



Dear Colleague

## 2011-12 ELECTRONIC CLAIM TRAINING PAYMENT AMENDMENT TO CLAIM DEADLINE

### Purpose

1. This circular advises of an extension to the deadline for reimbursement of claims for the 2011-12 Electronic Claim Training Payment.

### Background

2. [NHS Circular PCA\(P\)\(2011\)11](#) advised at Paragraph 12 of the introduction of a 2011-12 Electronic Claims Training Payment. Claim forms for this were included at Annexes E & F with a deadline for a return of forms of 7 December 2011.

### Detail

3. This Circular advises that the deadline for the return of forms is hereby extended to 6 February 2012. Updated claim forms are attached.

4. Community Pharmacy Scotland has been consulted on the terms of this circular and on the amendments to the Drug Tariff.

5. The Drug Tariff has been amended to include the detail included in this Circular.

7 December 2011

### Addresses

For action  
Chief Executives, NHS Boards

For information  
Chief Executive, NHS NSS  
Director of Practitioner Service,  
NHS NSS

### Enquiries to:

Shelagh Scott  
1<sup>st</sup> Floor East Rear  
St Andrew's House  
EDINBURGH  
EH1 3DG

Tel: 0131-244-2597  
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[Shelagh.Scott@scotland.gsi.gov.uk](mailto:Shelagh.Scott@scotland.gsi.gov.uk)

[www.scotland.gov.uk](http://www.scotland.gov.uk)

## Action

### 6. Health Boards are asked to:

- note the contents of this Circular; and
- copy it to all community pharmacy contractors, CHPs and local pharmaceutical committees.

Yours sincerely



**W SCOTT**  
**Chief Pharmaceutical Officer and**  
**Deputy Director, Pharmacy and Medicines Division**

(Replaces Annex E of [PCA\(P\)\(2011\)11](#))

**ANNEX E**

**CLAIM FORM FOR *electronic claims training payment*** (To be completed by single outlet contractors)

Contractors claiming the ***electronic claims training payment*** must comply with the requirements below, sign the form and return the original completed form **at the latest by 6 February 2012** 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](mailto:moira.hanley@nhs.net)

In case of claims by email, 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 7<sup>th</sup> 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 6 February 2012.**

**Contractor name and premises:** .....

**Contractor Code:** .....

**I, the undersigned contractor, confirm that I have made the *electronic claims training module* available to all pharmacists and support staff in this pharmacy who are involved in the submission of payment claims to PSD.**

**I confirm that I and all the pharmacists and support staff who are involved in the submission of payment claims to PSD, have completed the module, and I will ensure that all future staff (including locum staff) involved in the submission of payment claims to PSD are also similarly trained.**

**I claim the one off *electronic claims training payment* of £400.**

## 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 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.....

(Replaces Annex F of [PCA\(P\)\(2011\)11](#))

ANNEX F

**CLAIM FORM FOR THE *electronic claims training payment*** (To be completed by multiple outlet contractors)

The officer of the contractor authorised to claim the electronic ***claims training 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 **at the latest by 6 February 2012** 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](mailto:moira.hanley@nhs.net)

A copy may be sent by fax to 0131 275 7532.

In the case of claims by email or fax 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 7<sup>th</sup> 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 6 February 2011.**

**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 *electronic claims training module* - available to all pharmacists and support staff who are involved in the submission of payment claims to PSD 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 all of the pharmacists and support staff who will be involved who are involved in the submission of payment claims to PSD who are involved in the submission of payment claims to PSD, have completed the module, and I will ensure that all future staff (including locum staff) involved in the submission of payment claims to PSD are also similarly trained.**

**I claim the one off *electronic claims training payment* of £400 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.....**



