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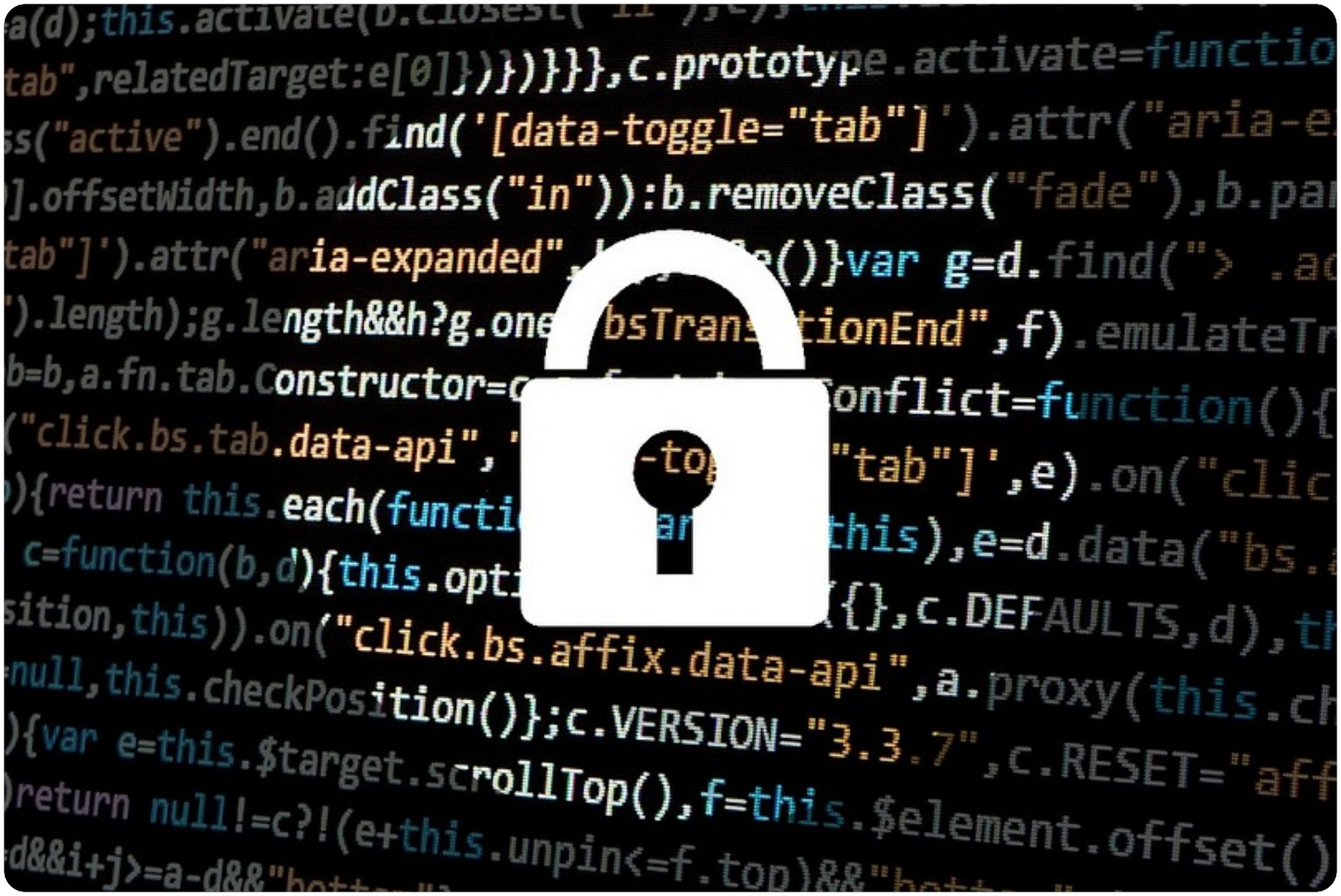
Community Pharmacy News – **January 2020**

PSNC

PHARMACY
the Heart of our Community



Information Governance deadline

Guidance issued to help complete the Data Security and Protection Toolkit to make 2019/20 submission

PSNC CEO Blog | Pharmacy Advice Campaign returns | NHS prescription form changes

Chief Executive's blog

PSNC CEO Simon Dukes asks whether the positive start to 2020 is an encouraging sign for the future.

Simon Dukes
PSNC Chief Executive

As far as our paymasters and their public messaging goes, 2020 has started on a high for community pharmacy. Within the first few weeks of January we have seen several positive messages about the sector and more encouraging comments from the Secretary of State. In a speech on January 11th, Matt Hancock said of the Community Pharmacy Consultation Service (CPCS):

"This pharmacy first approach makes life easier for patients and will help reduce pressure in the NHS. I want to see more patients with minor illnesses assessed close to home, saving them unnecessary trips to A&E or the GP, and helping people get the care and advice they need quicker… we want every patient with a minor illness to think 'pharmacy first'."

Pharmacy Minister, Jo Churchill, has similarly backed this pharmacy first policy. NHS England and NHS Improvement (NHSE&I) has launched its latest advertising campaign promoting pharmacy and they have been talking to the national media about the CPCS. They are very pleased that more than 114,000 patients have now benefited from 'referrals to highly-skilled pharmacists', with 64,067 requests for urgent medication, and clinical advice provided to 50,208 people with a minor illness.

These are fantastic figures and have only been possible thanks to the phenomenal response of the sector to the Government's asks of us – to have more than 10,000 pharmacies signed up to offer the CPCS within its first few months is a big success story and one that all pharmacies should be proud of. Nobody can say that pharmacies are not ready, willing and able to do what is asked of us, and it's good to see officials and politicians alike recognising the work you are all doing.

But where does all the positive noise leave us?

What the press releases and the speeches don't mention is that, in businesses and pharmacies across the country, the story does not feel positive at all. Already last year we were seeing some pharmacy businesses concluding that free services such as prescription deliveries were no longer sustainable to provide without charging patients. This year we know that many of you are still battling with supply issues on a daily basis; we have seen financial updates that show considerable losses even in some of the large, successful pharmacy businesses; and we know from the feedback we receive from LPCs and our Regional Representatives that many independent pharmacies are having to think very seriously about the prospect of losing their businesses.

> **"CPCS success has only been possible thanks to the phenomenal response of the sector"**

PSNC must be, and is, at the forefront of making the case for further investment in the sector. In agreeing the new deal, we knew full well that flat-cash funding for a further year, let alone five, would be very hard indeed. But we also knew that to agree a shorter deal left us open to a high risk of further cuts in subsequent years. So, we built-in an Annual Review process to the CPCF for this purpose. However, as things stand, we cannot wait to the autumn to put the case for further investment into our sector – a sector which if Matt Hancock's words are to be believed is becoming increasingly important to the NHSE&I.

That's why PSNC is working with others in the sector, with LPCs and the other pharmacy organisations, to start to get our messages heard: to show the value and potential that we offer, but also the very real hardship that our businesses are facing; to make a convincing case for further investment in our sector and come up with plausible options for future funding. And we must accelerate the work to release capacity in the sector.

We are very pleased that the NPA and CCA are both hosting meetings on Hub and Spoke this month to help us to do some of this work, and I have also been working with the CEOs on a set of joint priorities for us all to work towards during the year. But for PSNC the core business doesn't go away: we continue to negotiate the details for the CPCF in 2020/21 and on margin and reimbursement, which we will tell you more about as soon as we can. We're also looking forward to the findings of the independent review of Contractor Representation and Support which should give us some ideas for how we can all work better together, this year and beyond to help the people on the front line deliver the services NHSE&I and our patients need.

You are all making an incredible difference to the communities you serve, and we will continue to fight your case. The data and the stories that you are generating help to do that – please keep them coming.

Is Wales the future?

PSNC Committee Member Stephen Thomas has written a blog discussing the similarities between the contractual frameworks in England and Wales. He looks at how Welsh pharmacy contractors have adapted to flat funding and the lessons English contractors can learn from them.

Read Stephen's blog at:
psnc.org.uk/blog

Making your 2019/20 IG submission

Guidance from PSNC on completing the Data Security and Protection Toolkit to make your pharmacy's information governance (IG) declaration is now available.

PSNC has published new guidance to assist community pharmacy contractors in completing the Data Security and Protection Toolkit for 2019/20. The Toolkit, used to make the annual IG declaration, must be completed **by 31st March 2020** but it's recommended to do so as soon as possible.

After a complete overhaul of the Toolkit system for 2018/19, this year's submission should now be familiar to most contractors. PSNC has again worked closely with NHS Digital to keep the workload manageable but the data security protections appropriate.

Also, as was the case in 2018/19, many contractors will have access to information to help answer around 13 technical questions and, any contractor that has reviewed their templates in PSNC's General Data Protection Regulation (GDPR) Workbook, can simply tick a box to confirm this and around half of the questions will be auto-completed.

PSNC has made its guidance materials available as soon as was practicable and would encourage contractors to consider this annual requirement in their planning as it is due at a similar time as other events, including the claiming period for the Pharmacy Quality Scheme (February 2020) and preparations for the new financial year (e.g. achieving Healthy Living Pharmacy Level 1 status).

New for 2019/20

Key differences for the 2019/20 submission include:

- A handful of new mandatory questions;
- Improvements to the wording for more than half of questions;
- Some questions from last year have been simplified following recommendations from PSNC and others;
- The Toolkit will show the answers submitted by the pharmacy last year for many questions, allowing the contractor to simply check the information is still accurate and adjust if needed; and
- An improved headquarters (HQ) batch submission feature enabling contractors with three or more pharmacies to more easily complete one submission for all of their pharmacies.

Contractors with three or more pharmacies are recommended to check that the list of pharmacies associated with their HQ code is correct now so that issues can be rectified sooner rather than later. See Batch submission guidance below.

PSNC recommends that contractors log in now, take a look at our guidance documents, starting with the Toolkit completion: Overview: Five steps guide, as time allows, begin to fill in the Toolkit.

Please note that all questions marked as **mandatory** must be completed to meet the minimum IG requirements as part of a pharmacy's NHS Terms of Service.

PMR suppliers may also provide some updated information against the updated technical questions.

PSNC guidance

- **Overview** – this gives a step-by-step guide to completing the Toolkit and references other materials.
- **Question-by-question guidance** – this document can be used to work your way down the Toolkit completing the mandatory questions not covered by the GDPR Workbook.
- **Using the Headquarters (HQ) batch submission** – this feature is most relevant for contractors with three or more pharmacies.

Find all of PSNC's guidance at: **psnc.org.uk/tk**

Workshop session

PSNC will be holding a webinar to help support community pharmacy contractors in completing the Data Security and Protection Toolkit for 2019/20 on Thursday 6th February at 7.00pm.

During the 60-minute webinar, representatives from PSNC and NHS Digital will discuss the questions in the Toolkit, talk you through the guidance materials available and answer viewers' questions on how to make the declaration. Register now: ow.ly/uU9X30q8q1D

PQS declaration period opens soon

The Manage Your Service portal will open for 2019/20 Pharmacy Quality Scheme (PQS) declarations next month.

There is now less than a month to go before the window opens for community pharmacy contractors to make a declaration for a PQS payment.

Contractors must use the NHS Business Services Authority (NHSBSA) Manage Your Service portal to make their PQS declaration between **9am on 3rd February 2020 and 11.59pm on 28th February 2020**.

On the day of making their declaration, contractors will be required to declare that that they meet the four gateway criteria and that they meet the domains they are claiming payment for (except if they plan to meet the Sugar Sweetened Beverage quality criterion by 31st March 2020).

Many pharmacy teams are well on their way to meeting the gateway criteria and some if not all the domains for the PQS. Contractors are, however, reminded of the following resources:

PSNC Briefing 059/19: Pharmacy Quality Scheme – PSNC resources highlights all the resources available from PSNC to assist contractors with meeting the gateway criteria and domain: **psnc.org.uk/PQSresources**

NHSBSA declaration data is available to download on a weekly basis to check whether the national datasets show your pharmacy has met three out of the four gateway criteria: **ow.ly/4Z1l30q76v1** (under 'PQS datasets')

Frequently Asked Questions on PQS

The team at PSNC has received a number of queries on PQS. Here we answer some of those asked in recent weeks.

Q. How do I meet the safeguarding status gateway criterion of the PQS?

A. To meet this criterion, 80% of pharmacy professionals working at the pharmacy must have achieved level 2 safeguarding status for children and vulnerable adults. This includes locums, so contractors should encourage temporary staff, such as locum pharmacists, to undertake the training and assessment.

The assessment must have been completed within the last two years prior to the date of your PQS declaration. Although you may wish to undertake the full course again, only the completed assessment is required to enable you to achieve this criterion.

Q. How will my PQS payment be affected if I have not achieved all of the quality criteria in a domain?

A. If you have not achieved all the quality criteria in a domain, you will not be able to claim payment for that domain. However, you do not need to achieve all six domains to receive a PQS payment.

You must meet all the quality criteria in a domain to be able to claim for that domain (as well as meeting the gateway criteria). For example, if you do not meet the five quality criteria in the Prevention domain, you will not be eligible to claim payment for that domain.

Q. Does the written patient safety report need to be submitted to NHS England and NHS Improvement?

A. No, the report does not need to be submitted routinely to NHS England and NHS Improvement, but contractors should ensure that a copy of the report is kept in the pharmacy.

Pharmacy teams should also continue to report patient safety incidents to the National Reporting and Learning Service (NRLS) as this is a contractual responsibility.

Q. My pharmacy shares a building with another business which sells Sugar Sweetened Beverages (SSBs). Does this mean I won't meet the SSB quality criterion?

A. The SSB quality criterion only applies to the pharmacy premises therefore it will be dependent on what is classed as pharmacy premises within the building. If, for example, the other business is not located on the registered pharmacy premises, then this will not affect your ability to meet this quality criterion.

Q. Is publishing the Community Pharmacy Patient Questionnaire (CPPQ) on the NHS website still a requirement of the PQS?

A. No, the CPPQ gateway criterion has been retired from the PQS. However, there is still a contractual requirement to complete the CPPQ each year and publish the results of the survey.

*Further FAQs can be found at: **psnc.org.uk/PQSFAQs***

2020 Pharmacy Advice Campaign

The public campaign promoting the use of community pharmacy as a first port of call for minor illnesses returns for a third consecutive year.

> "Promotional pharmacy campaign back for a third year"

Taken from the Pharmacy Advice Campaign briefing sheet

NHS England and NHS Improvement has announced details of its Pharmacy Advice Campaign for 2020.

Launching on Monday 20th January, the campaign will encourage the public to visit their local pharmacy for advice and support on managing minor illnesses, with a particular focus on earache, itchy eye and sore throats. The messages will be disseminated through TV and outdoor poster advertising, as well as through PR and social media activities.

The nine-week campaign sits under the wider 'Help Us, Help You' brand, which aims to raise awareness of various NHS providers to support self care. Whilst this is **not** one of the mandatory public health campaigns for community pharmacy, PSNC supports the campaign's core messages and hopes that pharmacy teams will want to utilise this opportunity to demonstrate their value to local communities.

Look out for campaign materials
All community pharmacies will be sent a resource pack with their regular supplies from HDA (Alliance Healthcare) in the next few weeks. Packs will include a campaign briefing sheet and A4 posters.

Pharmacy teams should look out for the pack, which will come in a brown envelope with a green cross label (with the Help Us Help You logo branding). If you have not received your pack by Monday 3rd February, please email **partnerships@phe.gov.uk**

Additional resources, including digital and social media assets, will be available to order or download from Public Health England's Campaign Resource Centre: **campaignresources.phe.gov.uk**

NICE supports health promotion role

Community pharmacy teams could play a greater role in health promotion and prevention says NICE, in a new draft quality standard. It recommends making greater use of pharmacists' skills and opportunities to engage patients in discussions about their health and wellbeing. Learn more at: **ow.ly/FZPR50xZJII**

CPCS: urgent CD supplies

The urgent medicines supply strand of the Community Pharmacist Consultation Service (CPCS) has been particularly well used, but PSNC has received several questions from contractors regarding the urgent supply of Controlled Drugs (CDs).

We have addressed these by producing a round-up of key information about urgent supplies of CDs as part of the CPCS. View the information at: **ow.ly/mPkq50xMe1z**

For detailed guidance on the CPCS, and answers to other Frequently Asked Questions, please visit: **psnc.org.uk/cpcs**

Support for Windows 7 withdrawn

Microsoft has withdrawn free support for the Windows 7 operating system.

Community pharmacy contractors are therefore recommended, with their IT/PMR support, to plan moving away from Windows 7, if that has not already been considered, or to take relevant mitigations until new terminals are due to be installed.

Read the IT Group briefing to prepare: **ow.ly/ueGz30qbdWJ**

Flu vaccine ordering for 2020/21

NHS England and NHS Improvement (NHSE&I) has issued a letter to provide advice on ordering appropriate flu vaccines for the 2020/21 season. This follows a review of the latest evidence on influenza vaccines conducted by the Joint Committee on Vaccination and Immunisation, and the issuing of advice on the most effective vaccines for the 2020/21 flu season.

Community pharmacy contractors are advised to begin ordering licensed vaccines as set out in the letter; ordering of these licensed vaccines should not be unnecessarily delayed.

Read the letter in full at: **ow.ly/9JV630q6gbw**

Siobhán Boyce
Pharmacy Manager and Superintendent Pharmacist at Bewick Pharmacy in County Durham

Providing CPCS: A Pharmacist's Perspective

A community pharmacist in County Durham shares her experiences on the recently introduced service referring some NHS 111 callers to local pharmacies.

Two months have passed since the launch of the Community Pharmacist Consultation Service (CPCS), covering one of the busiest times of the year for the NHS. We spoke to one of the early adopters – Siobhán Boyce, Pharmacy Manager and Superintendent Pharmacist at Bewick Pharmacy in County Durham – to find out what changes it has brought to her pharmacy and its local community.

Making a difference
Since the service began Bewick Pharmacy has had a few referrals each month, with many of those patients waiting to be seen when the pharmacy opens at 8.30am. So far, most of these have been referred for the minor illness strand, but this is likely to be due to the local arrangements already in place for the emergency supply of medicines.

> "Siobhán hopes that this is just the beginning"

Siobhán is clear that the introduction of CPCS enables her, and other pharmacists, to make a difference to patients that they wouldn't have otherwise seen and who may have experienced a much longer wait for help.

Patient gratitude
Whilst these consultations are "not a big deal to us in pharmacy", the patients Siobhán has helped have been grateful to see a healthcare professional to get their problem sorted (even if it was just to give a bit of reassurance for someone with a bruised toe).

Service statistics

114,275 patients *have been referred from NHS 111 to a community pharmacy for the CPCS*

56% of the referrals *were for urgent medicine supplies*

44% of the referrals *were for low acuity/ minor illnesses*

Referrals have mostly related to patients with coughs, colds and sore throats – which is to be expected at this time of year – but Siobhán hopes that this is just the beginning. She expects these patients will now know to head straight to their local pharmacy the next time they have a minor health concern.

A clinical challenge
There is a workload balancing act to perform and not all consultations have been straightforward, but Siobhán has relished the opportunity to focus more on her clinical skills and has learnt a lot along the way. "It's like a mini CPD each time," she says.

Treating children has proved to be the most challenging for Siobhán, but these referrals did provide an opportunity to raise awareness of the NHS tools their parents can use to better manage their child's health in the future.
From the admission to hospital for a child with dehydration to arranging a same-day prescription for antibiotics for an infant with scarlet fever, parents have been particularly appreciative of the service that Bewick Pharmacy is providing.

> "patients waiting to be seen when the pharmacy opens at 8.30am"

GPs see pharmacy's role
Whilst Siobhán has a good relationship with the GP practice next door to her pharmacy, she does think that the routes for arranging urgent GP appointments (if needed) and to provide feedback to the patient's doctor needs improving. She took things into her own hands and spoke to her local practice to agree on how best to provide such feedback.

> "parents have been particularly appreciative of the service"

However, Siobhán says the service has been a useful tool in educating GPs on what community pharmacies can do, as well as raising the sector's profile amongst the general public. "It ties in with the contractual changes", she says, and is particularly apt considering that the future of primary care providers will become more intertwined with the development of Primary Care Networks (PCNs).

Accuracy checking programme launched

New training for pharmacy technicians will enable them to provide the final accuracy check when dispensing prescriptions.

A fully-funded programme to train pharmacy technicians to be final accuracy checkers is now available to every pharmacy technician working in community pharmacy in England.

Funded by NHS England's Pharmacy Integration Fund and delivered by the Centre for Pharmacy Postgraduate Education (CPPE), the Accuracy checking pharmacy technician (ACPT) programme consists of three to 12 months of training and development.

The 'Interim NHS People Plan: the future pharmacy workforce' describes the vision of how community pharmacy can achieve the opportunities described in the NHS Long Term Plan.

This vision includes supporting and encouraging pharmacy technicians to practise at the top of their licence to support community pharmacists to deliver more clinical care and support patients to live healthier lives.

The CPPE ACPT training programme supports and encourages pharmacy technicians to progress their skills to:

- be safe final accuracy checkers;
- provide feedback and support to the dispensing team when errors occur; and
- develop their leadership role in the dispensing team.

Pharmacy technicians are registered with the General Pharmaceutical Council and abide by the standards for pharmacy professionals and are professionally accountable for their own work.

This programme is further recognition of the importance of the role of pharmacy technicians in wider healthcare, and as potential leaders within their own profession.

Visit **www.cppe.ac.uk/career/acpt** to find out more information or view the ACPT flyer at: **ow.ly/7fVD30q7cg5**

Each cohort has a restriction on numbers of places, which will not be extended – apply for a place now to avoid disappointment.

CPPE Corner

New Dementia focal point programme

Popular training programme on dementia support returns to the Centre for Postgraduate Pharmacy Education (CPPE) focal point series for 2020.

Sarah Evans, Learning development pharmacy technician, CPPE

"We are delighted to announce that we have relaunched our popular Dementia focal point programme in a new and refreshed format.

There are 850,000 people living with dementia in the UK, with numbers set to rise to over one million by 2025. Each person diagnosed with dementia will experience dementia differently, and pharmacy professionals can help to improve the outcomes and support the independence of a person living with dementia.

Our Dementia programme will support you to better understand the different types of dementia and the associated risk factors. The programme will also help you to describe the lifestyle changes that can reduce the risk of developing dementia and how you can support people and carers to adopt them.

On completion of the programme, you will be able to recognise the signs and symptoms of different types of dementia, disease progression and the importance of an early diagnosis, as well as being able to apply a holistic approach and outline the pharmacological treatment options for the management of dementia.

CPPE focal point programmes are designed to give you short, clinically-focused learning sessions and they will help you learn with your colleagues and improve the services you offer your patients.

When you book on to this workshop you will be able to access the resources that you need to complete your learning. At the workshop your facilitator will provide any materials for you to refer to and complete during the event.

For more information and to find a workshop near you, visit the Dementia focal point workshop page: **www.cppe.ac.uk/programmes/l/dementia-w-03/**"

Supply updates

Ranitidine, all formulations

As first announced in October 2019, the contaminant, N-nitrosodimethylamine (NDMA), has been identified in samples of ranitidine active substance. Whilst investigations are ongoing, the Medicines and Healthcare products Regulatory Agency (MHRA) has instructed suppliers of oral ranitidine in the UK to quarantine all affected, unreleased stock at manufacturer level.

All oral formulations of ranitidine are therefore anticipated to be out of stock, with no date for resupply until further notice. Extremely limited supplies remaining in wholesalers and pharmacies, which have not been recalled by the MHRA, are available and can be supplied. Full details can be found at: **ow.ly/qKz430q6xZt**

Valproic acid capsules (Convulex®)

The Department of Health and Social Care (DHSC) has issued a supply disruption notification for Valproic acid 150mg, 300mg and 500mg capsules (Convulex®). This is due to a pack size update (switching from 100 to 30 capsules) **and stock is not expected back in the market until April 2020**.

Further information can be accessed via the Specialist Pharmacy Service (SPS) website: **sps.nhs.uk** (Register using an NHS email address to gain access.)

Phenytoin Sodium NRIM 100mg capsules

A supply disruption alert has been issued for Phenytoin Sodium NRIM 100mg capsules. **Accord will be out of stock until early May 2020**.

PSNC advises community pharmacy teams to follow the guidance provided in Supply Disruption Alert SDA/2020/001, which emphasises that prescribers and pharmacists should work together to determine clinically appropriate alternatives for affected patients and monitor those who have they treatment switched.

The alert, can be found via: **ow.ly/r1G030q8pKG**

SSP issued for Haloperidol

A Serious Shortage Protocol was introduced for Haloperidol at the end of December 2019. Here is a reminder of the action required by pharmacy teams.

> **"Enabling community pharmacists to substitute one formulation for another"**

In response to significant ongoing disruption to the supply of Haloperidol 500 microgram capsules (Serenace®), a Serious Shortage Protocol (SSP) was issued by the Department of Health and Social Care (DHSC) on 23rd December 2019.

Whilst Haloperidol 500 microgram capsules (Serenace®) is a fairly low volume line, DHSC believes the disruption to supply has reached a level that requires intervention. The protocol, SSP04, has been authorised by the Secretary of State to help manage the supply issues affecting Haloperidol 500 microgram capsules (Serenace®) and to try to ensure that fewer patients need to be referred to their prescriber.

Developed by clinicians, SSP04 provides pharmacists with procedures to follow in providing a suitable alternative product in response to the serious shortage affecting the capsules. The SSP provides that the tablet formulation of Haloperidol may be supplied against prescriptions for Haloperidol 500 microgram capsules (Serenace®) as follows:

For prescriptions (NHS or private) requesting:	Supply permitted under SSP04:
Haloperiol 500 microgram **capsules** or Serenace® 500 microgram **capsules**	Haloperidol 500 microgram **tablets**

SSP04 is currently due to expire on Monday 23rd March 2020, but it could be amended or revoked at any time. PSNC will update contractors about any changes via our usual communication channels.

Action to take

In preparation:

- Review the relevant SSP documents
- Read PSNC Briefing 062/19: Serious Shortage Protocols (SSPs): SSP04 – Haloperidol 500 microgram capsules (Serenace®) at **psnc.org.uk/SSPbriefing**

When presented with a prescription for this drug:

- Check the protocol is still in place at: **psnc.org.uk/liveSSPs**
- Follow the protocol whilst remembering that the pharmacist must exercise their professional judgement to ensure the alternative product is suitable for the patient.

Changes to FP10 NHS Prescription Forms and EPS Tokens

Free of charge items

Contraceptives

Paper: Although contraceptives remain free-of-charge (FOC) items, there will no longer be a category 'X' – "***was prescribed free of charge contraceptives***". Prescriptions for **FOC items only** no longer need a patient signature.

EPS: The message code 0010 – "***was prescribed FOC contraceptives***" still needs to be populated, but new EPS Tokens with FOC items **only** do not need to be submitted to the NHSBSA.

Treatments for Sexually Transmitted Infections (STIs)

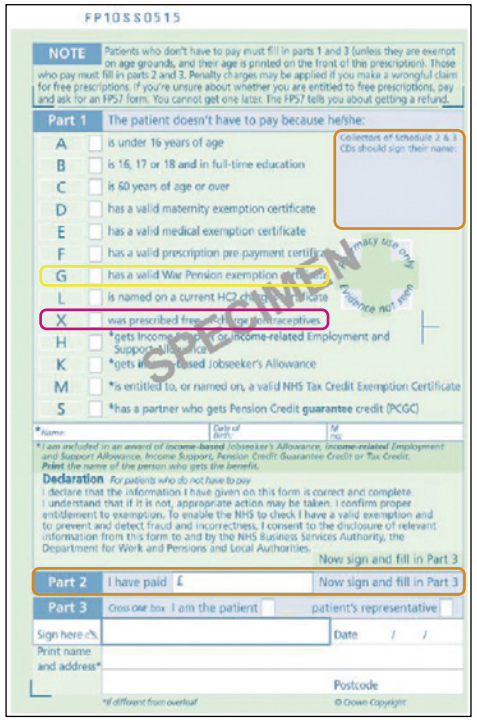
Prescribers can apply a new endorsement code '**FS**' (for 'free supply') to indicate that an item is being prescribed to treat an STI and can be provided FOC.

Paper: As with other FOC items, there is no patient tick box for this category. Any prescription with the prescriber 'FS' endorsement should be placed in a **red separator** when submitted.

EPS: 'FS' must be present in the EPS prescriber endorsement field. Manual addition of 'FS', e.g. as part of dose instructions, is not acceptable as the NHSBSA does not see this information. A new message code (0017) for ***"was prescribed FOC sexual health medication"*** will be added to EPS systems.

Paper prescriptions should be issued until EPS systems have been updated.

Old stock FP10 (0515) (being phased out*)


FP10SS0515

NOTE Patients who don't have to pay must fill in parts 1 and 3 (unless they are exempt on age grounds, and their age is printed on the front of this prescription). Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you're unsure about whether you are entitled to free prescriptions, pay and ask for an FP57 form. You cannot get one later. The FP57 tells you about getting a refund.

Part 1 The patient doesn't have to pay because he/she:

A is under 16 years of age
B is 16, 17 or 18 and in full-time education
C is 60 years of age or over
D has a valid maternity exemption certificate
E has a valid medical exemption certificate
F has a valid prescription pre-payment certificate
G has a valid War Pension exemption certificate
L is named on a current HC2 charge exemption certificate
X was prescribed free of charge contraceptives
H *gets Income Support or income-related Employment and Support Allowance
K *gets income-based Jobseeker's Allowance
M *is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
S *has a partner who gets Pension Credit guarantee credit (PCGC)

Collectors of Schedule 2 & 3 CDs should sign their name:

*Name: Date of Birth: NI no.

*I am included in an award of income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Income Support, Pension Credit Guarantee Credit or Tax Credit. Print the name of the person who gets the benefit.

Declaration For patients who do not have to pay
I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority, the Department for Work and Pensions and Local Authorities.

Now sign and fill in Part 3

Part 2 I have paid £ Now sign and fill in Part 3

Part 3 Cross one box I am the patient patient's representative

Sign here Date / /

Print name and address* Postcode

*if different from overleaf © Crown Copyright

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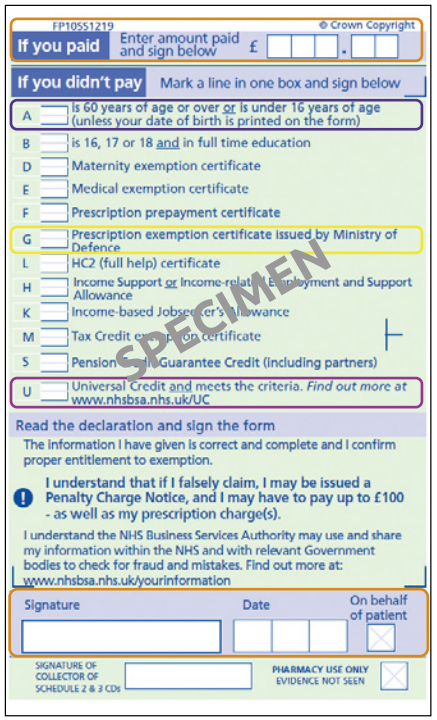
New stock FP10 (1219) (in circulation early 2020*)


FP10SS1219 © Crown Copyright

If you paid Enter amount paid and sign below £ .

If you didn't pay Mark a line in one box and sign below

A is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)
B is 16, 17 or 18 and in full time education
D Maternity exemption certificate
E Medical exemption certificate
F Prescription prepayment certificate
G Prescription exemption certificate issued by Ministry of Defence
L HC2 (full help) certificate
H Income Support or Income-related Employment and Support Allowance
K Income-based Jobseeker's Allowance
M Tax Credit exemption certificate
S Pension Credit Guarantee Credit (including partners)
U Universal Credit and meets the criteria. *Find out more at* www.nhsbsa.nhs.uk/UC

Read the declaration and sign the form

The information I have given is correct and complete and I confirm proper entitlement to exemption.

I understand that if I falsely claim, I may be issued a Penalty Charge Notice, and I may have to pay up to £100 - as well as my prescription charge(s).

I understand the NHS Business Services Authority may use and share my information within the NHS and with relevant Government bodies to check for fraud and mistakes. Find out more at: www.nhsbsa.nhs.uk/yourinformation

Signature Date On behalf of patient

SIGNATURE OF COLLECTOR OF SCHEDULE 2 & 3 CDs PHARMACY USE ONLY EVIDENCE NOT SEEN

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*Until stock of the FP10 (0515) forms/Tokens are exhausted, pharmacies should expect to receive both (existing and new) versions of the prescription forms/Tokens.

For more information, please visit psnc.org.uk/exemptionbriefing

Also see **Requirements and Guidance for Endorsement in the EPS**

Exemption categories

Age exemption

Paper: The under 16s and 60 or over age exemption categories have been merged into a single category 'A' – ***"is 60 years of age or over; or is under 16 years of age"***.

EPS: Until the same changes have been made to EPS systems, pharmacy teams can continue to select EPS message codes 'A' (0002) or 'C' (0004), where appropriate.

War pension exemption

Paper/EPS: The exemption category 'G' – *"has a valid War Pension exemption certificate"* has been re-worded to read ***"Prescription exemption certificate issued by Ministry of Defence"***.

Universal Credit (UC)

Paper: Qualifying patients should now mark box 'U' – ***"Universal Credit and meets the criteria"*** on the new forms and continue to use box K ***"get income-based Jobseeker's Allowance"*** on old forms.

EPS: A new message code is being created for UC (0016). Until changes have been made to EPS systems, pharmacy teams should continue to select *"Income based Job Seeker's Allowance"* (0012) as a workaround.

Paid prescription box: Moved to the top of the new form/Token. Patients or their representatives should place a mark here **only** if any prescription charges are paid.
Signature and date box: Pharmacy teams should **always** ensure that this section of prescription is completed if prescription charges are collected, or if an exemption (other than age exemption and real-time exemption) has been declared by the patient or their representative.
Name and address sections on the reverse: These will not appear on the new form/Token and the reverse is no longer separated into Parts 1, 2 & 3.
Collector of Schedule 2 & 3 CDs signature box: Pharmacy teams are reminded to ensure that this section is completed, where appropriate. Some teams may capture the Controlled Drug (CD) collector's details electronically on their PMR system.
Evidence Not Seen box: Moved to the bottom of the new form/Token. Pharmacy teams are reminded to ensure that this section is completed, where appropriate.

Ask PSNC

The PSNC Dispensing and Supply Team can provide community pharmacy teams with support and advice on a range of topics related to the Drug Tariff and reimbursement. Questions asked in recent months include:

Q. I received an electronic prescription for a contraceptive. The prescription was incorrectly marked as 'paid' when the reimbursement claim message was sent. Will a charge be deducted by the NHS Business Services Authority (NHSBSA) during prescription pricing?

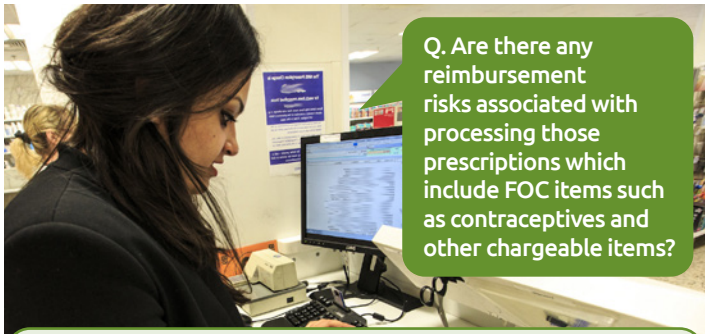
A. Contraceptive drugs and appliances listed in the Drug Tariff (Parts IXA and Part XVI) are automatically exempt from the prescription charge. For paper prescriptions, even if the claim is marked as 'paid', no charge will be deducted for these items.

Electronic prescriptions for other drugs used for contraceptive purposes will also be exempt from the prescription charge if the prescriber has applied the endorsement 'CC' in the prescriber endorsement field of the electronic message. Even if the prescription has been marked as 'paid' by the pharmacy, no charge will be deducted if the 'CC' endorsement has been made in the prescriber endorsement field.

Q. Should free-of-charge (FOC) items and chargeable items be prescribed on the same prescription?

A. Ideally, prescribers should not include items classed as FOC on the same prescription form as a chargeable item. DHSC guidance states that *"items classed as free-of-charge items for the treatment of an STI should not be included on the same prescription form as items for which a prescription charge is usually applicable"*. NHSBSA's Requirements and Guidance for Endorsement in the EPS also states *"prescribing systems should assist prescribers by splitting items onto separate prescriptions where a combination of FS endorsed STI medication (or other free of charge) and other chargeable medication items are prescribed at the same time"*.

Where prescribing systems have not been updated, it may be technically possible for pharmacy teams to receive prescriptions with both FOC items (e.g. FS endorsed STI treatment) and chargeable items despite this guidance.



Q. Are there any reimbursement risks associated with processing those prescriptions which include FOC items such as contraceptives and other chargeable items?

A. Yes, there may be a risk of an incorrect number of prescription charge deductions being made against such prescriptions based on the category selection made via the EPS submission or on the reverse of the paper prescription form for entitlement to free prescriptions.

For example, if an EPS prescription includes a FOC contraceptive and another chargeable item, and the prescription is submitted in error with the '**was prescribed free-of-charge contraceptives**' status applied to the EPS message, a charge deduction will apply to the chargeable item even if the patient was exempt from prescription charges for other reasons, e.g. medical exemption. An EPS prescription of this type should have been submitted with 'medical exemption' rather than the item-level 'was prescribed free-of-charge contraceptives' reason for entitlement to free prescriptions.

Q. Can my PMR system support the processing of EPS prescriptions which have both a FOC contraceptive and a chargeable item prescribed?

A. Some PMR systems may auto-populate the required EPS message code in the appropriate way to simplify pharmacy processes. PMR systems may also provide support to minimise the risk of pharmacy staff making incorrect category or EPS message code selection errors which may result in inappropriate charge deductions (e.g. by preventing selection of the 'contraceptive' status to the whole prescription if other chargeable items are ordered on the same prescription).

If your PMR provider does not offer such safeguards, you may choose to speak to your PMR supplier to see if they can support further improvements to reduce reimbursement risks around inappropriate EPS message code selection. Read more about making suggestions and feeding back to your PMR supplier at: **psnc.org.uk/reportIT**.

Drug Tariff Watch

Below is a quick summary of the changes due to take place from **1st February 2020.**

KEY:
■ Special container
● Item requiring reconstitution
* This pack only (others already available)

Part VIIIA additions

Category A :
- Anidulafungin 100mg powder for solution for infusion vials ■ (1)
- Cefalexin 125mg/5ml oral suspension sugar free ● (100ml)
- Cefalexin 250mg/5ml oral suspension sugar free ● (100ml)
- Rupatadine 1mg/ml oral solution (120ml)

Category C :
- Activated charcoal 300mg tablets (100) - *J.L. Bragg's Medicinal Charcoal*
- Aprepitant 125mg capsules (5) - *Zentiva*
- Camellia sinensis extract 10% ointment ■ (15g) - *Catephen*
- Desferrioxamine 500mg powder for solution for injection vials (10) - *Desferal*
- *Dexamfetamine 5mg/5ml oral solution sugar free (150ml) – *Essential Pharmaceuticals Ltd*
- Dimeticone 4% cutaneous spray ■ (120ml) - *Hedrin*
- Empagliflozin 10mg / Linagliptin 5mg tablets (28) - *Glyxambi*
- Empagliflozin 25mg / Linagliptin 5mg tablets (28) - *Glyxambi*
- Fluconazole 200mg/100ml solution for infusion vials ■ (1) - *Advanz Pharma*
- Follitropin alfa 1,050unit powder and solvent for solution for injection vials ■ (1) - *Gonal-f*
- Follitropin alfa 450unit powder and solvent for solution for injection vials ■ (1) - *Gonal-f*
- Follitropin alfa 75unit powder and solvent for solution for injection vials ■ (1) - *Gonal-f*
- Naltrexone 8mg / Bupropion 90mg modified-release tablets (112) - *Mysimba*
- Paracetamol 500mg / Diphenhydramine 25mg tablets (20) - *Panadol NightPain*
- Parecoxib 40mg powder and solvent for solution for injection vials (5) - *Dynastat*
- Shark liver oil 3% / Yeast cell extract 1% ointment ■ (25g) - *Preparation H*
- Triamcinolone acetonide 50mg/5ml suspension for injection vials ■ (1) - *Adcortyl Intra-articular / Intradermal*
- Tropicamide 0.5% eye drops 0.5ml unit dose preservative free (20) - *Minims*
- Tropicamide 1% eye drops 0.5ml unit dose preservative free (20) - *Minims*
- Yellow fever vaccine (live) powder and solvent for suspension for injection 0.5ml vials ■ (1) - *Stamaril*
- Zinc oxide 6.6% / Lidocaine 0.7% ointment ■ (25ml) - *Germoloids*
- Zinc oxide 6.6% / Lidocaine 0.7% ointment ■ (55ml) - *Germoloids*

Part VIIIA amendments

- Aciclovir 3% eye ointment S (4.5g) *Zovirax* is changing reference product to *Agepha Pharma s.r.o.*
- Amphotericin B 50mg powder for solution for infusion vials ■ (1) *Fungizone Intravenous* is changing reference product to *Fungizone*
- Bimatoprost 300micrograms/ml eye drops ■ (3ml) *Aspire Pharma Ltd* is changing to Category A
- Cefalexin 125mg/5ml oral suspension ● (100ml) *Keflex* is changing reference product to *Flynn Pharma Ltd*
- Cefalexin 250mg/5ml oral suspension ● (100ml) *Keflex* is changing reference product to *Flynn Pharma Ltd*
- Nifedipine 10mg capsules (90) *Adalat* is changing reference product to *Relonchem Ltd*
- Nifedipine 5mg capsules (90) *Adalat* is changing reference product to *Relonchem Ltd*

Part VIIIA deletions

- *Dexamfetamine 5mg/5ml oral solution sugar free (500ml) - *Martindale Pharmaceuticals Ltd*
- Diethylstilbestrol 5mg tablets (28) - *Teva UK Ltd*

Part IX deletions

Product	Additional information (e.g. size, product code, etc.)
WOUND MANAGEMENT DRESSINGS – **PermaFoam Cavity**	10cm x 10cm
WOUND MANAGEMENT DRESSINGS – **PermaFoam Concave**	All sizes
WOUND MANAGEMENT DRESSINGS – **PermaFoam Sacral**	All sizes
WOUND MANAGEMENT DRESSINGS – **PermaFoam Comfort Square**	All sizes
WOUND MANAGEMENT DRESSINGS – **PermaFoam Comfort Rectangular**	All sizes
WOUND MANAGEMENT DRESSINGS – **PermaFoam Circular**	6cm diameter
WOUND MANAGEMENT DRESSINGS – **PermaFoam Square**	10cm x 10cm, 15cm x 15cm and 20cm x 20cm
WOUND MANAGEMENT DRESSINGS – **PermaFoam Rectangular**	10cm x 20cm
HYPODERMIC EQUIPMENT – Subcutaneous Drug Delivery Accessories – Sterile – **Neria Soft (Unomedical Ltd)**	110cm tubing, connecting tube (76-110-2652)
SURGICAL ADHESIVE TAPES – Permeable Non-Woven Synthetic Adhesive Tape BP 1988 – **Aidpore microporous**	
TRACHEOSTOMY AND LARYNGECTOMY APPLIANCES – **SilBond silicone glue 30ml**	SB1
ILEOSTOMY (DRAINABLE) BAGS – Hollister Ltd – **Premium with integral filter holder and twenty replacement filters**	51mm (3664)
TWO PIECE OSTOMY SYSTEMS – **Tandem Range – Impression CPL Pouches Drainable Pouch Transparent – with comfort backing on body-worn side only**	102mm (3806)

PSNC resources library

In this section of Community Pharmacy News we have provided details of some of the resources that PSNC has produced this month.

PSNC Briefings

PSNC Briefing 059/19: Pharmacy Quality Scheme – PSNC resources
This briefing provides a list of all the PSNC resources available to assist community pharmacy contractors with meeting the gateway and quality criteria of the Pharmacy Quality Scheme 2019/20.
Download from: **ow.ly/or7A30q0CZt**

PSNC Briefing 060/19: Pharmacy Quality Scheme – Evidence checklist
Examples of suggested evidence, in a checklist format, that community pharmacy contractors can use to confirm they have the necessary evidence ready to make their Pharmacy Quality Scheme declaration.
Download from: **ow.ly/vnuL30q7O3v**

PSNC Briefing 061/19: Completing the Data Security and Protection (IG) Toolkit 2019/20
A series of guidance on completing the Data Security and Protection Toolkit 2019/20. This includes a five-step guide, question-by-question guidance for the mandatory questions and how to use the HQ batch submission feature.
Download from: **ow.ly/evUj30q7O62**

PSNC Briefing 062/19: SSP04 – Haloperidol 500 microgram capsules (Serenace®)
In response to significant ongoing disruption to the supply of Haloperidol 500 microgram capsules (Serenace®), a Serious Shortage Protocol (SSP) has been issued. This briefing is intended as a short guide on the SSP for contractors to read.
Download from: **ow.ly/FKbl30q7O6J**

PSNC Briefing 001/20: CPCF Services – Important dates and checklist (v2)
An updated version of our checklist of important dates which relate to services is now available. It includes information relating to the Community Pharmacist Consultation Service; Flu Vaccination Service; Medicines Use Reviews; New Medicine Service; Pharmacy Quality Scheme and contractual public health campaigns.
Download from: **ow.ly/WMS330q7NZI**

See all our PSNC Briefings in our database at: **psnc.org.uk/briefings**

Email news alerts

SSP issued for Haloperidol: Urgent actions required by pharmacy teams (23rd December 2019)
Announcing the issuing of a Serious Shortage Protocol (SSP) for Haloperidol 500 microgram capsules, and providing guidance on implementing the protocol.
Read now: **ow.ly/5r6f30q7OBu**

Delivery of Dry January materials for mandatory campaign (23rd December 2019)
Informing community pharmacies that campaign materials were due to be delivered on 31st December 2019, and reminding them that Dry January is one of the six mandatory public health campaigns.
Read now: **ow.ly/An2j30q7OD7**

Not receiving our emails? Sign up now at: **psnc.org.uk/enews**

PSNC website
For up to date information and news on community pharmacy issues, visit the PSNC website at psnc.org.uk
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