

11 August 2020

AddressesFor action

Directors of Pharmacy NHS
Boards
Director Practitioner Services,
NHS NSS

For Information

NHS Board Chief Executives

Dear Colleague

COMMUNITY PHARMACY – NATIONAL CAREER PATHWAY AND INTRODUCTION OF A COMMON CLINICAL CONDITIONS INDEPENDENT PRESCRIBING SERVICE (NHS PHARMACY FIRST PLUS)

Purpose

1. This circular informs NHS Boards and community pharmacy contractors of the intention to establish a combined National Foundation Programme and Independent Prescriber (IP) Career Pathway for community pharmacists. It also describes the terms of a Pharmacist Independent Prescriber-led common clinical conditions service (NHS Pharmacy First Plus) for which funding will be available for contractors able to deliver it from September 2020. This circular sets out the details for the financial year 2020-21 with the intent being to continually expand this work in subsequent years.

Background

2. This career pathway aims to maximise the pharmacists' expertise in medicines and, with the introduction of the new NHS Pharmacy First Scotland service, the opportunity for pharmacists to enhance the patients' care will further develop. Increasing the number of IPs and establishing the core use of the IP qualification in the community setting will enhance the pharmacy networks' role in the clinical pathway of patients and reduce the number of Patient Group Directions needed.
3. Over the course of 2020/21, work will be undertaken to both plan a funding stream for contractors who support early years pharmacists in completing the NES Foundation programme and to increase the capacity of the programme for community pharmacists – the intention being that the first funded cohort register to start training in September 2021.

Enquiries to:

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4. Those successfully completing the Foundation course will then transition onto a fully funded Independent Prescribing course.
5. There will be separate entry streams for qualified Community Pharmacists wishing to gain their Independent Prescribing qualification and for Independent prescribers wishing to undertake Common Clinical Conditions training. These will be communicated at a later date.
6. Initially, the core use of the Independent Prescribing qualification in the community pharmacy setting will be for the management of acute common clinical conditions in an extension to the newly launched NHS Pharmacy First Scotland (NHS Pharmacy First Plus). To support this vision, this circular includes a service specification and details of associated funding which are available to all contractors able to deliver a service as described.
7. The intention is to grow and nurture both this extended service and the independent prescribers delivering it in a gradual, supportive manner. This will rely on strong ongoing communication within local primary care networks to make clear individual competence, confidence and capacity with respect to conditions treated as this will not be uniform in the early years of qualification.
8. From September 2020, A proportion of the £1.3million non-global sum will be repurposed towards funding educational infrastructure to support this **joint Scottish Government and CPS strategy of increasing the number of independent prescriber workforce within the community pharmacy setting**. Pro-rata funding for April-August 2020 will cover the operations of existing IP clinics, with a view to these winding down or transitioning to local funding.
9. Scottish Government and CPS have also set aside a £3.3m budget in the Global Sum allocation for 2020-21 to support pharmacy contractors who have existing IPs and who confirm that they will provide the service outlined in **Annex A: Service Specification**.
10. Full details of funding distribution for subsequent years have not yet been agreed, but it has been agreed that this policy aim will continue to be supported and developed over the long term.

Detail

Financial Year 2020-21

11. NHS Boards will already have commissioned initial community pharmacist supplementary and independent prescribing clinics for **2020/21**. The table below sets out the amount that can be drawn down by each NHS Board this financial year for **the purposes of winding these clinics down or supporting their transition to local funding**. This has been based on the 2019-20 NRAC assigned to each Board. The amount available will be **£415,000**. The remaining **£885,000** will be used to fund the necessary supporting educational infrastructure, IP university courses and Common Clinical Conditions training.

Community Pharmacist Supplementary and Independent Prescribing Clinics	2019/20 Share - £1 million	5-month share
Ayrshire and Arran	£73,933	£30,805
Borders	£21,050	£8,771
Dumfries and Galloway	£21,719	£9,050
Fife	£68,114	£28,381
Forth Valley	£57,565	£23,985
Grampian	£98,954	£41,231
Greater Glasgow and Clyde	£222,776	£92,823
Highland	£64,443	£26,851
Lanarkshire	£126,662	£52,776
Lothian	£148,529	£61,887
Orkney	£4,842	£2,018
Shetland	£4,914	£2,048
Tayside	£78,497	£32,707
Western Isles	-	-

12. Scottish Government and CPS have set aside a £3.3m budget in the Global Sum allocation for 2020-21 to support pharmacy contractors who have existing IPs and who confirm that they will provide the service that is detailed in **Annex A: Service specification** .

Subsequent Financial Years up to and including 2023-24

13. The full £1.3m non-Global Sum will be allocated to the educational infrastructure.

14. **Community pharmacy Scotland have been consulted on the content of this circular. NHS Boards are asked to note the contents of this note and to copy to all community pharmacy contractors and the Area Pharmaceutical Committee for information.**

Yours sincerely,



Rose Marie Parr

Chief Pharmaceutical Officer and Deputy Director,
Pharmacy and Medicines Division

Service Specification – NHS Pharmacy First Plus

Service Aim

1.1. The community pharmacy contractor will provide a Pharmacist Independent Prescriber (PIP)-led service for patients presenting in the community pharmacy with a common clinical condition which is beyond the scope of the standard NHS Pharmacy First Scotland service and would otherwise require onward referral to another healthcare professional. The service will include the assessment and treatment of acute common clinical conditions which are within the IP providing the service's competence and within the terms of their medical indemnity arrangements. Conditions **may** include but are not limited to:

- Urinary tract infections
- Respiratory infections
- Ear, nose and throat
- Dermatological presentations
- Allergies
- Eye infections (in conjunction with local optometry services)

1.2. Patient eligibility will mirror the current eligibility criteria for NHS Pharmacy First Scotland service. Patients will self-refer to the pharmacy, or can be referred by other healthcare professionals or health and social care services.

2. Service Objectives

2.1. To utilise Pharmacist Independent prescribing, advanced consultation and common clinical conditions skills together to assess and manage acute conditions in the community pharmacy setting.

2.2. To provide a local triage service, referring patients whose condition cannot be managed under NHS Pharmacy First Plus to the most appropriate local practitioner.

2.3. To contribute to the wider health policy aims of keeping people well as close to home as possible and shifting the balance of care into the community.

2.4. To provide a service with the appropriate assurances to antibiotic stewardship in the community.

3. Service outline and standard

3.1. An employee Pharmacist Independent Prescriber (PIP) is available in the community pharmacy setting to assess and either advise, refer or treat patients presenting with acute conditions using their advanced skills.

- 3.2.** A member of the pharmacy team will determine the patient's eligibility to access the service before referring to the PIP, including confirming that the condition cannot be dealt with under NHS Pharmacy First Scotland service.
- 3.3.** The PIP will undertake a consultation, clinically examining and assessing patient symptoms and needs to determine and agree with the patient the most appropriate course of action. The PIP should make use of the clinical tools available to them in the course of the consultation, including Emergency Care Summary and Clinical Portal access where this is agreed. The PIP may make a professional decision on whether the use of NHS Near Me is appropriate on a case-by-case basis. If used, the GPhC's standards for providing services at a distance and any relevant professional guidance on conducting remote consultations should be followed.
- 3.4.** Initially, each consultation will be recorded on the UCF module used to record standard NHS PFS consultations. Referrals will be recorded as such, with both consultations where prescribing and advice only occurred being recorded as though only advice was provided (this is because the PIP will use an NHS prescription pad to prescribe until further developments to UCF are made).
- 3.5.** Once made available, all activity should be recorded under the UCF module designed specifically for NHS Pharmacy First Plus consultations.
- 3.6.** Until the UCF module designed specifically for NHS Pharmacy First Plus consultations and prescribing is made available, the responsibility for procuring an NHS prescription pad and prescriber code sits with the PIP and pharmacy contractor, who should work with their local NHS Board to achieve this. The NHS Board will determine which service budget the any prescribing pad should be linked to.
- 3.7.** Patient records will be updated with further details of the consultation as appropriate.
- 3.8.** The PIP will provide information and advice (written and verbal) on recommended treatment including use, side effects and interactions.
- 3.9.** Where the PIP identifies that a patient needs to be referred onwards, details of the consultation shall be provided to the patient and the referral made in line with local procedures.
- 3.10.** The patient's GP will be notified of the appointment and outcomes as appropriate. The mechanism for doing this should be agreed locally, with full clinical portal access being the preferred option.
- 3.11.** Where prescribing is necessary, the PIP will prescribe and review medication for therapeutic effectiveness appropriate to patient needs and in accordance with local formulary wherever possible. The PIP will take into account current prescribing guidelines, evidence-based practice and national/local prescribing protocols.

- 3.12. The pharmacy team will support patients to adopt health promotion strategies that promote healthy lifestyles and apply principles of self-care.
- 3.13. The service will be subject to NHS Board prescribing management processes, and as such the PIP will follow local formulary choices as appropriate and engage with prescribing reviews, audit and advice as may be carried out locally.
- 3.14. The PIP may be invited by the NHS Board to participate in peer review sessions to support their practice as a prescriber. Although not mandatory, attendance is encouraged.

4. Duties and responsibilities of the community pharmacy contractor

4.1 The community pharmacy contractor will be responsible for ensuring:

- 4.1.1 That an employee Pharmacist Independent Prescriber (PIP) will be available to offer the service to patients presenting with acute conditions during locally determined service hours.
- 4.1.2 That the PIP is able to offer patients privacy and confidentiality in a suitable area of the pharmacy.
- 4.1.3 The provision of any equipment which is necessary to carry out clinical examination of the patient
- 4.1.4 That the PIP delivering the service is supported in undertaking any necessary additional training or development identified.
- 4.1.5 The provision of a user-friendly, person-centred, non-judgemental and confidential service.
- 4.1.6 That other local primary care services are regularly engaged with to raise awareness of the service, particularly in relation to the conditions that can be treated (as per the PIP's competence), hours of operation and any holidays or absence which have an impact on service availability.
- 4.1.7 That the PIP engages with NHS Board prescribing management process as detailed in 3.12
- 4.1.8 That, as this service specification is reviewed and updated, the service being provided will in turn be adapted and changes communicated locally.

5. Competencies

- 5.1. The Pharmacist providing the service must be a qualified Independent Prescriber and be registered as such with the General Pharmaceutical Council.
- 5.2. If they have not already done so, the Pharmacist providing the service must complete the two-day NES clinical skills assessment course, the one-day consultation skills course and the study day on common clinical conditions (or alternative provisions as may be made available in the future e.g. online options or Teach and Treat models) within the first two years of this service being provided.
- 5.3. The Pharmacist providing the service must always act within their own competency, and refer the patient to another appropriate local practitioner for issues they are unable to address in relation to common clinical conditions.

6. Terms, remuneration and evaluation

- 6.1. A **monthly fee of £2,000** will be made to the contractor named on the pharmaceutical list at the 1st of each month for each full month that the service is made available in the pharmacy, subject to timely completion and submission of the form at **Annex B**. Should the service cease operation partway through a given month, a pro-rated payment adjustment will be made. The service should only be made available once the PIP is able to prescribe as an IP on the NHS – this will require a prescriber code and, until such times as UCF is modified to support this service, a prescription pad.
- 6.2. The service provider will complete a self-declaration form to indicate that a PIP is available to **provide this service for a minimum of 25 hours per week, for a minimum of 45 weeks of a rolling year from the date the service starts**
- 6.3. In the event that the service provider is no longer able to meet the service specification, the service provider will inform Practitioner Services Department using the form at **Annex C** as soon as is reasonably practical, detailing the date from which the service ceased.
- 6.4. This service will be subject to NHS Payment Verification processes and scrutiny.
- 6.5. The service will be subject to evaluation, which the service provider must participate in as directed by Community Pharmacy Scotland or the Scottish Government.

Self-declaration form – NHS Pharmacy First Plus service claim

TO BE COMPLETED, A COPY RETAINED IN THE PHARMACY AS RECORD FOR POST PAYMENT VERIFICATION, AND A COPY SENT TO NSS AS DETAILED AT THE END OF THE DOCUMENT

Contractor Name	
Contractor Code	
Service start date	

I, the undersigned contractor, confirm that I will make available the NHS Pharmacy First Plus service from the contract indicated above, to the terms laid out in the relevant service specification, and wish to claim the £2,000 per month service fee ongoing.

COUNTER FRAUD DECLARATION

I declare that the information I have provided is correct and complete. I understand that, if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I agree to co-operate fully with all payment verification procedures. I agree that any overpayments identified through the post payment verification procedure may be recovered at a future date by the Common Services Agency for the Scottish Health Service.

The Common Services Agency may occasionally share information provided on this form with Health Boards and any other relevant organisations. We will share information for the purposes of payment verification, and the prevention, detection and investigation of crime.

Signature agreeing to Declaration and consent to share, disclose or obtain information:

Signature:.....

Name (in capitals):.....

Company Position:.....

Date:.....

PLEASE RETURN THIS FORM BY EMAIL TO: nss.psd-pharm-pay@nhs.scot

Self-declaration form – NHS Pharmacy First Plus service withdrawal

TO BE COMPLETED, A COPY RETAINED IN THE PHARMACY AS RECORD FOR POST PAYMENT VERIFICATION, AND A COPY SENT TO NSS AS DETAILED AT THE END OF THE DOCUMENT

Contractor Name	<input type="text"/>
Contractor Code	<input type="text"/>
Service end date	<input type="text"/>

I, the undersigned contractor, confirm that I am no longer able to offer the NHS Pharmacy First Plus service from the contract indicated above. Any associated fees should be stopped as of the indicated service end date, and any overpayments recovered.

COUNTER FRAUD DECLARATION

I declare that the information I have provided is correct and complete. I understand that, if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I agree to co-operate fully with all payment verification procedures. I agree that any overpayments identified through the post payment verification procedure may be recovered at a future date by the Common Services Agency for the Scottish Health Service.

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