



## SCOTTISH EXECUTIVE

Health Department  
Primary Care Division

St Andrew's House  
Regent Road  
EDINBURGH  
EH1 3DG

Dear Colleague

21 March 2003

### COMMUNITY PHARMACY PREMISES DEVELOPMENT PROGRAMME-2003-4

#### Addresses

##### For action

Chief Executive NHS Boards, NHS  
Trusts.

##### For Information

Chief Executive,  
Common Services Agency.

#### Summary

1. This Circular draws the attention of NHS Boards, NHS Trusts and chemist contractors, to:
  - a. details of a programme of special funding for 2003-4 only for a scheme to develop community pharmacy contractor premises by improving patient access and security, and,
  - b. a template agreed with the Scottish Pharmaceutical General Council (SPGC) to guide local community pharmacy premises development initiatives.

#### Enquiries to:

Mr James White  
SE HD  
Primary Care Division  
1-ER  
St Andrew's House  
EDINBURGH  
EH1 3DG

#### Detail

2. The importance of community pharmacies as the point of contact with healthcare provision most often used by patients and the public at large has been recognised by the Scottish Executive both in *The Right Medicine- a strategy for pharmaceutical care in Scotland* and in previous programmes to encourage the provision of private advice areas. This programme continues arrangements introduced for 2002-3 and extends the scope for qualifying improvements to include:
  - private consultation areas;
  - security arrangements;
  - measures to improve patient access in the light of the requirements of the Disability Discrimination Act 1995; and
  - innovative schemes to improve patient access to pharmaceutical advice, drug misuser services, and other health and public services.
3. The precise detail of projects which may be supported and the extent of support is for local determination and should be equitable and the subject of consultation with the local pharmacy contractor committee building upon experience of previous initiatives.

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4. To guide this process a scheme template, the contents of which have been agreed with SPGC, is appended at **Annex A** to this Circular. The objectives set out in the template should be met for 2003-4. The template will be subject to review in the context of negotiations on a new community pharmacy contract for future years.
5. **£500,000** is being allocated between NHS Board areas as detailed in the Annex for the financial year 2003-4 only, for distribution to community pharmacists as grants. This allocation is ring fenced and additional both to the global sum for community pharmacy contractor remuneration, and to any funds allocated from their Unified Budget by NHS Boards/Trusts to support community pharmacy premises development initiatives in support of *The Right Medicine*.
6. The Drug Tariff is being amended to reflect the terms of this Circular.

### **Action**

7. As this is a cash limited programme, funds are available to the NHS Board/Trust through the NHS Board allocation process and an appropriate adjustment to NHS Board allocations will be made in due course. Premises Development Programme payments to pharmacy contractors will be made by Practitioner Services when requested by NHS Trusts and will be included in the 'payment on behalf' at that point. It is for NHS Boards/Trusts to establish appropriate reporting arrangements for this line of expenditure with PSD/ISD.
8. This circular should be copied to all community pharmacist contractors currently on local lists, and to LHCCs for information. NHS Boards/Trusts are asked to discuss with their local Pharmacy Contractor Committee the arrangements outlined above and to confirm **by 9 May**, their plans for disbursement of the funds available.
9. Plans should be addressed to:

Paul Thomson  
Scottish Executive Health Department  
Room 1-E R  
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10. On receipt of NHS Board/Trust plans an appropriate amendment will be made to the NHS Board's overall allocation.

Yours sincerely

DR HAMISH WILSON  
Head Primary Care Division

## Template for the development of local community pharmacy premises development schemes

### Objectives

Local community pharmacy premises development schemes should address 4 objectives :

#### 1. Private advice areas

Completion of existing programmes to ensure that all community pharmacies should, so far as is possible within the constraints of the individual pharmacy, have a private advice area. This should make it easier for patients to speak to the pharmacist in confidence and/or enable services, such as methadone dispensing and needle exchange to be delivered in a way that respects the dignity of the patient, the safety of staff and the legitimate interests of other users. The decision as to what represents an appropriate private advice facility should be taken locally in the light of the layout of the premises. Most pharmacies in Scotland should now have been considered for such a facility.

#### 2. Security arrangements

The provision of pharmaceutical services has particular security implications for staff and patients especially where the contractor is involved in the provision of methadone dispensing and needle exchange programmes. CCTV and other aids can help improve the security of staff and patients.

#### 3. Disability Discrimination Act 1995 compliance

The provisions of the Disability Discrimination Act 1995 apply to community pharmacies. Contractors must take all reasonable steps to ensure that pharmaceutical services are readily accessible by all members of the public. Indeed as patients with a disability are disproportionate users of community pharmacies, it is particularly important that they should have ready access to convenient pharmaceutical advice. Furthermore, the Act is not just concerned with physical access but access to a service. Accordingly, the needs of the hard of hearing and sight problems need to be taken into account as well. Further information and advice is available on the SHOW website at the following address: [http://www.show.scot.nhs.uk/publications/me/pcap/b-2 .pdf](http://www.show.scot.nhs.uk/publications/me/pcap/b-2.pdf).

#### 4. Innovative schemes to improve access to pharmaceutical advice, drug mis-user services and other health and public services

High street community pharmacies provide a very convenient point of contact to health advice for both the sick, for carers, and for those seeking advice on how to keep well. Some existing premises are capable of adaptation to provide discrete consultation rooms and waiting and meeting facilities, and in some cases dedicated facilities for drug mis-use services. In some cases contractors may be considering re-location to premises more conducive to the delivery of the vision outlined in *The Right Medicine* and the philosophy of 'one stop' access to healthcare.

In addition to improving access to quality NHS services both adapted and new facilities might also be made available for the convenient local delivery of other NHS services, for the use of other public agencies such as local authorities, who are seeking new ways of bringing services conveniently to disadvantaged groups, for the use of voluntary groups, and to facilitate training and research.

### Conditions

In designing local schemes NHS Boards/Trusts should consider the following factors:

- Equity

All pharmaceutical contractors should be eligible for local schemes. Where not yet in place premises audits should be conducted to assess the development potential of each community pharmacy in the light of local service strategies.

- Consultation

The local Area Pharmaceutical Committee, Pharmacy contractors committee, LHCCs and the Health Council should be consulted on the relevant elements of the scheme and/or underlying service strategies. Where appropriate and practical to do so schemes may be delegated to LHCCs to administer on the basis of criteria established at NHS Board/Trust level.

- Consistency with other local strategies

The scheme should be consistent with all service delivery strategies, for example LHCC strategies, plans for the development of local model schemes for pharmaceutical care, and property strategies, and the way forward outlined in 'Partnership For Care'.

- Reimbursable costs

NHS Boards/Trusts should ( subject to the section on 'Grants in lieu of cost reimbursement' below ) only reimburse the agreed share of the costs actually expended in providing the facilities/equipment concerned. Revenue foregone due to loss of selling space should not be eligible for reimbursement.

- Recurring costs and Access arrangements

Access arrangements (i.e. times) to improved facilities should be formally established at the time any grant is made. Prior agreement should ideally also be reached between the contractor and other service providers or commissioners in respect of consequential recurring costs such as service charges. Otherwise these will be a matter for the contractor concerned.

- Value for money

NHS Boards/Trusts should satisfy themselves that any funding awarded represents value for money. Careful consideration should be given as to the relative effectiveness, in terms of improvements to patient care, of small grants to a number of contractors as opposed to a smaller number of larger grants.

- Contractor contribution

Contractors should normally be expected to cover a share of costs involved (a minimum of 1/3<sup>rd</sup> is recommended), although in exceptional cases where there are overriding service delivery objectives or security considerations this requirement might be waived. Exceptional cases would have to demonstrate particular value for money but might for example include:

- Essential Small Pharmacies (ESPs);

- where a local community pharmacy is the natural focus for improved service provision;
- where exceptional construction work is involved (i.e. provision of a lift) that would enable significant enhancement of service provision; or
- a joint bid from more than one contractor that would lead to improved services.

NHS Boards/Trusts may consider setting maximum or minimum levels of grant.

- Grants in lieu of cost reimbursement

Where a contractor is relocating to provide facilities improved in line with the objectives outlined above, and to a location which addresses a specific local access priority, the NHS Board/Trust may consider making a grant in lieu of cost reimbursement.

- Clawback arrangements

Contractors should normally be expected to maintain access on locally agreed terms for a minimum of 5 years. NHS Boards/Trusts should consider in each case whether a formal clawback arrangement (20% per year) is appropriate to address circumstances where a contractor withdraws availability of a facility without suitable reason.

Circumstances where a clawback may not be appropriate would include where an incoming contractor agrees to continue access arrangements as agreed by his/her predecessor, or, where the part of the premises concerned becomes unavailable in unforeseen circumstances and through no fault of the contractor.

**COMMUNITY PHARMACY PREMISES IMPROVEMENT PROGRAMME-2003-4  
ALLOCATIONS BY HEALTH BOARD**

<b>HEALTH BOARD</b>	<b>CASH ALLOCATION £k</b>
Argyll and Clyde	45
Ayrshire and Arran	39
Borders	10
Dumfries and Galloway	14
Fife	34
Forth Valley	29
Grampian	45
Greater Glasgow	99
Highland	17
Lanarkshire	58
Lothian	67
Orkney	1
Shetland	1
Tayside	40
Western Isles	1
<b>Total</b>	<b>500</b>