

**DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)**

**ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

<b>Direction:</b> Pharmacy and Prescribing	<b>Direction to:</b> NHS Shetland (NHSS)	<b>Overall Budget allocated by IJB for Direction:</b> £8,584,383
<b>Reference Number:</b> 1.10	<b>Relevant Function(s):</b> Pharmacy and Prescribing	<b>Review Date:</b> March 2026
<b>IJB Report(s) Reference Number:</b> CC-24-25		
<b>Date Direction issued/authorised by IJB:</b> 29 May 2025	<b>Date Direction takes effect:</b> 1 April 2025	<b>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:</b>  Supersedes Direction 1.10 (IJB Report Ref. CC-17-24-F )
<b>Purpose of Direction</b>		
<p>To develop a pharmacy service that enables NHS Shetland to Sustain, Transform, Perform, through a focus on developing people and improving business processes.</p> <p>To provide pharmaceutical services within the hospital including procurement, storage, supply and dispensing of medicines.</p> <p>To support and apply governance around medicines and prescribing both in the hospital and primary care, considering cost, effectiveness, quality, training, safety and clinical input.</p> <p>To ensure appropriate contractual arrangements are in place for the delivery of community pharmacy.</p> <p>To ensure dispensing arrangements are in place where it is not possible to dispense from a community pharmacy.</p> <p>To provide strategic support, operational leadership and direction in the management of prescribing costs and budgets across Shetland.</p> <p>To support ensuring appropriate governance in medicine use and administration in community care and care at home settings in in place.</p> <p>To support a multidisciplinary approach within GP Practices providing pharmaceutical expertise and a pharmacotherapy functions as described in GMS 2018 and as agreed in local delivery plans.</p>		

## Accountability and Governance

The Pharmacy Service provides essential organisational leadership and input to the Area Drug and Therapeutics Committee provides organisational governance around medicines and their use in Shetland and reports into the Clinical Governance Committee through the co-chairs. The Clinical Governance Committee provides governance arrangements for the wider work of the IJB in relation to standards of health and care services provided.

The integrated pharmacy service in Shetland carries out a number of activities which provide assurance around the below directions

- Prescribing report for primary care in Shetland
- Medicines resource use report for all sectors of care
- Antimicrobial reporting and audit and assurance across both acute and primary care
- Audit and review on performance of national therapeutic indicators as applicable in Shetland
- Audit to inform improving cost-effectiveness and quality of prescribing
- We maintain a set of KPI's which assist in governance as outlined in the directions.
  - Cost per patient in Shetland as a percentage of Scottish cost per patient
  - Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland
  - Proportion of medication review completed across Primary Care
  - Number of patients dispensed medicines out of hours by wards staff on Ward 1&3
  - Number of medicines dispensed by ward staff out of hours

## Overarching Directions to Function(s)

- Provide pharmaceutical services

Directions	Outcomes and key actions	Performance Monitoring and Indicators	Challenges & Opportunities – inc. Risks and Finance
The pharmacy service will work as a single service across two teams and traditional boundaries of Localities, Primary, Secondary and Community Care to support the seamless and safe transfer of patients and their medicines between settings.	The overarching outcome is to contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and	KPI's which will assist in performance monitoring are: <ul style="list-style-type: none"> <li>• Number of patients dispensed medicines out of hours by wards staff on Ward 1 &amp; 3</li> </ul>	No significant issues to note.

<p>This will include ensure that access to medicines is appropriate across Shetland and the different models of service delivery including all unscheduled and planned care pathways.</p>	<p>allow people to contribute to society in a positive way through NHS Shetland Strategic Delivery Plan, the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes.</p>	<ul style="list-style-type: none"> <li>• Number of medicines dispensed by ward staff out of hours</li> </ul>	
<p>Continuing to build on 2017 “Achieving Excellence in Pharmaceutical Care” by developing and implementing a workforce plan and planning approach, to describe how a modern pharmacy service can be developed which incorporates the clinical specialisms and technical services and meets the increasing need for pharmacotherapy services. This is further supported by Directors of Pharmacy transforming hospital pharmacy and transforming general practice pharmacy documents.</p>	<p>The pharmacy workforce plan will ensure provision of a balanced workforce able to provide both clinical and technical expertise in medicines and their management and be reactive to the need for specific specialisms as part of the multidisciplinary plan.</p>	<p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> <li>• A pharmacy workforce plan within the NHS Shetland workforce plan</li> </ul>	<p>No significant issues to note.</p>
<p>In carrying out the services covered by this Direction, the Pharmacy service is required to provide safety, clinical effectiveness, and appropriate access checks on medicines prescribed within the hospital environment and will provide clinical as well as technical support to GP practices in Shetland.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Regular attendance on secondary care ward rounds and interaction with the wider multidisciplinary team will provide assurance of safe and appropriate prescribing of medicines within acute care.</li> <li>• The service will demonstrate an increase multidisciplinary working particularly in health</li> </ul>	<p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> <li>• Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland</li> <li>• Proportion of medication reviews completed in primary care</li> <li>• Clinical medicines audit enabled by HEPMA and including antimicrobials</li> </ul>	<p>No significant issues to note.</p>

	<p>centres and care settings as outlined in “Achieving Excellence” and transformation papers.</p> <ul style="list-style-type: none"> <li>• The provision of pharmacist and technician input into each health centres and locality multidisciplinary teams. Further development of specialist pharmacists roles, across all sectors of pharmacy practice as part of the multidisciplinary team, with a focus on conditions requiring medicine interventions.</li> <li>• Development of new ways of working in acute care, implementing ward level technician input and reform of current clinical pharmacist input.</li> </ul>	<ul style="list-style-type: none"> <li>• National Therapeutic Indicator Performance</li> </ul>	
<p>The pharmacy service will work as a single team across traditional boundaries of Regional, Primary, Secondary and Community Care to support the seamless and safe transfer of patients and their medicines between settings.</p>	<p>The overarching outcome is to contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to</p>	<p>KPI’s which will assist in performance monitoring are:</p> <ul style="list-style-type: none"> <li>• Number of patients dispensed medicines out of hours by wards staff on Ward 1&amp;3</li> </ul>	<p>No significant issues to note.</p>

<p>This will include ensuring that access to medicines is appropriate across Shetland and the different models of service delivery including all unscheduled and planned care pathways, as well as developing missingness pathways to tackle structural inequalities.</p>	<p>society in a positive way through Our Ambition 2021-2026, Shetland's Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes.</p>	<ul style="list-style-type: none"> <li>• Number of medicines dispensed by ward staff out of hours</li> </ul>	
<p>In carrying out the services covered by this Direction, the Pharmacy service is required to provide safety and clinical checks on medicines prescribed within the hospital environment and will provide clinical as well as technical support to GP practices in Shetland.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Regular attendance on secondary care ward rounds and interaction with the wider multidisciplinary team will provide assurance of safe and appropriate prescribing of medicines within acute care.</li> <li>• The service will demonstrate an increase multidisciplinary working particularly in health centres and care settings as outlined in "Achieving Excellence".</li> <li>• The provision of pharmacist and technician input into each health centres and locality multidisciplinary teams. Further development of specialist pharmacists roles, across all sectors of pharmacy practice as</li> </ul>	<p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> <li>• Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland</li> <li>• Proportion of medication reviews completed in primary care</li> <li>• Clinical medicines audit enabled by HEPMA and including antimicrobials</li> </ul>	<p>No significant issues to note.</p>

	part of the multidisciplinary team, with a focus on conditions requiring medicine interventions.		
In carrying out the services covered by this Direction, systems and processes need to be fit for purpose. There is a requirement to reduce waste, improve efficiency and demonstrate value.	<p>Delivering priority cost savings projects across many therapeutic areas and medicines supply functions including:</p> <ul style="list-style-type: none"> <li>• Medicines Waste with a local campaign</li> <li>• Homecare medicines</li> <li>• Medicines of Low and Limited Clinical Value</li> <li>• Effective procurement in acute pharmacy services</li> <li>• Polypharmacy &amp; Pharmacist Led Medication Review</li> <li>• Non-medicines prescribable items</li> <li>• Vaccines</li> <li>• Diabetes</li> <li>• Respiratory</li> <li>• Cardiovascular</li> </ul>	<p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> <li>• Cost per patient in Shetland as a percentage of Scottish cost per patient</li> <li>• ScriptSwitch return on investment KPI</li> <li>• Proportion of medication reviews completed in primary care</li> </ul>	<p>On an annual basis we recognise and undertake savings projects in areas of prescribing where savings can be identified. This is under continual review and a core component of the services delivery.</p> <p>Available workforce to implement cash releasing efficiency savings and quality improvement work remains a constraint on opportunity realisation.</p>
The Pharmacy Service will provide information and support to patients and	Patients will have access to pharmacy expertise across	Performance will be monitored through the use of patient	No significant issues to note.

<p>prescribers around medicine use as required.</p>	<p>Shetland through community pharmacy, primary care pharmacy and hospital pharmacy.</p> <p>Patient information leaflets are supplied with every dispensed medicine and patients are able to be counselled on safe and effective use. Verbal information may also be given as appropriate by pharmacists and pharmacy technicians when discussing medicines usage with patients.</p> <p>Where appropriate further written or on-line information will also be supplied.</p> <p>Expertise is available after initial dispensing to support patients through the lifecycle of their medications.</p>	<p>feedback questionnaires with the pharmacy team.</p>	
<p>Carrying out the services covered by this Direction will involve working with North of Scotland Health Boards to maximise the effect of this Direction, avoiding duplication of effort and conflicting strategies.</p> <p>Participate in regional working across the North of Scotland in the areas of –</p> <ul style="list-style-type: none"> <li>• Hospital Electronic Prescribing and Medicines Administration (HEPMA)</li> <li>• Pharmacy staff education and development through Highlands and</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Shetland is committed to realise the benefits of the implementation of HEPMA within Gilbert Bain Hospital (GBH) which was completed in June 2023. Further work is planned to implement a new and improved discharge solution during 2025/26.</li> <li>• We have a regional commitment working as</li> </ul>	<p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> <li>• Implementation of new electronic discharge solution</li> <li>• Improved reporting at patient level for medicines use in hospital</li> <li>• Continued development of staff along the advanced practice</li> </ul>	<p>Finance/Savings:</p> <ul style="list-style-type: none"> <li>• Regional contractual model in place, savings achieved through collaborative procurement.</li> <li>• Ongoing work between the island boards has reduced duplication pooling of ideas, shared delivery of projects,</li> </ul>

<p>Islands collaborative approach through HIPER collaborative</p> <ul style="list-style-type: none"> <li>• Development, shared governance and updating of Patient Group Directions (PGD)</li> <li>• Prescribing Quality and Efficiency projects</li> <li>• Medicines Guidelines and Policies Group</li> <li>• Service delivery and systems improvement i.e. new GPIT, Digital Prescribing and Dispensing Pathways programme, serial prescribing, transition to 56 day prescribing.</li> <li>• Attending regional and partner board clinical leadership meetings i.e. Respiratory MCN, NHS Grampian Primary Care Prescribing Management Group</li> <li>• Working closely across Orkney and Shetland to develop guidelines, policies and procedures</li> </ul>	<p>part of the Highland &amp; Islands Pharmacy Education and Research (HIPER) to promote collaborative delivery of both under and postgraduate training to be across the Highlands and Islands In providing these opportunities it enables us to develop a robust and island centric workforce which will stabilise our workforce enabling people to live and work locally while still being able to access all educational opportunities. It encourages people from outside the area to see the islands as a realistic and exciting place to live and work.</p> <ul style="list-style-type: none"> <li>• By working as part of a North of Scotland group producing and authorising PGD's it reduces duplication and workload across the region and makes it possible to have a more diverse range of PGDs available for staff use making the patient journey more efficient. It allows us to use</li> </ul>	<p>continuum of education and training.</p>	<p>and expertise to develop savings projects appropriate to remote and rural areas.</p> <p>Risks:</p> <ul style="list-style-type: none"> <li>• Workforce capacity</li> <li>• System/professional acceptance of change</li> </ul>
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	<p>expertise which we may not always have in the islands and streamlines the process for all. It provides assurance for us that we are meeting appropriate legislative requirements.</p>		
<p>The Pharmacy Service will lead on governance for medicines prescribed by all clinicians in Shetland including those provided directly to patients by. This will involve the delivery of training, review of prescribing across quality and cost domains, supporting organisational response to incidents and adverse events and developing learning.</p>	<p>Work closely with NHS Grampian to ensure that a regional approach is applied to medicine governance and policy, exploring opportunities for functional integration. NHS Shetland will continue to use the Grampian Formulary.</p>	<p>Locally we have the following committees and groups providing governance around use of medicines –</p> <ul style="list-style-type: none"> <li>• Area Drug and Therapeutics Committee</li> <li>• Antimicrobial Management Team (sub of ADTC)</li> <li>• Non-medical prescribing group (sub of ADTC)</li> <li>• Operational Medicines Governance Group (sub of ADTC)</li> <li>• Medical Gas Committee (sub of ADTC)</li> </ul>	<p>No significant issues to note.</p>
<p>The Pharmacy service will continue to ensure good access to complex treatments and medicines. “Homecare” is an essential function of the acute pharmacy service. The increasing demand and workload associated with a single pharmacy service interacting with varied and highly</p>	<p>To ensure that an appropriate and reliable Homecare service is in place for Shetland patients. The use of homecare has more than doubled over the last 3 years and so an increased staffing resource is required within the pharmacy</p>	<p>The Pharmacy team will review and report on the volume of homecare medicines used, explore redesign of process and pathways to create capacity for a growing patient cohort and seek</p>	<p>Workforce capacity Recruitment Small team fragility Specialist clinic provision reliance on visiting services</p>

<p>transitional medical workforce model for specialities provided by external providers will require ongoing focus and review and need to describe additional investment required to sustain medicines</p>	<p>team to maintain/grow this service.</p> <p>The use of a largely visiting consultant service has increased the complexity around prescribing and monitoring requirements for a group of medicines with significant risks. The pharmacy team are key to maintaining this safely, and will review necessary investment required to sustain a safe delivery model during 2025/26.</p>	<p>investment for ongoing service delivery.</p> <p>The pharmacy team supporting homecare will implement an electronic signature process for prescriptions.</p>	<p>with lack of medical continuity</p> <p>Limited reinvestment opportunity to secure resource from cost efficiency projects from acute medicines.</p>
<p>The Pharmacy Service will be accountable for the safe management of controlled drugs and lead on the delivery of controlled drug monitoring, providing organisational accountability and leadership.</p>	<p>External annual inspection of controlled drug management across all sites annually, provided by NHS Grampian inspectors.</p> <p>Co-chairing of the regional Orkney, Shetland and Grampian Local Intelligence Network.</p> <p>Management of controlled drug incidents across all sectors of care.</p>	<p>Low reported incidence of controlled drug issues.</p> <p>Positive assurance from external inspections on controlled drug management locally (year assurance activity).</p>	<p>The Controlled Drug Accountable Officer for Shetland is legally responsible for the use of controlled drugs in Shetland and delegates operational responsibility within NHS Shetland to the Principal Pharmacist and Lead Pharmacist(s).</p> <p>The inspection process and reporting is undertaken by NHS Grampian Controlled Drugs team and will continue to be undertaken externally. The Director of Pharmacy will develop a Service Level Agreement with NHS</p>

			Grampian to underpin this arrangement.
The Pharmacy Service will work with health centres within Shetland to lead on the management of prescribing related work, developing both the pharmacy service provided and supporting existing staff and process to improve and develop.	<p>Pharmacists and technicians will work with GP practices as appropriate to enable improve the efficiency and safety of the repeat prescription process. This involves:</p> <ul style="list-style-type: none"> <li>• Regular review of medicines usage and associated monitoring of blood tests and other measures to ensure effectiveness of the medicines</li> <li>• Increasing the use of the Community Pharmacy Medicines Care and Review service for provision of serial prescriptions.</li> <li>• Reducing workload volumes by optimising processes (56 day prescribing, serial prescribing, repeat prescribing process improvement)</li> </ul>	Regular audit work on appropriate choice of medicines as per local and national guidelines through delivery of pharmacist led pharmaceutical care.	No significant issues to note.
The pharmacy team will develop Pharmacotherapy further, developing systems and leadership in managing medicine reconciliation and provision of	Pharmacy teams will work with health centres as appropriate to provide:	Achievement of the Primary Care Phased Investment Programme workplan and availability of new staff resource in practice. Improved	Availability of trained workforce to support the programme of change.

<p>support to primary care prescribers and clinicians within Shetland so that safe and effective prescribing can be demonstrated.</p>	<ul style="list-style-type: none"> <li>• Assurance of safe transfer of patients between services by providing a medicines reconciliation service at each transfer and solving medicines related issues.</li> <li>• Polypharmacy and medicines reviews with patients to ensure that they are maintained on medicines that are appropriate and efficacious, in pursuit of best possible outcome and reducing associate risks of potential overuse or inappropriate use of medicines.</li> <li>• Specialist clinics as appropriate to the health centre in agreement with the wider multidisciplinary team.</li> </ul>	<p>practice harmonisation of processes.</p> <p>Successful implementation of non-registrants to support activities and workload shift from registered healthcare professionals.</p>	
<p>Continue to provide essential pharmacy technician led medicines management to provide support for people to manage their own medicines in their home.</p>	<p>Our Pharmacy Technician team will provide assurance of appropriate medicines use across all settings through advice on medicines use, and assessment and advice on medicines management needs of individual clients.</p>	<p>KPIs which will assist in monitoring performance are included against the below direction.</p>	<p>No significant issues to note.</p>

	<p>Patients often have a quantity of medicines at home which they are not using as a result of changes to medication or the medicine no longer being required. This poses a risk of medicines misadventure particularly in an older population and so we plan regular medicines amnesties to help to highlight the risk and collect unwanted medicines safely and securely.</p>		
<p>The Pharmacy team will develop the role of the pharmacy technician across both primary care and hospital pharmacy.</p>	<p>Broadening the scope of technician led activities including;</p> <ul style="list-style-type: none"> <li>• medicines reconciliation</li> <li>• medicines management assessments</li> <li>• prescribing analysis and reporting</li> <li>• audit</li> <li>• patient facing technician input</li> </ul>	<p>Progress will be measured against the level of service, scope and volume of work delivered by the pharmacy technicians.</p>	<p>No significant issues to note.</p>
<p>The Pharmacy team will focus on the development of the Clinical Pharmacist role within planned care across specialist services to improve access to pharmaceutical care and develop the role of the pharmacist within the outpatient setting.</p>		<p>Performance against this direction will be reviewed in the developing role of the clinical pharmacists across services &amp; pathways including:</p> <ul style="list-style-type: none"> <li>• Preassessment medicines care planning</li> </ul>	<p>No significant issues to note.</p>

<p>This will be supported by engagement in further education and training and application of Advanced Core Curricula and Frameworks for Advanced Pharmacy practice.</p>		<ul style="list-style-type: none"> <li>• Specialist diabetes clinic</li> <li>• Dermatology on island provision</li> <li>• Increasing support for rheumatology pathways</li> <li>• Increasing support for mental health clinical pathways</li> </ul> <p>This will also be measured by the number of pharmacists engaging in development pathways and a targeted project on improving access to specialist diabetes treatments for patients not under the care of the specialist service through pharmacist facilitated intervention with a focus on primary care clinician competence outcomes and patient access to high value medicine interventions.</p>	
<p>The pharmacy service will work in partnership with community pharmacy contractors to support the integration of the community pharmacy service within the development of Urgent and Unscheduled Care pathways, through embedding the role of the Community Pharmacist as a Provider of Pharmacy First Plus.</p>		<p>Progress will be assessed by the success of:</p> <ul style="list-style-type: none"> <li>• Creating access to pharmacist independent prescribers in primary care through contractual availability of Pharmacy First Plus and engagement with primary care clinicians</li> </ul>	<p>No significant issues to note.</p>

		<ul style="list-style-type: none"> <li>• Providing essential systems and information to perform an urgent and unscheduled care role safely i.e. Read and Write access to Patient Medical Records</li> <li>• Developing clinical supervision and escalation models to support safe delivery and competence growth i.e. by partnering with the Flow Navigation Centre</li> <li>• Review of activity data from community pharmacy service delivery</li> </ul>	
<p>The pharmacy service will support community pharmacy to explore opportunities to modernise the service and work closely to develop new commissioned services.</p>	<ul style="list-style-type: none"> <li>• Enhanced Medicines Management support</li> <li>• Travel health services</li> <li>• Renewed substance misuse and recovery services to achieve MAT standards</li> </ul>	<p>This direction will be assessed on</p> <ul style="list-style-type: none"> <li>• the opportunity realised through engagement with contractors</li> <li>• successful commissioning of services from the Community Health and Social Care Partnership and NHS Shetland</li> <li>• The use of any new commissioned services by people in Shetland</li> <li>• The experience of service users</li> </ul>	<p>No significant issues to note.</p>

		<ul style="list-style-type: none"> <li>The implementation progress of MAT standards</li> </ul> <p>The performance of this direction is dependent on effective engagement with and from community pharmacy contractors.</p>	
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### Shifting Balance of Care

This Direction links to the following Shifting Balance of Care work streams:

Programme Ref	Description
PJR0001	Primary Care - Redesign - PC Strategy
PJR0002	Primary Care - Redesign - PC Phased Investment Programme
PJR0003	Primary Care - Redesign - Westside Collaboration
PJR0005	Primary Care - Redesign - Shetland Health Intelligence Platform
PJR0017	System Workforce Planning