

Pharmacist Information Pack

April 2023



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This guide has been developed as an information resource for Pharmacists and Support Staff working within Community Pharmacies in NHS GGC. It is not designed to replace any Service Level Agreement (SLA) or Standard Operation Procedure (SOP). Full service details are available from named contacts.

This guide does not include details of projects which may still be in the “pilot phase”.


Details of pilot projects can be obtained from:  ggc.cpdevteam@nhs.scot

The Community Pharmacy NHS Contract for Scotland

Community Pharmacies in contract with their respective Health Boards to provide pharmaceutical care services must provide each of the four core elements of the Community Pharmacy Contract under NHS Terms and Conditions.


Pharmacy First

The new National Pharmacy First Service (PF Service) replaced the Minor Ailments Service (MAS) on the 29th July 2020. This new service aims to promote self-care and treatment, as assessed by the pharmacist for a limited range of minor illnesses such as backache, constipation and cough. Unlike MAS the PF Service is available free of charge to all patients registered with a General Practitioner in Scotland and also includes Care Home residents.

The range of medicines available to be provided are contained on an  **Approved List** that will be reviewed at least annually. In addition to the PGDs for Trimethoprim, Nitrofurantoin and Fusidic Acid that were in place for MAS, two new PGDs have been added; Flucloxacillin for the treatment of minor skin infections and Aciclovir for the treatment of shingles and more PGDs are expected in the future e.g. Fexofenadine for hayfever.

Pharmacy First Plus (Common Clinical Conditions (CCC))

In September 2020 the NHS Pharmacy First Plus (PF+) service was introduced across Scotland. 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. The intention is that this will encourage existing community pharmacists to undertake this qualification, which will ultimately be included as part of undergraduate education.

In GGC as of March 2023 a total of 51 community pharmacies have signed up to provide this service. In order to help support its ongoing development and provide prescribing governance an advisory group has been established that includes all relevant stakeholders. Information about how to sign up for this service and how to join the CCC peer review network can be found  [here](#).

Public Health Service (PHS)

The PHS 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.

The core service requires Contractors to participate in the Scotland wide national window campaign programme as a mandatory element of the service. Within the pharmacy, Contractors must also provide an area for health promotion and advice with access to appropriate materials available for patients and members of the public. Additional elements now include Smoking Cessation, the Gluten Free Food Service and Sexual Health Services. Within these, the legal framework for the supply of Varenicline under the Smoking Cessation Programme and Emergency Hormonal Contraception (EHC) under the Sexual Health Service is provided by respective PGDs. Further details of these services are included in the pack.

The license specifying the use of Paracetamol as prophylaxis in infants less than 12 months of age prior to receiving their Meningitis B vaccination has been modified to include the administration of three doses as a licensed indication. A PGD is no longer required for infants presenting for vaccination at 2 months of age weighing 4kg and over. **However, a PGD is required for a small number of infants who might present early for vaccination at 6 weeks.**

Infants weighing less than 4kg should be referred to their GP for a GP10 and the PGD includes an Appendix detailing recommended doses for guidance.

If clinically appropriate, the prescribing of Paracetamol for pyrexia under MAS would be provided by the Community Pharmacist on a CP4 form.

Please note - Paracetamol should not be routinely administered as prophylaxis following childhood vaccination with the exception of MenB, in case it masks a more serious underlying clinical condition.

On 9th November 2021, the supply of Bridging Contraception was added to the Public Health Service. The supply of Desogestrel can be made following on from an Emergency Hormonal Contraception consultation but can be supplied without EHC too. This is intended to support access to contraception.

Acute Medication Service (AMS)

This service relates to the electronic transfer of prescription information via electronic messaging between GP Practices and Community Pharmacies utilising a barcode printed on the prescription form.

This is supported by ePay at Practitioner Services Division (PSD) to improve the speed and accuracy of payment.

Further information on automation is available from the Pharmacy page of the NHS National Services Scotland website at  <https://www.nss.nhs.scot/browse/pharmacy-services>

This is also supported by the publication of the Electronic Endorsement Guide which can be found  [here](#).

Medication: Care & Review (M:C&R)

The refreshed service was formally launched in February 2021. It contains many similarities to the Chronic Medication Service (CMS) and has improved aspects following an extensive consultation exercise with many stakeholders.

M:C&R still has a focus on the provision of pharmaceutical care for patients with long term conditions by the provision of care aspect (updated from CMS to contain an improved patient profile and different stages of medication review) and improved model for serial prescribing.

In summary, all patients with a long term condition are entitled to pharmaceutical care.

All patients should have a patient profile and a stage 1 medication review completed within 16 weeks of registration using the web based Pharmacy Care Record (PCR). A stage 1 review is then required to be completed annually. Other tools within the PCR may be used for the review of care issues identified as part of the stage 1.

Many patients may be suitable for a serial prescription. M:C&R has expanded the type of prescriber who can prescribe a serial prescription to include non-medical prescribers within the practice who have access to ePharmacy systems. Another major change is the inclusion of residents within a care home. A national test of change is currently underway to test the principles of serial prescriptions in a care home setting and a more formal approach will be shared in 2023 as to how this will operate.

Serial dispensing as an additional element provides an opportunity for Community Pharmacists to manage the supply of medication to patients with a stable long term illness for a period of 24, 48 or 56 weeks. A patient no longer requires to be registered for M:C&R for a serial prescription to be produced by the prescriber. However, the patient must register at the community pharmacy for M:C&R before it can be dispensed.

The PCR is a web-based tool to support Community Pharmacists with the care planning component of M:C&R. It is a secure system and is only accessible from within a community pharmacy.

Individual Community Pharmacists must have their own unique user name and password to access the PCR for M:C&R patients registered with that pharmacy.

Any pharmacist who requires a username should complete and submit the form [here](#).

Pharmacy technicians can also register for a PCR username and password. However, technicians will have limited access to pre-determined sections of the PCR.

NHS GGC has developed a suite of generic care plans for Community Pharmacists as part of the care planning process for M:C&R. These can be found [here](#).

Claims for dispensing must be sent electronically at the point of issue to the patient and not at the point of dispensing. This confirms actual supply to the patient and ensures that the amounts paid for the drugs dispensed and the information relayed back to the GP Practice is accurate.

Community Pharmacy Champions

The Pharmacy Champions role is crucial in supporting community pharmacies over a wide range of contractual issues. Through the development of health policy at both national and local level, the Pharmacy Champion plays an important part in providing support to the community pharmacy network, to best utilise the opportunities that these developments bring.

The Pharmacy Champion is a regular point of contact for their constituent pharmacies in the delivery of NHS contracted services and they 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).

The Scottish Government has asked Pharmacy Champions to focus on the following two areas over the next year or so:

- Support all community pharmacists and the whole community pharmacy team to deliver all aspects of the NHS Pharmacy First Scotland service; and
- Support in delivering all common clinical condition Patient Group Directions (PGDs) across Scotland.

Community pharmacies can contact their Pharmacy Champion on the details below -

HSCP	Pharmacy Champion
East Dunbartonshire	ggc.cpdevteam@nhs.scot
East Renfrewshire	elizabeth.rodick@nhs.scot
Glasgow City - North East	derek.jamieson@ggc.scot.nhs.uk or hannah.mcphail@nhs.scot
Glasgow City - North West	garry.scott@nhs.scot or stuart.dinnie@nhs.scot
Inverclyde	Sandra.reynolds4@nhs.scot
Renfrewshire	ggc.cpdevteam@nhs.scot
Glasgow City - South	Karen.macdonald4@ggc.scot.nhs.uk or narinder.dhillon7@nhs.scot
West Dunbartonshire	joan.miller@ggc.scot.nhs.uk

Community Pharmacy Development Team (CPDT)

This expert team is based in Clarkston Court 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. At present the Health Board contracts with 288 community pharmacies to provide NHS pharmaceutical care services. The team provides support to pharmacies on all professional, legislative and contractual issues in addition to developing innovative practice.

The team comprises professional advisors, Contract Managers and Contract Support Staff with links to Palliative Care, Addiction Services and the Pharmacy Champion network.

Contact Name	Tel No.	Designation
Alan Harrison	0141-201-6051	Lead Pharmacist, Community Care
Bridie McCallum	0141-201-6054	Contracts Supervisor
Carolanne Coll	0141-201-6095	Contracts Officer
Christine Lang	0141-201-6050	Pharmacy/Dietetic Support Worker
Janine Glen	0141-201-6049	Contracts Manager
Karen Armstrong	0141-201-6042	Contracts Administrator
Lauren Keenan	0141-201-6094	Contracts Officer
Manpreet Narwan	0141-201-6046	Contracts Administrator
Michelle Cooper	0141-201-6041	Contracts Supervisor
Pamela Macintyre	07876-137-154	Lead Pharmacist, Primary & Community Development
Trish Cawley	0141-201-6047	Contracts Co-ordinator

The members of the team may be contacted directly or via our generic team inbox:

✉ ggc.cpdevteam@nhs.scot

Additional Information

Child Protection and Vulnerable Adults

In engaging directly with patients and the public, pharmacy staff have a duty of care to safeguard children and vulnerable young people as detailed in respective Government policies. This is of importance when a Pharmacist is involved in providing sexual health services or pharmaceutical care to vulnerable groups. Training packages have been developed by NHS Education Scotland (NES) (Pharmacy) and the Health Board's Child Protection Unit. Pharmacy teams should familiarise themselves with this issue in the event of identifying any potential concerns whilst working in a pharmacy. Successful completion of the requisite training is mandatory and requires being undertaken every 5 years.

Further details can be obtained from CPDT by telephone or by email at:

✉ ggc.cpdevteam@nhs.scot

Clinical Portal

Community pharmacists can now access the Clinical Portal system used within our acute hospital sites. This is the patient information management system used within our acute hospital sites but following successful testing with the patient safety work, it has been agreed to extend access to approved users within the community pharmacy network.

The “pharmacists view”, in clinical portal allows access to view patient information for IDL’s, ECS/KIS, GP Summary, Anticipatory Care Plans and Nurses Kardex.

Users must have accounts created to allow access. Forms for this account creation are available from  [here](#).

Training for accessing and using Clinical Portal is available online.

Any queries, please contact either Elaine Paton, Senior Prescribing Adviser or CPDT team.

Controlled Drugs (CDs)

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 CDs.

The Health Board’s Accountable Officer has responsibilities to ensure standards are in place to support the clinical use and management of controlled drugs in all healthcare settings. The Controlled Drugs Governance Team is the operational arm of the Accountable Officer. They have responsibility to witness the destruction of unwanted stock Schedule 2 CDs held by healthcare professionals, perform inspections of relevant premises in relation to their CD handling and review prescribing and dispensing data. An additional part of the role is to ensure that all incidents and concerns involving CDs are reported, reviewed and monitored with appropriate remedial action taken to minimise risk of recurrence.

The CD Team provides advice on best practice in both community and acute settings. Further details can be obtained from the Controlled Drug Governance Team by telephone on:  **0141-201-6034** or by email to:  cdgovernance@ggc.scot.nhs.uk

Drug Alerts

Information regarding appliances failures, medicinal defects and drug alerts is communicated to the CPDT by the Medicines and Healthcare Products Regulatory Agency (MHRA) via the Scottish Government (SG). Occasionally these alerts involve a recall to patient level.

Alerts are classified according to degree of risk:

Class 1	Action now (within 24 hours)
Class 2	Action within 48 hours
Class 3	Action within 5 days
Class 4	Caution in use

Alerts are communicated electronically to community pharmacies via the clinical mailbox function or through the internal email systems for some multiple chains.

CPDT will always respond to a Class 1 alert by initiating the Early Warning System (EWS) (see separate section below for details).

Early Warning System (EWS)

The EWS provides a telephone communication cascade to facilitate the rapid transfer of urgent information to community pharmacies, either across all Contractors or those within a specific Health & Social Care Partnership (HSCP) or locality. The EWS operates via a sub-system for each HSCP, which may or may not be made up of one or more cascades. The decision to activate the EWS is not taken lightly and normally signifies the necessity to urgently communicate an important message across the network.

Anyone can instigate a message. All messages should be initially communicated to the relevant Master Station who should ensure they note the contact details of the person instigating the cascade.

For ease of access, copies of the EWS cascade system for the pharmacy should be sited close to the main telephone within the pharmacy. On receiving an alert, care should be taken to note the content before referring to the cascade system to find the name of the contractor to phone to pass on the information. To be effective, messages within the cascade system should be passed on as a matter of urgency.

Systems are updated with any amendments communicated to the relevant cascade at the earliest opportunity. In addition, the entire system is republished every six months (January and July). Pharmacists should ensure that the most up to date version is displayed in the pharmacy at all times.

Pharmacists in 'Master Stations' and pharmacies who appear at the end of a cascade system should familiarise themselves with the specific responsibilities of these pharmacies i.e. final cascade pharmacy telephoning the 'Master Station' to confirm receipt and then the 'Master Station' confirming completion with the instigator of the message.

CPDT have now introduced twice yearly testing of the EWS. By nature, the system is not used very often and we have found in the past that because of this and for various other reasons, the System can break down before completion. This could have significant implications if the message to be conveyed related to a serious patient safety issue. After comprehensive discussion within Pharmacy Services it was decided that in order to avoid, as best we can, such a breakdown, that a testing process would commence.

Further copies can be found  [here](#).


Queries regarding any aspect of the system should be directed to:  ggc.cpdevteam@nhs.scot.

Emergency Dispensing Service

The 24hr Emergency Dispensing Service was developed as part of the Board's requirements under Regulation 11 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (as amended).

The arrangement allows any patient with an urgently required prescription to obtain medication outwith normal pharmacy opening times. Participation in the service is voluntary and is administered through NHS24 and the Out of Hours Service. The prescriber must endorse the script with the word 'Urgent' (or the Pharmacist dispensing the prescription if this is missing). The Pharmacist must also write the time and date of dispensing on the script and submit a request for payment to the CPDT.


In addition, most of the Palliative Care Network Pharmacies also provide access to this facility in accordance with their Service Level Agreement.

Community pharmacists are paid an agreed fee for a call-out. This fee can be claimed using the current claim form. This can be found  [here](#).

Internet Page

The CPDT has developed a web page which contains information around all aspects of the pharmacy contract and local services commissioned by Pharmacy Services in NHS GGC.

Pharmacists should consult the website in the first instance for any queries they may have regarding any aspect of pharmacy services provided by the community pharmacy network in GGC.

The webpage can be found  [here](#).

Lost/Stolen Prescriptions

The security of prescription forms (both NHS or private) is the responsibility of the NHS/employing organisation and the prescriber and NHS Boards should at all times be able to advise on appropriate security arrangements for prescription stationery. They should be accorded the same security status as actual money or cash and stored and handled as such.

As a minimum requirement all prescribers should ensure:

1. They keep a record of the first and last serial numbers of the prescription pad issued to him/her.
2. They record the number of the next unused prescription form on an in-use pad at the end of the working day.
3. They never pre-sign forms.
4. They never leave prescription pads unattended.

Adhering to the above principles should minimise the risk of prescriptions/prescription pads being lost/stolen. However should any prescriptions go missing, the following process should be followed as soon as the loss/theft is identified.

Process

Contact the CPDT by email as soon as practicably possible after the theft or loss is detected to thwart attempts by those likely to exploit the situation for financial gain.

1. Provide the following information: the approximate number of prescription forms lost/stolen; their serial numbers; and where and when they were lost/stolen.
2. On notification of a lost/stolen prescription, the CPDT will notify:
 - The Fraud Liaison Officer;
 - Counter Fraud Services;
 - All Community Pharmacies in the area;
 - Neighbouring NHS Boards;
 - The Drug Squad; and
 - Police Scotland
3. Following the loss of prescription stationery, the prescriber concerned should write and sign all prescription forms in red ink for a period of two months.

Medication Incidents

Community Pharmacists continue to be strongly encouraged to report the occasional prescribing or dispensing error that will arise in the course of normal practice.

Reporting forms can be downloaded from [🌐 here](#) and submitted to Alan Harrison (Lead Pharmacist - Community Care) for collation.

Reports are treated in confidence with summaries containing non-attributable examples issued occasionally to highlight the nature of the incident as a mechanism to minimise the risk of reoccurrence. A report may also have been received through Datix, the software system used by NHS GGC for managing incidents and complaints which will normally require further scrutiny to complete the investigation. In particular, the CD Governance Team must be informed of any incident involving a controlled drug.

Following any pharmacy incident involving Opioid Substitution Therapy (OST), Community Pharmacists are encouraged to complete the OST Self Audit Tool to review current practice within the pharmacy and identify areas for development. The Self Audit Tool can be accessed here: [🌐 CP OST Self Audit Form](#)

NHS Mail

NHS.scot is a secure method for transferring electronic messages and is CPDT's primary means of communication to contractors. To comply with this code of connection, Pharmacists will have given a commitment that the clinical mailbox will have been accessed at least twice a day as a minimum.

For Locums, the team manages a secure distribution list accessible only by the CPDT Senior Management Team, to communicate relevant professional and service information in order to keep this group of Pharmacists informed of local and national developments.

To access this distribution network, Pharmacists are required to have a valid NHS.scot address. Locums wishing to be included in the Locum List should contact: [✉ ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot)

Non-Medical Prescribing

The CPDT has continued to promote and support the concept of community pharmacists becoming independent prescribers in line with national policy and strategic direction. Both Robert Gordon and Strathclyde Universities provide courses with selection managed locally through Pharmacy Services, for pharmacists in NHS GGC, in conjunction with NES Pharmacy. The course follows a structured programme of distance learning, a residential period and a written submission all contributing to a final assessment. Successful candidates are then required to register with the GPhC.

Patient Group Direction (PGD)

The Health Board currently operates a number of PGDs for use within community pharmacies. A full list of current PGDs can be found [here](#).

Pharmacists must ensure they have signed the relevant declaration before making a supply of any product under these services; otherwise the supply of the POM product may be rendered illegal as a breach of the Human Medicines Regulations (2012) Act with the supplying pharmacist liable to prosecution by the MHRA. Further details can be obtained from:

[✉ ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot)


Pharmaceutical Care Services Plan (PCSP)

The purpose of the Pharmaceutical Care Services Plan (PCSP) is to provide additional information on the pharmaceutical care services currently available within NHS GGC. The information also aims to assist in identifying any possible gaps in provision where an improved or additional facility may be required. The PCSP should be read in conjunction with the Board's Pharmaceutical List.





This document is available for intended pharmacy applicants and can be found  [here](#).

Pharmaceutical Waste

Community Pharmacies routinely accept patient's unwanted prescribed medicines for destruction. The Board makes arrangements for storage bins to be provided and for the regular uplift of this waste from community pharmacies.

Pharmacies **must not** contact the service provider direct. All requests for uplifts outwith the scheduled arrangements or for extra bins must be directed to:  ggc.cpdevteam@nhs.scot. The Board's waste contract for community pharmacies does not include the uplift of clinical waste, other than that collect by pharmacies who provide Injecting Equipment (and this is managed through a separate arrangement). You can find further information [here](#).

Pharmacy Closure (unplanned)

On the rare occasion when a pharmacy fails to open or has to close in an emergency, the Responsible Pharmacist must inform the Board of the nature and likely duration of the closure by telephoning:  **0141-201-6046** or  **0141-201-6094** or e-mailing:  ggc.cpdevteam@nhs.scot. To minimise the extent of disruption to NHS services, a notice must be positioned with visibility from the affected site to direct patients to the nearest pharmacies in that locality. It is important that every effort is made to ensure that patients attending on a daily basis have access to their prescribed therapy; however, for Opiate Substitution Therapy patients in particular, Pharmacists should also link in with their local Alcohol & Drug Recovery Service (ADRS) and the ADRS Pharmacy Team ( **0141-303-8931**) to co-ordinate arrangements for these patients attending for instalment dispensing. It would also be advisable to notify local GP surgeries likely to be affected if the closure was for a prolonged period.

Every pharmacy should have an up to date Business Continuity Plan (BCP) which will provide details and guidance on what should be done in an emergency situation. There should be at least one copy within the pharmacy. Alternatively the CPDT holds a copy of the BCP for every pharmacy that has provided one.

Helpful resources and a copy of the process to be followed can be found  [here](#).

Service Now

The process to access support for NHS Mail (including the setting up of accounts and the management of access to the clinical mailbox) has changed.

"Service Now" should be used by Community Pharmacies contacting eHealth IT Support. Each site has had one 'Service Now' account created with the details issued to the shared mailbox. If you do not know the login details for your site, please follow the below steps to reset the password:

- Go to  [Service Portal - eHealth IT Service Portal \(service-now.com\)](https://service-now.com)
- Select 'forgot your password'
- Enter your username - THIS IS YOUR FULL SHARED MAILBOX ADDRESS

- Enter your username again (Personal Data Verification Email) - THIS IS YOUR FULL SHARED MAILBOX ADDRESS
- Select 'next' and follow the steps
- You should then receive an automated email into your shared mailbox. Follow the steps within the email.

(If you have any problems with these steps, please contact the Service Now Administrator at: [✉ ggc.servicenowaccesscs@ggc.scot.nhs.uk](mailto:ggc.servicenowaccesscs@ggc.scot.nhs.uk) stating your Name, Contractor Code and Contact Telephone Number)

There is a separate process for Locum Pharmacists who need to access Service Now outwith a community pharmacy e.g. to unblock their clinical portal password in advance of them undertaking a shift.

When a Locum Pharmacist knows they will be working in a particular pharmacy they can make contact with the CPDT - [✉ ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot) for a ticket to be raised with IT (via Service Now) without having to wait until they are in a pharmacy to access the pharmacy's Service Now account.

The Locum must ensure the following information is provided:

1. The Locums name;
2. GPhC number;
3. Mobile telephone number;
4. NHS.scot email address (if applicable);
5. The name of the pharmacy the Locum will be working in; and
6. Clear indication of request being made

Once CPDT have raised the ticket, IT will liaise directly with the Locum Pharmacist.

Standard Operating Procedure (SOP) for Managing Base Pharmacist Changeover

The CPDT strongly recommends that an SOP is developed to manage the changeover of key staff within a community pharmacy. Whilst affirming that key staff will change on occasion, the CPDT are aware of instances where the process has not been managed effectively and the ability to maintain continuity of NHS Pharmaceutical Care Services has been compromised as a consequence. A number of services are supported by person specific PGDs which can cause significant disruption to provision if the incoming Pharmacist has not signed the relevant PGDs. You will find a list of actions/tasks/areas that should be included within your SOP [🌐 here](#).

"Specials"

Community Pharmacists are occasionally presented with a prescription for a special preparation or an imported unlicensed medicine. NHS Circular PCA (P) (2015) 17.

[🌐 http://www.sehd.scot.nhs.uk/pca/PCA2015\(P\)17.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2015(P)17.pdf) contained revised guidance on the authorisation and reimbursement of these products effective from 1st September 2015. A limited list of products has now been compiled and added as Part 7S or Part 7U of the Scottish Drug Tariff. No prior authorisation is required for an item listed in Part 7S or 7U with contractors being paid the agreed tariff price. Authorisation is also not required if the product is obtained from an NHS Production Unit within Scotland.

In addition to the Scottish Drug Tariff, an additional guide price for commonly requested unlicensed medicines has been produced for use only within NHS GG&C and can be found [here](#). If an item on the list can be obtained at the guide price or lower, then no authorisation is required. If the item is not available at the guide price then authorisation should be sought. Please note the guide price is a maximum cost, not a set reimbursement cost. Prescriptions should be endorsed in the usual way.

Prior authorisation is required for all other special or imported unlicensed medicines in line with this revised guidance. Failure to obtain prior authorisation for supply from an approved manufacturer or specialist supplier may result in the non-reimbursement of the actual cost incurred. Authorisations are valid for up to 12 months. On occasion, one-off or smaller time limits will be used if there are appropriate clinical reasons to do so.

Prescribers may have to be reminded that they carry responsibility, shared with the Pharmacist for the use of unlicensed products in practice.

The information contained in "NHS GGC Guidance on the Use of Specials in Primary Care" is also supplemented with guidance from the Royal Pharmaceutical Society. Community Pharmacists are also provided with quarterly updates of the A-Z guide which advises where alternative licensed products are available for commonly prescribed Specials and Pharmacists should use this information in their discussion with prescribers to confirm the need for a Special when such a request is made. Specials authorisations should be emailed to the Prescribing inbox: [✉ prescribing@ggc.scot.nhs.uk](mailto:prescribing@ggc.scot.nhs.uk)

If you have any questions regarding a request received that doesn't relate to the authorisation process, please contact your prescribing support team or the Community Pharmacy Development team.

Alcohol & Drug Recovery Services

Opiate Substitution Therapy (OST)

This service involves the core element of dispensing and supervision, as an additional locally negotiated service, of Methadone and Buprenorphine prescriptions.

Sufficient quantities of both Methadone and Buprenorphine should be stocked commensurate with activity. The Pharmacist or other suitably qualified member of staff will supervise the self-administration of the substitute medication (when requested), ensuring the whole dose is either swallowed (Methadone) or administered sub/supralingually as required for Buprenorphine preparations. Supervision will be discreet with the privacy needs of the patient and other pharmacy users taken into account. Methadone and Buprenorphine must be stored, supplied and recorded in accordance with the Misuse of Drugs Regulations. 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. OST missed doses and patient concerns should be reported via the NEO 360 OST Module where possible, unless it is for urgent consideration or involving a GP Shared Care Practice. Prescription queries can also be reported using the module if non-urgent. Pharmacists must sign the Health Board Shared Care Agreement on an annual basis which then applies to all OST patients during that year. There is no requirement to obtain any other signatures or to transfer the agreement between services. Patient consent is obtained by treatment services at the start of treatment and this allows the transfer of relevant information to and from pharmacists and staff involved in the treatment and care of patients.

In the interests of patient and public safety, Pharmacists may need to exercise their professional judgement on when to withhold a dose and liaise with Alcohol and Drug Recovery Services (ADRS) and prescribers as necessary. The consequences of not supplying a dose and the impact this may have on the patient care should always be considered. As part of the contractual

framework and in the spirit of patient centred care, the service is required to be available throughout the period the pharmacy is open and not restricted to unrealistic timings that severely limit or prevent access that do not reflect the needs of patients.

Pharmacists are asked to provide updates on the number of available spaces to NHS GGC ADRS as part of ongoing monitoring when submitting their monthly claim.

All community pharmacists who provide OST Services are encouraged to complete the Community Pharmacy OST Self Audit on an annual basis to review current practice within the pharmacy and to identify areas for development. Pharmacists should also consider completing after any significant change to the OST dispensing process within the pharmacy and following any pharmacy incident involving OST.

The self-audit can be found here: [🌐 CP OST Self Audit Form](#).

Pharmacists routinely involved in the provision of this service must complete the Distance Learning Package "Pharmaceutical Care in Substance Misuse", available from NES (Pharmacy). Further guidance can be found in NHS GGC ADRS "Standards for the Supervision of Substitution Therapies in Community Pharmacies" (6th edition) (September 2019).

Payments

Contractors are paid a monthly fee for providing pharmaceutical care to each patient receiving OST from their pharmacy. The claim is made via the NEO system and eligible members of staff should have a personal log in to update and make claims. Claims must be submitted by the 6th of each month. You must still endorse the total quantity used to be paid your ingredient costs.

Contact Information

NHS GGC ADRS Pharmacy Team

📞 0141-303-8931

F: 0141-303-8957

✉️ ADRS.pharmacyteam@ggc.scot.nhs.uk

Mary Clare Madden, Lead Pharmacist, NHS GGC Alcohol and Drug Recovery Services

📞 0141-303-8931



📱 07557-012-877

✉️ MaryClare.Madden@ggc.scot.nhs.uk



Injection Equipment Provision (IEP)

There are currently 60 Community Pharmacy IEPs in NHS GGC. The aim of the service is to provide an effective mechanism for the collection and destruction of used materials thus reducing the risk of transmission of HIV, Hepatitis B and C and other infections and injuries which can result from sharing or re-using injecting equipment. This provides substantial public health benefits for individuals, families and communities.

Only appropriately trained staff should provide the service in accordance with the guidance contained in the "Guidelines for Services Providing Injecting Equipment" (SG 2021) and the IEP Resource Manual provided to all community pharmacy IEPs by NHS GGC Alcohol and Drug Recovery Services. Pharmacists routinely involved in the provision of this service must complete Distance Learning Package "Pharmaceutical Care in Substance Misuse" available from NES (Pharmacy). Monthly multidisciplinary training is available for all staff involved in IEP and it is recommended that all staff involved attend. Training can be booked by contacting Sharon Dolan on  [0141-303-8931](tel:0141-303-8931) or  Sharon.Dolan@ggc.scot.nhs.uk.

Pharmacies approved to participate in the service will have a designated private area for conducting the transaction, stock the full range of injecting equipment available ordered directly from the suppliers and provided free of charge to clients in accordance with agreed procedures.

Pharmacy staff will provide written and verbal advice to clients on a range of health matters including but not limited to: safer injecting; wound management and overdose prevention, including Naloxone provision. They should also encourage clients to bring back used equipment in sharps containers for safe disposal. All transactions must be recorded on the Neo database. There should be no restrictions to when the service is provided and users should be able to access the service during the pharmacy's listed opening hours.

Payment

Contractors are paid a retainer fee with an additional fee paid for each individual transaction. Contractors will enter the client and transaction details in the NEO 360 IEP Module. The claim is submitted via NEO 360 and eligible members of staff should have a personal log in to update and make claims. Claims must be submitted by the 6th of the following month for processing. Pharmacies have a period of 6 months to submit claims.

Contact Information

John Campbell - Development & Improvement Manager (IEP)

 [0141-303-8931](tel:0141-303-8931)

 john.campbell@ggc.scot.nhs.uk

 ADRS.pharmacyteam@ggc.scot.nhs.uk

Mary Clare Madden, Lead Pharmacist, NHS GGC Alcohol and Drug Recovery Services

 [0141-303-8931](tel:0141-303-8931)

 [07557-012-877](tel:07557-012-877)

 MaryClare.Madden@ggc.scot.nhs.uk

Disulfiram Supply (supervision and/or instalment dispensing)

Pharmacies can register to provide supervision/instalment dispensing of disulfiram (breathalyser provided). Successful registration is based on local patient needs.

The service aims to continually support those prescribed disulfiram to maintain abstinence from alcohol. Any non-attendance (any single missed dose) or positive breathalyser reading should be reported through the NEO360 alcohol module within 24 hours so that patients can be timeously followed up by the Alcohol and Drug Recovery Service with a view to preventing relapse.

Patient concerns and prescription queries can also be reported using the NEO 360 Alcohol Module if non-urgent.

Please refer to the Community Pharmacy Disulfiram Guidance and related SLA here:

 [Disulfiram Guidelines](#)

A current list of pharmacies providing the service is available  [here](#).

Payment

Contractors are paid a monthly fee for providing pharmaceutical care to each patient receiving supervised and/or instalment dispensing of disulfiram from their pharmacy. The claim is made via the NEO360 alcohol module and eligible members of staff should have a personal log in to update and make claims. Claims must be submitted by the 6th of the following month for processing. Pharmacies have 6 months to submit claims overall.

Contact Information

Advanced Pharmacist, NHS GGC Alcohol and Drug Recovery Services

 0141-303-8931

 ADRS.Pharmacyteam@ggc.scot.nhs.uk

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. Injecting Equipment Providing (IEP) community pharmacies are particularly encouraged to offer the service however all community pharmacies within NHS GGC are eligible to participate in the programme.

Provision

A Standard Operating Procedure (SOP) should be in place within the pharmacy which covers all aspects of service provision. Naloxone supply will be in accordance with the locally agreed 'Take Home Naloxone Supply Competency Framework' and each supply recorded on the appropriate paperwork and/or NEO database.

Training

All pharmacy staff who offer overdose awareness and Naloxone training must have completed locally approved training. Supplies of Naloxone can only be issued by staff members who have undertaken the 'Take Home Naloxone Competency Framework' training.

Payment

A fee is paid as defined and agreed locally. The claim is submitted via NEO 360 and eligible members of staff should have a personal log in to update and make claims. Claims must be submitted by the 6th of the following month for processing. Pharmacies have a period of 6 months to submit claims.

Contact Information

Advanced Pharmacist, Alcohol and Drug Recovery Services

 0141-303-8931

 ADRS.pharmacyteam@ggc.scot.nhs.uk

Community Pharmacy Opioid Overdose Campaign

Community pharmacies are increasingly being approached to assist in a suspected life threatening opioid overdose in the vicinity of the pharmacy. Within NHS Greater Glasgow & Clyde there have been over 22 confirmed administrations of naloxone by community pharmacy staff. Community pharmacies are viewed by the public as an accessible contact point for initial first aid, often before an ambulance is called. The evidence demonstrates that pharmacists and their staff are able to identify opioid overdose, respond appropriately and ultimately save lives.

To contribute to a reduction in drug related deaths within NHS Greater Glasgow & Clyde, pharmacies are able to participate in a network of community pharmacies holding a supply of naloxone for emergency use, with pharmacy staff trained to recognise and respond to opioid overdose.

Details of the campaign can be found  [here](#).

Payment

Each community pharmacy will be reimbursed for the cost of a Take Home Naloxone kit.

Contact Information

Advanced Pharmacist, Alcohol and Drug Recovery Services

 0141-303-8931

 ADRS.pharmacyteam@ggc.scot.nhs.uk

Additional Services

Advice to Care Homes

Pharmacists are paid a fee for providing advice on safe storage and handling of medicines to the Care Homes they regularly supply with medicines where a Contract Agreement has been awarded. Following an initial visit by the Pharmacist, subsequent visits are made at three monthly intervals. Details of each visit should be kept in the pharmacy. The Care Home will also be advised on arrangements in place for the delivery of patient's medicines and the collection of any pharmaceutical waste for safe destruction. Pharmacists may also contribute to staff training on aspects of medicines management.

Payment

Contractors are paid for provision of this service to a maximum of five Care Homes per contractor. An annual fee is payable following receipt of an approved claim form.

Contact Information

Janine Glen - Contracts Manager, CPDT

 0141-201-6049

 janine.glen@ggc.scot.nhs.uk

Compliance Aids (Multi-Compartmental Appliances {MCAs})

Mindful of the considerable impact the routine filling of compliance aids has on the workload of community pharmacies, the Board is anxious to limit the use of such devices to those patients where a clear benefit can be demonstrated from their use. In previous years, funding was provided to contractors on a monthly basis for the ongoing provision of Prescribed Medication Support Initiative. This was linked to assessment of patients and filling of compliance aid trays but was withdrawn in 2006.

As part of developments within several HSCPs, community pharmacies are providing MAR sheets for use by trained Home Care Workers when administering medicines to patients now from original packs instead of MCAs. This reduces possible inappropriate use of compliance aids, creating capacity in pharmacies to undertake other clinical roles.

Work is currently ongoing at a national level to develop a standardised MAR sheet that would be available electronically and adopted by all PMR suppliers. Best Practice Guides and Standard Operating Procedures (SOPs) have been developed and issued to help support Community Pharmacists providing this service.

Contact Information

For queries on reimbursement/payment of suppliers, please contact:

The Community Pharmacy Development Team

☎ 0141-201-6042 or 0141-201-6046

✉ ggc.cpdevteam@nhs.scot

Gluten Free Foods Service (GFFS)

Introduced in September 2015 following completion of a successful pilot phase, patients with confirmed diagnoses of Coeliac Disease and/or Dermatitis Herpetiformis can opt to obtain supplies of their Gluten Free (GF) foods from their chosen community pharmacy instead of their GP as previously. Most community pharmacies in NHS GGC participate in the supply of GF foods for those patients with confirmed diagnoses.

All patients with a confirmed diagnosis of Coeliac Disease/Dermatitis Herpetiformis, who are registered with a GP in Scotland and not resident in a Care Home, are eligible to register for the service. Patients should be encouraged to participate in the new service or they can opt to continue to receive their gluten free foods from their GP on a GP10 prescription with the same unit allocation as per current guidelines. Details on the service can be found [here](#).

Patients who wish to opt into the service are provided with a registration form from their GP or registered dietician which they take to the community pharmacy of their choice. The Pharmacist will provide the patient with food order forms and a copy of the Health Board's GFFS Formulary to allow them to select which products they require. Patients are only allowed to order up to the number of units stated on the registration form signed by the GP.

Items which are requested by the patient are then supplied using the CP4 form. The patient's CHI number must be added to this form.

Community Pharmacists should also undertake an annual health check for all adult patients with Coeliac Disease using the PCR GFFS tool to record the assessment outcomes.

The formulary is available for health professionals at and is updated regularly:

🌐 <http://www.ggcprescribing.org.uk/other-formularies/>

Patients can access this information at:

 <http://www.ggcprescribing.org.uk/gluten-free-patients/>

Contact Information

For prescribing/community pharmacy queries, please contact:

Elaine Paton - Senior Prescribing Advisor

 **0141-201-6038**

For dietetic queries, please contact:

Prescribing Support Dietitians

 **0141-201-6012** or

 presupdiet@ggsc.scot.nhs.uk

Hepatitis C treatment

Hepatitis C virus (HCV) is treated with highly effective, all-oral medication with cure rates of > 95% in patients who complete the treatment course. For most patients, HCV Direct Acting Antivirals (DAAs) are dispensed via community pharmacy to provide pharmaceutical care and adherence support throughout the prescribed therapy. Most courses consist of daily tablets for 8 or 12 weeks. Nutritional supplement drinks may also be prescribed alongside DAAs due to food requirements of some treatment options. For patients prescribed opioid substitution therapy (OST), DAA treatment will usually mirror the same dispensing advice as OST, including supervision where advised.

The HCV pharmacy team is based in Gartnavel General Hospital and works closely with HCV MDTs across all of GGC to choose the best course of treatment for individual patients. They are available to provide advice and practical support during normal working hours via phone or email.

HCV DAAs are prescribed on HBP(5) prescriptions and posted to the nominated community pharmacy. Stock should be ordered against received prescriptions and a technician/dispenser nominated with responsibility to ensure that sufficient quantities of prescribed DAAs are available at all times. They should ensure that no treatment breaks arise because of failure to pre-order stock. Missed doses should be reported to the HCV pharmacy team promptly, as missed doses can result in treatment failure and potential development of viral resistance. Appropriate advice on the optimal use of these drugs, tailored to the patient's circumstances, should be provided.

Drug interactions can occur between DAAs and commonly prescribed medicines. The HCV pharmacy team review all medication for interactions at the point of prescribing. However, as medication may change during the treatment course, an online drug interaction checker is available to help identify interactions and provide advice on management:

 <https://www.hep-druginteractions.org/checker>

The HCV pharmacy team can be contacted for further advice on drug interactions if required.

Payment

A fee is paid per patient who starts treatment. Given the high cost of the medication, the health board can provide an advanced payment upfront for purchasing the medication which is claimed back in the months following treatment completion.

Contact

Payment queries:  0141-201-6046

Clinical queries:  0141-211-3367

 HepatitisC.PharmacyTeam@ggc.scot.nhs.uk

HIV (Human Immunodeficiency Virus)

A dramatic rise in the level of HIV infection amongst the homeless population around Glasgow city centre prompted the need to look at alternative ways of accessing this patient cohort. Difficulties had been encountered previously since most did not engage with established services, were unlikely to be registered with a GP and were prone to erratic behaviour. Community pharmacies located in Glasgow city centre and registered as Injecting Equipment Providers were invited to participate in a pilot project to assess the capability and acceptability of providing an HIV test and treat facility to the target group from their premises. An awareness of a testing facility was promoted within the pharmacy and through Glasgow Addiction Services with considerably less demand observed now for testing following an initial burst of high activity. Patients testing positive for HIV are referred to the Brownlee Centre on the Gartnavel Hospital site where they are assessed for treatment. Patients known for their erratic behaviour, failure to attend etc. are directed to attend a nominated pharmacy at a frequency determined by the prescriber with the most unreliable required attending on a daily basis and taking their medication under supervision. Non-attendance is a frequent occurrence as is the requirement to transfer to another pharmacy at short notice. That the majority of this patient cohort diagnosed with HIV is still in treatment is testimony to the considerable efforts by the various pharmacy teams involved in their care.

Payments

Contractors are paid a monthly fee for providing pharmaceutical care to each patient receiving HIV/ARV medication from their pharmacy. The claim is made via the NEO system and eligible members of staff should have a personal log in to update and make claims. Claims must be submitted by the 6th of each month. Pharmacies have 6 months to submit claims overall.

Contact Information

For clinical enquiries:  0141-201-3383

 brownleepharmacy@ggc.scot.nhs.uk

For payment/NEO enquiries:  0141-201-6041

 ggc.cpdevteam@nhs.scot

Stoma Services

This service was revised in April 2006 when a new national agreement was introduced. Pharmacy and Dispensing Appliance Contractors registered with the Board to provide a Stoma Service must comply with the specifications of the service. These include: providing a range of services to patients requiring these products that cover adequate and timely delivery to the patients' home if required; provision of disposal bags and wipes; a customisation service if needed; and communication with the prescriber or Specialist Nurse if any pharmaceutical concerns or unusual supply patterns are identified. Within NHS GGC, all Community Pharmacy Contractors and Dispensing Appliance Contractors are registered to provide this service.

 <https://nhs.uk/services/practitioner/pharmacy/pharmacy-services/stoma/>

Payment

Stoma appliances and accessories are no longer listed in the Scottish Drug Tariff. Access to the list of 'Stoma Appliances – Reimbursement Prices' can be found at:

<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Stoma-Supplies/>

A separate Stoma Compliance claim form requires to be submitted on a monthly basis to Practitioner Services by emailing: [✉ nss.psd-cp-stoma@nhs.scot](mailto:nss.psd-cp-stoma@nhs.scot) detailing the number of stoma items dispensed and the number of customisation and delivery fees claimed.

Contact Information

Janine Glen - Contracts Manager, CPDT

[☎ 0141-201-6049](tel:0141-201-6049)

[✉ janine.glen@ggc.scot.nhs.uk](mailto:janine.glen@ggc.scot.nhs.uk)

Unscheduled Care

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 national PGD is available for Pharmacists to provide access to "repeat" medication when patients cannot readily access a GP. Recent modifications seek to make the facility more accessible and flexible in helping patients gain access to their prescribed medication. Although a decision will be made on clinical judgement, consideration should also be given to the consequences of not making a supply at that time. Procedural and professional guidance is updated yearly in line with the publication of the BNF and available online from the following link:

<https://www.communitypharmacy.scot.nhs.uk/unscheduled-care/>

A copy of the declaration must be signed and returned to the CPDT to ensure legality of supply made under this service. The PGD allows the Pharmacist to write a prescription up to a maximum of one normal repeat prescription cycle. Pharmacists make a required supply on a CP4 form which is then faxed, emailed, posted or handed in to the patient's GP at the earliest opportunity. Only if the supply is made using a handwritten CPUS, then the actual prescription is then submitted to PSD for processing in the normal manner. The electronic CP4 does not require to be sent to PSD (see below).

Universal Claim Framework (UCF) will provide electronic support for this service, allowing the pharmacist to generate an electronic claim for payment for any supplies made. Pharmacists are still required to send a copy of the form, or the CP4, to the patient's GP.

Locums

Any Locum Pharmacist not regularly engaged with any one community pharmacy is required to provide home address details when submitting their authorisation form. This will allow the office to issue an acknowledgement of receipt and to forward related information to you in the future.

It is also recommended that Locums add their name to our distribution list in order to receive details of service updates etc.

Payment

Signing of the PGD indicates the contractors' intention to provide this service and informs PSD for payment purposes. Contractors are paid a monthly fee of £105 for providing this service.

Contact Information

Janine Glen - Contracts Manager, CPDT

☎ 0141-201-6049

✉ janine.glen@ggc.scot.nhs.uk

Oncology Drug Supply through Community Pharmacy

Introduced as a local service in September 2018 following the completion of a pilot within NHS GGC in 2017/18, the service aims to make the supply of cancer drugs to the patient more efficient by accessing through the Community Pharmacy network.

Patients are identified within the Beatson Cancer service that have prostate Cancer and would benefit from receiving their supply of Enzalutamide, through their local community pharmacy. Specialists from the Beatson Pharmacy Team contact the CPDT and highlight the patient, the drug regime and the patients chosen pharmacy.

CPDT work in conjunction with the Community Pharmacy to set the pharmacy up ready to receive their first patient and supplies are then made on a monthly basis by the pharmacy from the supply of HBP prescriptions from the hospital.

The Community Pharmacy will be paid an annual fee per patient to support the delivery of the service across the year which will be instigated on the initiation of the patient's first supply.

The CPDT will notify the community pharmacy on an annual basis when a claim is required for the subsequent year.

Contact Information

For contractual issues and SLA information, please contact:

CPDT

☎ 0141-201-6049

For Professional clinical questions relating to patients - contact details will be provided in the initiation pack.

Community Pharmacy Nutritional Support Service (CPNSS)

Established March 2022 in all HSCPs within NHSGGC after a successful pilot service was delivered in East Dunbartonshire, West Dunbartonshire and Renfrewshire.

Through dietetic intervention patient identified will be assessed for Oral Nutritional Supplement (ONS) treatment and if deemed suitable will be passed over to the patients chosen pharmacy for supply from a defined protocol of products instead of having to go through their GP as previously.

Patients identified will be presented to their pharmacy of choice with a detailed ONS product request form from the dietitian which will indicate the preparation, formulation, frequency and quantity of supply required. The Community Pharmacy will complete a registration form for the patient at the first point of contact for the service. This supply will be managed by the Community Pharmacy where prescriptions will be done on the UCF form identifying what supply will be made.

For an identified cohort of patients Community Pharmacy will also monitor the ongoing needs of the patients ONS requirements using defined, measurable criteria as outlined in information received from the dietitian.

After 12 months review by Community Pharmacy if patients still receiving ONS they need referred back to dietetics.

Payment

Contractors who have opted into the service will be paid a £250 signup fee.

A £2/month/patient supply payment will also be made as long as the patients CHI number is included on the UCF. This data is gathered centrally and is not required to be included on any claim form.

Community Pharmacies will submit a claim form (available on the webpage) monthly to the Community Pharmacy Development Team for:

- any new patient registrations - £5/patient
- any patient where they are delivering the monitoring aspect of their care plan as directed by Dietitian- - £15/patient/month

Contact Information

For contractual issues and SLA information please contact

CPDT

 0141-601-6050

For dietetic queries please contact:

Prescribing Support Dietitians

 0141-201-6012 or

 presupdiet@ggsc.scot.nhs.uk

Palliative Care

Community Pharmacists routinely support patients requiring palliative care. As the disease advances and the treatment options become more complex, there is often a need to provide access to more specialist medicines and expertise that may be outwith the scope of the more generalist approach taken by Community Pharmacists. To build on this baseline, a network of 69 pharmacies from across NHS GGC has been established to provide a more specialist service in addition to the core provision. Funded from centrally allocated resources, 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. Most participating Pharmacists are available to dispense out of hours for urgent prescriptions. 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.

The aim for the first pharmacy contacted (regardless of network status) is to ascertain the urgency of the prescription and resolve any supply issues - patients/Carers/Nurses are **not** expected to phone or go around pharmacies themselves. All community pharmacies are provided with a list of the network pharmacies and the agreed stock list for this purpose (available in the purple Palliative Care Resource Folder).

Resource Folder (purple cover)

A Palliative Care Resource Folder has been distributed to every community pharmacy in NHS GGC. It includes detailed information on:

- Community Pharmacy Palliative Care Network
- The list of medicines stocked
- Information on medicines more commonly used in palliative care
- Useful contact numbers for advice on palliative care

An interactive pdf version of the folder is now also available. The pdf file allows access through a PC and also a tablet. If you would like a copy of the pdf, please contact Elayne Harris using the 'Contact Information' noted below.

Payment

Contractors within the Palliative Care Network are paid an annual participation fee for provision of this service. Mandatory annual training is provided to pharmacies providing the service. Locums working in these pharmacies are welcome at training sessions, where availability exists.

Contact Information

Elayne Harris - Macmillan Lead Pharmacist for Palliative Care

 07876-478140

 elayne.harris@ggc.scot.nhs.uk

Pharmaceutical Public Health

Medicines Defects

If a contractor identifies a concern with a medicine they should discuss with a member of the CPDT who could advise whether a medicine defect form should be completed and submitted to Pharmaceutical Public Health.

Smoking Cessation - Quit Your Way

Smoking cessation is integral to the Community Pharmacy Public Health Service component of the Contract.

Full details are available via the community pharmacy Scotland NHSGGC webpages  <https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/>

where the comprehensive resource *Smoking Cessation Guidelines for Community Pharmacy* can be accessed.

Community pharmacies throughout NHS GG&C offer an easily accessible, cost-effective smoking cessation service by means of support, supply and dispensing of nicotine replacement therapy (NRT) or Varenicline in accordance with the Pharmacy 'Quit Your Way' service.

The service includes:

- Provision of evidence-based support to patients supplied NRT or Varenicline, prescribed by UCF on a weekly basis for a maximum of 12 weeks in accordance with the SPC recommendations

- Weekly recording of the quit attempts on the PCR with follow up at weeks 4 and 12 to ensure payment for the service

Staff participating in the service - both pharmacists (including locums) and assistants - must have attended the NHS GG&C one day smoking cessation training programme.

Further NES/TURAS online training and online accreditation are available at:

 <https://learn.nes.nhs.scot/1475/pharmacy/cpd-resources/nhs-scotland-smoking-cessation-service>

To prescribe Varenicline pharmacists must:

- Complete the NES Varenicline training
- Sign and submit the Varenicline PGD for NHSGGC

The Quit Your Way Pharmacy service compliments and works with the wider smoking cessation services:

- Quit Your Way Community
- Quit Your Way Maternity
- Quit Your Way Acute (Hospital)

All of which are available to clients via the Quit Your Way client phone number:

 **0800 848484**

Contact Information for further information

Pharmacy Smoking Cessation

 **0141-201-4945**

 **pharmacyhit@ggc.scot.nhs.uk**



Vitamin D Supplement Service

All breastfeeding women and children under 3 years old in NHS GGC are eligible for a free Vitamin D supplement. **This replaces Healthy Start** provision from pharmacies (although Healthy Start tablets will still be supplied to pregnant women by maternity services).

All children under 3 years old are eligible for Pro Health Vitamin D drops free of charge from Community Pharmacies via UCF. Children having more than 500mls (around 1 pint) of formula milk do **not** need Vitamin D supplements as formula milk is fortified with Vit D3*.

All breastfeeding women should receive Pro Health Vitamin D tablets 10mcg.

For Pharmacy supply via a UCF:

- Select 'Health Board Local Service'
- Prescribe as Vitamin D 10µg tablets or 10µg/ml drops (Pro Health) or
- Colecalciferol 400 IU tablets or 400 IU/ml drops (Pro Health)
- Tablet pack size is 120 tablets and the drops 2.4ml

Although the new Vitamin D scheme ensures children under 3 years old are eligible for free Vitamin D, **Vitamin D is advised for all children under 5 years old**

- Vitamin D drops can therefore be recommended and sold for children aged 3-5 years old
- We would encourage the display of Pro Health Vitamins for sale - ideally with other children's and post-natal vitamins

Pro Health Vitamin D3 Product Details

- Suitable for those following a vegan, vegetarian, halal or kosher diet
- Available from Alliance Health Care and AAH wholesalers

Product	Strength	Pack size	Suggested Retail Price	Alliance Code	AAH Code
Pro Health Vitamin D3 Oral Drops	10mcg/drop	2.4ml	£4.07	8033185	PRO2566D
Pro Health Vitamin D3 Tablets	10mcg	120	£3.58	8033193	PRO2590S

Further regularly updated details of the service can be found at:

<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/vitamin-d-supplements/>

For any queries or resource supplies to promote this service contact the **Pharmacy Health Improvement Team:**

 0141-201-4945

 pharmacyhit@ggc.scot.nhs.uk

Sexual Health Services

The service involving free provision of EHC treatment is now included as part of the Public Health Service component of the Community Pharmacy Contract.

Emergency Hormonal Contraception (EHC)

This involves the free supply of EHC to women aged 13 and older who may be at risk of an unwanted pregnancy or have had unprotected intercourse. In October 2015, Scottish Government announced an extension to the EHC provision from community pharmacies. In order to remain in line with the current local policy for EHC provision, Community Pharmacists should note the following advice.

- Levenogestrel 1500mcg – to be used first line if patient presents within 72 hours of unprotected sexual intercourse. Community Pharmacists must have signed the most up to date PGD before a supply can be made. Current formulary choice is Upostelle®.

If patient presents after 72 hours but within 120 hours of unprotected sexual intercourse:

- Provide advice regarding insertion of a Copper Intra-uterine Device (cu-IUD). This needs to be inserted by a qualified practitioner and the patient will therefore require to be referred to Sandyford Services or their GP.

NB Use of an IUD may not be appropriate if: the patient cannot access a practitioner to have it inserted within the 120 hours post-coital; or it is not acceptable for her to use, then;

- Ulipristal – this is a P medicine and does not require a PGD. This should only be used once other options have been explored with the patient. NHS GGC formulary has been updated to reflect community pharmacy provision within PHS.

Scottish Government specifications require Community Pharmacists to record details of the consultation. Patients aged 13 and older can access these service arrangements for EHC by Community Pharmacists. All requests from patients must be dealt with by the Pharmacist in line with the Board's agreed protocol with a supply made using a CPUS/CP4 (using Universal Claim Framework) prescription form. Child protection and capacity to consent issues need to be fully considered, especially when dealing with requests from young people aged under 16. If the Pharmacist has any concerns regarding either of these potential issues, they should contact the Board's Child Protection Unit or the patient's GP.

Training

Community Pharmacists providing this service must have undertaken two NES eLearning modules: Contraception (which also includes information on Ulipristal); and Child Protection. Both are available via the TURAS portal at  <https://learn.nes.nhs.scot>

Payment

Drug costs and service fees are reimbursed via the CP4 form submission to PSD with the normal prescription bundle. Consultations not resulting in a supply of EHC are not entitled to a consultation fee.

Free Condom Service

All community pharmacies can participate in the distribution of condoms as part of the NHSGGC Free Condoms Service, which compliments other Sexual Health and Harm Reduction services, such as EHC and IEP. The service is prioritising working with Pharmacies providing IEP and those based in areas of deprivation (SIMD 1 and 2). The service does not involve any client monitoring or evaluation paperwork. A range of condoms and lubricant are available and are delivered in discreet colour coded packages, for ease of client selection. Ordering and sign up processes, including training, are online with telephone or store visits available if required. This is a voluntary service and there is no remuneration. Further information can be found at:

 www.freecondoms.scot

Version Control

Version	Review Date	Control Reason	Approved
1	October 2009	Launched	
2	January 2010	Updated	Elaine Ward
3	September 2010	Annual Review	Elaine Ward
4	August 2011	Annual Review	Elaine Paton
5	April 2012	Updated	Elaine Paton
6	August 2012	Annual Review	Elaine Paton
7	May 2013	Annual Review	Janine Glen
8	November 2014	Annual Review & Update	Janine Glen
9	November 2015	Annual Review & Update	Janine Glen
10	January 2017	Annual Review & Update	Janine Glen
11	July 2018	Annual Review & Update	Janine Glen
12	January 2022	Full Rewrite	Janine Glen
13	March 2023	Annual Review & Update	Janine Glen



