



2025-2028

A comprehensive overview of the range, nature, and quality of NHS pharmaceutical care provided within NHS Lothian. This plan provides assurance that core service provision is in place. It outlines priorities and recommended actions to address and remedy unmet needs within the population, highlighting the potential role of community pharmacy in enhancing care delivery.

Foreword

The **Pharmaceutical Care Services Plan (PCSP) 2025- 2028** sets out a comprehensive roadmap for the evolution of community pharmacy services across NHS Lothian, focusing on solutions to enhance access, efficiency, and service provision. With a strong foundation in core services, the plan aims to address emerging needs by building on strengths and expanding services through innovation and strategic partnerships. The forward-looking strategies align with national health recovery, sustainability, and redesign initiatives for 2025-28, ensuring responsiveness to evolving healthcare demands.

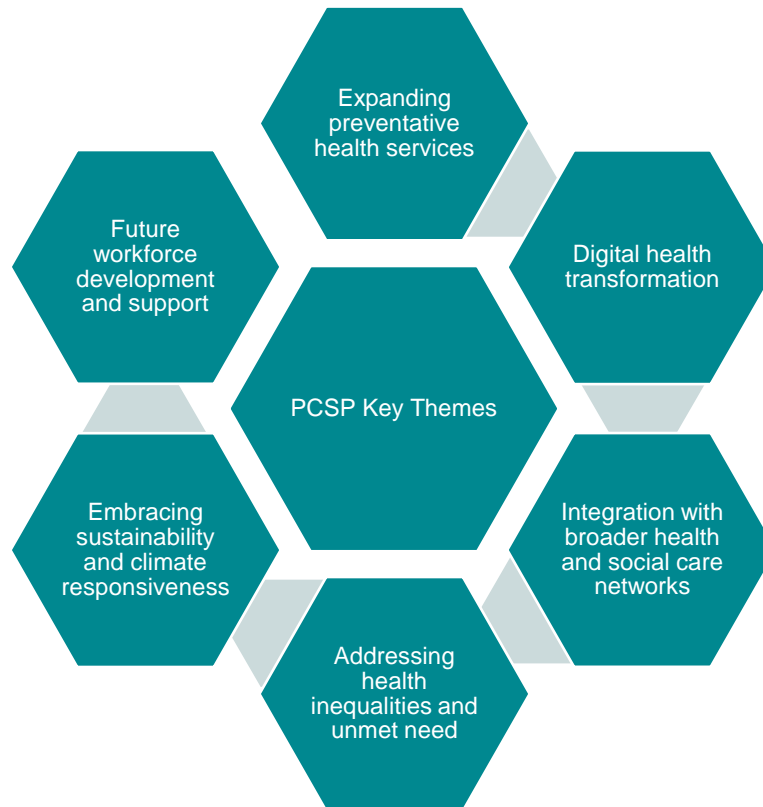
Strengths and Core Provision

NHS Lothian continues to provide comprehensive pharmaceutical services with a well-placed network of community pharmacies, ensuring every community has convenient access to high-quality care. With approximately one pharmacy per 5,000 residents, our core services—including the Medication Care and Review (MCR), Acute Medication Service, NHS Pharmacy First Scotland, and Public Health Services—are available without gaps or underserved areas. Our pharmacies are integrated within neighbourhoods, ensuring accessibility to locally placed healthcare.

Transformative Vision for the Future

To address evolving healthcare needs and ensure continued excellence in service delivery, NHS Lothian's PCSP 2025-2028 introduces a transformative vision that expands the traditional role of community pharmacies into advanced, digitally-integrated, and patient-centred healthcare hubs.

The plan builds upon the existing strengths of our pharmacy network identifying strategic priorities to enhance integration with the broader healthcare system. As community pharmacies are increasingly recognised as vital components of accessible, preventative, and sustainable healthcare, the Pharmaceutical Care Services Plan establishes a proactive path forward, aiming to meet both current and anticipated healthcare needs. The plan considers emerging challenges, ensuring that services remain fit for purpose in a changing healthcare landscape. The key themes can be summarised as follows.



Introduction to Strategic Recommendations

While the recommendations in this plan have been shaped by engagement with key stakeholders, including community pharmacy contractors, NHS Lothian has taken a strategic leadership role in defining the priorities outlined. The aim is to support the continued evolution of pharmaceutical care in a way that benefits patients, pharmacy teams, and the wider health and social care system.

The recommendations focus on key areas of service development, aligning with national healthcare priorities and addressing local population needs. As implementation progresses, NHS Lothian remains committed to ongoing dialogue with stakeholders to ensure that developments are both practical and sustainable.

The following table provides an overview of the strategic recommendations contained within the PCSP. These recommendations set the direction for the next three years, ensuring that community pharmacies continue to play a central role in delivering high-quality, patient-centred care.

Strategic Recommendations

	Recommendations:
Pharmacy workforce <i>A resilient and highly skilled workforce will be key to delivering the aspirations of the PCSP.</i>	<ul style="list-style-type: none"> We will continue to work with Community Pharmacy Lothian to understand any local and national variation in the community pharmacy workforce and will work collaboratively to support resilience and sustainability within the network. We will continue to work with community pharmacy teams to support professional development in line with national frameworks and pathways, supporting skill mix optimisation and advancing roles.
Digital: access to clinical records <i>The use of digital tools and enablers will build capacity, and promote safe, effective and more integrated care.</i>	<ul style="list-style-type: none"> We will enable read / write access to a comprehensive clinical record for patients for community pharmacist prescribers to ensure safe and effective care. We will work with stakeholders to support the move to digital prescribing and dispensing, creating a more efficient pathway and reducing the environmental burden from a paper-based system.
Community Pharmacy Core Services: Medicines Care and Review - Serial Prescribing <i>Community pharmacies have an integral role to ensure that patients get best value from their medicines.</i>	<ul style="list-style-type: none"> We will continue to promote the Medicines, Care and Review Service with consideration of any barriers and enablers to increase provision. We will progress and develop further MCR-serial prescribing initiatives based on local population needs.
Community Pharmacy Services: Pharmacy First Plus <i>Community pharmacies add much needed clinical capacity for unscheduled care, supporting patients to manage common clinical conditions close to home without the need for an appointment.</i>	<ul style="list-style-type: none"> We will work with community pharmacies to better define when and where Pharmacy First Plus is offered and the range of conditions that pharmacists will manage. We will work with Community Pharmacy Lothian and other stakeholders to explore how Pharmacy First Plus can be further developed, such as building Designated Prescribing Practitioner capacity, supporting pharmacists to gain confidence in the range of conditions that can be managed, and implementation of greater digital access to clinical records to facilitate safe and effective prescribing.
Community Pharmacy Core Services: Public Health Smoking Cessation <i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role in health promotion and prevention.</i>	<ul style="list-style-type: none"> We will work with community pharmacies to review smoking cessation performance data and ensure that contractors are supported to deliver the best outcomes. We will ensure referral pathways and awareness of this service with both public and healthcare professionals is optimised We will consider and implement recommendations from the national review as the outputs become available.

<p>Community Pharmacy Core Services: Public Health Sexual health</p> <p><i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role in health promotion and prevention</i></p>	<ul style="list-style-type: none"> • We will ensure that patients accessing the emergency hormonal contraception service will be further supported to access associated services • We will explore why Bridging Contraception uptake has been low to date and develop recommendations to increase uptake.
<p>Accessibility: Service information</p> <p><i>Patients and Healthcare providers will benefit from awareness of the range of services community pharmacies offer.</i></p>	<ul style="list-style-type: none"> • We will develop an online webpage to provide a detailed list of all NHS Lothian community pharmacies and available services. This will be regularly updated and maintained.
<p>Local and Specialist services: Hepatitis C</p> <p><i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role supporting patients to access their medicines, close to home.</i></p>	<ul style="list-style-type: none"> • We will ensure community pharmacy is considered as a key stakeholder for any initiatives to eliminate Hepatitis C within NHS Lothian, recognising the advantage they can offer in terms of community access and support to optimise treatment.
<p>Local and Specialist services: Palliative Care</p> <p><i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role supporting patients to access their medicines, close to home.</i></p>	<ul style="list-style-type: none"> • We will include community pharmacy as a key stakeholder for any initiatives and/or changes to care pathways for palliative care, building on the existing service they provide ensuring good access to palliative care medicines in the community setting.
<p>Local and Specialist services: Medicines waste</p> <p><i>Medicines waste is a burden financially and environmentally and strategies to reduce unnecessary waste can be supported by community pharmacy.</i></p>	<ul style="list-style-type: none"> • We will continue to focus on strategies to reduce unnecessary medicine waste to ensure best value and reduce environmental impact. Community pharmacy will be an integral stakeholder for any initiatives being developed and implemented.
<p>Local and Specialist services: drug related harms</p> <p><i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role in health promotion and prevention.</i></p>	<ul style="list-style-type: none"> • We will consider community pharmacy in the development of further initiatives to reduce drug related harms and deaths, building on their key role working in collaboration with the Alcohol and Drug Partnerships (ADPs) and other partners to support this patient cohort. • We will work with ADP and data and intelligence teams on harm reduction measures, to better understand areas of need for both Take Home Naloxone and Injecting Equipment Provision service, considering where pharmacies can support access including through extended hours where available.

	<ul style="list-style-type: none"> We will consider embedding community pharmacy administration of Long-Acting Injectable Buprenorphine into routine care, including widening geographical spread in line with population need.
Future Opportunities for Strategic Planning <i>Medicines, and health promotion and prevention, form a part of many care pathways and community pharmacy with its highly skilled workforce and accessibility has an important role to play.</i>	<ul style="list-style-type: none"> We will ensure that community pharmacy representation is considered at the outset for pathway and service development where appropriate. This should include a collaborative approach by pharmacy services and HSCPs in their planning to enable community pharmacy to support strategic ambitions. We will continue to further explore and develop the role of community pharmacy in disease prevention.

Conclusion: A Vision for the Future

The PCSP 2025-2028 presents an ambitious, forward-looking plan that further enhances the role of community pharmacy in delivering high-quality, patient-centred, and sustainable healthcare. By harnessing technology, expanding preventative services, and focusing on health equity, NHS Lothian aims to future-proof pharmaceutical care for the next generation. Through this plan community pharmacies will not only meet the needs of today but also anticipate and shape the healthcare landscape of tomorrow, ensuring every citizen has access to the care they need, when and where they need it.

Scott Garden
Director of Pharmacy
NHS Lothian

Jenny Long
Director of Primary Care
NHS Lothian

Dona Milne
Director of Public Health and
Health Policy
NHS Lothian

Lead Author

Katherine Davidson, Consultant in Pharmaceutical Public Health, Public Health and Health Policy, NHS Lothian

Contributors

Wendy Carswell, Primary Care and Community Pharmacy Coordinator, Pharmacy and Medicines Service, NHS Lothian

Ellen Jo Fowler, Lead Pharmacist, Community Pharmacy Development Team, Pharmacy and Medicines Service, NHS Lothian

Stephen McBurney, Associate Director of Pharmacy (Primary Care, Community, Mental Health and Associated Services), Pharmacy and Medicines Service, NHS Lothian

Kristen Bowles, Senior Public Health Intelligence Analyst, Public Health and Health Policy, NHS Lothian

Stefanie Swietlik, Senior Public Health Intelligence Analyst, Public Health and Health Policy, NHS Lothian

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Joanna Meiklejohn, Project Support Manager, Pharmacy and Medicines Service, NHS Lothian

Fiona Parkinson, Business Operations Manager, Pharmacy and Medicines Service, NHS Lothian

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1.0 Introduction

The Pharmaceutical Care Services Plan (PCSP) was introduced as a statutory requirement for NHS Boards by the Smoking, Health and Social Care (Scotland) Act in 2005. The PCSP is required to fulfil two main functions:

- Provide a comprehensive picture of the range, nature, and quality of pharmaceutical care within the NHS Board area,
- Identify needs and gaps within the provision of pharmaceutical care within the NHS Board area.

1.1 Vision & Strategic Objectives

The [vision for Health and Social Care in Scotland](#), as set out by Scottish Government (2024), is a Scotland where people live longer, healthier and fulfilling lives. Key areas of focus to enable this are place-based population health improvement, early intervention and prevention, improved access and quality service provision and ensuring person centred decision making. Medicines are the most frequent health care intervention, often as a preventative intervention, and second largest expenditure for NHS Scotland. Therefore, pharmacy services, as experts in medicines, have a key role in delivering care to improve health outcomes, together with ensuring patient safety and impacting positively in wellbeing across communities.

Pharmaceutical care services, provided by independent contractor Community Pharmacies, should support achievement of this vision and ensure these are provided to local populations to meet identified care needs.

1.2 Alignment with National and Local Health Priorities

The Scottish Government publication of a [National Clinical Strategy](#) laid out proposals to ensure that clinical services are able to provide sustainable health and social care services. This includes undertaking service planning at a population level, optimising use of digital innovation and supporting care closer to home. The strategy notes the strengthening of primary care through stronger integration and increasing multidisciplinary team working. The 2017 publication of the Scottish Government strategy for pharmacy, [Achieving Excellence in Pharmaceutical Care](#), identifies priorities as to how to improve delivery of pharmaceutical care by NHS Services in Scotland.

Locally, collaboration by NHS Lothian and the 4 Integrated Joint Boards with responsibility for planning, commissioning and delivery of healthcare services, has resulted in the publication of [Lothian Strategic Development Framework](#). The vision for Lothian healthcare services is as follows:

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide.
- Connect health and social care services seamlessly, wrapping around the citizen in their home.
- Improve performance across our system, with better experiences for citizens and those who work for and with us.

Community Pharmacy is a key asset in supporting achievement of this vision. Therefore, this Pharmaceutical Care Service Plan sets out current services provided by community pharmacy and opportunities to explore further.

1.3 Methodology and Future Ambitions

- Methodology
 - Pharmaceutical care needs have been assessed using a variety of data sources and supported by colleagues in the health intelligence team in NHS Lothian Public Health and Health Policy. Data sources including Public Health Scotland (PHS), Scotland's Census and National Records of Scotland (NRS) have been interrogated and are referenced throughout. Where possible data has been sought at a HSCP level, however, this is not always available and Lothian and National data has been used on occasion. Data relating to independent contractor provision of services is correct at time of publication but is subject to amendment if contractor circumstances change.
 - As part of the development of this PCSP, engagement with stakeholders has been ongoing. Numerous stakeholders have been consulted in the development of this PCSP including, IJB strategic planning groups, Area Pharmaceutical Committee, Primary Care Joint Management Group (which is also the LSDF Primary Care Pillar Programme Board) and Community Pharmacy Lothian.
- Future ambitions
 - A delivery plan will underpin the implementation of the recommendations contained within the PCSP. This will include consultation and engagement with patient-public partners.
 - Continuing to work collaboratively with stakeholders within NHS Lothian, IJBs and Community Pharmacy Lothian will be key. This will support implementation of this plan together with opening up a forum to continue to identify future strategic needs and priorities of the population of Lothian. This will contribute to future versions of the PCSP.

2.0 Description of NHS Lothian

2.1 Geographies Covered

NHS Lothian is situated in East Central Scotland and consists of 4 local authority areas: Edinburgh, West Lothian, Midlothian and East Lothian. Data from the [Scottish Government Urban Rural Classification 2020](#) shows that the majority of the population of are recorded as living in urban areas, with 58.2% living in large urban areas, 30% other urban areas, 5.4% in accessible small towns and 6.4% in accessible rural areas (0.0% recorded living in remote small towns or remote rural areas).

2.2 Demography

NHS Lothian currently serves a population of 919,060 and is the second largest health board in Scotland.

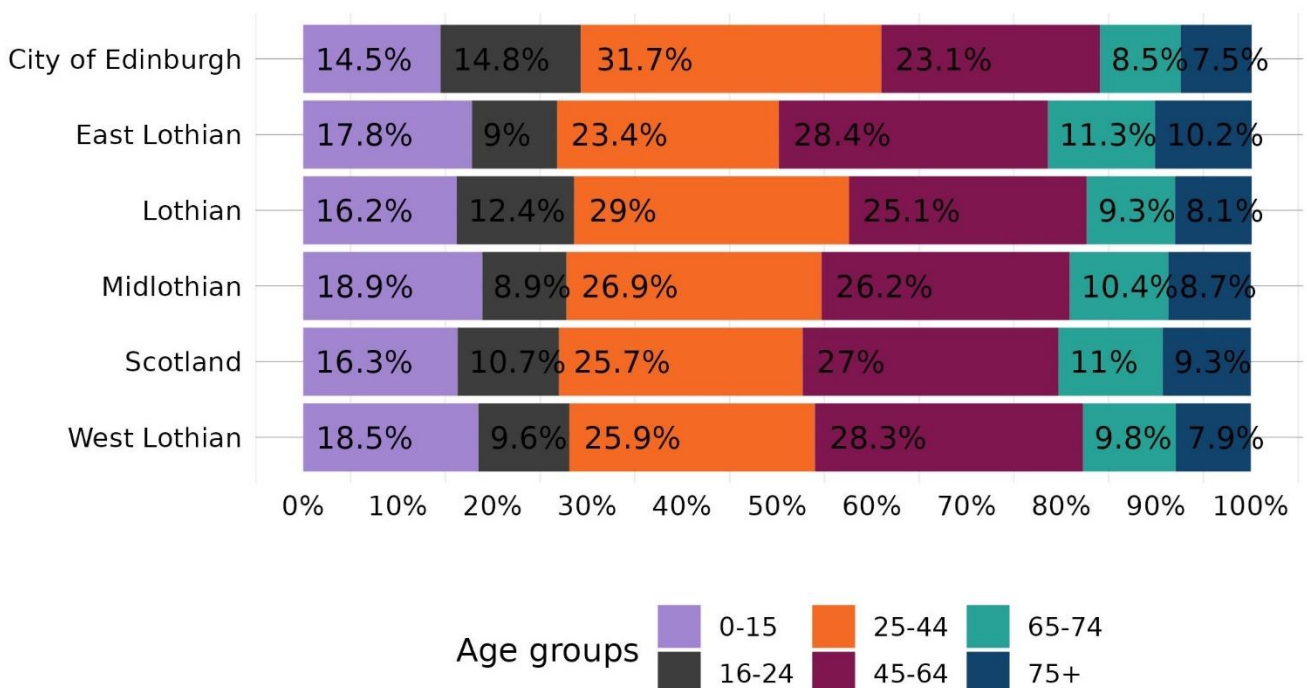
Table 1: Population of Local Authority areas Lothian

Local Authority	Population
Edinburgh	523,250
East Lothian	113,740
Mid Lothian	98,260
West Lothian	183,810
TOTAL	919,060

Source: [Mid-2023 Population Estimates Scotland, NRS](#)

Figure 1 below breaks this down further by age category.

Figure 1: Population Age Distribution for Lothian and Scotland, mid-2023



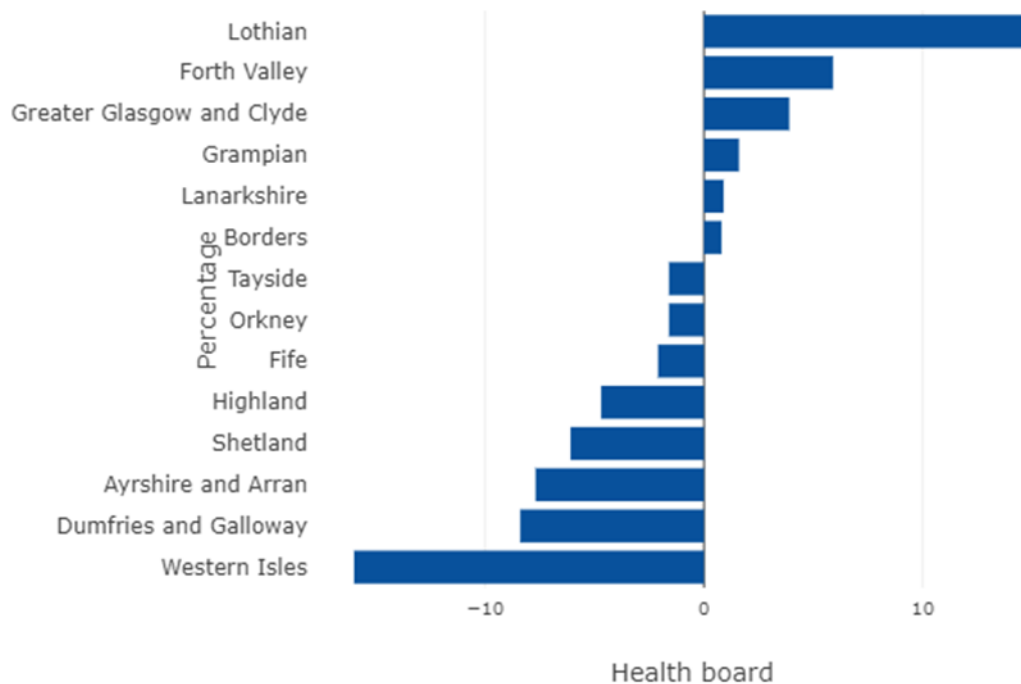
Source: [Mid-2023 Population Estimates, NRS](#)

Lothian has a similar proportion of under 16-year-olds as the rest of Scotland (16.2% vs 16.3%), but the population aged 16-64 is slightly larger than seen in Scotland, largely due to the working-age population in and around Edinburgh. The proportion of the population over 64 years old is slightly smaller than seen nationally.

2.3 Population Growth

Figure 2 below shows predicted population growth by health Board over the next 20 years. These projections from National Records Scotland are 2018 based and have not yet been updated to reflect recent census results.

Figure 2: Projected Population Growth (%) by NHS Board 2023-2043 Scotland

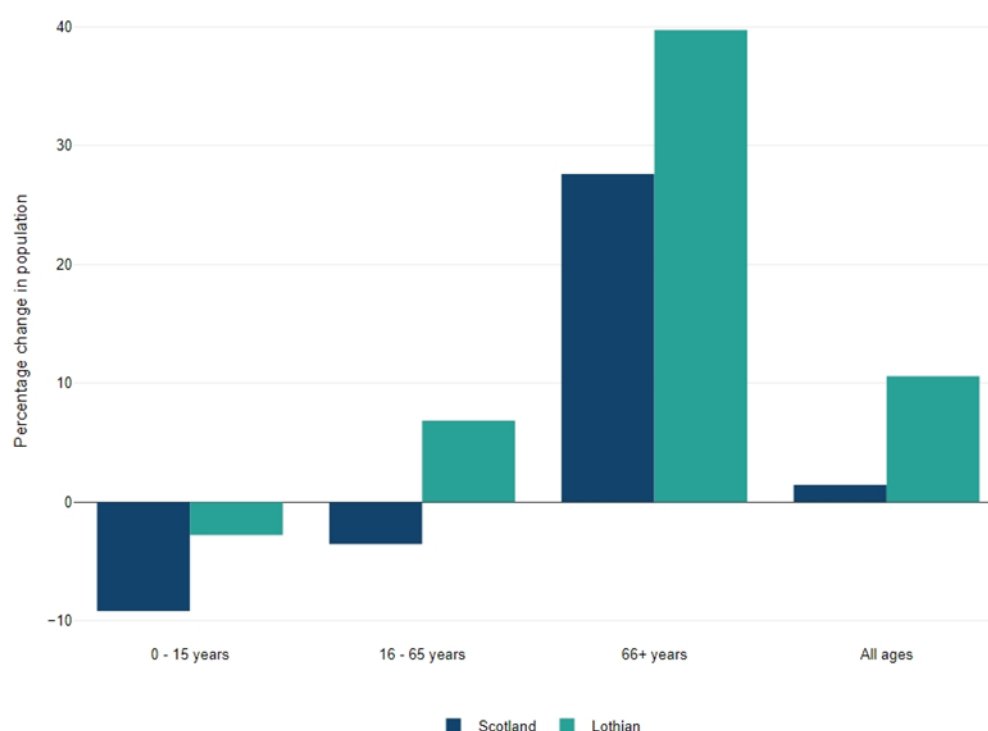


Source: [NRS Population Projections for Scottish Areas 2018-based](#)

NHS Lothian is noted to have the largest overall rise in population across all Scottish boards with an additional 133,000 persons predicted by 2043.

Figure 3 below shows the predicted growth by age category.

Figure 3: Projected population growth (%) in Lothian vs Scotland by Age Group, 2023-2043



Source: [NRS Population Projections for Scottish Areas 2018-based](#)

The highest population growth is anticipated in the 66+ age group. This illustrates an ageing population which is likely to result in greater demand for health and social care.

2.4 Deprivation

It is well documented that deprivation increases the risk of early death and is associated with more years of ill health and higher rates of illness from certain diseases.

- The gap in life expectancy between the most and least deprived areas in Scotland is roughly 13 years for males and 10 years for females.¹
- The gap in healthy life expectancy (the number of years lived in good health) is even greater - roughly 23 years for males and 24 years for females.

The [Scottish Index of Multiple Deprivation \(SIMD\)](#) is a relative measure of deprivation and looks at the extent of deprivation across a number of markers including income. This allows identification of areas where health care needs may be higher and allows targeting of specific services, therefore aiding service planning. Those living in areas of high deprivation are likely to face increased barriers to health care which can impact on health inequalities. [SIMD 2020 data zones](#) are used throughout the PCSP.

Table 2 below indicates Scottish Index of Multiple Deprivation (SIMD) breakdown in Lothian for the four local authority areas.

¹ [Scotland's public health challenges - What we do and how we work - About us - Public Health Scotland](#) 2024, (accessed on 1 April 2025)

Table 2: SIMD 2020 data zones by population share (%) in Lothian 2021

	SIMD 1 (Most Deprived 20% data zones)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (Least Deprived 20% data zones)
Edinburgh	11.8	14.3	14.3	17.5	42.0
East Lothian	4.8	28.1	22.3	25.5	19.3
Midlothian	7.5	32.8	23.9	21.4	14.4
West Lothian	14.3	27.8	18.9	20.6	18.4
Lothian	11.0	20.6	17.2	19.5	31.7

Source : [NHS-Lothian Director of Public-Health-Annual-Report-2022-final.pdf](#)

In comparison with the rest of Scotland, Lothian has proportionately fewer areas classified among the most deprived in the country. Around 11% of Lothian's population, just over 100,000 people, live in areas categorised as among the 20% most deprived in Scotland. The greatest number of these areas are located within Edinburgh (approximately 62,000 individuals) but proportionately West Lothian has the highest share of its population (26,500) living in the most deprived communities (14.3%).

2.5 Ethnicity

Data is available from Scotland's census 2022 and a breakdown of NHS Lothian's population by reported ethnicity is given in Table 3.

Table 3: NHS Lothian population 2019 by Ethnic group

Ethnicity	% of NHS Lothian Population
White	89.5
Asian	5.8
Mixed	1.9
African	1.3
Other	1.3
Caribbean or Black	0.2

Source: [Scotland's Census 2022](#)

Understanding the ethnic mix of a population can improve healthcare delivery by helping to focus resources such as screening programmes, education, and resource allocation. A need to close the health gap for ethnic minorities is recognised by NHS Lothian.

3.0 Population Health Overview

3.1 Life Expectancy

The table below presents the estimated average life expectancy for males and females at birth for Scotland and across the four local authority areas, considering the effect of deprivation. As noted, deprivation can adversely impact life expectancy with those living in areas of higher deprivation having poorer outcomes. Although life expectancy in Lothian areas is mostly slightly above the Scottish average (with Midlothian being an exception), the variation in SIMD quintiles across the local authority areas is demonstrated below. Understanding where health inequalities are within our communities can help in planning and prioritisation of resources in order to close this inequality gap.

Table 4: Life expectancy at birth 2021-2023– difference by SIMD quintile

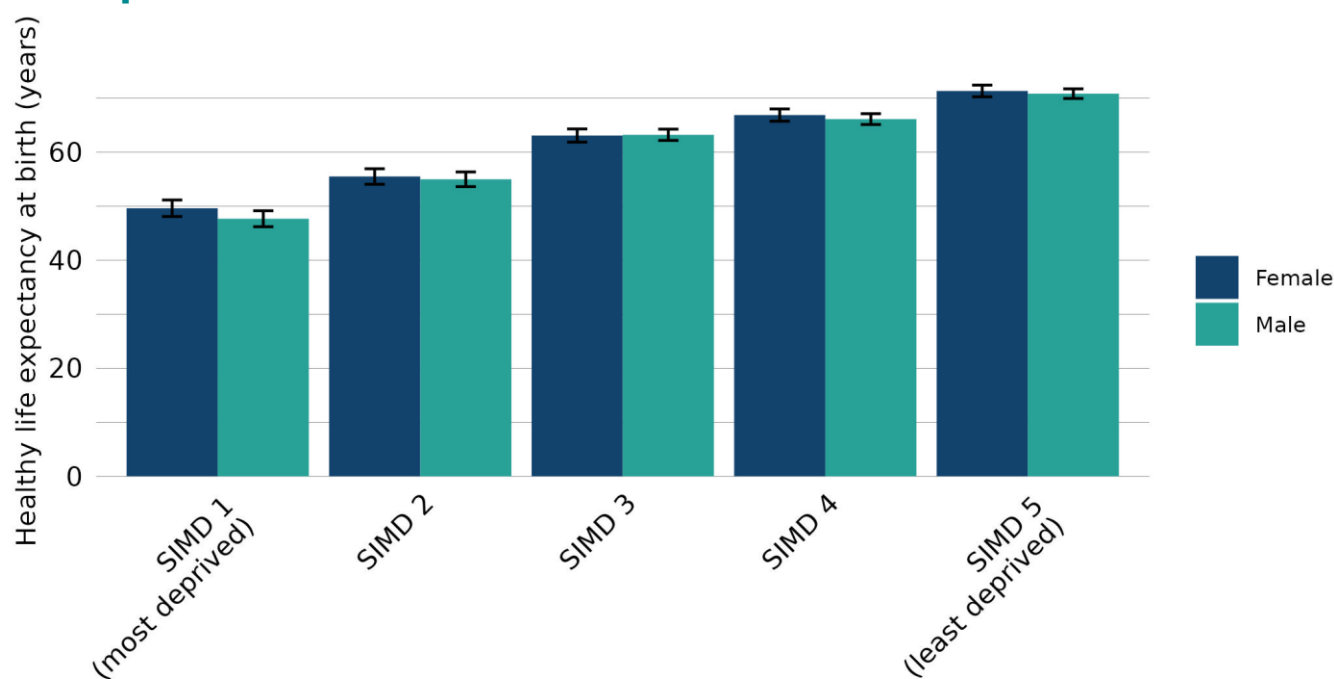
Council Area	Sex	LE in SIMD 1 (most deprived)	LE in SIMD 5 (least deprived)	Difference in LE (years)
Scotland	Female	76.75	84.39	7.64
	Male	71.28	81.42	10.14
City of Edinburgh	Female	76.81	85.77	8.96
	Male	71.02	83.09	12.07
East Lothian	Female	78.49	84.7	6.21
	Male	75.01	82.65	7.64
Midlothian	Female	78.2	83.3	5.1
	Male	73.66	80.62	6.96
West Lothian	Female	77.46	84.95	7.49
	Male	73.01	82.23	9.22

Source: [Life Expectancy in Scotland 2021-2023 - National Records of Scotland \(NRS\)](#)

3.2 Healthy Life Expectancy

Healthy life expectancy at birth is an estimate of the number of years that someone born in the reference year and locality can expect to spend in good or very good health². As has been noted, deprivation is associated with more years of ill health and higher rates of illness from certain diseases. The table below presents healthy life expectancy across the SIMD quintiles for Scotland and this can be taken into account when considering the varying levels of deprivation within each of the four local authority areas in Lothian.

² [Healthy Life Expectancy 2019-2021 - National Records of Scotland \(NRS\)](#) (accessed 1 Feb 2025)

Figure 4: Healthy life expectancy in Scotland, 2019-2021, by sex and SIMD quintile

Source: National Records for Scotland

Table 5: Healthy life expectancy (years) in Scotland 2019-21– difference by SIMD quintile

Sex	SIMD 1 (most deprived)	SIMD 5 (least deprived)	Difference
Female	49.61	71.32	21.71
Male	47.67	70.82	23.15

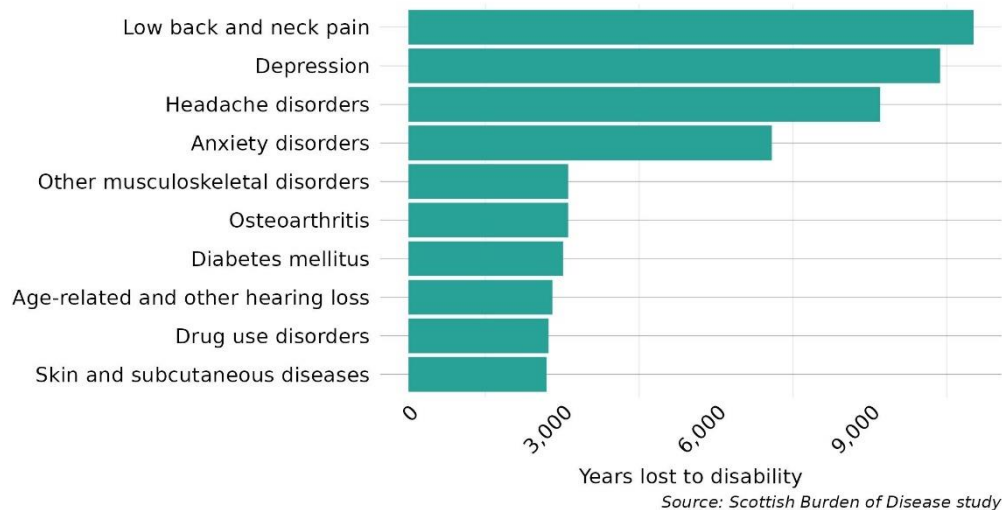
Source: [Healthy Life Expectancy 2019-2021 - National Records of Scotland \(NRS\)](#)

3.3 Burden of Disease

The [Scottish Burden of Disease \(SBoD\) study](#) is a national population health surveillance system which monitors how diseases, injuries and risk factors prevent the Scottish population from living longer lives in better health.

Figure 5 below indicates the leading causes of ill health in Lothian taken from the SBoD 2019 data.

Figure 5: Leading causes of ill health (years lost to disability) in NHS Lothian

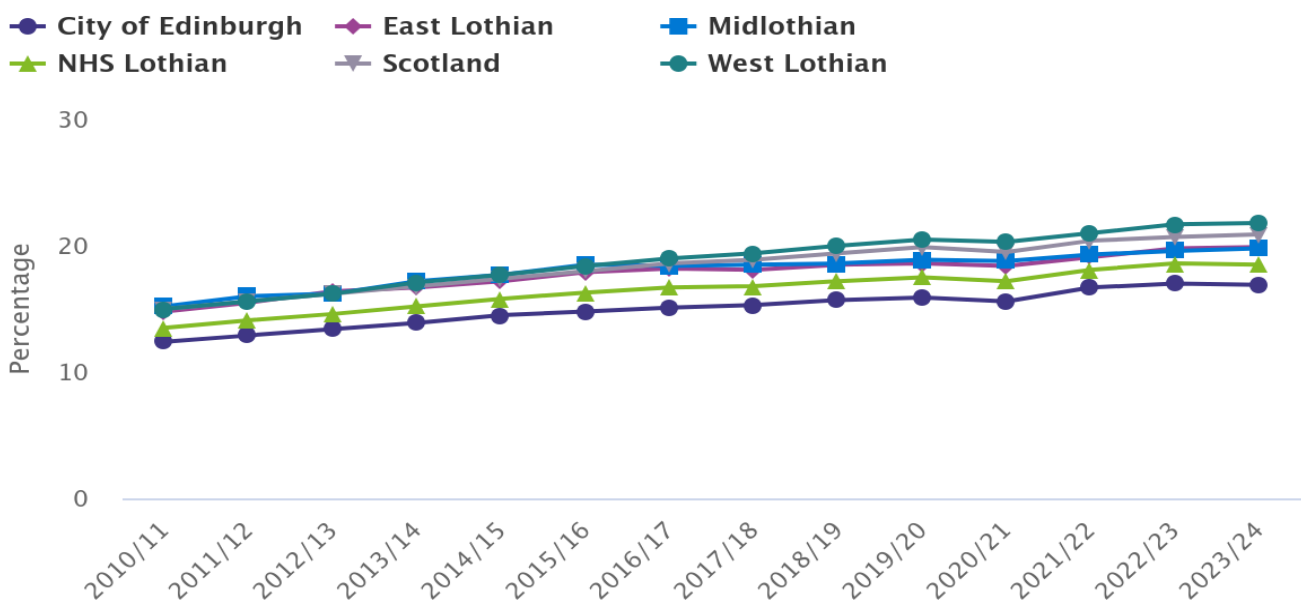


Understanding burden of disease can be useful to consider service development and prioritisation of resources.

3.4 Mental Health

Over a 14-year period the percentage of NHS Lothian population prescribed a medicine for anxiety, depression and psychosis has steadily increased as seen in figure 6. In 23/24 this was 18.5% in NHS Lothian against a Scottish average of 20.9%. ([ScotPHO profiles](#))

Figure 6: Population (%) Prescribed a Medicine for Anxiety / Depression / Psychosis by Lothian HSCP vs Scotland 2010/11-2023/24



Source: [ScotPHO profiles](#)

This suggests an increase in the number of patients accessing support for mental health and highlights an ongoing need to work with patients to provide advice on medicines and guidance on signposting to mental health services.

3.5 Polypharmacy

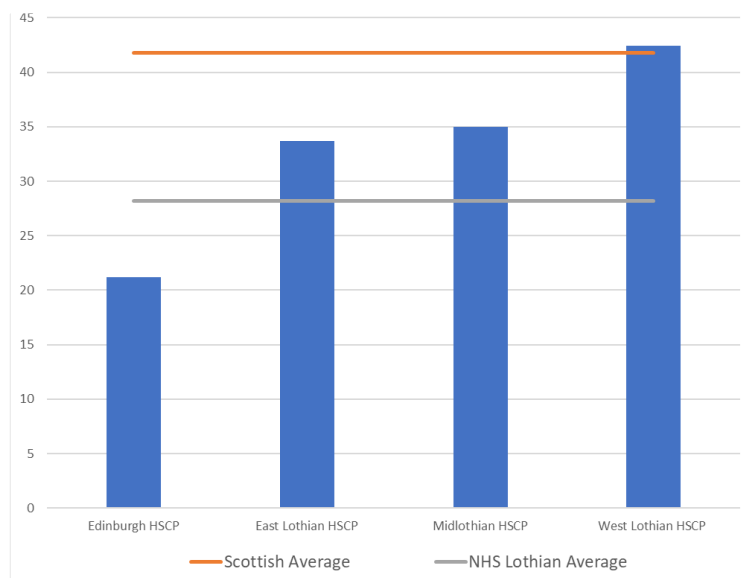
Polypharmacy, the use of multiple medications by a patient, is increasing due to a number of factors including advances in disease management and an ageing population often living with multiple conditions. Around 50% of people aged 65 and over in Scotland take at least five different medications regularly and some studies suggest that over 20% of those aged 75 and over are prescribed 10 or more medications.^{3,4}

Polypharmacy is associated with a higher risk of medication errors, adverse drug reactions, and hospital admissions and can lead to reduced adherence to medication regimens, as managing many medications can become complex and difficult for patients.

The risks are further increased when high risk medicines are prescribed. A high-risk medicine refers to a medication that has a higher potential to cause significant harm if used incorrectly or inappropriately.

Figure 7 below highlights one of the national polypharmacy therapeutic indicators which is reported by Public Health Scotland on a quarterly basis.

Figure 7: Polypharmacy: Number of People Prescribed 10 or More Medicinal Substances Including a High-Risk Medication per 1000 List Size by HSCP (NHS Lothian, Quarter 2 2024/25)



Source: [National therapeutic indicators, PHS](#)

Addressing polypharmacy involves balancing the need for medications with minimising harm, which requires careful review and management by healthcare professionals. Data on predicted population growth indicates an ageing population within NHS Lothian so it is recognised that polypharmacy prevalence is likely to continue to rise and there will be an ongoing need for polypharmacy review to ensure that patients receive greatest value from their medicines whilst minimising any harm.

³ Stewart D, Bennie M, Mair A. [Polypharmacy briefing paper 13](#). Scottish School of Primary Care, University of Glasgow, 2018

⁴ Mair, A et al. The SIMPATHY consortium. (2017). Polypharmacy management by 2030: A patient safety challenge. Coimbra: European Commission

3.6 Health Impacting Behaviours

Smoking

Although substantial achievements have been made in reducing the smoking rate in Scotland, smoking remains a leading cause of preventable diseases, including heart disease, cancer, and lung disease.

Table 6 below from [ASH Scotland](#) provides data from September 2024.

Table 6: Local authority smoking profiles - ASH Scotland (September 2024)

	City of Edinburgh	Midlothian	East Lothian	West Lothian	Scotland
% of Adults who Currently Smoke	11.9%	15.1%	7.9%	14.9%	15.0%
% of Women Registered as Smokers During Pregnancy	7%	11%	9%	13%	11%
No. of Deaths Attributable to Smoking	619	163	153	302	8,984
No. of Hospitalisations Attributable to Smoking	3,314	810	821	1,560	42,009

The Scottish Government is committed to achieving its vision of a smoke free Scotland by 2034 as noted in publication of its strategy [Tobacco and vaping framework; Roadmap to 2034](#). The emphasis is on supporting people who want to quit smoking by delivering effective cessation services and preventing smoking uptake amongst young people. NHS Boards are tasked with delivering a universal smoking cessation service, with emphasis on helping people in deprived areas where smoking prevalence is highest.

Drug related harms

Data from the [NHS Lothian Drug Related Deaths Annual Report 2023](#)⁵, shows there were 182 drug-related deaths (DRD) recorded in NHS Lothian in 2023, a 10% increase compared to 2022. This increase was driven by an increase within Mid and East Lothian while the number of deaths in City of Edinburgh and West Lothian decreased. Data from the National Records of Scotland 2023 report shows a 12% increase in drug related deaths in Scotland between 2022 and 2023⁶.

The most common type of drugs implicated in drug-related deaths in NHS Lothian in 2023 are shown in Table 7 below. Opioids were most implicated in 85.7% of all drug-related deaths in Lothian, comparing to 80% at a national level. Data for Lothian reports a higher rate of prescribable benzodiazepines implicated in drug related deaths, 38% compared to 18% nationally. Similarly, gabapentinoids implicated in drug-related deaths is 51.1% for Lothian compared to 38.4% nationally. The increase in cocaine being implicated in drug related deaths is also reflected in national figures^{5,6}.

⁵ [Drug Related Deaths Annual Report 2023](#) (accessed 1 April 2025)

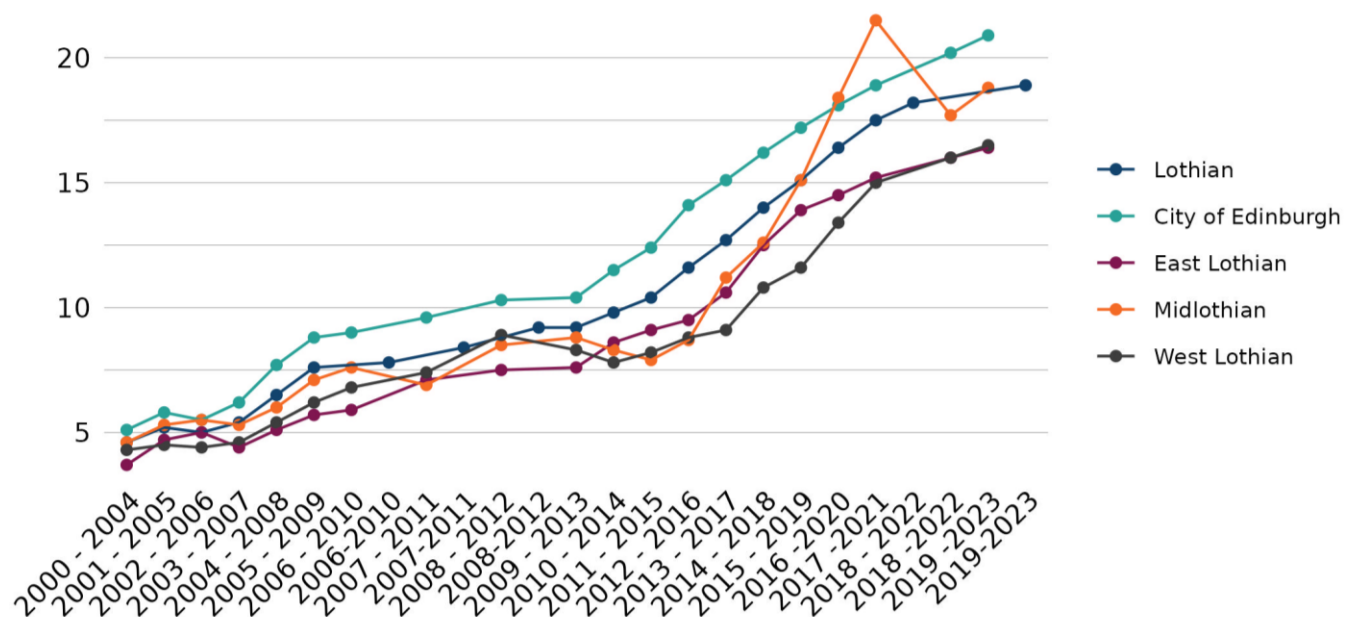
⁶ [Drug-related deaths in Scotland in 2023 - National Records of Scotland \(NRS\)](#) (accessed 1 April)

Table 7: Percentage and number of drug classes implicated drug-related deaths in 2022 and 2023 for NHS Lothian

	2023	2022	2023	2023
Drug class	Percentage and number of drug-related deaths implicated in	Percentage and number of drug-related deaths implicated in	Total times implicated	Number of different drugs
Opioid	85.7% (156)	85.5% (142)	231	13
Benzodiazepine	62.6% (114)	65.7% (109)	172	12
Gabapentinoid	51.1% (93)	51.2% (85)	106	2
Stimulants	47.3% (86)	43.4% (73)	96	4
Anti-depressant	18.1% (33)	17.5% (29)	44	7
Alcohol	13.7% (25)	11.4% (19)	25	1
Anti-psychotic	4.4% (8)	5.4% (9)	8	3
Non-benzodiazepine GABAergic	2.7% (5)	4.2% (7)	5	1

Source: [NHS Lothian DRD Annual Report 2023](#)

Of the 182 drug-related deaths in 2023, 70% were male and 30% were female. The median age was 43 years. People living in the most deprived areas of Lothian were 8 times more likely to die from a drug related death than those living in the least deprived areas⁵. Figure 8 shows the age standardised rate of DRD across Lothian and in the four local authority areas.

Figure 8: The age standardised rate of drug-related deaths per 100,000 population

Source: National Records of Scotland

Other mortality and morbidity can result from drug use due to complications from injecting, such as soft tissue infections and blood borne virus infection (HIV, Hepatitis B and Hepatitis C).

As noted, drug harms are prevalent throughout all of Scotland and in response to this public health emergency, Scottish Government introduced [Medication Assisted Treatment \(MAT\) standards](#) in 2021 as part of the National Mission on Drugs Plan. The MAT standards aim to enable consistent delivery of safe accessible and high-quality drug treatment to help reduce deaths and other harms and promote recovery. These standards include ensuring timely access and choice for MAT options together with provision of harm reduction measures such as naloxone (a medicine that reverses effect of opioids) and injecting equipment provision. Access to these is key to reducing drug deaths and preventing harms such as injecting related infections (i.e. blood borne viruses).

Alcohol Misuse

Alcohol deaths are rising across the UK with Scotland recording the highest number. In Lothian, the age standardised mortality rate for alcohol specific deaths is lower than Scotland, however the rates are currently higher than rates of drug related deaths. In Lothian, 35% of males and 20% of females drink alcohol above recommended limits. These figures are higher than other health board areas in Scotland⁷. Table 8 demonstrates data on alcohol harms extracted from [Alcohol Focus Scotland](#) alcohol harm profiles, across the local authority areas in Lothian in comparison to national data.

Table 8: Alcohol Harm Profiles by Local Authority, November 2024

	% of People who Drink Above the Chief Medical Officers Low Risk Guideline (Data taken from Scottish Health Survey, 2022)	Alcohol Related Hospital Admissions 22/23	Deaths from Conditions Solely Related to Alcohol 22/23
Edinburgh City	28%	2,040	89
East Lothian	24%	420	16
Midlothian	19%	312	15
West Lothian	15%	846	43
Scotland	20%	31,206	1,277

Source; [Local alcohol harm profiles | Alcohol Focus Scotland](#)

Obesity

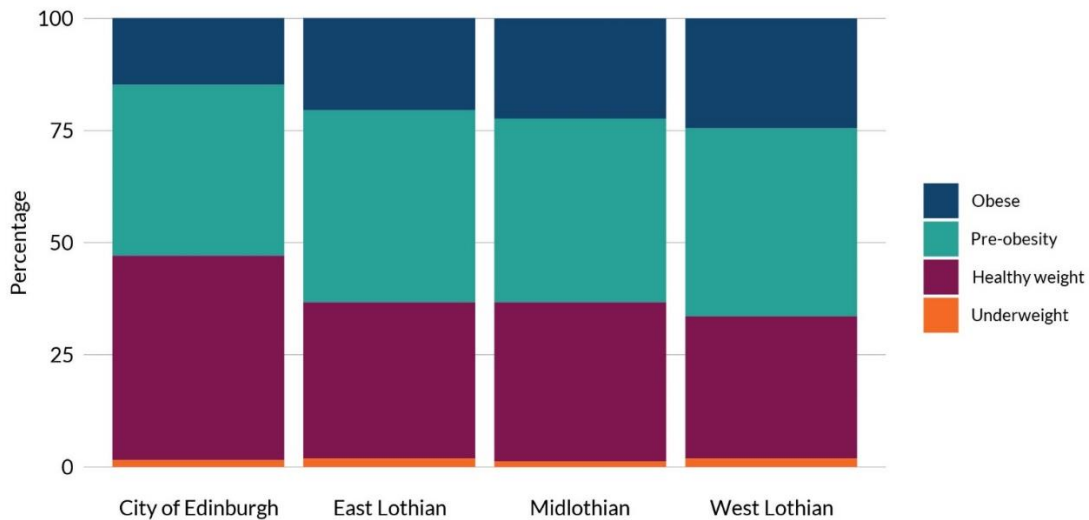
Obesity is a risk factor for other non-communicable diseases such as cancer, Type 2 diabetes and decreases life expectancy, it is also recognised as a complex disease. Worsening health outcomes are associated with the stigma and discrimination that is experienced by people who live with obesity⁸.

The latest [Scottish Health Survey 2023](#) found almost a third of adults (32 per cent) were living with obesity, up from 24 per cent in 2003. Data for the four local authority areas for Lothian can be seen in the figure below.

⁷ [Alcohol-Health-Needs-Assessment-2024.pdf](#) (accessed 1 April 2025)

⁸ The Scottish Public Health Observatory. Obesity. [Key points - ScotPHO](#) (accessed 1 April 2025)

Figure 9: Percentage of population of each local authority area in Lothian in each weight category



Source: Lothian Public Health Survey 2023

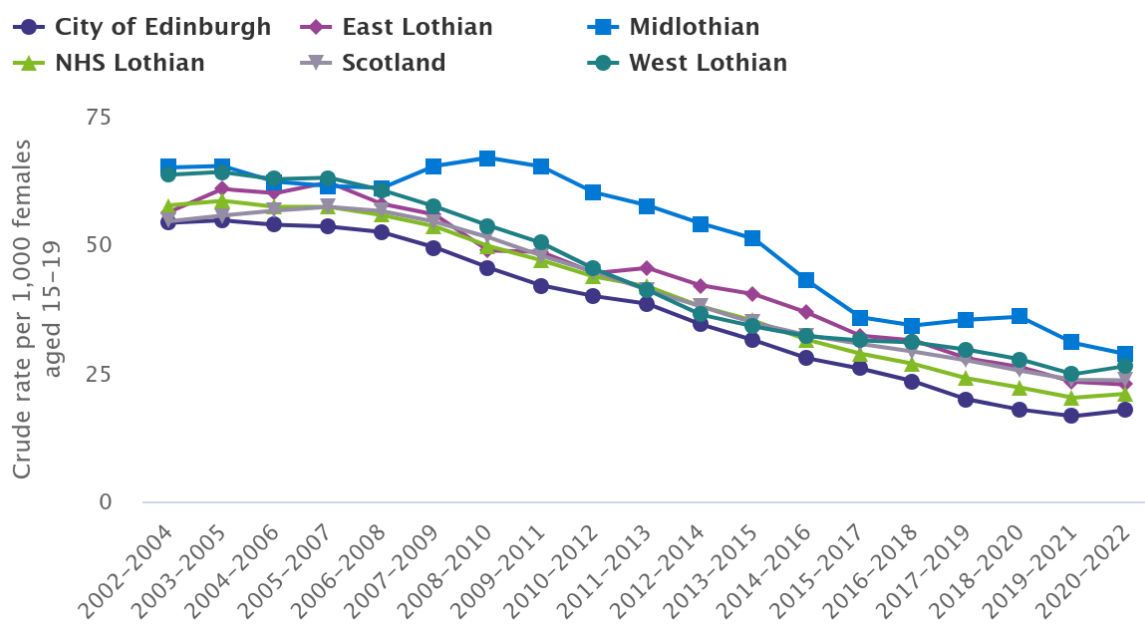
Sexual Health

Good sexual health is an important part of overall wellbeing and can in addition reduce the risk of unintended pregnancies and sexually transmitted infections.

One measure of sexual health of our populations is teenage pregnancy rates. Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of mental health problems than older mothers. Infant mortality rates are 60% higher for babies born to teenage mothers. As children, they have an increased risk of living in poverty and are more likely to have accidents and behavioural problems⁹.

Access to safe and free contraception and abortion services are key issues when it comes to teenage pregnancy.

Figure 10: Teenage pregnancies (2002-2004 to 2020-2022)



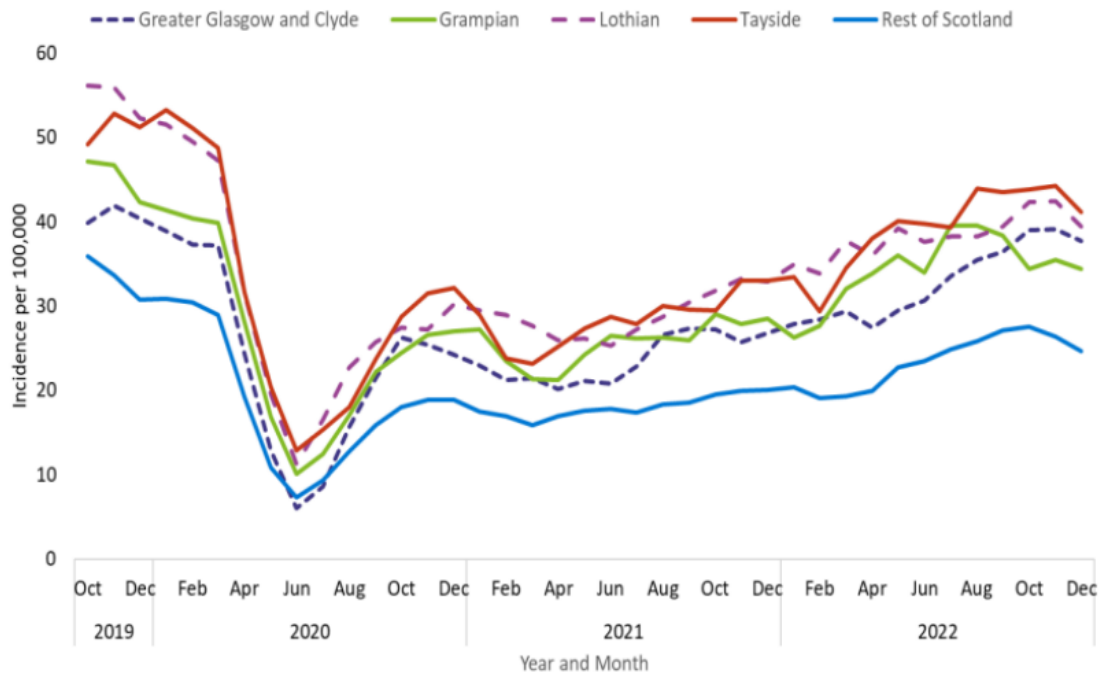
Source: [ScotPHO profiles](#)

⁹ [Teenage pregnancy | Nuffield Trust](#) (accessed 1 April 2025)

Sexually transmitted infections: Chlamydia trachomatis

Another measure of sexual health is to examine incidence of sexually transmitted infections such as chlamydia. The incidence of diagnosed Chlamydia trachomatis infection varies by NHS Board but the national trend is consistent across NHS Boards that have high testing rates, including Lothian¹⁰. The figure below demonstrates the incidence within Lothian.

Figure 11: Three-month rolling average incidence of diagnosed Chlamydia trachomatis infection per 100,000 persons by selected NHS Board, October 2019 to December 2022



Data source: ECOSS. Incidence is based on number of positives per 100,000 population aged 15-64 years using the National Records for Scotland estimate as at 30 June 2021.

¹⁰ [Sexual Health and Blood Borne Virus Programme Board: Annual Report 2022-23](#) (accessed 1 April 2025)

4.0 Current Pharmaceutical Services

4.1 Community Pharmacy Provision in NHS Lothian

In NHS Lothian, there are 180 community pharmacies across the four health and social care partnerships (HSCPs).

Table 9: Number of community pharmacies, population size and pharmacy coverage by HSCP

	Number of CP	Population	Population/pharmacy
Edinburgh	105	523,250	4983
East Lothian	22	113,740	5170
Midlothian	18	98,260	5458
West Lothian	35	183,810	5252
Lothian	180	919,060	5106

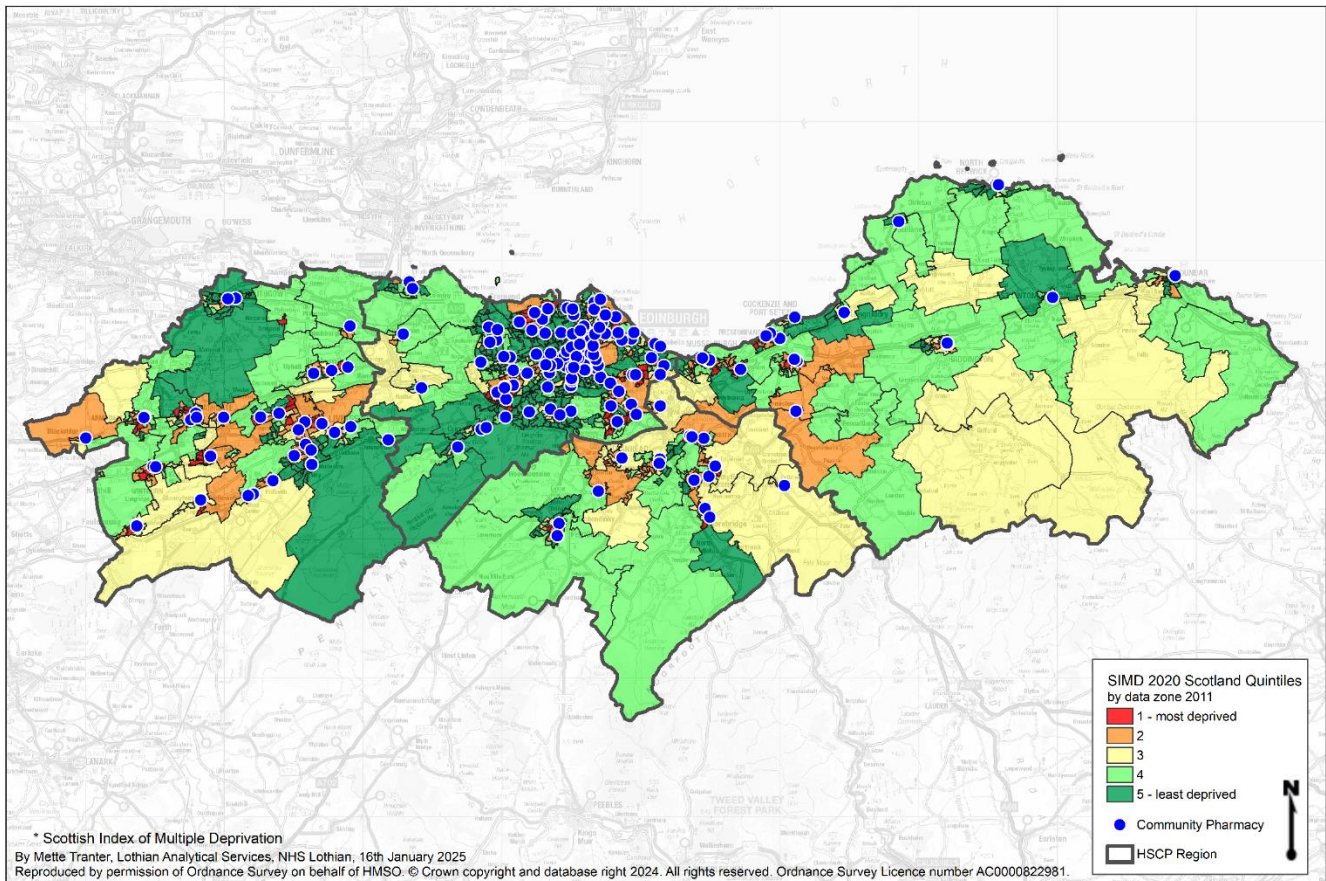
Population source: [Mid-2023 population estimates Scotland, NRS](#)

Table 10: Number of community pharmacies by SIMD quintiles

	SIMD1	SIMD2	SIMD3	SIMD4	SIMD5
Edinburgh	10	18	15	23	39
East Lothian	2	11	7	2	0
Midlothian	3	10	4	0	1
West Lothian	8	18	6	2	1
Lothian	23	57	32	27	41
%	13%	32%	18%	15%	23%

As previously noted, data relating to independent contractor provision of services is correct at time of publication but is subject to amendment if contractor circumstances change.

Figure 12: Map of the NHS Lothian area showing Community Pharmacies and SIMD 2020 quintiles



This map demonstrates the geographical distribution of SIMD quintiles across the Lothian area and the presence of community pharmacies.

4.2 Hours of Service

- As stated in the NHS Lothian Pharmaceutical Hours of Service Scheme 2011 all community pharmacies are open as follows:
 - Monday to Friday 0900-18:00 (during which time they may be closed for maximum of one hour in the middle of the day)
 - Saturday 0900- 1300

In 2022, a number of Boards across Scotland, reported an increase in unplanned community pharmacy closures, driven by Covid absences and longer-term workforce recruitment issues. Whilst this position has largely stabilised, NHS Lothian continues to work closely with Community Pharmacy Lothian to support greater resilience within the network.

The current NHS Lothian Pharmaceutical Services Hours of Service Scheme was approved by Scottish Ministers in February 2011. Over 2024, NHS Lothian have worked with Community Pharmacy Lothian to review the Scheme from the perspectives of both improving patient access and supporting contractors with the challenges around recruitment and retention of staff. A modern and fit for purpose Scheme is required, enabling contractors and the Board to work together to ensure needs of our patients are met now and in the future. This is going through the agreed governance process and following NHS Lothian Board approval, this will be submitted to Scottish Government for final approval by Scottish Ministers.

4.3 Weekend and Extended Hours

Table 11: Extended hours and weekends

	Number of CP	Extended week night (beyond 6pm)	Saturday afternoon (beyond 1pm)	Sunday
Edinburgh	105	9	49	10
East Lothian	22	0	10	0
Midlothian	18	0	9	0
West Lothian	35	3	16	3
Lothian	180	12	84	13

Provision of extended hours is outside core service requirements set out in the contractual arrangements. In line with the Regulations, pharmacies are not prohibited from amending their opening hours, as long as they maintain opening within the agreed Hours of Service Scheme.

Community pharmacy continues to play a vital role in unscheduled care with a number of pharmacies offering extended hours during evenings and weekends, providing access for patients to key services such as the Acute Medication Service (AMS), Pharmacy First, emergency contraception and access to palliative care medicines. This ensures citizens can access care at the right time in the right place.

It is challenging to define minimum service provision required across these periods from existing activity data and NHS Lothian will continue to work with Community Pharmacy Lothian to explore how to better evaluate service demands and needs, linking in with key stakeholders and patient groups.

4.4 Accessibility

Across each of the local authority areas, the provision of public services is now considered with reference to the Scottish Government's Place Principle and placemaking ideas that are often – but not only – captured by the idea of 20 Minute Neighbourhoods. 20 Minute Neighbourhoods (or similar placemaking frameworks) highlight the importance of designing communities around walkability and easy access to key public, private and community resources. It is accepted that for example, in rural communities, walking twenty minutes to service hubs is not feasible, however, the importance of sustainable neighbourhoods designed around population needs is still applicable.

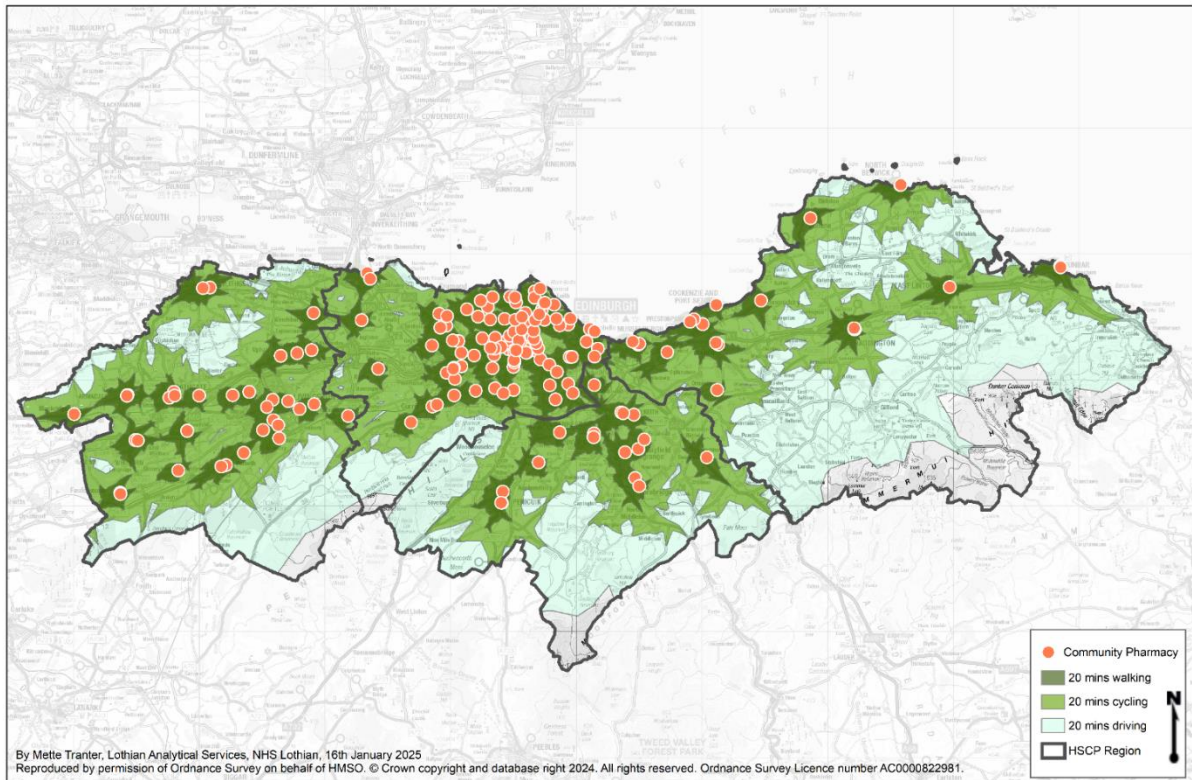
The [Place Principle](#)¹¹ states that *all those responsible for providing services and looking after assets in a place need to work and plan together, and with local communities, to improve the lives of people, support inclusive and sustainable economic growth and create more successful places.*

As part of NHS Lothian's Anchor Institution commitment, it is noted that many of our buildings and assets are focal points in communities beyond their health and care service provision, whether as places of employment or community hubs. Community pharmacies are anchors; they are part of the fabric of Lothian communities and future service provision will continue to be based on the delivery of place-based pharmacy solutions to meet population health need.

The following map demonstrates the travel times/methods across the Lothian geographical area.

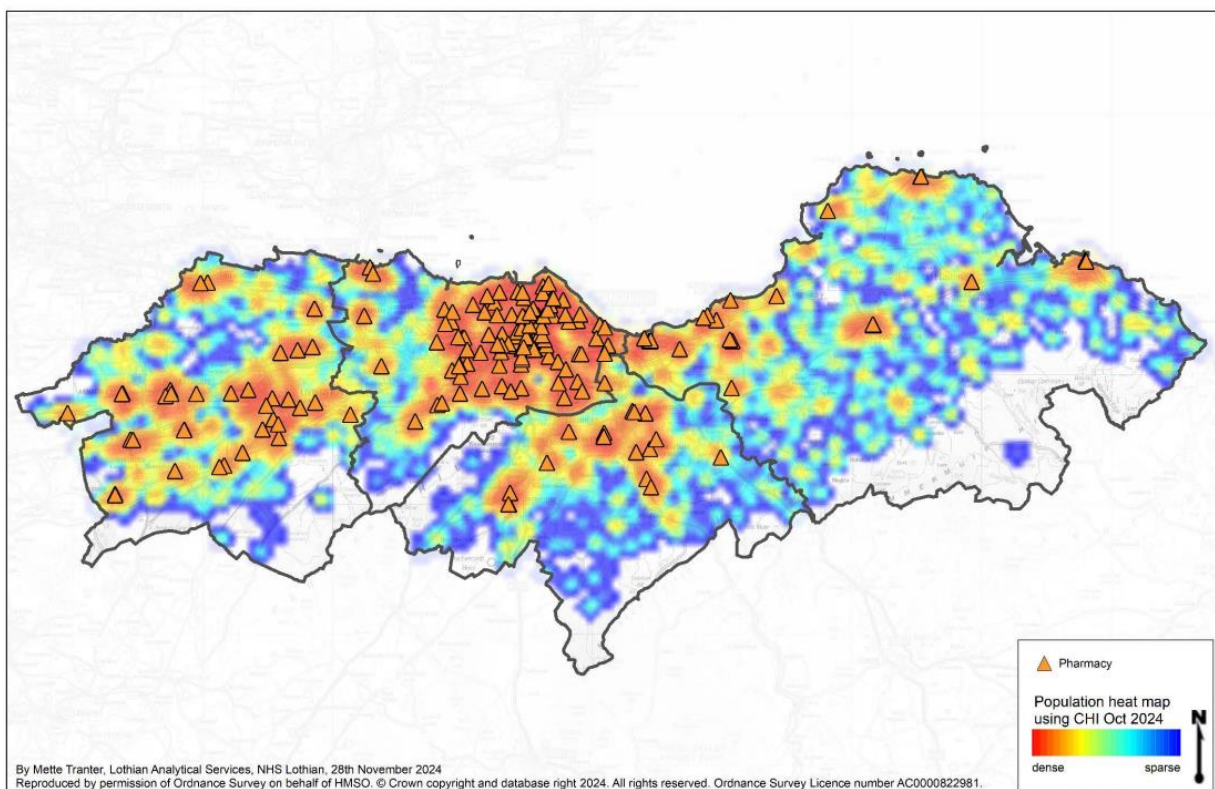
¹¹[Place Principle: introduction - gov.scot](#) April 2019 (accessed on 1 April 2025)

Figure 13: Map showing travel time (isochrones) from pharmacies in the NHS Lothian area



Another demonstration of provision of community pharmacies is to examine location versus population density and this is seen in the map below.

Figure 14: Population density and community pharmacies in Lothian heat map



Figures 13 and 14 above illustrate that there is good distribution of community pharmacies across Lothian, with pharmacies more concentrated in areas of greater population density, but with most living more rurally being able to access a community pharmacy within 20 minutes by car. No unmet need is currently identified with regards to core hours.

Accessibility of community pharmacy service information

The Pharmaceutical List detailing community pharmacy location and opening hours can be found in Section 10. [NHS Inform](#) publishes information on community pharmacy locations, opening hours and details of some of the available services. It is recognised it would be beneficial to have a public facing resource providing detail on all services to support public access and healthcare professionals to be able to signpost to services.

Recommendation:

- NHS Lothian will develop an online webpage to provide a detailed list of all NHS Lothian community pharmacies and available services. This will be regularly updated and maintained.

4.5 Pharmacy Premises

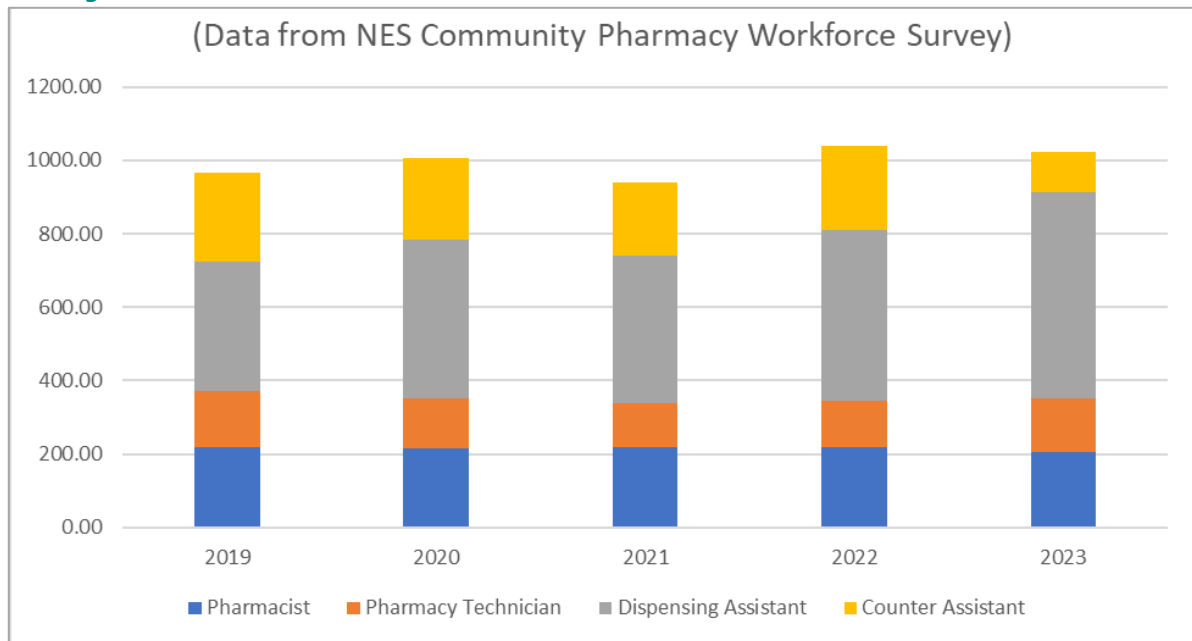
The General Pharmaceutical Council, in its role as regulator, sets standards for registered pharmacies in the UK to ensure that every pharmacy has the right environment for safe and effective care. Pharmacy owners are accountable for making sure that the standards for registered pharmacies are met.

NHS Circular PCA(P)(2007)28 (Pharmaceutical services remuneration arrangements for 2007-2008: contract preparation payments premises guidance and assessment tool) provides guidance on premises requirements under the community pharmacy contract. The circular includes a checklist and pharmacy owners are expected to review their compliance and identify and action any areas needing improvement.

4.6 Workforce

Community Pharmacy services are delivered by a trained and skilled workforce. This workforce is made up of registered Pharmacists and Pharmacy Technicians and support staff comprised of Dispensing and Counter Assistants. Data is collated annually by NHS Education for Scotland (NES) on the pharmacy workforce and community pharmacy data for Lothian is given below.

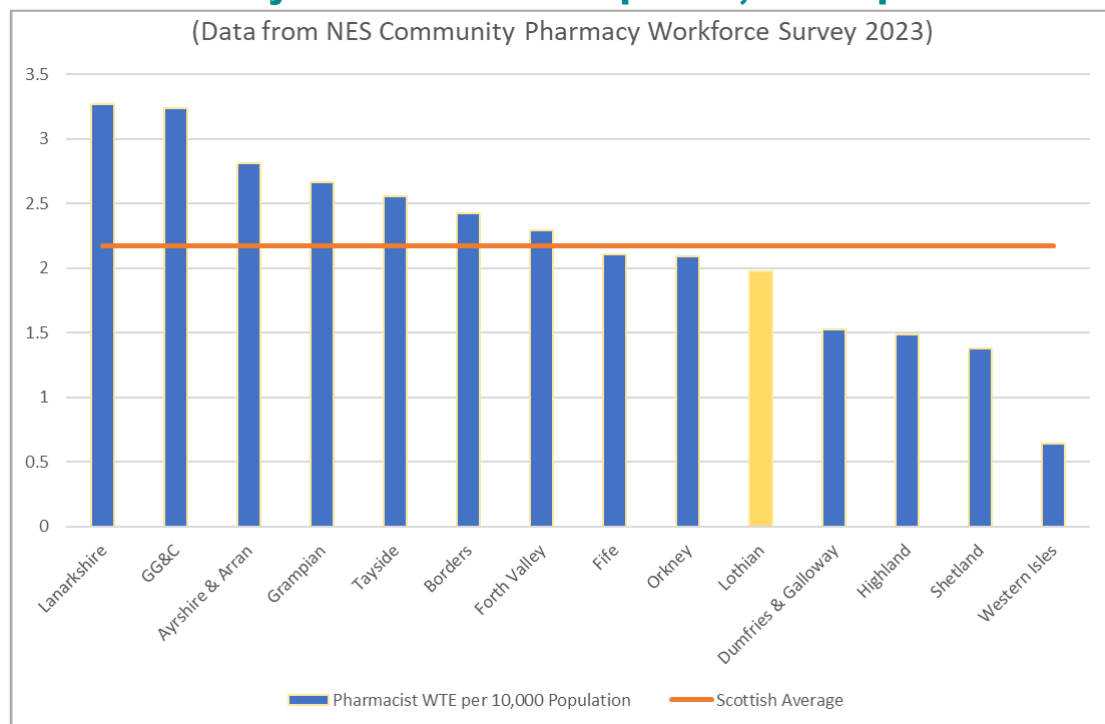
Figure 15: Whole Time Equivalents (WTE) by Staff Group in Community Pharmacy in NHS Lothian 2019-2023



Pharmacists

Pharmacists are registered with the General Pharmaceutical Council and practise in accordance with the GPhC codes and standards. Pharmacists are highly skilled health care professionals who oversee the safe dispensing and supply of medicines as well as provide a number of additional clinical services.

Figure 16: Community Pharmacist WTE per 10,000 Population



The data highlights that NHS Lothian has fewer pharmacists per 10,000 population working in community pharmacy than the Scottish average. The vacancy rate in Lothian is 17.9% against a Scottish average of 14.6%.

The scope of practice of the pharmacist in community pharmacy has extended over the last decade with many now registered as non-medical prescribers (also referred to as independent prescribers) and offering more advanced services such as Pharmacy First Plus. Funding from the global sum is allocated to support the development of employee pharmacists to become independent prescribers and additionally, from 2026, newly registered pharmacists will be the only health profession, other than doctors and dentists, who can practise as prescribers from the point of registration. This presents a unique opportunity for patients and the NHS in Scotland to benefit from this expertise and the additional healthcare capacity to support reform. This will enable delivery of priorities within the existing workforce, and equally through workforce diversification allow pharmacy professionals' contribution to be maximised, supporting wider workforce sustainability. The table below gives a breakdown of the position in Lothian in December 2024.

Table 12: Pharmacist Independent Prescribers (IP) in Community Pharmacy in NHS Lothian by HSCP (Active Prescribers provide Pharmacy First Plus service)

	Active Prescribers	In Training	On Waiting List for NES Funded IP course
Edinburgh	21	13	6
East Lothian	8	5	
Midlothian	3	4	
West Lothian	10	3	1
HSCP to be assigned*	2	2	5
TOTAL	44	27	10

*Relief Pharmacists working across Board area

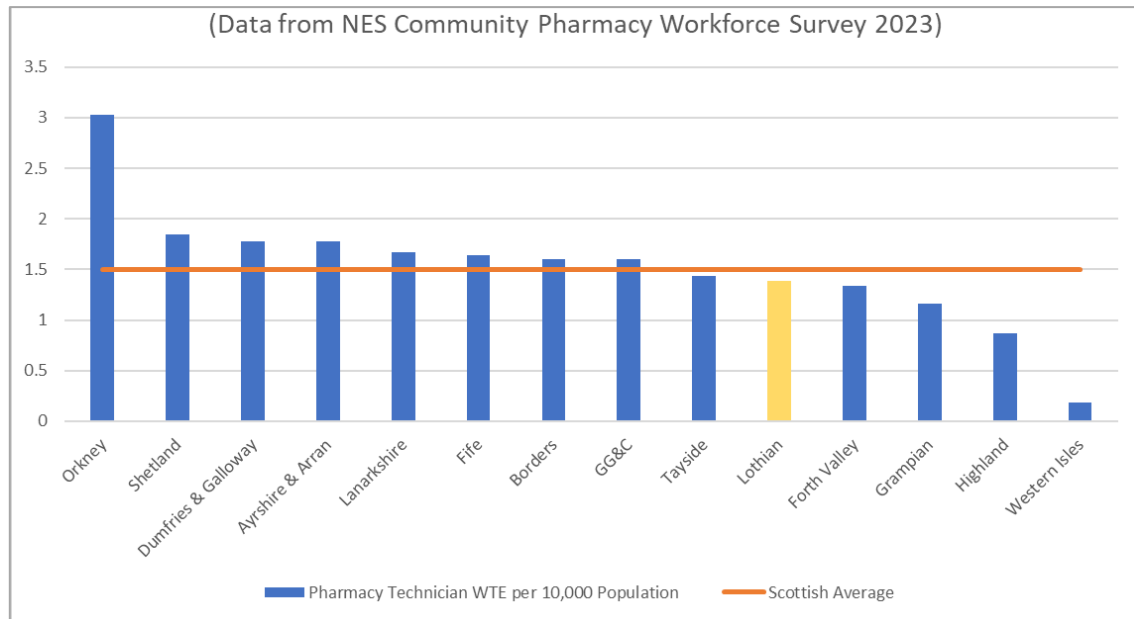
It is anticipated that the independent prescriber capacity will continue to grow and the clinical role of the pharmacist in community pharmacy will continue to evolve. The underpinning aim is that technical aspects such as the procurement and assembly of medicines will be further delivered by the wider pharmacy team allowing the pharmacist to utilise their clinical expertise and focus on patient facing tasks. This will facilitate greater patient access to healthcare closer to home and ensure that patients are receiving support to get greatest value from their medicines whilst minimising any harm. This is underpinned by post-registration and advanced practice curricula and work on embedding career pathways throughout NHS Scotland, ensuring alignment with future population health and system needs. This will support the wider assurance of practice associated with evolving complex autonomous roles, ensuring patient safety and meeting patient and public expectations of care delivered by safe, competent, and confident practitioners.

Pharmacy Technicians

Pharmacy technicians are registered with the General Pharmaceutical Council (GPhC) and practise in accordance with the GPhC codes and standards. They undertake several roles in community pharmacy including the ordering and supply of medicines, patient advice and counselling, supervision and management of other staff. Accuracy checking pharmacy technicians are accredited to carry out a final accuracy check on a dispensed prescription which has been clinically screened by a pharmacist. The extended scope of the pharmacy technician profession in delivering direct patient care is critical, but equally importantly the enhanced roles

of pharmacy technicians have underpinned the release of pharmacists to deliver clinical activity with associated increase in healthcare capacity.

Figure 17: Community Pharmacy Technicians WTE per 10,000 Population



NHS Lothian has fewer pharmacy technicians per 10,000 population working in community pharmacy than the Scottish average. The vacancy rate in Lothian is 10.6% against a Scottish average of 10.5%.

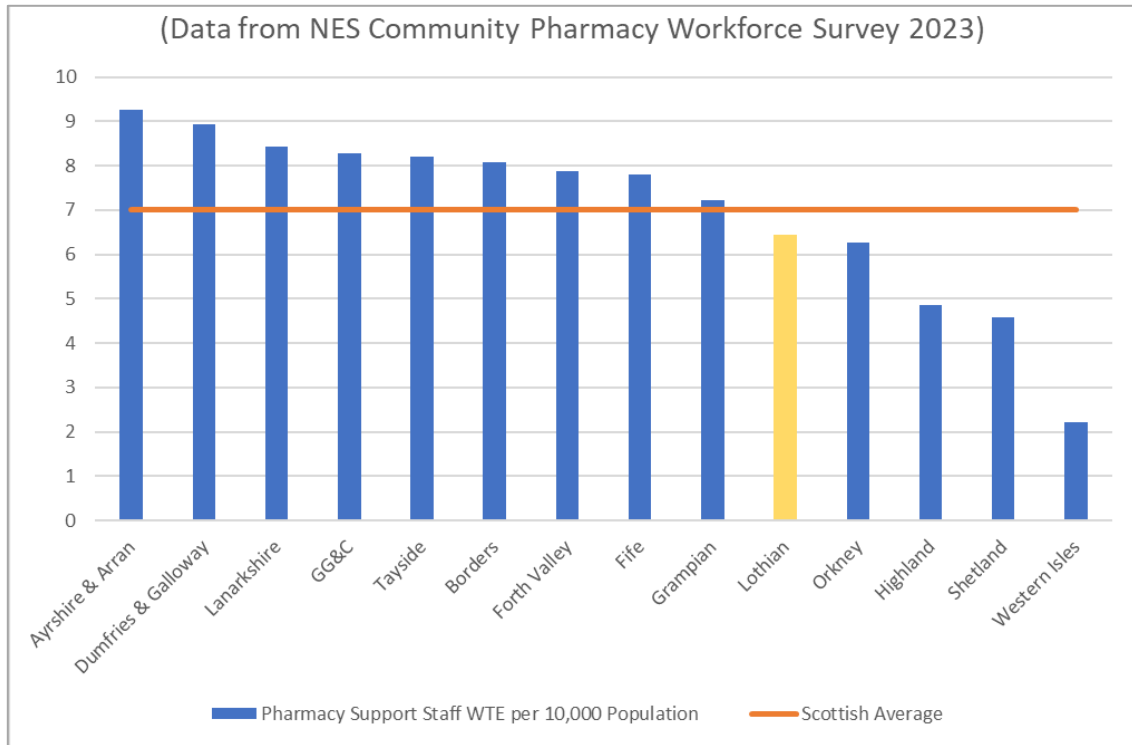
The role of the pharmacy technician in community pharmacy is developing. From June 2024, pharmacy technicians have been able to supply and administer medicines under a patient group direction, increasing their scope of practice. This enables pharmacy technicians to better utilise their clinical skills and expertise and free up additional pharmacist capacity for more complex clinical tasks such as Pharmacy First Plus.

Changes to the supervision of medicines regulations proposed in the UK aim to modernise pharmacy practices and improve patient care. The changes would allow pharmacy technicians to take on more responsibility for dispensing and supervising the preparation of medicines, which frees up pharmacists' clinical capacity to provide extended services. For patients, this could enable greater access to care and for pharmacists and pharmacy technicians they will be supported to better utilise their expertise. A national post registration development pathway for pharmacy technicians is under development, this will provide a robust assurance framework for an expanding scope of practice.

Community Pharmacy Support Staff

Pharmacy support staff consist of dispensary assistants and counter assistants and work under the supervision of a pharmacist. Dispensary assistants are involved with the prescription assembly and dispensing and can provide over the counter medicines sales advice to customers. They must meet the GPhCs minimum training requirements and complete a Level 2 certificate in pharmacy service skills equivalent to Level 2 NVQ. Counter assistants are involved in the sale of medicines over the counter and also provide advice and signposting. They will undertake a GPhC accredited medication counter assistant course.

Figure 18: Community Pharmacy Support Staff WTE per 10,000 Population



NHS Lothian has fewer pharmacy support staff per 10,000 population working in community pharmacy than the Scottish average. The vacancy rate in Lothian is 5.9% against a Scottish average of 6.3%

Pharmacy support staff are vital for the efficient running of community pharmacy, freeing up pharmacist and pharmacy technician clinical capacity. Similarly to above, a national development pathway for pharmacy support staff is under development which will standardise levels of practice and offer assurance that support staff are equipped to deliver high quality person-centred services as their roles extend to support the release of pharmacist and pharmacy technician clinical capacity.

National Workforce Planning

The Chief Pharmaceutical Officer has convened a National Pharmacy Workforce Forum to provide strategic influence and a national co-ordinated approach to support short-, medium- and long-term evidence-based workforce planning. As part of the preparatory work for convening that forum a series of stakeholder discussions was undertaken which resulted in the development of 7 priority workforce planning commissions in collaboration with key stakeholders. New training standards and career frameworks for pharmacists, pharmacy technicians and pharmacy support staff are key enablers of workforce development. This work to deliver priority commissions will have a positive impact on quality and patient care, supporting the development of robust workforce pipelines and a sustainable workforce with the appropriate skills and competencies to deliver service reform.

Evaluation and Recommendations

The data above shows that there was a drop in staffing levels in 2021 possibly impacted by Covid and growth in other sectors of pharmacy such as general practice clinical pharmacy. Overall, however staffing levels have increased in community pharmacy in Lothian since 2019 but it is noted that skill mix is changing.

NHS Lothian has less staff per head of population across all staffing groups compared with the Scottish average. It is however acknowledged that this data is complex to collect and will have limitations due to variance in how staff levels and vacancies are interpreted and reported. The evolution of pharmacy roles to free up additional capacity is welcomed. It is anticipated this should improve access and care for patients, better utilising the skills and expertise of the team.

Recommendations:

- NHS Lothian will continue to work with Community Pharmacy Lothian to understand any local and national variation in the community pharmacy workforce and will work collaboratively to support resilience and sustainability within the network.
- NHS Lothian will continue to work with community pharmacy teams to support professional development in line with national frameworks and pathways, supporting skill mix optimisation and advancing roles

4.7 Digital Access

Acute Medication Service (AMS) Digital

AMS supports the provision of pharmaceutical care services for acute dispensing episodes and any counselling and advice that may be required. 'AMS Digital' was introduced as an early step in moving to paper free prescribing and allows the electronic transmission of prescription data between GPs, Community Pharmacies and Practitioner Services Division (PSD). On receipt of a prescription in the pharmacy, scanning of the barcode retrieves the electronic prescription message for that prescription from the GP practice system. The pharmacist then uses this information for dispensing purposes, reducing the need for data entry and transcription. Dispensing a prescription creates and sends an electronic claim message to allow reimbursement.

If the system is successfully implemented, it is anticipated that the process for issuing, dispensing and reimbursing prescriptions will be safer and more efficient and reduce the need for the current paper-based prescription. It is however noted that the move to a paper free prescription process will significantly impact the way in which community pharmacies currently operate and will need further consideration and engagement.

In July 2023, the AMS Digital programme was paused, with National Services Scotland focussing on addressing the use of estimated prescription payments for contractors and moving this to a position where actual payments used. The delivery plan for AMS Digital is being revised.

Digital Prescribing and Dispensing Pathway

The national Digital Prescribing and Dispensing Pathways (DPDP) programme is developing an end-to-end digital solution for in-hours prescribing from General Practices through to community pharmacy dispensing. Further development for out of hours services will follow. Anticipated benefits include:

- Easier and more efficient way to order and receive prescriptions
- Safer and more streamlined process for prescribers and dispensers
- Enable multiprofessional and multi-location digital prescribing which will support new service models and pathways

- Support for climate sustainability by reducing the use, transport, scanning and destruction of paper.

NHS Lothian is fully engaged and supportive of moving this programme forward, and a number of community pharmacies in Lothian have expressed an interest to be involved with piloting or early implementation of this initiative.

Access to Clinical Records

As community pharmacies in NHS Lothian, expand their clinical role (including independent prescribing) to improve access and care for patients, there is an increasing need for them to have read/write access to clinical records. This ensures that they can safely assess and agree a management plan for patients and any associated actions or treatments can be viewed by healthcare providers, involved with the patient's care, without any unnecessary delay.

At present, community pharmacists in Lothian can gain read access to an electronic care summary. This gives a brief overview of a patient's current medication, allergies and key information regarding the patient's care. It does not however provide more comprehensive information that is often required to make safe and effective clinical decisions about the patient's care such as recent blood test results and medical history. The Community Pharmacist may need to contact another healthcare professional or rely on the patient's knowledge for their history which could result in less efficient care and may increase risk.

NHS Lothian recognises the importance of providing Community Pharmacists greater read / write access to clinical records to further enable delivery of Pharmacy First Plus and other clinical services delivered via community pharmacies. Work is progressing to enable access and it is anticipated that a solution will be implemented during 25/26.

Recommendation

- Read / write access to a comprehensive clinical record for patients will be enabled for community pharmacist prescribers to ensure safe and effective care.
- NHS Lothian will work with stakeholders to support the move to digital prescribing and dispensing, creating a more efficient pathway and reducing the environmental burden from a paper-based system

4.8 Community Pharmacy Services

Services are described below as core, national and local / specialist. As previously noted, data relating to independent contractor provision of services is correct at time of publication but is subject to amendment if contractor circumstances change.

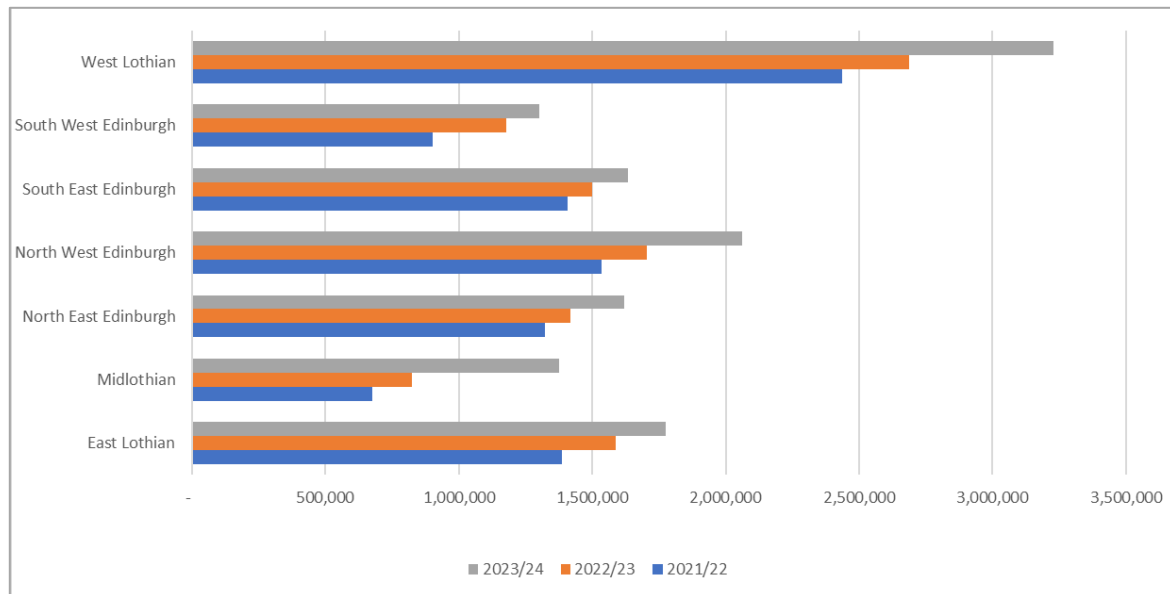
Core Services

Core services: These services are outlined and commissioned by Scottish Government and therefore must be provided by every community pharmacy delivering NHS services

Acute Medication Service

The Acute Medication Service (AMS) is the electronic transmission of prescription information (ETP) between GP prescribers and community pharmacy contractors. This service supports the dispensing of acute prescriptions and any associated advice to patients. The below figure outlines the increasing trend in prescription items across the HSCPs

Figure 19: Number of AMS Prescription Items dispensed by locality, NHS Lothian (2021/22-2023/24)



Source; PHS Open data

As seen in the figure above, the number of prescription items has increased year on year over the time period shown. Factors that will influence this include population growth, an ageing population and advances with new medicines.

Medicines Care and Review - Serial Prescribing

The Medicines Care and Review (MCR) service aims to provide support to patients with long term conditions and helps them to get the best from their medicines. Serial prescribing and dispensing is an element of MCR. It allows patients, who are stable on a long-term medicine, to be given a prescription for up to 12 months which is dispensed in instalments from a community pharmacy. This minimises the need for the patient to order the medicine regularly, reduces the need for the GP to issue regular prescriptions and aims to streamline workflow for the community pharmacy. The pharmacy works in partnership with the patient's GP practice to monitor medicines adherence and feedback any concerns. An end of treatment summary is submitted back to the GP practice when the last instalment of the serial prescription is collected.

Improving uptake of serial prescribing has been a priority for all the HSCTPs with various initiatives undertaken over the last two years and national materials developed by Health Improvement Scotland. Close collaboration between community pharmacy and GP practice has been key to progress and there has also been a dedicated focus from a Community Pharmacy Champion to support local pharmacy contractors to engage.

Figure 20: Number of Medicines Care and Review Service items dispensed by month in Lothian, June 2023-June 2024

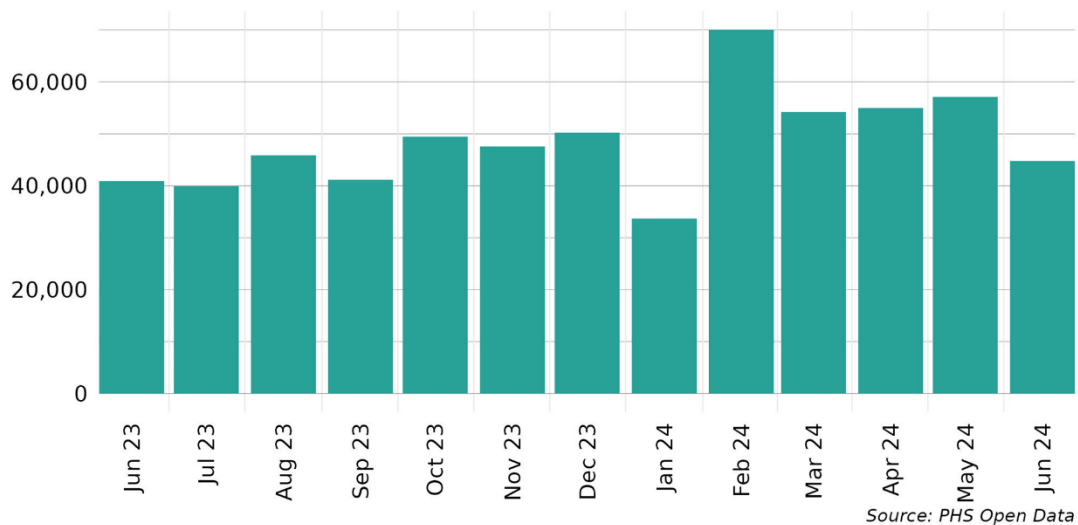
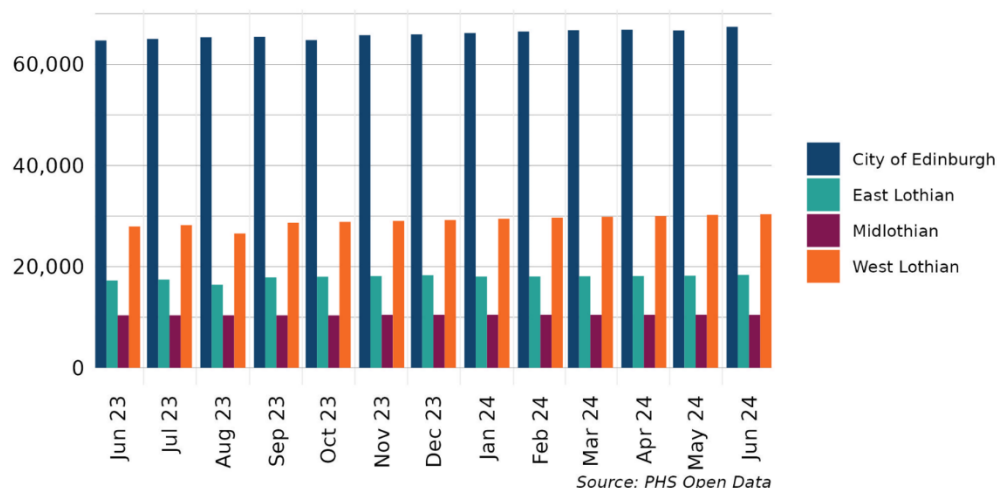


Figure 21: Number of patients registered for Medicines Care and Review Service by HSCP and by month in Lothian, June 2023-June 2024



Over the last 12 months, an overall increase can be seen in the use of this service across Lothian, particularly in Edinburgh and West Lothian HSCP. Within Lothian there are pockets of high implementation and areas with much lower uptake. NHS Lothian will continue to work with community pharmacy and general practice to understand barriers and consider further initiatives to support and progress.

MCR is also considered a key enabler for the pharmacy team to work with patients to ensure they are getting the best from their medicines. This may involve discussions about medicines adherence and could further evolve to greater support around chronic disease monitoring and social prescribing.

Building on a previous pilot, a community pharmacy in Lothian is working in partnership with a local GP practice to offer patients an asthma review, opportunistically when the patient collects their medication. This project was developed in response to low attendance rates at the GP practice for asthma review and is based in a deprived area of Edinburgh with higher asthma prevalence rates. The Community Pharmacist has specialised in respiratory prescribing and is

ideally placed to work with patients when they attend to collect their medication. The project outcomes will be evaluated to inform future commissioning.

Recommendations:

- Medicine Care and Review will be further promoted, with consideration of any barriers and enablers.
- Further initiatives to progress and develop MCR-serial prescribing will be undertaken, based on local population needs.

NHS Scotland Pharmacy First and Pharmacy First Plus

NHS Pharmacy First Scotland, launched in July 2020, is a service that allows community pharmacies to provide expert assistance in treating conditions such as sore throats, earaches, and cold sores, as well as common clinical conditions like urinary tract infections (UTIs). Pharmacy teams offer advice, treatment, or referral to other healthcare professionals if necessary.

Pharmacy First is offered by all community pharmacies and is available at no charge to patients registered with a GP practice in Scotland (on a temporary or permanent basis) and all people who live in Scotland (including gypsy or travellers / asylum seekers and their dependents).

The service helps people access the appropriate care in the right location, eliminating the need to visit their GP practice or local Accident and Emergency Department for non-urgent treatment.

NHS Pharmacy First Plus is an extension of the NHS Pharmacy First Service. It is led by pharmacist independent prescribers in community pharmacy who have completed additional training covering consultation and clinical examination skills. The pharmacists can offer advice or prescription for common clinical conditions that they feel competent to diagnose, assess and manage, minimising the need for onward referral to another healthcare professional.

Conditions may include but are not limited to urinary tract and respiratory infections, ear nose and throat conditions, dermatological presentations, allergies and eye infections.

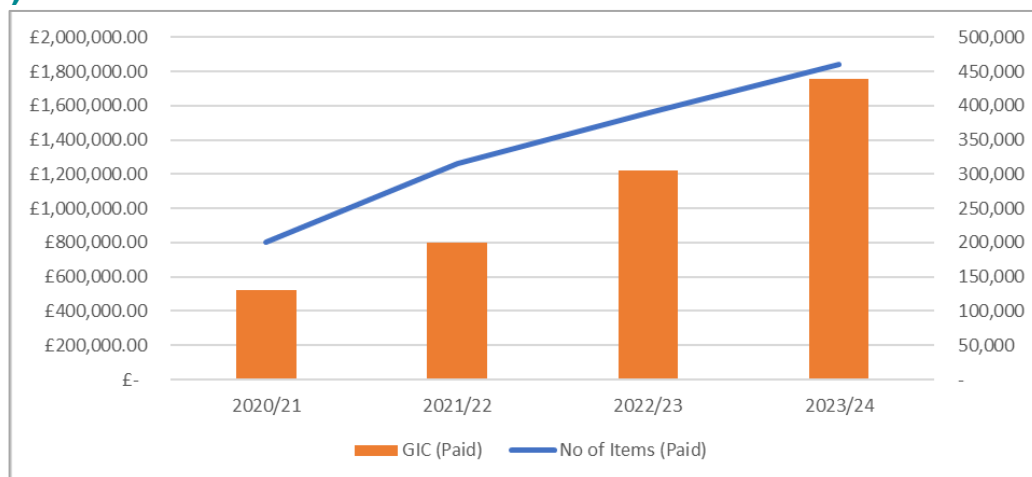
The aim of the service is to improve patient access to healthcare and free up GP capacity to treat more complex clinical conditions. Pharmacy First Plus is currently offered opportunistically as a walk-in service from 37 pharmacies in NHS Lothian. A pharmacy providing this service will have an independent prescriber available to consult with patients for a minimum of 25 hours per week, 45 weeks per year.

Assessment of Pharmacy First

Pharmacy First is offered by all 180 community pharmacies in Lothian. Patients presenting to a pharmacy will be offered advice, treatment, or onward referral.

The graph below shows activity for Pharmacy First in terms of items prescribed and item spend.

Figure 22: Pharmacy First activity in NHS Lothian 2020/21-2023/24 by cost and number of items (excluding items issued via patient group directive)



Source: PHS Open Data

Data is also available to indicate the number of patients receiving advice only or onward referral. The averages for Q4 23/24 are given below:

- 10,301 patients per month given advice only
- 2,392 patients per month required onward referral
- 49,980 treatments per month issued

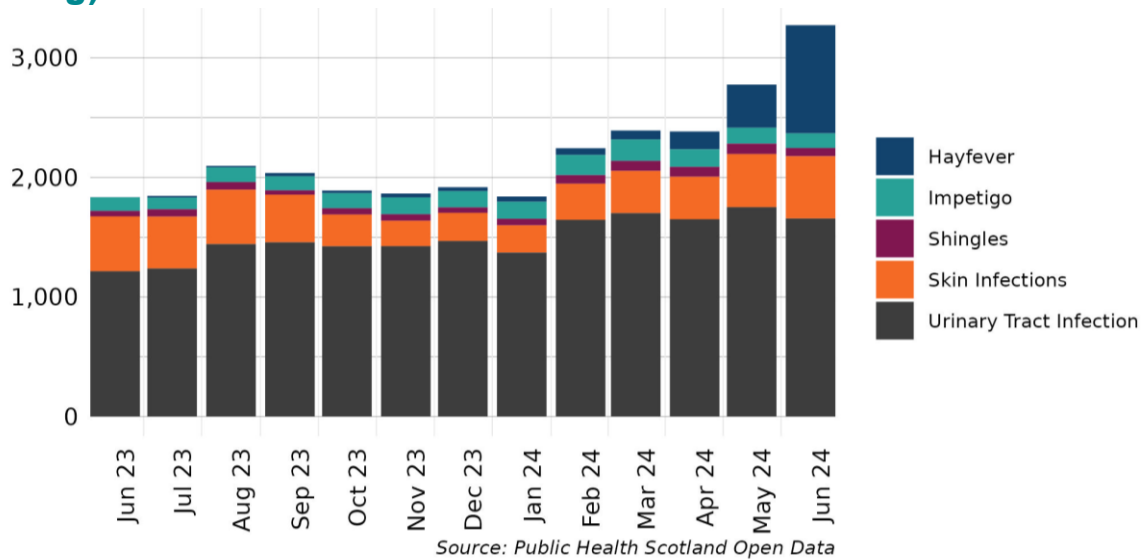
The data highlights that activity is steadily increasing, with more patients accessing community pharmacy for minor ailments, who may otherwise have presented to a GP. The majority of presentations result in a treatment being given, and the need for onward referral remains low, indicating that most patients presenting can be managed appropriately by community pharmacy. The provision of Pharmacy First supports better access for patients being able to seek advice and treatment in a quicker and more convenient way and will also be minimising unnecessary appointments at GP practices, freeing up GP capacity to deal with more complex conditions. In addition, pharmacies that offer extended hours, opening later in the evening or at weekends, and access to Pharmacy First during these periods will be minimising unnecessary contacts with out of hours providers.

Spend on Pharmacy First medicines is proportionally increasing in relation to increased service activity. Medicines are selected from a NHS Lothian approved formulary in line with best evidence and cost-effective prescribing. It is important to acknowledge that this spend is likely to be a result of transfer of activity and associated costs for medicines that would have previously been issued on prescription by GP practice, rather than new activity.

To further expand the scope of Pharmacy First, five nationally developed patient group directions (PGDs) have been introduced for urinary tract infections, hay fever, impetigo, shingles and skin infections. This allows pharmacists and pharmacy technicians who have undertaken appropriate training, to issue prescription medicines for patients who meet certain criteria, as outlined in the PGD.

Activity data is given below.

Figure 23: Pharmacy First contacts by PGD subservice by month in Lothian, June 2023 to June 2024 (includes consultation, referral, and dispensing)



Trimethoprim for urinary tract infections (UTI) accounts for the largest number of items supplied under PGD, with an average of 1200 items per month. This will be reducing GP presentations for UTI, with many uncomplicated infections being managed effectively by community pharmacy. Education and training sessions on best practice and antimicrobial stewardship are offered by the Community Pharmacy Development Team to support high quality prescribing.

In summary, Pharmacy First is offered by all community pharmacies in Lothian with activity increasing year on year suggesting good patient awareness of the service and access. No unmet need is currently identified however it is noted that unmet need could arise if the number of hours of community pharmacy provision in the extended hours and weekend period reduces.

Assessment of Pharmacy First Plus Service

There are 49 community pharmacies in Lothian offer Pharmacy First Plus. The provision across the HSCPs is shown below.

Table 13: Community Pharmacies Providing Pharmacy First Plus by HSCP

	Community Pharmacies Providing Pharmacy First Plus
Edinburgh HSCP	28
East Lothian HSCP	5
Midlothian HSCP	3
West Lothian HSCP	13
TOTAL	49

Pharmacists must undertake an independent prescribing qualification and additional training to provide the service. In order to complete the qualification, pharmacists must be supported by a designated prescribing practitioner and undertake a period of learning in practice. NHS Education for Scotland funded places are available and currently allocated on a first come first

served basis, which has resulted in Pharmacy First Plus developing opportunistically across Lothian. At present the service can be provided by employed pharmacists only, with locums excluded.

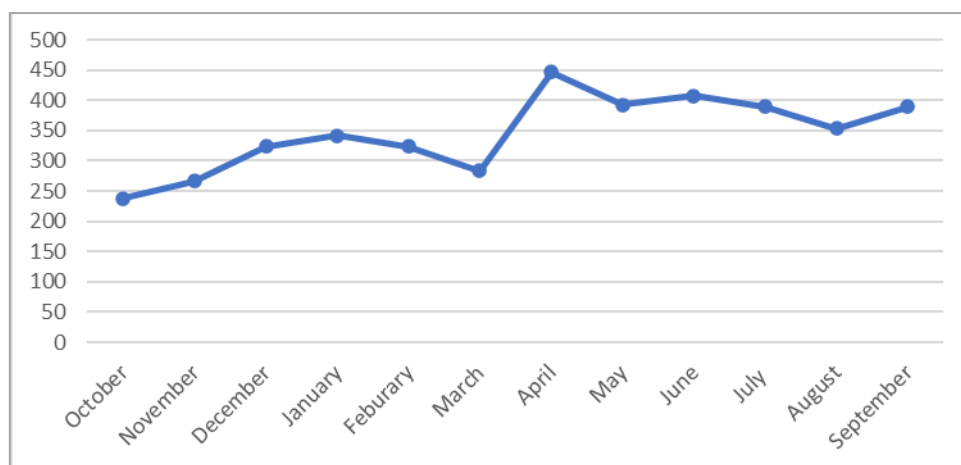
In terms of current service provision, a breakdown of Pharmacy First Plus pharmacies by SIMD quintile is given below.

Table 14: Percentage of Community Pharmacy Pharmacy First Plus provision in Lothian by SIMD quintile

SIMD quintile	% of Pharmacy First Plus Pharmacies
1 (most deprived)	11
2	36
3	11
4	20
5 (least deprived)	22

The graph below gives a further indication of activity, detailing the number of prescription items issued monthly in Lothian via Pharmacy First Plus.

Figure 24: Number of items prescribed by NHS Lothian Independent Prescribers Oct 2023-Sept 2024



Source: PHS Open Data

Further analysis of prescribing data for 23/24 indicates that the top 3 areas for prescribing were infections (43%), skin (19%) and ear, nose and throat (14%).

The data above indicates steady growth in the provision of Pharmacy First Plus with potential to further develop and embed this across Lothian. Pharmacies offering the service are located across all the HSCPs and at present further expansion is not targeted towards specific areas or demographics.

The service is delivered opportunistically and therefore not widely advertised to patients however it is anticipated that as the number of providers grow and the service further develops, this position may change. In addition, NHS Lothian plans to work with providers to better understand and define when the service is offered from each pharmacy and the range of conditions that each pharmacist feels competent to manage. This data will assist with any future communications for patients and other healthcare providers.

Current activity demonstrates the enhanced clinical role pharmacists can provide, particularly in managing infections and other common clinical conditions, freeing up much needed capacity for general practice and out of hours providers. It utilises the skills and expertise of the pharmacist and can offer greater and more timely access for patients.

In order to further progress this service, potential barriers may need to be considered. These include supporting community pharmacists, wishing to complete their IP, to identify a designated prescribing practitioner and suitable opportunities to undertake their period of learning in practice. This may be facilitated by strengthening cross sector collaboration.

In addition, to enable Pharmacy First Plus to operate more safely and efficiently, it is considered a priority to provide community pharmacist independent prescribers with more comprehensive access to a patient's clinical record. NHS Lothian is currently exploring access via Clinical Viewer.

Recommendations:

- NHS Lothian will work with community pharmacies to better define when and where the service is offered and the range of conditions that pharmacists will manage.
- NHS Lothian will work with Community Pharmacy Lothian and other stakeholders to explore how Pharmacy First Plus can be further developed such as building Designated Prescribing Practitioner capacity, supporting pharmacists to gain confidence in the range of conditions that can be managed, implementation of greater digital access to clinical records to facilitate safe and effective prescribing.

Public Health services

Smoking cessation

Smoking cessation services are delivered under the national branding 'Quit Your Way' (QYW) with the community pharmacy service provision working alongside other QYW specialist teams including community, maternity and inpatient hospital services. The aim is to support patients through their smoking quit attempt over a structured 12-week programme. This supports the national strategic objective set out within the [Scottish Government Tobacco and Vaping Framework](#) - to reduce smoking rates to below 5% by 2034. The community pharmacy service provides patients with both stop smoking medication and psychological support during their quit attempt.

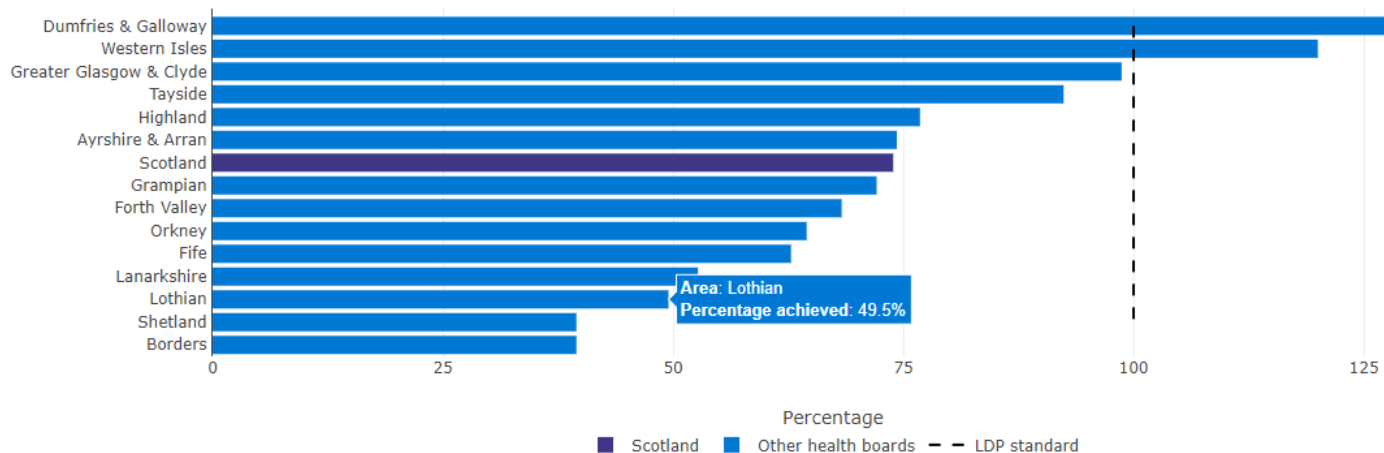
Information about service activity and outcomes from community pharmacy services is recorded through the smoking cessation support tool within the Pharmacy Care Record (PCR). This data set is electronically submitted from the PCR to national smoking cessation database and is made available to the local NHS Board for assessment and monitoring via Public Health Scotland. It is noted there is a lag in publication of data between recorded quit attempts and successes due to 12 week follow up time.

Smoking is a significant driver of health, social and economic inequalities. Smoking cessation is one of the highest impact interventions in terms of improvement to an individual's health and life expectancy. Smoking contributes significantly to incidence of preventable cancer as well as cardiovascular and pulmonary health problems and any patient who smokes tobacco is encouraged to quit.

Smoking cessation services are delivered against a national standard and performance is measured against Local Delivery Plan (LDP) standards to sustain and embed successful smoking quits, at 12 weeks post quit, for people residing in the 40 % most-deprived data zones in the NHS Board (i.e. two most-deprived local quintiles). In 23/24, NHS Lothian achieved

49.5% of its LDP target and community pharmacy delivered 21% of these. The performance of all Boards is seen below and it is noted that a number of Boards did not achieve LDP standard.

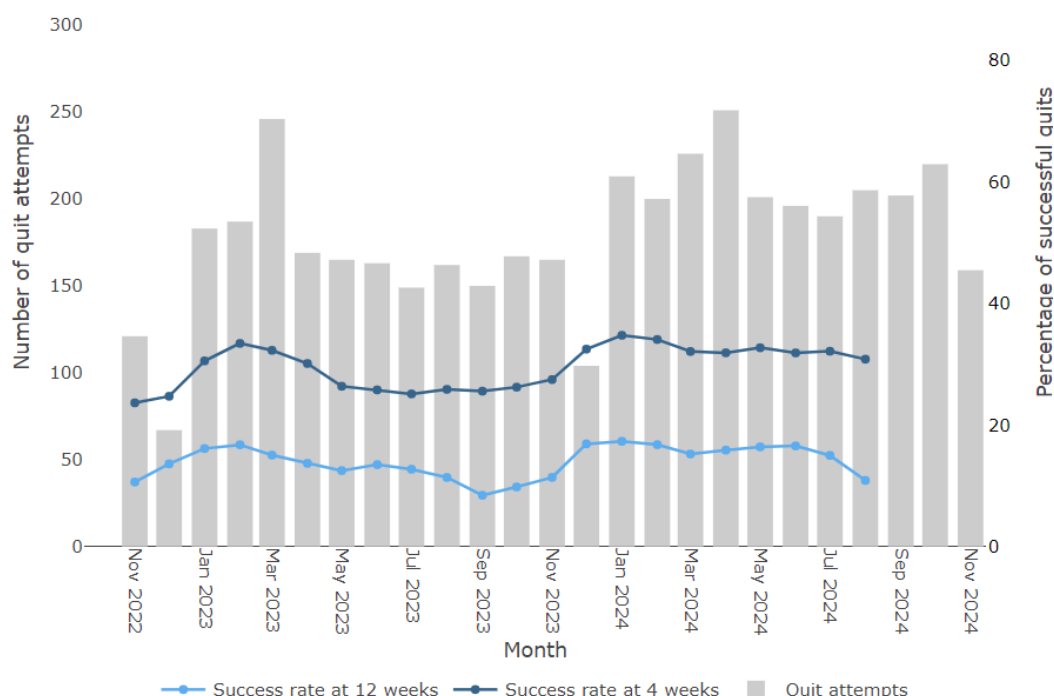
Figure 25: Percentage of LDP Standard successful quits achieved during 2023/24



Source: [NHS Services Stop Smoking Dashboard \(PHS\)](#)

Data in figure 26 shows activity for all community pharmacy quit attempts including 4 and 12 week outcomes.

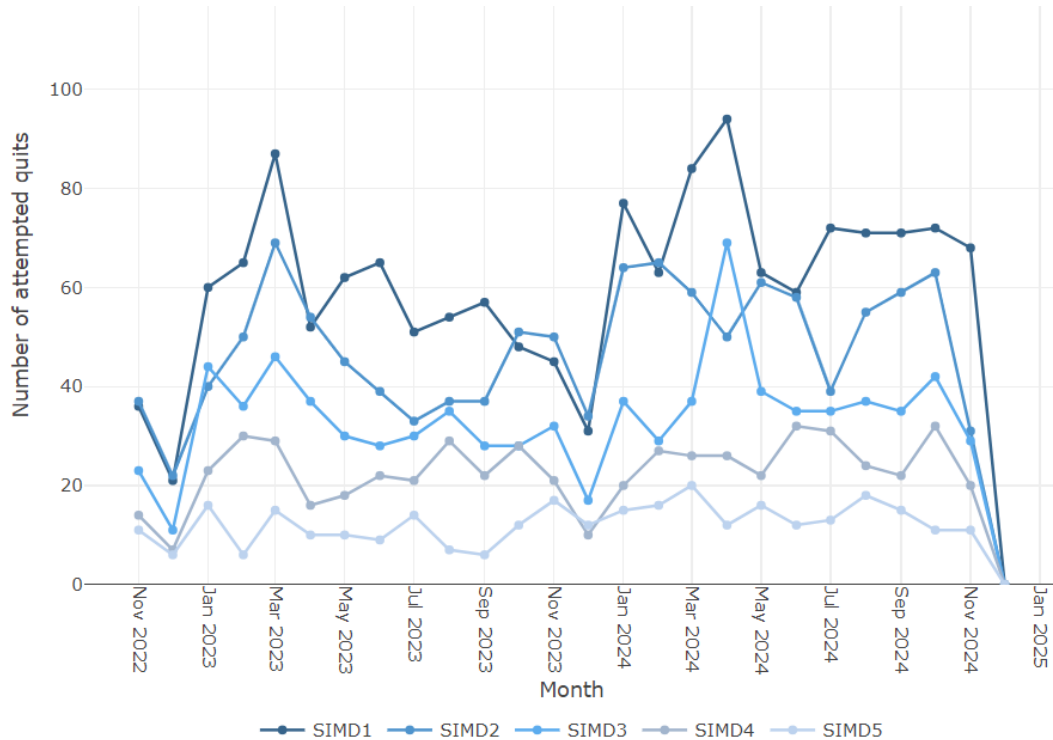
Figure 26: Number of quit attempts and percentage of successful quits per month in Lothian pharmacies between November 2022 and November 2024



Source: NHS Scotland Stop Smoking services database

Quit activity at community pharmacy can also be examined by SIMD. From figure 27, higher numbers of attempted quits are seen in areas of higher deprivation- which would be expected as these are areas likely to have a higher smoking prevalence.

Figure 27: Number of quit attempts per month in Lothian pharmacies by SIMD quintiles between November 2022 and November 2024



Source: NHS Scotland Stop Smoking services database

In 2023, Public Health Scotland published a [review of smoking cessation services](#). Community pharmacy was recognised as an integral part of smoking cessation and a number of recommendations were made in terms of reviewing a number of aspects including referral pathways, data collection and training.

Within Lothian, community pharmacies are supported by Public Health Tobacco Control colleagues through the Pharmacy Assist Team (PAT), who also work closely with Community Pharmacy Development Team.

Recommendations

- NHS Lothian will work with community pharmacies to review smoking cessation performance data and ensure that contractors are supported to deliver the best outcomes.
- NHS Lothian will ensure referral pathways and awareness of this service with both public and healthcare professionals is optimised
- Recommendations from national review will be considered and implemented as the outputs become available.

Sexual Health Services:

Access to Emergency Hormonal Contraception (EHC) and Bridging Contraception (BC)

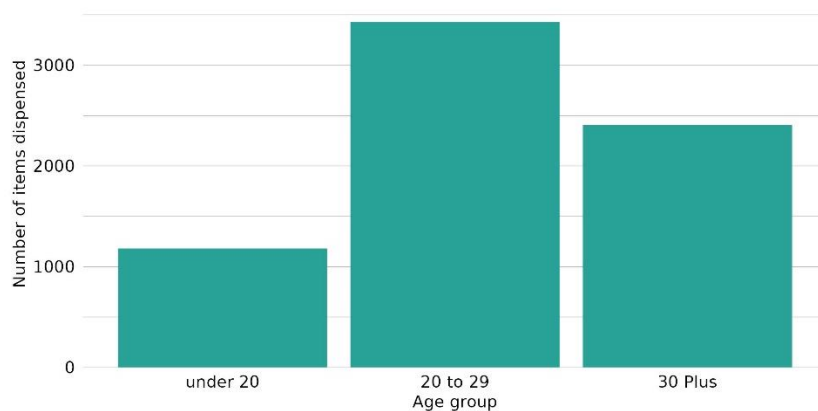
The Emergency Hormonal Contraception (EHC) service introduced in 2008, PCA(P)(2008)17 allows Community Pharmacies to provide oral agents, levonorgestrel or ulipristal to patients who fit within a specified inclusion criteria. Community Pharmacies across Lothian currently

perform above the national average in regard to service provision, making 7.6 EHC supplies per contractor per month, compared to Scottish average of 5.0 over 2023. (Source; PHS). Community pharmacy can be considered as the main point of access to care for this service.

The Bridging Contraception (BC) service was introduced in November 2021 to improve access to contraception for women, enabling pharmacies to supply 3-6 months progesterone-only pill (desogestrel). BC can be offered as part of EHC consultation or stand alone. BC is available from all Community Pharmacies across Lothian. Activity data shows on average 0.2 BC supplies per contractor per month over 2023, levelling with the Scottish average of 0.2. (Source PHS).

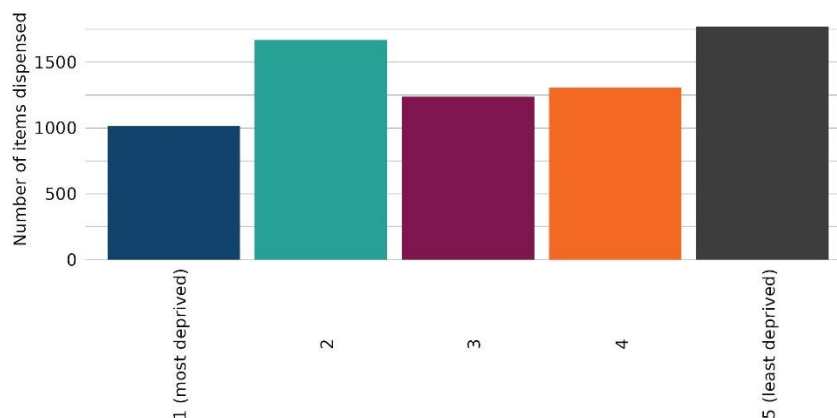
Provision of information and signposting to other sexual health services and care providers is also provided as part of these consultations.

Figure 28: Emergency hormonal contraception (EHC) dispensed items by age group across Lothian, June 2023-June 2024



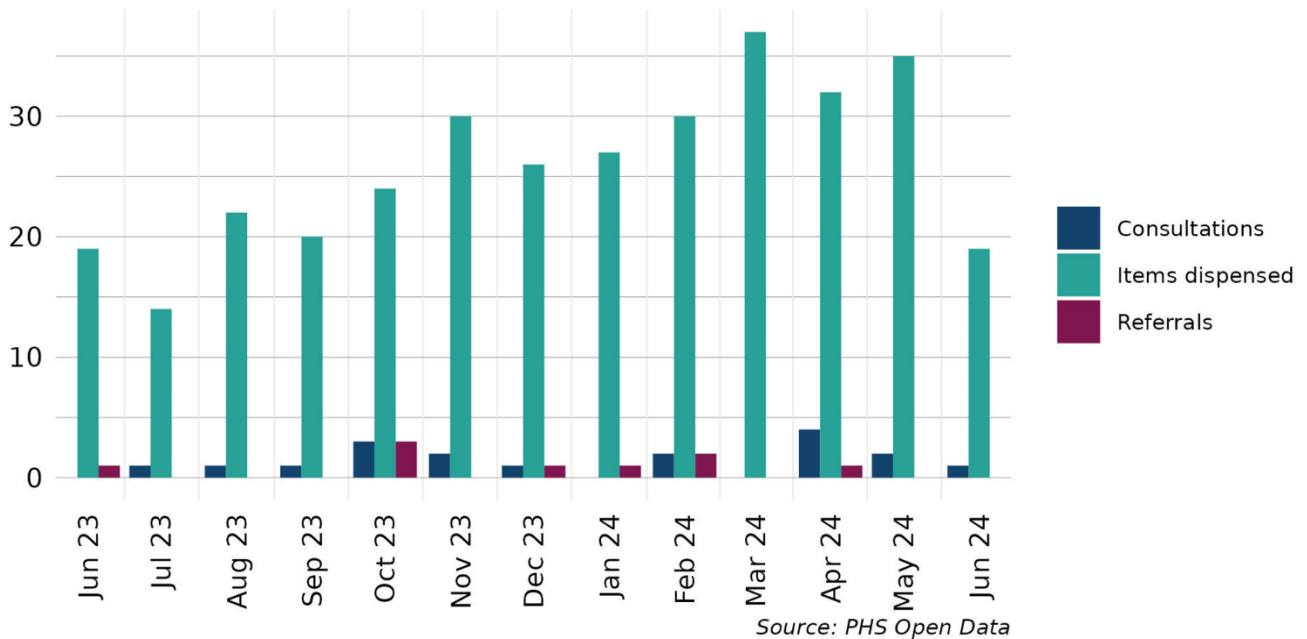
Source: PHS Open Data

Figure 29: EHC dispensed items by SIMD quintiles across Lothian, June 2023-June 2024



Source: PHS Open Data

Figure 30: Bridging Contraceptive community pharmacy service activity by month in Lothian, June 2023-June 2024



These figures demonstrate access to EHC at community pharmacy across age ranges and the SIMD quintiles.

Equitable and consistent access to sexual health care is noted in the Healthcare Improvement Scotland (HIS) Sexual Health Standards. These services support national policy objective of both the Scottish Government Sexual Health and BBV action plan and the Womens' Health Plan in improving accessibility to contraceptive services. Both of these note the role that community pharmacy has to play in ensuring equitable access to contraception. EHC provision in community pharmacy within Lothian is shown to be established and is above the Scottish average.

However, ongoing work is required with regard to Bridging Contraception service including review of profile of service and integrating routinely into EHC consultation as option for ongoing contraceptive requirements. It is recognised that the BC service specification was recently reviewed and relaunched in Autumn 2024 at a national level.

The Scottish Government [Women's Health Plan Final Report](#) notes a priority to improve access to contraception services, including a long term action for community pharmacy to be part of this, working with partners in primary care and specialist sexual health services.

Provision of information and signposting is a routine part of these consultations, which pharmacy professionals are skilled at providing. Further work could be undertaken to ensure these consultations provide a safe space and opportunity for women to be referred into support services.

Recommendation

- Patients accessing the emergency hormonal contraception service will be further supported to access associated services via signposting e.g. given an awareness of direct referral available from a community setting into the Sexual Assault Response Coordination Service ([SARCs](#)).

- Bridging Contraception uptake has been low to date; this will be explored and recommendations to increase uptake developed.

In addition, as part of the Public Health aspect of core services, community pharmacies are contracted to promote Public Health initiatives and strategies through activities such as window displays/posters of national public health information campaigns.

Naloxone Emergency Supply

In response to the National Mission on Drugs, from October 2023 Community Pharmacies hold a supply of naloxone (a medicine that reverses an opioid overdose) for administration in an emergency. This supports an increase in access to naloxone within our communities with the aim of reducing drug-related deaths.

Quality Improvement

Since 2016, the Scottish Government has committed to making continuous quality improvement a feature embedded into the community pharmacy contractual arrangements, in line with all other NHS bodies and contractor groups. QI methodology can be applied to any number of areas but is of particular value in addressing patient safety issues.

4.9 National Services

National services are outlined and commissioned by Scottish Government. While the majority of community pharmacies do deliver these services, unlike Core Service, community pharmacies can opt to not offer a national service.

Stoma products

People who have a stoma need to 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. The Stoma contract sets out the [service standards](#) to be met by all community pharmacy contractors who have signed up for the service.

Gluten free foods

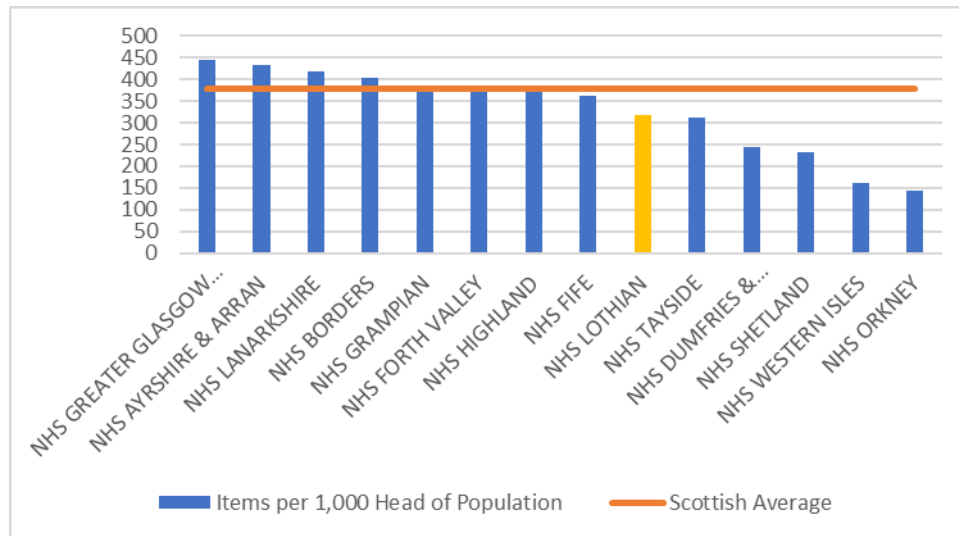
The Gluten Free Food Service was introduced in 2014 providing a community pharmacy-led supply service for patients with a confirmed diagnosis of Coeliac disease or Dermatitis Herpetiformis. As part of the service Pharmacy teams provide an annual health check for people registered at their pharmacy via the Pharmacy Care Record, enabling the detection of and care planning for any clinical issues. Pharmacy teams can support people accessing gluten foods by providing advice and managing orders for food items on a monthly basis.

In 23/24 60,744 gluten free food items were issued via community pharmacies in Lothian.

Both of these services widen access to care and supplies for patients affected by associated conditions.

Unscheduled care

Figure 31: Community Pharmacy Urgent Supply (CPUS) Items per 1,000 Population (Nov 2023 to Oct 2024)



Source: PHS Open Data

Community Pharmacies play an important role for patients requiring unscheduled care, particularly over weekends and public holidays. In addition to the role Pharmacy First plays in improving access to medicines and advice, the unscheduled care service, improves access to care which ‘cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional’. This service is underpinned by a Patient Group Direction (PGD) which enables community pharmacists to provide patients registered with a Scottish GP, with up to one prescribing cycle of their repeat medicines and appliances where obtaining a prescription is not practicable. This ensures continuity of care for patients and prevents further referral to prescribers in primary care and out of hours services, thereby reducing pressures on these services.

On average, 26,000 unscheduled care supplies are made monthly by community pharmacists in NHS Lothian. Provision of pharmaceutical care in the out of hours period is further supported by a designated professional to professional phone line which allows pharmacists to discuss and/or refer patients directly to the GP Out of Hours (OOH) service if they decide the patient needs to be assessed further before the patient’s own GP surgery re-opens.

Continuing to ensure awareness for the public, as well as other healthcare professionals regarding the ability of this service to support unscheduled care is key. In addition, read/write access to clinical records for community pharmacists will further support this service.

4.10 Local and Specialist Services

Local services are developed to meet the specific needs of a local population and are commissioned by the Board. Due to the specific nature of some populations and demographics, not all community pharmacies will deliver locally negotiated services.

As described in section 8, through 2024/25 work has been undertaken to refine the annual review cycle of content and sign up for these service level agreements. This should provide better alignment across primary care and mirror the process undertaken for general practice locally enhanced services. This revised process sets out a structured timetable for agreement of content and updated list of contractors providing each service, at the start of each financial year.

Independent contractors can give 3 month notice on service provision throughout the year and so the list is subject to change.

Current locally negotiated services available within NHS Lothian are described below.

Treatment of Sexually Transmitted Infections- Chlamydia

This service allows for individuals testing positive for chlamydia or identified as having non-specific gonococcal urethritis by the Sexual Health Services, to choose to access advice & treatment via community pharmacy using an electronic text message or paper voucher. It also allows the patient the option to give their partner(s) an electronic text message or paper voucher to access treatment that they can take to a participating pharmacy. Table 15 below demonstrates recent activity.

Table 15: Community Pharmacy Chlamydia Treatment Access Vouchers Issued

Year	Vouchers Issued
2023	1616
2024	1413
Total	3029

Source: Local service data

This service provides access to care and treatment within a community setting, reducing need for patients to attend specialist service in secondary care location. It demonstrates a good example of collaboration between specialist services and community pharmacy to support right care in the right place, for the benefit and convenience of patients. Ensuring access to sexual health services is a key ambition of the Sexual Health and BBV framework, as well as the Womens Health Plan.

C:Card – This service allows individuals to access free condoms from a community pharmacy setting as part of the EHC consultation. A small number of community pharmacies provide access to wider condom choices.

Pharmaceutical care to patients living with Hepatitis C

As at May 2022, there were an estimated 5,000 people diagnosed with a chronic Hepatitis C infection living in Scotland, with work ongoing to provide an estimate of the number of undiagnosed cases. Hepatitis C is a blood borne virus, which if left untreated can cause damage to the liver which potentially can be irreversible and fatal. Recent advances have resulted in highly effective, well tolerated direct acting antiviral (DAA) all-oral treatment for a 8-12 week period, resulting in cure rates around 95%. The World Health Organisation set a goal to eliminate viral hepatitis by 2030 and Scottish Government have committed to the elimination of Hepatitis C in Scotland by the end of the 2024/25 financial year as outlined within Sexual health and blood borne virus action plan: 2023 to 2026. This action plan has set treatment initiation targets to support achievement of elimination. Within NHS Lothian, the viral hepatitis Managed Care Network aims to support this strategic plan through a number of ways. This includes ensuring signposting and access to BBV testing for patients at risk and as well as effective pathways to antiviral treatment. Hepatitis C infection, and reinfection is common among people who inject drugs.

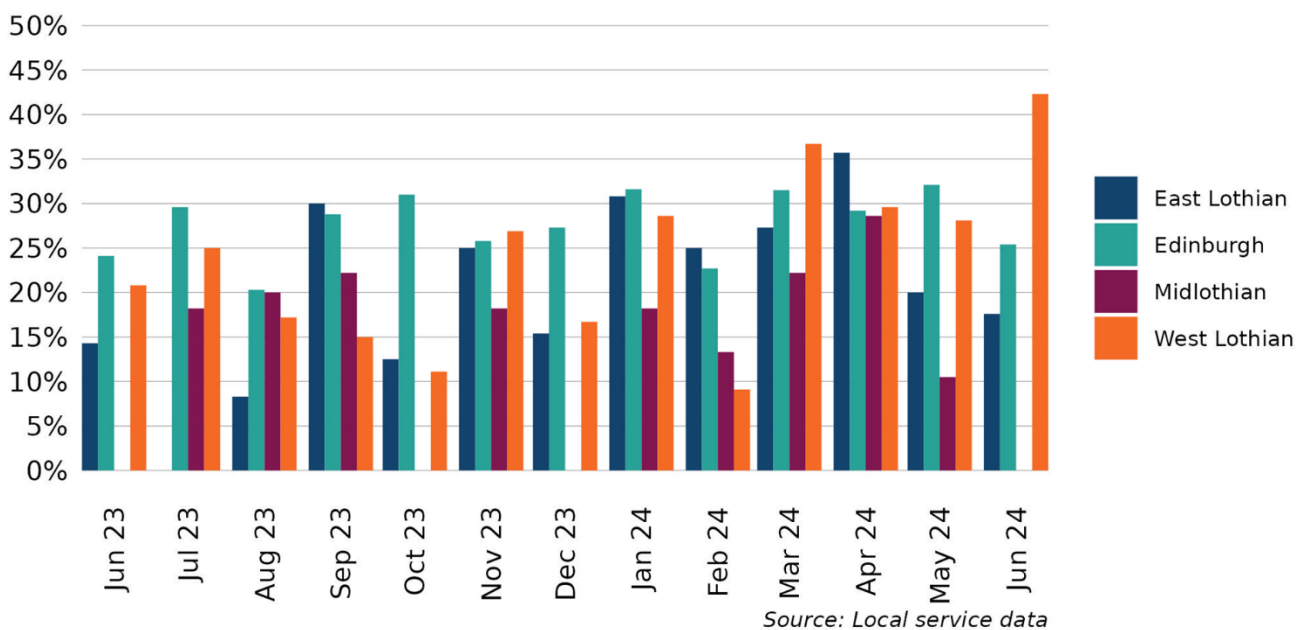
Treatment is co-ordinated by the Centre for Liver Disorders at the Royal Infirmary of Edinburgh and the Regional Infectious Diseases Unit at the Western General Hospital, however the majority of clinics are undertaken in community settings. Since 2015, community pharmacy has

played a key role in delivering pharmaceutical care to these patients. DAA treatment has been supplied to patients from their nominated community pharmacy, with pharmacy staff supporting adherence and therefore optimising treatment outcomes. This allows patients to be able to access treatment and support in a location within their community and prevents attendance at specialist secondary care centres.

In 2023/2024 NHS Lothian reached 249 treatment initiations out of the 355 target, with 62% of these treatments provided by community pharmacy. This demonstrates the role community pharmacy has in supporting achievement of treatment target and ultimately elimination, through access to treatment and supporting patients to complete treatment course and optimise outcome, all in a community setting.

Figure 32 demonstrates the ongoing presence of infection across the Board area, which can include reinfection following a successful treatment episode.

Figure 32: Percentage of Hepatitis PCR tests with a positive result by month and local authority in Lothian, June 2023-June 2024



Community based provision of Hepatitis C antivirals is likely to be key to support the WHO and Scottish Government vision to eradicate Hepatitis C and service models which facilitate care closer to home should continue to be commissioned and any barriers to effective service delivery fully explored. The [Scottish Government NHS Scotland Medicines Homecare Review report](#) was published in March 2025 and includes recommendations to consider in terms of community pharmacy service models for medicines such as these, that have traditionally been supplied via secondary care locations.

The Scottish Government Sexual Health and BBV Action Plan has recognised the role community pharmacies can play in supporting elimination goals, including provision of routine BBV testing, a service currently not available within NHS Lothian Community Pharmacies. While hepatitis C elimination by 2024/25 remains published Scottish Government target, further work needs to be undertaken to maintain service provision and ensure sustainability of service to reach and maintain elimination goals. NHS Tayside have achieved elimination and community pharmacy were noted as key part of achieving this status.

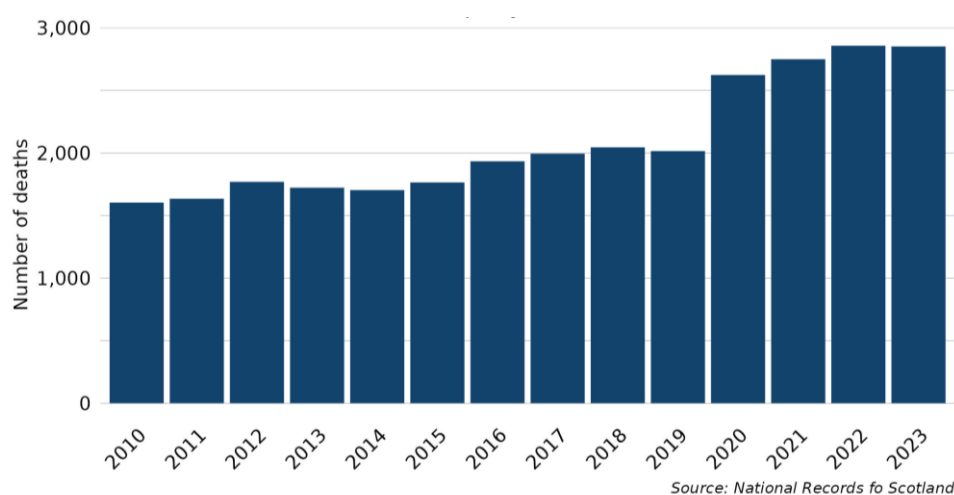
Recommendation

- Community pharmacy should be considered as a key stakeholder for any initiatives to eliminate Hepatitis C within NHS Lothian, recognising the advantage they can offer terms of community access and support to optimise treatment.

Palliative Care network

The Palliative Care community pharmacy network was introduced in 2006 to provide pharmaceutical care to palliative care patients in Lothian via a number of nominated community pharmacies. This includes advice and/or supply of medicines ensuring palliative patients receive urgent medicines without undue delay. Each nominated community pharmacy site is required to hold an agreed range of palliative medicines. The expansion of NHS Lothian Hospital at Home and Hospice at Home services, has supported an increase in numbers of patients who can receive care at home, preventing in-patient admission. This has shifted the location of care and with this an increase has been seen in number of patients dying in a homely setting. As such, access to palliative medicines is crucial to supporting these patients at home, who may have otherwise faced delay in access to medicines for symptom control which could subsequently result in admission to a hospice. The data below demonstrates the growth in the number of deaths occurring in home setting and therefore the need for access to medicines to support symptom control.

Figure 33: Number of deaths at home per year in NHS Lothian



NHS Lothian has 14 community pharmacies in the network that are required to hold a predefined stock list of palliative medicines, allowing prompt supply if otherwise not available at the patients' regular pharmacy. In addition, 8 of these pharmacies provide an on-call service across Lothian during the out of hours period, rotating on a 2-weekly basis. This service ensures patients have timely access to palliative medicines during the out of hours period.

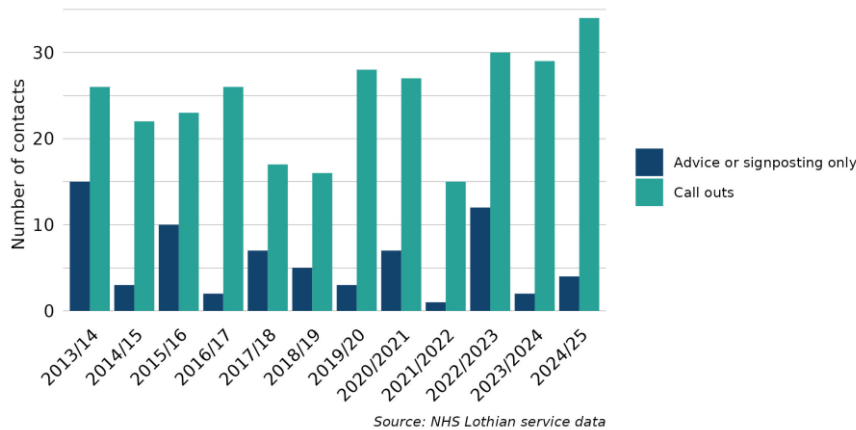
Table 16: NHS Lothian Community Pharmacy Base Sites and On Call

HSCP	Base Site	Base & On Call
Edinburgh	6	6
East Lothian	2	0
Midlothian	2	0
West Lothian	4	2

The figure below outlines the out of hours activity of the palliative care community pharmacy network over the last 10 years. It should be noted 2024-25 figures have been forecasted from

year-to-date activity and suggest an increase in demand. This data demonstrates the increasing value that the community pharmacy palliative care network provides in terms of accessibility to medicines for palliative patients supported through services like Hospital at Home and Hospice at Home. Maintaining the Community Pharmacy Palliative Care network including the out of hours period, is crucial to supporting palliative patients, families and care teams within the community setting.

Figure 34: Number of Out-Of-Hours Community Pharmacy Palliative Care Service Contacts in NHS Lothian



The Palliative Care out of hours service is the only available “on-call” community pharmacy service across Lothian. As such, this service is called upon in exceptional circumstances to support access to medicines required urgently but not necessarily for palliative patients. The numbers of instances of these call outs remains low but NHS Lothian will continue to monitor activity and link in with out of hours providers to review as required.

Recommendation

- Community pharmacy should be considered as a key stakeholder for any initiatives and/or changes to care pathways for palliative care, building on the existing service they provide ensuring good access to palliative care medicines in the community setting.

Disposal of Sharps Waste

The Community Pharmacy Disposal of Sharps Waste service was introduced in 2018 and provides patients with a local and robust route for safe disposal of prescribed sharps via community pharmacy. Safe disposal reduces risks of needle stick injury and as well as minimising environmental impact. Uplift and disposal is coordinated by NHS Lothian Facilities. A list of sites within Lothian accepting medicines sharps can be access at [Medicines Sharps - Disposal Sites](#)

Management of Medicines waste

Community Pharmacies support the safe disposal of medicines by providing access for patients to return unwanted medicines for uplift and safe disposal. Health Boards are responsible for coordinating uplift, which in NHS Lothian is undertaken by the Facilities directorate.

In 2023/24, over 14 million prescription items were issued in NHS Lothian. The volume of prescribing in Lothian is increasing, linked with an increasing and ageing population and the introduction of new medicines to support patients to live longer and healthier. Whilst medicines are often taken as planned, it is estimated that around 50% of medicines may not be taken as intended. Reasons for this may be avoidable or unavoidable and include medicines that are stopped or changed, medicines that are overordered, medicines that go out of date, patients

who may chose not to take their medicines or forget to take them. This results in medicines waste and more than 50 tonnes of medicines are returned to community pharmacies in NHS Lothian each year for incineration.

Table 17: Medicines Waste received by community pharmacy in Lothian

Year	Weight of Medicines waste (tonnes)
2022/23	59.8 tonnes
2023/24	54.7 tonnes
2024/25	59.2 tonnes (forecasted) (YTD M7 Oct 24 –34.5 tonnes)

Source: Local service data

Community pharmacies play an integral role in accepting and segregating medicines waste for safe destruction which minimises the environmental impact. Regulations require removal of packaging and patient identifiers prior to uplift and pharmacies are responsible for ensuring adherence to this.

There is also opportunity to work with the wider healthcare team to minimise avoidable medicines waste such and order only the medicines they require, providing information on how to take medicines and why they are prescribed. This ensures patients can get greatest value from their medicines and supports patients in managing their own health. Medicines Care and Review (MCR) may provide opportunity to undertake these activities. In addition, specific focus could be considered for areas with greater risk of medicines waste such nursing and residential care homes and also for initiatives that promote recycling of materials such as insulin pens, inhalers and medicines packaging. Reductions in medicine waste is a key component in ambitions as set out in [NHS Scotland climate emergency and sustainability strategy](#).

Recommendation

- NHS Lothian will continue to focus on strategies to reduce unnecessary medicine waste to ensure best value and reduce environmental impact. Community pharmacy will be an integral stakeholder for any initiatives being developed and implemented.

Drug-related deaths and harms

Pharmacy teams play a crucial role in delivering positive pharmacy experiences for people impacted by substance use. Through the implementation and delivery of person centred and trauma informed care, as well as a commitment to stigma reduction, community pharmacy, can continue to provide convenient access to high quality care at the heart of people's communities as well as improve the experience and outcomes for those affected by substance use.

Many community pharmacies in Lothian provide instalment dispensing and supervision for opioid replacement therapy, where considered necessary for harm reduction. This direction is tailored by the prescriber according to individual patient circumstances and risks. Instalment and supervised administration supports strategies to reduce drug related deaths and harms including by improving adherence to treatment and reducing the risk of diversion of medication. In particular supervised administration and instalment dispensing by community pharmacies is of benefit to patients in insecure housing lacking safe storage facilities, and for patients with children and other vulnerable dependants in the home.

Injection Equipment Provision (IEP)

The provision of injecting equipment (sterile needles, syringes and other equipment) is effective in reducing injecting risks, including helping to prevent blood borne viruses such as hepatitis C and HIV among people who inject drugs and have formed a key component of the harm

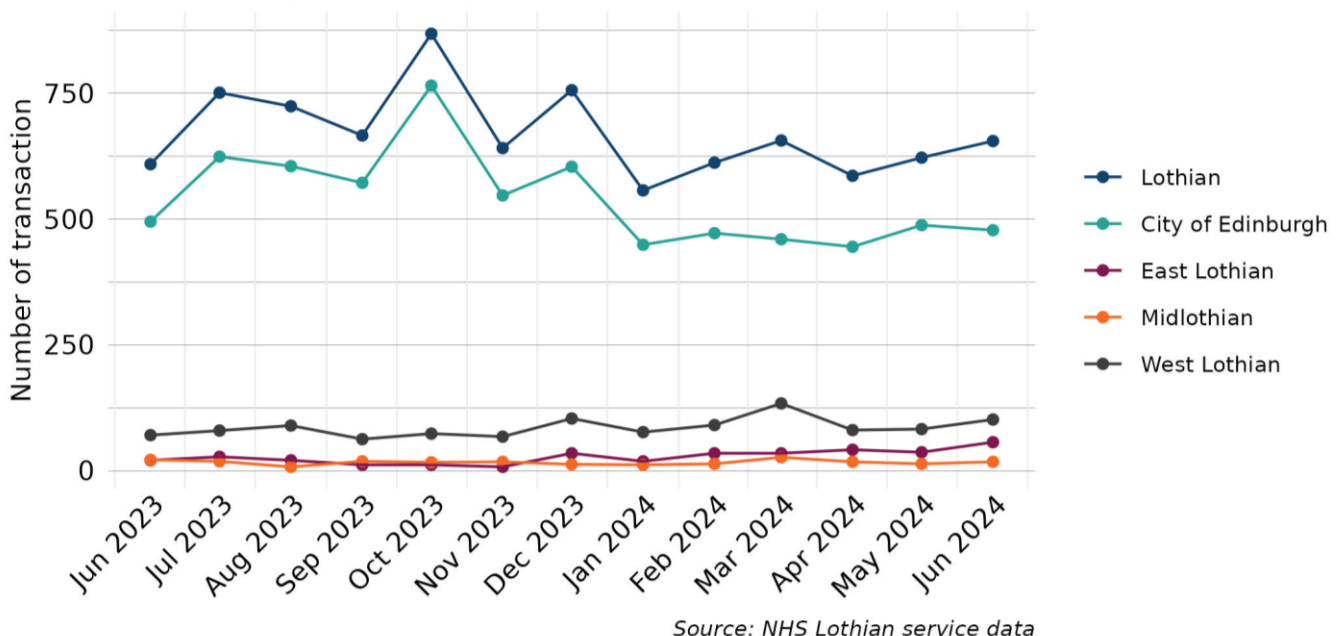
reduction approach adopted by the Scottish Government since publication of the Hepatitis C Action Plan in 2008. In addition, provision of IEP as part of a harm reduction offer, is measured under MAT standards. By providing sterile injecting equipment and contributing to wider harm reduction initiatives, IEP services have played a key role in helping to reduce hepatitis C prevalence in Scotland. IEP services can be offered from a variety of locations and it is recognised these locations must include opportunities for people not engaged in MAT.

NHS Lothian has 16 community pharmacies offering of injecting equipment (sterile needles, syringes and other equipment) services, free of charge to people who use drugs. Provision of this service from community pharmacy also provide opportunity for touchpoint with a healthcare professional for people who use drugs and who may otherwise not be engaged with health care services. In 2023/24 15584 IEP transactions were undertaken by community pharmacy compared to 14472 in 2022/23. Location of services and activity can be seen in figures below.

Table 18: Number of Community Pharmacies offering IEP services by HSCP

HSCP	No of IEP community pharmacies
Edinburgh	8
East Lothian	3
Midlothian	1
West Lothian	4

Figure 35: Number of IEP transactions at pharmacies in Lothian, June 2023-June 2024



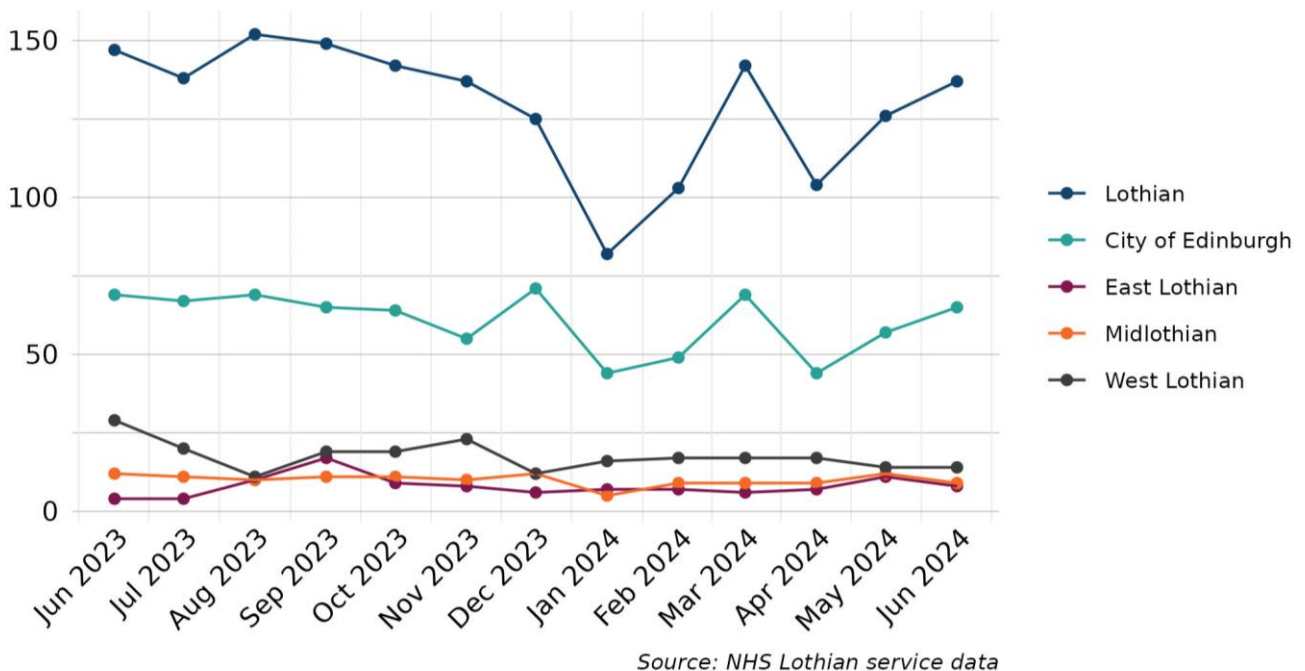
Understanding patterns in drug use within localities and requirements for IEP can help in planning for service provision. For example, increased cocaine use as noted previously, has led to increased injecting episodes and more chaotic injecting. Community pharmacies play a key role in accessibility to IEP provision as well supporting adherence to MAT Standards to encourage and motivate vulnerable people when they are ready to access help and support.

Take Home Naloxone

Naloxone is an opiate antagonist treatment which can be administered to reverse the effects of opiate overdose. A national naloxone programme has been in place in Scotland since 2010. The programme was significantly stepped up in 2020 and 2021 leading to a doubling in the number of naloxone kits supplied. Naloxone forms part of a harm -reduction offer and is noted within the MAT standards. Take-home naloxone kits are issued to people at risk of opioid overdose, their friends and family and service workers in order to help prevent overdose deaths.

Take-home naloxone kits and training on their use, is available at the community pharmacy sites that provide IEP in Edinburgh HSCP. This local service offers a significant increase in access to naloxone in the community and provides ability for naloxone to be offered to individual drug users, family members or carers to use in case of an overdose. Over the previous 12-month period 274 take home kits have been provided to patients across 8 community pharmacy sites.

Figure 36: Number of Near Fatal Overdoses in Lothian, June 2023-June 2024



Near fatal overdoses are a major risk factor for drug-related deaths. This data can help in service planning to identify 'hot-spot' areas where targeted campaigns to increase uptake of THN are required, to support reduction in drug related deaths.

Community Pharmacy Administration of Long Acting Injectable Buprenorphine

The Medication Assisted Treatment (MAT) Standards detail the requirement that patients are supported to make an informed choice on what medication to use for MAT, including which medication they would like to be prescribed and the most suitable dose (MAT standard 2), as well as requiring that all people have the option of MAT shared with Primary Care (MAT standard 7).

To support implementation of these standards, a pilot program was commenced in 2022 across 3 sites (2 in Edinburgh City, 1 in West Lothian) to evaluate the feasibility of administration of long-acting injectable buprenorphine in a community pharmacy setting. Buprenorphine is a partial opioid agonist/antagonist that helps to curb cravings and reduce withdrawal symptoms. Buvidal™ is a prolonged release buprenorphine injectable product, administered

subcutaneously, as either weekly or monthly injections. Buvidal™ is indicated for the treatment of opioid dependence and is intended for use in patients aged 16 years or older. Of note, as a controlled drug, it is required by law for premises where buprenorphine products are stored and supplied to have a Home Office Controlled Drug License.

Community pharmacy administration of long-acting buprenorphine offers several advantages in addition to supporting MAT standards 2 and 7, including convenient access to treatment for patients in their community (rather than having to travel to a specialist hub) and the continuation of longstanding relationships with community pharmacy professionals. Delivery of care to stable patients in primary care also has the potential to free up capacity in the specialist substance misuse services, which could aid implementation of other MAT standards.

Table 19: Number of administrations of Long Acting Buprenorphine Injection by community pharmacy

Year	HSCP location (number of community pharmacies)	
	Edinburgh (2)	West Lothian (1)
22/23	59	146
23/24	63	17

Early evaluation of this pilot shows a high degree of acceptability to patients and healthcare professional staff, though work is required to avoid patient disengagement from the service and potential loss to follow up.

Recommendations- drug related harms

- Community pharmacy has a key role, working in collaboration with ADP and other partners reducing drug related deaths and harms and should be considered in development of initiatives to support this patient cohort.
- In relation to harm reduction measures, NHS Lothian will work with ADP, and data and intelligence teams to understand further on areas of need for both THN and IEP service, considering where pharmacies can support access including through extended hours where available.
- Consider embedding community pharmacy administration of LAIB into routine care, including widening geographical spread, in line with population need.

Seasonal immunisation

As part of the NHS winter vaccination programme, community pharmacy may be selected by the HCSP to participate in the co-administration of COVID-19 booster and seasonal flu vaccination. This supports the winter programme by helping to increase vaccination uptake and accessibility, particularly to older people. Community Pharmacies who express in interest to provide this service, are selected, based on agreed criteria and collaboration between NHS Lothian Community Pharmacy Development Team, HSCPs and Community Pharmacy Lothian.

Over a 5-week period, Edinburgh HSCP utilised community pharmacy to support delivery of the 2024/25 Covid/Flu vaccine campaign. A total of 12,217 vaccines (6028 COVID-19 and 6189 influenzae) were administered across 16 community pharmacy sites. 80% of uncanceled appointments were attended and resulted in one or both vaccines being administered.

Deployment of Covid Antivirals to Non-Hospitalised Patients

10 community pharmacies across NHS Lothian are supporting the supply of antivirals to eligible non-hospitalised patients with Covid. This is facilitating timely access to treatment for the highest risk patients and the community pharmacies have worked closely with the primary care pharmacy team to deliver the service. It is anticipated that this service will evolve when national stockpiles of Covid antivirals are exhausted and NHS Lothian moves to a more sustainable business as usual model. The service has demonstrated the key role community pharmacy played during the Covid pandemic, maintaining access to care for patients.

In April 2024, the community pharmacy Advice to Care Homes Service, was paused to allow time to review the service specification and consider how it could be updated to ensure that it delivers greatest value. In parallel, medicines management support for care homes is being piloted utilising pharmacy support workers working within primary care pharmacy teams. It is acknowledged that community pharmacy has a pivotal role in the supply and medicines management for patients within the care home setting.

Medicines Adherence Support

Medicines Compliance Aids (MCA)

NHS Lothian provides reimbursement for two types of disposable medicines compliance aids that community pharmacies can supply for patients who have been assessed and considered to need help to manage their medication independently. Medication compliance aids can potentially support people who forget to take medication at specified times, don't take the right medication, or take too much.

The use of medication compliance aids is increasing and NHS Lothian will work with community pharmacies and other stakeholders to understand the increase in demand. It is acknowledged that this is significant workload for pharmacies and there can be challenges finding a local community pharmacy with capacity to take on additional patients.

Medicines Administration Record

Mid Lothian and Edinburgh City HSCP commission community pharmacies to supply medication reminder charts for patients who require medicines prompts by care staff. This allows care staff to document when medication is given to a patient and allows them to support patients to manage their medicines at home.

Continence Care Service

Services are in place to provide patients with continence care products from community pharmacies in Lothian, on direct request from the continence care provider. This was introduced to support patients to get timely access to supplies and reduce additional pressure on GP services to generate prescriptions.

5.0 Health and Social Care Partnership (HSCP) Priorities

5.1 Addressing Local Health Needs Through Pharmacy Services

Commonality across 4 partnerships

Each of the four Health and Social Care Partnerships HSCPs have identified priorities to address the health needs of the communities they provide for and these underpin the content of their strategic plans. Whilst there are variations within each of the HSCPs in terms of demographics and deprivation for example, there are some commonalities across the strategic priorities.

Preventative Healthcare and Early Intervention Strategies

Community pharmacy is a key asset in the provision of opportunities to implement preventative interventions. This is as a result of a few particular factors, including the walk in nature and access to a trusted skilled and expert team of healthcare professionals within the local community. Community pharmacies are one of the few healthcare teams who have contact with patients in good and ill health and have the facility to promote self-care as well as health promotion advice, signposting/referral onto other services and this can help to support and improve an individual's health and wellbeing.

An example where community pharmacy could support in preventative healthcare is in the area of falls prevention. This area requires a multidisciplinary response, however, medicines are both a key risk factor in cause of falls as well as having a role to play in prevention of complications (i.e. bone protection). As experts in medicines, community pharmacy has a key role to play in collaboration with other members of the health care team.

Closing the gap on health inequalities

Community pharmacy can play a key role in contributing to reduction in health inequalities including protection of the most vulnerable within our communities. Established services such as smoking cessation or sexual health services are already supporting closing the health inequality gap.

Often, people living in areas of high deprivation experience barriers and limited access to care, despite having potential high level of healthcare needs. Community pharmacy provides accessible care and can help to reduce barriers that citizens experience.

An example is the role that community pharmacy can play is in supporting response to the National Mission on Drug Deaths. Community pharmacies already provide non-judgemental care to people who use drugs in provision of OST and support in harm reduction such as take home naloxone and IEP. Through the therapeutic relationship that many pharmacies have established with people, there is potential to utilise this further to improve outcomes for this disadvantaged population.

Personalising Care for Improved Patient Experiences (person centred/care closer to home)

Ensuring quality care to people to support them to live healthier lives in homely setting is an important priority across the HCSPs. Community pharmacy is able to support safe and effective use of medicines, optimising the benefit and minimising harms where possible. Established services such as palliative care service ensure timely access to medicines and support good quality care. The serial prescribing function through the Medicines care and review service has established a baseline of providing good pharmaceutical care for patients prescribed medications for long term conditions and demonstrates the potential for pharmacies to support patients in management of chronic disease.

Recognising the projected growth in older populations, who are more likely to experience polypharmacy, ensuring safe and effective management of medicines in this population is vital. Utilisation of aids such as medicine compliance aids and Medicines Administration Record charts will be key in supporting robust quality care in a homely setting. Community pharmacy are a key asset in ensuring supporting packages of care.

Sustainable Resource Management and Efficiency

Maximising value and ensuring good use of resources is fundamental priority for all of the HCSPs. Community pharmacy has demonstrated proven ability to contribute to this agenda. For example, supporting efficient use of medicines and identifying opportunities to minimise waste through medicines care and review, and in provision of Pharmacy First- using clinical and cost-effective products, whilst optimising patient care local pathways and ensuring good use of resources, preventing unnecessary attendance at GP or A&E services.

As well as efficient use of financial resources, these activities can also support environmentally sustainable ambitions, by minimising generation of medicines waste. Unfortunately, our most deprived communities are often greatest affected by environmental harm- therefore by tackling these issues, pharmacy has a further role to play in reducing health inequalities.

5.2 Future Opportunities for Strategic Planning

Future opportunities should include ensuring community pharmacy are included in the design of pathways of care particularly considering aims to ensure care delivered closer to home and support people to live healthier lives.

Recommendation:

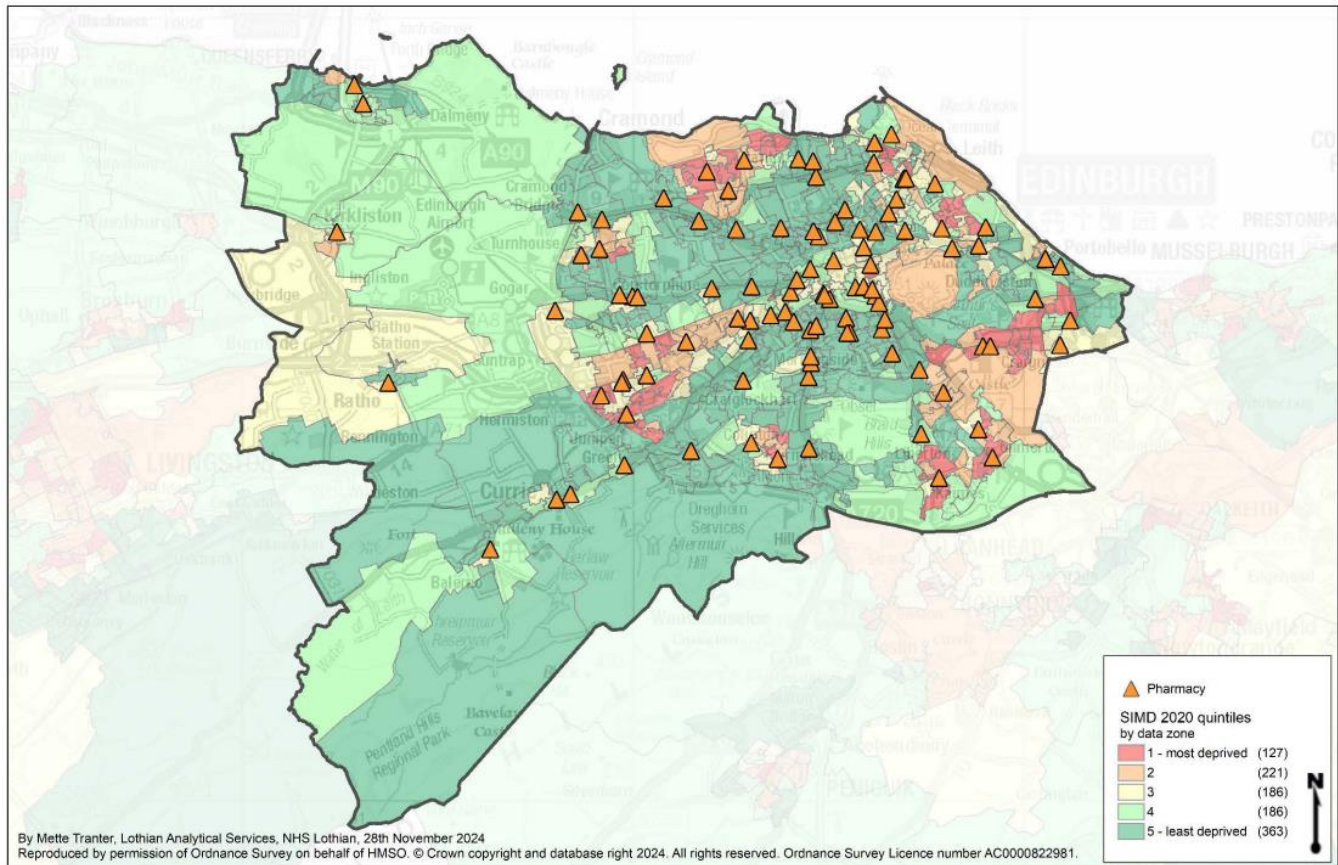
- NHS Lothian should ensure that community pharmacy representation is considered at the outset for pathway and service development where appropriate. This should include a collaborative approach by pharmacy services and HCSPs in their planning to enable community pharmacy to support strategic aims.
- The role for community pharmacy in terms of disease prevention will be further explored and developed.

6.0 Strategic Recommendations and Future Planning at HSCP Level

6.1 City of Edinburgh HSCP

The City of Edinburgh has a focus on 4 priority areas again aligning to themes for the other HSCPS, wellbeing, prevention and early intervention, maximising independence, protecting our most vulnerable and using our resources effectively.

- Rates of polypharmacy (more than 10 medicines) are notably lower than the Lothian average (PHS Open Data)
- Alcohol consumption: 28% of people drink above CMO low risk guideline (Scottish Health Survey 2022), this is the highest in the Board area
- Obesity: 52% population above healthy weight (Lothian Public Health Survey 2023), this is the lowest in comparison to other HSCP in the board area
- Tobacco smoking: 11.9% adults report smoking (ASH 2024),
- Drug related deaths: age-standardised rate (per 100,000 population) 20.9, NHS Lothian 18.9, and as such is the highest in comparison within the Board area (NHS Lothian DRD Annual report 2023)
- The following map note the location of community pharmacies by deprivation across the HSCP

Figure 37: Deprivation in Relation to Pharmacies in Edinburgh

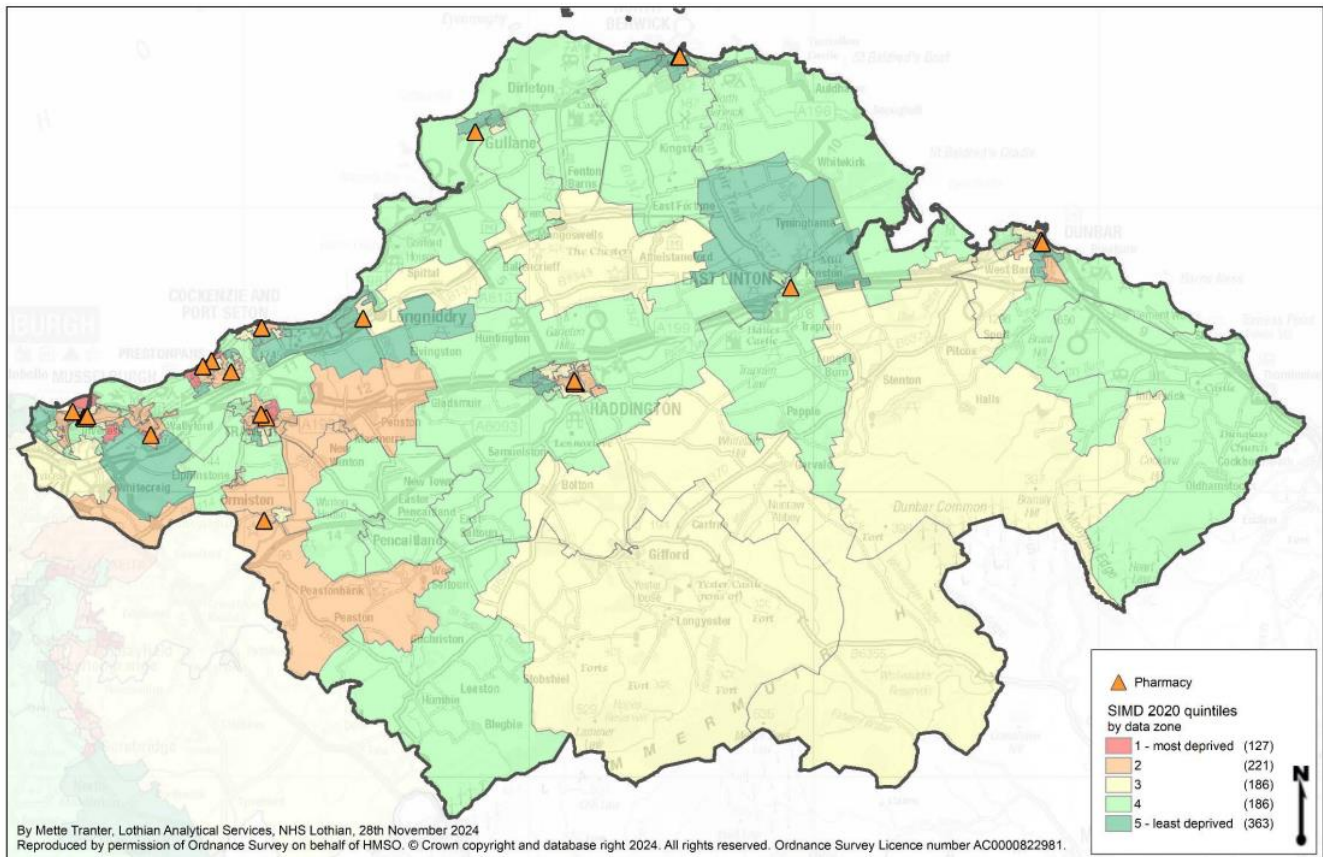
6.2 East Lothian HSCP

The strategic priorities of East Lothian HSCP are cognisant of the growing population and in particular the ageing population, which is one of the highest in Scotland. They recognise need for provision of services that can support people to remain at home for as long as possible including palliative care and dementia, managing long term conditions and preventative actions such in areas such as falls. Continued collaboration of services within communities is a key priority. Challenges are noted in ensuring equitable service provision considering rurality and presence of deprivation, where health inequality gaps can open up. These are all areas where community pharmacy can play a key role in contributing to improving outcomes in these areas.

- Rates of polypharmacy (more than 10 medicines) are above the Lothian average, although below the Scottish average (PHS Open Data)
- Alcohol consumption: 24% of people drink above CMO low risk guideline (Scottish Health Survey 2022)
- Obesity: 70% population above healthy weight (Lothian Public Health Survey 2023)
- Tobacco smoking: 7.9% adults report smoking (ASH 2024), which is a comparatively low rate compared to Scotland and the rest of Lothian, however, the HSCP strategic plans notes increased rates of lung cancer and COPD and rates of smoking have increased compared to previous years
- Drug related deaths: age-standardised rate (per 100,000 population) 16.4, NHS Lothian 18.9 (NHS Lothian DRD Annual report 2023)

- The following map note the location of community pharmacies by deprivation across the HSCP

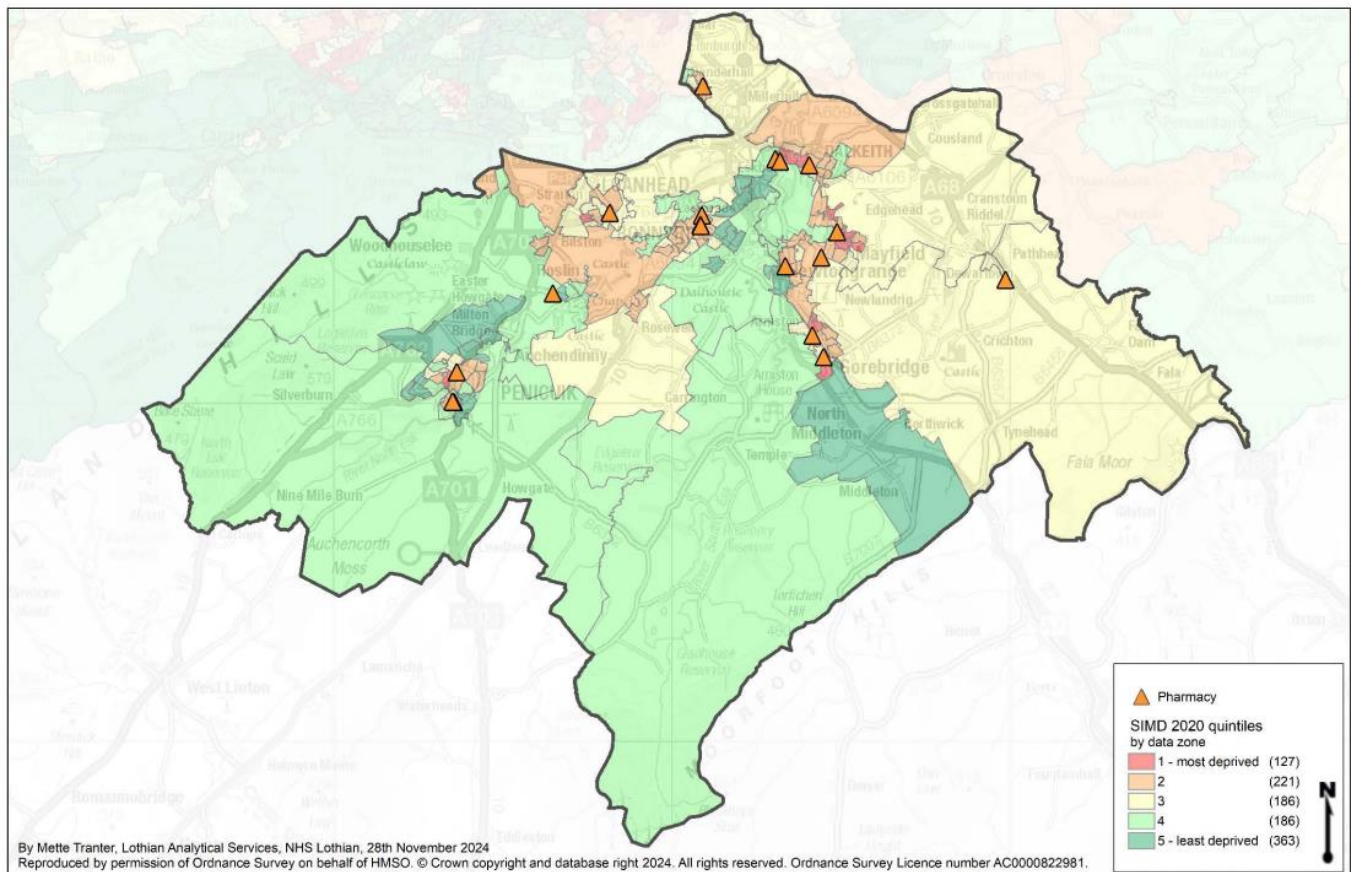
Figure 38: Deprivation in Relation to Pharmacies in East Lothian



6.3 Midlothian HSCP

Midlothian notes a number of strategic priorities aligned with the common themes outlined previously- access to services to help people to keep and stay well and prevent ill or worsening health and ensure people can access the care they need when they need, whether that's at home or in the community.

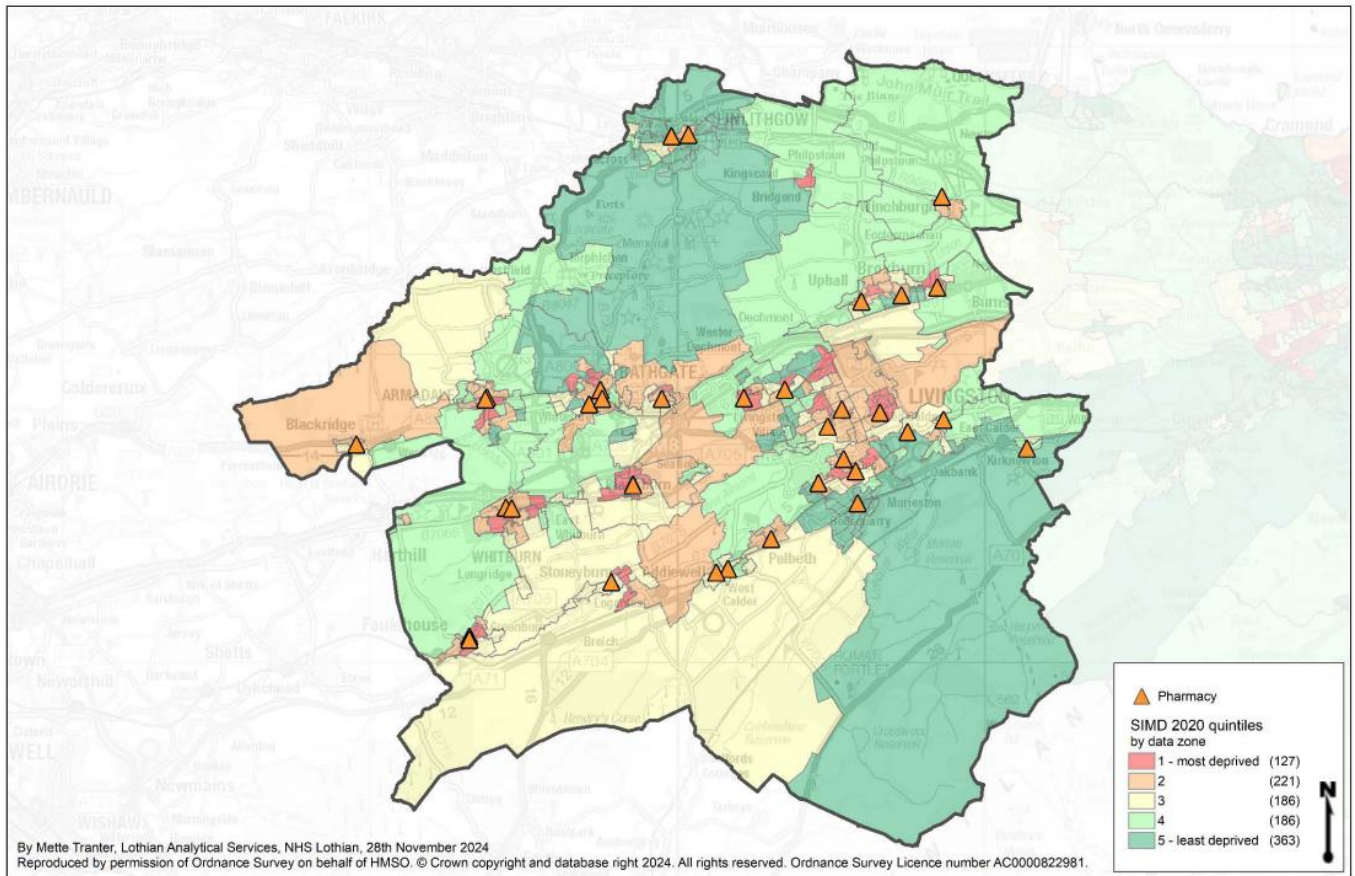
- Rates of polypharmacy (more than 10 medicines) are above the Lothian average, although below the Scottish average (PHS Open Data))
- Alcohol consumption: 19% of people drink above CMO low risk guideline (Scottish Health Survey 2022)
- Obesity: 70% population above healthy weight (Lothian Public Health Survey 2023)
- Tobacco smoking: 15.1% adults report smoking (ASH 2024), which is the highest within the board area.
- Drug related deaths: age-standardised rate (per 100,000 population) 18.8, NHS Lothian 18.9 (NHS Lothian DRD Annual report 2023)
- The following maps note the location of community pharmacies by deprivation across the HSCP

Figure 39: Deprivation in Relation to Pharmacies in Midlothian

6.4 West Lothian HSCP

West Lothian has set out its strategic priorities to meet the needs of a growing and ageing population in addition noting that a large proportion of the population report a limiting long term health condition and the effect of deprivation on differences in health outcomes. The priorities focus on a home first approach, enabling high quality care, support and treatment and improving health inequalities in partnership.

- Rates of polypharmacy (more than 10 medicines) highest within the Board area and are slightly higher than the Scottish average (PHS Open Data)
- Alcohol consumption: 15% of people drink above CMO low risk guideline (Scottish Health Survey 2022)
- Obesity: 73% population above healthy weight (Lothian Public Health Survey 2023)
- Tobacco smoking: 14.9% adults report smoking (ASH 2024)
- Drug related deaths: age-standardised rate (per 100,000 population) 16.5, NHS Lothian 18.9 (NHS Lothian DRD Annual report 2023)
- The following map notes the location of community pharmacies by deprivation across the HSCP

Figure 40: Deprivation in Relation to Pharmacies in West Lothian

7.0 Lothian-Wide Strategic Recommendations

7.1 Strengthening Partnership and Collaboration

The [Lothian strategic development framework](#) (LSDF) was published in 2022 and was produced in collaboration by the bodies with responsibility for planning, commissioning, and delivery of health care in the Lothians: the respective 4 IJBs and NHS Lothian. This document illustrates the priorities for the Lothian Health and Care System over a 5 year period. This sets out a system vision as follows:

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide
- We connect health and social care services seamlessly, wrapping around the citizen in their home
- We improve performance across our system, with better experiences for citizens and those who work for and with us.

In order to achieve the identified outcomes of improving health of the population, performance and how we work with people, collaboration across the health care system is vital. Six pillars have been defined to support these ambitions as follows:

- Improving population health
- Children and Young People
- Mental Health, Illness, and Wellbeing
- Primary Care
- Unscheduled Care
- Scheduled Care.

Clearly community pharmacy forms part of the Primary Care pillar and is woven into the aims and objectives of that action plan. However, there are still touchpoints for community pharmacy across the other pillars. Strengthening the partnerships for pharmacy services across the IJBs and NHS Lothian is key when considering development of delivery models.

8.0 Monitoring, Evaluation, and Continuous Improvement

8.1 Annual Review Process and Key Performance Indicators

The Pharmaceutical Care Services Plan is approved by NHS Lothian Board. This plan has been developed with key stakeholders as a 3-year plan 2025-2028, with the board invited to receive annual updates on progress with delivery.

An accompanying PCSP Delivery Plan will be produced jointly between the Pharmaceutical Care Service Plan Steering Group and the Pharmacy Core Group, both of which report to the Primary Care Programme Board / Primary Care Joint Management Group (PCJMG) chaired by the Director of Primary Care.

All Health and Social Care Partnerships are represented at the PCJMG as well as the heads of professions across primary care medicine (incl. out of-hours), pharmacy, nursing and other independent contractor groups of optometry and dentistry. This forum enables good ongoing stakeholder engagement and oversight of PCSP delivery.

Lothian's Strategic Development Framework's Primary Care Pillar sets out a 5-year stepped action plan, including:

Figure 41: Lothian Strategic Development Framework

2024 – 2026 <i>Implementation Phase and Ongoing delivery</i>	<p>Minimum Community pharmacy provision - Work during 2023/24 and 2024/25 will define the minimum community pharmacy requirements in the out of hours period (includes late nights, weekends (after 1pm on Saturday) and also public holidays) to support patients requiring access to Pharmacy First, palliative care, substance misuse services and medicines prescribed by the GP Out-of-Hours Service.</p> <p>Serial prescribing in community pharmacy - continue the increase in uptake with ongoing work to increase engagement throughout 2023/2024 and 2024/2025.</p> <p>Business as usual Contract management – implementation of pharmaceutical list project plan and implement outcome of the enhanced services delivery models.</p> <p>Primary Care Measurement Framework – implement key indicators for community pharmacy services in 2023/24.</p> <p>Training of Pharmacist Independent Prescribers – from 2026 those pharmacists joining the GPhC register will automatically be annotated as independent prescribers. Some current pharmacists will not receive this. A number of individuals in Lothian will require to achieve a Practice Certificate in Independent Prescribing before they can apply for annotation as a prescriber.</p>
2027 - 2028 <i>Ongoing Implementation and realising benefits Evidencing improved outcomes</i>	<p>20 minute neighbourhoods – raise awareness of 20 minute neighbourhoods and engage HSCP to understand opportunities to where pharmacies may be sited in future planning.</p> <p>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.</p> <p>Progress the Medicine Care and Review service by increasing the number of active GP practices and community pharmacies engaged</p> <p>Business as usual Contract management – implementation of pharmaceutical list project plan and implement outcome of the enhanced services delivery models.</p> <p>Primary Care Measurement Framework – implement key indicators for community pharmacy services in 2023/24.</p> <p>Reliable access to pharmaceutical services close to home, including adequate provision across the out of hours period.</p> <p>Women's Health Programme - Provide and promote a Women's Health Community Pharmacy service.</p> <p>Electronic prescribing (<i>The Digital Prescribing and Dispensing Pathways Programme</i>) implementation from 2026 onwards - going in to GP practices for 2026 onwards for PC and GP services.</p> <p>Minimum Community pharmacy provision – implement the work undertaken during 2023/24 and 2024/25 to define the minimum community pharmacy requirements in the out of hours period.</p>

Pharmacy Core Group has moved to implementation phase of having key performance indicators for all locally enhanced services. Through 2024/25, each of the locally enhanced services has had a service specification review and activity data assessed. Service data collection forms and claim processes have been devised to enable ongoing service evaluation. Community Pharmacy Lothian (CPL) has been engaged in this process and this has resulted in an annualised “sign up” process with PCJMG oversight.

It is now planned that key activity data for the core and national Community Pharmacy Services be assessed by the Pharmacy Core Group through 2025/26 and used by the Community Pharmacy Development Team Support Pharmacists (previously Community Pharmacy Champions) using Quality Improvement methodology to drive improvement.

Community Pharmacy contract global sum funding for Community Pharmacy Champions will be withdrawn from 2025/26 onwards, however NHS Lothian has identified funding to continue the programme for a further 12 months, and explore opportunities to secure ongoing funding. The Champions have played a key role to date in supporting community pharmacy teams to deliver core and national services and will have a significant role in supporting implementation of recommendations from the Pharmaceutical Care Services Plan.

8.2 Stakeholder Engagement and Public Feedback Mechanisms

As part of the development of this iteration of the PCSP, a number of stakeholders have been consulted. Engagement through strategic planning groups should continue. A key part of the development of the PCSP Delivery Plan will be to seek and engage with the public to further understand the relationship and perception of community pharmacy services. Data from the [NHS Lothian Public Health Survey 2023](#) shows pharmacy is one of the most commonly accessed services (56%) , (following dentist, 62.1%, and GP-doctor 61.2%). Recognising that people are experts in their own healthcare journey, it is important that they are involved when considering development of services within their own communities.

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Cover images from NHS Scotland Photo Library

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10.0 Pharmaceutical List

Community Pharmacies by HSCP (and localities where relevant)

Pharmaceutical List for 25/26, as of March 2025. Note subject to change as contractors may give 3 months notice. An expanded version including locally enhanced services will be developed and available online. This core list below will updated and will form part of annual PCSP update to Board.

City of Edinburgh - South East Edinburgh					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	21 Cameron Toll Shopping Centre 6 Lady Road	EH16 5PB	0900-1900	0900-1800	1000-1700
Boots UK Ltd	101-103 Princes Street	EH2 3AA	0900-1900	0900-1900	1000-1800
Boots UK Ltd	46-48 Shandwick Place	EH2 4SA	0900-1800	0900-1800	Closed
Boots UK Ltd	St James Quarter, 121-127 St. James Crescent	EH1 3AD	0900-2000	0900-2000	1000-1800
Boots UK Ltd	16-20 Earl Grey Street	EH3 9BN	0900-1800	0900-1800	Closed
Southside Pharmacy	79 Nicolson Street	EH8 9BZ	0900-1900	0900-1800	Closed
Bristo Square Pharmacy And Travel Clinic	6 Bristo Square	EH8 9AL	0900-1800	0900-1700	Closed
Grange Pharmacy	2 Beaufort Road	EH9 1AG	0900-1800	0900-1300	Closed
Alliance Pharmacy	28/30 Newington Road	EH9 1QS	0845-1745	0900-1700	Closed
Boots UK Ltd	207-209 Morningside Road	EH10 4QT	0900-1800	0900-1700	Closed
Boots UK Ltd	6 St Patrick Street	EH8 9HB	0900-1800	0900-1730	Closed
Lindsay & Gilmour Chemist	18-20 Comiston Road	EH10 5QE	0900-1800	0900-1730	Closed
Boots UK Ltd	32 West Maitland Street	EH12 5DX	0900-1800	0900-1700	Closed
Paton & Finlay	177 Bruntsfield Place	EH10 4DG	0900-1730	0900-1700	Closed
Omnicare Pharmacy	2 Home Street	EH3 9LY	0900-1800	0900-1300	Closed
Lindsay & Gilmour Chemist	37 Moredun Park Road	EH17 7ES	0900-1730	0900-1300	Closed
Mackenzie & Co Chemists	45 Forrest Road	EH1 2QP	0900-1800	0900-1300	Closed

Lorimer Pharmacy	153 Morningside Road	EH10 4AX	0900-1800	0900-1300	Closed
Marchmont Pharmacy	41-43 Warrender Park Road	EH9 1EU	0830-1730	0930-1530	Closed
W King & Son	142 Marchmont Road	EH9 1AQ	0900-1800	0900-1300	Closed
Gordons Chemists	1 Gracemount Drive	EH16 6RR	0900-1730	0900-1730	Closed
Newington Pharmacy	46-50 Clerk Street	EH8 9JB	0830-1830	0900-1800	Closed
Omnicare Pharmacy	160 Causewayside	EH9 1PR	0900-1800	0900-1230	Closed
Royal Mile Pharmacy	67 High Street	EH1 1SR	0900-1800	0900-1700	Closed
Omnicare Pharmacy	102 Walter Scott Avenue	EH16 5RL	0900-1800	0900-1300	Closed
Fleming Pharmacy	1 Liberton Drive	EH16 6NL	0900-1730	0900-1300	Closed
Clear Pharmacy	26 Brougham Place	EH3 9JU	0830-1730	0900-1300	Closed
Broughton Pharmacy	105 Broughton Street	EH1 3RZ	0900-1730	0900-1300	Closed
Gilmerton Pharmacy	2 Ferniehill Road	EH17 7AB	0900-1800	0900-1300	Closed
Bruntsfield Pharmacy	129 Bruntsfield Place	EH10 4EQ	0900-1800	0900-1700	1200-1600
Dears Pharmacy	55a-57a Mayfield Road	EH9 3AA	0900-1730	0900-1300	Closed
City of Edinburgh - South West Edinburgh					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	230-232 Gorgie Road	EH11 2PN	0900-1800	0900-1800	Closed
Colinton Pharmacy Ltd	46a Bridge Rd	EH13 0LQ	0900-1745	0900-1300	Closed
Lindsay & Gilmour Chemist	2 Pentland View Court	EH14 5NP	08:30-1800	0900-1730	Closed
Colinton Mains Pharmacy (A H Tod Ltd)	84 Colinton Mains Drive	EH13 9BJ	0900-1800	0900-1300	Closed
Lindsay & Gilmour Chemist	536 Lanark Road Juniper Green	EH14 5DJ	0900-1730	0900-1300	Closed
Your Local Boots Pharmacy	10a Buckstone Terrace	EH10 6PZ	0900-1800	0900-1700	Closed
Polwarth Pharmacy	10 Polwarth Gardens	EH11 1LW	0900-1800	0900-1300	Closed
Well	4 Stenhouse Cross	EH11 3JY	0900-1730	0900-1300	Closed
Apple Pharmacy	65 Dalry Road	EH11 2BZ	0900-1730	0900-1230	Closed
Omnicare Pharmacy	1 Ardmillan Terrace	EH11 2JN	0900-1800	0900-1230	Closed

Craiglockhart Pharmacy	2 Craiglockhart Road North	EH14 1BU	0900-1800	0900-1300	Closed
Lindsay & Gilmour Pharmacy	107 Slateford Road	EH11 1QY	0900-1730	0900-1300	Closed
Dears Pharmacy & Travel Clinic	7 Oxfangs Broadway	EH13 9LQ	0900-1800	0900-1300	Closed
Ratho Pharmacy	64 North Street, Ratho	EH28 8RR	0900-1730	0900-1230	Closed
Fountainbridge Pharmacy	179 Dundee Street	EH11 1BY	0900-1800	0930-1300	Closed
Lindsay & Gilmour	24 Main Street, Balerno	EH14 7EH	0845-1730	0900-1300	Closed
M&D Green - Mackinnon Pharmacy	291 Calder Road	EH11 4RH	0900-1730	0900-1700	Closed
M&D Green -Calder Pharmacy	18 Calder Park, Sighthill	EH11 4JN	0900-1730	0900-1300	Closed
M&D Green - Shc Pharmacy	Sighthill Health Centre, 380 Calder Road	EH11 4AU	0900-1800	0900-1300	Closed
Wester Hailes Pharmacy	26 Wester Hailes Crescent, Shopping Centre	EH14 2SW	0900-1800	0900-1730	Closed
Currie Pharmacy	162 Lanark Road West, Currie	EH14 5NY	0845-1745	0900-1230	Closed
Sighthill Pharmacy	483a Calder Road, Sighthill Centre	EH11 4AW	0900-1730	0900-1300	Closed
Avante Pharmacy	39 Westfield Road,	EH11 2QW	0900-1800	0900-1700	Closed
City of Edinburgh - North East Edinburgh					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	42 New Kirkgate	EH6 6AA	0900-1800	0900-1730	Closed
Boots UK Ltd	174 Portobello High Street	EH15 1EX	0900-1730	0900-1730	Closed
Lindsay & Gilmour Chemist	11 Elm Row	EH7 4AA	0900-1800	0900-1700	Closed
Lindsay & Gilmour Chemist	257a Leith Walk	EH6 8NY	0900-1800	0900-1730	Closed
Tesco Instore Pharmacy	7 Broughton Road	EH7 4EW	0800-2000	0800-2000	1000-1600
Boots UK Ltd	Unit 1, Edinburgh Fort Retail Park, Newcraighall	EH15 3RH	0900-2030	0900-1800	0930-1800
Your Local Boots Pharmacy	123 Ferry Road	EH6 4ET	0900-1800	0900-1700	Closed
Asda Pharmacy	100 The Jewel, Brunstane	EH15 3AR	0900-1900	0900-1900	1000-1800
Lindsay & Gilmour Chemist	6 Milton Road West	EH15 1LF	0900-1800	0900-1300	Closed
Boots UK Ltd	Unit 22 Ocean Terminal, Ocean Drive, Leith	EH6 6JJ	0900-1800	0900-1800	1000-1800
Well	1 Restalrig Road	EH6 8BB	0900-1730	0930-1230	Closed

Well	100 Craigentenny Road	EH7 6RN	0900-1800	0900-1300	Closed
Well	12a Lochend Road South	EH7 6BP	0900-1730	0900-1300	Closed
Leith Pharmacy	7 Great Junction Street, Leith	EH6 5HX	0900-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	92-96 Easter Road	EH7 5RQ	0900-1800	0900-1300	Closed
Niddrie Mains Pharmacy	96 Niddrie Mains Road	EH16 4DT	0830-1800	0900-1700	Closed
Craigmillar Pharmacy	58-60 Niddrie Mains Road	EH16 4BG	0900-1730	0900-1300	Closed
Lindsay & Gilmour Pharmacy Portobello	330-332 Portobello High Street, Portobello	EH15 2DA	0900-1800	0900-1700	Closed
Wooton Pharmacy	168 Portobello High Street	EH15 1EX	0900-1730	0900-1300	Closed
Clark Chemist	1 Lindsay Road	EH6 4EP	0845-1800	0900-1300	
Lindsay And Gilmour Nuchem Pharmacy	173 PIERSFIELD TERRACE	EH8 7BR	0900-1800	0900-1700	Closed
Crichton Pharmacy	6-7 Crichton Place	EH7 4NZ	0900-1800	0900-1730	Closed
Edinburgh Pharmacy "Foot Of The Walk"	3/5 Duke Street	EH6 6AE	0900-1800	0900-1730	Closed
M&D Green - Parsons Green	29-31 Parsons Green Terrace	EH8 7AF	0900-1800	0900-1300	Closed
City of Edinburgh - North West Edinburgh					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	129 St John's Road	EH12 7SB	0900-1730	0900-1730	Closed
Lindsay & Gilmour Chemist	228-230 Crewe Road North	EH5 2NS	0845-1800	0845-1730	Closed
Boots UK Ltd	Unit 10, Gyle Shopping Centre	EH12 9JR	0900-1900	0900-1800	1000-1800
Your Local Boots Pharmacy	58-60 Main Street, Davidson's Mains	EH4 5AA	0900-1800	0900-1730	Closed
Your Local Boots Pharmacy	151 Comely Bank Road	EH4 1BH	0900-1800	0900-1700	Closed
Lindsay & Gilmour Chemist	22 Hillhouse Road, Blackhall	EH4 2AG	0900-1800	0900-1300	Closed
Rowlands Pharmacy	5-5a Featherhall Avenue	EH12 7TG	0900-1800	0900-1300	Closed
Boots UK Ltd	24 South Groathill Avenue, Craigmile Retail Park	EH4 2LN	0900-2000	0900-1800	1000-1800
Well	38 Main Street, Kirkliston	EH29 9AA	0900-1800	0900-1230	Closed
Well	114-116 Granton Road	EH5 3RE	0900-1730	0900-1300	Closed
Omnicare Pharmacy	38 Duart Crescent	EH4 7JP	0900-1730	0900-1300	Closed

Omnicare Pharmacy Ltd	509 Queensferry Road	EH4 7QD	0900-1800	0900-1300	Closed
Right Medicine Pharmacy	9 - 11 Roseburn Terrace	EH12 5NG	0900-1800	0900-1300	Closed
Barnton Pharmacy	195 Whitehouse Road	EH4 6BU	Mon-Fri (Except Wed) 0900-1745 Wed 0900-1730	0900-1300	Closed
Stockbridge Pharmacy	35-37 North West Circus Place	EH3 6TW	0830-1800	0900-1730	Closed
Dears Pharmacy & Travel Clinic	645 Ferry Road	EH4 2TX	0900-1800	0900-1400	Closed
Corstorphine Pharmacy	159 St John's Road	EH12 7SD	0900-1730	0900-1730	Closed
Le Hartley Chemist	37 South Trinity Road	EH5 3PN	0900-1800	0930-1230	Closed
Goldenacre Pharmacy	5 Montagu Terrace	EH3 5QX	0900-1800	0930-1230	Closed
Carrick Knowe Pharmacy Limited	146-148 Saughton Road North	EH12 7DS	0900-1800	0900-1300	Closed
Queensferry Pharmacy	Unit 33, The Loan, South Queensferry	EH30 9SD	0845-1800	0900-1700	Closed
East Craigs Pharmacy	3 Bughtlin Market	EH12 8XP	0900-1800	0900-1300	Closed
Ferryburn Pharmacy	3 Ferryburn, Roseberry Avenue, South Queensferry	EH30 9QS	0900-1730	0900-1300	Closed
New Town Pharmacy	6 Eyre Place	EH3 5EP	0900-1730	0900-1300	Closed
Murrayfield Pharmacy	115 Corstorphine Road	EH12 5PZ	0900-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	6 Macmillan Square,	EH4 4AB	0900-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	7/9 Deanhaugh Street	EH4 1LU	0900-1800	0900-1700	Closed
East Lothian - East					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	36 High Street, Haddington	EH41 3EE	0900-1800	0900-1730	Closed
Boots UK Ltd	80 High Street, North Berwick	EH39 4HF	0830-1730	0900-1730	Closed
Linton Pharmacy	1 The Square, East Linton	EH40 3AD	0900-1730	0900-1230	Closed
Market Street Pharmacy	22 Market Street, Haddington	EH41 3JE	0900-1730	0900-1300	Closed
Right Medicine Pharmacy	20 High Street, Haddington	EH41 3ES	0900-1730	0900-1730	Closed
Smith's Pharmacy	66 High Street, North Berwick	EH39 4HF	0900-1730	0900-1700	Closed
Gullane Pharmacy	7 Roseberry Place, Gullane	EH31 2AN	0900-1730	0900-1300	Closed

Dunbar Pharmacy	67 High Street, Dunbar	EH42 1EW	0900-1730	0900-1300	Closed
High Street Pharmacy	25 High Street, Dunbar	EH42 1EN	0900-1800	0900-1300	Closed
East Lothian - West					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	164 High Street, Musselburgh	EH21 7DZ	0900-1800	0900-1730	Closed
Well	Ormiston Medical Centre, Tynemount Road, Ormiston	EH35 5AB	0830-1730	0900-1300	Closed
Well	42 Links Road, Port Seton	EH32 0EA	0900-1730	0900-1700	Closed
Well	115 High Street, Tranent	EH33 1LW	0830-1730	0830-1700	Closed
Well	123 North High Street, Musselburgh	EH21 6JE	0830-1730	0900-1700	Closed
Well	176 High Street, Prestonpans	EH32 9AZ	0900-1800	0900-1300	Closed
Prestonlinks Pharmacy	65c High Street, Prestonpans	EH32 9AF	0900-1800	0900-1700	Closed
Bankton Pharmacy	Hawthorn Road, Prestonpans	EH32 9QW	0900-1800	0900-1300	Closed
Longniddry Pharmacy	27 Links Road, Longniddry	EH32 0NH	0900-1730	0900-1230	Closed
Gordons Chemists	105 High Street, Musselburgh	EH21 7DA	0900-1800	0900-1700	Closed
Wallyford Pharmacy	121 Salters Road, Wallyford	EH21 8AQ	0900-1800	0900-1300	Closed
Eskside Dispensing Chemist	165 High Street, Musselburgh	EH21 7DE	0900-1800	0900-1700	Closed
Dears Pharmacy & Travel Clinic	49-51 High Street, Tranent	EH33 1LN	0900-1800	0900-1300	Closed
Midlothian - East					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	17-19 High Street, Dalkeith	EH22 1JB	0845-1745	0900-1730	Closed
Lindsay & Gilmour Chemist	18/20 Woodburn Avenue, Dalkeith	EH22 2BP	0900-1730	0900-1730	Closed
Danderhall Pharmacy	71 Newton Church Road, Danderhall	EH22 1LX	0900-1800	0900-1200	Closed
Right Medicine Pharmacy Pathhead	210 Main Street, Pathhead	EH37 5PP	0900-1800	0900-1300	Closed
Mayfield Pharmacy	2 Bogwood Court, Mayfield, Dalkeith	EH22 5DG	0830-1730	0900-1300	Closed
Newtongrange Pharmacy	123/125 Main Street, Newtongrange	EH22 4PF	0900-1730	0900-1200	Closed
Rowlands Pharmacy	Newbattle Medical Practice, 2 Blackcot Drive, Mayfield, Dalkeith	EH22 4AA	0830-1800	0900-1300	Closed

Gorebridge Pharmacy – Hunterfield	105 Hunterfield Road, Gorebridge	EH23 4TS	Mon - Fri Exc Wed: 0900-1800 Wed 900-1700	0900-1700	Closed
Gorebridge Pharmacy – Main Street	35 Main Street, Gorebridge	EH23 4BX	Mon - Fri Exc Wed: 0900-1800 Wed 900-1730	0900-1300	Closed
Dalkeith Pharmacy	17 Eskdail Court, Dalkeith	EH22 1AG	0830-1800	0900-1700	Closed
Midlothian - West					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Rowlands Pharmacy	48 High Street, Bonnyrigg	EH19 2AB	0900-1800	0900-1700	Closed
Rowlands Pharmacy	27 John Street, Penicuik	EH26 8HN	0900-1800	0900-1700	Closed
Rowlands Pharmacy	22 Edinburgh Road, Penicuik	EH26 8NW	0900-1800	0900-1300	Closed
Rowlands Pharmacy	55 Clerk Street, Loanhead	EH20 9RE	0845-1800	0900-1700	Closed
Roslin Pharmacy	122 Penicuik Road, Roslin	EH25 9NT	0830-1800	0900-1300	Closed
Bonnyrigg Pharmacy	Bonnyrigg Health Centre, 109-111 High Street	EH19 2ET	0830-1800	0900-1200	Closed
Bonnyrigg High Street Pharmacy	32-34 High Street, Bonnyrigg	EH19 2AA	0900-1800	0900-1730	Closed
Penicuik Pharmacy	44a John Street, Penicuik	EH26 8AB	0900-1800	0900-1700	Closed
West Lothian - East					
Pharmacy name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	8/9 Argyle Court Shopping Centre, 114 East Main Street, Broxburn	EH52 5EQ	0900-1730	0900-1730	Closed
Boots UK Ltd	88/89 Almondvale Centre, Almondvale South, Livingston	EH54 6HR	Mon-Fri (Except Thu) 0900-1800 Thu 0900-2000	0900-1800	1000-1800
Lindsay & Gilmour Chemist	173 Main Street, East Calder	EH53 0EW	0900-1800	0900-1700	Closed
Your Local Boots Pharmacy	12 The Mall, Craigshill, Livingston	EH54 5ED	0830-1800	0900-1300	Closed
Boots UK Ltd	72/74 High Street, Linlithgow	EH49 7AQ	0900-1730	0900-1730	Closed
Village Pharmacy	5 Canal Road, Winchburgh	EH52 6FD	0900-1800	0900-1300	Closed
Omnicare Pharmacy	6 Main Street, Deans, Livingston	EH54 8BE	0900-1800	0900-1230	Closed
Morrisons Pharmacy	Dedridge Road North, Livingston	EH54 6DB	0830-1900	0800-1700	1000-1700

Morrisons Pharmacy	Carmondean Centre, Carmondean, Livingston	EH54 8PT	0800-2000	0830-1700	1000-1700
Ladywell Pharmacy	45 Fernbank, Ladywell, Livingston	EH54 6DT	0900-1800	0900-1700	Closed
Omnicare Pharmacy	23-25 West Main Street, Uphall	EH52 5DN	0900-1800	0900-1700	Closed
Kirknewton Pharmacy	24 Main Street, Kirknewton	EH27 8AH	0900-1800	0900-1300	Closed
Healthful Pharmacy Dedridge	157 Nigel Rise, Dedridge, Livingston	EH54 6LX	0830-1800	0830-1230	Closed
Murieston Pharmacy	2a Hamilton Square, Murieston Medical Practice, Livingston	EH54 9JZ	0900-1800	0900-1200	Closed
Rowlands Pharmacy	Howden Health Centre, Howden Road West, Livingston	EH54 6TP	0830-1800	Closed	Closed
Rowlands Pharmacy	Strathbrock Partnership Centre, 189a West Main Street, Broxburn	EH52 5LH	0830-1800	0830-1230	Closed
Omnicare Pharmacy	25 Main Street, Mid Calder	EH53 OAW	0900-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	286 High Street, Linlithgow	EH49 7ER	0830-1800	0900-1700	Closed
West Lothian - West					
Pharmacy name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	26-30 George Street, Bathgate	EH48 1PW	0900-1730	0900-1730	Closed
Well	2a Main Street, Fauldhouse	EH47 9JA	0900-1730	0900-1700	Closed
Lindsay & Gilmour Pharmacy	65 West End, Burngrange	EH55 8EJ	0900-1800	0900-1300	Closed
Your Local Boots Pharmacy	7/9 Sycamore Walk, Blackburn	EH47 7LG	0900-1800	0900-1300	Closed
Your Local Boots Pharmacy	12 West Main Street, Whitburn	EH47 0QZ	0900-1730	0900-1700	Closed
Your Local Boots Pharmacy	Whitburn Health Centre, 1 Weaver's Lane, Whitburn	EH47 0SD	0830-1800	Closed	Closed
Lindsay & Gilmour Pharmacy	34 Main Street, West Calder	EH55 8DR	0900-1800	0900-1700	Closed
Stoneyburn Pharmacy	67 Main Street, Stoneyburn	EH33 2AP	0900-1800	0900-1300	Closed
Well	The Fauldhouse Partnership Centre, Lanrigg Road, Fauldhouse, Bathgate	EH47 9JD	0900-1800	0900-1300	Closed
Polbeth Pharmacy	107-109 Chapelton Drive, Polbeth	EH55 8SQ	0900-1800	0900-1300	Closed
Dunamis Pharmacy	27 Elizabeth Drive, Boghall, Bathgate	EH48 1SJ	0900-1800	0900-1300	Closed
Gordons Chemists	7 North Street, Armadale	EH48 3QB	0900-1800	0900-1700	Closed
Blackburn Pharmacy	2a Sycamore Walk, Blackburn	EH47 7LH	0830-1800	0900-1700	Closed

Blackridge Pharmacy	22 Main Street, Blackridge, Bathgate	EH48 3SA	0900-1800	0900-1300	Closed
Bathgate Pharmacy	25 King Street, Bathgate	EH48 1AZ	0900-1800	0900-1700	Closed
Bathgate Health Centre Pharmacy	Bathgate Primary Care Resource Centre, Whitburn Road, Bathgate	EH48 2SS	0800-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	21-21a West Main Street, Armadale	EH48 3PZ	0900-1800	0900-1300	Closed

11.0 Abbreviations

ADP	Alcohol & Drugs Partnership	MAT	Medication Assisted Treatment
A&E	Accident and Emergency	MCA	Medication Compliance Aid
AMS	Acute Medication Service	MCR	Medication Care and Review
APC	Area Pharmaceutical Committee	NES	NHS Education for Scotland
BBV	Blood Borne Virus	NHS	National Health Service
BC	Bridging Contraception	NRS	National Records of Scotland
CMO	Chief Medical Officer	NVQ	National Vocational Qualification
COPD	Chronic Obstructive Pulmonary Disease	OOH	Out of Hours
CP	Community Pharmacy	OST	Opiate Substitution Therapy
CPL	Community Pharmacy Lothian	PAT	Pharmacy Assist Team (Quit Your Way)
CPO	Chief Pharmaceutical Officer	PCJMG	Primary Care Programme Board / Primary Care Joint Management Group
CPUS	Community Pharmacy Urgent Supply	PCSP	Pharmaceutical Care Services Plan
DAA	Direct Acting Antiviral	PCR	Polymerase Chain Reaction
DPDP	Digital Prescribing and Dispensing Pathways	PGD	Patient Group Direction
DRD	Drug-related Deaths	PHS	Public Health Scotland
ECOSS	Electronic Communication of Surveillance Scotland	PSD	Practitioner Services Department
EHC	Emergency Hormonal Contraception	QI	Quality Improvement
GP	General Practitioner	QWY	Quit Your Way
GPhC	General Pharmaceutical Council	SARCs	Sexual Assault Response Coordination Service
HIS	Health Improvement Scotland	SBoD	Scottish Burden of Disease
HIV	Human Immunodeficiency Virus	SIMD	Scottish Index of Multiple Deprivation
HSCP	Health and Social Care Partnership	SLA	Service Level Agreement
IEP	Injection Equipment Provision	STI	Sexually Transmitted Infection
IJB	Integration Joint Board	UTI	Urinary Tract Infection
LAIB	Long-acting Injectable Buprenorphine	WHO	World Health Organisation
LDP	Local Delivery Plan	WTE	Whole Time Equivalent
LSDF	Lothian Strategic Development Framework		
MAR	Medication Administration Record		