

Dear Colleague

COMMUNITY PHARMACY CONTRACT: INFRASTRUCTURE SUPPORT – STAFF TRAINING

Purpose

1. This circular provides NHS Boards and community pharmacy contractors with details of the financial support being made available for staff training for the financial year 2015-16.

Detail

2. The arrangements detailed in [NHS Circular PCA \(P\) \(2009\) 20](#) are rolled forward for the period 1 April 2015 – 31 March 2016 for reimbursement of Staff Training Costs.

3. Funding for staff training will be met from the centrally held Pharmaceutical Services line.

4. The courses for which support funding is available are:

- Pharmacy Services Level 2 : NVQ/SVQ;
- Pharmacy Services Level 3: NVQ/SVQ;
- Accredited Checking Technician: NPA Accuracy in Dispensing Training Module or equivalent; and
- SQA Higher National (HN) unit: Procedures for Pharmacy Dispensary Checking Technicians.

3 September 2015

Addresses

For action

Chief Executives, NHS
Boards

For information

Chief Executive, NHS NSS

Enquiries on staff training to

Anne Watson
NES Pharmacy
3rd Floor, 2 Central Quay
89 Hydepark Street
GLASGOW
G3 8BW

Tel: 0141 223 1600

Fax: 0141 223 1403

Email:

pharmacy@nes.scot.nhs.uk

Enquiries to:

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

Tel: 0131-244-2524

Fax: 0131-244-2326

Email:

brian.o'donnell@gov.scot

5. Each contractor, i.e. each community pharmacy, will be able to claim £800 as a contribution towards their costs in putting a permanent member of their staff through one or more of the courses listed above. No more than £800 per contractor is payable and claims must be submitted within this financial year by the date detailed in paragraph 8 below.

6. The claim and payment process will be managed by NHS Education for Scotland (NES) Pharmacy with resources available with immediate effect.

7. Payment will be made on submission of evidence that a member of the claimant/contractor's staff is about to commence, has commenced or has completed a listed course that was booked from 1 April 2015 onwards. Eligible evidence will be one or more of the following documents:

- Copy invoice of the cost of the training course;
- Letter of registration to the course signed by the training provider; or
- Copy certificate of course completion.

8. Claims should be submitted, on the form attached at **Annex A** together with the required documentation, to Anne Watson, NES (see address details on the form) by 29 February 2016.

Action

9. **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.**

10. **Community pharmacy contractors are asked to:**

- **Note the content of this circular and where they wish to claim support funding to do so using the attached pro-forma and in accordance with paragraphs 7 and 8 above.**

Yours sincerely



Rose Marie Parr
Deputy Director Pharmacy & Medicines
Chief Pharmaceutical Officer

**PCS INFRASTRUCTURE DEVELOPMENT FUND
STAFF TRAINING – FINANCIAL SUPPORT CLAIM FORM 2015-16**

Contractor PSD Code:.....

Contractor Name & Address:.....
.....

Name of Staff Member:.....

Name of Course Provider:.....

Course Title:.....

Course Start Date:.....

Course Completion Date (if applicable):.....

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 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:.....

Completed forms should be **returned by 29 February 2016** with the required documentation to:

Anne Watson
NES Pharmacy
3rd Floor, 2 Central Quay
89 Hydepark Street
GLASGOW
G3 8BW