

vision

Developing the Community Pharmacy Contract

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MAS registration and pricing issues – one year on

YOU'VE now been delivering MAS for one year – and there is much to celebrate but also some lessons to be learnt. The number of registrations up to the end of June had been rising steadily with the result that more contractors had moved into the higher registration bands. Figures for the remuneration payments for May showed the following split, in comparison with the January figures.

	MAY	JAN
● Band 1 -	172	247
● Band 2 -	257	324
● Band 3 -	352	321
● Band 4 -	401	284

Lapsing of MAS records

At the end of July 2007, a large number of MAS registrations lapsed because no interaction had been recorded with these patients since they were first registered. These patients are still on the registration system but they are sitting in a “lapsed state” and no longer count for remuneration purposes. If the patient does come back to your pharmacy for a consultation and if any of the following occur:

- advice is offered
- a referral results
- a CP2 prescription is issued,

then the act of recording that interaction will reactivate the patient's record. You do not need to re-register them – it will happen automatically.

Community Pharmacy Scotland has already asked SEHD to reconsider the need for lapsing and we will be discussing it in more depth later in the year. It is Community Pharmacy Scotland's desire to remove lapsing altogether. However, for 2007/08, we have agreed to maintain your payments at a level no lower than they were at the end of March 2007, and to uplift that figure by 2%.



ePharmacy Data Streams

Three groups have been established to look at the use of the new data streams which e-Pharmacy will deliver and Community Pharmacy Scotland has representatives on two of these groups.

1. The community pharmacy contractors group looking at the provision of information which would be beneficial to the individual contractor.
2. The implementation group looking at how information may be used to inform service delivery.

Work is currently under way within the Information and Statistics Division (ISD) at National Support Services to prepare its annual report (due out late in September) and for the first time there will be a section on MAS. Both groups have also talked about the need to make information on MAS trends available on the ISD website as it is felt this information provides you with the necessary background material if at any time you are talking to other parties about MAS. ●

FOREWORD FROM HARRY MCQUILLAN,
CHIEF EXECUTIVE OFFICER



Dear Member,

The last newsletter highlighted our re-branding to Community Pharmacy Scotland and I trust you agree that our new image better represents the role we play within a modern NHS.

Martin Green, our Chairman, also outlined that we were actively debating the Chronic Medication Service and I am pleased to report that we have agreed the high level principles. The work now begins to ensure that what is proposed can be practically delivered within our pharmacies.

I also recognise that whilst these negotiations are taking place, it can create an apprehension amongst contractors with regard to the direction of service delivery. I can reassure you that the Board of Community Pharmacy Scotland and its negotiating team have your best interests at heart and, should you have any concerns, I'd be delighted to hear them from you.

During July/August, we have seen the launch and roll-out of PHS tier 2 with the resultant release in contractor funding. This is an area which I'm sure will see further development in the years to come. It positions community pharmacy as an essential healthcare profession in further improving our nation's health.

Yours sincerely,
Harry McQuillan, CEO

Pricing of MAS prescriptions

WE know from the reports we receive each month that PSD continues to disallow payment for a large number of items and, in some instances, it was not immediately clear to us why payment had been disallowed. Following further investigation, Community Pharmacy Scotland has identified and resolved the problem.

PSD will implement new pricing procedures from 1 September. All MAS prescriptions will, from that date, be priced using the rules in place for the pricing of GP10 prescriptions. The main impact for you will be on the pricing of prescriptions for items where a version of that product appears in Part 7 of the tariff.

The MAS specifications set out that the formulary available to you contains:

- all P and GSL medicines which are not blacklisted
- dressings and appliances from Part 2 of the tariff
- selected items from Part 3 of the tariff

- any Prescription Only Medicines agreed suitable and which are underpinned by PGDs.

This is then qualified by the statement that you should prescribe in line with local and national NHS prescribing policy and guidance such as local joint formularies. Currently the community pharmacy website on SHOW (www.communitypharmacy.scot.nhs.uk) lists 11 such formularies.

In order to ensure that payment will be made for medicines prescribed under MAS, you need to pay special attention to the prescribing of those items which are available in both counter and dispensing packs (i.e. as P, GSL and POM products). Examples are aciclovir cream or mebeverine tablets. The majority of items in Part 7 are held on file as POM packs and that is the default option which will be used for pricing. We have introduced a number of smaller P packs into the tariff and we will continue

to work on adding more as necessary, but we have now been able to identify a number of products where that solution is not available to us. The only option left is to prescribe using the proprietary name for the product and for payment to be made on that basis. However, as payment should have been made for that product anyway it should not generate additional cost to the NHS.

Community Pharmacy Scotland has looked through all the published formularies to establish which Part 7 medicines are included in at least one of the formularies. The indicative quantities given for prescribing also vary from area to area but our focus has been to establish where the potential exists for prescriptions to be disallowed. In order to assist you we have prepared a separate yellow Part 7 list for MAS items for inclusion with our next mailing. We have subdivided it into 2 sections:

Premises guidance – contract preparation payments

THE Right Medicine, which set out a strategy for pharmaceutical care in Scotland, was published in 2002. It recognised the important role played by community pharmacy within NHS Scotland and set out numerous actions to develop that role. At the same time it was recognised that support should be provided to ensure that pharmacy premises were fit for purpose, both for the existing roles and the new ways of working which were envisaged. Over the next few years, SEHD set aside funding to provide grants for pharmacy improvement projects and the money was targeted at three main areas of development. These were:

- *The provision of a private advice area*
- *Compliance with DDA Legislation*
- *Security arrangements*

A number of more specific projects were also funded with the aim of looking

at other developments such as the use of community pharmacies as walk-in healthy living centres.

In order to pull together information from the various projects, SEHD commissioned Health Facilities Scotland (a division of National Support Services Scotland) to produce a Planning Report. The final report, SHPN 36: Part 3 – Community Pharmacy Premises in Scotland, will be published in the near future on the Health Facilities Scotland website (www.hfs.scot.nhs.uk/guest). The document is the third in a series of planning notes and follows work on General Medical Practice Premises and Primary Care Dental Premises. This document does not replace the guidance provided by RPSGB.

It is not the intention that you need to comply now with everything set out in the Planning Note. Instead the Note provides a set of aspirational standards which should be looked at when planning



- **Part A** consists of those items which you can prescribe generically and expect payment to be made at the tariff rate. Endorsements, other than for pack size, will be ignored.
- **Part B** consists of the items where we would advise you to prescribe a proprietary product in order to secure payment.

If you choose to prescribe a product which is not included in your local formulary, and for which the price is not readily available, there is more chance that this product will not be passed for payment. The reason for this is that PSD does not hold every single P and GSL item on file as these are not products which other prescribers would normally prescribe, e.g. an own brand of “chesty cough linctus”.

If PSD cannot source a price for a product, payment will be disallowed as the “item is not held on file”. ●

The following table provides some illustrations:

FORMULARY PRODUCT	COMMUNITY PHARMACY SCOTLAND TARIFF SUBDIVISION	HOW TO PRESCRIBE	ENDORSEMENT REQUIRED
Simple linctus x 100ml	Part 7 – Section A	Prescribe generically	No
Xylometazoline Nasal drops x 10ml	Part 7 – Section A	Prescribe generically	No – preferable to remove endorsement of Otrivine as it is black-listed
Mebeverine tabs 10mg	Part 7 – Section B	Prescribe as non-blacklisted proprietary alternative (P or GSL pack)	No
Sodium Cromoglicate Eye Drops x 5ml	Part 7 – Section B	Prescribe as non-blacklisted proprietary alternative (P or GSL pack)	No

a refit, opening a new pharmacy or when a pharmacy is planned as part of a new healthcare facility.

In our last *Vision* newsletter we advised that we were about to introduce a series of Contract Preparation Payments (CPP), payable if a series of objectives were met. One of these objectives was that you should review your premises to ensure that they were fit for delivery of the new contract and if you identified a problem then the next step would be for you to work out your development plan on how and when you would tackle that problem.

Following discussion with SEHD an assessment tool has been prepared to assist you with your review. The assessment tool highlights a number of key features in the Planning Note, covering requirements in areas such as:

- Ensuring equality of access for all patients
- Private consultation area but not necessarily a room
- Health promotion area
- Environment and design – uncluttered and professional
- Waiting area
- Appropriate facilities for storage of returned medicines
- Appropriate signage.

We need you to review your premises, identify if there are any deficiencies and then draw up your development plan. Once that is done, and provided no more than three deficiencies have been identified, you will be able to complete the declaration form and submit it to PSD to ensure your eligibility for the Phase 3 Contract Preparation Payment. The NHS

Board will also be required to submit a declaration. SEHD intends to issue a PCA circular about this Phase 3 objective in the near future in order to allow you time to carry out this work.

The reasons why we are asking you to do this are three fold.

1. It allows us to determine where any problems lie.
2. It means we can look to negotiate additional funding for premises improvement.
3. It provides information we can consider when we look at how we structure infrastructure payments for premises.

As a spin-off, the Planning Note, together with the assessment tool, set out more clearly what is or is not required within pharmacy premises and should be helpful to Boards, their PPCs and the National Appeal Panel when contract applications are under consideration. ●

CPP Payments – Phase 1 The cut off date for submission of your claim for the first of the CPP payments is 30 September. Don't miss your opportunity to claim.



Chronic Medication Service

In our last newsletter we advised that we had been in lengthy discussions with SEHD on the high level principles for this service. The feeling from the Board of Community Pharmacy Scotland was that the principles were too detailed at some points and the points being made could have been better covered in guidance. However, the Board has now taken the decision that it is willing to

sign off the principles in order to move on to the next stage of discussions.

Community Pharmacy Scotland has established its own sub-group, which includes several members who are supplementary prescribers, to look at the practicalities of what is being proposed. We have set a series of dates for meetings over the coming months, and planned for these

meetings to allow feedback/reality checks with the Board of Community Pharmacy Scotland plus onward discussion with SEHD at our plenary Contract meetings. We are being very careful in all our discussions to ensure that what is proposed will be capable of delivery by all pharmacy contractors, who of course fall into many different types and categories.

We see the need to carry out specific pieces of work around:

- *the nature of a pharmaceutical care plan*
- *how and when that planning will take place*
- *the content of the clinical protocol*
- *how we deliver the service to patients in different care settings to ensure all their needs are covered.*

SEHD also intends to set up a multidisciplinary work group to consider the clinical protocols and more details will be provided as they become available.

Acute Medication Service (AMS) and Electronic Transmission of Prescription Information (ETP)

Before we can move fully into CMS we will have to introduce the electronic transmission of prescription information (ETP). We would urge you to keep in close contact with your supplier on the pace of development of this package of software.

The Contractor Services Department of Community Pharmacy Scotland (the unit formerly known as the CCU) is working, together with other interested parties, on

a statement of the Business Rules for Pricing. The intention is to include this statement within Part 1 of the Tariff. In preparing this document we are looking to provide you with guidance on “Why you need to endorse” not “How you need to endorse”. Community Pharmacy Scotland is also taking an active interest in the development of the eAMS training pack.



Community Pharmacy Scotland represents Scotland's 1186 pharmacy contractors. It negotiates on their behalf with the Scottish Executive the terms of service and remuneration for contractors' NHS work.

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