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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>27 January 2025</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social care Partnership</b>	<b>Report No:</b>	<b>IHB/58/2024/AB</b>
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<b>Subject:</b>	<b>Community Pharmacy Services in Inverclyde HSCP</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The following paper provides the Integration Joint Board with an overview of the delivery of Community Pharmacy core, national, local and additional services in Inverclyde HSCP.

## **2.0 RECOMMENDATIONS**

- 2.1 The Integration Joint Board is asked to note the delivery and assurance of community pharmacy services in Inverclyde HSCP.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

#### 3.1 The Community Pharmacy NHS Contract for Scotland

Community Pharmacies in Scotland contract with their respective Health Boards to provide pharmaceutical care services of the Community Pharmacy Contract under NHS Terms and Conditions. 19 Community Pharmacies across Inverclyde HSCP contract with NHS Greater Glasgow and Clyde (NHS GGC).

#### 3.2 Core Pharmaceutical Care Services

These pharmaceutical care services must be provided by every Community Pharmacy delivering NHS services.

- **Pharmacy First**

This service aims to promote self-care and treatment, as assessed by the pharmacist in the pharmacy's consultation room, if required, for a range of minor illnesses including for example backache, constipation, cystitis (in women), hay fever and coughs and colds. The range of medicines includes those that may be prescribed under Patient Group Directions (PGD) for urinary tract infections, minor skin infections, shingles and impetigo. The pharmacist will consult and assess, then give advice, treat or refer to a GP or other healthcare professional. Between September 2023 and August 2024, Community Pharmacies in Inverclyde had 91,558 patient contacts, undertook 31,739 consultations with patients, supplied 58,210 prescription items at a cost of £605,031, and made 4,137 referrals to GPs under the Pharmacy First service.

**Pharmacy First Plus.** This service encourages those appropriately qualified Community Pharmacists to utilise their independent prescribing (IP) skills to provide additional treatment options to patients suffering from common clinical conditions and prescribe a wider range of medicines, normally only available from a GP practice. Inverclyde has 14 active independent prescribing Community Pharmacists compared to a total of 171 across NHS Greater Glasgow and Clyde.

- **Public Health Service (PHS)**

This service is designed to support the role of the Community Pharmacist as a public health practitioner, in providing access to a facility where patients and members of the public can obtain practical advice and information on healthy living choices and receive targeted health promotional messages supportive of a healthier lifestyle choice. E.g. Quit your way smoking programme.

- **Acute Medication Service**

This service relates to the electronic transfer of prescription information via electronic messaging between GP Practices and Community Pharmacies utilising a bar code printed on the prescription form. Between April 2024 and September 2024 Community Pharmacies in Inverclyde dispensed 984,783 prescription items at a cost of £10,521,668.

- **Medication: Care and Review (MCR)**

This service focuses on the provision of pharmaceutical care for patients with long term conditions by the provision of care aspect using the web-based Pharmacy Care Record and model for serial prescribing. Serial Prescribing provides an opportunity for Community Pharmacists to manage the supply of medication to patient with a stable long-term illness for a period of 24, 48 or 56 weeks.

- **Quality Improvement**

The Scottish Government has committed to making continuous quality improvement a feature embedded into the Community Pharmacy contractual arrangements. National activities have included Non-Steroidal Anti-Inflammatory Drug interventions and Root Cause Analysis, with each activity building on the previous years' experience to help foster a culture of continuous improvement in the profession.

### **3.3 National Pharmaceutical Care Services**

Whilst core services must be delivered by all Community Pharmacies on the pharmaceutical list in Scotland, the National suite of services is optional. That said, the vast majority of pharmacies offer all of these services.

- **Gluten Free Food Service**

The Gluten Free Food Service was introduced in 2014 to investigate the feasibility of a Community Pharmacy-led supply service for patients with a confirmed diagnosis of Coeliac disease or Dermatitis Herpetiformis and became a permanent aspect of the Community Pharmacy contract in Autumn 2015. Pharmacy teams provide an annual health check for people registered at their pharmacy under this service (unless this is done elsewhere), enabling the detection of and care planning for any clinical issues. The only "treatment" for coeliac and DH patients is to follow a strict gluten-free diet. Pharmacy teams support people to do this providing advice and managing orders for food items on a monthly basis. The Pharmacy Care Record is used to plan and record each health check. All 19 Community Pharmacies in Inverclyde provide this service.

- **Unscheduled Care**

Unscheduled care can be described as: NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional or is care which, unavoidably, is out with the core working period of NHS Scotland. This service operates by means of a national PGD and was developed to maintain continuity of pharmaceutical care, improve the patient journey and help reduce the number of medication related calls to the Out of Hours Service when patients had run out of their regular medication and could not access their GP. The PGD enables Community Pharmacy contractors to provide patients with up to one prescribing cycle of their repeat medicines and appliances in a wide range of circumstances where obtaining a prescription is not practicable, ensuring continuity of care for patients and easing the strain on our colleagues in primary care and Out of Hours services. All 19 Community Pharmacies in Inverclyde provide this service.

- **Stoma Service**

The Stoma Contract sets out the service standards to be met by all Community Pharmacy contractors who have signed up for the service. Most Community Pharmacies in Inverclyde provide this service.

- **National Naloxone Holding service**

All Community Pharmacies in Scotland hold a supply of Naloxone for ease of access to the medication when there is a threat to life caused by a potential overdose.

### 3.4 Local Pharmaceutical Services

As well as the core and national services which Community Pharmacies provide to their communities, there is a range of local services which have been developed in response to the needs of people living in different Health Boards. NHS Boards negotiate locally with Community Pharmacy Health Board Committees on remuneration. Community Pharmacies in Inverclyde opt into the following local pharmaceutical services.

- **Emergency Hormonal Contraception.** All 19 Community Pharmacies in Inverclyde HSCP provide Emergency Hormonal Contraception.
- **Healthy Start Vitamins** All 19 Community Pharmacies in Inverclyde HSCP provide Healthy Start Vitamins.
- **Smoking Cessation Programme.** All 19 Community Pharmacies in Inverclyde HSCP provide the Smoking Cessation Programme.
- Most Community Pharmacies in Inverclyde HSCP provide **Supervised Disulfiram, Compliance Aids, and the Opiate Substitution Therapy Service.**
- Other services provided by some Inverclyde Community Pharmacies are: **Free Condom Service, Injecting Equipment Provider and Advice to Care Homes.**
- **Palliative Care.** Community Pharmacists routinely support patients requiring palliative care. A network of pharmacies across NHS GGC has been established to provide a more specialist service in addition to the core provision. These pharmacies maintain a stock of specific medicines, provide access to specialist advice and act in a support capacity to other pharmacies within their localities. A courier service protocol is also available to ensure timely supplies of these medicines to palliative care patients when needed and is accessible via the network pharmacies. There are five Network Palliative Care Pharmacies in Inverclyde.
- **Take Home Naloxone Programme.** The aim of the service is to contribute to a reduction in drug related deaths within NHS GGC by providing overdose awareness training and Naloxone supply to individuals at risk of future opioid overdose, and to people likely to witness an opioid overdose e.g. family member. Supplies of Naloxone can only be issued by staff members who have undertaken the 'Take Home Naloxone Competency Framework' training.
- **Hepatitis C treatment.** Hepatitis C virus (HCV) is treated with highly effective oral medication with cure rates of >95% in patients who complete the treatment course of 8-12 weeks. For most patients, HCV Direct Acting Antivirals (DAAs) are dispensed via Community Pharmacy to provide pharmaceutical care and adherence support throughout the prescribed therapy.
- **Community Pharmacy Nutritional Support Service (CPNSS).** Established March 2022 in all HSCPs within NHS GGC. Suitable patients identified and assessed through dietetic intervention to the patient's chosen pharmacy for supply from a defined protocol of products instead of having to go through their GP as they did previously.
- **Community Pharmacy Exacerbation of COPD treatment service.** Most pharmacies in Inverclyde have signed up to deliver this service where COPD patients can access emergency treatment or just in case medicines for exacerbations of COPD without the need to attend a GP.

### 3.5 Additional Services from Community Pharmacy

- **Pharmaceutical Waste.** Community Pharmacies routinely accept patient's unwanted prescribed medication for destruction. However, medicines waste costs NHS GGC £100,000 every day and a campaign has been launched to reduce medicines waste for the good of people's health, to support NHS services and to help the environment. Closer working between Community Pharmacies, GP Practices, HSCP Primary Care Pharmacy Team, Care at Home Teams and Care Homes will support a reduction in medicines waste.

- **Child Protection and Vulnerable Adults.** Pharmacy staff have a duty of care to safeguard children and vulnerable young people as detailed in respective Government policies.
- **Controlled Drugs.** The Controlled Drugs (Supervision of Management and Use) Regulations 2013 were introduced to ensure patient safety and support best practice amongst healthcare professionals by improving the management of Controlled Drugs.
- **Early Warning System (EWS).** This provides a telephone communication cascade to facilitate the rapid transfer of urgent information to Community Pharmacies within the HSCP. Twice yearly testing of the EWS is in place to avoid any breakdown in the cascade.
- **Emergency Dispensing Service.** Participation in this service is voluntary and administered through NHS24 and Out of Hours Service. It allows any patient with an urgently required prescription to obtain medication out with normal pharmacy opening times. In addition, Palliative Care Network Pharmacies also provide access to this facility in accordance with their Service Level Agreement.

### 3.6 Support for Community Pharmacy

- **Community Pharmacy Champions**

The Pharmacy Champion's role is crucial in supporting Community Pharmacies in the delivery of NHS contracted services over a wide range of contractual issues, to best utilise the opportunities that the development of health policy at both national and local level bring. They are a regular point of contact for their constituent pharmacies and endeavour to make contact with their pharmacies at least once per quarter to cascade information as well as their knowledge and experience, following discussions and decisions made at the Local Implementation Group (LIG). They support the whole pharmacy team to deliver all aspects of the NHS Pharmacy First Scotland service and delivery all common clinical condition Patient Group Directions (PGDs).

- **Pharmacy Locality Group.**

This is led by Inverclyde HSCP Primary Care Pharmacy Team to develop local links and engagement and meets three times a year. The group includes pharmacists, pharmacy technicians and support staff from across the pharmacy sector (Community, Primary Care and Acute) in Inverclyde to discuss relevant topics and improving ways of working together. The aim is to build relationships across the sectors and with the wider multidisciplinary team to explore areas where together pharmacy services can improve patient care, patient safety and improve the effectiveness and efficiency of services, including building communication links for queries, medicines shortages and prescribing initiatives and working together on initiatives to reduce medicine waste.

- **Community Pharmacy Development Team**

This expert NHS Greater Glasgow and Clyde team is based in Glasgow and is part of Pharmacy Services, a central function which supports all pharmacy services across the Board's area of responsibility. The team incorporates expertise in specialist services such as palliative care, stoma care and addictions. The team provides support to pharmacies on all professional, legislative and contractual issues in addition to developing innovative practice.

## 4.0 PROPOSALS

### 4.1 None

## 5.0 IMPLICATIONS

### 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

## 5.2 Finance

### One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>
N/A					

### Annually Recurring Costs/ (Savings)

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>With Effect from</b>	<b>Annual Net Impact</b>	<b>Virement From (If Applicable)</b>	<b>Other Comments</b>
N/A					

## 5.3 Legal/Risk

None

## 5.4 Human Resources

None

## 5.5 Strategic Plan Priorities

None

## 5.6 Equalities

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Improves health outcomes
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	Improves health outcomes
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Improves health outcomes
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	Improves health outcomes

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

Links with Inverclyde HSCP Clinical and Care Governance Group.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Improves self-management
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Improves health outcomes
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Promotes a positive experience
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improves health outcomes
Health and social care services contribute to reducing health inequalities.	Supports reducing health inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Improves health outcomes
People using health and social care services are safe from harm.	Keeps safe from harm
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Improves health outcomes
Resources are used effectively in the provision of health and social care services.	Effective use of clinical resource

## 5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.



## 6.0 DIRECTIONS

6.1	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	x
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 None

## 8.0 BACKGROUND PAPERS

8.1 None