



Dear Colleague

PHARMACEUTICAL SERVICES: AMENDMENTS TO THE DRUG TARIFF IN RESPECT OF REMUNERATION ARRANGEMENTS AND PART 7 AND PART 11 DISCOUNT CLAWBACK ARRANGEMENTS FROM 1 APRIL 2019

Purpose

1. This circular advises community pharmacy contractors and NHS Boards of the outcome of the negotiations for the community pharmacy funding settlement for 2019-20.

Background

2. Circular PC(P)(2018) 7 advised on amendments to the reimbursement arrangements and amendments to reimbursement prices listed in Part 7 of the Drug Tariff (generics) along with the Part 7 discount clawback rate for the financial year 2018-19.

3. A settlement has now been put in place on a 1 year community pharmacy funding package to cover the financial year 2019-20.

Detail

4. This circular now advises of the key headline elements of the community pharmacy funding package which continues to deliver community pharmacy contractors and Health Boards continued stability and predictability established in previous years settlements. The key headline elements of the 2019-20 settlement are as follows:

- I. The remuneration Global Sum will be reset for 2019-20 at **£183.559, an increase of £2.6 million** on the previous year.
- II. The non-Global Sum shall roll forward at its current level set at £1.3 million.
- III. That the Pharmacy First service is integrated with the national Minor Ailment Service from 1 April 2019 and remuneration level set at the existing level of £1.1 million.

8 July 2019

Addresses

For action

Chief Executives, NHS Boards
Director of Practitioner
Services, NHS NSS

For information

Directors of Finance, NHS
Boards
Directors of Pharmacy
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- IV. That the sum of **£20 million will be mapped from Part 7 (generic) Drug Tariff to the guaranteed elements of funding in 2019-20**. The sum of £20 million will be spread across an agreed basket of targeted drugs. **Combined with the Global Sum uplift noted at (I) and Pharmacy First funding noted at (III), and in addition to the £20 million mapped from the Drug Tariff in 2018-19, the total amount of guaranteed remuneration in 2019-20 will be £224.659 million.**
- V. The guaranteed minimum margin retained by community pharmacy contractors, on the purchase of generic drugs, will be **reduced to £80 million** in 2019-20.
- VI. Dependent on market conditions, community pharmacy contractors shall retain 100% of the first £10 million earned above the guaranteed minimum of £80 million – providing pharmacy contractors with the opportunity to earn up to £90 million in retained margin. Margin earned above this amount (£90 million) will be **shared on a 50:50 basis with NHS Boards**.
- VII. That margin earned in 2018-19 and subject to 50:50 sharing arrangements will be subject to clawback provisions in 2019-20. Clawback accumulated in 2018-19 will be **circa £18 - £20 million**. As such, the generic clawback rate will be applied at the rate of **6% effective from 1 April 2019**.
- VIII. The continued inclusion of a cash flow support mechanism to ensure there is sufficient cash liquidity in the pharmacy network, should market conditions deteriorate within the financial year 2019-20, **an adjustment or temporary suspension of the generic clawback rate will be made**.
- IX. In the event that support mechanisms are invoked and market conditions recover, the generic clawback rate will be reintroduced at the rate prior to temporary suspension or adjustment. Any outstanding clawback balance at the end of the financial year (2019-20) will be carried forward to the new financial year (2020-21).

5. Further information on the detailed changes to the Drug Tariff remuneration and reimbursement arrangements will be circulated in due course once finalised with Community Pharmacy Scotland.

Drug Tariff Discount Clawback

6. Circular PCA(P)(2019) 3 advised that the Drug Tariff in respect of the Part 7 and Part 11 discount clawback would be set at **2.5%** and **4.51%** respectively. This circular now advises that the Part 7 (generic) Drug Tariff discount clawback will be **reset to 6% effective from 1 April 2019** and that the Part 11 discount clawback rate will be **reset to 4.92% effective from 1 May 2019**.

Consultation

7. Community Pharmacy Scotland has been consulted on the Drug Tariff amendments and the contents of this circular.

Action

8. **NHS Boards are asked to:**
 - **copy this circular to all community pharmacy contractors on their pharmaceutical lists, Health and Social Care Partnerships and the Area Pharmaceutical Board.**

Yours sincerely,

A handwritten signature in cursive script, reading "Rose Marie Parr".

Rose Marie Parr

Chief Pharmaceutical Officer/

Deputy Director Pharmacy & Medicines Division

DRUG TARIFF PROVISIONS WITH RESPECT TO COMMUNITY PHARMACY REMUNERATION WITH EFFECT FOR DISPENSING PERIOD UPDATED TO INCLUDE CHANGES FOR DISPENSING FROM JUNE 2019

Dispensing Pool Payment – standard arrangements for contractors with established dispensing histories – annualised pool £113.410m.

From 1 April 2019 all contractors on the pharmaceutical list on the 1st day of the dispensing month will be eligible to receive a Dispensing Pool Payment. This will be calculated as a discrete payment for each contractor. The **annualised pool has been increased by 17%** and will be reflected in each contractor's share of the monthly dispensing pool.

For dispensing months June 2019 onwards it will be calculated as a share of a total monthly dispensing pool of **£9.451m**. To ensure that the full annualised pool is distributed in the financial year, a balancing payment will be made July 2019 dispensings, a further circular outlining details will be issued in due course.

Each eligible contractor's share will be calculated as that contractor's share of the total dispensings made over a previously determined period. The reference period for dispensing pool payments for the dispensing months July to September 2019 will be December 2018 to February 2019 inclusive. For subsequent quarters the reference period will roll forward by one month.

In recognition of the activity associated with complex dispensings and to avoid the need for a separate payment, the aggregate dispensing pool and each contractor's share will compromise discrete dispensing plus instalments, with each instalment weighted on a par with a dispensing.

Dispensing Pool Payment – arrangements for contractors recently added to the pharmaceutical list and/or with incomplete dispensing history, or whose dispensing pool payment would otherwise fall below the minimum target

A minimum monthly payment of **£750** will apply for dispensing months April 2019 onwards to eligible contractors who were not on the list, or where no previous contractor was on the list for the applicable prior reference period used when calculating the dispensing pool payments. The minimum payment will remain in place until the contractor has 3 months consecutive months dispensings activity to be used to determine the dispensing pool payment.

If contractor recently added to the list considers that the **£750** payment doesn't fairly reflect their share of the overall dispensing activity in the first 3 months of operation, they may request ISD with 9 months of the dispensing months concerned for a retrospective adjustment calculation to be completed. This will establish if an adjustment, calculated by reference to the previous quarter's dispensing pool, would be appropriate.

If the total amount due is less than the **£750** already paid, no further action will be taken. If the amount due exceeds **£750** an adjustment will be made as soon as practical for the months concerned and if necessary as a retrospective payment. This provision is back dated to apply for payments to dispensing month April 2018 onwards.

Medicines: Care and Review Service Capitation Payment – annualised pool £36.049m (formerly Chronic Medication Service)

The annualised pool for Medicines: Care and Review has been re-baselined for the period July 2019 onwards.

Contractors, on the list on the 1st day of the dispensing month and contracted with their NHS Board to provide CMS, will receive a share from this pool in proportion to the number of patients registered for CMS and assigned with a priority care plan in the patient's Pharmacy Care Record on the last day of the month concerned.

A separate Circular will be issued outlining the amendments to the payments as a result of the re-baselining exercise.

Establish Payment – annualised pool £31.601m

The annualised pool will be **increased by 8%**. A revised single flat rate payment of **£2,095** will be made to contractors on the pharmaceutical list on the 1st day of each dispensing month.

For part time ESP's, the Establishment Payment will be made in the following proportions of the single flat rate payment of **£2,095**:

Hours Contractor Open	% of Single Flat Rate Payment
>5<=10	60%
>10<=15	75%
>15<=20	85%
>20<=25	90%
>25<=30	95%
>30	100%

Minor Ailment Service (MAS) availability for service payment – annualised pool £15.815m

Contractors who have arrangements with NHS Boards for the provision of MAS for the dispensing month will receive the following tiered payment related to the number of patients for that month:

Band	Number of Registrations	Annual Payment	Monthly Payment
1	1 – 250	£7,300.92	£608.41
2	251 – 500	£9,253.92	£771.16
3	501 – 750	£11,208.00	£934.00
4	751 – 1000	£13,218.00	£1,101.50
5	1001 – 1250	£15,228.00	£1,269.00
6	>1250	Band 5 + £8.04 per patient	Band 5 + £0.67 per patient

Applicable dates for eligibility for payment of MAS

The level of MAS allowance payable to a listed contractor for a particular month will be paid to the contractor listed on the last day of that month. The payment due will be based on the number of patients registered on the last date of that month.

When a contractor is taken over by another, **only** the new contractor will receive any MAS payments due for the month in which the takeover occurred.

Pharmacy First – annualised pool £1.08m

The annualised pool now forms part of the Global Sum. The Pharmacy First service for the treatment of uncomplicated UTIs and Impetigo will be delivered as part of the services provided as part of the pharmaceutical care services outlined in the national framework. Pharmacy First will be integrated with the Minor Ailment Service from April 2020 to create a new Minor Ailment and Common Clinical Conditions Service, at which time a revised remuneration model will be introduced. The **transitional arrangements for 2019/20** will be as follows for those contractors on the Pharmaceutical List at 1 April 2019 and providing Pharmacy First:

Period	Payment	Payment Method	Action
April 2019 – June 2019	In the absence of robust activity data for all contractors for this period, £0.27m will be distributed to contractors evenly (£219 per contractor for the quarter).	One off fee paid for first quarter (April – June 2019)	No Action Required
July 2019 – March 2020	£20 per activity*	Collation of monthly data by NHS Health Boards and submitted to P&CFS for authorised payment. Payment will be made on a quarterly basis and noted on the payment schedule as Pharmacy First	Contractors to complete pro-forma and submit to Health Board for process. See Annex A.

*Pharmacy First Activity is classed as **Advice: Referral: Supply**

The community pharmacy contractor will ensure that all pharmacists involved in delivering the scheme complete the NES Pharmacy First training pack, on the Turas Learn platform available at <https://learn.nes.nhs.scot/> and participate in any local training programme (including update training) as identified by the NHS Board in accordance with agreed local standards.

Quality and Service Development (QSD) Payment – annualised pool £6.133m (formerly Operations and Development)

The Quality and Service Development payment replaces the “Operations and Development” as these payments are for GFFs, Quality Improvement and SOPs.

Pool available for payment

For the dispensing months June 2019 – March 2020, the aggregate monthly amount available for the calculation of the target Quality and Service Development payments to contractors is **£0.511m**.

Determination of the fixed element payment

Gluten Free Food Service

The fixed element for all contractors will be **£125**. This element supports contractors who have agreed to offer Gluten Free Foods additional pharmaceutical service from 1 April 2019 or any date since.

All contractors who are on the list on the 1st day of the dispensing month concerned in the July – September 2019 dispensing quarter and who accepted their Health Board's invitation to offer the Gluten Free Foods additional pharmaceutical service, will automatically receive the fixed element of payment.

All contractors providing GFFS must ensure that the patients' full and accurate CHI number are provided

Quality Improvement

Contractors on the pharmaceutical list from 1 April 2019 will be entitled to a fixed fee of **£220**. New contractors, if not already done undertaken the SPSC survey, must complete by 30 September. Activities to support Quality Improvement will be issued under a separate circular. Contractors should note that activities from November 2019 to March 2020 will be support the implementation and training requirements for new Minor Ailment and Common Conditions Service from April 2020.

Determination of the variable element of payment

For the deepening months July 2019 – March 2020, the variable element of the target will be to:

- **Implementation of Standard Operating Procedures (SOP) for serial dispensing.**

A monthly payment of **£60** will be made to contractors to ensure that full and proper Standard Operating Procedures for serial prescribing are implemented across the pharmacy.

Checks F22 – F24 Boards will check if the contractor has completed implementation of SOPs for serial prescribing by 30 November/31 December 2019 and 31 January 2020 respectively. Each check will be carried out once only and the level of the variable payment for each dispensing month will be made in accordance with the details noted in circular PCA(P)(2015) 7.

***Service Efficiency Payment – annualised pool £5.762m
(formerly Quality and Efficiency Payment)***

The Service Efficiency Payment will replace the “Quality and Efficiency” payment as activity relates to electronic claim rate.

In order to continue the drive to adopt a digital first approach to claiming, electronic claims must be the default approach for all reimbursement claims where available. Arrangements for the monthly Service Efficiency Payment will continue as an absolute eClaim target that will measure all AMS claims, including care home, instalment and stoma claims. The target rate of claims will continue at 80%.

All new contractors on the pharmaceutical list at or since 1st April 2019 will receive the monthly Service Efficiency Payment of **£150**.

The payment will be calculated as;

SE% = Total eClaims / Total Possible eClaims (inclusive of care home, instalment and stoma claims)

At or above the threshold the contractor will receive a payment at the rate of each contractors own Service Efficiency payment. Below the threshold, contractors will not be eligible for any payment, except in the following circumstances:

A contractor who wouldn't otherwise receive a payment for a particular month may request the Health Board to consider failure to achieve the **80% threshold** are exceptional and outwith the contractors control, and authorise a special payment. If the application is made, and the Health Board determine failure to achieve the target threshold is outwith the contractors control, a payment may be authorised at the Health Board discretion.

Patient Services element of Public Health Service (PHS), Smoking Cessation, Emergency Hormonal Contraception (Sexual Health) and Meningitis B – total annualised pool £4.679m

All contractors who have arrangements in place with NHS Boards for the provision of PHS will receive payments in respect of the dispensing months April 2019 onwards for the following services:

PHS Smoking Cessation

The contractor will be remunerated for the submission of MDS information at each of the 3 quit attempt milestones and rates are noted below. Milestones are intended to help improve the level of service provided to patients looking to quit smoking and the monitoring of that through the HEAT target process.

Quit Attempt Event	MDS Submission	Remuneration Basis
<u>Event A</u> Submission of the DS information with confirmed quit date (normally first return appointment)	To be electronically submitted once the quit date is confirmed with the client. This will inform the basis of the timelines for the four week and twelve week date follow up.	A count will be made on the central smoking cessation database of patients for MDS submission for new quit attempts that meet the validation requirements that have not been remunerated.
<u>Event B</u> Four week post quit date	To be electronically submitted immediately after the four week post quit date and not later than six weeks from the confirmed quit date.	A count will be made on the central smoking cessation database of patients for MDS submission for the four week stage that meet the validation requirements that have not been remunerated.
<u>Event C</u> Twelve week post quit date	To be electronically submitted immediately after the twelve week post quit date and not later than sixteen weeks from the confirmed quit date.	A count will be made on the central smoking cessation database of patients for MDS submission for the twelve weeks stage that meets the validation requirements that have not been remunerated.

The patient count will be made at the end of the calendar month.

Capitation payment in respect of patients at each of the following event stages:

- **Event A: £30**
- **Event B: £15**
- **Event C: £35**

PHS Emergency Hormonal Contraception (Sexual Health)

All contractors who have arrangements with NHS Boards for the provision of the **Emergency Hormonal Contraception** will receive an **increased capitation payment of £30 per patient** reported by the contractor as receiving PHS EHC treatment. This is to recognise the impact that this service has had on the overall unintended pregnancy rate in Scotland and that payments had remained unchanged in the introduction of the current remuneration model.

PHS Provision of Prophylactic Antipyretic (Paracetamol) following Meningococcal Group B Vaccine

All contractors who have arrangements with their NHS Board for the provision to support Meningitis B vaccination programme will receive with April 2019 dispensings a monthly payment of £20.

Pharmaceutical Needs Weighting Payment – annualised pool £3.845m

From April 2019 dispensings, all contractors on the list at the start of the dispensing month and in receipt of a Dispensing Pool Payment, will be eligible for the period April 2019 – March 2020 for a Pharmaceutical Needs Weighting Payment. This acknowledges the additional pharmaceutical needs arising from age and deprivation

characteristics of the post code of presenting patients. For dispensing months April 2019 onwards it will be calculated from a **monthly pool of £0.320m**.

For each contractor the following has been identified:

- Proportion of dispensing patients aged 60 or over
- The percentage of dispensing patients with postcodes in the two most deprived quintiles according to the Scottish Index of Multiple Deprivation (SIMD)

Two indices will be calculated in accordance with the following table and those two discrete indices are averaged to produce a **combined index** which is the weighting to be applied.

Age	Age Index	SIMD	SIMD Index
75% or more of patients under 60 years	1.0	40% or less of patients with postcodes in the two most deprived quintiles	1.0
Between 65% - 75% of patients under 60 years	1.2	Between 40% - 60% of patients with postcodes in the most deprived quintiles	1.2
Between 65% - 75% of patients under 60 years, with more 75+ than 60 – 74	1.3	Between 40% - 60% of patients with postcodes in the most deprived quintiles and more in the most deprived quintiles	1.2
Between 55% - 65% of patients under 60 years	1.4	Between 60% - 80% of patients with postcodes in the most deprived quintiles	1.4
Between 55% - 65% of patients under 60 years, with more 75+ than 60 – 74	1.5	Between 60% - 80% of patients with postcodes in the most deprived quintiles and more in the most deprived quintiles	1.5
Between 45% - 55% of patients under 60 years	1.6	Between 80% - 90% of patients with postcodes in the most deprived quintiles	1.6
Between 45% - 55% of patients under 60 years, with more 75+ than 60 – 74	1.7	Between 80% - 90% of patients with postcodes in most deprived quintiles and more in the most deprived quintiles	1.7
Between 35% - 45% of patients under 60 years	1.8	More than 90% of patients with postcodes in the most deprived quintiles	1.8
Less than 35% of patients under 60 years	2.0	More than 90% of patients with postcodes in the most deprived quintiles and more in the most deprived quintiles	2.0

The combined index will be applied to the monthly pool, derived from the total transitional payments available for redistribution to determine the Pharmaceutical Needs Weighting Payment for each contractor. Contractors added to the list between 1 April 2019 and 31 March 2020 inclusive and/or without any dispensing history in the reference period will receive a **proxy monthly Pharmaceutical Needs Weighting Payment** calculated using a **combined index of 1.0**.

Care Home Dispensing Payments – annualised Pool £4.215m

Arrangements for Care Home Dispensing Payments to all qualifying contractors continue from April 2019 as follows:

The annualised pool will be **increased by 5% to £4.215m** for the year 2019-20 and is to be distributed quarterly (**quarterly pool of £1.054m**) between all contractors.

For the dispensing period April 2019 – June 2019 eligible contractors must have been on the list at 1st April 2019 and to have been on the list from the full reference period (1st September 2018 – 30th November 2018).

The amount paid to each contractor is calculated on analysis by ISD of the identifiable CHI numbers on prescription items processed by each contractor in that reference period (1st September 2018 – 30th November 2018) relating to patients in care homes as a percentage of all prescription items.

A tolerance factor applies that contractors whose historic dispensing for patients in care homes was less than **2.5%** of the total will be regarded as having no substantive care home activity.

For quarterly dispensing periods commencing July 2019 onwards eligibility contractors must be on the list on the first day of the quarter concerned. Payments to eligible contractors will also continue to be updated quarterly on the basis of the same annual pool of **£4.215m**.

Stock Order on Costs – annualised pool £1.413m

The on cost allowance for items (except pneumococcal vaccines) ordered by General Medical Practitioners on Form GP10A as **17.5%** of the net ingredient cost, calculated in accordance with paragraph 16 of Part 1 of the Drug Tariff.

Guaranteed Minimum Target Income for Essential Small Pharmacy (ESP) – annualised pool £0.124m

The total Establishment Payment **plus** Dispensing Pool **plus** Pharmaceutical Needs Weighting Payment made to an ESP each month, from July 2019 dispensing, are subject to a **revised guarantee minimum target income** of **£3,980** for full time contractors.

An equivalent guarantee for part time contractors is calculated as follows:

Hours Contractor Open	% of Single Flat rate Payment
>5<=10	60%
>10<=15	75%
>15<=20	85%
>20<=25	90%
>25<=30	95%
>30	100%

The total of Establishment Payment **plus** Dispensing Pool **plus** Pharmaceutical Needs Weighting Payment to be made to an ESP each month will be calculated as for all other contractors and if that aggregate is less than the level of the guaranteed minimum payment at a top up – the Essential Small Pharmacy Allowance – equivalent to the shortfall will be paid for the months concerned.

Eligibility for the ESP requires a contractor to be included on the register of essential small pharmacies held by their host NHS Board. Contractors taking over an existing ESP must have their continued inclusion in the ESP register approved by the Health Board.

Measured and Fitted Fee – annualised pool £0.147m

For dispensings April 2018 onwards, a measured and fitted fee of **£25** is payable in respect of hosiery and trusses and all lymphedema garments which have been 'measured and fitted' if the prescription concerned is submitted for reimbursement appropriately **endorsed 'measured and fitted'**.

Other Payments

All other payments to community pharmacy contractors which are not set centrally under the Pharmaceutical Service arrangements e.g. locally set fees for methadone dispensing etc. and centrally set fees for non-Pharmaceutical Services such as stoma appliance dispensing services will continue unchanged unless otherwise notified.

Arrangements for contractors added to the list from 1st April 2019 onwards

Where a contractor is added to the list at 1st April 2019, they will be invited by NHS NSS to confirm whether they are a totally new contractor or whether they are taking over an existing contractor already on the Pharmaceutical List and in the same location.

A completely new contractor will be eligible for individual payments in accordance with the specific arrangements as detailed in Annex A of this circular.

Those contractors who are taking over an existing contractor will for the purpose of calculation payments to be made, be assumed to inherit the characteristics, dispensing history, and stabilisation arrangements etc. of the predecessor contractor.

Calculation of advance payments

The method of calculation of advance payments to community pharmacy contractors in respect of centrally set remuneration and reimbursement for dispensing months April 2019 onwards is as follows:

The advance payment for dispensing months February – March inclusive is calculated as 90% of the 12 month mean monthly payment made to each contractor or its predecessor over the immediately preceding 12 month period for which calculated actual gross payments for the remuneration payments and reimbursements are available, at the time the advance payment is calculated.

For the dispensing month of December the advance payment rate is 100%.

For the dispensing month of January the advance payment rate is 95%.

Where a contractor or its predecessor has a history of less than 12 months actual payments at the time the advance is calculated, it will be calculated as 90% (or 100% for dispensing month December or 95% for dispensing month January) of the mean of the number of actual months for which data is available.

For brand new contractors the advance payment will be calculated as follows:

- Month 1 advance = (no.of days open/31) x £18,000
- For contractors who opened on the 1st of the month, their month 2 and subsequent advance will be calculated as the % applied to advance payments

for all contractors as above for that month of the mean of the number of actual months which data is available.

- For contractors who opened on the month, their month 2 advance will equal: $(\text{no. of days} / 31) \times £18,000$; month 3 and subsequent advances until a 12 month history is available will be calculated as the % applied to advance payments for all contractors as above for that month of the mean of the number of actual months for which data is available.

Contractors in exceptional circumstances

Where a contractor has been subject to specific exceptional circumstances resulting in an interruption or delay in start of business operation i.e. due to fire, flood or another exceptional circumstance which in the Board's opinion was outwith the contractors control and as a result the premises are rendered unfit for trade, the Board may, at its discretion, grant an application from the contractor for a payment or proportion of a payment stated in the Drug Tariff and which would otherwise have been paid, provided the Board is satisfied that it would be reasonable to do so. Nothing in this paragraph removes the need for contractors to conduct their business with normal commercial diligence and to be appropriately insured.

Pharmacy First
Monthly Audit and Claim Form for Advice: Referral : Supply
by PGD via Community Pharmacies

Month of consultations: _____

Contractor Code: _____

Pharmacy Name & Address

UTI in women aged 16-65 years of age	Number of patients
Advice only given	
Referral to GP	
Referral to Out of Hours Services	
Supply of Trimethoprim / Nitrofurantoin made in hours	
Supply of Trimethoprim / Nitrofurantoin made out of hours	

Impetigo in patients over 2 years of age	Number of patients
Advice only given	
Referral to GP	
Referral to Out of Hours Services	
Supply of 15g Fusidic acid cream 2% made in hours	
Supply of Fusidic Acid cream 2% made out of hours	

I hereby claim £20 per consultation for advice, referral or supply

Total number of patient consultations	
Total amount claimed	£.

Pharmacist name: _____ **Date:** _____

Pharmacist signature: _____

NB: Individual Contractors may be asked to provide evidence of providing the service.

Return by 5th of each month by e-mail to your Health Board collection contact