



SCOTTISH EXECUTIVE

Health Department
Primary Care Division

St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Dear Colleague

PHARMACEUTICAL SERVICES 2002-3 PRESCRIBED MEDICATION COMPLIANCE SUPPORT INITIATIVE

Summary

1. This Circular draws the attention of NHS Boards, Primary Care and Integrated NHS Trusts, and community pharmacy contractors to the introduction of a prescribed medication compliance support initiative. This is a discretionary scheme whereby community pharmacists opting into the scheme will assess patients referred to them and where they consider the assessed patient as being in need of such assistance, they will provide prescribed medication with the appropriate support.

Background

2. Certain vulnerable patients in the community benefit from having their medication dispensed into compliance aids to assist them in identifying when and how many drugs they should be taking. This service has not, however, been a specific element of the terms of service for community pharmacists, although it is understood that various services have been provided on a commercial basis.
3. 'Implementation of Free Personal & Nursing Care: Guidance', issued under cover of Circular No. CCD 4/2002 of 12 April 2002 refers at paragraph 10 of Section 2 Eligibility to equipment & adaptations and clarifies that the provision of personal reminder systems to allow individuals to manage their medicines is covered within the scope of that policy.

Amendment to the Scottish Drug Tariff

4. These provisions will be incorporated into the next issue of the Drug Tariff.

30 August 2002

Addresses

For action

Chief Executives
Island NHS Boards
Chief Executives,
Primary Care and Integrated NHS
Trusts

Chief Executive,
Common Services Agency

For information

Chief Executives,
Mainland NHS Boards
Chief Executives, Local Authorities

Enquiries to:

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Prescribed Medication Compliance Support Initiative For Patients In The Community

- a Patients whose medicines are dispensed by community pharmacists not currently receiving their medication in compliance aids*
5. The Drug Tariff is hereby amended with effect from 1 October 2002, to introduce a discretionary compliance aids initiative for patients in the community, whose medications are dispensed by community pharmacists.
 6. The initiative includes 3 elements:
 - i. Assessment*
 7. This initiative is targeted only at those patients who are likely to benefit from the service. An assessment should be carried out by the community pharmacist who provides the patient's prescribed medications. Patients may be referred for assessment by nurses, hospital clinicians on discharge, social workers, carers (either formal or informal), the patient, their GP or the community pharmacist. Referrers should be aware that the assessing pharmacist may conclude that provision of prescribed medications in a compliance aid is inappropriate for the patient and may offer alternative advice as to how the patient's compliance problems may best be addressed. The assessment should be conducted in the context of Single Shared Assessment. A model assessment tool for this purpose is being issued separately. Alternatively, if there is already in use a locally agreed tool, that may be used **provided** that it contains all of the elements covered by the model tool.
 8. Community pharmacy contractors participating in the initiative will be paid a fee, determined locally, for the work involved in assessing patients. It is recommended that funding for fees should be drawn by Primary Care NHS Trusts/Island NHS Boards from the Model Schemes element of the Community Pharmacy Global Sum or, for patients not covered by those schemes, from the Unified Budget. Contractors should use the attached form to claim payment for the assessments carried out each month. To provide an audit trail for payments made, a file copy of each claim made should be retained by the contractor, together with a record of the names and addresses of the patients assessed each month.
 9. It will be the responsibility of the assessing community pharmacist to notify the patient's GP and the referring party, if not the GP, of the result of the assessment and of any consequential recommendations for weekly dispensing on instalment prescriptions.
 - ii. Filling of Aids*
 10. Where a patient has been assessed by the participating community pharmacist as potentially benefiting from this service, the pharmacist will provide the patient's medications in an appropriate compliance aid (see paragraph 13 below). Community pharmacy contractors opting into this initiative and who were on the pharmaceutical list on 1 April 2001, will receive a predetermined monthly payment. This will be calculated, irrespective of the number of aids filled, as:

The number of dispensing fees paid to the contractor in 2001-2
X 1.05 (to give a target number of dispensing fees for 2002-3)
X 1.7p
/ 12 (to give the monthly payment).

11. Community pharmacy contractors who have entered the pharmaceutical list since 1 April 2001, will receive an equivalent payment but with the 'target number of dispensing fees for 2002-3' replaced by an estimate agreed between the community pharmacy contractor concerned and their Primary Care NHS Trust on the basis of relevant evidence on dispensing volume.
12. To qualify for this payment contractors must make themselves available for initial training provided by their Island Health Board/ Primary Care Trust and any subsequent annual update for which no attendance fee would be payable.

iii. Provision of compliance aids, consumables and associated equipment

13. The cost of the aids themselves along with associated consumable items and sealing equipment deemed appropriate by the Primary Care NHS Trust/Island NHS Board will fall to be met by the Primary Care NHS Trust/Island NHS Board. It will be for the NHS Trust or Island NHS Board concerned to provide community pharmacy contractors with a list of approved aids and details of approved provisioning arrangements, drawing as far as possible on national contracts established by Scottish Health Care Supplies.

b Patients whose medicines are dispensed by community pharmacists and currently receiving their medication in compliance aids

14. Nothing in this Circular prevents patients already receiving at 1 October 2002 their medication from their community pharmacist in a compliance aid on the terms already agreed between the patient and the contractor from continuing to do so. Such patients do not automatically fall within the scope of this initiative. However, they may be re-assessed by their community pharmacist in accordance with the guidance in this Circular where the patient or their carer so requests or where there is evidence available to the pharmacist that the patient is not coping with the existing Monitored Dosage System (MDS) eg medication returned in box, or the box not being collected. The result of the assessment in such cases may be either transfer to a MDS, discontinuance of a MDS, and/or referral for a medication review.

Provision for Patients Outwith the Scope of this Initiative

c Patients whose medicines are dispensed by dispensing doctors

15. For those patients whose medicines are dispensed by dispensing doctors (whose terms of service fall outside the remit of the Drug Tariff) Primary Care NHS Trust/Island NHS Board should put in place local development schemes that mirror the above arrangements, and where appropriate review contracts with PMS suppliers who are dispensing doctors.

Patients in care homes

16. This initiative does not extend to patients in nursing/residential homes, for whom care home management continues to be responsible, as part of the package of care provided, for medication supervision and compliance arrangements.

Implementation arrangements

17. Trusts should ensure that local training is in place for the familiarisation of contractors and those clinicians and formal carers who may refer patients for assessment.
18. This initiative may be phased in to suit local circumstances. It is, however, expected that the initiative will be fully operative by 1 February 2003 through those contractors opting into the service in October and November 2002, and for contractors joining the initiative later, within 2 months of their joining.

Review arrangements

19. NHS Trusts should put in place appropriate spot checks to ensure that that contractors opting into this scheme are assessing patients referred to them and are filling compliance aids for patients assessed as being in need of them.
20. It is envisaged that assessments completed in accordance with the NCAT will remain valid unless a major change of circumstance arises.
21. This initiative is initially intended to operate from 1 October 2002 to 31 March 2004 and will be the subject of an ongoing national review to inform future arrangements.

Funding and payment arrangements

22. Funding for payments to community pharmacists in accordance with paragraph 10 will be drawn by Practitioner Services Division (PSD) from the Pharmaceutical Services non cash limited line. Community pharmacists who opt into this scheme and whose decision to do so is communicated by their sponsoring Primary Care NHS Trust/Island NHS Board to PSD by **1 October 2002** will receive their first payment with their normal October payment. Similar notice should be given to PSD in respect of contractors opting in at later dates. These payments fall outside the global sum for community pharmacy remuneration.
23. Payments in accordance with paragraph 8 should be made to contractors along with other Model Scheme initiative payments.
24. Payments to dispensing doctors in respect of any local development scheme in accordance with paragraph 15 fall to be met from each Primary Care NHS Trust's or Island NHS Board's unified budget allocation.

Initiation costs

25. To support Island Health Boards/Primary Care Trusts in initiating this scheme a one off allocation is being made for 2002-3 as detailed in the attached Annex. Payment for

training, assessment, and filling of aids is addressed elsewhere in this Circular and this allocation is intended to help fund the initial costs of consumable items and related equipment. An amendment to Health Board allocations will be made in due course.

Action

26. This Circular and in due course NHS Trust/Island NHS Board proposals to give local effect to this initiative should be copied to all community pharmacy contractors, local practitioner committees, and to LHCCs and Local Authority Social Work departments for distribution to interested parties. A list of opting-in community pharmacy contractors to this scheme should also be made available for the use of potential referring parties.
27. The attached form should be completed by those community pharmacists interested in participating in this initiative and returned to the relevant Trust Chief Pharmacist.
28. Health Boards should set budgets for 2003-4 taking into account the terms of this initiative.

Yours sincerely

DR HAMISH WILSON
Head of Primary Care Division

**PRESCRIBED MEDICATION COMPLIANCE SUPPORT INITIATIVE
INITIATION COST ALLOCATION**

NHS BOARD	CASH ALLOCATION
	£k
Argyll and Clyde	20
Ayrshire and Arran	17
Borders	4
Dumfries & Galloway	6
Fife	15
Forth Valley	13
Grampian	20
Greater Glasgow	43
Highland	7
Lanarkshire	25
Lothian	29
Orkney	1
Shetland	1
Tayside	18
Western Isles	1
Total	220

**PRESCRIBED MEDICATION COMPLIANCE SUPPORT INITIATIVE -
ASSESSMENT FEE CLAIM FORM**

MONTH _____ **YEAR** _____

Contractor: _____

PSD Code: _____

Address: _____

No of Patients Assessed: _____

No of Patients requiring an MDS _____

I certify that, to the best of my knowledge, the above patients are not resident in a residential care or nursing home.

Signed: _____

Date: _____

This form should be completed each month and returned to the relevant Island Health Board/Primary Care Trust. To provide an audit trail a copy should be retained on the contractor's files, together with a note of the names and addresses of the patients assessed (copies of the assessment form should be kept with the patient records).

The Trust Chief Pharmacist
NHS Board/Primary Care/Integrated NHS Trust

**PHARMACEUTICAL SERVICES 2002-3 –
PRESCRIBED MEDICATION COMPLIANCE SUPPORT INITIATIVE**

I have read Circular PCA(P)(2002)* and wish to register my interest in providing the Compliance Aid Scheme (in accordance with the above circular). I understand that I will be required to attend an initial training event and subsequent annual training reviews organised by the Health Board/Primary Care Trusts as a condition of receiving the opting -in contractor fee.

Name: _____

Address: _____

Date: _____