

PSNC Funding & Contract Subcommittee Agenda

For the meeting to be held on Tuesday 9th July 2013

At Grand Harbour Hotel, West Quay Road, Southampton, Hampshire, SO15 1AG

at 2.30pm

Members: Dhiren Bhatt, Peter Cattee (Chairman), Liz Colling, Tricia Kennerley, Andrew Lane, Andy Murdock, Garry Myers, Bharat Patel, Raj Patel, Adrian Price

1. Apologies for absence

No apologies for absence have been received.

2. Minutes

The minutes of the meeting held on 14th May 2013 were shared with the subcommittee and can be downloaded from PSNC's website.

3. Matters arising

4. Work plan

The 2013 work plan is set out in **Appendix FCS 02/07/13** for review by the subcommittee. As much of the FunCon workplan relates to confidential funding negotiations a separate confidential update is provided at **Confidential Appendix FCS 02a/07/13**.

ACTION / RATIFICATION

5. 2012-13 and future funding

DH and NHS England are continuing to work their way through how negotiations are to progress in future. The outcome of PSNC's group discussion on objectives for NHS England is shown at **Confidential Appendix FCS 03/07/13 (page 12)**. An offer is expected in the summer.

6. Margin surveys

Work is continuing on the areas of contention, namely reimbursement prices, wholesaler discounts and the NIC figures used to calculate the market level result. DH has promised a revised dataset for H1 2012/13 at which point our statistician can produce his analysis, including that on overly influential lines. A meeting was held with DH on Friday 7th June on these issues, points outstanding from 2011/12 and planning for the future.

Q3 2012/13 audit checks have been completed. Data for Q4 2012/13 has been submitted by PSNC to DH; we are waiting for audit checks to be received from DH.

7. Current activity on shortages

In the month of June no products were granted NCSO status, however 14 lines were granted a price concession by DH. Some of these items namely Indapamide 2.5mg tablets, Isosorbide Mononitrate 10mg and 20mg and Trazadone 50mg, 100mg & 150mg strength tablets and capsules continued to be problematic for contractors. We are continuing to monitor shortages closely and Sue's report of the issues around shortages was extremely well received at the LPC Secretaries and chairs meeting held in London on the 12th June.

Following this, a briefing document shown at **Appendix FCS 04/07/13** was produced which the Information Team are using when handling calls to help contractors understanding of the issues and PSNCs actions to date.

We are continuing to place pressure on the DH to set realistic and timely price concessions.

8. Future systems to deal with shortages

Following the discussion on the confidential draft paper included in the May 2013 agenda [**Confidential Appendix FCS 05/05/13**] the office fed back to DH the following agreed considerations:-

- The exploration of a proposal to handle shortages was to be taken forward
- A number of requirements were to be considered namely, exemption of shortage lines from discount deduction, prices should be weighted according to volume and availability
- The improvement of timings of announcements
- The potential for the margin survey to be adapted to analyse shortage lines

Further consideration is being given to the proposal and will be shared with PSNC in due course.

9. Transparency Group Update

The subcommittee is requested to consider **Confidential Appendix FCS 05/07/13** and to make a recommendation.

REPORT

10. AIV

The latest AIV analysis is shown in **Appendix FCS 06/07/13**. The analysis using PCA data suggests the conclusion that the DH's changes to Category M in January 2013 may have increased AIV.

11. Supply Chain Issues

a. Recent Changes to Manufacturers Distribution Arrangements

There are no changes to manufacturers' distribution arrangements.

b. Supply problems

Bayer has advised that there is a temporary supply interruption affecting Finacea 15% gel. The manufacturer stated normal supply is expected to resume mid-August 2013.

c. Supply Chain Forum Update

A verbal update will be given at the meeting.

12. Viagra off patent

Projected effects on national AIV and retained margin are set out in **Appendix FCS 07/07/13**.

13. Statistics

Monthly statistics are set out in **Appendix FCS 08/07/13**.

14. Any other business

2013 Work Plan for the Funding and Contract Subcommittee

The 2013 work plan for the Funding and Contract Subcommittee covers all items agreed at the PSNC November 2012 planning meeting. It is based on the PSNC Plan for 2013, the committee's four year plan and the subcommittee's remit.

Key for RAG coding Red – needs attention / not started / high risk
 Amber – underway / in progress
 Green – completed / no further attention

Target Plans	Target date	Comment / Update on progress	R/A/G
<p>In 2013 PSNC will finalise negotiation of funding for the national contract and will develop recognition of the value and potential of community pharmacy service provision in meeting the health needs of our population. We will support development of strong and productive relationships with NHS England at local and national level and will continue to work effectively with the Department of Health on medicines pricing and reimbursement issues.</p> <p>We will negotiate revisions to funding distribution to minimise risk and income volatility, and continue to secure improvements to pricing accuracy through effective audit and negotiation.</p>			
<ul style="list-style-type: none"> • Negotiations following the Cost of Service Inquiry will lead to levels of nationally assured funding for the pharmacy service agreed by PSNC. • As part of a funding settlement a formula for annual adjustment will be negotiated that protects the real value of funding for pharmacy contractors. • Distribution mechanisms for pharmacy funding will incentivise not only quality and service provision but also dispensing. PSNC will seek to agree reward for procurement activity and ensure protection against income volatility. • PSNC will seek to minimise opportunities for CCGs to distort contractor income, and minimise dispensing at a loss. 			
<p>Seek to negotiate the best possible outcome for national funding levels based on the results of CoSI, calling on relevant external expertise when required.</p>	<p>As soon as possible, subject to DH and NHS CB</p>	<p>Ongoing funding negotiations are confidential.</p>	<p>Amber</p>
<p>Seek to negotiate an annual adjustment mechanism for total funding to protect the contract sum and ensure stability of funding delivery to enable contractors to plan.</p>	<p>As soon as possible, subject to DH and NHS CB</p>	<p>Ongoing funding negotiations are confidential.</p>	<p>Amber</p>

<p>Seek to reconcile the conflict between regulatory lag and a CoSI based contract sum. Develop arguments in support of an explicit benefit sharing mechanism.</p>	<p>As soon as possible, subject to DH and NCB</p>	<p>Ongoing funding negotiations are confidential.</p>	<p>Amber</p>
<p>Develop options for funding distribution (quality, services etc.) and discuss with DH and NHSCB.</p>	<p>As soon as possible, subject to DH and NHS CB</p>	<p>Ongoing funding negotiations are confidential.</p>	<p>Amber</p>
<p>Continue dialogue with DH about options to remove dispensing at a loss and counter contractor's lack of power in brand market, recognising the timing of latest round of PPRS negotiations.</p>	<p>As soon as possible, subject to DH and NHS CB</p>	<p>Ongoing funding negotiations are confidential.</p>	<p>Amber</p>
<ul style="list-style-type: none"> PSNC will continue to audit margins surveys to ensure results are reliable and will seek to improve the understanding of external stakeholders of the margins survey process. 			
<p>Maintain current focus on analysing half yearly margins survey to ensure results are reliable. For example, screening the sample, auditing the database, assessing the wholesale discount calculations, checking the calculations for reasonableness and assessing influential lines.</p>	<p>March 2013 Oct 2013</p>	<p>Work continues to verify final outcome figures for 2011/12. A paper has been submitted to DH on methodological treatment of influential lines and a meeting held to determine most appropriate way forward. Further analysis has been agreed. H1 2012/13 data has been submitted to DH and database auditing completed. Confidential draft results were shown in the May papers but are still subject to discussion. Q3 data has been audited and Q4 submitted.</p>	<p>Amber</p>
<ul style="list-style-type: none"> Acceptable pricing transparency systems will be agreed and implemented. The 'pricing engine' alternative to the current method for pricing and reimbursement will continue to be promoted as an alternative if the NHS BSA cannot offer acceptable levels of information. PSNC will continue to work with the NHS BSA to improve overall accuracy figures as well as holding it to account on addressing pricing problems at individual contractor level resulting in at least 99% accuracy in every audited account (based on errors affecting payment). Progress will also be made to increase pricing transparency and payment information available for contractors. 			

<ul style="list-style-type: none"> • PSNC will increase its capacity to undertake prescription pricing audit, improving the level of checking and verification and developing proactive monitoring. • PSNC will develop the capability to audit transmission and payment of electronic prescriptions. 			
Respond effectively to DH's impending proposals on DT simplification.	July 2013	Majority of simplification achieved in 2012. Some outstanding work to be completed on multiple flavours and "when to submit prescriptions" guidance. This has been de-prioritised by the DH in light of the recent NHS structural changes but will be raised again shortly.	Amber
Continue to press the proposal for the pricing engine with DH.	Ongoing	Proposal shared. Awaiting next action from DH. In the meantime, commercial opportunities for use of PRISM are being considered by a group led by Kirit Patel.	Amber
Determine a usable level of transparency for contractors and seek to ensure BSA provides it.	July 2013	The second meeting of the Transparency Group took place in December 2012 where minimum contractor expectations were defined. DH have now had chance to discuss a business case with NHSBSA and have asked to schedule another update meeting of the group. There may also be potential here for the commercialisation of PRISM.	Amber
Commission report on EPS audit and determine what is needed for PRISM.	July 2013	We are now able to audit EPS bundles in PRISM. Scoping has begun on how best to audit data leaving the pharmacy before it arrives at the BSA (i.e. from the spine) but this work has been halted in part owing to the NHS structural changes. Once CfH returns to a BAU situation, we should hopefully be able to progress this.	Amber
Maintain close working relationships with BSA. Utilise PRISM functionality to highlight areas of inaccuracy.	Ongoing	We are still developing PRISM with the aid of a statistician to provide reports that will align with the publishing of the BSA's accuracy indicators (so allow for better comparison) as well as identifying areas of improvement. These should hopefully be in place by June 2013.	Amber

Maximise PAC capacity through full exploitation of the opportunities offered by PRISM and developing a prediction tool to optimise staff resources.	Oct 2013	A working group is currently considering opportunities for developing DT training programmes at the PAC and other ways of being able to utilise the data for commercial purposes. Some initial ideas have been explored but definitive workstreams and next steps need to be defined.	Amber
<ul style="list-style-type: none"> PSNC will work to ameliorate problems of supply shortages, limited distribution, burden associated with securing supplies and adverse procurement terms. 			
Continue to ensure robust data capture methods in margins survey covers changes in procurement terms and conditions.	March 2013 Oct 2013	This is part of the continuous assessment and improvement of the margin survey methodology and a major focus of work on wholesaler discount analysis. A number of significant 'shortage' lines are in the sample for H2 2012/13.	Amber
Ensure additional costs associated with limited distribution models are reflected in funding arrangements, along with implications of these arrangements of reduced competition in the wholesale market.	March 2013 Oct 2013	This forms part of negotiations on Margins Surveys and Regulatory Burdens.	Amber
Seek to ensure funding reflects full costs of securing supplies e.g. basing calculations on updated survey data.	March 2013 Oct 2013	This forms part of negotiations on CoSI and Regulatory Burdens.	Amber
Monitor NCSO and price concession lines and ensure DH applies most appropriate reimbursement mechanism to shortage lines in a timely fashion.	On-going	Observed trends are continuing to be reported to DH, along with earlier applications for long-term shortages. This was a substantive agenda item for May 2013.	Amber

NCSO & Price Concessions Briefing For Contractors

Background

The NCSO system has been in place for a number of years; it was created to address very unusual cases where the generic could not be purchased at a price below the brand and not the current issues we are experiencing. NCSO is dependent on a complex set of endorsement requirements. Over recent years the Department of Health (DH) also introduced a price concession system to deal mainly with high volume lines. The process of granting a concession broadly speaking is:-

- Applications have to be made to DH on a monthly basis.
- DH carry out their investigations and make a determination of NCSO or price concession
- When DH propose a price concession, PSNC has the opportunity to challenge the price this is often a reason why some products are announced so late in the month
- The concession only lasts for the month in which it is granted

As with any price setting process, there will be products available below or above this price and like the prices set for items in the Tariff, contractors will be able to purchase some products at significantly lower margins compared with others. PSNC and DH monitor prices to ensure that contractors achieve the agreed £500million in purchase profit margin on medicines which they procure; this is done through the margin survey which considers margin earned by Independent contractors only. Recently, there have been a growing number of products which contractors are reporting they have to purchase at prices above the Tariff or set concession price.

The current situation has highlighted that there are a number of problems with the NCSO/price concession process. These are:-

- The process is reliant upon market data from suppliers which has become increasingly difficult to obtain for both PSNC and DH.
- The system doesn't allow a concession for a product to be rolled over from one month to the next.
- NCSO status is reliant upon contractor endorsement the requirements for which are complex. Our recent study results showed, only 76% of all NCSO claims were successful moreover 69% of unsuccessful claims were as a result of an error in the endorsement such as a missing initial or date. For further information visit http://www.psn.org.uk/news.php/1589/psnc_study_on_ncso_claims
- The process involves additional workload and burden on contractors with identifying and endorsing the appropriate prescriptions
- EPS prescriptions sent for pricing before NCSO is granted cannot at present be recalled for NCSO endorsement

Reasons Increase in Products Granted a Concession

There are several reasons for the recent increases in the number of products being granted a price concession. These are complex but include:-

- Problems with availability of the active ingredient.
- Time it takes for an MHRA license variation to take place, this causes delays with product reaching the market.
- Consolidation of the generics market which results in less competition.
- If there are fewer manufacturers dominating the market for a particular product: when that product goes into short supply the smaller manufacturers are unable to support the demand.
- Changes to prescribing habits encouraging the dispensing of certain lines could also lead to a shortage being created.
- Distortion of availability caused by stockpiling of a product, resulting in a shortage or increasing the impact of an existing shortage
- Success of Category M in reducing drugs prices, this can result in a reduced incentive for new entrants into the market

PSNC's Work

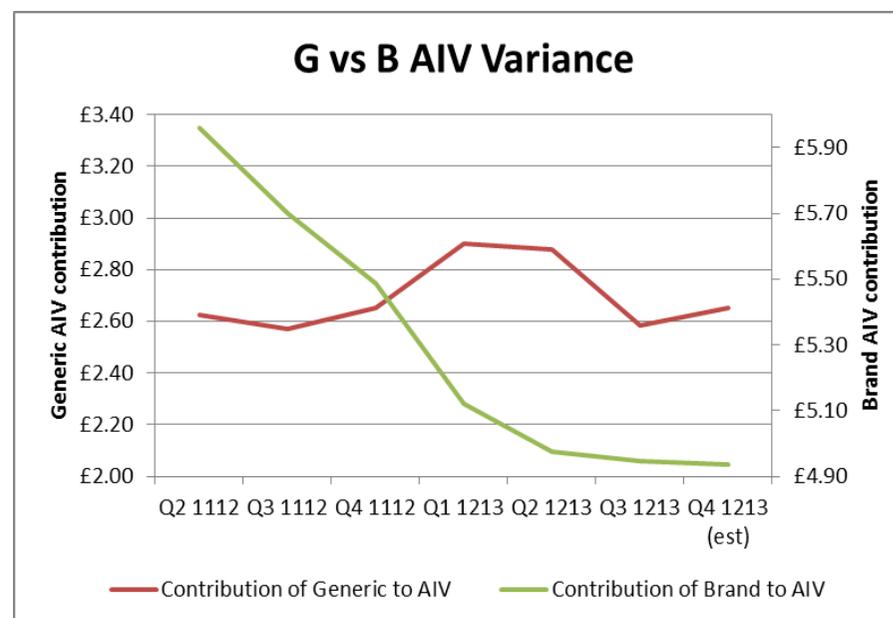
We are continuing to press the DH on addressing this matter, and we have made good progress with this. It is necessary to understand the causes of the wider problems causing rises in prices to ensure that changes resolve, and do not exacerbate the problems. We are continuing to analyse the causes of the current problems and contractor invoices are helping us with doing this. As an example: through the invoices that contractors have sent us, we were able to see the broad range of prices being charged by the same supplier, selling the same product on the same day, to contractors in different parts of the country.

We are exploring alternative options for dealing with products in short supply in order to ensure that contractors are fairly reimbursed for such lines, that bad behaviour is not rewarded and that we reduce the endorsement burdens on contractors.

Average Item Value – Variance Analysis

(Source: BSA PCA data. NB March 2013 PCA data is not yet available)

	AIV	Contribution of Generic to AIV	Contribution of Brand to AIV	Contribution of Appliances to AIV
Q2 1112	£9.31	£2.63	£5.96	£0.73
Q3 1112	£8.99	£2.57	£5.70	£0.72
Q4 1112	£8.86	£2.65	£5.49	£0.72
Q1 1213	£8.74	£2.90	£5.12	£0.72
Q2 1213	£8.59	£2.88	£4.97	£0.74
Q3 1213	£8.25	£2.58	£4.95	£0.73
Q4 1213 (est)	£8.34	£2.65	£4.94	£0.75



12/13 Q3 / Q4 (estimated) comparison

(Source: BSA PCA data. NB March 2013 PCA data is not yet available)

	G NIC/ITE	G Items		B NIC/ITE	B Items		A NIC/ITE	A Items		Mvmt	
Q3Q3	3.57	72%	2.58	20.12	25%	4.95	23.29	3%	0.73		
Q3Q4	3.57	72%	2.58	0.00	20.12	4.92	-0.02	23.29	3%	0.75	0.02
Q4Q4	3.67	72%	2.65	0.07	20.17	4.94	0.01	23.33	3%	0.75	0.00
			0.07	0.07		-0.01	-0.01		0.02	0.02	0.09

Viagra off patent

Effect on brand AIV

Drug Name	12/13 Q4 items (estimated Mar13)	13/14 Q2 items (estimated)	12/13 Q4 qty (estimated Mar13)	13/14 Q2 qty (estimated)	% item drop	12/13 Q4 NIC (estimated Mar13)	13/14 Q2 NIC (estimated)	drop £	drop %
Viagra 50mg tabs	98,931	1,979	534,371	10,687	98%	£2,841,519	£56,830	£2,784,689	98%
Viagra 25mg tabs	12,122	242	92,255	1,845	98%	£382,628	£7,653	£374,975	98%
Viagra 100mg tabs	186,645	3,733	1,016,024	20,320	98%	£5,969,127	£119,383	£5,849,745	98%
Totals	297,698	5,954	1,642,649	32,853	98%	£9,193,273.88	£183,865.48	£9,009,408	98%
12/13 Q4 brands value (exc Viagra)		£1,114,837,662.44							
13/14 Q2 brands value (inc Viagra)		£1,124,030,936.31	(includes estimate for Mar13)						
12/13 Q4 brands items (exc Viagra)		55,427,214							
13/14 Q2 brands items (inc Viagra)		55,724,912	(includes estimate for Mar13)						
12/13 Q4 brands AIV (exv Viagra)		£20.11							
13/14 Q2 brands AIV (inc Viagra)		£20.17							
brand AIV difference		-£0.06							

Additional margin earned by contractors during transition from brand to generic.

NOTE: GENERIC AVAILABLE FROM JULY 13. ASSUMES DRUG TARIFF PRICES WILL UPDATE IN AUGUST 13.							
Drug	DT size	PCA Vol (qty)	June (brand)	July	August	September	
Sildenafil 50mg	4	Sildenafil 50mg	171,095	165,203	165,203	165,203	
Sildenafil 25mg	4	Sildenafil 25mg	28,884	28,084	28,084	28,084	
Sildenafil 100mg	4	Sildenafil 100mg	322,390	311,576	311,576	311,576	
	= estimated values	No of Packs	June (brand)	July	August	September	
		Sildenafil 50mg	42,774	41,301	41,301	41,301	
		Sildenafil 25mg	7,221	7,021	7,021	7,021	
		Sildenafil 100mg	80,598	77,894	77,894	77,894	
						126215.75	
		Purchase Price	June (brand)	July	August	September	
		Sildenafil 50mg	£19.67	£1.49	£1.49	£1.49	
		Sildenafil 25mg	£15.10	£1.16	£1.16	£1.16	
		Sildenafil 100mg	£21.74	£1.65	£1.65	£1.65	
		DT price	June	July	August	September	
		Sildenafil 50mg	£21.27	£21.27	£2.24	£2.24	
		Sildenafil 25mg	£16.59	£16.59	£1.74	£1.74	
		Sildenafil 100mg	£23.50	£23.50	£2.48	£2.48	
		Profit	June	July	August	September	Total
		Sildenafil 50mg	£68,438.00	£816,928.84	£30,769.06	£30,769.06	£878,466.95
		Sildenafil 25mg	£10,759.29	£108,334.03	£4,072.18	£4,072.18	£116,478.39
		Sildenafil 100mg	£141,851.60	£1,701,983.90	£64,262.55	£64,262.55	£1,830,509.00
							£2,825,454.34
		Extra profit	June	July	August	September	Total
		Sildenafil 50mg	0	£750,847.64	-£35,312.14	-£35,312.14	£680,223.35
		Sildenafil 25mg	0	£97,872.74	-£6,389.11	-£6,389.11	£85,094.52
		Sildenafil 100mg	0	£1,564,890.46	-£72,830.89	-£72,830.89	£1,419,228.68
							£2,184,546.55

Statistics

NMS

NHS Prescription Services' figures of NMS conducted to date are detailed below:

Month	Number Claimed	Number Paid	Value (£)	No. of pharmacies claiming payment	Cumulative no. of different pharmacies claiming payment since Oct 11	Number of Implementation Payment Claims	Value of Implementation Payment Claims	Payment Per conducted MUR	Percentage paid MUR
Oct-11	10,121	4,378	£109,450	2,557	2,557	1,702	£1,276,500	£10.81	43%
Nov-11	43,759	27,945	£698,625	5,840	6,257	1,847	£1,385,250	£15.97	64%
Dec-11	43,480	28,502	£712,550	5,741	7,417	1,176	£882,000	£16.39	66%
Jan-12	40,570	27,724	£693,100	5,671	8,005	1,741	£1,305,750	£17.08	68%
Feb-12	45,923	32,354	£808,850	6,905	8,957	1,573	£1,179,750	£17.61	70%
Mar-12	49,903	33,213	£830,325	6,398	9,206	161	£120,750	£16.64	67%
Apr-12	41,771	27,795	£694,875	5,564	9,291	0	£0	£16.64	67%
May-12	49,129	49,129	£1,195,348	6,129	9,392	0	£0	£24.33	100%
Jun-12	45,147	45,147	£1,096,961	5,922	9,467	0	£0	£24.30	100%
Jul-12	48,941	48,941	£1,191,090	6,140	9,542	0	£0	£24.34	100%
Aug-12	48,375	48,375	£1,173,628	6,061	9,611	0	£0	£24.26	100%
Sep-12	44,196	44,196	£1,070,242	6,081	9,676	0	£0	£24.22	100%
Oct-12	56,346	56,346	£1,337,901	6,567	9,756	0	£0	£23.74	100%
Nov-12	61,676	61,676	£1,517,600	6,774	9,823	0	£0	£24.61	100%
Dec-12	57,575	57,575	£1,398,599	6,433	9,897	0	£0	£24.29	100%
Jan-13	57,181	57,181	£1,398,284	6,631	9,970	0	£0	£24.45	100%
Feb-13	66,358	66,358	£1,646,580	7,034	10,040	0	£0	£24.81	100%
Mar-13	70,302	70,302	£1,742,501	6,999	10,101	0	£0	£24.79	100%
Total	880,753	787,137	£19,316,509			8,200	£6,150,000		

	2011/12	2012/13
total funding paid	£10,002,900	£15,463,609
Avg payment / NMS	£16.48	£23.90

A detailed breakdown of NMS and MUR data by PCT and LPC is available in the LPC Resources Centre (LPC Members' area of the PSNC website).

MUR

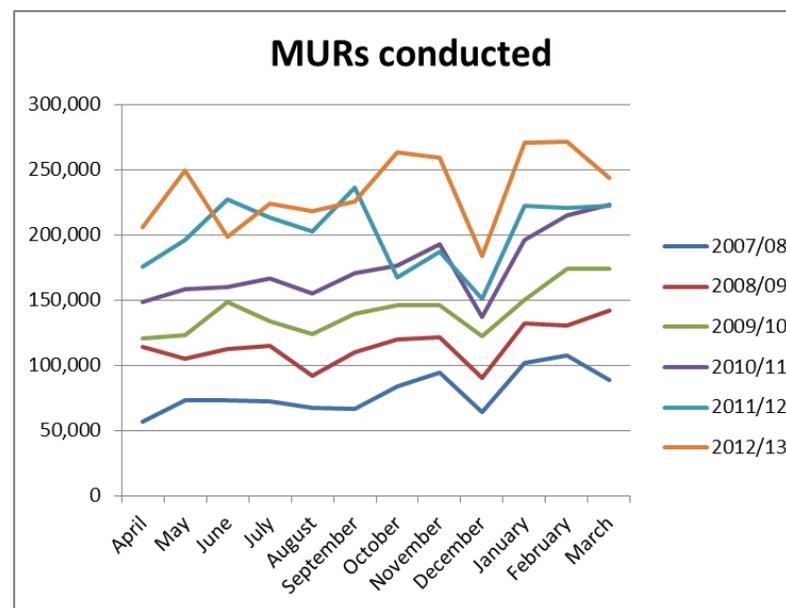
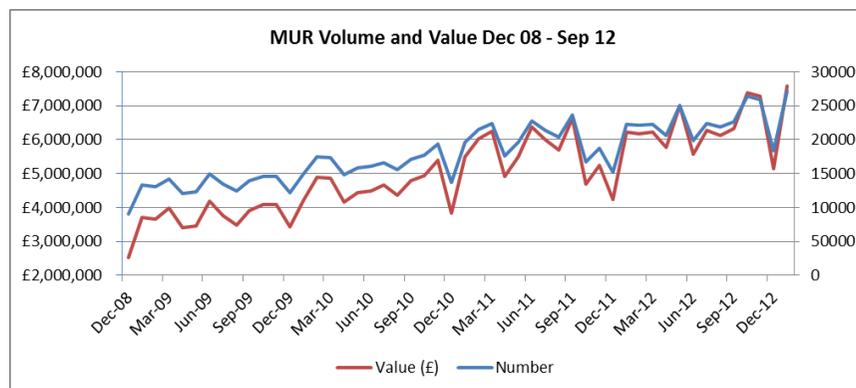
Recent NHS Prescription Services' figures of MURs conducted to date are detailed below:

Month – No. MURS – Value (£) – Growth % YoY – No. CPs

Apr-11	175674	£ 4,918,872.00	18%	8057
May-11	196376	£ 5,498,527.00	24%	8294
Jun-11	227865	£ 6,380,220.00	42%	8484
Jul-11	213776	£ 5,985,718.66	28%	8500
Aug-11	203182	£ 5,689,086.66	31%	8393
Sep-11	236753	£ 6,629,074.66	39%	8567
Oct-11	167573	£ 4,692,044.00	-5%	8385
Nov-11	187395	£ 5,247,060.00	-3%	8502
Dec-11	151460	£ 4,240,880.00	11%	8119
Jan-12	222693	£ 6,235,404.00	13%	8505
Feb-12	220882	£ 6,184,696.00	3%	8433
Mar-12	222281	£ 6,223,866.00	-1%	8152
Apr-12	205906	£ 5,765,368.00	17%	8900
May-12	249986	£ 6,999,620.00	27%	9029
Jun-12	198820	£ 5,566,960.00	-13%	8943
Jul-12	224054	£ 6,273,524.00	5%	9021
Aug-12	218733	£ 6,124,536.00	8%	8980
Sep-12	226167	£ 6,332,689.00	-4%	9140
Oct-12	263740	£ 7,384,720.00	57%	9309
Nov-12	259591	£ 7,268,548.00	39%	9314
Dec-12	183729	£ 5,144,422.00	21%	8852
Jan-13	271147	£ 7,592,116.00	22%	9175
Feb-13	271899	£ 7,613,172.00	23%	9049
Mar-13	243610	£ 6,821,080.95	10%	7879

Note - these figures are based on actual paid MURs.

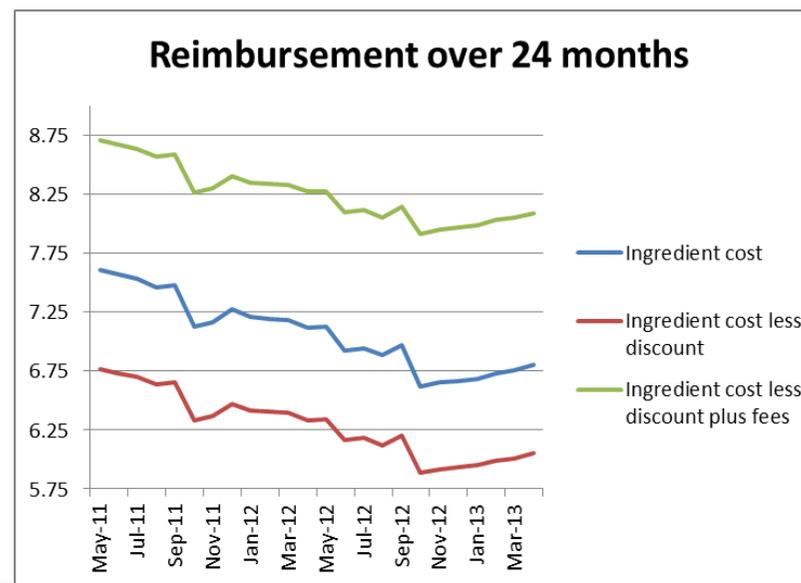
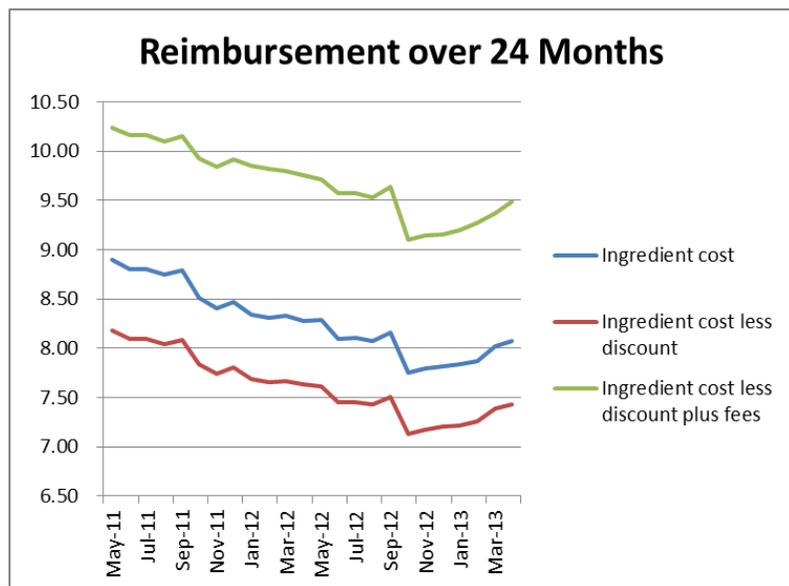
A breakdown of MURs conducted by LPC and PCT area is available at www.psn.org.uk/statistics.



NIC, discount, cost of fees and average item value (England)

PhS Pharmacy Contractors							Dispensing Doctors						
	NIC	Discount	Cost of fees	AIV £pi	yoy growth	Cumulative ytd growth		NIC	Discount	Cost of fees	AIV £pi	yoy growth	Cumulative ytd growth
May-12	£8.29	-£0.67	£2.10	£9.75	-5.09%	-2.48%	May-12	£7.13	-£0.79	£1.93	£8.27	-4.96%	-4.64%
Jun-12	£8.10	-£0.64	£2.12	£9.61	-5.73%	-2.59%	Jun-12	£6.93	-£0.76	£1.94	£8.10	-6.55%	-5.27%
Jul-12	£8.10	-£0.65	£2.12	£9.60	-5.79%	-2.71%	Jul-12	£6.95	-£0.77	£1.93	£8.12	-6.07%	-5.47%
Aug-12	£8.08	-£0.65	£2.11	£9.57	-5.58%	-2.80%	Aug-12	£6.88	-£0.76	£1.93	£8.06	-6.05%	-5.59%
Sep-12	£8.16	-£0.65	£2.13	£9.68	-4.98%	-2.87%	Sep-12	£6.97	-£0.77	£1.94	£8.14	-5.21%	-5.52%
Oct-12	£7.75	-£0.62	£1.97	£9.14	-8.21%	-3.04%	Oct-12	£6.62	-£0.73	£2.03	£7.91	-4.26%	-5.35%
Nov-12	£7.80	-£0.62	£1.97	£9.18	-6.96%	-3.15%	Nov-12	£6.65	-£0.73	£2.03	£7.95	-4.27%	-5.22%
Dec-12	£7.81	-£0.61	£1.95	£9.19	-7.66%	-3.28%	Dec-12	£6.67	-£0.73	£2.03	£7.97	-5.19%	-5.21%
Jan-13	£7.84	-£0.61	£1.98	£9.23	-6.60%	-3.38%	Jan-13	£6.69	-£0.74	£2.04	£7.98	-4.37%	-5.13%
Feb-13	£7.87	-£0.61	£2.02	£9.31	-5.53%	-3.44%	Feb-13	£6.73	-£0.74	£2.04	£8.04	-3.66%	-5.00%
Mar-13	£8.02	-£0.63	£1.98	£9.41	-4.34%	-3.46%	Mar-13	£6.75	-£0.74	£2.04	£8.05	-3.33%	-4.86%
Apr-13	£8.07	-£0.64	£2.06	£9.53	-2.64%	-3.44%	Apr-13	£6.81	-£0.75	£2.03	£8.09	-2.21%	-4.66%

*AIV includes container allowance



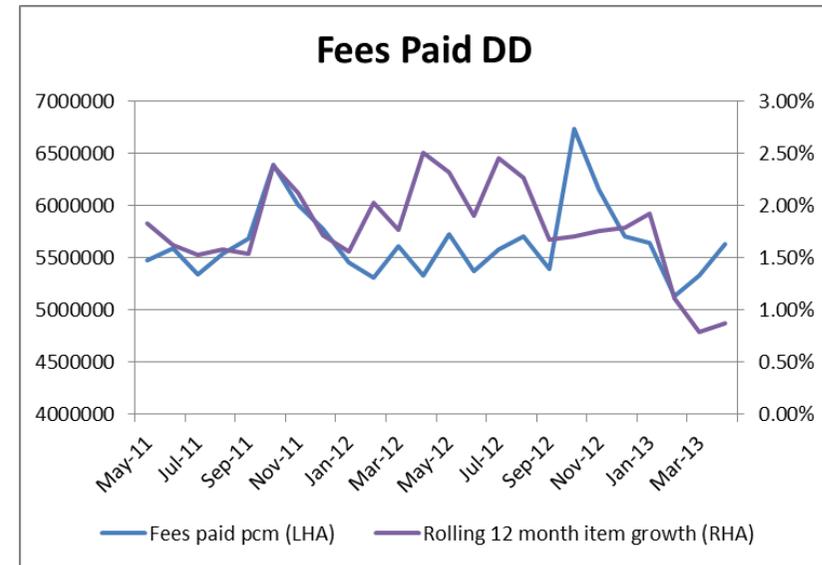
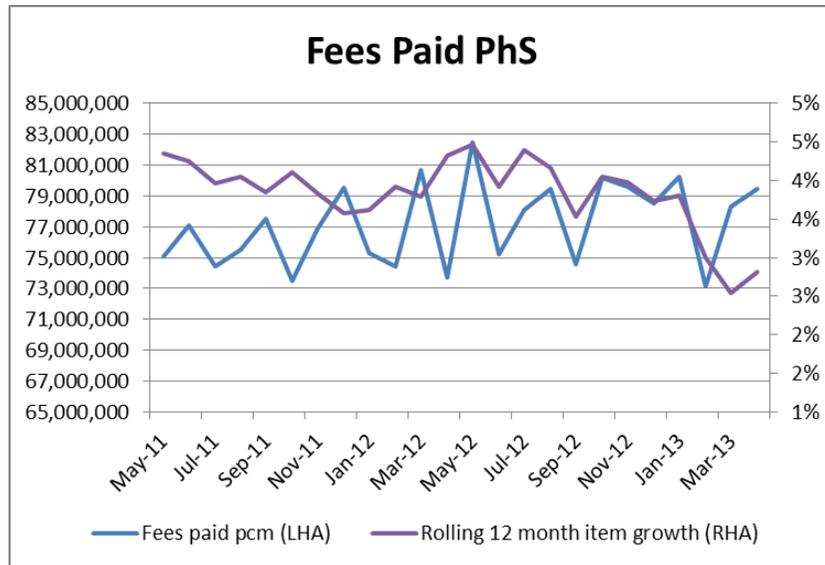
Prescription volume (England)

PhS Pharmacy Contractors

	Fees paid pcm (LHA)	yoy growth	Cumulative ytd growth	Rolling 12 month item growth (RHA)
May-12	82,497,714	9.92%	7.31%	4.46%
Jun-12	75,244,930	-2.34%	3.97%	3.92%
Jul-12	78,111,633	4.91%	4.21%	4.39%
Aug-12	79,419,906	5.18%	4.40%	4.17%
Sep-12	74,602,257	-3.78%	2.99%	3.53%
Oct-12	80,194,115	9.16%	3.86%	4.05%
Nov-12	79,585,840	3.53%	3.82%	3.98%
Dec-12	78,497,580	-1.29%	3.22%	3.74%
Jan-13	80,238,908	6.53%	3.55%	3.81%
Feb-13	73,161,789	-1.73%	3.08%	3.00%
Mar-13	78,282,406	-2.99%	2.54%	2.54%
Apr-13	79,485,591	7.82%	7.82%	2.81%

Dispensing Doctors

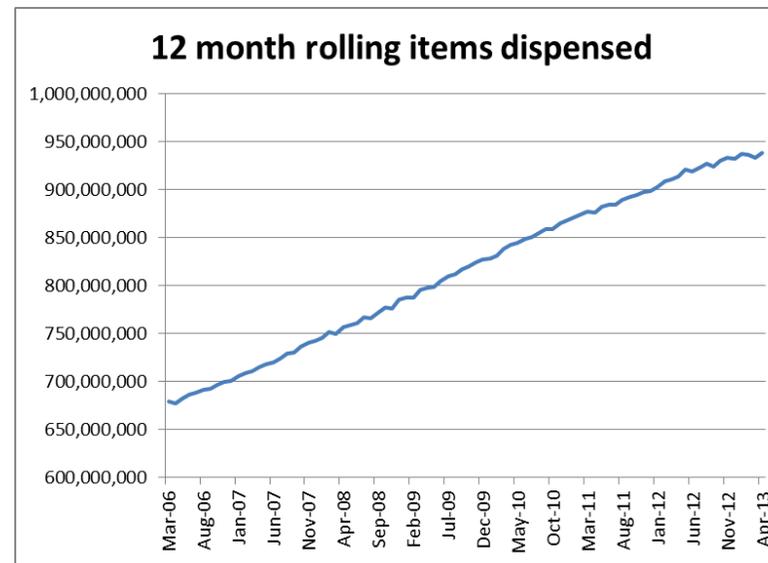
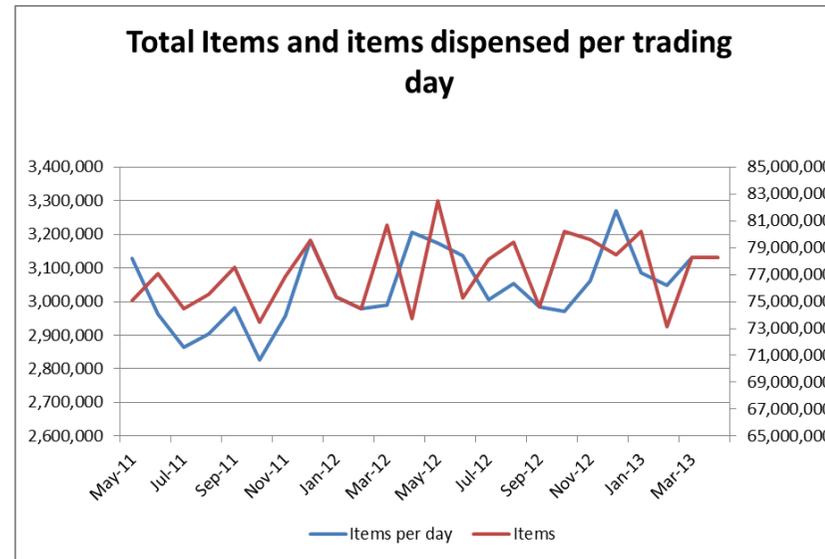
	Fees paid pcm (LHA)	yoy growth	Cumulative ytd growth	Rolling 12 month item growth (RHA)
May-12	5,723,535	4.43%	4.59%	2.32%
Jun-12	5,372,407	-3.94%	1.64%	1.90%
Jul-12	5,583,388	4.49%	2.35%	2.46%
Aug-12	5,706,997	3.02%	2.49%	2.27%
Sep-12	5,388,059	-5.20%	1.15%	1.68%
Oct-12	6,731,945	5.24%	1.82%	1.71%
Nov-12	6,155,954	2.46%	1.91%	1.75%
Dec-12	5,703,666	-1.26%	1.55%	1.79%
Jan-13	5,642,543	3.48%	1.73%	1.92%
Feb-13	5,135,928	-3.25%	1.30%	1.11%
Mar-13	5,332,697	-4.90%	0.79%	0.79%
Apr-13	5,636,573	5.67%	1.15%	0.87%



Growth in Prescription Items

Month – Itens – Trading Days – Items / Day

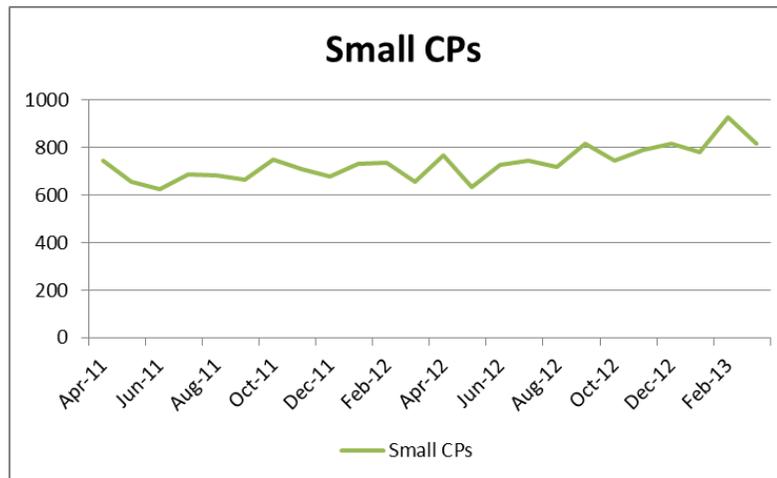
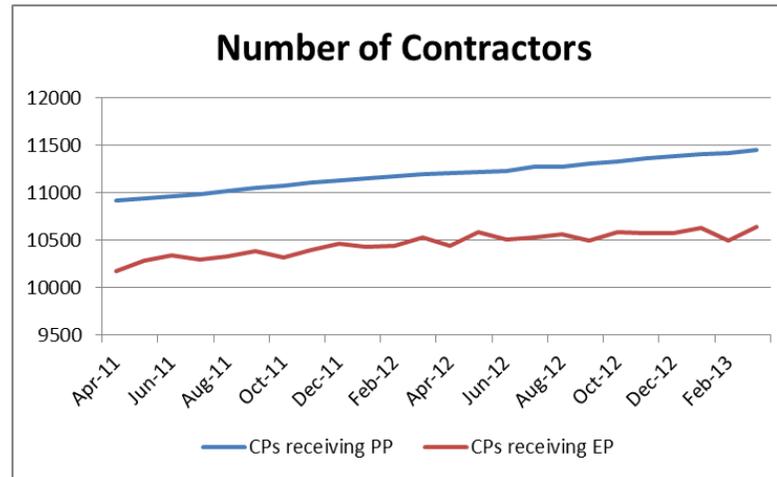
May-11	75,051,111	24	3,127,130
Jun-11	77,049,510	26	2,963,443
Jul-11	74,458,617	26	2,863,793
Aug-11	75,509,826	26	2,904,224
Sep-11	77,536,263	26	2,982,164
Oct-11	73,462,091	26	2,825,465
Nov-11	76,868,689	26	2,956,488
Dec-11	79,526,647	25	3,181,066
Jan-12	75,322,071	25	3,012,883
Feb-12	74,453,381	25	2,978,135
Mar-12	80,694,007	27	2,988,667
Apr-12	73,718,226	23	3,205,140
May-12	82,497,714	26	3,172,989
Jun-12	75,244,930	24	3,135,205
Jul-12	78,111,633	26	3,004,294
Aug-12	79,419,906	26	3,054,612
Sep-12	74,602,257	25	2,984,090
Oct-12	80,194,115	27	2,970,152
Nov-12	79,585,840	26	3,060,994
Dec-12	78497580	24	3,270,733
Jan-13	80238908	26	3,086,112
Feb-13	73161789	24	3,048,408
Mar-13	78,282,406	25	3,131,296
Apr-13	78,282,406	25	3,131,296



Number of English contractors receiving Practice & Establishment Payments, number of small pharmacies.

Month – CPs receiving PP – CPs receiving EP – Small CPs

Apr-11	10920	10176	744
May-11	10943	10285	658
Jun-11	10963	10336	627
Jul-11	10981	10292	689
Aug-11	11014	10330	684
Sep-11	11047	10381	666
Oct-11	11068	10320	748
Nov-11	11102	10392	710
Dec-11	11133	10457	676
Jan-12	11155	10425	730
Feb-12	11173	10435	738
Mar-12	11191	10533	658
Apr-12	11203	10434	769
May-12	11215	10581	634
Jun-12	11233	10508	725
Jul-12	11270	10525	745
Aug-12	11275	10557	718
Sep-12	11307	10493	814
Oct-12	11333	10587	746
Nov-12	11366	10576	790
Dec-12	11390	10575	815
Jan-13	11406	10626	780
Feb-13	11420	10491	929
Mar-13	11449	10634	815



Latest Cat M list analysis

Category M value		
Apr 13 Cat M value*	£375,758,355.59	per qtr
Jul 13 Cat M value*	£391,169,166.02	per qtr
Movement*	£15,410,810.44	per qtr

Total no. of increases	295
Total no. of decreases	208
Total no. of no change	15
Total no. of products	518

*indicative figures based on fixed 2012 product vols. Movement likely to be greater, due to vol increases.

Biggest Movers					
Drug Name	Pack Size	Jul-13 DT	Apr-13 DT	change	% change
Sertraline 100mg tablets	28	7.71	1.3	6.41	493%
Sertraline 50mg tablets	28	6.54	1.38	5.16	374%
Isosorbide mononitrate 10mg tablets	56	7.19	2.28	4.91	215%
Indapamide 2.5mg tablets	28	4.1	1.4	2.7	193%
Senna 7.5mg tablets	60	12.01	4.18	7.83	187%
Temazepam 10mg tablets	28	27.08	9.43	17.65	187%
Temazepam 20mg tablets	28	26.33	11.91	14.42	121%
Isosorbide mononitrate 40mg tablets	56	4.32	2.27	2.05	90%
Trazodone 100mg capsules	56	14.08	7.47	6.61	88%
Trazodone 50mg capsules	84	11.85	6.53	5.32	81%
Fosinopril 10mg tablets	28	1.42	22.45	-21.03	-94%
Montelukast 10mg tablets	28	3.16	26.97	-23.81	-88%
Montelukast 4mg chewable tablets sugar free	28	3.03	25.69	-22.66	-88%
Montelukast 5mg chewable tablets sugar free	28	3.16	25.69	-22.53	-88%
Montelukast 4mg granules sachets sugar free	28	4.24	25.69	-21.45	-83%
Fosinopril 20mg tablets	28	2.48	6.63	-4.15	-63%
Co-trimoxazole 80mg/400mg tablets	28	5.44	13.64	-8.2	-60%
Clarithromycin 250mg tablets	14	1.97	3.75	-1.78	-47%
Pramipexole 88microgram tablets	30	1.92	3.24	-1.32	-41%
Ibandronic acid 50mg tablets	28	22.65	38.21	-15.56	-41%

Number of NCSO items:

Month – national items – NCSO items - % of items which are NCSO

Mar-11	77145434.0	1108061.0	1.44%
Apr-11	68874960.0	893766.0	1.30%
May-11	73530984.0	378140.0	0.51%
Jun-11	75468525.0	293492.0	0.39%
Jul-11	72942271.0	293492.0	0.40%
Aug-11	73855590.0	181481.0	0.25%
Sep-11	75981066.0	139459.0	0.18%
Oct-11	71906194.0	38033.0	0.05%
Nov-11	75277264.0	66797.0	0.09%
Dec-11	77854614.0	126320.0	0.16%
Jan-12	73772423.0	90933.0	0.12%
Feb-12	72895257.0	82723.0	0.11%
Mar-12	79068949.0	94446.0	0.12%
Apr-12	72219650.0	46577.0	0.06%
May-12	80908242.0	52592.0	0.07%
Jun-12	73818270.0	48626.0	0.07%
Jul-12	77173997.0	124061.0	0.16%
Aug-12	78486866.0	115794.0	0.15%
Sep-12	73796255	1398	0.00%
Oct-12	79198964	96691	0.12%
Nov-12	78650528	95535	0.12%
Dec-12	77647597	320267	0.41%
Jan-13	79476818	230296	0.29%
Feb-13	72348808	440810	0.61%

