



Lobbying on your behalf

During 2007, the Board of Community Pharmacy Scotland reaffirmed its commitment to lobby politicians and NHS stakeholders on your behalf and agreed that political engagement and strong advocacy remained a key priority for the organisation. This is being pursued in a number of ways.

“It is clear that the improved services and access to trained healthcare professionals that community pharmacies provide allows community pharmacists to play an increasingly important role in the treatment of minor ailments and in promoting public health across Scotland.”



Attendance at party conferences

Attendance at the SNP Party Conference in Aviemore in October with the 'Pharmacy in Scotland' stand proved very worthwhile and gave us many opportunities to engage politicians and conference delegates on important community pharmacy matters. Politicians who took the opportunity to talk to your representatives included:

- Nicola Sturgeon MSP, Deputy First Minister and Cabinet Secretary for Health and Wellbeing
- Shona Robison MSP, Minister for Public Health.

During 2008, Community Pharmacy Scotland will continue to lobby on your behalf by attending the Scottish Liberal Democrat and Labour Party Conferences in Aviemore, the SNP Conference in Perth, and the Conservative Party Conference in Ayr.

Meeting with MSPs

Pharmacy visit

Christine Grahame MSP, Convener of the Health Committee, visited the newly refurbished pharmacy in Duns during November. It resulted in a very positive article in the Berwickshire News entitled 'Duns pharmacy has an important role in Community'. Christine Grahame enthused: *"It is clear that the improved services and access to trained healthcare professionals that community pharmacies provide allows community pharmacists to play an increasingly important role in the treatment of minor ailments and in promoting public health across Scotland."*

Corporate hospitality

Shona Robison MSP, Minister for Public Health, and Stuart Hosie MP were our guests at the Scotland v Italy football match at Hampden Park. This proved a valuable opportunity for the Chairman and Vice Chairman to engage the Minister on community pharmacy issues. Arrangements are under way for a dinner in May to which politicians, officials and NHS personnel will be invited to celebrate progress with the contract.

Manifesto engagement programme

The manifesto document was distributed to MSPs and all contractors in November. Individual meetings have since been set up at the Parliament with the following MSPs: Ross Finnie (Lib Dem); Mary Scanlon (Conservative); Jackson Carlaw (Conservative); Karen Gillon (Labour)

The engagement programme will be continuing for party health spokespersons and members of the Health Committee during the first three months of 2008.

Key Messages being delivered

Community Pharmacy Scotland is seeking support from MSPs for:

- Access for community pharmacists to the electronic patient record
- A commitment to recognise and develop further the public health role of community pharmacists
- Recognition of the considerable investment made by you into delivering current community pharmacy NHS services and reassurance that this investment will continue to be recognised and rewarded appropriately. ●



Community Pharmacy Scotland represents Scotland's 1192 pharmacy contractors. It negotiates on their behalf with the Scottish Government the terms of service and remuneration for contractors' NHS work.

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Developing the Community Pharmacy Contract

Next steps with contract funding 2008/09 and beyond



Before we implemented the first phase of the contract a two-year funding package was negotiated and agreed. The details were set out in our financial framework document (First Phase). That negotiated package, which runs out at 31 March 2008, consisted of a number of elements with the main ones being:

- The global sum, including monies transferred from generics reimbursement
- An agreement on the level of Retained Purchase Profit (RPP) remaining in the system
- Funding for locally negotiated services.

As we begin to move into the next phase of the contract, we have already started work with the Scottish Government (SG) on the negotiation of a new financial package where we will be aiming to cover changes on both the remuneration and reimbursement revenue streams.

In respect of reimbursement, we have had to take on board the changes to distribution arrangements introduced by certain manufacturers and the findings of the discount spot check carried out on a sample of invoices from January 2007. The findings from January were unexpected and led to the significant reduction in Category M prices in October. Further discount spot checks are under way for October 2007 and January 2008.

The first figures on how the Category M price reductions affected your payments

are now starting to come through and are being closely examined and discussed with SG. When we discussed the January 2007 findings with SG, Community Pharmacy Scotland made strong representations about the potential effect of these price changes on contractors and why it was unrealistic to consider one element of the funding package in isolation. As a result of these representations it was agreed that no further measures should be introduced until we had time to evaluate the full effect.

We have secured agreement that a cost survey will be conducted in the near future – possibly in April 2008. We are working on:

- the nature of the information to be collected
- the size of the sample
- how the sample should be stratified to ensure that all aspects of community pharmacy in Scotland are covered.

The information collected will be crucial to our negotiations but previous surveys have demonstrated how easy it is to omit vital pieces of information. We are already starting work on a set of guidance notes to accompany the forms.

Other factors which we will be looking to take into consideration in our negotiations are:

- The continuing increase in volume
- The up skilling of staff and the costs associated with that

FOREWORD FROM MARTIN GREEN, CHAIRMAN



Dear Colleague,

Welcome to our first Vision for 2008 and I would like to take this opportunity to wish you a prosperous year ahead.

Community Pharmacy Scotland is currently negotiating the financial envelope for 2008/09 and our starting position is that a public sector inflationary uplift is not, in itself, acceptable due to the reasons highlighted in our accompanying article.

We are still committed to the concept of Retained Purchase Profit (RPP). This last year has seen dramatic swings in Category M generic pricing and the most recent retained margin spot check (on January 2007 invoices) appeared to indicate an excess in the system.

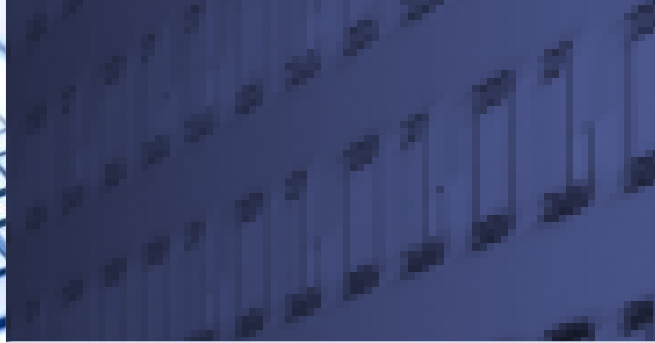
I find this position difficult to accept and the negotiating team has secured a commitment from the Scottish Government for a cost enquiry to be conducted. I am confident this will demonstrate that our contractor cost base has risen significantly and that this increase is absorbing any perceived excess.

I would like to take this opportunity to highlight the role Community Pharmacy Scotland plays in lobbying politicians on your behalf. The team at Queen Street attend all party conferences in Scotland and have embarked upon an ambitious MSP engagement programme.

This activity highlights to politicians the key role we play delivering primary healthcare services to our communities.

Martin Green, Chairman

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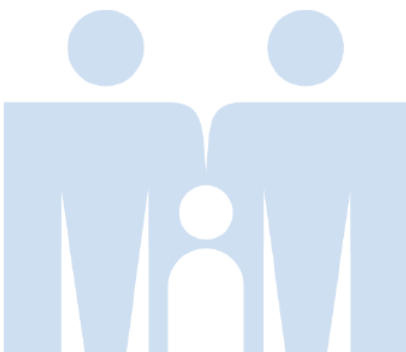
Next steps with contract funding

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- The increase in regulatory burdens including the changes brought about by the Shipman legislation
- Possible effects of the reduction in prescription charges
- The appropriate level for RPP

The negotiations on the global sum will be accompanied by discussions on how the money will be paid out to contractors but because the results of the cost survey will not become available for several months it may be necessary to have an interim agreement pending the full outcome.

When we first started our negotiations on the contract we agreed a set of principles to underpin what we were trying to achieve. A key principle was that we should “**ensure minimum financial turbulence for contractors who have demonstrated their commitment to NHS Scotland through their financial investment**”. The introduction of the transitional payment system has provided that stability but against that we have had to set the fluctuations in the Category M prices. We will be looking to find a better way to balance the two remuneration streams. ●



Update on service delivery

Progress over the past year has been slower than we expected. However as the next phase will impact on the bulk of your workload it is important that we make sure that the IT being developed to support you is robust and delivers what is needed.

eAMS and ePAY

We are getting regular updates through on the number of sites (both GP and CP) which have the eAMS functionality. The expectation is that over 200 GP sites will be enabled by the end of February. The likelihood then is that there will be a hiatus whilst work takes place to collect data for the calculation of QOF points. The first pilot within pharmacy started up last autumn – as is to be expected there have been a number of software issues and these are being carefully worked through before any attempt is made to roll out the systems nationwide. Other systems are also now being piloted. The Board of Community Pharmacy Scotland has invited David Green, the ePharmacy Programme Manager, to give an update on progress at its February meeting. The latest date for the roll out of the eAMS software by your suppliers is 30 September 2008.

Over the past few months several meetings have taken place to prepare a statement of the Business Rules, to check that the processes within the ePAY engine match up to the current DCVP processes and to work on endorsing guidance. The work on the Business Rules has been completed and added to Part 1 of the drug tariff (available via our website www.communitypharmacyscotland.org.uk). Work continues to finalise examples for the endorsing guide which will be a joint publication between PSD and Community Pharmacy Scotland. The guide will then be distributed directly to you.

Community Pharmacy Scotland has commented on the early drafts of the

eAMS tool kit. The reason for the delay in distribution is because the eAMS systems are still being piloted and tested as is the ePAY engine at PSD. Some of the practical examples are being rewritten to ensure that they are reflective of what is likely to come up in practice both in your pharmacy and at PSD. For an update on how this will affect your ability to claim the CPP Phase 3 payment see the CPP section.

eCMS

Work continues in the background to build up the elements of this service. For example, a multidisciplinary advisory group has been established to work on the generic framework which will underpin the clinical protocol for delivery of the service. It is due to report to the Chief Pharmaceutical Officer by late spring. We have two representatives on the group. In addition priority is being given to the implementation of the eAMS software and the date set for latest rollout of the eCMS software is now 28 February 2009.

Production of the eCMS Implementation Pack is therefore some months away.

PHS

The early indications are that the campaigns for 2008/09 will include posters for:

- Physical Activity – May / June
- Human Papilloma Virus (HPV) – August / September
- Influenza Vaccination Campaign – October / November

The details and dates will be confirmed

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as soon as possible. Work is also taking place on generic material for use between campaigns, e.g. for MAS and Unscheduled Care. If you have any ideas for generic materials for use between campaigns then send them to us on: enquiries@communitypharmacyscotland.org.uk

MAS

The number of registrations has started to build up again from the low point seen in July 2007 when a large number of records lapsed. By October 2007 the number of registrations was back at 550,000. The issue of lapsing has been discussed several times but the current safeguards will remain in place while we assess whether we have now reached a steady state with registrations. That would

then allow us to revisit the current payments per band. We have also had some preliminary discussions with SG on how the decision to phase out prescription charges may affect the service.

Contract Preparation Payments

Over the course of the year we have had to make a number of changes to the payment arrangements. These payments were intended to give you the means to prepare for the implementation of the next phase of the contract and it has been unhelpful that some of the packs have been delayed and completion of the premises tool kit has become so complicated. Because the eAMS pack will not be available for some time the payment for Phase 3 has been split into 2 parts, A and B. ●

WHAT YOU NOW NEED TO DO TO CLAIM THE PHASE 2 AND 3 PAYMENTS

Phase	Action Required	Final Date for Claim
Phase 2 Payment Amounts per Band: • £990 • £1272 • £1555 • £1838	<ul style="list-style-type: none"> - Work through and complete the IM&T Toolkit. - Put in place a local staff IT training programme for relevant staff for completion by 31 March 2008. 	Submit the completed and signed claim form to: Moirá Hanley at PSD Fax No 0131-275-7532 by 15 March 2008
Phase 3A Payment Amounts per Band: • £660 • £848 • £1037 • £1225	<ul style="list-style-type: none"> - Complete the NES training packs for COPD and Rheumatoid Arthritis - Complete the Premises Assessment Tool. - Prepare, if necessary, a development plan. - Submit the Premises Assessment Tool and development plan to your NHS Board for approval. - Ensure you have the completed Premises Assessment Tool back from the NHS Board by mid-March. 	Submit the completed and signed claim form plus the completed Premises Assessment Tool (signed off by you and your NHS Board), to: Moirá Hanley at PSD Fax No 0131-275-7532 by 31 March 2008
Phase 3B Payment Amounts per Band • £330 • £424 • £518 • £613	<ul style="list-style-type: none"> - Complete the NES eAMS pack and ensure that appropriate members of staff are aware of the content 	Submit the completed and signed claim form to: Moirá Hanley at PSD Fax No 0131-275-7532 by 30 June 2008

On our website you can access a pack containing the claim forms for you to download plus the relevant circulars.

Regulatory and professional changes

The Responsible Pharmacist

Considerable time has been devoted over the past few months to the preparation of a response to the consultation on the proposals for the content of the Responsible Pharmacist regulations. That response is now available on the policy section of our website. The feeling from Board members was that:

- The proposals were unnecessarily complicated and likely to create a bigger bureaucratic burden for you
- Proposals around the absence of the responsible pharmacist could not be considered in isolation from proposals to change supervision requirements
- There should be no additional requirements for experience/training before a pharmacist could assume the role of the responsible pharmacist
- The proposals didn't differentiate clearly enough between what is expected of an owner/superintendent pharmacist and the responsible pharmacist

The introduction of the concept of the Responsible Pharmacist would be implemented as changes to the Medicines Act and would therefore be applicable across the UK. Any proposals for changes to the supervision requirements would come under the NHS regulations and would be **Scotland specific**. We will be monitoring the next stage once the responses to the consultation have been evaluated.

The independent inquiry into a professional body for pharmacy (the Clarke Inquiry)

Our response is available on our website under "Policy" including a summary of the responses to our survey. The Board took the view that there should be a professional body for Scotland and this view was endorsed by the majority of respondents to our survey. James, Harry and Elspeth also gave evidence to the Clarke Inquiry when it visited Edinburgh. We thought the response from one member summed it up:

"If we don't do it now we will have to do it later."

The decision to split the regulatory and professional functions in 2011 represents fundamental change and it is complicated to unpick who will do what in the future. In our response we explored why a professional body was necessary, how it should be set up and what it should do. Your feedback on what we have said is important to us and we'd like to hear from you. ●