

**NHS Greater Glasgow & Clyde**



**NHS BOARD MEETING**

**Dr Jennifer Armstrong, Medical Director 21<sup>st</sup> August 2018**

**Paper No: 18/41**

**Pharmaceutical Care Services Plan**

**Recommendation:-**

NHS Board Members are asked to:

- Approve the revised version of the Pharmaceutical Care Services Plan – 2018-2021.

**Purpose of Paper:-**

The production of a Pharmaceutical Care Service Plan is a statutory requirement for the Board. This paper seeks approval from Board members for the updated Pharmaceutical Care Services Plan 2018-2021.

**Background:-**

The NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 stipulated that NHS Boards are required to publish a Pharmaceutical Care Service Plan (PCSP) to be updated on an annual basis with a full review requiring NHS Board approval every 3 years .

Direction contained in PCA (P) 7 (2011) advised NHS Boards of further amendments to the regulations and revised procedures governing control of entry applications. Although termed as a plan, Scottish Government (SG) agreed that Boards are expected to publish extended Pharmaceutical Lists detailing the full range of services available from community pharmacies within each Board area.

Information contained within this document describes current Community Pharmacy services including opening times, service descriptions and a summary of pharmacies providing these services. There is also information relating to provision of medical services, which includes details of the Board's only General Practice (GP) dispensing practice from premises in Langbank and provided as satellite facility from the main practice in Kilmacolm.

There 291 community pharmacies serving the population of NHS GGC, all of which provide core national services. Every person living within NHSGGC is currently able to access pharmaceutical care from a community pharmacy within a 10 minute travel time.

The agreed process for production of this document is that the information gathered for this plan is produced from central contracts team within NHSGG&C and is considered and agreed by the Board's Pharmacy Practices Committee (PPC). The PPC has agreed the reviewed plan and must consider it as part of a range of evidence when hearing an application for a new pharmacy contract.

BOARD OFFICIAL

**Any Patient Safety /Patient Experience Issues:-**

Ongoing commitment to developing and delivering patient centred pharmaceutical care tailored to the needs of local population.

**Any Financial Implications from this Paper:-**

None.

**Any Staffing Implications from this Paper:-**

None.

**Any Equality Implications from this Paper:-**

None.

**Any Health Inequalities Implications from this Paper:-**

None.

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-**

No.

**Highlight the Corporate Plan priorities to which your paper relates:-**

Achieving Excellence in Pharmaceutical Care  
Moving Forward Together Transformational Plan

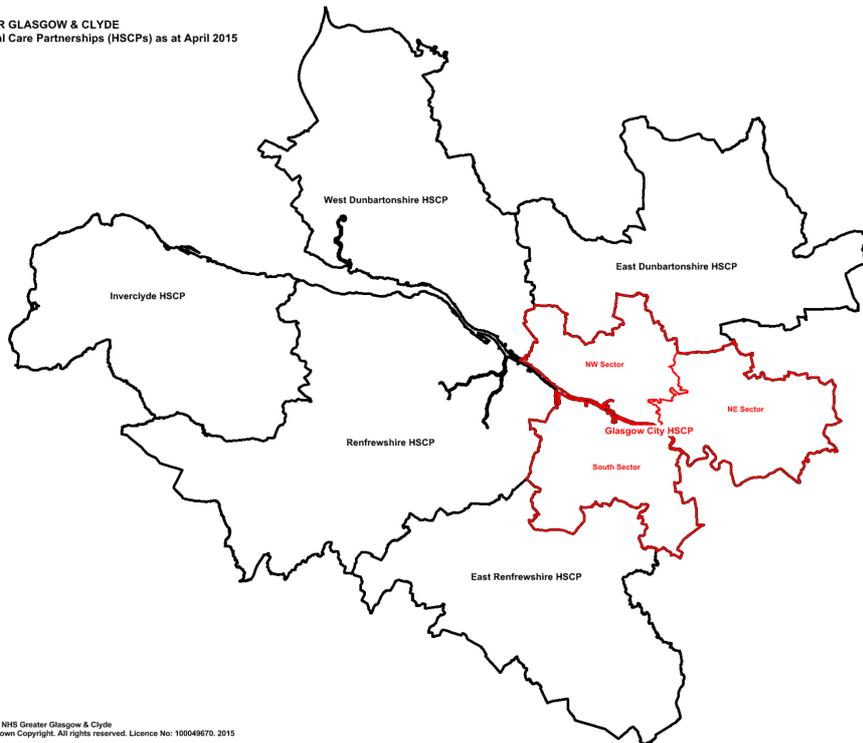
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**Date – 23<sup>rd</sup> July 2018**

# 2018/21 - PHARMACEUTICAL CARE SERVICES PLAN

NHS GREATER GLASGOW & CLYDE  
Health & Social Care Partnerships (HSCPs) as at April 2015



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## 1. INTRODUCTION

### 1.1 Purpose of Pharmaceutical Care Services Plan

The notion of a Pharmaceutical Care Services Plan (PCSP) was introduced in 2006 as part of the strategic direction contained in '*The Right Medicine: A Strategy for Pharmaceutical Care*<sup>1</sup>' document published in February 2002. The concept features prominently in the '*Achieving Excellence in Pharmaceutical Care*<sup>2</sup>' strategic document published in August 2017 as an aid to defining need within an area and a reference point in the future planning of health and social care services. The purpose of the PCSP within NHS Greater Glasgow & Clyde (NHSGGC) is to provide information on the pharmaceutical care services currently available from the network of community pharmacies within the Health Board's area. It will also help identify any shortfall in provision and possible gaps in service where improvements may be required to assist the Board in fulfilling its obligation to ensure patients have reasonable access to pharmaceutical care services. This document should be read in conjunction with the Board's Pharmaceutical List which contains details of existing Community Pharmacy contractors. (See Appendix 1)

In areas where possible improvement/development in services is identified, the Board's first consideration would be to address this through the commissioning of additional services and/or enhancement of existing services provided by the network of established contractors.

Since June 2014 following the introduction of amendments to the Pharmaceutical Regulations those interested in establishing a new community pharmacy are required to first meet with the Board to discuss their case and then undertake a joint public consultation before submitting an application. Intended Applicants are expected to have fully considered this Plan when assessing any inadequacy in pharmaceutical care services within the neighbourhood of their proposed premises before submitting an application.

The Board's Pharmacy Practices Committee (PPC) considers all new applications for inclusion in the Board's Pharmaceutical List. These applications are subject to the provisions of the NHS (Pharmaceutical Services)(Scotland) Regulations 2009, as amended. The PPC takes this Plan into consideration when making their determinations.

### 1.2 Geographical profile of area covered by PCSP

NHSGGC is one of the largest healthcare systems in the UK and Europe covering an area of 432.9 square miles in West Central Scotland with a population of 1,161,370 (21.5% of the Scottish population). The Board spans a diverse geographical area and the territories of six Local Authorities with which it has joint responsibility for 6 Health & Social Care Partnerships (HSCPs). The populations in these HSCPs range from 79,160 in Inverclyde to 615,070 in Glasgow City (National Records Scotland: 2013 Mid Year Estimates [MYE] and Small Area Population Estimates [SAPE]). There are wide and stark variations in the deprivation levels with NHSGGC having 36% of the most deprived Quintile 1 while only 20% of the total Scottish population live in this Quintile. These areas create their own social challenge with historically a hard to reach population, low income, low educational

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<sup>1</sup> The Right Medicine: A Strategy for Pharmaceutical Care in Scotland: February 2002

<sup>2</sup> Achieving Excellence in Pharmaceutical Care; August 2017

achievement, high unemployment and high crime levels all of which contribute to health inequality and poor health status.

### 1.3 Information presented in PCSP

Information contained within this document describes current Community Pharmacy services including opening times, service descriptions and a summary of pharmacies providing these services. There is also information relating to provision of medical services, which includes details of the Board's only General Practice (GP) dispensing practice from premises in Langbank and provided as satellite facility from the main practice in Kilmacolm.

### 1.4 Information sources

Information on the description of the NHS Board area is routinely available from a number of on-line resources, including:

- ScotPHO - Health and wellbeing profiles which provide a range of useful data at Scotland, NHS Board, HSCP and locality geographies. This plan was developed using HSCP geographies. (Available at <https://scotpho.nhsnss.scot.nhs.uk/scotpho/homeAction.do>)
- General Registrar of Scotland website which presents population and demographic information. Available at <https://www.nrscotland.gov.uk/statistics-and-data>
- The Scottish census website SCRoL (available at <http://www.scotlandscensus.gov.uk/> which in the main provides social and demographic information and now reports on the 2011 Scottish census results.
- Other sources of clinical, behavioural and health indices data are available through the Quality and Outcomes data available from the Information and Statistics Division (ISD) website at <http://www.isdscotland.org/gof/> This information is available at Board, HSCP and practice level.
- The Scottish Government Urban/Rural Classification provides a consistent way of defining urban and rural areas across Scotland and may be useful in describing a NHS Board area. Information at NHS Board, Council and Council Ward areas is available at [http://www.scotland.gov.uk/Topics/Statistics/About/Methodology/UrbanRuralClassification?utm\\_source=website&utm\\_medium=navigation&utm\\_campaign=statistics-evaluation-tools](http://www.scotland.gov.uk/Topics/Statistics/About/Methodology/UrbanRuralClassification?utm_source=website&utm_medium=navigation&utm_campaign=statistics-evaluation-tools)
- Information regarding deprivation may be sourced at <http://www.scotland.gov.uk/Topics/Statistics/SIMD/>
- Scottish Health Survey (available at <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey> -
- Local information on the health of NHSGGC population can be found at the Director of Public Health Report (available at <http://www.nhsggc.org.uk/your-health/public-health/the-director-of-public-health-report>)

## 2. DESCRIPTION OF CURRENT PHARMACEUTICAL SERVICES

### 2.1 Pharmacy services

#### 2.1.1 Contractors & opening hours

At April 2018, NHSGGC has 291 community pharmacies located within its Board area contracted to provide pharmaceutical care services in accordance with NHS Terms of Service. Details are provided within the Pharmaceutical List (see **Appendix 1**). A map identifying patient drive times (5 & 10 minute) to pharmacies can also be found in **Appendix 1**.

Pharmacy contractors are required to provide services in accordance with the Board's 'Model Hours of Service', which are detailed below:

Definition of 'Model Hours'	<ul style="list-style-type: none"> <li>09.00 to 17.30 - Monday to Saturday</li> </ul>
Half Day Closing	<ul style="list-style-type: none"> <li>Up to 2 half days per week – one week day and a Saturday afternoon, all from 13.00 hours</li> </ul>
Saturday Closing	<ul style="list-style-type: none"> <li>Not to be adopted routinely with any application considered specifically</li> </ul>
Lunchtime Closing	<ul style="list-style-type: none"> <li>Up to a period of 1 hour in the middle of the day</li> </ul>

Some pharmacies permanently open for extended periods beyond 'model hours', including Sundays and Public Holidays times providing early day and late night access to pharmaceutical care services. Where Sunday and Public Holiday cover is not available, the Board can make arrangements by establishing rotas to ensure that the general public has reasonable access to pharmacy provision. All information relating to pharmacy opening hours and service provision is published on the Board's website and routinely provided to NHS24, the Board's Primary Care Emergency Centres and Acute hospitals.

#### 2.1.2. Joint public consultation prior to submission of a new contract application:

Details of current joint public consultations are available on the Board's website:

<http://www.nhsggc.org.uk/get-in-touch-get-involved/inform-engage-and-consult/pharmacy-applications/>

#### 2.1.3. New contract applications & appeals under consideration

Details of current applications are available on the Board's website:

<http://www.nhsggc.org.uk/get-in-touch-get-involved/inform-engage-and-consult/pharmacy-applications/>

#### 2.1.4. Annual Prescriptions Dispensed

During Financial Year 2017/18, community pharmacies in NHSGGC dispensed 24,257,427 items which was approximately 23% of all items dispensed in Scotland.

#### 2.1.5 Provision of Core Services

The NHS Community Pharmacy Contract requires all pharmacies to provide four core pharmaceutical care services:

- Minor Ailment Service (MAS)
- Public Health Service. (PHS)
- Acute Medication Service (AMS)
- Chronic Medication Service (CMS)

A detailed description of these services is available in Section 2.3.

#### 2.1.6. Provision of Additional Services (National)

A summary of the pharmacies providing services by HSCP is contained within **Appendix 2**. Please note that participating numbers are accurate as of January 2018.

Harm Reduction: The specialist pharmacy team attached to NHSGGC Addiction Services leads on the research and development of new services provides help and advice to the network in addition to the coordination and monitoring of all harm reduction services provided by community pharmacies.

Community pharmacies providing services are:

- 279 contractors currently offer supervised opiate substitution therapy to support adherence to prescribed therapy and reduce risk of diversion;
- 59 contractors are currently Injecting Equipment Provider sites providing access to clean equipment and collection of used materials for safe disposal;
- 112 contractors provide a facility to supervise administration of disulfiram as part of a programme to aid abstinence in treating alcohol addiction
- 59 contractors can issue Naloxone injections as a mechanism to combat opioid toxicity in an overdose situation

Palliative Care: in addition to the baseline standard of palliative care provided by all contractors a network of 70 of these participate in the Palliative Care pharmacy service to provide access to specialist advice and a range of associated medicines both within and out with normal opening times.

Advice to Care Homes: 30 contractors are contracted to provide advice to Care Homes on safe storage and handling of medicines.

Stoma Care services: This service is provided by 290 pharmacy contractors and 3 direct appliance contractors (DACs).

Unscheduled Care: 291 contractors have registered to provide repeat medicines to patients when their GP is unavailable.

Emergency Hormonal Contraception: 286 contractors provide access to this as part of the Public Health Service.

Gluten Free Food service: Following completion of a successful pilot phase, this is now a core service available from all pharmacies.

#### *2.1.7. Provision of Additional Services (Local)*

NHSGGC pharmacies also provide other additional negotiated services, which are locally defined and based on identified need. A summary of the pharmacies that provide the main services by HSCP is contained within **Appendix 3**. Please note that participating figures are accurate as of January 2018.

Multi Compartment Compliance Aids (MCA): 282 pharmacy contractors currently provide this service by filling this type of compliance aid with the patient's prescribed medicines. The service is highly labour intensive, carries significant risk of error and can affect the stability and effectiveness of the medicine. Demand is influenced by a number of factors including Local Authority policy on care workers administering medication; insurance companies providing indemnity cover for care workers administering medicines; assessment of need to identify potential benefits to patient care; and direction from other health care practitioners. Whilst the costs of purchasing the MCA's is met by NHSGGC, the costs of filling and delivering the completed MCA is met by the pharmacy contractor

Free condom service: A range of condoms provided by NHSGGC is currently available from 162 pharmacies on a voluntary basis.

Support for patients with Hepatitis C and HIV: All community pharmacies can participate in a service to support patients receiving treatment for hepatitis C and/or HIV.

#### *2.1.8 Independent/ supplementary pharmacist prescribing*

There are 84 pharmacists either trained or currently undertaking independent prescribing training within Community Pharmacy. Of these, 58 qualified pharmacists are currently actively prescribing, with the Board supporting 10 Community Pharmacy based prescribing clinics providing 23 weekly sessions.

Details of current Community Pharmacy Prescribing Clinics are available at **Appendix 4**.

## **2.2. Interface with other providers**

The interface between community pharmacy and secondary care is an area of increasing focus as Scotland pursues its policy of shifting the balance of care. As models of care provision within the community setting continue to develop, it will not be possible to consider the need for Community Pharmacy services in isolation of the wider context of care provision by the NHS, local authority and third sector providers. Work continues within NHSGGC Pharmacy and Prescribing Support Unit (PPSU) to develop and maintain work streams across the interface between acute and Community Pharmacy services.

## **2.3. Description of Core Services**

### *2.3.1 Minor Ailment Service (MAS)*

Minor ailments can generally be described as common, often self limiting conditions. They normally require no medical intervention and symptoms, usually managed through self-care and the use of appropriate products, subside after a short period.

This service supports the provision of direct pharmaceutical care by community pharmacists within the NHS. The service allows eligible people to register with the community pharmacy of their choice for the consultation and treatment of common self-limiting conditions. Pharmacists will advise, treat and/or refer patients according to their needs. A person must be registered with a General Practitioner in Scotland and be in one of the eligible groups for the service: people aged 60 years or over, those under 16 years of age, 16-18 year olds in full time education, those with medical and maternity exemption certificates and those with income related exemptions.

Currently 213,985 patients are registered for this service with NHS GGC pharmacy contractors (January 2018).

Currently, 54% of MAS prescriptions are dispensed in SMID decile categories 1, 2 and 3.

(Source PIS)

### *2.3.2 Public Health Service (PHS)*

This element of the contract supports pharmacists and their staff in promoting self-care. Within NHSGGC, the PHS is comprised of 4 strands of activity namely a Public Health Campaign, Stop Smoking Services, Gluten Free Food Service and Sexual Health Services

#### ***PHS Poster Campaign***

Pharmacies participate by agreeing to prominently display a poster (size is dependent on space in the pharmacy window or within the pharmacy and ranges from A1 to A4) as part of a national campaign to raise awareness of a topical issue e.g. Flu immunisation. The campaign is centrally co-ordinated with all contractors in NHSGGC participating.

#### ***Stop Smoking Services***

The 'Quit Your Way' service is provided in accordance with the criteria governing the service. Staff within participating pharmacies are required to complete the necessary training in order to be accredited to provide the service. This includes the successful completion of either an on-line or direct learning course on varenicline to allow this Prescription Only Medicine (POM) to be supplied without a prescription under a Patient Group Direction (PGD).

#### ***Gluten Free Food Service***

This is now established as a national service following evaluation of a successful pilot undertaken within NHSGGC. Eligible and qualifying patients no longer need to request scripts from their GP and now register their condition with a participating community pharmacy of their choice and select the products they require from an agreed formulary. All pharmacies provide this service.

### ***Sexual Health Services***

In NHSGGC, this service relates to the provision of a sexual health service comprised of the supply of emergency hormonal contraception (EHC) to women 13 years and above in accordance with the Age of Legal Capacity (Scotland) Act 1991. Revised requirements introduced in May 2017 by the General Pharmaceutical Council (GPhC), as the Regulator for Pharmacists, Pharmacy technicians and Pharmacy premises, directed that no one could opt out of providing a service on the basis of personal, religious, moral or ethical reasons. Instead registrants are required to recognise and value diversity, and respect cultural differences making sure that every person is treated fairly whatever their values and beliefs and that they do not impose their own values and beliefs on other people but take responsibility for ensuring that person-centred care is not compromised because of the personal views held

Therefore, contrary to previous arrangements, all contractors would be expected to comply with these requirements and supply EHC, in accordance with the GPhC's Standards for Pharmacy Professionals<sup>3</sup>.

#### *2.3.3 Acute Medication Service (AMS)*

AMS supports the provision of pharmaceutical care services for acute episodes and any counselling and advice that may be required. It also supports 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 support payment.

#### *2.3.4 Chronic Medication Service (CMS)*

CMS provides for the continuity of pharmaceutical care of patients with long term medical conditions when they register with a community pharmacy of their choice.

CMS provides personalised pharmaceutical care by a pharmacist to patients with long term conditions. It is underpinned by a systematic approach to pharmaceutical care in order to improve a patient's understanding of their medicines and to work with the patient to maximise the clinical outcomes from the therapy.

The three stages of CMS are designed to help with improving a patient's understanding of their medicines to optimise the benefits of their therapy:

- Stage 1. Patient review
- Stage 2. CMS care plan
- Stage 3. Serial prescriptions

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[https://www.pharmacyregulation.org/sites/default/files/standards\\_for\\_pharmacy\\_professionals\\_may\\_2017\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf)

### **Stage one**

Patients with a long-term condition register with a community pharmacy of their choice and can only register with one pharmacy at any one time. This is a voluntary arrangement and includes an informed patient consent process which is given to the registering pharmacist.

### **Stage two**

The pharmacist assesses those patients to identify and prioritise individuals or groups of patients with unmet care needs. They then identify and record the patient's needs, care issues, any desired outcomes and the actions required to meet them and document these in a pharmaceutical care plan.

### **Stage three**

If appropriate, a patient's GP produces a 24, 48 or 56-week serial prescription to be dispensed at an interval indicated by the GP. Details are sent back to the GP practice after each dispensing by the community pharmacy has been submitted. This stage determines any specific reporting or referral criteria for a number of conditions. If an item has been cancelled by the GP, the pharmacist is not able to dispense the remaining quantities for that item. If there is any change to the item needed, a new serial prescription can be requested. Once all items have been dispensed the pharmacist sends an end of care summary to the GP that includes a request for a new serial prescription.

Further information on Core Services is available on the following website:  
<https://nhs.uk/services/practitioner/pharmacy/pharmacy-services/>

## **2.4 Description of Additional Services (National)**

### *2.4.1 Opiate Substitution Therapy*

This Service involves the dispensing and supervision of prescriptions for opiate replacement therapies such as methadone and buprenorphine. Certain pharmacies alongside other agencies issue injections of naloxone, to the appropriate sector of the community. As an opiate antagonist it is used in an attempt to prevent death from opiate overdose.

Pharmacy staff should be prepared to supervise the administration of both methadone and buprenorphine preparations. The Pharmacist or other suitably qualified member of staff will supervise the self administration of the substitute medication, ensuring the whole dose is either swallowed (methadone) or administered sublingually (buprenorphine preparations). Pharmacists must operate a safe system for dispensing and provide written and verbal information on safe drug use, safe storage for take home doses and other health related topics. Pharmacists should sign the Shared Care 4 way Agreement if in use in their area (The Shared Care Agreement gives consent to transfer of relevant information to promote patient care and involves doctors, pharmacists, key worker and patient). The Board provides detailed up to date guidance on the programme which is circulated to all pharmacies and available on the Board's website

### *2.4.2 Injecting Equipment Providers*

By providing ready access to clean materials and a mechanism for safe disposal, the service aims to reduce the transmission of blood borne viruses such as HIV, Hepatitis B and C and other infections and injuries, which can result through drug

users sharing or re-using injecting equipment. This provides substantial public health benefits for individuals, families and the wider population.

Pharmacies are directed to designate a private area for conducting the transaction, which involves giving advice and providing injecting equipment and related paraphernalia in a sealed pack. Pharmacy staff will also encourage service users to bring back used equipment in sharps containers for safe disposal. Only appropriately trained staff should provide the service.

#### 2.4.3 Palliative Care

The pharmacies within the Palliative Care network maintain a stock of more specialised products in addition to the specific core medicines used in palliative care and stocked by most pharmacies. Staff in these pharmacies act as a source of specialist advice and as a support network to other pharmacies within their localities. Most of these pharmacies voluntarily participate in the 24 Hour Emergency Dispensing Service for when a prescription is required to be dispensed urgently out-of-hours.

#### 2.4.4 Advice to Care Homes

Pharmacies contract to provide advice to registered Care Homes on the safe storage and handling medicines (up to a maximum of 5 homes per contract). The pharmacist is required to make an initial visit and then subsequent visits at intervals of not more than three months.

#### 2.4.5 Stoma Services

This national service was revised in April 2011 and the subject of a further review in 2016 to assess the level of compliance by contractors the agreed standards. Community Pharmacy and Dispensing Appliance Contractors (DACs) must now provide a range of services to patients requiring these products. This covers adequate and timely delivery to the patients' home if required, provision of disposal bags, wipes, a customising service and communication with the prescriber if there are any pharmaceutical concerns or unusual supply patterns. Boards were reminded of the need to establish a Stoma Care Forum as a mechanism to assist stoma care patients to become more involved in the design and monitoring of these services.

#### 2.4.6 Unscheduled Care

Community pharmacy is an important access point for people requiring unscheduled care particularly over weekends and public holidays. One of the mechanisms available to pharmacists in Scotland is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances. Community pharmacists can provide a further supply of medication to a patient should their GP be unavailable

Community Pharmacies can also use Direct Referral to local Out of Hours services where the pharmacist feels that the patient does not have a medicines supply issue.

### **2.5 Description of Additional Services (Local)**

#### 2.5.1 Multi-compartment Compliance Aids (MCA)

The Board reimburses contractors with the cost of purchasing these particular compliance devices, a legacy from the Prescribed Medication Support Initiative introduced in 2002. It is an expectation that patients be assessed to verify whether

they would benefit from use of an MCA but this requirement is not universally applied. Appropriate medicines are de-blistered from original packs and dispensed into the MCA which is then sealed with the content retaining optimal efficacy for about 4 weeks. This entire process reclassifies the medicine as an unlicensed product as the characteristics of the medicine have been changed. Pharmacists initiating this process are required to inform patients and prescribers of this change of status. Although robotic devices to aid the filling of MCA's have been installed by a small number of pharmacies, the majority are manually filled, a labour intensive and high risk process. Demand is influenced by convenience and a stipulation required by insurance companies providing indemnity cover to local authority care workers who may be required to administer medication in a patient's home with that cover only being provided if medication is supplied in an MCA. Not all medicines can be dispensed into an MCA, particularly if they are highly hygroscopic or formulated as a liquid.

### 2.5.2 Free Condom Distribution Service

Community pharmacies can participate in the open access component for the Free Condom service. This is primarily aimed at those in most risk of HIV or other blood borne viruses or unwanted pregnancy and the pharmacy element is mainly targeted as an access point for young people. Participation is voluntary and attracts no remuneration.

## 2.6 Accessibility of pharmaceutical services

The purpose of this section of the plan is to describe the current availability of NHS pharmaceutical services within NHSGGC and HSCP areas where appropriate. Full details are provided within the Pharmaceutical List (**See Appendix 1**). The Pharmaceutical List provides details of opening hours, those pharmacies which provide extended opening hours and availability of pharmaceutical services.

The Pharmaceutical List details principal services only. While it is recognised that community pharmacies may provide extra services for their patients, these are not considered for planning purposes.

### **3. DESCRIPTION OF GENERAL MEDICAL SERVICE PROVISION**

#### **3.1 General Medical Services (GMS)**

The locations of general medical services across the Board's area are shown in **Appendix 5**. Information about the practice that, under the direction of the Board, provides dispensing services is detailed below.

#### **3.2 Relationship with Community Pharmacy**

The relationship between pharmaceutical and medical services remains strong. The location of GP practices before pharmaceutical control of entry had a significant influence over the geographical location of community pharmacies. However, applications for new contracts now must be processed and considered in accordance with Pharmaceutical Regulations.

#### **3.3 Dispensing practice**

Where those providing GMS have been requested by the NHS Board to provide a dispensing service, such services should be included as part of the NHS Board's provision and assessment of need within the pharmaceutical care service plan. Within NHSGGC, there is one dispensing practice, which is located within Langbank.

Schedule 5, paragraph 44 (1) of The National Health Service (General Medical Services Contracts)(Scotland) Regulations 2004, as amended, makes allowance for an NHS Board to request a GMS practice to dispense medicines, but only in certain circumstances. These circumstances, where the Board, after consultation with the Area Pharmaceutical Committee, is satisfied that 'a person, by reason of distance or inadequacy of means of communication or other exceptional circumstances, will have serious difficulty in obtaining from a pharmacist any drugs, not being scheduled drugs or appliances required for his treatment under these (GMS) regulations.

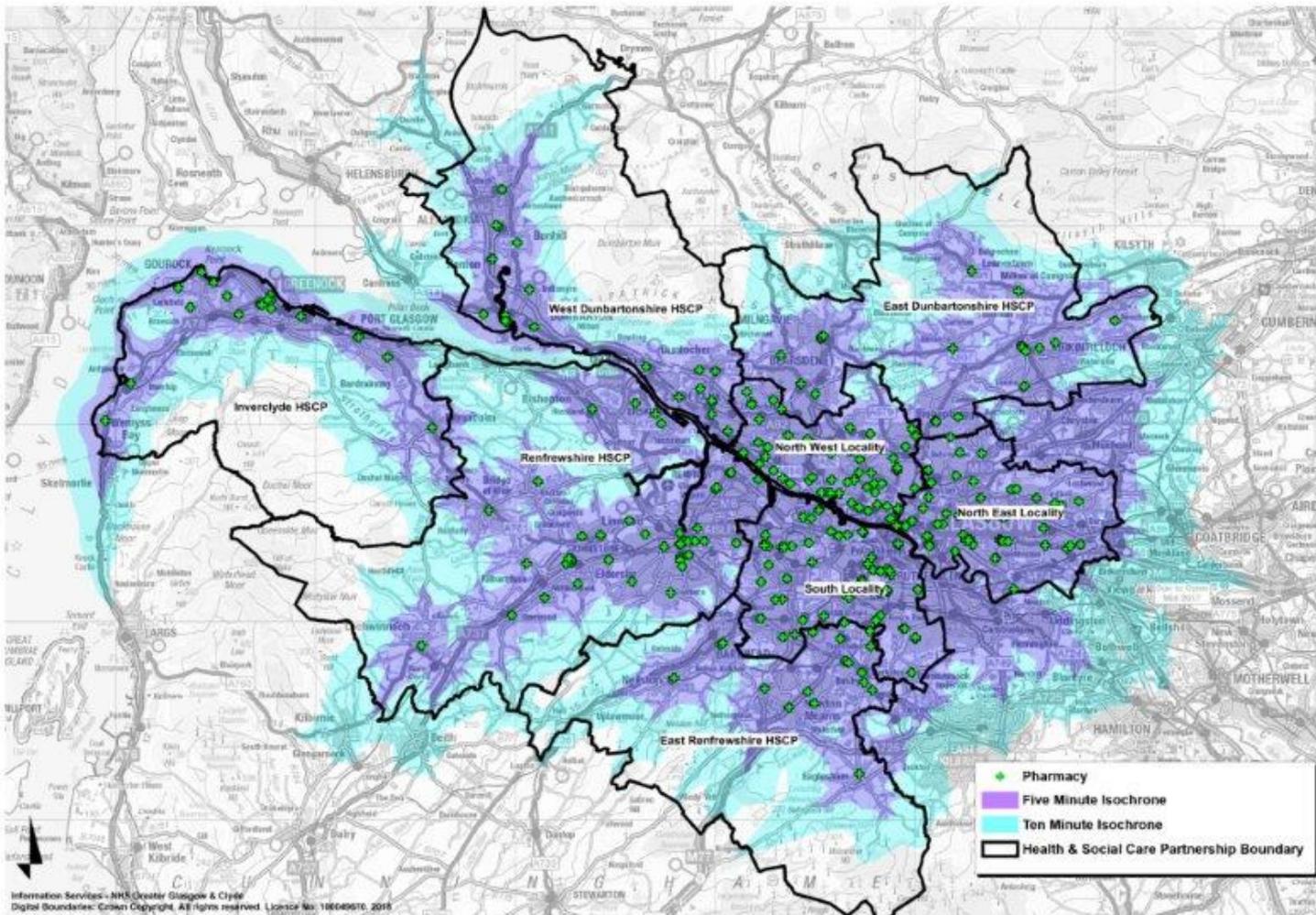
Where an application to open a new pharmacy is received for premises situated in the same neighbourhood as a dispensing practice, the Board's Pharmacy Practices Committee (PPC) will contain one additional member drawn from nominations made by the Area Medical Committee (AMC).

## Appendix 1

### Pharmaceutical List (dated 10 April 2018)

See attached Pharmaceutical List for details

### Map identifying patient drive times (5 & 10 minute) to pharmacies



## APPENDIX 2

### Overview of existing National Additional Services (dated January 2018)

HSCP/ Community Pharmacy Contractors		Opiate Substitution Therapy	Injecting Equipment	Palliative Care	Advice To Care Homes	Stoma Provider	Unscheduled Care	EHC	Gluten Free
West Dunbartonshire	22	21	3	6	3	22	22	22	21
Inverclyde	19	18	3	4	1	18	19	19	19
Renfrewshire	43	41	7	14	7	43	43	43	43
East Renfrewshire	19	17	1	5	2	19	19	19	19
Glasgow City	51	48	13	11	7	51	50	50	49
North East Sector									
Glasgow City	54	54	14	11	5	54	59	54	53
North West Sector									
Glasgow City	59	56	14	11	4	59	59	58	59
South Sector									
East Dunbartonshire	24	10	4	6	1	24	24	24	24
<b>TOTAL</b>	<b>291</b>	<b>279</b>	<b>59</b>	<b>70</b>	<b>30</b>	<b>290</b>	<b>291</b>	<b>286</b>	<b>287</b>

## APPENDIX 3

### Overview of existing Local Additional Services (dated January 2018)

<b>HSCPs /Contractors</b>		<b>MCA</b>	<b>Condom Scheme</b>
West Dunbartonshire	22	22	18
Inverclyde	19	17	11
Renfrewshire	43	42	27
East Renfrewshire	19	18	8
Glasgow City	51	48	26
North East Sector			
Glasgow City	54	52	29
North West Sector			
Glasgow City	59	59	35
South Sector			
East Dunbartonshire	24	24	8
<b>TOTAL</b>	<b>291</b>	<b>282</b>	<b>162</b>

## APPENDIX 4

### Overview of Community Pharmacy Prescribing Clinics (April 2018)

Number of Clinics	Topic of Clinic
1	Asthma
1	Benzodiazepine Reduction
5	Contraception
2	Diabetes
2	Hypertension
1	Hypertension and Primary Prevention
1	Inhaler Review
3	Pain
5	Polypharmacy
2	Respiratory

## **APPENDIX 5**

### **Medical List (dated - April 2018)**

See attached Medical List for details.

<b>Version</b>	<b>3. – 2018/2021</b>
<b>Approving Committee:</b>	Pharmacy Practices Committee
<b>Date ratified:</b>	June 2018
<b>Reference Number:</b>	N/A
<b>Name/Department of Originator/author:</b>	Community Pharmacy Development Team
<b>Name/Title of responsible Committee/individual:</b>	Lead Pharmacist – Community Care
<b>Date issued:</b>	20/06/18
<b>Review date:</b>	January 2021
<b>Target audience:</b>	Individuals/Partnerships/Companies seeking information on the opening of a new community pharmacy.

<b>Version</b>	<b>Date</b>	<b>Control Reason</b>
2.	2015	Regular Review