NHS Circular:
PCA(P)(2005)10

SCOTTISH EXECUTIVE

Health Department
Primary Care Division

St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Dear Colleague

COMMUNITY PHARMACY PREMISES DEVELOPMENT PROGRAMME 2005-06

Summary

1. This Circular draws the attention of NHS Boards and Community Pharmacy Contractors to:

   a. details of a programme of special funding, for 2005-06 only, for a scheme to develop community pharmacy contractor premises by improving patient access and;

   b. a template agreed with the Scottish Pharmaceutical General Council (SPGC) to guide local community pharmacy premises development initiatives.

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 premises improvement programmes. This year's programme is focused on:

   - provision of private advice areas;
   - support for contractors to improve patient access to meet the requirements of the Disability Discrimination Act 1995; and
   - security arrangements.

3. The precise detail of projects which may be supported, in this order of priority, and the extent of support is for local determination, building upon experience of previous initiatives. It is, however, important that the decisions are equitable and subject to consultation with the local pharmacy contractor committee.

6 June 2005

Addresses

For action
Chief Executives NHS Boards

For Information
Chief Executive NHS: NSS

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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 2005-06. The template will be subject to review in the context of negotiations on the new community pharmacy contract for possible use in future years.

5. **£500,000** is being allocated between NHS Board areas as revenue. The money will be allocated as detailed in **Annex B** for the financial year 2005-06 only, for distribution to community pharmacy contractors as grants. This allocation is earmarked and additional both to the global sum for community pharmacy contractor remuneration, and to any funds allocated from their Unified Budget by NHS Boards 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 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 Boards and will be included in the 'payment on behalf' at that point. It is for NHS Boards to establish appropriate reporting arrangements for this line of expenditure with PSD/ISD.

8. This circular should be copied to all community pharmacy contractors currently on local lists, and to CHPs for information. NHS Boards are asked to discuss with their local Pharmacy Contractor Committee the arrangements outlined above and to confirm **by 31 July 2005 (to allow for main holiday period if possible)**, their plans for disbursement of the funds available. On receipt of NHS Board plans, an appropriate amendment will be made to the NHS Board's overall allocation

9. Plans should be addressed to:

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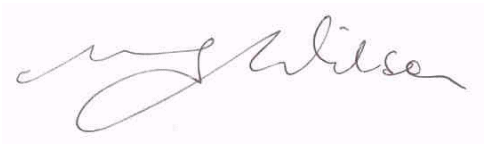
Yours sincerely



DR HAMISH WILSON
Head Primary Care Division

ANNEX A

Template for the development of local community pharmacy premises development schemes

Objectives

Local community pharmacy premises development schemes should primarily address the following objectives:

- **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 area should be taken locally to allow flexibility in light of the layout and requirements of individual premises. Most pharmacies in Scotland should now have been considered for such a facility. The priority of the programme should be to ensure that private advice areas are in use in community pharmacies before the new contract comes on stream in April 2006. Support should normally be for partitioned area(s) and not necessarily enclosed rooms, unless there are specific reasons which dictate otherwise.

- **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 disabled patients are primary 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.

Conditions

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

- **Equity**

All pharmacy 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.

- **Consultation**

The local Area Pharmaceutical Committee, Pharmacy Contractors Committee, and operational CHPs 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 already established and operational CHPs to administer on the basis of criteria established at NHS Board level.

- **Consistency with other local strategies**

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

- **Reimbursable costs**

NHS Boards 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.

- **Access arrangements and recurring costs**

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 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 a third 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 may consider setting maximum or minimum levels of grant.

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- **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 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 five years. NHS Boards 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.

ANNEX B

COMMUNITY PHARMACY PREMISES IMPROVEMENT PROGRAMME 2005-06
ALLOCATIONS BY HEALTH BOARD

HEALTH BOARD	**CASH ALLOCATION £k**
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
Total	**500**