

EXECUTIVE NOTE

The National Health Service (Pharmaceutical Services) (Scotland) Amendment (No 3) Regulations 2007 SSI/2007/500

1. The above instrument was made in exercise of the powers conferred on Scottish Ministers by sections 27(1), 27(1A) and (2), 28(A), 105(7) and 108(1) of the National Health Service (Scotland) Act 1978. The instrument is subject to negative resolution procedure.

Policy Objectives

2. The purpose of these Regulations is to amend the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 (“the regulations”) which regulate the provision of pharmaceutical services under the National Health Service (Scotland) Act 1978 in order to provide for the introduction of Pharmacist Independent Prescribing Services into primary care services.

3. The introduction of Pharmacist Independent Prescribing into NHS primary care services is designed to:

- improve the quality of service to patients without compromising patient safety;
- make it easier for patients to get the medicines they need;
- increase patient choice;
- make better use of the skills of healthcare professionals;
- contribute to the introduction of more flexible team working across the NHS.

Pharmacist Independent Prescribing

4. To prepare for independent prescribing, the pharmacist must successfully complete a course approved by the Royal Pharmaceutical Society for Great Britain (RPSGB). Pharmacists who have successfully completed the course must have their entry on the RPSGB register (or the equivalent in Northern Ireland) annotated before they can begin to practice as independent prescribers.

5. A Pharmacist Independent Prescriber is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

6. The amendment regulations (regulation 2(2)(a)) insert a definition of “Pharmacist Independent Prescriber” into the regulations. Regulation 2(2)(b) amends the definition of “prescriber” to include pharmacist independent prescribers.

Health Board Responsibilities

7. Health Boards will approve for training only those pharmacists who have at least 2 years’ experience practising as a pharmacist in a clinical environment in a hospital or a community setting, following their pre-registration year after graduation. Newly qualified pharmacist independent prescribers must have the opportunity to prescribe in the post they will occupy on completion of their training.

8. It is not intended that Pharmacist Independent Prescribers will dispense their own prescriptions. However, in circumstances of urgency or where the patient or the patient's representative is unlikely to be able to obtain the item without suffering excessive inconvenience or delay, patient need should be paramount and "self-dispensing" may be justified. Regulation 4 inserts into Schedule 1 of the regulations conditions under which a Pharmacist Independent Prescriber may decide to dispense his or her own prescription.

9. Where the Pharmacist Independent Prescriber both prescribes and dispenses a prescription, he or she must endorse that prescription as "self-dispensed". This will provide a record for clinical audit and a monitoring tool for the Health Boards.

10. Regulation 3 of these amendment regulations provides that a Health Board may be the determining authority for fees and allowances payable for the provision of a Pharmacist Independent Prescribing Service

The Health Board Pharmacist Independent Prescribing Service (Scotland) Directions 2007

11 The Directions describe the services which Health Boards may arrange and the persons with whom Health Boards may enter into arrangements for the provision of a Pharmacist Independent Prescribing Service.

Financial Effects

12. Funding has been allocated to cover the training costs of introducing the first groups of Pharmacist Independent Prescribers. Funding has also been made available to Health Boards to establish Pharmacist Independent Prescribing Services. Drug costs will be met from Boards Unified Budgets.

Consultation

13. UK-wide consultation resulted in a consensus to introduce Pharmacist Independent Prescribing and the Prescription Only Medicines (Human Use) Order 1997 – reserved legislation, has been amended to enable the necessary changes to NHS legislation to be introduced.

Consolidation

14. The Scottish Government is aware of the desirability of consolidating regulations when an instrument has been amended on a number of occasions. There are, however, currently a number of improvements planned regarding the way in which community pharmacy services are delivered and the delivery of these improvements will require further amendments to these regulations, so consolidation would seem premature at this time. Consideration will be given to consolidating the regulations when there is an appropriate opportunity to do so.

**The Scottish Government
Primary and Community Care Directorate
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