Dear Colleague

PRIMARY CARE FUNDING – ALLOCATION FOR PHARMACISTS IN GP PRACTICES 2017-18

Purpose

1. This circular advises of available funding of up to £12m from the Primary Care Fund to NHS Boards for 2017-18, to both continue with the commitment to fund 140 wte pharmacists to work with GPs in GP practices and to work towards the Programme for Government objective that every GP practice in Scotland should have access to pharmacist with advanced clinical skills.

Background

2. The Cabinet Secretary for Health and Sport announced on 25 June 2015 details of how the Primary Care Fund will be used to support the primary care workforce, including GPs, and improve patient access to these services.

3. Circular PCA (P) (2015) 16 advised Boards that over three years £16.2m would be allocated to recruit up to 140 whole time equivalent additional pharmacists with advanced clinical skills training, or those undertaking the training. The year three element of this funding, £7.8m, will be baselined in 2017-18.

4. Subsequently, the Cabinet Secretary announced on 10 March 2017, that the Primary Care Funding for Pharmacists in GP Practices for year three would be increased from £7.8m to £12m. As indicated above, the initial £16.2m programme of investment is being built on to work towards the delivery of the Programme for Government commitment that all GP practices will have access to a pharmacist with advance clinical skills by the end of the current Parliament.

18 April 2017

Addresses

For action

- Directors of Pharmacy, NHS Boards
- Directors of Finance, NHS Boards
- Medical Directors, NHS Boards

For information

- Director of Pharmacy, NES

Enquiries to:

David Jamieson
Pharmacy & Medicines Division
1st Floor East Rear
St Andrew’s House
EDINBURGH
EH1 3DG

Tel: 0131 244 5858
Email: david.jamieson@gov.scot
www.gov.scot
Detail

5. Boards will be expected to build on the plans already in place to recruit, or enter into arrangements with, pharmacists to work directly with GPs to deliver patient facing care. As in previous years, the expectation is that these pharmacists will be trained to work as Pharmacist Independent Prescribers, managing caseloads of patients with complex medicines needs, carrying out medicines reviews for a range of patients, and supporting the care of patients with long term conditions.

Priorities and targeting

6. Funding should in the first instance be prioritised on pharmacist recruitment or sessional arrangements with local pharmacy contractors. There may however be instances where a skill mix of both pharmacist and technician time is more appropriate, but this must be planned and implemented in consultation with the GP practice(s) concerned to best meet local need and capacity pressures.

7. GP practice capacity pressures is now of the highest priority in terms of targeting resource and meeting patient need. In the first instance, Boards are therefore expected to target resources towards those practices and localities facing the greatest pressures. Priority populations continue to include areas with a greater proportion of elderly patients, deprived areas, and patients with multiple morbidities who receive a significant number of prescriptions and who have been identified as being statistically more at risk of hospital admission or readmission.

Education and Training

8. As in previous years, the Scottish Government will continue to work with territorial Boards and NES to ensure education and training capacity is available to support independent prescribing courses and clinical skills training.

Funding allocations

9. Annex A provides a breakdown of the Primary Care funding being made available to Boards for the period April 2017 – March 2018 (year 3). The £12m has been distributed on an NRAC basis, but weighted for smaller Boards, equating to around double their allocation in 2016/17. For those smaller Boards, this could potentially support the recruitment of up to four whole time equivalent pharmacists. However, consideration will be given to skill mix options and proposals where there is local agreement that this is most appropriate to local need and capacity challenges.

10. The initial £7.8m will be added to board’s baselines in 2017-18 as originally envisaged. An additional £4.2m funding is available to boards and will be allocated in period 9, based on actual costs incurred. It is our intention to baseline this funding to boards in the future.
Reporting and monitoring

11. Boards will be expected to continue to provide regular updates on progress towards recruitment to aid the Scottish Government reporting on progress towards the initial 140 pharmacist target.

12. In addition, we will need to measure the impact of increased year 3 funding to benchmark recruitment and projections to support delivery of the Programme for Government commitment. The expectation is that Boards year 3 recruitment targets will reflect the funding available.

13. Allocations to Health Boards will be made on evidence provided of actual costs incurred in meeting recruitment targets.

Action

14. NHS Boards are asked to;
   - Note this circular and prepare plans for utilising the Year 3 Primary Care Fund allocation for pharmacists in GP practices;
   - Submit regular updates to Scottish Government on request, on:
     - progress towards recruitment of the initial 140 pharmacists;
     - how the additional funding is supporting the Programme for Government commitment; and
     - details of training plans.

Yours sincerely,

Rose Marie Parr
Chief Pharmaceutical Officer / Deputy Director
Pharmacy & Medicines Division
## ANNEX A

**2017-18 Primary Care Funding for Pharmacists in GP practices**

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Baselined funding</th>
<th>Maximum additional funding available</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS AYRSHIRE &amp; ARRAN</td>
<td>£569,300</td>
<td>£302,800</td>
<td>£872,100</td>
</tr>
<tr>
<td>NHS BORDERS</td>
<td>£161,300</td>
<td>£85,800</td>
<td>£247,100</td>
</tr>
<tr>
<td>NHS DUMFRIES &amp; GALLOWAY</td>
<td>£229,100</td>
<td>£121,900</td>
<td>£351,000</td>
</tr>
<tr>
<td>NHS FIFE</td>
<td>£521,800</td>
<td>£277,600</td>
<td>£799,400</td>
</tr>
<tr>
<td>NHS FORTH VALLEY</td>
<td>£415,000</td>
<td>£220,800</td>
<td>£635,800</td>
</tr>
<tr>
<td>NHS GRAMPIAN</td>
<td>£755,400</td>
<td>£401,900</td>
<td>£1,157,300</td>
</tr>
<tr>
<td>NHS GG&amp;C</td>
<td>£1,718,200</td>
<td>£914,000</td>
<td>£2,632,200</td>
</tr>
<tr>
<td>NHS HIGHLAND</td>
<td>£494,100</td>
<td>£262,800</td>
<td>£756,900</td>
</tr>
<tr>
<td>NHS LANARKSHIRE</td>
<td>£947,700</td>
<td>£504,200</td>
<td>£1,451,900</td>
</tr>
<tr>
<td>NHS LOTHIAN</td>
<td>£1,132,000</td>
<td>£602,200</td>
<td>£1,734,200</td>
</tr>
<tr>
<td>NHS ORKNEY</td>
<td>£75,000</td>
<td>£69,000</td>
<td>£144,000</td>
</tr>
<tr>
<td>NHS SHETLAND</td>
<td>£76,200</td>
<td>£67,800</td>
<td>£144,000</td>
</tr>
<tr>
<td>NHS TAYSIDE</td>
<td>£601,900</td>
<td>£320,200</td>
<td>£922,100</td>
</tr>
<tr>
<td>NHS WESTERN ISLES</td>
<td>£103,000</td>
<td>£49,000</td>
<td>£152,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>£7,800,000</strong></td>
<td><strong>£4,200,000</strong></td>
<td><strong>£12,000,000</strong></td>
</tr>
</tbody>
</table>