

Dear Colleague

**PHARMACEUTICAL SERVICES
CONTRACT PREPARATION PAYMENTS –
EXTENSION TO DEADLINE FOR STRAND F –
ELECTRONIC CLAIMS INCENTIVISATION PAYMENT**

Purpose

1. This circular advises of an amendment to the Drug Tariff extending the deadline for claiming payments under Strand F of the Contract Preparation Payments introduced in 2008-09, for those contractors indicated at paragraph 3 below. It also clarifies how the total number of prescriptions should be calculated by contractors making a claim.

Background

2. [Circular PCA\(P\)\(2009\)3](#) issued on 23 February 2009 set out the details of a new Strand F of the Contract Preparation Payments for 2008-09, which related to incentivisation payments for electronic claims made by contractors using eAMS.

Details of deadline extension

3. Where a community pharmacy contractor dispenses to patients registered with a **GP practice without a compliant eAMS system**, particularly GP practices using InPractice (Vision) software or practices who were not enabled for eAMS between March-May 2009, the deadline for claiming the Strand F Contract Preparation Payment is extended until 31 October 2009.

26 August 2009

Addresses

For action
Chief Executives, NHS Boards

For information
Chief Executive, NHS NSS

Enquiries to:

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St Andrew's House
EDINBURGH
EH1 3DG

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Email:
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4. This extension is in recognition that some community pharmacy contractors have been unable to claim Strand F payments as their local GP practice does not yet have the appropriate software enabled. It, therefore, enables those contractors the opportunity to claim either or both the 30% and 60% threshold payments detailed in Circular PCA(P)(2009)3, where they have not already done so. Contractors should complete the claim form at the Annex to this Circular and send it to PSD with their monthly submission.

5. In the case of any community pharmacy who may still be affected by the supply of ETP GP10s with electronic messages beyond 31 October 2009, payment will be made as if the target had been met. Under these circumstances and to trigger the payment a contractor should complete the claim form at the Annex to this Circular and annotate it "**restricted ETP GP10 supply**". These contractors will be subject to audit (and potential adjustment) one month after the GP Practice software is enabled. In other words, contractors will not be eligible for the payment if they do not meet the electronic claim target of 30% or 60% of the total number of eligible prescription claim forms once a practice is enabled.

Calculation of total number of prescription forms

6. Paragraph 5 of Circular PCA(P)(2009)3 states that the Strand F payments may be claimed as soon as the number of electronic payment claims in a full month exceed 30% and 60% of the total number of prescription claim forms processed for the month in question. For clarification purposes, in making a claim the total number of prescription claim forms should be calculated as being prescription forms only and should not include instalment prescriptions or nursing home prescriptions. The effect of this is that contractors undertaking a high number of instalment dispensings for methadone prescriptions that cannot be processed electronically or using nursing home software which is currently not compatible with eAMS are not disadvantaged in being eligible to claim Strand F payments.

Drug Tariff Amendment

7. Community Pharmacy Scotland has been consulted on the content of this Circular and the Drug Tariff is being amended to give effect to the terms of this Circular.

Action

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

Yours sincerely

Dr Jonathan Pryce
Deputy Director

CLAIM FORM CPP (To be completed by single outlet contractors)
STRAND F - ELECTRONIC CLAIMS INCENTIVISATION PAYMENT.

Contractors claiming Strand F payments must comply with the following requirements and return a copy of the completed form either:

By post to

Moira Hanley
NHS National Services Scotland
Practitioner Services
Gyle Square
1, South Gyle Crescent
Edinburgh
EH12 9EB

By fax to 0131 275 7532

By email moira.hanley@nhs.net

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 31 October 2009. Contractors claiming payment claims under 1a and 1b below must submit two separate claim forms.**

Contractor Name:

Contractor Code:

I the undersigned contractor have complied with all the requirements detailed in NHS Circulars PCA(P)(2009) 3 and PCA(P)(2009) 12 related to CPP Strand F payments, and now claim the following payment (delete the sections which do not apply)

1. a. 30% threshold payment- I certify that for the month of (**September/October 2009**- delete those not applicable)I have made electronic payment claims for prescription forms exceeding **30%** of the total number of prescription claim forms processed for the month and claim a payment of **£450**.

OR

1. b. Second stage 60% payment Having already made a claim for crossing the **30%** threshold in a prior month- I certify that for the month of (**September/October** - delete that not applicable)I have made electronic payment claims for prescription forms exceeding **60%** of the total number of prescription claim forms processed for the month and claim a second stage payment of **£450**.

OR

2. Single 60% threshold payment- I certify that for the month of (**September/October 2009** - delete those not applicable)I have made electronic payment claims for prescription forms exceeding **60%** of the total number of prescription claim forms processed for the month. I have not made a prior claim for a **30% threshold payment**, and therefore now claim a single payment of **£900**.

I confirm that this information is correct and I understand that, if it is not, action may be taken against me. I agree that any overpayments identified through the post payment verification procedure made may be recovered at a future date by PSD.

Signed:

Name:

Date:

Designation:

CLAIM FORM CPP (To be completed by multiple outlet contractors)
STRAND F - ELECTRONIC CLAIMS INCENTIVISATION PAYMENT.

Contractors claiming Strand F payments must comply with the following requirements and return a copy of the completed form either:

By post to

Moira Hanley
NHS National Services Scotland
Practitioner Services
Gyle Square
1, South Gyle Crescent
Edinburgh
EH12 9EB

By fax to 0131 275 7532

By email moira.hanley@nhs.net

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 claims must be submitted at the latest by 31 October 2009.**

I the undersigned confirm that the contractors operated by this company as listed below have complied with all the requirements detailed in NHS Circulars PCA(P)(2009) 3 and PCA(P)(2009) 12 related to CPP Strand F payments. (delete the sections which do not apply)

1. a. 30% threshold payment- I certify that for the month of (**March/April/May 2009-** delete those not applicable)I have made electronic payment claims for prescription forms exceeding **30%** of the total number of prescription claim forms processed for the month and claim a payment of **£450**.

OR

1. b. Second stage 60% payment Having already made a claim for crossing the **30%** threshold in a prior month - I certify that for the month of (**September/October 2009-** delete that not applicable)I have made electronic payment claims for prescription forms exceeding **60%** of the total number of prescription claim forms processed for the month and claim a second stage payment of **£450**.

OR

2. Single 60% threshold payment- I certify that for the month of (**September/October 2009-** delete those not applicable)I have made electronic payment claims for prescription forms exceeding **60%** of the total number of prescription claim forms processed for the month. I have not made a prior claim for a **30% threshold payment**, and therefore now claim a single payment of **£900**.

I confirm that this information is correct and I understand that, if it is not, action may be taken against me. I agree that any overpayments identified through the post payment verification procedure made may be recovered at a future date by PSD.

Signed:

Name:

Date:

Designation:

