month	*680 (at Feb 2022)*	**820 / month**
End of Life - Percentage of Last Six Months Spent in Large Hospitals	<8.7%	*7.4% (provisional)*	**<8.7%**
Balance of Care	>96.4%	*96.7% (provisional)*	**>96.4%**

3.4 An updated report describing progress against each improvement goal is attached in Appendix 1. This report is produced by the Local Intelligence Support Team (LIST) on behalf of the Midlothian HSCP. Members are asked to note the information in Appendix 1, specifically with regard to data completeness (slide 4). Due to the processes required to validate these data, there is an inbuilt reporting delay and this information is not taken from a "live" system. This means that some data are still provisional.

3.5 The Spotlight Programme

In January this year, IJB requested that key areas be identified where additional non-recurring resource could be provided, to support accelerated progress of service planning, delivery and design / re-design. Five Spotlight Programme areas were identified:
- Primary Care,
- Learning Disability
- Midlothian Community Hospital
- Frailty
- Workforce

3.6 Each Spotlight area has identified three priorities within existing workstreams, that are aligned with Directions and Strategic Aims. Draft measures have been agreed, using the 6 Dimensions of Quality as the framework. Template documents are in place to support consistency in planning and reporting.

3.7 Two fixed-term Assistant Strategic Programme Manager posts (23 months) are due to join week commencing 22nd August. They will be integrated into the "Spotlight" areas, with regular, structured opportunities for sharing key learning.

4   Directions

4.1 There are no implications at this time, the monitoring of performance in relation to these targets may result in recommendations to the Board regarding Directions.

5   Equalities Implications

5.1 There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.

Midlothian Integration Joint Board

The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are groups of people that make more use of hospitals than others – for example older people, people living in areas of deprivation or people who live alone.

6   Resource Implications

6.1   There will be resource implications resulting from further action to achieve these improvement goals.

7   Risk

7.1   The main risk is that the IJB fails to set improvement goals that take cognisance of the continued instability of health and care systems, and the ongoing challenges of supporting workforce wellbeing.

8   Involving people

8.1   The Performance Assurance & Governance Group (PAGG) meet monthly to review and discuss these measures as part of wider data assurance. Membership of the group will be expanded to ensure increased representation of elected officials, the third sector and public health.

9   Background Papers

9.1   Appendix One: LIST Report describing progress against the IJB improvement goals 2022/23.

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Midlothian Integration Joint Board

Midlothian HSCP MSG Indicators

Performance from April 2019 to April 2022, with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),

June 2022

Public Health Scotland

Contents

1. Methodology
2. Data completeness
3. 2020/21 MSG targets and actuals
4. A&E attendances
    a) weekly figures by age group
    b) monthly proportions by age group
    c) 4 hour performance
    d) admission conversion rates
3. Emergency admissions
4. Unplanned bed days:
    a) Acute
    b) Geriatric Long Stay
    c) Mental Health
5. Delayed discharges occupied bed days
6. Balance of care
7. End of life

2020/21 MSG Targets - Methodology

- The MSG Objectives Performa was submitted in February 2020 which specified the 2020/21 targets and an action plan on how those targets were to be achieved

- 2017/18 MSG data was used as the baseline to calculate the 2020/21 targets

Data completeness

Source: MSG data release Jun-22, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Apr-22	n/a	-
2. Emergency admissions	Dec-21	Apr-22	(SMR01) Nov-20 = 93%
3a. Unplanned bed days (acute)	Dec-21	Apr-22	(SMR01) Nov-20 = 93%, May-21 = 97%, Nov-21 = 94% (SMR01E) Quarters ending: Jun-20 = 98%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 92%; Jun-21 = 90%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 93%; June-21 = 93%, Sep-21 = 95%, Dec-21 = 95%; Mar-22=92%
3b. Unplanned bed days (GLS)	n/a	Apr-22	
3c. Unplanned bed days (MH)	Mar-21	Apr-22	-
4. Delayed discharges occupied bed days	Apr-22	n/a	-
5. Last 6 months of life (% in community setting)	2020/21	2021/22	-
6. Balance of care (% at home)	n/a	2020/21	-

4

2020/21 targets and actuals

Source: MSG objectives 2020-21 template - Midlothian IJB; MSG data release Jun-22, PHS

Indicator	2020/21 target	2020/21 target (rate per 100,000)		2020/21 (rate per 100,000)		Target met
		Annual	Monthly	Annual	Monthly	
1. A&E attendances	Maintain	31,543	2,629	26,390	2,199	✓
2. Emergency admissions	5% decrease	9,207	767	9,207	767	✓
3a. Unplanned bed days (acute)	10% decrease	60,888	5,074	57,459	4,788	✓
3b. Unplanned bed days (GLS)	Decrease	<13,733	<1,144	14,122 (p)	1,177 (p)	X
3c. Unplanned bed days (MH)	Decrease	<15,910	<1,326	12,511	1,043	✓
4. Delayed discharges occupied bed days	20% decrease	9,836	820	9,779	815	✓
5. Last 6 months of life (% in large hospital)	Decrease	<8.7%	-	7.8%	-	✓
6. Balance of care (% at home)	Increase	>96.4%	-	97.%	-	✓

(p) = provisional

- Indicators 3b and 6 are still provisional.

Data Sources

2020/21 MSG Targets

- Source: MSG data release v1.55, Jun-22; Public Health Scotland

- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)

- Next data release: Jul-22

A&E Attendances

Source: MSG data release Jun-22; data published up to Apr-22

Target = maintain	Annual	Monthly
2020/21 Target Rate (per 100,000)	31,543	2,629
2019/20 Rate (per 100,000)	*33,319*	*2,777*
2020/21 Rate (per 100,000)	**26,390**	**2,199**
2021/22 Rate (per 100,000)	*33,053*	*2,754*
2022/23 Running average (Apr)		*2,607*

No. of A&E attendances per 100,000

Legend: 2021/22, 2020/21, 2019/20, 2022/23, 2020/21 Target

- **The 2020/21 target was met**

- The rate of attendances in 2020/21 was 21% lower than 2019/20, and **17% lower than the 2017/18 baseline year.** Much of this may be due to covid-19.

- The rate of attendances had increased back to typical levels by Aug-20, but steadily decreased again until Mar-21 when it started increasing.

- From May-21 – Nov-21 it exceeded the 2020/21 target level. Between Dec-21 and Feb-22 it dipped below the target again.
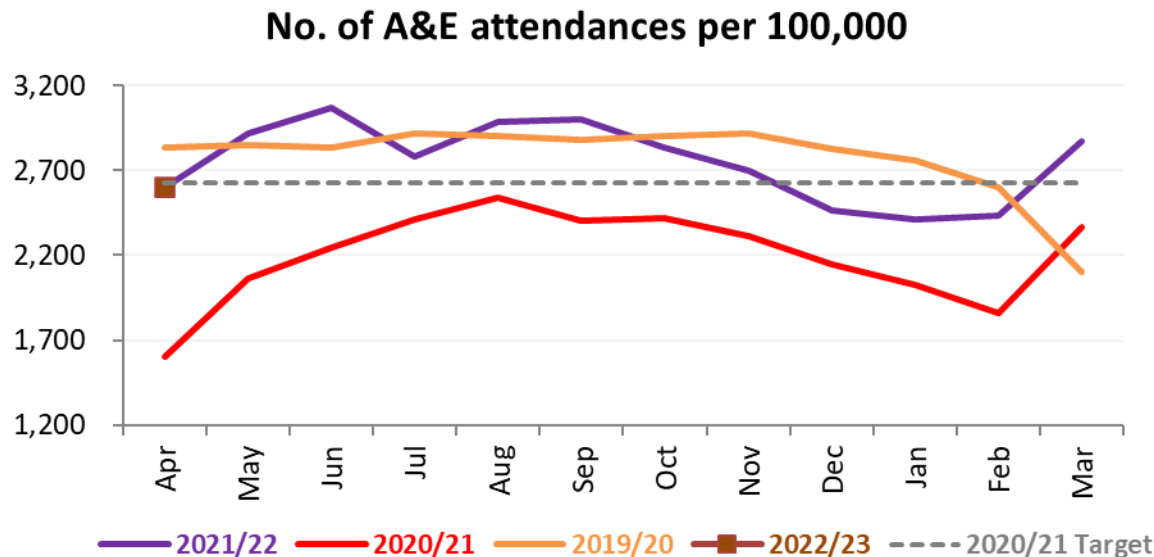
A&E 4 hour performance

Source: MSG data release Jun-22; data published up to Apr-22

A&E % discharged, admitted or transferred within 4 hours

Legend: 2022/23, 2021/22, 2020/21, 2019/20
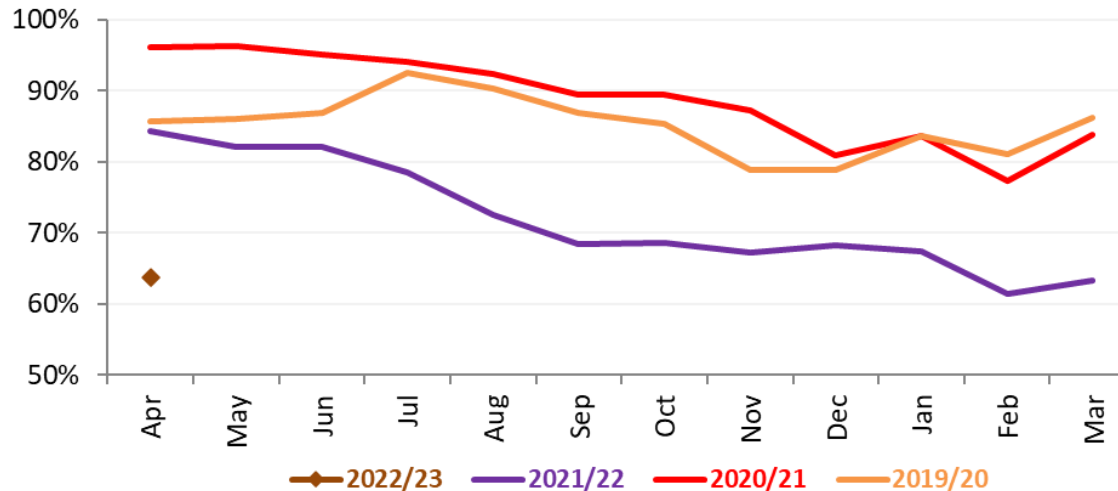
- Four hour performance was steady through the winter of 2020-21

- **Overall four-hour performance for 2020/21 was 79.9%,** a slight decrease from the 2019/20 level (85.2%)

- Performance through 2021/22 has steadily declined to around 63%

Emergency Admissions

Source: MSG data release Jun-22; data published up to Dec-21

Target = 5% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,207	767
2019/20 Rate (per 100,000)	*10,966*	*914*
2020/21 Rate (per 100,000)	*9,207*	*767*
2021/22 Rate (per 100,000) - Dec	*7,464*	*829*

- **The 2020/21 target was met**

- The rate of emergency admissions dropped in Apr-20 due to Covid-19, but quickly returned to more typical levels – although remained lower than 2019/20 until March-21

- In the first quarter of 2021/22 the admissions rate increased above the 2020/21 target level and above 2020/21 levels; this discrepancy has reduced since

Number of emergency admissions per 100,000

Legend: 2021/22, 2020/21, 2019/20, 2020/21 Target

Unplanned Bed Days - Acute

Source: MSG data release Jun-22; data published up to Dec-21

Target = 10% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	60,888	5,074
2019/20 Rate (per 100,000)	*64,683*	*5,390*
2020/21 Rate (per 100,000)	**57,459**	**4,788**
2021/22 Rate (per 100,000) - Dec	*43,125*	*4,792*

- **The 2020/21 target was met**

- The rate dropped drastically in Apr-20 due to Covid-19, but was back to a more typical level by Jul-20.

- The rate has remained stable since then

Acute unscheduled bed days per 100,000

Legend: 2021/22, 2020/21, 2019/20, 2022/23, 2020/21 Target
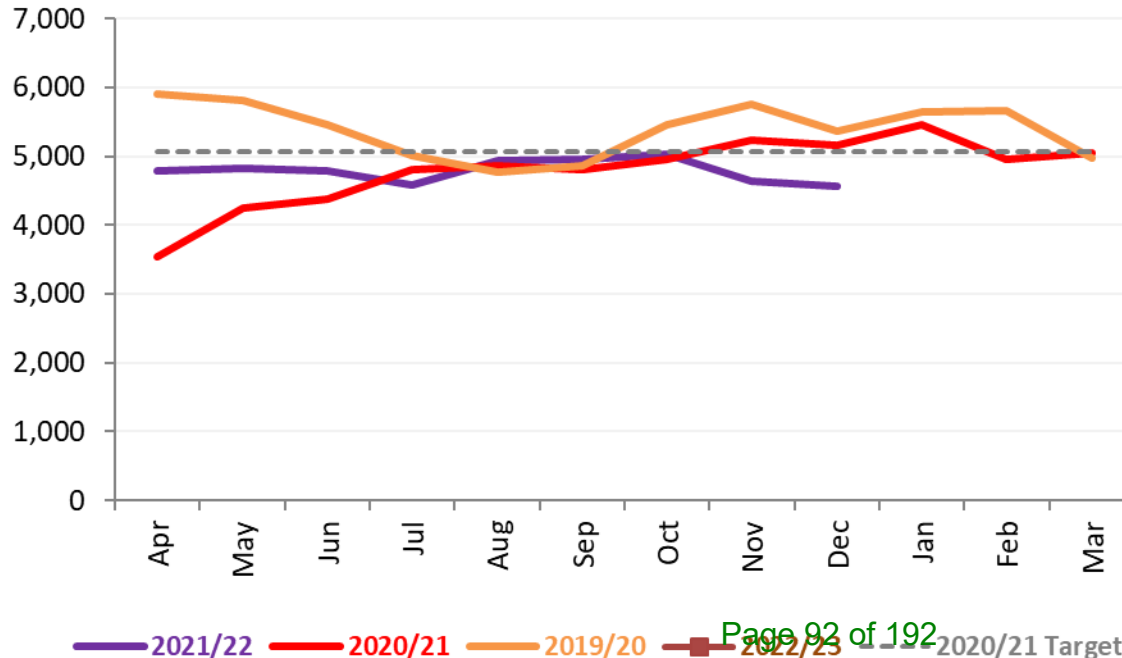
Unplanned Bed Days – Mental Health

Source: MSG data release Jun-22; data published up to Mar-21

Target = decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	15,912	1,326
2019/20 Rate (per 100,000)	*13,708*	*1,142*
2020/21 Rate (per 100,000)	*12,511*	*1,043*

- **The 2020/21 target was met**

- The rate of MH bed days has been lower than the target level since Jun-19

- During early 2021/22 the rate was lower than in the previous two years

Mental Health bed days per 100,000

Legend: 2020/21, 2019/20, 2020/21 Target

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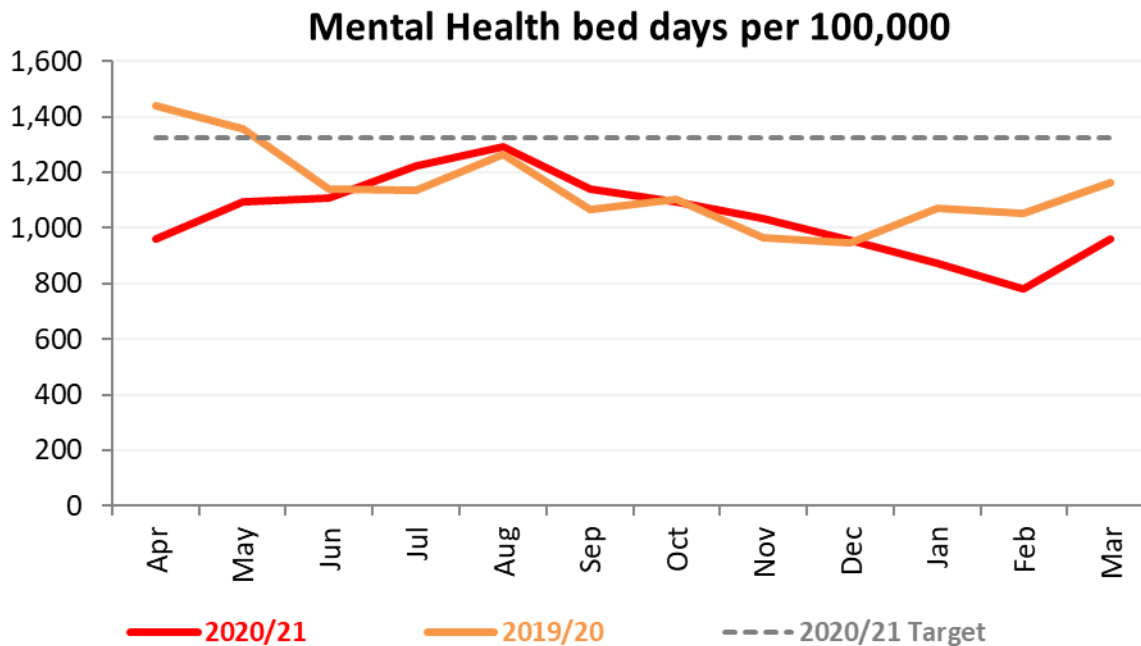
Delayed Discharges Occupied Bed Days

Source: MSG data release Jun-22; data published up to Apr-22

Target = 20% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,836	820
2019/20 Rate (per 100,000)	*14,336*	*1,195*
2020/21 Rate (per 100,000)	**9,779**	**815**
2021/22 Rate (per 100,000)	*8,249*	*687*
2022/23 Running average (Apr)		*886*

- **The 2020/21 target was met**

- The rate of delayed discharge occupied bed days in Apr-20 was about 80% lower than the previous April's rate due to Covid-19

- The rate has remained mostly lower than the previous year ever since; during 2021/22 so far it has been lower than the 2020/21 target level, although it has now exceeded it since Feb-22

Delayed discharge bed days per 100,000, all reasons (18+)

Legend: 2021/22, 2020/21, 2019/20, 2022/23, 2020/21 Target

12
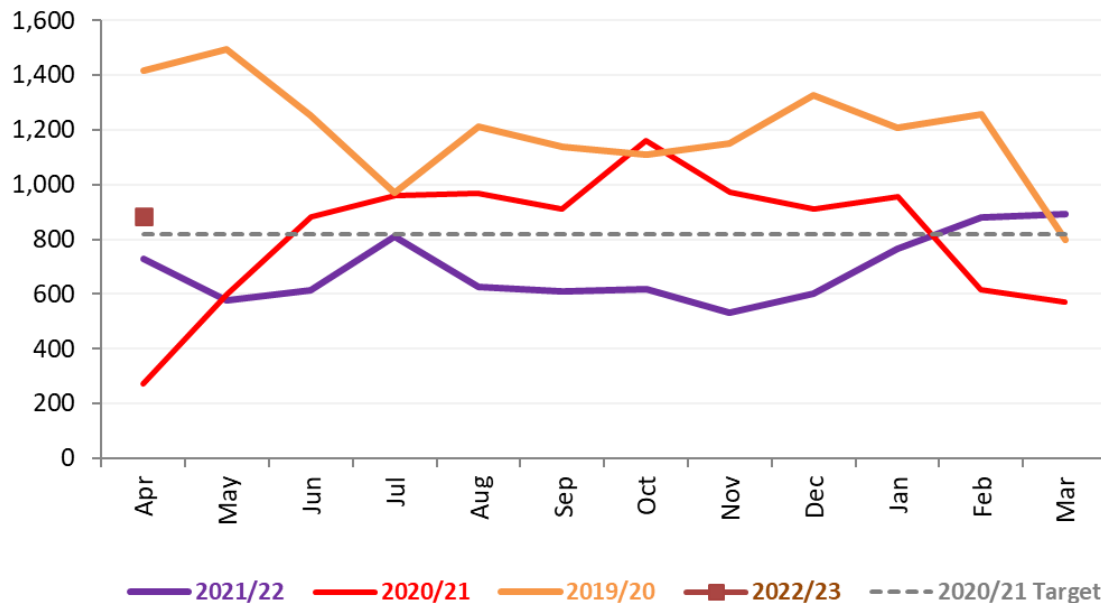
Delayed Discharges: Trends by Reason for Delay

Data Source: Public Health Scotland Delayed Discharge Census July 2022 Publication

Delays caused by Assessments, 2017/18 to present

Delays caused by Place Availibility, 2017/18 to present
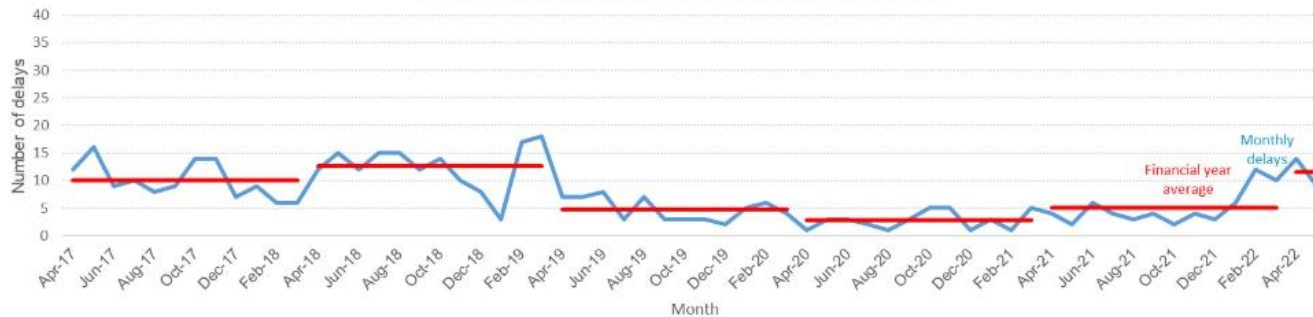
Delays caused by Waiting on Care Arrangements, 2017/18 to present
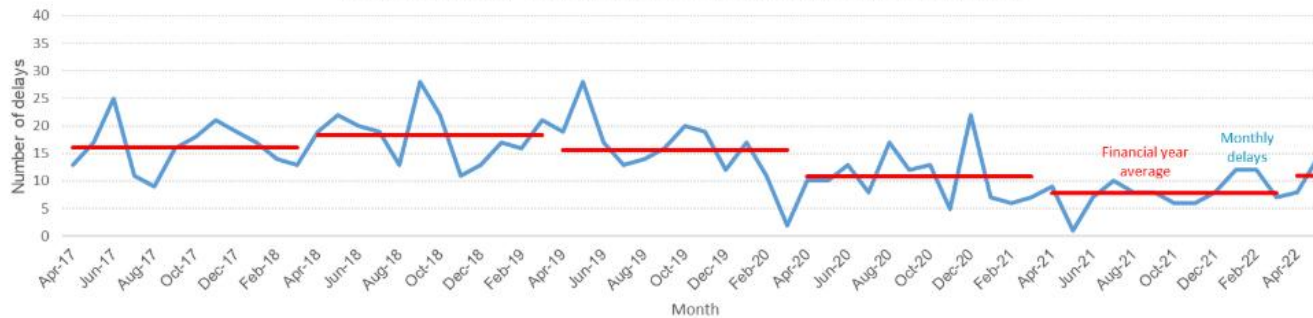
- These charts show the long term trend and the yearly average of the number of delays caused by: Assessments; Place Availability and Waiting on Care Arrangements.

- Data has been taken from the monthly Census from Public Health Scotland.

- Performance has been improving since before the pandemic, although the latest 4 months have seen a substantial uptick in place availability delays.

13

Delayed Discharges (all reasons): Midlothian Position

Data Source: Public Health Scotland Delayed Discharges July 2022 Publication

Delayed Discharge Rates per 100,000 Population, Aged 18+ May 22
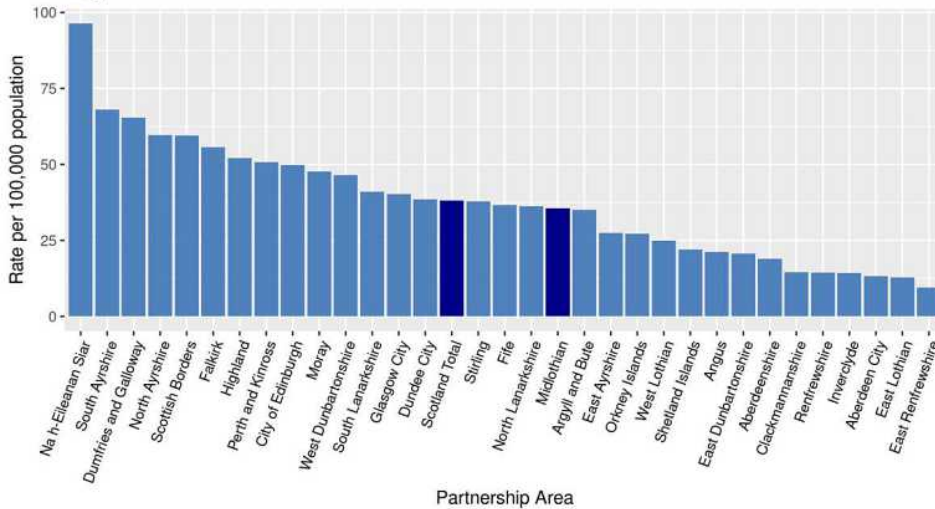
Delayed Discharge Rates per 1,000 Population, Aged 75+ May 22
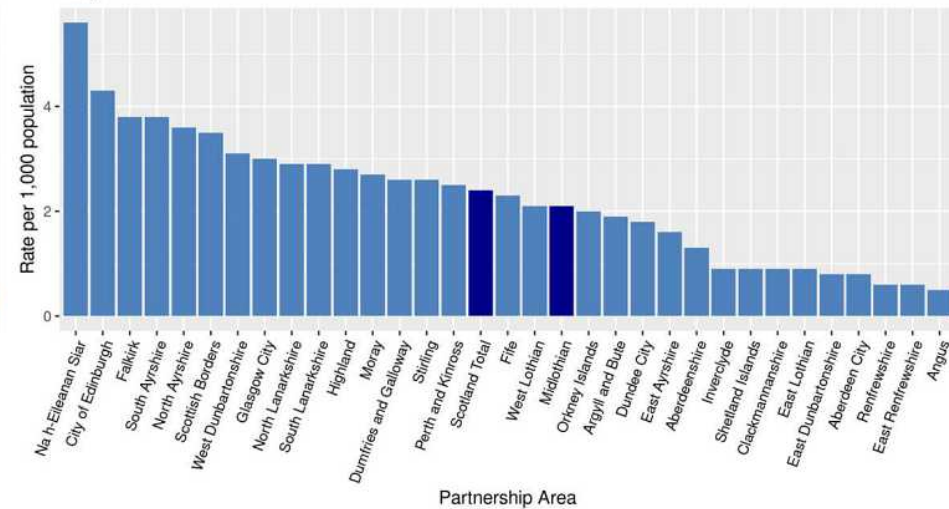
Occupied Bed Days for Delayed Discharges - Rate per 100,000 Population, Aged 18+ May 22
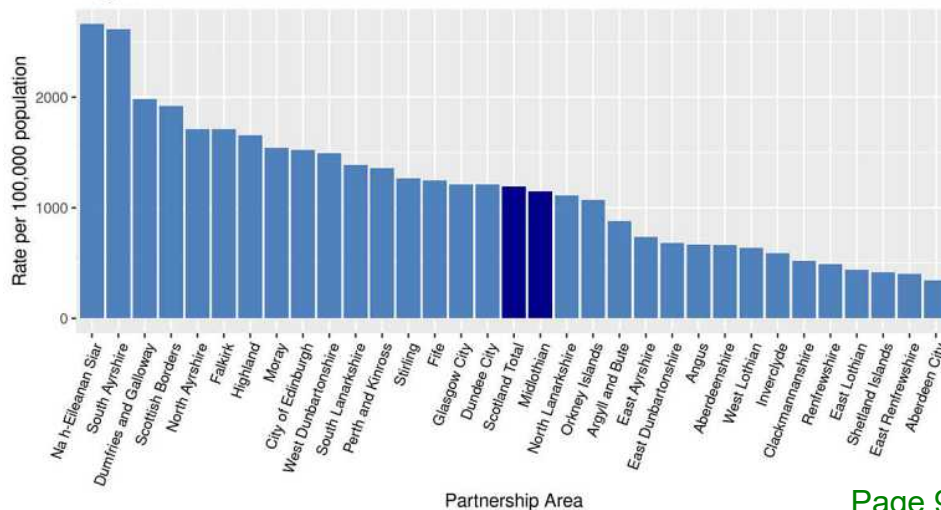
Occupied Bed Days for Delayed Discharges - Rate per 1,000 Population, Aged 75+ May 22
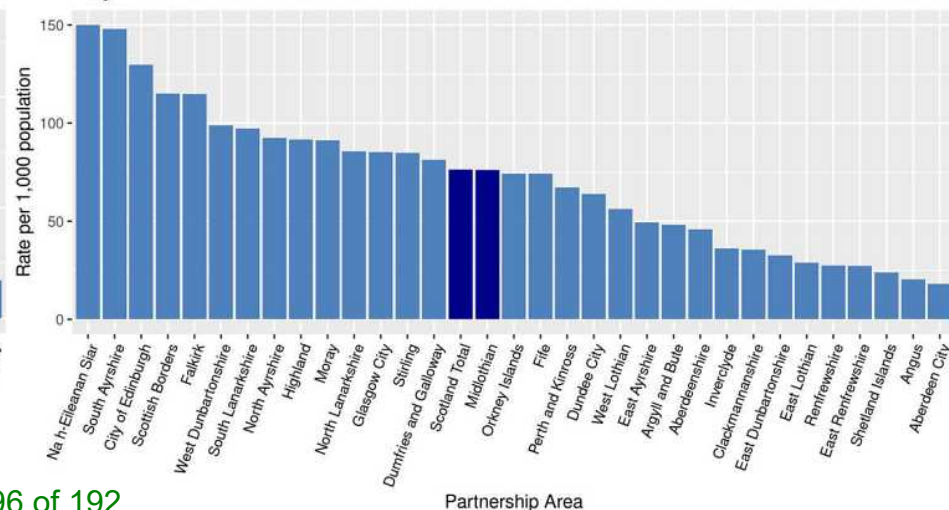
End of Life - Percentage of Last Six Months Spent in Large Hospitals

Source: MSG data release Jun-22; data published up to 2020/21

Target = decrease	Annual
2020/21 Target	<8.7%
2019/20	*9.1%*
2020/21	*7.4%*

- **The 2020/21 target was met**

- The provisional percentage for 2021/22 is below the target and is higher than the 2020/21 level

Last 6 months of life: % in large hospitals

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Health & Social Care
Partnership
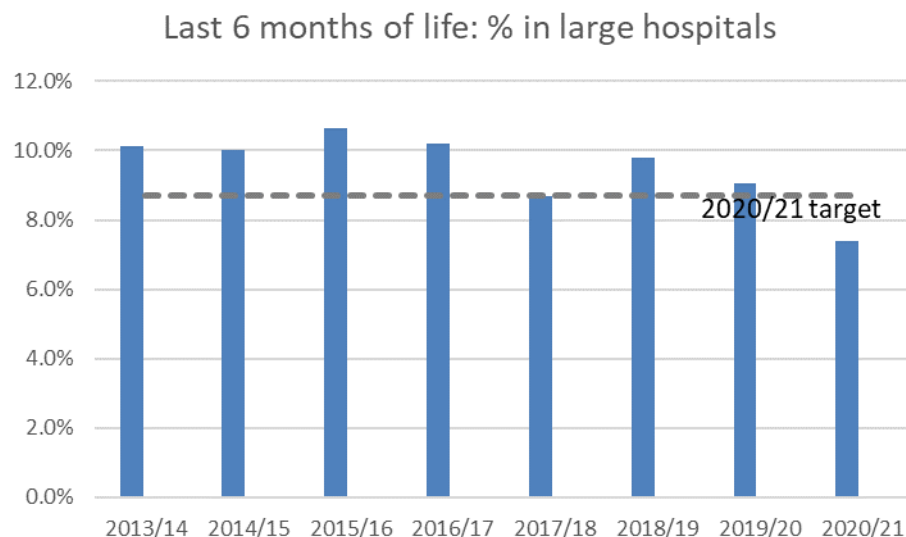
Thursday 25th August 2022, 14.00-16.00

National Care Service (Scotland) Bill

Item number:	5.9

Executive summary

The National Care Service (Scotland) Bill was introduced to the Scottish Parliament on Monday 20 June and published on the 21 June. The Bill sets out a framework for community health, social care and social work, with the legal powers being enacted from 2026 onwards. Services will continue to be designed and delivered locally in response to need.

Board members are asked to:

- Note the update relating to National Care Service (NCS) development.

Midlothian Integration Joint Board

National Care Service (Scotland) Bill

1 Purpose

1.1 The National Care Service (Scotland) Bill was introduced to the Scottish Parliament on Monday 20 June and published on the 21 June. The Bill sets out a framework for community health, social care and social work, with the legal powers being enacted from 2026 onwards. Services will continue to be designed and delivered locally in response to need.

1.2 The full implications of the Bill are still unclear at this point in time. The following paper will provide the IJB with a summary of the key components of the legislation. The IJB will be kept up to date with developments as the Bill progresses.

2 Recommendations

2.1 As a result of this report what are Members being asked to: -

- Note the update relating to National Care Service (NCS) development.

3 Background and main report

3.1 The Bill and associated papers including the Statement of Benefits and Financial Memorandum can be found here.

   National Care Service - Social care - gov.scot (www.gov.scot)

4 Policy Implications

4.1 The aim of the Bill is to ensure that everyone can consistently access community health, social care and social work services, regardless of where they live in Scotland.

4.2 The Bill sets out principles for the National Care Service (NCS) and allows for the required transfer of powers to Scottish Ministers to enable its establishment.

4.3 The Bill provides for Scottish Ministers to become accountable for the delivery of adult social care and social work, in addition to their existing accountability for the NHS. Locally employed staff will continue to have an important role to play in commissioning and delivery for services going forward through local care boards.

4.4   To enable the Scottish Government's commitment to 'co-design' of the NCS, the Bill itself only establishes a *framework* for future delivery. Much of the detail will be developed over the next few years through a programme of co-design, with further supporting regulations brought forward as necessary.

4.5   As with all new legislation, the bill is accompanied by a **financial memorandum** which sets out how likely it is to cost. This can be found [here](). The memorandum focuses on the estimated running costs of the new Care Boards as well as quantifying the range of the commitments made in the bill (for example the right to breaks from care). It does not explicitly address the rising cost of care services.

4.6   The co-design programme will involve partners and stakeholders and there is a commitment to put lived experience at the heart of the process. The process will have resource implications and the SG states that work to build the necessary capacity for the work will begin over the summer months - across government and with partner organisations (including HSCPs).

Local Care Boards

4.7   The Bill gives Scottish Ministers powers to establish (and dissolve) local and special care boards and make provision about the membership of care boards and what groups they are required to represent.

4.8   The care boards will plan and commission services for their local area. Health services will continue to be delivered by the NHS in partnership, as commissioned by the care board.

4.9   The Scottish Government states that while national and local NCS structures will have the ability to employ staff, they do not anticipate that people who work in the services commissioned by the NCS will change employer. For those involved in healthcare provision they do not expect the responsibility for clinical governance in the NHS to change or to be duplicated in the new arrangements.

4.10   Social care services currently provided in-house by local authorities, may continue under a commissioning arrangement with the care board. Alternatively, the care board may take over direct delivery, with staff transferring employment from the council to the care board. These will be decisions to be taken locally as the care boards are established and local authorities make choices about participation in new arrangements.

4.11   There is a commitment to close working between the Scottish Government, local authorities, the workforce and trade unions to ensure that the impact on staff of any changes is considered fully.

4.12   Care Boards will be expected to have a Chief Executive and that person, and the Care Board members will be appointed by Scottish Ministers.

Children and Families and Justice SW Services

4.13   The Bill does not stipulate on the transfer of children's and justice social work services to the NCS. Recognising that these areas were not specifically examined by the Independent Review of Adult Social Care, the Bill requires a further public consultation to be held involving partners, stakeholders and those with lived

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experience. The results of the consultation will be laid before Parliament alongside any regulations at a later date.

Information Sharing and Standards

4.14   The Bill gives Scottish Ministers the power to establish a scheme and standards for sharing information, to facilitate a nationally consistent electronic health and care record.

4.15   The intention is that this will help professionals to support individuals in a more co-ordinated way and support national and local planning and commissioning.

NCS Charter of Rights

4.16   The Bill also requires Ministers to create a charter of rights and responsibilities for social care under the new NCS, along with a more robust process for complaints and redress.

4.17   Ministers may also establish regulations about the provision of independent advocacy services in connection with the services provided by the NCS.

Additional Reforms

4.18   The Bill introduces a right to breaks from unpaid caring, and 'Anne's Law', giving visiting rights to residents living in adult care homes allowing them to maintain contact with family and friends.

4.19   It also makes changes to the powers of Health Improvement Scotland in relation to inspections.

4.20   These additional reforms can be implemented to before the NCS is established.

5   Directions

5.1   This report has no implications on Directions at this stage.

6   Equalities Implications

6.1   No impact as for information only.

7   Resource Implications

7.1   No implication as for information only.

8   Risk

8.1   There are risks relating to workforce, finance and capacity to co-design the NCS model over the 4-year delivery period.

Midlothian Integration Joint Board

9   Involving people

9.1   No implications as for information only at this stage

10   Background Papers

10.1

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DATE	22/7/22

Midlothian Integration Joint Board

Midlothian Integration Joint Board

Thursday 25th August 2022, 14.00-16.00

Midlothian Community Pharmacy (Independent Contractors) Update

Item number:	5.10

Executive summary

This report is presented to the Board jointly by the HSCP management team and NHS Lothian Pharmacy Service Leads, to sight the board on the contracted community pharmacy service within Midlothian and to raise awareness of the Pharmaceutical Care Service Plan for core and enhanced care services. These pharmacies are independent contractors, working to a nationally agreed contract, and are not managed by Midlothian HSCP.

Noting the significant demand across the health service, not least within primary care, this report provides data on the level of short-term unplanned pharmacy closures in Midlothian compounded by current workforce pressures and provides an update of actions being taken to address this to provide improved resilience and business continuity.

Board members are asked to:

Note the content of the report

Report

Midlothian Community Pharmacy (Independent Contractors)

1   Purpose

1.1   To update the Board of the current service within community pharmacy in Midlothian, with respect to demand and activity within core and enhanced services, as defined within the NHS Lothian Board Pharmaceutical Care Services Plan.

To advise of actions being taken by independent contractors to address current workforce challenges and associated short term, unplanned closures of community pharmacies.

2   Recommendations

As a result of this report Members are asked to:

2.1   Note the content of the report.

3   Background and main report

Pharmaceutical services are delivered through a network of 19 independent contractor community pharmacies. The services they provide are described in NHS Lothian's Plan for Pharmaceutical Care Services. The Pharmaceutical Care Service Plan is updated annually by NHS Lothian's Public Health Department and approved by NHS Lothian Board.   Processes are in place to ensure IJB stakeholder involvement, ensuring that the range of core and enhanced services on offer, support the delivery of the Midlothian IJB strategic Plan.

3.1   **Core Services**

The activity delivered by the 19 contracted Community Pharmacies in Midlothian across a 12-month period is summarised below:

Dispensed Items

1,500,000 prescribed items were dispensed in 2021. This represented a 3.6% increase on 2020 volumes and is understood to be driven by a number of factors, including population increases, advances in medicine, an ageing population and an increase in primary care consultations from the pandemic. The cost and volume of medicines is predicted to grow by a further 3.3% in the financial year 2022/2023.

Pharmacy First Service

NHS Scotland launched the NHS Pharmacy First Service in 2020. This service replaced the Minor Ailment Service (MAS) and extended the criteria of patents eligible for consultation, advice, treatment and referral for common clinical conditions. This service forms an important part of the NHS redesign of urgent care programme.

Across Midlothian pharmacies, 17,465 people have received Pharmacy First consultations. Included are 764 prescription only treatments for Urinary Tract Infection (UTI) and 73 treatments for Impetigo skin infection. This represents over 800 people who would have previously required an appointment and consultation with a GP or Out of Hours Clinician. This service continues to grow, now also providing treatment for other conditions, including shingles.

Link: NHS Pharmacy First Scotland | NHS inform

Public Health Services / Unscheduled Care

1,169 people accessed Emergency Hormonal Contraception via their community pharmacy in Midlothian.

11,188 people in Midlothian were prescribed treatments by their community pharmacist in the unscheduled care period, utilising the Unscheduled Care Service (UCS) Patient Group Direction, relieving pressure on other services including NHS24 and Lothian Unscheduled Care Service (LUCS), by providing a 7-day supply of regularly prescribed medicines and treatment that they have run out of.

.

Across a 6- month period, **899 smoking cessation treatments** were prescribed by Midlothian community pharmacists. The smoking cessation service through community pharmacy includes supportive consultations throughout the patients quit attempt.

Medication Care and Review (MCR services)

This service, enabling a patient to receive a long-term prescription, without needing repeated interval prescriptions from their GP, dispensed at regular intervals by their pharmacy, requires close collaboration and assessment of patients by both the community pharmacist and GP practice.

Medication Care and review is currently embedded in 3 of 12 GP practices in Midlothian. 2.62% of patients receive a serial prescription.

The core services detailed above have been delivered on a landscape of pandemic recovery and remobilisation with increased demand on primary care and unscheduled care resulting in increasing numbers of patients being sign-posted directly to community pharmacy at triage or initial care navigation. Workplace and workforce issues have also presented a challenge as pharmacy staff have adhered to social distancing and self-isolation procedures, in line with national Scottish Government guidance.

Midlothian Integration Joint Board

3.2   **Additional Services**

Additional services described in the NHS Lothian Pharmaceutical Care Services Plan are also provided by community pharmacies in Midlothian. These include:

- Services for patients with addiction including instalment and supervised dispensing
- Injection equipment provision
- Pharmaceutical advice to care homes
- Supply of oral systemic anticancer therapy,
- Pharmaceutical care of patients with hepatitis C including eradication treatment
- Gluten free food service
- 2 pharmacies are member of the palliative care network
- Provision of medicine administration record charts
- Sharps and medicine waste services
- Vaccination services
- Collection and delivery services
- Continence care
- Other non-commissioned services e.g. blood pressure checks, compliance aids

3.3   **Unplanned Closures**

NHS Lothian has a pharmaceutical hours of service scheme which states the core hours pharmacies must contractually provide, and this hours-of-service scheme is agreed by Scottish Ministers. These hours are 9am-6pm Monday to Friday (with a one hour break for lunch) and 9am-1pm on a Saturday. Some pharmacies will also provide extended opening hours in addition to these core hours.

The community pharmacy contract is subject to national negotiation between the Scottish Government and Community Pharmacy Scotland (CPS).

Where a contractor cannot open, for any reason, they must notify the Health Board of that unplanned closure and take a number of actions to inform patients, the public and other heath and care services.

- Inform local GP practices
- Inform other local Community Pharmacies
- Display a sign directing patient to the nearest open Pharmacy
- Enact individual business continuity plan ensuring that high risk patients (eg instalment dispensing and compliance aids) are informed and arrangements for medicines supply are agreed
- Complete and email the closures template to inform NHS Lothian
- If the closure is in the evening or at weekends NHS24 and LUCS should be informed

Across Midlothian HSCP from January to August 2022, there have been 121 instances of unplanned community pharmacy closure notified to the NHS Lothian. This represents 1.6% of the available opening hours of community pharmacy.

Midlothian community pharmacy closures
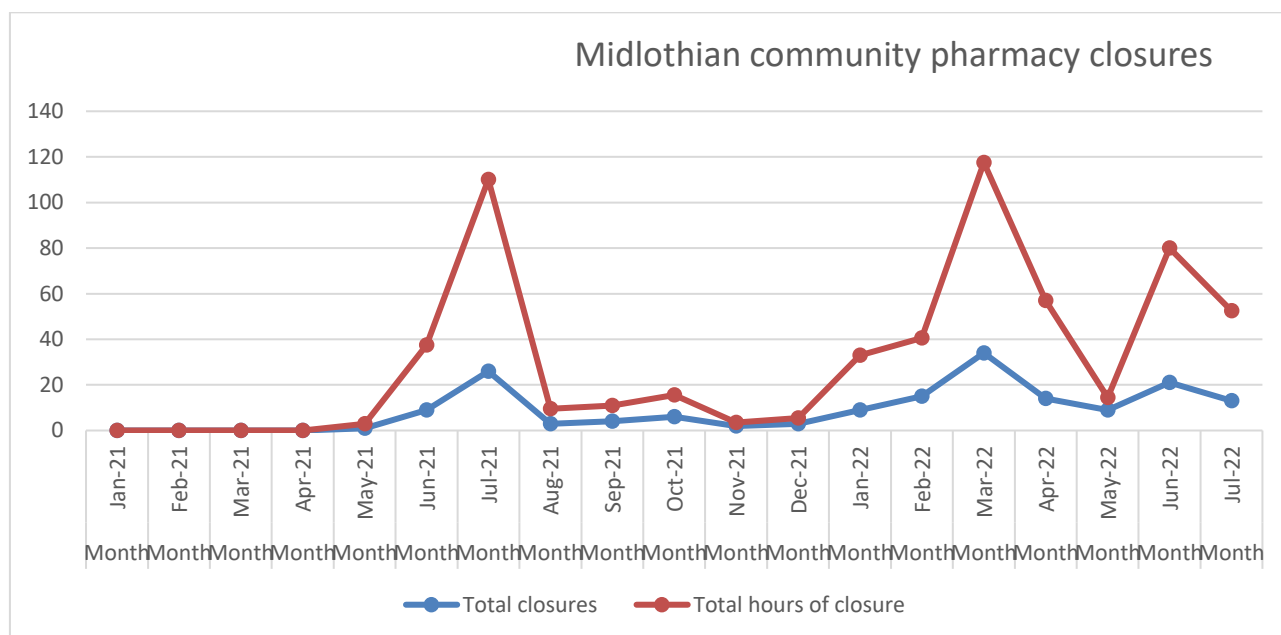
Actions taken to mitigate the impact of pharmacy closures:

NHS Lothian are aware of the current situation of ongoing, short notice, pharmacy closures across Lothian. This is an issue across Scotland, with pharmacist and pharmacy staff availability the most common reason for an unplanned closure. This is subject to ongoing dialogue with Scottish Government.

NHS Lothian regularly engage pharmacy contractors, to remind them of their obligations to deliver services within their contracted hours. There have been numerous communications to remind contractors of the steps that must be followed when an unplanned closure occurs, for example: informing the local GP practices, neighbouring community pharmacies, contacting vulnerable patients and ensuring deliveries have been made to patients expecting medicines supply.

In relation to concerns about individual closures, as these occur the NHS Lothian Primary Care Contracts Team (PCCO) are noting the hours of closure where these have been reported and advise that any specific complaint regarding a community pharmacy service is made to the business owner/superintendent in the first instance. Community pharmacies are independent contractors and are therefore responsible for managing and responding to complaints regarding their service. Where NHS Lothian are aware of repeated closures, these are raised with the community pharmacy companies as a matter of concern.

Colleagues from the Primary Care and Pharmacy Directorates have met with Community Pharmacy Lothian representatives (representing all contractors) and have asked all pharmacy contractors for resilience plans to be developed, and for the health board to be notified of any issues, actions being taken to mitigate closures, and what temporary support, if any, is required from the board.

In order to better support resilience and communications with all stakeholders, including patients and the public, NHS Lothian has asked all contractors to inform them of any staffing gaps for the week ahead. In doing so, the health board pharmacy and contracts team will work with the contractor to ensure stakeholders including; out of hours services, substance misuse hubs, patients and the public, are made aware of the risk of a closure and plan

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accordingly to ensure patients have collected or had delivered their medicines in advance of closures. Contractors are brought together when it is identified that more than one pharmacy in a locality is at risk of closure. In this event, the contractors will work together to secure pharmacy service provision to the population, for example this may mean partial closures to ensure patients have access to their medicines at a time communicated to them. Pharmacy owners are expected to continue to take every action to mitigate the risk of closure and to continue to source pharmacy staffing including from the locum pool. Any pharmacy which subsequently closes is recorded as an unplanned closure.

It has also been recommended that any patient harm or near-miss incidents be recorded on the incident management system (Datix) by the healthcare professional who has identified the adverse event (for example a GP). Reports are reviewed and the Superintendent Pharmacist with professional responsibility for the community pharmacy is asked to undertake an investigation and inform NHS Lothian of their learning. NHS Lothian will inform the General Pharmaceutical Council (GPhC), as the regulator of pharmacy premises and registered healthcare professionals, where there is a concern regarding a particular pharmacy or its registered staff.

There are a smaller number of occasions in which the reason given for the risk of closure is acutely linked to a covid outbreak or other factors including significant increased demand, and issues like prescription backlog relating to new IT systems issues. In such cases, NHS Lothian work with the contractor and may agree a short-term reduction in patient facing hours, for example to close at lunchtime to ensure staff get a break or opening to the public an hour later to enable the backlog of prescriptions to be dispensed safely.

The local HSCP pharmacy team also continue to support community pharmacy colleagues through delivery of pharmacotherapy services. In Midlothian this includes a commitment to Medicines Care and Review (serial prescribing) which improves the management of repeat prescribing and allows community pharmacy to plan the associated workload.

4 Policy Implications

4.1 There are no policy implications with regard to the content or recommendations of this paper.

5 Directions

5.1 There are no directions sought as a result of the content or recommendations of this paper.

6 Equalities Implications

6.1 Closure affected communities experience a reduction in access to pharmaceutical services agreed in the NHS Lothian's Plan for Pharmaceutical Services.

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7   Resource Implications

7.1   There are no resource implications to the IJB with regard to the content or recommendations of this paper.

8   Risk

8.1   Unplanned closure of a pharmacy increases the risk of unmet health needs in the population of the area affected.

9   Involving people

9.1   This paper has been produced jointly by NHS Lothian Pharmacy Services Team and Midlothian HSCP Pharmacy Team. The paper describes ongoing collaborative working with Community Pharmacy Lothian – representatives of community pharmacy contractors, and Scottish Government.

10   Background Papers

10.1   Plan for Pharmaceutical Care Services Delivered by Community Pharmacy 2021 plan-for-pharmaceutical-care-services-delivered-by-community-pharmacy.pdf (scot.nhs.uk)

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Appendices:

Midlothian Integration Joint Board

Plan for Pharmaceutical Care Services Delivered by Community Pharmacy 2021

Contents

Executive Summary

Executive Summary

The Community Pharmacy Pharmaceutical Care Services Plan (PCSP) 2021 describes current community pharmacy pharmaceutical services across NHS Lothian and, where possible, identifies unmet need and provides recommendations for how these needs might be addressed.

NHS boards are obliged to publish and monitor their pharmaceutical care service plan annually as set out in the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 (SSI 2011/32).

This 2021 update to the plan is aligned to both local and national NHS recovery and redesign plans for 2021-2026. The PCSP is updated annually but the recommendations should be considered in the three-to-five-year strategic planning time frame.

There is good core provision of pharmaceutical services across NHS Lothian with approximately one community pharmacy per 5,000 population. No unmet need is identified with respect to the four core pharmaceutical services which are delivered from 182 pharmacies across NHS Lothian. However, this will continue to be monitored closely at neighbourhood level with new housing developments in several areas.

In addition to the nationally negotiated core pharmaceutical services, there are several additional services that are commissioned to meet specific needs. These are locally negotiated services and not part of the core provision of service and therefore not all pharmacies will provide all additional services, and neither are they obliged to. There may be unmet need with respect to the provision of these services in a particular population or geographical area.

There are sixteen recommendations for the development of pharmaceutical care services included in the plan.

Three priority areas under the recovery and redesign plans are:

a. **Medication Care and Review service serial prescribing**
   All GP practices and community pharmacies are enabled to provide this service. Increasing the use of serial prescribing is likely to reduce medicine waste and time spent on repeat prescribing in general practice.

b. **Implementation of the local Care Home Community Pharmacy Service**
   This will increase pharmaceutical care provided to care homes and reduce medicine waste.

c. **Pharmacy First and Pharmacist independent prescribers to support out of hours services and unscheduled care**
   This may be impacted by the location and number of pharmacies operating at weekends and extended hours in each HSCP. This is often less of an issue for urban areas as there are more pharmacies located in the city but still may necessitate travel at certain times to receive pharmaceutical care at a pharmacy.

Recommendations Summary

Pharmacy Provision

1. Opening hours out with core hours are likely to remain fluid and a local process for agreement of any opening hour changes should be retained involving local pharmaceutical (LAPC) and general practice (LMC) committees.

2. Premises facilities information should be gathered to provide an accurate level of current provision and determination of improvements required to achieve 100% of pharmacies with private consulting area, wheelchair accessibility and an induction hearing loop by 2025

3. 20 minute neighbourhoods, Scottish Government and NHS Lothian sustainability objectives should be considered as part of the process in determining where community pharmacies are sited in the future.

Essential Core Services

4. Based on the number and distribution of pharmacy contracts across each HSCP there should be capacity to meet needs for the Acute Medication Service but further effort is needed to actively progress the Medicine Care and Review service by increasing the number of active GP practices and community pharmacies engaged.

5. As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of treatment for common clinical conditions from a community pharmacy as an alternative to a GP practice appointment.

    However, unmet need will arise in urgent care provision where pharmacy opening hours do not offer full weekend and extended opening hours in a local area. Local mitigations should be considered by the multidisciplinary teams.

6. Support public awareness of access to Pharmacy First as part of the provision of urgent care through use of national promotional materials.

7. Support the planned opportunities for the community pharmacy smoking cessation service to work closely with specialist Quit Your Way services and Pharmacy Champions to achieve improved quit rates.

8. Support opportunities and new models of delivering additional sexual health services in community pharmacy as detailed in the Scottish Government Sexual Health and Blood Borne Virus Recovery Plan and the NHS Recovery Plan 2021- 2026.

9. Undertake local assessment of need and potential mitigations where there are limited numbers of pharmacies open late, full and half day Saturday and Sunday opening. This may lead to unmet need in some HSCP localities when NHS Lothians GP Out-of-Hours Service (LUCS) recommend care which is provided by Community Pharmacy

10. Community pharmacy to have access to clinical records to help improve patient care when GP practice is closed and to support pharmacotherapy service element of Medicine Care and Review.

Additional Services

Substance Misuse

11. Key areas to be developed are increasing availability of take-home naloxone from community pharmacy and a test of change of long-acting injectable buprenorphine administration from community pharmacy. Both are desirable to support reducing drug related deaths.

12. Undertake local reviews of injecting equipment and naloxone provision to ensure local needs are being met effectively post pandemic.

13. Injecting equipment provision (IEP) is not a specific pharmacy-only scheme. As pharmacies can often offer longer opening hours than drop-in centers, pharmacy-delivered IEPadds capacity to the harm reduction team.

Palliative Care Services

14. The Palliative Care Service is annually reviewed to ensure best coverage for the population of NHS Lothian by a small number of local experts for provision of palliative care medicines and advice both in and out of hours.

Pharmaceutical Advice to Care Homes

15. Progress implementation of the locally agreed Community Pharmacy Care Home service to increase pharmaceutical care provision and reduce medicine wastage across Health and Social Care Partnerships and NHS Lothian to meet the sustainability action plan.
.
Immunisation

16. As part of the Vaccine Transformation Programme, Community Pharmacy should be considered in the future development of a range of NHS vaccination services by HSCPs to maintain and improve uptake of vaccinations including:

- o COVID vaccination
- o Flu vaccination
- o Pneumococcal vaccination
- o Shingles vaccination
- o Travel vaccination

1. Introduction

1.1   Background

The NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 (SSI 2011/32) amended regulations so that NHS Boards are obliged to publish Pharmaceutical Care Services Plans and monitor their plan annually to reflect changes in service provision or service need. A pharmaceutical care services plan will give a summary of pharmaceutical services provided in the area of the Board together with an analysis of where it believes there is a lack of adequate provision or unmet need. While this plan is reviewed and published annually, the delivery of recommendations will form part of the longer term strategic plans for delivery of community pharmacy services under Integrated Joint Board schemes of delegation and Health and Social Care Partnership strategic plans.

1.2   Aim

The primary function of this Pharmaceutical Care Services plan is to describe the pharmaceutical services provided by community pharmacy within the Lothian Health Board area for local population and where possible identify the unmet need for these pharmaceutical services with recommendations to the Health Board as to how these needs should be met. A secondary function of the plan is to inform and engage members of the public, health professionals and planners in respect of the planning and delivery of pharmaceutical services.

1.3   Pharmacy Practices Committee

The Pharmacy Practices Committee (PPC) considers all applications for new Community Pharmacies to open in NHS Lothian.

Regulations set out the procedures which must be followed by applicants who seek to open new Community Pharmacies in Scotland. The regulations (schedules 3 and 4) set out the statutory arrangements which Health Boards must put in place to receive and respond to such applications for a new community pharmacy. NHS Lothian is required to establish a PPC with representation by professional pharmacists and lay members, chaired by an NHS Board member. The PPC must, first, determine the boundaries of the neighbourhood in which the proposed pharmacy would be located; second, determine whether existing pharmaceutical services in or into that neighborhood are adequate; and thirdly - only if the existing services are deemed inadequate - determine whether it is necessary or desirable to approve the application to establish a new pharmacy. PPCs should have reference to its Board's Pharmaceutical Care Services Plan when considering need for pharmaceutical services within the proposed area. The Pharmaceutical Care Services plan is one of a range of data sources that are available to the PPC to use in assessing need when considering applications to the Pharmaceutical List. The NHS needs of the local community are to be the main determinant of whether an additional community pharmacy or relocation is to be approved.

1.4   NHS Recovery and Redesign Plans

Since the previous NHS Lothian Pharmaceutical Care Service Plan was published the Scottish Government have published the NHS Recovery Plan

The recovery plan acknowledges that primary and community care services, such as general practice, pharmacy, dentistry and eye care, have been greatly impacted and are under significant pressure due to the COVID pandemic and lockdowns. It also proposes development of new services and roles for community pharmacy as national services to be provided from all pharmacies.

Community pharmacies, acting as the first port of call through the NHS Pharmacy First Scotland Service, will be a key provider in unscheduled care, supporting the recovery of the NHS.

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Future community pharmacy public health service plans include the introduction of a new pharmacy woman's health and wellbeing service. This new service will provide greater access to advice, guidance and if appropriate treatments in areas such conception, contraception and menopause. In the second year of this plan a community pharmacy hospital discharge and medicines reconciliation service to help speed up the process for people being discharged from hospital will be developed. Developing new digital solutions such as ePrescribing and eDispensing will help to make the prescribing process paperless, which will free up capacity for healthcare professionals so that they can see more patients. It will also make it easier for patients to access their medicines quickly and safely.

The NHS Lothian Primary Care Remobilisation plans also mirror this with community pharmacy services a key part of access to urgent care via NHS Pharmacy First Scotland and Pharmacy First Plus. Key local remobilisation priorities for Community Pharmacy also include serial prescribing expansion, contributing to the vaccination transformation programme and implementation of an NHS Lothian care home service level agreement for community pharmacy to include additional pharmaceutical care provision.

Community Pharmacy are also identified for roles in provision of systemic anticancer therapy in the Recovery and Redesign of Cancer Services Action Plan published in December 2020.

Roles for Community Pharmacy are also included in the Reset and Rebuild: A Recovery Plan for Sexual Health and Blood Borne Virus Services document published in August 2021.

The Medication Assisted Treatment Standards: access, support and choice published in May 2021 in response to rises in drug related deaths support the role of community pharmacy as part of the multiagency and multiprofessional response.

1.5   Sustainability Framework and Action Plan

NHS Lothian has published its Sustainable Development Framework and Action Plan which states:

Our vision is to be a lead organisation in sustainable health care with all our staff empowered to put sustainable healthcare at the heart of their practice. We will work with our partners and the communities we serve to put in place work practices, procurement systems and preventative interventions to minimise our environmental impact, protect the natural environment and enhance social value so that we are a sustainable service promoting good health and enhancing quality of life.

Pharmaceuticals and medical equipment together comprise half of all procurement emissions for NHS Scotland. Levels of pharmaceuticals can be found in soil and groundwater. Reducing the impact from pharmaceuticals in the environment centres on reducing pharmaceutical waste through regular medication review and improved adherence to prescribed medication putting evidence on environmental sustainability at the heart of the management of pharmaceuticals and prescribing in primary care. Community Pharmacy Medicine Care and Review service along with development of the local care home service with increased pharmaceutical care provide examples which support the framework and action plan to reduce pharmaceutical waste.

1.6   Health and Social Care Partnerships

There are four Integration Joint Boards (IJBs) and associated Health and Social Care Partnerships in the NHS Lothian area. Each partnership area has a unique profile based on geography, demographics and disease prevalence. Identifying unmet needs of communities is complex and should be based on evidence from: Health and Social Care Strategic Plans; Health and Social Care joint strategic needs assessment and integrated impact assessments; Public Health Annual Report; National Clinical strategies. Close working with a range of disciplines and patients within the Health

and Social Care Partnerships and across the wider health system is required. Local knowledge and multidisciplinary expertise will be key to help partnerships identify unmet needs which are specific to a particular locality or population as part of their strategic planning process.

The Independent Review of Adult Social Care published in 2021 recommends development of a National Care Service. Local planning and delivery of support and services will continue. Under this review, and as part of any development of a national care service, Integration Joint Boards may be reformed to take more responsibility for the planning and delivery of adult social care support.

Reducing health inequalities[1] is a crosscutting theme for all Health and Social Care Partnership service areas and includes equitable access to health services. The location of community pharmacies in all communities can support reduction of inequalities by providing access to the health services they provide for all.

1.6.1   City of Edinburgh

Community Pharmacies	107	Population	527,620	
GP Practices	73	Life expectancy Most deprived	Male	71.3
Acute Hospitals	2		Female	77.2
Care Homes	82		Scotland	71.3 76.9

1.6.2   West Lothian

Community Pharmacies	33	Population	183,820	
GP Practices	23	Life expectancy Most deprived	Male	74.5
Acute Hospitals	1		Female	78.4
Care Homes	29		Scotland	71.3 76.9

1.6.3   Midlothian

Community Pharmacies	19	Population	93,150	
GP Practices	13	Life expectancy Most deprived	Male	74.5
Community Hospital	1		Female	79.7
Care Homes	12		Scotland	71.3 76.9

1.6.4 East Lothian

Community Pharmacies	23	Population	107,900	
GP Practices	15	Life expectancy Most deprived	Male	75.0
Community Hospital	3		Female	80.6
Care Homes	19		Scotland	71.3 76.9

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[1] unfair and avoidable differences in people's health and wellbeing

2. NHS Lothian Population

To put the pharmaceutical care service in context a brief description of the NHS Lothian population is a useful starting place

2.1 Age and Population

Patients tend to require more medication as they get older. Mothers and babies also tend to have particular needs from the pharmacy ranging from advice to treatment of minor ailments. Lothian Health Board's population will continue to grow. The table 1 shows the change projected in the population of Lothian from 2018 to 2028 in total and by age group.

Figures 1a and 1b illustrate the projected population growth by age group from 2018-2028 across Lothian and by local authority areas, respectively.

Table 1: Projected population of Lothian by age (2018-2028)

Age	2018		2028	
	Population	%	Population	%
0-14	142,831	15.9%	139,138	14.5%
15-29	188,121	21.0%	182,163	18.9%
30-44	192,934	21.5%	226,721	23.5%
45-59	179,456	20.0%	175,896	18.3%
60-74	129,505	14.4%	154,108	16.0%
75+	64,923	7.2%	84,719	8.8%
All ages	897,770	100%	962,745	100%

Source: National Records of Scotland (2021) Sub-National Population Projections

Figure 1a: Projected population growth of Lothian by age (2018-2028)
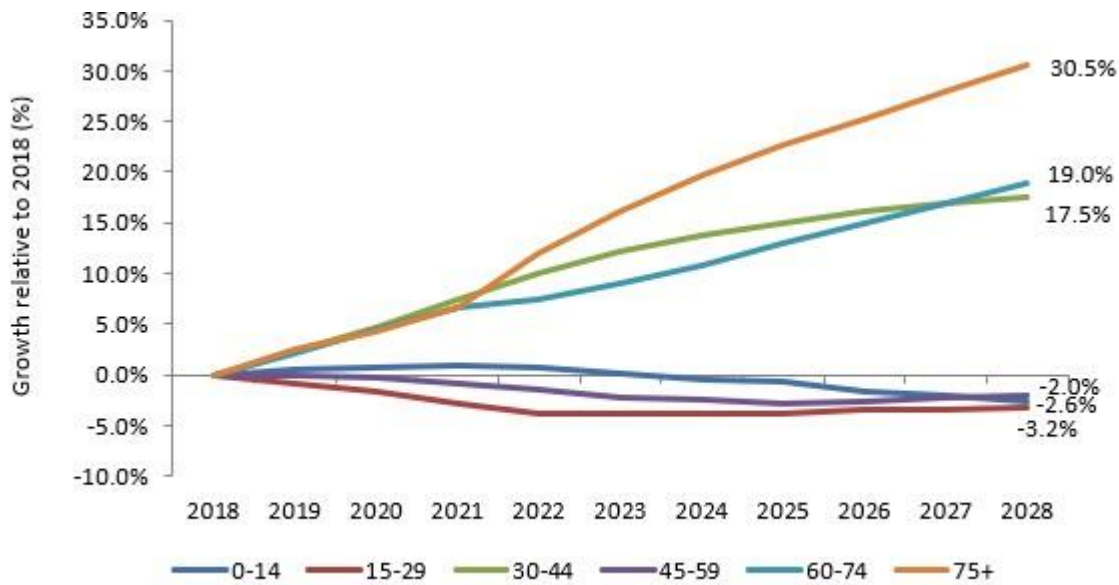
Source: National Records of Scotland (2021) Sub-National Population Projections, 2018-based

Figure 1b: Projected population growth of local authorities by age (2018-2028)
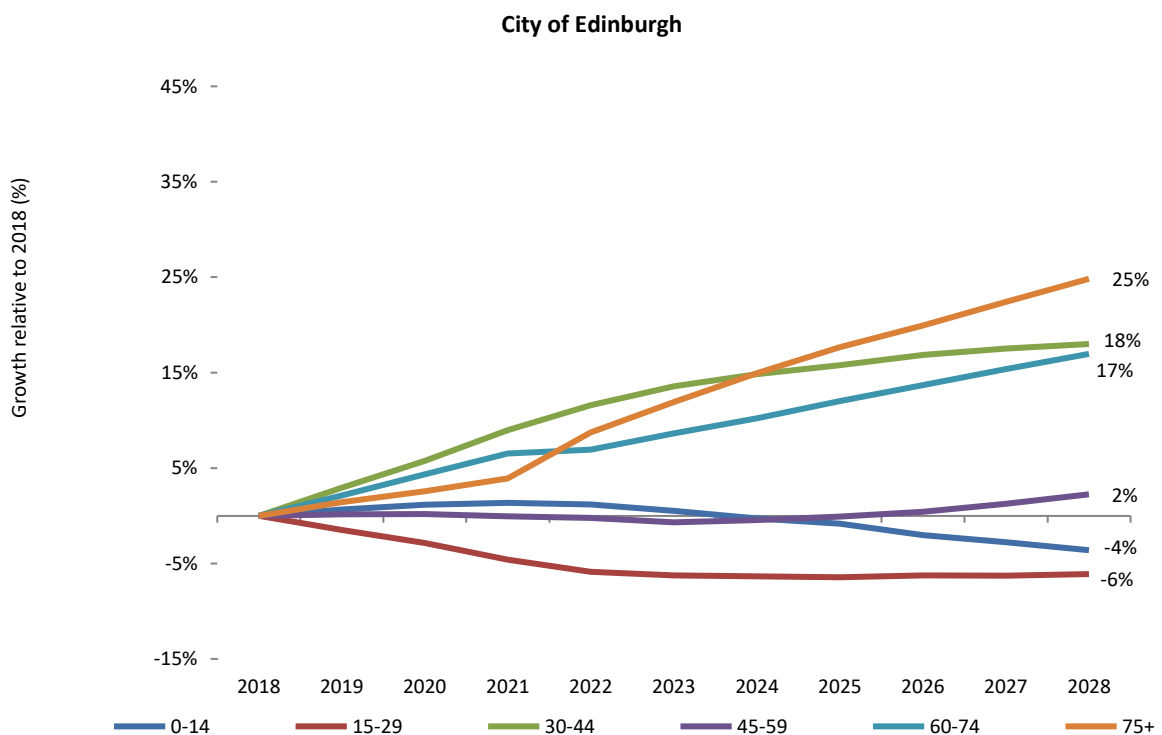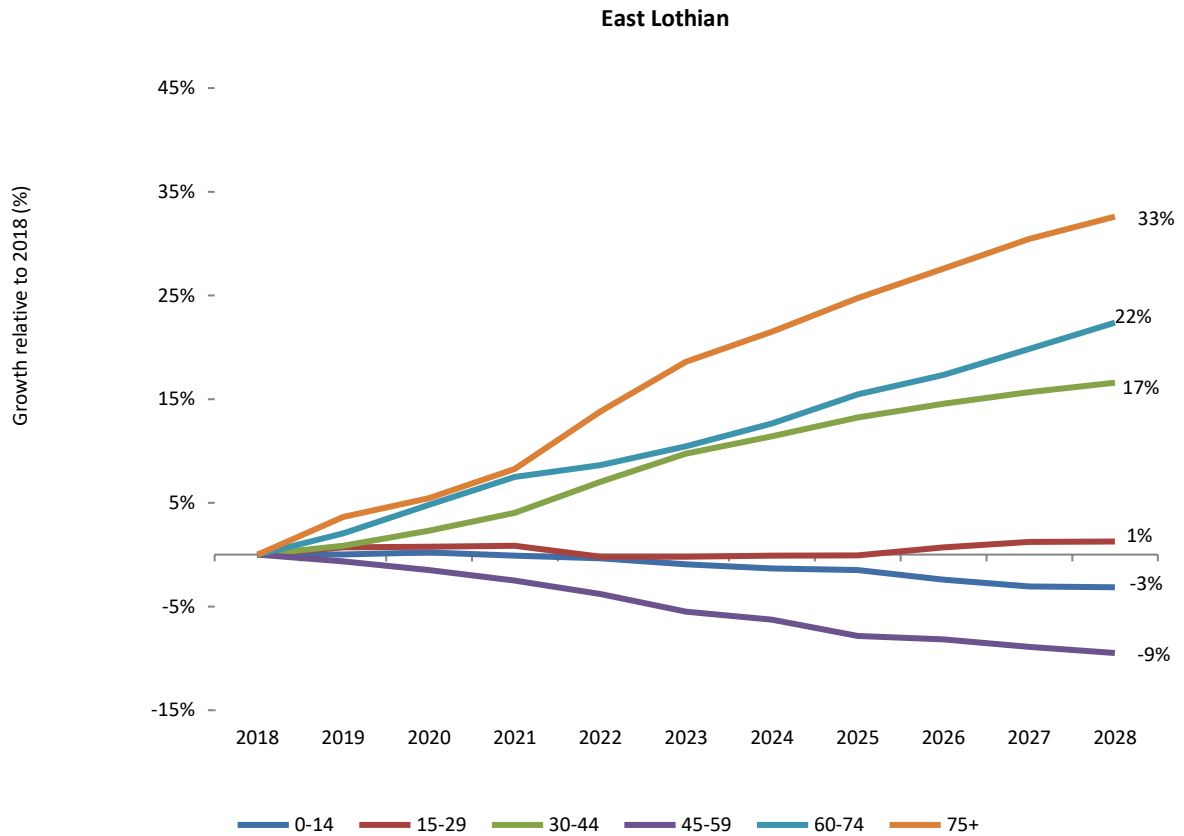
East Lothian

Source: National Records of Scotland (2021) Sub-National Population Projections, 2018-based

Midlothian

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Provision of NHS Lothian Community Pharmacy Services

West Lothian
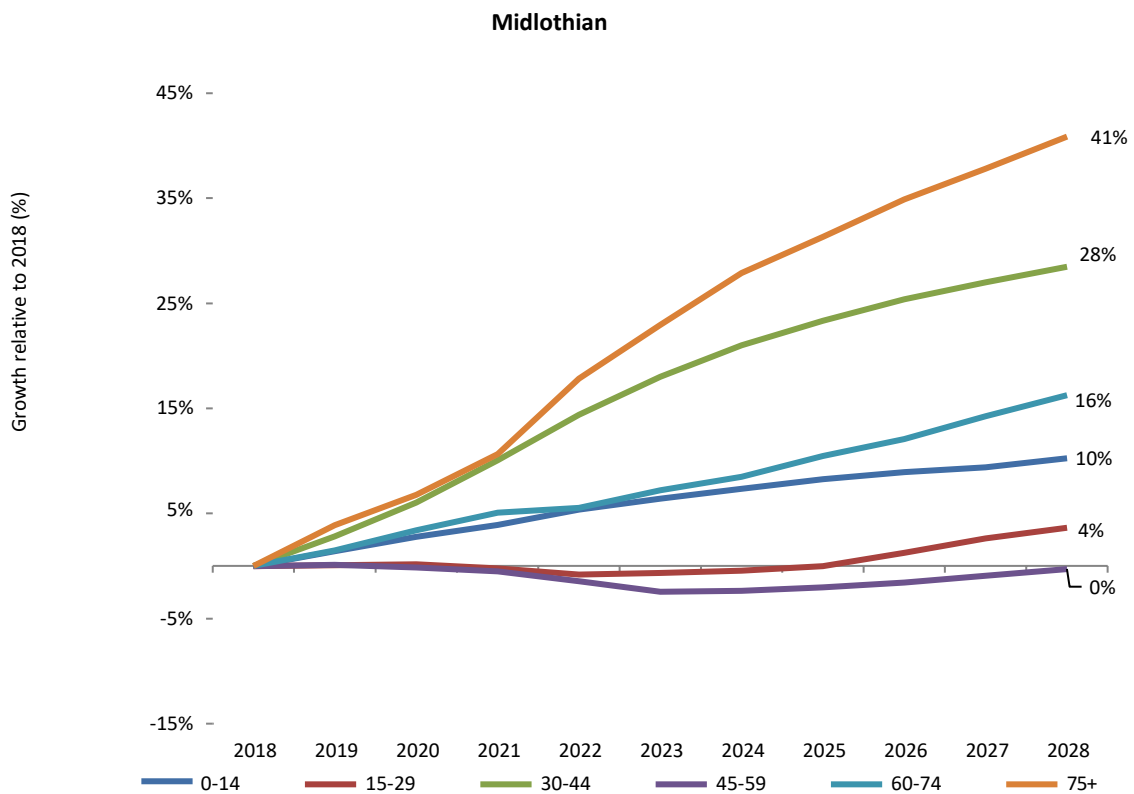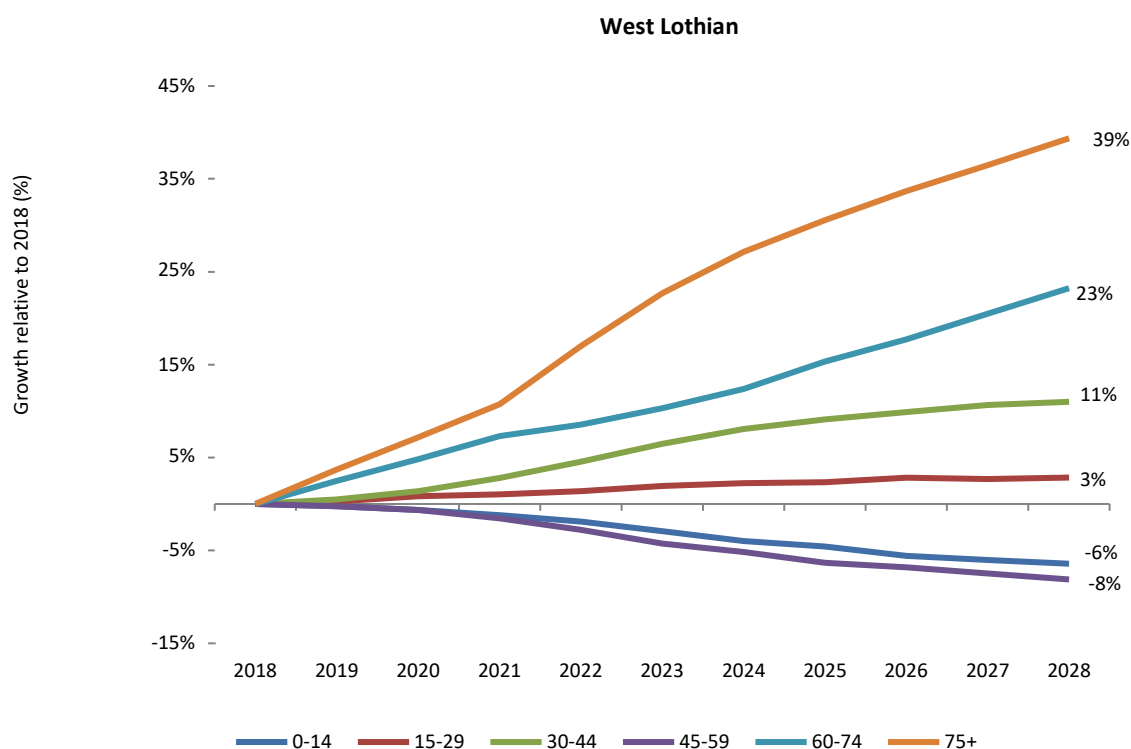
Source: National Records of Scotland (2021) Sub-National Population Projections, 2018-based

Large new housing developments in all areas will require establishment of new primary care services and associated facilities across Lothian. The projected growth in older adults, including particularly strong growth among adults aged 75 and over, will increase the demand for access to primary care services. This older population with multiple conditions will also require increasingly complex support at home from multidisciplinary services. The majority of people over 75 will be on at least one medication and as people get older, they are more at risk from adverse effects of medicines and likely to be on multiple medicines.

Figure 2 gives a view of comparative populations in the council areas relating to Health and Social Care Partnerships in NHS Lothian. Edinburgh has the largest population of the four areas.

Figure 2: Estimated population by age and local authority (mid-2020)
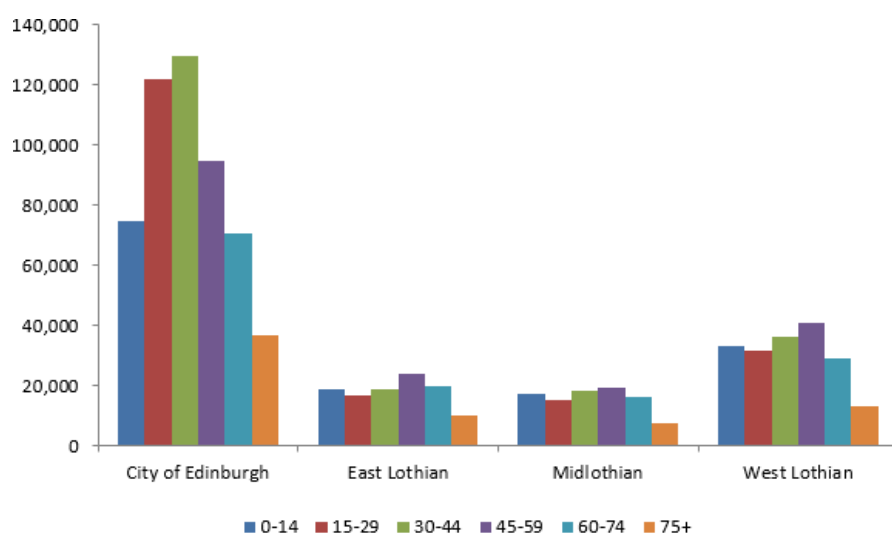
Source: National Records of Scotland (2021) Mid-2020 Population Estimates

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In general, the extremes of age may have need of additional pharmaceutical care input. Figures 3a and 3b looks at the age groups of the population in percentage terms in mid-2020 and the projection to 2028. By 2028 it is notable that the proportions of under 16s and over 75s remain broadly similar in Edinburgh and West Lothian but increase in East Lothian and Midlothian. However, these proportions need to be viewed in absolute terms also. So 2028 projections suggest that there will be an extra 17,000 people aged 75 years and older living in Lothian, many of whom will have complex health and care needs. The decline in working age population also represents a challenge in terms of pharmaceutical and wider health and social care workforce planning.

Figure 3a: Estimated population percentages by age and local authority (mid-2020)
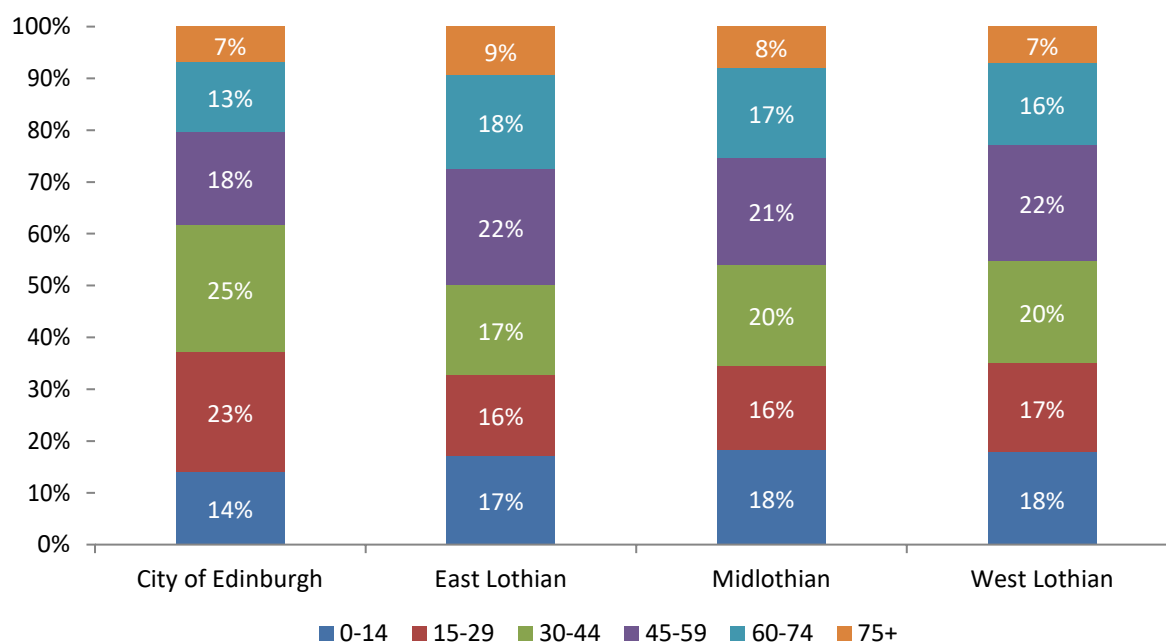
Source: National Records of Scotland (2021) Mid-2020 Population Estimates

Figure 3b: Estimated population percentages by age and local authority (2028)
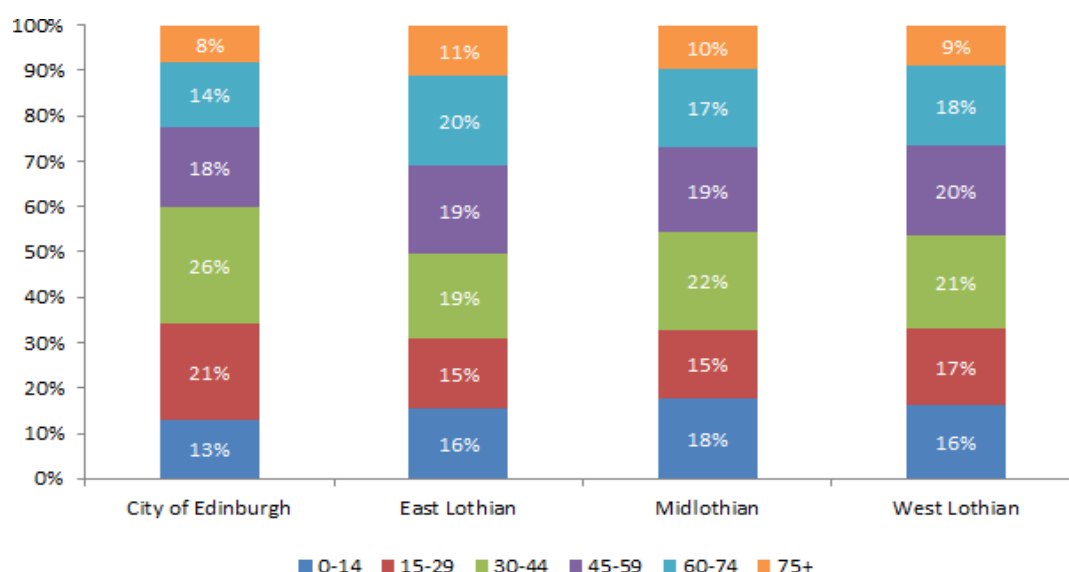
Source: National Records of Scotland (2021) Sub-National Population Projections, 2018-based

Social determinants of health will be a factor in the pharmaceutical needs of the population. Multimorbidity increases with age and for those living in areas of multiple deprivation. This occurs 10-15 years earlier when compared to areas with lower levels of multiple deprivation. People also experience disadvantage through gender, social position, ethnicity, geography, age and disability. Figure 4 illustrates that, within each local authority area, there are considerable inequalities in life expectancy across Scottish Index of Multiple Deprivation (SIMD) quintiles. This is particularly pronounced in the City of Edinburgh, where men living in the most deprived communities live 12 years less, on average, than their counterparts in the least deprived areas. Those health inequalities exist for almost all health indicators.

Figure 4: Life expectancy at birth by sex and deprivation in Scotland and by local authority (2015-2019)

Midlothian

West Lothian
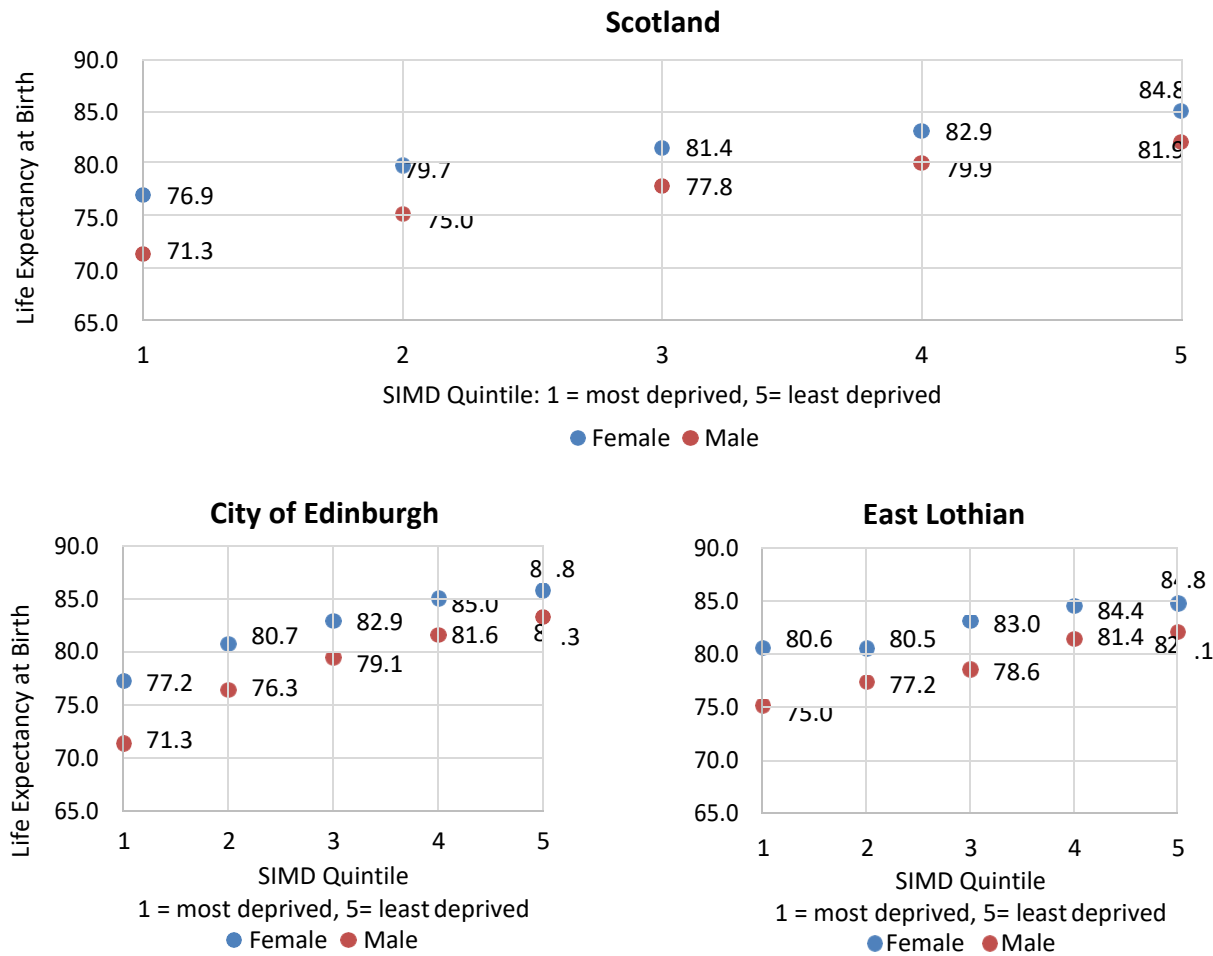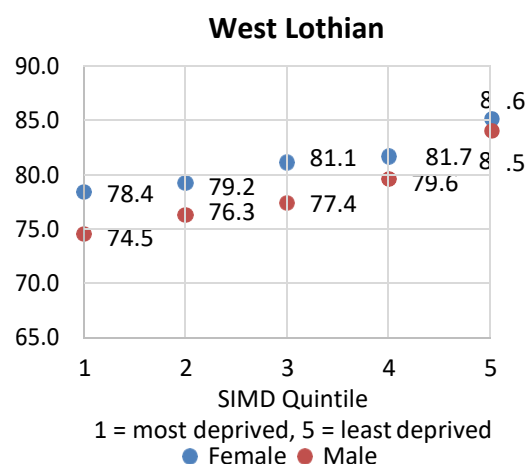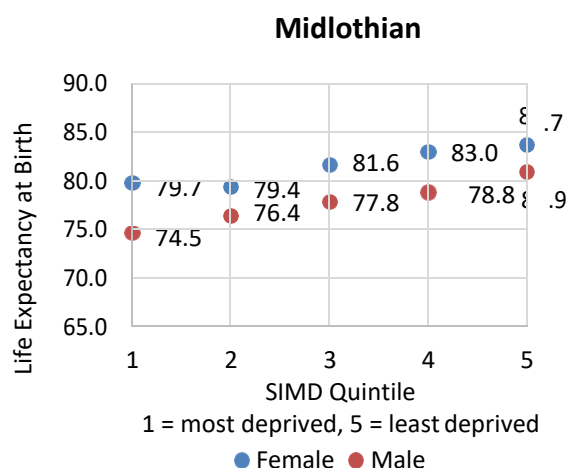
2.2   Ethnicity

Data about ethnicity is somewhat outdated and the delay to the census means it will be some time before a reliable update is available. But there were some clear patterns evident across Lothian in the last census. Table 2 shows that 84% of Scottish residents identified themselves as White Scottish in response to the 2011 census. In East Lothian, Midlothian, and West Lothian, the percentage of residents who identify as White Scottish is comparable with, or marginally higher than, the Scottish average (ranging from 86% - 90%), while the percentage of residents who identify as belonging to ethnic minority groups is comparable to, or lower than, the Scottish average. Conversely, in the City of Edinburgh a smaller percentage of residents identify as White Scottish (70%), while more individuals identify as belonging to other ethnic groups. In particular, 2.7% identify as White Polish, compared to the Scottish average of 1.2%, and 5.5% identify as Asian, Asian Scottish or Asian British, compared with 2.7% in Scotland as a whole.

Community pharmacy can access NHS Lothian translation services to support patients where English is not the first language. Where there is low health literacy, a range of techniques can be adopted to support patients understand their medicine.

Table 2: Ethnicity of the population in Scotland and by local authority (Census 2011)

Ethnicity	Scotland	City of Edinburgh	East Lothian	Midlothian	West Lothian
White	96.0%	91.7%	98.3%	98.2%	97.6%
White: Scottish	84.0%	70.3%	85.6%	90.0%	87.8%
White: Other British	7.9%	11.8%	9.3%	5.8%	5.8%
White: Polish	1.2%	2.7%	0.8%	0.5%	1.9%
White: Irish	1.0%	1.8%	0.9%	0.6%	0.7%
White: Gypsy/Traveller	0.1%	0.1%	0.0%	0.1%	0.0%
White: Other White	1.9%	5.1%	1.7%	1.3%	1.3%
Asian, Asian Scottish or Asian British	2.7%	5.5%	1.0%	1.1%	1.7%
African	0.6%	0.9%	0.2%	0.2%	0.3%
Mixed or multiple ethnic groups	0.4%	0.9%	0.4%	0.3%	0.3%
Caribbean or Black	0.1%	0.2%	0.1%	0.1%	0.1%
Other ethnic groups	0.3%	0.8%	0.1%	0.1%	0.1%

Source: Scotland's Census (2011) Scottish Council Area 2011 by Ethnicity (Flat) by Term-time Address

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3. Description of Pharmaceutical Services in NHS Lothian

3.1 Background

Pharmacists graduate at a Masters level of degree education. Pharmacists can also undertake further additional training to become independent prescribers. This education together with expertise in clinical practice offers the potential for the neighbourhood pharmacist to play a significant role in the assessment and delivery of care. Pharmacy technicians are also a trained and registered workforce within pharmacy. This highly trained workforce should enable pharmacies to be better utilised to meet the needs of patients and improve access to health services to reduce inequalities and improve citizens access to health services.

All pharmacies are required to provide all 4 core pharmaceutical care services

   i.   Medication Care and Review
   ii.   Acute Medication Service
   iii. Pharmacy First
   iv.   Public Health Services.

These services are described in more detail in this document.

There are also locally negotiated service contracts for services that are required in addition to the core services. These may not be available in all community pharmacies as there is no requirement for pharmacies to agree to provide enhanced services.

Integration Joint Boards and Health and Social Care Partnerships can agree which locally negotiated services are required to meet the needs of their populations and how these are delivered as part of the strategic planning process. Consultation and engagement with Community Pharmacy Lothian and the multidisciplinary primary care team will be required in the process to agree provision of appropriate locally negotiated services.

Pharmacies may also provide services which are non NHS commissioned. Not all pharmacies will provide the same non-commissioned services. Non-commissioned services are offered at the discretion of the contractor and are not funded by either NHS Lothian or remunerated as part of Scottish Government arrangements with community pharmacy.

3.2 Summary of Pharmacy Provision in NHS Lothian
Table 3: Community Pharmacies NHS Lothian

Location	Number of community pharmacies	Population (NRS mid 2020 estimates for council areas)	Population per community pharmacy
NHS Lothian	**182**	**912,620**	**5014**
East Lothian	23	107,900	4691
Edinburgh	107	527,620	4931
Midlothian	19	93,150	4902
West Lothian	33	183,820	5570

There is no standard as to the number of population that should be served by a pharmacy. Table 3 shows that there is some difference in the average population served by each pharmacy between the four Health and Social Care Partnerships areas. The Scottish average population served by a

community pharmacy is around 4530. Across Lothian the average population per pharmacy is 10% above the Scottish average. The highest population per pharmacy is seen in West Lothian.

Pharmacy Provision Across Lothian

Maps found in the appendices show pharmacies in relation to population density within each Health and Social Care Partnership area. These illustrate that typically pharmacies are located in the areas of highest density population and the more dense the population the higher number of pharmacies there are. Pharmacies also tend to be near local and main routes of access; this pattern can be seen particularly in the more rural areas of Lothian. This plan uses the 2019 small area population data. When updated in the future in light of the 2022 national census the information will show a change in population density due to the creation and occupation of new housing developments and will assist in the identification of areas where growth in population may have generated of unmet needs.

There can be diverse reasons for a community pharmacy location and the current data identify that a variety of local community pharmacies would appear to exist within NHS Lothian.

3.2.1 Hours of service

Normal hours of service for pharmacies are laid out in the NHS Lothian Hours of Service Scheme under Regulation 11(1) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations as:

All places of business on the Pharmaceutical List shall be open for the supply of drugs and prescribed appliances (as the case may be), on the days and at the hours following:

On five full weekdays in the week (less any public holidays in the week).	9am to 6pm (during which time they may be closed for a maximum of one hour in the middle of the day).
On one half weekday (the Early Closing Day as defined in the Shops Act 1950-65).	9am to 1pm.

Additionally, at any other time when a pharmacist's place of business is open for the purpose of supplying drugs or appliances, they shall supply drugs or prescribed appliances which are ordered under the regulations.

This effectively means as a minimum each contracted pharmacy must open between 9am and 6pm on five and a half days per week. There are some variations to these hours depending upon individual circumstances and applications for shorter or longer hours have been made at various times to suit the local situation. Longer hours are at the discretion of the individual pharmacy and not enforceable through regulations. Changes to extended hours provision may impact on provision and availability of additional local services. If pharmaceutical provision is not met within the core hours, mechanisms exist to facilitate provision of pharmaceutical services out with core hours, such as pharmaceutical service rotas. Additional funding may be required to support such extended service provision.

Table 4: Community Pharmacy Opening Hours in NHS Lothian (December 2019)

Location	NHS Lothian	East Lothian	Edinburgh	Midlothian	West Lothian
Number of community pharmacies	182	23	107	19	33
Number of pharmacies open until 6pm	97	11	52	12	22
Number open between 6pm and 10pm weekdays	23	0	17	2	4
Number open on Saturday morning only	88	10	56	9	13
Number open all day Saturday	64	13	24	10	17
Number open Sunday	18	0	13	1	4

Recommendation:
Opening hours outwith core hours are likely to remain fluid and a local process for agreement of any opening hour changes should be retained involving local pharmaceutical (LAPC) and general practice (LMC) committees.

3.2.1.1   Facilities

Most community pharmacies now provide private areas which can be utilised for the provision of services, counselling and advice. These enable patients to have private conversations and to enable confidential services. These areas can be either fully or partially enclosed, reflecting the needs of different patients - for example if they do not like enclosed spaces. In Lothian, 90% of pharmacies currently have either a private area or room where patient confidentiality can be maintained. The majority also have induction loop facility and wheelchair access.

Premises facilities information should be gathered to an accurate level of provision and it is the aspiration of NHS Lothian that all community pharmacies should have a private consulting area, wheelchair accessibility and an induction hearing loop by 2025.

Recommendation:
Premises facilities information should be gathered annually to provide an accurate level of current provision and determination of improvements required to achieve 100% compliance of pharmacies with private consulting area, wheelchair accessibility and an induction hearing loop by 2025.

Table 5   Premises Facilities in NHS Lothian. Numbers of pharmacies with each facility and as a percentage of total pharmacies in the area (December 2019)

Area	FACILITY INDUCTION LOOP	FACILITY WHEELCHAIR ACCESS	FACILITY PRIVATE CONSULTING AREA/ROOM
NHS Lothian	**146 (81%)**	**165 (91%)**	**165(91%)**
East Lothian	20 (87%)	21 (91%)	20 (87%)
Midlothian	16 (84%)	17 (89%)	19 (100%)
Edinburgh	85 (79%)	96 (90%)	98(92%)
West Lothian	25 (78%)	30 (94%)	28 (88%)

3.2.2   Travel time / 20 minute Neighbourhoods

Neighbourhoods are defined by the communities who live there, and each will have unique expectations of the services and facilities they need. This will also vary depending on the wider area, including topography and landscape, population density, economic status. An important objective of the 20-minute neighbourhood concept is to better align spatial planning (i.e., what is in an area) with transport planning (transport infrastructure), to make it easier for people to walk, cycle and use public transport. This approach needs to be underpinned by ensuring 20-minute neighbourhoods are designed to be inclusive and equitable. Services and amenities may be shared between neighbourhoods, depending on the density of the area. 20-minute neighbourhoods may be difficult to implement in extremely rural villages and public transport options between these villages will be essential. Health services including pharmacy are considered an essential element of a 20 minute neighbourhood. 20-minute neighbourhoods are an opportunity for multi partnership involvement to support reductions in inequalities.

The travelling time of 20 minutes for driving, cycling and walking to a community pharmacy is shown on maps in the appendices for each Health and Social Care Partnership. It can be clearly seen that most city centre pharmacies are within 20 minutes' walk for most of the population and the population in many rural areas are within 20 minutes' drive from their nearest pharmacy. Travel times by public transport can be longer.

Public Transport infrastructure is critical to 20 minute neighbourhoods. Travel times by public transport across NHS Lothian are complex, particularly in rural areas and have not been mapped for this plan. The NHS Lothian area is serviced by an extensive bus network and has some rail connections. The positioning of pharmacies on main routes aids accessibility.

In 2021 the Scottish Government undertook consultation on the Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development and identified the need for action on patient travel. It requires all NHS Scotland bodies to take action to reduce the carbon emissions resulting from travel associated with their activities, including staff and patient travel. Efforts should include actions to reduce the need for travel; actions to increase "active travel"; actions to increase the use of public or community transport to access services.

NHS Lothian supports these aspirations and is developing a Strategic Active and Sustainable Travel Plan Framework consistent with the Scottish Government policy. Decisions on location and provision of pharmacy services should have regard to the Government's and Health Board policies on sustainable development.

> **Recommendation:**
> 20-minute neighbourhoods and sustainability objectives should be considered as part of the process in determining where community pharmacies are sited in the future.

3.3 Essential (Core) Services for Community Pharmacy

All Scottish community pharmacies offer the core NHS services and these are often complemented by local services which address more specific issues in each Health and Social Care Partnership. Being situated in the heart of local communities, community pharmacists are the most accessible healthcare professionals, making a difference to people's quality of life.

3.3.1 Acute Medication Service

The Acute Medication Service represents the provision of pharmaceutical care services for acute episodes of care and supports the dispensing of prescriptions and any associated counselling and advice.

Prescribing volumes have increased over the last 10 years, with an overall increase of 20% from 11 million items in 2010/11 to 13.2 million items in 2019/20. Figure 5 below shows a year on year increase in the number of prescriptions dispensed in NHS Lothian with some stabilisation in 2018/19 followed by a rise in 2019/20. Population growth in Lothian, increasing multimorbidity, treatability of disease and polypharmacy (defined in the 2018 Polypharmacy Guidance as two or more medicines) along with an ageing population and more people living with long-term conditions are responsible for the increase in prescriptions. The projection of an increasing and ageing population in Lothian and the aspiration for community pharmacies to be a first port of call for many service users suggest that further growth in volumes will occur in future years.

Figure 5 Dispensed Items in NHS Lothian 2010/11 to 2019/20
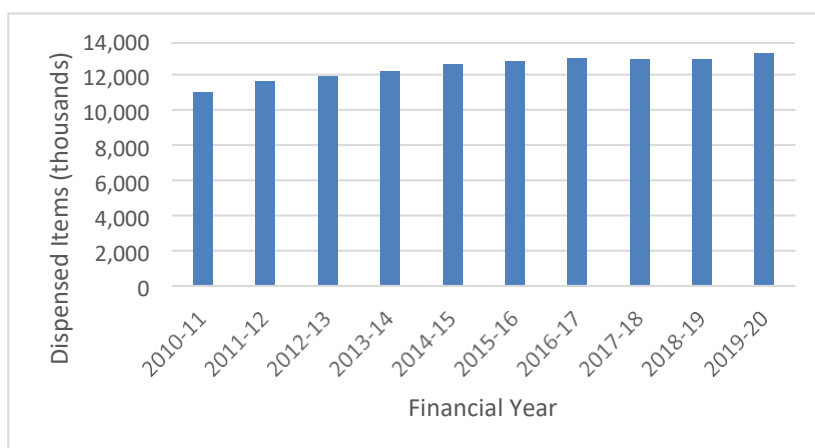
3.3.2 Medication Care and Review (MCR) / Serial Prescribing

The Medication Care and Review Service is the continuity of pharmaceutical care of patients with long term medical conditions.

The service provides personalised pharmaceutical care by a pharmacist to patients with long term conditions. It is underpinned by a systematic approach to pharmaceutical care in order to improve a patient's understanding of their medicines and to work with the patient to maximise the clinical outcomes from the therapy.

There are three stages to the Medication Care and Review Service:

- **Stage 1** - A patient with a long term condition registers with a pharmacy of their choice.
- **Stage 2** - Pharmacist assessment to identify and prioritise individuals or groups of patients' unmet pharmaceutical care needs'
- **Stage 3** – Serial dispensing for "suitable" patients in partnership with GP practice

Figures 6a and 6b demonstrate the progress being made to increase use of this service. All GP practices and community pharmacies are IT enabled for this service with an increase in those active over the last eighteen months. The average number of dispensed items each month has increased from 7022 items in 2020 to 9616 items in the first six months of 2021.

Overall, the current uptake of the serial prescribing and dispensing element of the MCR service remains low in relation to the total number of GP Practices and Community Pharmacies across Lothian. The Primary Care Pharmacy team are undertaking a quality improvement project aimed at increasing the use of serial prescribing for suitable patients as part of the pharmacotherapy service and COVID 19 response. The available local evidence supports that greater use of this service reduces workload and number of repeat prescriptions required from General Practice.

Active General Practices are defined as those where a chronic medication prescription has been issued. An active community pharmacy is defined as those having made a chronic medication service payment claim.

Active patients represents the number of patients who have had a chronic medication prescription issued by their general practice (GP) and dispensed by their community pharmacy (CP).

New registrations are the number of new registrations started.

Figure 6a – Number of active General Practices (GPs) and active Community Pharmacies (CPs) in the Medication Care and Review Service over 2020/21
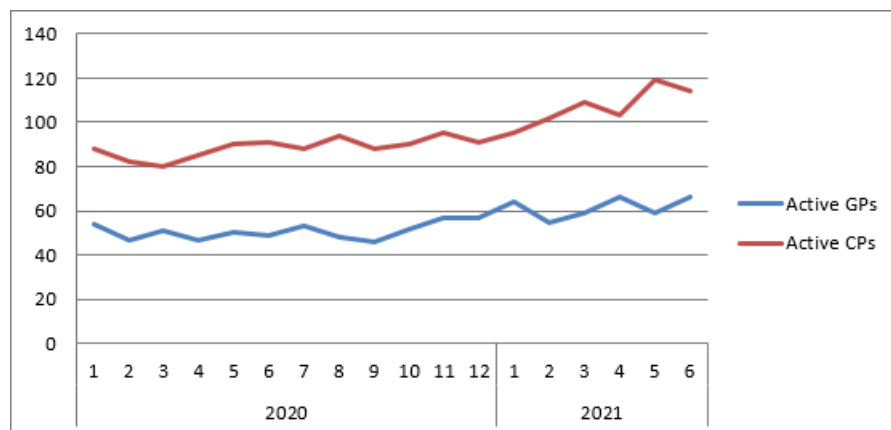
Figure 6b – Number of active patients and new patient registrations to the Medication Care and Review Service

The chart shows three lines over the period 2020 (months 1–12) and 2021 (months 1–6):
- Active patients (CP) — blue
- Active patients (GP) — red
- New Registrations — green

Y-axis ranges from 0 to 4500.
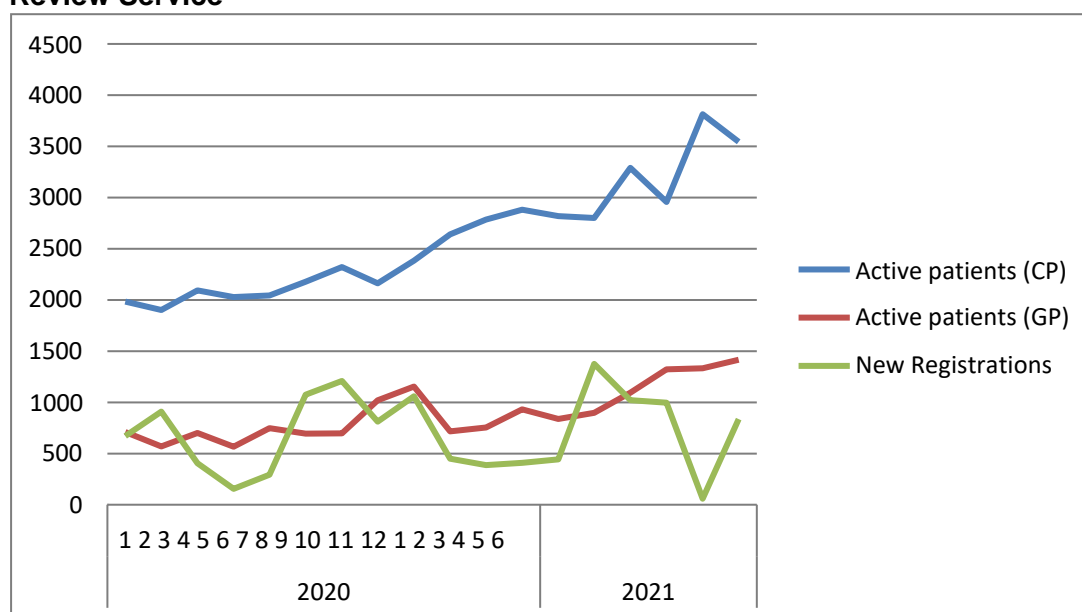
Recommendation:
Based on the number and distribution of pharmacy contracts across each HSCP there should be capacity to meet needs for the Acute Medication Service, but further effort is needed to progress the Medicine Care and Review service by increasing the number of active GP practices and community pharmacies engaged.

3.3.3   NHS Pharmacy First Scotland Service

Provision of the NHS Pharmacy First Scotland Service is important to the NHS Recovery Plan 2021-2026. The Pharmacy First Service launched in July 2020. It aims to support the provision of direct pharmaceutical care for common clinical conditions within the NHS by community pharmacists. The service is available to all individuals who are registered with a GP practice in Scotland or who live in Scotland (there are some exceptions for visitors to Scotland). The Pharmacy First service seeks to encourage people to go to their local community pharmacy for support with minor and acute health conditions thereby and importantly avoiding unnecessary GP and out-of-hours appointments. Lothian Unscheduled Care Service can direct people to seek treatment from a community pharmacy as an alternative to a GP assessments or attendances at Emergency Department.

Under the service, pharmacy teams provide an NHS Pharmacy First Scotland consultation with one of three outcomes: Advice, Treatment or Referral to another healthcare professional if appropriate according to the needs of the individual.

The Pharmacy First Service in Lothian also provides consultation for the following additional common clinical conditions; uncomplicated urinary tract infections in women and impetigo with the addition in 2021 of soft tissue skin infections and shingles. Figures 7a and 7b show outcomes of treatment for minor conditions from August 2020 to May 2021. The average number of episodes of care for all Pharmacy First is 24,563 per month. Figure 7b shows urinary tract infection was the most frequent additional condition for which treatment was provided in the pharmacy and the most frequent condition resulting in GP referral. Additional common clinical conditions will be identified for future inclusion under the Pharmacy First Service for 2022/23.

Figure 7a: **NHS** Pharmacy First (PF) Outcomes August 2020- May 2021
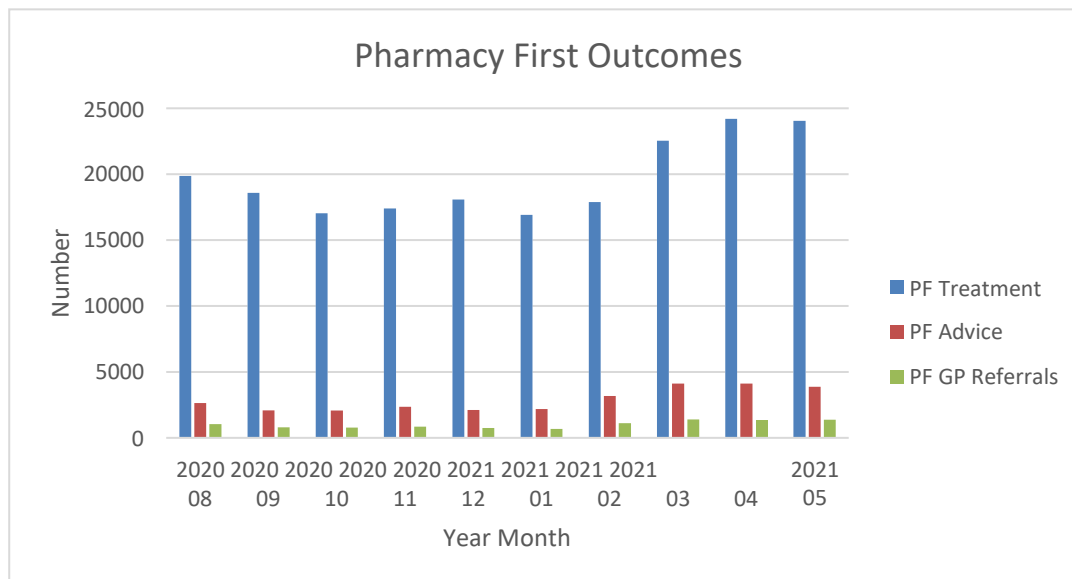
Figure 7b: **NHS** Pharmacy First Outcomes for UTI and impetigo August 2020- May 2021
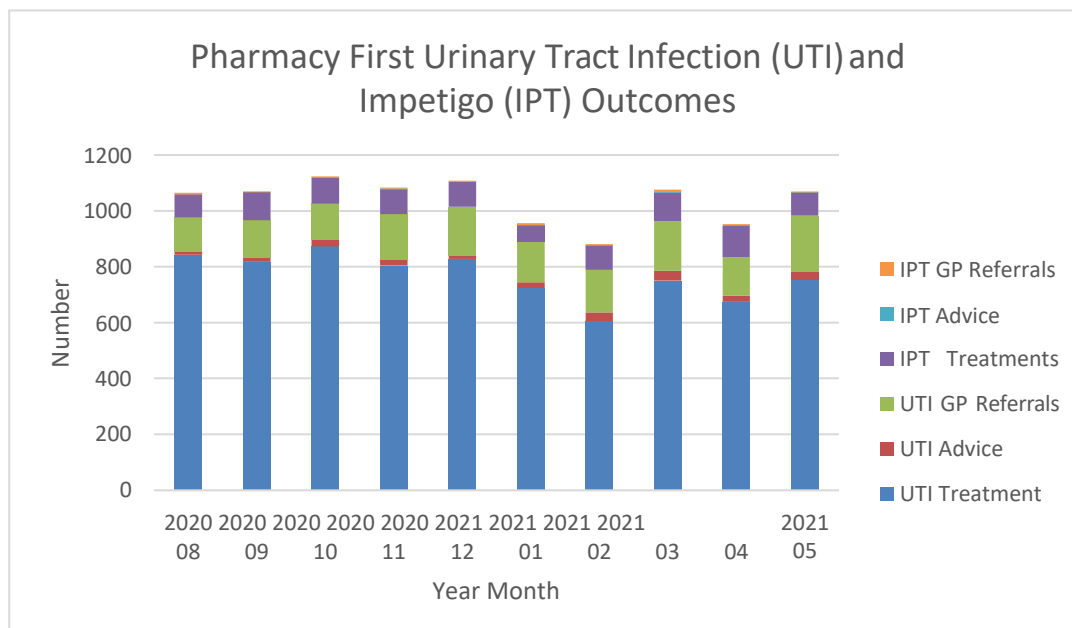
> **Recommendation:**
>
> As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service, there is no unmet need in the provision of treatment for common clinical conditions from a community pharmacy as an alternative to a GP practice appointment.
>
> Unmet need will arise in urgent care where pharmacy opening hours do not offer full weekend and extended opening hours in a local area. Local mitigations should be considered by the multidisciplinary teams.
>
> Support urgent care through use of national promotional materials for Pharmacy First.

3.3.4   NHS Pharmacy First Plus Service

This new service allows provision of prescription only medicines and alternative products as determined by individual patient need assessed by a Pharmacist Independent Prescriber (PIP). PCA (P)(2020)16 (available here) outlines the terms for a PIP-led common clinical conditions service to be known as NHS Pharmacy First Plus for which funding has been made available to support appropriately qualified Pharmacist Independent Prescribers from September 2020. The service will be based on the community pharmacy contractor providing a PIP–led service for patients presenting in the community pharmacy with a common clinical condition which is beyond the scope of the standard NHS Pharmacy First Scotland service and would otherwise require onward referral to another healthcare professional. Patient eligibility will mirror the eligibility for the NHS Pharmacy First Scotland service. NHS Lothian is keen to see the expansion of the number of qualified Pharmacist Independent Prescribers.

3.3.5   Public Health Service

Community pharmacists are highly accessible primary care practitioners in terms of location and opening hours including weekend and extended hours in some pharmacies. An appointment is not normally necessary to access services within a pharmacy setting.

The Public Health Service element of the contract has made a significant contribution to areas such as smoking cessation and access to emergency hormonal contraception in addition to health and wellbeing through the national community pharmacy public health poster campaigns.

3.3.5.1   Smoking Cessation Services

Tobacco smoking is the main risk factor for lung cancer, accounting for an estimated 80-90% of cases in developed countries and is linked to other cancers and Chronic Obstructive Pulmonary Disease (COPD).

This community pharmacy service consists of the provision of a smoking cessation service comprising advice, support and supply of either nicotine replacement therapy (NRT) or varenicline over a period of up to 12 weeks, in order to help smokers successfully stop smoking. Varenicline is supplied using a patient group direction (PGD).

In addition, community pharmacists work with specialist Quit Your Way (QYW) services to supply nicotine replacement products to the specialist QYW service clients diverting this prescription workload away from general practice. Varenicline is provided to specialist QYW service clients on prescription from general practice.

More opportunities for joint working between the specialist QYW service and community pharmacy are in planning for the future to improve overall quit rates across NHS Lothian which support the local delivery plan target. This will ensure that the needs of individuals seeking help to quit smoking are

being met and that community pharmacy in Lothian continue to contribute positively to the Scottish Government strategic goal to reduce smoking prevalence in Scotland to 5% by 2034.

Quit attempts via cessation services across Scotland has seen a slight decline over the past few years. However, performance measured by the national cessation target has declined across NHS Lothian with 12 week quit rates in community pharmacy amongst the lowest in the country. The COVID 19 pandemic restrictions has led to a significant reduction in quit attempts across Scotland of around 40% compared to 2019-20. Figure 8 shows a 40% drop in the number of quit attempts but a similar level of successful outcomes at 12 weeks within community pharmacy. Improving the support for community pharmacy around smoking cessation is a key element of the new Tobacco Control Plan and realignment of resource from specialist services to implement several quality improvement actions is key during 2022-23.

Figure 8: Annual pharmacy quit attempts and 1 month and 3 month quit rates

NHS Lothian Pharmacy Quit Attempts, 4 and 12 week successful quits				
	2016/17	2017/18	2018/19	2019/20	2020/21
Quit Attempts	4,076	3,951	4,057	4,051	2,655
4 week quits	1,242	1,180	1,200	1,075	871
12 week quits	500	545	608	574	538
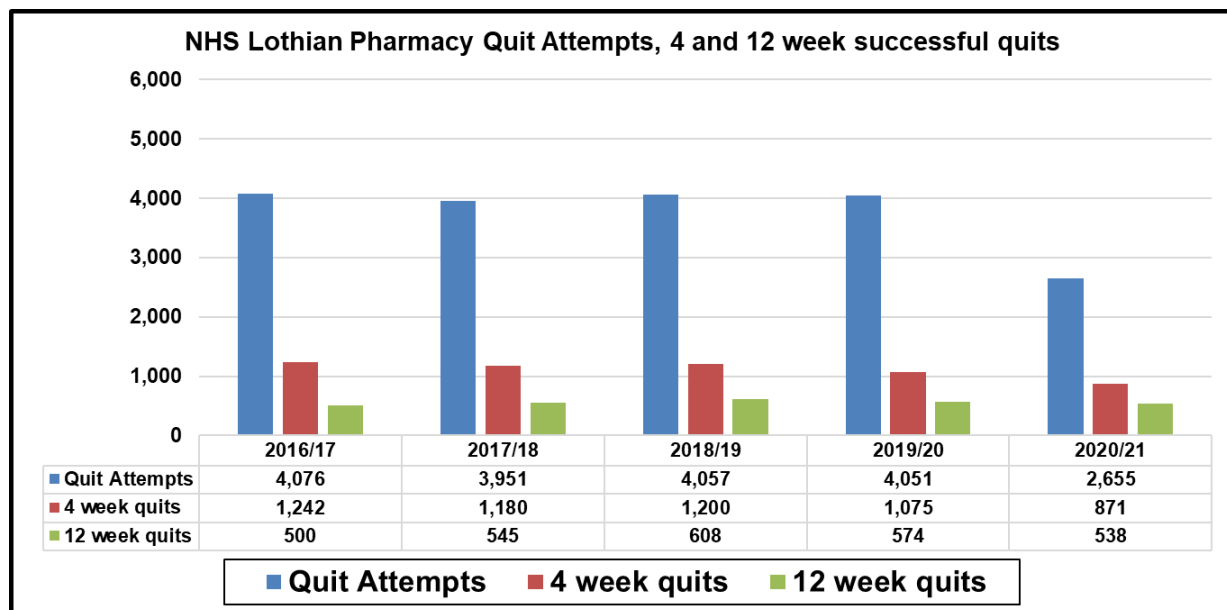
Recommendation:
Support the planned opportunities for the community pharmacy smoking cessation service to work closely with specialist QYW services and Pharmacy Champions to achieve improved quit rates.

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3.3.5.2 Sexual Health Services

The Sexual Health Service involves consultation on, and supply of emergency hormonal contraception (EHC) to women 13 years and above. Community pharmacists provide emergency hormonal contraception to patients within local communities without the need for an appointment.

Where a pharmacy contractor decides not to supply emergency hormonal contraception, they should give notice in writing to the Health Board and advise the Agency of their decision and ensure prompt referral of patients to another provider who they have reason to believe provides that service. This is the only core service a contractor can opt out of.

In addition, regardless of the pharmacy policy, an individual pharmacist who chooses not to supply emergency hormonal contraceptive on the grounds of religious, moral or ethical reasons must treat the matter professionally, sensitively and advise the client on an alternative local source of supply (such as another pharmacy, GP or sexual health service). The majority of EHC is provided by community pharmacy.

Figure 9 shows that the provision for emergency hormonal contraception was impacted by the two COVID 19 lockdowns. Post lockdown the provision has risen back to a higher level closer to pre-pandemic provision. This demonstrates the continuing demand and need for this service. It is also known from pharmacy level data that there is capacity within the system to meet any increasing demand. The Lothian community pharmacy EHC service includes provision of free condoms provided by the C:Card service as part of every EHC consultation in every pharmacy.

Figure 9: Emergency Hormonal Contraception
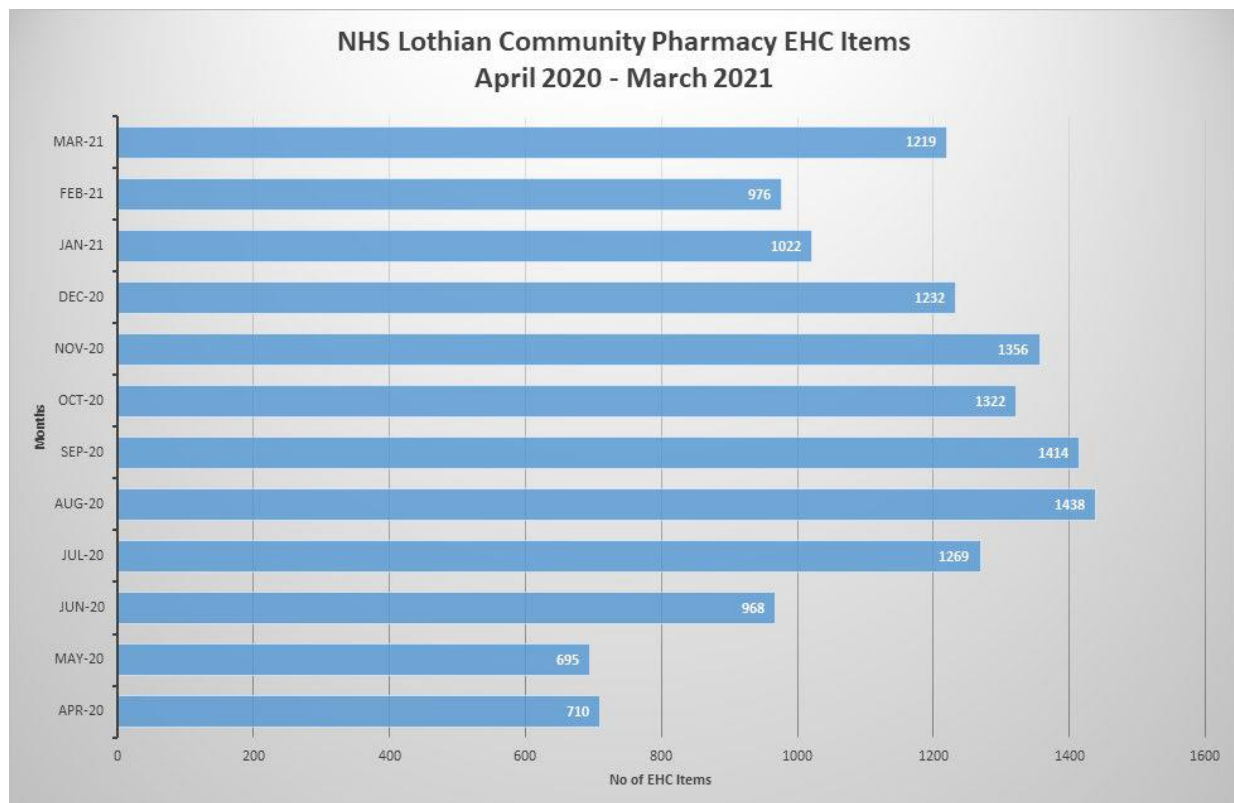
The Scottish Government Sexual Health and Blood Borne Virus Recovery Plan includes future developments for sexual health services from community pharmacy such as the provision of three months of progesterone only contraception pills as "bridging contraception". This will become part of

the EHC consultation. The proposed reclassification of some progesterone only contraceptive pills to a Pharmacy medicine will support local and national development of accessible contraceptive services in community pharmacy. The NHS Recovery Plan 2021-2026 will also see the launch of new pharmacy woman's health and wellbeing service covering conception, contraception and menopause.

A locally negotiated service is available which enables community pharmacists in NHS Lothian to provide treatment of patients or partners of patients for chlamydia infection or pelvic inflammatory disease.This service allows for men and women testing positive for chlamydia to take an electronic text 'voucher' to a participating pharmacy. They should be supplied (as per Lothian Formulary guidelines) with a 7 day course of doxycycline as per patient group direction.

> **Recommendation:**
> Support opportunities and new models of delivering additional sexual health services in community pharmacy as detailed in the Scottish Government Sexual Health and Blood Borne Virus Recovery Plan and the NHS Recovery Plan 2021- 2026.

3.3.5.3　　　　Prophylactic Antipyretic (Paracetamol)

Pharmacists provide prophylactic antipyretic (paracetamol) in advance of or following administration of childhood meningitis B vaccination and other childhood vaccinations as clinically appropriate in children under 12 months.

3.3.6　　　　Urgent Care

Community pharmacy is an important access route for people requiring urgent care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances. This allows the pharmacist to supply the patient with a medicine when their GP is unavailable should the patient have been receiving this medicine on repeat prescription from their GP. The pharmacist must be satisfied that the patient knows exactly which medicine they require and that they have received it previously. Certain medicines are excluded from the list of products that can be provided in this way. To support this pharmacists can now access the Emergency Care Summary for individual patients.

Community Pharmacies can also use Direct Referral to local GP Out of Hours services where the pharmacist feels that the patient does not have a medicines supply issue but requires input from another health professional.

Virtual consultations are also possible via telephone or the Near Me platform in Community Pharmacy.

> **Recommendation:**
> - Undertake local assessment of need and potential mitigations where there are limited numbers of pharmacies open late, full and half day Saturday and Sunday opening. This may lead to unmet need in some HSCP localities when NHS Lothian' GP Out-of-Hours Service (LUCS) recommend care which is provided by Community Pharmacy.
> - Community pharmacy to have access to clinical records to help improve patient care when GP practice is closed and to support pharmacotherapy service element of Medicine Care and Review. National digital developments are needed to fully support this.

3.4   Additional Services

There are several additional services agreed within NHS Lothian. These are locally negotiated contracts and not all pharmacies participate. It is the responsibility of the NHS Board and Health and Social Care Partnerships to ensure that these additional services meet the needs of the population. This does not mean that the population requires these services equally across NHS Lothian or that it is necessary to provide them from every community pharmacy. The services might also be provided by other agencies and so provision must be looked at in the context of wider healthcare services.

3.4.1   Substance Misuse / Harm Reduction

These services are provided as part of the holistic support that the NHS, social services and third sector offer for people with substance use issues, which may include the use of opioids, stimulants, prescription medications, alcohol and more.

The core of these services is the provision of support to patients in recovery, along with dispensing and/or supervision of substitution therapies.

3.4.1.1   Supervised Self Administration of Methadone

Supervised self-administration of methadone has become a key component of any addiction treatment programme. Supervision can support high risk, chaotic patients as it ensures patients receive only the correct prescribed dose. Overdose from methadone is a real risk and often those receiving methadone continue to use street drugs on top. Supervision ensures that the patient takes the prescribed dose of methadone and it is not being shared, swapped or sold reducing risk to patient and public.

Supervision in community pharmacy allows patients to be treated in their own communities. All 182 pharmacies are able to dispense methadone however a supervised methadone service may not be available in all pharmacies at all times. This is likely in response to demand and not a pharmacy decision. The exact number of pharmacies delivering supervision of methadone is not captured in a formal return within NHS Lothian.

During the COVID pandemic lockdown periods and to support self-isolation, the clinical need and safety of reducing the need for supervised consumption was reviewed for individual patients. Delivery of prescribed methadone supply was also put in place with key support from local Drug and Alcohol Partnerships and third sector volunteers with experience of working with this population in collaboration with community pharmacies. Table 6 shows the growth in the number of methadone supervisions provided from community pharmacy prior to COVID 19. The impact of the COVID pandemic and lockdown restrictions can be seen in the reduced number of supervisions for 2020/21. In Lothian, the Substance Misuse Service and GP prescribers clinically assessed and reduced supervisions and reduced pick up days in the majority of patients to help reduce contacts and maintain social distancing. Some supervisions were maintained for a small group of particularly high risk patients and for new patients.

Table 6 –Dispensing and supervision of methadone 2015/16 to 2020/21

Financial Year	Methadone Supervisions	Total Methadone Dispensings
2015/2016	268,851	750,176
2016/2017	325,521	832,966
2017/2018	331,197	863,406
2018/2019	367,772	899,114
2019/2020	400,930	929,230
2020/2021	171,403	730,078

3.4.1.2   Supervised self-administration of buprenorphine

Buprenorphine is also licensed for the treatment of opioid dependence although methadone remains the predominant treatment in Lothian. The use of either agent is dictated by clinical choice, the two drugs are not interchangeable.

Buprenorphine supervision may be requested by a prescriber in the same way as methadone for the same reasons. The exact number of pharmacies participating in buprenorphine supervision is not known and demand for the service is driven by prescribing practice. Table 7 shows the number of buprenorphine supervisions taking place across NHS Lothian. The impact of the COVID pandemic and lockdown restrictions can be seen in the reduced number of supervisions for 2020/21.

Table 7- Supervision of buprenorphine 2015/16 to 2020/21

Year	Total number of supervisions
2015/2016	40642
2016/2017	43844
2017/2018	57377
2018/2019	56140
2019/2020	60540
2020/2021	24377

Recommendation:
The services provided by pharmacies relating to substance misuse and harm reduction are part of an overall strategy led by the Alcohol and Drug Partnerships. It will be necessary to ensure that service need is addressed within that wider context and funding identified to support any increase in requirements to reflect local population unmet need.

3.4.1.3 Supervised self-administration of disulfiram

The purpose of this service is to increase the contribution that pharmacists make to the pharmaceutical care of patients with alcohol dependency, to help address service gaps, to allow for greater capacity in treatment services and to reduce health inequalities. The service makes an important contribution to the care of patients in maintaining abstinence from alcohol dependence. No information is available for the number of pharmacies offering supervision for disulfiram. Inequalities and gaps still remain in the disulfiram supervision service.

3.4.1.4 Injection Equipment Provision

A total of 19 out of the 182 pharmacies in Lothian (10 Edinburgh City; 4 East and Mid; 5 West Lothian) provide injection equipment to meet the needs of people who currently inject drugs. This contributes to protection of individual and public health, in order to reduce the risks of harm associated with injecting practice and to prevent the spread of blood borne viruses. Ten Edinburgh City Pharmacies also provide naloxone in addition to injecting equipment. Injecting equipment and naloxone is also available in other community based settings such as mobile and pop-up clinics as determined by the respective Drug and Alcohol Partnerships.

The goals of this service are to:

- Provide free sterile injecting equipment and related paraphernalia as agreed locally
- Reduce the rate of sharing and other high risk injecting behaviours
- Provide a facility for safe disposal of used injecting equipment
- Provide information and advice on blood borne viruses, safer injecting, injecting technique, safer drug use
- Provide information on and to signpost and refer clients to drug treatment and other services for people who use drugs, including referral for testing vaccination and treatment for blood borne viruses.

> **Recommendation:**
> - Key areas to be developed are increasing availability of take-home naloxone from community pharmacy, a test of change Buprenorphine administration from community pharmacy and detection and treatment of hepatitis C in population who injects drugs. All are desirable to support reducing drug related deaths and harms.
>
> - Undertake local reviews of injecting equipment and naloxone provision to ensure local needs are being met effectively post pandemic.
>   Injecting equipment provision is not a specific pharmacy only scheme. As pharmacies can often offer longer opening hours than drop in centres pharmacy-delivered IEP adds capacity to the harm reduction team.

3.4.1.5 National and local drivers

In May 2021 the Scottish Government published standards for Medication Assisted Treatment (MAT) with multiagency and multi-professional roles identified. Community pharmacies are identified as well placed to deliver scheduled or opportunistic care because they can have very frequent contact with people picking up prescriptions or attending for other reasons.

Areas for potential development working with other stakeholders include distribution of Take Home

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Naloxone to increase coverage and reduce the risks of drug related death and Dried Blood Spot Testing to increase access to testing for blood borne viruses such as hepatitis C and access to treatment.

Locality Drug and Alcohol Partnerships provide responses and plans for drug and alcohol issues working with their partners in the NHS, local authority and third sector.

The Drug and Alcohol Partnerships in Edinburgh City and West Lothian have funded projects working with community pharmacy to improve provision of naloxone from some pharmacies in key areas with high levels of drug related deaths and to implement provision of long acting injectable buprenorphine from a community pharmacy as a test of change.

3.4.2 Pharmaceutical Advice to Care Homes

Community pharmacies may apply to NHS Lothian for inclusion in the existing care home scheme. The aim of this scheme is to ensure that all drugs and medicines supplied to the residents of a home are handled, stored and administered correctly.

Community pharmacists are the best placed healthcare professionals to offer this type of advice to care homes. Any pharmacy on the scheme is responsible for providing pharmaceutical advice on the safe handling, storage and correct administration of any drugs and medicines that they supply to the residents of homes to which they are affiliated.

This service would not be expected to be geographically widespread across Lothian but instead correspond to the needs of care homes within their local area. It would not be necessary for a pharmacy providing this service to be located in the same Health and Social Care Partnership or health board as the care home.

There are 110 care homes located in NHS Lothian and of these 64 are currently affiliated with 32 pharmacies to receive pharmaceutical advice.

In reviewing this plan annually, it was identified that the existing service requires to be comprehensively reviewed to incorporate a greater clinical element as well as a focus on medicines waste. Work has been undertaken involving multidisciplinary input to develop a care home service level agreement for local negotiation.

> **Recommendation:**
> Progress implementation of the locally agreed Community Pharmacy Care Home Service to increase pharmaceutical care provision and reduce medicine wastage across Health and Social Care Partnerships and NHS Lothian to meet the sustainability action plan.

3.4.3   Palliative Care Network

The Palliative Care Network was launched in November 2000 and was developed in response to concerns expressed in accessing palliative care drugs for patients being cared for at home, particularly out with normal working hours. The scheme follows the framework described in the Scottish Circular MEL (1999)78 for a Community Pharmacy Pharmaceutical Care Model Scheme for Palliative Care and is funded by this initiative. An on-call mechanism for access to palliative care drugs out of normal working hours is provided. Regular review taking into account the geographical spread confirms the utilisation of all pharmacies which are part of the Palliative Care Network.
Patients or their carers are encouraged to continue to use their usual community pharmacy to obtain prescriptions. The community pharmacies participating in the scheme should only be accessed in the following situations:

- During normal working hours, when the patient's usual community pharmacy cannot supply the palliative care drug(s) within the timescale required.
- Out with normal working hours when the patient requires the palliative care drug(s) urgently.

There are now 22 pharmacies taking part in the Palliative Care Network across NHS Lothian with 8 of these pharmacies providing an on-call service to maintain cover 24 hours a day. In order to ensure up to date knowledge relevant to providing pharmaceutical care for the palliative patient, the pharmacist's undertake relevant training and attend the three peer review sessions offered annually.

The aims of the network are to:

- Allow timely access to palliative care drugs for patients being cared for at home.
- Provide information regarding palliative care drugs to patients, carers and other health care professionals.
- Support and maintain the formation of a network of "palliative care" community pharmacies in NHS Lothian and liaise with other health care professionals on palliative care issues.

Achievement of these aims is demonstrated by the number of times the service is accessed urgently and out of hours to help people remain at home (Figure 10) and by the range of people who access the services (Figure 11). The service is responsive to changes in the provision actively recruiting replacements as needed. The figures for both 2019/20 and 2020/21 show a rise in demand compared to the preceding years and may reflect the impact of COVID restrictions.

Figure 10: Palliative Care Network workload
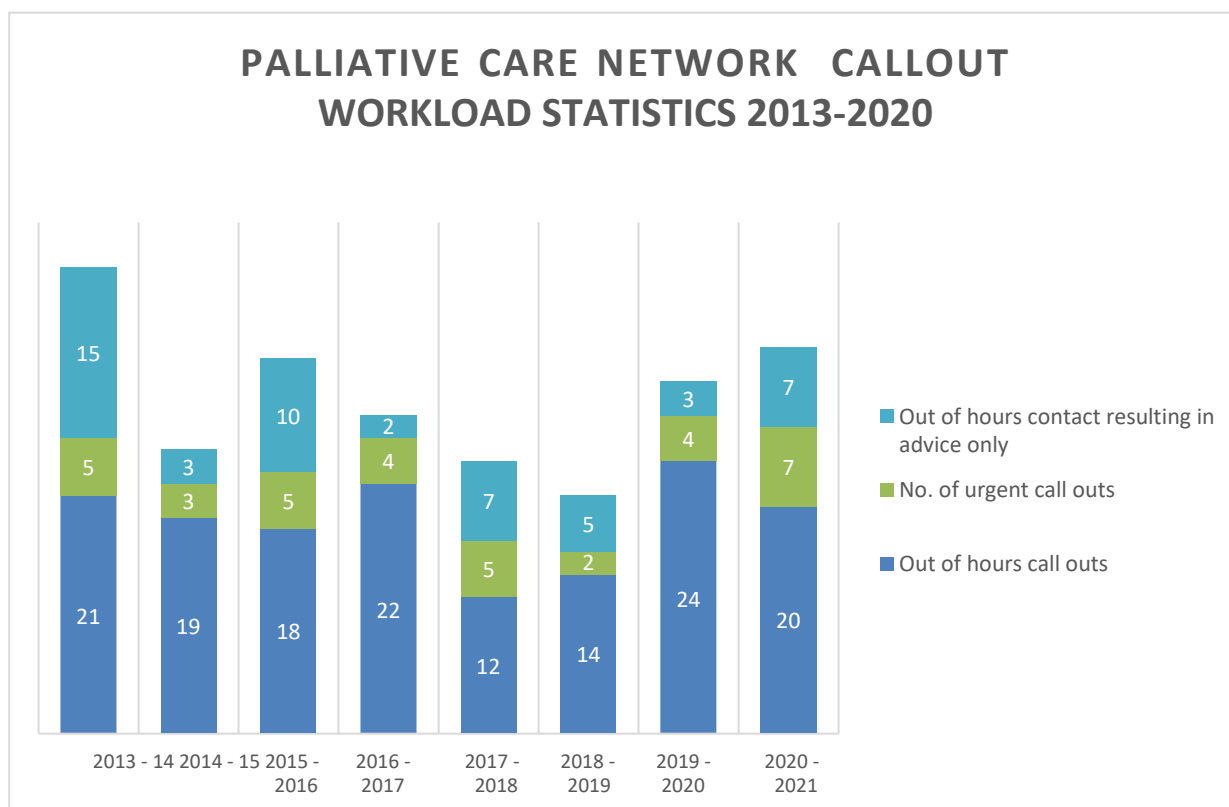
Figure 11: Users of the Palliative Care Network Service

Who uses the Palliative Care Service

Legend:
- Patient
- Family
- Pharmacist
- GP
- Nurse
- Unscheduled care
- Other /not known

Values shown: 4%, 39%, 3%, 26%, 10%, 7%, 11%
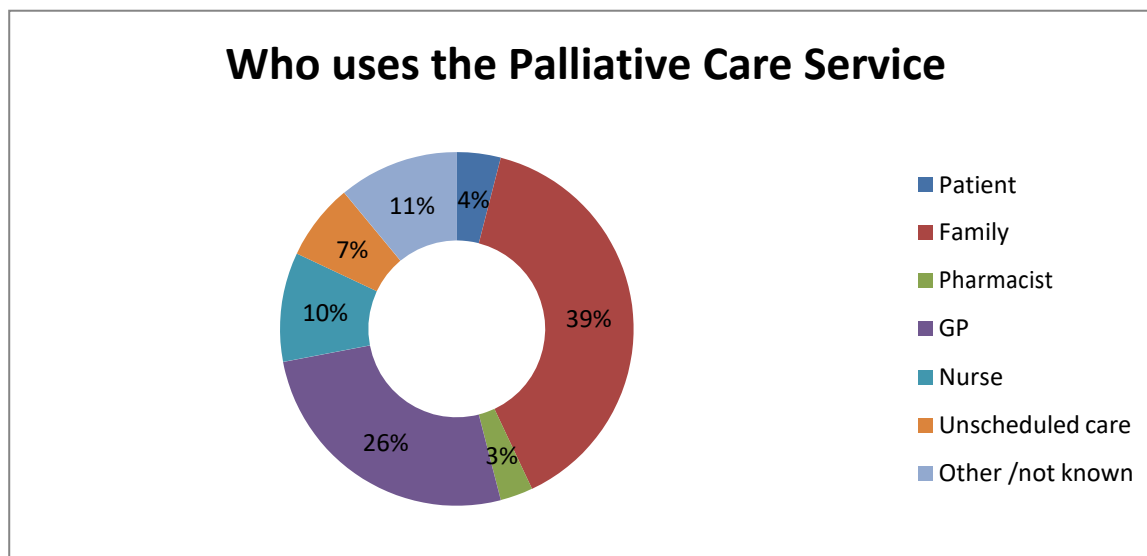
Recommendation:
The Palliative Care Service is annually reviewed to ensure best coverage for the population of NHS Lothian by a small number of local experts for provision of palliative care medicines and advice both in and out of hours.

3.4.4   Tiered Services for medication prescribed by Secondary care

The aim of the service is to provide patients with access to medicines prescribed from the hospital service along with any associated pharmaceutical care support from a local community pharmacy contracted to provide NHS services. The tiers of service attract a fee which reflects the pharmaceutical care and any additional workload aspects which can be involved for the community pharmacy contractor when delivering these services.

Tier 1 – No additional pharmaceutical care required out with the normal dispensing and supply of a new drug to the patient

Tier 2–Those medicines and patients that require enhanced pharmaceutical care over and above that contracted for within the national arrangements.

Tier 3 – Those services that currently are provided for via homecare or might form part of a hospital at home solution where such services are being devised. Medicines and regimens in this tier would be those that require a significant level of pharmaceutical care beyond that traditionally provided by community pharmacy teams.

3.4.4.1   Systemic Anticancer Therapy (SACT)
Tier 1 services provided include enzalutamide and abiraterone for treatment of prostate cancer. Prescribing is initiated and monitored by the specialist team. For each patient receiving treatment under this service agreement, a contractor will receive an agreed annual payment.

3.4.4.2 Pharmaceutical Care of Patients Requiring Support with Adherence to Complex Medication Regimes- Hepatitis C

This tier 2 service provides antiviral treatment for hepatitis C.
The specific objectives of the service providing pharmaceutical care to patients receiving treatment for hepatitis C are:

- to improve the clinical outcomes achieved by patients prescribed these medicines, especially preventing treatment defaults and poor adherence to treatment courses.
- to shorten the patient journey to one that can be accomplished by the majority of patients and avoid loss to follow-up
- to ensure close clinical monitoring for patients directly affected

Since June 2015 over 1000 patients have commenced treatment supplied through community pharmacy in NHS Lothian. To date >90% of patients have obtained a cure. This is clearly significant for the individual patient in terms of improving health outcomes but also contributes to reducing the burden of infection within local communities and contributes to the goal of elimination of HCV. Prescribing is initiated by the specialist team. The specialist service will contact the community pharmacy nominated by the patient and will provide information and guidance to enable the community pharmacist to provide pharmaceutical care to the patient.
Contractors are required to complete a Service Level Agreement. Figure 24 shows the number of patients accessing treatment via community pharmacy. The impact of COVID 19 is seen from the decrease in number of patients being able to access this service due to a reduced capacity and reduced ability to test/identify patients as well as reduced capacity to see patients for treatment.

Patients have credited the pharmacy service with being key to the success of their treatment.

> Community Pharmacists comments on the service:
> *I find the Hep C service very satisfying to deliver - it makes use of community pharmacy's position in people's communities. It also develops our relationship with a group of patients with multiple pharmaceutical care needs. It allows two sides of the pharmacy team to work in synergy - community and hospital. I find it very fulfilling to be involved in delivering this life changing treatment here in our pharmacy*

Figure 12:   Hepatitis C service

No of patients receiving treatment at community pharmacy
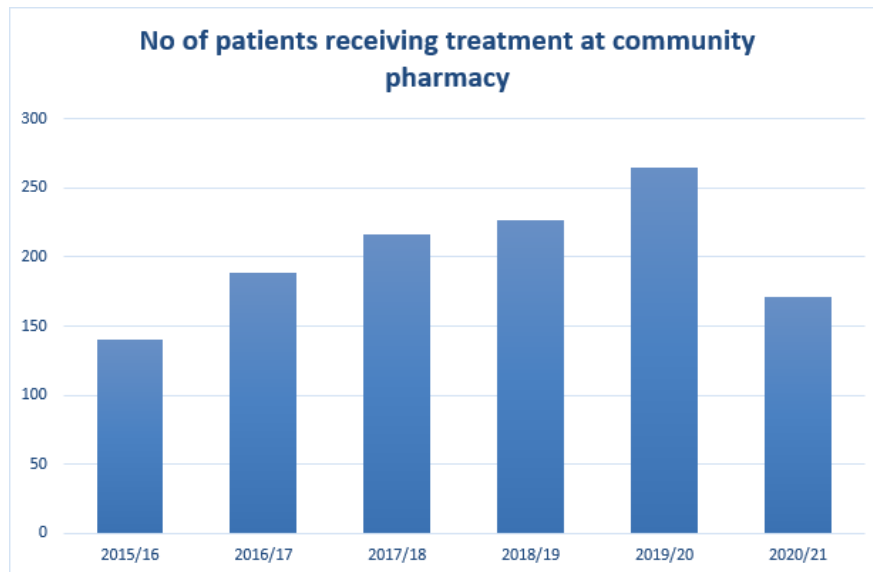
3.4.5   Gluten Free Food Service

From August 2015 patients with a confirmed diagnosis of either Coeliac Disease or Dermatitis Herpetiformis have been able to self-manage their gluten free prescription with the help of community pharmacy and Dietetic Services. Gluten free foods are essential to these patients to avoid future complications of their disease. Patients on the Gluten Free Foods Service are provided with an allocation of gluten free units by their GP when they register for the pharmacy service. This system allows the patient more variation in their diet as the service allows them to make changes to their gluten-free order on a monthly basis. As part of the Gluten Free Food Service, community pharmacists are also required to undertake and record a Pharmacy Annual Health Check with adult patients receiving this service to discuss the patients concerns and refer to an appropriate healthcare professional if needed. Patients may opt out of the health check. The Community Pharmacy Gluten-Free Food Service forms part of the wider Modernising Patient Pathways for Coeliac Disease Test of Change.

3.4.6   Medicine Administration Record Charts

Community pharmacists in Edinburgh and Midlothian HSCPs support Health and Social Care Partnership care workers by providing medicines administration record charts for service users assessed at level 3; unable to administer prescribed medicines themselves with or without prompt. Care workers document on the medicines administration record chart the administration of prescribed medicines to the service user. This service supports people to live in their own homes for as long as possible and protects the safety and wellbeing of service users while safeguarding care workers in Health and Social Care Partnership. More than 400 service users are assessed at level 3 within Edinburgh Health and Social Care Partnership. The community pharmacies involved provide the medicines administration record chart as an additional service under contract with the Health and Social Care Partnership.

3.4.7 Quality Improvement

Circular PCA(P) (2016)15, issued in September 2016, first introduced Quality Improvement as a key focus of the Community Pharmacy Funding Arrangement . Circular PCA (P) (2018) 2 issued in March 2018 advised community pharmacy contractors and NHS Boards of initiatives to continue to strengthen and raise the profile of Quality Improvement activity within community pharmacy. The QI component of the Community Pharmacy Funding Arrangement continues as outlined in PCA (P) (2021)5 from April to August 2021 will support the implementation and training requirements for additional clinical conditions added to the NHS Pharmacy First Scotland service and Public Health Service – Bridging Contraception and from September 2021 activities will support the refresh work on Medicines: Care and Review. This will be subject to any changes in policy priorities.

3.4.8 Sharps and Medicines Waste

There is a Service Level Agreement (SLA) which acts as a contract between NHS Lothian and the community pharmacy contractor and commits the contractor to provide the services as defined by a Prescribed Medicines and Sharps Waste Disposal Service to patients in Lothian. This has been agreed on an annual basis subject to negotiation with Community Pharmacy Lothian. Participating pharmacy contractors are required to accept medicine and sharps waste in appropriate bins from patients being treated at or in a homely setting for uplift and disposal by NHS Lothian if they have signed the SLA.

3.4.9 Vaccination Services

Community pharmacies across the four health and care partnerships took part in two successful NHS influenza vaccination service pilots: 2019/20 and 2020/21 flu seasons. Patient feedback from the first pilot showed participating pharmacies had a very high satisfaction rating from patients using the service. During the 2020/21 pilot more than 20,000 NHS flu vaccinations were delivered by community pharmacy in Lothian. This will be built on for the 2021/22 flu season with pharmacies offering 50,000 NHS flu vaccination to those unable to easily access other clinic sites.

As part of the Inclusive COVID 19 Vaccination work stream, four pharmacies were selected as a test of change demonstration. Selection was based on unvaccinated substance misuse client numbers and low local provision for people who had missed or been unable to take the opportunity to be vaccinated at other vaccination sites.

> **Recommendation:**
> As part of the Vaccine Transformation Programme, Community Pharmacy should be considered in the future development of a range of NHS vaccination services by HSCPs to maintain and improve uptake of immunisation including:
> * COVID vaccination
> * Flu vaccination
> * Pneumococcal vaccination
> * Shingles vaccination
> * Travel vaccination

4. Non Commissioned Services

Non-commissioned services are services that are not funded by the NHS, being neither part of the core pharmacy contract or part of the additional services agreement. They are out with the control of the Board and the decision to provide these services lies directly with community pharmacy

contractors. Some of these services will be provided free of charge to patients, while others will have a cost associated with them.

4.1 Collection and delivery service

Pharmacies can provide a collection service for prescriptions from GP Practices and many provide a delivery service, delivering medication to patients. In some cases, delivery is limited to a specific distance from the pharmacy or to certain days of the week. Those pharmacies who do not offer an official delivery service do often deliver medication to their regular patients when requested to do so in an emergency. Pharmacies may charge patients for this service. A time limited funded COVID 19 Community Pharmacy medicine delivery service for those most at risk was put in place in 2021 as described in PCA(P) 2021(1). This was continued until 30th April 2021 after which normal arrangements for this service resumed.

4.2 Dementia Friendly Services

With a growing number of older people with memory problems, one Lothian Pharmacy has developed a dementia friendly toolkit and established themselves as a Dementia Friendly Pharmacy offering their services tailored to meet the needs of dementia patients, their family and carers. They provide access to a resource folder with details of local services such as a Dementia Cafe. A patient focused approach shapes the patient journey.

An example of how the patient's journey may now look:
A woman who presents in the pharmacy regularly and is the main carer for her disabled husband appeared to be getting more confused about her medicines. She was often in the pharmacy two to three times a day. We arrange for her to be assessed for a dosette box which has reduced the number of medicines in the house and gives her a set day to attend. The whole team know how to help her find what she is looking for in the pharmacy. Her condition has recently deteriorated, and we were able to phone her CPN to discuss this and through liaising with her family her care package has been increased. This lady is still able to live in her own home and remain in her community.

4.3 Continence Care

Community pharmacies across Lothian work with the Continence Care Service to dispense urinary continence supplies to patients. Pharmacies receive orders via a secure nhs.scot e-mail account from the Continence Care Service, order, dispense and supply the products to patients. There are over 2,500 patients registered on this service across Edinburgh, Midlothian and East Lothian. The West Lothian service has over 900 patients registered for the service.

4.4 Other Non-Commissioned Services offered throughout Lothian

Pharmacies throughout Lothian currently offer non-commissioned services such as those in the list below. Some offer a variety of services, others do not offer any of these services.

Blood glucose checks	Private Flu vaccination
Blood pressure checks	Private Travel Clinics
Cholesterol checks	Stoma appliance supply
Asthma management	Compliance aid
Weight management	

5. Recommendations Summary

Pharmacy Provision

1. Opening hours out with core hours are likely to remain fluid and a local process for agreement of any opening hour changes should be retained involving local pharmaceutical (LAPC) and general practice (LMC) committees.

2. Premises facilities information should be gathered to provide an accurate level of current provision and determination of improvements required to achieve 100% of pharmacies with private consulting area, wheelchair accessibility and an induction hearing loop by 2025

3. 20 minute neighbourhoods, Scottish Government and NHS Lothian sustainability objectives should be considered as part of the process in determining where community pharmacies are sited in the future.

Essential Core Services

4. Based on the number and distribution of pharmacy contracts across each HSCP there should be capacity to meet needs for the Acute Medication Service but further effort is needed to actively progress the Medicine Care and Review service by increasing the number of active GP practices and community pharmacies engaged.

5. As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of treatment for common clinical conditions from a community pharmacy as an alternative to a GP practice appointment.

   However, unmet need will arise in urgent care provision where pharmacy opening hours do not offer full weekend and extended opening hours in a local area. Local mitigations should be considered by the multidisciplinary teams.

6. Support public awareness of access to Pharmacy First as part of the provision of urgent care through use of national promotional materials.

7. Support the planned opportunities for the community pharmacy smoking cessation service to work closely with specialist Quit Your Way services and Pharmacy Champions to achieve improved quit rates.

8. Support opportunities and new models of delivering additional sexual health services in community pharmacy as detailed in the Scottish Government Sexual Health and Blood Borne Virus Recovery Plan and the NHS Recovery Plan 2021- 2026.

9. Undertake local assessment of need and potential mitigations where there are limited numbers of pharmacies open late, full and half day Saturday and Sunday opening. This may lead to unmet need in some HSCP localities when NHS Lothians GP Out-of-Hours Service (LUCS) recommend care which is provided by Community Pharmacy

10. Community pharmacy to have access to clinical records to help improve patient care when GP practice is closed and to support pharmacotherapy service element of Medicine Care and Review.

Additional Services

Substance Misuse

11. Key areas to be developed are increasing availability of take-home naloxone from community pharmacy and a test of change of long-acting injectable buprenorphine administration from community pharmacy. Both are desirable to support reducing drug related deaths.

12. Undertake local reviews of injecting equipment and naloxone provision to ensure local needs are being met effectively post pandemic.

13. Injecting equipment provision (IEP) is not a specific pharmacy-only scheme. As pharmacies can often offer longer opening hours than drop-in centers, pharmacy- delivered IEPadds capacity to the harm reduction team.

Palliative Care Services

14. The Palliative Care Service is annually reviewed to ensure best coverage for the population of NHS Lothian by a small number of local experts for provision of palliative care medicines and advice both in and out of hours.

Pharmaceutical Advice to Care Homes

15. Progress implementation of the locally agreed Community Pharmacy Care Home service to increase pharmaceutical care provision and reduce medicine wastage across Health and Social Care Partnerships and NHS Lothian to meet the sustainability action plan.
.
Immunisation

16. As part of the Vaccine Transformation Programme, Community Pharmacy should be considered in the future development of a range of NHS vaccination services by HSCPs to maintain and improve uptake of vaccinations including:

- o COVID vaccination
- o Flu vaccination
- o Pneumococcal vaccination
- o Shingles vaccination
- o Travel vaccination

Map of Edinburgh HSCP showing Pharmacies and Small Area Pop. Estimates (2019)

Map of East Lothian HSCP showing Pharmacies and Small Area Pop. Estimates (2019)

Small Area Pop Est. 2019
by data zone 2011

3,100 to 3,790	
2,390 to 3,100	
1,680 to 2,390	
970 to 1,680	
260 to 970	

● Pharmacy

▢ HSCP Region

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Map of Midlothian HSCP showing Pharmacies and Small Area Pop. Estimates (2019)

Small Area Pop Est. 2019
by data zone 2011

	3,100 to 3,790
	2,390 to 3,100
	1,680 to 2,390
	970 to 1,680
	260 to 970
●	Pharmacy
☐	HSCP Region

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Map of West Lothian HSCP showing Pharmacies and Small Area Pop. Estimates (2019)

Small Area Pop Est. 2019
by data zone 2011

- 3,100 to 3,790
- 2,390 to 3,100
- 1,680 to 2,390
- 970 to 1,680
- 260 to 970
- ● Pharmacy
- ☐ HSCP Region

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Map Showing Travel Time (isochrones) from Pharmacies in Edinburgh (HSCP) area

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Legend:
- Pharmacy
- 20 mins walking
- 20 mins cycling
- 20 mins driving
- HSCP Region

Map Showing Travel Time (isochrones) from Pharmacies in East Lothian (HSCP) area

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Legend:
- ● Pharmacy
- 20 mins walking
- 20 mins cycling
- 20 mins driving
- HSCP Region

Map Showing Travel Time (isochrones) from Pharmacies in Midlothian (HSCP) area

Pharmacy
20 mins walking
20 mins cycling
20 mins driving
HSCP Region

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Map Showing Travel Time (isochrones) from Pharmacies in West Lothian (HSCP) area

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Legend:
- Pharmacy
- 20 mins walking
- 20 mins cycling
- 20 mins driving
- HSCP Region

Appendix 2 Provision of NHS Lothian Community Pharmacy Services

East Lothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2011	East Lothian E	AITKEN PHARMACY LTD	67 HIGH STREET DUNBAR EAST LOTHIAN	EH42 1EW		NO	NO	NO
2034	East Lothian E	BOOTS	36 HIGHSTREET HADDINGTON EAST LOTHIAN	EH41 3EE		NO	NO	YES
2036	East Lothian W	BOOTS	164 HIGH STREET MUSSELBURGH EAST LOTHIAN	EH21 7DZ		NO	YES	NO
2037	East Lothian E	BOOTS	80 HIGHSTREET NORTH BERWICK EAST LOTHIAN	EH39 4HF		NO	NO	NO
2067	East Lothian W	WELL	ORMISTON MEDICAL CENTRE TYNEMOUNT ROAD ORMISTON EAST LOTHIAN	EH35 5AB		NO	NO	NO
2069	East Lothian W	WELL	42 LINKS ROAD PORT SETON EAST LOTHIAN	EH32 0EA		NO	NO	NO
2070	East Lothian W	WELL	115 HIGH STREET TRANENT EAST LOTHIAN	EH33 1LW		NO	NO	YES

Appendix 2 Provision of NHS Lothian Community Pharmacy Services

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
East Lothian								
2170	East Lothian W	WELL	123 NORTH HIGH STREET MUSSELBURGH EAST LOTHIAN	EH21 6JE		YES	NO	NO
2369	East Lothian W	LLOYDS PHARMACY	49-51 HIGH STREET TRANENT EAST LOTHIAN	EH33 1LN		NO	NO	NO
2400	East Lothian W	BOOTS	106 NORTH HIGH STREET MUSSELBURGH EAST LOTHIAN	EH21 6AS		NO	NO	NO
2409	East Lothian W	WELL	176 HIGH STREET PRESTONPANS EAST LOTHIAN	EH32 9AZ		NO	NO	NO
2425	East Lothian E	LLOYDS PHARMACY	25 HIGH STREET DUNBAR EAST LOTHIAN	EH42 1EN		NO	NO	NO
2433	East Lothian W	PRESTONLINKS PHARMACY	65C HIGH STREET PRESTONPANS EAST LOTHIAN	EH32 9AF		NO	YES	NO
2479	East Lothian E	LINTON PHARMACY	1 THE SQUARE EAST LINTON EAST LOTHIAN	EH40 3AD		NO	NO	NO
2482	East Lothian E	MARKET STREET PHARMACY	22 MARKET STREET HADDINGTON EAST LOTHIAN	EH41 3JE		NO	YES	NO

Appendix 2 Provision of NHS Lothian Community Pharmacy Services

East Lothian								
Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2513	East Lothian W	BANKTON PHARMACY	HAWTHORN ROAD PRESTONPANS EAST LOTHIAN	EH32 9QW		YES	NO	NO
2518	East Lothian W	LONGNIDDRY PHARMACY	LINKS ROAD LONGNIDDRY EAST LOTHIAN	EH32 0NH		NO	NO	NO
2525	East Lothian E	RIGHT MEDICINE PHARMACY	20 HIGH STREET HADDINGTON EAST LOTHIAN	EH41 3ES		YES	NO	NO
2527	East Lothian W	GORDONS CHEMISTS	105 HIGH STEET MUSSELBURGH EAST LOTHIAN	EH21 7DA		NO	NO	NO
2529	East Lothian E	NORTH BERWICK PHARMACY	66 HIGH STREET NORTH BERWICK EAST LOTHIAN	EH39 4HF		NO	NO	NO
2540	East Lothian W	WALLYFORD PHARMACY	121 SALTER'S ROAD WALLYFORD	EH21 8AQ		NO	YES	NO
2541	East Lothian E	GULLANE PHARMACY	7 ROSEBERY PLACE GULLANE EAST LOTHIAN	EH31 2AN		NO	NO	NO

Appendix 2 Provision of NHS Lothian Community Pharmacy Services

East Lothian								
Contractor code	**HSCP LOCALITY**	**PHARMACY NAME**	**ADDRESS**	**POSTCODE**	**SUNDAY HOURS**	**NEEDLE EXCHANGE (local service)**	**NURSING HOME ADVICE (local service)**	**PALLIATIVE CARE NETWORK (local service)**
2563	East Lothian W	M&D GREEN - ESKSIDE PHARMACY	165 HIGH STREET MUSSELBURGH EAST LOTHIAN	EH21 7DE		NO	YES	NO

Midlothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2022	Midlothian E	BOOTS	17-19 HIGH STREET DALKEITH MIDLOTHIAN	EH22 1JB		NO	NO	NO
2226	Midlothian E	LINDSAY & GILMOUR CHEMIST	18/20 WOODBURN AVENUE DALKEITH MIDLOTHIAN	EH22 2BP		NO	NO	NO
2370	Midlothian W	LLOYDS PHARMACY	32-34 HIGH STREET BONNYRIGG MIDLOTHIAN	EH19 2AA		NO	YES	NO
2371	Midlothian E	LLOYDS PHARMACY	17 ESKDAILL COURT DALKEITH MIDLOTHIAN	EH22 1AG		NO	YES	NO
2372	Midlothian E	LLOYDS PHARMACY	105 HUNTERFIELD ROAD GOREBRIDGE MIDLOTHIAN	EH23 4TS		NO	NO	NO
2373	Midlothian E	LLOYDS PHARMACY	35 MAIN STREET GOREBRIDGE MIDLOTHIAN	EH23 4BX		NO	NO	NO
2374	Midlothian E	LLOYDS PHARMACY	123/125 MAIN STREET NEWTONGRANGE MIDLOTHIAN	EH22 4PS		NO	YES	NO

Midlothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2375	Midlothian E	LLOYDS PHARMACY	2 BOGWOOD COURT MAYFIELD MIDLOTHIAN	EH22 5DG		NO	NO	NO
2376	Midlothian W	LLOYDS PHARMACY	44a JOHN STREET PENICUIK MIDLOTHIAN	EH26 8AB		NO	NO	NO
2426	Midlothian E	RIGHT MEDICINE PHARMACY	71 NEWTON CHURCH ROAD DANDERHALL MIDLOTHIAN	EH22 1LX		NO	NO	NO
2445	Midlothian W	ROWLANDS PHARMACY	48 HIGH STREET BONNYRIGG MIDLOTHIAN	EH19 2AB		NO	NO	NO
2447	Midlothian W	ROWLANDS PHARMACY	27 JOHN STREET PENICUIK MIDLOTHIAN	EH26 8HN		NO	NO	YES
2448	Midlothian W	ROWLANDS PHARMACY	22 EDINBURGH ROAD PENICUIK MIDLOTHIAN	EH26 8NW		NO	NO	NO
2450	Midlothian W	ROWLANDS PHARMACY	55 CLERK STREET LOANHEAD MIDLOTHIAN	EH20 9RE		YES	NO	NO

Midlothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2454	Midlothian E	LLOYDS PHARMACY	NEWBATTLE MEDICAL PRACTICE MAYFIELD DALKEITH	EH22 4AA		NO	NO	NO
2523	Midlothian E	PATHHEAD PHARMACY	210 MAIN STREET PATHHEAD	EH37 5PP		NO	NO	NO
2542	Midlothian W	COHEN CHEMIST	BONNYRIGG HEALTH CENTRE BONNYRIGG MIDLOTHIAN	EH19 2ET		NO	NO	NO
2554	Midlothian W	LLOYDS PHARMACY	STRAITON MAINS STRAITON MIDLOTHIAN	EH20 9PW	0800-1900	NO	NO	YES
2558	Midlothian W	ROSLIN PHARMACY	122 PENICUIK ROAD ROSLIN PENICUIK MIDLOTHIAN	EH 25 9NT		NO	NO	NO
2450	Midlothian W	ROWLANDS PHARMACY	55 CLERK STREET LOANHEAD MIDLOTHIAN	EH20 9RE		YES	NO	NO
2454	Midlothian E	LLOYDS PHARMACY	NEWBATTLE MEDICAL PRACTICE MAYFIELD DALKEITH	EH22 4AA		NO	NO	NO

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Midlothian								
Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2523	Midlothian E	PATHHEAD PHARMACY	210 MAIN STREET PATHHEAD	EH37 5PP		NO	NO	NO
2542	Midlothian W	COHEN CHEMIST	BONNYRIGG HEALTH CENTRE BONNYRIGG MIDLOTHIAN	EH19 2ET		NO	NO	NO
2554	Midlothian W	LLOYDS PHARMACY	STRAITON MAINS STRAITON MIDLOTHIAN	EH20 9PW	0800-1900	NO	NO	YES
2558	Midlothian W	ROSLIN PHARMACY	122 PENICUIK ROAD ROSLIN	EH25 9NT		NO	NO	NO

West Lothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2020	West Lothian W	BOOTS	26-30 GEORGE STREET BATHGATE WEST LOTHIAN	EH48 1PW		NO	YES	NO
2021	West Lothian E	BOOTS	Units 8-9 ARGYLE COURT 114 EAST MAIN STREET BROXBURN WEST LOTHIAN	EH52 5EQ		NO	NO	NO
2035	West Lothian E	BOOTS	ALMONDVALE CENTRE LIVINGSTON WEST LOTHIAN	EH54 6HR	0930-1800	NO	YES	NO
2169	West Lothian W	WELL	2 MAIN STREET FAULDHOUSE WEST LOTHIAN	EH47 9JA		NO	NO	NO
2227	West Lothian E	LINDSAY & GILMOUR CHEMIST	173 MAIN STREET EAST CALDER WEST LOTHIAN	EH53 0EL		NO	NO	NO

West Lothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2239	West Lothian W	LINDSAY & GILMOUR CHEMIST	HEALTH CENTRE BURNGRANGE WEST CALDER	EH55 8EJ		YES	YES	YES
2307	West Lothian W	BOOTS	7-9 SYCAMORE WALK BLACKBURN WEST LOTHIAN	EH47 7LQ		NO	NO	NO
2308	West Lothian E	BOOTS	12 THE MALL - CRAIGSHILL LIVINGSTON WEST LOTHIAN	EH54 5ED		NO	NO	NO
2309	West Lothian W	BOOTS	12 WEST MAIN STREET WHITBURN WEST LOTHIAN	EH47 0QZ		NO	NO	NO
2310	West Lothian W	BOOTS	WHITBURN HEALTH CENTRE 1 WEAVER'S LANE WHITBURN WEST LOTHIAN	EH47 0SD		NO	NO	NO

West Lothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2351	West Lothian E	BOOTS	72-74 HIGH STREET LINLITHGOW WEST LOTHIAN	EH49 7AQ		NO	NO	NO
2377	West Lothian W	LLOYDS PHARMACY	BATHGATE PRIMARY CARE CENTRE BATHGATE WEST LOTHIAN	EH48 2SS		NO	NO	NO
2378	West Lothian W	LLOYDS PHARMACY	25 KING STREET BATHGATE WEST LOTHIAN	EH48 1AZ	1200-1600	NO	NO	NO
2394	West Lothian E	RIGHT MEDICINE PHARMACY	5 CANAL ROAD WINCHBURGH WEST LOTHIAN	EH52 6FD		NO	NO	NO
2429	West Lothian E	LLOYDS PHARMACY	STRATHBROCK CENTRE BROXBURN WEST LOTHIAN	EH52 5LH		NO	NO	NO
2430	West Lothian E	LLOYDS PHARMACY	157 NIGEL RISE - DEDRIDGE LIVINGSTON WEST LOTHIAN	EH54 6LX		YES	NO	NO

West Lothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2431	West Lothian E	LLOYDS PHARMACY	286 HIGH STREET LINLITHGOW WEST LOTHIAN	EH49 7ER		YES	NO	YES
2432	West Lothian W	LLOYDS PHARMACY	21 WEST MAIN STREET ARMADALE WEST LOTHIAN	EH48 3PZ		NO	YES	NO
2436	West Lothian W	LINDSAY & GILMOUR CHEMIST	34 MAIN STREET WEST CALDER WEST LOTHIAN	EH55 8DR		NO	NO	NO
2452	West Lothian E	LLOYDS PHARMACY	MURIESTON MEDICAL PRACTICE HAMILTON SQUARE LIVINGSTON	EH54 9JZ		NO	YES	NO
2457	West Lothian E	OMNICARE PHARMACY	6 MAIN STREET DEANS LIVINGSTON	EH54 8DF		YES	YES	YES
2463	West Lothian E	MORRISONS PHARMACY	DEDRIDGE ROAD NORTH LIVINGSTON WEST LOTHIAN	EH54 6DB	1000-1800	NO	NO	YES

West Lothian

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2464	West Lothian E	MORRISONS PHARMACY	CARMONDEAN CENTRE LIVINGSTON WEST LOTHIAN	EH54 8PT	1000-1700	NO	NO	NO
2484	West Lothian W	STONEYBURN PHARMACY	67 MAIN STREET STONEYBURN WEST LOTHIAN	EH47 8BY		NO	NO	NO
2491	West Lothian W	WELL	F'HOUSE P'SHIP CENTRE LANRIGG ROAD FAULDHOUSE	EH47 9JD		NO	NO	YES
2498	West Lothian W	RIGHT MEDICINE PHARMACY	103 CHAPELTON DRIVE POLBETH	EH55 8SQ		NO	NO	NO
2501	West Lothian E	LLOYDS PHARMACY	HOWDEN HEALTH CENTRE LIVINGSTON WEST LOTHIAN	EH54 6TP		NO	NO	NO
2515	West Lothian W	DUNAMIS PHARMACY	27 ELIZABETH DRIVE BOGHALL WEST LOTHIAN	EH48 1SJ		YES	NO	NO

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
West Lothian								
2519	West Lothian W	BLACKRIDGE PHARMACY	22 MAIN STREET BLACKRIDGE WEST LOTHIAN	EH48 3SH		NO	NO	NO
2520	West Lothian E	LADYWELL PHARMACY	45 FERNBANK LADYWELL LIVINGSTON WEST LOTHIAN	EH54 6DT		NO	NO	NO
2521	West Lothian E	OMNICARE PHARMACY	23 -25 WEST MAIN STREET UPHALL	EH52 5DN		NO	NO	NO
2524	West Lothian W	GORDONS CHEMISTS	7 NORTH STREET ARMADALE	EH48 3QB		NO	NO	YES
2543	West Lothian E	KIRKNEWTON PHARMACY	24 MAIN STREET KIRKNEWTON	EH27 8AH		NO		NO
2561	West Lothian W	BLACKBURN PHARMACY	2 SYCAMORE WALK BLACKBURN ROAD FAULDHOUSE	EH47 7LH	0900-1600			

West Lothian								
Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2498	West Lothian W	RIGHT MEDICINE PHARMACY	103 CHAPELTON DRIVE POLBETH	EH55 8SQ		NO	NO	NO
2501	West Lothian E	LLOYDS PHARMACY	HOWDEN HEALTH CENTRE LIVINGSTON WEST LOTHIAN	EH54 6TP		NO	NO	NO
2515	West Lothian W	DUNAMIS PHARMACY	27 ELIZABETH DRIVE BOGHALL WEST LOTHIAN	EH48 1SJ		YES	NO	NO
2519	West Lothian W	BLACKRIDGE PHARMACY	22 MAIN STREET BLACKRIDGE WEST LOTHIAN	EH48 3SH		NO	NO	NO
2520	West Lothian E	LADYWELL PHARMACY	45 FERNBANK LADYWELL LIVINGSTON WEST LOTHIAN	EH54 6DT		NO	NO	NO
2521	West Lothian E	OMNICARE PHARMACY	23 -25 WEST MAIN STREET UPHALL	EH52 5DN		NO	NO	NO

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
West Lothian								
2524	West Lothian W	GORDONS CHEMISTS	7 NORTH STREET ARMADALE	EH48 3QB		NO	NO	YES
2543	West Lothian E	KIRKNEWTON PHARMACY	24 MAIN STREET KIRKNEWTON	EH27 8AH		NO		NO
2561	West Lothian W	BLACKBURN PHARMACY	2 SYCAMORE WALK BLACKBURN	EH47 7LH	0900-1600			

Edinburgh North

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2027	Edinburgh NE	BOOTS	42 NEW KIRKGATE EDINBURGH	EH6 6AA		NO	NO	NO
2028	Edinburgh NE	BOOTS	174 PORTOBELLO HIGH ST EDINBURGH	EH15 1EX		NO	NO	NO
2032	Edinburgh NW	BOOTS	129 ST JOHN'S ROAD EDINBURGH	EH12 7SB		NO	NO	NO
2175	Edinburgh NE	NUCHEM	173 PIERSFIELD TERRACE EDINBURGH	EH8 7BT		NO	YES	NO
2229	Edinburgh NW	LINDSAY & GILMOUR CHEMIST	228-230 CREWE ROAD NORTH EDINBURGH	EH5 2NS		YES	NO	NO
2231	Edinburgh NE	LINDSAY & GILMOUR CHEMIST	11 ELM ROW EDINBURGH	EH7 4AA		NO	NO	NO
2232	Edinburgh NE	LINDSAY & GILMOUR CHEMIST	257A LEITH WALK EDINBURGH	EH6 8NY		YES	NO	NO
2304	Edinburgh NE	LLOYDS PHARMACY	3-5 DUKE STREET EDINBURGH	EH6 6AE		NO	NO	NO

Edinburgh North

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2320	Edinburgh NW	BOOTS	UNIT 10 GYLE SHOPPING CENTRE EDINBURGH	EH12 9JS	0900-1830	NO	NO	YES
2338	Edinburgh NE	TESCO INSTORE PHARMACY	7 BROUGHTON ROAD EDINBURGH	EH7 4EW	1000-1700	NO	NO	NO
2360	Edinburgh NW	LLOYDS PHARMACY	115 CORSTORPHINE ROAD EDINBURGH	EH12 5PZ		NO	NO	NO
2361	Edinburgh NE	LLOYDS PHARMACY	6-7 CRIGHTON PLACE EDINBURGH	EH7 4NZ		NO	NO	NO
2362	Edinburgh NW	LLOYDS PHARMACY	7-9 DEANHAUGH STREET EDINBURGH	EH4 1LU		NO	YES	NO
2365	Edinburgh NW	LLOYDS PHARMACY	6 MACMILLAN SQUARE EDINBURGH	EH4 4AB		NO	NO	NO
2379	Edinburgh NW	LLOYDS PHARMACY	UNIT 33 THE LOAN SOUTH QUEENSFERRY	EH30 9SD		NO	NO	NO

Edinburgh North

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2380	Edinburgh NW	BOOTS	58-60 MAIN STREET DAVIDSON'S MAINS EDINBURGH	EH4 5AA		NO	NO	NO
2381	Edinburgh NW	BOOTS	151 COMELY BANK ROAD EDINBURGH	EH4 1BH		NO	YES	NO
2396	Edinburgh NE	BOOTS	UNIT 1 FORT RETAIL PARK NEWCRAIGHALL EDINBURGH	EH15 3HS	0900-1830	NO	NO	YES
2398	Edinburgh NW	LINDSAY & GILMOUR CHEMIST	22 HILLHOUSE ROAD BLACKHALL EDINBURGH	EH4 2AG		NO	NO	NO

Edinburgh North

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2399	Edinburgh NE	BOOTS	123 FERRY ROAD EDINBURGH	EH6 4ET		NO	NO	NO
2413	Edinburgh NE	ASDA PHARMACY	100 THE JEWEL BRUNSTANE EDINBURGH	EH15 3AR	0900-1800	NO	NO	NO
2417	Edinburgh NW	ROWLANDS PHARMACY	5A FEATHER HALL AVENUE EDINBURGH	EH12 7TG		NO	NO	YES
2438	Edinburgh NW	BOOTS	24 SOUTH GROATHILL AVENUE CRAIGLEITH RETAIL PARK EDINBURGH	EH4 2LN	1000-1800	NO	NO	NO
2441	Edinburgh NW	LLOYDS PHARMACY	2 FERRYBURN SOUTH	EH30 9QS		NO	NO	NO

Edinburgh North								
Contractor code	**HSCP LOCALITY**	**PHARMACY NAME**	**ADDRESS**	**POSTCODE**	**SUNDAY HOURS**	**NEEDLE EXCHANGE (local service)**	**NURSING HOME ADVICE (local service)**	**PALLIATIVE CARE NETWORK (local service)**
			QUEENSF ERRY EDINBUR GH					
2444	Edinburgh NE	LINDSAY & GILMOUR CHEMIST	6 MILTON ROAD WEST EDINBUR GH	EH15 1LF		NO	NO	NO
2455	Edinburgh NE	BOOTS	29-31 PARSON'S GREEN TERRACE	EH8 7AF		NO	NO	NO
2456	Edinburgh NW	WELL	38 MAIN STREET KIRKLIST ON	EH29 9AA		NO	NO	NO
2458	Edinburgh NE	BOOTS	UNIT 22 OCEAN TERMINAL OCEAN DRIVE EDINBUR GH	EH6 6JJ	1000-1800	NO	NO	YES
2465	Edinburgh NW	LLOYDS PHARMAC Y	BUGHTLIN MARKET EAST CRAIGS EDINBUR GH	EH12 8XP		NO	NO	NO

Edinburgh North

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2470	Edinburgh NE	WELL	1 RESTALRIG ROAD EDINBURGH	EH6 8BB		NO	NO	NO
2471	Edinburgh NE	WELL	100 CRAIGENTINNY ROAD EDINBURGH	EH7 6RN		NO	NO	NO
2472	Edinburgh NW	WELL	114-116 GRANTON ROAD EDINBURGH	EH5 3RE		NO	NO	NO
2473	Edinburgh NE	WELL	12A LOCHEND ROAD SOUTH EDINBURGH	EH7 6BP		NO	NO	NO
2499	Edinburgh NW	CARRICK KNOWE PHARMACY	146 SAUGHTON ROAD NORTH EDINBURGH	EH12 7DS		NO	NO	NO
2508	Edinburgh NW	OMNICARE PHARMACY	38 DUART CRESCENT EDINBURGH	EH4 7JP		NO	YES	NO
2510	Edinburgh NW	OMNICARE PHARMACY	Unit 4 527 QUEENSFERRY RD EDINBURGH	EH4 7QD		NO	YES	YES

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Edinburgh North

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2514	Edinburgh NW	RIGHT MEDICINE PHARMACY	9-11 ROSEBURN TERRACE EDINBURGH	EH12 5NG		NO	NO	NO
2516	Edinburgh NW	BARNTON PHARMACY	195 WHITEHOUSE ROAD EDINBURGH	EH4 6BU		NO	NO	
2517	Edinburgh NW	STOCKBRIDGE PHARMACY	35-37 NORTH WEST CIRCUS PLACE	EH3 6TW		NO	NO	NO
2528	Edinburgh NE	LEITH PHARMACY	7 GREAT JUNCTION STREET LEITH EDINBURGH	EH6 5HX		NO	NO	NO
2531	Edinburgh NW	DEARS PHARMACY	645 FERRY ROAD EDINBURGH	EH4 2TX		NO	NO	NO
2532	Edinburgh NE	DEARS PHARMACY	92-96 EASTER ROAD EDINBURGH	EH7 5RQ		NO	YES	NO
2538	Edinburgh NW	CORSTORPHINE PHARMACY	159 ST JOHN'S ROAD EDINBURGH	EH12 7SD		NO	NO	NO

Edinburgh North

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2545	Edinburgh NW	RIGHTDOSE PHARMACY	6 EYRE PLACE EDINBURGH	EH3 5EP		NO	YES	NO
2550	Edinburgh NE	LINDSAY & GILMOUR CHEMIST	96 NIDDRIE MAINS RD EDINBURGH	EH16 4DT		NO	NO	YES
2551	Edinburgh NE	LINDSAY & GILMOUR CHEMIST	58-60 NIDDRIE MAINS ROAD EDINBURGH	EH16 4BG		YES	NO	NO
2553	Edinburgh NE	LLOYDS PHARMACY	MEADOWBANK RETAIL PARK MORAY PARK EDINBURGH	EH7 5TS	1000-1900	NO	NO	NO
2555	Edinburgh NW	L E HARTLEY CHEMIST	37 SOUTH TRINITY ROAD EDINBURGH	EH5 3PN		NO	NO	NO
2556	Edinburgh NW	EDINBURGH PHARMACY	5 MONTAGUE TERRACE	EH3 5QX		NO	NO	NO
2557	Edinburgh NE	LINDSAY & GILMOUR CHEMIST	332 PORTOBELLO HIGH ST EDINBURGH	EH15 2DA		NO	YES	NO

Edinburgh North

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2560	Edinburgh NE	WOOTON PHARMACY	168 PORTOBELLO HIGH STREET EDINBURGH	EH15 1EX		NO	NO	NO
2562	Edinburgh NE	CLARK CHEMIST	1 LINDSAY ROAD EDINBURGH	EH6 4EP		NO	NO	NO
2550	Edinburgh NE	LINDSAY & GILMOUR CHEMIST	96 NIDDRIE MAINS RD EDINBURGH	EH16 4DT		NO	NO	YES

Edinburgh South

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2023	Edinburgh SE	BOOTS	14 CAMERON TOLL CENTRE 6 LADY ROAD EDINBURGH	EH16 5PB	0930-1730	NO	NO	NO
2026	Edinburgh SW	BOOTS	230-232 GORGIE ROAD EDINBURGH	EH11 2PN		NO	NO	NO
2029	Edinburgh SE	BOOTS	101-103 PRINCES STREET EDINBURGH	EH2 3AD	1000-1800	NO	NO	NO
2030	Edinburgh SE	BOOTS	46-48 SHANDWICK PLACE EDINBURGH	EH2 4SA	1030-1700	YES	NO	YES
2031	Edinburgh SE	BOOTS	121-127 St JAMES CRESCENT EDINBURGH	EH1 3AD	1000-1800	NO	NO	NO
2033	Edinburgh SE	BOOTS	16-20 EARL GREY STREET EDINBURGH	EH3 9BN		NO	NO	NO
2105	Edinburgh SE	SOUTHSIDE PHARMACY	79 NICOLSON STREET EDINBURGH	EH8 9BZ		NO	NO	NO
2186	Edinburgh SW	COLINTON PHARMACY	46A BRIDGE RD EDINBURGH	EH13 0LQ		NO	NO	NO
2225	Edinburgh SW	LINDSAY & GILMOUR CHEMIST	2 PENTLAND VIEW COURT CURRIE EDINBURGH	EH14 5NP		NO	NO	NO
2243	Edinburgh SW	COLINTON MAINS PHARMACY	84 COLINTON MAINS DRIVE EDINBURGH	EH13 9BJ		NO	NO	YES

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Edinburgh South

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2247	Edinburgh SE	BRISTO SQUARE PHARMACY	UNIVERSITY OF ED'BURGH 6 BRISTO SQUARE EDINBURGH	EH8 9AL		NO	NO	NO
2254	Edinburgh SE	RIGHT MEDICINE PHARMACY	2 BEAUFORT ROAD EDINBURGH	EH9 1AG		NO	NO	NO
2268	Edinburgh SW	LINDSAY & GILMOUR CHEMIST	536 LANARK ROAD JUNIPER GREEN EDINBURGH	EH14 5DJ		NO	NO	NO
2283	Edinburgh SW	SIGHTHILL HEALTH CENTRE	SIGHTHILL HEALTH CENTRE CALDER ROAD EDINBURGH	EH11 4AU		NO	NO	NO
2313	Edinburgh SW	CALDER PHARMACY	18 CALDER PARK SIGHTHILL EDINBURGH	EH11 4JN		NO	NO	NO
2332	Edinburgh SE	BOOTS	28-30 NEWINGTON ROAD EDINBURGH	EH9 1QS		NO	NO	NO
2335	Edinburgh SW	BOOTS	10A BUCKSTONE TERRACE EDINBURGH	EH10 6PZ		NO	NO	NO
2339	Edinburgh SE	BOOTS	207-209 MORNINGSIDE ROAD EDINBURGH	EH10 4QT		NO	NO	NO
2343	Edinburgh SE	BOOTS	6 ST PATRICK STREET EDINBURGH	EH8 9HB		NO	NO	NO

Edinburgh South

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2344	Edinburgh SE	LINDSAY & GILMOUR CHEMIST	18-20 COMISTON ROAD EDINBURGH	EH10 5QE		NO	YES	NO
2358	Edinburgh SE	LLOYDS PHARMACY	129 BRUNTSFIELD PLACE EDINBURGH	EH10 4EQ	1200-1600	NO	NO	NO
2363	Edinburgh SE	LLOYDS PHARMACY	2 FERNIEHILL ROAD EDINBURGH	EH17 7AB		YES	NO	NO
2368	Edinburgh SW	LLOYDS PHARMACY	26 WESTER HAILES CRESCENT SHOPPING CENTRE EDINBURGH	EH14 2SW		YES	NO	NO
2383	Edinburgh SE	BOOTS	32 WEST MAITLAND STREET EDINBURGH	EH12 5DX		NO	NO	NO
2395	Edinburgh SW	LINDSAY & GILMOUR CHEMIST	24 MAIN STREET BALERNO EDINBURGH	EH14 7EH		NO	NO	NO
2397	Edinburgh SW	POLWARTH PHARMACY	10 POLWARTH GARDENS EDINBURGH	EH11 1LW		NO	YES	NO
2405	Edinburgh SE	PATON & FINLAY	177 BRUNTSFIELD PLACE EDINBURGH	EH10 4DG		NO	NO	NO
2442	Edinburgh SE	OMNICARE PHARMACY	2 HOME STREET EDINBURGH	EH3 9LY		NO	YES	NO
2449	Edinburgh SE	LINDSAY & GILMOUR CHEMIST	37 MOREDUN PARK ROAD EDINBURGH	EH17 7ES		NO	NO	NO

Edinburgh South

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2453	Edinburgh SE	RIGHT MEDICINE PHARMACY	45 FORREST ROAD EDINBURGH	EH1 2QP		NO	YES	NO
2475	Edinburgh SW	WELL	4 STENHOUSE CROSS EDINBURGH	EH11 3JY		NO	NO	NO
2476	Edinburgh SE	WELL	55A MAYFIELD ROAD EDINBURGH	EH9 3AA		NO	NO	NO
2478	Edinburgh SE	MORNINGSIDE PHARMACY	153 MORNINGSIDE ROAD EDINBURGH	EH10 4AX		NO	NO	NO
2480	Edinburgh SE	MARCHMONT PHARMACY	26 MARCHMONT ROAD EDINBURGH	EH9 1HZ		NO	YES	YES
2481	Edinburgh SE	WM KING & SON	142 MARCHMONT ROAD EDINBURGH	EH9 1AQ		NO	NO	NO
2490	Edinburgh SE	GORDONS CHEMISTS	1 GRACEMOUNT DRIVE EDINBURGH	EH16 6RR		NO	YES	YES
2495	Edinburgh SE	NEWINGTON PHARMACY	46-48 CLERK STREET EDINBURGH	EH8 9JB		YES	NO	YES
2496	Edinburgh SE	OMNICARE PHARMACY	160 CAUSEWAYSIDE EDINBURGH	EH9 1PR		NO	YES	NO
2497	Edinburgh SE	RIGHT MEDICINE PHARMACY	67 HIGH STREET EDINBURGH	EH1 1SR		NO	NO	NO

Edinburgh South

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2500	Edinburgh SW	APPLE PHARMACY	65 DALRY ROAD EDINBURGH	EH11 2BZ		NO	YES	NO
2502	Edinburgh SW	LLOYDS PHARMACY	162 LANARK ROAD WEST CURRIE EDINBURGH	EH14 5NY		NO	NO	NO
2503	Edinburgh SW	LLOYDS PHARMACY	483A CALDER ROAD EDINBURGH	EH11 4AW		NO	NO	NO
2507	Edinburgh SE	OMNICARE PHARMACY	102 WALTER SCOTT AVENUE EDINBURGH	EH16 5RL		YES	YES	NO
2509	Edinburgh SW	OMNICARE PHARMACY	3 ARDMILLAN TERRACE EDINBURGH	EH11 2JN		YES	YES	NO
2511	Edinburgh SW	CRAIGLOCKHART PHARMACY	2 CRAIGLOCKHART RDN EDINBURGH	EH14 1BU		NO	NO	NO
2522	Edinburgh SW	LINDSAY & GILMOUR CHEMIST	107 SLATEFORD ROAD EDINBURGH	EH11 1QY		NO	NO	NO
2526	Edinburgh SE	FLEMING CHEMIST	131 LIBERTON BRAE EDINBURGH	EH16 6LD		NO	NO	NO
2533	Edinburgh SW	DEARS PHARMACY	7 OXGANGS BROADWAY EDINBURGH	EH13 9LQ		NO	NO	NO
2534	Edinburgh SW	MACKINNON PHARMACY	291 CALDER ROAD EDINBURGH	EH11 4RH		YES	NO	NO

Edinburgh South

Contractor code	HSCP LOCALITY	PHARMACY NAME	ADDRESS	POSTCODE	SUNDAY HOURS	NEEDLE EXCHANGE (local service)	NURSING HOME ADVICE (local service)	PALLIATIVE CARE NETWORK (local service)
2539	Edinburgh SE	CLEAR PHARMACY	26 BROUGHAM PLACE EDINBURGH	EH3 9JU		NO	NO	NO
2549	Edinburgh SW	LLOYDS PHARMACY	SAINSBURYS,39 WESTFIELD ROAD,EDINBURGH,EH11 2QW	EH11 2NB	1000-1400	NO	NO	NO
2552	Edinburgh SW	RATHO PHARMACY	64 NORTH ST RATHO EDINBURGH	EH28 8RR		NO	NO	NO
2559	Edinburgh SW	FOUNTAINBRIDGE PHARMACY	179 DUNDEE STREET EDINBURGH	EH11 1BY		NO	NO	NO
2564	Edinburgh SE	BROUGHTON PHARMACY	105 BROUGHTON STREET EDINBURGH	EH1 3RZ		NO	YES	NO

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