

**PSNC Funding & Contract Subcommittee Agenda**  
**for the meeting to be held on Tuesday 14<sup>th</sup> July 2015**  
**at Park Inn by Radisson Palace, Southend-on-Sea, SS1 2AL**  
**starting at 2pm**

**Members:** David Broome, Peter Cattee (Chairman), Liz Colling, Sam Fisher, Tricia Kennerley, Andrew Lane, Garry Myers, Bharat Patel, Indrajit Patel, Adrian Price

**Apologies for absence**

Apologies for absence have been received from David Broome.

**Minutes of previous meeting and matters arising**

The minutes of the meeting held on 12<sup>th</sup> May 2015 were shared with the subcommittee and can be downloaded from PSNC's website.

**Agenda and subcommittee work**

Below we set out progress and actions required on the agreed work plan areas for the year. The subcommittee is asked to consider the reports, to address any actions required and to comment on the proposed next steps.

1	Establish a sound basis for future funding of the service providing a fair return to contractors	Status Likely
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**2015/16 funding settlement**

An update will be given in the plenary meeting on 14<sup>th</sup> July 2015.

2	Ensure funding and reimbursement mechanisms are fair to contractors	Status Likely
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**DT Reforms**

Amendments to discount deduction formed part of the 2014/15 settlement. PSNC modelling has been shared and discussed with DH who have said that this is not an immediate priority for the new Government and health team.

Discussions also continue on changes to Category A and non-part VIII and improvements to the current concessions system.

3	Monitor and analyse funding delivery, and agree changes to current systems that mitigate risks of under and over-delivery of agreed funding	Status Likely
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**Multiples' margins**

**Report:**

Working with DH to develop a methodology to assess multiples' margins formed part of the 2014/15 settlement. PwC were commissioned to analyse the feasibility of an assessment and suggest a credible alternative. Their report has been submitted to the DH and a written response requested by PSNC.

**Next Steps:** DH are considering their response to PwC report.

## Margins surveys

### Report:

BSA and PSNC both undertook the margins survey for 2014/15. Data entry for the year has been completed and the databases reconciled. Draft results and a number of outstanding items currently being worked on which can have a material impact on the outcome, will be discussed in the Group Discussion on 15<sup>th</sup> July 2015.

### Subcommittee Action:

- DH has indicated that they intend to increase the sample sizes for the 2015/16 survey, after consultation with PSNC. It is vital that PSNC maintains its role gathering and analysing data in parallel with the BSA but the developments would mean boosting the organisation's Margins Survey team from August when processing would start by 1 FTE. Approval is sought to advertise and offer a position initially on a 12 month contract.

### Next Steps:

Seek agreement on the outstanding items relating to the 2014/15 survey before a tripartite DH / NHS England/ PSNC meeting towards the end of August 2015. Working meetings have been put into place with DH.

## Margin delivery system

Revising the margin delivery system to ensure smoother delivery of agreed levels of funding formed part of the 2014/15 settlement. Work is in progress with DH on developing and assessing alternatives to the current systems for delivery and measurement. Monthly meetings between PSNC and DH (including respective statistical advisers) have considered sample size, selection and system design. Many of these aspects will form incremental improvements to the methodology for the 2015/16 survey.

PSNC presented models demonstrating the risk of instability inherent in a system with changing underlying markets and a time lag in data availability. The office analysed the use of Wavedata as a predictor of margins survey outcomes.

### Next Steps:

PSNC to prepare an initial draft of principles and options for a new margins delivery system for consideration by DH and NHS England at a meeting towards the end of August 2015.

## AIV

### Report:

The latest AIV analysis is shown within **Appendix FCS 09/07/15**. NHS BSA payment data shows a Q4 AIV increase of 3p compared to Q3. This is the net effect of a 6p increase in NIC per item and a 3p decrease in fees per item. April 15 data shows a 5p increase in NIC and 3p increase in fees over 14/15 Q4.

The PCA analysis of 14/15 Q4 indicates a NIC increase from the previous quarter, in the region of 5p per item. The data showed a decrease in brand NIC of 38p per item and an increase in generic NIC of 19p per item. This was due to Pregabalin (Lyrica) capsules switching from Class 3 (brand) to class 1 (generic) in the March 15 PCA.

### Next Steps:

Continue quarterly analysis of PD1 and PCA when further months' data become available.

4	Examine options for financial levers to incentivise change and develop NHS England support	Status Likely
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### Consider and provide guidance on generic service payment models

#### Report:

NHS England and Monitor are working on reforming the NHS payment system to enable the changes envisaged in the Five Year Forward View. Work has commenced on setting out the risk implications of different service payment mechanisms.

#### Next Steps:

Work is required to deepen understanding of proposed developments in the NHS payment system and pharmacy's potential interaction with / participation within them. Continue to investigate and model alternatives for pharmacy services payments.

5	Ensure EPS is resilient, efficient, and costs to pharmacy are fully funded	Status Likely
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### EPS issues

#### Report:

An update on recent EPS developments is set out in **Appendix FCS 06/07/15** for consideration by the subcommittee. A regular PSNC / HSCIC / NHS England meeting is due to be held before the subcommittee meeting and a verbal update will be provided at the subcommittee meeting. An updated EPS issues log will be circulated to Committee members following the meeting with HSCIC and NHS England.

#### Subcommittee Action:

- Review and provide comments

#### Next Steps:

PSNC will continue to work with HSCIC and stakeholders to support the development of a more resilient system.

### EPS cost implications

#### Report:

NHS England are exploring options to fund work to assess the pharmacy costs of use of EPS. This work would be managed by a working group consisting of NHS England, PSNC and HSCIC. A verbal report will be provided at the meeting on any further developments.

#### Next Steps:

Work with NHS England and HSCIC to ensure the costing work is undertaken in a robust and timely manner. The work is currently scheduled to take place during summer 2015.

## PAC / PRISM reports

### Report:

The finalised accuracy reports for February 2014 to January 2015 are set out in a **Confidential Appendix FCS 07/07/15**.

As the PAC team is now auditing one month behind the BSA's pricing, if there is a technical issue that delays the BSA data reaching the PAC on time, it can affect the number of prescription bundles that can be audited. Hence, the differing numbers of prescription bundles that are audited month on month.

To counteract this and to help improve individual batch accuracy at NHSBSA, the PAC is looking to proactively audit accounts (please see d – Individual batch accuracy for further information).

A visit to CPW and NHS Wales Shared Services Partnership (NWSSP) in June has helped to improve understanding for all parties and work continues on the implementation of secure data transfer.

### Next Steps:

Conduct a review of the current audit results to ensure that we are capturing a more detailed picture of how trends have improved over time, including focusing on the types of error uncovered. This will also include a survey of contractor feedback given following an audit, to ensure that the current information we provide is useful and to scope what further information would be helpful.

Continue to work with NWSSP and the NHS Wales Informatics Service so that routine auditing of Welsh prescriptions can re-commence.

## Transparency Group Update

### Report:

No further progress has been made.

### Next Steps:

A meeting between the Transparency Working Group (Mark Burdon, David Evans, Bharat Patel and Rob Thomas of Lloyds Pharmacy), DH and NHSBSA has been arranged for the end of July 2015 to discuss the NHSBSA's progress with Phase II of the programme (access to line by line payment information) and to offer feedback on the mock reports.

## EPS prescription audit

### Report:

No further progress to report with the actual auditing of EPS prescriptions.

We continue to receive reports that there are difficulties with reconciling the number of EPS prescriptions submitted by a contractor vs. those received by NHSBSA for pricing. In response to our concerns, HSCIC amended the EPS system in August 2014, so that PMR system suppliers could choose to

add functionality so that individual systems could confirm that each submitted prescription reaches the central NHS Spine. However, system suppliers have yet to add this functionality.

HSCIC have also provided a description of the process which ensures that prescriptions which are claimed, and reach the spine, are then sent in sequentially numbered batches to the Pricing Authority. This process includes a number of checks to ensure that individual prescriptions and batches cannot be lost.

#### Next Steps

Given the developments above, rather than pursuing prescription-specific acknowledgement that each prescription reaches the Pricing Authority, it is suggested that PSNC seeks to ensure that there is an alternative reconciliation process for contractors. We will explore options for this.

#### Individual batch accuracy

##### Report:

Work to improve a prototype tool which identifies potential anomalous accounts to pro-actively audit has been halted whilst we await data from the statistician. In the interim, NHSBSA is identifying some of their “problem accounts” i.e. those accounts having repeated problems with pricing (that may be due to either the contractor’s endorsing or submission rather than BSA processes).

##### Next Steps:

- Continue work on developing the prototype tool.
- Consider auditing some of the BSA’s identified problem accounts.

#### Review of auditing at PAC

PSNC performs its prescription audit function at the Pricing Audit Centre (PAC) in Enfield on behalf of LPCs as laid in section 7 of The Pharmaceutical and Local Pharmaceutical Services (Prescriptions, Payments and Listings) Directions 2013.

The office is to undertake a review of capacity at PAC in light of the efficiency gains made possible by the PRISM system. As part of this we will assess the total number of bundles required to ensure the results are statistically significant, consider the method by which bundles re selected for audit and reflect on how big issues such as EPS are handled. A paper will be presented to FunCon at the October meeting. This will then be raised at the LPC Conference in November.

##### Next Steps

Develop a proposal for the October PSNC meeting.

7	Resolve Drug Tariff problems where possible, including shortages and price rises, branded generic and brand prescribing policies, demonstrating the damage to NHS finances.	Status Likely
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#### Branded Medicines

##### Report: Supply Chain Forum

A confidential verbal update will be given at the subcommittee meeting.

### **Report: Movianto changes to order management system**

PSNC were notified by contractors that they were having problems with obtaining product through Movianto. At the beginning of June 2015, Movianto upgraded to a new financial and order management system which caused a number of problems with customer accounts and product authorisations. The change resulted in medicine orders being delayed and in some cases not being delivered at all to pharmacies. As a result, Movianto experienced a higher volume of calls, resulting in excessive call waiting times and in some cases calls not being answered. PSNC reported the problem to DH due to concerns around pharmacies' ability to supply medication to patients.

Following correspondence with DH, Movianto released a statement which can be found on the PSNC website.

Problems appear to be ongoing, and several pharmacies have reported patient safety issues as a result. Following a suggestion by David Broome the Dispensing and Supply Team are now advising all pharmacies contacting PSNC with regards to this problem to report any patient safety issues to the relevant manufacturers' Medicines Information teams and where appropriate to complete a patient safety incident report on the NRLS website.

### **Report: BMS**

Following on from May's subcommittee meeting the issue of BMS' refusal to open new accounts for pharmacy contractors trying to obtain supplies of Sprycel Tablets, the issue has been formally raised with Rob Kettell at DH.

### **Report: Roche**

Roche has been asking for barcodes on EPS prescription's to be left visible when sending Roche a script for verification. Concerns have been expressed from our end that leaving the barcode visible means that contractors would not be complying with information governance requirements as confidential patient information was contained within the barcode, as well as against the Best Practice Guidance on Medicines Distribution.

As yet there has been no agreement reached for Roche to verify the need for a supply in another manner that does not involve patient information and extra workload to pharmacy.

This issue has been brought to the attention of Rob Kettell at DH.

We are still awaiting a formal reply on both of these issues from Rob Kettell, a chaser was sent on 29th June 2015.

### **Price concessions summary up to June 2015**

The graphs relating to the price concessions are shown in **Appendix FCS 09/07/15**.

### **Statistics**

Monthly statistics are set out in **Appendix FCS 09/07/15**.

### **Any other business**

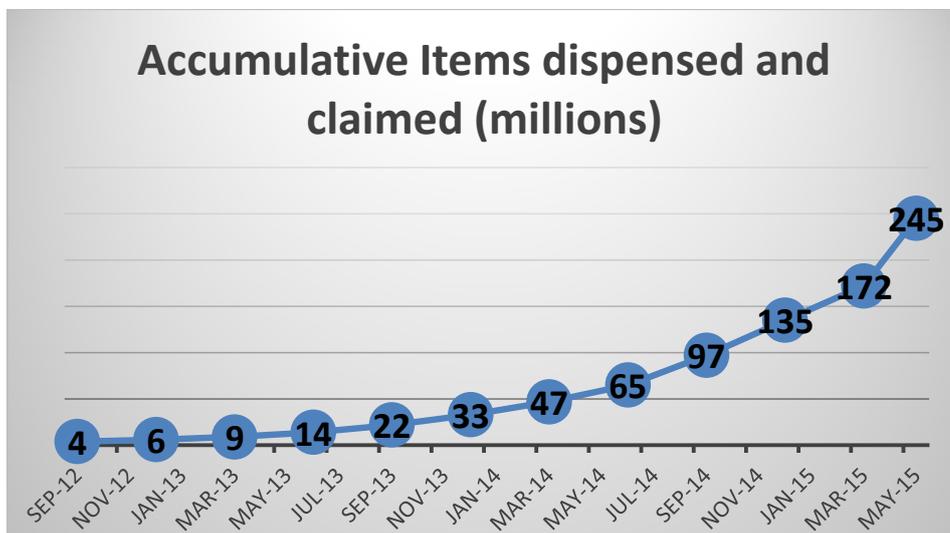
## EPS Release 2 update

### Deployment

EPS Release 2 Deployment Statistics (Extracted 22nd May 2015 by HSCIC)	
EPS R2 enabled GP practices	4,673 (58%)
EPS R2 enabled pharmacies	11,475 (97%)
Number of R2 prescription messages to date	107 million prescriptions containing 245 million items have been dispensed
Number of patient nominations set	12.5 million
Average number of nominations per pharmacy/DAC	1,200
Average usage of site which is live	44%



The number of GPs going live with EPS R2 continues to rapidly increase, along with the number of R2 prescriptions being processed:



## Phase 4

HSCIC and NHS England attended the first day of PSNC's May 2015 meeting to discuss the implementation of Phase 4 of EPS (in which electronic prescriptions would become the default route for all prescriptions<sup>1</sup>).

Following the meeting a letter setting out the key issues raised by PSNC members was sent to HSCIC and NHS England; this is set out on **(page 37)**. At the time of setting the agenda no response has been received from NHS England or HSCIC, but a meeting with both organisations is due to be held on 6th July 2015.

HSCIC accept there are a broad range of prerequisites which need to be addressed before this phase of EPS can commence. These include but are not limited to:

- **Further pharmacy training** - HSCIC wish to organise 750 training events for pharmacy teams across the country during the next year;
- **EPS Service Review** - recommendations must be implemented;
- **System Supplier EPS agreements** - must be in place; and
- **Controlled Drugs** - GPs must be able to prescribe Schedule 2 & 3 Controlled Drugs.

## EPS Service Review

The EPS model for reporting and resolving problems with the system is not fit for purpose and PSNC has previously made specific recommendations to HSCIC to improve the system. Issues for contractors include:

- Difficulty determining whether EPS problems relate to national or local system problems;
- Difficulty reporting problems with EPS; and
- A lack of trust that issues raised by contractors will be appropriately dealt with.

In response to PSNC's concerns, HSCIC agreed to undertake a Service Review, for which PSNC provided input. Further feedback was also gathered from survey responses, and during workshops which pharmacy contractors attended. The service review report has not yet been published, but recommendations include:

1. **Revised pharmacy system supplier EPS agreements;**
2. **Pharmacy supplier system reviews** of processes, improvement plans, and areas of risk;
3. **Review of the NHS Spine** and associated functionality;
4. **HSCIC to coordinate resolution of serious national incidents**, even where only one pharmacy system has become unavailable;
5. **Pharmacy systems monitoring** – HSCIC to monitor availability and usage of all pharmacy systems, and use this to display relevant service status information online; and
6. **Service status information regarding EPS and particular systems to be more visible.** We have pressed for the Service Status Checker webpage which displays this information to move into the public domain. From June 2015, pharmacy team members with a Smartcard have been able to access this data. HSCIC have indicated that they would prefer for this information to be moved into the public domain, but there are contractual issues with HSCIC suppliers to be worked through before this can happen.

## EPS R2 and Controlled Drugs

Although from 1st July 2015, legislation came into force allowing Schedule 2 and 3 controlled drugs to be prescribed and dispensed using the electronic prescription service (EPS) release 2 messages, all dispensing systems must be updated and fully deployed across all pharmacy sites, before it is possible to enable the new functionality. This is to avoid the possible risk of a prescriber sending a prescription for a controlled drug to a pharmacy which can't then dispense it. HSCIC has issued all GP and community pharmacy system suppliers with the technical requirements to implement Controlled Drugs prescribing via EPS, including the requirement for 'words and figures'. Not all pharmacy systems have yet communicated estimated timescales, and those which have include a range of timescales from

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<sup>1</sup> Unless the patient asked for a paper prescription. Existing nominations would remain valid and further nominations could continue to be collected. Patients without nominations already in place would be provided with a paper or electronic token.

autumn 2015 to summer 2017.

We requested sight of the specification for system suppliers and were concerned about the risk of an overly strict interpretation of this element:

*“The System must handle the differing expiry periods for such medication.”*

Initial advice from HSCIC was that this meant the dispense message would have to be sent by the end of the 28th day. We wrote to DH highlighting the scenarios in which a pharmacy may not be able to send the dispense message at the time of supply, for example due to a technical problem with EPS or because workload does not allow for this to happen; this letter is set out on **(page 36)**. At the recent EPS forum, Programme Head, Rachel Habergham, verbally explained there will be a 90 day period after the day of dispensing during which the dispense message could be sent.

### **System supplier usability issues**

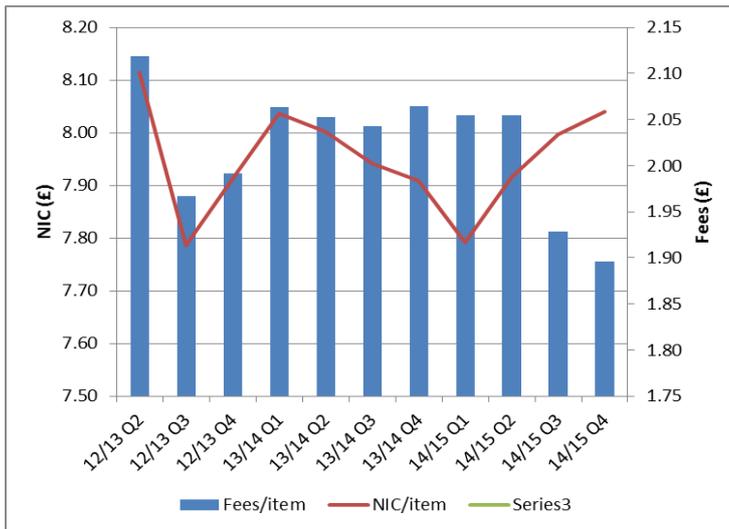
Guidance will be issued shortly to highlight to pharmacy contractors that a number of EPS issues which cause problems or concerns have now been addressed by HSCIC. The ultimate ‘fix’ for these issues still requires amendments to pharmacy systems and the guidance will suggest that pharmacy contractors should seek assurances from their system supplier as to when their software will be updated to address these issues.

The issues are:

- amendment of endorsements after an endorsement message has been sent to the spine and prior to the end of the month – systems should be updated to allow this to happen, as the spine can now receive amendment messages;
- processing acknowledgement messages that prescriptions sent for pricing have reached the spine;
- system message prompts to prevent prescriptions being submitted with an incorrect exemption status; and
- system message prompts to ensure that each prescription will be claimed for before it expires on the spine.

### **Pharmacy System Supplier Agreements (Confidential)**

## Summary of Pharmacy Statistics

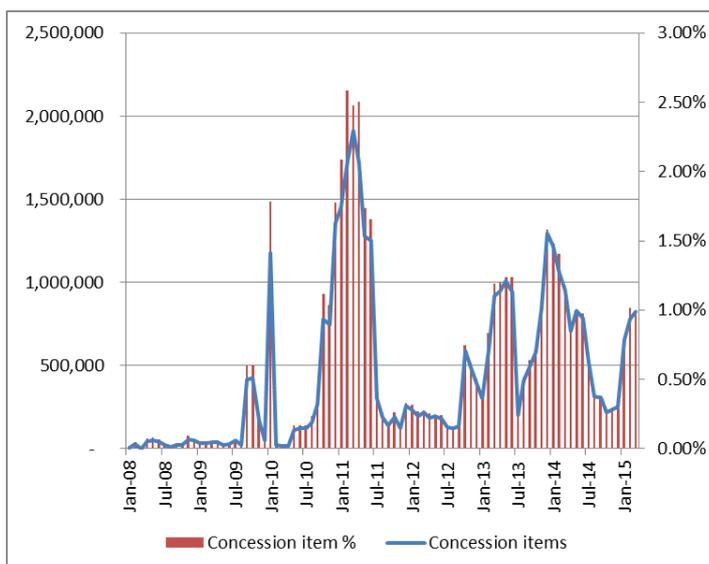
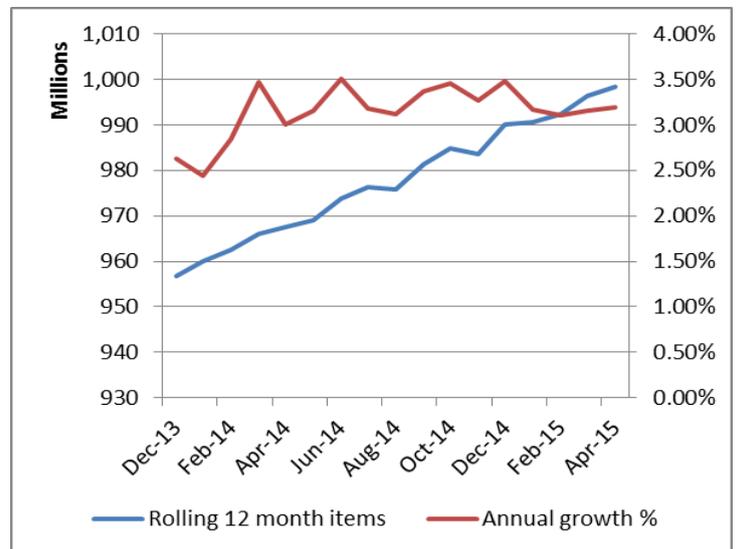


### Latest figures for 14/15 Q4 remuneration

- Fees per item **decreased** to **£1.90**
- NIC per item **increased** to **£8.04**

### Latest item volumes and growth rates

- 12 month prescription volume now **998.5 million** items
- Current annual growth rate **3.20%**

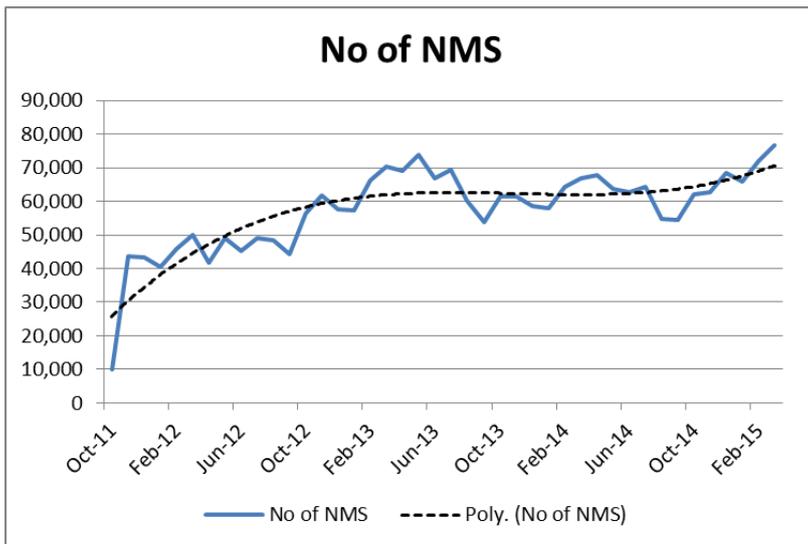
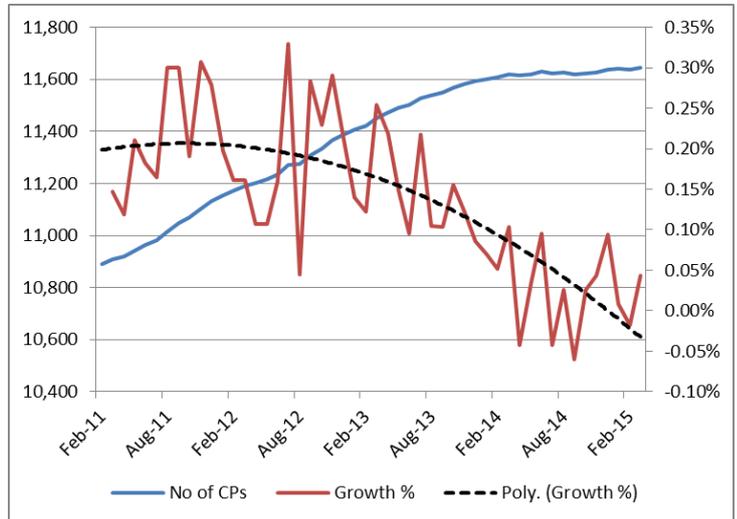


### Latest concession items volume

- Mar-15 concession items **increased** to **824k**
- Comprising **0.97%** of all items dispensed
- Below peak volume of **1.9million** in Mar-11

### Latest Pharmacy growth figures

- **11,643** community pharmacies open in Mar-15
- The monthly trend of growth is flat
- Over the last 12 months average monthly growth has been **0.02%**
- Over the previous 24 months average growth was **0.16%**

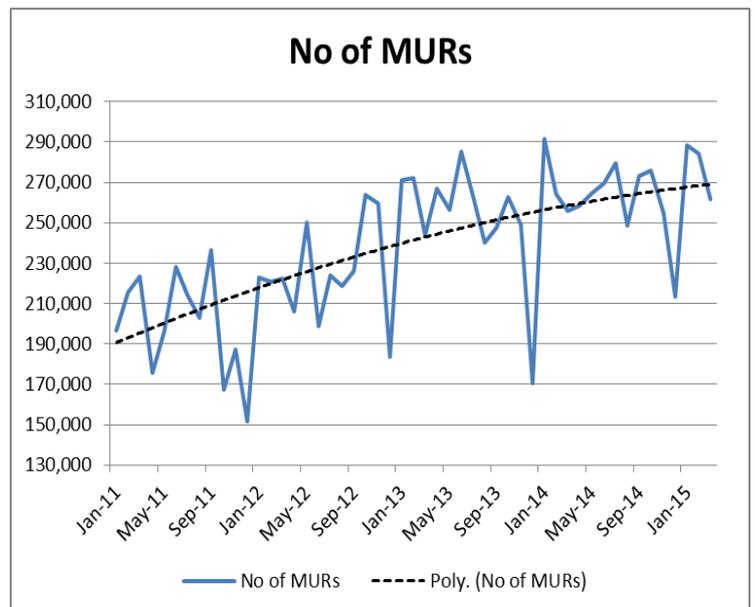


### Latest NMS volume

- Mar-15 NMS volume was **76.7k**
- Peak volume was **77k** in Mar-15
- The volume trend shows flat growth
- Total spend for 14/15 was **£19.0m**

### Latest MUR volume

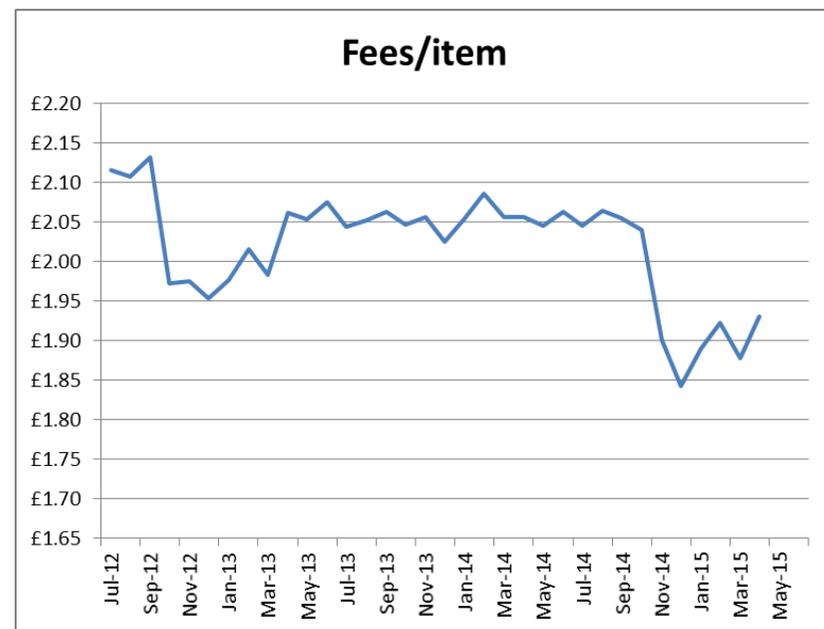
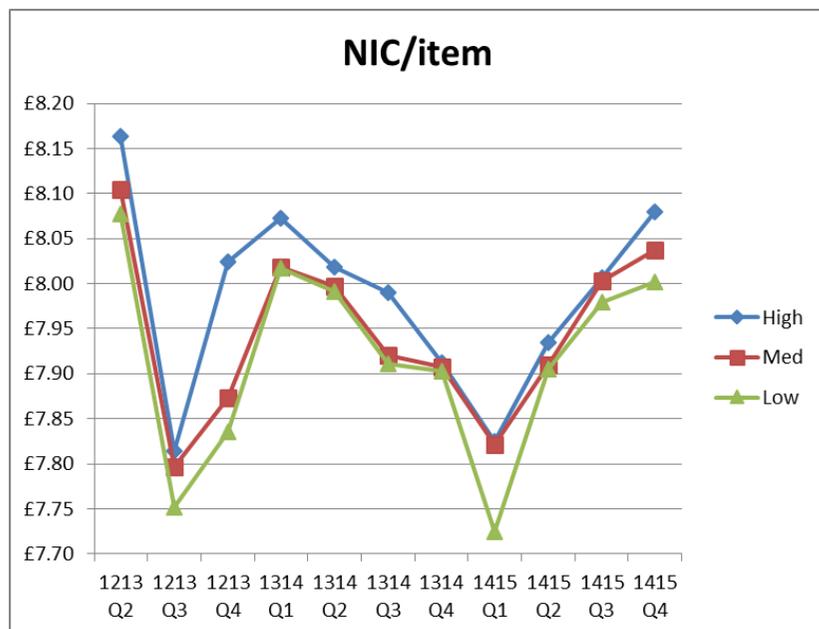
- Mar-15 MUR volume was **261k**
- Mar-15 was **2.10%** higher than Mar-14
- The volume trend shows slowing growth
- Total spend for 14/15 is **£88.8m**



## Statistics

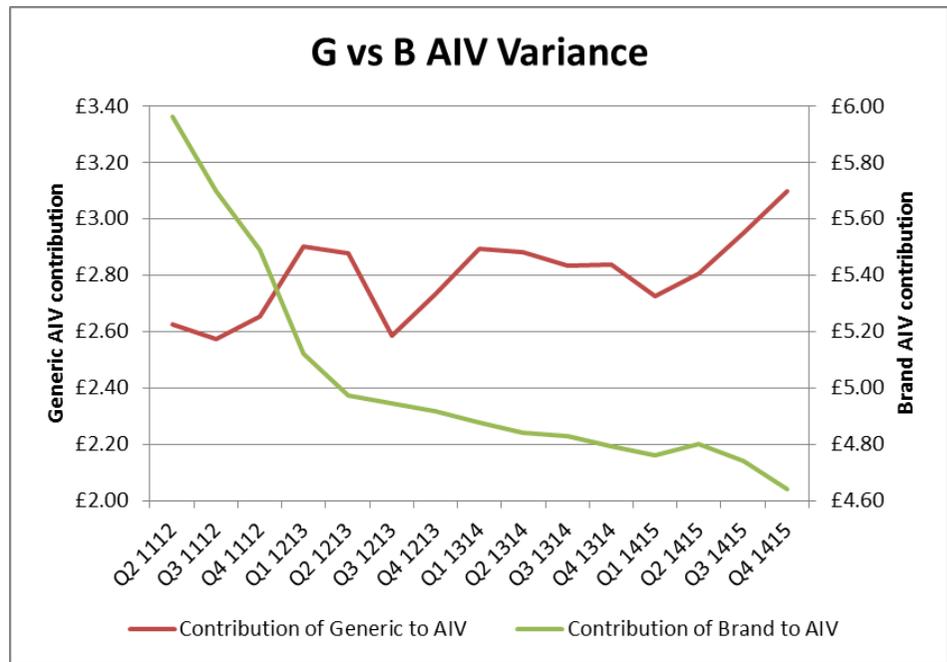
### AIV comparison (BSA PD1 data)

Oct-14	86,611,348	176,735,962	693,200,280	54,690,089		2.04	8.00	0.63	7.37				
Nov-14	78,804,314	149,829,594	630,922,972	49,337,164		1.90	8.01	0.63	7.38	<b>Q3 results</b>			
Dec-14	89,139,525	164,231,194	711,304,827	56,380,711		1.84	7.98	0.63	7.35	0.07 NIC difference v previous 3 month avg			
<b>Total</b>	<b>254,555,187</b>	<b>490,796,750</b>	<b>2,035,428,079</b>	<b>160,407,964</b>		<b>1.93</b>	<b>8.00</b>	<b>0.63</b>	<b>7.37</b>	-0.13 fee difference v previous 3 month avg			
Jan-15	83,950,013	158,626,148	671,783,336	51,942,051		1.89	8.00	0.62	7.38				
Feb-15	77,479,627	148,927,402	622,758,572	47,560,705		1.92	8.04	0.61	7.42	<b>Q4 results</b>			
Mar-15	85,669,387	160,845,738	692,151,003	53,449,233		1.88	8.08	0.62	7.46	0.06 NIC difference v previous 3 month avg			
<b>Total</b>	<b>247,099,027</b>	<b>468,399,288</b>	<b>1,986,692,910</b>	<b>152,951,988</b>		<b>1.90</b>	<b>8.04</b>	<b>0.62</b>	<b>7.42</b>	-0.03 fee difference v previous 3 month avg			
Apr-15	83,139,154	160,475,580	673,042,342	51,871,843		1.93	8.10	0.62	7.47				
May-15										<b>Q1 results</b>			
Jun-15										0.05 NIC difference v previous 3 month avg			
<b>Total</b>	<b>83,139,154</b>	<b>160,475,580</b>	<b>673,042,342</b>	<b>51,871,843</b>		<b>1.93</b>	<b>8.10</b>	<b>0.62</b>	<b>7.47</b>	0.03 fee difference v previous 3 month avg			



AIV Variance Analysis (BSA PCA data)

	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	£8.39	£2.73	£4.92	£0.74
Q1 1314	£8.49	£2.89	£4.87	£0.72
Q2 1314	£8.53	£2.88	£4.84	£0.81
Q3 1314	£8.43	£2.84	£4.83	£0.77
Q4 1314	£8.40	£2.84	£4.79	£0.77
Q1 1415	£8.28	£2.73	£4.76	£0.79
Q2 1415	£8.43	£2.80	£4.80	£0.82
Q3 1415	£8.50	£2.95	£4.74	£0.80
Q4 1415	£8.54	£3.10	£4.64	£0.80



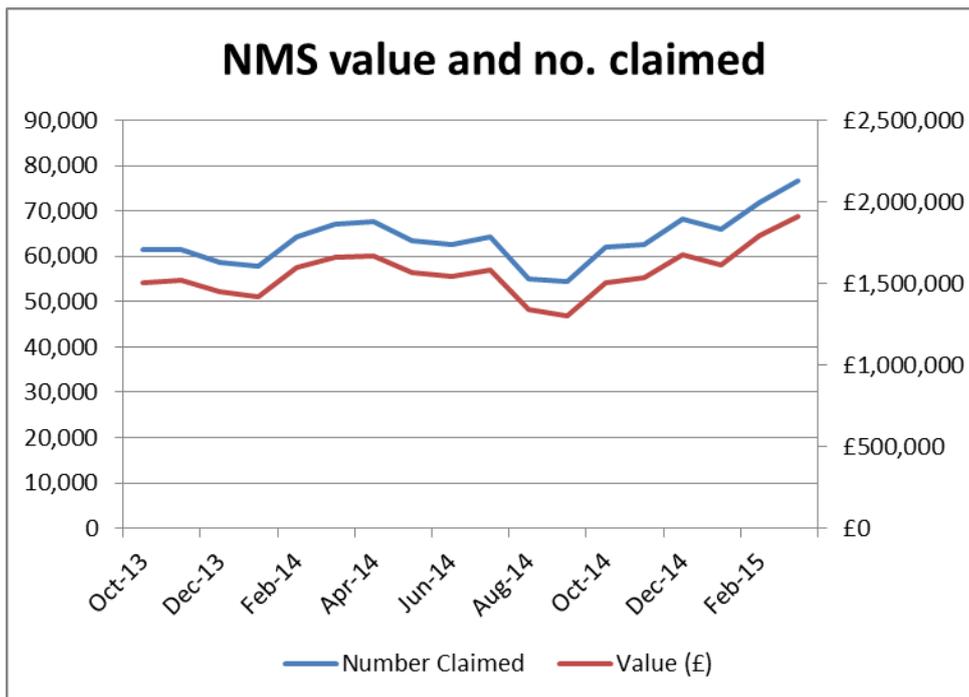
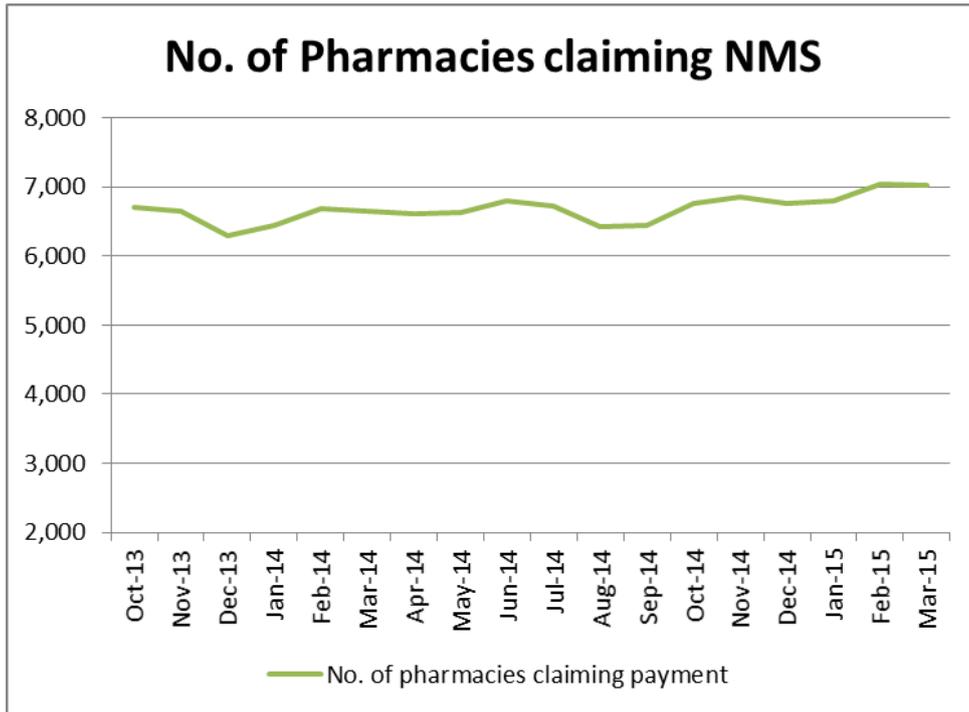
14/15 Q3 v 14/15 Q4 comparison

	G NIC/Item	G Items			B NIC/Item	B Items			A NIC/Item	A Items			Mvmt
Q3Q3	3.97	74.38%	2.95		21.53	22.03%	4.74		22.39	3.59%	0.80		
Q3Q4	3.97	74.39%	2.95	0.00	21.53	21.95%	4.72	-0.02	22.39	3.66%	0.82	0.01	
Q4Q4	4.16	74.39%	3.10	0.15	21.15	21.95%	4.64	-0.08	21.94	3.66%	0.80	-0.02	
			0.15	0.15			-0.10	-0.10			0.00	0.00	0.05

**NMS**

Month	Number Claimed	Number Paid	Value (£)	No. of pharmacies claiming payment	Cumulative no. of different pharmacies claiming payment since Oct 11	Payment Per conducted NMS	Percent age paid NMS
Oct-13	61,335	61,335	£1,505,784	6,710	10,430	£24.55	100%
Nov-13	61,502	61,502	£1,517,571	6,658	10,480	£24.68	100%
Dec-13	58,537	58,537	£1,447,172	6,304	10,508	£24.72	100%
Jan-14	57,866	57,866	£1,418,231	6,447	10,553	£24.51	100%
Feb-14	64,264	64,264	£1,597,717	6,687	10,586	£24.86	100%
Mar-14	67,012	67,012	£1,663,992	6,652	10,621	£24.83	100%
Apr-14	67,664	67,664	£1,666,515	6,622	10,643	£24.63	100%
May-14	63,531	63,531	£1,567,565	6,628	10,673	£24.67	100%
Jun-14	62,648	62,648	£1,546,581	6,801	10,700	£24.69	100%
Jul-14	64,252	64,252	£1,579,471	6,725	10,727	£24.58	100%
Aug-14	54,928	54,928	£1,343,872	6,420	10,752	£24.47	100%
Sep-14	54,411	54,411	£1,303,492	6,450	10,785	£23.96	100%
Oct-14	62,028	62,028	£1,504,767	6,765	10,816	£24.26	100%
Nov-14	62,594	62,594	£1,535,587	6,852	10,863	£24.53	100%
Dec-14	68,315	68,315	£1,679,614	6,765	10,891	£24.59	100%
Jan-15	65,849	65,849	£1,612,383	6,796	10,917	£24.49	100%
Feb-15	71,974	71,974	£1,789,797	7,038	10,947	£24.87	100%
Mar-15	76,736	76,736	£1,908,391	7,018	10,968	£24.87	100%
<b>Totals (since Oct 11)</b>	<b>2,419,444</b>	<b>2,325,828</b>	<b>£57,186,927</b>				

	2011/12	2012/13	2013/14	2014/15
total NMS conducted	233,756	646,997	763,761	774,930
total funding paid	£10,002,900	£15,463,609	£18,832,383	£19,038,035
Avg payment / NMS	£16.48	£23.90	£24.66	£24.57



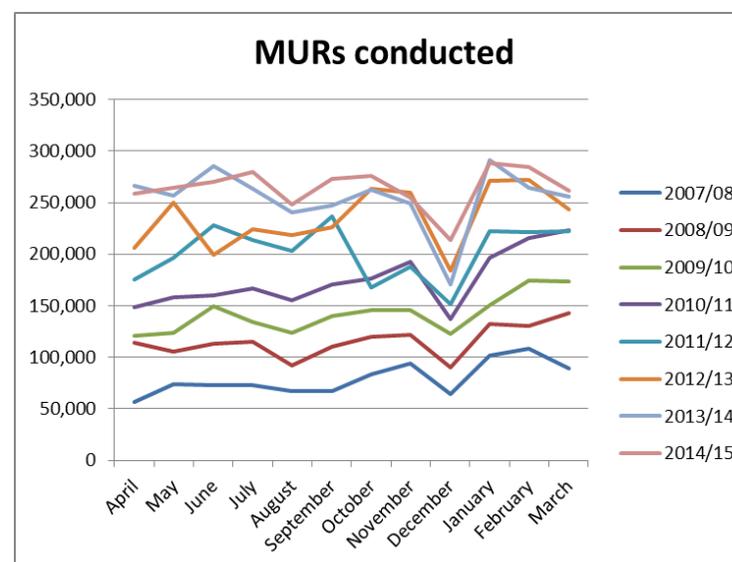
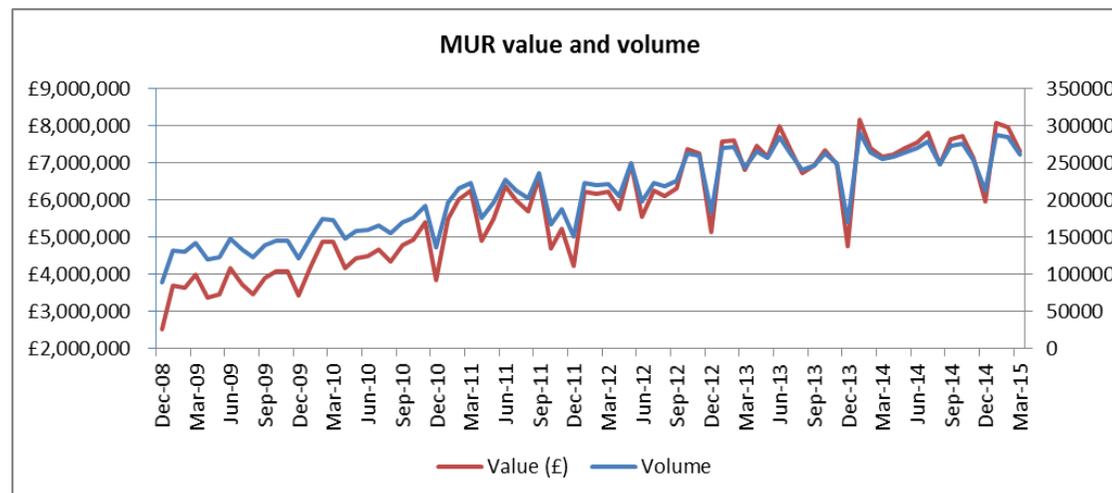
A breakdown of NMS and MUR data by LPC is available from the PSNC website.

## MUR

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

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

Apr-13	266738	£ 7,468,663.00	30%	9527
May-13	256636	£ 7,185,808.00	3%	8888
Jun-13	285191	£ 7,985,348.00	43%	10287
Jul-13	263460	£ 7,376,880.00	18%	9585
Aug-13	240307	£ 6,728,608.00	10%	9497
Sep-13	247593	£ 6,932,604.00	9%	9608
Oct-13	262522	£ 7,350,616.00	0%	9653
Nov-13	249147	£ 6,976,124.00	-4%	9555
Dec-13	170244	£ 4,766,824.00	-7%	8355
Jan-14	291572	£ 8,164,016.00	8%	9373
Feb-14	264405	£ 7,403,328.00	-3%	9123
Mar-14	256060	£ 7,169,668.00	5%	8564
Apr-14	258366	£ 7,234,236.00	-3%	9699
May-14	264563	£ 7,407,764.00	3%	9704
Jun-14	269726	£ 7,552,316.00	-5%	9748
Jul-14	279691	£ 7,831,336.00	6%	9738
Aug-14	248520	£ 6,958,548.00	3%	9654
Sep-14	273362	£ 7,654,124.00	10%	9735
Oct-14	275664	£ 7,718,580.00	5%	9792
Nov-14	254626	£ 7,129,516.00	2%	9753
Dec-14	213240	£ 5,970,708.00	25%	9370
Jan-15	288483	£ 8,077,512.00	-1%	9437
Feb-15	284433	£ 7,964,112.00	8%	9181
Mar-15	261433	£ 7,320,112.00	2%	8525

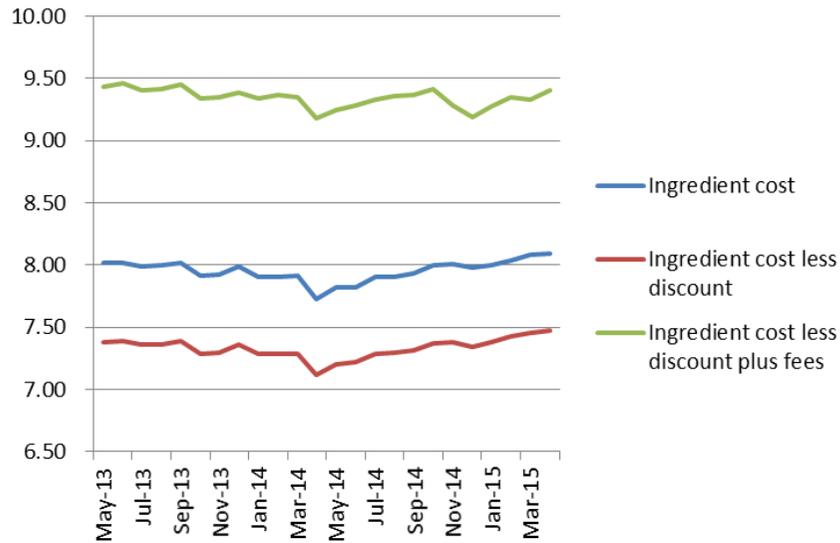


A breakdown of MURs conducted by LPC is available from the PSNC website.

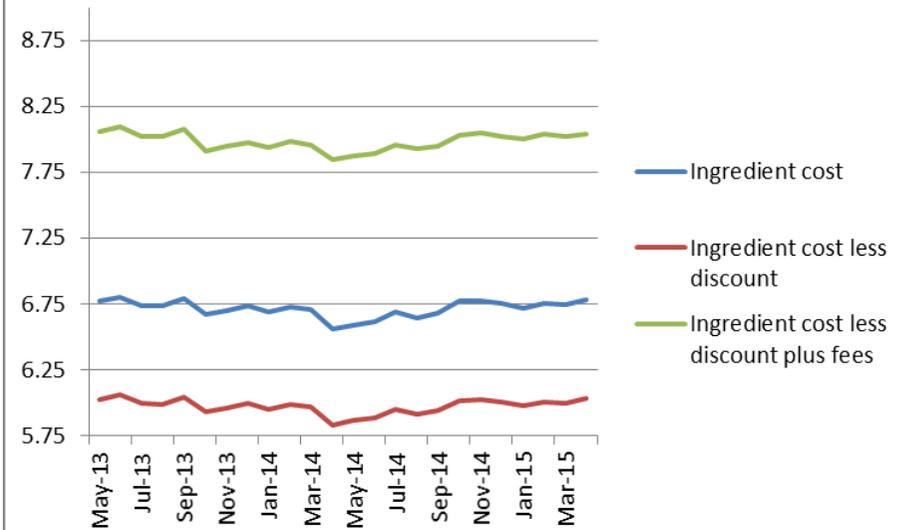
## NIC, discount, cost of fees and average item value (England)

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-14	£7.82	-£0.62	£2.05	£9.28	-1.93%	-2.70%	May-14	£6.59	-£0.73	£2.01	£7.87	-2.37%	-2.88%
Jun-14	£7.83	-£0.61	£2.06	£9.32	-1.87%	-2.69%	Jun-14	£6.61	-£0.73	£2.01	£7.89	-2.49%	-2.86%
Jul-14	£7.91	-£0.62	£2.05	£9.37	-0.73%	-2.65%	Jul-14	£6.69	-£0.74	£2.01	£7.96	-0.84%	-2.79%
Aug-14	£7.91	-£0.61	£2.06	£9.40	-0.59%	-2.62%	Aug-14	£6.64	-£0.73	£2.01	£7.92	-1.24%	-2.74%
Sep-14	£7.93	-£0.62	£2.06	£9.41	-0.85%	-2.58%	Sep-14	£6.68	-£0.74	£2.01	£7.95	-1.57%	-2.70%
Oct-14	£8.00	-£0.63	£2.04	£9.45	0.81%	-2.53%	Oct-14	£6.77	-£0.75	£2.01	£8.03	1.52%	-2.57%
Nov-14	£8.01	-£0.63	£1.90	£9.32	-0.76%	-2.50%	Nov-14	£6.77	-£0.75	£2.03	£8.05	1.31%	-2.46%
Dec-14	£7.98	-£0.63	£1.84	£9.22	-2.07%	-2.49%	Dec-14	£6.75	-£0.75	£2.02	£8.02	0.60%	-2.37%
Jan-15	£8.00	-£0.62	£1.89	£9.31	-0.68%	-2.46%	Jan-15	£6.71	-£0.74	£2.03	£8.00	0.78%	-2.28%
Feb-15	£8.04	-£0.61	£1.92	£9.38	-0.29%	-2.43%	Feb-15	£6.75	-£0.74	£2.03	£8.04	0.70%	-2.19%
Mar-15	£8.08	-£0.62	£1.88	£9.37	-0.14%	-2.39%	Mar-15	£6.74	-£0.75	£2.02	£8.02	0.82%	-2.11%
Apr-15	£8.10	-£0.62	£1.93	£9.44	2.44%	-2.32%	Apr-15	£6.78	-£0.75	£2.01	£8.04	2.56%	-1.99%

### Phs Reimbursement over 24 Months

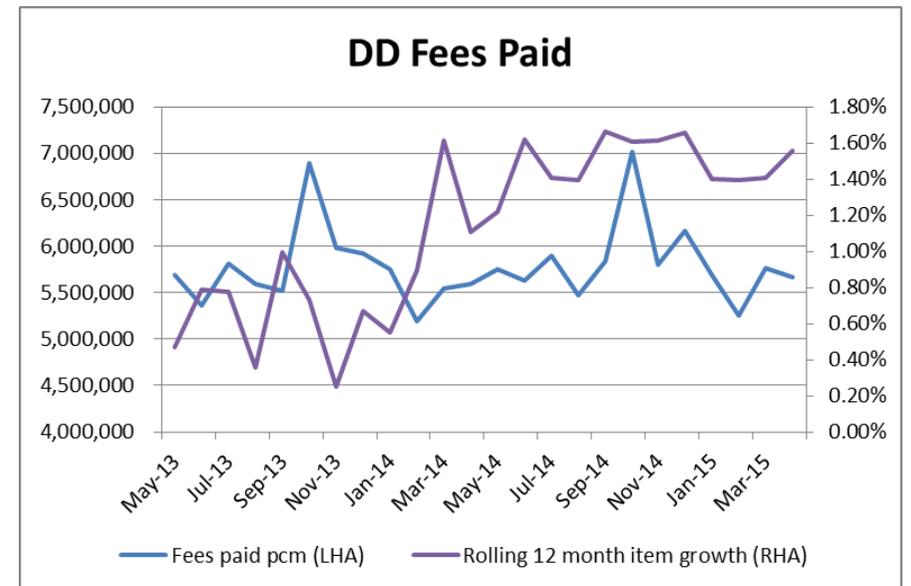
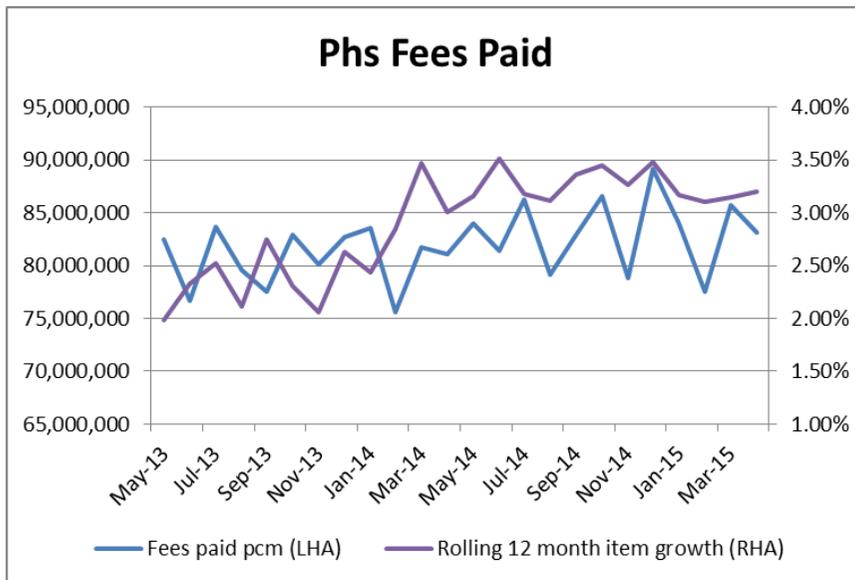


### DD Reimbursement over 24 months



## Prescription volume (England)

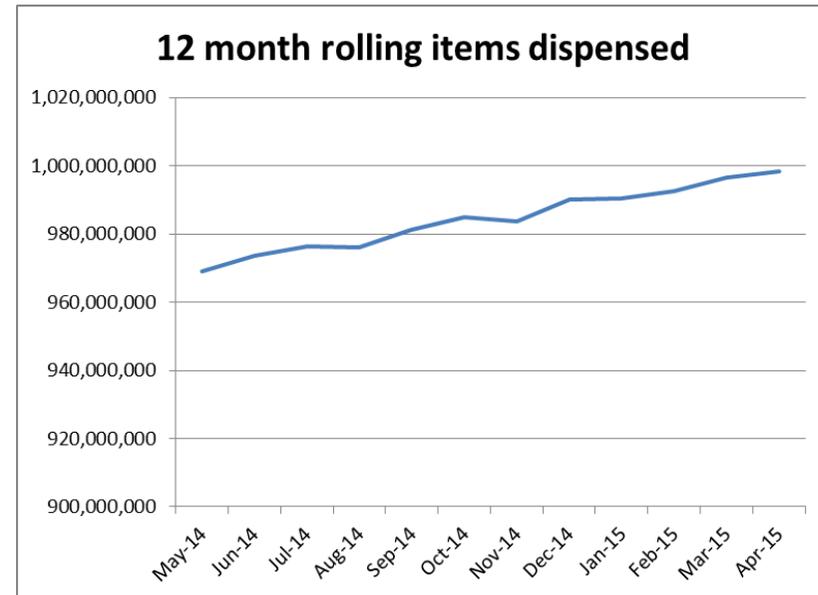
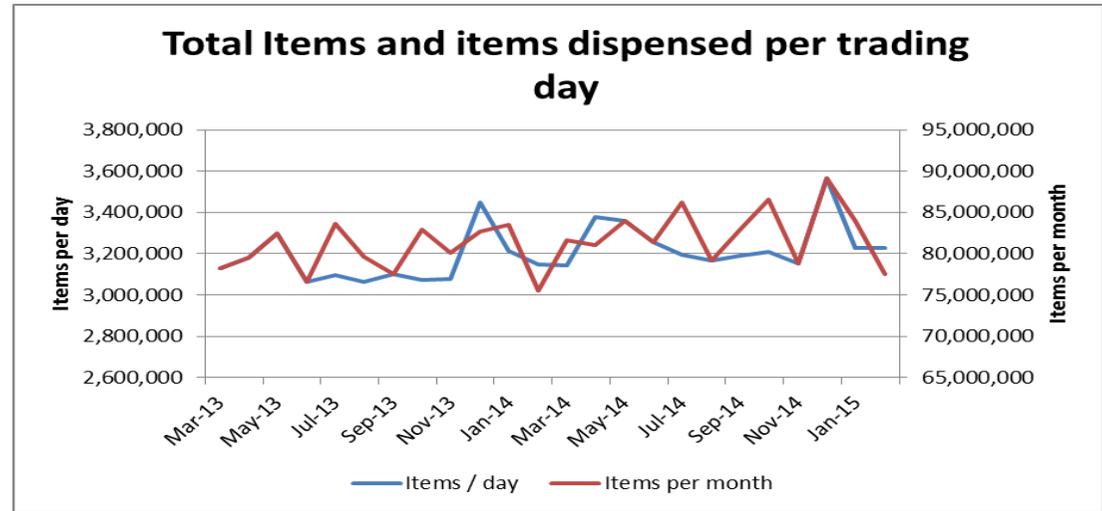
PhS Pharmacy Contractors					Dispensing Doctors					
	Fees paid pcm (LHA)	yoy growth	Cumulative ytd growth	Rolling 12 month item growth (RHA)		Fees paid pcm (LHA)	yoy growth	Cumulative ytd growth	Rolling 12 month item growth (RHA)	
May-14	83,963,483	1.77%	1.88%	3.16%		May-14	5,745,366	0.86%	1.12%	1.22%
Jun-14	81,375,086	6.18%	3.26%	3.51%		Jun-14	5,632,691	4.97%	1.25%	1.62%
Jul-14	86,258,056	3.13%	3.23%	3.18%		Jul-14	5,901,910	1.52%	1.26%	1.41%
Aug-14	79,151,548	-0.56%	2.48%	3.11%		Aug-14	5,468,199	-2.22%	1.14%	1.40%
Sep-14	82,927,845	6.97%	3.20%	3.37%		Sep-14	5,840,607	5.77%	1.30%	1.66%
Oct-14	86,611,348	4.41%	3.38%	3.45%		Oct-14	7,016,495	1.80%	1.31%	1.61%
Nov-14	78,804,314	-1.57%	2.76%	3.27%		Nov-14	5,805,332	-2.90%	1.18%	1.62%
Dec-14	89,139,525	7.75%	3.33%	3.48%		Dec-14	6,161,077	4.15%	1.27%	1.66%
Jan-15	83,950,013	0.47%	3.04%	3.16%		Jan-15	5,685,554	-1.16%	1.20%	1.40%
Feb-15	77,479,627	2.51%	2.99%	3.10%		Feb-15	5,249,047	1.07%	1.19%	1.39%
Mar-15	85,669,387	4.88%	3.15%	3.15%		Mar-15	5,769,047	4.04%	1.27%	1.41%
Apr-15	83,139,154	2.56%	2.56%	3.20%		Apr-15	5,662,956	1.14%	1.27%	1.55%



### Growth in prescription items

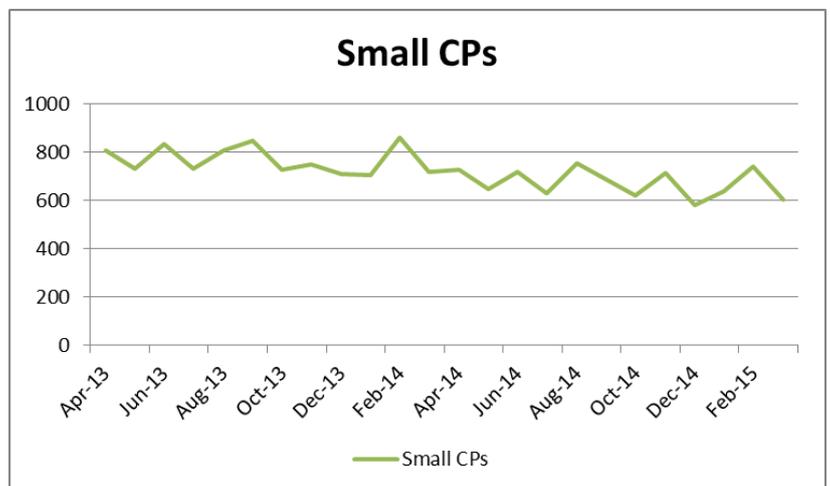
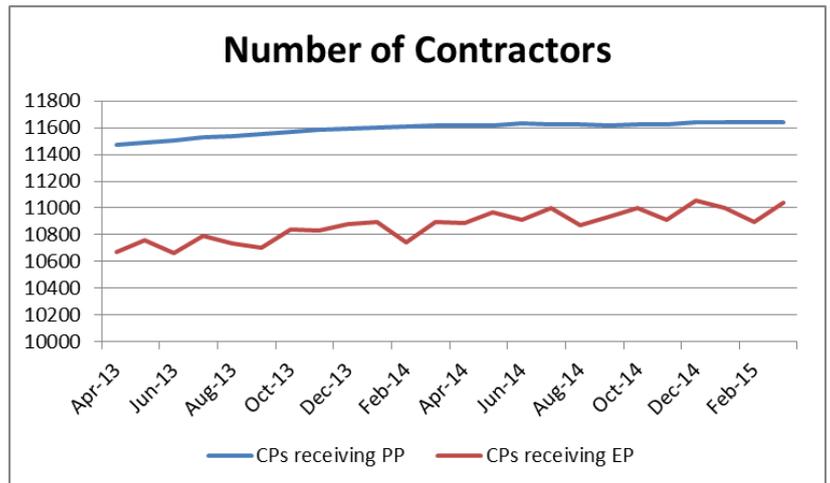
Month – Items per month – Trading days – Items per day

May-13	82,500,614	25	3,300,025
Jun-13	76,640,588	25	3,065,624
Jul-13	83,636,084	27	3,097,633
Aug-13	79,599,369	26	3,061,514
Sep-13	77,522,002	25	3,100,880
Oct-13	82,951,703	27	3,072,285
Nov-13	80,060,708	26	3,079,258
Dec-13	82,731,768	24	3,447,157
Jan-14	83,561,090	26	3,213,888
Feb-14	75,583,402	24	3,149,308
Mar-14	81,680,030	26	3,141,540
Apr-14	81,062,598	24	3,377,608
May-14	83,963,483	25	3,358,539
Jun-14	81,375,086	25	3,255,003
Jul-14	86,258,056	27	3,194,743
Aug-14	79,151,548	25	3,166,062
Sep-14	82,927,845	26	3,189,533
Oct-14	86,611,348	27	3,207,828
Nov-14	78,804,314	25	3,152,173
Dec-14	89,139,525	25	3,565,581
Jan-15	83,950,013	26	3,228,847
Feb-15	77,479,627	24	3,228,318
Mar-15	85,669,387	26	3,294,976
Apr-15	83,139,154	24	3,464,131



**Number of English contractors receiving Practice and Establishment Payments, number of small pharmacies**  
 Month – CPs receiving PP – CPs receiving EP – Small CPs

Apr-13	11474	10668	806
May-13	11491	10757	734
Jun-13	11502	10666	836
Jul-13	11527	10794	733
Aug-13	11539	10732	807
Sep-13	11551	10705	846
Oct-13	11569	10840	729
Nov-13	11583	10831	752
Dec-13	11593	10883	710
Jan-14	11601	10896	705
Feb-14	11607	10744	863
Mar-14	11619	10899	720
Apr-14	11614	10887	727
May-14	11618	10971	647
Jun-14	11629	10910	719
Jul-14	11624	10996	628
Aug-14	11627	10873	754
Sep-14	11620	10934	686
Oct-14	11623	11003	620
Nov-14	11628	10912	716
Dec-14	11639	11059	580
Jan-15	11640	11001	639
Feb-15	11638	10897	741
Mar-15	11643	11038	605



**Number of Concession items:**

Month – National items – Concession items - % of items which are on concession

Apr-13	78,719,637	945,484	1.20%
May-13	81,593,114	1,011,271	1.24%
Jun-13	75,809,407	940,503	1.24%
Jul-13	82,804,490	200,625	0.24%
Aug-13	78,822,857	410,020	0.52%
Sep-13	76,814,802	488,515	0.64%
Oct-13	81,977,256	581,747	0.71%
Nov-13	79,178,128	845,004	1.07%
Dec-13	81,815,466	1,292,494	1.58%
Jan-14	82,732,811	1,222,384	1.48%
Feb-14	74,765,517	1,053,306	1.41%
Mar-14	80,722,840	950,977	1.18%
Apr-14	80,241,413	704,395	0.88%
May-14	83,160,862	829,760	1.00%
Jun-14	80,550,027	787,185	0.98%
Jul-14	85,314,994	522,394	0.61%
Aug-14	78,306,451	312,173	0.40%
Sep-14	82,109,674	307,029	0.37%
Oct-14	85,722,832	217,310	0.25%
Nov-14	77,992,041	232,519	0.30%
Dec-14	88,199,161	254,128	0.29%
Jan-15	83,164,200	653,661	0.79%
Feb-15	76,621,648	778,623	1.02%
Mar-15	84,685,535	823,774	0.97%

