NHS Circular:
PCA (P) (2014) 18

Finance, eHealth and Pharmaceuticals Directorate
Pharmacy and Medicines Division

The Scottish Government
Riaghaltas na h-Alba

. 11 September 2014

Dear Colleague

PHARMACEUTICAL SERVICES:
AMENDMENT TO DRUG TARIFF IN RESPECT OF CLAIM ARRANGEMENTS FOR PUBLIC HEALTH SERVICE (PHS) EMERGENCY HORMONAL CONTRACEPTION (EHS)

Purpose

1. This circular advises community pharmacy contractors of an updated form to be used with immediate effect in respect of claims for provision of Public Health Service –Emergency Hormonal Contraception (EHC).

Detail

2. NHS Circulars PCA (P)(2014)12 &13 advised of changes to claims arrangements in respect of the Public Health Service (PHS) (Smoking Cessation) payment.

3. This Circular now advises of an updated form to be used for September 2014 by contractors for claims in respect of the Public Health Service –Emergency Hormonal Contraception (EHC).

Addresses

For action
Chief Executives, NHS Boards

For information
Chief Executive, NHS NSS

Enquiries to:

Brian O'Donnell
St Andrew's House
EDINBURGH
EH1 3DG
Tel: 0131-244-2524
Fax: 0131-244-2326
Email:
brian.o'donnell@scotland.gsi.gov.uk

Moira Hanley
Pharmacy Payments Manager
Pharmacy Practitioner Services Division (Pharmacy)
Area 136C
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB
T: 0131 275 6356
F:0131 275 7195
Email:
moira.hanley@nhs.net
www.psd.scot,nhs.uk/professionals

Action

4. NHS Boards are asked to :

- **Copy this circular and Annex to all community pharmacy contractors on their pharmaceutical lists;**

- **Note the revised arrangements set out above.**

5. Community pharmacy contractors are asked to:

- **Note that the content of this circular and make all relevant future claims using the form provided.**

Yours sincerely

Bill Scott
Deputy Director Pharmacy & Medicines
Chief Pharmaceutical Officer

INVESTOR IN PEOPLE
POSITIVE ABOUT DISABLED PEOPLE

Annex A

PUBLIC HEALTH SERVICE (PHS) CLAIM FORM

TO BE COMPLETED EACH MONTH FOR WHICH PAYMENT IS CLAIMED

Contractor Name	
Contractor Code	

Date of service provided	Month	Year

I the undersigned contractor confirm that I have complied with all the requirements detailed in NHS Circular PCA(P) (2008) 17 related to the provision of the patient service element of PHS - Sexual Health and hereby claim a capitation payment for the following numbers of patients to who I have provided treatment during the month stated above.

PHS - Sexual Health Part B - Emergency Hormonal Contraception (EHC)

No. of patients treated during month of claim	

I advise that the PHS – Sexual Health Part B – EHC patient service has been available during the standard contracted opening hours of this community pharmacy for the claimed month.

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 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: ....

Company position: ....
Date..