

vision

Developing the Community Pharmacy Contract

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Contract implementation update impressive progress

eAMS Implementation

During February, eAMS functionality was available in 82% of Community Pharmacy sites.

- GP sites are now producing over 750,000 AMS prescription messages on a weekly basis;
- You are now drawing down over 240,000 of these AMS prescription messages per week;
- You are achieving a claim rate of over 87% on these messages drawn down.

In order to support contractors to implement eAMS into their daily practices, two strands of the 2008-09 Contract Preparation activities have been designed to recognise the work needed.

Strand A announcement

Strand A was announced last year and to qualify for it contractors had to be enabled and using eAMS on a regular basis. You were also expected to review your Standard Operating Procedures and train staff in the use of eAMS. The number of claims made for the Strand A payment is still quite low so if you feel you have met the criteria set out above then send in your claim form as soon as

possible to receive your £1800.

Strand F has just been released (see circular **PCA (P) 2009 (3)**) and is looking to build on the activities carried out in Strand A. The idea is to support you to increase the number of eAMS claims which you make and as an incentive the payment will be based on the performance you achieve.

eAMS claims

In order to receive the full payment of £900 you will need to increase the volume of eAMS claims to 60% of all prescriptions. Contractors who manage to achieve 30% of all prescriptions will receive a payment of £450. If that contractor increases claims to 60% in the following month then s/he will be eligible to claim the remainder of the incentive payment (£450). Activity will be measured during March, April and May.

Any extenuating circumstances that affect contractors being able to achieve the eAMS claim rate of 30 or 60% should be recorded and we advise contractors to keep a note of all scripts that can be scanned and claimed electronically, as well as their total prescriptions. These figures will help us argue that a payment should be made where a contractor does not achieve the payment thresholds. ●

FOREWORD FROM MARTIN GREEN, CHAIRMAN



Dear Colleague,

As can be seen from the content of this latest **A**vision, community pharmacy contractors and their staff continue to engage with and deliver new services and ways of working.

This is evident by the high number of electronic claims we are making and the number of patients that have benefited from our Public Health initiatives. In fact the successful quit rate being achieved by the Smoking Cessation service highlights the excellent rapport and relationships community pharmacy enjoys with its patients. I would ask that all contractors continue to complete and return the national minimum dataset forms as this is the vehicle for pharmacies to evidence how effective we are in delivering this role.

With regard to ePharmacy all system suppliers have now completed their AMS roll out and contractors have the opportunity to participate in Contract Preparation Payment – Strand F.

Two major pieces of work are being undertaken at present with one due to finish and another being revitalised. Our cost of service enquiry is nearing production of a final figure to base our global sum negotiations on and the CMS service specification is progressing.

I would like to reassure contractors that the major focus is on the remuneration envelope for 2009/10 and on improving cash flow for contractors. Should this not be achieved, CMS developments may prove more difficult to engage with and the timescale for delivery be pushed even further back. ●

Martin Green, Chairman

Contract Preparation Payments

Community Pharmacy Scotland and the Scottish Government have now agreed the final two strands of contract preparation payments for 2008-09 and details were released in two recent circulars from the Scottish Government.

Contractors are able to access details on each of the strands and how to claim them on the Community Pharmacy Scotland website at:

www.communitypharmacyscotland.org.uk



Public Health Service – Patient Services update

The rollout of the Smoking Cessation Service is now complete across Scotland. Patient numbers have been steadily rising since the rollout of the service in September. During January over 10,000 patients were seen by the Community Pharmacy Stop Smoking Service.

Community Pharmacy Scotland would like to remind contractors of the importance of submitting the national minimum dataset forms to their Health Boards. Your performance will be measured using the national smoking cessation database. This database is populated by the national minimum dataset forms making it vital that the dataset forms are returned on a regular basis to Health Boards.

Using information from the smoking cessation database a quit rate of 37% at four weeks was recorded in 2007 across Scotland. Contractors wishing to monitor the effectiveness of their service should therefore note that for every 10 patients starting a quit attempt in month 1, if at least 4 of these patients returned to receive services in month 2 then that is above the national average.

The emergency hormonal contraception service is available in most Health Boards in Scotland. Access to this service via community pharmacy is unparalleled – the benefits of this access are increasingly evident in the number of supplies made via

The 5 strands are:

- **Strand A** eAMS implementation;
- **Strand B** Workforce audit (claims by end of March 2009);
- **Strand C** Minor Ailment Service audits (make sure you send claim payment for the second audit in February);
- **Strand E** Pharmacy Intervention Audit (claims by end of April 2009);
- **Strand F** – Electronic Claims Incentivisation Payment (see above).

community pharmacy contractors. During November, December and January supplies rose steadily with an outcome during January 2009 of over 5,000 supplies made.

Community Pharmacy Scotland would like to remind you of the importance of ensuring you have signed the PGD to support the prescribing for the under 16s and to allow the supply of the POM pack. Please remember to submit CPUS prescriptions for Levonorgestrel in the bundle to PSD.

The rollout of the chlamydia testing and treatment service has proved more challenging in most Health Boards. Community Pharmacy Scotland has expressed its disappointment with the Scottish Government at the slow rate of service rollout. The Scottish Government has agreed to impress on the Health Boards the need to ensure this service is available from community pharmacies nationally.

The problems with the PHS service introduction has also been discussed both with the NHS Boards' Directors of Pharmacy and the Primary Care Leads at every opportunity.

Community Pharmacy Scotland is also delighted to announce agreement with the Scottish Government to maintain the PHS services with current remuneration rates pending a review. ●

Public Health Service Poster Campaigns 2009-10

A rolling campaign for 2009-10 has been agreed with the Scottish Government. Posters for 2009-10 will include Safe in the Sun, Minor Ailment Service and HPV vaccination. The full list of campaigns will be available shortly and is subject to ongoing review.

Chronic Medication Service

Preliminary discussions are underway between Community Pharmacy Scotland and the Scottish Government to inform the content of the clinical specification for the Chronic Medication Service.

The way in which the service is to be introduced is also subject to discussion between the Scottish Government and Community Pharmacy Scotland.

We would like to reassure you that the service introduction will be in a phased and planned manner to ensure sustainability in the long term.

Minor Ailment Service

Community Pharmacy Scotland Policy Department has undertaken a review of the Minor Ailment Service. This review has been discussed by the Board and with the approaching deadline of April 2011 when prescription charges are to be abolished, we are planning to engage with our members of Community Pharmacy Scotland at our Council meeting in May to formulate a plan for service redevelopment.

Cost Enquiry

Negotiations with the Scottish Government on the findings from last year's cost enquiry have recently begun. We are keen that final results from the survey will be available for discussion at the meeting of our Council in May.

CPS Roadshows 2008 – evaluation

During the course of September and October 2008 Community Pharmacy Scotland held a series of roadshows throughout Scotland to update contractors on:

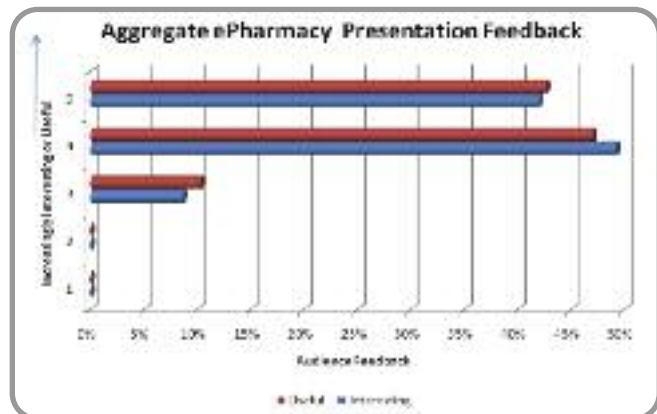
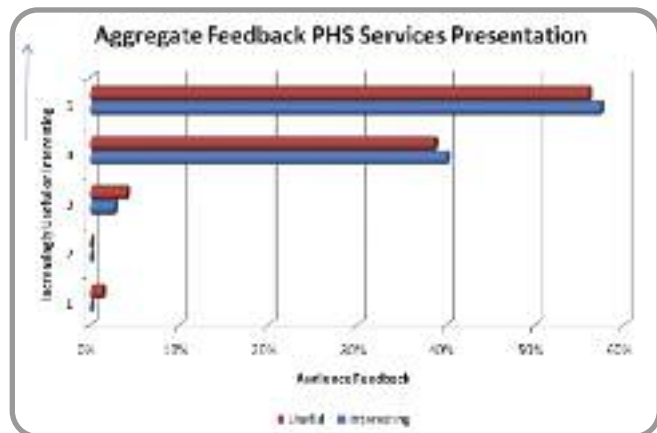
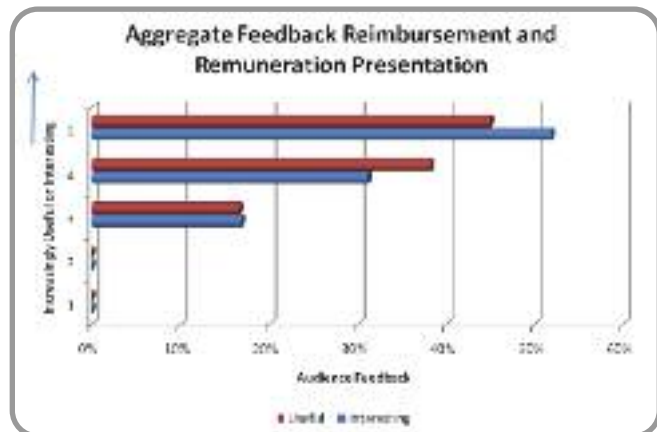
- The progress of negotiations and the holding of a cost enquiry;
- The new PHS services for smoking cessation and sexual health;
- The roll out of eAMS.

We're grateful to the attendees who took the time to complete the evaluation forms, the results of which are presented below.

We also gathered feedback which showed that contractors and their staff had appreciated the support pack produced to accompany the introduction of the new PHS services.

Amongst the concerns raised were:

- Increasing workload;
- Problems with PHS service delivery because of a perceived conflict in some cases between existing Board schemes and the new national service;
- The effects of the increasing number of direct to pharmacy distribution schemes;
- Find ways to keep locums up to speed on the new services.



Challenging the Direct to Pharmacy schemes

Currently we are aware of 11 Direct to Pharmacy schemes in operation with more predicted. Community Pharmacy Scotland is starting to hear more and more feedback from contractors who are struggling to fulfil prescriptions for patients due to manufacturers' quotas.

The devaluation of the pound against other currencies has led to stricter enforcement of quotas leading to supply issues as we believe manufacturers to be keen to prevent the exportation of their products to Europe and further afield.

The use of manufacturers' quotas was an inevitable outcome from the introduction of Direct to Pharmacy schemes. As you will be aware Community Pharmacy Scotland lobbied extensively to the Office of Fair Trading on your behalf and on this occasion, no action was taken by the Office of Fair Trading.

Community Pharmacy Scotland is currently considering what options are open to further challenge Direct to Pharmacy schemes. In the short term however, Community Pharmacy Scotland is keen to hear of examples from its members where patient access to medicines

has been compromised by a quota system. These examples will be used to create a picture of the current challenges which face contractors on a daily basis as they work to ensure continuity of supply medicines for patients. Once completed, the picture will be used to formulate a parliamentary question at Westminster to have this unacceptable position debated.

All examples should be sent to Alex Mackinnon, Head of Corporate Affairs, Community Pharmacy Scotland, 42 Queen Street, Edinburgh, EH2 3NH. ●



Providing guidance for the Responsible Pharmacist

These Regulations will come into force on 1 October 2009. Set out in them are the duties which the Responsible Pharmacist (RP) must carry out in order to secure the safe and effective running of a pharmacy business at the premises from which it is carried on.

The Regulations cover:

- The maximum permitted period of absence during the pharmacy's business hours;
- The arrangements which must be made when the RP is absent;
- The procedures which the RP must establish, (if not already in place), maintain and keep under review;
- The records which the RP must make and keep and who can then see that record;
- How long the records must be kept.

The Department of Health, working with the other three UK Health departments, has published guidance on how the Medicines

Act has been changed to support introduction of the concept of a "responsible pharmacist" rather than "a pharmacist in personal control". The guidance also provides more information on the areas covered in the RP regulations. This guidance (dated 27 February 2009) can be accessed at www.dh.gov.uk/publications

RPSGB has recently completed consultations on the standards and guidance for a pharmacist acting as an RP and on the consequential changes to the standards and guidance for persons acting in a position of authority.

The results of those consultation exercises should be available soon. RPSGB was looking for views on whether the reasons for absence should be recorded and in our response we commented that we did not think such recording to be necessary. We took the view that the RP would have already put in place appropriate procedures before any absence took place and that the recording of the reason for absence was therefore unnecessary.

We are continuing to work on a sample Pharmacy Log which we will make available

to you in the near future.

The Log will allow you to record:

- The name and registration number of the RP;
- The date and time at which the RP came on duty and when they ceased to have responsibility;
- The dates and times relating to the absence of the RP from the premises.

The pharmacy record must be available at the premises for inspection by:

- The person carrying on the pharmacy business
- The Superintendent, if any
- The responsible pharmacist
- Pharmacy Staff

The pharmacy record must be preserved for a period of not less than 5 years commencing on:

- In the case of a record in electronic form, the day on which it is created
- In the case of a written record, the last day to which the record relates. •

Direct elections to health boards – update

In Vision 12 we commented briefly on the draft Health Board (Membership and Elections)(Scotland) Bill which had been laid before Parliament. The Bill has now passed Stage 3 and the next step will be the holding of pilot elections in

selected Board areas. These pilots will then be subject to evaluation within a set time frame and a report will be presented to the Parliament. Any roll-out across Scotland is subject to a resolution being passed by the Parliament. •



COMMUNITY PHARMACY SCOTLAND

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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