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# vision

Developing the Community Pharmacy Contract

## New contract – implementation update

### Changes to Public Health Service announced

COMMUNITY Pharmacy Scotland has secured funding to deliver two new services under the umbrella of the Public Health Service component of the Pharmacy Contract. These services will be helpful in delivering promises in the “Better Health Better Care” Action Plan from the Scottish Government (SG), which promised to ensure 8% of smokers will have quit by 2010/11 and sexual health screening would be available through Community Pharmacy.

Shona Robison MSP, Scotland’s Minister for Public Health, announced on the 25 June that community pharmacy contractors will be able to start delivering a smoking cessation service and a new sexual health service.

#### Smoking cessation/sexual health

Under the smoking cessation service it will be possible for patients to be assessed and prescribed nicotine replacement therapy through Scotland’s network of community pharmacy contractors. The sexual health service will allow you to support patients with a supply of emergency hormonal contraception and offer screening and treatment of chlamydia infection if required.

Community Pharmacy Scotland and SG have been in detailed discussions since June on the service specifications, the reporting and payment mechanisms and associated changes

to the legislative Directions. A remuneration package has been agreed for the initiation of the service in 2008-09. This remuneration package will be reviewed on a regular basis over the coming months to inform the funding of the services in 2009-10. The start date for the services will be announced in the relevant circular but is currently planned to be 29 August. Community Pharmacy Scotland is actively working on a service support pack to send to each pharmacy. A copy of the pack will also be available to download from our website. For the service you will need to have supplies of the CPUS form and to secure payment you will need to be signed up to the out of hours PGD.

#### Remuneration arrangements

The existing remuneration arrangements for the Public Health Service have also been revised with consolidation of Tiers 1 and 2 and a reduction to the monthly payment rate introduced. The Public Health poster campaign for 2008-9 will cover areas such as Physical Activity, Human Papilloma Virus Vaccination and Flu Vaccination and we expect during the second half of the year that pharmacy-related posters will be exhibited. Pharmacy posters will include Minor Ailment Service, Smoking Cessation and Unscheduled Care. ●

FOREWORD FROM HARRY MCQUILLAN, CEO



Dear Member,

You will see from the articles contained in this latest *Vision* that much has happened over the last six months. Progress with the contract is being made through eAMS, CMS and the introduction of new core Public Health Services.

Central to my activity over the winter months will be the collation and preparation of the contractors’ submitted Cost of Service survey forms. Our Chairman, Martin Green, made reference to this cost enquiry in issue 10 of *Vision* and the results will form the basis of the next phase of our global sum negotiations.

We also recognise that it is important to convey to you what activity we have been undertaking and the agreed outcomes with the Scottish Government. To this end, the contract negotiating team and Board members at CPS have committed to a series of roadshows to update you on progress and receive feedback.

I look forward to welcoming you on those evenings.

Harry McQuillan, CEO

# New Contract – Implementation Update

>> continued

## Chronic Medication Service – draft framework due for completion

THE group responsible for drafting the generic framework for the Chronic Medication Service is currently coming to the conclusion of its current remit. The Chronic Medication Service advisory group is being chaired by Professor Lewis Ritchie, Department of General Practice, Aberdeen University. Once completed the draft framework will be delivered to Professor Bill Scott, Chief Pharmaceutical Officer, who will then submit it to the Health Minister. This document is then expected to form the basis for further discussion on the service specification. We expect to see this

report towards the end of September.

The group is keen to ensure that the Chronic Medication Service will help support a reduction in drug related morbidity and mortality; reduce drug wastage and improve patient concordance with medication. It is anticipated that the Chronic Medication Service will be intertwined with the GP Quality and Outcomes Framework. Patients will be able to register with a pharmacy of their choice for the Chronic Medication Service and this registration will be electronically flagged with

the patient's GP, alerting them to the fact that the patient would be eligible for the issue of a serial prescription. Pharmacists will then work with the patient to identify and review pharmaceutical care issues and start the production of a pharmaceutical care plan for the patient.

GPs can then decide at, for example, the Quality and Outcomes Framework medication review, whether the patient is suitable for the production of a serial prescription. The GP, Pharmacist and patient will then agree monitoring and referral criteria based on nationally agreed disease specific templates to ensure the patient is managed appropriately and safely during the period of care by CMS.

It is anticipated that the Chronic Medication Service will start to rollout from April 2009. ●

## IT rollout for AMS gathers momentum

AS of the beginning of August 2008, 515 GP sites have been enabled to support eAMS functionality and the rollout to community pharmacy contractor sites has also started to gather momentum – at the last count 454 community pharmacy sites were enabled.

Earlier this year, as a CPP activity, pharmacy contractors were asked to complete the NES Electronic Transfer of Prescriptions distance learning pack. We suggest that you continue to review your practice once eAMS functionality is installed to ensure that you are aware of all the components of ETP. Later this year, as part of the next stage of the contract preparation programme, we intend to put in place a further series of support measures to assist with implementation of eAMS.

Community Pharmacy Scotland is also keen to hear feedback from contractors who have started using eAMS. If you have found any benefits or issues when you use eAMS, let us know on

[enquiries@communitypharmacyscotland.org.uk](mailto:enquiries@communitypharmacyscotland.org.uk). Feedback will be used in

discussions with the Scottish Government officials, the e-Pharmacy team and PSD. ●

## Rising registration for Minor Ailment Service

JULY 2008 was the second anniversary of the introduction of the Minor Ailment Service and rates of registration are continuing to increase. Across Scotland, at the end of April 2008, over 600,000 patients were registered for the Minor Ailment Service and the national split across the capitation bands for payment was as follows:

MAS CAPITATION BAND	NUMBER OF CONTRACTORS
● Band 1 -	317
● Band 2 -	396
● Band 3 -	248
● Band 4 -	233

Paracetamol, ibuprofen and simple linctus have remained the most frequently prescribed items on the Minor Ailment Service. MAS statistics will be updated on the ISD website in September and we have also asked that this be done more frequently. Contractors are advised to look out for the updated chloramphenicol eye drops PGD from their local Health Board which will be circulated shortly.

To support consistency across Scotland a national PGD draft with guidelines has been produced. Contractors should follow guidance

from their Health Board upon receipt of the new PGD to ensure they are registered to supply chloramphenicol eye drops using the PGD. A new MAS section is also planned for Part 7 of the tariff to improve payment mechanisms.

We also know from the reports we receive each month that some pharmacists are forgetting to sign the Pharmacist Signature Box on the front of CP2 forms. Community pharmacy contractors must ensure all prescriptions are signed whether they are from a GP, Nurse or Pharmacist prior to submission.

The funding arrangements for MAS have also been reviewed and the monthly capitation payments have been increased. Full details will be given in the updated financial framework document. ●

## A new professional body – involvement with Transcom

Transcom is the Committee set up by RPSGB to take forward the recommendations made in the Clarke Report for the establishment of a new professional body.

Although in our initial submission to the Clarke Inquiry we were in favour of a separate professional body for Scotland,

the Board decided that it was important for community pharmacy in Scotland to remain involved with the process. Elspeth Weir is attending the meetings of the Transcom Reference Group. Full details of the workings of this Committee are being published on its website – [www.transitionalcommittee.com](http://www.transitionalcommittee.com)



## Funding update

After prolonged negotiations, details of the global sum settlement and of the supplementary support package were circulated in June this year. Details of the payment structure for the new PHS patient services and the redistribution of monies between PHS and MAS will be released soon. As part of that settlement there is also to be a new survey into the costs of providing pharmaceutical services. ●

## Cost survey – a vital process

Running a cost survey is not an easy option – not for the contractors who are chosen to take part or for those who will be processing the returns. Why then are we doing it?

The reasons can probably best be summed up by the following equation:  
**Costs + Fair Return = Global Sum + Retained Purchase Profit (RPP)**

You are all aware of the impact of the cuts in prices last October for items priced under the Category M arrangements – an action which impacted upon the level of retained purchase profit within the marketplace. It is now some five years since we last carried out a cost survey and much has changed for contractors in the run up to full implementation of the contract for the provision of pharmaceutical care services. SG has now agreed with us that it is time to revisit the issue of costs.

The final template for the 2008 Cost Survey has been agreed and forms have been sent out to the 427 Pharmacies

selected for the sample. To ensure full coverage the sample is made up to reflect both multiple and independent, remote or urban pharmacies and a variation in script volume. Contractors selected have been asked to return the completed forms by 26 September 2008 for which they will be paid £200. Contractors should note the information collated will be **confidential** – all returns will be made using an agreed code number and will go in the first instance to Community Pharmacy Scotland for sense-checking. The anonymised data will then be passed to ISD for processing and once that is completed, negotiations on funding for an

appropriate global sum will begin between Community Pharmacy Scotland and SG.

Any contractor who wishes advice and support to fill in the audit forms should contact Harry McQuillan or Elspeth Weir at the office of Community Pharmacy Scotland. This cost survey is welcomed by the Board of Community Pharmacy Scotland and it **would like to remind all contractors of the importance of ensuring all costs incurred in providing the pharmacy service should be contained in the survey.**

More details on all aspects of funding will be given in our road shows – see box below for details.

### CPS on the road

Community Pharmacy Scotland will be running a series of road shows during September/October to provide you with more information on the work we have been doing around the contract. A buffet will be provided before each meeting and the presentation at the evening meetings will begin at 7.30pm. The presentations at the Sunday road show will begin at 2pm. Details are given in the box below.

The road shows are open to pharmacy contractors, pharmacist members of staff, regular locums and pre-registration pharmacy students. ●

DATE/TIME	HEALTH BOARD	TOWN/CITY	VENUE
Thursday 11th September - 18:45pm	Ayrshire & Arran/ Dumfries & Galloway	Kilmarnock	The Park Hotel <i>Rugby Road</i>
Tuesday 16th September - 18:45pm	Highlands	Inverness	Kingsmills Hotel <i>Culcabock Road</i>
Wednesday 17th September - 18:45pm	Grampian	Aberdeen	The Patio Hotel <i>Beach Boulevard</i>
Tuesday 23rd September - 18:45pm	Tayside/Fife	Perth	Dewars Centre <i>Glover Street</i>
Wednesday 24th September - 18:45pm	Lothian/Fife/Borders	Edinburgh	Holiday Inn <i>Queensferry Road</i>
Thursday 25th September - 18:45pm	Greater Glasgow & Clyde/Lanarkshire	Glasgow	University of Strathclyde
Wednesday 1st October - 18:45pm	Greater Glasgow & Clyde/Highland	Glasgow	Reid MacEwen Training & Conference Centre <i>Erskine Hospital</i>
Sunday 5th October - 14:00pm Buffet available from 1.00pm	Forth Valley <b>open to all</b>	Stirling	Education and Conference Centre, <i>Stirling Royal Infirmary</i>

Presentations will begin at 7.30 pm or 2.00 pm for the Sunday road show.



## Review of oxygen provision

THE Minister for Public Health has written to advise that she intends to proceed with a second phase of the review of the Domiciliary Oxygen Therapy Service to assess how patient needs are being met.

Community Pharmacy Scotland will be represented on that review group as will be representatives of patients, GPs, respiratory consultants and NHS boards. The remit of the group will be to evaluate the current arrangements for the delivery of the portable oxygen service and to identify and assess other models for delivery of the service. It is expected to report back by March 09.

SG has issued a further circular (*PCA (P) (2008)15 (M) (2008) 6 Domiciliary Oxygen Therapy Service*) to give an update on the current shortage of DD cylinders. BOC is expecting DD cylinders to become more freely available from the autumn. SG has also recognised that contractors may have had to purchase more regulators to ensure service continuity. To this end if contractors have purchased oxygen regulators between

January and March 2008 they should ensure that an original invoice is submitted to Moira Hanley, Practitioner Services (PSD), Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB for reimbursement.

The circular also indicates that central funding for the reimbursement of the cost of regulators purchased after the end of March will not be authorised unless it can be demonstrated that the purchase was necessary in order to maintain the portable oxygen service to patients in the NHS Board area. If you are observing particular difficulties with supplies of DD cylinders or issues around the reimbursement of oxygen regulators please contact us via [csd-enquiries@communitypharmacy-scotland.org.uk](mailto:csd-enquiries@communitypharmacy-scotland.org.uk)

Community Pharmacy Scotland advises that contractors check, using the procedures set in place by their NHSBoard, that further regulators are not available for loan before purchasing any more. ●

## Direct election to Health Boards

The Scottish Government has laid before Parliament the Health Board (Membership and Elections) (Scotland) Bill which, if approved, will make way for the Direct Election of Members to Health Boards.

The Bill recommends that Health Boards should be composed of more elected members (either local authority councillors or directly elected members) than Government appointed or statutory appointees. The Government feels that the elections will pave the way for increased public involvement and engagement in planning health services for local communities.

It is proposed that elections will be held every four years and voting will be open to all residents of a Health Board who are aged 16 or over. Election will be made on the basis of single transferrable vote and the Scottish Government is planning to introduce the system on a pilot basis. A full report on the pilots will be laid before the Scottish Parliament prior to any national roll-out. Community Pharmacy Scotland has expressed its reservations about these proposals ●

## The Responsible Pharmacist

We are continuing to monitor the development of the regulations which will underpin the introduction of the concept of the Responsible Pharmacist and have attended meetings to consider these draft regulations. More information will be provided as and when it becomes available. ●

**COMMUNITY  
PHARMACY  
SCOTLAND**

Community Pharmacy Scotland represents Scotland's 1200 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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