Board Meeting 30 January 2019

Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB



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SUBJECT: Model Hours of Service Scheme

1. PURPOSE								
This paper is coming to t	he Boar	d:						
For approval		For endorsement		To note				
2. ROUTE TO THE BOARD:								
This paper has been:								
Prepared		Reviewed		Endorsed				

By the Primary Care Improvement and Development Manager.

3. SUMMARY OF KEY ISSUES

Situation

Each NHS Board is required to prepare a scheme for securing that one or more community pharmacies shall be open at reasonable times for the dispensing of medicines and the arrangements for the dispensing of medicines required urgently at other times. This scheme is known as the Model Hours of Service Scheme (MHoSS) and is attached.

NHS Lanarkshire's MHoSS has been updated to reflect current expectations regarding access to community pharmacy. The regulations¹ require that the MHoSS is subject to the approval of the Scottish Ministers. This paper outlines the processes followed and submits the revised MHoSS to Lanarkshire NHS Board for endorsement and onward transmission to the Scottish Ministers.

Background

Regulation11(1) requires each Health Board, after consultation with their Area Pharmaceutical Committee (APC), to prepare a scheme for securing that one or more places of business on the pharmaceutical list in the area of the Board shall at all reasonable times be open. The scheme should specify the days and hours during which such places shall be open, and the arrangements for the dispensing of medicines required urgently at other times.

The provision of the scheme is subject to the approval of the Scottish Ministers.

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¹ The NHS (Pharmaceutical Services) (Scotland) Regulations 2009 [SSI 2009 No. 183]

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The existing MHoSS required updating as it referred to an historic Act [Shops Act 1950-1955] which could no longer be referenced as the provisions had been repealed and superseded. It was agreed that a small working party comprising of professional representatives of the APC, George Lindsay, Gillian Forsyth and Lavinia Langan meet to compile a revised scheme, and the outcome is a forward thinking document which meets current and known future aspirations for community pharmacy against the backdrop of the new GP Contract.

Assessment

Through passing the scrutiny of the draft by the APC, North Health & Social Care Partnership Core Management Team and South Health & Social Care Partnership Senior Management Team it is considered a robust scheme suitable for submission to Lanarkshire NHS Board for endorsement and onward transmission to the Scottish Ministers. The Model Hours of Service Scheme details the principles and procedures for determining contracted opening hours for community pharmacies. These principles and procedures are likely to remain stable for a long time however the document shall be reviewed annually, or more frequently should the need arise.

There is no reputational or financial risk posed by the MHoSS to NHS Lanarkshire.

The Code of Corporate Governance will also be updated to reflect that the Primary Care Pharmaceutical Committee is a Standing Committee of the Board. The current chair is Mr Michael Fuller.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	LDP	Government Policy	
Government Directive	Statutory Requirement	AHF/Local Policy	
Urgent Operational Issue	Other		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	Effective	Person Centred	

The National and Local eHealth strategy have been developed to align and improve the 6 dimensions of care; Safe, Effective, Efficient, Timely, Equitable and Patient Centred.

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	
Staff feel supported and engaged; (Effective)	
Healthcare is safe for every person, every time; (Safe)	
Best use is made of available resources. (Effective)	

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6. MEASURES FOR IMPROVEMENT

Not Applicable. The Scheme will be reviewed at least annually.

7. FINANCIAL IMPLICATIONS

There are no financial implications.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There are no management / risk implications.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	Effective partnerships	Governance and	
		accountability	
Use of resources	Performance management	Equality	
Sustainability			

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes	\boxtimes	Please say where a copy can be obtain	nea
No		Please say why not	

There is no requirement for an EDIA.

11. CONSULTATION AND ENGAGEMENT

The Scheme has been updated in light of comments from Professional Leads, the Area Pharmaceutical Committee and North and South Health & Social Care Partnership Management Groups.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	Endorsement	Identify further actions	
Note	Accept the risk identified	Ask for a further	
		report	

- Approve the revised Model Hours of Service Scheme; and
- Agree that the revised Model Hours of Service Scheme be submitted to Scottish Ministers for approval.

13. FURTHER INFORMATION

Gillian Forsyth, Primary Care Improvement & Development Manager