

2024 – 2027 PHARMACEUTICAL CARE SERVICES PLAN



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1. INTRODUCTION

1.1 Purpose of Pharmaceutical Care Services Plan

The notion of a Pharmaceutical Care Services Plan (PCSP) was introduced in 2006 as part of the strategic direction contained in '*The Right Medicine: A Strategy for Pharmaceutical Care*'¹ document published in February 2002. The concept features prominently in the '*Achieving Excellence in Pharmaceutical Care*'² strategic document published in August 2017 as an aid to defining need within an area and a reference point in the future planning of health and social care services. The purpose of the PCSP within NHS Greater Glasgow & Clyde (NHS GGC) is to provide information on the pharmaceutical care services currently available from the network of community pharmacies within the Health Board's area. It will also help identify any shortfall in provision and possible gaps in service where improvements may be required to assist the Board in fulfilling its obligation to ensure patients have reasonable access to pharmaceutical care services. This document should be read in conjunction with the Board's Pharmaceutical List which contains details of existing Community Pharmacy contractors. (See Appendix 1)

In areas where possible improvement/development in services is identified, the Board's first consideration would be to address this through the commissioning of additional services and/or enhancement of existing services provided by the existing network of contractors.

The current Pharmaceutical Regulations requires those interested in establishing a new community pharmacy to first meet with the Board to discuss their case and then undertake a joint public consultation before submitting an application. Intended Applicants are expected to have fully considered this Plan when assessing any inadequacy in pharmaceutical care services within the neighbourhood of their proposed premises before submitting an application.

The Board's Pharmacy Practices Committee (PPC) considers all new applications for inclusion in the Board's Pharmaceutical List. These applications are subject to the provisions of the NHS (Pharmaceutical Services) (Scotland) Regulations 2009, as amended. The PPC takes this Plan into consideration when making their determinations.

1.2 Geographical Profile of Area Covered by PCSP

NHS GGC is one of the largest healthcare systems in the UK and Europe covering an area of 432.9 square miles in West Central Scotland with a population of 1,215,610 (21.9% of the Scottish population). The Board spans a diverse geographical area and the territories of six Local Authorities with which it has joint responsibility for 6 Health & Social Care Partnerships (HSCPs). The populations in these HSCPs range from 78,740 in Inverclyde to 650,320 in Glasgow City

Figures from: Mid-Year Estimates [MYE] and Small Area Population Estimates [SAPE] 2024 and SIMD 2020v2 (ISD population-weighted)

There are wide and stark variations in the deprivation levels with 34.7% of the population of NHS GGC living in areas ranked within the most deprived Quintile 1 while only 19.8% of the total Scottish population live in this Quintile.

These areas create their own social challenge with historically a hard to reach population, low income, low educational achievement, high unemployment and high crime levels all of which contribute to health inequality and poor health status.

¹ The Right Medicine: A Strategy for Pharmaceutical Care in Scotland: February 2002

² Achieving Excellence in Pharmaceutical Care; August 2017

1.3 Information presented in PCSP

Information contained within this document describes current Community Pharmacy services including opening times, service descriptions and a summary of pharmacies providing these services. There is also information relating to provision of medical services, which includes details of the Board's only General Practice (GP) dispensing practice from premises in Langbank provided as satellite facility from the main practice in Kilmacolm.

1.4 Information sources

Information on the description of the NHS Board area is routinely available from a number of on-line resources, including:

- ScotPHO - Health and wellbeing profiles which provide a range of useful data at Scotland, NHS Board, HSCP and locality geographies. This plan was developed using HSCP geographies. (Available at https://scotland.shinyapps.io/ScotPHO_profiles_tool/)
- General Registrar of Scotland website which presents population and demographic information. Available at <https://www.nrscotland.gov.uk/statistics-and-data>
- The Scottish census website SCRoL (available at <http://www.scotlandscensus.gov.uk/> which in the main provides social and demographic information and now reports on the 2022 Scottish census results.
- Other sources of clinical, behavioural and health indices data are available through the Quality and Outcomes data available from the Information and Statistics Division (ISD) website at <http://www.isdscotland.org/qof/>. This information is available at Board, HSCP and practice level.
- The Scottish Government Urban/Rural Classification provides a consistent way of defining urban and rural areas across Scotland and may be useful in describing a NHS Board area. Information at NHS Board, Council and Council Ward areas is available at <https://www.webarchive.org.uk/wayback/archive/20150218121113/http://www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification>
- Information regarding deprivation may be sourced at <http://www.scotland.gov.uk/Topics/Statistics/SIMD/>
- Scottish Health Survey (available at <https://www.webarchive.org.uk/wayback/archive/20150218135503/http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>)
- Local information on the health of NHS GGC population can be found at the Public Health Strategy 2018-2028 [Public Health Strategy 2018-2028 - NHSGGC](#)

2. DESCRIPTION OF CURRENT PHARMACEUTICAL SERVICES

2.1 Contractors and Opening Hours

At September 2026, NHS GGC has 284 community pharmacies located within its Board area contracted to provide pharmaceutical care services in accordance with NHS Terms of Service. Details are provided within the Pharmaceutical List (see **Appendix 1**).

Pharmacy contractors are required to provide services in accordance with the Board's 'Model Hours of Service', which are detailed below:

Definition of 'Model Hours'	09.00 to 17.30 - Monday to Saturday
Half Day Closing	Up to 2 half days per week – one week day and a Saturday afternoon, all from 13.00 hours
Saturday Closing	Not to be adopted routinely with any application considered specifically
Lunchtime Closing	Up to a period of 1 hour in the middle of the day

Some pharmacies permanently open for extended periods beyond 'model hours', including Sundays and Public Holidays providing early day and late night access to pharmaceutical care services. Where Sunday and Public Holiday cover is not available, the Board can make arrangements by establishing rotas to ensure that the general public has reasonable access to pharmacy provision. All information relating to pharmacy opening hours and service provision is published on the Board's website and routinely provided to NHS24, the Board's Out of Hours (OOH) and acute hospitals.

2.2 Annual Prescriptions Dispensed

During Financial Year 2025/26, community pharmacies in NHS GGC dispensed 27,151,818 items which was approximately 23% of all items dispensed in Scotland.

2.3 Provision of Core Services

2.3.1 Pharmacy First

The new National Pharmacy First Service replaced the Minor Ailments Service (MAS) on the 29th July 2020. The aim of this new service is to promote self-care and treatment, as assessed by the pharmacist for a limited range of minor illnesses such as backache, constipation and cough. Unlike MAS the service is available free of charge to all patients registered with a General Practitioner in Scotland and also includes Care Home residents.

In the financial year 2025/26 in community pharmacies in NHS GGC area there were 372,738 advice only consultations, 646,859 consultations with patients where the pharmacist recommended suitable treatment(s) and 45,200 referrals to another health care professional as part of the Pharmacy First Service.

(Source PIS, Apr 25 – Mar 26)

NHS Pharmacy First Plus (Common Clinical Conditions) Service

In September 2020 the NHS Pharmacy First Plus service was introduced across Scotland. This service encourages those appropriately qualified Community Pharmacists to utilise their independent prescribing (IP) skills to provide additional treatment options to patients suffering from common clinical conditions. The intention is that this will encourage existing community pharmacists to undertake this qualification, which will ultimately be included as part of undergraduate education.

In GGC as of 1st September 2026 a total of 281 pharmacists have signed up to provide this service. In order to support its ongoing development and provide prescribing governance an advisory group has been established that includes all relevant stakeholders.

2.3.2 Public Health Service (PHS)

This element of the contract supports pharmacists and their staff in promoting self-care. Within NHS GGC, the PHS is comprised of 4 strands of activity namely a Public Health Campaign, Stop Smoking Services, Gluten Free Food Service and Sexual Health Services

PHS Poster Campaign - Pharmacies participate by agreeing to prominently display a poster (size is dependent on space in the pharmacy window or within the pharmacy and ranges from A1 to A4) as part of a national campaign to raise awareness of a topical issue e.g. Flu immunisation. The campaign is centrally co-ordinated with all contractors in NHS GGC participating.

Stop Smoking Services - The 'Quit Your Way' service is provided in accordance with the criteria governing the service. Staff within participating pharmacies are required to complete the necessary training in order to be accredited to provide the service. This includes the successful completion of either an on-line or direct learning course on Varenicline to allow this Prescription Only Medicine (POM) to be supplied without a prescription under a Patient Group Direction (PGD).

Gluten Free Food Service - This is now established as a national service following evaluation of a successful pilot undertaken within NGS GGC. Eligible and qualifying patients no longer need to request prescriptions from their GP and now register their condition with a participating community pharmacy of their choice and select the products they require from an agreed formulary. All pharmacies provide this service.

Sexual Health Services - In NHS GGC, this service relates to the provision of a sexual health service comprised of the supply of emergency hormonal contraception (EHC) to women 13 years and above in accordance with the Age of Legal Capacity (Scotland) Act 1991.

All contractors would be expected to comply with revised requirements from the General Pharmaceutical Council and supply EHC, in accordance with the GPhC's Standards for Pharmacy Professionals³.

As part of a wider enhanced community pharmacy Sexual Health Service, a new Bridging Contraception service was introduced in November 2021 allowing patients access to a three month supply of contraception at the point of consultation.

Vitamin D Supplement Service – All breastfeeding women and children under 3 years old in NHS GGC are eligible for a free Vitamin D supplement. This replaced Healthy Start provision from pharmacies (although Healthy Start tablets will still be supplied to pregnant women by maternity services).

All children under 3 years old are eligible for Pro Health Vitamin D drops free of charge from Community Pharmacies.

2.3.3 Acute Medication Service (AMS)

AMS supports the provision of pharmaceutical care services for acute dispensing episodes and any counselling and advice that may be required. It also supports the electronic transmission of prescription data between GPs, Community Pharmacies and Practitioner Services Division (PSD).

³ https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf

On receipt of a prescription in the pharmacy, scanning of the barcode retrieves the electronic prescription message for that prescription from the GP practice system. The pharmacist then uses this information for dispensing purposes, reducing the need for data entry and transcription. Dispensing a prescription creates and sends an electronic claim message to support payment.

Section 2.2 describes the number of prescriptions dispensed in GGC during 2022/2023.

2.3.4 Medicines: Care & Review (M: C&R)

Following a service review and commitments within the national pharmacy strategy for Scotland, Chronic Medication Service (CMS) has now been revised and refreshed as Medicines: Care & Review (M:C&R) and came into effect in February 2021.

Like CMS, M: C&R provides a focus on the continuity of pharmaceutical care and access to medicines for patients with long term medical conditions when they register with a community pharmacy of their choice.

The three elements of M: C&R are designed to help with improving a patient's understanding of their medicines to optimise the benefits of their therapy alongside improving access to their medicines:

Medication Review - Any patient accessing the service is entitled to receive a medication review. This is supported within the web-based Pharmacy Care Record (PCR) and can cover an initial Stage 1 review that explores the patient's understanding of their medication and potential reasons for non-compliance.

Any registered patient must have a stage 1 review completed within 16 weeks of registration.

M: C&R also includes a requirement that this review is conducted on an annual basis.

Stage 2 and Stage 3 medication reviews within PCR are non-mandated within the service specification but can be used to support care planning element. Stage 2 is equivalent to a non-clinical level 1 review within general practice. A Stage 3 is equivalent to a polypharmacy medication review without clinical notes.

Pharmaceutical Care Planning - The pharmacist assesses those patients to identify and prioritise individuals or groups of patients with unmet care needs using the outcomes from the medication reviews above. They then identify and record the patient's needs, care issues, any desired outcomes and the actions required to meet them and document these in a pharmaceutical care plan.

Serial Prescribing - If appropriate, a patient's GP produces a 24, 48 or 56-week serial prescription to be dispensed at an interval indicated by the prescriber. The pharmacy retains the prescription for the whole period, and information is sent back electronically to the GP practice system after each dispensing. If an item needs to be amended or stopped during this time, it can be cancelled by the prescriber and the pharmacy is no longer able to dispense any outstanding quantities. A new serial prescription could then be issued. Following the final dispensing the pharmacist electronically sends an end of care summary to the GP that includes a request for a new serial prescription as well as summarising dispensing information and any care issues found.

During the lifetime of the serial prescription, the pharmacist will have opportunities to undertake medication reviews that will inform and support any onward pharmaceutical care planning.

In order to receive this service, patients are required to register with their community pharmacy, although a serial prescription can be produced in advance of this. Until recently patients who normally reside within a Care Home had been unable to benefit from this service. However the service specification has now changed and work by the GP Pharmacy Teams has been ongoing since March 2022 working with GPs/Care Home providers to roll out this service.

5.4% of all prescriptions dispensed within NHSGGC are from a serial prescription. Target within the current strategic intent is to increase this to 10% by the end of 2024.

Further information on Core Services is available on the following website:
<https://nhsnss.org/services/practitioner/pharmacy/pharmacy-services/medicines-care-review-mcr/>

2.4 Provision of Additional Services (National)

2.4.1 Substance Use: NHS GGC Alcohol & Drug Recovery Services Pharmacy Team leads on the research and development of new services and provides help and advice to the network in addition to the coordination and monitoring of all substance use services provided by community pharmacies.

Community pharmacies providing services are:

- 275 contractors currently offer supervised opioid substitution therapy to support adherence to prescribed therapy
- 58 contractors are currently Injecting Equipment Provider (IEP) sites providing access to clean equipment and collection of used materials for safe disposal;
- 130 contractors provide a facility to supervise administration of disulfiram as part of a programme to aid abstinence in treating alcohol dependence;
- 110 contractors can issue Take Home Naloxone as a mechanism to combat opioid toxicity in an overdose situation.

Opioid Substitution Therapy - This Service involves the instalment dispensing and supervision of prescriptions for all methadone and buprenorphine preparations, as part of a package of pharmaceutical care. The frequency of instalment dispensing and supervision for a service user will depend on the level of risk, risk management and service user need, as determined by the Alcohol & Drug Recovery Service (ADRS) for each individual. Service users are regularly reviewed by ADRS to identify those at increased risk of harm using the Red Amber Green Model (RAG). Certain pharmacies alongside other agencies issue Take Home Naloxone, to the appropriate sector of the community. As an opioid antagonist it is used in an attempt to prevent death from opioid overdose.

The Board provides detailed up to date guidance on the programme which is circulated to all pharmacies and available on the Board's website.

Injecting Equipment Providers - By providing ready access to clean materials and a mechanism for safe disposal, the service aims to reduce the transmission of blood borne viruses such as HIV, Hepatitis B and C and other infections and injuries, which can result through drug users sharing or re-using injecting equipment. This provides substantial public health benefits for individuals, families and the wider population.

Pharmacies are directed to designate a private area for conducting the transaction, which involves giving advice and providing injecting equipment and related paraphernalia in a sealed pack. Pharmacy staff will also encourage service users to bring back used equipment in sharps containers for safe disposal. Only appropriately trained staff should provide the service.

2.4.2 Palliative Care: in addition to the baseline standard of palliative care which should be provided by all contractors, a network of 70 pharmacies participate in the Palliative Care Community Pharmacy Network to provide access to specialist advice and a range of associated medicines, both within and out with normal opening times.

The pharmacies within the Community Pharmacy Palliative Care Network maintain a stock of more specialised products in addition to the specific core medicines used in palliative care and stocked by most pharmacies. Staff in these pharmacies act as a source of specialist advice and as a support network to other pharmacies within their localities. Most of these pharmacies voluntarily participate in the 24 Hour Emergency Dispensing Service for when a prescription is required to be dispensed urgently out-of-hours. Network pharmacies have access to a courier service which can be utilised 24hrs a day/7 days a week in order to minimise any time that family members have to be away from their relative. Non network pharmacies can access the courier via their nearest network pharmacy.

2.4.3 Advice to Care Homes: 25 contractors are contracted to provide advice to Care Homes on safe storage and handling of medicines.

Pharmacies contract to provide advice to registered Care Homes on the safe storage and handling medicines (up to a maximum of 5 homes per contract). The pharmacist is required to make an initial visit and then subsequent visits at intervals of not more than three months.

2.4.4 Stoma Care Services: This service is provided by 267 pharmacy contractors and 2 direct appliance contractors (DACs).

Community Pharmacy and Dispensing Appliance Contractors (DACs) must now provide a range of services to patients requiring these products. This includes an adequate and timely delivery to the patients' home if required, the provision of disposal bags, wipes and a customising service when required. An agreed communication pathway with the prescriber should be in place when there are any pharmaceutical concerns or unusual supply patterns where a solution requires to be found.

2.4.5 Unscheduled Care: All 284 contractors have registered to provide repeat medicines to patients when their GP is unavailable.

Community pharmacy is an important access point for people requiring unscheduled care at any point in time but particularly over weekends and public holidays in the OOH period. One of the mechanisms available to pharmacists in Scotland to support this is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances. Community pharmacists can provide a further supply of medication to a patient should their GP be unavailable.

Community Pharmacies can also use Direct Referral to the local OOH services via NHS24, when the pharmacist feels that the patient requires onward referral to another professional or service, more relevant to the patient's needs.

2.4.6 National Oncology Service: A patient led service where the supply and management of Oncology medication and ongoing care is received by the individual patient at a community pharmacy of the patient's choice.

2.5 Provision of Additional Services (Local)

NHS GGC pharmacies also provide other additional negotiated services, which are locally defined and based on identified need.

2.5.1 Multi-Compartment Compliance Aids (MCA): 280 pharmacy contractors currently provide this service by filling this type of compliance aid with the patient's prescribed medicines. The service is highly labour intensive, carries significant risk of error and can affect the stability and effectiveness of the medicine. Whilst the costs of purchasing the MCAs is met by NHS GGC, the costs of filling and delivering the completed MCA is met by the pharmacy contractor.

2.5.2 Free Condom Service: A range of condoms provided by NHS GGC is currently available from 170 pharmacies on a voluntary basis.

Community pharmacies can participate in the open access component for the Free Condom service. This is primarily aimed at those in most risk of HIV or other blood borne viruses or unwanted pregnancy and the pharmacy element is mainly targeted as an access point for young people. Participation is voluntary and attracts no remuneration.

2.5.3 Support for Patients with Hepatitis C and HIV: All community pharmacies can participate in a service to support patients receiving treatment for hepatitis C and/or HIV. Ongoing care is received by the individual patient at a community pharmacy nominated by the patient.

2.5.4 Community Pharmacy Nutrition Support Service (CPNSS): All community pharmacies can participate in this service and currently over 90% are signed up to do so. The CPNSS supports patients at risk or with malnutrition who require Oral Nutritional Supplements (ONS) to receive these through their nominated Community Pharmacy under the direction of their managing dietitian without the need for a GP10. The service also offers an additional element of monthly weight monitoring and review for patients who have completed their active treatment from dietetic services but require longer treatment with ONS to meet their nutritional goals. Community Pharmacy are supported with clinical reviews by dietetics with a pathway that requires referral back to dietetics if a patient has been under pharmacy only review and is still requiring ONS after 12 months. The joint working of Community Pharmacy and dietetics supports patients on ONS to have continuous support and monitoring throughout their treatment without the need to access their GP practice for prescriptions or weight monitoring.

2.5.5 Exacerbation of COPD Service: Chronic Obstructive Pulmonary Disease (COPD) service - all community pharmacies can participate in this service which supports patients, who experience an exacerbation of their COPD, gain access to a defined set of medications to alleviate their symptoms and help prevent the need to access further care through primary or acute care interventions.

This intervention of care is set up for identified patients and reduces the requirement of patients to access their GP practice for treatment or just in case medication but instead be managed by the community pharmacy team after an initial assessment carried out by the GP practice or respiratory teams.

2.6. Interface with Other Providers

The interface between community pharmacy, primary and secondary care is an area of increasing focus as Scotland pursues its policy of shifting the balance of care. As models of care provision within the community setting continue to develop, it will not be possible to consider the need for Community Pharmacy services in isolation of the wider context of care provision by the NHS, local authority and third sector providers. For example, in 2023 a direct referral pathway from Community Pharmacy to GGC's Flow Navigation Centre (FNC) for patients presenting in the pharmacy with a minor injury was instigated. This allows Community Pharmacists to directly arrange for a virtual consultation with a FNC Clinician without the need for the patient to first contact their GP or NHS 24. The FNC clinician can then review the patient and if needed prescribe a treatment or refer to MIU/ED/Secondary Care Clinic.

2.7 Accessibility of Pharmaceutical Services

The purpose of this section of the plan is to describe the current availability of NHS pharmaceutical services within NHS GGC and HSCP areas where appropriate. Full details are provided within the Pharmaceutical List (**See Appendix 1**). The Pharmaceutical List provides details of opening hours, those pharmacies which provide extended opening hours and availability of pharmaceutical services.

The Pharmaceutical List details principal services only. While it is recognised that community pharmacies may provide extra services for their patients, these are not considered for planning purposes.

3. POTENTIAL EXPANSION OF PHARMACEUTICAL CARE SERVICES

Over the next 5 years the Pharmacy Services aims to support the core and locally negotiated NHS pharmacy services and also expand them, where possible.

This could include:

- development of new ways of supporting our Community Pharmacist Independent Prescribers such as the use of Simulation

3.1 Potential New Service Developments

- Wrap around services for patients suffering from addictions;
- Sexual Health Services – including prescribing of contraception;
- Child/Adult Protection;
- Mental Health support;
- Development of a community pharmacy based enhanced unscheduled care service, ensuring the availability of an independent prescriber skilled in the assessment and treatment of a range of conditions to increase capacity at times of high demand.

3.2 Other Supports

- Development of Primary Care and Community Pharmacy Networks to encourage closer working;
- Improved electronic claiming;
- Wellness and protected learning;
- Support for pharmacists undertaking the Independent prescribing qualification;
- Involvement in the Pre-Registration Pharmacy Technician (PRPT) training.

4. DESCRIPTION OF GENERAL MEDICAL SERVICE PROVISION

4.1 General Medical Services (GMS)

The locations of general medical services across the Board's area are shown [here](#).

Information about the practice that, under the direction of the Board, provides dispensing services is detailed below.

4.2 Relationship with Community Pharmacy

The relationship between pharmaceutical and medical services remains strong. The location of GP practices before pharmaceutical control of entry had a significant influence over the geographical location of community pharmacies. However, applications for new contracts now must be processed and considered in accordance with Pharmaceutical Regulations.

4.3 Dispensing Practice

Where those providing GMS have been requested by the NHS Board to provide a dispensing service, such services should be included as part of the NHS Board's provision and assessment of need within the pharmaceutical care service plan. Within NHS GGC, there are no dispensing GP practices.

Schedule 5, paragraph 44 (1) of The National Health Service (General Medical Services Contracts)(Scotland) Regulations 2018, as amended, makes allowance for an NHS Board to request a GMS practice to dispense medicines, but only in certain circumstances. These circumstances, where the Board, after consultation with the Area Pharmaceutical Committee, is satisfied that 'a person, by reason of distance or inadequacy of means of communication or other exceptional circumstances, will have serious difficulty in obtaining from a pharmacist any drugs, not being scheduled drugs or appliances required for his treatment under these (GMS) regulations.

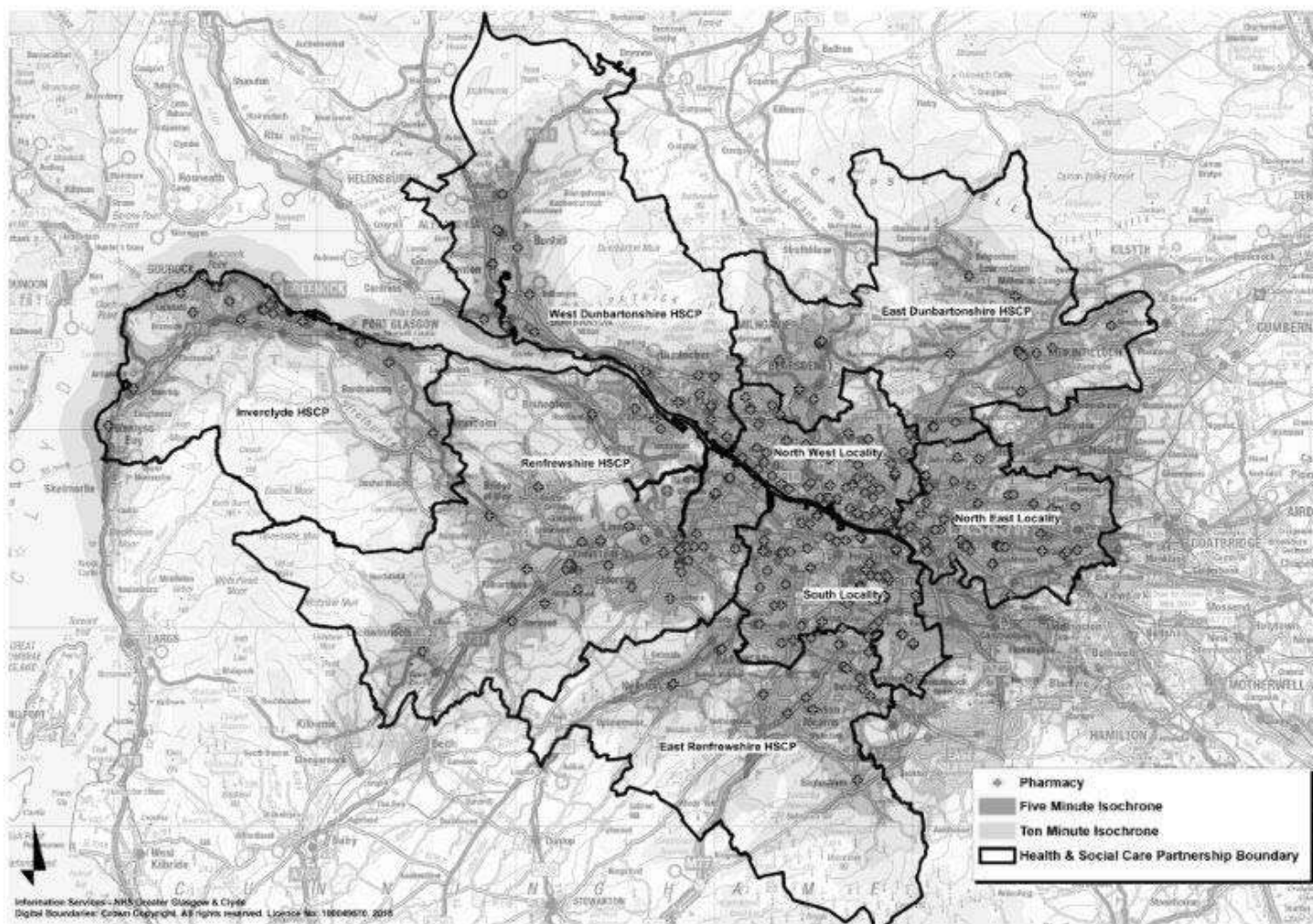
Where an application to open a new pharmacy is received for premises situated in the same neighbourhood as a dispensing practice, the Board's Pharmacy Practices Committee (PPC) will contain one additional member drawn from nominations made by the Area Medical Committee (AMC).

Appendix 1

Pharmaceutical List (dated July 2026)

See attached Pharmaceutical List for details.

Map identifying patient drive times (5 & 10 minute) to pharmacies



Version	8. 2024/2027
Approving Committee:	Pharmacy Practice Committee
Date Ratified:	November 2023
Reference Number:	N/A
Name/Department of Originator/Author:	Community Pharmacy Development Team
Name/Title of Responsible Committee/individual:	Lead Pharmacist – Community Care
Date Issued:	
Review Date:	April 2027
Target Audience:	Individuals/Partnerships/Companies seeking information on the opening of a new community pharmacy.

Version	Date	Control Reason
7	2026	Annual Review (Pharmaceutical List, prescription and Pharmacy First numbers updated)
6	2024	Annual Review (Pharmaceutical List, prescription and Pharmacy First numbers updated)
5	2024	Pharmaceutical List updated (previously Nov 23)
4	2023	Interim Document
3	2022	Regular Review – Interim Document Produced
2	2018	Regular Review
1	2015	Initial Version