



SCOTTISH EXECUTIVE

Health Department
Directorate of Service Policy and Planning

Primary Care Division
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Dear Colleague

ePHARMACY PROGRAMME UPDATE

9th August 2005

Purpose

1. To provide NHS boards, community pharmacy contractors and their PMR system suppliers with an update on progress and developments with regard to the Department's ePharmacy Programme. It also advises of an initiative to establish a network of Community Pharmacy IM&T Facilitators, for which central funding will be made available to health boards on an approved business case basis.

Background

2. HDL 2004(14) explained the background to the establishment of the ePharmacy Programme. http://www.show.scot.nhs.uk/sehd/mels/HDL2004_14.pdf.

In summary its purpose is to underpin and support community pharmacy contractors in their delivery of the core components of the forthcoming new community pharmacy contract, and to improve communication across the whole NHS healthcare team to the benefit of healthcare practitioners and patients alike.

3. The 2004 HDL summarised the e-developments for each component of the new contract, notably the chronic medication service (CMS), minor ailments service (MAS), acute medication service (AMS) and public health services (PHS). A position report in respect of each is provided at Annex A. The HDL also trailed the intention to establish a centrally funded IM&T training programme to cover both issues relating to connection to the NHSnet (N3) and the use of e-applications that support the above services. An update on this issue with details of how health boards may now seek the funding is provided at Annex B.

4. Discussions on the new contract continue between the Department and the Scottish Pharmaceutical General Council. The current intention is for implementation to be phased in from April 2006, with the order being influenced by the availability of e-applications to underpin and support service delivery.

Addresses

For action

Chief Executives, NHS Boards
Community Pharmacy Contractors

For information

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Summary

5. The following is a summary of the developments and key points that should be noted.
- 1) After a short delay from the need to renegotiate the NHSnet contract, the N3 connection programme for community pharmacy will be completed in Autumn 2005. Thereafter, there will be a short programme to migrate pharmacies on the initial NHSnet connections to the new N3 connection.
 - 2) Development of a central patient registration system (CPRS), to underpin MAS is now complete and work is in hand to incorporate any further CMS requirements.
 - 3) All of the major pharmacy system suppliers operating in Scotland are continuing to develop eMAS functionality. One supplier (Cedegim) has already developed and is successfully running a beta version of the eMAS software that links the pharmacy to an ePharmacy message store (EPMS), the CPRS and NSS Practitioner Services Division (PSD). Two more suppliers (AAH and Enigma) are due to go live during August 2005. These 3 suppliers account for around 70% of the system suppliers in Scotland.
 - 4) The intention is that, under the new contract, **MAS** will be administered on an e-basis (eMAS) only, i.e. **payments to contractors will be made only on electronic and not paper generated claims** (except as a fall back if there is an e-system failure). This means that **contractors' IM&T systems and the PMR suppliers' operating systems must meet all specification requirements by, and ideally before, April 2006.**
 - 5) Development of eAMS and eCMS functionality is underway, which affects GP systems as well as community pharmacy systems. Current plans are for a phased implementation of these e-applications from mid-2006 and to be fully operational from April 2007.
 - 6) Development of new payment (ePay) functionality for community pharmacy (remuneration and drug cost reimbursement) is also underway. Use of data from electronic registration and claim messages in eMAS has already started in the pilot sites. The ePay development will incorporate a greater use of data in the payment process for all the services. This development will be done in parallel with eAMS and eCMS and will be implemented initially with eMAS from 2006 onwards.
 - 7) Circular PCA(P)(2005)1: [http://www.show.scot.nhs.uk/sehd/pca/PCA2005\(P\)01.pdf](http://www.show.scot.nhs.uk/sehd/pca/PCA2005(P)01.pdf) advised community pharmacy contractors of the initial minimum specification required of their IM&T systems in the future in order to operate the ePharmacy applications for the new contract. **Contractors were advised to ensure that all necessary upgrades or procurements were completed by 30 September 2005.**

Health boards are to report on the compliance with this requirement to the Department by 31 October 2005.

Action

6. Chief Executives are to:

- **bring this HDL to the attention of all community pharmacy contractors in their respective Board areas without delay;**
- **action the invitation to create a business case to establish Community Pharmacy IM&T facilitators (Annex B);**
- **by end October, report extent of contractor compliance with the IM&T specification requirements listed in [Circular PCA\(P\)\(2005\)1](#);**
- note arrangements for the roll out of N3 and migration of original NHSnet connections to N3 in the longer term;
- note arrangements for including and maintaining pharmacy details on the NHSmail Directory;
- note the new contract payment criteria for MAS as set out in paragraph 5.4 above.

7. Community Pharmacy Contractors should:

- note arrangements to finalise N3 roll-out and necessary migrations to N3 connections;
- note arrangements for establishing community pharmacy IM&T facilitators;
- **action any necessary upgrade/procurement requirements by 30 September 2005;**
- note the new contract payment criteria for MAS as set out in paragraph 5.4 above.

Yours sincerely



HAMISH WILSON
Head of Primary Care Division

ePHARMACY PROGRAMME UPDATE

1. This Annex outlines the progress made to date on the ePharmacy Programme that was initially outlined in [HDL 2004\(14\)](#). It also sets out actions for NHS Boards and community pharmacy contractors in relation to preparing for and supporting implementation of the new contract's ePharmacy requirements.

NHSnet/N3 connection

2. Connection to the **NHSnet/N3** for community pharmacists is pivotal to their ability to deliver many of the aims in the Department's pharmaceutical services strategy, *The Right Medicine*, and to implementing the new community pharmacy contract in Scotland.

3. The connection programme for community pharmacy is well underway and due to complete in the Autumn of this year. There are two forms of connection; one for individual and small groups of pharmacies through a **closed user group (CUG)** connection, and another for large multiple chains who will connect via a **head office connection (HOC)**.

4. To date, community pharmacies in Tayside, Ayrshire & Arran, Forth Valley, Borders, Fife, Dumfries & Galloway, Shetland and Orkney Board areas have been connected to the NHSnet through CUGs. The multiple HOCs and pharmacies in the remaining NHS Board areas are scheduled for N3 connection between now and the end of September 2005 – but final through connection for HOCs will be a matter for the individual companies concerned. This will be followed by a period of activity where the initial NHSnet connections will migrate over to N3 in the early adopter Board areas, starting with Ayrshire & Arran.

5. The NHSnet/N3 connection provides access to the **NHSmail service**, as well as internet access, where this has been agreed by the community pharmacy contractor/pharmacy company. All practising community pharmacists (including locums) and their associated support staff should be registered on the **NHSmail directory** and their entries maintained by their NHS Board. Each pharmacy site is also provided with a **Clinical Mailbox** for use in unstructured clinical communications. Work is currently in hand to expand the job roles with the **NHSmail Directory** to recognise pharmacy support staff as well as pharmacists.

IM&T training and support

6. It is essential that pharmacists and their staff are able to use their **IM&T systems and ePharmacy applications** to deliver pharmaceutical care services under the new contract and, in so doing, they are able to exchange relevant clinical and patient information with other members of the NHS care team. To this end, the Department is introducing a centrally funded **Community Pharmacy IM&T Facilitation Programme** to help train and support community pharmacy staff in this regard.

7. There are two main strands to the training and support needs. Firstly, to ensure that all community pharmacists and appropriate support staff can use their NHSnet/N3 and NHSmail facilities following connection. And secondly, to provide training on the use of the ePharmacy Programme applications including on-line access to register patients via the Central Patient Registration System (CPRS), and to support the Minor Ailments Service (eMAS) component of the new community pharmacy contract.

8. The programme has been piloted in Ayrshire & Arran and Tayside NHS Boards and a summary of the findings from their reports on the initiative is available from the GMS Programme Office (address below). **Annex B** now invites all other NHS Boards to create a business case to access central resources in order to establish Community Pharmacy IM&T facilitators as an extension to the existing local GMS IM&T facilitation teams.

ePharmacy application developments

9. In order to prioritise the work programme required to develop the ePharmacy applications for the new contract, each of the four new contract elements is being managed as a separate work stream but as an iterative process that ensures developments on any one area provides a platform for developments in another. To recap, those elements are the chronic medication service (CMS), minor ailments service (MAS), acute medication service (AMS) and public health services (PHS).

10. The ePharmacy programme has focused initially on developing the electronic (e-) version of the **Minor Ailment Service (MAS)** element of the new contract, this being the most advanced in terms of the care model and service specification. Moreover, MAS is not dependent on GP systems but solely on community pharmacists' IM&T (PMR) system suppliers; and many of the necessary developments for eMAS provide a platform for the future e-development requirements of the other new contract areas.

11. The **MAS** is a service that allows patients who are exempt from paying prescription charges (excluding pre-payment certificates) to use their community pharmacy as the first port of call for NHS services for the treatment of common illnesses. It is based on the successful Direct Supply of Medicine pilots in Ayrshire & Arran and Tayside. Patients register with a community pharmacy of their choice to receive the service and the pharmacy contractor is remunerated through capitation based payments and reimbursed for any appropriate products that are supplied.

12. A **Central Patient Registration System (CPRS)** has been developed to automate the previously manual registration process, which relied on a paper trail from the pharmacy to its NHS Board and then on to National Services Scotland (NSS).

13. The CPRS allows a community pharmacy to register a patient on-line through its pharmacy **PMR system** via its NHSnet/N3 connection and the **ePharmacy Message Store (EPMS)**. The CPRS confirms registration status, provides the pharmacy with the patient's **Community Health Index (CHI)** number, and electronically registers the patient with that pharmacy for control and remuneration purposes. This process facilitates automated payment capitation payments and marks a first step for the longer term development of an ePay system for community pharmacy.

14. After registration, the pharmacy PMR system electronically generates and prints MAS prescriptions which, until now, has had to be done manually with the pharmacist hand writing a prescription. It also transmits selected data as an e-message via NHSnet/N3 connections to the EPMS. This will enable in the future a fully automated payment process with the e-messages being transferred from EPMS to NSS/PSD for automated reimbursement of product costs.

15. All of the major pharmacy system suppliers operating in Scotland are involved in developing eMAS functionality. One supplier (Cedegim) has already developed and is successfully running a beta version of the eMAS software that links the pharmacy to an ePharmacy message store (EPMS), the CPRS and NSS Practitioner Services Division (PSD). Two more suppliers (AAH and Enigma) are due to go live during August 2005. These 3 suppliers account for around 70% of the system suppliers in Scotland and implementation planning shows that by January 2006 almost 90% coverage, at least, will have been achieved. This, coupled to completion of the N3 connections, points to a 1 April 2006 implementation date for MAS.

16. The intention is that, under the new contract, **MAS** is to be administered on an e-basis (eMAS) only, i.e. **payments to contractors will be made only on electronic and not paper generated claims** (except as a fall back if there is an e-system failure). This means that **contractors' IM&T systems and the PMR suppliers' operating systems must meet all specification requirements by, and ideally before, April 2006** (see also paragraph 19 below).

17. Development of eAMS and eCMS functionality is underway, which affects GP systems as well as community pharmacy systems. Current plans are for the phased implementation of these applications from mid- 2006 to be fully operational from April 2007.

18. Development of the new payment (ePay) functionality for community pharmacy (remuneration and drug cost reimbursement) is, as evident from above, also underway. Use of data from electronic registration and claim messages in eMAS has already started in the pilot sites. The ePay development will incorporate a greater use of data in the payment process for all the services. This development will be done in parallel with eAMS and eCMS and will be implemented initially with eMAS from 2006 onwards. It will utilise the UK drug dictionary, **dm+d**.

Hardware Requirements

19. [Circular PCA\(P\)\(2005\)1](#) advised community pharmacy contractors that the minimum initial specification of their **IM&T systems** to support the ePharmacy Programme and the new contract requires to be as follows:

- Windows 2000 or Windows XP;
- At least Pentium 350MHz processor;
- At least 256Mb of Memory;
- At least 4Gb Hard Drive;
- Backup Device for backing up PMR and adapter databases;
- Network Interface Card (required for NHSNet/N3 connection); and
- A dual bin mono laser printer, that can take multi-sized paper (not just be configurable for regular paper sizes such as A4, A5 etc.)

20. It also advised community pharmacy contractors that they should ensure that any necessary upgrade/procurement is completed by **30 September 2005** and to contact their system supplier in sufficient time for this deadline to be met. NHS Boards have been asked to monitor the upgrade position for compliance with the September deadline stated above. The Department will advise **pharmacy system suppliers** of their accreditation processes in due course.

21. As stated in the above mentioned circular, **it will be a condition of the new community pharmacy contract that contractors;**

- have an IM&T system that meets stated hardware specifications and uses software accredited by SEHD/NSS that is used in accordance with set codes of practice;
- use and maintain the system in accordance with agreed protocols.

22. **In this regard, contractors should note the advice at paragraph 16 above, and may wish to consult their PMR system suppliers to ensure complete readiness for 1 April 2006 at the latest.**

Funding

23. Connection and the subsequent rental charges for NHSnet/N3 are billed and paid centrally, similar to GP arrangements, but only where the connectivity solution and the choice of NHSNet/N3 supplier have prior NSS agreement. As intimated above, the Department is also funding associated training requirements through the Community Pharmacy IM&T Facilitation Programme.

24. In accordance with [Circular PCA\(P\)\(2005\)1](#), all community pharmacy contractors have been paid £450 as a contribution to upgrading their IM&T systems, as appropriate, in readiness for implementation of ePharmacy applications that will underpin elements of the new community pharmacy contract.

25. Future funding arrangements to further support the new contract's IM&T infrastructure have still to be determined as part of the negotiations between the Department and Scottish Pharmaceutical General Council (SPGC). However, there is agreement in principle to an element of the new global sum being allocated to supporting the continuing maintenance of IM&T systems.

Support and Help Desk Arrangements

26. Introducing changes to working practices and increasing the reliance on technology to support these changes requires robust support and back up procedures. Work is ongoing to identify appropriate mechanisms to provide this support for community pharmacists as part of the ePharmacy Programme. To date a **help desk facility** has been established at NSS to support ePharmacy developments and to respond to any business associated issues. In addition the **Pharmacy System Suppliers** and/or **Pharmacy Multiple help desks** provide a first line call support service for any system queries and pass calls on as and when appropriate. The aim is to provide a managed support arrangement which ensures resolution of the call query regardless of the initial entry point. **Local Organisation Administrators** will provide **NHSmail** set up and user account support.

Next Steps

27. Work has already started on the specifications and functional requirement to support both the Acute Medication Service (AMS) and Chronic Medication Service (CMS) elements of the new community pharmacy contract. Discussions have been taking place with all GP system suppliers, as well as the pharmacy system suppliers, in order to begin scoping the timescales for delivery of eAMS and eCMS during 2006-07. A further HDL will provide additional information and advice on these developments.

COMMUNITY PHARMACY IM&T TRAINING PROGRAMME

There are plans to introduce a centrally funded Community Pharmacy IM&T training programme for community pharmacists and their support staff in order to assist them in using the systems and applications that will enable the exchange of relevant clinical and patient information and support the delivery of the new community pharmacy contract for pharmaceutical care.

HDL (2004) 14

Purpose

1. This paper invites NHS Boards to submit a business case to access central resources in order to establish **Community Pharmacy IM&T Facilitators** as an expansion to the current local IM&T facilitation team arrangements.
2. These teams are currently focused on support for General Medical Services (GMS) but offer the potential to support other primary care service practitioners over time. The post-holder(s) will work to support community pharmacists and their staff in using systems and applications to deliver the new community pharmacy contract for pharmaceutical care.

Background

3. This letter HDL(2005)34 reports on the progress and developments being made through the Department's ePharmacy Programme. As advised, negotiations on the new community pharmacy contract for Pharmaceutical Care Services (PCS) are continuing but are sufficiently advanced to provide greater clarity about the IM&T requirements.
4. Additionally, there are positive opportunities to align aspects of the new GMS contract with the PCS contract to support the development of new models of integrated working. This underlines the need for new and improved IM&T links between General Practitioners (GPs) and Community Pharmacists (CPs).
5. The GMS IM&T facilitator posts have proven to be extremely successful in supporting GP practices in delivering the new GMS contract both in terms of providing training as an essential part of the work being undertaken to ensure staff have the relevant skills to operate the systems required to deliver the necessary information and demonstrating successes in achieving the Quality Outcome Indicators.
6. Consequently the Department intends to build on that framework and to establish Community Pharmacy IM&T facilitator posts to support the delivery of the new community pharmacy contract. The plan is for these posts to be situated within a NHS Board's current IM&T facilitation team. NHS Boards should attempt to ensure that the post holders complement the existing teams, although it will be down to individual Boards to consider the most appropriate way to fulfil the requirements, consolidate activities and sustain appropriate levels of training and support across all areas.

Vision Statement

7. To have in place an **IM&T facilitation team** in each NHS Board, with an established programme of work to support both **General Medical Practitioners** and **Community Pharmacists**, and their respective **support staff**, in using systems and applications to deliver both the **new GMS** and **PCS contracts**, including the exchange of relevant clinical and patient information. This will also be extended to cover other community based services, e.g. primary care dental services, in the future.

High Level Objectives

2005-06

- To establish **Community Pharmacy IM&T facilitators** within local **IM&T teams**;
- To determine and embark on **basic training** for community pharmacists and their support staff on access to and use of **NHSnet/N3** and **NHSmail**;
- To commence training on **applications** to support the new community pharmacy contract, including the use of the **Central Patient Registration System (CPRS)** to support the **Minor Ailment Service (eMAS)** component of the new community pharmacy contract.

2006-07 and 2007-08

- To build on the work programme for 2005-06 including supporting **eMAS**;
- To encourage **integrated learning programmes** between GPs and CPs and their staff;
- To introduce and then support aspects of **eAMS** and **eCMS** as and when apposite with appropriate links to **GPs and GP systems**.

Business Case

8. NHS Boards are invited to access **central resources** in order to establish **Community Pharmacy IM&T facilitator posts** to sit within their local **IM&T facilitation teams**. The post-holder(s) will work to support community pharmacists and their support staff in using systems and applications to deliver the new community pharmacy contract alongside their colleagues supporting the GMS contract. It will be down to individual NHS Boards to decide how best to deliver this objective within the existing IM&T infrastructure.

10. As part of the bidding process NHS Boards will require to demonstrate, through the provision of a **short business case**, how they plan to achieve the stated vision and objectives for years 2005-06 (part), 2006-07 and 2007-08 as described above. In addition the business case should advise how the post holder(s) will complement the existing IM&T facilitation plans, and set out any potential opportunities for integrated working. NHS Boards will be expected to report on progress against the delivery of these objectives to the **GMS Programme Office** at monthly intervals.

11. It is expected that NHS Boards will assume responsibility for the longer term provision of this support and therefore plans for the longer term sustainability should be included in the business case.

Resources

12. Resources will be made available centrally for years 2005-06, 2006-07 and 2007-08 after which time NHS Boards will be expected to have in place plans for the longer term integration of the Community Pharmacy IM&T facilitators within their local teams.

13. NHS Boards are asked to bid to secure appropriate provision for delivering the vision and objectives for the years stated. Resources for 2005-06 are accessible immediately, with allocations for 2006-07 and 2007-08 being released following the reports on progress against the delivery of the vision and objectives set for the financial years 2005-06 and 2006-07 respectively.

14. It is expected that in most cases resources will cover the equivalent of one full time facilitator for each NHS Board area, although exceptional cases will be considered. Within reason other eligible costs could cover part time community pharmacist expertise to act as advisors and champions of IM&T training and developments, training and travelling requirements, and any associated resources, e.g. hardware requirements such as laptops.

Timetable

15. **NHS Boards business cases are to be submitted to the GMS Programme Office (NSS, Unit 6, Seaforth House, Seaforth Road, Hillington, G52 4SQ) by 31 October 2005. Resources for 2005-06 will become available as soon as the business cases have been approved.**

**Scottish Executive Health Department
August 2005**