NHS Circular:
PCA (P)(2010)10

Primary and Community Care Directorate
Primary Care Division

The Scottish Government

Dear Colleague

10 May 2010

ADDITIONAL PHARMACEUTICAL SERVICES CHRONIC MEDICATION SERVICE - DIRECTIONS AND IMPLEMENTATION PLAN

Purpose

1. This Circular encloses the 2010 Directions and the Implementation Plan for the Chronic Medication Service (CMS).

Background

2. CMS is the final core service of the new community pharmacy contract. Its aim is to improve patient care through a systematic approach to the pharmaceutical care of patients with long term conditions. CMS formalises the role of community pharmacists in the management of patients with long term conditions by making better use of their skills and expertise to improve a patient's understanding of their medicines and to help to maximise the clinical outcomes from their therapy. It promotes a partnership approach between pharmacists, patients and GPs.

3. The documentation attached to this circular should be read in conjunction with the service specification which was issued under NHS Circular PCA(P)(2010)8 published on 13 April 2010 and the NES Implementation Pack which was sent to all community pharmacy premises in February.

Detail

4. The 2010 version of the CMS Directions, attached as Annex A, provide the legal framework for CMS. They set out the eligibility criteria for both CMS registrations and serial prescriptions. The Directions also provide the terms and conditions to be followed by those delivering the service. They revoke and supersede the 2009 Directions.

Addresses

For action
Chief Executives, NHS Boards

For information
Chief Executive, NHS NSS

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5. The implementation plan for CMS is attached as Annex B. **CMS will be implemented from 11 May 2010 onwards** starting with a period for familiarisation which will include identification of patients who will benefit clinically from CMS, the registration of 50 patients per community pharmacy premises, and the provision of CMS to those patients.

6. CMS is being introduced as an additional service. NHS Boards are now authorised to make arrangements for the provision of CMS with community pharmacy contractors on their pharmaceutical list in accordance with the provisions in the Directions, including the terms and conditions of the service. Boards will be expected to start this process **from Tuesday 11 May 2010**.

7. Community pharmacies cannot start undertaking CMS related activities until they have an arrangement in place with the NHS Board to be a CMS provider. The implementation phase gives flexibility to allow contractors time to become familiar with the Directions and implementation plan before undertaking CMS related activities.

8. This implementation period will be subject to a process of monitoring and resolution of issues arising by a national CMS Reference Group. The work of the Group will be informed by continuous review based on agreed management measures and will work alongside the existing support processes already in place through the ePharmacy Programme and the NES educational programme. Operational and practice issues will be addressed where appropriate as they arise and due regard will be given to any significant issues that are identified from this process which may require a revision to service implementation**.**

9. During the course of the implementation phase from 11th May – 31st December 2010 contractors will develop a list of all eligible patients who they consider would benefit from CMS. This list will be subject to ongoing development. From 1st January 2011 pharmacists will extend provision of CMS as specified in paragraph 5 and begin providing CMS to eligible patients on the list they have developed. It will be the responsibility of individual pharmacy practices to determine the rate at which they introduce CMS to those eligible patients, taking account of their professional responsibilities.

10. Details of the CMS implementation payment arrangements for community pharmacy contractors and which will apply for the financial year 2010-11 will be included in the Drug Tariff. Information is provided within the implementation plan and a further circular will issue shortly. Remuneration arrangements to apply from 1 April 2011 will be advised in due course.

11. All community pharmacy contractors should have upgraded their IT systems in order to ensure that they are CMS enabled. This software will allow community pharmacists to undertake both CMS patient registrations and serial dispensing. In addition to this, the ePharmacy Delivery Team have developed a web based Pharmacy Care Record (PCR) which supports the assessment and pharmaceutical care planning elements of CMS. Access to this is via an individual pharmacist user Id and password. NHS Boards are providing these to all pharmacists who have been

identified locally as requiring access to PCR. A PCR user manual will be available on both the NES Pharmacy www.nes.scot.nhs.uk/pharmacy/ and SHOW Community Pharmacy websites www.communitypharmacy.scot.nhs.uk in due course.

12 In order to generate serial prescriptions, GP IT systems will also need to be upgraded with CMS software. In some instances this will be supported centrally by the GP IT system supplier, in others it will be the NHS Board's responsibility. In addition, a number of Boards may be undertaking / making plans for local GP IT migration from GPASS or Ascribe to another GP IT supplier. We are keen to understand if this may impact on the phased implementation of CMS between May and the end of December and would ask that Boards confirm, **by 21 May 2010**, when all their GP practices will be CMS enabled to support the implementation phase via an email to alison.strath@scotland.gsi.gov.uk.

13. For some patients serial prescribing and dispensing may be an important element of CMS. During the implementation phase we wish to test all the elements of CMS, including serial prescribing and dispensing. The responsibility for authorising the issue of serial prescriptions for eligible patients for this part of service will lie with GPs who will make individual judgements as to those patients for whom serial prescribing is most appropriate. This will be informed by the patient, the conditions / medicines involved and how recently the patient's condition has been reviewed. It should also reflect any discussion with the relevant community pharmacists about any issues identified as a result of their pharmaceutical assessments carried out under CMS. As a result, the electronic notification message received at the GP practice of the registration of a patient under CMS, whilst indicating that a patient is suitable for CMS, should not be taken as an automatic trigger that an immediate move to serial prescribing would necessarily be appropriate. It is also not intended that the introduction of serial prescribing and dispensing will result in any significant change to current dispensing intervals, unless identified by the healthcare professional involved as being beneficial to patient care.

14. Community Pharmacy Scotland has been consulted on the terms of this circular.

Action

15. Health Boards are asked to:

- **note the contents of this Circular;**
- **copy it to all community pharmacy contractors, GP practices and local pharmaceutical and medical committees;**
- **in accordance with paragraphs 6 of this Circular and 4.1 of the Health Board Additional Pharmaceutical Services (Chronic Medication Service) (Scotland) Directions 2010, Boards may now enter into appropriate arrangements with contractors on the Pharmaceutical List wishing to provide CMS as an Additional Pharmaceutical Service; and**
- **advise when all GP IT systems are CMS enabled to support the implementation phase and provide an update on this by 21 May as requested in paragraph 11 of this Circular.**

Yours sincerely

FRANK STRANG
Deputy Director

ANNEX A

DIRECTIONS: CHRONIC MEDICATION SERVICE

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (CHRONIC MEDICATION SERVICE) (SCOTLAND) DIRECTIONS 2010

The Scottish Ministers, in exercise of the powers conferred by sections 2(5), 27A, 27B, 28A and 105(7) of the National Health Service (Scotland) Act 1978[1], and all other powers enabling them to do so, hereby give the following directions.

1. Citation and commencement

1.1 These Directions may be cited as the Health Board Additional Pharmaceutical Services (Chronic Medication Service) (Scotland) Directions 2010 and shall come into force on 11 May 2010.

2. Interpretation

2.1 In these directions, unless the context otherwise requires:

"the Act" means the National Health Service (Scotland) Act 1978[1] ;

"the 2009 Directions" means the Health Board Additional Pharmaceutical Services (Chronic Medication Service) (Scotland) Directions 2009;

"the 2008 Regulations" means the National Health Service (Charges for Drugs and Appliances) (Scotland) Regulations 2008[2];

"the 2009 Regulations" means the National Health Service (Pharmaceutical Services) (Scotland) regulations 2009[3];

"the Agency" means the Common Services Agency for the Scottish Health Service constituted under section 10 of the 1978 Act[4];

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[1] 1978 c.29; section 2(5) was amended by the Hospital Complaints Procedure Act 1985 (c.42), section 1(1) and the National Health Service and Community Care Act 1990 (c.19), ("the 1990 Act") section 66(1) and sch 9, para 19; section 27A was inserted by the National Health Service (Primary Care) Act 1997 (c.46) ("the 1997 Act"), section 27(2); section 27B was inserted by the 1997 Act, section 28 ; section 28A was substituted by the Health Act 1999 (c.8) ("the 1999 Act"), section 57, and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1) ("the 2004 Act"), section 8, and schedule 1, paragraph 1; section 105(7) was amended by the Health Services Act 1980 (c.53), Schedule 6, paragraph 5(1) and Schedule 7, the Health Services and Social Security Adjudications Act 1983 (c.41), Schedule 9, Part I, paragraph 24 and the 1999 Act, Schedule 4, paragraph 60. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

[2] S.S.I 2008/27 as amended by S.S.I 2008/105, 2009/37 177 and 183.

[3] S.S.I. 2009/183 as amended by S.S.I. 2009/209.

[4] Section 10 was amended by the 1990 Act, section 66(2) and Schedule 10; the 1999 Act section 65(1) and Schedule 4, paragraph 44(a); and amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), Schedule 2, paragraph 2(4).

"care home" means an establishment which provides a care home service as defined in sections 2(1)(b) and 2(3) of the Regulation of Care (Scotland) Act 2001[5];

"Chronic Medication Service" or "CMS" has the meaning ascribed in paragraph 3.1.

"Chronic Medication Service stationery" or "CMS stationery" means paper or electronic forms, approved by Scottish Ministers, on which:

(a) the details of a patient registered for CMS are recorded; and

(b) the details of an end of care treatment summary are recorded.

"CMS provider" is a pharmacy contractor with whom a Health Board enters into arrangements for provision of CMS.

"controlled drugs" has the meaning given by section 2 of the Misuse of Drugs Act 1971([6]);

"eligible person" means a person who at the time of initial registration for CMS, and at the time of any subsequent CMS care provision is:

(a) registered as a patient with a GP Practice; and

(b) has a long term condition for which they receive treatment with drugs, medicines or listed appliance

but excluding:

(i) any person whose main or usual residence is a care home; or

(ii) any person who is a temporary resident in Scotland.

"end of care treatment summary" means a report which is sent to the patient's GP practice, where a GP has issued a serial prescription and which provides a summary of the dispensing episodes of the prescribed treatment/s during the specified time period, and any relevant information related to the care provided to the patient;

"GP" means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council under Section 34C of the Medical Act 1983[7];

"GP Practice" means a provider of primary medical services in accordance with the Act;

"long term condition" means a health problem that requires ongoing management over a period of years or decades;

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[5] asp 8.
[6] 1971 c.38.
[7] 1983 c.54 as amended by S.S.I 2010/234

"patient medication record" means a record maintained for each recipient of CMS in accordance with paragraph 2 of Schedule 2**;**

"Patient Registration System" is the electronic registration system also known as "PRS", supported by the Common Services Agency, which defines the process for managing patient registrations and withdrawals for CMS according to business rules defined by Scottish Ministers;

"pharmaceutical assessment" is the identification and review of an individual patient's pharmaceutical care issues which is undertaken by a pharmacist and identifies patients who would benefit from a pharmaceutical care plan;

"pharmaceutical care" means the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the patient's quality of life;

"pharmaceutical care plan" is a plan which documents any pharmaceutical care issues, desired outcomes, proposed pharmaceutical actions and any monitoring and follow up requirements identified as part of a pharmaceutical assessment;

"Pharmacy Care Record" means the NHS web based IT system in which the details of a pharmaceutical assessment and pharmaceutical care plan are recorded;

"registration" means registration for the Chronic Medication Service in terms of paragraphs 1 to 3 of Schedule 2, and "registered" shall be construed accordingly;

"serial prescriber" has the meaning given by Schedule 1, paragraph 4(2) of the 2009 Regulations;

"serial prescription" has the meaning given by Schedule 1, paragraph 4(2) of the 2009 Regulations;

"temporary resident" is a person who is resident in Scotland for more than 24 hours but less than three months; and

"Yellow Card reporting mechanism" means an arrangement set up for reporting suspected adverse reactions to medicines to the Medicines and Healthcare products Regulatory Agency and the Commission on Human Medicines on pre-printed and postage paid yellow cards, or to www.yellowcard.gov.uk.

2.2 Other words and phrases used in these Directions have the same meaning as they have in the Act and in the 2009 Regulations.

2.3 any reference in these Directions

(i) to a numbered paragraph, is a reference to a paragraph bearing that number in these Directions;

(ii) to a numbered Schedule, is a reference to the Schedule to these Directions bearing that number; and

(iii) to a numbered paragraph of a numbered Schedule, is a reference to a paragraph bearing that number in the Schedule bearing that number.

3. Description of the Chronic Medication Service

3.1. The Chronic Medication Service is a service for the provision of pharmaceutical care to persons who are registered to receive CMS by a pharmacist who is undertaking CMS as or on behalf of a CMS provider authorised to provide CMS in terms of paragraph 5.

3.2 The services which are comprised in CMS are specified in Schedule 1.

4. Health Board arrangements for the Chronic Medication Service

4.1 From 11 May 2010, Health Boards are authorised to make arrangements for the provision of the Chronic Medication Service (CMS) for eligible persons in their area as an additional pharmaceutical service, in accordance with the provisions of paragraph 5 of Schedule 1.

5. Persons authorised to provide the Chronic Medication Service

5.1 Health Boards may only enter into arrangements for the provision of CMS with a pharmacy contractor as defined in the 2009 Regulations, who:

(i) is on the pharmaceutical list maintained by the Health Board in terms of regulation 5 of the 2009 Regulations; and

(ii) undertakes that CMS shall be provided either by or under the direct supervision of a pharmacist.

6. Compliance and Conditions

6.1. The arrangements made by a Health Board in accordance with paragraphs 4 and 5 shall include the terms and conditions specified in Schedule 2, and Health Boards must ensure that any person with whom they enter into arrangements to provide CMS is obliged to comply with those terms and conditions, and with any obligations on the CMS provider in Schedule 3.

7. Payment for the provision of a Chronic Medication Service

7.1. Remuneration for the provision of CMS will be paid at nationally negotiated rates as set out in the Drug Tariff and in accordance with Schedule 3 of these Directions.

7.2. The prices and methodology for calculating reimbursements to a CMS provider for any drugs, medicines or listed appliance that he or she may supply to patients registered for CMS in connection with providing CMS will be in accordance with the provisions set out in Part 1 of the Drug Tariff.

8. The Health Board Additional Pharmaceutical Services (Chronic Medication Service) (Scotland) Directions 2009

8.1 These Directions revoke and supersede the 2009 Directions.

8.2 Notwithstanding paragraph 8.1, the 2009 Directions shall continue to apply in respect of any CMS provided in terms of those Directions during the period from 2 July 2009 until 11 May 2010.

Signed by authority of the Scottish Ministers

Frank Strang
Scottish Executive: A member of the Senior Civil Service
10 May 2010

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (CHRONIC MEDICATION SERVICE) (SCOTLAND) DIRECTIONS 2010

SCHEDULE 1

SERVICES TO BE PROVIDED AS A CHRONIC MEDICATION SERVICE

1. The Chronic Medication Service ("CMS") provides personalised pharmaceutical care by a pharmacist to patients with long term conditions. It is underpinned by a systematic approach to pharmaceutical care in order to improve a patient's understanding of their medicines and to work with the patient to maximise the clinical outcomes from the therapy. It involves collaborative working between patients, community pharmacists and general practitioners, subject to patient consent. The service comprises a pharmaceutical assessment by a pharmacist and advice on the drugs, medicines or listed appliances prescribed for the patient and, where a prescription is presented, the supply of drugs, medicines or listed appliances for the long term condition. Where the pharmacist considers it clinically appropriate the pharmacist will establish a pharmaceutical care plan to assist the patient in maximising the clinical outcomes from their therapy. Serial prescriptions for medication for the long term condition may be provided for a period of 24- or 48-weeks by a serial prescriber, for dispensing by the CMS provider with which the patient is registered for CMS. Where the pharmacist considers the patient requires to be reviewed by another health care professional e.g. a GP, the pharmacist must refer the patient to that person.

2. There are three stages to CMS: stage one involves the registration of an eligible person for CMS; stage two introduces a generic framework for pharmaceutical care planning which is based on a systematic approach to the practice of pharmaceutical care; and stage three establishes the shared care element which allows an eligible person's GP to produce a serial prescription for 24- or 48-weeks for that person which can be dispensed at appropriate time intervals determined by that person's GP.

3.1 Patients who are eligible for CMS must receive regular prescriptions, but are only eligible for stage three as described in paragraph 2 above (serial prescriptions) if they are exempt from prescription charges on the grounds specified in paragraph 3.2. All other patients registered for CMS are not eligible for the serial prescription element of CMS.

3.2 The grounds referred to in paragraph 3.1 are:

(a) exempt on age grounds under either paragraph 7(a) or paragraph 7(c) of the 2008 Regulations; or

(b) exempt on medical grounds under paragraph 7(f) or paragraph 7(g) of the 2008 Regulations;

4. In accordance with Paragraph 4(6) of Schedule 1 of the 2009 Regulations, no controlled drugs can be provided on a serial prescription, with the exception of any drug which is for the time being specified in Schedule 5 to the Misuse of Drugs Regulations 2001[8].

[8] S.I. 2001/3998. Schedule 5 was amended by S.I. 2005/2864.

5. CMS will be implemented in a phased approach according to the following timescale:

(a) During the period 11 May 2010 to 31 December 2010: CMS providers will carry out a programme of familiarisation with CMS which will include:

(i) developing awareness of systems and practice to deliver CMS and completion of staff training;

(ii) identification of persons who will benefit clinically from CMS;

(iii) starting to deliver the CMS service in accordance with paragraphs 1-4 of this Schedule; and

(iv) contributing to an orderly implementation of CMS by delivering the service by 31 December to no more than 50 patients for each CMS provider's premises on the Board's pharmaceutical list.

(b) From 1 January 2011 onwards: all CMS providers will be able to provide the full range of CMS as described in paragraphs 1 to 4 of this Schedule to all eligible persons with no limit of how many persons may be registered with a CMS provider.

SCHEDULE 2

TERMS AND CONDITIONS OF THE PROVISION OF THE CHRONIC MEDICATION SERVICE

Registration

1. Where a person registers for CMS, a CMS provider must satisfy themselves that:

   (a) the person is an eligible person;
   (b) if the person is already registered for CMS with another provider, that the person understands that the person's CMS provider will change on registration with the new provider;
   (c) only CMS stationery approved by Scottish Ministers is used for the registration process; and
   (d) the registration process is undertaken in accordance with procedures specified by the Scottish Ministers from time to time.

2. For the purposes of CMS the 'patient medication record' is a pharmacy retained electronic record that as a minimum must include:

   (a) the name and address of the patient;
   (b) the name and address of the patient's GP practice;
   (c) the status of their CMS registration (registered or withdrawn)
   (d) the dates of all dispensing episodes; and
   (e) the items dispensed.

3. A patient may only be registered with one CMS provider at any given time.

Care provision

4. A pharmacist either as or on behalf of the CMS provider must conduct a pharmaceutical assessment of the patient within three months following their CMS registration.

5. A pharmaceutical care plan must be prepared and maintained by a pharmacist either as or on behalf of the CMS provider for an individual patient registered for CMS if, following the assessment process, the pharmacist identifies that the patient is receiving sub-optimal therapeutic management, is suffering from side effects or has compliance problems which could be addressed through a personalised pharmaceutical care plan process.

6. The pharmaceutical care plan must, where appropriate, contain:

   (a) details of pharmaceutical care issues for the patient and desired outcomes the pharmacist wants to achieve in relation to the issues identified for that patient;
   (b) details of any actions to be undertaken to achieve the desire outcomes;
   (c) details of the response to the actions; and
   (d) the dates associated with the establishment and subsequent reviews of the care plan; and

(e) the name and contact details of the pharmacist who has developed their care plan and who is nominated as having responsibility for that patient's care under CMS.

7. After the final instalment of a serial prescription the CMS provider will send an end of care treatment summary electronically to the patients' GP practice.

8. The end of care treatment summary must contain:

(a) details of any actions recommended to be undertaken by or on behalf of a GP; and
(b) details of the items dispensed and dates of dispensing for the treatment/s prescribed for the patient via a serial prescription.

9. Where there is any change to the CMS patient's drugs, medicines or listed appliances or long term condition, a review of the original pharmaceutical assessment and, if appropriate, care plan must be carried out by a pharmacist.

10. Where a CMS provider supplies drugs, medicines or listed appliances, the CMS provider must do so in accordance with the 2008 and 2009 regulations.

11. In the case of any suspected adverse drug reactions, the pharmacist is to consider the need to report the event through the Yellow Card reporting mechanism to ensure that medicines continue to be used both effectively and safely.

12. In the provision of CMS, the 2009 Regulations apply.

Withdrawal

13. A patient may withdraw from CMS at any time either by requesting that their CMS provider withdraws them from CMS or by registering for CMS with another CMS provider. The Agency will inform the original CMS provider of the withdrawal if it is instigated by the patient registering with another CMS provider.

14. A pharmacist may remove a patient from that CMS provider's CMS list if that patient is abusive or violent, and must remove a patient from the CMS list if the service is deemed to be inappropriate for that patient by the CMS provider.

15. The registration of a patient registered for CMS will be automatically withdrawn from the CMS patient list of the CMS provider by the Agency on receipt of information by the Agency that:

(i) the patient has died;
(ii) the patient is no longer an eligible person.

16. A CMS provider must withdraw a patient registered for CMS on receipt of information from the patient or the GP practice that the patient no longer suffers from a long term condition requiring medical treatment.

17. Where the CMS provider withdraws a patient from CMS, the CMS provider must inform the Agency (Practitioner Services Division of NHS National Services Scotland).

Other provisions

18. A CMS provider must not advertise or offer incentives to patients to register for CMS, or set targets for pharmacists or staff employed or engaged by the CMS provider to recruit people for CMS or for any other aspects of CMS.

19. A CMS provider may only issue or display the publicity material and patient information leaflet made available by Scottish Ministers in respect of CMS and the provision of CMS.

20. The pharmacist providing CMS must not be one:

(a) who has been disqualified under section 29B(2) of the Act[9], or
(b) who is suspended by direction of the Tribunal, or
(c) who is the subject of a corresponding decision in England, Wales or Northern Ireland.

21. In providing CMS a CMS provider and pharmacist shall do so:

(a) having regard to stated standards and guidance that is from time to time produced by Scottish Ministers;
(b) in conformity with the standards generally accepted in the pharmaceutical profession.

22. In providing CMS a CMS provider is agreeing to the following:

(a) that it takes responsibility for the veracity of any payment claims submitted to the Agency;
(b) that its claims will be authenticated from appropriate records held by the provider or at the Agency;
(c) that payments will be subject to Payment Verification and the CMS provider undertakes to co-operate fully with this process;
(d) that the CMS provider will provide documentary evidence to support these claims; and
(e) that the CMS provider will submit any serial prescription to the Agency within 3 months of the final dispensing episode, the manual completion of the prescription or its expiry date.

In very exceptional circumstances where an adequate reason is provided, the CMS provider may submit serial prescriptions to the Agency out with this timescale but the Agency will consider in each case whether the reason for late submission is a valid one under this discretionary power.

[9] Section 29B was inserted by the 1999 Act, section 58, and amended by the Community Care and Health (Scotland) Act 2002 (asp 5), Schedule 2, paragraph 2, and the 2004 Act, Schedule 1, paragraph 1, and partly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 26 and Schedule 3 in terms of SSI 2006/121.

23. The provisions at paragraphs 12 and 13 of Schedule 1 of the 2009 Regulations with regard to and referred to as a “complaints procedure” shall apply to the provision of CMS.

24. The provisions at paragraph 14 of Schedule 1 of the 2009 Regulations with regard to records shall apply to the provision of CMS.

SCHEDULE 3

PAYMENT FOR THE CHRONIC MEDICATION SERVICE

1. Where a provider of CMS complies fully with these directions, payment for the provision of the Chronic Medication Service will be paid in accordance with the Drug Tariff. For the period to 31 March 2011, this payment will be in the form of a CMS implementation payment to reflect the phased introduction of CMS.

2. CMS providers are required to use the ePharmacy service for payment and audit purposes. In addition, for patient registration, a fully completed paper registration form must be submitted to the Agency. Where this facility is unavailable, the CMS provider must follow procedures as notified by the Scottish Ministers.

3. Health Boards will be entitled to take such reasonable steps as they consider necessary to ensure that CMS providers are:

(a) providing CMS as specified in Schedule 1 and complying with the provisions of Schedule 2; and

(b) only displaying the agreed patient information leaflets and publicity materials made available by Scottish Ministers in respect of CMS.

4. Payments made to CMS providers for providing CMS will be subject to post-payment verification checks and investigation by the Agency.

5. Where after suitable investigation a Health Board is satisfied that a CMS provider is not complying with the conditions set out at paragraph 3 of Schedule 3, subject to the phasing arrangements described in paragraph 5 of Schedule 1 but is receiving payment in terms of this Schedule and the rates set out in the Drug Tariff, it may (without prejudice to any other action which may be open to it):

(a) write to the provider advising of the conclusion reached by the investigation;

(b) inform the provider that payments will be stopped with immediate effect; and

(c) recover any payments made to the provider under this Schedule and the Drug Tariff in respect of any period(s) when the provider was not providing the services specified in Schedule 1 and/or complying with the provisions of Schedule 2.

ANNEX B

IMPLEMENTATION PLAN: CHRONIC MEDICATION SERVICE (CMS)

1. It has been agreed with Community Pharmacy Scotland (CPS) that the Chronic Medication Service (CMS) will be implemented from 11th May 2010 until 31st December 2010.

2. The purpose of the implementation is to allow GPs and community pharmacists a period of time to familiarise themselves with CMS and to establish working processes within and between each setting to support the subsequent roll out of CMS.

3. The plan requires community pharmacists to:

    a. identify all the patients with long term conditions who they believe will benefit clinically from CMS;
    b. registration of no more than 50 patients per community pharmacy premises for the CMS; and
    c. provide CMS to those patients during the implementation phase

4. The implementation phase has been designed to provide each community pharmacy contractor who signs up to provide CMS with maximum flexibility to begin providing CMS in an orderly way and at a pace which allows them to fully prepare for and provide the service as described in the previous paragraph up to and including 31st December.

5. The implementation phase will be supported by a CMS Implementation Payment (CIP). An additional circular providing details on the CIP arrangements will issue in due course.

6. The implementation phase will be subject to a continuous process of monitoring and resolution of issues arising by a national CMS Reference Group. The work of the Group will be informed by continuous review based on agreed management measures and will work alongside the existing support processes already in place through the ePharmacy Programme and the NES educational programme. Operational and practice issues will be addressed where appropriate as they arise.

7. The following provides an overview of the elements of the implementation plan.

From 11th May – 31st December 2010

NHS Boards:

- formally sign up contractors to provide CMS as an additional service under the CMS 2010 Directions;
- continue to identify pharmacists who require Pharmacy Care Record (PCR) User Ids and passwords;
- continue to distribute PCR User Ids and passwords to identified pharmacists;

- continue to support local pharmacy awareness activities;
- run, with NES, joint GP / Community Pharmacy CMS sessions;
- continue the roll out of outstanding GP CMS software upgrades;
- provide ongoing feedback on any possible impact of GP IT migration issues;
- provide ongoing support to community pharmacists and GPs during the implementation phase; and
- feedback to the CMS Reference Group any issues identified during the implementation phase to inform the ongoing review process.

Community pharmacy contractors:

- ensure they are CMS enabled (i.e. they have the appropriate IT software);
- complete the NES Pharmacy CMS Implementation Resource pack and familiarise themselves with the CMS service specification and 2010 Directions;
- respond to NHS Boards requests for pharmacists names for PCR user Ids and passwords;
- support any local Boards awareness activities; and
- start to identify and implement any staff training requirements associated with CMS;
- sign up to provide CMS as an additional service under the CMS 2010 Directions;
- work through the PCR User guide and use the test patients and case studies to familarise themselves with PCR;
- login to PCR once they receive their User Id and password and the NES PCR User Guide to change their password;
- complete the period of CMS familiarisation at a pace which allows them to fully prepare ahead of providing CMS (including CMS software and PCR familiarisation, staff training and any consequential amendments to pharmacy Standard Operating procedures (SOPs));
- identify and prepare a list of all patients who they consider would benefit from CMS. This list will be subject to ongoing development.
- identify no more than 50 CMS candidate patients to register as part of the implementation phase from the emerging list of suitable CMS patients;
- register and provide CMS (including the pharmaceutical assessment and where appropriate care planning and serial dispensing) to those identified CMS candidate patients (i.e. from the list of no more than 50); and
- provide any appropriate feedback to support the ongoing review process.

From 1st January 2011

Pharmacists will begin providing CMS to eligible patients on the list established by 31st December 2010. It will be the responsibility of individual pharmacy practices to determine the rate at which they introduce CMS to those eligible patients, taking account of their professional responsibilities.