COMMUNITY PHARMACY LANARKSHIRE
PHARMACY FIRST PLUS NEWSLETTER
JANUARY 2026

Prescribing Data – January 2026

The **Pharmacy First Plus service** is available across 60% of NHS Lanarkshire's Community Pharmacy network. In January there were 86 active prescribers.

Locality	No. IPs
Airdrie	11
Bellshill	11
Camglen	19
Clydesdale	13
Coatbridge	10
East Kilbride	11
Hamilton	12
Motherwell	8
North Locality	10
Wishaw	13
Total	**118**

Prescribing Summary

BNF Chapter Description	Number of Paid Items	Total Cost
GASTRO-INTESTINAL SYSTEM	29	£112.39
CARDIOVASCULAR SYSTEM	1	£1.68
RESPIRATORY SYSTEM	62	£220.09
CENTRAL NERVOUS SYSTEM	65	£316.37
INFECTIONS	1528	£3,734.33
ENDOCRINE SYSTEM	77	£185.50
OBSTETRICS, GYNAECOLOGY AND URINARY-TRACT DISORDERS	14	£107.13
NUTRITION AND BLOOD	1	£2.11
MUSCULOSKELETAL AND JOINT DISEASES	28	£108.55
EYE	31	£223.04
EAR, NOSE AND OROPHARYNX	277	£1,961.67
SKIN	238	£1,745.30
ANAESTHESIA	2	£13.22
DRESSINGS	13	£303.92
APPLIANCES	79	£374.39
STOMA APPLIANCES	2	£11.31
Total	**2449**	**£9,435.16**

January Prescribing Decisions

Item	Consideration
PREGABALIN 75MG CAPSULES	CDs don't typically fall under Common Clinical Conditions. Should there be any prescribing of CD 2 & 3s, the prescriber must issue the lowest quantity required in order to provide/bridge a patient supply until the GP can provide the patient with an urgent script. **The prescriber should be aware that this is out with the service specification and therefore indemnity insurance may be void.**
GABAPENTIN 100MG CAPSULES	
OXYPRO 10MG MODIFIED-RELEASE TABLETS	
OXYPRO 20MG MODIFIED-RELEASE TABLETS	
PREGABALIN 300MG CAPSULES	
PREGABALIN 50MG CAPSULES	
RELETRANS 20MICROGRAMS/HOUR TRANSDERMAL PATCHES	
PREGABALIN 300MG CAPSULES	
MST CONTINUS 5MG TABLETS	
MST CONTINUS 5MG TABLETS	
ZOMORPH 10MG MODIFIED-RELEASE CAPSULES	
ZOMORPH 30MG MODIFIED-RELEASE CAPSULES	
LYRICA 150MG CAPSULES	
TRAMADOL 50MG CAPSULES	
SPIRONOLACTONE 25MG TABLETS	The Pharmacy First Plus Service offers Advice, Treatment or Referral in response to **symptoms of common clinical conditions**. Where established mechanisms already exist for delivering a service, these must be followed to ensure correct recording and appropriate remuneration e.g. CPUS
EASYHALER SALBUTAMOL	
SALBUTAMOL 100MICROGRAMS/DOSE INHALER CFC FREE	
RELVAR ELLIPTA 184MICROGRAMS/DOSE / 22MICROGRAMS/DOSE DRY POWDER INHALER	
CITALOPRAM 40MG TABLETS	
METFORMIN 500MG TABLETS	
TEE2 TESTING STRIPS	

Key points to consider for your Pharmacy First Plus Service

Do you have a Chaperone Policy?

While not mandatory, having a clear chaperone policy helps demonstrate compliance with the **GPhC Premises Standards** and inspectors may ask how the policy is implemented in practice. A chaperone policy should exists to safeguard and protect both patients and pharmacy staff during any consultation where close physical contact may occur. This includes situations such as clinical examinations for common clinical conditions, vaccinations, or any assessment requiring the pharmacist to touch or be in close proximity to the patient.

Do you undertake Remote Prescribing?

We have had an increase number of queries in regard to remote consultations and remote prescribing. The NHS Pharmacy First Scotland, including Pharmacy First Plus, continues to be primarily a face to face service, where consultations with individuals are in response to symptoms of minor self-limiting conditions. Consultations conducted as part of an online service are not in accordance with the requirements set out in the Directions for the service (Annex D of Circular PCA(P)(2020) 13). The expectation is that consultations with individuals are conducted face to face unless there are exceptional circumstance. Other than using NHS Near Me, consultations conducted as part of an online service are not permitted.

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 / resident in a care home
- The patient is too ill to go to the pharmacy, or may have a contagious illness
- The patient is unable to attend the pharmacy due to work, caring responsibilities or issues with transport.

The responsibilities of the prescriber remain unchanged whether a face to face or remote consultation is undertaken.

How accurate is your record keeping?

There was a prescribing query in regard to why an individual was issued an antibiotic. When querying with the pharmacy there were no notes on the patient record that supported the prescribing decision.

All prescribing decisions **must be clearly communicated and documented** so that any healthcare professional involved in the patient's care can understand the reasoning behind the decision and the actions taken. This includes **recording all relevant clinical assessments and history taking** completed during the

consultation, **whether or not a prescription is issued.** The requirement applies to both face-to-face and remote consultations.

Are you prescription forms secure? How do you keep these secure when working across multiple sites?

Prescription pads are classed as secure (controlled) stationery. Prescribers are responsible for the security of prescription pads once issued to them and should take reasonable steps to prevent loss or inappropriate use. Pads should be securely locked away when not in use; Security of Prescription Forms.

Upon delivery of prescription forms, managers should ensure a process is in place to record relevant details in a stock control system, preferably using a computer system to aid reconciliation and audit trailing. The following information should be recorded on a stock control system:

- date of delivery;
- name of the person accepting delivery;
- what has been received (quantity and serial numbers);
- where it is being stored;
- when it was issued;
- who issued the prescription forms;
- to whom they were issued the number of prescriptions issued;
- details of the prescriber

Records of serial numbers received and issued should be retained for at least three years. It is advisable to hold minimal stocks of prescription stationery, this reduces the number of forms vulnerable to theft, and helps to keep stocks up-to-date.

Prescribers should keep a record of the serial numbers of prescription forms issued to them. It is also good practice to record the number of the first remaining prescription form in an in-use pad at the end of the working day. This will help to identify any prescriptions lost or stolen overnight. Relief prescribers should take additional precaution when using pads across sites.

Have you moved to a new pharmacy site or healthboard?

You must notify the NHS Lanarkshire Pharmacy Admin team of any changes to your workplace/practice or if you leave the organisation:

- If you move to another contractor code within NHS Lanarkshire you must notify Pharmacy Admin of the new contractor code to ensure the IP organisational data base is accurate. NHS Facilitation must also be notified to ensure your NHS mailbox, Clinical Portal and Emergency Care Summary access reflects this.

- If you move to another sector of practice and/or another health board, you must notify Pharmacy Admin and destroy any prescribing pads issued by the health board (an email from your line manager confirming pads have been shredded and disposed of into confidential waste is sufficient). Similarly, any prescriber joining the health board must apply for an NHS Lanarkshire prescribing number and must not use any other number issued by previous employers. NHS Facilitation must also be notified to ensure your NHS mailbox, Clinical Portal and Emergency Care Summary access reflects this.

Your NHS Lanarkshire prescribing number and prescription pad is for use within NHS Lanarkshire only. These pads cannot be used / annotated by another prescriber.

Do you prescribe and dispense as part of your PF+ service?

The MHRA (2006) defines dispensing as:

"To label from stock and supply a clinically appropriate medicine to a patient, client or carer—usually against a written prescription—for self-administration or administration by another professional, and to provide advice on its safe and effective use."

Pharmacist Independent Prescribers should **not** routinely dispense their own prescriptions. However, in situations of genuine urgency—where the patient or their representative would otherwise face significant inconvenience or delay—self-dispensing may be justified in the interests of patient care. These circumstances should remain **exceptional**, not standard practice. When a pharmacist is required to both prescribe and dispense, a second suitably competent person should normally be involved in the checking process. In all such cases, the prescription must be clearly endorsed **"self-dispensed"**. The dispensed item should also be signed by the patient or their representative; the pharmacist prescriber must **not** sign on behalf of the patient.

Do you have access to Clinical Records?

Pharmacist prescribers should assess whether they have sufficient information and knowledge of the person's health and medical history to make an assessment of the condition. **NHS Lanarkshire therefore request all CPIPs to apply for access to the Emergency Care Summary and Clinical Portal.** Applications can be made to the NHS Lanarkshire Facilitation team: NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk

All staff must comply with NHS Lanarkshire policies on the handling and security of patient-identifiable information.

Do you prescribe for friends or colleagues?

There was a recent incident where a prescriber was prescribing for colleagues. A separate incident also involved the prescribing of items at the request of a non-prescriber.

In line with the **GPhC In practice: Guidance for pharmacist prescribers** Pharmacist prescribers must not prescribe for themselves or for anyone with whom they have a close personal relationship (such as family members, friends or colleagues), other than in exceptional circumstances.

You should only prescribe for patients who are under you care. You must not prescribe for any patient upon whom there has not been an appropriate assessment undertaken. If you prescribe on the recommendation of another health professional who does not have prescribing responsibilities, you must satisfy yourself that an appropriate assessment of the patient has been undertaken in order to reach a diagnosis in order to determine if the prescription request is appropriate for the patient concerned and that the professional is competent to have recommended the medication.

What guidelines do you use when prescribing?

You should prescribe using evidence based medicine, safely and cost effectively and be sure it is in the patient's best interest. Every medicine that is available to be prescribed will have an evidence base recommending its use and you should be aware of the current evidence supporting the use of a given medicine. You should be familiar with current national and local medicines information resources (e.g., NICE, SIGN, BTS, and NHS Lanarkshire's Antimicrobial Guidelines). The **West of Scotland Formulary** should be used as the primary reference to guide prescribing decisions and the selection of appropriate medicines.

The **West of Scotland Formulary** products have been selected on the basis of clinical effectiveness, cost effectiveness, comparative safety and patient acceptability.