



# NHS. Scottish. Lothian. Pharmacy

## Single Pharmacy model

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# Objetivo

- Dar a conocer la Política Farmacéutica de Escocia. Orientada hacia el modelo único de Farmacia, en el ámbito territorial de Lothian.
- 2002 – The right medicine. Pharmaceutical Care in Scotland. Bill Scott (Director de Farmacia Gobierno Escocés)
- 2009 – Establishing Effective Therapeutic Partnership. A generic framework to underpin the Chronic Medication Service element of the community pharmacy contract
- 2009 – 2012 – Pharmacy Strategy. NHS Lothian. Pat Murray

# Escocia. Lothian



## Población

- Scotland (5.200.000)
- 14 regiones
- Lothian (846.104)
- West Lothian (173.683)
- Mid Lothian (81.644)
- East Lothian (98.673)
- Edinburgh (492.233)

# Sistema Sanitario Escocés

- Público
  - NHS. Scotland
    - Asistencia Sanitaria gratuita
      - Escoceses
      - Residentes extranjeros > 1 año
    - Cobertura
      - Atención médica (Primaria + Especializada)
      - Medicamentos (100%) (Scottish Medicines Consortium )

# Gasto de medicación. Datos 2011

Almost £1.4 billion was spent by NHS boards on prescription drugs used in hospitals and dispensed in community pharmacies. This amounts to 14.6% of total operating costs and is the equivalent of £264 for every person in Scotland. 2010/11

- Escocia. Recetas facturadas

- Nº recetas 95.404.936
- Importe 1.176.530.000 (pounds)
- 212,7 £ por habitante ( 262,7 euros)
- Lothian 179,69 £ (224,6 euros)



- España. Recetas facturadas

- Nº recetas: 973.211.911 (2011)
- Importe: 11.135.401.976 (euros)
- 236 euros por habitante + % aporta paciente


*“La diferencia está en el ciudadano, nivel de vida, etc...”*

# Agencia Escocesa de Evaluación de Medicamentos

## Scottish Medicines Consortium - SMC

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### Scottish Medicines Consortium



- About SMC
- SMC Advice**
- Submission Process
- Public Involvement
- Scottish Antimicrobial Prescribing Group



### Search SMC

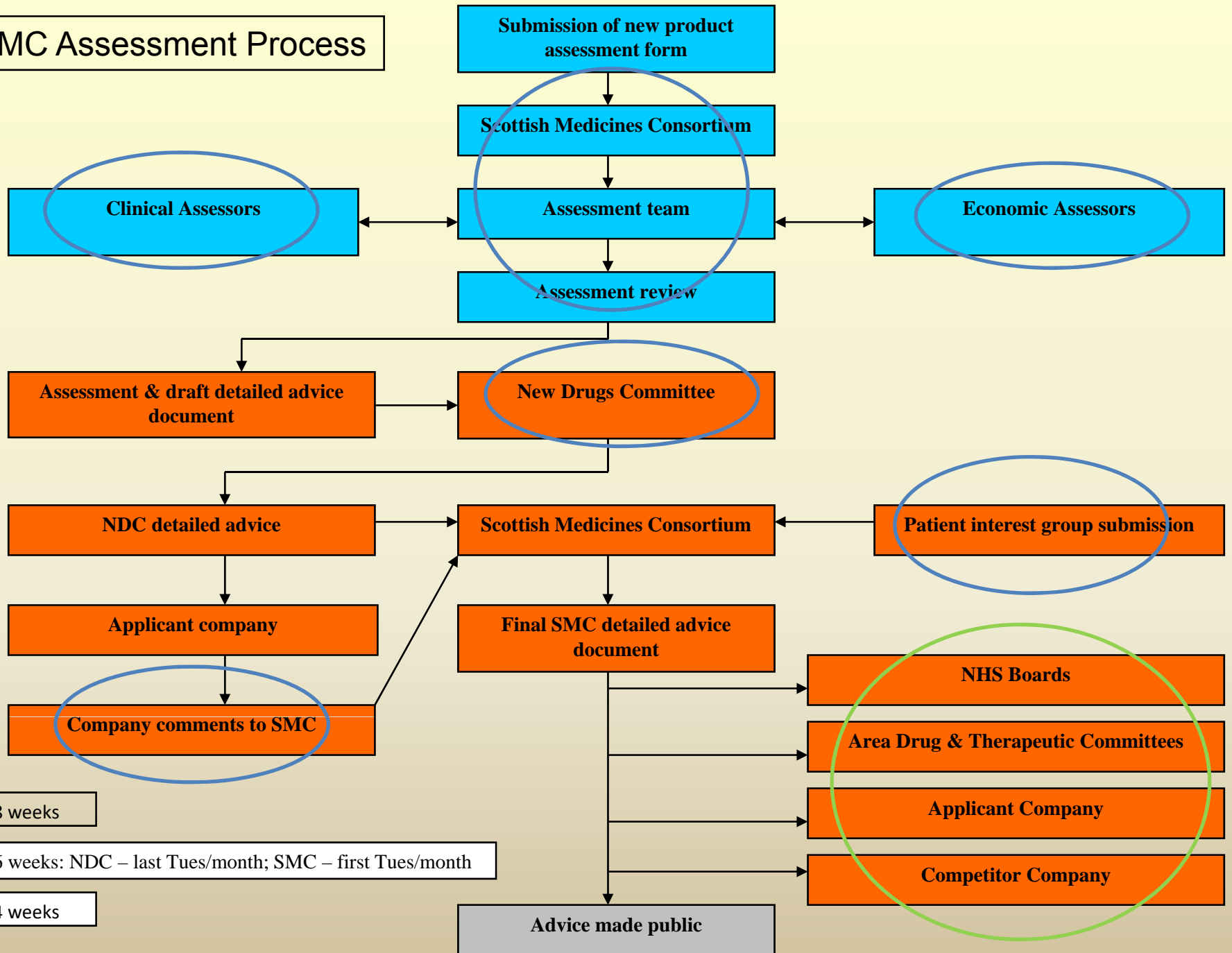
Enter search keyword(s)

### What we do

The remit of the Scottish Medicines Consortium (SMC) is to provide advice to NHS Boards and their Area Drug and Therapeutics Committees (ADTCs) across Scotland about the clinical and cost-effectiveness of all newly licensed medicines, all new formulations of existing medicines and new indications for established products (licensed from January 2002). [Read more on what we do.](#)

- SMC Advice**
- Latest Advice**
  - › colecalciferol (Fultium-D3)
  - › fingolimod (Gilenya)
  - › tegafur/gimeracil/oteracil (Teysono)
  - › tocilizumab (RoActemra)
  - › vemurafenib (Zelboraf)
- Submission Process**
  - Guidelines for Industry**
  - In this section you will find [Guidelines for the Pharmaceutical](#)
- Latest news**
  - › [Release of Clinical Checklist to Industry](#)

# SMC Assessment Process



# 1ª Conclusión

- Se dispone de una Agencia de Evaluación Única (SMC) con recomendaciones específicas, y ampliamente consensuadas. Orientadas al financiamiento y uso del medicamento en Escocia.



# Modelo único de Farmacia Single Pharmacy



Atención Especializada  
WGH-RIE-RHSC-REAS-SJH



Atención Primaria



Áreas de soporte

# Dirección única. Organización

## NHS – Lothian Pharmacy

Atención Especializada  
WGH-RIE-RHSC-REAS-SJH

Atención Primaria

Areas de soporte

Atención  
Farmacéutica

CHCP -CHC  
PCP - PSP

Utilización de medicamentos

Atención Farmacéutica  
Pacientes externos

Formación, Docencia,  
investigación y desarrollo

Atención domiciliaria  
Hospitales Comunitarios

Información de medicamentos  
Farmacovigilancia

Distribución &  
dispensación



Calidad / Seguridad

Unidad de preparación

Farmacia Comunitaria

Preparaciones FM - Dundee

Radio- Farmacia

Adquisición, almacenamiento y  
distribución (en estudio)

# NHS Lothian Pharmacy. Recursos Humanos

	Camas	Far	Técnicos	Aux Tec	Admin	Total
<b>Royal Infirmary Hospital</b>	900	48	28	17	10	<b>103</b>
<b>Western General Hospital</b>	756	41	39	14	4	<b>98</b>
<b>Royal Edinburgh Hospital and associated services</b>	395	56	29	14	8	<b>107</b>
<b>Royal Hospital for Sick Children</b>	120	10	11	2	1	<b>24</b>
<b>St Johns Hospital</b>	400	21	21	8	4	<b>54</b>
<b>Overall</b>	<b>2.571</b>	<b>176</b>	<b>128</b>	<b>55</b>	<b>27</b>	<b>386</b>

176 Farmacéuticos (Especializada + Primaria + Soporte)

Ratio 20,7 Farmacéuticos / 100.000 Habitantes

**1 Farmacéutico / 5.000 habitantes**

22 Técnicos

180 Oficinas de Farmacia

Ratio 21,1 OF / 100.000 Habitantes

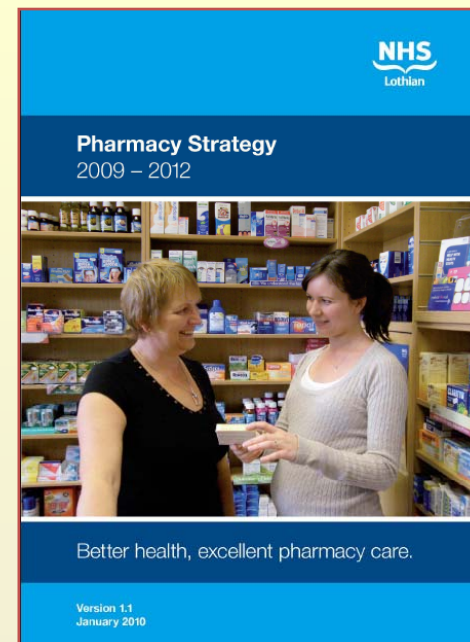
# Plan estratégico 2009/12

- **Paciente**. Patients will be at the heart of everything we do. We believe that patients deserve access to the best pharmacy service wherever and whenever they present
- **Seguridad**. We will ensure that patient safety is at the centre of pharmacy services wherever they are delivered
- **Eficiencia**. We will use skills and resources effectively to provide value for money and improve patient care
- **Equipo de Farmacia**. We will establish a workforce plan that is flexible and responsive to the changing healthcare needs of the NHS in Scotland
- **Innovación**. We will develop a culture that values and supports innovation

Documento 48 páginas

Resumen > 60 acciones

En proceso de revisión



## **Consenso**

Farmacéuticos Hospital  
Farmacéuticos Primaria  
Farmacéuticos Oficina F  
Gestores NHS  
Médicos A. Primaria  
Médicos Especialistas  
Grupos de pacientes  
Gobierno  
.../...

# Iniciativas de una de las líneas

## 1. PATIENT EXPERIENCE

**Patients will be at the heart of everything we do. We believe that patients deserve access to the best pharmacy service wherever and whenever they present.**

### **Strategic intents**

#### **Over the next three years we will:**

- 1.1 Ensure that throughout the delivery of their care, the patient will have access to the right medicines and pharmaceutical care, at the best time and in the best place for them.
- 1.2 Ensure that patient safety is at the heart of practice to guarantee the highest possible standard of care.
- 1.3 Improve patient and public understanding of pharmacy and how it benefits their lives.
- 1.4 Contribute to the development of the knowledgeable patient, improving the provision and understanding of information about their medicines in a language and medium that is appropriate for them.

### **TO ACHIEVE THIS**

Patients will be at the centre of any redesign of pharmacy services to help support a continuous improvement in patient-focused care.

# Plan de desarrollo

## Delivery Plan

### Theme 1 Patient Experience

#### Statement of Intent

1.2 Ensure that patient safety is at the heart of practice to guarantee the highest possible standard of care.

How will we get there?	Measure of Progress and Success	By When	Who
<p>Need to further develop current policies and systems for medicines reconciliation in Lothian and nationally in line with Scottish Patient Safety Programme (SPSP) recommendations</p> <ul style="list-style-type: none"> <li>• Share learning regarding medication-related incidents</li> <li>• Engage where necessary with the SPSP</li> <li>• Scope out current input and highlight areas for future input into multidisciplinary undergraduate training on prescribing</li> <li>• Co-ordinated approach to pharmacist prescribing</li> </ul>	<p>To ensure good practice is implemented and spread throughout NHS Lothian.</p> <p>System in place for central review and dissemination of learning points from medication related incidents</p> <p>Pharmacy has representation on all relevant strands of work</p> <p>Current input is clarified and recorded and potential future developments for input into multidisciplinary training are recognised and highlighted</p> <p>Pharmacy prescribing strategy in place and communicated to staff</p>	<p>April 2010</p> <p>December 2009</p> <p>December 2009</p> <p>October 2010</p> <p>April 2010</p>	<p>Director of Pharmacy / Pharmacy Senior Management Team / Pharmacy Operations Group</p> <p>Quality Improvement Teams</p> <p>Pharmacy Quality Improvement Team</p> <p>Education, Research and Development Team</p> <p>NES specialist pharmacist / Associate Director for Contracted Community Pharmacy Services and Community Healthcare Partnership Development</p>



# Plan estratégico

NHS – Lothian Pharmacy

Royal Pharmaceutical  
Society. Scotland

Community Pharmacy  
Scotland

NHS Education Scotland

University



Scottish Parliament

Scottish Government. Health Department

NHS – Scotland

NHS – Lothian

Medical Association . GP's

- Todas las sociedades, organismos, colectivos, instituciones, ...transmiten la misma idea
- Mensaje consensuado
- Liderazgo claro y único.
- Mayor fuerza y respeto

## 2ª Conclusiones

- Existen alianzas entre hospitales y atención primaria
- Optimización de recursos al compartir áreas de soporte
- Establecimiento de estrategias comunes
- Modelo único de Farmacia concepto territorial
- Amplio consenso entre las partes y ámbitos.  
Plan estratégico.



# Política en el uso del medicamento

Scottish Medicines Consortium (Scotland) (Agencia Evaluación)



**Medicines Management Team** (Lothian)  
Lothian Joint Formulary ( Guía Farmacoterapéutica)

Atención Especializada

Atención Primaria

Farmacia Comunitaria

- Drug Formulary . First & second Choice
- Bulletins
- Share protocols. Secondary + Primary Care
- Drug use Guidelines
- Indicators Primary Care
- Web Page / Internet / Intranet
- .../...



- Formulary Committee
- General Practice Prescribing Committee
- Prescriber Forum
- Primary Care Joint Management Group
- Drug & Therapeutics Committees
- Prescribing Indicators & Med 6 visits
- .../...

Keep up to date with  
prescribing...



Use the Lothian Joint Formulary.



guidance, choices, evolving,  
dynamic, cost effective...

- [Shared Care Protocols](#)
- [New Drug Decisions](#)
- [eLJF Vision](#)
- [About Our Team](#)

The NHS Lothian Joint Formulary provides drug prescribing guidance on first and second choice drugs for all general practice and hospitals in Lothian.

Recognising the importance of up to date information this dynamic web site is constantly evolving and is updated regularly.

It contains prescribing notes with key messages on best practice and provides guidance on appropriate and cost-effective prescribing.

### Latest News

- [New arrangements for the supply of domiciliary oxygen therapy](#)
- [Citalopram and escitalopram - new safety advice](#)
- [HIS consensus statement](#)

### Latest Prescribing Bulletin

#### LPB Issue No 55

- [Supplement to LPB Issue No 55](#)
- [Prescribing Indicators Supplement LPB Issue 55](#)

[Contents of all issues to date](#)

### Recent Updates

[Abbreviated List](#)

[3.4 Antihistamines](#)

[4.7 Analgesics](#)

[2.3 Antidepressants](#)

## Lothian Joint Formularies - Adult

### 5.0 Infections

[\(a\) Gastro-intestinal](#)[\(b\) Respiratory](#)[\(c\) Urinary tract](#)[\(d\) Genital system](#)[\(e\) Wound and skin infections](#)[\(f\) Ulcers and osteomyelitis](#)[\(g\) MRSA](#)[\(h\) ENT](#)[\(i\) Dental infections](#)[\(j\) Eyes](#)[\(k\) Central nervous system](#)[\(l\) Cardiovascular system](#)

You are in: [Home](#) > [Lothian Joint Formularies](#) > [Adult](#) > [5.0 Infections](#) > [\(c\) Urinary tract](#)

### (c) Urinary tract

#### *UTI in women and men*

**First Choice:**

**trimethoprim** 200mg twice daily  
(women 3 days, men 7 days treatment)

**Second Choice:**

**nitrofurantoin** 50mg four times daily  
(women 3 days, men 7 days treatment)

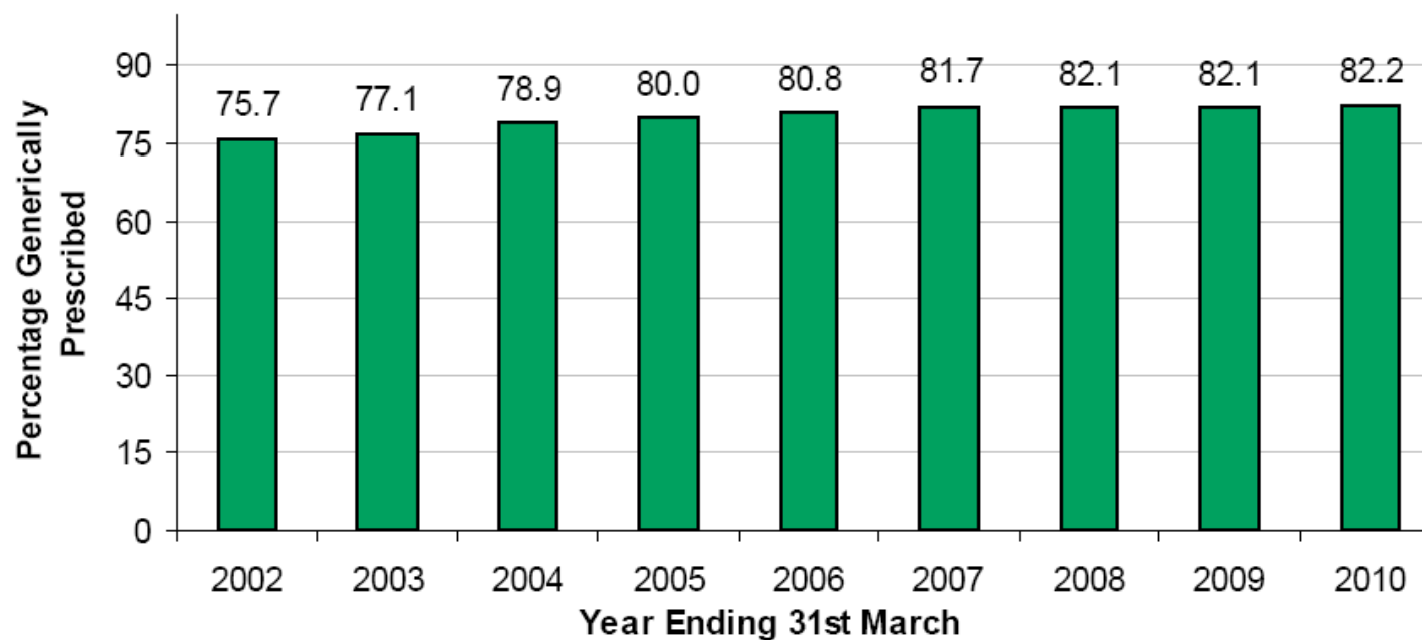
#### *Pyelonephritis*

**First Choice:**

**co-amoxiclav** 625mg 3 times daily for 14 days  
or **ciprofloxacin** 500mg twice daily for 7 days

# Prescripción de medicamentos genéricos

Figure 3 – Generic prescribing rates – NHS Scotland, 2001/02 – 2009/10



Source: Prescribing Information System, ISD Scotland

## 3ª Conclusiones

- Formulario regional único
- Basado en criterios de evidencia científica
- Amplio consenso entre profesionales
- Criterios de prescripción por niveles o ámbitos
- Selección de los Medicamentos de 1ª elección
- Elemento clave para alcanzar un alto nivel de eficiencia en el uso de los medicamentos

# Farmacia de Hospital

- Política conjunta & Farmacias Hospital (WGH-RIE-RHSC-REAS-SJH)
- Farmacéuticos Clínicos (Atención Farmacéutica), integrados, aceptados, reconocidos,...
  - Salud Mental
  - Oncología / Hematología
  - Pediatría
  - Antibioticoterapia
  - UCIS; Trasplante
  - Especialidades Medicas; Especialidades quirúrgicas, etc .../...
  - Consulta de Diabetes “Cardiovascular Risk Reduction”
  - Atención Primaria
- Distribución & Dispensación de medicamentos
  - Prepack
  - Sistema personalizado de dispensación
- Unidad de mezclas endovenosas

# Farmacéutico Clínico. Atención Farmacéutica

- Paciente ingresado
  - Priority 1: Farmacéuticos expertos: Oncología / Hematología / Salud Mental / Intensivos / Trasplantes / Pediatría.  
*“Code 1”. Revisión diaria*
  - Priority 2:
    - Especialidades médicas; Medicina interna; Cardiología ; Neurología; Gastroenterología; Endocrino ; Neumología, geriatría, Urgencias,...
    - Especialidades quirúrgicas; Traumatología; Cirugía Digestiva; Urología; ...
  - “Code” dependiendo de la situación del paciente, enfermedad o fármaco.  
(1,2,3)
- Farmacéutico Prescriptor
- Alta Hospitalaria.
  - Conciliación del tratamiento. Servicios en función del “Grado de dependencia”
- Pacientes ambulatorios / externos (Pharmaceutical Care)
  - Consulta externa Diabetes; HIV Pacientes; Hospital de día
  - Residencias y sociosanitarios

## Atención Primaria

- Farmacéutico de Atención Primaria (PCP; PSP)
  - Integrados en los equipos de atención primaria
  - Revisión de tratamientos
  - Medidas de eficiencia
    - Polimedcados
    - Objetivos Nacionales
    - Medicamentos y edad
    - “Waste initiative”
    - Desprescripción
    - Otras iniciativas. Genéricos, intercambio terapéutico, ...
  - Seguimiento cumplimiento “Guía Farmacoterapéutica”
  - “Shared care” protocols
- Soporte del Auxiliar técnico en Farmacia

17 Farmacéuticos  
3 Aux. Técnicos



# Share Care Protocols

## SHARED CARE PROTOCOL



### Aripiprazole

*clinical indication:* **Schizophrenia**

**Version 2: May 2010**

*due for review:* **May 2012**

#### Introduction

Clinical studies indicate that second generation "atypical" antipsychotics are

as effective as first generation antipsychotics in the treatment of positive symptoms. They have fewer side effects, including fewer weight gain effects. The use of these drugs is appropriate for patients who are intolerant of first generation antipsychotics and who have increased weight. NHS Quality Standard (NHS QS) requires the use of these drugs if they

decline to prescribe. This leaflet provides information on **aripiprazole** treatment guidelines for the shared commitment

Shared Care Protocol and information for GPs – *Aripiprazole* for treatment *schizophrenia*

#### Shared Care Responsibilities

##### Aspects of Care for which the Consultant is responsible

- To assess the patient, establish the diagnosis and determine a care plan
- To initiate therapy, arrange prescription and evaluate over the first 6 weeks
- To continue to arrange prescription until the patient's condition is stable
- To review the patient and treatment at least once a year
- To ensure the patient is fully informed about their treatment
- To notify any changes in care plan

##### Aspects of Care for which the General Practitioner is responsible

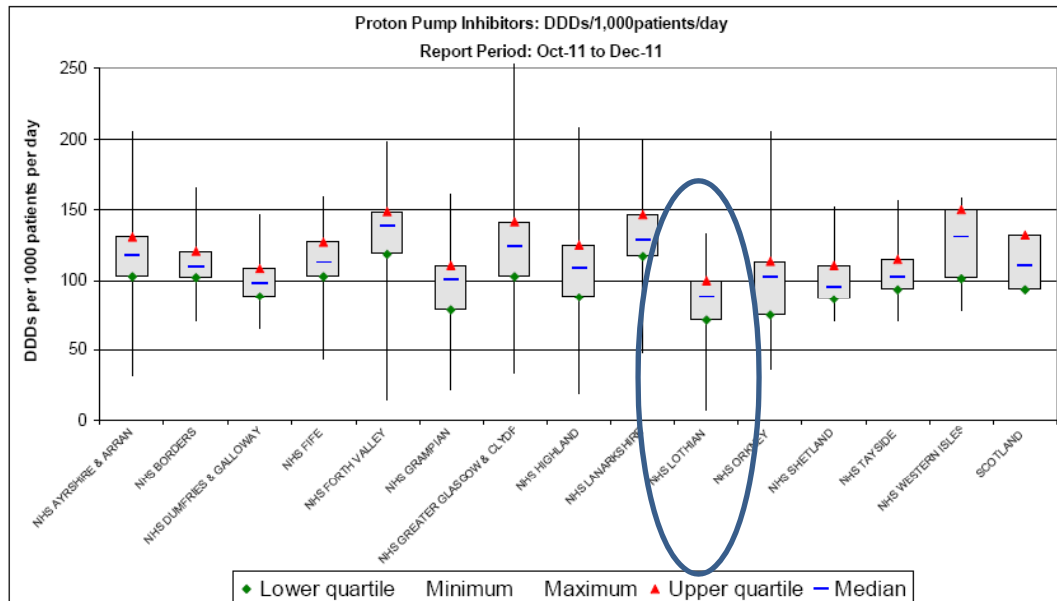
- To continue with prescribing once the patient's condition is stable
- To review the patient in accordance with agreed care plan
- To request earlier specialist review or seek specialist advice when necessary
- To notify psychiatrist of any relevant changes in other medications

# Indicadores terapéuticos

### 1a. Proton Pump Inhibitors: DDDs per 1,000 patients per day.

This indicator measures the volume of proton pump inhibitor (PPI) prescribing. The quantity and strength of each drug preparation is used to calculate a standard measure of volume using the WHO defined daily dose (DDD). The sum of DDDs for all the medicines within the class is calculated. The total DDDs is then normalised to allow comparison between practices using their registered populations. A further level of normalisation is applied which calculates a standard time period.

**Lower use of Proton Pump Inhibitors is the desirable therapeutic aim.**



### BNF SECTION: 2.5.5.1 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEIS)

The Lothian Joint Formulary recommendations:

Hypertension:

First choice: lisinopril

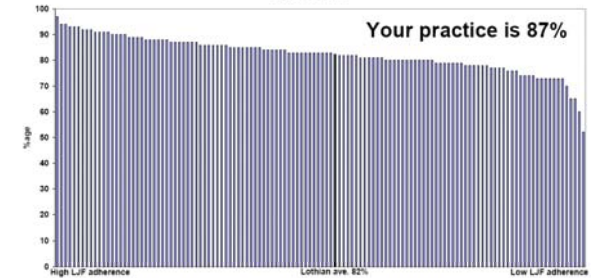
Heart failure and prophylaxis of cardiovascular events:

First choice: lisinopril or ramipril

#### LJF Prescribing notes

- Refer to the Lothian Hypertension Guidelines.
- For heart failure the dose of the ACE inhibitor should be titrated to a 'target' dose (or to the maximum tolerated dose if lower). See BNF.
- Ramipril should be prescribed as a once daily dose. Patients who have been initiated on twice daily dosing should be switched to an equivalent once daily dose.
- In patients who are intolerant of ACE inhibitors, an angiotensin-II receptor antagonist may be considered as an alternative (see section 2.5.5.2).
- Urea and electrolytes should be checked within 2 weeks of commencing therapy and after any change in dose.

LJF ACEIs as a percentage of all ACEIs (not including ARAs) items prescribed / Each practice in Lothian / Oct-Dec 2011 data



# Auxiliar Técnico en Farmacia

- Necesita licencia especial (General Pharmaceutical Council)
- Niveles
  - Principal Technician (Coordinador)
  - Band 5 (Actividades clínicas, actividades de validación)
  - Band 4 (TPN, Quimioterapia, Dispensación)
  - Band 2 (Ayudante del Técnico)
- Actividades
  - Compras / Adquisición
  - Distribución
  - Dispensación
  - Unidad de preparación (laboratorio)
  - Conciliación de tratamiento habitual
  - Dispensación de medicamentos al alta

Validación Farmacéutico

## Oficina de Farmacia – Farmacia Comunitaria

- Dispensación de medicamentos (v)
- Programa de Atención Farmacéutica
  - Tratamiento de Síntomas menores (MAS) (v)
  - Pacientes en tratamiento crónico (CMS) !!
  - Phar – More pilot project (v)
- Programas de Salud pública
  - Deshabituación tabáquica (v)
  - Contracepción (v)
  - Tratamientos paliativos (v)
  - Metadona (v)
  - Programa de intercambio de jeringas (v)
- Campañas, vacunas, malaria, ...

### Programas Financiados (v)

Precios de referencia

Contratos por dispensación  
Contratos por servicio AF  
Contratos por servicio SP

“No new money”

# Síntomas menores



the new **NHS** minor  
ailment service at  
your community  
pharmacy

## Minor Ailment Service - Remuneration

Payment for the Minor Ailment Service is made on a capitation basis calculated on the number of registrations held within the Central Patient Registration System the calculation is carried out on the last day of each month.

Band	Number of Registrations	Annual Payment	Monthly Payment
1	1-250	£7,300.92	£608.41
2	251-500	£9,253.92	£771.16
3	501-750	£11,208	£934.00
4	751-1000	£13,218	£1,101.50
5	1001-1250	£15,228	£1,269.00
6	>1250	£15,228 +£8.04 per patient above the threshold	£1,269.00 + £0.67 per patient above the threshold

## WHAT DOES THE SERVICE OFFER?

- You will be able to get advice and free treatment from your community pharmacist for minor illnesses and ailments such as:

acne	headache
athlete's foot	head lice
back ache	indigestion
cold sores	mouth ulcers
constipation	nasal congestion
cough	pain
diarrhoea	period pain
ear ache	thrush
eczema and allergies	sore throat
haemorrhoids (piles)	threadworms
hay fever	warts and verrucae

- If your pharmacist feels that it is better for you to see your GP then they may refer you directly or tell you to make an appointment with your GP.

# Tratamiento de síntomas menores

## Lothian Joint Formularies - Minor Ailments

### Minor Ailments

#### Gastrointestinal

#### Oropharynx

#### Respiratory & Nasal

▶ (a) Hay fever/rhinitis

▶ (b) Cough/ nasal congestion

#### Central Nervous System

#### Infection

#### Skin

#### Eyes

#### Ear

#### Pregnancy

You are in: [Home](#) > [Lothian Joint Formularies](#) > [Minor Ailments](#) > [Respiratory & Nasal](#) > (b) Cough/ nasal congestion

## Respiratory & Nasal

### (b) Cough/nasal congestion

#### ADULT AND CHILD

##### *Cough suppressants -*

**First Choice:**

no treatment

##### *Expectorants and demulcents -*

**First Choice:**

no treatment

**Second Choice:**

simple linctus, BP or simple linctus, Paediatric, BP

##### *Topical nasal decongestant -*

**First Choice:**

sodium chloride 0.9% nasal drops

**Second Choice:**

ephedrine nasal drops NB: not under 6 years

##### *Systemic nasal decongestant -*

## Pacientes en tratamiento crónico (CMS)



### The NHS Chronic Medication Service – a new service for people with a long-term condition

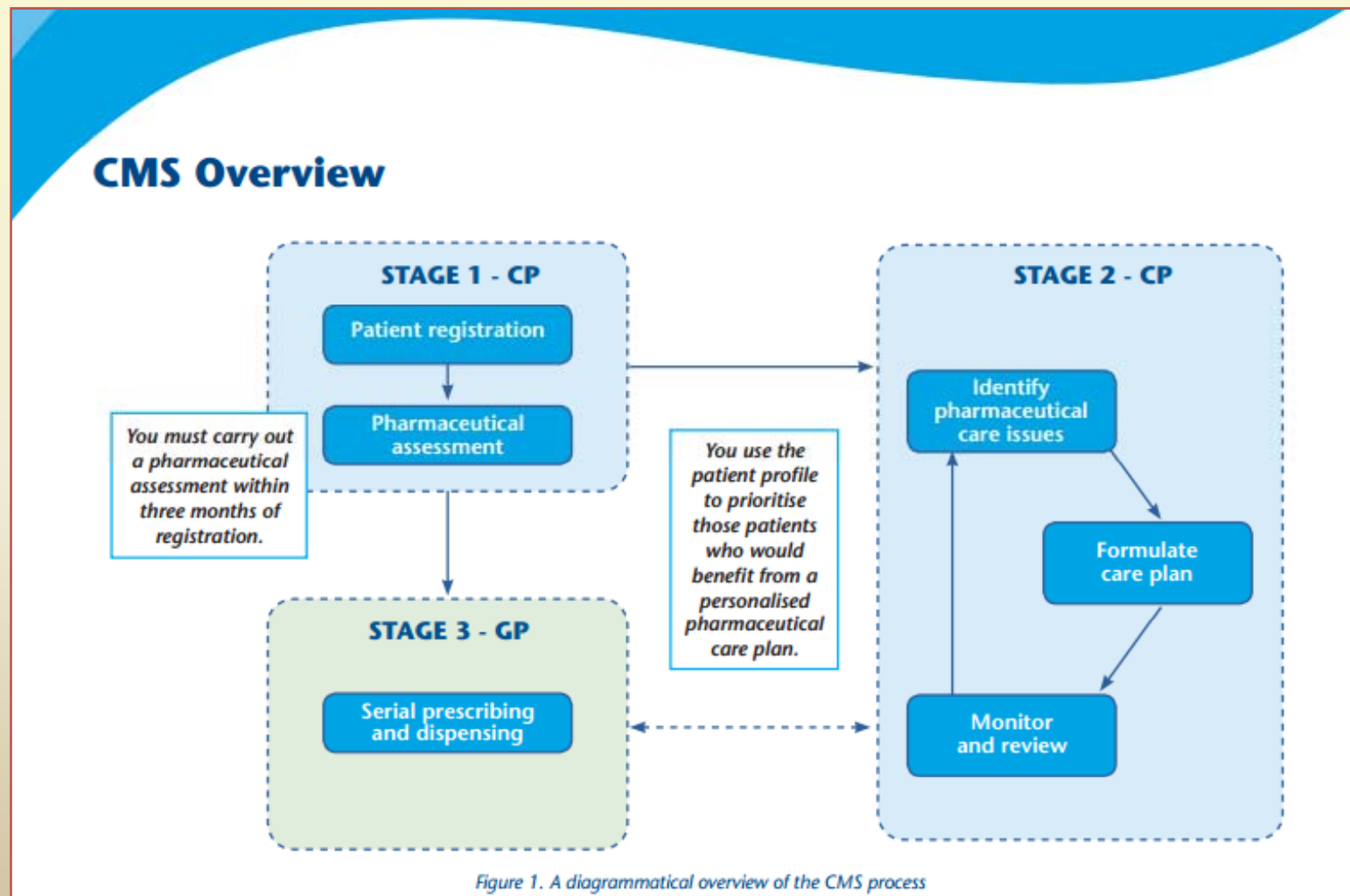
The Chronic Medication Service is an NHS service for patients with a long-term condition to help patients get the best results from their medicines.

- Modelo que promueve el cuidado integral de pacientes con enfermedades crónicas
- Favorece la colaboración entre los distintos profesionales y evitar duplicidades
- Mejora de la eficiencia en el transmisión de datos entre ámbitos

Fase muy inicial, período de transición, pruebas  
No tienen conexión informática “on line” con los Centros de Primaria  
De momento “No esta financiado”

CMS : Consta de tres etapas.

1. Registro en la base de datos
2. Diseño del plan y seguimiento terapéutico
3. Generación de recetas





## Establishing Effective Therapeutic Partnerships

A generic framework to underpin the Chronic Medication Service element of the community pharmacy contract

A Report for the Chief Pharmaceutical Officer

# CMS - 2009

## COMMUNITY PHARMACY

### STAGE 1: PATIENT REGISTRATION

- A patient with a long term condition/s registers with the community pharmacy of their choice
- A patient must be registered with a GP practice in Scotland
- A patient can only register with one pharmacy
- An electronic message is sent to the GP practice

### STAGE 2: PHARMACEUTICAL CARE PLANNING

- The pharmacist identifies and prioritises patients with unmet pharmaceutical care needs
- The patient and pharmacist discuss and assess the patient's condition/s, medicine/s and general health
- The patient and pharmacist identify any issues/ problems and agree any actions to address them
- The agreed actions are documented in a pharmaceutical care plan
- The care plan is periodically monitored and reviewed

### STAGE 3: SHARED CARE

- The patient's GP decides on their suitability for a serial prescription for up to 48 weeks
- The pharmacist cares for the patient over the time period according to national, evidence-based clinical protocols supported by the care plan
- Relevant information is shared between the GP and pharmacist with informed patient consent
- The GP carries out the QOF medication review at the end of the duration of the serial prescription

## GENERAL PRACTICE

### STAGE 1: PATIENT REGISTRATION NOTIFICATION

- Patient registers with a community pharmacy for CMS
- An electronic registration notification message is sent to the GP practice
- GP IT systems flags a patient CMS registered
- GP can issue a serial prescription for the patient

### STAGE 2: SERIAL PRESCRIPTION

- GP generates serial prescription (up to 48 weeks)
- Pharmacist dispenses serial prescription over the time period supported by national, evidence-based clinical protocols
- Dispensing information is sent electronically to the GP practice
- Pharmacist sends an electronic end of care treatment summary, including a request for a new serial prescription/s
- This triggers the annual QOF medication review

### STAGE 3: QOF MEDICATION REVIEW

- The dispensing and end of care period treatment information summary is available in the GP IT system
- The GP undertakes a medication review using information provided in the end of care treatment summary
- The GP produces the next serial prescription
- Any relevant information is updated on the GP IT system

# Formación Continuada

**NHS Education for Scotland**  
Quality Education for a Healthier Scotland



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## PHARMACY

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### Pharmacy

- › [About NES Pharmacy](#)
- › [Pre - Registration Pharmacist Scheme](#)
- › [Registered Pharmacists](#)
  - › [Portal for course booking, ordering a package, MCQs](#)
  - › [Educational Resources](#)
  - › [AMS,CMS,MAS,PHS](#)
  - › [CPD - Audit, SEA](#)

### Pharmacist

**NES Pharmacy support pharmacists within their training and are registered**

#### How NES Pharmacy support

In 2010, NES Pharmacy appointed pharmacists in the assigned 3 regions in Scotland.

The PECs support pharmacists in the implementation of their training.

**NHS**  
Education for Scotland  
Pharmacy

### Chronic Medication Services Implementation Pack



# Sistema Personalizado de Dispensación (SPD)

## 4ª Conclusiones

- Alto nivel de implicación de los farmacéuticos en el diseño y seguimiento del plan farmacoterapéutico
- Atención Farmacéutica continuada (transversal) centrada en el paciente
- Incorporación del Farmacéutico de Oficina de Farmacia en el equipo asistencial
- Incorporación de Auxiliares Técnicos en Farmacia en actividades asistenciales

# Clinical & Pharmaceutical Services Care Plan

Secondary Care Pharmacist

Primary Care Pharmacist

Community Pharmacy

Patients on chemotherapy

Life expectancy patients - Drug treatment review

Chronic patients – Acute - Virtual Wards – well controlled

Chronic patients – Acute - Virtual Wards - uncontrolled

Elderly patients - Drug treatment review

Equivalent JFL

Generics

CMS -

Minor Ailments

Health Public - Pro

# Docencia y formación continuada

**NHS Education for Scotland**  
Quality Education for a Healthier Scotland



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## EDUCATION AND TRAINING



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**NES offers a wide range of education and training support for both clinical and non-clinical staff in NHSScotland.**

Formats are wide ranging and include training courses and programmes, e-learning, workbooks, publications and blended learning. The links on this page will take you to support for individual staff groups as well as multi-disciplinary education based on themes and specific initiatives as well as vocational training opportunities.

### By discipline

- > [Administrative services](#)
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### By theme / initiative

- > [Child Health](#)
- > [Health and Social Care](#)
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- > [Maternity Care](#)
- > [Mental health and learning disabilities](#)
- > [Patient Safety and Clinical Skills](#)
- > [Prescribing and Patient Group Direction](#)
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# Docencia, investigación y desarrollo

Pharmacy education, research and development. Lothian

Universidades  
Glasgow & Aberdeen

NHS Education Scotland  
Glasgow

Staff de Farmacia. Lothian

Investigación

Universidad. Estudiantes. Internacional acuerdos

Staff de Farmacia

Comunicaciones; posters, artículos,...  
Educación Procedimientos; Kits,....  
Máster; Tesis Doctorales ,....  
Plan individual de formación,....

Visibilidad: (Regional, Nacional, Internacional)  
Metodología; Evidencia y Cultura,...

# Comunicación, difusión, transparencia,...

## Is it up to date?

Yes. Its contents are regularly reviewed to ensure that it is up to date.

## What about new medicines?

New medicines will be included if they represent an advance over current medicines.

## What if I am allergic to a medicine recommended in the Formulary or if I have had a medicine before and it doesn't suit me?

The Lothian Joint Formulary will include most of the medicines your doctor might need to prescribe in most situations. Not all medicines suit all patients and there will be times when doctors will need to use medicines that are not in the Lothian Joint Formulary.

## Is this happening only in Lothian?

No. Other regions in Scotland use formularies as well as many other countries throughout the world.

## Can I find out more about the Lothian Joint Formulary?

Yes

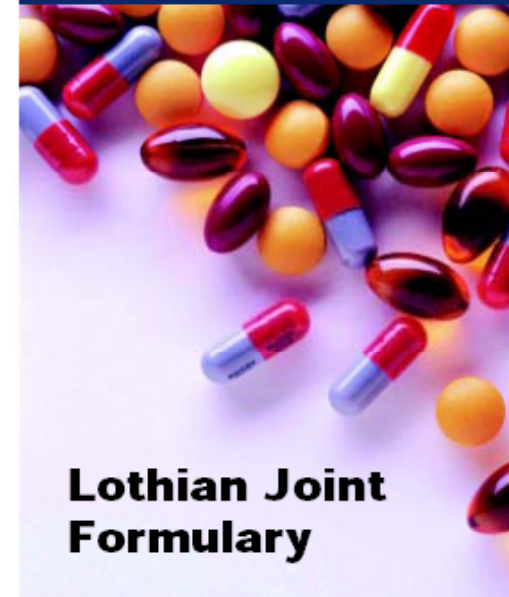
You can view the latest version on the internet. Visit at [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)

Produced by the Lothian Joint Formulary Implementation Working Group  
(Version 2 - June 2005)

Designed by Lothian Health Promotion Services



## The Right Medicine for You



## Lothian Joint Formulary

an information leaflet for patients



# Últimas Conclusiones

- Nuestro futuro está:
- En las alianzas, fusiones, compartiendo servicios, áreas, equipos e instalaciones.
- Diseñar y consensuar Planes Estratégicos en clave territorial.
- La Atención Farmacéutica continuada y centrada en el paciente, es nuestro valor.