

## Key Principles for the Provision and Operation of the NHS Pharmacy First Scotland Service

1. In conjunction with the 2020 Directions which encompass the service specification, all NHS Pharmacy First Scotland (NHS PFS) providers (i.e. the community pharmacy contractor) and registered pharmacists providing the NHS Pharmacy First Scotland service are expected to adhere to these principles.

### The 2020 Directions

2. The Health Board Additional Pharmaceutical Services (NHS Pharmacy First Scotland) Directions 2020 ("the 2020 Directions") provide the legal framework for the NHS PFS service and include four Schedules as follows:

Schedule 1: *Service to be provided as an NHS Pharmacy First Scotland Service*

Schedule 2: *Terms and Conditions of the provision of an NHS Pharmacy First Scotland Service*

Schedule 3: *Payment for the NHS Pharmacy First Scotland Service; and*

Schedule 4: *NHS Pharmacy First Scotland Service Specification*

### The 6 Key Principles

3. The following 6 Key Principles are intended to support the application of the 2020 Directions. The principles are drawn from the content of the 2020 Directions and must be adhered to.

**Principle 1:**

**Compliance at all times with the 2020 Directions and Service Specification for NHS Pharmacy First Scotland (NHS PFS) is essential.**

4. All NHS Pharmacy First Scotland providers and pharmacists providing the NHS PFS service **must** familiarise themselves with all of the requirements of the 2020 Directions. This is fundamental to the arrangements between the Health Board and the NHS PFS provider for the provision of the NHS PFS service. The 2020 Directions and the four Schedules are intrinsically linked. This further emphasises the need for NHS PFS providers and pharmacists

providing the NHS PFS service to familiarise themselves with all aspects of these Directions.

*(Directions: Schedule 4, paragraph 1.1)*

5. The NHS PFS provider has ultimate responsibility for the appropriate provision of the NHS PFS service in accordance with all the requirements of the 2020 Directions. These must be complied with at all times.

*( Schedule 4, paragraph 1)*

6. An NHS PFS provider **must not** offer any incentives or inducements to the public to use the NHS PFS service; offer any incentives or inducements or set targets for pharmacists or staff to recruit people for the NHS PFS service or for any other aspects of the NHS PFS service.

*(Schedule 2, paragraph 1)*

**Principle 2:**

**NHS PFS providers and pharmacist(s) must only use approved NHS PFS service publicity materials**

7. NHS PFS providers **may only issue or display the publicity material and the patient information leaflet made available by Scottish Ministers** in respect of the NHS PFS service and the provision of the NHS PFS service to promote and raise public awareness of the service. Also, if listing the NHS PFS service on a services offered panel, pharmacy leaflet or website then the NHS PFS provider must not suggest that the service is exclusive to that pharmacy.

*(Schedule 2, paragraph 2)*

**Principle 3:**

**NHS PFS providers and pharmacist(s) must always obtain the patient's or representative's consent to receive the NHS PFS service.**

8. Obtaining a patient (or their representative's) agreement to receive the NHS PFS service is fundamental to the operation of the NHS PFS service. It is an optional service for patients, not mandatory. A patient signature is not required in undertaking the eligibility check prior to an NHS PFS consultation but the NHS PFS provider must ensure the patient consents to and wishes to receive the service.

*(Schedule 2, paragraph 3))*

9. Only under certain circumstances can someone else give consent to an NHS PFS consultation or treatment on the patient's behalf. These circumstances are where:

- The patient is under the age of 16 in which case, the parent or guardian would usually be the patient's representative
- Where the patient is the subject of a Power of Attorney or Guardianship Order which allows a named person to give consent.
- The patient is housebound and a representative is attending on their behalf.
- The patient is self-isolating or 'shielding' during the Covid-19 pandemic and a representative is attending on their behalf.
- The patient lives in a care home and a representative has contacted the pharmacy on their behalf.

*(Schedule 4, paragraph 4.2.3)*

### Housebound Patients

10. Good practice requires that particular care is taken when providing an NHS PFS consultation to a patient who is housebound and has arranged a telephone consultation or NHS Near Me or for a representative to attend the pharmacy. The NHS PFS provider should ensure that any staff involved are suitably trained and competent to undertake this process.
11. An NHS PFS consultation by either telephone, NHS Near Me or with a representative on behalf of a housebound patient must be carried out in compliance with the directions (as described in paragraph 10 above). The detailed internal process for delivery of the NHS PFS service to a housebound patient should be included in a **Standard Operating Procedure** within the pharmacy (see also paragraph 23 of this Annex).
12. These good practice principles of providing the NHS PFS service to a housebound patient also apply where a person is self-isolating or shielding during the Covid-19 pandemic and a representative attends the pharmacy on their behalf.

*(Schedule 4, paragraph 4.2.3)*

### Consultations

13. Other than NHS Near Me consultations, NHS PFS consultations conducted as part of an online service are not permitted. NHS PFS is designed primarily as a face to face service with consultations taking place in person in pharmacy premises. Telephone consultations or NHS Near Me consultations can be conducted on pharmacy premises but only where face to face consultations in person in pharmacy premises are not practicable such as in the following examples:
  - The patient is housebound
  - The patient is too ill to go to the pharmacy, or may have a contagious illness
  - The patient is resident in a care home
  - The patient is self-isolating or 'shielding' during the Covid-19 pandemic.

- The patient is unable to attend the pharmacy due to work, caring responsibilities or issues with transport. This list is not exhaustive and the pharmacist should make a reasoned assessment to the appropriateness of remote consultations.

*(Schedule 2, paragraph 5)  
(Schedule 4, paragraph 4.3.1)*

**Principle 4:  
NHS PFS providers and pharmacist(s) must always ascertain the patient's eligibility for the NHS PFS service.**

### Patient Eligibility

14. An NHS PFS provider, pharmacist or member of pharmacy staff should ensure that the required check on a patient's eligibility is made prior to providing advice, supply or referral under the NHS PFS service.

*(Schedule 2, paragraph 3)*

*(Schedule 4, paragraph 4.2.1)*

15. If there is any doubt about a patient's eligibility then the pharmacist should use their professional judgement to determine whether it is appropriate to provide the NHS PFS service.

**Principle 5:  
NHS PFS providers and pharmacist(s) should always record complete and accurate patient information**

### The Electronic Recording of NHS PFS activity

16. Only once a patient or patient representative has given their agreement to receive the NHS PFS service, and appropriate eligibility checks have been carried out, can an NHS PFS provider, pharmacist or member of pharmacy staff provide the NHS PFS service
17. The following information is required to support the creation of an electronic patient record for NHS PFS service (PMR systems all support this through their eMAS and individual PGD modules):

- Full Name
- Address including postcode
- Date of birth
- Sex

18. The above fields are used to support identification of a patient's CHI Number. Every attempt must be made to search for, identify and accurately record a person's CHI Number. It is important that recorded information is complete and accurate.

*(Schedule 2, paragraph 4 )*

19. Some people may not have a CHI number, in particular, persons not registered with a Scottish GP practice. In this case, the relevant Universal Claim Framework (UCF) service relating to 'Scottish Resident no registered GP' should be selected as this will not mandate the entry of a CHI or GP practice code.

20. A patient record must be established which includes as a minimum:

- person's name and address,
- a person's date of birth,
- where available, a person's CHI number,
- a person's sex
- where relevant, the GP practice at which the person is registered,

21. In addition, the following details are automatically generated in the patient record during the process of recording a consultation:

- the date of each NHS PFS consultation,
- the NHS PFS services provided to the person, to include—
  - information on whether advice, supply or onward referral was provided,
  - details of any treatment supplied, and
  - the name, quantity, form and strength of any product supplied.

*(Schedule 2, paragraph 4 )*

22. In the case of a patient representative, it is good practice in each instance to note the name and address of the person who gave consent for the person to receive the service, and that representative's relationship to the person who is to receive the service, as part of the NHS PFS consultation record.

**Principle 6:  
NHS PFS providers and pharmacist(s) must at all times operate the NHS PFS service professionally and ethically and in the best interest of the patient**

23. NHS PFS providers should ensure that there is a comprehensive Standard Operating Procedure (SOP) for the NHS PFS service which covers all aspects of service provision.

24. All providers of NHS services have a duty to use NHS resources responsibly and these should only be used in the best interest of the patient. In the case of the NHS PFS service, this includes claims made for the advice, supply and referral elements, covering remuneration for the provision of the service as well as reimbursement of the items dispensed and provided through the service.
25. NHS PFS providers are obliged to provide the right environment to allow pharmacists to provide professional clinical care as they consider appropriate to the patient.
26. The supply of a medicine should be in response to a patient consultation and only when it is the most clinically appropriate intervention.

#### The NHS PFS Approved List

27. NHS PFS providers should endeavour to adhere to the NHS PFS Approved List applied for that purpose by the relevant Health Board at all times. Only in very exceptional circumstances should a product not on the Approved List be supplied, for example:-

- PMR systems are yet to be updated to include any products that have recently been added to the NHS PFS Approved List.
- A Serious Shortage Protocol or Scottish Serious Shortage Protocol is in place to enable the substitution of a product in short supply for an alternative product.
- A MSAN circular has been issued about a known supply issue.
- A product is out of stock in the pharmacy and NHS Boards have specifically provided instruction that it would be in the patient's best interests to supply an alternative product.

28. PMR systems will display a 'warning' message to ensure the user is aware they are trying to select a product that is not listed in the NHS PFS Approved List.

29. Where a patient has a preference for a product that is not listed in the NHS PFS Approved List, or where they wish to purchase a product instead of receiving it free of charge, the NHS PFS consultation should be claimed for but the supply of the product should be treated as a private sale and therefore not claimed as part of the NHS PFS service.

*(Schedule 2, paragraph 8)*  
*(Schedule 4, paragraph 5)*

#### Post Payment Verification

30. As with all pharmacy payments, NHS PFS service claims will be subject to scrutiny by Practitioner Services' Payment Verification (PV) team. Any

anomalies or outliers will be investigated by PV and, where appropriate, will be referred to the relevant Health Board, and to NHSScotland Counter Fraud Services (CFS).

31. NHS PFS providers who submit an unsatisfactory response or fail to respond to payment verification enquiries may be considered for onward referral and/or financial recovery.
32. Where after suitable investigation an Health Board is satisfied that an NHS PFS provider has not provided the services in accordance with the 2020 Directions it can suspend payments for the NHS PFS service and recover those made in respect of any appropriate period(s).

*(Schedule 4, paragraph 7.2 )*

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