

CPN

Community Pharmacy News – October 2020



NHS Test and Trace concerns
Warning issued that discrepancies could force pharmacies to close, impacting on patient care.



Simon Dukes
PSNC Chief Executive

As we await a response from HM Government to our COVID-19 costs and CPCF uplift funding bids, the question I keep returning to is: 'What haven't we done?' The Government promised to give the NHS all it needed to cope with the pandemic, so why has it not yet agreed to do this for community pharmacies: what more can the sector possibly do to prove itself?

Looking back, the year started with so many positives: evidence of the effectiveness of NHS 111 referrals to the Community Pharmacist Consultation Service (CPCS); an agreed Hepatitis C Testing Service for community pharmacy; and even bigger projects on the horizon including the (now named) Discharge Medicines Service and new Pharmacy Quality Scheme criteria.

Then the pandemic struck.

This resulted in disruption and huge shocks to the sector: a sudden spike in dispensing volumes; panicked patients seeking advice and reassurance, while stockpiling essential items; the introduction virtually overnight of radical new ways of working; and all with a backdrop of financial uncertainty. Yet, throughout it all, the dispensing of vital medicines and provision of healthcare advice continued. We should

Chief Executive's blog

PSNC's CEO reflects on the impressive work community pharmacy teams have put in this year and the need for this to be recognised by Government.

be proud to keep saying that 'the doors to pharmacies remained open' – they really did – and the flow of patients seeking help for minor (and not so minor) ailments increased. Yes, some of those big 2020 projects were rightly postponed, but that was with the agreement of the NHS and it enabled community pharmacies to concentrate on supporting the NHS through the worst healthcare crisis in generations.

Now we are in the second wave, and pharmacies continue to work under unprecedented pressures and to deliver on everything being asked of them. Patients are still being seen despite the health risks to pharmacy staff and increasing absences due to illness, exhaustion or

is becoming an Essential Service, and the Discharge Medicines Service is being prepared for roll-out in January 2021. It is hard to imagine what more community pharmacies could do to demonstrate their resilience, agility, value and willingness to be part of the NHS family. It also seems obvious that in a health crisis spanning the globe and hitting our country hard, the skills of an army of clinicians on the high street who purchase (and dispense) medicines cheaper than any other country in the world and provide instant access to healthcare advice to anyone who needs it, are needed now more than ever.

So why is this Government still not providing the much-needed reassurance to pharmacies that their (ongoing) COVID-19 costs will be fully covered?

I believe the answer lies somewhere in the depths of Whitehall. Somewhere, numbers are being crunched without any reference to what pharmacies do or appreciation of the extent to which local communities rely on them. We know that Ministers do understand our sector's importance – they have said this repeatedly – but in each negotiation we hit blocks with the officials in charge of money.

As always, we are battling to overcome those obstacles. There is quite simply nothing more that pharmacies could be doing to help their local communities, support the NHS and provide value to HM Government. In the past months we have presented this case as business data, analysis, projections, case studies and strong value arguments to officials, and we are supporting that with evidence being sent to MPs across all parties. Our message is clear: without additional funding, at least some community pharmacies will not survive this winter. HM Government must waste no more time in agreeing to help them.

Throughout the pandemic, the dispensing of vital medicines has continued

just because teams haven't had a break for months. Medicines are still being dispensed. Flu jabs are being administered at a greater rate than ever before. And rapid discussions are taking place about using the community pharmacy network for even more: COVID-19 testing to supplement the overwhelmed NHS Test and Trace system, as well as possible centres for COVID vaccinations as and when they are approved.

At the request of the NHS we have also unfrozen some of our plans from the start of the year: community pharmacy is braced for the roll-out of the GP adjunct to the CPCS from this month. Additionally, the Healthy Living Pharmacy framework

Pharmacy bodies write to officials over Test and Trace discrepancies

A joint letter asks for a consistent approach to be taken by NHS Test and Trace across the country, recognising pharmacies as healthcare settings.

NHS Test and Trace decisions could close pharmacies down



Earlier this month pharmacy leaders wrote to Ministers and NHS officials, with an urgent warning that NHS Test and Trace discrepancies pose a potential threat to the timely supply of medicines to local communities.

Their letter to Public Health Minister Jo Churchill MP asks for her urgent help to achieve a consistent approach across the country.

There have already been several incidents where entire community pharmacy teams have been told by NHS Test and Trace to self-isolate following a single positive case within the pharmacy. Potentially this means pharmacies closing for up to two weeks at a time.

The current guidance from Public Health England (PHE) and NHS England and NHS Improvement (NHSE&I) is that with the appropriate use of Personal Protective Equipment (PPE) and other measures to mitigate the spread of infection, pharmacy teams do not necessarily need to self-isolate.

Some contact tracers are classifying pharmacies as retail settings, rather than healthcare establishments, and this is leading them to apply different rules than they do for GP practices.

The letter states: "We are concerned that if this continues, with the added pressure of pharmacy staff self-isolating due to their exposure to COVID-19 in the general population, we will soon have a situation where people will be unable to access their medicines because of widespread temporary (two-week) pharmacy closures. Other critical services, such as the community pharmacy NHS flu vaccination service which has already seen more than a million people vaccinated by pharmacists this year, would also suffer."

To inform PSNC's work in this area and any media reports, we also ran an anonymous survey to get a sense of how many pharmacies are or have been affected, and how easy it has been to resolve the situation.

Test and Trace concerns letter

PSNC Chief Executive Simon Dukes has signed the letter outlining the sector's concerns about the application of contact tracing to pharmacy teams, along with the chief executives of AIM, CCA and the NPA. They have asked for an urgent response. Read the letter in full: ow.ly/o8kh30rgVEw

Updated COVID-19 SOP

On 27th October 2020, NHS England and NHS Improvement (NHSE&I) issued an updated Standard Operating Procedure (SOP) for community pharmacies on the COVID-19 pandemic.

A key amendment enables regional NHSE&I teams to notify pharmacies that they may work behind closed doors without the need for contractors to apply for such closed-door working. This change will help healthcare bodies to tailor their response to the pandemic dependent on the local situation. NHSE&I will consult with LPCs.

Other updated information includes advice on NHS Test and Trace and obtaining supplies of personal protective equipment (PPE). Read the SOP at: ow.ly/AakY30rhkbe

Test and Trace advice updated

PSNC has updated its guidance on NHS Test and Trace based on recent discussions between NHS England & NHS Improvement (NHSE&I) and Public Health England (PHE).

These discussions have indicated that contractors should, in particular:

- Ensure the PHE Local Health Protection Team consider community pharmacy contact tracing cases;
- Ask pharmacy staff NOT to give their colleagues' names to NHS Test and Trace, but to provide the contact details of the pharmacy; and
- Continue to take all appropriate steps to make the pharmacy COVID-secure.

View our latest guidance at: psnc.org.uk/covid19testing

Use of NHS COVID-19 app

For those who have downloaded and are using the **NHS COVID-19 app**, NHSE&I advises healthcare workers to pause the app while working in a healthcare building, such as a hospital or GP surgery. This includes an NHS community pharmacy. The app should also be paused if working behind a fixed Perspex (or equivalent) screen, which is big enough to provide adequate protection.

Further advice for healthcare workers can be found on the **NHS website**.

Brexit Forum reconvenes

PSNC has reconvened the Community Pharmacy Brexit Forum which brings together more than 20 organisations across the pharmacy, wholesale and wider primary care sectors.

This month the Forum met to discuss medicines supply, with members concerned about the potential impact on patients, particularly in light of COVID-19 and winter pressures. The Department of Health and Social Care (DHSC) and NHS England & NHS Improvement (NHSE&I) spoke to the group about the preparations being made to manage any potential risks and handle medicines shortages.

The Forum will continue to monitor Brexit matters, raising issues with DHSC and NHSE&I on behalf of community pharmacy.

Supply of single use plastics

Contractors are advised that it is now an offence for a person in the course of business to supply single use plastic straws or single-use plastic stemmed cotton buds, subject to two key exemptions.

First, this does not apply to the supply of these products by a healthcare professional for medical purposes. Second, retail pharmacies may supply single use plastic straws if they are not advertised and they are only provided to customers who request them.

Learn more at: ow.ly/5Twa30rgwla

GPhC staff training guidance

New General Pharmaceutical Council (GPhC) **requirements for the education and training of pharmacy support staff** have come into effect.

These requirements support the **standards for registered pharmacies** which include the principle that staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public and set out the education and training of support staff and the criteria for approval of appropriate courses.

Read more at: ow.ly/Rfvy30rgwll

New NHS Pharmacy Regulations laid

New regulations will introduce the Discharge Medicines Service from 1st January 2021 and Healthy Living Pharmacy requirements for all pharmacies.

Regulations enact delayed Terms of Service changes



New **NHS regulations** were laid on 20th October 2020 to introduce changes to the Terms of Service for community pharmacy contractors.

Some changes relate to the ongoing coronavirus pandemic, but others were previously agreed as part of the five-year Community Pharmacy Contractual Framework (CPCF) and were originally planned to be introduced in July 2020.

The pandemic-related additions to the Terms of Service are:

- The introduction of a **Pandemic Treatment Protocol**, which can be used to allow for the supply of medicines for the prevention or treatment of diseases for a current or anticipated pandemic, such as coronavirus, if and when this is required;
- The **Flexible provision of flu and coronavirus vaccination** or immunisation services during a pandemic. This allows NHS England and NHS Improvement (NHSE&I) to agree the limiting or stopping of other pharmaceutical services at specified times during core or supplementary hours, to prioritise the administration of such vaccinations;
- Contractors must facilitate **remote access to services** to a reasonable extent, where patients wish to access these services in that way; and
- **Owing slips** may be in an electronic form as well as a hard copy form.

Other new regulations, agreed as part of the five-year CPCF, include:

- The **Discharge Medicines Service** will become a new Essential service from 1st January 2021;
- All pharmacies to meet the **Healthy Living Pharmacy** Level 1 requirements (with compliance with some of these requirements delayed until 1st April 2021);
- At least two members of staff to have active personal **NHSmail** accounts linked to the pharmacy's shared premises NHSmail mailbox;
- NHSE&I can request that contractors provide additional information to evaluate the effectiveness of **health campaigns** and to support policy development;
- NHSE&I may request **access to information** from contractors in electronic form which they would have access to when undertaking a contract monitoring visit and consequently, completion of the Community Pharmacy Assurance Framework (CPAF) becomes part of the terms of service; and
- If a contractor goes into **administration**, they must notify NHSE&I.

Further information and guidance will be provided in due course.

Flu vaccination campaign launched

Materials for the flu vaccination campaign, alongside updated information on mandatory participation following supply issues, shared with community pharmacies.

Pharmacies required to promote Government flu jab campaign



Public Health England (PHE) resources for the first mandated public health campaign of 2020/21, which community pharmacy contractors are required to participate in, began arriving in pharmacies by courier from mid-October.

The resources, which are for the PHE annual flu vaccination campaign, include a selection of posters to enable contractors to target their flu vaccination service (where provided) and a version where they can add local information on service provision.

The campaign has been agreed between PSNC and NHS England as part of the Community Pharmacy Contractual Framework and all contractors must participate as follows:

Stock situation	Campaign requirements
Flu vaccine supplies available (or coming into stock soon)	<p>Display at least one of each of the three posters (core creative, pregnancy and long term conditions) for one month from receipt of the materials.</p> <p>You can also use the 'empty belly' poster to advertise upcoming clinics or explain how patients can access a vaccination.</p>
Insufficient flu vaccine supplies	<p>Take a targeted approach to displaying the campaign materials, using the posters focused on vaccinations for pregnant women and people with long term health conditions.</p> <p>Once sufficient flu vaccine stock is received, the contractor must then display the main "core creative" poster too. Posters should be displayed for one month.</p>
Contractor not providing the flu vaccination service in 2020/21	<p>Display at least one of each of the three posters (core creative, pregnancy and long term conditions) for one month from receipt of the materials.</p> <p>The 'empty belly' poster can be used to direct patients to where vaccination can be accessed.</p>

Social media and digital media resources for the campaign are available in the [PHE Campaign Resource Centre](#).

Patient comms on flu vac supplies

DHSC, PHE and the NHS have published a leaflet for the public, which explains why some people eligible for flu vaccination are being asked to wait to get vaccinated. PSNC has also produced a poster and social media resources outlining the phased approach for this year's flu vaccination programme.

These follow significant early demand for flu vaccinations being seen this season, with some pharmacies and general practices already having run out of initial supplies of the vaccine.

Download these from:
psnc.org.uk/flupatientcomms

GP referrals to CPCS

From 1st November 2020, the NHS Community Pharmacist Consultation Service (CPCS) is being extended to include minor illness referrals from general practices as well as referrals from the NHS 111 service.

Before GPs can make referrals, there must be local discussions to agree how this will work. These discussions will involve pharmacy contractors, the Primary Care Network (PCN) and the member general practices, the NHS and your Local Pharmaceutical Committee (LPC), so referrals may not begin immediately.

In the meantime, learn how contractors can prepare for rollout: ow.ly/Tk9a30ri5AC

Part 2 PQS updates

A new approach to funding allocation has been introduced in the Part 2 Pharmacy Quality Scheme (PQS) for 2020/21 to better recognise the varying workload and hence costs incurred by different contractors.

Each contractor will be placed in one of six bands, based on their 2019/20 prescription volume. View the contractor bandings: ow.ly/bJIR30rgkXm

We would also like to draw attention to the additional guidance and resources published this month to support contractors, LPCs and Pharmacy Primary Care Network (PCN) Leads to meet the Part 2 PQS requirements. Visit psnc.org.uk/PQS for the full library.

Clinical Consensus on Self Care

Policymakers should make plans to embed self care behaviours into people's lives to empower patients and support NHS, say healthcare bodies.

A joint statement on self care, recommending ways that the NHS could build on the self care messaging adopted during the COVID-19 pandemic, has been published by a coalition of healthcare and industry bodies.

The Clinical Consensus on Self Care calls for a national strategy for self care and makes a series of recommendations based on discussions between key stakeholders. PSNC is a signatory to the consensus alongside fellow pharmacy bodies the NPA and CCA, NHS Clinical Commissioners, the consumer healthcare association PAGB, the Self Care Forum and the Royal College of Nursing.

In regards to community pharmacy, the clinical consensus recommends that NHS England and NHS Improvement (NHSE&I) builds on the successful Community Pharmacist Consultation Service (CPCS) by exploring additional pathways to access the service, and that community pharmacists are enabled to populate medical records and can access fully integrated IT systems.



The value of individuals taking ownership of their own health and ultimately learning to manage their self-treatable conditions has long been seen as key to reducing demands on the NHS and improving health outcomes. However, this importance has been further enhanced during the COVID-19 pandemic and will only continue going forwards.

A survey by PAGB earlier this year found that almost seven out of ten respondents (69%) who might not have considered self care as their first option before the pandemic said they were more likely to do so in future. As we move into the next stage of the pandemic response, the clinical consensus signatories urge policymakers to make the most of this opportunity to further embed self care behaviours into people's lives.

The clinical consensus also recommends:

- Primary Care Networks consider ways to improve self care in their local populations;
- A system-wide approach to improving health literacy, for both healthcare professionals and as part of the national curriculum for school children; and
- NHX should evaluate the use of technologies that have been developed during the COVID-19 pandemic and develop them to cover a wider range of minor ailments to promote self care and manage demand on the NHS.

Read the Clinical Consensus on Self Care in full: ow.ly/o2Ov30rhEP

Signpost C-19 patients to clinical study

Community pharmacist and their teams are being encouraged to support the nation's fight against COVID-19 by signposting patients with suspected or even confirmed SARS-CoV-2 infection to the PRINCIPLE trial.

The PRINCIPLE trial platform is a UK-wide priority trial to find treatments for COVID-19 and the only one based in primary care.

It is designed to test a range of treatments in the community, with treatment arms that can be stopped, replaced or added. Currently it is evaluating usual care alone versus usual care plus azithromycin; or usual care plus doxycycline.

The trial is being run by the University of Oxford and is funded by UK Research and Innovation and the Department for Health and Social Care through the National Institute for Health Research.

Learn more about who is eligible and how to refer them at: ow.ly/Enf130rhkPR

Expansion of vaccination rights

Changes to the Human Medicines Regulations 2012 enable a wider group of healthcare professionals to be trained to administer flu and any potential COVID-19 vaccinations. Where the right to vaccinate is extended to other community pharmacy team members such as pharmacy technicians, this is likely to require the supervision of the pharmacist.

The changes also give the MHRA powers to grant temporary authorisation, pending the granting of a licence, for new vaccines and treatments needed to tackle public health threats (provided they meet the highest safety, quality and effectiveness standards).

Read more at: ow.ly/Iu7M30rgwHX

SSPs issued for Fluoxetine and Salazopyrin

Serious Shortage Protocols (SSPs) have been introduced for Fluoxetine 30mg capsules and Salazopyrin EN-Tabs 500mg.

Enabling pharmacists to substitute these drugs for suitable alternatives



In response to significant ongoing disruption to the supply of Fluoxetine 30mg capsules and Salazopyrin® EN-Tabs 500mg, two Serious Shortage Protocols (SSPs) have been issued by the Department of Health and Social Care (DHSC) on 20th October 2020.

SSP07: Fluoxetine 30mg capsules authorises three Fluoxetine 10mg capsules OR one Fluoxetine 20mg capsule and one Fluoxetine 10mg capsule as suitable alternatives. SSP07 currently expires on Tuesday 22nd December 2020. **SSP07 currently expires on Tuesday 22nd December 2020.**

SSP08: Salazopyrin® EN-Tabs 500mg outlines the procedures to follow providing a suitable alternative product, generic Sulfasalazine 500mg gastro-resistant (GR) tablets. **SSP08 currently expires on Friday 4th December 2020.**

Both SSPs have been authorised by the Secretary of State to help manage the supply of these products and to try to ensure that fewer patients have to return to their prescriber. **SSPs may be amended or revoked at any time, view up-to-date information on the NHS Business Services Authority (NHSBSA) website.**

Action to take

Familiarise yourself with the two new guidance briefings produced by PSNC (see: psnc.org.uk/briefings). These provide further information on what to supply and demonstrating how to endorse prescriptions for these products.

When presented with a prescription for either Fluoxetine 30mg capsules or Salazopyrin® EN-Tabs 500mg, pharmacy teams should:

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

Drug Tariff to go fully paperless

The March 2021 Drug Tariff will be the final edition to be printed and distributed to community pharmacies. Digital formats of the Drug Tariff will continue to be available via the **NHS Business Services Authority (NHSBSA) website** three working days before the 1st of each month. From 2021, where contractors have registered an email address with the NHSBSA, a link will be sent out each month.

To ensure easy access going forwards, PSNC advises downloading the PDF copy each month which can be used offline. Learn more at: ow.ly/Wuvx30rhkos

Disallowed EPS items

The NHS Business Services Authority (NHSBSA) has shared a list of the most commonly disallowed items submitted via the Electronic Prescription Service (EPS) in July 2020, all of which were appliances NOT listed in Part IX of the Drug Tariff.

In some cases, contractors may have inadvertently selected a disallowed Actual Medicinal Product Pack (AMPP) in the EPS message. If a product has several AMPPs listed on the Dictionary of Medicines and Devices (dm+d), contractors should ensure that they only endorse an AMPP that is allowed on the NHS.

For information on how PMR suppliers can help you avoid dispensing a disallowed item, see: ow.ly/Xs4O30rgYuq

New Freestyle Libre 2 sensors added to DND list

The recently launched FreeStyle Libre 2 Sensors will be added to the November 2020 Drug Tariff and included in the list of drugs for which Discount is Not Deducted (DND).

FreeStyle Libre 2 Sensors are not interchangeable with FreeStyle Libre Sensors and must be ordered via the Abbott Diabetes Care **pharmacy ordering portal**, where no discount is offered.

Following representations by PSNC to avoid contractors dispensing this appliance at a loss, the DHSC agreed to its addition to the DND list.

Priadel withdrawal paused

Essential Pharma has informed the Department of Health and Social Care (DHSC) of its decision to reverse the discontinuation of Priadel 200mg and 400mg tablets from the UK market with immediate effect, whilst facilitating pricing discussions. As such the discontinuation notice issued to DHSC earlier this year has been withdrawn.

It has been confirmed that supplies of Priadel 200mg and 400mg tablets are sufficient to meet current UK demand and work is ongoing to ensure stock availability after April 2021.

IT factsheet: dm+d and EPS

This factsheet for community pharmacy teams explains how the NHS medicines database (dm+d) operates and its impact on EPS.

What is dm+d?

The Dictionary of Medicines and Devices (dm+d) is the NHS standard database of medicines and devices. It is used across the NHS (e.g. in EPS, and by the NHS for prescription pricing purposes).

How is it linked to EPS systems?

The dm+d contains information about items, e.g. whether a product is allowed on an NHS prescription and the indicative price. Information is stored at generic, product and pack level. EPS can be used for items where the prescribing supplier also maps to the dm+d item and code. Pharmacy and GP system suppliers regularly synchronise to dm+d listings and information to better facilitate EPS prescribing.

How can pharmacy teams view dm+d?

The dm+d can be freely viewed via [OpenPrescribing](#) or [NHSBSA](#). It is advisable to bookmark your preferred viewer.

Structure and information: The dm+d viewer images below show its structure (generic/ supplier levels).

'Generic' perspective

e.g. 'Esomeprazole 20mg gastro-resistant tablets'
This is the generic product title described as the virtual medicinal pack (VMP).

Information in this part of the database determines things such as the drug form, and whether the medicine is a controlled one.

Supplier's product perspective

e.g. **Nexium Control 20mg gastro-resistant tablets (GSK)**
This is the product linked to a particular supplier, or the 'actual medicinal product' (AMP).

The supplier can have information listed here relating to availability, licensing status.

VMP 317335000

Search dm+d Analyse prescribing for this drug See prices paid for this drug	
Name	Esomeprazole 20mg gastro-resistant tablets
BNF code	0103050E0AAAAAA
Virtual Therapeutic Moiety	Esomeprazole
Prescribing status	Valid as a prescribable product
Controlled Drug Prescribing Info	
Controlled Drug category	No Controlled Drug Status
Actual Medicinal Products	
Esomeprazole 20mg gastro-resistant tablets (A A H Pharmaceuticals Ltd)	
Esomeprazole 20mg gastro-resistant tablets (Accord Healthcare Ltd)	
Esomeprazole 20mg gastro-resistant tablets (Alliance Healthcare Ltd)	
Virtual Medicinal Product Packs	
Esomeprazole 20mg gastro-resistant tablets 100 tablet	

AMP 28939811000001109

Search dm+d Analyse prescribing for this drug See prices paid for this drug	
Description	Nexium Control 20mg gastro-resistant tablets (GSK)
BNF code	0103050E0BBAGAA
Virtual Medicinal Product	Esomeprazole 20mg gastro-resistant tablets
Name	Manufacturer /Supplier
Supplier	GlaxoSmithKline Consumer Healthcare
Current licensing authority	Medicines - MHRA/EMA
Actual Medicinal Product Packs	
Nexium Control 20mg gastro-resistant tablets (GSK) 14 tablet 2 x 7 tablets	Licensing status of product
Here there are links to the suppliers' product (AMP level, see picture opposite)	Link to the relevant pack levels

Top tips

- EPS users should update their systems regularly. Non-updated systems may not incorporate the latest information from suppliers.
- Note that there may be delay from an item updated on dm+d and the update appearing on your system.
- Look-out for system prompts such as warnings about disallowed items.

Read more and see further images and pack level information in PSNC's [dm+d briefing](#) and at: psnc.org.uk/dmd

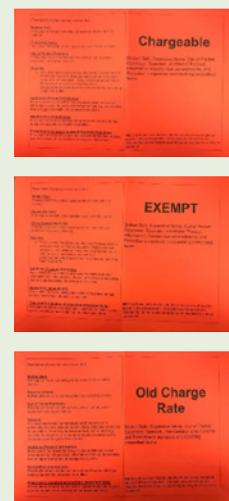
Red separator submission factsheet

This factsheet highlights the importance of using red separators and explains the type of forms that should be included in the separators before the monthly prescription bundle is submitted for payment to the NHS Business Services Authority (NHSBSA). It also explains how to secure any forms submitted in the red separators to ensure that any forms do not come loose during transit.

The NHSBSA issues contractors with three sets of red separators each month to sort certain types of paper prescription forms into their relevant exempt, paid or old charge rate groups. Only forms with prescription items that meet the criteria set out below should be included in the red separators.

Prescription forms containing the following are required to be placed into red separators:

- **Items where the prescriber has used the 'FS' endorsement** for free supply of sexual health treatment (items used treat a sexually transmitted infection (STI)) *Please note: Contraceptives do not fall into the 'FS' classification and should not be submitted within the red separator unless the prescription form meets red separator criteria*
- **Claims for any supplies made against SSPs** (Serious Shortage Protocols) - including any SSP claims made using EPS tokens
- **Broken Bulk items**
- **Out of pocket expense claims**
- **Expensive items** with a Net Ingredient Cost (NIC) of £100 or more
- **Unlicensed specials or imports** (including any extemporaneously prepared specials)
- **Items with handwritten amendments made by the prescriber**
- **Items where prescribers have added supplementary product information** (for example as part of the directions for use)
- **Prescribers signature encroaching into the prescribing area** (where it goes over an item at the bottom of the prescription)



What is the purpose of the red separators?

The NHSBSA asks for certain paper forms to be placed into red separators so that these can be double checked and manually processed for payment. If an eligible form is not placed into the red separator it will still be processed for payment, however, any unsorted forms will bypass their additional checking processes. See more on sorting prescriptions at: psnc.org.uk/sorting

How can I submit forms safely?

Suitable forms (following criteria above) should be wrapped in the red separators and placed at the top of the rest of the paper prescription bundle before it is despatched.

The NHSBSA recommends the use of elastic bands to secure prescriptions for submission. If, however, a small number of forms are to be submitted using a red separator, then a paper clip may be used to secure the prescriptions and tokens to ensure that they do not come loose from the red separator during transit.

The following forms should NOT be placed in the red separators:

- Forms where none of the items have been dispensed (endorsed 'ND');
- Where the total of all items on a form is £100 or more, but none of the individual items have a NIC of over £100;
- Handwritten prescriptions; or
- Forms where a patient's signature goes over or outside the

signature box on the reverse of the form EPS tokens (excluding those used for claims of a supply made against an SSP).

EPS Prescriptions

There are no virtual red separators for EPS prescriptions. Prescriptions that would ordinarily be placed in a red separator are processed accordingly, when submitted electronically. However, PSNC does recommend that for the purposes of prescription reconciliation, contractors should keep a log or generate report(s) from their PMR system for the following types of items submitted for payment electronically:

- Expensive items (items with a NIC of £100 or over);
- Unlicensed specials and imported drugs; and
- Items with Broken Bulk or out of pocket expense claims.

The log or PMR report should then be used to reconcile items/values against the pharmacy's **FP34 Schedule of Payment**. If you are unsure how to generate a report which incorporates the above, please contact your PMR system supplier.

Useful links

Key things to remember when endorsing and submitting prescriptions: psnc.org.uk/submissionfactsheet
For more information on submitting SSP claims using tokens, see our [SSP claims webpage](#).

Ask PSNC

The PSNC Dispensing and Supply Team can advise community pharmacy teams on a range of topics. This month, they answer your questions on submission and using the red separator.



Q. Do prescriptions containing 'FS' prescriber endorsement need to be placed in the red separator?

A. Yes. The NHS Business Services Authority's (NHSBSA) **Intelligent Character Recognition (ICR)** software does not currently recognise the 'FS' endorsement for free supply of sexual health treatment (items used treat a sexually transmitted infection (STI)); therefore, prescriptions with the prescriber 'FS' endorsement must be placed in your red separator when submitted to the NHSBSA for processing.

Please note: Contraceptives do not fall into the 'FS' classification and should not be submitted within the red separator unless the prescription form meets red separator criteria.

See our FS factsheet for more information: psnc.org.uk/fsfactsheet



Q. Can I use a paper clip to secure paper prescription forms included in the red separators?

A. The NHSBSA generally recommend the use of elastic bands to secure prescriptions for submission. If, however, a small number of forms are to be submitted using a red separator, then a paper clip may be used to secure the prescriptions and tokens (submitted for SSP claims) placed in the red separators to ensure that they do not come loose during transit.

For more information on the prescription submission and the red separator please contact the PSNC Dispensing and Supply Team on **0203 1220 810** or email info@psnc.org.uk.

Q. Should EPS tokens endorsed 'NCSO' for any SSP claims be placed in the red separator?

A. Yes. All NCSO-endorsed paper prescriptions and tokens used for making claims for supplies made against items with Serious Shortage Protocols (SSPs) must be placed in the red separator before submitting to the NHSBSA for payment along with the monthly prescription bundle.

Pharmacy teams are reminded that only tokens submitted for payment of SSP claims should be included in the red separator. NCSO-endorsed tokens that are mixed with other EPS tokens (used to capture patient's exempt or paid declaration) usually submitted to the NHSBSA as part of the monthly submission process, will not be processed for payment by the NHSBSA.

For more information on submitting SSP claims using tokens, see our [website](#).

Q. Which EPS tokens should I submit to the NHSBSA with my end of month submission?



A. The tokens which should be sent to the NHSBSA are those where:

- the exemption status has been captured (other than where the patient is age exempt i.e. aged under 16 or over 59);
- the patient has paid a charge; or
- tokens submitted for payment of SSP claims (to be included in the red separator).

Please note: where the Real Time Exemption Checking (RTEC) system has confirmed the exemption status of a patient and the RTEC information has been applied to the EPS prescription, these tokens do not need to be sent to the NHSBSA.

When submitting your EPS tokens please ensure you:

- Place EPS tokens submitted for payment of SSP claims in the red separator;
- Print all tokens on official paper;
- Use the perforated edge to remove the back of the token;
- Do not submit age exempt tokens;
- Do not use adhesive tape, pins or staples (these have to be removed by the NHSBSA before scanning, which can delay processing);
- Do not apply stickers (these can leave a sticky residue that causes problems with the scanners when processing); and
- Submit your batches packed neatly together in the same orientation.

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 December 2020.

KEY:

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

Part VIIIA additions

- Amlodipine 2.5mg tablets (28)
- Clonidine 150micrograms/1ml solution for injection ampoules (5) - Catapres
- Erenumab 70mg/1ml solution for injection pre-filled disposable devices ■(1) - Aimovig
- Exenatide 2mg/0.85ml prolonged-release suspension for injection pre-filled disposable devices (4) - Bydureon BCise
- Naloxone 2mg/2ml solution for injection pre-filled syringes ■(1) - Prenoxad
- Proxymetacaine 0.5% eye drops 0.5ml unit dose preservative free (20) - Minims proxymetacaine
- Salbutamol 100micrograms/dose dry powder inhalation cartridge ■ (200dose) - Salbulin Novolizer
- Sumatriptan 3mg/0.5ml solution for injection pre-filled disposable devices ■(2) - Sun Pharmaceutical Industries Europe B.V.

Part VIIIA amendments

- Haloperidol 5mg/1ml solution for injection ampoules (10) - Advanz Pharma is moving to Category A
- Paracetamol 1g suppositories (10) - Typharm Ltd is moving to Category A
- Quetiapine 20mg/ml oral suspension sugar free (150ml) - Rosemont Pharmaceuticals Ltd is moving to Category A

Part VIIIA deletions

- Amoxicillin 125mg/1.25ml oral suspension paediatric (20ml) - Amoxil
- Chlorhexidine gluconate 5% solution (5000ml) - HibiTane Plus
- Colecalciferol 14,400units/ml oral drops sugar free (12.5ml) - Sapvit-D3
- Enzalutamide 40mg capsules (112) - Xtandi
- Ethinylestradiol 10microgram tablets (21) - UCB Pharma Ltd
- Ethinylestradiol 50microgram tablets (21) - UCB Pharma Ltd
- Fluocinolone acetonide 0.025% / Neomycin 0.5% ointment (30g) - Synalar N
- *Hydrocortisone butyrate 0.1% cream (30g) - Locoid
- *Hydrocortisone butyrate 0.1% ointment (30g) - Locoid
- Interferon alfa-2a 3million units/0.5ml solution for injection pre-filled syringes (1) - Roferon-A
- Memantine 10mg soluble tablets sugar free (28) - Alzhok
- Memantine 20mg soluble tablets sugar free (28) - Alzhok
- Paracetamol 500mg / Ibuprofen 150mg tablets (16) - Combogesic
- Paracetamol 500mg / Ibuprofen 150mg tablets (32) - Combogesic
- Paracetamol 500mg / Metoclopramide 5mg tablets (42) - Paramax
- Selegiline 1.25mg oral lyophilisates sugar free (30(■x10)) - Zelapar
- Senna fruit 12.4% / Ispaghula 54.2% granules (400g) - Manevac
- Triamcinolone acetonide 10mg/1ml suspension for injection ampoules (5) - Adcortyl
- Vitamins B and C high potency intravenous solution for injection 5ml and 5ml ampoules (20) - Pabrinex

Part IX deletions

Product	Additional information (e.g. size, product code, etc.)
DRESSINGS – WOUND MANAGEMENT DRESSINGS – Urgotul SSD	All sizes
LYMPHOEDEMA GARMENTS – Mediven 95 Whitaker Pouch	All sizes
STOMA APPLIANCES – ADHESIVE DISCS/RINGS/PADS/PLASTERS – SecuPlast Circular Plasters	All sizes
STOMA APPLIANCES – BAG CLOSURES – Drainable Pouch Clips	CL1
STOMA APPLIANCES – COLOSTOMY BAGS: Compact Closed Pouch – Transparent – pre-cut Confidence Comfort closed pouches – Large and Standard – pre-cut	32mm (3528) and 44mm (3529) All sizes
STOMA APPLIANCES – ILEOSTOMY (DRAINABLE) BAGS: Ileomate – Transparent – Large and Medium – pre-cut Confidence Comfort Paediatric Confidence Gold with Filter – Drainable Pouches – Opaque	19mm (IMTV119 and ILTV119) All types and sizes All types and sizes
STOMA APPLIANCES – PRESSURE PLATES/SHIELDS – Second Nature – Convex Inserts	All sizes
STOMA APPLIANCES – TWO PIECE OSTOMY SYSTEMS: Harmony Duo – Standard Wafers and Flexible Wafers Second Nature – Wafer, Closed Pouches, Drainable Pouches and Urostomy Pouch Secu-Ring	All sizes All types and sizes All sizes
STOMA APPLIANCES – UROSTOMY BAGS – Confidence Gold – Urostomy Pouch – Standard and Small	All types and sizes

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 022/20: NHS Test and Trace – Frequently Asked Questions

Updated on 12th October 2020 to reflect recent discussions, this briefing provides further information on the NHS Test and Trace programme, gives advice on patient and staff contacts, and outlines the relevant mitigations that may help to avoid the need for whole pharmacy teams to self-isolate if one member tests positive for COVID-19.

Download from: ow.ly/uZPK30rh03M



PSNC Briefing 031/20: Pharmacy Quality Scheme (PQS) – Guidance for pharmacy contractors on the PCN domains

The Part 2 PQS 2020/21 includes two domains which seek to encourage pharmacies to collaborate and work together as part of on-going steps to engage effectively with Primary Care Networks (PCNs). This PSNC Briefing contains guidance for community pharmacy contractors on how they can achieve these elements of the scheme.

Download from: ow.ly/hBfJ30rh04v



PSNC Briefing 033/20: dm+d and EPS Factsheet

PSNC has produced a factsheet which provides pharmacy teams with information about how the NHS Dictionary of Medicines and Devices (dm+d) operate and how it impacts on the Electronic Prescription Service (EPS).

Download from: ow.ly/Bl6h30rh05d



PSNC Briefing 037/20: Serious Shortage Protocol (SSP): SSP08 – Salazopyrin® EN-Tabs 500mg

This briefing is intended as a short guide for contractors on the Serious Shortage Protocol (SSP) issued in response to significant ongoing disruption to the supply of Salazopyrin® EN-Tabs 500mg.

Download from: ow.ly/Lgyp30rh07B

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



Other resources



Flu Vaccination Service Digital Guide

This 30-minute video provides highlights the changes to the Flu Vaccination Service for the 2020/21 season as well as covering a number of key issues such as patient eligibility, provision of the service in a COVID-safe manner, and how to claim payment.

Watch now: ow.ly/CieT30rh1gA



Part 2 PQS 2020/21 Digital Guide

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

Watch now: ow.ly/Zy1L30rh1gR

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



PSNC Daily Update Emails

Our daily update emails contain important information for community pharmacy teams, including details of the ongoing response to the COVID-19 pandemic. These are sent to everyone who has signed up to our mailing list.

Sign up at: psnc.org.uk/email

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

PSNC website

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

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