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To:	Community Pharmacy Contractors	

ETP1 Claim Form Payment Process for Community Pharmacy

March 2009

1. Background

- 1.1 This memorandum is to advise all Contractors of the process being adopted for connectivity reimbursement claims, once a pharmacy premises is sold to new owners or relocated to a new site.

2. Previous Owner

- 2.1 When the original site notifies the LHB of a transfer of business to a new owner, their connectivity payment will cease following transfer of ownership.
- 2.2 A *pro rata* payment will be applied to cover the proportion of a month that the previous owner remains in business (e.g. if the business notifies the LHB of a transfer of ownership on 22nd of the following month, the BSC will authorise a 75% payment as the final payment for the month of transfer).

3. New Owner – Continuation of Service

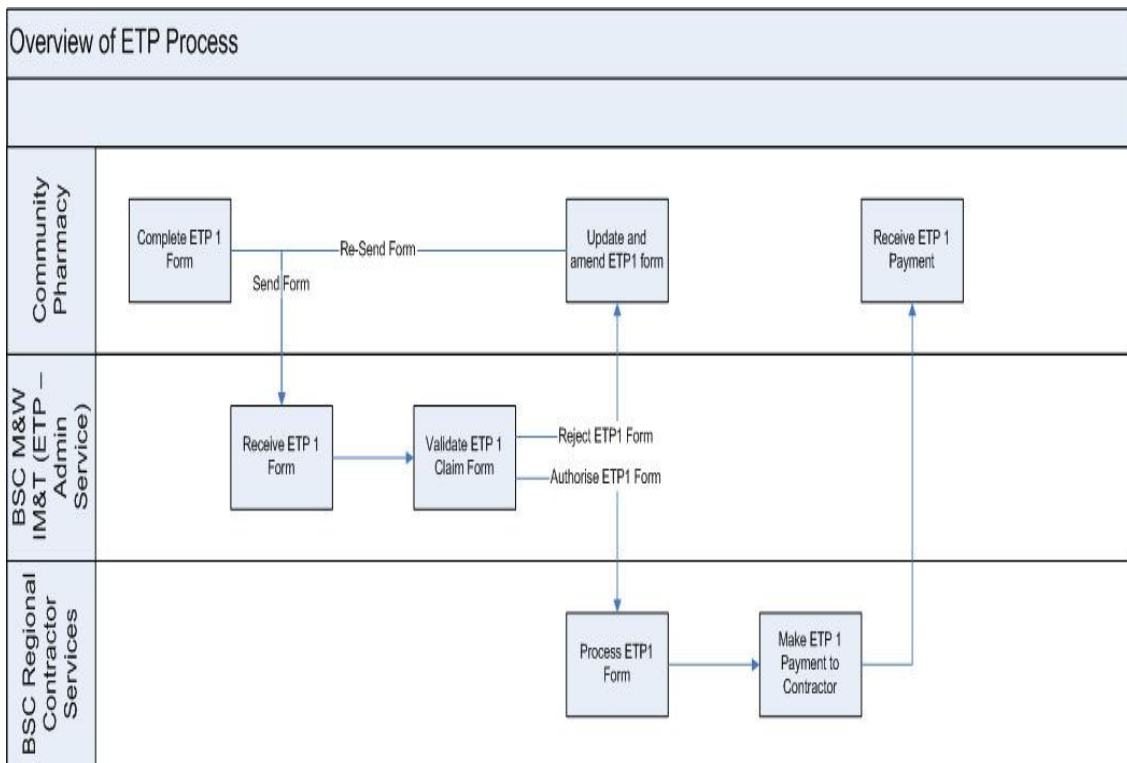
- 3.1 For the new owner, where the criteria for reimbursements for 'NHS-approved' connectivity was already satisfied by the previous owner **AND THERE IS NO DISCONTINUATION OF THIS CONNECTIVITY** when the new owner takes over the business (i.e. they use the same NHS-approved network provider), then the same criteria will be considered to have been met.
- 3.2 For payments to commence for the new owner, where (3.1) has been satisfied, a new ETP1 Claim Form (rev. Mar 09) **must** be completed, indicating the date connectivity has been verified (i.e. the date the Contractor took over the business), name of the pharmacy dispensing system and both BSC and HSW Contractor codes for payment.
- 3.3 Once complete, this ETP1 Claim Form must be sent to the BSC (Mid & West Wales) IM&T Team – as now – with a covering letter of explanation that the business changed hands (to prevent any duplication of payments). Payments will then be re-authorised **for the correct account** from the date that the business changed ownership.
- 3.4 A *pro rata* payment may apply for the first month to cover the proportion of the month that that new owner commenced trading (e.g. if the business transfers

ownership on 22nd of the month, the BSC will authorise a 25% payment as the first payment for the new owner).

4. New Owner – Discontinuation of Service

- 4.1 In situations where the new owner does **not** utilise the same NHS-approved network provider for their connectivity (e.g. where the business is taken over by one of the large ‘multiples’ who provide their own approved networks and NHS connectivity, or an independent/small chain that uses a different network provider), then they would need to be treated as ‘new entrants’ to the NHS network and make arrangements for **installation and configuration of their new network**, to establish NHS-capable connectivity.
- 4.2 For the new owner, where (4.1) has been satisfied, a new ETP1 Claim Form (rev. Mar 09) **must** be completed, indicating the date connectivity has been verified (i.e. the date that their *pharmacy system supplier* confirmed that the network was installed, configured and live), name of the pharmacy dispensing system and both BSC and HSW Contractors codes.
- 4.3 After completing an ETP1 Claim Form, reimbursement will commence once BSC Mid & West Wales team reconciles the ‘date of connection’ with the system supplier / network provider and is satisfied that connectivity has been technically verified. BSC MWW will then authorise the ETP1 Claim Form to the Regional BSC Contractor Services team (details below) – the same process as now.

ETP 1 Process Diagram



**PAYMENT FOR ESSENTIAL SERVICES
Community Pharmacy IM & T**

This form is to be used by a Community Pharmacy Contractor to claim the £200 per month IM&T allowance upon confirmation that an 'approved' network connection has been installed, live and active within the Pharmacy. This form should also be used to advise of a change of system (for example when ownership has changed) so that the monthly allowance can be re-started to the new account.

Name of Pharmacy.....

Trading Name/Name of Chain.....

Telephone Number.....LHB.....

Pharmacy Computer Dispensing System

Date Connection Made...../...../.....

Pharmacy Stamp

HSW Account Number (e.g. 60xxxxA)

BSC Code (e.g. 10xxxxx).....

DECLARATIONS AND CLAIM

I hereby submit and make a claim for commencement of the monthly payments, in accordance with the terms of the Community Pharmacy IM & T Programme in Wales, as set out in the Drug Tariff, Part VIA, Paragraph 7.14.

I undertake to notify the BSC (on behalf of the LHB) in writing immediately if at a later date the Pharmacy is no longer using an N3-approved network connection and I accept that the LHB will authorise the BSC to stop these payments.

Claim made by: (Authorised signature)		Name: (Please print name)	
Position:		Date:	

Please return this ETP1 Claim Form and a signed copy of the Pharmacy System Supplier's Connectivity Services contract to:

Community Pharmacy Project Co-ordinator, IM&T Department, Business Service Centre, 8th Floor, The Oldway Centre, 36 Orchard Street, Swansea, SA1 5AQ

FOR BSC USE ONLY

Pharmacy System Supplier contract received? Yes No Not Required

Pharmacy System Supplier spreadsheet received? Yes No Not Required

NHS Connectivity Confirmed / Verified? Yes No

Approved **Not Approved**

When approved, date to commence payment_____

When not approved, reason for non-approval:

Application checked by: _____ Date: _____

Position: _____