

Pharmaceutical Care Services in NHS Borders

3-Year Report April 2024 – March 2027

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Table of Contents


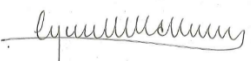
Pharmaceutical Care Services Report – document details and pathway	5
Document Details	5
Document Pathway	5
Document Change Log	5
Executive Summary	6
Pharmaceutical Care Services (PCS) 2024-25 in NHS Borders	6
1.0 Introduction	7
1.1 Introduction to NHS Borders Health Board Area	7
1.2 Population	7
1.3 Scottish Borders Localities	8
1.4 Rural and Remote	8
1.5 Deprivation	9
1.6 Health	10
1.7 Births	10
1.8 Deaths and Causes of Deaths	11
1.9 Burden of Disease	12
2.0 Current Pharmaceutical Services in NHS Borders	13
2.1 Community Pharmacy Services - Overview	13
2.1.1 Number of Community Pharmacies across NHS Borders by locality	13
2.1.2 Resources – Premises/Facilities	14
2.1.3 Resources – Community Pharmacy Workforce	14
2.2 Community Pharmacy Services – Accessibility of Pharmaceutical Services	15
2.2.1 Accessibility to community pharmacies	15
2.2.2 Hours of Service	16
2.3 Community Pharmacy Services – Core Services	16

2.3.1	Acute Medication Service (AMS).....	16
2.3.2	Medicines: Care and Review.....	17
2.3.3	Pharmacy First.....	18
2.3.4	Public Health Services	19
2.4	Community Pharmacy Services – National Services	20
2.4.1	Gluten Free Food Service	20
2.4.2	Pharmacy First Plus	21
2.4.3	Stoma Service.....	21
2.4.4	Unscheduled Care Service.....	21
2.5	Community Pharmacy Services – Additional Services.....	22
2.5.1	Advice to Care Homes	22
2.5.2	Community Pharmacy Palliative Care Network.....	22
2.5.3	Dispensing/Supervision of Opioid Substitution Therapy (OST)	23
2.5.4	Injecting Equipment Provision	23
2.5.5	Flu Vaccination Service	23
3.0	Pharmaceutical Needs in NHS Borders	25
3.1	Number of Community Pharmacies	25
3.2	Hours of Service	25
3.3	Pharmacy Workforce	25
3.4	Community Pharmacy Services – Core Services	26
3.4.1	Acute Medication Service.....	26
3.4.2	Medicines: Care and Review Service.....	26
3.4.3	Pharmacy First.....	26
3.4.4	Public Health Services	26
3.5	Community Pharmacy Services – National and Additional Services.....	26
4.0	Key Challenges and Recommendations	27

Key Challenges facing Community Pharmacy	27
Workforce Planning	27
Workload	27
Financial	28
Availability of medicines and devices	28
Technology, Automation, Artificial Intelligence	28
Recommendations	29
APPENDIX 1 - Pharmacy Practices Committee	30
APPENDIX 2 – Community Pharmacies / GP Practice population per locality	31
APPENDIX 3 – Community Pharmacy Opening Hours, including weekends	32
Table of Figures	33
References / Acknowledgements.....	34

Pharmaceutical Care Services Report – document details and pathway

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1.0	Malcolm Clubb; Kate Warner; Keith Maclure	October - December 2023	Review content; report on Community Pharmacy only in line with other health boards. Acute and Primary Care Pharmacy included in Pharmacy Strategy/Vision.
1.1	Pharmacy Senior Management Team review	9 th January 2023	Corrections to data and text.
1.2	Malcolm Clubb; Kate Warner	February/March 2023	Update with additional information from Committees/Groups.

Executive Summary

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2024 update is published according to these regulations in accordance with the Scottish Government circular [PCA\(P\) 7 \(2011\)](#).

Pharmaceutical Care Services (PCS) 2024-25 in NHS Borders

This report gives a brief overview of the population of NHS Borders and then provides a detailed description of the current pharmaceutical services that exists within NHS Borders. Data from a range of sources are utilised to establish any unmet need for each of the core Community Pharmacy Contract services. Additional services currently provided in NHS Borders are also included. The extent to which that need is met is examined through assessment of any existing gaps in the provision of the core pharmaceutical services within the Community Pharmacy contract.

There are 29 contracted community pharmacies in Borders. These are distributed across the region and meet the access needs of most of the population, with no large gaps being identified. Based on current population with following exceptions, Cheviot and Tweeddale localities, the pharmacy provision is higher per head than the Scottish average.

It is important to continue to support development of community pharmacy services through training and ensuring that delivery of these services meets the needs of the population.

There are, however, some key challenges facing NHS Borders community pharmacy services and recommendations for NHS Borders Board which are outlined towards the end of the report.

The Pharmaceutical Care Services in NHS Borders report is circulated to groups listed in Document Pathway. Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

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1.0 Introduction

The purpose of the Pharmaceutical Care Services (PCS) report is to review the current provision of community pharmaceutical services within the Health Board population and to enable consideration of how services may be adapted, if required, to provide care in the future for any changing pharmaceutical care needs.

The report will inform members of the public, health professionals and planners in the planning of pharmaceutical care services. This report is a data source that the [Pharmacy Practices Committee](#) uses to assess need when considering applications to the Pharmaceutical List.

1.1 Introduction to NHS Borders Health Board Area

The Scottish Borders is a medium-sized council area, in terms of population size, but in a much bigger geographical area than average for a Scottish Local Authority. The Scottish Borders has one Health and Social Care Partnership: Scottish Borders Council and NHS Borders, which was formed in April 2016.

1.2 Population

The population of Scottish Borders was 116,020 in mid-2021. For additional context, in December 2023, there were 121,302 patients registered with NHS Borders GP Practices.

The 65-74 age group is growing the fastest and the over 75s age group is also increasing rapidly. This will have important resource implications for the next 15-20 years. There are expected to be fewer children by 2028 than at present. Overall, the Scottish Borders is considered to have a more demographically fragile population than the Scottish average, due to its combination of population loss in certain areas and its rapidly ageing population throughout the region¹.

The overall population of Scotland is expected to increase between 2014 and 2039 but the overall population of Scottish Borders is not expected to change significantly in the same period².

¹ Source: [Strategic assessment 2023 - Demographic profile | Scottish Borders Council \(scotborders.gov.uk\)](#)

² Source: [National Records of Scotland](#)

1.3 Scottish Borders Localities

Scottish Borders has 5 main areas – known as

Localities: -

Berwickshire

Cheviot

Eildon

Teviot & Liddesdale

Tweeddale



Figure 1 - Borders localities map

1.4 Rural and Remote

The Scottish Borders covers around 1,827 square miles and is the 4th most rural area in Scotland with 30% of the population living in settlements of below 500 people³.

Locality	Town	Population	Locality	Town	Population
Berwickshire	Eyemouth	3,540	Eildon	Galashiels	12,670
	Duns	2,722		Selkirk	5,586
	Coldstream	1,867		Melrose	2,457
	Chirnside	1,426		Tweedbank	2,073
	Greenlaw	629		Lauder	1,773
	Ayton	573		Earlston	1,766
	Coldingham	549		Newtown St Boswells	1,347
Cheviot	Kelso	6,821	Tweeddale	Peebles	8,583
	Jedburgh	3,961		Innerleithen	3,064
	St Boswells	1,466		West Linton	1,561
	Yetholm	618		Cardrona	919
Teviot & Liddesdale	Hawick	14,003		Walkerburn	711
	Newcastleton	757			
	Denholm	625		Total pop +500 towns	82,067

Table 1 - Population towns by locality

³ Source: [Local Police Plan 2020-23 The Scottish Borders](#); [Police Scotland](#)

The location of Community Pharmacies, and the services provided by them, is an important consideration in such a rural area.



Figure 2 - Borders public transport map

In previous years, transport has played a key role in the access to all services in a rural location with 16% of the population reporting issues with transport as a barrier to health.

With improvements in technology, fewer patients may travel to hospital as a centralised location.

This highlights the importance of access to pharmaceutical care through our Community Pharmacies and Dispensing Practices, as well as Prescribing Support services in GP Practices.

1.5 Deprivation

The Scottish Index of Multiple Deprivation (SIMD) looks at the extent to which an area is 'deprived' across seven domains: income, employment, education, health, access to services, crime and housing. Data zones in rural areas tend to cover a large land area and reflect a more mixed picture of people experiencing different levels of deprivation.

- The SIMD2020 shows that 6% (9) of the 143 data zones in the Scottish Borders are part of the 20% most deprived of all of Scotland.
- A further 17% (24) of the data zones in the Scottish Borders are amongst the 2140 most deprived in Scotland.

In areas of deprivation, continuity of pharmacy services and pharmaceutical care is important to reduce adverse effects of taking multiple medications and hospital visits.

In addition, pharmacies provide an important public health role through smoking cessation, substance misuse, sexual health services and provision of advice.

1.6 Health

A key source for understanding health, care and wellbeing is the Scottish Public Health Observatory ([ScotPHO profile](#)) website⁴.

- Male life expectancy in the Scottish Borders (78.6 years) is higher than Scotland's (77.1 years), although it can range from 73.5 years to 84.6 years.
- Female life expectancy in the Scottish Borders (82.6 years) is higher than Scotland (81.1 years), however it ranges from 78.8 years to 83.5 years.
- The proportion of adults that self-assess their general health as "Good or Very Good" had decreased in the Scottish Borders over the last few years.
- More people in the Scottish Borders report a limiting, long-term health condition (29%) compared to Scotland (24.6%).
- Scottish Borders consistently has a lower rate of all-cause mortality in 15-44 year olds compared to Scotland.

1.7 Births

There were 852 babies born in the Scottish Borders in 2021, a higher-than-average decrease of 20.1% since 2001. Despite this, the Scottish Borders had an above-average Standardised Birth Rate (SBR) of 10.1 per 1,000 in 2021, compared with 8.7 in Scotland.

- Women of childbearing age in the region are having as many babies (or more) as their counterparts elsewhere in Scotland, despite there being a relatively higher proportion of women in the region who are past childbearing age.
- There has been a marked decrease of births to mothers aged under 20, both in the region (a fall of 70%) and in Scotland as a whole (a fall of 76.5%), between 2001 and 2021.
- There has been a decrease in the Scottish Borders of births to mothers aged 30 and over between 2001 and 2021, whereas there has been an increase of births in this age group elsewhere in Scotland.

The Total Fertility Rate (TFR) is a demographic measure of the average number of children who would be expected to be born to each woman. In the Scottish Borders in 2021, this was

⁴https://scotland.shinyapps.io/ScotPHO_profiles_tool/

1.54 children. The TFR has decreased by 10.1% since 2001 in the Scottish Borders, which is not as fast as in Scotland as a nation.

Statistics on the number of births per calendar year or midyear-to-midyear for council areas and small areas are available from the [Scottish Official Statistics Open Data platform](#).

1.8 Deaths and Causes of Deaths

There were 1,448 deaths in the Scottish Borders in 2021. There has been an above-average increase of 12.9% in the number of deaths in the region since 2001. The Standardised Death Rate (SDR) in Scottish Borders in 2021 was 12.6 per 1,000 population, which is slightly above the 11.6 average for Scotland.

- There was a 20.8% increase in the number of male deaths in the Scottish Borders between 2001 and 2021, which is higher than the Scottish average of a 16.4% increase.
- There was a 6.2% increase in the number of female deaths in the Scottish Borders between 2001 and 2021, which is slightly higher than the Scottish average of a 5.8% increase.
- 75% of deaths in the Scottish Borders in 2021 were within the over 70s age groups.
- The leading cause of death in Scottish Borders males in 2021 was Ischaemic Heart Diseases, accounting for 16% of all male deaths.
- Other leading causes of death for males were: Dementia and Alzheimers, prostate cancer, stroke and lung cancer.
- The leading cause of death in Scottish Borders females in 2021 was Ischaemic Heart Diseases, accounting for 9.4% of all female deaths.
- Other leading causes of death for females were: Dementia and Alzheimers, Stroke, lung cancer and respiratory disease.
- On average, one person in the Scottish Borders died every day in 2021 from ischaemic heart disease, dementia/ Alzheimer or stroke. Cancers are also a leading cause of death but there are many different cancers, and they are categorised by type.

Information is available to download on [avoidable deaths](#), [drug-related deaths](#), and [homelessness deaths](#). All statistics are available from the [Scottish Official Statistics Open Data platform](#)

1.9 Burden of Disease

Burden of disease studies provide a consistent and comprehensive framework to address some fundamental questions on how early death and ill-health affect the nation's population. Burden of disease studies can assist policy makers and public health practitioners to plan interventions and deliver services to enhance prevention, improve disease outcomes, and reduce health inequalities.

Overall, the rate of health loss in Scottish Borders is 13% lower than the Scottish rate. We estimate the total burden in 2019 has increased 0.8% compared to the burden in 2016.

The leading cause of ill health in Scottish Borders is low back and neck pain, the rate of which is 2.9% higher than in Scotland. The leading cause of early death in Scottish Borders is ischaemic heart disease, the rate of which is 27.8% lower than in Scotland.

For more detailed information: [Scottish Borders Burden of Disease report](#) (revised September 2022).

2.0 Current Pharmaceutical Services in NHS Borders

2.1 Community Pharmacy Services - Overview

Community pharmacies are independent contractors who provide a service to NHS Scotland in accordance with national regulation and locally negotiated contracts. The availability of pharmacies allows access to healthcare for the Borders population. Pharmacies provide dispensing services, as well as advice on minor ailments, self-care, and provision of different services available through patient group directions.

2.1.1 Number of Community Pharmacies across NHS Borders by locality

NHS Borders has 29 community pharmacies and 2 dispensing practices located across the five localities.

Locality	Town	Community Pharmacies & Dispensing Practices
Berwickshire	Chirnside	GLM Romanes Pharmacy
	Coldstream	GLM Romanes Pharmacy
	Duns	GLM Romanes Pharmacy
	Eyemouth	GLM Romanes Pharmacy
	Greenlaw	GLM Romanes Pharmacy
Cheviot	Kelso	Boots Pharmacy Rowlands Pharmacy
	Jedburgh	Boots Pharmacy Jedburgh Pharmacy
Eildon	Earlston	M Farren Pharmacy
	Galashiels	Boots Pharmacy Borders Pharmacy Gala Pharmacy M Farren Pharmacy Tesco Pharmacy
	Lauder	Lauder Pharmacy
	Melrose	Boots Pharmacy
	Newtown St Boswells	Eildon Pharmacy
	Selkirk	Lindsay & Gilmour Right Medicine Pharmacy
	Stow	Dispensing Practice
Teviot & Liddesdale	Hawick	Boots Pharmacy Borders Pharmacy Hawick Health Centre & Pharmacy Lindsay & Gilmour Pharmacy TN Crosby Pharmacy
	Newcastleton	Dispensing Practice
Tweeddale	Innerleithen	M Farren Pharmacy
	Peebles	Boots Pharmacy Right Medicine Pharmacy
	West Linton	West Linton Pharmacy

Table 2 - Community pharmacies by locality

NHS Borders population per pharmacy is comparable with other health boards and lower than the national average⁵.

Health Board	Population	Community Pharmacies	Population per Community Pharmacy
NHS Borders ⁶	121,302	29	4,183
NHS Fife	371,190	86	4,316
NHS Lothian	911,620	182	5,014
NHS Tayside	416,090	92	4,523
Scotland	5,466,000	1256	4,323

Table 3 - Borders population per pharmacy

[APPENDIX 2](#) shows a full table of GP practice list size and community pharmacies per locality.

2.1.2 Resources – Premises/Facilities

Guidance on the premises requirements under the community pharmacy contract is available at [PCA\(P\)\(2007\)28](#). It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance aids the planning of any future pharmacy premises or potential relocations.

2.1.3 Resources – Community Pharmacy Workforce

Each community pharmacy must have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in Pharmacy and be registered with the General Pharmaceutical Council. Pharmacists can be independent prescribers. These prescribers have, in the past, been involved in clinics in speciality areas such as stoma, hypertension, respiratory and pain. The national Pharmacy First Plus service has shifted focus to delivering prescribing for common clinical conditions. NHS Borders currently has 12 Community Pharmacist independent prescribers. From 2026, all newly qualified pharmacists will be qualified as independent prescribers. A programme to train pharmacists already prescribing is ongoing.

⁵ Health Boards listed – figures from April 2022

⁶ NHS Borders total patients registered with GP Practices 2023

Prescribing Status	No of Pharmacists
Active/Community Pharmacy Independent Prescribers	12
Independent Prescribers training in progress	6
Qualified Independent Prescribers inactive	0

Table 4 - Borders community pharmacists prescribing status

The workforce in community pharmacy ranges from healthcare counter staff offering healthcare and medicines advice to those working in dispensary. Support staff work directly with the public and are trained to provide advice on numerous health matters. The pharmacist provides an expert source of knowledge to all staff; some with specialist areas of knowledge.

Work continues to support development, education, and training of all staff. This includes peer support groups and regular education sessions.

2.2 Community Pharmacy Services – Accessibility of Pharmaceutical Services

2.2.1 Accessibility to community pharmacies

As a provider of health services, pharmacies must adhere to The Equality Act 2010 which states that a person must not be treated in a discriminatory way because of a “protected characteristic” by service providers (including providers of goods, services, and facilities) when that person requires their service. Pharmacies must take reasonable steps to provide auxiliary aids or services, which will enable their service to be accessible to all.

To provide many of the additional services available to patients, community pharmacies must have a suitable environment that offers the patient the privacy expected of such services. A consultation room or private area enables patients to have personal discussions with some privacy and other services, such as emergency contraception, can be provided in a confidential manner. Hand washing facilities are also required for some services.

A few pharmacies are constrained by their premises. Guidance on premises requirements is available to pharmacies and aids the planning of any future pharmacy premises or refurbishment.

2.2.2 Hours of Service

The population of the Scottish Borders accesses pharmaceutical care services in line with the Hours-of-Service Scheme. Core opening is from 09:00 – 17:30 with one hour in the middle of the day for lunch. Most GP practices are closed by 6pm, Monday to Friday. The Hours-of-Service Scheme means that all community pharmacies are open for most of this period. The flexibility within the scheme means that pharmacies may be able to open earlier and remain open for longer at their own discretion.

Some pharmacies have extended hours; some offer a service on Saturday and some on Sundays. Opening times for NHS Borders community pharmacies can be found listed in [APPENDIX 3](#).

2.3 Community Pharmacy Services – Core Services

All community pharmacies must deliver the following core services: -

2.3.1 Acute Medication Service (AMS)

Acute Medication Service (AMS) is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counselling and advice. AMS is provided by all 29 community pharmacies in Borders.

2,161,385 prescription items were dispensed in NHS Borders in 2022/23; 892,368 items were dispensed in the first two quarters of 2023/24 (data available at time of writing report). The table below lists the AMS - volume of prescription items dispensed and spend in Borders over the past 4 financial years.

Financial Year	No of prescription items dispensed - AMS	Spend
2022 – 2023	2,161,385	£23,392,971
2021 – 2022	2,121,340	£21,678,069
2020 – 2021	2,059,219	£21,017,117
2019 - 2020	2,153,455	£21,707,185

Table 5 - Borders items dispensed Acute Medication Service 2019 - 2023

2.3.2 Medicines: Care and Review – Serial Prescribing

Medicines: Care and Review (MCR) allows patients with long term conditions to register with a community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP, and the pharmacist. MCR allows the GP to generate a patient’s prescription for 24-, 48- or 56-week period; the patient only needs to visit the pharmacy to pick up medication. This process sends electronic messages between the pharmacy and the GP practice system to update the GP record with dispensing information. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration⁷. MCR includes serial prescribing and Borders are working towards all GP Practices and Community Pharmacies offering the service. NHS Borders has 22 GP Practices, with 21 issuing serial prescriptions; and all 29 pharmacies processing them.

Financial Year	No of registered patients
2022 – 2023	4914
2021 – 2022	4491
2020 – 2021	3883
2019 - 2020	3000

Table 6 - Borders MCR/Serial registered patients 2019 - 2023

Financial Year	No of ordinary prescription items dispensed	No of SERIAL prescription items dispensed	Percentage of Serial Prescriptions
2022 – 2023	2,161,385	88,059	4.9%
2021 – 2022	2,121,340	78,901	4.2%
2020 – 2021	2,059,219	69,765	3%
2019 - 2020	2,153,455	53,518	2%

Table 7 - Borders MCR/Serial prescription items dispensed 2019 – 2023

With a national target of 10% to show “real benefit”, training and support for community and practice pharmacists, technicians and dispensers is on-going. NHS Borders will continue to encourage serial prescribing as this is more efficient for patients and practices as well as more cost effective.

⁷ [National Services Scotland - MCR](#)

2.3.3 Pharmacy First

The Pharmacy First service replaced the previous Minor Ailment Scheme and is delivered by all 29 Borders pharmacies. The service is available free of charge to patients who require advice and/or treatment for minor ailments. The patient receives a consultation and supply of an appropriate medication if indicated, advice only or a referral to their GP or other healthcare professional.

National Patient Group Directions (PGDs) have been introduced to provide treatments for Hay fever, Impetigo, Shingles, Skin Infections and Urinary Tract Infections; allowing patients to attend their pharmacy instead of making a GP appointment for treatment.

Aciclovir	Herpes Zoster (Shingles) infection in patients over 18 years of age
Desogestrel	Progestogen-only contraceptive pill in patients over 13 years and under 55 years of age
Flucloxacillin	Skin infection in patients over 18 years of age
Fusidic acid	Impetigo in adults and children
Beclometasone	Nasal spray to patients aged 6 years and over presenting with symptoms of seasonal allergic rhinitis with persistent congestion
Fexofenadine	Tablets to patients aged 12 years and over presenting with symptoms of seasonal allergic rhinitis
Mometasone	Nasal spray to patients aged 3 years and over presenting with symptoms of seasonal allergic rhinitis
Olopatadine	Eye drops to patients aged 3 years and over presenting with symptoms of seasonal allergic conjunctivitis
Levonogestrel	Emergency hormonal contraception
Nitrofurantoin	Acute uncomplicated urinary tract infection (UTI) in non-pregnant females aged 16 years and over
Trimethoprim	Acute uncomplicated urinary tract infection (UTI) in non-pregnant females aged 16 years and over

Table 8 - Pharmacy First treatments

The Unscheduled Care PGD covers the urgent provision of current NHS prescribed medicines, appliances and ACBS products to NHS patients by pharmacists where there is a clinical need, it is clinically appropriate to make the supply and when the patient's prescriber is unavailable.

The table below lists the CPUS Urgent Supply of Medicines - volume of prescription items dispensed, with spend, in Borders over the past 4 financial years.

Financial Year	No of prescription items dispensed - CPUS	Spend
2022 – 2023	25,330	£186,325
2021 – 2022	18,925	£118,327
2020 – 2021	17,346	£124,458
2019 - 2020	16,303	£115,231

Table 9 - Borders CPUS items dispensed 2019 – 2023

2.3.4 Public Health Services

Pharmacists can provide advice to patients or members of the public on healthy living options and the promotion of self-care where it is appropriate to do so or by request from the patient. There are a range of NHS and NHS approved health promotion campaign materials available to the pharmacy for this. Campaigns are agreed nationally by Scottish Government and Community Pharmacy Scotland and will be on display in pharmacies for at least six weeks each.

Public health services delivered through community pharmacy include emergency hormonal contraception, smoking cessation, and supply of prophylactic paracetamol following MenB vaccine.

Emergency Hormonal Contraception (EHC) Service – provides patients with equitable access to the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 29 pharmacies in Borders. On average 75 prescriptions are generated for EHC by Borders community pharmacists each month. An additional service provides patients with “bridging contraception”, a short-term supply of desogestrel, to allow time to access their GP or sexual health service for long term contraception arrangements. This service aims to increase access to contraception and reduce unplanned pregnancy.

Smoking Cessation Service – provides support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a patient group direction over a period of up to 12 weeks. This service is provided by all 29 community pharmacies in Borders.

Financial Year	No of prescription items dispensed - NRT	Spend
2022 – 2023	3,134	£43,859
2021 – 2022	3,234	£46,445
2020 – 2021	2,589	£41,301
2019 - 2020	3,353	£49,369

Table 10 - Borders NRT items dispensed 2019 - 2023

Public Health Scotland provide data on smoking cessation rates across Scotland by Health Board. These statistics are routinely updated via the following web portal. [Publications - Smoking cessation - Data and intelligence - Substance use - Health harming commodities - Our areas of work - Public Health Scotland](#)

Supply of Prophylactic Paracetamol following MenB vaccine – allows the supply of prophylactic paracetamol via patient group direction to babies receiving the MenB vaccine at 2 months and 4 months. Annual totals have decreased for this service in the past four years - 186 in 2019/20; 126 in 2020/21; 90 in 2021/22; and 68 in 2022/23.

2.4 Community Pharmacy Services – National Services

The delivery of National Services is optional; however, most pharmacies in Borders offer these services. They are:

2.4.1 Gluten Free Food Service

Pharmacy teams provide an annual health check for people registered at their pharmacy for this service (unless this is done elsewhere), enabling detection of and care planning for any clinical issues. Pharmacy teams support people to do this providing advice and managing monthly orders for food items. The Pharmacy Care Record (PCR) is used to plan and record each health check. Products are available in line with the East Region Formulary which combines NHS Borders, NHS Fife, and NHS Lothian. In 2022/23, 7,495 prescription items were dispensed for this service with a spend of £104,547. Items and spend has been at this level for several years.

2.4.2 Pharmacy First Plus

NHS Pharmacy First Plus aims to support patients with acute common clinical conditions. It is an extension of the [NHS Pharmacy First Service Scotland](#). Not all community pharmacies can provide this service as the pharmacist needs to have completed additional training to become an independent prescriber (IP).

2.4.3 Stoma Service

Stoma patients use specialist products to collect and dispose of waste which would normally make its way through the digestive tract or urinary system. Community pharmacies can sign up to provide patients with these products, and to give advice on stoma care by agreeing to operate under the Stoma contract, which is optional and separate from the core contract which outlines most other services we provide. The Stoma Contract sets out the [service standards](#) to be met by all Community Pharmacy contractors who have signed up to the service. Dispensing Appliance Suppliers can also be on the approved suppliers list and supply products direct to patients.

2.4.4 Unscheduled Care Service

Community pharmacy is an important access route for people requiring urgent care particularly over weekends and public holidays. This service makes available urgent provision of current NHS prescribed medicines, appliances and ACBS products to NHS patients by pharmacists where there is a clinical need, it is clinically appropriate to make the supply and when the patient's prescriber is unavailable. There is a list of medicines included and excluded available to Pharmacists.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals. Each Pharmacist completes an Individual Authorisation form and returns this to NHS Borders Pharmacy department.

2.5 Community Pharmacy Services – Additional Services

Additional Services are locally negotiated contracts. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. They may not be required equally across the area or be provided by every pharmacy. Provision is looked at across the wider healthcare services as they may not be provided by pharmacy alone. The table below shows the number of community pharmacies offering these services.

Additional Service	Total
Advice to Care Homes	11
Community Pharmacy Palliative Care Network	4
Dispensing/supervision of Opioid Substitution Therapy	29
Injecting Equipment Provision	10
Just In Case Programme (currently under discussion)	0

Table 11 - Borders Additional Services

2.5.1 Advice to Care Homes

The pharmacy contractor provides advice and support to the residents and staff within the care home, over and above the Dispensing Essential service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost-effective use, their safe storage, supply and administration and proper record keeping.

Aims of this service include improving patient safety within the care home with a particular focus on the following areas: ordering, storage, administration and disposal of medicines and appliances and use of residents' own medicines (prescribed and purchased). All care home visits for 2023/24 had been completed at the time of this report.

2.5.2 Community Pharmacy Palliative Care Network

This service allows timely access to palliative care medicines for patients being cared for at home as well as providing information regarding palliative care medicines to patients, carers, and other Health Care Professionals. There are 4 community pharmacies delivering this service; with one each in the following Borders localities: Berwickshire (Duns); Eildon (Selkirk); Teviot & Liddesdale Hawick); Tweeddale (Innerleithen); Cheviot – pharmacy to be confirmed.

The Pharmacy Palliative Care network is working well, with a Peer Support Group which has regular meetings. From January 2024, all other Borders pharmacies will keep an essential list of palliative care medicines in stock.

2.5.3 Dispensing/Supervision of Opioid Substitution Therapy (OST)

Supervised self-administration of OST is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. The use of community pharmacies for dispensing methadone allows patients to be treated in their own communities. Daily contact allows the pharmacist to monitor patient compliance and provide health promotion advice. Currently 29 pharmacies in Borders, who can provide supervision in a consultation room or screened off area, dispense and supervise OST when required.

2.5.4 Injecting Equipment Provision

This service aims to ensure that individual and public health is protected by reducing the incidence of blood-borne infection and drug-related deaths amongst service users. Sterile injecting equipment and related paraphernalia is accessible as required for injecting drug users (IDUs); the rate of sharing and other high-risk injecting behaviours is reduced and IDUs use safer injecting practices; and there is a reduction in risky behaviours that may result in infections (including blood-borne viruses), unsafe sex and unplanned pregnancies, accidental overdoses, and drug-related deaths.

IDUs are routinely offered information and support to access BBV testing and immunisation, drug treatment, and general health services.

The following 8 community pharmacies offer this service: *GLM Romanes Pharmacies in Duns and Eyemouth; Gala Pharmacy in Galashiels; Jedburgh Pharmacy; Lindsay & Gilmour Pharmacies in Hawick and Selkirk; Right Medicine Pharmacy in Peebles and Rowlands Pharmacy in Kelso. Borders Addiction Service and We are With You* also offer this service.

2.5.5 Flu Vaccination Service

This service enables accredited staff with Borders community pharmacies to administer influenza vaccine to eligible patients as a free NHS service under the national protocol.

During the seasonal flu vaccination campaign period, pharmacy staff will identify people eligible for flu vaccination and offer them the opportunity to be vaccinated if they have not already been vaccinated in this flu season. The community pharmacy seasonal flu immunisation service runs from 1 October to 31 March for eligible patients, who do not have any contraindications to vaccination, under the national protocol.

The following pharmacies offer this service to Borders patients: *Duns, GLM Romanes Pharmacy; Hawick, TN Crosby Pharmacy, HHCC Pharmacy, Lindsay & Gilmour Pharmacy; Innerleithen, M Farren Pharmacy; Jedburgh, Jedburgh Pharmacy; Lauder, Lauder Pharmacy; Peebles, Right Medicine Pharmacy; Selkirk, Right Medicine Pharmacy; and West Linton, West Linton Pharmacy.*

The aim of the service includes sustaining and maximising uptake of flu vaccine in eligible groups by delivering the service from community pharmacies as agreed with NHS Borders; and to provide more opportunities and improve convenience for patients in eligible cohorts to access free NHS flu vaccinations.

3.0 Pharmaceutical Needs in NHS Borders

Information on the population of Borders and the services currently provided by community pharmacies has been detailed in the previous sections of this report.

This provides information to enable consideration of the future of the community pharmacy service within NHS Borders. Services delivered through existing pharmacies receive ongoing review by Area Pharmaceutical Committee and Borders Community Pharmacy Contractors Committee.

The sections below look at areas of the Pharmaceutical Care Services report and how they are meeting the needs of the population of Borders. This is followed by Key Challenges and Recommendations in Chapter 4.0.

3.1 Number of Community Pharmacies

There are 29 contracted community pharmacies in NHS Borders. These are well distributed across the region and appear to meet the access needs of most of the population.

The need for new pharmacies was measured from the previous Pharmaceutical Care Services plan 2021-24 and NHS Borders currently has no identifiable gaps. There are 8 current expressions of interest/applications made by applicants wishing to open pharmacies in locations detailed in [Appendix 1 – Pharmacy Practices Committee](#).

Overall, there are no identified gaps in provision of pharmaceutical services in NHS Borders.

3.2 Hours of Service

The opening hours of community pharmacies in NHS Borders appears to be satisfactory with adequate out of hours opening in major towns of Galashiels and Hawick.

3.3 Pharmacy Workforce

There has been an increase in the number of community pharmacists who have qualified as independent prescribers, with others currently in training. Pharmacy First Plus allows the pharmacists to use these prescribing qualifications to provide pharmaceutical care and contribute to the transformation of urgent care. There are reports, through Area

Pharmaceutical Committee, of increasing difficulty in securing permanent pharmacists and locum cover. This is affecting all boards across Scotland, including NHS Borders.

3.4 Community Pharmacy Services – Core Services

3.4.1 Acute Medication Service – prescription numbers remain stable with no significant increase in demand requiring any increase in service.

3.4.2 Medicines: Care and Review Service – percentage of serial prescriptions issued has increased to 4.9% and work continues with the engagement of GP practices and community pharmacies to increase this further.

3.4.3 Pharmacy First – there is no unmet need identified in the provision of consultation and treatment for common clinical conditions. All patients registered with a GP or living in Scotland can access this from a community pharmacy. Current pharmacy weekend and extended opening hours are monitored to ensure urgent care provision.

3.4.4 Public Health Services – continue to be supported by community pharmacies in Borders with no current unmet need identified.

3.5 Community Pharmacy Services – National and Additional Services

The additional services developed under Community Pharmacy Contract make a fundamental contribution to the health of the population. Some community pharmacy services are negotiated at local level and there is a potential to review each on an on-going basis to ensure that services are meeting the needs of the local population.

4.0 Key Challenges and Recommendations

Key Challenges facing Community Pharmacy

Some of the key challenges facing Community Pharmacies in Borders, at the time of writing this report in November 2023, are listed here.

Workforce Planning

Within NHS Borders, there are vacancies for pharmacists in both community pharmacy and pharmacotherapy teams. Community pharmacists are relying heavily on locum pharmacists to ensure service delivery is maintained. Whilst locum pharmacists play a vital role, patients routinely prefer to see a continuous face providing their pharmaceutical services. The rural nature of the Borders seems to be less attractive to newly qualified pharmacists to relocate to on a temporary or permanent basis.

For pharmacy technicians, NHS Borders has worked together with community pharmacy contractors to support training of new staff. NHS Borders now have a bank of staff members, trained as assessors, who can support the two-year programme to deliver new pharmacy technicians. Despite the development of local training programmes, it still takes two years to qualify as a pharmacy technician. Posts in pharmacotherapy services are often seen as more attractive than working in a community pharmacy. The hours offered can be more flexible as are not dependent on weekend working. The UK Government is currently consulting on legislative changes to the role and responsibilities which will impact on pharmacy technicians. As a result of these changes if adopted, we will need to train more pharmacy technicians to work in community pharmacy.

Workload

Since the Covid 19 pandemic, patients are more used to, and more confident of, what can be done by their local pharmacy. This has resulted in greater workload for pharmacy teams and has meant common clinical condition management is delivered predominantly via Pharmacy First. Pharmacy First Plus, using independent prescribing, has also seen a cascading of patients to pharmacy due to pressure from patient demand in other independent contractors. The role of the pharmacist in community pharmacy has evolved. There is an increase in face-to-face patient time and more clinical services being delivered.

Changes put into place during Covid, when community pharmacy worked to the top of their skills, have now become embedded and, whilst this is appreciated by patients, must be maintained.

Financial

The demise of the Lloyds Pharmacy chain across the UK shows that the financial pressures are now acute in community pharmacy. Pharmacy businesses need to be well managed to ensure survival and maintenance of pharmaceutical services. Some of the smaller pharmacies in the network are under financial pressure to survive. Failure of these businesses may impact on pharmaceutical service delivery across NHS Borders.

During 2023-24 there was a three-month delay in the contractual/financial settlement between the contractors and the Scottish Government. This led to instability in the network, compounded by estimated payments following delays in the implementation of a new electronic payment system. Pharmacy contractors have had considerable swings in cashflow which can be difficult to manage when purchasing medicines for reimbursement in two months.

Availability of medicines and devices

Community pharmacy contractors have seen longer lead times for medicine deliveries. There are more long-term, out of stock items during recent years. This situation results in extra workload for pharmacy and GP practice teams alike trying to resolve the problems for patients. It also causes concern and undue worry for patients.

Technology, Automation, Artificial Intelligence

Community Pharmacy contractors recognise that technology to underpin automation of medicine supply and Artificial Intelligence, to support clinical medicine checking, are now a reality. There is a keenness to invest in these technologies but an uncertain financial climate causes concern about investment. Contractors expect to see more use of robotics, in hub and spoke supply automation, and electronic lockers, to support medicine collection for patients, but progress will be delayed if financial uncertainty is not resolved.

Recommendations

<p>Promotion of the Pharmacy First Service</p>	<p>Ensure opportunities to promote the message of Pharmacy First are used in communications to promote the use of pharmacy for common clinical conditions.</p>
<p>Support and develop our network of Pharmacy First Independent Prescribers</p>	<p>Ensure opportunities are given to develop these new prescribers. These opportunities should develop skills and competency in a wider range of conditions to support delivery of care in community pharmacy.</p>
<p>Better access to patient clinical records.</p>	<p>Community Pharmacy would be able to improve patient care when GP practice is closed and support the pharmacotherapy service element of Medicine Care and Review if there was access to patient clinical records.</p> <p>Currently, apart from access to the Emergency Care Summary, community pharmacists can't see any clinical records apart from their Patient Medication Records. Now, community pharmacists routinely prescribe, it would be more efficient to have access to patient's electronic records.</p>
<p>Promote improved working relationships between independent contractors</p>	<p>Since the inception of Pharmacotherapy teams, interaction between GPs and local community pharmacists has decreased. Pharmacotherapy Teams now tend to be the interaction point. With the move to clinical service delivery, the community pharmacists would like to work closer with their GP peers to support patient care.</p>

APPENDIX 1 - Pharmacy Practices Committee

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

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 Borders 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 neighbourhood 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.

The following table shows the stages of current applications for community pharmacies in Borders.

Location	Stage of Application (as of January 2024)
Coldingham	1 application; pre-application meeting to be set up early 2024.
Galashiels	1 application; no further details.
Kelso	1 application; waiting for formal application; consultation and draft CAR complete. First of four applications for Kelso.
Peebles	3 applications on waiting list; no further details.
St Boswells	1 application; no further details.
Tweedbank	Pharmacy Practices Committee to meet to discuss application 16/01/2024. First of 5 applications for Tweedbank.

Table 12 - Borders community pharmacy applications in progress

APPENDIX 2 – Community Pharmacies / GP Practice population per locality

LOCALITY	TOWN(S)	MEDICAL PRACTICE	LIST SIZE	TOTAL LIST SIZE BY LOCALITY	Number of Pharmacies/ Disp Practice	List Size per Pharmacy/ Disp Practice	LOCAL PHARMACY
BERWICKSHIRE	CHIRNSIDE & DUNS	DUNS MEDICAL GROUP	3118	21531	5	4,306	GLM Romanes Pharmacy, DUNS
		MERSE MEDICAL PRACTICE	6432				GLM Romanes Pharmacy, CHIRNSIDE
	COLDSTREAM	COLDSTREAM MEDICAL PRACTICE	3910				GLM Romanes Pharmacy, COLDSTREAM
	EYEMOUTH	EYEMOUTH MEDICAL PRACTICE	6632				GLM Romanes Pharmacy, EYEMOUTH
	GREENLAW	GREENLAW SURGERY	1439				GLM Romanes Pharmacy, GREENLAW
CHEVIOT	KELSO	KELSO MEDICAL GROUP	11931	18860	4	4,715	Boots & Rowlands Pharmacies, KELSO
	JEDBURGH	JEDBURGH MEDICAL PRACTICE	6929				Boots & Jedburgh Pharmacies, JEDBURGH
EILDON	EARLSTON	EARLSTON MEDICAL PRACTICE	3272	41108	12	3,426	M Farren Pharmacy, EARLSTON
	GALASHIELS	BRAESIDE MEDICAL PRACTICE	4957				Boots, Borders, Gala, M Farren, Tesco Pharmacies, GALASHIELS
		MAIRCHES MEDICAL PRACTICE GALASHIELS	5063				
		ROXBURGH STREET SURGERY	3621				
		WAVERLEY MEDICAL PRACTICE	5117				
	MELROSE	EILDON SURGERY	7006				Boots Pharmacy, MELROSE
	NEWTOWN ST BOSWELLS		Eildon Pharmacy, NEWTOWN ST BOSWELLS				
	SELKIRK	SELKIRK MEDICAL PRACTICE	7317				Lindsay & Gilmour & Right Medicine Pharmacies, SELKIRK
STOW & LAUDER	STOW & LAUDER HEALTH	4755	Lauder Pharmacy, LAUDER; Dispensing Practice, STOW				
TEVIOT & LIDDESDALE	HAWICK	MAIRCHES MEDICAL PRACTICE HAWICK	6042	19068	6	3,178	Boots, Borders, Hawick Health Centre, Lindsay & Gilmour, TN Crosby Pharmacies HAWICK
		TEVIOT MEDICAL PRACTICE	11398				
	NEWCASTLETON	NEWCASTLETON MEDICAL PRACTICE	1628				Newcastleton Dispensing Practice
TWEEDDALE	INNERLEITHEN	ST RONAN'S PRACTICE	4747	20735	4	5,184	M Farren Pharmacy, INNERLEITHEN
	PEEBLES	THE NEIDPATH PRACTICE	6035				Boots & Right Medicine Pharmacies PEEBLES
		THE TWEED PRACTICE	6024				
	WEST LINTON	WEST LINTON MEDICAL PRACTICE	3929				West Linton Pharmacy, WEST LINTON
				121,302			

Figure 3 - Borders locality-town-GP Practice list size-Pharmacy

APPENDIX 3 – Community Pharmacy Opening Hours, including weekends

Locality	Town	Community Pharmacies	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday Opening	Sunday Opening
Berwickshire	Chimside	GLM Romanes	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	-	-
	Coldstream	GLM Romanes	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-12:30	-
	Duns	GLM Romanes	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	-
	Eyemouth	GLM Romanes	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-15:00	-
	Greenlaw	GLM Romanes	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	-	-
Cheviot	Kelso	Boots	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	08:30-13:00; 14:00-17:00	-
		Rowlands	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:00	-
	Jedburgh	Boots	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:00	-
		Jedburgh	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	09:00-13:00	-
Eildon	Earlston	M Farren	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	09:00-13:00	-
	Galashiels	Boots	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-18:00	10:00-17:00
		Borders	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	-
		Gala	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	-
		M Farren	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	-
		Tesco	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	10:00-16:00
	Lauder	Lauder	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	-
	Melrose	Boots	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:00	-
	Newtown St Boswells	Eildon	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	09:00-12:00	-
	Selkirk	Lindsay & Gilmour	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00; 14:00-17:00	-
Right Medicine		09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	-	
Teviot & Liddesdale	Hawick	Boots	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	-
		Borders	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	10:00-17:00
		HHCC	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	-	-
		Lindsay & Gilmour	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	-
		TN Crosby	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	-
Tweeddale	Innerleithen	M Farren	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-12:30	-
	Peebles	Boots	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	-
		Right Medicine	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:00	-
	West Linton	West Linton	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	-

Figure 4 - Borders community pharmacy opening hours

Table of Figures

Figure 1 - Borders localities map	8
Figure 2 - Borders public transport map.....	9
Figure 3 - Borders locality-town-GP Practice list size-Pharmacy	31
Figure 4 - Borders community pharmacy opening hours	32
Table 1 - Population towns by locality	8
Table 2 - Community pharmacies by locality.....	13
Table 3 - Borders population per pharmacy	14
Table 4 - Borders community pharmacists prescribing status	15
Table 5 - Borders items dispensed Acute Medication Service 2019 - 2023.....	16
Table 6 - Borders MCR/Serial registered patients 2019 - 2023.....	17
Table 7 - Borders MCR/Serial prescription items dispensed 2019 – 2023	17
Table 8 - Pharmacy First treatments	18
Table 9 - Borders CPUS items dispensed 2019 – 2023	19
Table 10 - Borders NRT items dispensed 2019 - 2023	20
Table 11 - Borders Additional Services.....	22
Table 12 - Borders community pharmacy applications in progress	30

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