



The Scottish Parliament  
Pàrlamaid na h-Alba

Gail Caldwell  
Director of Pharmacy  
NHS Greater Glasgow and  
Clyde

Via email only

Health and Sport Committee  
T3.40  
The Scottish Parliament  
Edinburgh  
EH99 1SP  
Tel: 0131 348 5210  
Calls via RNID Typetalk: 18001 0131 348 5224

Email: [healthandsport@parliament.scot](mailto:healthandsport@parliament.scot)

17 February 2020

Dear Gail,

### **Health and Sport Committee – Supply and Demand for Medicines Inquiry**

Thank you once again for giving evidence to the Committee on 4<sup>th</sup> February 2020. The Committee appreciates your time and the information you have provided.

The Committee has several points it wishes to pursue with you further.

You raised concerns about the reuse of medicines which had left the control of a hospital or prescriber due to a lack of knowledge of the storage conditions. The Committee would welcome further detail of which medicines have stringent storage requirements which would compromise their efficacy if not handled correctly. The Committee is seeking to ascertain whether this represents a significant proportion of medicines. The Committee is concerned by your response on the use of returned prescriptions and the use of a patient's own prescriptions in hospital. It seems that you rule out use of returned medicines on the basis on quality assurance but that you do use medicines, of which you also cannot guarantee the quality, which patients bring in to hospital. The Committee accepts your point on this being for the same patient, but it is not clear why the same approach could not allow use of medicines returned by a patient. The Committee would welcome more detail on the review which takes place with patients in hospital and why this could not happen when patients return medicines to pharmacists.

On access to records for non medical prescribers, you suggested it would not be appropriate for community pharmacists to see the whole of a patient's clinical record. The Committee would welcome further detail as to why this is the case and what

information could be safely removed from a record which would still allow a community pharmacist access to sufficient information to make a decision or recommendation. Community pharmacists have repeatedly emphasised to the Committee the importance of access to records. You noted you are considering “the information governance issues” and are working on the “role-based access arrangements”, and are working on the technical arrangements which will allow you to progress the number of pharmacists with access. The Committee requests further detail on the information governance issues and the technical arrangements which are causing a barrier at the moment. The Committee would welcome details of how you have learned from other boards and are sharing your experience with others.

You suggested it takes 3 hours in NHS Greater Glasgow and Clyde for prescriptions in hospital to be arranged and the Committee would benefit from a greater understanding as to why it takes this long to create the prescription. What processes are involved and what could be done to improve this? What is your role as the Director of Pharmacy in improving this?

You spoke of the importance of letting community pharmacy colleagues know about discharges from hospital care to community care. The Committee would welcome detail about what you are doing in NHS Greater Glasgow and Clyde to achieve this.

The Committee would welcome further details on the risks involved in using blister packs which can act as compliance aids. In what way does a compliance aid make a medicine unstable and what is meant by unstable? If a polypharmacy review would be better in some instances, why does that not happen and what is your role in ensuring they do happen?

You indicated HEPMA would improve the efficiency of the system and the Committee would welcome an update on the implementation of HEPMA within NHS Greater Glasgow and Clyde. The Committee would also welcome your view on what can be done to reduce the requirement for handwritten prescriptions in the absence of HEPMA, both within NHS Greater Glasgow and Clyde and across Scotland, and what role you and your Director of Pharmacy counterparts in other boards can play in this. The Committee also seeks detail of how HEPMA can link prescriptions with outcomes.

As the chair of the board implementing HEPMA, the Committee would welcome a copy of the update you stated was due in the first quarter of this year on implementation across Scotland.

The Committee requests a response by 2 March 2020 and I look forward to hearing from you.

Yours sincerely



Lewis Macdonald  
Convener, Health and Sport Committee