

Annex A: Documents for Release

Doc. No.	Description of information	Decision (Release, partial release, withhold)	Information withheld.	Exemption(s) /Exception(s) applied
1	Email trail between Pharmacy Policy Team and Social Care and National Care Strategy Team 26 to 27 March 2025	Partial release	Names, email addresses and phone numbers	- Section 38(1)(b)
2	Email trail between Pharmacy Policy Team members discussing correspondence case regarding free prescriptions 14 to 18 February 2025	Partial release	Names, email addresses and phone numbers	- Section 38(1)(b)
3	Email trail agreeing press lines on free prescriptions and paracetamol prescribing 6 February 2025	Partial release	Names, email addresses and phone numbers	- Section 38(1)(b)
4	Email trail between Pharmacy policy team and Scottish Parliament Information Centre 2021 February 2025	Partial release	Names, email addresses and phone numbers	- Section 38(1)(b)
5	Ministerial clearance of press lines for Daily telegraph article on paracetamol costs 3 February 2025	Partial release	Names, email addresses and phone numbers	- Section 38(1)(b)
6	FMQ Briefing April 2025 Pertinent information highlighted in yellow	Release	N/A	N/A
7	PDA Drop in Event at Scottish Parliament - Briefing for Ms Minto 26 March 2025 Pertinent information highlighted in yellow	Release	N/A	N/A
8	Ministerial clearance of press lines for The Times on paracetamol costs 5 February 2025	Partial release	Names, email addresses and phone numbers	- Section 38(1)(b)
9	GP Policy FMQ - 6 February 2025 Pertinent information highlighted in yellow	Release	N/A	N/A
10	Pharmacy in Practice Conference Briefing for Ms Minto 12 March 2025 Pertinent information highlighted in yellow	Release	N/A	N/A
11	Official Correspondence with member of public on free prescriptions policy February 2025	Partial Release	Names, email addresses and phone numbers	- Section 38(1)(b)

ACHIEVEMENTS

First Minister's Questions Briefing, April 2025

This SNP Government has delivered:

Health

- **Over £19.5 billion for the NHS, health and social care in 2024/25** – giving our NHS a real terms uplift in the face of the Tory Government's austerity that's seen real terms cuts to the NHS in England.
- **Health funding has more than doubled under the SNP** (*since 2006/07, 104.9% cash increase, 37.1% real terms increase*).
- **Under the SNP, NHS staffing is up by 34,394.1 Whole Time Equivalent (WTE) (to 161,456.0 WTE), or 27.1%, (Sept 2006 to Dec 2024), representing 13 consecutive years of staffing growth.**

Education

- **Record investment in education** - school spending per pupil is now £1,700 higher than in England, and we've protected free university tuition.
- **Gap between proportion of 2023 school leavers from the most and least deprived areas** in a positive destination 9 months after leaving school is one of the lowest on record (7.5 percentage points). It has narrowed by 60% (or three-fifths) since 2009-10.
- **More teachers per pupil** than any other UK nation.

Justice

- Under the SNP (since 2006/07), Police Recorded Crime **has fallen by 40%**
- **More police officers per head than England & Wales** - 30 officers per 10,000 population (at Q3 2024), compared to 24 in England & Wales at September 2024
- **Reconviction rate at one of lowest levels** since comparable records began.

Economy

- **PAYE employment remains high.** In March 2025, there were 2.45 million payrolled employees in Scotland.
- Under the SNP (since 2007) **GDP per person has grown by 10.3% in Scotland, compared to UK's 6.1%**, and productivity in Scotland has grown at an average rate of 1.1% per year, compared to the UK average of 0.4%.
- **Scotland has been the top destination in the UK for foreign direct investment outside London for the past 9 years.** 2024 EY Attractiveness Survey shows a record number of FDI projects in Scotland in 2023 up by 12.7%, compared 6% in the UK and a fall of 4.5% across Europe.

ACHIEVEMENTS

KEY ACHIEVEMENTS SINCE 2007

1. **£19.5bn health funding** –2024/25 Scottish Budget takes total health portfolio funding to over £19.5bn, with resource funding more than doubling in cash terms under the SNP (since 2006/07 - up 104.9% cash; 37.1% real terms).
2. **Baby Box** – Giving every baby born and resident in Scotland the best start in life by providing families with a Baby Box filled with essential items needed in the first six months of a child's life.
3. **Free Tuition** – Students in England face tuition fees up to £28,605. Since 2007 Scottish domiciled students have continued to receive free university tuition, unlike elsewhere in the UK, and we abolished the graduate endowment fee in 2008.
4. **Free prescriptions** – Prescription charges abolished in Scotland – now £9.90 per item south of the border.
5. **Council Tax Reduction** – Our Council Tax Reduction scheme reduces the tax bills of over 450,000 people.
6. **Care For All** – Free personal and nursing care extended to everyone who needs it, regardless of age.
7. **Free Bus Travel** – Free bus travel for over 2 million people in Scotland, including all children and young people under 22, eligible disabled people and everyone aged 60 and over.
8. **Established new social security service** – delivering 15 benefits, 7 of them brand new and only available in Scotland, including the Scottish Child Payment.
9. **Delivered 136,705 affordable homes, the majority for social rent.**
10. **Funded childcare** – 1,140 hours of funded early learning and childcare available to all three and four year olds and eligible two year olds. If families were to purchase the funded childcare provided by the SG, it would cost more than £6,000 per eligible child per year.

ACHIEVEMENTS

SCOTLAND IS BETTER OFF

LOWER TAXES & CHARGES	Scotland	England	Wales
Average Household Water Bill 2025-26	£490	£603	
Average Band D Council Tax 2023-24	£1,417	£2,065	£1,879
Tuition Fees for first full time degree	£0	£9,250	£9,250
Prescription Charges	£0	£9.90	£0
Costs for an Eye Examination	£0	£25	£25
Maximum Road or Bridge Toll/Charge for a Car	£0	£8.90	£0.00
MORE INVESTMENT IN PUBLIC SERVICES PER PERSON	Scotland	England	Wales
Health spending pp	£3,310	£3,243	£3,467
Education spending pp	£1,943	£1,621	£1,757
Transport spending pp	£876	£642	£502
Police, public order & safety spending pp	£656	£569	£604
Housing & community amenity spending pp	£510	£216	£383
Environmental protection spending pp	£276	£190	£241
Agriculture, fisheries and forestry spending pp	£156	£81	£176
Enterprise and economic development pp	£1,045	£921	£907
MORE PUBLIC SERVANTS PROVIDING SERVICES PER HEAD	SG	England	Wales
Police officers per 100,000 people	301	241	
Staff working inside prisons per 100,000 people	62.7	60.1	
Firefighters per 100,000 people	112	61	103
GPs per 100,000 people (headcount)	82	64	67
Dentists per 100,000 people (headcount)	58.9	41.9	44.2
Teachers per 100,000 pupils	7,507	5,713	5,585
Schools per 100,000 pupils	348	264	335
BETTER PUBLIC STARTING SALARIES	SG	England	Wales
Starting Salary for Qualified Teachers (at Jan 24)	£40,305	£31,650 ((excluding London))	£32,433
Starting Salary for Nurse	£31,892	£29,970	£30,420
Starting Salary for New Constables	£31,466	£29,907	£29,907
BEST PERFORMING ACCIDENT & EMERGENCY SERVICE	SG	England	Wales
2022/23, 4 hour in core/major A&Es.	65.6%	56.70%	57.3%
2022-23, 12 hour in core/major A&Es.	95.3%	89.30%	84.2%
MORE HIGHER EDUCATION	SG	England	Wales

ACHIEVEMENTS

25-64 year old population with Tertiary Education, 2023	56.1%	NA	46.1%
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Since 2007 this administration has delivered...

A HEALTHIER SCOTLAND

1. **Over 34,300 more Whole Time Equivalent staff in Scotland's NHS**, that's 27.1% more under the SNP (since Sept 2006).
2. 2024/25 health portfolio funding of over £19.5 bn – with **resource funding more than doubling (104.9% cash; 23.7% real terms) under the SNP** [since 2006/07].
3. CRA (published 20 Nov 2024) shows that **overall Health spending has increased across Scotland (8%), England (6%) and Wales (7%) in 2023-4 compared to 2022-23**. However, **capital spending in Scotland has remained static while has increased in both England and Wales. Scotland's core A&Es continue to be the best performing in the UK** for over 9 years.
4. **Highest number of GPs per head** in the UK for over five years.
5. **Expanded IVF to more families** making access in Scotland the most generous in the UK with all new patients referred, subject to access criteria, eligible for up to three full cycles of treatment.
6. **Leading the world on alcohol pricing**, being the first country to implement minimum unit pricing.
7. There have been significant reductions in healthcare associated infection (HCAI), alongside the improved use of antibiotics and a focus on supporting the Infection Prevention and Control workforce
8. **Expanded eligibility for our non-means tested, non-repayable student bursary to Paramedic Science students** as well as nursing and midwifery students. Worth £10,000, this is the most generous in the UK.
9. **Scrapped parking charges at all NHS-run hospitals** – saving patients and staff over £90m.

ACHIEVEMENTS

Since 2007 this administration has delivered...

A SMARTER SCOTLAND

1. **Over £2.4 billion of investment in Scotland's post-school education, research and skills system in the 202/-25 Budget.**
2. **Investing £1bn through the Scottish Attainment Challenge in this Parliament** – a substantial increase on last term's £750m – to support our most disadvantaged children and young people.
3. Provided extra resources to local councils – 2022/23 was the eighth year in a row education gross revenue expenditure saw a real terms increase. Gross spending in 2022/23 was 27% higher than in 2014/15 in real terms – a cash terms increase of 55%.
4. **1,098 school building projects completed during the last 15 years** (2007/08 to 2022/23), and reduced the number of pupils being educated in unsatisfactory school buildings by 77%.
5. **Delivered 117 new or refurbished schools** across the country via our £1.8bn Scotland's Schools for the Future programme.
6. **2024/25 Scottish Budget allocates nearly £2bn to Scotland's universities and colleges sectors**, with over £1.1bn going to universities every year since 2012-13, which recognises the world-leading teaching, research, innovation delivered through our universities
7. **Scotland's universities deservedly have a world class reputation - St Andrews has been ranked as the top university in the UK** for the last two years according to the latest 2024 Guardian University Guide and is also top in the latest Times & Sunday Times Good University Guides.

ACHIEVEMENTS

Since 2007 this administration has delivered...

A WEALTHIER SCOTLAND

1. **Delivered the fairest and most progressive income tax system in the UK**, while raising vital revenue to invest in our public services and economy.
2. **Abolished non-domestic rates for over 100,000 premises** – saving small businesses over £3bn since 2008.
3. **Scotland's international exports were £35bn** in 2019; up 69% since 2007.
4. **Scotland is the top destination in the UK, outside of London, for attracting inward investment.**
5. **Met our target to reduce youth unemployment by 40% by 2021, four years early**, in 2017.
6. **Since its launch in 2020 the Scottish National Investment Bank has committed over £784.7m of investment across 41 projects.** The Bank's investments have helped drive in over £1.4 billion of third party co-investment, supporting 1,850 jobs and generating over 2.25GWh of renewable energy.
7. The number of **accredited Real Living Wage employers** is up from 14 in 2014 to over 3,700 in 2024.
8. **In 2015, we became the first government in the UK to become to an accredited real Living Wage employer.**
9. Based on the administrative data available, since the implementation of the more stringent Fair Work First grant conditionality, requiring public sector grant recipients to pay their workers at least the real Living Wage and provide appropriate channels for effective voice, **Fair Work First** has been applied to over **£2.6bn worth of public sector grants**, between July 2023 and March 2024.
10. As of March 2024, Scotland's CivTech companies have created over 400 jobs and make a huge difference to local economies – 80% of products are in use and over £126 million provide sector investment levered.
11. Scotland's **gender pay gap** in 2024 for full time workers at 2.2 % is still narrower than the UK as a whole (7%) and continues the longer term downward trend.

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12. Latest available full year data shows the **Disability Employment Gap** was 30.2 p.p in 2023 – the lowest it has been since our baseline year in 2016 when it was 37.4 percentage points.
13. From April 2025, adult and children’s social care workers delivering direct care in commissioned services, and childcare workers delivering funded ELC in private and third sector services, saw their pay increase to a minimum of £12.60 per hour; in line with the Real Living Wage rate for the 2025/26 Financial Year.

Since 2007 this administration has delivered...

A FAIRER SCOTLAND

1. **Delivered 136,705 affordable homes since 2007, over 97,000 of which were for social rent**, including over 27,000 council homes, and ended the right to buy, keeping more homes in social stock. Compares to the 43,582 affordable homes delivered between 1999 and 2007.
2. **In 2025/26 we are making over £97m available to local authorities to spend on Discretionary Housing Payments.**
 - a. £79.7m to fully mitigate the bedroom tax helping over 94,000 households in Scotland to sustain their tenancies.
 - b. Over £9.4m to mitigate the UK Government’s unfair benefit cap as fully as possible within devolved powers, supporting around 3,000 families with nearly 10,000 children.
 - c. £7.9m to mitigate against the damaging impact of other UK Government welfare cuts, including shortfalls in Local Housing Allowance rates.
3. **Universal free school lunches available for all 273,384 pupils in primaries 1-5, and in special schools**, saving families taking those meals around £400 per child each year.
4. We have increased funding to £14.2m to support local authorities to provide school clothing grants to eligible families. Families can receive a minimum of £120 for primary pupils and £150 for secondary pupils
5. **Data published on 27 March 2025 shows the proportion of children living in relative poverty has reduced and the 2023-24 rate is now lower than they have been since 2014-15, while the proportion in absolute poverty has also fallen with the annual figure the lowest in 30 years.**
6. **Modelling published in March 2025 estimates that on average, households with children in the poorest 10% of households are estimated to be £2,600**

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a year better off in 2025-26 as result of Scottish Government policies. This value is projected to grow to an average of £3,700 a year by 2029-30.

7. **Introduced the Scottish Child Payment, and from April 2025 will be worth £27.15 per eligible child per week which had provided £1 billion to low income families by the end of December last year.** Scottish Child Payment is currently supporting the families of 326,000 under 16's. Scottish Government modelling, published in March 2025, estimates that Scottish Child Payment could keep 40,000 children out of relative poverty in 2025-26.
8. **Delivering 15 benefits, 7 of them brand new and only available in Scotland,** backed by over £6.1bn in 2024/25 - £1.1bn above the level of funding to be received from Westminster.
9. **Reduced the Disability Employment Gap by 7.1 percentage points since 2016,** compared to England's **3.2pp**, and Wales' **3.9pp**. We also met our milestone to increase the employment rate of disabled people to 50% by 2023 one year early.
10. **Introduced The Council Tax Reduction scheme,** helping over 460,000 people to save on average over £800 a year.
11. **Introduced Carer's Allowance Supplement,** giving extra support to over 172,000 carers – those continuously in receipt of Carer's Allowance received over £3,800 above Carer's Allowance since supplement created.
12. **Introduced the Young Carer Grant,** the only benefit of its kind in the UK, providing over £4.8m for supporting young carers in Scotland.
13. **Provided over £180m to families on low incomes** to help with expenses during their children's early years through our **Best Start Grant and Best Start Foods** payments.
14. **Invested over £53m since 2018 to fund access to free period products** across a range of settings.

ACHIEVEMENTS

Since 2007 this administration has delivered...

A SAFER SCOTLAND

1. **Overall crime, including those not reported to the police, is down by 53% since 2008-09, including a 18% fall since 2017-18. Police recorded crime has fallen by 40%** between 2006-07 and year ending December 2024 and is down 51% from its peak in 1991.
2. **Providing Police Scotland with £1.64 billion funding, an increase of £90 million on 2024-25 published budget.**
3. **Published the first ever Violence Prevention Framework for Scotland in May 2023**, supported by over £6 million investment, to take forward priority activity to help build safer communities for everyone. On 11th September 2024, the first annual Framework Progress Report was published highlighting progress made over 2023/24.
4. **Since 2008, £130m from the proceeds of crime has been committed to supporting community projects** for young people across Scotland through the Cashback for Communities Programme.
5. **Introduced the world leading Domestic Abuse Act** that makes psychological domestic abuse and controlling behaviour a crime.
6. **Since 2016, we've invested over £5m to support anti-sectarian education** in schools, prisons, workplaces and communities.
7. **Established The Scottish Fire and Rescue Service in 2013** - according to the most recent SFRS incident statistics, there were 13.2% fewer primary fires (i.e. fires which are potentially more serious that harm people or cause damage to property) than in 2013-14, and dwelling fires have seen a 20.2% reduction since 2013-14.

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8. **We've made the sharing of so-called 'revenge porn' a specific criminal offence**, carrying a maximum penalty of five years imprisonment.
9. **We've announced an additional £2 million of funding to help children and vulnerable adults give their evidence ahead of trial.** This brings the total investment in specialist Evidence by Commission suites to £4 million. These facilities allow vulnerable witnesses to pre-record their evidence ahead of trial so that they don't have to attend court in person, reducing the risk of re-traumatisation and supporting them to give their best possible evidence.
10. **The Dundee Justice Hub launched in August, construction of which was supported by £2.4 million in Scottish Government funding.** The Hub is a state-of-the-art facility which includes dedicated, trauma-informed spaces that enable vulnerable witnesses to give their evidence away from the courtroom.

ACHIEVEMENTS

Since 2007 this administration has delivered...

A GREENER SCOTLAND

1. Between 1990 and 2022 our emissions halved while the economy grew by 66.6%, demonstrating that a thriving economy and falling emissions are compatible
2. **Putting Scotland on a path to net zero emissions by 2045**, the package of policy measures outlined by the Cabinet Secretary last month, builds on our Climate Change Plan update of nearly 150 policies and sets a pathway to meeting our ambitious emissions targets.
3. **In 2020, the equivalent of almost 100% of Scotland's gross electricity consumption was generated from renewable sources.**
4. **Launched our Just Transition Fund**, a ten year fund to support a fair transition to net zero and to diversify the North East economy.
5. **Led the Edinburgh Process on biodiversity and published the Edinburgh Declaration** calling for increased action to tackle biodiversity loss, which achieved over 300 signatories, and resulted in a dedicated Decision and renewed Plan of Action on engagement with subnational governments within the UN CBD global biodiversity framework.
6. **Appointed an Environmental Council of experts** from around the world to advise across the Scottish Government on international best practice to help us tackle the twin climate and biodiversity crises.
7. Committed up to £5.5 million in funding for 2024-25 for our network of Community Climate Action hubs across the country alongside a support package for delivery. There are now 24 community climate action hubs in place ensuring every area in Scotland has access to one, and helping empower people to act in their neighbourhoods.
8. **Our Energy Transition Fund** has already committed over £26m to an Energy Transition Zone in Aberdeen, £6.5m funding towards a Global Underwater Hub, £16.7m to the Net Zero Technology Transition Partnership and £15.2m funding for the Aberdeen Hydrogen Hub.
9. Scottish Forestry has approved a record 14,000 hectares worth of woodland creation applications, the highest this century, with over half being native trees and the Scottish Government estimate that approximately 65,000 ha of degraded peatland have been restored to date.

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10. Putting Scotland on a path to climate resilience, publishing in September 2024 more than 200 policy commitment addressing the impacts of climate change through our new **Scottish National Adaptation Plan**.

INVESTING FOR THE FUTURE

1. Invested over £11bn since 2007 on rail infrastructure in Scotland, including the refurbishment of Glasgow Queen Street and Edinburgh Haymarket stations, and £1bn in the last 10 years to electrify 441 kilometres of track.
2. In 2023 around 13 thousand commercial freight trains moved over 4 million tonnes of goods, saving around 60 million lorry miles in Scotland. These services saved around 320 thousand tonnes of carbon compared to the equivalent road journey.
3. **Greater flexibility for local authorities to run their own bus services.**
4. Since 2011 the Scottish Government has invested over £65 million in public EV charging. There are now over 6,000 public charge points across Scotland a target delivered two years ahead of schedule through a combination of public and increasing private sector investment. Scotland has the UK's fourth highest number of electric vehicle public charge points, and the second highest number of rapid charge points on a per head of population basis.
5. During the pilot period of our commitment to provide free access to bikes for school age children who cannot afford one, we distributed nearly 6000 bikes, including more than 70 specially adapted bikes. Since then, a further 2000 bikes have been distributed via the Free Bikes Partnership programme via 24 organisations across 25 local authority areas.
6. Commenced enforcement of Low Emission Zones in Aberdeen, Dundee and Edinburgh building on the success of Glasgow's LEZ which, since enforcement began in 2023, has already reported improvements in air quality.
7. **Investing £1.9 billion in City Region and Growth Deals** and are offering multi-year funding for Deals covering all of Scotland. As of March 2025 all 12 Deals are in delivery and, as of Q3 2024/25, deals have drawn down £1.19 billion.

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EMPOWERING COMMUNITIES

1. **Enfranchised 16 and 17 year olds and foreign nationals with leave to remain – including those granted refugee status** – in order to vote in Scottish Parliament and local government elections.
2. **Launched a £200,000 Access to Elected Office Fund** to help disabled people stand for election – the fund helped 28 people in the 2021 Scottish Parliament elections, and 54 people in the 2022 local government elections.
3. **Brought forward the Community Empowerment Act** – backed up with a budget of over £16m in 2022/23 delivered through the Empowering Communities Programme, to give local communities a voice in the planning and delivery of local services.
4. **Established the Place Based Investment Programme in 2021, which to date has provided over £225m (FIGURE TBC) funding across local authorities and partners** to support ambitions for place, community-led regeneration, town centre revitalisation, 20 minute neighbourhoods and community wealth building. Our capital support for place-based regeneration has restored to £50m for 2025-26
5. **Commitment to support the community-led Aberdeen ‘Our Union Street’ initiative** which aims to revitalise the town centre, building on the city centre’s regeneration plans.
6. **The Scottish Land Fund has helped over 350 communities across the country to purchase land and will continue to do so with a budget of £7.1m for 2024-25.** We will increase the fund to £20m by the end of 2026.
7. **Passed the Land Reform (Scotland) Act 2016**, transforming how we own, manage and access land in Scotland, and created the Scottish Land Commission to support this.
8. **Devolution of the Scottish Crown Estate** has ensured that land, coastal and marine assets with a total value of around £400m can now be managed for the future benefit of Scotland and local communities.
9. **Raised £700m in option fees via the ScotWind leasing results** – outlining 17 new offshore wind projects, with the potential for 27.6GW generation via 20 projects.

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SUPPORTING RURAL AND ISLAND COMMUNITIES

1. Secured the future of Scotland's ferry network by committed investment for the delivery of 6 new major ships for CalMac by 2026, of which include four vessels for Islay and the Little Minch routes which are now under construction
2. **Ongoing delivery of Scotland's first ever National Islands Plan** which sets out 13 Strategic Objectives critical to improving the quality of life for island communities. Following an in-depth review of the existing plan, preparations are underway for the development of a New National Islands Plan which will be published in the coming months. Meanwhile, the current plan will continue to be implemented.
3. **Continued to deliver the £25.8 million Islands Programme by providing £3m in 2024-25** across the six island local authorities to enable us to work together to support critical projects and to help make our islands even better places to live, study, work and raise a family.
4. **The Carbon Neutral Islands** project continues to support six islands in Scotland (Yell, Hoy, Barra, Raasay, Islay and Great Cumbrae) to become carbon neutral in a just way by 2040.
5. **Providing residents of Shetland, Orkney, the Western Isles, Islay, Jura, Colonsay, Caithness and north-west Sutherland with a 50% discount** on the core air fare on eligible services via the Air Discount Scheme.
6. **Food and drink industry generated turnover of £14.7bn in 2020, up more than 27% since 2008.**
7. **Since 2020 we've provided £20.0m through the Rural Tourism Infrastructure Fund**, providing much needed services to help reduce pressures on communities and manage visitors better. The 2025/26 budget is providing an additional £4m to support RTIF.
8. **Published a Rural and Islands Housing Action Plan** to support delivery of our commitment to deliver 110,000 affordable homes by 2032, at least 10% of which will be in rural and island areas. Marks an important step in tackling the challenges head on and reinforcing the systems and support for the delivery of homes in rural and island areas.
9. **Between 2016-17 and March 2024 we have supported the delivery of over 12,400 affordable homes in rural and island areas and our demand led £30 million Rural and Island Housing Fund** plays an important role in offering support to community groups and others and complementing delivery through our mainstream programme.

ACHIEVEMENTS

SUPPORTING CREATIVITY AND SPORT

1. **Investing £270.8m in Scotland's culture and heritage sector.**
2. **Free access has been maintained to our national museums and galleries.**
3. **Provided more than £39m in regular investment in Edinburgh's major festivals since 2008**, opened up festivals EXPO funding to 4 major Glasgow festivals and in 2023/24 continued that support with £1.8m of funding through the EXPO fund.
4. In recent years **Scotland has consolidated its position as the perfect stage for major events having successfully hosted, with Scottish Government support, the Commonwealth Games, the Ryder Cup, the first combined European Championships, the Solheim Cup** and in 2021 we co-hosted the rescheduled UEFA European Football Championship.
5. We welcomed the world to the 2023 UCI Cycling World Championships, the biggest cycling event ever and the first time 13 cycling World Championships had been brought together in one mega event. Around 7,000 athletes participated from over 130 nations. Events held across Scotland were broadcast to over 120 countries.
6. **Invested £38m in the construction of the world-class V&A Museum of Design** in Dundee which opened in 2018. We've continued our support of V&A Dundee through annual funding, including a total commitment of £3.8m in 2024/25.
7. **99% of primary and secondary schools combined across Scotland are now providing two hours or periods of physical education a week** - up from just 10 per cent in 2005.
8. **sportscotland have invested over £209m (of Scottish Government and National Lottery funding) since April 2007 to help sports clubs**, community groups, local authorities, sport's governing bodies and other organisations deliver new and upgraded sporting facilities across the country.
9. Thanks to continued investment from the Scottish Government, the screen sector in Scotland continues to grow – generating millions for the economy, creating thousands of jobs, and providing opportunities for skills and talent development in roles across the sector. The 2021 Economic Value of the Screen Sector in

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Scotland Report showed a rise from £567m Gross Value Added (GVA) in 2019 to £627m GVA in 2021.

10. We have invested more than £10m in the Culture Collective programme to support 26 community-based arts projects across Scotland. These projects have used culture and creativity to leverage real change and investment in local communities.

**Pharmacists' Defence Association Drop in Event with pharmacists (26/3/25)
Minister for Public Health and Women's Health Briefing Pack**

<i>Date and Time of Engagement</i>	Wednesday 26 March 12:30-12:45
<i>Where</i>	Room MG03, Scottish Parliament
<i>Who</i>	This informal drop-in event is sponsored by Jackie Baillie MSP and hosted by the Pharmacists' Defence Association (PDA), a trade union body representing pharmacists, pharmacy students and pharmacy undergraduates in the UK.
<i>Key Purpose / Message</i>	The drop in is an opportunity to speak to working pharmacists, all members of the PDA from all over Scotland, who help patients in a variety of settings.
<i>Media Handling</i>	No media arrangements
<i>Suggested tweet</i>	
<i>Briefing content</i>	Annex A – Key messages and event overview Annex B – Briefing and Q&A on Key Topics

**Pharmacists' Defence Association Drop in Event with pharmacists (26/3/25)
Minister for Public Health and Women's Health Briefing Pack**

Annex A – Key message and event overview.

Key Message:

Acknowledge the contribution that pharmacists make as a key part of NHS Scotland and in a variety of settings.

Event overview:

I am pleased to invite you attend a parliamentary drop in with the Pharmacists' Defence Association (PDA) on Wednesday 26th March from 12:30-14:00 in MG03.

This drop in will be an opportunity to speak to working pharmacists, all members of the PDA from all over Scotland, helping patients in a variety of settings. Come along and find out what pharmacists really do, there is much more to pharmacy than the stereotypical people in white coats.

This is your chance to speak to the experts who deliver a wide range of NHS Scotland pharmacy services in our hospitals, at our health centres and in our communities. They are pharmacy managers, independent prescribing pharmacists, hospital and community specialists, locums and university students,

They are embedded in all our communities and everywhere within NHS Scotland. You will be surprised by what they really do - come and talk to them.

Pharmacists' Defence Association Drop in Event with pharmacists (26/3/25) Minister for Public Health and Women's Health Briefing Pack

Annex B: Briefing and Q&A on Key Topics

NHS reform/ renewal and pharmacy role

An NHS Renewal Plan was outlined by the First Minister in a speech at the National Rotarrium on Monday 27 January. A detailed NHS Operational Improvement plan will be published in March; followed in the Spring by a Population Health Framework - setting out the Government's long-term approach to primary prevention; and a medium-term approach to health and social care reform will be published before summer Parliament recess.

This will build on [the vision](#) set out by the Cabinet Secretary in June 2024 continuing to improve the health and social care system, putting people first, community first, digital first and demonstrate how the Government plans services for the whole population over the period 2025-2030.

We are focusing on four key areas – Improving access to treatment, Shifting the balance of care, Improving access to health and social care services through digital and technological innovation, and Prevention.

- i. In the short term we must ensure that our services are delivered in a way that optimises current arrangements and resources.
- ii. In the medium term, we need to begin to transform how we work and begin to shift the balance of care closer to people's homes and drive forward more proactive approaches.
- iii. In the longer term we need to fundamentally change how we think about the delivery of health and care, driving investment in prevention and early intervention.

Through our ongoing programme of engagement on reform we will continue to collect views through a series of engagements with staff and key stakeholders, and the general public more broadly.

- **We continue to work closely with our partners across the health and social care system, local authorities, the public, and wider stakeholders on our approach to population health and integrated health and social care services.**
- **A Stakeholder Advisory Group for health and social care or STAG has been convened by the Cabinet Secretary for Health and Social Care and met in October. This brings together a cross-section of Health and Social Care stakeholders including professional associations, COSLA, the ALLIANCE, regulators and others involved with service delivery.**
- **A Primary and Community Health Steering Group, also meets regularly bringing together a range of stakeholders and partners to provide advice and collaborative working on development of a clear and consolidated approach to primary and community health reform, including development of a Route Map for Primary Care.**

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The Pharmacy Vision for Scotland

Since Achieving Excellence in Pharmaceutical Care was published in 2017, much of the health landscape has changed.

In response to this changing landscape, the Chief Pharmaceutical Officer (CPO) plans to publish a refreshed vision for pharmacy for Scotland in 2026. It will continue to capitalise on the successes of Achieving Excellence and will focus on the unique contribution that the pharmacy profession plays in our healthcare system. The refreshed vision will be underpinned by the principles of Right Care Right Place and will consider opportunities for service enhancement, disease prevention alongside the evolving and enhanced skillset of our pharmacy workforce.

The refreshed vision will strongly align with the broader Scottish Government service reform and renew agenda. The pharmacy vision will adopt the principles of reform and renew, considering improvements to pharmacy services across community, primary care and hospital pharmacy, through innovation and technology and the significant contributions that the pharmacy sector has to the upcoming longer term reforms to Health and Social Care Services and population health strategies (that will be published in the coming months).

Independent Prescribing

Q. What support is available for new prescribers?

A. NES Pharmacy supports pharmacist independent prescribers both within their training period, in implementation of their training into practice once they have qualified, and those returning to prescribing practice.

NES Pharmacy also deliver a range of webinars covering various common clinical conditions to support pharmacist prescribers embed their prescribing qualification in practice. NES promote the use of SCRIPT modules, which are educational resources designed to support safe prescribing practice. These modules are accessible through the NES Pharmacy SCRIPT portal.

NES also provide support to community pharmacist prescribers through designated Health Board based Common Clinical Conditions Teach and Treat training hubs. These hubs provide experiential learning and support new community pharmacist prescribers to utilise their prescribing qualification once they return to their community pharmacy.

There are also resources to support delivery of the NHS Pharmacy First Plus service through the TURAS Learn platform. NES offers a virtual learning environment where pharmacists, including pharmacist prescribers, can access various educational resources and training programmes.

Pharmacists must also undertake a minimum period of 90 hours learning in practice, supervised by a Designated Prescribing Practitioner (DPP). Pharmacist independent prescribers in training are supervised using agreed mechanisms in all clinical practice environments to ensure safe, person-centred care is delivered at all times.

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Pharmacy access to patient records

Q: When will community pharmacists have access to patient records?

A: We continue to work with key partners across Scotland to ensure that the relevant information from patient health records is available to healthcare staff when and where they need it.

Community pharmacists have access to the Emergency Care Summary (ECS) and the Key Information Summary (KIS). Pharmacy teams gained access to ECS and KIS during COVID-19. Directions formalising access to the ECS system came into force on 2 October 2023.

In addition, many health boards are providing access to the Clinical Portal which provides additional patient information. Clinical Portals support Health Boards to allow clinicians to access different pieces of information about an individual patient including patients from other Health Boards when required. Some Health Boards have opened access to their clinical portals to community pharmacy. We are encouraging all Health Boards to extend role-based access to Clinical Portals.

The Digital Health & Care Strategy, published 2021, sets out ambitions for greater access to medical information both for staff and the public. In the medium to longer term, as part of the Digital Health & Care Strategy, a National Digital Platform is being developed and has started to bring together service data that is appropriately accessible to the workforce regardless of where they are based.

IT systems/ Digital Prescribing

Q: What IT support is currently in place for community pharmacies?

A: The ePharmacy Programme continues to oversee the technology used in community pharmacies to support the provision of NHS pharmaceutical care services. A programme of work is in place for 2024/25 which includes developments and improvements to the pharmacy care record (PCR) system.

Q: When will we have digital prescriptions?

A: The Digital Prescribing and Dispensing Pathways (DPDP) programme focuses on revolutionising the prescribing and dispensing process in Scotland. The new process will ultimately replace the paper prescription with a digital solution.

We will achieve this by developing an end-to-end digital solution for in-hours prescribing from General Practices through to community pharmacy dispensing in the first instance. This represents 80% of current community based prescribing. This will deliver workflows that are safe, effective and efficient and ensure the model it is fit for purpose and can be adopted at scale for other prescribers.

The DPDP solution will meet the legislative requirements for the Advanced Electronic signature and will replace the wet signature and the programme is currently working through delivery on a multiyear basis.

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A business case for building the solution has been developed and approved by the programme board. A subsequent business case for the implementation is in development and currently scheduled to be approved in 2025.

Q: What legislation needs to be in place to allow electronic signatures?

A: A key requirement derived from the Human Medicines Regulations is that the prescriber needs to sign a prescription. This can be either an ink signature or an advanced electronic signature which requires a mechanism to authenticate the prescriber. While both the General Medical Services Contract Regulations and the Pharmaceutical Services Regulations in Scotland allow the use of advanced electronic signatures, there may be some changes required to UK regulations (the Human Medicines Regulations and the Controlled Drugs Regulations) to recognise the electronic prescribing system in Scotland.

Q: Is the Scottish Government able to help pharmacies that want to invest in technologies for their communities?

A: We are continuing to invest in technology to support community pharmacy teams in delivering their services. We are currently investing in a Digital Prescribing and Dispensing Programme which will replace the current paper prescriptions and associated electronic prescription messages with a digital paperless approach.

We have also commissioned an update to a previous evaluation on the use of automated technologies in community pharmacy.

Financial Arrangements for Community Pharmacy

Q. How is the Scottish Government supporting community pharmacies financially?

A. Negotiations with Community Pharmacy Scotland on the 2024-25 community pharmacy financial settlement successfully concluded in October 2024.

The Scottish Government matched the largest ever increase to the community pharmacy remuneration Global Sum, for the second year in a row. This 6% uplift, coupled with the rest of the settlement, delivers a total of £422 million in guaranteed funding for community pharmacies in Scotland.

Negotiations with Community Pharmacy Scotland were held with the shared aim of putting financial arrangements in place that best support Scotland's community pharmacy network while balancing Scotland's public sector financial obligations.

Negotiations on the financial package for the coming financial year (2025/26) are currently underway so it would not be appropriate for me to comment any further on next year's financial settlement at this stage. However, I can confirm that the negotiations are held in good faith and making good progress with the overarching aim of putting in place a sustainable financial package for Scotland's community pharmacy network.

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Q: What actions are being taken by the Scottish Government to ensure pharmacy contractors are not adversely affected by UK Government plans to raise Employers' National Insurance contributions?

A: I am very aware of the financial impact across public health settings, including community pharmacies, general practice, dentistry and community optometry, caused by the UK Government's decision to increase employers' National Insurance contributions. At a Scottish Government level, we have been very clear that the UK Government must fully fund any increases that impact on primary care based independent contractors and I am in touch with representative bodies for these contractor groups to keep them up to date as our discussions with the UK Government remain ongoing. In addition, the Cabinet Secretary has scheduled a round table meeting this week with representatives from both the primary care independent contractor bodies and the NHS to discuss the potential impacts of this.

NHS National Services Scotland (NSS): Introduction of new Payment Processing System

Q. Has there been any progress towards repairing the current technical problems with the new NSS payment processing system for community pharmacies?

A. The new Data Capture and Validation Pricing (nDCVP) system was introduced by NSS in July 2023. It captures data related to all prescribed items dispensed across Scotland, validates that data, prices the items and initiates payments to community pharmacy contractors through monthly payment schedules.

Some technical issues were detected on its launch, which affected processing times for dispensing data. These initial issues were corrected last year.

NSS has established a governance group, chaired by their Chief Executive, which provides a strategic forum to ensure clarity and governance around decision making, including commissioning pieces of work to address any further issues. As part of the work programme, NSS has an assurance workstream, which has included an independent technical review of nDCVP, a financial audit on payments and a service audit focusing on financial controls and verification. The Chief Pharmaceutical Officer for Scotland, Professor Alison Strath, and the Chief Executive Officer for Community Pharmacy Scotland, Matt Barclay are both members of the governance group.

Q: Some contractors have not been paid correctly for dispensing items under Pharmacy First. What is being done to rectify this issue?

A: The Scottish Government is aware that following the introduction of the nDCVP system by NSS, there have been some issues with items being disallowed after being dispensed by community pharmacies. Following extensive work between officials from the Scottish Government, NSS and Public Health Scotland, a solution has been agreed with Community Pharmacy Scotland to ensure contractors are fully reimbursed for the items they have dispensed by agreeing an average price per item and reimbursing at the rate of disallowed items before the introduction of nDCVP. A solution to ensure a fix for this going forward is also being scoped.

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Foundation Training Year Funding Gap

Q What is the Scottish Government doing to help pharmacy students who don't have funded training places to help them qualify as pharmacists?

A. Firstly it is important to clarify that it is not the case that the Scottish Government has decreased the number of NHS Education Scotland-funded Pharmacy Foundation Training Year places. Since 2018 we have increased the number of funded places for Foundation Training Year places from 170 to 220 in 2025-2026.

The issue is related to three issues: the increasing number of undergraduate pharmacy student places currently offered by the Schools of Pharmacy; the way that the recruitment system operates, requiring pharmacy students to select Scotland and/or England and Wales; and recent requirements set by the regulator to meet equality, diversity and inclusion criteria. Because we don't currently cap the number of undergraduate places for pharmacy students this has resulted in more students than FTY places. We are working with partners to explore what can be done to try and accommodate this increase within existing resources.

Notably, NHS Education Scotland has successfully secured an opportunity with NHS England to allow pharmacy students who are able and wish to, to transfer into the England and Wales recruitment process.

The Chief Pharmaceutical Officer has established a National Pharmacy Workforce Forum which will provide Ministers with recommendations on the future pharmacy workforce. The Forum will consider current undergraduate pharmacy students numbers, which currently are not controlled, and Foundation Training Year places, which are controlled, and how to ensure a sustainable model for the future.

Homecare Review

Q. When will the Scottish Government publish its review into homecare medicines services?

A: The Independent Review of Medicines Homecare was published on 20th March. In terms of next steps, the CPO has met with NHS National Procurement to discuss what actions can be taken forward within their remit and what actions require further consideration through a Task and Finish group. The group will be established shortly and will be chaired by a Director of Pharmacy and a Director of Nursing. The group will outline the next steps and timescales around this.

Pharmacy First

Q: What difference is Pharmacy First making?

A: Pharmacy First is helping people to access the Right Care at the Right Place. In 2023/24 alone, over 4.7 million Pharmacy First consultations were undertaken with 95% providing advice on self-care or treatment.

We know from Public Health Scotland data that between April 2023 to March 2024, 32% percent of the Scottish population (1,747,654 people) accessed Pharmacy First Scotland services at least once.

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The service is helping to reduce the need for appointments at other healthcare settings e.g. Out of Hours and GP practices.

Q: Which new conditions will be added to Pharmacy First and how much additional funding is available for these conditions?

A: We will continue to expand NHS Pharmacy First Scotland so that a wider range of health conditions are covered, further transferring the care of common clinical conditions to community pharmacy.

We are currently consulting with NHS 24 and Health Boards to identify the priority conditions (that will have the maximum impact that) the service could cover in all community pharmacies in Scotland.

Negotiations on a financial package for 2025/26 are underway with CPS so it would not be appropriate for me to comment on funding at this stage. However, I can confirm that all negotiations are held in good faith and are progressing well with an overarching aim of putting in place a sustainable financial package for Scotland's community pharmacy network.

Prescription Charges

Q Are there plans to reintroduce prescription charges?

A There is no plan to re-introduce prescription charges in Scotland.

Prescription charges were abolished in April 2011 because Scottish Ministers believed that they were a tax on ill health and a barrier to good health for many people. This was particularly so for those with long-term conditions and those on a low income who in the past faced choices about which medicines they could afford.

The introduction of free prescriptions has been fully funded by the Scottish Government, at no cost to NHS budgets.

Pharmacy education and training

Q. Why are locums not included in Independent Prescriber training?

A: The Scottish Government is committed to having a pharmacist independent prescriber in every community pharmacy. We have invested in a programme to support community pharmacists across Scotland to become independent prescribers. We are exploring how locum pharmacists may be included in the next round of training.

Fair Work

Q. What is Scottish Government doing about the failure to apply the Fair Work framework in the community pharmacy sector?

A: All NHS Scotland primary care services (GP, community pharmacy, dentistry and community optometry) are delivered on behalf of the NHS by independent contractors.

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We would expect all independent contractors, including community pharmacy, to comply with the Fair Work framework, such as the real living wage criteria as they are classed as public sector partners however, we currently do not have any requirements set in legislation for independent contractors to demonstrate compliance. This would require a revision of the overall terms of the pharmaceutical services regulations.

We are however looking at what more could be done to raise awareness of the Fair Work principles with the community pharmacy network.

Q. Can the Minister advise if pharmacy unions will be able to join contractor negotiations to ensure fair work concerns are addressed?

A: I understand that the Pharmacy Defence Association has met with my colleague, Mr Athur, who is Minister for Employment and Investment, to discuss the principles of fair work in the context of the pharmacy sector.

Community Pharmacy Scotland is the recognised representative body that the Scottish Government must consult with on remuneration matters, as determined by the National Health Service (Scotland) Act 1978. Given that neither the Scottish Government nor territorial Health Boards or Community Pharmacy Scotland have a role in the terms and conditions of employment of pharmacists and locum pharmacists, and the negotiations are not related to the terms and conditions of individual employees, it is difficult to see how representation at negotiations would address fair work concerns.

However, the Chief Pharmaceutical Officer has advised that she intends to commence a work programme to reform the community pharmacy contracting arrangements and that she will ensure that pharmacy unions are invited to input.

Protected Learning Time

Q. Does the Minister think community pharmacists should have protected learning time?

A: The Scottish Government is sympathetic with the desire to see protected learning time for community pharmacy.

We currently provide community pharmacy contractors with a monthly payment to support quality improvement initiatives, which can form part of the pharmacists annual continuing professional development activities. It is then for individual pharmacy contractors to offer their pharmacy teams time for continued professional development.

We will continue to work with the community pharmacy sector on this issue.

Health Boards are able to offer managed service pharmacists protected learning time currently as part of their job plans.

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Medicines shortages

Q: What is the Scottish Government doing to address medicines shortages?

The pricing and supply of medicines, including the management of medicine shortages, is a reserved matter for the UK Government, and we continue to engage with them to find a lasting solution to minimise the impact of medicine shortages.

The Scottish Government recognises the impact of medicine shortages on people's treatment and on their families, as well as the healthcare professionals, such as GPs and community pharmacists who have to respond to these shortages.

The NHS in Scotland has robust systems in place to manage medicine shortages when they arise, and normally alternative medicines are available which can be prescribed and dispensed.

Scottish Government officials are regularly updated on any supply disruptions and provide advice to the NHS in Scotland on options to address any shortages that may arise.

The Chief Pharmaceutical Officer is a member of a UK-wide Medicines Shortage Response Group, set up to identify and co-ordinate responses to medicines shortages across the UK providing advice to clinicians on alternative therapeutic options.

Prescribers and pharmacists also have access to a medicine supply tracking tool which provides advice on each shortage, including alternative treatment options. This medicine supply tool can be accessed via the Specialist Pharmacy Service website, where the information on supply issues is collated by the UK Government's medicines supply team at the Department of Health and Social Care.

We expect community pharmacists, general practitioners and specialist services to work together where there are supply problems, for example by trying to identify a pharmacy with the medicine in stock or prescribe an equivalent medicine, where practicable, and not leave people to source the medicine themselves.

Restrictions can be introduced which prohibit several medicines for the treatment of critical conditions from being exported.

Potential work to rule/ strike action in other parts of UK

Q: What is your view on the potential work to rule action planned from 1st April by community pharmacies in England, Wales and Northern Ireland?

I am aware of the ballot that took place last year with pharmacies in other parts of the UK and that action is planned from April. This action does not include pharmacies in Scotland.

PRIMARY CARE

20 Jan: Dr Gulhane wrote to you raising concerns about GP recruitment and retention, highlighting the “failure” of Scotgem and other recruitment and retention measures.

19 Jan: Sunday Times (Scotland) GPs will be replaced by Physician Associates - Andrew Buist, former chairman of the BMA’s GP Committee has he believes GPs will be replaced by PAs in Scotland and warned that patient safety may be at risk as a result.

8 Jan: Sunday Post reported that the ScotGem programme had produced more GPs for England than for rural Scottish areas.

PRIMARY CARE INVESTMENT

Sustainable reform of the NHS means we must look to shift more care to primary and community care with a relentless focus on better outcomes for people.

- Our plan will ensure that a greater proportion of new NHS investment goes to primary and community care. GPs and services in the community will have the resources they need to play a greater role in our health system.
- This increased investment will result in GP services that are easier for people to access. That is important in terms of people’s confidence in the health service – but equally, it will make it more likely that health issues are picked up quickly and dealt with earlier.
- This will be a long-term project but I know this shift is crucial. Our reform plans over the next period will look to explore this in partnership with you and the professions across Scotland.
- The 25/26 Budget already includes £2.2bn for primary care to improve preventative care in the community, supporting the development of multidisciplinary teams in general practice, sustaining NHS dental care through enhanced fees and continuing free eye examinations.
- For General Practice specifically, we have already invested £13.6m on a recurring basis this financial year [2024/25] to address inflationary pressures and support financial sustainability in general practice.
- The 25/26 Budget also delivers £10.5m of targeted investment into general practice to help identify patients at risk of developing CVD or frailty-related complications and agree preventive care plans with those patients to improve their health and reduce the risk of CVD or serious frailty.

PRIMARY CARE

SCOTGEM/GP WORKFORCE

The first cohort of 42 individuals completed their foundation training in August 2024 and it is too early to conduct a full evaluation of the programme, or to draw conclusions, at this stage. This is something we will plan with stakeholders over the coming months.

- As the programme began in 2018, there is only one cohort of students who have completed their required foundation training as of August 2024. 10 of these students have so far gone onto GPST posts in Scotland, with a further 6 taking up other specialty posts and 11 in Clinical Fellow posts.

The 'Rediscover the Joy' project plays an essential role in supporting GP Practices in island and rural Boards by providing experienced and highly skilled GPs to cover GP sessions.

- It was initially established to cover NHS Shetland, NHS Orkney, NHS Western Isles, and NHS Highland, and has since expanded to cover NHS Grampian, NHS Borders, and NHS Dumfries and Galloway.
- We carry out robust monitoring of the project and the most recent data shows that it provided over 290 days of GP cover across these areas, between July – September 2024.
- The National Centre for Remote and Rural Health and Care is currently undertaking an evaluation of the project to provide a better understanding of the impact it has on general practice sustainability, as well as identifying areas for future development.

GPs play a vital role in our health service, and we remain fully committed to increasing the number and capacity of GPs over the coming years.

- The number of GPs is now sitting consistently at over 5,000 with an additional 307 GPs added against our commitment to increase the number of GPs by 800 by 2027.
- Scotland has more GPs per 100,000 population than the rest of the UK.

I am determined that becoming a GP will remain an attractive career choice, and in November last year we published a plan setting out a suite of 20 actions that we will take to improve GP recruitment and retention.

- A key action in this plan is to retain more of our newly qualified GPs in Scotland by expanding the current fellowship offer to support early career GPs on completion of their GP training.
- We have also commissioned NES to work with the profession to redesign the current GP retention scheme to make it more flexible to support GPs at times in their career when it is needed.
- Training new GPs is also key to our approach. We have created 70 additional GP Speciality Training posts since 2022. As of November last year, the GP specialty training establishment is just over 1,200 in Scotland, which is encouraging.
- I am pleased to see that Dr Chris Provan, Chair of the Royal College of GPs, has welcomed the plan, supporting our commitment to nurturing GPs at all stage of their career.

PRIMARY CARE

PHYSICIAN ASSOCIATES

Ministers are clear that any growth in the number of Physician Associates must be evidence based, with our future approach to this role being informed by our national Medical Associate Professionals Programme Board.

- We note the announcement by the UK Government to launch an independent review of the Physician Associate (PA) and Anaesthesia Associate (AA) roles across NHS England.
- It will be important for the review to acknowledge the cross-cutting nature of the issues under consideration. That is why the Cabinet Secretary has written to the UK Secretary of State for Health asking for the appropriate involvement of Scottish partners in the review.

GP FUNDING

I am fully committed to increasing the number of GPs in Scotland and have just invested £13.6m of immediate stabilisation money into General Practice.

- The budget includes over £2.2bn investment in primary care – increased investment in all primary care disciplines to deliver essential reform, improving capacity and patient access in local communities and reducing demand on acute services.
- At least 10% of the £100m 25/26 reform fund will be apportioned to enhanced services in General Practice - £10.5m currently but the final proposals will be shaped in partnership with the profession.
- This will, as the budget indicates, allow GPs to use their unique position in the system - backed with clear additional funding - to focus on frailty and other known population health issues.
- These measures will represent concrete and definitive change for patients over the next 18 months that we intend to scale up and replicate in a wider community shift in coming budgets.
- This investment will only happen if the budget is passed.

GENERAL PRACTICE ACTIVITY DATA

All local NHS boards should ensure that GP services continue to be provided to all patients. Patients should always be able to see a GP

- In October 2024, there were approximately 3 million appointments with General Practice across Scotland – a mix of face to face, telephone, video and eConsultation.

EMPLOYERS NATIONAL INSURANCE CONTRIBUTION

There is a risk that by providing more funding for public services while increasing employer national insurance contributions, the UK Government is giving with one hand while taking away with the other.

- The employer national insurance change could add up to £500 million in costs for the public sector unless it is fully reimbursed – and there is a danger that we

PRIMARY CARE

won't get that certainty until after the Scottish budget process for 2025/26 has concluded.

- Iain Morrison, the chair of the BMA's Scottish GP Committee, has described the NI rise as "potentially a substantial blow" that could lead to patients suffering.
- The Cabinet Secretary for Health and Social Care has written to Wes Streeting, the Secretary of State for Health, asking for clarity.

Note - as NHS contractors, GPs and dentists will not receive the allowances private firms get to reduce Employers Contribution NI costs.

HEALTHCARE COMPLAINTS

I understand the frustration of patients who have received care from GPs that has not met their expectations.

- Scotland has one of the most transparent healthcare systems in the world; where patients complain we expect practices to learn from these experiences and improve.

HEALTH INEQUALITIES IN GENERAL PRACTICE

We are providing extra funding to practices serving the most deprived areas in NHS Greater Glasgow and Clyde as part of our efforts to improve health outcomes for some of our most disadvantaged patients.

- In July 2024, we announced a further £1m of 'Inclusion Health Action' funding for these practices for 2024/25, in addition to £1m in 2023/24.
- Community Link Workers are at the forefront of our efforts to address health inequalities, and we will make every effort to support the sustainability of that role.
- We had already committed in 2023 to provide Glasgow City Health and Social Care Partnership, from 2024/25, with additional funding of up to £1.2m per annum for three years, a total of £3.6m, to sustain Community Link Worker capacity where it is needed most.

PHS DISPENSER PAYMENTS

The total (net) cost for dispensing items and providing services in 2023/24 was in line with expectations.

- We are deeply committed to our NHS being free at the point of need – which is why in Scotland we provide free prescriptions, taking away the costs of medicines for all who need them.
- Prescription charges are a barrier to good health. This is particularly so for those with long-term conditions and those on low incomes who in the past faced choices about which medicines they could afford to take.
- This is in stark contrast to England where charges apply. Currently, the charge is £9.90 per item—not per prescription, but per item.
- **The introduction of free prescriptions has been fully funded by the Scottish Government, at no cost to NHS budgets.**

PRIMARY CARE

SUPPORT FOR GPs IN RURAL AREAS

Our £3m National Centre for Remote and Rural Health and Care launched last year and is being delivered by NHS Education for Scotland (NES), recognising their experience in rural and island areas.

- We incentivise GPs into taking up rural positions through our £10,000 'Golden Hello' scheme and are investing £1m into bursaries for GP trainees who agree to remain in rural and island areas for their training.
- We fund 70 annual places on Scotland's first graduate entry medical course and £3m for the National Centre for Remote and Rural Health and Care, which works with NHS Boards to improve rural workforce retention.

SANQUHAR HEALTH CENTRE – UPPER NITHSDALE (DUMFRIES AND GALLOWAY)

Concerns about patient access at Sanquhar Health Centre have recently been brought to my attention. Scottish Government Officials are liaising with NHS Dumfries and Galloway to understand the current position.

It is important that patients are able to access their General Practice when they need to.

- Responsibility for service delivery rests locally with health boards and health and social care partnerships (HSCPs) and their GP practices.

PRIMARY CARE

GP PRACTICE & BRANCH CLOSURES

Latest data from Public Health Scotland reflects a trend towards fewer, larger practices incorporating multi-disciplinary teams to provide a wider range of services.

- Responsibility for service delivery rests locally with health boards and health and social care partnerships (HSCPs) and their GP practices.
- It is for the HSCP to determine how GP services are best delivered.
- When a GP practice is closing, the local NHS Board should make necessary arrangements to ensure patients are re-located to another practice in the vicinity.
- Practices are contracted to provide general medical services by their local health board, and not the Scottish Government. As such, Scottish Ministers are unable to intervene in the arrangements of individual practices.

PRIMARY CARE MULTI-DISCIPLINARY TEAMS (MDTs)

We have significantly expanded the primary care multi-disciplinary team workforce, with over 4,900 staff working in services including physiotherapy, pharmacy and phlebotomy at March 2024.

- We are supporting development of these teams through investment of £190m in the Primary Care Improvement Fund in 2024-25.
- The average practice can now access **more than 5.5 whole time equivalent** multidisciplinary team members.
- Local evaluation shows that multi-disciplinary teams are freeing up practice time to focus on more complex community care; reducing referrals into secondary care and streamlining inefficient practice processes.
- Latest figures show we continue to make good progress in expanding the primary care MDT workforce, with an **increase of nearly 200 whole time equivalent staff in the last year.**

VIRTUAL APPOINTMENTS

All local NHS boards should ensure that GP services continue to be provided to all patients. Patients should always be able to see a GP.

- It is important that patients see the right person at the right place at the right time to treat their condition, this may not always need to be a GP.
- Where clinically necessary, the option to have a face to face consultation should always be available.
- For many, the choice of using e-health/telehealth solutions to initially contact their GP has been convenient, but clearly this is not appropriate for all.
- Even before the pandemic phone and video consultations were in use in general practice.

BACKGROUND – GP NUMBERS SINCE 2017

	2017	2018	2019	2020	2021	2022	2023	2024
Headcount	4,904	4,966	5,021	5,096	5,144	5,135	5,132	5,211
WTE	3,520	-	3,613	-	-	3,494	3,478	3,453

PRIMARY CARE

GP IT

10 Dec 24: Scottish Government and NHS National Services Scotland (NSS) were informed that the single supplier on the Scottish GP IT framework agreement In Practice Systems Limited (InPS), the UK GPIT delivery arm of Cegedim Healthcare solutions, is entering into administration.

Cegedim, InPS (who supply the GPIT product Vision) currently provide the GPIT solution to around half of practices in Scotland and are underway with a major rollout for all practices. The Vision clinical system has also been adapted for use for Prison Healthcare in all Prisons in Scotland. Work is underway to fully understand the impact on delivery and sustainability existing GP systems, the GPIT programme, Prisons clinical system and the supplier. A full rollout was scheduled to be completed in 2026.

On 10th December we were informed by Cegedim that In Practice Systems Limited (InPS), part of the Cegedim group that provide the GP IT system Vision, is now in the hands of administrators.

- On 19th December Parliament was assured that there was no impact on patient care at that time, and I can provide reassurance today that continues to be the case.
- Currently, there is no change to InPS's Vision systems and support services. Arrangements, still reflect the contract we had with InPS, and a full service is still being provided across Software, Support, and Hosting until a new solution or supplier is secured.
- The Administrator's call for expressions of interest in the sale of InPS concluded on 24 January 2025.
- We understand that the marketing period generated good interest from potential bidders. This has resulted in the receipt of bids to Administrators, although there is not (nor will be) any official communication or confirmation from Administrators regarding the number of bids received.
- It is important to remain mindful that the Administrator processes at this stage will involve several commercial sensitivities which we must respect. Therefore, information will likely be limited until Administrators formalise any next steps publicly.
- NSS continue to engage daily with Administrators to understand next steps and seeks assurances on continuity of service.
- While our current planning around possible next steps remains largely focused on the potential for a buyer for InPS, we have a range of mitigations and plans in place that will be enacted as necessary, pending outcomes and next steps confirmed by the Administrators.
- In the interim, the terms and service of the current InPS contract continue to remain fully in place and supported by Administrators. **We do not anticipate there being a "cliff edge" position where services will be withdrawn.**
- Governance around Service levels is very much still in place and GP practices should continue to utilise the service and raise any queries via their usual health board escalation routes.

PRIMARY CARE

- The GPIT Incident Management Team which has specifically been established to lead on this matter continues to meet regularly to discuss developments and agree any further preparatory steps.
- Subgroups have also been set up to consider any implications of the ongoing Administration processes.
- Officials continue to meet with the other UK nations to fully assess the impact and options.
- Dialogue with each board regarding their individual rollout plans for migration and associated planning and preparation activities is continuing with NSS. These are being progressed where relevant and appropriate for individual health boards.

**Scottish Pharmacy Political Panel at the Pharmacy in Practice Conference (12/3/25)
Minister for Public Health and Women’s Health Briefing Pack**

<i>Date and Time of Engagement</i>	Panel scheduled for 15:00-16:25, Wednesday 12 March Conference is full day (conference agenda is available online at: Pharmacy in Practice Scotland's National Pharmacy Conference).
<i>Where</i>	Novotel Edinburgh Park 15 Lochside Ave, Edinburgh EH12 9DJ
<i>Who</i>	Panel attendees: <ul style="list-style-type: none"> • Dr Sandesh Gulhane MSP, Scottish Conservative Shadow Cabinet Secretary for Health and Social Care • Dame Jackie Baillie MSP, Deputy Leader of the Scottish Labour Party and Party Spokesperson on Health <u>Official support:</u> Professor Alison Strath, Chief Pharmaceutical Officer Telephone number: 07808727760
<i>Key Purpose / Message</i>	This event is an opportunity to highlight the excellent work being carried out by community pharmacies across Scotland and to discuss pressing matters with fellow parliamentary party Health representatives.
<i>Media Handling</i>	Policy officials have discussed with Health Communication colleagues, and we agreed that no proactive media handling required. We understand that journalists from Health and Social Care will be in attendance. Policy and Health Communications officials stand ready to respond to any reactive media enquiries from the event as required.
<i>Suggested tweet</i>	To be discussed at the pre-meet with the Minister to consider preferences – official recommendation remains that no social media activity should be planned.
<i>Briefing content</i>	Annex A – Key messages and event overview. Annex B – Panelist biographies and specific interest areas. Annex C – Background for the panel discussion topics and top lines to take. Annex D – Q&A on Pharmacy and Medicines Topics

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Annex A – Key message and event overview.

Key Message:

Acknowledge the contribution which the community pharmacy network makes to the health of the people of Scotland and as a key part of the NHS.

Event overview:

The Pharmacy in Practice conference aims to celebrate world-class pharmacy practice in Scotland and is being organised by practising pharmacists and pharmacy technicians.

It is expected that approximately 150 pharmacists from all sectors and locations in Scotland will attend the event. Representatives and leaders from Health Boards and other pharmacy related organisations are also expected to attend the conference.

This the second Pharmacy in Practice conference.

Agenda:

The full conference agenda is available online at: [Pharmacy in Practice | Scotland's National Pharmacy Conference.](#)

Panel discussion:

- You will be joined on the panel alongside Dame Jackie Baillie MSP and Dr Sandesh Gulhane MSP.
- The panel will be Chaired by Johnathan Laird (Managing Director of the Pharmacy in Practice Group).
- Panelists will be asked to each provide a short positive anecdote of a time when either themselves, a family member or a constituent has benefited from a community pharmacy/pharmacist in Scotland. This is intended to serve as an ice breaker.
- The Chair intends to then steer the discussion to cover three key topic areas:
 1. Digital and IT solutions for pharmacy
 2. The Pharmacy Vision for Scotland
 3. Infrastructure and quality assurance for new prescribers
- Following discussion of these three areas the Chair plans to open to receive questions from the floor – this could include questions out with the areas above.

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Annex B – Panelist biographies and specific interest areas.

Dame Jackie Baillie MSP

Biography – Jackie Baillie is the Scottish Labour Deputy Party Leader and MSP for Dumbarton (Constituency) since 1999 and is a member of the Health, Social Care and Sport Committee and is a member of 17 cross-party groups including cross-party groups on Brain Tumours, Cancer, Chronic Pain, Diabetes, Long Covid, Muscular Dystrophy, Lung Health and Palliative Care. In addition, Jackie Baillie is the Scottish Labour Party Spokesperson on Health, Drugs Policy, NHS Recovery and Social Care.

Recent engagement with Scottish Government on Pharmacy and Medicines policy related issues - Jackie Baillie MSP has raised four PQs with the Scottish Government on Medicines and Pharmacy issues in the past two years, covering topics including medicines shortages (in particular for the treatment of HRT and endometriosis). She has also written letters to yourself and the Cabinet Secretary on shortages of medicines (for the treatment of diabetes, ADHD and Pancreatic Enzyme Replacement Therapies, sharps disposals and processes for repeat prescriptions. Ms Baillie also recently co-sponsored an event in the Scottish Parliament with Marie Curie on the implementation of the Daffodil Standards which you attended in January 2025.

Dr Sandesh Gulhane MSP

Biography – Sandesh Gulhane is a Scottish Conservative and Unionist Party MSP for Glasgow (Region) since 2021 and is a member of the Health, Social Care and Sport Committee. Dr Gulhane is a member of three cross-party groups including the cross-party groups on Chronic Pain and Long Covid. In addition, Sandesh Gulhane is the Conservative Party Spokesperson on Health and on Social Care.

Engagement with Scottish Government on Pharmacy and Medicines policy related issues - Sandesh Gulhane MSP has raised 9 PQs on medicine and pharmacy issues in the past two years, covering topics including the introduction of the new National Services Scotland payment processing system for community pharmacy, the disposal of sharps and other medication, medicines shortages (in particular for treatment of ADHD), financial arrangements for the community pharmacy network, the cost of re-introducing prescription charges, prescribing costs for contraceptives and most recently (last week) on treatments for sickle cell disease. Dr Gulhane has also corresponded directly with the Scottish Government regarding the shortage of a medicine named Ketotifen, which is used for the treatment of asthma.

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Annex C – Background for the panel discussion topics

Digital and IT solutions for pharmacy

Digital Prescribing and Improvements to Digital Systems

The Scottish Government has commissioned NHS National Services Scotland (NSS) and National Education Scotland (NES) to develop and implement a Digital Prescribing and Dispensing Pathways (DPDP) Programme. This work is progressing and will ultimately replace the paper prescription with a digital solution. The initial phase will be achieved by developing a solution from in-hours prescribing from General Practitioners (GPs) through to community pharmacy dispensing, covering 80% of current community based prescribing. The solution will utilise advanced electronic signatures to replace the wet signature on a paper prescription. This will deliver workflows that are safe, effective and efficient and ensure the model it is fit for purpose and can be adopted at scale.

The Scottish Government recognises the clear benefits that a fully electronic prescribing system will bring by reducing prescription processing times for pharmacies as well as GP practices, enabling these teams to become more efficient and support people to better manage their medication.

Pharmacy access to patient records

Both Community Pharmacy Scotland (CPS) and the Royal Pharmaceutical Society (RPS) have called for improved access to patient information. CPS has said in discussions with officials that improving access to patient records is vital as increasing numbers of newly qualified pharmacist independent prescribers (PIPs) join the workforce, with all new pharmacists being qualified PIPs from 2026. It is also important to support clinical decisions and patient safety in community pharmacies.

The RPS sent a letter to you in January 2025 in which they called for the Cabinet Secretary to allocate funding to enable establishing a single electronic patient system with read and write access for community pharmacists.

The Scottish Government continues to collaborate with key partners across Scotland to ensure that relevant information, with the appropriate safeguards in place, is available to all healthcare professionals, including community pharmacists, when and where they need it. As a result, community pharmacists and pharmacy technicians gained access to the Emergency Care Summary (ECS) on 2 October 2023. The ECS provides information on recent acute and repeat prescriptions, ensuring community pharmacy teams can provide appropriate advice both in and out of hours to individuals seeking help. They also have access to the Key Information Summary (KIS) which allows selected parts of the GP electronic patient record to be shared electronically.

In addition, many health boards are providing community pharmacists access to their clinical portal which provides additional clinical information. Clinical Portals support Health Boards to allow healthcare professionals to access different pieces of information about an individual, including those from other Health Boards when required, with their permission. That said, the level of access varies in individual Boards.

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Digital support for pharmacist independent prescribers

Most community pharmacists who are qualified as PIPs do not have read and write access to a person's electronic health record which means that they spend a significant amount of additional time documenting their actions and then sharing them either via clinical email or a handwritten or printed note.

The Scottish Government's focus is to allow digital records to be stored, linked, and shared securely according to the information needed. We will continue to enhance and improve our technology to make the right information available to all appropriate staff, when and where it is needed. We are currently exploring options, alongside clinical portal, to improve the sharing of information between PIPs and GP practices.

The Pharmacy Vision for Scotland

Work continues in the Scottish Government to develop the successor strategy to *Achieving Excellence in Pharmaceutical Care*. Since *Achieving Excellence in Pharmaceutical Care* was published in 2017, much of the health landscape has changed.

In response to this changing landscape, the Chief Pharmaceutical Officer (CPO) plans to publish a refreshed vision for pharmacy for Scotland in 2026. It will continue to capitalise on the successes of *Achieving Excellence* and will focus on the unique contribution that the pharmacy profession plays in our healthcare system. The refreshed vision will be underpinned by the principles of Right Place, Right Time and will consider opportunities for service enhancement, disease prevention alongside the evolving and enhanced skillset of our pharmacy workforce.

But most importantly the refreshed vision for pharmacy in Scotland will not be developed in isolation. This vision will strongly align with the broader Scottish Government service reform and renew agenda that focuses on supporting system productivity and health outcomes across Scotland. The pharmacy vision will adopt the principles of reform and renew, considering improvements to pharmacy services across community, primary care and hospital pharmacy, through innovation and technology and the significant contributions that the pharmacy sector has to the upcoming longer term reforms to Health and Social Care Services and population health strategies (that will be published in the coming months).

Infrastructure and quality assurance for new prescribers

Independent Prescribing

By 2026, all UK pharmacy graduates will be independent prescriber-trained at the point of registration, a development that forms part of changes to the initial education and training of pharmacists, which were introduced by the pharmacy regulator, the General Pharmaceutical Council (GPhC) in summer 2021.

From 2026, newly registered pharmacists will be the only healthcare professional, other than doctors and dentists, who can practise as prescribers from the point of registration. This presents a unique opportunity for the NHS in Scotland to benefit from this expertise and the additional healthcare capacity to support reform. This will enable delivery of priorities within the existing workforce, and allow pharmacy professionals' contribution to be maximised, supporting wider workforce sustainability.

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In August 2020, the Scottish Government also introduced the 'National Foundation Programme and Independent Prescriber Career Pathway' for community pharmacists, which pledged to increase the number of pharmacist Independent Prescribers from the existing community pharmacy workforce. Any pharmacist who completes the NHS Education for Scotland (NES) pharmacy foundation training programme would be able to access Independent Prescriber training. There is an equivalent programme for pharmacists in primary care and hospital pharmacy.

This pathway was launched in the wake of the creation of 'NHS Pharmacy First Plus', which sees community pharmacists treat a wider range of common clinical conditions which might otherwise have needed referral to another healthcare professional. Services such as the NHS Pharmacy First Scotland service allow community pharmacists to utilise their clinical skills and provide more job variation.

NES maintains a list of prescribers in Scotland to help with educational development and workforce planning. Newly qualified independent prescribers are added to this list. Pharmacist prescribers can then update their prescribing status annually through the Turas Training Management application.

Infrastructure and Quality Assurance

NES Pharmacy supports PIPs both within their training period, in implementation of their training into practice once they have qualified and those returning to prescribing practice. NES commission both Schools of Pharmacy in Scotland to organise and run Independent Prescriber courses each year.

The course prepares a PIP in training to meet the Standards for the education and training of pharmacist independent prescribers set by the General Pharmaceutical Council (GPhC) to be eligible for annotation as a pharmacist independent prescriber.

NES Pharmacy also deliver a range of webinars covering various common clinical conditions to support pharmacist prescribers embed their prescribing qualification in practice. NES promote the use of SCRIPT modules, which are educational resources designed to support safe prescribing practice. These modules are accessible through the NES Pharmacy SCRIPT portal.

NES Pharmacy in collaboration with Community Pharmacy Scotland support qualified community pharmacist independent prescribers to enhance their clinical and consultation skills for delivering NHS Pharmacy First Plus. NES provides support to community pharmacist prescribers through designated Health Board based Common Clinical Conditions Teach and Treat training hubs. These hubs provide experiential learning and support new community pharmacist prescribers to utilise their prescribing qualification once they return to their community pharmacy. In addition, several other Teach and Treat pharmacy services have been developed and established within Health Boards in NHS Scotland over the past few years as a means of supporting pharmacist independent prescribers working in Acute and GP-based Primary Care to develop and implement their prescribing and clinical skills. These other Teach and Treat services include post Myocardial Infarction / Left Ventricular Systolic Dysfunction (post MI LVSD), Pain, Polypharmacy, Type 2 Diabetes, Multimorbidity and Mental Health (depression and anxiety).

There are also resources to support delivery of the NHS Pharmacy First Plus service through the TURAS Learn platform. NES offers a virtual learning environment where

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pharmacists, including pharmacist prescribers, can access various educational resources and training programmes.

Pharmacists must also undertake a minimum period of 90 hours learning in practice, supervised by a Designated Prescribing Practitioner (DPP). Pharmacist independent prescribers in training are supervised using agreed mechanisms in all clinical practice environments to ensure safe, person-centred care is delivered at all times.

The DPP must be an active prescriber with at least three years' experience in a patient facing role, with appropriate knowledge and experience relevant to the pharmacist's area of clinical practice. The DPP must have experience or have had training in teaching and/ or supervising in practice, with knowledge of different methods of teaching to facilitate learning in practice and of assessment, including in clinical practice.

The DPP plays a key role during the pharmacist's period of learning in practice. They are accountable for the safety, practice-based and educational development of the pharmacist during this time.

NES Pharmacy provides training for pharmacist Designated Supervisors and Designated Prescribing Practitioners to increase their competence and confidence in their use of physical assessment skills for assessing patients.

Development of pharmacists early in their career is important to build confidence and competence. NES Pharmacy deliver an educational programme for pharmacists early in their career that is aligned to the 5 pillars of practice and outcomes of the RPS UK wide curriculum, offers the opportunity to learn in the workplace following a structured programme and enables the development of confidence and competence.

The post registration foundation programme for pharmacists, that launched in Autumn 2021, has been aligned to the UK wide, Royal Pharmaceutical Society (RPS), Post-Registration Foundation curriculum and has been developed with key stakeholders for pharmacists early in their career. It includes specific requirements and content to reflect the needs of the patients, work force and service delivery in NHS Scotland. It is a structured programme with support for Foundation pharmacists and Educational Supervisors provided by members of the Post-Registration Foundation programme team. It includes online inductions, educational support sessions, a formal supervision structure and access to clinical skills training. A key aspect of this specific programme is that it includes, until January 2027, should progression allow, the opportunity to progress to an Independent Prescribing course delivered by one of the universities in Scotland.

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Annex D: Q&A on Headline Topics in Pharmacy and Medicines

Pharmacy access to patient records

Q: When will community pharmacists have access to patient records?

A: We continue to work with key partners across Scotland to ensure that the relevant information from patient health records is available to healthcare staff when and where they need it.

Community pharmacists have access to the Emergency Care Summary (ECS) and the Key Information Summary (KIS). Pharmacy teams gained access to ECS and KIS during COVID-19. Directions formalising access to the ECS system came into force on 2 October 2023.

In addition, many health boards are providing access to the Clinical Portal which provides additional patient information. Clinical Portals support Health Boards to allow clinicians to access different pieces of information about an individual patient including patients from other Health Boards when required. Some Health Boards have opened access to their clinical portals to community pharmacy. We are encouraging all Health Boards to extend role-based access to Clinical Portals.

The Digital Health & Care Strategy, published 2021, sets out ambitions for greater access to medical information both for staff and the public. In the medium to longer term, as part of the Digital Health & Care Strategy, a National Digital Platform is being developed and has started to bring together service data that is appropriately accessible to the workforce regardless of where they are based.

IT systems/ Digital Prescribing

Q: What IT support is currently in place for community pharmacies?

A: The ePharmacy Programme continues to oversee the technology used in community pharmacies to support the provision of NHS pharmaceutical care services. A programme of work is in place for 2024/25 which includes developments and improvements to the pharmacy care record (PCR) system.

Q: When will we have digital prescriptions?

A: The Digital Prescribing and Dispensing Pathways (DPDP) programme focuses on revolutionising the prescribing and dispensing process in Scotland. The new process will ultimately replace the paper prescription with a digital solution.

We will achieve this by developing an end-to-end digital solution for in-hours prescribing from General Practices through to community pharmacy dispensing in the first instance. This represents 80% of current community based prescribing. This will deliver workflows that are safe, effective and efficient and ensure the model it is fit for purpose and can be adopted at scale for other prescribers.

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The DPDP solution will meet the legislative requirements for the Advanced Electronic signature and will replace the wet signature and the programme is currently working through delivery on a multiyear basis.

A business case for building the solution has been developed and approved by the programme board. A subsequent business case for the implementation is in development and currently scheduled to be approved in 2025.

Q: What legislation needs to be in place to allow electronic signatures?

A: A key requirement derived from the Human Medicines Regulations is that the prescriber needs to sign a prescription. This can be either an ink signature or an advanced electronic signature which requires a mechanism to authenticate the prescriber. While both the General Medical Services Contract Regulations and the Pharmaceutical Services Regulations in Scotland allow the use of advanced electronic signatures, there may be some changes required to UK regulations to recognise the electronic prescribing system in Scotland.

Q: Is the Scottish Government able to help pharmacies that want to invest in technologies for their communities?

A: We are continuing to invest in technology to support community pharmacy teams in delivering their services. We are currently investing in a Digital Prescribing and Dispensing Programme which will replace the current paper prescriptions and associated electronic prescription messages with a digital paperless approach.

We have also commissioned an update to a previous evaluation on the use of automated technologies in community pharmacy.

Financial Arrangements for Community Pharmacy

Q. How is the Scottish Government supporting community pharmacies financially?

A. Negotiations with Community Pharmacy Scotland on the 2024-25 community pharmacy financial settlement successfully concluded in October 2024.

The Scottish Government matched the largest ever increase to the community pharmacy remuneration Global Sum, for the second year in a row. This 6% uplift, coupled with the rest of the settlement, delivers a total of £422 million in guaranteed funding for community pharmacies in Scotland.

Negotiations with Community Pharmacy Scotland were held with the shared aim of putting financial arrangements in place that best support Scotland's community pharmacy network while balancing Scotland's public sector financial obligations.

Negotiations on the financial package for the coming financial year (2025/26) are currently underway so it would not be appropriate for me to comment any further on next year's financial settlement at this stage. However, I can confirm that the negotiations are held in good faith and making good progress with the overarching aim of putting in place a sustainable financial package for Scotland's community pharmacy network.

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Q: What actions are being taken by the Scottish Government to ensure pharmacy contractors are not adversely affected by UK Government plans to raise Employers' National Insurance contributions?

A: I am very aware of the financial impact across public health settings, including community pharmacies, general practice, dentistry and community optometry, caused by the UK Government's decision to increase employers' National Insurance contributions. At a Scottish Government level, we have been very clear that the UK Government must fully fund any increases that impact on primary care based independent contractors and I am in touch with representative bodies for these contractor groups to keep them up to date as our discussions with the UK Government remain ongoing. In addition, the Cabinet Secretary has scheduled a round table meeting this week with representatives from both the primary care independent contractor bodies and the NHS to discuss the potential impacts of this.

NHS National Services Scotland (NSS): Introduction of new Payment Processing System

Q. Has there been any progress towards repairing the current technical problems with the new NSS payment processing system for community pharmacies?

A. The new Data Capture and Validation Pricing (nDCVP) system was introduced by NSS in July 2023. It captures data related to all prescribed items dispensed across Scotland, validates that data, prices the items and initiates payments to community pharmacy contractors through monthly payment schedules.

Some technical issues were detected on its launch, which affected processing times for dispensing data. These initial issues were corrected last year.

NSS has established a governance group, chaired by their Chief Executive, which provides a strategic forum to ensure clarity and governance around decision making, including commissioning pieces of work to address any further issues. As part of the work programme, NSS has an assurance workstream, which has included an independent technical review of nDCVP, a financial audit on payments and a service audit focusing on financial controls and verification. The Chief Pharmaceutical Officer for Scotland, Professor Alison Strath, and the Chief Executive Officer for Community Pharmacy Scotland, Matt Barclay are both members of the governance group.

Q: Some contractors have not been paid correctly for dispensing items under Pharmacy First. What is being done to rectify this issue?

A: The Scottish Government is aware that following the introduction of the nDCVP system by NSS, there have been some issues with items being disallowed after being dispensed by community pharmacies. Following extensive work between officials from the Scottish Government, NSS and Public Health Scotland, a solution has been agreed with Community Pharmacy Scotland to ensure contractors are fully reimbursed for the items they have dispensed by agreeing an average price per item and reimbursing at the rate of disallowed items before the introduction of nDCVP. A solution to ensure a fix for this going forward is also being scoped.

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Foundation Training Year Funding Gap

Q What is the Scottish Government doing to help pharmacy students who don't have funded training places to help them qualify as pharmacists?

A. Firstly it is important to clarify that it is not the case that the Scottish Government has decreased the number of NHS Education Scotland-funded Pharmacy Foundation Training Year places. Since 2018 we have increased the number of funded places for Foundation Training Year places from 170 to 220 in 2025-2026.

The issue is related to three issues: the increasing number of undergraduate pharmacy student places currently offered by the Schools of Pharmacy; the way that the recruitment system operates, requiring pharmacy students to select Scotland and/or England and Wales; and recent requirements set by the regulator to meet equality, diversity and inclusion criteria. Because we don't currently cap the number of undergraduate places for pharmacy students this has resulted in more students than FTY places. We are working with partners to explore what can be done to try and accommodate this increase within existing resources.

Notably, NHS Education Scotland has successfully secured an opportunity with NHS England to allow pharmacy students who are able and wish to, to transfer into the England and Wales recruitment process.

The Chief Pharmaceutical Officer has established a National Pharmacy Workforce Forum which will provide Ministers with recommendations on the future pharmacy workforce. The Forum will consider current undergraduate pharmacy students numbers, which currently are not controlled, and Foundation Training Year places, which are controlled, and how to ensure a sustainable model for the future.

Homecare Review

Q. When will the Scottish Government publish its review into homecare medicines services?

A: In April 2023, the Chief Pharmaceutical Officer (CPO) announced an Independent Medicines Homecare Review in response to reports of failings in the standards of care provided across Scotland and the increasing demand for medicines homecare provision.

The CPO will be publishing the Homecare Medicines Review before the end of March 2025. In terms of next steps, the CPO has met with NHS National Procurement to discuss what actions can be taken forward within their remit and what actions require further consideration through a Task and Finish group. The group will be established shortly and will be chaired by a Director of Pharmacy and a Director of Nursing. The group will outline the next steps and timescales around this.

Pharmacy First

Q: What difference is Pharmacy First making?

A: Pharmacy First is helping people to access the Right Care at the Right Place. In 2023/24 alone, over 4.7 million Pharmacy First consultations were undertaken with 95% providing advice on self-care or treatment.

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We know from Public Health Scotland data that between April 2023 to March 2024, 32% percent of the Scottish population (1,747,654 people) accessed Pharmacy First Scotland services at least once.

The service is helping to reduce the need for appointments at other healthcare settings e.g. Out of Hours and GP practices.

Q: Which new conditions will be added to Pharmacy First and how much additional funding is available for these conditions?

A: We will continue to expand NHS Pharmacy First Scotland so that a wider range of health conditions are covered, further transferring the care of common clinical conditions to community pharmacy.

We are currently consulting with NHS 24 and Health Boards to identify the priority conditions (that will have the maximum impact that) the service could cover in all community pharmacies in Scotland.

Negotiations on a financial package for 2025/26 are underway with CPS so it would not be appropriate for me to comment on funding at this stage. However, I can confirm that all negotiations are held in good faith and are progressing well with an overarching aim of putting in place a sustainable financial package for Scotland's community pharmacy network.

Prescription Charges

Q Are there plans to reintroduce prescription charges?

A There is no plan to re-introduce prescription charges in Scotland.

Prescription charges were abolished in April 2011 because Scottish Ministers believed that they were a tax on ill health and a barrier to good health for many people. This was particularly so for those with long-term conditions and those on a low income who in the past faced choices about which medicines they could afford.

The introduction of free prescriptions has been fully funded by the Scottish Government, at no cost to NHS budgets.

Pharmacy education and training

Q. Why are locums not included in Independent Prescriber training?

A: The Scottish Government is committed to having a pharmacist independent prescriber in every community pharmacy. We have invested in a programme to support community pharmacists across Scotland to become independent prescribers. We are exploring how locum pharmacists may be included in the next round of training.

Fair Work

Q. What is Scottish Government doing about the failure to apply the Fair Work framework in the community pharmacy sector?

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A: All NHS Scotland primary care services (GP, community pharmacy, dentistry and community optometry) are delivered on behalf of the NHS by independent contractors.

We would expect all independent contractors, including community pharmacy, to comply with the Fair Work framework, such as the real living wage criteria as they are classed as public sector partners however, we currently do not have any requirements set in legislation for independent contractors to demonstrate compliance. This would require a revision of the overall terms of the pharmaceutical services regulations.

We are however looking at what more could be done to raise awareness of the Fair Work principles with the community pharmacy network.

Q. Can the Minister advise if pharmacy unions will be able to join contractor negotiations to ensure fair work concerns are addressed?

A: I understand that the Pharmacy Defence Association has met with my colleague, Mr Athur, who is Minister for Employment and Investment, to discuss the principles of fair work in the context of the pharmacy sector.

Community Pharmacy Scotland is the recognised representative body that the Scottish Government must consult with on remuneration matters, as determined by the National Health Service (Scotland) Act 1978. Given that neither the Scottish Government nor territorial Health Boards or Community Pharmacy Scotland have a role in the terms and conditions of employment of pharmacists and locum pharmacists, and the negotiations are not related to the terms and conditions of individual employees, it is difficult to see how representation at negotiations would address fair work concerns.

However, the Chief Pharmaceutical Officer has advised that she intends to commence a work programme to reform the community pharmacy contracting arrangements and that she will ensure that pharmacy unions are invited to input.

Protected Learning Time

Q. Does the Minister think community pharmacists should have protected learning time?

A: The Scottish Government is sympathetic with the desire to see protected learning time for community pharmacy.

We currently provide community pharmacy contractors with a monthly payment to support quality improvement initiatives, which can form part of the pharmacists annual continuing professional development activities. It is then for individual pharmacy contractors to offer their pharmacy teams time for continued professional development.

We will continue to work with the community pharmacy sector on this issue.

Health Boards are able to offer managed service pharmacists protected learning time currently as part of their job plans.

Medicines shortages

Q: What is the Scottish Government doing to address medicines shortages?

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The pricing and supply of medicines, including the management of medicine shortages, is a reserved matter for the UK Government, and we continue to engage with them to find a lasting solution to minimise the impact of medicine shortages.

The Scottish Government recognises the impact of medicine shortages on people's treatment and on their families, as well as the healthcare professionals, such as GPs and community pharmacists who have to respond to these shortages.

The NHS in Scotland has robust systems in place to manage medicine shortages when they arise, and normally alternative medicines are available which can be prescribed and dispensed.

Scottish Government officials are regularly updated on any supply disruptions and provide advice to the NHS in Scotland on options to address any shortages that may arise.

The Chief Pharmaceutical Officer is a member of a UK-wide Medicines Shortage Response Group, set up to identify and co-ordinate responses to medicines shortages across the UK providing advice to clinicians on alternative therapeutic options.

Prescribers and pharmacists also have access to a medicine supply tracking tool which provides advice on each shortage, including alternative treatment options. This medicine supply tool can be accessed via the Specialist Pharmacy Service website, where the information on supply issues is collated by the UK Government's medicines supply team at the Department of Health and Social Care.

We expect community pharmacists, general practitioners and specialist services to work together where there are supply problems, for example by trying to identify a pharmacy with the medicine in stock or prescribe an equivalent medicine, where practicable, and not leave people to source the medicine themselves.

Restrictions can be introduced which prohibit several medicines for the treatment of critical conditions from being exported.

Q: There have been intermittent HRT medicine shortages in the past few years. What advice can you offer to patients experiencing these problems?

A: I fully appreciate that any disruption to the availability of HRT products will be concerning to those who have been prescribed them. It may be helpful if I highlight that there are over 70 HRT products available in the UK and supply issues are affecting only a very small number and there remains many different types of HRT products available and in stock so alternative products can be prescribed.

To alleviate the current HRT supply issues, several UK-wide Serious Shortage Protocols (SSPs) have been issued by the Department for Health and Social Care (DHSC), in consultation with the Scottish Government.

All patients are urged to discuss any concerns in the first instance with their community pharmacist. If, following these discussions, it feels that the alternative medications are not suitable, then you may wish to discuss the matter with your GP or specialist to discuss alternatives until supply problems have been resolved.

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Cannabis Based Products for Medicinal use (CBPMs)

Q Why can medicinal cannabis products be prescribed by private clinics and not through the NHS – is this a social justice issue?

A There are three Cannabis Based Products for Medicinal use available on the NHS in Scotland to treat specific conditions. These are: nabilone, a synthetic cannabinoid, as an add-on treatment for adults with chemotherapy-induced nausea and vomiting; Sativex[®] for moderate to severe spasticity in adults with multiple sclerosis; and Epidyolex[®], [epi-dyol-ex] a cannabidiol for treating seizures associated with Lennox-Gastaut syndrome, Dravet syndrome and tuberous sclerosis complex (TSC).

The biggest barrier to the prescribing of other medicinal cannabis products on the NHS is that most products remain unlicensed with a limited, or non-existent, peer-reviewed clinical evidence base for their use.

Q Why is there no access to medicinal cannabis for complex epilepsy through the NHS in Scotland unlike in other parts of the UK?

A Prior to the legislative change in 2018, I understand that funding for medicinal cannabis prescriptions was granted to a small number of patients via the Home Office Expert Panel. Once these products were rescheduled, the panel became redundant. This means that this funding route is no longer open to patients.

Q What can Ministers do to make it easier for doctors to prescribe medicinal cannabis?

A Although specialist doctors have been allowed to prescribe medicinal cannabis products since 2018, most specialist doctors have concerns around the quality, safety and efficacy of unlicensed CBPMs and the lack of robust evidence on their use, particularly the long-term side effects.

Decisions on whether to prescribe a medicine are based on an individual's needs and are a matter for the clinical judgement of the prescribing clinician in consultation with the individual, informed by advice and guidance about the medicine.

Q Why does the current CBPM guidance ignore the “real world” evidence?

A Guidance is developed based on scientific and clinical evidence and reasoning on the likely benefits and harms, which is gathered, appraised and reviewed in an objective manner, with clinical and scientific evidence. Real world evidence has an important role in supporting the assessment and introduction of new medicines but is not a substitute for the licensing process.

Safety of weight loss medicines (GLP1-RAs)

Q. A recent episode of Channel 4's Dispatches programme highlighted that registered nurses are prescribing weight loss medicines to patients who are not overweight, what is being done to ensure the safe use of these medicines in Scotland?

A. I realise that there has been significant public interest in these medicines for weight loss and it is important to emphasise that these are not cosmetic treatments; they are prescription

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only medicines that can only be legally and safely prescribed and dispensed by healthcare professionals, and in line with their indication for use.

The Medicines and Healthcare products Regulatory Agency is the UK-wide regulator that has overarching responsibility for the safety of medicines. It issued a Drug Safety Update to all healthcare professionals across the UK.

The Chief Pharmaceutical Officer is taking this issue seriously. She has met with the MHRA, Healthcare Improvement Scotland, Police Scotland and the General Pharmaceutical Council to discuss weight loss medicines and is considering communications for healthcare professionals in Scotland on how to report known or suspected illicit prescribing of these medicines.

Health boards are responsible for the safe, effective and equitable implementation of these new obesity medicines locally.

Q. A nurse from Lanarkshire was prescribed a weight loss medicine and later sadly died, what is the Scottish Government doing to ensure healthcare professionals are aware of the risks of these medicines?

A. I cannot comment on individual prescribing cases, however, the decision to prescribe a medicine is a clinical one made by the prescriber, having considered an individual's condition, their medical history and clinical guidance.

The Medicines and Healthcare products Regulatory Agency is the UK-wide regulator that has overarching responsibility for the safety of medicines. It issued a Drug Safety Update on GLP-1 RAs, the group of medicines which are used to treat type 2 diabetes and obesity to all healthcare professionals across the UK and has made it clear that these medicines are prescription-only and should only be used under medical supervision and prescribed by a registered healthcare professional.

Q. Considering the number of deaths linked to weight loss medicines in the media recently, what is the Scottish Government doing to ensure the safe use of these medicines?

A. The Chief Pharmaceutical Officer is taking this issue seriously. She has met with the Medicines and Healthcare products Regulatory Agency, Healthcare Improvement Scotland, Police Scotland, and the General Pharmaceutical Council for discussions.

The Pharmaceutical Council published updated guidance on 4 February 2025 regarding buying medicines safely online, and I understand Healthcare Improvement Scotland is looking into improving the general awareness of these medicines and establishing clear expectations for their safe and appropriate use within the independent healthcare sector.

In addition, the Chief Pharmaceutical Officer is also considering communications for healthcare professionals in Scotland on how to report known or suspected illicit prescribing of these.

Q. People are putting themselves at risk by buying weight loss medicines online because they are unable to access them on the NHS in Scotland. What is the Scottish Government doing to ensure patients can access these medicines on the NHS?

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A. I realise that there has been significant public interest in these medicines for weight loss and private prescribing and use outside of the NHS has increased.

Buying prescription-only medicines without consulting a suitable healthcare professional, risks being supplied with medicines that are not safe or suitable to take.

Many websites selling medicines online originate from outside the UK and are not regulated by UK authorities. Buying prescription-only medicines from such unauthorised sources significantly increases the risk of getting substandard or fake medicines.

The Scottish Government has produced a National Consensus Statement, developed by a multidisciplinary working group chaired by the Professional Adviser in the Diet and Healthy Weight Team of the Scottish Government, which was circulated to Health Boards in October last year. The statement proposes a phased introduction of these therapies to ensure manageable implementation across various healthcare settings. It recommends that people can be treated in any setting where evidence-based lifestyle support is available, including primary care, community care, and specialist services.

Prescribing of paracetamol

Q. The NHS in Scotland is under extreme financial pressure, in light of these fiscally challenging times I would like to ask the Minister why paracetamol is still being prescribed on the NHS?

A. I appreciate that there has been some media attention recently around the prescribing of paracetamol on the NHS and it is important to clarify this issue. The responsibility for the safety and licensing of medicines sits with Medicines and Healthcare products Regulatory Agency. As you all will know there are three ways that medicines can be sold and supplied in the UK. These are:

- on a prescription referred to as prescription-only medicines
- in a pharmacy without prescription, under the supervision of a pharmacist as a pharmacy medicine and
- sold in general retail outlets without the supervision of a pharmacist.

Paracetamol sold over the counter in retail outlets other than pharmacies, is sold in pack sizes of 16 tablets. We know that most people who are prescribed paracetamol receive it to manage chronic pain, where alternative treatments can be more expensive or have the potential to cause more harm through an increased risk of side effects. Removing paracetamol as a prescribing option would mean those with chronic pain wouldn't be able to purchase enough from retail outlets to treat their pain necessitating even stronger and more expensive analgesics, with more side effects, to ensure people can achieve adequate pain control

Additionally, supplies of paracetamol of 100 tablets or more are Prescription Only Medicines (POM) and as such need to be prescribed by a GP or other non-medical prescriber. At the moment the cost of paracetamol to the NHS is £2.88 per 100 tables (as listed in the Scottish Drug Tariff) so this equates to approximately 46p for around 16 tablets.

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Disposal of sharps waste (NHS Lothian)

Q. I understand that some patients in Edinburgh are unable to dispose of their medical sharps waste. What is the Scottish Government doing to ensure all patients across Scotland can safely dispose of their sharps waste?

A. It is indeed disappointing and concerning that people in Midlothian and elsewhere across Edinburgh have experienced difficulties in safely disposing their prescribed injectables and other sharp items. The provision of NHS pharmaceutical services is the responsibility of the Scottish Government, however the responsibility for providing arrangements for individuals to safely dispose of their prescribed needles and other sharps waste is the responsibility of local Health Boards, which in this case is NHS Lothian. The Health Board has acknowledged the impact that this temporary disruption in service has had on patients and worked with colleagues across NHS Lothian to better understand the need, assess various options and agree how best to provide this service to patients in a sustainable way that ensures adequate coverage across all areas moving forward. Additionally, I understand from the Chief Pharmaceutical Officer, Professor Alison Strath, that this was a local issue to NHS Lothian and was not experienced more broadly across Health Board areas.

Access to New Medicines

Specific Medicines

Casgevy® (exagamglogene autotemcel)

Q: Casgevy is available in England as a treatment for sickle cell disease (SCD) why is it not available in the NHS in Scotland?

A: The Scottish Medicines Consortium (SMC) has not yet received a submission from the marketing authorisation holder, Vertex Pharmaceuticals, for Casgevy® for the treatment of sickle cell disease (SCD).

The Chief Pharmaceutical Officer and the SMC have engaged regularly with Vertex Pharmaceuticals on the SMC's process for assessing the clinical and cost-effectiveness of Casgevy® for use in the SCD indication in the NHS in Scotland. The SMC would welcome a submission from Vertex for Casgevy® in the SCD indication at any time.

Q Casgevy is available as a treatment of transfusion-dependent β -thalassaemia in patients 12 years of age and older in England, why is it not available in the NHS in Scotland?

A: The Scottish Medicines Consortium (SMC) has received a submission through the ultra-orphan pathway from the marketing authorisation holder, Vertex Pharmaceuticals, for Casgevy® for the treatment of transfusion-dependent β -thalassaemia in people 12 years of age and older.

A decision on whether Casgevy® is accepted on to the ultra-orphan pathway for this indication will be published on the SMC website in due course. If it receives ultra-orphan validation from the SMC, it will be made available in NHS Scotland for at least three years while additional data on its clinical effectiveness is gathered.

Palforzia® (defatted powder of *Arachis hypogaea* L, semen)

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Q Palforzia is available as a treatment for peanut allergies in England, why is it not available in the NHS in Scotland?

A: In October 2022 the SMC published not recommended advice for Palforzia[®], because the submission received did not present a sufficiently robust economic analysis to gain acceptance by the SMC.

Aimmune Therapeutics, the marketing authorisation holder of Palforzia[®], had indicated an intention to make a resubmission to the SMC, however to date this has not been received. The decision on whether to submit, and the timing of that submission, is entirely for the manufacturer of the medicine to make. If they do resubmit, information on the specific timelines for the reassessment will be available via the search facility available on the home page of the SMC's website. There is a fast-track resubmission option, which reduces the normal assessment timeline.

In the meantime, Health Boards have procedures in place using the Peer Approved Clinical System "PACS Tier Two" process, for clinicians to request the use of licensed medicines on a 'case-by-case' basis for individual patients, when the treating clinician considers that there would be significant clinical benefit for a patient.

Givinostat (Duvyzat[®])

Q: There is a free of charge arrangement in place for givinostat (Duvyzat[®]), as a treatment for Duchenne Muscular Dystrophy (DMD), why are Scottish patients not getting access?

A: The Scottish Government is committed to ensuring that people living with rare conditions like Duchenne Muscular Dystrophy (DMD) have access to high quality care and support, and benefit from healthcare services that are safe, effective and person-centred.

The Scottish Medicines Consortium (SMC) has not yet received a submission from the manufacturing company, Italfarmaco S.p.A, for Duvyzat[®] in this indication, and have therefore not been able to carry out an appraisal of its clinical and cost-effectiveness for use in the NHS in Scotland. However, the SMC is engaging with the company and is expecting a submission in due course. Notably, the decision on whether to submit and the timing of that submission to the SMC are entirely for the manufacturer of the medicine to make.

A pharmaceutical company may choose to offer a medicine free of charge prior to an assessment of its clinical and cost effectiveness by the SMC. In Scotland, a national Free of Charge Scheme has been in place for the treatment of children aged six years and above with DMD who are able to walk since late December 2024.

It is for individual Health Boards to consider the implementation of any new medicine, including one offered free of charge. This may involve the development of clinical management guidelines and pathways, any associated monitoring which for this medicine involves blood and liver tests, and the training of healthcare professionals.

We understand that Health Boards are currently considering how to prioritise, coordinate and schedule starting treatment in the most fair and equitable manner.

Produodopa[®] (foslevodopa-foscarbidopa)

Q: Produodopa[®] a device based treatment for Parkinson's disease has been approved by the SMC, why are Scottish patients having trouble accessing it?

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A: I recognise that being diagnosed with Parkinson's disease can be devastating for all those affected, and we are committed to supporting and continually improving patient care, to ensure that everyone living in Scotland with Parkinson's Disease is able to access the best possible support and treatment.

Following an abbreviated submission, in advice published on 11 March 2024, Produodopa® was accepted for restricted use in the NHS in Scotland for the treatment of advanced levodopa-responsive Parkinson's disease, with severe motor fluctuations and hyperkinesia or dyskinesia, when available combinations of Parkinson's medicinal products have not given satisfactory results.

The SMC has restricted the use of this medicine for patients not eligible for deep brain stimulation (DBS). It is a matter for individual Health Boards to consider the implementation of a new treatment option within their services. This may involve the development of clinical management guidelines and pathways, any associated monitoring, and the training of healthcare professionals.

In the meantime, Health Boards have procedures in place using the Peer Approved Clinical System "PACS Tier Two" process, for clinicians to request the use of licensed medicines on a 'case-by-case' basis for individual patients where the intended use is out with SMC restrictions, when the treating clinician considers that there would be significant clinical benefit for a patient.

General Medicines Questions

Q: Who is responsible for prescribing a medicine?

A: The decision to prescribe a medicine for a patient, and which medicine to prescribe, is entirely for the clinician in charge of a patient's care, having taken into account the patient's clinical condition and any relevant clinical guidance about the medicine.

Q: What does the Scottish Medicines Consortium (SMC) do?

A: In Scotland, the Scottish Medicines Consortium (SMC) appraises the clinical and cost-effectiveness of newly licensed medicines. The SMC appraisal is based on the clinical and cost-effectiveness of the medicine at a population level. This approach ensures value for both patients and NHS Scotland. The SMC provides its advice independently of Ministers. This is important as decisions on whether to accept newly licensed medicines are based on clinical and cost-effectiveness at a national population level for all Scotland.

The SMC is the equivalent health technology assessment (HTA) body to NICE in England.

Q: As medicines today are increasingly personalised, are you confident that the SMC process remains fit for purpose?

A: Yes. Since the introduction of the SMC in 2002, medicines are subject to robust scrutiny, using a globally validated health technology assessment (HTA) process, to determine their clinical and cost-effectiveness. The SMC has a transparent and robust process that is fully described on its website. It is worth noting that any SMC appraisal is undertaken independently of Scottish Ministers and is based on the clinical and cost-effectiveness of a medicine at a population level.

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The SMC's process allows companies to present a cost-effectiveness case which sets out the predicted health benefits of their treatment (including one-off treatments) over a person's lifetime, and the SMC's assessments follow standard methodology for such calculations.

In addition, in the assessment of innovative medicines for rare conditions (including gene-edited precision medicines where a single treatment may have lifelong benefit), the SMC process involves additional flexibilities as outlined on its website. By way of an example, in 2021, the SMC was the first health technology appraisal body in the UK to accept a one-off gene therapy for spinal muscular atrophy. This ensures that NHS patients have equal access to innovative medicines that are clinically and cost-effective.

Q: Medicines are becoming more disruptive and costly for the health service in Scotland, how are you preparing for these?

A: These new medicines can be transformative; some are curative, others offer the potential of long-term remission.

I understand that there are wide-ranging implications for the managed introduction of these medicines, encompassing financial planning, diagnostic testing, aseptic services and quality assurance, pharmacovigilance, procurement, reimbursement, pharmacovigilance and education of both clinicians and patients. I recognise that careful forward planning and co-ordination are required to support their managed introduction and some of this may need to be done at national or regional level to be most efficient and effective.

This is why we are establishing the Access to New Medicines Horizon Scanning Advisory Board (HSAB). HSAB will identify disruptive medicines, including those with an extremely high net budget impact (net budget impact >£500,000 per year nationally in Scotland) currently in licensing and HTA pipelines that could impact in the following six to 18 months. The HSAB will provide recommendations to service planners to help them plan accordingly should these types of medicines be accepted for use within the NHS in Scotland.

Q: What processes do you have in place to ensure licensed medicines are available for prescribing even if they are not routinely available on the NHS?

A: Health Boards have procedures in place using the Peer Approved Clinical System "(PACS) Tier Two" process, for clinicians to request the use of licensed medicines on a 'case-by-case' basis for individual patients, when the treating clinician considers that there would be significant clinical benefit for a patient.

Through PACS Tier Two, doctors in Scotland are able to prescribe licensed treatments which are not generally available on the NHS if they consider that the individual patient's clinical needs will be met. Under the system, the clinician doesn't have to prove that their patient is exceptional and the cost of the medicine is not a decision making criterion. National guidance explicitly states that Health Boards should not take account of the cost of medicines when considering PACS Tier Two applications.

Reform proposal of the EU pharmaceutical legislation

Background

Poland's Deputy State Secretary for Health, Marek Kos, told participants at a Brussels policy event w/c 17 February that the Polish Presidency intends to secure agreement between

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member states on the EU's [pharmaceutical reform package](#) in the first half of 2025. The reforms would be the first overhaul of the EU's pharmaceutical legislation and directives in over 20 years, with the issue of market protection for new medicines the main issue of institutional disagreement so far.

The European Commission's proposal includes a reduction (from eight to six years) on the time that new branded medicines would be protected against generic competitors in the EU. The European Parliament adopted its position on the package in April 2024, calling for a seven and a half year period instead. In the round, the reforms aim to make medicines more accessible and affordable across member states - and importantly for non-EU interests - concentrate the production of medicines within the EU. SG Brussels will follow development in the coming months, with an interest in the implications for non-EU producers' access to the European market.

Q: Does the Scottish Government have a view on the EU's pharmaceutical reform proposals?

A: The majority of areas covered in the EU's pharmaceutical reform proposal are reserved to the UK Government and are the responsibility of the Medicines and Healthcare products Regulatory Agency (MHRA). My understanding is that the MHRA is working through the proposals to gain an understanding of any impacts for the UK. The Scottish Government will continue to do all it can to protect Scotland's interests and play an active role in influencing the outcome of UK medicines policy.

Document 1: Email trail between Pharmacy Policy Team and Social Care and National Care Strategy Team, 26-27 March 2025

From: [redacted S.38(1)(b)]
Sent: 27 March 2025 17:12
To: [redacted S.38(1)(b)]
Cc: [redacted S.38(1)(b)]
Subject: RE: looking for information on prescription charges

That's a fair request [redacted S.38(1)(b)] and you're right, we have published more recent figures. I've taken the below from our most recent Prescription Cost Analysis:

- In 2023/24, a total of 114.4 million items were dispensed in Scotland. The total (net) cost for dispensing items and providing services in 2023/24 was £1.62 billion, increasing by 6.5% from £1.52 billion in 2022/23.

Please use these figures instead.

[redacted S.38(1)(b)]

[redacted S.38(1)(b)] **I Pharmacy Policy and Funding Manager I** Scottish Government I Pharmacy & Medicine Division I Directorate for Chief Medical Officer I

[redacted S.38(1)(b)]  

From: [redacted S.38(1)(b)]
Sent: 27 March 2025 14:36
To: [redacted S.38(1)(b)]
Cc: [redacted S.38(1)(b)]
Subject: RE: looking for information on prescription charges

Thanks [redacted S.38(1)(b)]. This is helpful

Can I just check – do you know the source of the figures in the 4th bullet (highlighted), and whether there's any more recent figures? I appreciate there's often a lag on such data so this may be the most current, but I suspect I'll get asked so just pre-empting that question!

Cheers
[redacted S.38(1)(b)]

From: [redacted S.38(1)(b)]
Sent: 27 March 2025 11:08
To: [redacted S.38(1)(b)]
Cc: [redacted S.38(1)(b)]
Subject: RE: looking for information on prescription charges

[redacted S.38(1)(b)]

[redacted S.38(1)(b)] has sent this onto me to respond. Please see lines and background below.

Lines to Take

“The Scottish Government has no plans to reintroduce prescription charges. Scottish Ministers believe that prescription charges are a barrier to good health for many people. This is particularly so for those with long-term conditions and those on low incomes who in the past have faced choices about which medicines they can afford to take. Evidence shows that this can lead to deterioration in health, absence from work, or extra hospital admissions.

Scottish Ministers believe that healthcare should be free at the point of access for everyone: this is the founding principle of the NHS. By abolishing prescription charges, we have ensured that everyone can access the medicines they need and make choices about managing and improving their health, whatever their income.

Please note that the introduction of free prescriptions has been fully funded by the Scottish Government, at no cost to NHS budgets. The policy on free prescriptions now has the support of all parties in the Scottish Parliament.”

Background

1. Prescription charges were removed from 1st April 2011, following a phased reduction annually from 2007/08 onwards. The Scottish Government’s position has long been that prescription charges are a tax on ill-health which forced people to make difficult choices on which medicines they could afford.
2. At the time of the abolition of prescription charges in April 2011, around 50% of patients were exempt, while over 90% of items were dispensed free as the vast majority were either exempt from prescription charges or the recipient held a pre-payment certificate.
3. The volume and cost of medicines and provision of pharmacy services within the community in Scotland has increased over the last ten years due to a range of factors, including an aging population, newly available drugs and a shift from secondary to primary care for a number of high-cost medicines.
4. In 2022/23, a total of 110.3 million items were dispensed in Scotland. The total (net) cost for dispensing items and providing services in 2022/23 was £1.52 billion, increasing by 5.0% from £1.45 billion in 2021/22.

Let me know if you need anything else.

Thanks,

[redacted S.38(1)(b)]

[redacted S.38(1)(b)] | **Pharmacy Policy and Funding Manager** | Scottish Government | Pharmacy & Medicine Division | Directorate for Chief Medical Officer | [redacted S.38(1)(b)]



From: [redacted S.38(1)(b)]

Sent: 26 March 2025 17:50

To: [redacted S.38(1)(b)]

Subject: looking for information on prescription charges

Hi [redacted S.38(1)(b)]

I'm head of the Integration Governance unit in social care directorate. My team work with IJBs around their operations and governance. Maree Todd has a meeting next week with the IJB chief officers, to discuss financial pressures. One of the subjects that the COs bring up a lot is the cost of prescriptions.

I found your names on the staff directory with medicine costs/prescription charges in your branch functions. I know the directory can be a bit out-of-date though, so my apologies if this is nothing to do with you!! However, if this is your area – do you by any chance have any briefing materials or standard lines in relation to prescription charges that you could share with me? Anything I can include in a briefing pack for Ms T, or general info to help me get up to speed would be a massive help.

Many thanks

[redacted S.38(1)(b)]

Head of Unit | Integration Governance and Evidence
Social Care and NCS Development Directorate
[redacted S.38(1)(b)]

Document 2: Email trail between Pharmacy Policy Team members discussing correspondence case regarding free prescriptions, 14-18 February 2025

From: [redacted S.38(1)(b)]
Sent: 18 February 2025 09:24
To: [redacted S.38(1)(b)]
Cc: [redacted S.38(1)(b)]
Subject: RE: Enquiry re: NHS Free Prescriptions for Scottish Citizens Residing Abroad (Case Ref: SF17828) - MiCase 202500452666 - PO deadline 27/02

Hi all,

2 months supply of repeat prescriptions at a time is normal practice for all patients – this is to ensure that the medication is still appropriate and safe for the patient at each dispensing, and helps to minimise waste as once a medication has left the pharmacy, it can not be returned and reused. So e.g. if 12 months supply is given at once, and the medication is changed after 6 weeks, this would result in more than 10 months of medication being wasted rather than just 2 weeks.

On occasions when patients are going to be unable to collect their medication on a 2 monthly cycle e.g. they are going abroad for an extended period, the prescriber may agree to authorise more than 2 months at once to ensure the patient does not run out. This would be a decision taken by the prescriber in discussion with the patient, and would depend on what medication is being requested.

[redacted S.38(1)(b)] is correct in saying that there is no NHS funded delivery service – individual contractors offer this service as suits their own business. In addition, the following guidance from the MEP needs to be considered:

3.7.4 Delivery and posting of medicines to patients

🔗 Share

The following are professional and practical points to help you decide whether or not to deliver/post medicines (prescribed/sold) to patients (this list is not exhaustive):

- Patient consent for delivery or posting
- Patient confidentiality during the delivery or posting process
- Whether it is necessary for face-to-face contact with the patient to ensure that the medicine can be safely, effectively and appropriately used
- Whether it is necessary to interview the patient
- Whether the patient has been assessed or directly interviewed by the prescriber
- Medicines and medical devices are not ordinary items of commerce and must be handled and supplied to the patient safely. An adequate audit trail must be in place for delivery and receipt from the point at which the medicine leaves the pharmacy and is received by the patient/patient representative or returned to the pharmacy in the event of delivery failure. Wherever possible a signature should be obtained to indicate safe receipt of medicines
- Storage requirements during transit
- When posting – will the postal carrier agree to transport the medicinal product (check terms of carriage, prohibited and restricted goods)
- When posting abroad – are there legal restrictions in the destination country which would prevent you from posting? (E.g. guidance produced by the U.S. Food and Drug Administration (FDA) makes it clear that it is illegal for a foreign pharmacy to ship prescription medicines that are not approved by the FDA to the United States)
- When posting abroad – are there UK legal restrictions which would prevent you dispensing in the first instance? (e.g. is the prescriber recognised as an appropriate practitioner (see [section 3.1.3](#)) for the medicinal product in the UK?).

FURTHER READING

General Pharmaceutical Council

Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. 2022.

www.pharmacyregulation.org

International Narcotics Control Board

Lists of narcotic and psychotropic drugs under international

 Logoff

 Search

www.incb.org

Royal Mail

Prohibited and restricted items.

www.royalmail.com

Hope this helps?

[redacted S.38(1)(b)] | Pharmaceutical Advisor (Community Pharmacy) | Pharmacy & Medicines Division | Scottish Government | 1ER St Andrew's House | Edinburgh | EH1 3DG Mobile: [redacted S.38(1)(b)]
Email: [redacted S.38(1)(b)]

From: [redacted S.38(1)(b)]
Sent: 14 February 2025 11:37
To: [redacted S.38(1)(b)]
Cc: [redacted S.38(1)(b)]
Subject: RE: Enquiry re: NHS Free Prescriptions for Scottish Citizens Residing Abroad (Case Ref: SF17828) - MiCase 202500452666 - PO deadline 27/02

[redacted S.38(1)(b)] is the SG lead for international healthcare. I think it will depend what rules apply and how long he's abroad but the NHS doesn't pay for home delivery of prescriptions in the UK so wouldn't deliver them to a holiday address.

Thanks

[redacted S.38(1)(b)]

From: [redacted S.38(1)(b)]
Sent: 14 February 2025 11:29
To: [redacted S.38(1)(b)]
Cc: [redacted S.38(1)(b)]
Subject: FW: Enquiry re: NHS Free Prescriptions for Scottish Citizens Residing Abroad (Case Ref: SF17828) - MiCase 202500452666 - PO deadline 27/02

Hi [redacted S.38(1)(b)],

[redacted S.38(1)(b)] has suggested to seek your guidance on the MiCase below.

I think in essence the correspondence is asking to have his repeat prescriptions delivered to their holiday home abroad for part or most of the year around.

Would that be for us to take the case or for the Safety, Openness and Learning team?

Thanks,

[redacted S.38(1)(b)] | Pharmacy & Medicines Division | Scottish Government | 1ER St Andrew's House | Edinburgh | EH1 3DG
Email: [redacted S.38(1)(b)]

From: [redacted S.38(1)(b)]
Sent: 13 February 2025 10:38
To: Central Correspondence Unit <scottish.ministers@gov.scot>

Subject: Enquiry re: NHS Free Prescriptions for Scottish Citizens Residing Abroad
(Case Ref: SF17828)

Dear Neil,

I am writing to you on behalf of one of my constituents who has been in touch with my office with concerns regarding free prescriptions and, specifically, their unavailability to Scottish Citizens who spend part of the year abroad. Please see full redacted correspondence below.

I would be grateful if you could please address my constituent's concerns and any information on the reasoning behind this position would be greatly appreciated.

Many thanks for your assistance and I look forward to hearing from you.

Kind regards,
[redacted S.38(1)(b)]

Enc.

I have been trying for a long time to receive an explanation why I only receive 2 months supply.

I know that I will experience fresh air but my ailments won't disappear. What am I supposed to do ?? I've been buying my own for more than 10 years because I don't want to die !!

Where's the logic in restricting pensioners to 2 months' supply & hope that they don't peg out.

I don't see why I can't receive my 2 months repeat prescription & have it delivered to my holiday address

I've been round the houses so I would appreciate giving this your attention. This is not the 1st time I've rased this issue so I know that the law says whatever

/End.

Document 3: Email trail agreeing press lines on free prescriptions and paracetamol prescribing, 6 February March 2025

From: [redacted S.38(1)(b)]
Sent: 06 February 2025 19:23
To: [redacted S.38(1)(b)]; Minister for Public Health and Women's Health <MinisterforPHWH@gov.scot>
Cc: [redacted S.38(1)(b)]
Subject: RE: Ministerial clearance - Media Query - Baillie Gifford - Free prescriptions/paracetamol

Thanks – Ms Minto is content.

[redacted S.38(1)(b)] Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP
Scottish Government | St Andrew's House, Regent Road, Edinburgh EH1 3DG |
Mob: [redacted S.38(1)(b)] | Email: CabSecHSC@gov.scot
All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

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From: [redacted S.38(1)(b)]
Sent: 06 February 2025 17:26
To: Minister for Public Health and Women's Health <MinisterforPHWH@gov.scot>
Cc: [redacted S.38(1)(b)]
Subject: Ministerial clearance - Media Query - Baillie Gifford - Free prescriptions/paracetamol

Minister / PO

We have been contacted by a journalist writing an article on the cost of medicine for Baillie Gifford's magazine. This is a follow-up to our paracetamol response that was first published in the Telegraph.

We have reissued our lines, after policy confirmed they were content but would be grateful for your views on the two points of clarification Baillie Gifford asked for:

Policy and SpAds are content and we would propose issuing these as **For Info – Not a quote**

The journalist has queried the line in the published response below where the Public Health Minister Jenni Minto said:

Commented [JF1]: Marked for redaction under S38 FOISA

“The prescribing of items such as paracetamol cannot be directly compared with medicines bought in retail outlets due to the limited quantity that can be purchased for the treatment of self-limiting illness or conditions.”

[redacted S.38(1)(b)] is asking:

1. Can we clarify if she means the limited amount that can be bought in supermarkets without prescription? If so, what makes that cost-per-unit paracetamol non-comparable with retail and clinical amounts? If it's a matter of amounts, then the purchasing power of the NHS would surely determine a lower price for the health service than for individuals?

FOR INFORMATION – NOT A QUOTE

1. The legal position is that packs containing up to 16 solid dose tablets or capsules of paracetamol or aspirin may be supplied in retail outlets.

There is no legal restriction on the number of packs that can be purchased in a single transaction provided the total amount does not exceed 100 tablets. At this point, the medicine becomes subject to prescription control.

The medicines regulator strongly discourages multiple sales and multi-buy promotions for all analgesic products and they have worked closely with stakeholders representing both large and small retailers, pharmacists, trading standards offices and the pharmaceutical industry to develop the Best Practice Guidance on the sale of medicines for pain relief. The guidance outlines that no more than two packs should be sold in one transaction and discourages retailers from promoting offers that encourage the sale of more than one pack at a time.

It is not possible to undertake a direct cost comparison between retail and NHS costs for paracetamol. This is because the NHS reimbursement price for paracetamol also generates an agreed margin which cross-subsidises all the NHS community pharmacy services they provide.

Q. Can I check if self-limiting illness is a passing illness?

FOR INFORMATION – NOT A QUOTE

2. A self-limiting illness is one that will resolve in due course.

CLEARED RESPONSE

Public Health Minister Jenni Minto said:

“The Scottish Government will continue to protect free prescriptions as prescription charges are a barrier to good health. At all times, healthcare professionals are expected to prescribe responsibly using their clinical judgement.

“The cost of prescribing of items such as paracetamol cannot be directly compared with the price of medicines bought in retail outlets due to the limited quantity that can be purchased over the counter.

“Paracetamol is a highly effective painkiller and we do not consider it to be of low clinical value. We know that most people prescribed paracetamol receive it to manage chronic pain, where alternative treatments can be more expensive or have the potential to cause more harm through an increased risk of side effects.”

Background

- Work is underway to optimise the use of medicines in Scotland. This includes addressing the unwarranted variation in the prescribing of medicines that are deemed to be of low or limited value, as has happened in other parts of the UK.
- We have recently published updated [guidance on achieving value and sustainability in prescribing](#) following a consultation that ran last summer, and we are working with health boards to support implementation.
- In respect of paracetamol, only the paracetamol and tramadol combination product is included within items of low clinical value. That is because there is no evidence that the combination product is more effective or safer than the individual preparations and it contains a sub-therapeutic dose of paracetamol.

[redacted S.38(1)(b)]

News | Senior Media Manager

Communications Health and Social Care

The Scottish Government, St Andrew's House, Edinburgh

Mobile: [redacted S.38(1)(b)] | Portfolio Media inquiries: 0300 244 9021

www.gov.scot/news



Document 4: Email trail between Pharmacy policy team and Scottish Parliament Information Centre, 20-21 February 2025

From: [redacted S.38(1)(b)]

Sent: 21 February 2025 09:31

To: [redacted S.38(1)(b)]

Cc: [redacted S.38(1)(b)]

Subject: RE: recouping prescription/medicine costs from MOD in respect of veterans' medicines

Dear [redacted S.38(1)(b)]

Thank you for your query about claiming back the cost of prescription medicines from the Ministry of Defence (MOD).

The Ministry of Defence (MOD) does not usually use NHS GP practice services in Scotland and instead has Defence Medical Services (DMS) in place to provide healthcare to current service personnel. For more information, please see- [Defence Medical Services \(DMS\) - GOV.UK](#) Our understanding is that DMS meets the healthcare needs of their personnel, including responsibility for the cost of their medicines.

Prescription charges were abolished by the Scottish Government from April 2011, meaning that NHS Scotland prescriptions are provided at no charge to patients. When a veteran/ war pensioner is registered at a local GP practice and receives an NHS Scotland prescription form, they do not pay a prescription charge and the costs of their prescribed medicines are met by the relevant health board. I have checked with NHS National Services Scotland, the body responsible for processing prescription forms, and they have confirmed that recouping costs for veterans' NHS prescriptions from the MOD has never happened, either when prescription charges were in force or now.

You may be interested to know that the Scottish Government has had some initial discussions with the MOD about DMS switching to use NHS prescription stationery. These discussions are at an early stage and there is no fixed timescale as yet. We understand that similar projects are underway in other parts of the UK to enable NHS prescription forms to be used.

I hope this is helpful but do come back to me if you have any further queries about this issue.

Kind regards,

[redacted S.38(1)(b)] | Policy Development Manager | Pharmacy & Medicines Division | Scottish Government | 1ER St Andrew's House | Edinburgh | EH1 3DG Mobile: [redacted S.38(1)(b)]
Email: [redacted S.38(1)(b)] | (Work days Tues-Thurs and Fri AM)

From: [redacted S.38(1)(b)]
Sent: 20 February 2025 11:37
To: [redacted S.38(1)(b)]
Cc: [redacted S.38(1)(b)]
Subject: RE: recouping prescription/medicine costs from MOD in respect of veterans' medicines

Commented [JF1]: Marked for redaction under S38 FOISA

Hi [redacted S.38(1)(b)],

My colleague [redacted S.38(1)(b)] (copied) has picked this up and will be back in touch by the end of the week,

Many thanks

[redacted S.38(1)(b)]

From: [redacted S.38(1)(b)]
Sent: 20 February 2025 11:27
To: [redacted S.38(1)(b)]
Subject: recouping prescription/medicine costs from MOD in respect of veterans' medicines
Importance: High



Dear [redacted S.38(1)(b)]

I was given your details by [redacted S.38(1)(b)]. I wonder if you could help with the following enquiry? I've been around the houses a bit, but [redacted S.38(1)(b)] contacted two health boards on my behalf, so I know that there is no direct recouping of costs between health boards and MOD, but I'm wondering if you know if there is any central mechanism by which NHS Scotland recoups money spent on veterans' medicines from the MOD?

"I am in touch with a query brought to our office from a constituent – regarding the claiming back of funding from prescriptions, covered by the Ministry of Defence.

The constituent came to us to enquire further about individuals in receipt of war pensions, he mentioned that there is a tick box on the back of NHS prescriptions, where money goes back to the NHS from the MOD if ticked.

The constituent would like to know if this is happening in Scotland, as he seemed to be under the impression that it was indeed happening in England and should also be in Scotland.

I wonder if you might be able to find any more information about this and it's current application in Scotland – thank you in advance for your time. “

The response is now a little overdue, so if there is any possibility of a response by the end of the day, that would be great.

Many thanks in advance,

Kind regards,

[redacted S.38(1)(b)]
Senior Researcher - Health and Social Care
Scottish Parliament Information Centre
Edinburgh
EH99 1SP

Document 5: Ministerial clearance of press lines for Daily telegraph article on paracetamol costs, 3 February 2025

From: [redacted S.38(1)(b)] **On Behalf Of** Minister for Public Health and Women's Health

Sent: 03 February 2025 13:11

To: [redacted S.38(1)(b)]; Minister for Public Health and Women's Health <MinisterforPHWH@gov.scot>

Cc: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; [redacted S.38(1)(b)]

Subject: RE: MINISTERIAL VIEWS PLEASE - Media Query - Paracetamol prescription cost - The Telegraph - EOP Today

Hi [redacted S.38(1)(b)]

Ms Minto has made some changes:

“The Scottish Government will continue to protect free prescriptions as prescription charges are a barrier to good health . At all times, healthcare professionals are expected to prescribe responsibly using their clinical judgement.

“The cost of prescribing of items such as paracetamol cannot be directly compared with the price of medicines bought in retail outlets due to the limited quantity that can be purchased over the counter. We know that most people prescribed paracetamol receive it to manage chronic pain, where alternative treatments can be more expensive or have the potential to cause more harm through an increased risk of side effects.”

[redacted S.38(1)(b)] Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

Scottish Government | St Andrew's House, Regent Road, Edinburgh EH1 3DG |

Mob: [redacted S.38(1)(b)] | Email: CabSecHSC@gov.scot

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From: [redacted S.38(1)(b)]

Sent: 03 February 2025 12:40

To: Minister for Public Health and Women's Health <MinisterforPHWH@gov.scot> [redacted S.38(1)(b)]

Subject: MINISTERIAL VIEWS PLEASE - Media Query - Paracetamol prescription cost - The Telegraph - EOP Today

PO/ Minister,

The Telegraph are working on a story about Paracetamol prescription cost and asked for a SG comment. This is on the back of a release from Stephen Kerr MSP about the cost of prescribing paracetamol on the NHS in Scotland – please see attached, and below.

Please see below our comment, agreed with the policy team, for Ms Minto's views, thanks.

With thanks, very grateful for response as soon as feasible, thanks [redacted S.38(1)(b)].

SG RESPONSE

Public Health Minister Jenni Minto said:

“Prescription charges are a barrier to good health and the Scottish Government will continue to protect free prescriptions. At all times, healthcare professionals are expected to prescribe responsibly using their clinical judgement.

“The prescribing of items such as paracetamol cannot be directly compared with medicines bought in retail outlets due to the limited quantity that can be purchased for the treatment of self-limiting illness or conditions. We know that most people prescribed paracetamol receive it to manage chronic pain. Alternative treatments can be more expensive and have the potential to cause more harm through an increased risk of side effects.”

Background

Work is underway to optimise the use of medicines in Scotland. This includes addressing the unwarranted variation in the prescribing of medicines that are deemed to be of low or limited value, as has happened in other parts of the UK. We have recently published updated [guidance on achieving value and sustainability in prescribing](#) following a consultation that ran last summer, and we are working with health boards to support implementation.

NEWS RELEASE

Stephen Kerr MSP slams SNP policy of free prescriptions of painkillers available for pennies on the high street

Scottish Conservative MSP for Central Scotland, Stephen Kerr, has unleashed a scathing critique of the SNP Scottish Government's policy of “free” prescriptions after startling figures revealed the excessive cost of commonly prescribed painkillers. Analysis of data from Public Health Scotland on the reimbursement cost (the cost of products dispensed) and the remuneration cost (the cost of services provided) of dispensed NHS prescriptions in the community in 2023/24 has shown that the taxpayer is overpaying for common painkillers. SNP policy has led to 2,742,463 prescriptions for paracetamol in Scotland in 2023/24 at a cost to the taxpayer of £21,090,109. This means that a prescription for paracetamol costs the taxpayer £8.53 when a pack is available from Tesco for 37p. The total cost for a prescription of ibuprofen is £6.77 while a pack of ibuprofen is available in Tesco for 39p. In 2023/24, 996,168 prescriptions for ibuprofen were dispensed, at a cost to the taxpayer of £6,744,057. In total, 3,468,631 prescriptions for these two painkillers were dispensed in 2023/24, at a total cost of £27,834,166. If all those who were issued prescriptions for paracetamol or ibuprofen had instead bought the drugs on the high street, the total cost would have been £1,303,317. Stephen Kerr MSP said: “The SNP Scottish Government's ideological fixation on so-called “free” prescriptions for everyone is an insult to common sense and responsible governance. Every year, Scottish taxpayers are forced to foot the bill for 3.5 million prescriptions for basic painkillers—wasting a staggering £27 million. “It is beyond absurd that NHS Scotland is paying £8.50 for

paracetamol and nearly £7 for ibuprofen—when these medications can be bought in supermarkets for mere pennies. How can anyone justify NHS Scotland paying over 20 times more for paracetamol than the average shopper in Tesco? This is a glaring example of the SNP’s reckless mismanagement and bloated bureaucracy, where wasteful spending takes precedence over frontline patient care. “This isn’t just inefficiency—it’s outright negligence. Every pound squandered on unnecessary prescriptions is a pound that could have been spent on life-saving operations, quicker cancer diagnoses, and better frontline services. Instead, the SNP is funnelling vast sums into an indefensible policy that hands out over-the-counter drugs for free, regardless of the financial need of the recipient. “It’s time for common sense to prevail. We have an epidemic of over-the-counter drugs being dished out free at vast expense to the NHS. Surely common sense should prevail and the vast majority of people who can easily afford it, can buy their own paracetamol. “The SNP’s refusal to make sensible reforms is depriving the NHS of desperately needed resources. Scotland deserves a government that prioritises patients over political posturing.” ENDS Notes: 1. Breakdown of costs per drug. Drug Name Reimbursement Cost1 Average Remuneration Cost2 Total cost per prescription Price on the high street3 Paracetamol £5.72 £2.81 £8.53 £0.37 (Tesco) Ibuprofen £3.96 £2.81 £6.77 £0.39 (Tesco) 1.

https://publichealthscotland.scot/media/29355/prescription_cost_analysis_2024.xlsx

(also includes the data on number of prescriptions dispensed). 2.

https://publichealthscotland.scot/media/29360/volume_and_cost_-_scotland-_2024.xlsx 3

[https://www.tesco.com/groceries/en-GB/shop/health-and-beauty/medicine/pain-relief\[1\]and-pain-killers?sortBy=price\[1\]ascending&productSource=GhsAndMarketplace&count=2](https://www.tesco.com/groceries/en-GB/shop/health-and-beauty/medicine/pain-relief[1]and-pain-killers?sortBy=price[1]ascending&productSource=GhsAndMarketplace&count=2)

[redacted S.38(1)(b)] (She /Her) - [why I share my pronouns](#)

News | Media Manager

Communications Health and Social Care

The Scottish Government, St Andrew’s House, Edinburgh

Mobile: [redacted S.38(1)(b)] | Portfolio Media inquiries: 0300 244 9021

www.gov.scot/news



Document 8: Ministerial clearance of press lines for The Times on paracetamol costs, 5 February 2025

From: [redacted S.38(1)(b)] **On Behalf Of** Minister for Public Health and Women's Health

Sent: 05 February 2025 12:01

To: [redacted S.38(1)(b)]; Minister for Public Health and Women's Health <MinisterforPHWH@gov.scot>

Cc: [redacted S.38(1)(b)]

Subject: RE: MINISTERIAL CLEARANCE: - The Times - Media Query - Free prescriptions/paracetamol

[redacted S.38(1)(b)]

Apologies for delay.

Ms Minto is content.

Thanks

[redacted S.38(1)(b)]

Private Secretary – Minister for Drugs and Alcohol Policy – Christina McKelvie MSP

The Scottish Government

St Andrew's House | Regent Road | Edinburgh | EH1 3DG

[redacted S.38(1)(b)]

Email: MinisterforDAP2024@gov.scot

Commented [JF1]: Marked for redaction under S38 FOISA

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From: [redacted S.38(1)(b)]

Sent: 04 February 2025 16:34

To: Minister for Public Health and Women's Health <MinisterforPHWH@gov.scot>

Cc: [redacted S.38(1)(b)]

Subject: MINISTERIAL CLEARANCE: - The Times - Media Query - Free prescriptions/paracetamol

Minister / PO

We have had another follow-up query from The Times based on lines issued yesterday to The Telegraph on paracetamol and free prescriptions.

They have asked if a previous position on 'reviewing spending on items that were of low or limited clinical value' from prescriptions (as stated in a letter by NHS Scotland

CEO Caroline Lamb in June 21st) had been reversed in light of the response we issued yesterday:

“Prescription charges are a barrier to good health and the Scottish Government **will continue to protect free prescriptions.**”

Policy and SpAds are content to reissue the lines, with additions in red in both the quote and background. I'd be grateful for your views and clearance.

RESPONSE

Public Health Minister Jenni Minto said:

“The Scottish Government will continue to protect free prescriptions as prescription charges are a barrier to good health. At all times, healthcare professionals are expected to prescribe responsibly using their clinical judgement.

“The cost of prescribing of items such as paracetamol cannot be directly compared with the price of medicines bought in retail outlets due to the limited quantity that can be purchased over the counter.

“Paracetamol is a highly effective painkiller and we do not consider it to be of low clinical value. We know that most people prescribed paracetamol receive it to manage chronic pain, where alternative treatments can be more expensive or have the potential to cause more harm through an increased risk of side effects.”

Background

- Work is underway to optimise the use of medicines in Scotland. This includes addressing the unwarranted variation in the prescribing of medicines that are deemed to be of low or limited value, as has happened in other parts of the UK.
- We have recently published updated [guidance on achieving value and sustainability in prescribing](#) following a consultation that ran last summer, and we are working with health boards to support implementation.
- In respect of paracetamol, only the paracetamol and tramadol combination product is included within items of low clinical value. That is because there is no evidence that the combination product is more effective or safer than the individual preparations and it contains a sub-therapeutic dose of paracetamol.

[redacted S.38(1)(b)]

**News | Senior Media Manager
Communications Health and Social Care**

The Scottish Government, St Andrew's House, Edinburgh

Mobile: [redacted S.38(1)(b)] | Portfolio Media inquiries: 0300 244 9021

Document 11: Official Correspondence with member of public on free prescriptions policy, February 2025

-----Original Message-----

From: [redacted S.38(1)(b)]

Sent: 19 February 2025 23:04

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Subject: Prescription voluntary payments

Dear Mr Gray,

Since the unprecedented introduction of free prescriptions for all in Scotland, which I have benefited greatly myself, I have always had a bit of difficulty accepting that everyone should be in receipt of this benefit, especially those that can easily afford some charge.

Would you consider some kind of voluntary payment scheme to allow those of us with a social conscience to pay towards prescriptions and have that money put into health care services? I believe with modern technology it would be a relatively easy process and our health service would benefit considerably from the cash raised. Having spoken to many people about this concept I am confident the amount would be considerable and the Scottish Government would still be able to proudly state they provide a free prescription service but get a bit back from those who wish to and can afford to help the Scottish NHS a little bit more. A win-win situation as I see it. I hope you will give this suggestion some serious consideration and I wish you well in getting our wonderful but struggling NHS back to where it should be.

Kindest regards

[redacted S.38(1)(b)]

Response

Our Reference: 202500453643

19 March 2025

[redacted S.38(1)(b)]

Thank you for your email of 19 February to the Cabinet Secretary for Health and Social Care, Neil Gray MSP, regarding the Scottish Government's free prescription policy and suggesting a voluntary contribution scheme to support the NHS with the cost of prescribed medicines. As an official working in the Scottish Government's Pharmacy and Medicines Division, I have been asked to respond on the Cabinet Secretary's behalf.

It may be helpful if I begin by explaining that the Scottish Government remains committed to free prescriptions for all in Scotland and has no plans at this time to

reintroduce prescription charges or ask patients to contribute partially for their prescriptions.

Scottish Ministers believe that prescription charges are a tax on ill health, and a barrier to good health for many people. This is particularly so for those with long-term conditions and those on low incomes who in the past have faced choices about which medicines they can afford to take. Evidence shows that this can lead to deterioration in health, absence from work, or extra hospital admissions. Scottish Ministers remain committed to a healthier Scotland, and by abolishing prescription charges have ensured that everyone can access the medicines that they need and make choices about managing and improving their health. The policy of free prescriptions has been fully funded by the Scottish Government at no cost to the NHS.

With regards to the voluntary payment scheme for prescriptions that you have suggested in your correspondence, it is important to note that there is no formal mechanism in place for making voluntary payments to the NHS for people wishing to do so. Such an arrangement would be challenging to implement and maintain in practical terms. While some people may be willing to volunteer a contribution in lieu of a charge, this is an unknown quantity, and the value to the NHS must be balanced against any costs associated with processing, verification and audit of what would effectively become public funds.

Having said that, however, anyone who wishes to do so may make a charitable contribution, for example to a health-related charity of their choice, in lieu of a charge. Notably, many NHS hospitals in Scotland welcome

charitable donations and have mechanisms in place for doing so.

Thank you again for taking the time to share your thoughts on this matter. I hope that this reply is helpful in explaining the rationale behind the free prescription policy and the challenges associated with introducing a voluntary payment scheme to cover partially the cost of prescribed medicines.

Yours sincerely,

[redacted S.38(1)(b)]
PHARM : Pharmacy Branch