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vision

Developing the Community Pharmacy Contract

Keeping you up to date Contract implementation progress

Acute Medication Service (AMS) Update

BY the middle of November 2008, 828 (83%) GP sites had been enabled to support eAMS functionality and the rollout in Community Pharmacy contractor sites had reached almost 80% completion.

GP sites are now producing over 750,000 AMS prescription messages on a weekly basis, while pharmacy contractors are now drawing down over 160,000 of these AMS prescription messages electronically per week.

One of the key Contract Preparation Payments elements announced in PCA P (2008) (20) is support for contractors to review their processes and move towards integration of eAMS into their day-to-day practice. In order to qualify for the payment of £1800 you will be expected to:

- consider and implement any changes to your working processes, including new eAMS housekeeping arrangements, to support eAMS implementation;
- update standard operating procedures to include eAMS processes;
- brief pharmacy support staff (and locums) on the impact of eAMS on working practices and address any additional training requirements; and
- submit electronic claims wherever possible.

To support this, more information will be provided for you to include in your ePharmacy toolkit. The material is currently being collated by SG and will be mailed out as soon as possible. It will also be published both on our website and the SHOW Community Pharmacy website. The information will cover:

- guidance on getting started;
- a sample Standard Operating Procedure (SOP) detailing eAMS steps;
- an outline of the ePay Road map;
- advice on making electronic claims;
- further advice on generic housekeeping arrangements; and
- a guide to work flow in the dispensary.

If you already have eAMS functionality you may already have worked through some of the processes listed above. If you are confident that you have managed to integrate eAMS into your working practices and are already sending electronic messages as a matter of routine then it will be possible for you to submit the CPP Claim form in advance of the toolkit being issued. The normal payment verification measures will of course apply. ●

>> continued

FOREWORD FROM HARRY MCQUILLAN, CEO



Dear Member,

The rollout of eAMS continues to gather momentum across the country with contractors now scanning significant numbers of prescriptions on a weekly basis. This will be greatly boosted in the New Year with the remaining pharmacy PMR supplier entering the market. We have also negotiated a Contract Preparation Payment around this area which is covered in our opening article.

In my foreword for **Vision 11**, I highlighted the collation and preparation of contractors' submitted Cost of Service survey forms. We have had an excellent response, with over 80% of the issued forms returned. This data has now been forwarded to ISD and we await the results to allow us to negotiate an increased global sum. It is against this backdrop of projected increased costs that Martin Green, our Chairman, successfully negotiated the reduction in Generic Discount rate to 1%.

On a similar vein, I have formally written on your behalf to the Scottish Government to request a deferment to the introduction of branded product reimbursement price changes to allow previously purchased higher priced stock to be appropriately paid.

A full report on the CPS Roadshows will be given in our next **Vision**. It was great to see so many of you at those events and the feedback has been very positive.

I wish everybody all the best for the coming Festive and New Year periods

Harry McQuillan, CEO

Keeping you up to date

Contract implementation progress

>> continued

Public Health Services (PHS)

THE PHS services agreed in August are gradually being implemented across Scotland. Information on the claims being made for payment is also now becoming available and it is clear that as expected the greatest uptake has occurred with the smoking cessation service. You should also have received recently a pack from NHS Scotland containing Aspire magazines, leaflets on passive smoking and DVDs for patients wishing to stop smoking.

National PGDs for the supply of EHC and Azithromycin have been agreed by Health

Boards and are proceeding through local approval mechanisms. Once you have signed the PGDs, make sure that you follow any local procedures for acknowledgement of signature. Community Pharmacy Scotland is continuing to press both SG and the Directors of Pharmacy to ensure that all the supporting material is available to you.

Make sure that you have also arranged for all pharmacists working in your pharmacy to have signed up to the latest revision of the National PGD for Urgent Supply. ●

Chronic Medication Service (CMS)

WE expect to be in a position to provide you with more detailed information on the introduction of the Chronic Medication Service in the next newsletter. The report from the Advisory Group has been finalised and you will be given the opportunity to read it in the near future. Our CMS sub-group will be looking soon at the practicalities of introducing CMS. ●

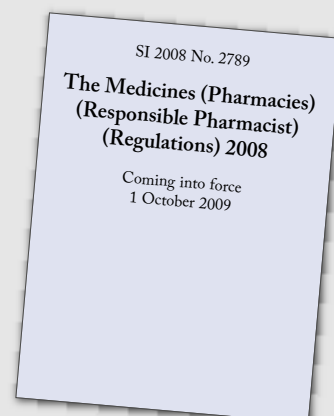
Responsible Pharmacist Regulations

WORK on introducing the concept of The Responsible Pharmacist to replace the idea of "personal control" has been under way for some time now. The regulations to underpin its introduction were laid before the Westminster Parliament in October. The new regulations and requirements will come into force on the **1 October 2009**. Guidance will be issued in advance of that date by both the Department of Health and RPSGB. This is because some of the new procedures are a legal requirement e.g. the keeping of the log whereas others will be a professional obligation. The regulations cover requirements in relation to:

1. Absence.
2. Having procedures in place to support the safe and effective running of the pharmacy.
3. The keeping of records, including a log of the pharmacy's responsible pharmacist and any absences.

One of the most contentious areas in the recent consultation was the proposal relating to absence. Once in force, the regulations will permit the responsible pharmacist to be absent from the pharmacy for a total period of up to two hours during the pharmacy's normal business hours. During this absence the responsible pharmacist must ensure that they are contactable by pharmacy staff and available to return to the pharmacy with reasonable promptness to ensure the safe and effective running of the pharmacy. During the absence of the responsible pharmacist the retail sale of general sales list medicines is permitted.

There is no change to the current NHS requirement for a pharmacist to supervise directly the dispensing, sale and supply of all medicines where part of an NHS prescription. Proposals for changes to supervision requirements will be the subject of another consultation document.



The Pharmacy Log must include the following information:

- name of responsible pharmacist;
- registration number;
- date and time at which the responsible pharmacist came on duty;
- date and time at which the responsible pharmacist ceased responsibility;
- if the responsible pharmacist is absent during business hours, the date and time of the absence should be recorded.

The log must be kept either electronically or in writing and be available for inspection by the person carrying on the pharmacy business, the superintendent, the responsible pharmacist and pharmacy staff. The log must be preserved for a minimum of five years prior to destruction.

Community Pharmacy Scotland is currently working on a sample of such a log and this will be shared with you early next year to allow you to start to put the necessary procedures in place.

News on remuneration and reimbursement



Cost Survey

We reported in **Vision 11** that a Cost Survey had just commenced across Scotland. Community Pharmacy Scotland has been delighted by the return rate from the 427 pharmacies chosen to take part in the process. To date Community Pharmacy Scotland has received back over 80% of cost survey forms.

Community Pharmacy Scotland has now completed the collation and checking of contractors' submitted forms, which have been sent on an anonymised basis to ISD for analysis. We are expecting an outcome by January 2009 which will be used to inform discussion around the global sum for 2009-10.

Remuneration Modelling

At the November meeting of the Council of Community Pharmacy Scotland, a preliminary discussion, led by the Chairman, took place on how remuneration should be modelled to take account of the introduction of CMS and the findings from the cost survey.

Members present commented on the need to find ways to introduce greater security and stability and to avoid the fluctuations caused by the cuts to Category M prices. There was also a feeling that any changes to remuneration arrangements should be gradual to facilitate the changes to ways of working. A subgroup will be looking at modelling around the proposed capitation mechanisms and how that capitation could be weighted, for example using indicators related to age, sex, ethnicity or deprivation to reflect workload for individual patients. Further discussion with SG will also take place on agreed levels of Retained Purchase Profit (RPP).

In order to monitor how much the continuing flux in the market place is affecting RPP a further discount spot check on October invoices is currently taking place. We expect that these spot checks will be continuing – we need to monitor what happens because of next year's PPRS changes and any other direct to pharmacy schemes.

If you are selected to take part in one of these discount spot checks we will try to make it as painless as possible for you. Your co-operation with these spot checks is vital as the information provided is very necessary to our reimbursement and remuneration negotiations. Because of the current criteria for selection of the sample for the discount spot checks the pool of eligible contractors is more restricted but we will try wherever possible to limit your involvement over the course of the year.

Pharmaceutical Price Regulation Scheme 2009

The Department of Health announced details of the new Pharmaceutical Price Regulation Scheme (PPRS) in November. PPRS is a voluntary agreement between the Department of Health and the ABPI to control the prices of branded medicines supplied to the NHS. The new scheme, which starts from 1 January 2009, with the price changes coming into place from 1 February 2009, will run for a minimum of five years, and neither side will be able to opt unilaterally for an early termination or renegotiation of the scheme.

The headlines from the agreement are:

- an initial 3.9% cut in the price of medicines from the beginning of February 2009.
- a second cut of 1.9% in prices to follow in January 2010.
- the introduction of generic substitution from January 2010. Details of this component of the scheme will be announced after consultation with the affected parties. As generic savings grow there will be the opportunity for further price adjustments in January of each year.
- measures to support the use of new and more flexible pricing arrangements that will enable drug companies to supply drugs to the NHS at lower initial prices, with the option of higher prices being adopted, if the value of the drug is proven at a later date.
- companies will continue to be able to set the prices of new products and to modulate prices under mutually agreed conditions.

The Department of Health has also agreed that action to support innovation is required so that patients have faster access to new medicines that are clinically and cost-effective.

Community Pharmacy Scotland welcomed the delay in the start date of the new scheme to February 2009 and is already discussing with the Scottish Government when the price changes will be implemented into the pricing process.



NHS Scotland Stoma Service – a two year report

The NHS Stoma service has now been in operation for two years and a National Review Group has been monitoring how the service has been delivered over that period. A report has been produced for the review group to consider at its next meeting in January 2009. Representatives of the patients' groups recently met with Shona Robison, the Minister for Public Health, to express some concerns about the service being provided to them. The Board of Community Pharmacy Scotland has recently decided to take a more proactive stance in relation to the pharmacy component of this service and we are in the process of:

1. Attending events for stoma patients with the CPS stand.
2. Organising meetings with patient groups and stoma nurses.
3. Looking at where we feel change to the service specification is required.

If you know of an event in your area then please contact us with the details (tel: 0131 467 7766) or if you have a particular interest in providing services to stoma patients then we would welcome your input to any of these activities.

In the meantime here is a reminder of the Standards which current registered service providers are expected to meet. You must ensure:

- the use of appropriately trained staff;
- availability of flange cutting and customisation of appliances on request;
- supply of disposal bags and wipes as required;
- supply and delivery in accordance with patient's needs e.g. delivery times, amounts, use of discreet packaging/ carrier;
- home delivery within two working days if requested by the patient.

If a contractor has not joined the scheme then any prescriptions from Part 6 of the drug tariff will be automatically refused for payment. Contractors who are not yet signed up for the scheme or have recently taken over a business resulting in the change of a contractor code should contact their NHS Board to find out the process for registering.

Full details of the service may be found on our website under NHS Care Services. ●

General Pharmaceutical Council – Section 60 order

PROLOG the group charged with overseeing the establishment of the new regulatory body continues to publish updates on its section of the Department of Health website. (www.dh.gov.uk) It now looks likely that the start date for the new regulatory body will be marginally later than anticipated. The next step in the procedure has been the publication of a Section 60 order on 9 December which provides the legislative underpinning for the procedures of GPhC. Community Pharmacy Scotland will be scrutinising the order closely and feeding back on any areas of concern, for example if what is proposed is not applicable on a GB-wide basis.

RPSGB – Separation of the professional and regulatory roles

The prospectus for the services on offer from the new professional body was issued to all members of the Pharmaceutical Society at the end of November. Members are invited to feedback any additional suggestions or comments by 9 January.

The prospectus has been prepared by the Transitional Committee, set up to independently oversee preparation for a new professional body.

Community Pharmacy Scotland has participated in the process leading up to the distribution of the prospectus and will be considering it carefully to determine whether what is on offer is in line with our thinking on how a professional body should engage with its members.

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Community Pharmacy Scotland represents Scotland's 1204 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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