

**Highland Pharmacy First Plus Service - Memorandum of Understanding**

The Community Pharmacist Independent Prescriber (CPIP) will provide an enhanced service for patients presenting in the community pharmacy with a common clinical condition(s) which is within the prescribers’ competence to prescribe and manage. The service is facilitated by the Scottish Government and Community Pharmacy Scotland funded CPIP extension to NHS Pharmacy First Scotland Service. It is expected that all CPIPs will work within the RPS – competency framework for all Prescribers. Follow the appropriate formulary for your Health and Social Care Partnership; A&BHSCP follows GGC formulary and HHSCP follows the Highland Formulary.

<http://www.rpharms.com/unsecure-support-resources/prescribing-competency-framework.asp>

**As a Board NHS Highland will:**

* Check that training **(detailed below)** as specified in PCA(P)(2020)16 is completed **within 2 years of commencement of the service** to ensure eligibility to provide service.
* provide a mechanism for order/re-order of Rx pads – form available from [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot) or available online.
* facilitate peer review - through the provision of at least 4 Highland wide sessions per year.
* facilitate multi-professional peer review and learning.
* facilitate mentorship.
* strongly encourage CPIPs to participate in peer review.
* provide prescribing reports.
* will periodically review all prescribing and discuss unusual Rx where appropriate.
* facilitate access to Teach & Treat hub.
* keep [nmp database](https://nmpdb.nhsh.scot.nhs.uk/) (see below) up to date and communicate prescribing alerts as appropriate.

**The CPIP signed up to provide PF Plus:**

Policy

* will provide the service as set out in the national circular, PCA(P)(2020)16.
* will agree to work within the [Policy and Procedure for Non Medical Prescribing](https://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Policy%20and%20Procedure%20for%20Non%20Medical%20Prescribing.pdf#search=non%20medical%20prescribing%20policy) including registering on the [Non-medical prescribers database](https://nmpdb.nhsh.scot.nhs.uk/).
* will maintain security of prescription pads issued to them as described in [Policy and Procedure for Non Medical Prescribing](https://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Policy%20and%20Procedure%20for%20Non%20Medical%20Prescribing.pdf#search=non%20medical%20prescribing%20policy) and [NSS Security of Prescription Form Guidance](https://www.communitypharmacy.scot.nhs.uk/media/4117/security-of-rx-form-guidance-nov-2020.pdf)

Competency & Formulary

* will comply with guidance in [RPS Prescriber Competency Framework](https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework)
* will have a clear plan of how to use IP within practice and have developed a scope of practice [(RPS Expanding prescribing scope of practice)](https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/supporting-tools/expanding-prescribing-scope-of-practice) including personal prescribing formulary and considering antimicrobial stewardship.
* will adhere to the Highland Formulary and Guidelines and be prepared to justify the reasons if non-formulary medicines are prescribed; will commit to participate in review of Rx with HB.
* will work at all times only within their competency and undertake appropriate self-directed learning to fill gaps in knowledge to improve competency.
* will complete an annual audit of prescribing practice.

Training

* will ensure that training as detailed within PCA(P)(2020)16 is completed **within 2 years** of commencement of service.
* should take up peer review opportunities.
* should take up/provide mentorship.

Administration

* will only use the pad issued to them, unless otherwise agreed, to allow audit and review of prescribing. If required, please seek authorisation from [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot). Please allow up to 8 weeks to order new prescribing stationary.
* will notify of any changes in circumstances such as change in location, role or hours of work by updating the [nmp database](mailto:nmp%20%20database) and/or contacting [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot) to confirm completion.
* will undertake discussions with local practices regarding provision of Pharmacy First Plus prior to commencing service to ensure service interfaced seamlessly with local GP practice. This should also include agreeing a mechanism of informing practice of treatment prescribed using NHS Highland preferred form.
* will annotate on prescription, contractor code of premises where prescription was written for audit purposes.
* will ensure appropriate indemnity insurance is in place to cover prescribing activity.
* will ensure any equipment required for patient examination is decontaminated, maintained & calibrated as appropriate.



**Pharmacy First Plus Training requirements as per PCA(P)(2020)16**

**If they have not already done so**, the training detailed below (as per PCA(P)(2020)16) should be completed **within 2** years of starting the service (or appropriate online equivalents):

* NES consultation skills (1 day)
* Clinical assessment skills (2 days)
* Common clinical conditions (1day)   
  <https://turasdashboard.nes.nhs.scot/>

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| **Version** | 1. **August 2023** |
| **Approving Committee:** |  |
| **Date ratified:** |  |
| **Name/Department of  Originator/author:** |  |
| **Name/Title of responsible Committee/individual:** | Fiona Macfarlane |
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| **Target audience:** | Pharmacist Independent Prescribers undertaking Common Clinical Conditions clinics |

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| **Version** | **Date** | **Control Reason** |
| 1. |  |  |

**Agreement to Memorandum of Understanding for the   
Provision of a Pharmacy First Plus Service**

I have read and understood the NHS Highland Memorandum of Understanding associated with the Pharmacy First Plus Service.

I accept the provisions contained therein:

Pharmacist’s Name : ………………………………………….

(capital letters)

Community Pharmacy : ………………………………………

Address : ………………………………………………………

Signature : ……………………………………………………. Date : ……………………………..

Please complete and return to : nhsh.cpsoffice@nhs.scot