

**COMMUNITY PHARMACY LOCALLY NEGOTIATED SERVICES 2026/27**  
**Service Level Agreement**

**Pharmaceutical Care of Patients Requiring Support with Adherence to Complex Medication Regimes**

This agreement is between NHS Lothian and

Pharmacy Contractor

Contractor Code


<b>In Agreement with</b>	Community Pharmacy Development Team Primary Care Contracts Office Viral Hepatitis Lead Pharmacist
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<b>Document Revision Control</b>	
<b>Version 1</b>	+whole pack prescribing. + stock order route & why + risk if supply route not adhered to +revised remuneration
<b>Version 3</b>	+ break clause altered section 5.2.1 Link updated section 8.1

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## 1. Background

A range of new medicines are available that are initiated by specialist prescribers, but require to be dispensed in community pharmacy. This specification is introduced with the following aims:

- To provide a consistent service to improve the quality of pharmaceutical care over and above delivery of the national Pharmaceutical Care Services.
- To empower the patients to actively manage their own condition and make best use of the health promoting resources available to them
- To improve the clinical outcomes achieved by patients prescribed these medicines and to improve the patient experience of treatment for complex conditions.
- To ensure clinical monitoring for patients directly affected.
- To support the normalization of care for patients receiving these medicines through community pharmacies. To ensure that all patients experience a service that is free from stigma and discrimination.
- To provide more systematic nationally consistent management of complex care and to facilitate the policy objective of shifting the balance of care to primary care.
- To mitigate financial risks to contractors delivering this service.

## 2. Detail

A patient who has received a diagnosis and treatment plan from a specialist prescriber will nominate a community pharmacy contractor for this service. Prescribing will be initiated by the specialist team in accordance with the NHS Lothian Formulary.

When the patient is ready to commence supply from their community pharmacy the specialist service team will contact the nominated community pharmacy. The specialist clinical service team will provide

- patient specific information
- guidance and prescriptions to enable the community pharmacist to provide pharmaceutical care to the patient
- The prescription will contain the patient's community health index (CHI) number
- Indication of whether there is a need for instalment dispensing and if supervision is required after a discussion with the community pharmacist.

Prescriptions will be posted to the community pharmacy by the specialist clinical team giving sufficient time to allow the medication to be sourced from the pharmaceutical company or wholesaler to ensure continuous treatment of the patient.

The community pharmacist will discuss the service they provide with the patient at the first consultation and consider if registration for the Medicine Care and Review Service (MCR) is appropriate. The community pharmacist will provide suitable information and advice to the patient to enable them to take their medicines safely and appropriately and to manage any adverse effects that they may experience.

**The community pharmacist will contact the specialist service, if the patient**

**is experiencing problems, stops treatment or fails to collect their treatment when required.** (See section 5.5).

The scope of items which may be dispensed by community pharmacy contractors through this specification will be subject to local board formulary advice. Inclusion in local board formulary will reflect existing good clinical practice and the [Scottish Medicines Consortium](#) (SMC) advice.

### **3. Service Objectives**

The specific objectives of the service to provide pharmaceutical care to patients receiving treatment for hepatitis C are:

- To improve the clinical outcomes achieved by patients prescribed these medicines, especially preventing treatment defaults and poor adherence to treatment courses.
- To shorten the patient journey to one that can be accomplished by the majority of patients and avoid loss to follow-up.
- To ensure close clinical monitoring for patients during treatment.

### **4. Service Description**

This service specification allows eligible individuals, who are deemed by the specialist clinician coordinating their care, as likely to benefit from the service, to register with and use their community pharmacy as the delivery point for pharmaceutical care and dispensing of medicines.

The community pharmacist advises, dispenses or refers the patient to agreed contacts according to their needs.

The initial consultation must be provided by the pharmacist in person.

Where required patients should be sign-posted to support groups or health professionals to obtain appropriate information about their disease and its management.

### **5. Service Outline**

#### **5.1 Service Registration and Withdrawal**

Individual patients can register with the community pharmacy of their choice. Registration with this specification for Pharmaceutical Care of Patients Requiring Support with Adherence to Complex Medication is dependent on receipt of a referral letter provided by the specialist team coordinating the care of the patient.

Individuals can only register with one pharmacy for this service at a time.

The pharmacist registers a person after being contacted by the specialist team. The pharmacist should then create a care record for the patient which can be used with or without registration for Medication Care Review (MCR) to document relevant care issues.

The community pharmacist will order sufficient medication from the appropriate pharmaceutical company or their wholesaler to ensure continuous treatment of the

patient for the medication regime that they are prescribed.

Individuals can choose to withdraw from service at any point. In addition, pharmacists can withdraw an individual; this might be due to, for example, a change in their eligibility or other exceptional circumstances such as suspected misuse of the service.

## 5.2 The Pharmacy Contractor:

- Must sign the **SLA sign-up sheet** and return it to [loth.communitypharmacycontract@nhs.scot](mailto:loth.communitypharmacycontract@nhs.scot)
- Is responsible for ensuring that staff involved in the provision of the service are aware of and operate within the service specification, including the ordering of medication through NHS Lothian approved supplier and order forms; [Hepatitis C – NHS Lothian \(scot.nhs.uk\)](http://scot.nhs.uk)
- Will have procedures in place to ensure the whole pharmacy team provide safe & effective care and pharmacy services as detailed in the GPhC Guidance for contractors; [Guidance to ensure a safe and effective pharmacy team](#)

**5.2.1** Both parties agree that either NHS Lothian or the contractor giving 12 weeks' notice may terminate this SLA. Written notice should be sent to [loth.communitypharmacycontract@nhs.scot](mailto:loth.communitypharmacycontract@nhs.scot)

## 5.3 Specialist Notification

Patients will specify their community pharmacy of choice.

Prior to patient treatment start date, the clinical team will contact the community pharmacy to confirm arrangements

The specialist clinical pharmacist will provide the contractor with a referral notification which includes:

1. Identification of service i.e. Hepatitis C treatment
2. Patient Details
3. The indicative start date for treatment (usually 14 days after notification)
4. Statement advising the Community Pharmacist to order treatment no more than 7-14 days prior to the treatment initiation date.
5. Details of the treatment in terms of specific medication and any additional dispensing requirements e.g. installment or supervised daily dispensing.

Community pharmacy staff should read the [HCV information pack](#) that details the clinical condition and the need for the service.

## 5.4 Prescriptions

The medication will be prescribed on Hospital Based Prescriptions (HBP prescriptions) and issued from the specialist clinic. These will be written for original packs sizes e.g. 28 days unless the prescriber contacts the pharmacy in advance to discuss in extenuating circumstances e.g. to use up stock

The Specialist Clinical Service will post the prescriptions to the Community Pharmacy in advance of the start of treatment (normally seven to fourteen days)

Each prescription will be for 28 days supply (see above). Hepatitis C treatment courses are typically between 8 – 12 weeks therefore will require 2 or 3

individual prescriptions to be issued to complete a course.

Any changes to patient treatment will be communicated to the community pharmacy as soon as possible.

The community pharmacy is responsible for the timely ordering of medications and ensuring medication is available for dispensing when required, avoiding any breaks in treatment due to supply issues.

When all doses on a prescription have been dispensed, the prescription forms should be submitted as soon as possible for payment in the normal way.

All patients eligible for the scheme must have an appropriate prescription from the clinician coordinating their care. The prescription will include the necessary instructions for instalment and supervision if required.

## 5.5 Community Pharmacy Roles & Responsibilities

- Provide pharmaceutical care including support with concordance
- Create a PCR for each patient if they do not have one and document relevant issues as they arise.
- Register the patient for MCR if appropriate
- Provide installment dispensing and supervise administration where required.
- Order medication using the approved suppliers & order forms; Hepatitis C – NHS Lothian ([scot.nhs.uk](http://scot.nhs.uk))
- Ensure medications are ordered in a timely manner to avoid any breaks in treatment (section 6)
- Ensure all members of the pharmacy team including locum staff are aware of the service and local process for ordering, storing and dispensing of hepatitis C medications.
- **Contact the specialist team (preferably via email) as soon as possible if there are relevant clinical issues or if the patient fails to attend the pharmacy for more than 2 consecutive days**
- Provide a progress report for each patient to the specialist clinical team when requested to do so.
- Ensure that all clients receive a service that is user-friendly, non-judgemental, client-centred and confidential.
- Complete the appropriate care record for the patient and assess the most appropriate course(s) of action, counselling, advice needs and any requirements for follow up or referral. The care record should be initiated at first consultation and used to inform care on an on-going basis.
- Counsel the patient to help them understand the most appropriate ways to obtain the best clinical outcome from the medicine.
- Confirm with the patient regarding how best to contact them regarding any issues that arise with their care. This is especially important when contact with the multi-disciplinary team is required. Details of patients' contacts will be kept in the care record.

- Regularly document the care provided to patients using the care record. The specialist service will hold a register of patients receiving care provided by pharmacy contractors through this specification.
- Maintain a running stock balance for each patient. Demonstrating that medicine orders and dispensing records can be matched to referred patients.
- Ensure the service will be available to patients during all contracted hours.

## 6. Ordering Stock

- Pharmacy contractors should not order stock prior to receiving a prescription for a patient. Stock should be ordered on a monthly basis, avoiding any breaks in treatment, no more than seven to fourteen days prior to due date.
- Order medication using the Healthboards approved suppliers & order forms; Hepatitis C – NHS Lothian ([scot.nhs.uk](http://scot.nhs.uk)).
- If problems in accessing the medicine via this supply route cannot be resolved through direct dialogue with the manufacturer, contact the Health Board. **Do not purchase from any other supply route without the approval of the Health Board.**
- NHS Scotland has a pricing agreement in place that ensures the price to NHS Scotland for this medicine is the same via community pharmacies as via hospital pharmacies. Health Boards receive retrospective rebates from the manufacturer. This pricing agreement is enabling patient access to this medicine via community pharmacies – without it, it would not be cost-effective to use community pharmacies to supply this medicine. Contractors **must purchase from the supply route directed by the Board** to ensure the NHS receives rebates as agreed with pharmaceutical companies.
- Verification checks are undertaken to compare reimbursement data with manufacturers sales data. Where a pharmacy has supplied a medicine from a source not specified or approved in the individual service pack for each medicine the Health Board retains the right to take further action as deemed appropriate, including but not restricted to, reclaiming the appropriate service fee and making a claim against the contractor for the loss of primary care rebate. In cases involving potential fraud, a referral may be made to the General Pharmaceutical Council, NHS Counter Fraud Services or Police Scotland.
- Contractors must maintain procurement records for supplies made under this agreement for 2 years following supply for the purpose of payment verification.
- Ensure all members of the pharmacy team including locum staff are aware of the service and local process for ordering, storing and dispensing of hepatitis C medications.

## 7. Administration, record keeping and audit

A care record should be created for each patient if not already registered. The

Patient Care Record (PCR) should be used to identify the pharmaceutical care issues and record the outcomes for the patient during treatment. Registration for MCR may or may not be appropriate.

Where appropriate, information is annotated into the patient's medication record on the pharmacy patient medication record (PMR) system.

In the case of adverse reactions the pharmacist will contact the specialist team and discuss whether there is a need to report any adverse reactions to the Committee on Safety of Medicines Scotland (CSM) through the Yellow Card reporting mechanism.

The pharmacy contractor will maintain a dispensing record of supplies made to all registered patients for this service

Provide a progress report and the running balance for each patient to the pharmacy specialist team when requested (the pharmacy will be contacted by telephone periodically but no more than weekly to collect this information).

## **8. Remuneration**

For each patient receiving treatment under this service agreement, a contractor will receive £445. This payment is made up of:

- £215 as a pharmaceutical care remuneration fee, and
- £230 as an exceptional fee for costs associated with delivery of the service relating to business costs and risks.

As soon as available NHS Lothian will use the national coding descriptors to describe the service fee on NSS Payment Notifications.

Service specification will be reviewed at 12 months.

### **8.1 Financial Support and mitigation of financial risk to contractor**

Direct Acting Antivirals are high cost medicines and so to support mitigation of financial risk, contractors can request advanced payments to cover the procurement costs.

### **8.2 Advance Payments**

When notification details are confirmed, the specialist clinical team will advise that request for advanced payment can be made if required. Information can be found at [Hepatitis C – NHS Lothian](#)

Advanced payments covering the complete cost of a treatment course will be made in a single advanced payment. This will be paid before the first invoice payment date if the contractor makes their application before the 10<sup>th</sup> day of the month.

Advanced payments will be made as part of normal monthly payments

Recoveries are not linked to payments for prescriptions and contractors are responsible for the timely submission of prescriptions to NSS i.e. late submission of prescriptions will mean that recovery is out of synchronization with the planned schedule.

The Health Board will timetable recovery of advanced payments at month 6

for an advance made prior to the beginning of an 8 or 12 week course.

Example Prescription & Payment schedule for a 3 x 4 week course (Appendix 1).

### **8.3 The Health Board are underwriting financial risk:**

The specialist clinical pharmacist is the Health Board contact for any queries relating to the non-supply of medicines due to patient behavior, change of clinical circumstance or changes to treatment regimen that are out with the control of the community pharmacy. The costs (e.g. unused stock) relating to these circumstances will be at the health board's risk rather than the contractor.

Where the loss of a prescription occurs prior to submission for reimbursement, the health board will accept this financial risk, and provide a prescription for submission for payment subject to written assurance regarding the loss from the contractor and/or NSS.

Where a course of treatment is not completed due to changes in patient clinical circumstances, patient compliance or actions, a contractor may be left out of pocket in relation to reimbursement of medicine costs. The health board are underwriting this financial risk. In such cases the contractor should speak with the specialist pharmacist for advice regarding the claiming of costs from unused medicines. To avoid waste, the specialist clinical team may arrange for undispensed stock at a pharmacy to be used for another patient, where this has been assessed to be appropriate.

Whilst the board cannot underwrite all of the risks of handling treatments for Hepatitis C, a contractor may write to the PCCO Contract Support Officer (see section 10 for contact details) detailing the circumstances of the exceptional significant loss relating to prescriptions or payment of stock not covered in the aforementioned situations. The process shall be for the Primary Care Joint Management Group to review this information and make a decision at its next meeting, held monthly.

## **9. Training and supporting staff**

The pharmacist providing the service must be aware of and operate within the NHS Lothian Service Specification and local practice guidelines.

Pharmacists delivering this service should be familiar with the HCV Information Pack including the need for vigilance for potential drug interactions.

Pharmacy contractors taking part in the scheme may develop their own standard operating procedures to deliver the service in their own pharmacy. It is a requirement that locum staff are competent to operate the scheme so that a seamless approach to care is experienced by the patient.

A signed **SLA sign up sheet** is required to be returned to NHS Boards to ensure that staff are able and willing to participate in the scheme. Each pharmacy will designate a named pharmacist to be responsible for the on-going management and delivery of the scheme including appropriate training for all staff involved in delivering the service.

Specialist pharmacists leading the service will publish and maintain a list of

contacts to enable community pharmacists to effectively and efficiently communicate with the clinical team managing the care of their patient and seek advice.

## 10. NHS Lothian Health Board Point of Contact

The notification form contains contact details for the Clinical Pharmacist. In addition the Clinical Information Pack includes a comprehensive list of contacts for the clinical team responsible for the care of patients with Hepatitis C.

Any queries regarding advance **payment** elements of the SLA should be e-mailed to [highcostmeds@nhslothian.scot.nhs.uk](mailto:highcostmeds@nhslothian.scot.nhs.uk)

Any queries regarding prescribing elements of the SLA should be e-mailed to [loth.hepcpharmacy@nhs.scot](mailto:loth.hepcpharmacy@nhs.scot)

Any queries regarding the contractual element of the SLA should be emailed to [loth.communitypharmacycontract@nhs.scot](mailto:loth.communitypharmacycontract@nhs.scot)

### Appendix 1 - Example Prescription & Payment schedule for a 3 x 4 week course

	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
CP Notification								
Treatment Start								
Drug Purchased		1	2	3				
Single Advance payment								
Prescription Submitted			1	2	3			
Prescription paid					1	2	3	
Supplier paid			1	2	3			
Advance recovery of 1, 2 & 3								
Service Fee								