

Vision

Developing the Community Pharmacy Contract

**COMMUNITY
PHARMACY
SCOTLAND**

Financial Settlement for 2011/12

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Foreword

Martin Green
CPS Chairman



Dear Colleague,

The CPS negotiating team managed to reach a settlement with the Scottish Government in late March of this year, prior to the dissolution of Parliament, for our 2011/12 financial envelope. The detail of this settlement is contained in the article overleaf. The team at 42 Queen Street has also prepared a presentation that members can request if they would like to see the full detail of what was agreed. Alternatively you can attend one of the forthcoming Pharmacy Contractor Committee meetings where the deal will be explained. One of our main objectives during the negotiation process was to improve and stabilise our contractor members' cash flow and I believe we have gone a long way to securing that.

Now that the outcome of the Scottish election is known and the Ministerial team has been announced, CPS will be pressing the government to honour their manifesto commitment "to further enhance the role of pharmacists and build on the introduction of the Chronic Medication Service". To help facilitate this our Board has organised a specific day to focus on how we believe CMS can and should be taken forward.

I am looking forward to another challenging year for community pharmacy and one in which I am confident Scottish contractors will once again deliver outstanding results.

Martin Green
CPS Chairman

Financial Settlement for 2011/12



Negotiations on a one year settlement were concluded prior to the dissolution of the Scottish Parliament for the 2011 elections.

Negotiations had commenced in the previous October when Community Pharmacy Scotland

received a letter from the Scottish Government which noted "the budgetary circumstances for the SG within which funding arrangements for community pharmacy remuneration for 2011/12 and succeeding years will be set, are expected to be very challenging".

The Scottish Government was keen that the settlement for 2011/12 delivered:

- Pharmaceutical services which furthered the aims of the NHS Scotland quality strategy
- Fair levels of remuneration for community pharmacy contractors
- A reasonable contribution to the overall efficiencies which will be required of NHS Scotland

Community Pharmacy Scotland was keen that we received no less than 2010/11, which was:

- Remuneration – a global sum of £165.251m
- Maintenance of additional funding
- Maintenance of the levels of ePPP achieved – overall margin for 2010/11 was £95m and contractors' due share was approximately £80.1m

The final negotiated settlement has in broad terms seen no change to the global sum for 2011/12 and the maintenance of additional funding. The agreement has however, seen the freezing of the drug tariff for 2011/12 to ensure stability for contractors and health boards. Changes have also been made to the ePPP scheme which will improve the return for contractors on their investment.

The settlement sees no change on fees and allowances paid during 2010/11 except for the removal of income for the sale of pre-payment certificates. No changes have also been made to the public health services prior to the conclusion of the review in July 2011. The discount rate on generic medicines has now fallen to 0%. Proprietary discount has also been reduced to 6.11% in light of evidence from the discount spot checks which show further reduction in the available proprietary discount. It is anticipated that quarterly discount spot checks will be maintained throughout 2011/12 and any changes resulting to discount rates will be communicated as soon as practicable to members.

The settlement has two strands yet to be negotiated. The first is the format of CMS payments for 2011/12. It is anticipated a pool of £4.8m will be available for this service during 2011/12. The second strand is the format of a Quality and Efficiency Initiative. This initiative is to facilitate joint working between community pharmacy contractors and other primary care contractors. Further details on this will be made available as soon as possible.

Community Pharmacy Scotland is currently preparing an updated Financial Framework with more information on the settlement. Meetings on the settlement in conjunction with your local PCC have been held and more presentations are likely to be held in the coming weeks so look out for information in the mailing.

Instalment Dispensing

Over the past year the number of products that PSD can process and pay electronically has grown significantly. This means that most of the items you dispense in instalments are able to pass through the electronic payment system. PSD is very keen that contractors scan and submit as many items as possible; however as yet instalment scripts cannot be fully processed and paid electronically.

If you choose to scan and then submit items that you dispense in instalments, then you **must endorse** with the appropriate electronic instalment dispensing message. This message causes the item to be passed to a keyer for manual input from the scanned paper image. If you do not know how to do this please check your electronic manual or with your system supplier. The ePharmacy Help Desk (0131 275 6600) or your local IM&T facilitator should also be able to help.

Any item which does not have the **appropriate electronic endorsement** will pass through the electronic system as if it had been dispensed only once. You will therefore not be allocated any instalment dispensing fees for that item.

If you choose not to scan and submit these items they will be priced from the paper prescription. Whichever method you choose you should ensure that you have endorsed the paper prescription with the total amount of the drug and the number of instalments made in the normal way as this is the information PSD needs. (e.g. 28-4-0)

Chronic Medication Service

At the time of writing the service has just celebrated its first birthday. As of week beginning 5 May 69629 patients have been registered for the service. Of these patients 28448 had a PCR record commenced and 13190 had been risk assessed. Some interesting early feedback from NHS Fife has kindly been shared with Community Pharmacy Scotland. This feedback shows some of the benefits from the implementation of the chronic medication service to date.

CMS Experiences in NHS Fife

1. A patient as part of the early adopter site in Cupar was prescribed Ranitidine 150mg 1 bd. He had been receiving this for years. It was after the first instalment he confessed that he had plenty of this in the house and couldn't understand how he had accumulated it. On discussion it appeared that he had only been taking the Ranitidine once a day and had been symptom free. As this was a serial Rx item, the pharmacist consulted the doctor who cancelled the item and agreed that the patient should come in for a review and continue on one a day until then.
2. A patient with angina admitted during the review that she did not like using her GTN spray because it caused a burning sensation in her mouth. Pharmacist suggested a change to the tablet alternative to her GP, who agreed and produced a prescription for it. The patient is now pleased that she can get the benefit of GTN without the drawbacks. She did not know of alternatives prior to the review nor did she want to mention to her doctor about such a "trivial" matter.
3. During a PCR review a patient admitted his frustration of having to take two levothyroxine 50mcg tabs when he would prefer to only take one 100mcg tablet. Unfortunately his previous attempts to get the surgery to change this had fallen on deaf ears. The Pharmacist contacted the surgery on his behalf and he had a new prescription the next day.
4. During a PCR review a patient mentioned a previous severe allergy to wasp stings. The surgery was completely unaware of this when mentioned by the pharmacist. They agreed to review this with the patient at her next formal review.
5. A patient was registered for CMS who was only taking Tylex pain killers. When the pharmacist did her care record he discovered she was started on the pain killers two years ago for a shoulder injury at that time and presumed she had to stay on them life-long. The pharmacist flagged this to her GP and she has now stopped them

Community Pharmacy Scotland is currently analysing data from PSD on registration per contractor as 31 March 2011. This information will be used to prepare a model for negotiation of this year's Chronic Medication Service payments. Community Pharmacy Scotland is keen to ensure contractors are paid throughout 2011/12 for the work they are carrying out on the Chronic Medication Service. The Board has expressed a desire to ensure the contractors are paid a management fee for CMS and that contractors who have managed their aspirational band for registration should be rewarded for the work completed to date with additional monies being available for further work with CMS during 2011/12. CPS is also looking at how contractors currently not at their aspirational band could be incentivised to meet their aspirational band during 2011/12.

We would encourage all contractors to continue to register, risk assess and care plan at their own pace throughout the following months. Once serial prescriptions become available, having a core group of patients eligible to receive them will help manage future workload increases.

Information on the final payment structure for 2011/12 will be available when negotiation with the Scottish Government is complete. Community Pharmacy Scotland will make this available to members as soon as possible to ensure you are aware of what is expected of you to maximise payment in 2011-12.

New Stoma Arrangements

The current arrangements for provision of stoma appliances come to an end at 30 June 2011. The Scottish Government has carried out a consultation on new arrangements and has, after extensive discussions, set out the new parameters. The Scottish Government has introduced a global sum for the service and made amendments to the payment structure. A series of 12 key facts on the stoma contract arrangements has been prepared and circulated and is reproduced below.

1. All existing arrangements for the dispensing of stoma appliances will be terminated on 30 June 2011.
2. In order to supply NHS Scotland stoma appliances to patients in the community a supplier must be entered on the list of approved suppliers. The list is held by NHS Procurement and is a separate list from the pharmaceutical list. In order to become a supplier you must return to NHS Procurement the Return Docquet
3. Stoma service providers will be expected to comply with the published standards for service provision (see the CPS website for details).
4. Stoma service suppliers must obtain disclosure records from Disclosure Scotland at enhanced (or any level substituted therefore) for all stoma service supply personnel who may have direct unsupervised contact with patients (including a driver delivering into a patient's home).
5. Disposable bags and wipes are to be provided to patients free of charge
6. Stoma service providers will be paid through a 3 tier fee system. For contractors who dispense between 0 and 1199 stoma items per month the fees payable will be:

Stoma Continued >>

Fee payable	Value	Comment
Base dispensing fee	£5.35	
Customisation fee	£4.30	See list on our website
Delivery fee	£3.55	Only applicable where delivery is within 48 hours and the patient has requested delivery

7. Stoma service providers will be required to endorse prescriptions which have been customised and/or delivered as "Product Customised", "Product Delivered" or "Product Customised and Delivered".
8. Stoma service providers should claim any customisation and delivery fees on a monthly basis from PSD using the appropriate claim form.
9. A global sum has been set to meet the remuneration cost of the service. Payments made from the global sum will be monitored on a quarterly basis and if evidence accumulates of a potential over- or under-payment the fees will be adjusted accordingly.
10. Stoma service providers must provide information to NHS Procurement every 6 months for the purposes of audit. The first report should be as soon as possible after 30 September 2011. (CPS will issue more information nearer that time).
11. Stoma service providers will be expected to comply with any requests for information to meet the purposes of any remuneration or reimbursement enquiry.
12. Stoma service providers must provide a standard profile statement detailing information for patients. Community Pharmacy Scotland will develop a standard profile in conjunction with NHS procurement for use by community pharmacy contractors.

Statutory Regulation of Pharmacy Technicians

Statutory regulation for pharmacy technicians began on 1 July 2009. Any pharmacy technician who was on the RPSGB's practising register on 24 September 2010 was automatically transferred across to the GPhC register when it opened on 27 September 2010.

A grand-parenting arrangement is currently available up to 30 June 2011 to allow an individual with the relevant work experience and qualifications to register formally as a pharmacy technician. Members of staff who decide not to register will still be able to work within the pharmacy as a dispensing assistant.

After that date new arrangements come into place and any applicant who wishes to register will need to hold a specific qualification, irrespective of their previous experience or qualifications, and meet the work experience criteria.

Those who were previously registered as a pharmacy technician with RPSGB for a period of time may still apply for registration until 26 September 2012.



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