



How to expand services in
Scotland despite funding pressures.



Centred Solutions™

Contents

Introduction	Page 3
Beat the odds	Page 4
The calculations for NHS services	Page 5
The calculations for private services	Page 6
The perfect formula for automation	Page 7



Introduction

Scotland has been a trailblazer in expanding access to NHS healthcare services through the community pharmacy network.

Way back in 2006 Scotland moved to a new pharmacy contract which moved away from payment by prescription volume for the first time and included a national minor ailment scheme. More recently the Pharmacy First scheme was launched and it is now an exemplar model for delivering patient care from the high street, relieving pressure elsewhere in the NHS. The service is used millions of times every year, keeping pressure away from GPs and emergency departments. Such has been its success that a similar model is about to be replicated in England, three years after it was introduced north of the border.

But despite its huge popularity with patients, pharmacies, and the wider NHS, the service-based pharmacy model in Scotland is starting to creak under the pressure of rising costs across the board, including higher medicines costs. An immediate interim cash injection of £20 million for the remainder of this year has done little to resolve the serious financial pressures pharmacies are facing. Community Pharmacy Scotland recently accepted a funding offer for 2023/24 after the first proposal was rejected. It said that the accepted offer was “adequate” and would give pharmacies “some solid ground” after a “punishing and relentless” year. It also warned that the settlement “will not support the pace of development” offered in Scotland’s community pharmacies in recent years, including the Pharmacy First scheme.

Beat the odds

Pharmacy in Scotland is facing an unprecedented financial challenge. To maintain service-delivery and revenue the sector needs to consider embracing technology and new workflows for the bulk of the dispensing workload. This will allow pharmacies to deliver more services while maintaining dispensing volumes in a safe and effective way.

The Workforce Briefing by the Royal Pharmaceutical Society (RPS) in Scotland¹ in 2021 highlighted the need for technology in the dispensing process. The paper recommended making repeat prescription processing more efficient for both community and GP pharmacy teams, allowing dispensing to be managed entirely by pharmacy technicians, with the exception of the clinical check. This accelerated the use of digital tools for dispensing and accuracy checking which included barcode checking technology. The RPS Scotland's vision for 2030² said allowing pharmacy technicians to be the professional leads for the assembly, distribution, and safe and effective supply of medicines along with automated accuracy checking would reduce workload and increase safety. It also stated there would be further automation via robotics in larger volume dispensaries and hub and spoke models.

The dispensing process still accounts for 88% of an average pharmacist's time in an average store. The process involves a range of manual logistical and time consuming tasks that are crying out for automation. In an average pharmacy, the dispensing of original pack medication accounts for more than 70% of pharmacy time spent on dispensing. While the last five years have seen an increase in the number of pharmacies adopting technology to automate the multi-medication dispensing process, this tech-revolution hasn't followed for dispensing of original pack medication. Automating the original pack dispensing (OPD) process can deliver the most significant impact in freeing up pharmacy time.



1: [https://www.rpharms.com/Portals/0/RPS%20document%20library/RPS%20Scotland%20Workforce%20Briefing%20November%202021%20\(1\).pdf?ver=6jLLDmjd9_6Lo43WgMRfaw%3D%3D](https://www.rpharms.com/Portals/0/RPS%20document%20library/RPS%20Scotland%20Workforce%20Briefing%20November%202021%20(1).pdf?ver=6jLLDmjd9_6Lo43WgMRfaw%3D%3D)

2: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Scotland/Pharmacy%202030%20vision/Pharmacy%202030%20Full%20professional%20vision%20Jan22.pdf?ver=VWD2LOOTwG4ejGBfEPC6D0w%3D%3D>

3: <https://thecca.org.uk/wp-content/uploads/2023/06/The-pharmacy-paradox-matching-ambition-and-reality.pdf>

4: Based on average prescription no. per day in average pharmacy of 173 prescription items (SOURCE Public Health Scotland Prescribed and Dispensed Data 2022 - general practice and community pharmacy. <https://www.opendata.nhs.scot/dataset/prescribed-dispensed>) with each prescription taking an average of 126 seconds to dispense (SOURCE: <https://uk.gopher.com/pharmacy-deserts-landing-page>) and based on 70% of prescriptions being original pack medication and 70% of those being able to be processed with automation

The calculations for NHS services



If an average pharmacy in Scotland can save up to 3 hours per day by automating the original pack dispensing service, what does that look like in terms of revenue potential if that time was put into delivering NHS commissioned services? The following table shows the potential gross revenue for an average pharmacy if this time was spent delivering services:

Service	Reimbursement	Appointment time & no. delivered in time saved	Potential earnings			
			Per day	Per week ⁵	Per month ⁶	Per year ⁷
Pharmacy First	Based on £7 maximum weighting activity fee	15 mins/ 12 appointments	£84	£420	£1,848	£21,168
Smoking Cessation	Based on average of £30 for event A	20 mins/ 9 appointments	£270	£1,350	£5,940	£68,040
Emergency Contraception	£30	15 mins/ 12 appointments	£360	£1,800	£7,920	£90,720
Bridging Contraception	£30	15 mins/ 12 appointments	£360	£1,800	£7,920	£90,720



5: Based on 5 day week 6: Based on 22 day working month 7: Based on 252 working days

The calculations for private services

Pharmacies often focus on NHS Services. But by automating their dispensing process they can free up time to deliver private services too and this can be significant in terms of revenue growth. Take a look at the table to see why.

Service	Potential Charge	Appointment time & no. delivered in time saved	Potential earnings			
			Per day	Per week ⁸	Per month ⁹	Per year ¹⁰
Otoscopy/Ear Microsuction	£80	45 mins/ 4 appointments	£320	£1,600	£7,040	£80,640
Travel Clinic	Based on average of £100	30 mins/ 6 appointments	£600	£3,000	£13,200	£151,200
Capillary Test	£30	25 mins/6 appointments	£180	£900	£3,960	£45,360
Cryotherapy	£60	15 mins/ 12 appointments	£720	£3,600	£15,840	£181,440



7: Based on 5 day week 8: Based on 22 day working month 9: Based on 252 working days

The perfect formula for automation

Hub and spoke has been cited as one way of freeing up pharmacy time from the dispensing process to enable more time for services.

Hub and spoke has evolved rapidly in the last couple of years and it now comes in many guises. For the OPD process there is a range of scalable and affordable automated solutions for pharmacies of all shapes and sizes. These solutions can grow with a business and will fit in most physical locations with less space needed than people may realise. Starting costs are affordable and accessible, giving pharmacies the ability to invest now and then scale up to a more complex solution as their business grows. There are now early adopters who are using a version of hub and spoke for their OPD process. These range from stand-alone stores to large national chains.



Technology exists that automates various elements of the dispensing process. Here's how:

Checking: Software is available that will allow a pharmacist to do both the clinical and accuracy check at the very start of the dispensing process, either in a store or at a hub.

Picking: Software exists that groups orders together enabling batch picking - be that at a hub or locally within a store.

Labelling: Robotic technology coupled with software now exists to automate the process of printing and fixing patient labels to packs.

Sorting: RFID and barcode scanning technology exists to streamline the sorting of patient packs with guiding lights and smart shelves providing an additional safety net to ensure the right patient receives the right pack.

Bagging: Technology is available to automate bagging and bag labelling for patient medication. Again barcode scanning provides additional verification.

Automated solutions can process between 360 packs an hour (for a manual system) and up to 1500 packs per hour (for an automated system). These solutions are also scalable. Adding more systems increases throughput further. There is also the option to simply start the automation journey by receiving batch picked patient specific totes directly from a wholesaler or warehouse.

Many of these solutions can often be operated by non-clinical staff freeing up pharmacist capacity in store. The additional safety net provided reduces the risk of error and means less time spent on resolving medication errors and near misses.

If a pharmacy is considering automation the first step should be to look at which elements of the dispensing process are taking up the most time in terms of workforce and skill. There are options available that will allow automation of the most time consuming tasks and then the ability to scale, releasing even more capacity in store.

It is essential for pharmacies to look at the solutions that exist to automate the OPD process in the same way that many have already automated MDS production. Failing to explore options now will mean that pharmacies may well get left behind.

White Paper produced by
Centred Solutions.

For more information visit
www.centredolutions.co.uk



Centred Solutions™

