**Background**

The NHS in Scotland is increasingly looking to the pharmacy workforce to undertake an enhanced role in patient care. To enable this to happen and to meet the challenges of safe, effective and integrated person centred care, we have to consider different ways of working.

One of these ways is to investigate and evaluate the advantages and disadvantages of automated technology that may or may not free time, from the supply process, that allows pharmacists and their support teams to increase their direct patient contact.

To facilitate this further the Scottish Government has made capital funding available to pharmacy owners to install and test such technology.

The following information gives an update on how this process is progressing and the next steps involved.

**Spread of Received EAT Capital Grant Fund Applications Across 12 Health Boards**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Number of Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argyll &amp; Bute</td>
<td>10</td>
</tr>
<tr>
<td>Borders</td>
<td>20</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>15</td>
</tr>
<tr>
<td>Fife</td>
<td>12</td>
</tr>
<tr>
<td>Grampian</td>
<td>18</td>
</tr>
<tr>
<td>Highland</td>
<td>10</td>
</tr>
<tr>
<td>Lothian</td>
<td>15</td>
</tr>
<tr>
<td>Shetland</td>
<td>8</td>
</tr>
<tr>
<td>Tayside</td>
<td>10</td>
</tr>
</tbody>
</table>

**What happens next?**

**Capital Grant Fund**

- Over 50 applications received from community pharmacies located within 12 Health Boards across Scotland

**Evaluation**

- Scottish Government tender process to commission an evaluation team has been completed

**Evaluation**

- The evaluation team will meet members of the EAT Project Team to agree approach to evaluation – August 2016

**Stage 2 application closes – 7th October 2016**

**Stage 2 application closes – 7th October 2016**

- National selection panel meets to agree final proposals to be invited to proceed to next stage – 9th September 2016

- Shortlisted Stage 2 applicants and unsuccessful applicants notified 12th-13th September 2016

- Stage 2 application closes – 7th October 2016

- National selection panel meets to agree final proposals- 26th October 2016

- Communication of grant award to successful /unsuccessful applicants – 27th-28th October 2016

- Evaluation team to begin evaluating large scale spoke and hub operating models

- Evaluation team to begin base lining pilot sites – November – December 2016

- Spread of Received EAT Capital Grant Fund Applications

- Evaluation team meets with operators of large scale spoke and hub systems to agree an evaluation approach – September 2016

- Evaluation team to begin evaluating large scale spoke and hub operating models
No. of pilot sites for this configuration will be dependent on interest from CPs with an existing robot in full use.

COMMUNITY PHARMACIES WITH EXISTING ROBOTIC TECHNOLOGY

Evaluate time released from robotics in CPs with existing technology and work with CP teams through an action research approach to capture learning and guide CP teams in changing existing processes and workflow by using technology to its full extent. In addition, the research team will capture data from those CPs that removed robots.

PROJECT PILOT MODEL

CAPTURE DATA / ACTION RESEARCH

STAND ALONE COMMUNITY PHARMACY (existing technology)

LARGE SCALE SPOKE AND HUB MODEL

EVALUATE AN EXISTING LARGE SCALE SPOKE AND HUB MODEL

Evaluate an existing large scale spoke and hub dispensing service. This model of practice can be adopted easily by a large chain within the current legislative framework.

ROBOTIC & SCANNING TECHNOLOGY – STAND ALONE COMMUNITY PHARMACY

To undertake a pilot to evaluate robotic dispensing and scanning technology within community pharmacy to assess the economic impact and the ability of the technology to enable innovative workforce development including different medicines assembly and final release work flows.

ROBOTIC AND SCANNING TECHNOLOGY – SPOKE AND HUB

To investigate robotic and scanning technology within small chain spoke and hub to assess if the technology can be modified and used to enable different medicines dispensing and final release work flows.

- Evaluate and assess automated process and the implication for workforce redesign to release time to care
- Develop a recommendation for the redesign of processes
- Recommend a preferred option for workforce planning
Spoke and hub terminology emphasises that within this model, the control and clinical responsibility lies with the spoke i.e. the community pharmacy that is part of the “outer ring” of practices dictates what, how and where any medicines are assembled to fulfil its responsibility to the patient who has presented the prescription to that community pharmacy.

This rightly maintains all the patient contact and the individual pharmacist’s responsibility and professional decision making within the community pharmacy which the patient has chosen to manage their prescribed medicines.

Supply or dispensing to the patient then carries on as currently happens affording the opportunity for a greater degree of time to care at the point of supply. This is intended to ensure patients get the maximum benefit and minimum harm from the medicines they take.

DEFINITIONS