Dear Colleague

PHARMACEUTICAL SERVICES
REMUNERATION ARRANGEMENTS FOR 2008-09
CONTRACT PREPARATION PAYMENTS –
PHARMACY INTERVENTIONS AUDIT

Summary

1. This Circular advises of the details of Strand E of the Contract Preparation Payments for 2008-09, which will be specified in the Drug Tariff and is related to recording interventions where the pharmacist identifies problems with prescriptions.

Background

2. NHS Circular PCA(P)(2008)13 prescribed new remuneration and Drug Tariff Pt 7 reimbursement arrangements for Community Pharmacy for 2008-09. This included advice that the existing New Contract Preparation Payments (CPP) programme will continue during 2008-09. The content of the CPP programme for 2008-09 was detailed in NHS Circular PCA(P)(2008)20. This Circular now prescribes arrangements in respect of Strand E.

3. Details to allow contractors to claim Strand E of the programme are provided herewith. A further Circular will be issued in due course in respect of the remaining strand – Strand D.

Claim arrangements – single outlet contractors

4. Payment for each strand of the CPP programme will be made individually on receipt by Practitioners Services Division (PSD) of the appropriate claim. Claim

9 February 2009

Addresses

For action
Chief Executives, NHS Boards

For information
Chief Executive, NHS NSS
Director of Practitioner Services, NHS NSS

Enquiries to:
Jean Murray
St Andrew’s House
EDINBURGH
EH1 3DG
Tel: 0131-244 - 2274
Fax: 0131-244 - 2326
arrangements in respect of Strand E are detailed in Annex A to this Circular. All claims must be made to PSD no later than 30 April 2009. Strand E – Pharmacy Interventions Audit - will attract a payment of £900 for the period of the audit.

5. To be eligible for the payment contractors must satisfy the conditions detailed in the respective paragraphs below and in Annexes A-B.

Claim arrangements- multiple outlet contractors

6. To minimise bureaucracy and to facilitate the claim and payment process an entity which operates more than one pharmacy may make a multiple submission on behalf of all its contractor outlets. Both single and multiple outlet contractors must complete the collection and submission of data required before making a claim for payment. Annex C therefore provides alternative claim and reporting arrangements for multiple outlet contractors, which may be used at the claimant’s discretion, in place of those in Annex A for single outlet contractors. Payments will be made to the account of each individual contractor in the normal way.

Submission of data

7. For those programmes which relate to the collection and submission of data, to receive a Contract Preparation Payment the contractor must submit the data concerned in the format and to the address as stated on the data form in the respective Annex. Contractors are encouraged to submit data and to make claims electronically wherever possible.

Provision of software package

8. To ensure that all contractors can meet this requirement the Scottish Government is making available to all contractors the MS Office software package which includes Excel. Contractors who require this package are invited to advise Community Pharmacy Scotland, via email on software.package@communitypharmacyscotland.org.uk leaving their name and the address where they would like the package to be sent or contact Community Pharmacy Scotland by phone on 0131-467-7766 to request the package. Contractors requiring training should contact their local NHS Board IT department to establish what training and support is available locally to assist them in using MS Office.

Detail of the strand of the Programme

E. Data collection for Pharmacy Interventions Audit

9. The purpose of this Pharmacy Interventions Audit is to create, before the introduction of the Chronic Medication Service (CMS), a baseline of activity and workload associated with the clinical, legal and administrative checks performed by the pharmacy contractor dispensing NHS prescriptions which result in an intervention being made by the pharmacy contractor or a member of their support staff. It is therefore intended to conduct a limited term audit to provide this baseline data.
10. This data will be analysed and used to assist Community Pharmacy Scotland and Scottish Government in considering the impact of CMS. It is therefore really important that you record each intervention undertaken in the pharmacy over the course of the week.

11. It has been decided that this exercise will be completed for a one week period which will be - **Monday 16 March to Sunday 22 March**. Intervention data should be collected on the Pharmacist Intervention Form (Form1). Please note that **ONE** form should be completed for each intervention made over the period of the audit. The Pharmacy Information Form (Form 2) should also be completed and all forms submitted in accordance with the details in Annex B. Guidance on the completion of the forms is attached at Annex D.

12. **Claim forms as detailed in Annex A or C should be submitted separately in respect of the survey period in order to trigger payment for partaking in the audit.**

**Eligibility for payments**

13. To be eligible for **Strand E. Pharmacy Interventions Audit** a contractor must have been on the Pharmaceutical List during the full period of the week of audit concerned. Where a contractor is taken over by another during this period, only one claim will be accepted.

**Drug Tariff Amendment**

14. Community Pharmacy Scotland has been consulted on the contents of this Circular and the Drug Tariff is being amended in accordance with the terms of this Circular.

**Funding Arrangements**

15. All CPP payments will be met from the centrally held Pharmaceutical Services line.

**Action**

16. **NHS Boards are asked to bring this Circular to the attention of community pharmacy contractors, local pharmacy committees, and Community Health Partnerships.**

Yours sincerely

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DR JONATHAN PRYCE
Deputy Director

St Andrew’s House, Regent Road, Edinburgh  EH1 3DG
www.scotland.gov.uk
CLAIM FORM CPP 2008-9 (To be completed by single outlet contractors)

Strand E. Data collection for Pharmacy Interventions Audit

Contractors claiming Strand E payments must comply with the following requirements and return a copy of the completed form either:

By post to

Moira Hanley
NHS National Services Scotland
Practitioner Services
Gyle Square
1, South Gyle Crescent
Edinburgh
EH12 9EB

By fax to 0131 275 7532

By email moira.hanley@ppd.csa.scot.nhs.uk

Please Note:

To be eligible for the timely processing with payments relating to the dispensing month concerned, Practitioner Services Division must receive forms no later than the 7th day of the following month. Forms received later than this date will be processed as claims relating to the following or subsequent month dependant on the date and month of receipt. All claims must be submitted at the latest by 30 April 2009.

Contractor Name: .................................................................

Contractor Code: ...............................................................  

I the undersigned contractor confirm that I have complied with all the requirements detailed in Circular NHS Circular PCA(P) (2009) 1 related to CPP Strand E. payments, I have submitted the data as detailed in Annex B and hereby claim payment of £900 for the March 2009 audit.

I confirm that this information is correct and I understand that, if it is not, action may be taken against me.

Signed: ................................................................................

Name: ...................................................................................

Date: ......................................................................................

Designation: ..........................................................................
ANNEX B

COLLECTION AND SUBMISSION OF DATA

Strand E. Pharmacy Interventions Audit

Intervention survey forms should be individually completed but all completed forms should be submitted at the same time and before the respective payment claim is submitted in accordance with Annex A or C.

Completed intervention survey forms should be sent by email to:

pharmacist.intervention@communitypharmacyscotland.org.uk

or by Post to:

Pharmacy Interventions Audit
Community Pharmacy Scotland
42 Queen Street
EDINBURGH
EH2 3NH

Enquiries to: pharmacist.intervention@communitypharmacyscotland.org.uk
Annex B Hard Copy – Pharmacy Information Form – Form 2

**Pharmacy Information Form-Form 2**

1. **Pharmacy Contractor (please insert details)**

   Contractor Code Number:

   Health Board:

2. **Position of the Pharmacist in charge across the course of the week (please tick one box)**

<table>
<thead>
<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Owner</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
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<tr>
<td>Employee</td>
<td></td>
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<tr>
<td>Locum</td>
<td></td>
</tr>
</tbody>
</table>

3. **Area of Pharmacy (please tick one box as appropriate)**

<table>
<thead>
<tr>
<th>Area</th>
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</thead>
<tbody>
<tr>
<td>Village/Small Town</td>
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<tr>
<td>Central urban shopping centre</td>
<td></td>
</tr>
<tr>
<td>Suburban housing development</td>
<td></td>
</tr>
<tr>
<td>Suburban shopping area</td>
<td></td>
</tr>
<tr>
<td>Central urban housing area</td>
<td></td>
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<tr>
<td>Other (Please state)</td>
<td></td>
</tr>
</tbody>
</table>

4. **Years qualified (please tick one box as appropriate)**

<table>
<thead>
<tr>
<th>Years</th>
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<tbody>
<tr>
<td>0-5</td>
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<tr>
<td>6-10</td>
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<tr>
<td>11-20</td>
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<tr>
<td>21-30</td>
<td></td>
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<tr>
<td>&gt;30</td>
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</tr>
</tbody>
</table>

5. **Type of business (please tick one box as appropriate)**

<table>
<thead>
<tr>
<th>Business Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single independent Pharmacy</td>
<td></td>
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<tr>
<td>Member of small local group</td>
<td></td>
</tr>
<tr>
<td>Member of local/regional chain</td>
<td></td>
</tr>
<tr>
<td>Member of a national chain</td>
<td></td>
</tr>
</tbody>
</table>

6. **Staffing Levels (please insert number as appropriate)**

<table>
<thead>
<tr>
<th>Staffing Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Pharmacists per day</td>
<td></td>
</tr>
<tr>
<td>Number of Technicians per day</td>
<td></td>
</tr>
<tr>
<td>Number of Dispensing Staff</td>
<td></td>
</tr>
</tbody>
</table>

7. **Prescription Details for Monday 16th March until Sunday 22nd March.**

   Please insert number of items dispensed:

   Please insert number of intervention forms completed:
### Prescription Intervention Form (Form 1)

**Intervention Form no:**

<table>
<thead>
<tr>
<th>Contractor code:</th>
<th>Board area:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### 1. Type of Intervention (please tick one)

- Problem with Prescription form
- Problem with Item

#### 3. BNF Therapeutic Category (Please tick one)

- BNF Ch1 - Gastro-intestinal system
- BNF Ch2 - Cardiovascular system

#### 6. Age Group of Patient (If available)

- <12 years old
- 12-19 years
- 20-39 years old
- 40-59 years old
- >60 years old

#### 7. Action taken (Please tick as appropriate)

- Prescriber contacted
- Practice Staff contacted
- Patient or representative contacted
- Took own action/decision
- Consulted Reference Sources
- Consulted Drug Information Centre
- Other (please record on reverse of sheet)

#### 8. Outcome (please tick one)

- Script confirmed as written
- Script Clarified
- Script changed as per Pharmacist's advice
- Script changed other than in accordance with Pharmacist's advice
- Script not dispensed-Patient sent to prescriber
- Contacted NHS24 or Out of Hours service
- Patient took script away

---

**Contractor code:**

**Board area:**

**Date:**

**Intervention Form:**

**Problem with Prescription form**

- **BNF Ch1** - Gastro-intestinal system
- **<12 years old**

**Problem with Item**

- **BNF Ch2** - Cardiovascular system
- **12-19 years**

**Illegal Rx Form**

- **BNF Ch3** - Respiratory
- **20-39 years old**

**No Prescriber Signature**

- **BNF Ch5** - Infections
- **>60 years old**

**No date**

- **BNF Ch6** - Endocrine system
- **7. Action taken (Please tick as appropriate)**

**No patient address**

- **BNF Ch7** - Obstetrics, gynaecology and urinary tract

**No patient name**

- **BNF Ch8** - Malignant Disease and immuno suppression

** Doesn't conform with CD requirements**

- **BNF Ch9** - Nutrition & Blood

**No age (under 12)**

- **BNF Ch11** - Ophthalmic

**Queries about Item**

- **BNF Ch12** - ENT

**About Form**

- **BNF Ch13** - Dermatology

**About Strength**

- **BNF Ch14** - Immunological products and vaccines

**About Dose**

- **BNF Ch15** - Anaesthesia

**About timing of dose**

- Appliances

**About drug item/brand**

- Miscellaneous

**About frequency**

- **4. Query Initiated by (Please tick one)**

**Pharmacist**

**Other Pharmacy Staff**

**Patient or their representative**

**PMR-If requires action**

---

St Andrew’s House, Regent Road, Edinburgh  EH1 3DG

www.scotland.gov.uk
### Prescription Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Information</th>
<th>Patient counselled</th>
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<tbody>
<tr>
<td>Rx illegible/incoherent</td>
<td>Other (please record on reverse of sheet)</td>
<td>Patient counselled</td>
</tr>
<tr>
<td>Possible interaction</td>
<td>Other (please record on reverse of sheet)</td>
<td>Patient counselled</td>
</tr>
<tr>
<td>Possible ADR</td>
<td>Handwritten Prescription</td>
<td>9. Seriousness of Problem (please tick one)</td>
</tr>
<tr>
<td>Supply/availability problem</td>
<td>Computerised Prescription</td>
<td>Type A - Potentially Serious for the patient</td>
</tr>
<tr>
<td>Rx not in drug tariff</td>
<td>New medication for patient</td>
<td>Type B - Major Nuisance for the patient</td>
</tr>
<tr>
<td>Other (Please record on reverse of sheet)</td>
<td>Repeat Prescription</td>
<td>Type C - Minor Nuisance for the patient</td>
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#### Prescriber Types

- Prescriber Type - GP
- Prescriber Type - NMP
- Prescriber Type - Dentist

#### Query

- 10. Query
  - Length of Time to solve query (no of minutes)
  - Number of Phonecalls to resolve query (insert no)
CLAIM FORM CPP 2008-9
(TO BE COMPLETED BY MULTIPLE OUTLET CONTRACTORS)
Strand E. Data collection for Pharmacy Interventions Audit

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By post to

Moira Hanley
NHS National Services Scotland
Practitioner Services
Gyle Square
1, South Gyle Crescent
Edinburgh
EH12 9EB

By fax to 0131 275 7532

By email moira.hanley@ppd.csa.scot.nhs.uk

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I the undersigned confirm that the contractors operated by this company as listed below have complied with all the requirements detailed in Circular NHS Circular PCA(P) (2009) 1 related to CPP Strand E payments, and the data required as detailed in Annex B has been submitted.

I hereby claim payment of £900 for the March 2009 audit in respect of the contractors listed below:

I confirm that this information is correct and I understand that, if it is not, action may be taken against me.

Signed: ....................................................................................................................

Name: ....................................................................................................................

Date: ....................................................................................................................

Designation: ............................................................................................................
Contractors in respect of whom a claim is being made:

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<th>Contractor Name</th>
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GUIDANCE TO SUPPORT COMPLETION OF PRESCRIPTION INTERVENTION AUDIT

Guidance to support completion of Prescription Intervention Audit
Guidance to support completion of Prescription Intervention Audit

1. Examine the Prescription Intervention Report form (Form 1) and familiarise yourself with the different sections, categories and definitions.

2. The audit will be carried out on Monday 16th March until Sunday 22nd March.

3. During the audit period, document all professional interventions, using one Report Form for each intervention.

4. If you cannot complete a Prescription Intervention Report Form immediately, the intervention is made, please ensure you keep the prescription to one side until you get an opportunity to complete the Report Form.

5. Complete Pharmacy Information form (Form 2) regarding demographics of Pharmacy. Record the total number of items and intervention report forms that are dispensed during the week of the audit using the Pharmacy Information Form (Form 2) provided. This will allow the calculation of intervention rates.
Prescription Intervention Report Form (Form 1) - Definition Sheet

Section 1

The first section asks whether the intervention relates to a problem prescription form (e.g. missing date/GP signature etc) or a problem with one of the items on the form.

Section 2

Section two of the Prescription Intervention form is to record the reason for the intervention. You may tick as many boxes as apply to any one particular item. So for example, if there is a query about the strength AND you suspect a possible ADR tick both these boxes on the form.

'Illegible / incoherent' could refer to poor handwriting but also, for example, to computer generated prescriptions when a GP has selected the wrong item for the patient to be supplied.

If your reason for a particular intervention is not included in this section, please use the back of the Form to write a brief description of the exact nature of the problem.

Section 3

This section is to enable you to record the BNF category of the drug involved. Please tick one box only.

Section 4

This section should record who in the pharmacy initiated the query. For example, it could be either the patient themselves, the pharmacist or other member of staff, or even the PMR system. If it is none of these please remember to state exactly who it was on the reverse of the sheet.

Section 5

This section records some basic general information about the prescription item:
1. whether it is a new or a repeat prescription item,
2. whether the prescription was handwritten or computer generated.
The section also records whether a doctor, dentist or non-medical prescriber has completed the prescription.

Section 6

This section is for recording the age group, if known, of the patient. In most instances the age group will simply be obtained from the prescription itself using the CHI number rather than by asking the patient directly.

Section 7

How the query was solved is recorded in this section. Examine it closely to familiarise yourself with the different answer categories. You may tick as many boxes as apply for any
given intervention episode. For instance, you might take your own decision, aided by a reference source such as MIMS.
Section 8

This section confirms the outcome of the intervention, to ensure the patient gets the correct medication. Tick one box only, if an option is not available please state exactly what the outcome was on the reverse of sheet.

Section 9

The seriousness of the problem should the item have been dispensed is recorded here. The research literature classifies the potential threat or seriousness of the error intervened on by the pharmacist in different ways. The most useful and the one used for this audit, is the classification of prescription errors devised by Neville et al¹. The authors arrived at a classification of errors based on the potential effects and inconvenience to patients, pharmacists and doctors.

You should classify the error as one of the three indicated below. Where there is any doubt liaise with a colleague(s) to try to reach a consensus opinion. If this proves too difficult to do simply write out a full description of the problem on the reverse of the report form.

'Type A: Potentially serious to the patient'. The prescription would be dangerous to the patient if dispensed. The examples given in the paper include: dose of cardiac drug wrong by a factor of 10; confusion of handwriting between chlorpromazine and chlorpropamide.

'Type B: Major Nuisance'. The pharmacist has to contact the prescriber in order to dispense the prescription. Patient, doctor and pharmacist are thus all inconvenienced. The examples given include phenytoin prescriptions which omit to mention whether capsules or tablets, and completely illegible script.

'Type C: Minor Nuisance'. The pharmacist has to make a professional decision before dispensing, although is able to do so without contacting the prescriber. This is annoying for pharmacists and can cause delays to patients. Example given is the wrong pack size of dermatological preparation.

Section 10

Information about the time taken to resolve the query is recorded in this section. Approximate time (in minutes) should be recorded. Remember some may take days!