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FEB 2009	

vision

Developing the Community Pharmacy Contract

Keeping you up to date Contract implementation progress

Chronic Medication Service: Update on development

The details of how the Chronic Medication Service – the last of the core services planned for the Contract – will be introduced are now the prime focus in our discussions with the Scottish Government (SG). In December, Nicola Sturgeon, the Cabinet Secretary for Health and Well Being, announced the publication of Professor Lewis Ritchie's report 'Establishing Effective Therapeutic Partnerships' and a copy has been sent to all Scottish community pharmacies, to pharmacists who are resident in Scotland and to general practitioners.

Community Pharmacy Scotland would encourage all of its members to read the report to increase understanding of the role community pharmacists can play in supporting the management of patients' long term conditions.

At our meetings with officials, both in and before January, we have been discussing when and how the service should be rolled out. There is still an intention to commence roll-out from April 2010 but we are not yet in a position to provide you with the full detail.

Community Pharmacy Scotland however remains committed to the introduction of the service and, in order to maintain stability for contractors, is keen to see the service rolled out **steadily and incrementally** from April. Our next full formal meeting with SG takes place in March when we hope to be in a position

to reach a final agreement on the service specification and the roll-out parameters. A circular will then follow. Although the next formal meeting is not until March, there will be a number of other meetings in the interim.

It is not our intention to make any fundamental changes to the remuneration arrangements in April.

Work is underway to develop a capitation payment model but the Contract Team, led by Chairman Martin Green, has made it very clear in the negotiations that it is unwilling to accept any new model until such time as it is comfortable with the results produced.

The new service will be reliant on new processes, including the various elements of eCMS, and for the first few months contractors and their staff will need to familiarise themselves with these processes and adapt where necessary current ways of working. It is important during these opening months that contractors report problems and issues they may find before the full service begins. The issues teased out should be highlighted to all concerned to ensure resolution at an early stage and to allow us to engage with SG on the financial negotiations for 2011/12.

In their joint letter Professor Bill Scott and Dr Harry Burns highlighted how the

FOREWORD FROM HARRY MCQUILLAN, CEO



Dear Member,

This edition of Vision highlights the first tentative steps towards our implementation of CMS. Elspeth and the team at CPS have devised a visual tool to communicate any developments within each of the components as we see it. We intend to continue this theme throughout the coming months and years and will support this with back up text to refer to. This approach we feel will allow all contractors and their staff to get to grips with the service as it rolls out.

CPS is also aware of the introduction of a new software system for many of our contractors, and we are sensitive to the issues this will cause.

I would re-iterate that the introduction of CMS takes community pharmacy practice in Scotland into a new era. Care planning will allow contractors to identify medication issues and propose practical solutions to resolve them, ultimately improving patient outcomes and maximising the health benefits from prescribed therapy.

This statement is easy to write and say and not so easy to deliver.

It is from this context that all at CPS will be working to ensure service developments are practical, manageable and deliverable and supported by clear support material. Equally, if not more, important will be stability in remuneration and reimbursement arrangements to ensure predictable, consistent cash flow to our contractor members throughout a period of operational change. I want to reassure you that securing this remains our priority.

The team at Queen Street are always available for advice and to receive feedback about how things are progressing "at the coalface". I would encourage contractors to use this facility to ensure we, together, deliver a world – class chronic medication service.

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Harry McQuillan, Chief Executive Officer

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Chronic Medication Service will strengthen joint working and assist patients to obtain the best outcomes from their medication. It sits within the Government's Vision for "Better Health, Better Care".

Community Pharmacy Scotland is also keen to foster an environment of sharing good practice throughout the community pharmacy network to ensure delivery of therapeutic partnerships between patients, community pharmacists and general practitioners.

Community Pharmacy Scotland intends to devote extensive coverage to the Chronic Medication Service in the next few editions of Vision. We have identified a number of areas you will need to work on to implement the service in your pharmacy (see diagram). Each section of the diagram will be covered in turn to help support contractors deliver CMS within their pharmacy. ●

Chronic Medication

Remuneration

Communication

Chronic Medication Service: Staff

A NES Pack has been developed to support staff implementation of the new processes. It has been published on the NES website in February. A printed pack will follow. This implementation pack will support pharmacists and their staff to understand more detail of the processes behind the Chronic Medication Service and how they operate. It is expected that completion of the pack will be supported by the first quality, evaluation and development (QED) payment.

Community Pharmacy Scotland believes the successful roll out of the Chronic Medication Service will require discussion between you and your staff. The team will need to consider how to identify and register appropriate patients for the Chronic Medication Service. The team will also need to think about supporting the pharmacist in the completion of patient registration.

The Chronic Medication Service will also see the introduction of serial prescriptions for periods of twenty-four and forty-eight weeks. Community Pharmacy Scotland believes that the use of serial prescriptions will support pharmacies to dispense prescriptions in anticipation of patients presenting to the pharmacy. Initially not all patients will be eligible for a serial prescription due to constraints written into the Directions.

The dispensing of prescriptions several days in advance of a patient appearing will benefit pharmacists to be prepared when patients appear and will allow time for clinical intervention and/or concordance monitoring.

More information will follow once the details of implementation are finalised.

Staff
Vision number 16 (see left)

Chronic Medication Service: IT

The 4 components to the IT process are

Registration

Risk Assessment / CarePlan

Installation

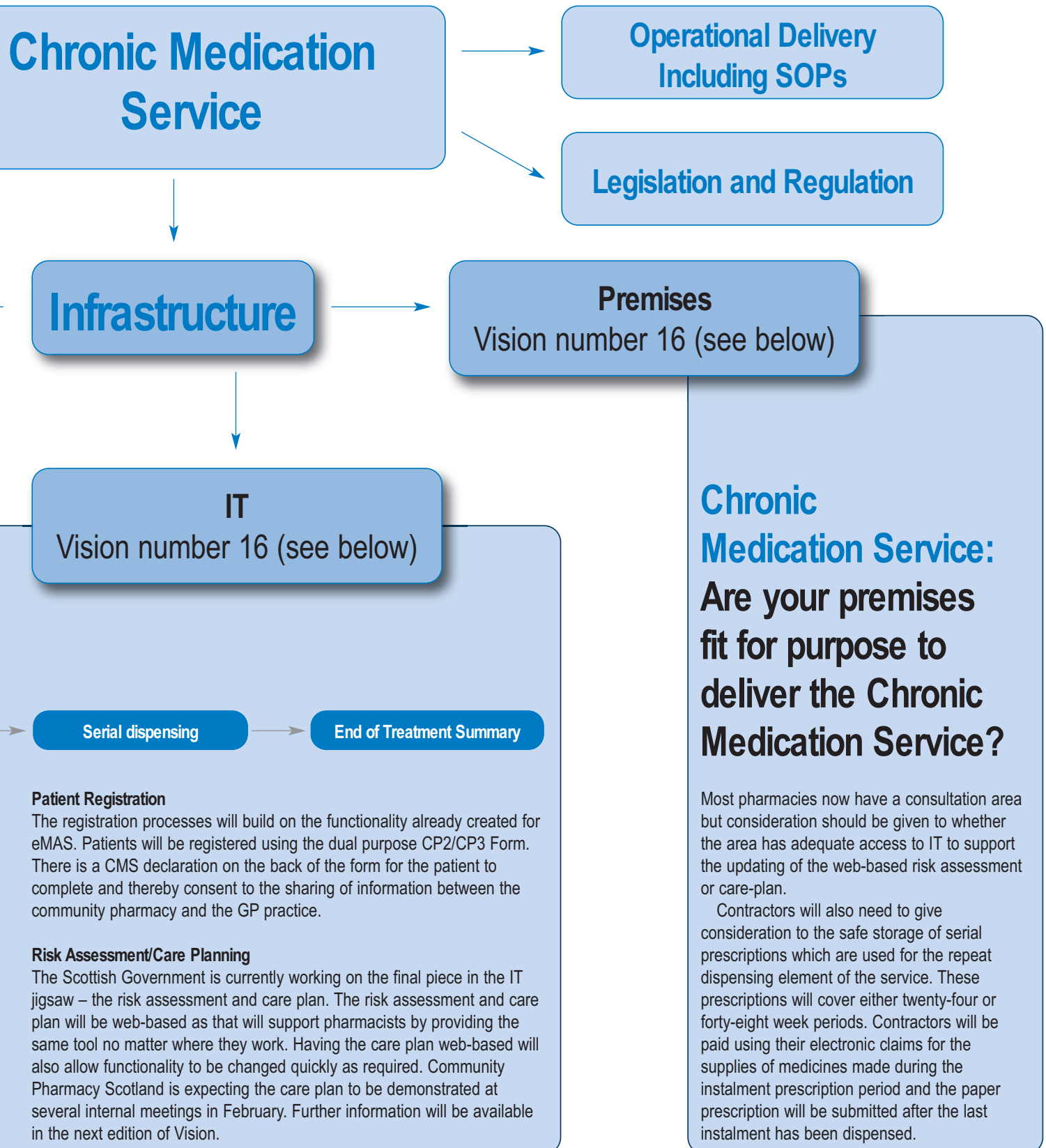
Pharmacy and GP IT suppliers are working towards delivery of their solution for the April roll out of CMS. Assurances have been given that that date is achievable. Contractors should also be aware that upon the completion of the installation of eCMS before 31st March 2010 they will receive a one off £250 connection payment and a monthly payment of £100 on an ongoing basis. Contractors will be paid automatically upon installation of eCMS so no claim is necessary.

One Pharmacy supplier has rolled out its solution to its users and Community Pharmacy Scotland would now encourage users to complete installation of the solution as soon as possible.

Community Pharmacy Scotland is also aware that one pharmacy supplier has decided to make a complete change to its current system. Community Pharmacy Scotland would encourage users from this group to support wherever possible roll out of the new system and spend time getting to grips with the eAMS software as quickly as possible prior to the start of using eCMS software.



Chronic Medication Service: What is needed?



Application to Re-Tender for the Provision of Stoma Appliances to Patients from April 2010

In April 2006 new arrangements were put in place for the supply of stoma appliances in the community. A review of these arrangements has been conducted and a number of recommendations drawn up. Key elements identified were:

- Patient choice and meeting the clinical needs of patients remains at the core of the service
- Improvements to the existing service will be pursued rather than any further fundamental change
- The use of the hospital formulary will be optional and patients will not be forced to change from their existing appliance
- Patients will have a right to a regular care review with a clinical nurse specialist if they choose
- SG will look to secure improved value for money from the arrangements.
- A national audit process will be developed – this is being taken forward by the Scottish Stoma Forum where Community Pharmacy Scotland has representatives.

A series of meetings has been taking place between officials and representatives from Community Pharmacy Scotland and the British Healthcare Trades Association (BHTA), who represent the appliance contractors, to consider elements in the re-tendering process. New tenders will be invited for the supply of appliances for use in hospitals and in the community and for the remuneration arrangements for stoma service suppliers.

As soon as formal proposal have been developed we will provide you with the necessary information to allow you to decide whether to participate in the re-tender process. ●

General Pharmaceutical Council Setting Standards: Consultation Response

The process to establish the new Regulator for Pharmacists, Pharmacy Premises and Pharmacy Technicians is continuing but the exact start date will not be known until all the relevant regulation has gone through the parliamentary process. A consultation has just finished on proposals for the standards necessary for safe and effective practice. GPhC has been given the power to set standards for education and training; conduct ethics and performance; proficiency; Continuing Professional Development and for owners of pharmacies and superintendent pharmacists in connection with carrying on a retail pharmacy business.

A copy of our response to the consultation is available on our website. We have expressed our concern that overall the draft standards are over prescriptive, unwieldy and difficult for the professional to follow. We have also questioned whether sufficient attention has been paid to divergence in practice

across Great Britain, to the lack of consultation on some of the far-reaching proposals in relation to education and back to practice and the difficulty for us in commenting on education and proficiency standards for pharmacy technicians when it is not yet clear how they might practise in the community.

The shadow GPhC now has the opportunity to consider the responses received and we would expect that we will be given a further opportunity to input to the standards development process. The office-bearers of Community Pharmacy Scotland met with the Chair Designate for GPhC at the end of October and Kirsty Hepburn, the member of GPhC who is resident wholly or mainly in Scotland, attended a recent Board meeting to engage with the organisation as a key stakeholder.

We will continue to engage with GPhC on your behalf to ensure that the Scottish dimension to practice is taken into account. ●

NHS Regulations: Control of Entry review

The initial scoping exercise for the review of the current control of entry provisions has been completed and the responses analysed. A full consultation paper is being drawn up and a three month consultation period will follow. If it is then decided to amend the legislation, new regulations will be prepared and laid in Parliament.

Some time ago, we advised that there would be a review of the Essential Small Pharmacy Scheme. We are now taking that forward in parallel with the Control of Entry review. As a first step, Health Boards will be required to review the current entries on the register in their area against the current criteria and determine if it is appropriate for a pharmacy to remain on the register. We will keep you informed of developments. ●

**COMMUNITY
PHARMACY
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Community Pharmacy Scotland represents Scotland's 1213 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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