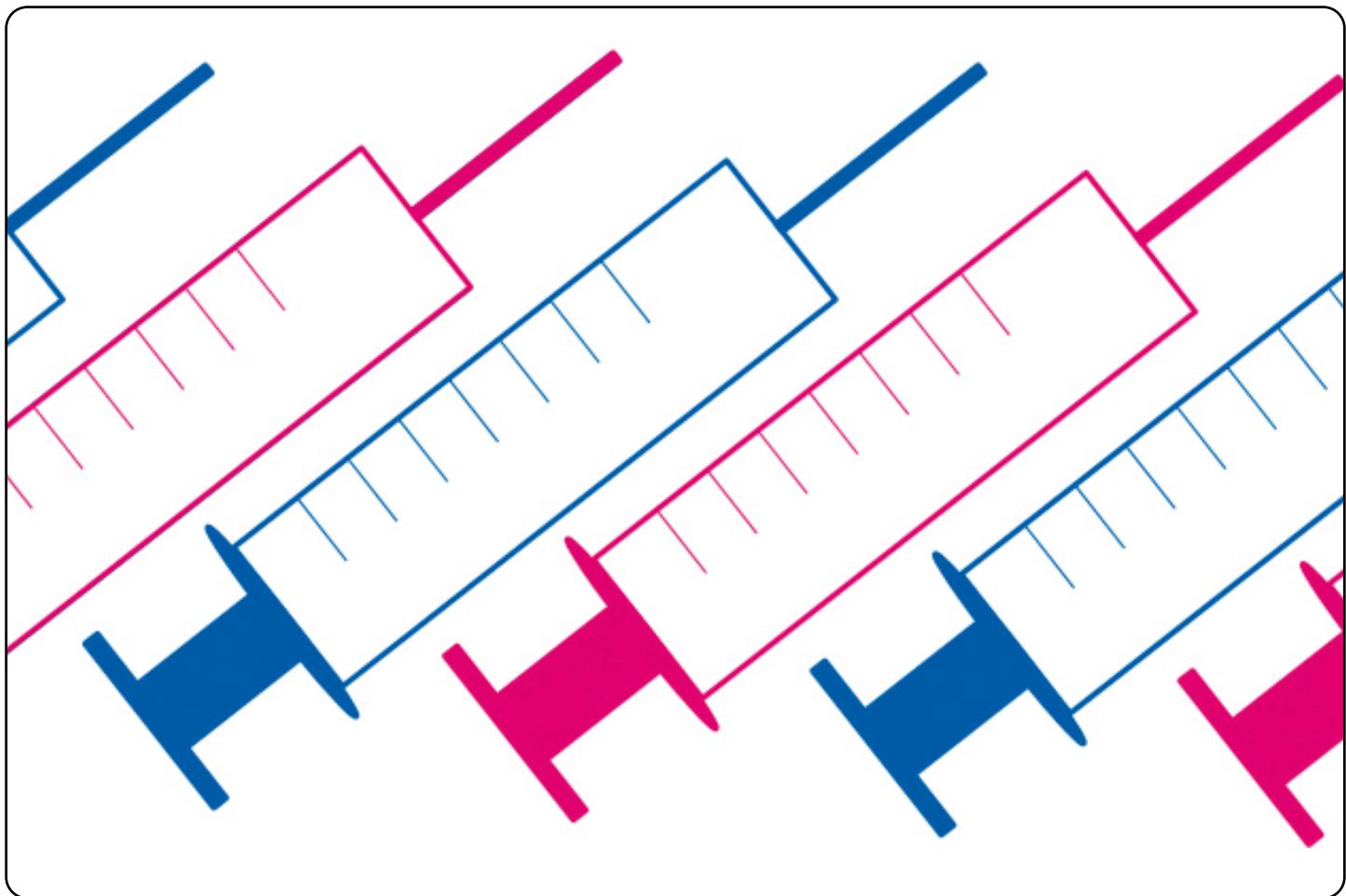


# CPN

Community Pharmacy News – September 2020



**Huge demand for flu vaccination service  
Community pharmacists vaccinate more than 65,000  
NHS patients in first four weeks.**



**Simon Dukes**  
PSNC Chief Executive

I was in a text exchange last week with an eminent pharmacist. "How's it going ...?" he asked. I replied: "We're in the midst of some difficult negotiations ... and with the second wave upon us, I don't think either PSNC or pharmacy is going to have much a break anytime soon." He responded: "How can negotiations be difficult: Matt H has promised to push money to community pharmacy, and the sector has provided fantastic service since March?"

I can't fault his logic (and told him so). In any other sector, the customer would be grateful for the efforts their contractors had gone to – ensuring that contracted services continued despite the unprecedented challenges of a national (and international) crisis and helping vast numbers of people and patients throughout the very difficult national lockdown period. In any other sector, there would be about now a "reckoning" – making sure that all out-of-pocket expenses contractors had suffered in keeping the show on the road were recompensed. There would then follow a discussion on future opportunities given the exemplary service received and the professionalism in which it had been carried out. In all likelihood, in any other sector, the customer would commission and pay for more services – mindful of the increasing costs of doing business ... inflation ... salaries ... COVID-19 etc. In any other sector, and particularly in the healthcare sector which is so critical in an international crisis of this nature, we would expect this to be a swift

## Chief Executive's blog

PSNC's CEO considers the frustrating delay in support for COVID-19 costs, whilst being encouraged by announcements on CPCS and a new pathway to independent prescribing.

and painless process because the last thing you would want to do as a customer is to distract the contractor from the important work they were engaged in on your behalf. In any sector but community pharmacy, it seems.

As I mentioned at the LPC Conference the other week, we are still far apart on our discussions with Government on COVID-19 related costs. Despite the phenomenal work that has taken place across the community pharmacy sector, HM Treasury and others appear determined to constrain the amount of compensation that is offered to pharmacy businesses. I do understand that this news is frustrating and bewildering for many contractors on the front line: indeed the negotiations have been for PSNC also, particularly given the support and promises of Health Ministers. Nevertheless, we continue to press our case and as soon as we get some clarity, we will let you know.

It was also encouraging to hear Chief Pharmaceutical Officer Keith Ridge's announcement at the LPC Conference of a new training and development programme, which will be open to community pharmacists, and will include a pathway to independent prescribing. We all look forward to hearing more on that topic. I'm also pleased that GP referrals into the Community Pharmacist Consultation Service (CPCS) will start to roll out on 1st November. This represents a significant milestone in the implementation of the service developments agreed in the Five-Year Community Pharmacy Contractual Framework. It will also build the platform for longer-term relationships between pharmacists and GPs and that has to be a good thing.

And finally, I need to mention the flu vaccination service. As I have said before, this year it will be more ambitious, more flexible and more unusual than ever before. Contractors will all have a huge challenge with the numbers involved this season and community pharmacy will once again need to collaborate with GP colleagues – indeed for the first time we now have a joint incentive scheme in order to help that along. Contractors will however benefit from the changes we sought to the service requirements on consent and the flexibility to undertake vaccinations outside the consulting room and off-site.

### GP referrals into the CPCS represents a significant milestone

The 16th September LPC Conference was the first time this annual event had been held virtually. The feedback I've received tells me it was a real success – the vast majority of attendees surveyed have told us that the event was 'good' or 'excellent'. The IT platform we used was intuitive, and the structure and content of the day was well received despite frustrations about the lack of negotiations news that we had to share. The pharmacy press thought similarly. One of the key discussion points was the **David Wright Review** and next steps. We are drafting a proposal for a representative group to oversee and manage delivery, timescales and costs of the next phase of the Wright Review's findings. We will propose that the group is formed and meets during October. Further details on this will follow shortly.

Contractors are already reporting a massive increase in demand for vaccinations compared to the same time last year, which was to be expected, but has unfortunately meant that some patients are having to wait a little longer for their vaccinations. Whilst pharmacy teams are rising to the challenge magnificently, we also hope to be successful in securing an amendment to the Regulations to allow pharmacies to focus solely on the provision of flu vaccinations during a proportion of their opening hours. I hope that will go some way to alleviating the load for overworked staff.

# Extended flu vaccination programme begins

Service gets off to a flying start with contractors reporting a massive increase in public demand for flu vaccination.

## Changes made to support service provision this flu season



The first four weeks of the flu vaccination service saw community pharmacists vaccinating over 650,000 NHS patients – three times the number vaccinated in the same period last year.

This year's vaccination effort represents a massive undertaking on the part of pharmacy teams to help protect at-risk patients – all part of the NHS programme to reduce the health impact of flu and the added risk to patients who also get infected with COVID-19.

The largest ever community pharmacy flu vaccination programme launched on 1st September 2020 after NHS England and NHS Improvement (NHSE&I) published the service specification for the 2020/21 Community Pharmacy Seasonal Influenza Vaccination Advanced Service and the associated national Patient Group Direction (PGD).

PSNC has successfully negotiated key flexibilities to help contractors to provide the service at a greater scale than before and in a COVID-safe manner. They are in line with the flexibilities PSNC announced it was discussing in last month's CPN magazine and include enabling contractors to:

- Offer vaccinations outside the pharmacy consultation room, off the pharmacy premises, and in care homes;
- Use a verbal consent model;
- Forgo submission of the 'Notification of intent to provide off-site NHS flu vaccinations' form to their regional NHSE&I team; and
- When providing flu vaccinations at a care home, omit notification of the patient's GP in advance of vaccination.

Work is also ongoing at DHSC to seek an amendment to the Regulations to allow pharmacies to focus solely on the provision of flu vaccinations during a proportion of their opening hours.

## Digital Guide to the service

A new 30-minute video provides an overview of the service requirements, highlighting the changes to the service for the 2020/21 season and covering a number of key issues such as patient eligibility, provision of the service in a COVID-safe manner, and how to claim payment.

Find the digital guide, along with other resources, in our flu hub: [psnc.org.uk/flu](https://psnc.org.uk/flu)

## Flu vaccination funding

PSNC has agreed a position with NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care on funding for the flu vaccination service.

The fee per vaccination will remain at £9.58, but we have also agreed, for this year only:

- £0.50 per vaccination will be paid, funded from the Transition Fund; and
- up to £1m of medicines margin can be retained for flu vaccinations administered above the number in a normal year.

This means the combined value of fees paid per vaccination will be £10.08, alongside the usual reimbursement for the cost of the vaccine.

## Claims for off-site provision

NHSE&I are also making funding available to support the costs contractors might incur if they organise vaccination sessions off the pharmacy premises.

Contractors will be required to obtain pre-authorisation of the costs from their regional NHSE&I office, and to undertake a minimum of 20 vaccinations at the venue. Claims of up to £200 can be made for venue hire and, when claiming for the cost of venue hire for the first-time, contractors can additionally claim a one-off payment of £200 for cold storage equipment.

These payment claims should be made monthly, via the Manage Your Service (MYS) platform.

## Vaccinating 50-64-year olds

Community pharmacy contractors are reminded that as part of the further extension to the vaccine programme in 2020/21, people in the 50-64-year old age group cannot be vaccinated until an announcement is made by NHSE&I. This is likely to occur in November or December.

Prior to that point, patients aged 50-64 who are not in one of the clinical at-risk groups are NOT eligible to be vaccinated under this service. Contractors doing so are acting outside the PGD and therefore will not be able to claim payment for these vaccinations.

## October Category M prices

Adjustments have been made to the Drug Tariff Category M pricelist for October 2020 which incorporate a reduction in the uplift previously applied from June 2020, along with an increase to margin run rates, and increases to reflect increased medicine buying costs. PSNC analysis indicates that the overall impact on reimbursement will be broadly flat.

PSNC has agreed the adjustments based on our analysis of margin delivery in previous years and on current projections for 2020/21. Our objectives are to ensure full delivery of agreed margin and smooth delivery as much as possible. Learn more at: [ow.ly/SL8m30rbLVT](http://ow.ly/SL8m30rbLVT)

## NPA: Pharmacy funding insufficient

The National Pharmacy Association (NPA) has published the **Impacts of current funding, policy and economic environment on independent pharmacy in England**; an in-depth report suggesting that, as things stand, around three-quarters of pharmacies could be in deficit by 2024.

PSNC Chief Executive Simon Dukes said: "We agree that community pharmacies are in an incredibly difficult financial situation now, with many of them already making a loss and the situation set to worsen in the next few years. This is in line with PSNC's recent letter to HM Government arguing for an uplift to the Community Pharmacy Contractual Framework."

## Next steps on Independent Review

At this month's LPC Conference, delegates heard the analysis of feedback received on the next steps for the Independent Review into Contractor Support and Representation.

There was total agreement about the need to move the process forward with the majority of respondents stating that existing money, through proportional use of LPC reserves, should be used to fund the next stage of the process. It was also clear that respondents wanted contractors to be at the centre of any changes and that forming a working group is the next logical step to take.

# Pharmacies carry out one million consultations a week

PSNC Pharmacy Advice Audit reveals that 49% of patients would have visited their GP if their local pharmacy team had not been there to help.



PSNC has published the findings of the Pharmacy Advice Audit, showing the huge number of informal patient consultations that community pharmacies are carrying out and the positive impact those consultations are having both on patients and other healthcare services.

More than 9,400 pharmacies in England took part in PSNC's audit to try to quantify and explore the informal patient consultations happening in community pharmacy – these are consultations happening outside the Community Pharmacist Consultation Service (CPCS) or any other commissioned services.

The audit indicated that during an average week across all English pharmacies over 600,000 consultations are carried out to respond to patients' symptoms, and nearly 185,000 consultations are carried out where pharmacies give patients additional support for a known medical condition.

Fewer than 10% of the consultations recorded in the audit resulted in patients being referred to their GP, yet 49% of patients said that if the pharmacy had not been there, they would have visited their GP instead.

Extrapolating the results of this national audit, taking away pharmacy advice would result in approximately 492,000 additional GP appointments each week, or 65 appointments in each GP practice each week in England.

Read the full report at: [ow.ly/WMPF30rbMGq](http://ow.ly/WMPF30rbMGq)

## Main findings

- The average staff time per consultation was just over 5 minutes;
- Around 10% (approx. 20,900) of the consultations were initiated with the non-pharmacist and referred to the pharmacist – this meant for longer total consultation times;
- Consultations initiated with a pharmacist took an average of 5.3 minutes pharmacist time;
- Consultations initiated with a non-pharmacist took an average of 4 minutes, with 19% referred to the community pharmacist where on average a further 4.3 minutes was spent with the patient; and
- Around 75 minutes per day, per pharmacy, is spent providing these consultations.

# COVID-19 testing

Community pharmacy teams should familiarise themselves with the following updates about COVID-19 testing, including the NHS Test and Trace service.



## Accessing priority C-19 testing

Pharmacy contractors will be aware from recent media reports of the challenges the NHS Test and Trace service is currently facing, with increased demand being seen for COVID-19 tests for symptomatic individuals. PSNC has also received reports from contractors that pharmacy staff members with COVID-19 symptoms have been unable to access testing.

Community pharmacists and their staff are classed as essential workers who are prioritised for testing and employers can refer essential workers for testing if they are self-isolating because either they or members of their household have coronavirus symptoms.

They can do this by uploading the names and contact details of self-isolating essential workers to the secure employer referral portal. Information about using the portal has been added to PSNC's COVID-19 testing webpage: [psnc.org.uk/COVID19testing](https://psnc.org.uk/COVID19testing)

## NHS COVID-19 app and QR code posters

The long-awaited NHS COVID-19 app launched on 24th September 2020. It will be heavily promoted to members of the public, as the Government sees this as a vital part of the NHS Test and Trace service in England.

The Government is encouraging businesses and organisations, such as hospitality services, to display official NHS QR code posters at their venue entrances to help support contact tracing. Community pharmacies are not required to display NHS QR code posters but may do so, according to Government advice.

## Test and Trace assessments

Contractors are reminded that if they disagree with an assessment or an identification of a recent close contact by an NHS Test and Trace contact tracer, they should ask to speak to his or her supervisor, so that the case can be escalated and reviewed.

PSNC considers that any assessment of a close contact between pharmacy staff ought to take into account the use of PPE (including its type and situational appropriateness) and other mitigating factors that may reduce the risk of infection transmission to such an extent that the individual identified as a contact does not need to self-isolate.

There are three levels of contact tracer and contractors are advised to escalate the case to the Public Health England (PHE) local health protection team (Tier 1, the highest level) where there are implications for the continued provision of pharmacy services.

## Face coverings compulsory for retail staff

From 24th September 2020, it became compulsory for community pharmacy staff to wear a face covering in areas that are open to the public and where they come, or are likely to come, within close contact of a member of the public.

However, there is existing Public Health England guidance on the wearing of face masks in community pharmacy, for staff in both clinical and non-clinical roles, which is applicable to all primary and community health care providers.

PSNC information on the use of facemasks is available at: [psnc.org.uk/PPE](https://psnc.org.uk/PPE)

## Access to free PPE via portal

The Government's PPE portal can now be used by community pharmacies to obtain all the COVID-19 personal protective equipment (PPE) they need; the supplies will be provided free of charge. The Department of Health and Social Care (DHSC) has partnered with eBay, Clipper Logistics and Royal Mail to develop this service.

Pharmacies can use the portal to meet the extra need for PPE that has arisen as a direct result of the COVID-19 pandemic. The current weekly order limits for pharmacies are listed on the [GOV.UK website](https://www.gov.uk/government/coronavirus-information); the more staff a pharmacy has, the larger the quantity of PPE that can be ordered each week.

## Extension of emergency regulations

The declaration of an emergency requiring the flexible provision of pharmaceutical services, which was introduced to help maintain pharmacy services during the COVID-19 outbreak, has been extended to 30th November 2020.

This declaration enables pharmacies to make temporary changes to opening hours or temporary closures where, first, adequate reasons for the changes are provided to NHS England and NHS Improvement (NHSE&I), second, the contractor has given NHSE&I 24 hours' notice of those changes and, third, NHSE&I has agreed to those changes or does not object to them.

Learn more at: [psnc.org.uk/resilience](https://psnc.org.uk/resilience)

## Changes to shared NHSmail mailbox names

NHS Digital is introducing an improved naming convention for pharmacy shared mailboxes. The new format is scheduled to roll-out to pharmacy NHSmail users in mid-September 2020 using the following convention:

**Shared mailbox email address:**  
pharmacy.ODScode@nhs.net

**Display name:** Pharmacy.ODScode  
(Pharmacy name, Town)

After the change is made, an email notification will be sent to the shared pharmacy mailbox to advise of the new shared mailbox email address. PSNC has been seeking this change for several years, as feedback from contractors agreed that the original naming convention was too long and a shorter alias version would be preferred.

## Boxing Day 2020

Contractors are reminded that this year Boxing Day (26th December 2020) is a Saturday, a normal day for the purposes of community pharmacy opening hours. Therefore, pharmacies must open on the 26th for any core and supplementary hours. The substitute bank holiday for Boxing Day this year is Monday 28th December, when contractors do not have to open.

Further PSNC information on bank holiday opening can be found at: [psnc.org.uk/hours](http://psnc.org.uk/hours)

## PMR and clinical system integration

Pharmacy teams using the Proscript Connect PMR system and PharmOutcomes now experience information they input automatically flowing between both of those systems.

This innovative two-way integration is enabling pharmacists to provide the NHS flu vaccination service without switching between ProScript Connect and PharmOutcomes during consultations. Also, during the first peak of the COVID-19 pandemic, it made the process of identifying shielded patients within the PMR system easier. Learn more at: [ow.ly/hLRP30rbLpT](http://ow.ly/hLRP30rbLpT)

# Changes to Advanced services

Verbal consent and remote consultations are now permitted for Advanced services, including Medicines Use Reviews and the New Medicine Service.

**COVID-19 pandemic leads to changes for consent and other rules**



From September 2020, it is no longer a contractual requirement that written consent is obtained from patients prior to the provision of the Flu Vaccination Service, Medicines Use Reviews (MUR), the New Medicine Service (NMS) and Appliance Use Reviews (AUR).

Instead, for these services, verbal consent can be obtained and a record of that made in the pharmacy's clinical record for the service. These changes were agreed by the Department of Health and Social Care and NHS England and NHS Improvement (NHSE&I), following a proposal to move to a verbal consent model made by PSNC.

Additionally, MURs and AURs may now be provided by phone or video consultation, where this is clinically appropriate, and without the contractor having to seek prior approval from NHSE&I.

In a similar change, all NMS consultations can now be undertaken by telephone or video consultation, where the patient has previously consented to this and it is clinically appropriate; previously phone consultations were allowed for the intervention and follow-up stages of the service.

It is also now possible for a pharmacist providing the NMS to do so by telephone or video consultation, where the pharmacist is not located at the pharmacy, e.g. a pharmacist who is working from home, because they are shielding from COVID-19.

In all circumstances where, with the patient's prior consent, telephone or video consultations are used to provide parts of the NMS, the pharmacist must undertake the consultation in an environment where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example a carer).

All of these changes are intended to support contractors to provide services in a COVID-safe manner, as the pandemic continues to take its course.

## CPCF Health Campaigns agreed for 2020/21

Community pharmacies will need to participate in two public health campaigns during the rest of 2020/21 as part of their contractual requirements. This has been reduced from the usual six due to the COVID-19 pandemic.

The first is the annual campaign which encourages eligible people to get vaccinated against flu, beginning in early October. Campaign resources are being delivered to pharmacies. Find out more at: [psnc.org.uk/publichealth](http://psnc.org.uk/publichealth)

# Updates on the Pharmacy Quality Scheme

Pharmacy teams are reminded of the importance of the COVID-secure aspects of Part 1 PQS, whilst the aspiration payment claim window opens for Part 2.

**The latest information and guidance on this year's scheme**



Community pharmacy contractors and their teams will be aware from recent national media reports of the increasing numbers of COVID-19 infections and the actions being taken by the Governments across the UK to tackle local outbreaks.

This provides a context in which it is of the utmost importance that contractors have put in place appropriate measures to make their pharmacies COVID-secure and have undertaken appropriate measures to seek to protect their staff.

Those measures include the elements set out in the **Part 1 Pharmacy Quality Scheme (PQS) 2020/21** checklist, in particular the offer and, where accepted, completion of **individual COVID-19 risk assessments for each member of staff**. Guidance on how to undertake individual risk assessments is available from several organisations, with links to these available in our COVID-19 hub: [psnc.org.uk/PPE](https://psnc.org.uk/PPE)

## PQS Aspiration payment

Undertaking all the elements of the Part 1 PQS checklist will allow the contractor to make a claim for an aspiration payment of £1,630 and that also qualifies the contractor to participate in the **Part 2 PQS**, as completion of the Part 1 scheme is the Gateway requirement for the Part 2 scheme.

The Aspiration payment window is open until **23:59 on 9th October 2020** and must be claimed via the Manage Your Service (MYS) portal. To qualify to receive

it, contractors will need to decide which domains they intend to meet at the February 2021 declaration period for Part 2 PQS, and declare that they will complete PQS Part 1 by 23:59 on 29th January 2021.

The payment is optional for contractors and not claiming it will not impact on the contractor's ability to claim a payment for the PQS 2020/21 Part 2.

## Part 2 PQS resources

**NHSE&I guidance:** All contractors who are planning to participate in PQS are advised to read the guidance to ensure they fully understand all the requirements of the scheme.

**PSNC Digital Guide:** Our 20-minute guide offers busy contractors an alternative introduction to the scheme's requirements and outlines the support available from PSNC.

**PQS Infection Prevention and Control e-learning:** NHSE&I have now confirmed that the relevant training modules for this domain have been adapted and are now available for completion.

Additional information and resources are available in PSNC's PQS hub: [psnc.org.uk/PQS](https://psnc.org.uk/PQS)

## GP CPCS referrals to commence

At its September 2020 meeting, PSNC agreed proposals that general practice (GP) referrals into the Community Pharmacist Consultation Service (CPCS) should commence this autumn. This decision follows recent negotiations with NHSE&I, who have been piloting this as part of the Pharmacy Integration Programme.

Work is now underway to plan the roll out of the service, which will engage general practices across England, supporting them to make referrals of patients to community pharmacists for minor illness consultations. Further information on the rollout plans will be published in due course.

## CPCS training now available

New continuing professional development (CPD) workshops are now available to support community pharmacists in effective patient-facing consultations and clinical assessments for a range of common minor illnesses. The CPD is being delivered in partnership with the Royal Pharmaceutical Society, Royal College of General Practitioners and the Centre for Pharmacy Postgraduate Education (CPPE).

The workshops provide pharmacists with the opportunity to refresh and update their skills, including how to carry out an effective remote consultation and communicate more effectively with GPs. Learn more at: [ow.ly/QwS130rc7Qs](https://ow.ly/QwS130rc7Qs)

## SMR guidance includes NMS referrals

New NHS guidance for Primary Care Networks (PCNs) on the provision of Structured Medication Reviews (SMR) includes referrals being made to the community pharmacy New Medicine Service (NMS).

The guidance has been published by NHSE&I to support PCN clinical pharmacy teams with implementation of the structured medication review and optimisation service requirements in the Network Contract Directed Enhanced Service Specification for 2020/21. PCNs are asked to proactively consider all aspects of the guidance when planning, implementing and delivering the service. Read more at: [ow.ly/kjyR30rc7RD](https://ow.ly/kjyR30rc7RD)

# Dispensing and Supply News

Our Dispensing and Supply Team highlights the latest news, information and guidance that community pharmacy teams should be aware of.

## Over 100 products added to the Discount Not Deducted (DND) list

Ensure liquid, Fortisip Compact Protein liquid and Aptamil Pepti 1 powder are amongst a large number of products that will enter the list of 'Drugs for which Discount is Not Deducted' (DND) in Part II of the Drug Tariff from 1st October 2020. Following applications made by PSNC to the Department of Health and Social Care (DHSC) and the NHS Business Services Authority (NHSBSA), the deduction scale will no longer apply to more than 100 new products added to the DND list. View the full list of products at: [ow.ly/Y2IF30rcV5k](https://ow.ly/Y2IF30rcV5k)

PSNC will continue its work to assess whether other drugs and appliances fulfil the current DND entry requirements under either the 'Group' and 'Individual item' criteria and make applications to NHSBSA and DHSC, accordingly.

For a list of all the monthly changes to the DND status of products please see: [psnc.org.uk/DNDchanges](https://psnc.org.uk/DNDchanges)

## New specials products added to dm+d

Following representations made by PSNC, a total of 24 new unlicensed products have been added to **NHS dictionary of medicines and devices (dm+d)** as '(Special Order)' or '(Imported (Country))' listings.

Due to ongoing supply issues affecting the availability of certain licensed products, PSNC requested the addition of new '(Special Order)' or '(Imported (Country))' dm+d listings to facilitate electronic prescribing of these unlicensed products. The addition of any recommended unlicensed alternatives to dm+d allows prescribers to select and prescribe the correct unlicensed product.



Over the past 12 months, PSNC has monitored the supply updates communicated by DHSC and submitted applications for all recommended unlicensed alternatives to be added to dm+d as quickly as possible. PSNC will continue to work with DHSC to ensure that any new specials products recommended as suitable alternatives are added to dm+d in a timely manner.

The full list of products can be found at: [ow.ly/zNla30rccIP](https://ow.ly/zNla30rccIP)

## Shortage Notice: Cloral betaine 707mg tablets

Marlborough Pharmaceuticals has advised that Cloral betaine 707mg tablets are out of stock with resupply expected Q1 2021. In the interim, supply of an alternative imported unlicensed medicinal product is available through Alliance Healthcare Specials.

**Where the prescribing of a 'special' is considered appropriate by the prescriber, a prescription must be issued with the wording '(Special Order)' or '(Imported (Country))' to ensure that a pharmacy can dispense and be correctly reimbursed for a non-Part VIIIB special.** There is currently no **dm+d** Actual Medicinal Product (AMP) dm+d listing for the specials product for prescribers to select using their prescribing systems so a prescription for unlicensed Cloral betaine 707mg tablets cannot be issued using EPS.

Until the listing has been added to dm+d, where a prescriber wishes to prescribe the special, **a paper FP10 prescription** should be issued as '**Cloral betaine 707mg tablets (Special Order)**' and endorsed by the pharmacy as a non-Part VIIIB special. Further guidance is available at: [ow.ly/Gu6330rccME](https://ow.ly/Gu6330rccME)

## Lithium carbonate tablets

Last month the Department of Health and Social Care (DHSC) issued a [supply disruption alert](#) stating that Priadel®(Lithium carbonate) 200mg and 400mg modified-release tablets are being discontinued in the UK with remaining supplies expected to be exhausted by April 2021.



The alert details alternative licensed lithium brands which are available; Camcolit® is another brand of Lithium 400mg modified release tablets but there is no alternative brand available for Lithium 200mg modified release tablets.

Due to the narrow therapeutic index of lithium and the variation in bioavailability between different lithium preparations, pharmacy teams should expect prescriptions to specify the brand of lithium required. **Where pharmacy teams receive a generically written prescription for Lithium carbonate 400mg modified release tablets and the Camcolit brand is required for the patient, pharmacy teams are advised to refer the prescription back to the prescriber to be written by brand.** Further information, including reimbursement guidance, is available at: [ow.ly/ySvH30rccHR](https://ow.ly/ySvH30rccHR)

# Ask PSNC

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

**Q. Can the pharmacist or a member of the pharmacy team act as a patient representative and sign a prescription on the patient's behalf?**

A. Yes, pharmacy staff may act as an extension of the patient (with their consent). The patient should understand that if any of the information provided to the pharmacy is incorrect then they would be liable for any penalties, not the pharmacy.

For more information see PSNC's [Exemptions from the prescription charge](#) page

**Q. Why are paper FP10 prescriptions switched?**



A. During the pricing of prescriptions, if the NHSBSA does not agree with the charge group (i.e. paid or exempt) in which a prescription has been submitted, the paper FP10 prescription will be 'switched'.

Switching occurs when a prescription is moved from the group it was submitted in to the other (for example, moved from exempt to chargeable or vice-versa). When your account is processed by the NHSBSA, the reverse of each paper prescription is assessed to determine if it has been filed in the correct group and has been completed correctly by the patient/representative.

*It is essential that contractors ensure that patient declarations are completed correctly and that all prescriptions have been filed in the correct charge group before submission to the NHSBSA.*

For more information see our [Dispensing Factsheet: Prescription Switching](#)

**Q. Do I need to request proof of a patient's exemption status before I can dispense their prescription?**



A. Pharmacy staff should ask to see evidence of patients' entitlement to free prescriptions and check the expiry date on any certificates presented. Pharmacy staff need not refuse to dispense items on the basis that the patient does not provide evidence of their entitlement to free prescriptions. If any proof of exemption cannot be provided, the patient or their representative should be asked to sign and declare their stated reason for exemption and the pharmacy should mark the 'Evidence Not Seen' box on the form with a 'X'.

Pharmacy contractors are required by their Terms of Service, before supplying the drug or appliance, to advise any patient or their representative claiming exemption from payment of NHS prescription charges – where evidence is required but not provided - that NHS checks are routinely undertaken to verify their entitlement to free prescriptions, as part of arrangements for preventing or detecting fraud or error. Patients can be signposted to NHSBSA's [eligibility checker](#) to find out if they are entitled to free NHS prescriptions or use the [NHSBSA's exemption checking service](#) to check if they hold a valid exemption certificate.

**Q. Are migrants automatically exempt for NHS prescription charges?**

A. No, to be exempt from prescriptions charges they would need to be in possession of a valid HC2 (full help) certificate. The route of obtaining the HC2 certificate may depend on whether the migrant is classed as a refugee or asylum seeker.

**Asylum seekers:** Patients should apply for support using the [HC1 form](#).

**Refugees:** If a patient is supported by UK's Visas and Immigration (UKV&I) department, NHSBSA will automatically send a six-month HC2 certificate entitling refugees to help with health costs including free prescriptions. If the patient is not supported by UKV&I they would need to complete an [HC1 application form](#) and state they are not supported so that NHSBSA can issue a six-month HC2 certificate.

# Prescription re-check Factsheet

Pharmacy contractors concerned about prescription pricing errors may request the NHS Business Services Authority (NHSBSA) to carry out a recheck of prescription(s) (or entire monthly prescription bundles) if it is believed that they have been priced incorrectly. This factsheet explains how contractors can make a request to have a specific month or months' prescriptions rechecked by the NHSBSA. Part XIVB of the Drug Tariff outlines the current prescription recheck arrangements for contractors.

## Identifying payment discrepancies

Each month, contractors are encouraged to reconcile their Schedule of Payment (SoP) against a copy of the associated FP34C submission form sent to NHSBSA. The SoP provides a monthly summary of payments for drugs and appliances dispensed, total of fees, breakdown of expensive items, and details of any local and other payments authorised.

If contractors believe they have been paid incorrectly by the NHSBSA, PSNC advises pharmacy contractors to first check their monthly SoP, as soon as possible upon receipt, to identify any anomalies, unusual trends or potential errors. If the summary of payments outlined in the SoP do not indicate the possible source(s) of error, pharmacy contractors can drill down into their item-level payments by accessing and viewing the relevant monthly Prescription Item (Px) reports available from [NHSBSA's Information Services Portal](#).

Reasons why pharmacy contractors may request an item-level or entire prescription bundle recheck relate to issues involving:

- **Item counts** – discrepancy between the number of items declared by the contractor and those processed for payment by the NHSBSA - refer to PSNC's factsheets on [EPS 5-day window](#) and [Number of items – getting your declaration right](#) for further information
- **Incorrect transcription or transposition of figures included in the FP34C** – this could arise due to human error where figures are input incorrectly by a member of pharmacy staff involved in the end-of-month submission process. Errors could also arise at the NHSBSA end if figures included in the FP34C submission are not clearly legible or are re-keyed incorrectly by NHSBSA staff into their processing systems
- **Endorsements** – certain prescription item endorsements that appear to have been missed by the NHSBSA
- **Missing payments and/or other payment errors** – expected total monthly payment or item-level payment is lower than that received by the contractor
- **Expensive items** – missing or incorrectly reimbursed expensive items
- **Out of pocket expenses** – incorrect or missing payments for any out of pocket expense claims submitted
- **Prescription charges** – discrepancy between the number of prescription charges declared by the contractor and those deducted by the NHSBSA



## Further resources

- [NHSBSA's Prescription Recheck Request Form](#)
- [Understanding your FP34 Schedule of Payments](#)
- [Factsheet: Using Your Schedule of Payments to Monitor Performance](#)
- [Number of items – getting your declaration right](#)
- [Prescription Switching](#)
- [Prescription Submission](#)

• **Switching** – higher than usual number of paper prescriptions switched between exempt and chargeable groups

• **EPS Release 2** – any EPS related-issue including missing or incorrectly paid items, items marked as "Not Dispensed" or where items are submitted with incorrect exemption reason/paid category

PSNC has created a factsheet on '[Understanding your Schedule of Payments](#)' to help contractors identify any payment discrepancies and consider if a recheck is required.

## Requesting a prescription or bundle recheck

If after checking through monthly SoPs and/or Px reports, a contractor believes a pricing error has been made by the NHSBSA, a recheck of a month or specific months' prescriptions can be requested following the process outlined below:

- Fill out a [prescription pricing enquiry form](#) (see image on p11) indicating the nature of the enquiry (for e.g. number of items, expensive items, switching etc) which has affected payment and providing any additional information which may help NHSBSA to process the recheck request.
- Once completed, the enquiry form must be signed and dated, and submitted via email to [nhsbsa.repricingrequest@nhs.net](mailto:nhsbsa.repricingrequest@nhs.net) or alternatively the form can be posted to the Customer Payments Team, NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.

- All requests must be submitted no later than eighteen months from the end of the month of dispensing month (e.g. for prescriptions dispensed in September 2020, the request must be submitted before end of 31 March 2022). After the eighteen-month deadline has passed, for example: 1 October 2021 for prescriptions dispensed in March 2020, no further requests can be made for that dispensing month. Complete a separate form for each month being requested for a recheck.

**NHS**  
Business Services Authority

**Prescription pricing enquiry**

Pharmacy name: \_\_\_\_\_  
Pharmacy address: \_\_\_\_\_

Contact name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

Account ID: [F] [ ] [ ] [ ] Month: [ ] Year: [ ]

Please indicate the nature of the enquiry affecting the payment of your account:

Item count     Expensive items     Switching  
 Charges count     Out of pocket expenses     EPS R2     Endorsements

Additional information which may help NHSBSA to process your recheck request:

- Contractors with more than one pharmacy need to complete separate request forms for each pharmacy and month they wish to have rechecked.

Pharmacy contractors should be aware that where they have requested rechecks of one or more complete monthly bundle(s), NHSBSA has indicated that it will select an equivalent number of additional months to check, where appropriate. This to ensure that any adjustments made fairly reflect both underpayments and overpayments.

### Payment adjustments and notification of recheck results by NHSBSA

Following the re-check:

- where a net underpayment is revealed, the contractor will be paid the value of the underpayment.
- where a net overpayment is revealed, the NHSBSA will recover the value of the overpayment.

If contractors are unhappy with the outcome of a recheck or would like further details on a recheck, they can contact the NHSBSA helpdesk on 0300 330 1349. Alternatively, the relevant team at NHSBSA can be reached by emailing [nhsbsa\\_repricingrequest@nhs.net](mailto:nhsbsa_repricingrequest@nhs.net).

If contractors still disagree with the outcome of a recheck following contact with NHSBSA helpdesk, PSNC's Dispensing and Supply team can be contacted for further advice by emailing [info@psnc.org.uk](mailto:info@psnc.org.uk) or by phoning 0203 1220 810

Any adjustments made can be broadly split into the following categories:

- Drugs credit/debit:** This is the net adjustment taking into account drug costs and payments for containers ('split pack fees') for items wrongly priced, missed (i.e. not priced at all initially) or priced in error.
- Fees credit/debit:** This is a net adjustment in relation to single activity fees, expensive item fees and prescription charges. Again, such adjustments may be necessary in the case of accounts where there have been items wrongly priced, missed (i.e. not priced at all initially) or not dispensed (ND) items priced in error as well as for prescriptions that have been 'switched' in error, or conversely, not switched during the initial pricing but should have been.

Following completion of a recheck, the NHSBSA issue a letter to the contractor indicating the number of forms and items counted during the recheck and provide certain information regarding errors and adjustments made including details on the most common errors found in the batch; this information is provided so that the contractors can adjust their processes to prevent the same error from recurring. Accounts are adjusted to reflect any over or under-payment by the NHSBSA at the next available opportunity.



**Q. Does the NHSBSA only recheck prescriptions or bundles as requested by the contractor?**

A. The NHSBSA will recheck specific prescription(s) or entire monthly bundle(s) as requested by a contractor. However, pharmacy contractors should be aware that where they have requested rechecks of one or more complete monthly bundle(s), NHSBSA has advised that it may select an equivalent number of additional months to check, where appropriate. This is to ensure that adjustments made fairly reflect both underpayments and overpayments.

**Q. After a recheck is completed how are any payment errors adjusted?**

A. Where a net underpayment is revealed, the contractor will be paid the value of the underpayment and where a net overpayment is revealed, the NHSBSA will recover the value of the overpayment. The contractor's account will be adjusted to reflect any over or under-payment at the next available opportunity.

# 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 November 2020.**

**KEY:**

- Special container
- Item requiring reconstruction
- \* This pack only (others already available)

**Part VIIIA additions***Category A:*

- Diclofenac sodium 1% gel ■ (100g)
- Pregabalin 100mg tablets (84)
- Pregabalin 150mg tablets (56)
- Pregabalin 200mg tablets (84)
- Pregabalin 225mg tablets (56)
- Pregabalin 25mg tablets (56)
- Pregabalin 300mg tablets (56)
- Pregabalin 50mg tablets (84)
- Pregabalin 75mg tablets (56)

*Category C:*

- Adrenaline (base) 10mg/10ml (1 in 1,000) solution for injection ampoules (10) - *Martindale Pharmaceuticals Ltd*
- Adrenaline (base) 5mg/5ml (1 in 1,000) solution for injection ampoules (10) - *Martindale Pharmaceuticals Ltd*
- Azathioprine 50mg powder for solution for injection vials ■ (1) - *Imuran*
- \*Nicotine 2mg lozenges sugar free ■ (20) - *Nicorette Cools*
- \*Nicotine 2mg lozenges sugar free (80 (4x■20)) - *Nicorette Cools*
- \*Nicotine 4mg lozenges sugar free (60 (3x■20)) - *NiQuitin Minis Mint*
- \*Nicotine 4mg lozenges sugar free (80 (4x■20)) - *Nicorette Cools*
- Tropicamide 1% eye drops ■ (5ml) - *Mydriacyl*

**Part VIIIA amendments**

- Cinacalcet 30mg tablets (28) - *Mimpara* is moving to Category A
- Cinacalcet 60mg tablets (28) - *Mimpara* is moving to Category A
- Cinacalcet 90mg tablets (28) - *Mimpara* is moving to Category A
- Omeprazole 10mg/5ml oral suspension sugar free ■ (75ml) - *Rosemont Pharmaceuticals Ltd* is moving to Category A
- Omeprazole 20mg/5ml oral suspension sugar free ■ (75ml) - *Rosemont Pharmaceuticals Ltd* is moving to Category A
- Terazosin 2mg tablets (28) - *Hytrin* is moving to Category A

**Part IX deletions****Part VIIIA deletions***Category A:*

- Dihydrocodeine 10mg/5ml oral solution (150ml)
- Glibenclamide 2.5mg tablets (28)
- Glucosamine sulfate 1.5g oral powder sachets sugar free (30)
- Menthol and Eucalyptus inhalation (100ml)
- Potassium (potassium 6.5mmol) effervescent tablets BPC 1968 (56)

*Category C:*

- Alprostadil 250microgram urethral sticks (1) - *Muse*
- Flecainide 200mg modified-release capsules (30) - *Tambocor XL*
- \*Indacaterol 85micrograms/dose / Glycopyrronium bromide 54micrograms/dose inhalation powder capsules with device (10) - *Ultibro Breezhaler*
- Ingenol mebutate 500micrograms/g gel (0.94g (2x■0.47g)) - *Picato*
- Ingenol mebutate 150micrograms/g gel (1.41g (3x■0.47g)) - *Picato*
- Levobunolol 0.5% eye drops (5ml) - *Betagan*
- \*Liquid paraffin light 63.4% bath additive (250ml) - *Oilatum Emollient*
- Nateglinide 120mg tablets (84) - *Starlix*
- Pyridostigmine bromide 180mg modified-release tablets (100) - *Mestinon retard*
- Urea 10% / Lactic acid 5% cream (100g) - *Calmurid*
- Urea 10% / Lactic acid 5% cream (500g) - *Calmurid*

**Part VIIIB deletions**

Hydroxycarbamide 500mg/5ml oral suspension has been removed from Part VIIIB of the Drug Tariff. There is now an alternative product (Hydroxycarbamide 500mg/5ml oral solution sugar free ■ (150ml) – *Xromi*) which can be found in Part VIIIA.

Product	Additional information (e.g. size, product code, etc.)
APPLIANCES – BLADDER INSTILLATION – Hyaluronic Acid – Hyacyst (contains 40mg of sodium hyaluronate)	50ml
APPLIANCES – VENOUS ULCER COMPRESSION SYSTEM – Jobst FarrowHybrid (BSN medical Ltd) – AD11 Compression Liner Pack (pack contains 2 liners – 30-40mmHg)	All sizes
STOMA APPLIANCES – BELTS – Respond Healthcare Ltd – OstoMart Cool Comfort Unisex Light Control Support Garment – Belt – White	XXLarge/XXXLarge (CCWBW12X)
STOMA APPLIANCES – BELTS – Respond Healthcare Ltd – OstoMart Cool Comfort Unisex Light Control Support Garment – Brief -White	XXLarge/XXXLarge (CCPBW12X)
STOMA APPLIANCES – TWO PIECE OSTOMY SYSTEMS – Convatec Ltd – Combihesive Natura Little Ones – Closed Pouch	32mm (S7891)

**PSNC website**

For up to date information and news on community pharmacy issues, visit the PSNC website at [psnc.org.uk](http://psnc.org.uk)

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