

Dear Colleague

PHARMACEUTICAL SERVICES: AMENDMENTS TO THE DRUG TARIFF IN RESPECT OF REMUNERATION ARRANGEMENTS AND PART 7 DISCOUNT CLAWBACK ARRANGEMENTS FROM 1 APRIL 2021

Purpose

1. This circular sets out to community pharmacy contractors and NHS Boards the details of the community pharmacy funding arrangement 2021-22. This forms part of the 3 year settlement introduced in April 2020.

Background

2. Circular PC(P)(2020) 15 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 2020-21. In line with the 3 year settlement, the Part 7 discount clawback rate will remain at zero.

Detail

5. This circular advises of the key elements of the community pharmacy funding package for 2021-22, agreed as part of the multiyear agreement 2020-21 – 2022-23, delivering community pharmacy contractors and Health Boards continued stability and predictability.

- I. The remuneration Global Sum will be subject to a **fixed percentage uplift of 2.5% in each of the three years**. The remuneration Global Sum in 2021/22 will be **reset at £197.977 million**.
- II. The non-Global Sum will **remain at £1.3 million** and will continue to fund the infrastructure to support the joint Scottish Government and CPS strategy of increasing the number of independent prescriber workforce within the community pharmacy setting.
- III. **NHS Pharmacy First Scotland** service funding will increase by £2.5 million in 2021-22, bringing to the total investment of new monies for the service to £7.5m million. This takes the total funding pot for the service to **£27.5 million** in 2021/22.

8 April 2021

Addresses

For action

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

For information

Directors of Finance, NHS
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Directors of Pharmacy
Chief Executive, NHS NSS
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- IV. The continued mapping of funding from Part 7 (generic) Drug Tariff as guaranteed income will remain at **£65 million** for the financial year 2021-22. Mapped guaranteed income is not subject to an annual uplift.
- V. Taking point I – IV, the total guaranteed funding to be delivered in 2020/21 is **£265.477 million**.
- VI. The current level of the guaranteed minimum income level and the agreed 'buffer' will be increased in line with the 3 year settlement. Therefore guaranteed minimum income will be reset at **£82 million** and sharing of generated income above **£92 million** will be on a **50:50** basis between NHS Boards and community pharmacy owners.
- VII. Any generated income above the agreed sharing point that is due to Boards will be delivered through the agreed mechanism. In addition any generated income above the sharing point due to Boards will be matched as mapped guaranteed income. Both will be delivered by a reduction to Part 7 (generic) Drug Tariff.
- VIII. The amount due to Boards will be determined by the outputs from the Scottish Government community pharmacy regular pricing enquiry reporting.
- IX. In line with the 3 year settlement Scottish Government shall determine if any Drug Tariff reductions are practical for the purposes of mapping to guaranteed income. Taking into consideration the current market conditions and any impacts on the Scottish Drug Tariff, no additional monies will be mapped in the financial year 2021-22.

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,

Alison Strath
Interim 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 APRIL 2020

Dispensing Pool Payment – standard arrangements for contractors with established dispensing histories – annualised pool £128.436m

From 1 April 2021 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.

For dispensing months April 2021 onwards it will be calculated as a share of a total monthly dispensing pool of **£10.703m**.

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 2021 will be December 2020 to February 2021 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 comprise 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 2021 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 three consecutive months of dispensing activity to be used to determine the dispensing pool payment.

If a 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 three months of operation, they may request Public Health Scotland (ISD) with nine 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 2021 onwards.

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

Contractors, on the list on the first day of the dispensing month and contracted with their NHS Board to provide M:CR, will receive a share from this pool in proportion to

the number of patients registered for M:CR and assigned a priority care plan in the patient's Pharmacy Care Record on the last day of the month concerned.

A review of M:CR remuneration model will be undertaken to come into effect during year two of the financial settlement.

Establishment Payment – annualised pool £34.239m

The annualised pool has reduced by **approximately £1.9m towards creating a specific annualised pool on Unscheduled Care**. A revised single flat rate payment of **£2,268** will be made to contractors on the pharmaceutical list on the first day of each dispensing month.

For part time ESPs, the Establishment Payment will be made as a proportion of the single flat rate payment of **£2**, as set out below:

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%

Unscheduled Care – annualised pool £2.580m

The repurposing of existing Global Sum monies and utilising an element of the remuneration Global Sum annual uplift, an annualised pool of **£2.58 million** has been created to recognise the work undertaken in the treatment of unscheduled care. From 1 April 2021 all contractors on the pharmaceutical list on the 1st day of the month will be eligible to receive a **base payment of £100** and an associated unscheduled care activity payment derived from a fixed funding pot in the region of **£1.1m**.

NHS Pharmacy First Scotland Service – annualised pool £7.5m

Contractors, on the board's pharmaceutical list on the 1st day of the month, will continue to receive a base payment of **£1,250**. This reflects the impact of the COVID-19 pandemic and the delay in launching the NHS Pharmacy First Scotland service. The base payment will be supplemented by income generated from specific interventions. These pharmaceutical care interventions are **Advice, Referral or Treatment**.

From **1 April 2021**, and for **each month thereafter**, all contractors will receive the base payment of **£1,250 and an activity payment from the activity payment pot of £785k where their activity level is above a specified minimum of 100 interventions per month** – with activity being recorded on PMR systems as **Advice, Referral or Treatment**.

In light of the delay to the introduction of NHS Pharmacy First Scotland service, Scottish Government will undertake a review of the value of the base payment at October 2021 as part of the three year funding package, the base payment level will decrease with a corresponding increase in the activity payment pot.

Quality and Service Development (QSD) Payment – annualised pool £4.246m

The Quality and Service Development pool has reduced by £2.0m. This reflects the creation of a separate funding pool for Gluten Free Food Services.

Pool available for payment

For the dispensing months April 2021 – March 2022, the aggregate monthly amount available for the calculation of the target Quality and Service Development payments to contractors is **£0.354m**.

Details on the focus of activities will be issued under a separate circular.

Gluten Free Food Service

All contractors who are on the list on the 1st day of the dispensing month and who have accepted their Health Boards invitation to offer Gluten Free Foods as an additional pharmaceutical service will receive a monthly fixed payment of **£100**. All contractors in the dispensing month concerned shall receive an activity payment from a fixed funding pot of around **£1m**.

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 2021 will be entitled to a fixed fee of **£280**. New contractors, if not already undertaken the SPSC survey, must complete by 30 November. Activities to support Quality Improvement will be issued under a separate circular. Contractors should note that activities from **April 2021 to August 2021 will support the implementation and training requirements for additional clinical conditions added to the NHS Pharmacy First Scotland service and Public Health Service – Bridging Contraception**. Activities for **September 2020 will support the refresh work on Medicines: Care and Review**. This will be subject to any changes in policy priorities.

Service Efficiency Payment – annualised pool £5.762m

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 2021 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 contractor's 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 contractor's 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 contractor's control, a payment may be authorised at the Health Board discretion.

Patient Services element of Public Health Service (PHS), Smoking Cessation, Emergency Hormonal Contraception and Bridging Contraception (Sexual Health) – total annualised pool £5.239m

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 2021 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 data 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 remain at **the capitation payment of £30 per intervention** reported by the contractor as receiving PHS EHC treatment.

Bridging Contraception (Sexual Health)

As part of a wider enhanced community pharmacy Sexual Health Service, a new Bridging Contraception service will be introduced from 1 July. A remuneration funding pool (July 2021 – March 2022) of £0.861m will provide a payment of **£30 per intervention**. Further details on service specification and Directions will be issued under a separate Circular ahead of the scheduled launch.

Pharmaceutical Needs Weighting Payment – annualised pool £3.845m

From April 2021 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 2021 – March 2022 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 2021 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
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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 2021 and 31 March 2022 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 £4.426m

Arrangements for Care Home Dispensing Payments to all qualifying contractors continue from April 2021 as follows:

The annualised pool will remain at **£4.426m** for the year 2021-22 and is to be distributed quarterly (**quarterly pool of £1.107m**) between all contractors.

For the dispensing period April 2021 – June 2021 eligible contractors must have been on the list at 1st April 2021 and to have been on the list from the full reference period (1st September 2020 – 30th November 2020).

The amount paid to each contractor is calculated on analysis by PHS of the identifiable CHI numbers on prescription items processed by each contractor in that reference period (1st September 2020 – 30th November 2020) 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 2021 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 **£4.426m**.

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 2021 dispensing, are subject to a **revised guarantee minimum target income** of **£4,180** 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 Fees – annualised pool £0.147m

For dispensings from April 2021 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’**.

Community Pharmacy Independent Prescribing (NHS Pharmacy First Plus) – annualised pool £4.080m

Circular PCA(P) (2020) 16 set out the intention to introduce a combined National Foundation Programme and Independent Prescriber (IP) Career Pathway for community pharmacists. It also described the terms of a pharmacist Independent Prescriber led common clinical conditions service which has become known as NHS Pharmacy First plus.

A monthly fee of **£3,000** will be made to the contractor named on the Boards pharmaceutical list at the 1st day of that month for each full month the service is made available in the community pharmacy. Contractors should complete form at **Annex A**, if they have not previously completed following issue of circular PCA(P) (2020) 16. The service should only be made available once the prescribing IP is able to prescribe as an IP on the NHS – this will require a prescriber code and, until such times as a prescribing system is developed to support this service, a prescription pad.

The service provider will complete a self-declaration form to indicate that a pharmacist IP is available to provide this service for a **minimum of 25 hours per week**, for a minimum of 45 weeks of a rolling year from the date the service starts.

In the event that the service provider is no longer able to meet the service specification, the service provider will inform Practitioner Services Department using the form at **Annex B** as soon as is reasonably practical, detailing the date from which the service ceased.

***Post Registration National Foundation for Newly Qualified Pharmacists–
annualised pool £1.440m***

To support the Post Registration National Foundation Programme for Newly Qualified Pharmacists, a monthly fee of **£1,000** (£12,000 per annum) will be made available to the contractor named on the pharmaceutical list on the 1st of each month. Payments will be made to contractors monthly for the 12 month period or subject to a change in contractors status of participation.

Further details on participation in the programme will be issued under a separate circular in the coming weeks.

Staff Training – annualised pool £2.751m

The budget annualised pool is increased to £2.751m in 2021/22. A monthly payment will be made of **£180 per month per contractor**.

All contractors on the pharmaceutical list from the 1st day of month will be eligible for the payment.

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 2021 onwards

Where a contractor is added to the list at 1st April 2021, 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.

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 2021 onwards is as follows:

The advance payment for dispensing months February – March inclusive is calculated as 100% 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.

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 100% 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: (no. of days /31) x £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.

Self-declaration form – NHS Pharmacy First Plus service claim

TO BE COMPLETED, A COPY RETAINED IN THE PHARMACY AS RECORD FOR POST PAYMENT VERIFICATION, AND A COPY SENT TO NSS AS DETAILED AT THE END OF THE DOCUMENT

Contractor Name	<input type="text"/>
Contractor Code	<input type="text"/>
Service start date	<input type="text"/>

I, the undersigned contractor, confirm that I will make available the NHS Pharmacy First Plus service from the contract indicated above, to the terms laid out in the relevant service specification, and wish to claim the £3,000 per month service fee ongoing.

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 to co-operate fully with all payment verification procedures. 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.

The Common Services Agency may occasionally share information provided on this form with Health Boards and any other relevant organisations. We will share information for the purposes of payment verification, and the prevention, detection and investigation of crime.

Signature agreeing to Declaration and consent to share, disclose or obtain information:

Signature:.....

Name (in capitals):.....

Company Position:.....

Date:.....

PLEASE RETURN THIS FORM TO: Pharmacy Payments, Practitioner & Counter Fraud Services, NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

Alternatively, please return this form to: NHS National Education for Scotland at nss.psd-sgforms@nhs.scot. Please include the title of this form in the subject line when returning to NHS NES.

Self-declaration form – NHS Pharmacy First Plus service withdrawal

TO BE COMPLETED, A COPY RETAINED IN THE PHARMACY AS RECORD FOR POST PAYMENT VERIFICATION, AND A COPY SENT TO NSS AS DETAILED AT THE END OF THE DOCUMENT

Contractor Name	<input type="text"/>
Contractor Code	<input type="text"/>
Service end date	<input type="text"/>

I, the undersigned contractor, confirm that I am no longer able to offer the NHS Pharmacy First Plus service from the contract indicated above. Any associated fees should be stopped as of the indicated service end date, and any overpayments recovered.

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 to co-operate fully with all payment verification procedures. 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.

The Common Services Agency may occasionally share information provided on this form with Health Boards and any other relevant organisations. We will share information for the purposes of payment verification, and the prevention, detection and investigation of crime.

Signature agreeing to Declaration and consent to share, disclose or obtain information:

Signature:.....

Name (in capitals):.....

Company Position:.....

Date:.....

PLEASE RETURN THIS FORM TO: Pharmacy Payments, Practitioner & Counter Fraud Services, NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

Alternatively, please return this form to: NHS National Education for Scotland at nss.psd-sgforms@nhs.scot. Please include the title of this form in the subject line when returning to NHS NES.