

CPN

Community Pharmacy News – November 2020



Supporting pharmacy in second wave PSNC provides an update on measures to address workload pressures during the COVID-19 pandemic.

COVID-19 vaccination programme | FMD to cease | Suspension of prescription signing



Simon Dukes
PSNC Chief Executive

For the past few months in this blog we have focused, quite rightly, on COVID-19. That work remains our focus – particularly trying to ensure your costs are covered and that the NHS agrees to our long list of changes that would make your lives easier – but this month I was also asked by Pharmacy Business to speak about my longer term ambitions for the sector, and I wanted to share some of that thinking. The topic was timely, given all the recent positive news about vaccines, and I was pleased to see a poll of their conference delegates showing that many contractors remain, despite all the challenges at the moment, optimistic about the future. I do agree there are opportunities to come.

So what will this first glimmer of good news, the COVID-19 vaccinations, mean for pharmacy? The honest answer is that at the moment, it looks like the Pfizer vaccine will have limited impact on our sector. The logistics read like something from a sci-fi film, and there is simply no way that most pharmacies will be able to turn their retail areas into a vaccination clinic that sees practically 200 people per day and also allows them to stay safely socially distanced.

Instead we must look to the PCNs. We must do whatever we can to help them. And, crucially, we must be ready to jump in with a proposal the moment that we have

Chief Executive's blog

PSNC's CEO considers the future potential for community pharmacy's role, setting out his aspirations for the coming year.

a vaccine that looks easier to manage. We have evidence of the impact we can make from our fantastic flu season – at this point we have already vaccinated more people in community pharmacy than ever before (1.9m people – a fantastic effort). And we must use that to make our case.

COVID-19 testing, too, is an area in which I see a potential key role for community pharmacies in the future, particularly if the Prime Minister's vision for same-day testing to be available via Test and Trace in the New Year comes to fruition. A pilot is already underway, and we must continue to position the sector to be able to do this, as our accessibility to the public is second to none.

And what of our ambitions for the sector beyond the pandemic?

The good news is that there are opportunities afoot. I know many of you are struggling to access extra flu vaccinations right now, but we do understand that supply from central Government will start to flow more quickly, and who better to start to vaccinate the working population aged 50-64 than the pharmacies that this age group walk into as a matter of routine? Why shouldn't the vast majority of this new cohort of patients to receive their vaccination in a pharmacy?

“Who better to start to provide flu vaccinations for the working population aged 50-64 than pharmacies?”

And that is not just an ambition about jabbing as many people as we can – although of course I would urge all

contractors to do so – but it is also about progressing our relationships with GPs and trying to seek a truly collaborative approach to this and to all vaccination programmes. Surely one positive the legacy of this pandemic must be that the days of competition within the health service are left behind us: we must play our part in trying to attain that vision.

“The legacy of this pandemic must be that the days of competition in the health service are left behind us”

As a sector we also have a lot to play for in the rollout of new CPCF services as set out in the five-year deal last summer. Yes, some of those have been delayed, but the pandemic has not halted progress. It is my hope that by this time next year we will be starting to see the results of that ambitious service development programme. We should by then have seen the success of GP referrals to the CPCF and I hope this will be a care pathway well-walked by patients. Alongside that we also want to see pharmacies paid for all the advice they give on a walk-in basis. And I hope to see some positive results from the Discharge Medicines Service in 2021 as well.

All of this will be good for patients, the NHS and community pharmacy. But none of this can happen without a positive resolution on those two outstanding funding bids for a write-off of the £370m and a similar addition to the CPCF contract sum for 2021/22 and beyond. Chancellor of the Exchequer, Secretary of State for Health and Social Care and Sir Simon Stevens - it's over to you.

PSNC seeks to address workload pressures

Negotiator outlines its clear asks of the Government and NHS to help support community pharmacy teams during the second wave of the COVID-19 pandemic.

PSNC has published an [update on the action points](#) that we have been discussing with the NHS and Government to address contractor workload and staffing pressures during the second wave of the COVID-19 pandemic.

We have been highlighting the many operational pressures on pharmacy businesses throughout the pandemic and in recent months we have asked for a range of measures to help community pharmacy teams to better handle them through the second wave of the pandemic.

In particular, PSNC has been seeking several regulatory dispensations which will give pharmacy teams the freedom to prioritise patient facing services and make it easier for contractors to maintain sufficient staffing levels.

Another key dispensation sought relates to the Pharmacy Quality Scheme (PQS). PSNC requested that contractors are given more time to complete Part 2 PQS, but that this does not delay delivery of the associated funding. We know many contractors have already made good progress on meeting the quality criteria but those in areas of a higher COVID-19 prevalence have struggled. The valuable work associated with the scheme should still be completed in due course, as long as access to that vital funding is retained in the agreed timeframe.

View our negotiations action list at: ow.ly/q2a230rIRUv

Note, PSNC is also concerned that funding remains a key issue, both for COVID-19 costs already incurred and ongoing COVID-19 costs. Please see the separate funding negotiations update on [CPN page 4](#).



Key PSNC asks

- National announcements allowing pharmacy teams to work behind closed doors when needed, and to focus exclusively on vaccinations for parts of the day;
- Regular testing of community pharmacy staff and national guidance to help tackle NHS Test and Trace issues;
- The Pharmacy Audit and the Community Pharmacy Patient Questionnaire should be waived;
- Suspension of routine data requests until further notice; and
- Clarity on Christmas and New Year pharmacy provision as a matter of urgency.

PSNC responds to Government Spending Review



Chancellor Rishi Sunak has set out the [Government's spending plans for the remainder of 2020/21](#).

The Chancellor has committed to increasing the core health budget by £6.6 billion, as well as pledging an extra £3 billion to support the NHS to recover from the impact of COVID-19. The core funding aims to help deliver 50 million more GP appointments, whilst half of the COVID support monies has been earmarked to ease existing pressures in the NHS.

These top-level spending commitments to the NHS are promising, but, as ever, the impact on community pharmacy will depend on the details.

PSNC has this autumn put two funding bids to Government: a COVID costs proposal, and a bid seeking an urgent uplift to the funding associated with the five-year Community Pharmacy Contractual Framework (CPCF). We have yet to receive a response to either, but hope that the completion of the Spending Review will now allow these negotiations to be continued and concluded soon.

PSNC Chief Executive Simon Dukes said:

"The Spending Review sets out high-level HM Government spending priorities and does not detail their intentions for community pharmacy. With the Spending Review now complete, we hope HM Government will be able to progress and conclude funding negotiations with us swiftly: it is critical that contractors get more support, and clarity, as we head into the winter."

Pandemic helps LPC stakeholder relationships

At the November Meeting of LPCs and PSNC, we ran a series of 'temperature check' polls to hear how LPCs have fared in 2020. The responses showed that, despite a busier workload, LPCs are benefitting from better stakeholder relationships – particularly with PSNC.

Continuing to improve collaboration with LPCs will be a key focus for PSNC in 2021, supported by the appointment of a new Director of LPC and Contractor Support: James Wood, currently CEO of Community Pharmacy Surrey and Sussex, will take up the post in January.

View the polls: ow.ly/x3o630rlhLs

Representation Review update

PSNC and LPCs have been working closely together since the release of findings from the independent review into contractor representation and support. To explore the feasibility of the 33 recommendations made, a Review Steering Group (RSG) is being formed.

The national pharmacy bodies have now appointed representatives to the RSG, which is expected to convene later this year. The group will urgently need to address its contractor engagement plan, governance arrangements, and priorities for commissioning work. Contractors can expect an update early in 2021.

Find out more about the RSG at: ow.ly/5d7R30rlxN

CPCF Impact Assessment

Details of an internal DHSC impact assessment related to the five-year Community Pharmacy Contractual Framework (CPCF) deal were revealed in the pharmacy press recently.

PSNC objects to some of the DHSC assumptions set out within the impact assessment and we have written to Health Ministers and the Secretary of State to correct these points. We are also continuing to press HM Government to honour its promises to give the NHS all the financial support it needs through the pandemic – pharmacies' costs must be covered.

Learn more at: ow.ly/tire30rlxD

COVID-19 cost negotiations update

PSNC rejects initial funding offer as we cannot accept any less than full reimbursement for pharmacies of their COVID-related costs.

The offer made to PSNC over the summer was too limited



This month PSNC restated its position that community pharmacy contractors must be compensated for the full impact that the COVID-19 pandemic has had on their businesses.

The sector has so far received £370m in advance payments to help with COVID-related costs. This cash injection has been extremely welcome, but contractors must not now be forced to pay this back as they try to cope with the impact of the second wave of COVID-19 in the UK.

An initial funding offer to deal with the financial impact of COVID-19 on community pharmacy contractors was made to PSNC over the summer. This came from the Department of Health and Social Care (DHSC) who had been working with HM Treasury.

The offer marked the start of very challenging negotiations.

PSNC's Negotiating Team ultimately rejected the offer as being too limited.

The Team argued that the sums on offer from HM Government were not sufficient and that contractors must not be asked to provide evidence of historical costs, as had been proposed.

PSNC also believed that the proposed policy was not in line with Ministers' pledges to give the NHS whatever it needs during the pandemic, as it would not have allowed contractors to claim compensation for all the impacts that their businesses have felt.

In October, PSNC put a counter-proposal to DHSC, asking for the £370m in advance payments to be written off against the costs of COVID-19 to contractors for a particular period of time. We await a response to that proposal.

Contractors urgently need clarity and financial confidence as we move through the second wave of COVID-19 in the UK, but these critical negotiations are being prolonged because PSNC has not yet received a funding offer that will fully compensate contractors.

Comment from PSNC CEO Simon Dukes

"Although there was initial very welcome help from HM Government in the form of £370m in advance payments to community pharmacies, high-level negotiations on community pharmacy contractors' COVID-19 related costs have been difficult.

When formal discussions began over the summer PSNC and HM Government were still far apart. Despite the phenomenal work by pharmacy teams during the pandemic, and the support that we know the sector has from Health Ministers, the proposal attempted to constrain the amount of compensation that was offered to pharmacy businesses and PSNC was unable to accept this."

Preparations for a COVID-19 vaccination programme

Primary care is being primed to start supporting a programme vaccinating against coronavirus from early December, although a vaccine is unlikely to be ready until later.

The logistics are complex, with rollout to be coordinated at a local level



Since news broke on the positive trials of a COVID-19 vaccine by Pfizer, there has been much speculation about how a vaccination programme might work and how quickly it will be rolled out. We appreciate that the lack of detail on community pharmacy's role has been frustrating for contractors and their teams, so we wanted to provide an additional update.

NHS England and NHS Improvement (NHSE&I) have clearly indicated that it expects community pharmacy to have a role in the COVID-19 vaccination programme, but contractors should be aware that – due to the complexity surrounding its unprecedented mass rollout and the storage requirements for the Pfizer vaccine – their involvement will be very different from any involvement they have in other vaccination programmes.

At this time, there are two ways in which community pharmacies could play a part in the programme:

Option 1: They work with the general practices in their PCN (or a neighbouring one) to support the PCN vaccination site and any outreach into care homes etc.

necessary from that site. This could involve pharmacy contractors providing staff, under a private arrangement, to support the GP/PCN-led service; or

Option 2: They provide a COVID-19 vaccination service under the terms of the Enhanced service (which is currently being drafted) where NHSE&I want to commission that service, either because they have no existing provision in an area or they need additional provision.

NHSE&I have now published several [documents for community pharmacy contractors relating to the COVID-19 vaccination programme](#). The documents will be of interest to contractors that are considering whether they may be able to participate in the programme, by operating a vaccination site, where this is agreed by NHSE&I.

The majority of pharmacy contractors are unlikely to have the capacity or the space needed to provide a vaccination site on their own. Where contractors do have capacity to get involved and want to do so, number one is likely to be the best option for most to pursue.

Inquiry into COVID-19 impact on pharmacy

The All-Party Pharmacy Group (APPG) is running a flash inquiry into the impact of COVID-19 on pharmacy. Looking at a range of financial and operational pressures on the sector, the inquiry aims to establish a set of recommendations to put to the Government, outlining the additional support the sector requires.

To inform this work, contractors and pharmacy staff are encouraged to complete a [workforce survey](#). A series of interviews with key sector stakeholders are also being conducted to help gather data. Further details on the inquiry are available at: www.pharmacyappg.co.uk/our-work

Asymptomatic NHS staff testing for COVID-19

The NHS has announced that asymptomatic COVID-19 testing will be made available to all patient-facing NHS staff. This announcement relates to a [letter directed towards NHS trusts](#) and says that with appropriate training, staff will be able to test themselves at home twice a week.

So far there has been no announcement or letter about routine COVID-19 testing for community pharmacy staff. PSNC is pressing for this to be available to all pharmacy staff, seeking a consistent approach to healthcare settings, and NHSE&I have confirmed work is ongoing in relation to pharmacies.

Pandemic Delivery Service restarts

The national restrictions across England saw new advice issued to people who are clinically extremely vulnerable from COVID-19 (those previously referred to as shielded patients) and NHSE&I confirmed that the Pandemic Delivery Service would restart across the whole of England until **3rd December 2020**.

Community pharmacy contractors can claim payments for deliveries made under the Advanced service via the Manage Your Service (MYS) portal. If formal shielding is advised again, NHSE&I may then issue a notice to re-commence the service in certain areas. Learn more at:

psnc.org.uk/deliveryservice

COVID-19 vaccinations webpage

PSNC has brought together all the latest information about the development of COVID-19 vaccines on one webpage. As plans for the vaccination programme are moving at pace, the page will be updated as more information becomes available. Visit: psnc.org.uk/COVIDvaccinations

GP CPCS setup payment

The NHS Community Pharmacist Consultation Service (CPCS) has been extended to include minor illness referrals from general practices as well as from NHS 111.

We expect general practices across individual Primary Care Networks to start to make referrals to the service over the next few months, once the preparatory work has been undertaken at a local level.

Contractors registered to provide CPCS will be able to claim a £300 engagement and setup payment if they undertake a range of actions (outlined in Annex F of the updated service specification) to prepare for the rollout in their area. Learn more at: psnc.org.uk/GPCPCS

Electronic flu notifications rollout

Most pharmacy contractors will be able to send electronic notifications of a flu vaccination to a patient's general practice within the next few weeks.

Electronic notifications are sent automatically from pharmacies using the Sonar Informatics and PharmOutcomes systems, and they are received by GP practices as a workflow task.

These notifications are currently available for the urgent supply of medicines made under the CPCS and pharmacy administered flu vaccinations. GP practices using TPP SystemOne and EMIS Web will be able to receive notifications for both services within the next month.

PQS Part 2 resources

New resources are available to support community pharmacy contractors in completing Part 2 of the Pharmacy Quality Scheme (PQS).

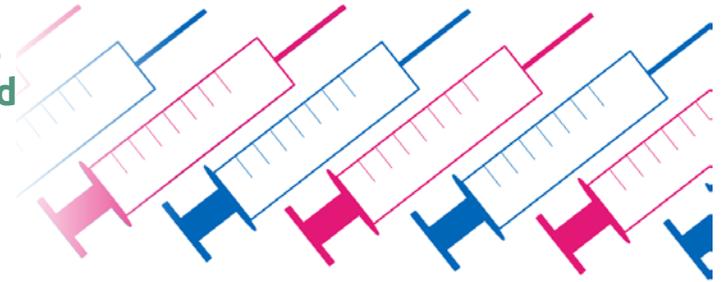
Whilst PSNC Briefing 041/20 provides examples of suggested evidence that contractors should collect, in a checklist format, a PQS framework enables progress tracking by marking the completion of each criterion on PharmOutcomes.

Links to these, plus further support for PQS Part 2, can be found at: psnc.org.uk/PQSPart2

Flu vaccinations start for 50-64 year olds

Release of Government procured flu vaccination stock leads to the NHS flu vaccination service being extended to all over 50s from 1st December 2020.

NHS flu vaccinations to be offered to all over 50s from December



The Department of Health and Social Care (DHSC) has, today (20th November 2020), announced that community pharmacy contractors and general practices will be able to vaccinate 50 to 64 year olds against flu from **Tuesday 1st December 2020**.

This follows the Government's announcement earlier this year that the 2020 flu vaccination programme would be extended with the addition of this new cohort, so it would become the largest programme ever undertaken in England. So far this flu season, contractors have already surpassed the number of patients vaccinated in previous years, having administered nearly 1.9m doses, with demand for flu vaccination from eligible patients still being very high.

This announcement allows contractors to vaccinate this group of patients under the

flu vaccination Advanced service from 1st December 2020.

We know contractors are keen to meet the continuing high demand for flu vaccination from the existing eligible cohorts and the additional 50-64 year old cohort, but the current availability of vaccine is still less than required to meet the immediate demand.

Deliveries of the Department of Health and Social Care's (DHSC) flu vaccination stock is now starting to arrive and will continue to be delivered over the next few weeks. The DHSC stock is being made available to contractors via pharmaceutical wholesalers and orders should continue to be placed with the wholesalers that are supplying this stock. Wholesalers will require pharmacies to complete a declaration before they can access the DHSC stock.

Use of DHSC procured stock

Contractors can use the DHSC flu vaccine stock as follows:

Stock can be used immediately for **Group A** – patients and frontline social care workers as set out in Appendix A of the **Community Pharmacy Seasonal Influenza Vaccination Advanced Service specification**, and frontline health and social care workers through locally agreed occupational health schemes.

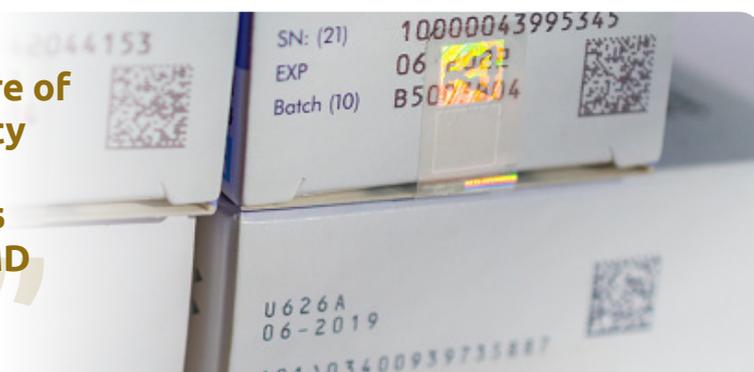
From 1st December 2020, it can also be used for Group B – 50-64 year olds, under the NHS Advanced service.

Full information is available in the DHSC guidance, which is available from: ow.ly/K6aS30rllu9

FMD to cease in Great Britain

An update from the UK FMD Working Group for Community Pharmacy explains how leaving the EU will impact on the application of the Falsified Medicines Directive.

The future of the 'safety features' measures under FMD



The UK FMD Working Group for Community Pharmacy has today (16th November 2020), issued an update for pharmacy contractors across the UK.

Now that the UK has left the EU and the Transition Period ends on 31st December 2020, some regulatory requirements will no longer apply. However, certain EU legislation will continue to have effect in Northern Ireland under the Northern Ireland Protocol.

The 'safety features' elements of the EU Falsified Medicines Directive (FMD, 2011/62/EU) and Delegated Regulation (2016/161) cease to have effect in Great Britain from 31st December 2020. This means that pharmacies in England will no longer be required by law to verify and decommission unique identifiers on prescription medicine packs.

End users in Great Britain will be disconnected automatically from the UK National Medicines Verification System (UKMVS) run by SecurMed UK. This means that it will no longer be possible

to verify and authenticate packs from 1st January 2021.

Pharmacy contractors and IT system suppliers need to check that any integrated pharmacy systems with FMD functions are no longer actively connecting to or seeking a response from the UKMVS after the end of 2020. Stand-alone FMD systems can simply be turned off.

Integrated pharmacy systems can still use batch details, expiry dates or product details (GTINs) from packs' 2D barcodes while these packs are still in circulation. However, pack serial numbers no longer have any function. These packs remain valid and can be dispensed for as long as they are still in date.

SecurMed UK will continue to provide end user registration and necessary support up to 31st December 2020 for end users in Great Britain.

Read more about these developments at: ow.ly/J30L30rlm1k

Future national falsified medicines system

The Medicines and Medical Devices Bill (progressing through Parliament) would enable the Government to make regulations aimed at preventing falsified medicines from entering the medicine supply chain. This could include establishing a national system based on the unique identification of individual packs. However, the Government will have to consult with industry stakeholders, including pharmacy organisations, before introducing any new Regulations.

Changes to Pharmacy Regulations Explained

New NHS regulations were laid in October 2020 to introduce changes to the Terms of Service for pharmacy contractors. PSNC's new regs explainer series describes the actions contractors will need to take and when.

Changes include: access to and updating of NHS IT systems; information sharing for health campaigns and NHSE&I inspections; provision of consultation rooms and remote access; achieving Health Living Pharmacy (HLP) status; and introduction of pandemic treatment protocols and flexible provision of vaccinations.

Read the articles at: psnc.org.uk/ToS2020

Becoming and maintaining HLP status

The HLP requirements will become part of the new Terms of Service for all pharmacies from 1st January 2021. While most pharmacies in England have previously met the HLP Level 1 requirements, following local initiatives with commissioners or the Pharmacy Quality Scheme, the transition to Terms of Service will require all contractors to carry out some actions.

NHSE&I regulations guidance, due to be published shortly, will set out the full requirements for compliance, but contractors can also find supplementary guidance, resources and tools in PSNC's HLP website section at: psnc.org.uk/HLP

Pharmacy NHSmail account upgrade

The NHSmail team are upgrading pharmacy NHSmail accounts in November and December 2020, to further improve the NHSmail service. The upgrade will enable pharmacy NHSmail users to utilise a range of Microsoft Office 365 apps and features, some of which they have had access to before the account upgrade.

PSNC has produced a factsheet describing the upgrade process and outlining the improvements being made – including new Microsoft Teams functionality.

Read more about the pharmacy NHSmail upgrade at: ow.ly/vZyS30rlIXi

Prescription form signatures suspended

Temporary suspension of requirement to sign prescription forms is introduced, and PSNC updates its end of month submission guidance accordingly.

As part of efforts to control the spread of COVID-19, Ministers in England have agreed to temporarily suspended the requirement for patients (or their representatives) to sign the back of NHS prescription forms or EPS tokens. This change will last initially until **31st March 2021**, but further extensions may be granted if there continues to be a cross infection risk.

Whilst the suspension is active, pharmacy teams must mark the relevant exempt or paid category on the FP10 form or EPS token on behalf of the patient. Note, this is not required if a Real Time Exemption Check (RTEC) confirms a patient's exemption.

As per the usual dispensing process, patients should continue to be asked to pay any relevant prescription fee and, evidence of their entitlement provisions apply in the usual way.

During this period, the NHS Business Services Authority (NHSBSA) **will not switch** any unsigned paper prescription forms between exempt and chargeable groups. It will therefore be very important during the end of month submission process to check that the reverse of every paper FP10 form is clearly marked as exempt or paid and sorted into their correct exempt or chargeable groups.

PSNC has published guidance on how the suspension affects the dispensing and end of month submission process (see **CPN pages 9-10**). This includes important reminders for pharmacy staff on the correct completion of exempt or paid declarations, and highlights key changes to be aware of for dispensing and the end of month submission processes.

We are also in discussion with the Department of Health and Social Care (DHSC) around whether it is still necessary for contractors to submit tokens (other than those used for Serious Shortage Protocol (SSP) claims) to the NHSBSA whilst the suspension of signature requirements remains in place.



Dispensing and Supply News

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

Additions to DND list

Following applications made by PSNC to DHSC and the NHSBSA, 27 new products will enter the list of 'Drugs for which Discount is Not Deducted' (DND) in Part II of the Drug Tariff from 1st December 2020.

Ensure Plus Juice liquid, Ikervis 0.1% eye drops 0.3ml unit dose and Setofilm 4mg orodispersible films are just some of products for which the deduction scale will no longer apply.

A list of all the monthly DND changes can be found at: psnc.org.uk/DNDchanges

Share your experiences of quota restrictions

PSNC is urging community pharmacy teams to continue to report issues obtaining stock due to drug quota allocations, not only to help with our investigation into wider quota issue(s)

affecting the supply chain, but also to assist with our representation work on these matters.

As evidence to support further investigation into individual or wider supply issues created by any manufacturer or wholesaler-led drug quota restrictions in place, PSNC may share the information you have provided with any of the following organisations: DHSC, Healthcare Distribution Association (HDA), Association of the British Pharmaceutical Industry (ABPI), relevant wholesaler(s) and manufacturer(s). PSNC encourages contractors to consent to sharing of reports with these organisations to allow them to investigate any regional supply issues and assist with any individual quota issues reported.

Contractors can feed into this work by completing our reporting form:

psnc.org.uk/reportquota (If you wish to provide a more detailed report, please email info@psnc.org.uk)

Register now to use RTEC

Further rollout of the Real Time Exemption Checking (RTEC) system is expected in the next few months. However, before it can be activated for an individual pharmacy, the contractor must sign up to the RTEC user agreement. Find out how to register for RTEC at: ow.ly/LHih50CvGaG

Changes to the parallel export ban list

Over the past month, the DHSC and the Medicines and Healthcare products Regulatory Agency (MHRA) have made several updates to the list of medicines which must not be parallel exported from the UK.

See the parallel export ban list in full at: ow.ly/2LKS30rIQr5

Dispensing and submission guidance: Suspension of prescription signing

PSNC has issued this guidance to remind pharmacy staff of the correct completion of exempt or paid declarations, and highlighting the key changes to be aware of for dispensing and the end of month submission process.

As part of the social distancing measures to limit the spread of the coronavirus and to assist in the management of the serious risk or potentially serious risk to human health in response to the ongoing Covid-19 pandemic, **Ministers in England have agreed to temporarily suspend the need for patient signatures on prescription forms/EPS tokens. This change came into effect on the 1 November 2020 and will last initially until 31 March 2021.**

During this period, patients (or their representatives) may continue to sign the reverse of prescriptions forms and EPS tokens **but are not expected to do so**. However, as per the usual dispensing process, patients should continue to be asked to pay any relevant prescription charges, and evidence of their entitlement provisions apply in the usual way.

The changes will be kept under review and further extensions may be granted if there continues to be a cross infection risk. The temporary suspension will be lifted once it is deemed safe for patients to resume signing of forms.



Where patients would normally sign the FP10 paper prescription form or EPS token, contractors can act as the patient's representative and sign on their behalf (recommended) or may choose to leave the signature box blank.

Whilst the suspension remains active, pharmacy teams should ensure the following steps are in place for:

The dispensing process

Changes:

If a patient or their representative has not already signed the prescription form or token, **contractors may act as the patient's representative and sign on their behalf (recommended)**, as many have done since the start of the outbreak; or contractors may choose to leave the signature box **blank**.

Note: patients and their representatives are not required to make a declaration or sign the reverse of an EPS token if Real Time Exemption Checking (RTEC) has been used by the pharmacy to confirm the patient's exemption. For further information on RTEC please [click here](#).

Continue to:

 Ask patients to **pay any relevant prescription charge(s)**; or where a patient claims to be exempt from prescription charges, pharmacy teams should **ask for evidence** of their entitlement to free prescriptions.

 **Mark the relevant exempt category or amount paid** on the reverse of the paper FP10 form on behalf of the patient.

 Mark the "Evidence Not Seen" box on the back of the form with an 'X' if patients claiming exemption cannot provide any evidence of entitlement to free prescriptions, or where there is doubt over the validity of the evidence.

 EPS - patient charge (or exemption) declarations are made via the electronic message. It is important to **transfer the correct paid or exempt declaration made on the EPS token to the electronic message** before it is submitted for payment to the NHSBSA.

The end of month submission process

Continue to:

 **It is important that contractors check that the reverse of every prescription form is marked with a reason for exemption, or the amount paid** (unless the prescription is only for a contraceptive or endorsed 'FS' by the prescriber for items used to treat a sexually transmitted infection) before a prescription bundle is submitted for payment.

 **Check signature boxes and if unsigned, pharmacy staff can place a mark in the signature box on behalf of the patient (recommended).**



Remove all pins, staples, labels or invoices from forms as these will have to be manually removed, which could lead to delays in processing.



Ensure that FP10 paper prescriptions forms (including those submitted using red separators) are sorted into the correct patient charge groups (exempt, paid, or paid at old charge rate), taking extra care that exempt prescriptions are NOT inadvertently submitted with the paid bundle or vice-versa. This step is particularly important whilst the suspension of signature requirements is active because any unsigned prescriptions marked with a reason for exemption but inadvertently filed in the paid bundle will be treated as paid by the NHSBSA and the relevant number of prescription charges will be deducted from the contractor's account.



To avoid any movement or mixing of prescriptions between patient charge groups during transit, **elastic bands should be used to secure prescriptions** in their relevant group for submission. If you are submitting a **small** number of forms, a **paper clip** may be used to secure the prescriptions in their relevant group.



If there is any mixing of forms between paid and exempt groups during transit, the NHSBSA will move any signed prescription forms back into their respective groups i.e. any exempt prescriptions inadvertently mixed in with the paid bundle will be moved back to exempt group as long as an exemption category is selected AND a mark is placed in the signature box (by the pharmacy signing on behalf of the patient). Likewise, any signed for paid prescriptions will be moved back into the paid group if inadvertently mixed with exempt bundle.

It is important to note that during this period, NHSBSA will NOT SWITCH any unsigned paper prescription forms between exempt and chargeable groups, but instead, will process prescriptions according to the group in which they are submitted in. To avoid any inappropriate charge deductions, pharmacy staff should ensure that FP10 paper prescriptions forms are sorted into their correct charge groups (exempt, paid or paid at old charge rate) for the end of month submission process.

Exempt prescription or token

- ✓ Request evidence and check exemption (unless verified using RTEC)
- ✓ If no evidence presented, mark 'X' on the 'Evidence Not Seen' box
- ✓ Mark reason for exemption on behalf of patient
- ✓ Sign or place a mark in the signature box on behalf of patient (recommended), or leave blank
- ✓ Sort forms into exempt bundle – securing with an elastic band

FP10SS1219 © Crown Copyright

If you paid Enter amount paid and sign below £

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

A is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)

B is 16, 17 or 18 and in full time education

D Maternity exemption certificate

E Medical exemption certificate

F Prescription prepayment certificate

G Prescription exemption certificate issued by Ministry of Defence

L HC2 (full help) certificate

H Income Support or Income-related Employment and Support Allowance

K Income-based Jobseeker's Allowance

M Tax Credit exemption certificate

S Pension Credit Guarantee Credit (including partners)

U Universal Credit and meets the criteria. Find out more at www.nhsbsa.nhs.uk/UC

Read the declaration and sign the form

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

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

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

Signature Date On behalf of patient

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

If the patient normally pays for their prescriptions, the amount paid must be entered into this section by pharmacy staff on behalf of the patient

Paid prescription or token

- ✓ Request and obtain prescription charge
- ✓ Enter amount paid on behalf of the patient
- ✓ Sign or place a mark in the signature box on behalf of patient (recommended), or leave blank
- ✓ Sort forms into paid bundle – securing with an elastic band

If a patient claims to be exempt from prescription charges but evidence of this has not been provided, this box should be marked with an 'X'

If a patient is exempt from prescription charges, mark the correct reason for exemption

If a patient has not already signed the back of the form, it is recommended that pharmacy staff sign/mark the prescription on behalf of the patient; or can choose to leave the signature box blank

As it is only good practice to obtain signatures of those collecting Schedule 2 and 3 CDs, this box can be left blank

Additional information

For guidance on how to prepare your prescription bundle for end of month submission see [here](#). For information on prescription switching see our page [here](#). For information on Real Time Exemption Checking (RTEC) see our page [here](#).

If you have queries about this factsheet, please contact the Dispensing and Supply team via info@psnc.org.uk or 0203 1220 810.

Ask PSNC

The PSNC Dispensing and Supply Team can advise community pharmacy teams on a range of topics. This month, they answer your questions relating to the temporary suspension of the requirement to sign prescriptions.

Q. Do collectors of Schedule 2 and 3 Controlled Drugs (CDs) need to continue signing the reverse of the prescription forms and tokens when they collect CDs?



A. While it is normally good practice to ask individuals, at the point that Schedule 2 or 3 CDs are handed to them, to sign the back of the prescription form (or EPS token reverse) as confirmation of collection, at this time however, to try and minimise any potential risks of Covid-19 transmission from paper handling, it may not be appropriate to follow this recommendation. Pharmacists will need to apply their professional judgement to determine if it is appropriate to supply the CDs if the identity of the person collecting the CDs cannot be clearly ascertained.

Q. Do I still need to submit EPS tokens to the NHSBSA whilst the suspension of signature requirements remains in place?

A. PSNC is currently in discussion with the Department of Health and Social Care (DHSC) around whether it is still necessary for contractors to submit tokens (other than those used for Serious Shortage Protocol (SSP) claims) to the NHSBSA whilst the suspension of signature requirements remains in place. PSNC will issue an update on token submission requirements as soon as confirmation from DHSC is received on this.



Q. Will FP10 paper prescription forms be switched between exempt and chargeable groups if they are left unsigned by patients or their representatives (including by pharmacy staff)?

A. Whilst the suspension of signature requirements is active (from 1st November 2020 until 31st March 2021 initially), the NHS Business Services Authority (NHSBSA) will **NOT SWITCH any unsigned paper prescription forms between exempt and chargeable groups**, but instead, will process prescriptions according to the group in which they are submitted in. To avoid any inappropriate charge deductions, pharmacy staff should ensure that FP10 paper prescriptions forms (including those submitted using red separators) are sorted into the correct patient charge groups (exempt, paid, or paid at old charge rate), taking extra care that exempt prescriptions are NOT inadvertently submitted with the paid bundle or vice-versa. This step is particularly important because any unsigned prescriptions marked with a reason for exemption but inadvertently filed in the paid bundle will be treated as paid by the NHSBSA and the relevant number of prescription charges will be deducted from the contractor's account.



Q. Do the NHSBSA use the declaration made on tokens (for non-payment) to calculate any charge deductions?

A. No. For EPS, the NHSBSA use the paid or exempt category information submitted in the electronic message to determine if any charge deductions apply. Therefore, it is important to transfer the correct paid or exempt declaration made on the tokens to the electronic message before it is submitted for payment to the NHSBSA.

Q. Do I still need to ask patients to provide evidence of their exemption?

A. Pharmacy teams should continue to ask patients to provide evidence of their entitlement to free NHS prescriptions and mark the relevant exemption category on the reverse of the paper FP10 forms or EPS tokens on behalf of the patient. If the patient is unable to provide evidence of their entitlement to free NHS prescriptions or where there is doubt over whether the evidence provided is valid pharmacy teams should mark the "Evidence Not Seen" box on the back of the form with an 'X'.

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 January 2021**.

KEY:

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

Part VIII A additions

Category C:

- Adrenaline (base) 100micrograms/1ml (1 in 10,000) dilute solution for injection ampoules (10) – *Martindale Pharmaceuticals Ltd*
- Adrenaline (base) 500micrograms/5ml (1 in 10,000) dilute solution for injection ampoules (10) – *Martindale Pharmaceuticals Ltd*
- Alfalcidol 1micrograms/0.5ml solution for injection ampoules (10) – *One-Alpha*
- Clozapine 200mg orodispersible tablets sugar free (28) – *Zaponex*
- Fluorescein 1% eye drops 0.5ml unit dose preservative free (20) – *Minims*
- Fluorescein 2% eye drops 0.5ml unit dose preservative free (20) – *Minims*
- Hydroxychloroquine 300mg tablets (30) – *Blackrock Pharmaceuticals Ltd*
- Lidocaine 4% / Fluorescein 0.25% eye drops 0.5ml unit dose preservative free (20) – *Minims*
- Nitisinone 2mg capsules (60) – *Orfadin*
- Oxybuprocaine 0.4% eye drops 0.5ml unit dose preservative free (20) – *Minims*
- Salbutamol 500micrograms/1ml solution for injection ampoules (5) – *Ventolin*

Part VIII A amendments

- Atropine 3mg/10ml solution for injection pre-filled syringes ■ (1) Category A will be is moving to Category C *Aguettant Ltd*
- Moclobemide 150mg tablets (30) Category A will be is moving to Category C *Sandoz Ltd*
- Pioglitazone 15mg / Metformin 850mg tablets (56) Category A will be is moving to Category C *Competact*
- Risperidone 2mg orodispersible tablets sugar free (28) Category A will be is moving to Category C *Mylan*

Part VIII A deletions

If a medicinal product has been removed from Part VIII A and has no other pack sizes listed, it can continue to be dispensed as long as the product does not appear in Part XVIII A – but it will need to be endorsed fully (i.e. brand or supplier name from whom the product was purchased and the pack size from which the item was dispensed).

Category A:

- Cimetidine 800mg tablets (30)
- Ethinylestradiol 1mg tablets (28)
- Galantamine 12mg tablets (56)
- Galantamine 8mg tablets (56)
- Neostigmine 15mg tablets (140)

Category C:

- Almond oil liquid (50ml) – *Thornton & Ross Ltd*
- Atropine 600microgram tablets (28) – *Wockhardt UK Ltd*
- Benzocaine 5mg / Tyrothricin 1mg lozenges (24) – *Tyrozets*
- Calcium lactate 300mg tablets (84) – *A A H Pharmaceuticals Ltd*
- Fluphenazine decanoate 100mg/1ml solution for injection ampoules (5) – *Modecate Concentrate*
- Fluphenazine decanoate 25mg/1ml solution for injection ampoules (10) – *Modecate*
- Interferon alfa-2a 4.5million units/0.5ml solution for injection pre-filled syringes (1) – *Roferon-A*
- Interferon alfa-2a 6million units/0.5ml solution for injection pre-filled syringes (1) – *Roferon-A*
- Nateglinide 180mg tablets (84) – *Starlix*
- Nateglinide 60mg tablets (84) – *Starlix*

Part IX deletions

There are no appliances flagged for deletion from Part IX of the January 2021 Drug Tariff.

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](https://www.nhs.uk/business-services-authority) 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: www.psn.org.uk/Wuvx30rhkos