

Dear Colleague

**PHARMACEUTICAL SERVICES:
QUALITY EVALUATION AND DEVELOPMENT
PAYMENT FOR COMPLETION OF
CHRONIC MEDICATION SERVICE IMPLEMENTATION
RESOURCE PACK**

Summary

1. This Circular advises community pharmacy contractors and Health Boards of an amendment to the Drug Tariff in respect of a Quality Evaluation and Development Payment for completion of the Chronic Medication Service (CMS) Implementation Resource Pack.

Background

2. NHS Education for Scotland (NES) Pharmacy has developed a Chronic Medication Service Implementation Resource Pack, which is to enable community pharmacy contractors to provide CMS as a core service within the community pharmacy contract in Scotland.

3. An electronic copy is currently available at www.nes.scot.nhs.uk/pharmacy and a hard copy is being distributed to each community pharmacy premises and should arrive before the end of February. Additional copies are available by contacting NES Pharmacy directly.

4. The NES pack has been designed to provide relevant guidance relating to the provision of CMS as reflected in the equivalent Directions which were issued under [Circular PCA \(P\) 2009 11](#).

23 February 2010

Addresses

For action
Chief Executives, NHS Boards

For information
Chief Executive, NHS NSS

Enquiries to:

Elaine Muirhead
Primary Care Division
1st Floor East Rear
St Andrew's House
EDINBURGH
EH1 3DG

Tel: 0131-244 3433
Fax: 0131-244 2326

Email:
Elaine.Muirhead@scotland.gsi.gov.uk

www.scotland.gov.uk

Detail

5. The amendment to the Drug Tariff notified in this Circular authorises a one off Quality Evaluation and Development (QED) payment to community pharmacy contractors with whom Health Boards have made arrangements for the provision of CMS in accordance with paragraph 4 of Annex B to PCA(P)(2009)11.
6. To qualify for this QED payment eligible contractors must-
 - a. ensure that all pharmacists and support staff who will be involved in the delivery of CMS have worked through and completed the requirements of the NES Pharmacy Chronic Medication Service Implementation Resource Pack **before 1 June 2010**.
 - b. certify that an Action Plan appropriate for that pharmacy based on the advice at section 8.4 of the Pack has been prepared for the pharmacy concerned.
 - c. certify that all new staff (including locum staff) will receive appropriate training to ensure that they will be familiar with any future Standard Operating Procedures of the pharmacy concerned in so far as they relate to the provision of CMS, and that an appropriate training log will be maintained.
 - d. complete and return **before 1 June 2010** the form at the Annex to this Circular. (Annex A for individual contractors, Annex B for multiple outlet contractors)
7. Community Pharmacy Scotland has been consulted on this amendment to the Drug Tariff.

Eligibility for payments

8. To be eligible a contractor must have been on the Pharmaceutical List during the period 23 February 2010 - 1 June 2010. Where a contractor is taken over by another during this period only one claim will be accepted.

Funding arrangements

9. This QED payment is a one-off payment met from the centrally held Pharmaceutical Services line.

Action

10. Health Boards are asked to note the contents of this Circular and to copy to all community pharmacy contractors.
11. Individual contractors applying for a QED - CMS Implementation payment should follow the instructions provided at paragraph 6 above.

NHS Circular:
PCA(P)(2010)3

Yours sincerely

Frank Strang
Deputy Director

**CLAIM FORM FOR QUALITY EVALUATION AND DEVELOPMENT PAYMENT –
CHRONIC MEDICATION SERVICE (CMS) IMPLEMENTATION** (To be completed
by single outlet contractors)

Contractors claiming the QED - CMS Implementation payment must comply with the requirements below, sign the form and return the original completed form to:

Moira Hanley

NHS National Services Scotland
Practitioner Services
Gyle Square
1, South Gyle Crescent
EDINBURGH
EH12 9EB

By post

Or

By email moira.hanley@nhs.net

A copy may be sent by fax to 0131 275 7532. The original must follow by post

Please note:

To be eligible for the timely processing with payments relating to the dispensing month concerned, Practitioner services Division must receive forms no later than the 7th day of the following month. Forms received later than this date will be processed as claims relating to the following or subsequent month dependant on the date and month of receipt. **All self certified claims must be submitted at the latest by 7 June 2010.**

Contractor name and premises:

Contractor Code:

I, the undersigned contractor, confirm that I have made the NHS Education for Scotland (Pharmacy) – Chronic Medication Service Implementation Pack – February 2010 - available to all pharmacists and support staff who will be involved in the delivery of CMS care in this pharmacy.

I confirm that I and all the pharmacists and support staff who will be involved in the delivery of CMS care in this pharmacy, have worked through and will complete the requirements of the Pack before 1 June 2010.

I confirm that an Action Plan based on the advice at section 8.4 of the Pack has been prepared for this pharmacy.

I confirm that all new staff (including locum staff) will receive appropriate training to ensure that they are familiar with this pharmacy's Standard Operating Procedures as they relate to the provision of CMS and that an appropriate training log will be maintained.

I claim the one off Quality Evaluation and Development- CMS Implementation payment of £1000.

COUNTERFRAUD 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 consent to the disclosure of information from this form to and by the Common Services Agency and the Health Board on whose pharmaceutical list I am listed, as a contractor and agree to co-operate fully with all payment verification procedures.

Signature.....

Name (in Capitals).....

Date.....

**CLAIM FORM CLAIM FORM QUALITY EVALUATION AND DEVELOPMENT
PAYMENT – CHRONIC MEDICATION SERVICE (CMS) IMPLEMENTATION (To be
completed by multiple outlet contractors)**

The officer of the contractor authorised to claim the QED - CMS Implementation payment on behalf of all of the contractors whom the officer will list in the accompanying table must comply with the requirements below and ensure that the listed contractors also comply. The officer must sign the form below and return the original completed form to:

Moira Hanley

NHS National Services Scotland
Practitioner Services
Gyle Square
1, South Gyle Crescent
EDINBURGH
EH12 9EB

By post

Or

By email moira.hanley@nhs.net

A copy may be sent by fax to 0131 275 7532. The original must follow by post.

Please note:

To be eligible for the timely processing with payments relating to the dispensing month concerned, Practitioner Services Division must receive forms no later than the 7th day of the following month. Forms received later than this date will be processed as claims relating to the following or subsequent month dependant on the date and month of receipt. **All self certified claims must be submitted at the latest by 7 June 2010.**

I, the undersigned, acting on behalf of the contractors whose names, addresses and contractor codes are listed in the attached table, declare that I have confirmed with all contractors who are the subject of this claim, that they have made the NHS Education for Scotland (Pharmacy) – Chronic Medication Service Implementation Pack – February 2010- available to all pharmacists and support staff who will be involved in the delivery of CMS care at the premises from which these contractors provide pharmaceutical services.

I declare that I have confirmed in writing, with all of the contractors who are the subject of this claim, that they will ensure that all of the pharmacists and support staff who will be involved in the delivery of CMS care at the premises

from which each of these contractors provides pharmaceutical services have worked through and will complete the requirements of the Pack before 1 June 2010.

I declare that I have confirmed in writing with all of the contractors who are the subject of this claim that Action Plans based on the advice at section 8.4 of the Pack has been prepared by each of them for the premises where they provide pharmaceutical services.

I declare that I have confirmed with all of the contractors who are the subject of this claim that all new staff (including locum staff) operating from the premises from which each of these contractors provides pharmaceutical services will receive appropriate training to ensure that they are familiar with the listed contractors' Standard Operating Procedures as they relate to the provision of CMS, and that an appropriate training log will be maintained by each contractor.

I claim the one off Quality Evaluation and Development - CMS Implementation payment of £1000 on behalf of all of the contractors whose names and contract codes listed in the attached table.

COUNTERFRAUD 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.....

