

Dear Colleague

**COMMUNITY PHARMACY SERVICES: DRUG TARIFF
REMUNERATION AND PT 7 AND PART 11
REIMBURSEMENT ARRANGEMENTS FOR 2011-12**

22 March 2011

Summary

1. This Circular advises of remuneration and Tariff Pt 7 and Pt 11 reimbursement arrangements for community pharmacy contractors providing pharmaceutical services as included in the Drug Tariff to apply for the year 1st April 2011 to 31st March 2012.

Addresses

For action

Chief Executives, NHS Boards

For information

Chief Executive, NHS NSS
Director of Practitioner Services,
NHS NSS

Background

2. [NHS Circular PCA\(P\)\(2010\)15](#) detailed amendments to the Drug Tariff to provide ongoing transitional arrangements for community pharmacy remuneration for 2010-2011.
3. A settlement has now been agreed with Community Pharmacy Scotland on the level and deployment of the Global Sum, and associated temporary support package and other arrangements for 2011-12.

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Summary of 2011-12 Remuneration and Reimbursement Arrangements

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4. The detail of the revised remuneration and reimbursement arrangements are set out in the attached Appendix but in summary the key points of the settlement are:

- The Global Sum plus Temporary Support package will be maintained at the same level as in 2010-11 i.e. **£165.251m**
- In broad terms the 2010-2011 transitional payment regime is being rolled forward, based on dispensing activity over the period 1 December 2009 to 30 November 2010.

- The terms of the Efficient Purchasing and Prescribing Programme have been updated for 2011-12 to reflect a target efficiency saving and the protocol for the setting of Drug Tariff Pt 7 prices for 2011-12 is being amended to deliver greater stability whilst taking into account all relevant factors allowing contractors and Boards to plan ahead with greater certainty.
- A new Quality and Efficiency Initiative strand is being introduced into the Chronic Medication Service arrangements to support improved patient care and holistic efficiencies across different care sectors. The detail of this initiative is still in development and updated Directions will be issued in due course.
- A revised reimbursement clawback scale for proprietary drugs to replace that at Part 11 of the Drug Tariff reducing the target clawback rate from **6.33%** to **6.11%** takes effect for dispensings 1 April 2011 onwards.
- The clawback rate for Pt 7 items will be re-set to zero with effect for all dispensings 1 April 2011 onwards as a consequence of the terms of the revised Efficient Purchasing and Prescribing Programme (ePPP), which will apply for 2011-12.
- Arrangements in respect of staff training are extended until 31 March 2012.
- A new allocation of funding to support supplementary and independent prescribing clinics for the period 1 April 2011-31 March 2012 is promulgated
- Other payments for the dispensing month of April 2011 continue in accordance with the rates in force at 31 March 2011 except as modified below.
- Base transitional payments in place at 31 March 2011 are effective 1 April 2011, rolled forward, where appropriate with an adjustment informed by the results of the Material Change of Circumstance outcomes for 2010-11 transitional payments .
- Those contractors previously outside the transitional regime but who have been continuously on the list prior to 1 December 2006 will transfer to the transitional regime with effect from 1 April 2011. All other contractors outside the transitional regime will continue to be paid in accordance with the shadow fees and allowances and associated uplifts at the rates ruling at 31 March 2011.
- A payment supplement for the period 1 April 2011 to 31 March 2012 will again be made to all contractors in receipt of either transitional payments or shadow payments and Essential Small Pharmacy (ESP) contractors in receipt of the ESP allowance at the rate of **£420** per month, i.e. the same rate as in force for the period May 2010-March 2011.
- The Material Change of Circumstance arrangements will run with amendments to the detail of operation for a further year, using the same upper and lower thresholds and calculated by comparing outturn for the period 1 December 2010 – 30 November 2011 with the immediately preceding 12 month period.

- Progress on roll out of the Chronic Medication Service (CMS) remains under review and further CMS (Chronic Medication Service) Implementation Payments (CIP) or alternative payments will be announced in due course during 2011-12. Details of the relevant Drug Tariff amendments and claim arrangements will be advised in due course by separate Circular.
- As a consequence of the abolition of prescription charges commission to contractors on the sale of pre-payment certificates will cease with effect from 1 April 2011.
- The following payments continue at either 2010-11 rates or as previously separately advised-
 - The on-cost allowance payable for GP10A stock orders remains at **17.5%**.
 - Influenza vaccine supply payments for the 2011-12 season (as advised in [Circular PCA\(P\)\(2011\)1](#)).
 - Unscheduled Care support payment at a monthly rate of **£105** per contractor
 - the single infrastructure support payment at a monthly rate of **£300** per contractor
 - the Public Health Service (PHS) availability for service monthly rate of **£250** per contractor
 - the Minor Ailment Service (MAS) monthly tiered availability for service payment
 - Payments for model schemes covering the frail elderly, and severe and enduring mental illness were discontinued with effect from 1 May 2010 and incorporated in the continuing payment supplement introduced from 1 May 2010. All contractors continue to retain the obligation to provide the service.
- PHS Patient service payments (for smoking cessation and emergency hormonal contraception (EHC)) continue at the present rates until 30 June 2011 pending the results of a review of these programmes.

Drug Tariff Amendment

5. Community Pharmacy Scotland has been consulted on the contents of this Circular and the Drug Tariff has been amended giving effect to the amendments advised by this Circular.

Action

6. **NHS Boards are asked to bring this Circular to the attention of community pharmacy contractors, local pharmacy committees, and Community Health Partnerships.**

NHS Circular:
PCA(P)(2011)4

Yours sincerely

W SCOTT
Deputy Director/Chief Pharmaceutical Officer

COMMUNITY PHARMACY SERVICES: REMUNERATION ARRANGEMENTS FOR 2011-12

Purpose

1. This Appendix and supporting Annexes advise of remuneration and reimbursement arrangements for community pharmacy contractors for the period 1 April 2011 – 31 March 2012.

Transitional Payments

2. In broad terms the framework established for the 2010-11 transitional payment regime is being rolled forward in anticipation of completion of roll out of the Chronic Medication Service during 2011-12.

3. **With effect from 1 April 2011** remuneration payments to contractors on the list for the month concerned will be amended as follows by reference to practitioner groups as listed in paragraph 7 of Circular [PCA\(P\)\(2004\) 9](#) & [PCA \(P\)\(2009\) 18](#) as updated below. In addition a monthly payment supplement of **£420** per contractor will again be paid to all full time contractors on the list between 1 April 2011 and 31 March 2012. Part time ESP contractors will be paid the payment supplement in the following proportions:

For contractors open for 5 hrs or more but less than 10 hrs per week	60% of above rates.
For contractors open for 10 hrs or more but less than 15 hrs per week	75% of above rates.
For contractors open for 15 hrs or more but less than 20 hrs per week	85% of above rates.
For contractors open for 20 hrs or more but less than 25 hrs per week	90% of above rates.
For contractors open for 25 hrs or more but less than 30 hrs per week	95% of above rates.

Payment amendments – transition, shadow fees and Essential Small Pharmacies

Categories I, II and III

- I. Those who were on the list continuously between 1 April 2003 and 31 March 2004 in their own right.
 - II. Those who were on the list continuously between 1 April 2003 and 31 March 2004 either in their own right or in the name of a contractor which they have taken over.
 - III. Those who were also on the list at 31 March 2004 and had been so continuously since 1 October 2003 at the latest but not since 1 April 2003.
4. For contractors in categories I, II and III, the base transitional payment in place at 31 March 2011 will continue and be subject to adjustment with effect from 1 April 2011 by application of the factor detailed in paragraph 18 for the contractors concerned:

Category IV

- a. Those who entered the list after 2 October 2003 and before 1 December 2004.

- b. Those who entered the list on or after 1 December 2004 up to and including 30 November 2005
- c. Those who entered the list on or after 1 December 2005 up to and including 30 November 2006
- d. Those who entered the list on or after 1 December 2006 or who have made a formal election to be treated under this category instead of category I, II, III as permitted by paragraphs 9, 11 and 13 of the 2004 Circular.

i. Category **IV a** contractors transferred to transition with effect from 1 October 2009. The base transitional payment for these contractors with effect from 1 April 2011 will be re-calculated as the base transitional payment in place at 31 March 2011, adjusted by application of the factor detailed in paragraph 18 for the contractors concerned.

ii. Category **IV b** contractors transferred to transition with effect from 1 May 2010. The base transitional payment for these contractors with effect from 1 April 2011 will be re-calculated as the base transitional payment in place at 31 March 2011, adjusted by application of the factor detailed in paragraph 18 for the contractors concerned.

iii. Category **IV c** contractors will transfer to transition with effect from 1 April 2011. The base transitional payment for these contractors will be calculated as the aggregate of the shadow fees and allowances paid during 2010-11, adjusted by application of the factor detailed in paragraph 18 for the contractors concerned.

For Category **IV d** contractors, payments will continue to be in accordance with the shadow fees and allowances in force at 31 March 2009 plus the general uplift payment equivalent of 3.94% for 2008-9. No further general uplift for Category IVd contractors will be payable for 2009-10, 2010-11 and 2011-12 as contractors in Category IVd are deemed to also benefit from inherent volume growth.

In accordance with [HDL\(2005\)54](#) and [\(2006\)15](#), dispensing fees will not be payable in respect of stoma appliances. The shadow fees and allowance scale for 2011-12 is detailed at **Annex A** to this Circular.

Category V

- ESP contractors in receipt of the ESP allowance at any time between 1 April 2003 and 31 March 2004.

5. For category V contractors, the base transitional payment for 2011-12 will be that in place at 31 March 2011. These contractors will also have the option of being reclassified as Category IVd provided that option is exercised by notification to PSD by 30th June 2011.

Category VI

- ESP contractors not in receipt of the ESP allowance at any time between 1 April 2003 and 31 March 2004.

6. For category VI contractors, the base transitional payment in place at 31 March 2011 will be subject with effect from 1 May 2011 to adjustment by **application of an upwards only factor** as detailed in paragraph 18.

Category VII

- ESP contractors in receipt of the ESP allowance not covered by Category V.

7. For Category VII contractors, payments will generally be in accordance with the arrangements for Category IV d above but with the ESP payment scale as detailed below.

8. From 1 April 2011 the target monthly income for full time ESPs will be unchanged at **£3908**, and for part-time ESPs **£3320** (open 15-20 hours per week), **£3515** (open 20-25 hours per week) **£3709** (open 25-30 hours per week). The reference payment is unchanged.

Arrangements for contractors added to the list 1 April 2011 – 31 March 2012

9. Where a new contractor is added to the list 1 April 2011 onwards, they will be invited by NHS NSS to confirm whether they are a totally new contractor or whether they are taking over a contractor subject to the transitional arrangements. The default is they will then fall to be classified as category IV d or, if an ESP, as category VII; but where they have taken over an existing contractor subject to transition and who falls in one of the other Categories, the new contractor will be treated as falling into the category of the old contractor, and will inherit the relevant base transitional payments and uplifts.

Contractors in exceptional circumstances

10. Where a contractor in transition has been subject to specific exceptional circumstances resulting in an interruption of business operation, i.e. due to fire, flood, or where due to other events which in the Board's opinion was entirely outwith the contractor's control the premises are rendered unfit for trade, the transitional payment in place at 31 March 2011 will continue in force.

11. Where a contractor has been subject to specific exceptional circumstances resulting in an interruption or delay in commencement of business operation, i.e. due to fire, flood or other exceptional circumstances which in the Board's opinion was entirely outwith the contractor's control and as a result of which the premises are rendered unfit for trade, the Board may at its discretion grant an application from the contractor for a payment or proportion of a payment stated in the Drug Tariff and which would otherwise have been paid, provided the Board is satisfied that it would be reasonable to do so. Nothing in this or the previous paragraph removes the need for contractors to conduct their business with normal commercial diligence and to be appropriately insured.

National payments not included within transitional payments

12. The payments outlined above for all except Category IVd replace all nationally set payments listed in the Drug Tariff except for the following that are detailed from paragraph 19 onwards:

- stock order on costs;

- flu vaccine dispensing fees;
- MAS, PH and IS fees; and
- rolled forward national unscheduled care support payments;

Local schemes

13. All other local schemes, i.e. methadone, needle exchange, advice to nursing homes, palliative care model schemes and oxygen services are additional payments and will continue in accordance with rates set by the NHS Board concerned.

Notification of Transitional Amounts and payment timings

14. a. All contractors in Categories I, II, III, IVa, IVb, V & VI along with contractors who are reclassified into Category IVc will be notified by NSS ISD during May 2011 of the specific base transitional payment that will be paid to them during 2011-12. At the same time, Category V contractors will receive a projection of what they might expect to receive at current levels of dispensing if they were to exercise their option to switch to Category IVd.

b. The adjustments to the discount clawback rates for proprietary items will be effected for April dispensings paid June.

c. The first payments in accordance with the amendments advised in this Circular will be effected for April dispensings paid June.

Material changes of circumstance 2011-12

15. The transitional remuneration arrangements in paragraphs 2-14 have been set on the basis that there is no material change in a contractor's activity levels during the coming year. In particular the assumption is that for each contractor the rate of growth in items that would in the past have attracted either the standard dispensing fee or instalment dispensing fee lies between 2 thresholds of +9.95% and -2%, measured on an annual basis.

Accordingly an adjustment scheme will provide an uplift for contractors with materially high rates of growth in volume, i.e. above the 9.95% growth figure, and a clawback from contractors with a material reduction in volume, i.e. below the annual negative growth of 2% threshold. The adjustments will be calculated by comparing outturn for the period 1 December 2010 – 30 November 2011 with the immediately preceding 12 month period, and will be applied retrospectively to the final aggregate of transitional remuneration payments for the full period 1 April 2011 – 31 March 2012. This adjusting mechanism is intended to have an overall cash neutral effect on the global sum. The maximum adjustment which will be made for any contractor, whether negative or positive, will be set at £45,000.

16. The actual adjustment for each contractor will be calculated as the percentage by which the annual rate of growth exceeds or undershoots the relevant threshold multiplied by the transitional payment for the full period of transition. Thus a contractor who would have seen an annual growth of 12% in standard dispensing fees would receive a retrospective payment of 2.05% of their total transitional payments for the 12 month control period, and a contractor who would have seen an effective annual fall of 4% would be subject to a clawback of 2% of their total transitional payments for the 12 month control period.

17. These adjustments will apply to contractors in Categories I, II, III, IVa, IVb, IVc, V and VI only, and will be effected at the end of financial year 2011-12. For Categories V & VI, the adjustment will be upwards only.

18. The factor to be used for the adjustment of transitional payments to contractors at 1 April 2011 as required by paragraphs 4, 4di, 4dii and 6 is calculated from the percentage change established by dividing the change in annual aggregate dispensed prescription volume plus instalments dispensed over the period 1 December 2009 – 30 November 2010 by reference to the immediately preceding 12 month period, by the volume dispensed between 1 December 2008 and 30 November 2009 and adjusting for the corresponding all Scotland figure for contractors. Application of the factor can result in either a plus or minus adjustment.

An example is given below.

Contractor A

Transitional Payment in 2010/11	£80,000 or £6666.67pm
Annual aggregate volume Dec 09–Nov 10	50,000
Annual aggregate volume Dec 08-Nov 09	40,000
Contractor Growth	$50,000 - 40,000/40,000 = 25\%$
All Scotland average change	6%
Factor to be applied	$25\% - 6\% = 19\%$
Amended TP	$£80,000 \times 19\% = £95,200$ or £7933.33 pm

NATIONALLY SET PAYMENTS OUTWITH TRANSITION

Payments in respect of pre-payment certificate commission

19. The payment regime for pre-payment certificate commission is discontinued with effect from 1 April 2011 in line with the abolition of prescription charges. Commission will however continue to be paid in respect of any certificates sold prior to 31 March 2011 but not advised to PSD until after 1 April 2011.

Stock order on costs

20. The on-cost allowance payable for items (except for flu and pneumococcal vaccines) ordered by general medical practitioners on Form GP10A is 17.5% of the net ingredient cost of the items concerned calculated in accordance with paragraph 16 of Part 1 of the Drug Tariff.

Flu vaccine dispensing fees

21. Flu vaccine dispensing fees are detailed in [NHS Circular PCA\(P\)\(2011\)1](#).

Minor Ailment Service (MAS) - Availability for service payment

22. Contractors with whom the NHS Board has made an arrangement for the provision of MAS will be paid according to the following tiered payments related to the number of registered patients for the dispensing month concerned:

Band	Number of Registrations	Annual Payment	Monthly Payment
1	1-250	£7,300.92	£608.41
2	251-500	£9,253.92	£771.16
3	501-750	£11,208	£934.00
4	751-1000	£13,218	£1,101.50
5	1001-1250	£15,228	£1,269.00
6	>1250	£15,228 +£8.04 per patient above the threshold	£1,269.00 + £0.67 per patient above the threshold

***Public Health Service (PHS)-
Core Element- Availability for service payment***

23. All contractors with whom the NHS Board has made an arrangement for the provision of the Public Health service (PHS) will receive a single tier monthly availability for service payment at a rate of **£250** (annual equivalent of **£3,000**).

Patient Services elements of PHS (Smoking Cessation and Sexual Health)

24. All contractors with whom the NHS Board has made an arrangement for the provision of the Public Health Service (PHS) will receive for the period to 30 June 2011 capitation payments for all patients receiving treatment at the rates in force at 31 March 2011 as detailed below. A review of these arrangements is underway and further advice on **arrangements to apply after 30 June 2011 will be announced in due course**. The rates of payment are:

-Capitation payment of **£25** per patient reported by the contractor as receiving PHS smoking cessation treatment

-Capitation payment of **£25** per patient reported by the contractor as receiving PHS EHC treatment

The national PHS chlamydia scheme was as advised in NHS Circular PCA(P)(2010)26 discontinued with effect from 1 October 2010, and replaced with locally negotiated and funded services where deemed appropriate by the Board concerned.

MAS, & PHS availability for service payments to part time ESPs

25. For part time ESPs, MAS, & PHS—core availability for service payments- these will be made in the following proportions of the payment levels quoted above:

For contractors open for 5 hrs or more but less than 10 hrs per week	60% of above rates.
For contractors open for 10 hrs or more but less than 15 hrs per week	75% of above rates.

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For contractors open for 15 hrs or more but less than 20 hrs per week	85% of above rates.
For contractors open for 20 hrs or more but less than 25 hrs per week	90% of above rates.
For contractors open for 25 hrs or more but less than 30 hrs per week	95% of above rates.

Infrastructure Support (IS)

26. The single Infrastructure Support Payment continues at the rate of **£300** per month.

27. For part time ESPs the single Infrastructure Payment will be made in the following proportion:

For contractors open for 5 hrs or more but less than 10 hrs per week	60% of above rate.
For contractors open for 10 hrs or more but less than 15 hrs per week	75% of above rate.
For contractors open for 15 hrs or more but less than 20 hrs per week	85% of above rate.
For contractors open for 20 hrs or more but less than 25 hrs per week	90% of above rate.
For contractors open for 25 hrs or more but less than 30 hrs per week	95% of above rate.

Transitional payment for model schemes covering frail elderly and severe and enduring mental illness

28. Earmarked payments in respect of model schemes for the frail elderly and severe and enduring mental illness were discontinued and subsumed into the new monthly payment supplement to be paid to all full time contractors on the list between 1 May 2010 and 31 March 2011 and now continued for the period 1 April 2011 to 31 March 2012 and all contractors receiving this monthly payment supplement continue to have the obligation to provide these services.

Unscheduled care support payments

29. Unscheduled care support arrangements for the period 1 April 2011-31 March 2012 will continue at the same rates and on the same terms as detailed in NHS Circular PCA(P)(2007)10. Payments at the annual rate of **£1,260** (monthly equivalent of **£105**) modified for part time ESP contractors in accordance with the the Table below will be made monthly to contractors who are included on their Health Board's pharmaceutical list as at the 1st of each month from April 2011 to March 2012.

For contractors open for 5 hrs or more but less than 10 hrs per week	60% of above rate.
For contractors open for 10 hrs or more but less than 15 hrs per week	75% of above rate.
For contractors open for 15 hrs or more but less than 20 hrs per week	85% of above rate.
For contractors open for 20 hrs or more but less than 25 hrs per week	90% of above rate.
For contractors open for 25 hrs or more but less than 30 hrs per week	95% of above rate.

Applicable dates for eligibility for payment of transitional payments, MAS and PHS availability for service payments

30. Transitional payments will be paid to the contractor listed on the first day of the month.

31. The appropriate PHS allowance(s) will be paid to the contractor listed on the first day of the month.

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32. The appropriate level of MAS allowance payable to a listed contractor for a particular month will be paid to the contractor listed on the last day of that month and, will be based on the number of patients registered on the last date of that month.

33. Where a contractor is taken over by another during the period of transition other than on the first day of the month, the incoming contractor will not be due for transitional or PHS payments until the start of the following month, but will be eligible for MAS payments for that month.

34. Where a contractor is removed from the list during a month and there is no successor contractor, PSD may recover from the contractor those fees paid at the outset of the month relating to transition and PHS in respect of and in proportion to the period for which services were not provided.

Supplementary conditions relating to MAS and PHS availability for service payments and IS payments

35. MAS and PHS availability for service payments will be made subject to the observance by contractors relating to these services which are from time to time in force promulgated by Circular.

Reimbursement- Resetting of Drug Tariff Pt 7 discount clawback rate

36. The clawback rate for Pt 7 items will be re-set to zero with effect from 1 April 2011.

37. This rate has been set in accordance with the revised Efficient Purchasing and Prescribing Programme for 2011-12 and associated projections and the anticipated outturn on the EPPP for 2010-11. It is currently expected to remain at that level throughout 2011-12 with any reconciliation which may be due under EPPP for 2011-12 being factored into 2012-13 Tariff arrangements.

Revision of Drug Tariff Pt 11 Net Ingredient Cost Scale for Pharmacist Contractors

38. A revised net ingredient cost scale as detailed in Annex A to this Circular is being introduced reducing the target average clawback for proprietary drugs from **6.33** to **6.11%** with effect from dispensings 1 April 2011 onwards.

39. This scale will be subject to review during 2011-12 in the light of outcomes from the periodic drug cost pricing enquiries.

Supplementary and Independent Prescribing Clinics and Staff Training

40. The arrangements relating to the provision of supplementary and independent prescribing clinics detailed in NHS Circulars [PCA\(P\)\(2008\)10](#), [PCA\(P\)\(2009\)7](#), [PCA\(P\)\(2010\)15](#) and [PCA\(P\)\(2010\)24](#) are further extended until 31 March 2012. The level of allocation for each Board for the full year 2011-12 is detailed at Annex C. The arrangements detailed in NHS Circular [PCA \(P\)\(2009\)20](#) are also rolled forward for the period 1 April -31 March 2012 for reimbursement of Staff Training Costs. Claims should be submitted on the form attached at Annex B together with the required documentation **by 31 January 2012** to:

St Andrew's House, Regent Road, Edinburgh EH1 3DG
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NHS Circular:
PCA(P)(2011)4

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Funding Arrangements

41. All the centrally determined remuneration payments identified in this Circular are met from the centrally held Pharmaceutical Services line.

FEES AND ALLOWANCES FOR CONTRACTORS IN CATEGORY IV d

In addition to the payment of ingredient costs, the on-cost allowances and the dispensing fees will be paid at the rates shown in the table below. These dispensing fees are not payable on prescriptions for oxygen or oxygen equipment.

Fee per Prescription in pence

The following fees are applicable from 1st April 2005, with reference to circulars [PCA \(P\) \(2002\) 4](#) & [PCA \(P\) \(2003\) 3](#).

All medicaments (including proprietary products) not requiring extemporaneous preparations and all liquids for internal and external use prepared by addition of water or by simple dilution for extemporaneous dispensing (this fee does not apply to Schedule 2 CDs).

- | | | |
|----|---|------|
| a. | Standard fee payable per prescription (from 1/10/2002). | 91.7 |
| b. | Second and subsequent dispensing of a prescription | 65 |

An additional on cost allowance of 15% is payable when the measuring and fitting of elastic hosiery or trusses has been carried out by a pharmacist, and the prescription endorsed 'measured and fitted'.

- | | | |
|---|--|------|
| All medicaments requiring extemporaneous dispensing | | |
| a. | All liquids for internal and external use prepared to a special formula, e.g. mixtures, lotions, nasal drops | 330 |
| b. | Ointments, creams, pastes prepared by dilution or admixture of standard or proprietary ointments, creams or pastes | |
| | Quantity (a) not exceeding 200g | 275 |
| | (b) 201g-500g | 550 |
| | (Over 500g- 550p per 500g or part thereof) | |
| c. | Ointments, creams, pastes prepared to a special formula | |
| | Quantity (a) not exceeding 200g | 562 |
| | (b) 201g-500g | 1125 |
| | (over 500g- 1125p per 500g or part thereof) | |
| d. | Special formula bulk powders | 550 |
| e. | Individual powders, capsules, etc.: for first 10 (and 22p per powder, capsule etc. thereafter) | 225 |
| f. | Liquids prepared by aseptic technique, e.g. eye drops | 1000 |
| g. | Liquids prepared by a BP sterilisation process | 1116 |
| h. | Dispensing of "specials" | |

Where a pharmacist contractor for some reason cannot dispense the prescription extemporaneously or elects to have it made up as a "special", the pharmacist contractor must provide to Practitioner Services Division (PSD) the reasons why a "special" was necessary. In any doubtful cases PSD, before pricing, may refer matters to the Health Board to ascertain if the additional costs involved through use of a "special" were necessarily incurred and were reasonable. Only in circumstances where the Health Board satisfied that the use of a "special" was necessary, will the invoiced "special" price be reimbursed and the dispensing fee at section 1 of the table above be paid. In other cases, payment of ingredient costs and dispensing fees will be made on the basis that the prescription had been dispensed extemporaneously.

i. Plastic Measuring Spoon 5ml and Oral Syringes 5ml

A plastic measuring spoon which shall comply with BS 3221: Part 6: 1983 shall be provided with every liquid oral medicine which has a dose of 5ml or whole multiples of 5ml except in the case where a manufacturers pack contains one. When the dose of an oral liquid medicine is not 5ml or whole multiples of 5ml, and the pack does not already contain a suitable measuring device, a 5ml plastic oral syringe wrapped together with a bottle adapter and instruction leaflet shall be provided. The oral syringe shall comply with BS 3221: Part 7: 1986 or an equivalent European Standard.

<u>Appliances:</u>	<u>Fee per Prescription</u>
a. All appliances except for ostomy/urinary equipment	(p) 15
b. Urinary equipment (Incontinence products & Urinary catheters)	120

All prescriptions for Schedule 2 CDs, except for those which are extemporaneously dispensed and attract the higher extemporaneous dispensing fee, will attract a dispensing fee of 175

PROFESSIONAL ALLOWANCE

NHS Circular PCS(P)(1993)1 introduced the professional allowance with effect from 1 May 1992. The allowance is payable to those pharmacist contractors dispensing 1,135 prescriptions or more per month and where other services are provided.

The professional allowance is payable at the following rates:

- Contractors dispensing 3,040 prescription and over per month will be paid £1,575 per month (£18,900 per annum)
- Contractors dispensing 1,135-3,040 prescriptions will be paid £575 plus £1,000 pro rata to the number of prescriptions up to 3,040 per month

Revision of Drug Tariff Pt 11 Net Ingredient Cost Scale for Pharmacist Contractors

The following revised clawback scale takes effect from 1 April 2011.

Ingredient value					
From	To		From	To	
£0	£3,000	0.00%	£12,500	£12,750	5.05%
£3,000	£3,250	0.44%	£12,750	£13,000	5.08%
£3,250	£3,500	0.89%	£13,000	£13,250	5.11%
£3,500	£3,750	1.28%	£13,250	£13,500	5.14%
£3,750	£4,000	1.62%	£13,500	£13,750	5.16%
£4,000	£4,250	1.92%	£13,750	£14,000	5.19%
£4,250	£4,500	2.19%	£14,000	£14,250	5.21%
£4,500	£4,750	2.43%	£14,250	£14,500	5.23%
£4,750	£5,000	2.64%	£14,500	£14,750	5.26%
£5,000	£5,250	2.83%	£14,750	£15,000	5.28%
£5,250	£5,500	3.00%	£15,000	£15,250	5.30%
£5,500	£5,750	3.16%	£15,250	£15,500	5.32%
£5,750	£6,000	3.31%	£15,500	£15,750	5.34%
£6,000	£6,250	3.44%	£15,750	£16,000	5.36%
£6,250	£6,500	3.56%	£16,000	£16,250	5.38%
£6,500	£6,750	3.68%	£16,250	£16,500	5.40%
£6,750	£7,000	3.78%	£16,500	£16,750	5.42%
£7,000	£7,250	3.88%	£16,750	£17,000	5.43%
£7,250	£7,500	3.97%	£17,000	£17,250	5.45%
£7,500	£7,750	4.06%	£17,250	£17,500	5.47%
£7,750	£8,000	4.14%	£17,500	£17,750	5.48%
£8,000	£8,250	4.21%	£17,750	£18,000	5.50%
£8,250	£8,500	4.28%	£18,000	£18,250	5.51%
£8,500	£8,750	4.35%	£18,250	£18,500	5.53%
£8,750	£9,000	4.41%	£18,500	£18,750	5.54%
£9,000	£9,250	4.47%	£18,750	£19,000	5.55%
£9,250	£9,500	4.52%	£19,000	£19,250	5.57%
£9,500	£9,750	4.58%	£19,250	£19,500	5.58%
£9,750	£10,000	4.63%	£19,500	£19,750	5.59%
£10,000	£10,250	4.68%	£19,750	£20,000	5.60%
£10,250	£10,500	4.72%	£20,000	£20,250	5.62%
£10,500	£10,750	4.76%	£20,250	£20,500	5.63%
£10,750	£11,000	4.81%	£20,500	£20,750	5.64%
£11,000	£11,250	4.85%	£20,750	£21,000	5.65%
£11,250	£11,500	4.88%	£21,000	£21,250	5.66%
£11,500	£11,750	4.92%	£21,250	£21,500	5.67%
£11,750	£12,000	4.95%	£21,500	£21,750	5.68%
£12,000	£12,250	4.99%	£21,750	£22,000	5.69%
£12,250	£12,500	5.02%	£22,000	£22,250	5.70%

From	To	
£22,250	£22,500	5.71%
£22,500	£22,750	5.72%
£22,750	£23,000	5.73%
£23,000	£23,250	5.74%
£23,250	£23,500	5.75%
£23,500	£23,750	5.76%
£23,750	£24,250	5.77%
£24,250	£24,500	5.78%
£24,500	£24,750	5.79%
£24,750	£25,000	5.80%
£25,000	£25,500	5.81%
£25,500	£25,750	5.82%
£25,750	£26,250	5.83%
£26,250	£26,500	5.84%
£26,500	£27,000	5.85%
£27,000	£27,250	5.86%
£27,250	£27,750	5.87%
£27,750	£28,000	5.88%
£28,000	£28,500	5.89%
£28,500	£29,000	5.90%
£29,000	£29,250	5.91%
£29,250	£29,750	5.92%
£29,750	£30,250	5.93%
£30,250	£30,750	5.94%
£30,750	£31,250	5.95%
£31,250	£31,750	5.96%
£31,750	£32,250	5.97%
£32,250	£33,000	5.98%
£33,000	£33,500	5.99%
£33,500	£34,000	6.00%
£34,000	£34,750	6.01%
£34,750	£35,250	6.02%
£35,250	£36,000	6.03%
£36,000	£36,750	6.04%
£36,750	£37,500	6.05%
£37,500	£38,000	6.06%
£38,000	£39,000	6.07%
£39,000	£39,750	6.08%
£39,750	£40,500	6.09%
£40,500	£41,500	6.10%
£41,500	£42,250	6.11%

From	To	
£42,250	£43,250	6.12%
£43,250	£44,250	6.13%
£44,250	£45,250	6.14%
£45,250	£46,500	6.15%
£46,500	£47,500	6.16%
£47,500	£48,750	6.17%
£48,750	£50,000	6.18%
£50,000	£51,500	6.19%
£51,500	£52,750	6.20%
£52,750	£54,250	6.21%
£54,250	£56,000	6.22%
£56,000	£57,500	6.23%
£57,500	£59,500	6.24%
£59,500	£61,250	6.25%
£61,250	£63,250	6.26%
£63,250	£65,500	6.27%
£65,500	£67,750	6.28%
£67,750	£70,250	6.29%
£70,250	£73,000	6.30%
£73,000	£75,750	6.31%
£75,750	£79,000	6.32%
£79,000	£82,500	6.33%
£82,500	£86,000	6.34%
£86,000	£90,250	6.35%
£90,250	£94,500	6.36%
£94,500	£99,500	6.37%
£99,500	£105,000	6.38%
£105,000	£111,000	6.39%
£111,000	£118,000	6.40%
£118,000	£125,500	6.41%
£125,500	£134,500	6.42%
£134,500	£144,500	6.43%
£144,500	£156,250	6.44%
£156,250	£170,250	6.45%
£170,250	£187,000	6.46%
£187,000	£207,000	6.47%
£207,000	£232,250	6.48%
£232,250	£264,250	6.49%
£264,250	or higher	6.50%

COMMUNITY PHARMACY: SUPPLEMENTARY AND INDEPENDENT PRESCRIBING CLINICS

ALLOCATIONS FOR 2011-12 FINANCIAL YEAR

NHS BOARD	£
Ayrshire and Arran	105,600
Borders	20,771
Dumfries and Galloway	30,124
Fife	145,600
Forth Valley	31,200
Grampian	132,675
Greater Glasgow & Clyde	240,675
Highland	57,600
Lanarkshire	109,894
Lothian	149,700
Orkney	0
Shetland	0
Tayside	73,800
Western Isles	0
TOTAL	1,087,626

**PCS INFRASTRUCTURE DEVELOPMENT FUND
STAFF TRAINING – FINANCIAL SUPPORT
CLAIM FORM**

Contractor PSD code: _____

Contractor name & address: _____

Name of staff member: _____

Name of course provider: _____

Course title: _____

Course start date: _____

Course completion date if applicable: _____

COUNTER FRAUD DECLARATION

I declare that the information I have provided is correct and complete. I understand that, if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I agree that any overpayments identified through the post payment verification procedure may be recovered at a future date by the Common Services Agency for the Scottish Health Service. For the purposes of payment verification, I confirm that I consent, and have obtained the written consent of all contractors who are the subject of this claim, to the disclosure of information from this form to and by the Common Services Agency and the Health Boards on whose pharmaceutical lists are included all of the contractors to which this claim relates, and confirm that I and they will co-operate fully with all payment verification procedures.

Signature: _____

Name (in Capitals): _____

Company position: _____

Date: _____

Completed forms should be returned by 31 January 2012 with the required documentation to:

Dr Rose Marie Parr
NES Pharmacy
3rd Floor, 2 Central Quay
89 Hydepark Street
GLASGOW
G3 8BW