

CPN

Community Pharmacy News – February 2020



National audit determined An antimicrobial stewardship audit needs to be completed by all contractors during March 2020



Simon Dukes
PSNC Chief Executive

Richard Branson has been quoted as saying that in order to succeed, "you have to listen to the people who are on the front line." It seems to me that is never more apposite than when there is a crisis looming. For once, I'm not talking about pharmacy funding – although I probably will be next month – I'm referring to 2019-nCov. The virus which, thanks to the World Health Organisation, has escaped being called after the city or continent (or animal) from where it originated and is instead called Covid-19.

Community pharmacy is already picking up patients concerned about Covid-19 who have been displaced from general practice

At the time of writing this blog, 4,501 people have been tested in England, of which 4,492 were confirmed negative and nine were confirmed as positive. Yet despite this data, and accepting that the UK Chief Medical Officers have raised the risk to the public from low to moderate, the risk of catching this illness in the UK remains low. Indeed for many, the worry that they might have the virus is as contagious as the illness itself – hence pharmacists reporting in the media

Chief Executive's blog

PSNC CEO Simon Dukes describes how the coronavirus has affected community pharmacies.

that face masks and hand sanitising gel are now in short supply.

The network of 11,500 community pharmacies are uniquely placed to provide assurance and guidance to citizens who are concerned about whether or not they have the illness and to help the vast majority who are not infected stay that way. I have been very impressed with some of the accounts PSNC has received over the past few days, and the preparation that community pharmacy is making in case the situation becomes worse: looking at how patients might need to be redirected in the event of the pharmacy closing; and hygiene precautions for handling money and prescriptions etc.

The fact is that community pharmacy is already picking up patients concerned about Covid-19 who have been displaced from general practice. This has added to the burden of other current activities which have already eaten away at the capacity released from the decommissioning of Medicines Use Reviews which NHS England and NHS Improvement (NHSE&I) hoped would give the sector the time it needed to conduct the pilots and services outlined in the Community Pharmacy Contractual Framework over the next four years. Activities such as increased time in sourcing medicines, the burden of trying to make Primary Care Networks actually 'work', and the additional Pharmacy Quality Scheme requirements for 2019/20 are all having an impact on pharmacy workloads. This at a time when over 10,600 community pharmacies are participating in the Community Pharmacist Consultation Service (CPCS), and after only 15 weeks are fielding more and more referrals from NHS 111.

So what are front-line pharmacies telling us? Here are just some of the messages we have received over the past few days:

"Significant increase in referrals through CPCS. (Too busy to quantify just now...)"

"We have a significant increase in workload;"

"Feeling the stress;"

"Lot of people are scared and confused. Asking for masks and sanitiser; we have no hand sanitiser;"

"Overall we are just busier than this time last week."

There is a clear, coherent and compelling case for the vital role of community pharmacy in primary care

It shows that once again community pharmacies are picking up the overspill from elsewhere in the health system and providing the safety net for the NHS. Once again, the NHS is relying on the clinical skills of community pharmacy. Once again, across the country, pharmacists are giving advice to increasing numbers of patients, and are doing so safely, effectively and without complaint about the lack of funding for these conversations. The Consultation Service together with ongoing challenges for the NHS including the potential looming crisis of Covid-19 makes a clear, coherent and compelling case for the vital role of community pharmacy in primary care. Patient footfall confirms this: as the numbers of visits to community pharmacy slowly but surely creeps from 1.6 million to two million people per day, our value to the NHS cannot be underestimated.

At its February meeting, the PSNC Committee discussed what we as a sector need to do to capture this value, and we will be working more closely and collaboratively with other pharmacy bodies to make the best possible business case for the additional investment we need to meet the demands of our patients. Our front-line deserves nothing less.

National audit topic determined

Details of the national clinical audit for 2019/20 have been announced. Utilising community pharmacy to support efforts to tackle antimicrobial resistance (a key NHS target), this year's topic is antimicrobial stewardship.

National clinical audit to be completed by 31st March 2020



As part of the Community Pharmacy Contractual Framework (CPCF) requirements, pharmacy contractors must undertake a clinical audit each year, on a topic that has been determined by NHS England and NHS Improvement (NHSE&I).

PSNC and NHSE&I have agreed that in 2019/20, the national clinical audit should focus on antimicrobial stewardship, specifically aimed at advice provided to patients on upper respiratory tract infections.

All contractors must use the paperwork from NHSE&I during March 2020 to undertake the audit over a period of five working days (the data collection period can be extended to ten working days if necessary to collect data from a minimum of 10 patients).

The audit must be completed by 31st March 2020. Once you have completed the audit, the data should be submitted to NHSE&I via the NHS Business Service Authority's Manage Your Service (MYS) portal. The portal will open for data submission on 1st March 2020 and it will **close at 11.59pm on 28th April 2020**; please ensure you have submitted your data by this date, as it will not be possible to re-open the portal for late submissions.

To complete the audit cycle, the audit will be repeated in 2020/21; further details on this will be provided in 2020/21.

Audit paperwork

Full information on the background to the audit topic, the purpose of the audit, the audit standard, how to undertake the audit and how to submit your results to NHSE&I can be found in the audit guidance document.

The guidance and associated data capture form can be downloaded from the PSNC website: psnc.org.uk/audit

If you have any questions that are not covered in the guidance, please contact: england.communitypharmacy@nhs.net

PSNC considers 2020/21 CPCF at February meeting

The PSNC Committee met recently, holding detailed discussions on elements of the Community Pharmacy Contractual Framework (CPCF) settlement to be implemented in 2020/21, including changes to Transitional Payments and the Pharmacy Quality Scheme (PQS).

Other key agenda items included the independent review of contractor representation and support and legislative changes.

Read a summary of the meeting at: ow.ly/8C1z30qiW1r

Coronavirus update

Efforts are underway to try and stop the spread of the novel coronavirus – now named COVID-19 – which emerged in China last month.

Community pharmacy contractors have been advised to display new posters from Public Health England (PHE) so they are visible to people seeking to enter their premises. Additional guidance for pharmacy teams is expected shortly. Find the latest information and resources at: psnc.org.uk/coronavirus

Meanwhile, the Government has asked medicines manufacturers and suppliers to undertake risk assessments on the impact of COVID-19 on their business operations and, as a precaution, retain any existing stockpiles that were created ahead of the UK's exit from the EU.

Short-term NHS funding fixes unsustainable

On examining NHS finances, the National Audit Office (NAO) has found that extra money provided by the Government to stabilise the finances of individual NHS bodies had not been fully effective. It concludes that trusts in financial difficulty were increasingly relying on short-term loans from the Department of Health and Social Care (DHSC) to meet their day-to-day running costs.

Read the reports from the NAO at: ow.ly/wlUr30qgQu1

What would you like from PSNC and your LPC in future?

An independent academic team are currently carrying out a review into national and local representation and support for community pharmacy contractors.

A national contractor survey, open until the end of February 2020, is seeking views on the structures, processes and roles of LPCs and PSNC. The survey allows all contractors to have their say and to have direct input into the review.

Complete the contractor survey: ow.ly/zfr130qgQm8

Consolidations and mergers webinar

PSNC is holding a webinar to support community pharmacy contractors who may be considering consolidating or merging two or more pharmacies or pharmacy business.

On **Wednesday 4th March at 7.00pm**, Gordon Hockey, PSNC Director of Operations and Support, will be discussing:

- mergers and voluntary closures;
- the procedure, benefits and limitations of consolidations; and
- no significant change relocations that can be viewed as mergers.

Book your place now: ow.ly/qEe730qiVZb

CPCF Services – Important dates and checklist

This checklist of important dates which relate to services is a ‘live’ document and will be updated as and when announcements and dates are confirmed.

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.

The latest updated (version 3) includes key dates for the 2019/20 national audit and is now available to view at: ow.ly/abou30qjkSz

Clinical governance deadlines fast approaching

PSNC’s Regulations and Support Team reminds community pharmacy teams of the actions required by 31st March 2020 to meet their contractual obligations.

“Our guide to contractual requirements due by the end of the financial year”



The end of the financial year (31st March) is fast approaching and community pharmacy contractors are reminded of four key deadlines relating to the clinical governance aspects of their terms of service.

PSNC urges contractors to ensure they have completed, or are working towards completing, the clinical governance requirements highlighted below to meet the end of year deadline.

Summary of actions to be completed by 31st March 2020

| Topic | Requirements | By when? |
|---|--|--|
| Information Governance (IG) | To use the Data Security and Protection Toolkit to complete an IG submission. (Find PSNC guidance at: psnc.org.uk/ig) | 31st March 2020 |
| Community Pharmacy Patient Questionnaire (CPPQ) | To conduct an annual patient questionnaire and publish the results. | 31st March 2020 |
| Clinical audit | To conduct two audits each year: one on a topic of your choice* and one nationally determined by NHS England (see page 3). *Please note, the audits undertaken as part of the Pharmacy Quality Scheme cannot be used as the pharmacy’s own audit. | Pharmacy’s own audit deadline: 31st March 2020 |

A fourth clinical governance requirement, whilst not due by 31st March, should be completed shortly afterwards and as such it is best to begin work towards achieving this alongside the requirements listed above.

| | | |
|-------------------|--|--|
| Complaints report | To prepare an annual report each year and send a copy to the local NHS England team. | As soon as practicable after 31st March 2020 |
|-------------------|--|--|

To help support contractors in meeting the above requirements, PSNC’s Regulations and Support Team has also produced a quick reference guide identifying the actions to be completed by 31st March 2020, as well as details of ongoing clinical governance requirements. Download the briefing from: psnc.org.uk/CGbriefing

PQS declaration portal now open

The submission period for community pharmacies to make their Pharmacy Quality Scheme declaration runs until 11.59pm on 28th February 2020.

“Have you made your declaration for the 2019/20 PQS yet?”



Community pharmacy contractors are now able to make a declaration for a Pharmacy Quality Scheme (PQS) payment for the 2019/20 Scheme.

Contractors must use the NHS Business Services Authority (NHSBSA) Manage Your Service portal (see nhsbsa.nhs.uk/MYS) 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 they meet the four gateway criteria (Advanced Services, NHSmail, NHS website profile and Safeguarding) and that they meet the domains they are claiming payment for.

Contractors are encouraged to download the weekly NHSBSA declaration data (see nhsbsa.nhs.uk/PQS), available under the 'PQS datasets' section and check if they are meeting the three out of the four gateway criteria, which the report provides information on. Please note, contractors needed to have met the NHS website gateway criterion and the Directory of Services quality criterion by 30th November 2019.

Remember, contractors must meet all of the quality criteria in each domain they declare in order to be eligible for a PQS payment. However, there is an exception for those planning to meet the Sugar Sweetened Beverages quality criterion by 31st March 2020.

Guidance on how to meet the gateway and quality criteria can be found at: psnc.org.uk/quality

Making your declaration

To assist in completing the declaration, the following resources are now available.

Declaration Questions: A list of the PQS declaration questions has been published on the NHSBSA website: nhsbsa.nhs.uk/PQS. See the link in the blue alerts box at the top of the page.

PSNC Briefing: The PSNC Services Team has produced a briefing to guide contractors through the process: ow.ly/BbIG30qeAka. Contractors are encouraged to read this before they begin their declaration.

IT access required for CPCS

Pharmacies providing the Community Pharmacist Consultation Service (CPCS) must have IT equipment accessible within the consultation room to allow contemporaneous records of the CPCS consultations to be made within the CPCS IT system (PharmOutcomes or Sonar) from 1st April 2020.

The consultation room will need a desktop computer, laptop or tablet device with, as a minimum, access to the internet. If a pharmacy's current CPCS consultation room has no IT equipment, the contractor will need to plan how to provide access to such equipment by 1st April 2020.

Learn more about the incoming CPCS requirement at: ow.ly/R4Zu30qeAlo

Pharmacy4Mums2B is 'excellent' service

A community pharmacy service in North West London is providing support to women during pregnancy and for the first three years of their child's life.

Health Champion-qualified pharmacy assistants provide health promotion advice, signposting to key services, whilst pharmacists advise on immunisations, optimising nutrition, smoking cessation and oral hygiene.

94% of women who have used the service ranked it as 'very useful' or 'useful'. Learn more at: ow.ly/7BjH30qbdFN

AF pilot in Knowsley

A pilot scheme in Knowsley is optimising the role of community pharmacy in supporting the detection and monitoring of patients with atrial fibrillation (AF).

Each community pharmacy who signs up to provide the service will have a MyDiagnostick mobile ECG on a stand and a Kardia device to record each participant's heart rhythm. Eligible participants will be directed to the MyDiagnostick device and then asked to speak to the pharmacist about their results.

A Medical Education Grant has been obtained from a BMS-Pfizer Alliance to assist with the project and support payments to community pharmacists. Learn more at: ow.ly/JOCO30qbdHZ

CPPE Corner **New Year, New Contract campaign**



The latest campaign from the Centre for Pharmacy Postgraduate Education (CPPE) raises awareness of the opportunities the five-year CPCF brings.



Liz Reid,
lead pharmacist, learning
development, CPPE

“ We are delighted to announce the new campaign, *New Year, New Contract* which launched in January 2020. The campaign aims to raise awareness of the new Community Pharmacy Contractual Framework (CPCF) and the opportunities that it brings for pharmacy professionals in all sectors of NHS practice.

The campaign covers the topic areas described below.

The NHS Long Term Plan: This learning focuses on how the CPCF puts community pharmacy in a position to support delivery of the NHS Long Term Plan. The section also includes a video of Alastair Buxton, PSNC’s Director of NHS Services, who outlines the key changes to the CPCF, as well as how pharmacy professionals from all sectors can work together to implement the CPCF and improve patient care.

The NHS Community Pharmacist Consultation Service (CPCS): The section is all about the CPCS, which aims to connect people who have a minor illness or who need an urgent supply of medicine with a community pharmacy.

Primary Care Networks (PCNs): This section of the campaign relates to PCNs and how they collaborate with community pharmacies and other primary care teams.

Pharmacy Quality Scheme (PQS): The fourth section focuses on the PQS and the changes to the structure and content of the gateway criteria and the quality criteria from when it was previously the Quality Payments Scheme.

Public health: The *Public health* section of the campaign will cover how being a Level 1 Healthy Living Pharmacy (HLP) will become an essential requirement for community pharmacy contractors, and will consider the benefits of having trained health champions in place to provide advice, support and signposting on public health issues.

New services: The final part of the campaign will outline how new, more clinically-focussed services will be tested and introduced in community pharmacies between 2020 and 2024.

To access the CPPE New Year, New Contract campaign page, visit: www.cppe.ac.uk/new-year-new-contract”

Expansion of RTEC rollout

NHS Digital has announced that the Real-time Exemption Checking (RTEC) system will be rolled out to community pharmacies in England in the coming months, following a successful pilot and early rollout at 40 community pharmacies using Positive Solutions.

RTEC will enable pharmacy teams to check digitally whether patients are eligible for free prescriptions (because they hold specific exemptions) but, due to the complexity involved, it will be rolled out in phases:

- Phase One comprises maternity, medical, pre-payment, low income scheme and HMRC exemptions;
- Phase Two will include all Department for Work and Pensions (DWP) exemptions, excepting Universal Credit; and
- Phase Three will add DWP Universal Credit exemptions to the system.



PSNC believes there will be clear benefits to pharmacy teams and patients when RTEC is more widely rolled out, reducing the burden of the current prescription charge exemption system which pharmacy contractors are required to operate.

How RTEC Works

RTEC enables the patient medication record (PMR) system to automatically check whether patients have exemption from the prescription charge and then apply this confirmation to the EPS prescription. The patient won’t need to make an exemption declaration.

Positive Solutions is also sending training materials out ahead of the RTEC feature being activated at pharmacies using their PMR system to help explain how the process works.

Further information and FAQs compiled following the pilot can be found at: psnc.org.uk/rtec

Dispensing in doses

Guidance on how to dispense medicinal products where the quantity is expressed in doses, and how contractors will be reimbursed for these prescription items.



PSNC's Dispensing and Supply team regularly receive calls from community pharmacy teams querying the total quantity of a product to dispense against prescriptions where the quantity on the packaging is expressed in medicinal doses.

For example, some contractors are mistakenly supplying 2 packs of Salofalk 1g/actuation foam enema against a prescription requesting 14 doses because the packaging indicates that each spray can contains 7 medicinal doses (equivalent to

14 sprays). For reimbursement purposes, pharmacy teams should refer to the Drug Tariff. The Drug Tariff lists one complete pack of Salofalk 1g/actuation foam enema as containing 14 doses (14 sprays); pharmacy teams should not be calculating the quantity to dispense using the number of medicinal doses per pack.

This issue arises because quantities in the Drug Tariff and on the Dictionary of Medicines and Devices (dm+d) are not expressed in terms of 'actuations' or

medicinal doses but in units of tabs/caps, ml, g or dose. This is because the Drug Tariff is a reimbursement tool rather than a prescribing tool, and as such does not take into account delivered doses. This means that reimbursement is based on the total quantity of doses contained within the pack and not the quantity of delivered doses.

The table below includes examples of products which express their pack size quantities in both actual and medicinal doses.

Quantity to dispense: Actual v. medicinal doses

| Product name (generic) | Brand | Pack size expressed in Drug Tariff (actual doses per pack) | Quantity displayed on product packaging (medicinal doses per pack) | Pack size to dispense against a prescription where quantity is expressed in doses |
|--|--|--|--|---|
| Tiotropium bromide 2.5micrograms/dose inhalation solution cartridge CFC free | Spiriva Respimat 2.5micrograms/dose inhalation solution refill cartridge | 60 doses | 60 puffs (30 medicinal doses) | 60 doses = 1 pack (contains 60 puffs or 30 medicinal doses) |
| Tiotropium bromide 2.5micrograms/dose / Olodaterol 2.5micrograms/dose solution for inhalation cartridge with device CFC free | Spiolto Respimat 2.5micrograms/dose / 2.5micrograms/dose inhalation solution cartridge with device | 60 doses | 60 puffs (30 medicinal doses) | 60 doses = 1 pack (contains 60 puffs or 30 medicinal doses) |
| Mesalazine 1g/application foam enema | Salofalk 1g/application foam enema | 14 doses | 14 actuations (7 medicinal doses) | 14 doses = 1 pack (7 medicinal doses) |

Supply updates

Our Dispensing and Supply Team highlights the latest information on the supply of medicines and medicinal products on NHS prescription.

Re-supply dates

Disopyramide 150mg capsules

Re-supply date March 2020.

Full details can be found at: ow.ly/bwCz30qgV8

Levomepromazine 25mg/1ml solution for injection

Re-supply date w/c 24th February 2020.

Full details can be found at: ow.ly/EoEi30qhHM6

Medicine recalls

PSNC shares details of relevant medicine alerts and recalls from the Medicines and Healthcare products Regulatory Agency (MHRA), as well as supply notifications from the Department of Health and Social Care (DHSC).

Community pharmacy teams are reminded to check the PSNC website regularly for these updates. The recalls are of particular importance as they require immediate action from healthcare staff.

Experiencing supply issues?

If your pharmacy is finding it difficult to obtain a medicine or appliance, please report this to PSNC using our online feedback forms at: psnc.org.uk/feedback

We send a monthly summary of the feedback received to DHSC to support its monitoring of the supply chain. This information is also used as an evidence base in discussions with manufacturers, for example highlighting problems with contingency arrangements.

Changes to FP10 prescription forms

Updates have been made to new batches of NHS prescription forms and Tokens, which include important changes to the reverse.

New NHS prescription forms and EPS Tokens are being introduced in England, which include important changes to the reverse of all FP10 prescription form types (FP10SS, FP10D, FP10PN, etc.).

The new FP10 forms and Tokens were put into circulation from January 2020 and pharmacy teams can expect to see these being presented by patients in the coming weeks. There will be a period of transition during which existing FP10 forms and Tokens will remain in circulation until their stocks are exhausted.

Pharmacy teams are reminded that they can accept both existing and new versions of forms and Tokens for dispensing. The NHS Business Services Authority (NHSBSA) will operate a dual system for the processing of both versions during the transition period. Community pharmacy contractors are advised to review and update their SOPs to ensure accurate completion of patient declarations on the new versions of the FP10 forms and Tokens.

Last month's CPN magazine contained a factsheet outlining the



difference between current NHS prescription forms and the updated versions, but PSNC has also produced a list of FAQs to help explain the changes in more detail (see psnc.org.uk/exemptionbriefing).

The FAQs should be read in conjunction with the 'Changes to the FP10 NHS Prescription Form' guidance (available from the same link) produced by the Department of Health and Social Care (DHSC) and NHSBSA.

Ask PSNC: New FP10 forms

The PSNC Dispensing and Supply Team address important questions about the changes to NHS prescription forms and Tokens.

Q. Why has the layout of the new FP10 form and Token changed?

A. Changes to FP10 forms and Tokens have been introduced to make it easier for eligible patients to correctly claim the exemptions to which they are entitled to free NHS prescriptions and avoid penalty charges.

Q. When will the new versions of FP10 forms and Tokens be put into circulation?

A. Revised versions (1219) of paper FP10 prescription forms and Tokens were put into circulation from January 2020. Pharmacy teams can expect to see the new forms in the coming weeks.

Q. Can I continue to accept the existing versions of FP10 forms and Tokens for dispensing?

A. Pharmacy teams should be aware that until stock of the existing versions (0515) of FP10 forms and Tokens are exhausted, pharmacies can accept and dispense against both (new and existing) versions of FP10 forms and Tokens.

Pharmacy teams should have adequate processes in place to ensure accurate completion of patient declarations on existing and new versions of the FP10 forms and Tokens. The NHS

Business Services Authority (NHSBSA) will operate a dual system for processing of both existing and new versions of the FP10 forms and Tokens during the transition period.

Q. What if the reverse of the prescribing Token presented by the patient does not match the reverse of the dispensing Tokens used in the pharmacy?

A. Until stocks of existing versions of Tokens are depleted, patients may receive a version of the prescribing Token from their GP which may be different to the dispensing Token printed by the pharmacy. The pharmacy may use either version for purposes of capturing a patient's declaration of prescription charge status.

Q. Do the new FP10 forms need to be separated from the existing forms for submission at the end of the month?

A. No, the new paper FP10 forms can be sent together with existing forms, except for any prescriptions which are to be submitted using red separators. Please note that prescriptions with items the new 'FS' endorsement (for free supply of sexual health treatment) should be placed in the red separators.

If you need further assistance, please call 0203 1220 810 or email info@psnc.org.uk

Endorsing instalment forms correctly

PSNC's Dispensing and Supply team regularly receive queries from community pharmacy teams about the dispensing of Controlled Drugs (CDs) in instalments. This factsheet advises on how to supply and endorse them correctly.



Note: This guide is intended for use by community pharmacy teams based in England but makes reference to Welsh instalment forms (WP10MDA) as these may also be presented in England.

What drugs can be dispensed on MDA forms?

In **England**, only the following drugs can be supplied in instalments on an FP10MDA:

- **ALL** Schedule 2 CDs;
- Buprenorphine (including buprenorphine/naloxone combination drug); and
- Diazepam.

In **Wales**, any drug may be prescribed on an WP10MDA form but only Schedule 2, 3, 4 and 5 CDs can be dispensed in instalments.

What are the CD prescription requirements?

All MDA forms for Schedule 2 and 3 CDs must include:

- Patient name and address;
- Drug name;
- Dose ('as directed' not permitted);
- Formulation;
- Strength (where appropriate);
- Total quantity/dosage units of the preparation in both words and figures (for liquids, total volume in ml);
- Prescriber signature and address; and
- Date of issue.

The period of treatment must not exceed 14 days for any drug(s) ordered in instalments. Instalment prescriptions must specify the instalment amount and the interval between each instalment.

Dispensing MDA forms

The first instalment must be dispensed within 28 days of the appropriate date (i.e. date of signing unless the prescriber has indicated a date before which the CD should not be dispensed), and the remainder should be dispensed in accordance with the instructions on the prescription.

The instalment direction must be complied with unless specific Home Office approved wording is used, for example, on days the pharmacy is closed.

Endorsing your MDA forms correctly

The prescription must be marked with the date of each supply. When items are prescribed on an MDA form to be dispensed in instalments, it's important that dispensers accurately record the details of each dispensing event on the right-hand side of the form. This is to comply with regulations and ensures that the NHS Business Services Authority (NHSBSA) can make accurate payment for the item(s) dispensed.

The form must be endorsed with the date, item, quantity supplied and initialled by the pharmacist on every dispensing instalment to receive the correct payment. To ensure accurate and timely reimbursement of items dispensed in instalments, pharmacy teams must **endorse PD claims clearly**:



complete all required columns for each instalment;



if a patient fails to pick up an instalment, the right-hand side of the form should be clearly marked as 'Not Dispensed' in the 'Item' and 'Quantity supplied' boxes, or the whole line should be crossed out;



only include the pharmacist's initials in the 'Pharmacist's Initials' box. Abbreviations to indicate not dispensed ('ND'), did not attend ('DNA') or not collected ('N/C') should not be written here; and



ensure that the quantities endorsed on the right-hand side of the form reflect the actual quantities that were dispensed to the patient.

CDs on EPS

Whilst Schedule 2 and 3 CDs can now be prescribed electronically, prescribers are unable to use EPS for prescribing in instalments. Instalment prescriptions should therefore continue to be issued using the paper MDA forms.

Pharmacists are reminded that when endorsing an MDA form, they should try and fit all the relevant information in the correct endorsing line. Any additional sheets of paper attached to the prescription will not be processed.

‘PD’ (packaged dose) endorsement

Contractors can claim a fee for each separately packaged dose supplied against prescriptions for **methadone oral liquid**; this includes green FP10s. The packaged dose (‘PD’) fee is calculated by adding the number of doses separately packaged minus the number of times the medicine has been dispensed to the patient (patient interactions).

The packaged dose fee of £0.55 can be claimed by endorsing ‘PD’ along with the number to be claimed in the endorsing column on the left-hand side of the prescription. For example, if a pharmacist supplies a total of 14 daily dose containers against a prescription to be dispensed in two weekly instalments, a packaged dose fee of £6.60 can be claimed by endorsing ‘PD 12’ (14 daily dose containers – 2 patient interactions = 12). Any variation from the endorsement, such as ‘*quantity*PD’ or ‘Packaged Dose *quantity*’, would not be paid.

How many prescription charges are payable?

If a patient pays for their prescriptions, they would only need to pay one prescription charge for each item. **Patients do not pay a charge for each instalment.**

However, if two different items or an item with two different formulations are ordered on an FP10MDA form, two prescription charges would apply.

Completing the reverse of a CD prescription

As with any other NHS prescription, the reverse should be completed in full with the patient’s declaration of payment or exemption status and their signature. Where appropriate, the ‘Signature of Collector of Schedule 2 & 3 CDs’ box should be completed by the patient or their representative.

Sorting and submitting MDA forms

Unfold all MDA forms – Pharmacy teams are reminded not to fold MDA forms individually as this slows down the scanning processes and may result in delays to payment.

Band all instalment prescription together separating them from the rest of the batch – All MDA forms need to be kept separate from rest of the prescription bundle as these forms are passed to a handler/operator at the NHSBSA for further checks.

Remuneration

Schedule 2 and 3 CDs are automatically included in the list of drugs for which Discount is Not Deducted (DND) and no endorsement is required for this exemption.

In addition to the usual fees and allowances for items dispensed on prescriptions, contractors receive additional fees for CDs. The table below shows all the different fees and allowances that contractors can expect to receive when a correctly endorsed MDA form is submitted for payment.

| Description | Fee per item (£) | Endorsement |
|------------------------|------------------|--|
| Single Activity Fee | £1.27 | Each interaction must be endorsed with the total volume supplied (and initialled) for each patient interaction / “pick-up” |
| Schedule 2 CD | £1.28 | |
| Schedule 3 CD | £0.43 | |
| Consumable allowance | £0.01 | |
| Payment for containers | £0.10 | None required |

| Additional fees for oral liquid methadone prescriptions | | |
|---|-------|--|
| All prescriptions for oral liquid methadone | £2.50 | None required |
| PD fee (per package dose) | £0.55 | ‘PDn’ where n is the total number of separately packaged doses supplied minus total number of patient interactions |

Fees correct as of February 2020 Drug Tariff

Drug Tariff Watch

The Preface lists additions, deletions and alterations to the Drug Tariff. Below is a quick summary of the changes due to take place from **1st March 2020**.

KEY:

- Special container
- * This pack only (others already available)
- SLS** Selected List Scheme

Part VIII A additions

Category A :

- Darunavir 800mg tablets (30)

Category C:

- **SLS** Alprostadil 10microgram powder and solvent for solution for injection pre-filled disposable devices (2) – *Caverject Dual Chamber*
- **SLS** Alprostadil 20microgram powder and solvent for solution for injection cartridges ■ (2) – *Viridal Duo Continuation Pack*
- **SLS** Alprostadil 20microgram powder and solvent for solution for injection pre-filled disposable devices (2) – *Caverject Dual Chamber*
- **SLS** Alprostadil 40microgram powder and solvent for solution for injection cartridges ■ (2) – *Viridal Duo Continuation Pack*
- Buspirone 7.5mg tablets (30) – *Strides Pharma UK Ltd*
- Hepatitis A vaccine (inactivated, adsorbed) suspension for injection 1ml vials ■ (1) – *VAQTA Adult*
- Hydrocortisone 10mg soluble tablets sugar free (30 (3 x ■ 10)) – *Colonis Pharma Ltd*

Part IX deletions

It is important to take careful note of removals from Part IX because if you dispense a deleted product, prescriptions will be returned as disallowed and therefore payment will not be made for dispensing the item.

Part VIII A amendments

- Hydroxyzine 25mg tablets (28) *Atarax* is moving to Category A
- Levothyroxine sodium 75microgram tablets (28) *AAH Pharmaceuticals Ltd* is moving to Category A
- Nifedipine 20mg modified-release tablets (56) *Adalat retard* is changing reference product to *Nifedipress MR 20*
- Nifedipine 30mg modified-release tablets (28) *Adalat LA* is changing reference product to *Adipine XL*
- Nifedipine 60mg modified-release tablets (28) *Adalat LA* is changing reference product to *Adipine XL*
- Travoprost 40micrograms/ml / Timolol 5mg/ml eye drops ■ (2.5ml) *DuoTravis* moving to Category A
- Triamterene 50mg / Chlortalidone 50mg tablets (28) *Kalspare* is changing reference product to *DHP Healthcare Ltd*

Part VIII A deletions

- Cilazapril 5mg tablets (28) – *Genesis Pharmaceuticals Ltd*
- Colecalciferol 800unit / Calcium carbonate 1.25g tablets (30) – *Kalcipos-D*
- Diclofenac 16mg/ml topical solution (60ml) – *Pennsaid*
- Etodolac 300mg capsules (60) – *Eccoxolac*

| Product | Additional information (e.g. size, product code, etc.) |
|---|--|
| NÉLATON CATHETER ('ORDINARY' CYLINDRICAL CATHETER) SINGLE USE – Rochester Medical – Mobile SL | All types |
| WOUND MANAGEMENT DRESSINGS – L-Mesitran Hydro – Rectangular | 15cm x 20cm |
| EYE PRODUCTS – Artificial Eye Lubricant – Melophthal 0.5% | 30 x 0.4ml single dose unit |
| EYE PRODUCTS – Artificial Eye Lubricant – Melophthal 1% | 30 x 0.4ml single dose unit |
| LEG BAGS – Coloplast Ltd – S Simpla Trident T2 with lever action tap | All types |
| ILEOSTOMY (DRAINABLE) BAGS – ConvaTec Ltd – Ileodress Pouches | Standard Size, Clear and Opaque |
| TWO PIECE OSTOMY SYSTEMS – ConvaTec Ltd – Consecura Low Profile – Locking flange with Micropore surround | 70mm (S604LP) |
| TWO PIECE OSTOMY SYSTEMS – ConvaTec Ltd – Consecura Low Profile – Stomahesive Locking Flange | 70mm (S593LP) |
| TWO PIECE OSTOMY SYSTEMS – ConvaTec Ltd – Consecura Low Profile – Urostomy Pouch with Accuseal Tap Standard Size | Opaque, 70mm flange (S658LP) |
| CHEMICAL REAGENTS – TRUEresult | n/a |

Daiichi Sankyo UK Ltd change distribution arrangements

From 1st March 2020, Alliance Healthcare and Phoenix Healthcare Distribution will be the dual distributors for all Daiichi Sankyo UK Ltd products to pharmacies in the UK.

If you have questions regarding this change to Daiichi Sankyo UK Ltd's distribution, please contact their Supply Chain Team on [customerservices@daiichi-sankyo.co.uk](mailto:customerservices@ daiichi-sankyo.co.uk)

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 002/20: Changes to FP10 NHS prescription form and EPS Tokens

New NHS prescription forms and EPS Tokens are being introduced in England from January 2020. This Q&A style briefing is designed to help pharmacy teams understand the changes and adapt their processes accordingly to ensure patient declarations are captured accurately.

Download from: ow.ly/XkYp30qgtq9



PSNC Briefing 003/20: Updating Smartcards for multisite and Summary Care Record usage

This PSNC Briefing explains how community pharmacy teams can request Summary Care Record (SCR) access rights on their Smartcards and explains Smartcard multi-site arrangements.

Download from: ow.ly/EqF530qgtqy



PSNC Briefing 004/20: Pharmacy Quality Scheme – Completing your declaration

This PSNC Briefing provides further information on how to make a declaration for a Pharmacy Quality Scheme (PQS) payment, and the validation process for the gateway criteria.

Download from: ow.ly/dfk930qgtqW



PSNC Briefing 005/20: NHS Operational Planning and Contracting Guidance 2020/21

The NHS Operational Planning and Contracting Guidance 2020/21 will help to take the NHS Long Term Plan into its second year. This PSNC Briefing summarises the elements of this guidance which are of most relevance to LPCs and community pharmacy contractors.

Download from: ow.ly/3uhZ30qgtR2

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



Other resources



On-demand webinar: Data Security and Protection Toolkit

In this webinar, representatives from PSNC and NHS Digital provide guidance on completing the Toolkit, give a demonstration of how to use and navigate the Toolkit, and answer viewers' questions on how to make their Information Governance (IG) declaration.

Watch now: psnc.org.uk/toolkitwebinar

Look out for additional resources as you explore our website: psnc.org.uk



Email news alerts



CPCF Checklist 31. PQS: Declarations can now be submitted (3rd February)

Informing community pharmacy contractors that declarations can now be made to claim payment for the 2019/20 Pharmacy Quality Scheme.

Read now: ow.ly/zpb130qgtGQ

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

Quick Reference Guide: Using the PSNC Website

PSNC has created a number of shortlinks to make it easier and quicker for community pharmacy teams to find the information they need. This guide highlights some of the most relevant shortlinks.

PSNC support

| What you need | Link |
|---|---|
| Register for PSNC email newsletters | psnc.org.uk/enews |
| Search the PSNC briefings database | psnc.org.uk/briefings |
| Register for a PSNC event | psnc.org.uk/events |
| Find a PSNC webinar | psnc.org.uk/webinar |
| Feed something back (e.g. a supply issue) to PSNC | psnc.org.uk/feedback |
| See the future for community pharmacy | psnc.org.uk/futureofpharmacy |

Topical information

| What you need | Link |
|---|---|
| The five-year Community Pharmacy Contractual Framework (CPCF) | psnc.org.uk/5yearCPCF |
| Learn about the NHS Long Term Plan | psnc.org.uk/NHSLongTermPlan |
| Primary Care Networks (PCNs) | psnc.org.uk/PCN |
| Information about Brexit | psnc.org.uk/Brexit |

Dispensing activities

| What you need | Link |
|--|---|
| View the Drug Tariff | psnc.org.uk/DT |
| Using the Dictionary of Medicines and Devices (dm+d) | psnc.org.uk/dmd |
| PSNC's 'Is it Allowed on an FP10?' database | psnc.org.uk/FP10database |
| Different prescription forms | psnc.org.uk/prescriptionforms |
| Using the Electronic Prescription Service (EPS) | psnc.org.uk/EPS |
| Validity of Controlled Drug (CD) prescriptions | psnc.org.uk/CDvalidity |
| Dispensing FP10MDA forms | psnc.org.uk/MDA |
| Latest price concessions | psnc.org.uk/priceconcessions |
| Current medicine supply issues | psnc.org.uk/medicineshortages |
| View active SSPs | psnc.org.uk/liveSSPs |
| Dispensing unlicensed specials and imports | psnc.org.uk/specials |
| Dispensing appliances (medical devices) | psnc.org.uk/appliances |
| The 'Discount Not Deducted' (DND) list | psnc.org.uk/DND |

Dispensing activities (cont.)

| What you need | Link |
|--|---|
| Different prescription endorsements | psnc.org.uk/endorsing |
| Download the NHS Prescription Charge Card | psnc.org.uk/chargecard |
| Exemptions from the prescription charge | psnc.org.uk/exemptions |
| Which products attract multiple charges | psnc.org.uk/multichargesfactsheet |
| Preparing your end of month submission | psnc.org.uk/submissionfactsheet |
| Using the Manage Your Submissions (MYS) portal | psnc.org.uk/MYS |
| Making claims for EPS prescriptions | psnc.org.uk/EPScclaimguide |
| Which EPS tokens need to be submitted in your monthly bundle | psnc.org.uk/EPStokensubmission |
| Understand your FP34 Schedule of Payments | psnc.org.uk/FP34 |
| Reconciling your EPS submission totals with your FP34 | psnc.org.uk/reconcileEPS |

Seasonal and less frequent activities

| What you need | Link |
|---|---|
| Prevent prescription switching | psnc.org.uk/switchingfactsheet |
| Request a bundle recheck | psnc.org.uk/recheck |
| The six mandatory public health campaigns | psnc.org.uk/publichealth |
| How Category M prices are calculated | psnc.org.uk/categorym |
| The Flu Vaccination Advanced Service | psnc.org.uk/flu |
| The Pharmacy Quality Scheme (PQS) | psnc.org.uk/PQS |
| The NHS Community Pharmacist Consultation Service (CPCS) | psnc.org.uk/CPCS |
| The Community Pharmacy Assurance Framework (CPAF) and contract monitoring | psnc.org.uk/CPAF |
| Completing your information governance (IG) submission | psnc.org.uk/IG |
| Using PMR system suppliers | psnc.org.uk/systemsuppliers |
| Community pharmacy service statistics | psnc.org.uk/statistics |
| Locally commissioned pharmacy services database | psnc.org.uk/database |