

Dear Colleague

The past year has seen significant change for both contractors & SPGC alike.

I am delighted with the enthusiasm with which Scottish contractors embraced the Pharmaceutical Care Services Contract. Registration began for the Minor Ailment Service across Scotland on 1st June '06 and the following month the service became available to eligible members of the public. At the same time the Public Health Service was launched. These services are viewed with considerable admiration across the UK.

Following the successful roll-out of these, Frank Owens demitted office as chair of SPGC. Frank's tremendous contribution should be publicly recognised and SPGC wishes to express its sincere thanks for all his hard work and dedication. July saw two appointments – Harry McQuillan as Chief Executive and Paul Nightingale as acting chair.

The monitoring process for the transfer of the agreed monies from reimbursement to remuneration has proved a difficult area for both SPGC & SEHD to agree upon. Due to the time devoted to this, progress on the other new elements has been slow.

We are comfortable with the direction of travel for AMS and CMS and have agreed a technical specification for PMR system suppliers.

This coming year will present further significant challenges. I am confident that by working with the SEHD, to further develop the community pharmacy contract, we will bring added value to the people of Scotland & secure a bright future for Scottish pharmacy contractors.




Martin Green
Chairman

Steady progress with contract implementation

In July 2006 contractors started to deliver two of the core elements of the new contract – the Minor Ailment Service and the Public Health Service (Tier 1). As part of our monitoring of the way in which the contract was implemented, SPGC held a workshop at the meeting of the General Council in September. Feedback was taken from members on “what went well, what went not so well, and what we could learn for the future”.

We learnt that the areas which went well for you included:

- The lack of turbulence around the financial framework
- The acceptability of the new services
- The ease of their integration within other areas of service
- The connection of pharmacies to NHS Net.

And the areas which went not so well were:

- The delays around provision of the patient leaflets for MAS and the NES training pack
- Differing levels of satisfaction with the software packages provided.

SPGC will be looking to keep these points in mind as we continue to work towards implementation of AMS and CMS.

MAS Update

We are now getting information each month on the uptake of MAS. The take up rates for the service have been good, with more than 0.6m patients registered by the end of December, and around 250k consultations delivered. The split across the capitation bands for payment (also at the end of December) was:

- Band 1 – 265 contractors
- Band 2 – 381 contractors
- Band 3 – 277 contractors
- Band 4 – 252 contractors

During October the top three prescribed items were Paracetamol, Simple Linctus and Ibuprofen.

When the CP2 prescriptions arrived at PSD for processing, some problems with pricing emerged. In the main these occurred for products available both as P and POM packs. Some of these can be overcome by more specific prescribing, for example the prescribing of Colofac

(continued overleaf)



the pilot, your PMR suppliers will be asked to look at ways in which the software can be developed. This will help you to deliver on what currently constitutes the major part of your workload. An overview of how eAMS will operate is enclosed.

eCMS

For CMS, SPGC is currently negotiating with SEHD on the clinical specification for the service. It has already been flagged up that patients will have to register with the pharmacy of their choice for provision of CMS and careful consideration has been given to making access to the service more patient-led. For a registered patient, the intention is that the GP will produce a master prescription to cover a fixed period of time and the frequency of dispensings will be a matter for discussion between the patient and the community pharmacist. Guidance to cover these parameters will be issued in due course.

The PMR suppliers will be provided with a copy of the functional specification for eCMS by the end of February. Both SEHD and SPGC therefore anticipate that it will be some time in the autumn before the first versions are available to test.

It is our intention to produce quarterly Vision newsletters this year in order to provide you with regular updates on the steps being taken to implement AMS and CMS.

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IBS rather than Mebeverine, but others have had to be addressed through changes within PSD. One example where it has been necessary to make changes is for Cetirizine 30mg which is available as both a P and a POM pack of 30.

The patient leaflet and poster for MAS have recently been revised and copies will be issued to community pharmacies and GP surgeries in the near future. The possibility of a Ministerial launch to coincide with the issue of these leaflets is also being explored.

PHS Update

It has taken longer than anticipated to finalise the logistics for Tier 2 of PHS – but we are now hopeful that a company has been found to provide the frames and display material to pharmacies throughout Scotland. SPGC will be looking to discuss implementation of Tier 2 as a matter of urgency at the next meeting of the Technical Group.

What about AMS and CMS?

Given that it has been previously agreed with SEHD that contractors should have access to the necessary supporting software before a service is introduced, SPGC has over the past few months been exploring with the software suppliers what they will be able to provide and when. Members of the Contract Team have also participated in workshops with the ePharmacy Team in order to assess the content of the functional specifications.

eAMS

As a result of this work it has become increasingly apparent that the next phase of implementation will be around eAMS followed in due course by eCMS. The specification for eAMS will build on the pilot work, carried out by GP and pharmacy contractors in Ayrshire & Arran, on the electronic transmission of prescription information. More than 1 million electronic prescriptions were successfully issued then. However, taking into account some of the comments made at the time of

Issues arising from 2006

Financial Framework – First Phase - Reimbursement/ Remuneration Issues

Following protracted negotiations at the beginning of the year, full details of the proposals for the financial framework for the first phase of the new contract were circulated in the form of a briefing document in April (further copies are still available on request). This information was explained in more detail by members of the Contract Team at the series of road shows during April/May and contractors subsequently voted overwhelmingly to accept the proposals as set out in the document.

A major element within the proposals was the decision to transfer £30m from the reimbursement of Part 7 generics into remuneration for the new contract services. This money was placed into Pot 2. Managing this budget has proved to be complicated and has dominated our discussions within the Technical Group for several months now.

Pot 1 and Pot 2 Payment Update

Payment to most contractors from Pot 1 takes the form of a Transitional Payment but, where a new contract has been awarded, then that contractor is paid fees and allowances as before. As happened last year, there will be a rebalancing exercise at the end of the financial year for each contractor to establish whether there has been a material change of circumstances. When we come to the end of the financial year we will also have to account for these elements within the global sum.

Managing the payments from Pot 2 has been difficult because of the need to consider both “budget income” (from the Category M savings) and “budget expenditure” (payment for MAS, PHS and IS). In addition because the new services were only implemented from 1 July 2006, further expenditure occurred through payment of a transitional reimbursement payment in the first quarter. That TRP was delivered through adjustment of the discount claw back rate on Part 7 products to 0%.

It was anticipated that the introduction of the Category M prices would generate savings per quarter of approximately £7.5m. The actual prices set for Category M products from April-September did not deliver those amounts but it took some time to verify this because of the delay before we received priced prescription information on volumes used. This was obviously a matter of considerable concern to the NHS Boards because payment for the new services at the agreed rates was already being made. As a result SPGC came under considerable pressure to consider a revision upwards of the claw back rate.

The position changed in October when the prices for the vast majority of Category M products fell dramatically. Following discussion between SPGC and SEHD, using information provided by ISD, a spreadsheet has now been developed. This allows both sides to monitor on a monthly basis the savings being generated from use

of the agreed basket of Category M products. The spreadsheet takes into account either actual volume information (where available) or the figures from the corresponding month during 2005/06, plus the published Category M prices. The projected savings figure will then be set against the projected expenditure figure to see if there is a significant gap and if so what action is needed.

Have you claimed your training grant?

You can claim a training grant for staff training again this year. Full details were given in PCA (P) (2006)19, a copy of which has been posted on the SPGC website. Each contractor can claim a grant of up to £750 as a contribution towards their costs of putting a member of staff through one or more of the following courses:

- Pharmacy Services Level 2: NVQ / SVQ
- Pharmacy Services Level 3: NVQ /SVQ
- Accredited Checking Technician: NPA Accuracy in Dispensing Training Module or equivalent.

The maximum amount payable is £750 and evidence must be produced to show that the member of staff commenced or completed a listed course booked after 1 January 2006. Claim Forms should be sent to NES.

NHS Pre-registration Pharmacist Scheme (PRPS)

SEHD has announced new arrangements for pre-registration training in Scotland. Responsibility

for control of the organisation, administration, and funding of pre-registration placements in both community and hospital practice has been transferred to National Education Scotland (NES). An Advisory Committee has also been established, with SPGC having 3 places on this Committee. Currently SPGC does have some reservations about the implementation of the scheme but discussions are ongoing. More information will be sent to you as soon as possible.

The grant payable for students who undertake their training during 2006/07 is £12,500.

Have you claimed for running a Supplementary Prescribing Clinic?

Funding is available during 2006/07 for community pharmacy supplementary prescribing clinics. Community Pharmacists who are registered with RPSGB as supplementary prescribers, and who have not previously applied for funding, may apply for a national grant to allow them to undertake specific clinics, tailored to meeting locally identified needs, in their community pharmacies or associated GP practices. Where claims were in place before May 2006, these have been carried forward automatically.

Exactly how the clinic is delivered is a matter for local decision but it should amount to the equivalent of a

half day per week. For 2006/07, the requirements are that a brief written proposal be submitted to the Pharmacist Prescribing Co-ordinator for formal acceptance.

The grant is available to provide protected time for the pharmacist to provide the clinic and cover any additional costs incurred by the pharmacist and GP practice in providing the clinics. The grant available is as follows:

- £500 for any initial set-up costs which may be apportioned between the CP and GP
- £150 per week towards reimbursement of the community pharmacy contractor costs for providing the clinics.

More detail is given in PCA (P) (2006) 11 which also includes the claim form.



Implementation of eAMS – what will happen?

eAMS is coming to your GP Practices!

The Acute Medication Service (AMS) will be the second deliverable from the ePharmacy Programme. eAMS, the electronic support for this core service, will be the first of the ePharmacy services to be introduced into GP practices as well as community pharmacies. It will introduce the electronic transmission of prescriptions (ETP) between GP practices and community pharmacies.

What will happen in GP practices when eAMS is rolled out?

eAMS does not in any way change the prescribing process within a GP practice. What you will see on any GP10 printed using an eAMS enabled GP system is a bar code on the left hand edge of the prescription form. At the same time that the GP10 is printed, an electronic message (which is an electronic version of all the details that are printed on the prescription form) is sent to the central ePharmacy Message Store (ePMS). This store acts as a central repository for information and allows it to flow between GP practices, community pharmacies and National Services Scotland (NSS).

The bar code printed on the form links the paper GP10 to the

electronic prescription message. The bar code can be scanned by an eAMS enabled pharmacy allowing them to download this electronic prescription directly to their pharmacy system. The bar code is also used at Practitioner Services Division (PSD) to retrieve the electronic data for remuneration, reimbursement and information gathering purposes.

Any prescribing not using GP10s is currently out of scope for eAMS and will continue as now, e.g. nurse prescribing on GP10N forms. This will be brought in at a later stage.

What is the timescale for rollout of eAMS?

The targeted date for completion within GP practices is the end of February 2007. For pharmacy systems, the PMR Suppliers have already been provided with a specification for eAMS and the target is to have systems ready for implementation and testing from September 2007. More time will be built in for testing in the pharmacy for this new service in order to ensure that the package delivered meets your needs.

What will I be expected to do?

When the patient (or the

prescription) arrives in your pharmacy you will be able to scan the barcode using the scanner provided. This will allow you to draw down the information from the ePharmacy Message Store into your PMR system and this information will be used to pre-populate certain fields within the patient's PMR. Once you have completed the dispensing of the prescription and endorsed it as necessary, the next step will be to send an electronic message back to the store. This message will be picked up by PSD and used for payment purposes.

What about the paper GP10?

It will still be necessary for patients to sign the back of the prescription form to indicate their exemption status and for these forms to be submitted to PSD in the normal way.

Benefits of eAMS

eAMS starts to bring benefits into the prescribing, dispensing and reimbursement process by utilising the electronic data and removing some of the reliance on paper. One benefit for all stakeholders is the improved accuracy in the transfer of the information from a GP practice to a community pharmacy. Because some of the fields are pre-populated it will reduce the keying time for

you and minimise the chances of interpretation errors, thereby improving patient safety.

eAMS also starts to make use of the UK wide dictionary of medicine and devices (dm+d). This dictionary includes codes for each medicine and device and these codes can be understood across all prescribing, dispensing and payment systems. This allows the different stakeholder systems involved during the prescription lifecycle to have a common approach to using the prescription data, which makes the processing of the information more efficient.

What will change as a result of eAMS?

As previously mentioned the main change you will notice in your

pharmacy is that the GP10 prescription forms will now be printed with a bar code on the left hand side. The dm+d code for each item prescribed is also printed on the prescription form under the item details. A sample of an eAMS produced GP10 (left hand side) is shown below:



The new eAMS-produced GP10 form with the bar code on the left hand side.

Election time for pharmacy contractor committees

The election process for the new PCCs began in mid January. SPGC is looking for contractors willing to stand for election to the Pharmacy Contractors' Committees. This is the first stage of a process leading up to membership of the General Council and the Standing Committee.

Now's your chance if you want to be involved in the discussions around many of the topics we have covered in this newsletter!

The nomination forms have already been distributed together with a copy of the electoral roll for each NHS Board area. If you want to stand you will need to get another contractor in your area to sign your nomination form. Further copies of the form may be obtained from the office.

Nomination forms need to be back in the SPGC office by noon on Friday 16 February 2007.

SPGC scottish
pharmaceutical
general council

The Scottish Pharmaceutical General Council represents Scotland's 1180 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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