



Dear Colleague

PHARMACIST ASSISTANT TRAINING GRANT FUNDING

Purpose

1. This Circular provides NHS Boards and community pharmacy contractors with details of the financial support being made available for Pharmacist Assistant training for the financial year 2014/15.

Funding Criteria and Detail

2. The Scottish Government has made funds available for Pharmacist Assistant training in 2014/15.

3. Each contractor, i.e. each pharmacy, will be able to claim £150 per community pharmacy as a contribution towards their costs in putting their staff through the course. No more than £150 per contractor is payable and claims must be submitted within this financial year.

4. The claim and payment process and distribution of training packs will be managed by NHS Education for Scotland (NES) Pharmacy with resources available with immediate effect. Payment will be made on submission of the Claim Form at Annex A.

5. Each Pharmacist Assistant will be able to complete the PA programme of education and through NES register and complete the assessment. On completion the individual will be able to access a CPD record if required.

6. Claims should be submitted, on the form attached at **Annex A**, to Rose Marie Parr, Director of Pharmacy, NHS NES, by 31 January 2015.

11 November 2014

Addresses

For action

Chief Executives, NHS Boards

For information

Chief Executive, NHS NSS

Directors of Pharmacy, NHS Boards

Enquiries on staff training to:

Dr RoseMarie Parr
NES Pharmacy
3rd Floor, 2 Central Quay
89 Hydepark Street
GLASGOW
G3 8BW

Tel: 0141 223 1600
Fax: 0141 223 1651

Email:
pharmacy@nes.scot.nhs.uk

Enquiries to:

Brian O'Donnell
1st Floor East Rear
St Andrew's House
EDINBURGH
EH1 3DG

Tel: 0131-244-2524
Fax: 0131-244-2326

Email:
brian.o'donnell@scotland.gsi.gov.uk

Action

7. NHS Boards are asked to:

- **copy this Circular and Annex to all community pharmacy contractors on their pharmaceutical lists;**
- **note the financial arrangements set out above.**

8. Community pharmacy contractors are asked to:

- **note the content of this circular and where they wish to claim the support funding to do so using the attached claim.**

Yours sincerely

A handwritten signature in purple ink that reads "Bill Scott". The signature is written in a cursive, flowing style.

W SCOTT
Deputy Director/Chief Pharmaceutical Officer

PHARMACIST ASSISTANT TRAINING GRANT 2014/15

FINANCIAL SUPPORT CLAIM FORM

CONTRACTOR PSD CODE: _____

CONTRACTOR NAME & ADDRESS:

NAME OF STAFF MEMBER(s): _____

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 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 will co-operate fully with all payment verification procedures.

SIGNATURE OF CONTRACTOR: _____

Date: _____

Completed forms should be **returned by 31 January 2015** to:

Dr RoseMarie Parr
NES Pharmacy
3rd Floor, 2 Central Quay
89 Hydepark Street
GLASGOW
G3 8BW