

CPN

Community Pharmacy News – January 2021



Addressing COVID-19 impact Service changes aim to create extra capacity in the second wave, whilst PSNC audit assesses pressures.

Pharmacy and C-19 vaccination | DMS guidance published | 2020 PPE claims process



Simon Dukes
PSNC Chief Executive

Chief Executive's blog

A year on from the emergence of coronavirus, Chief Executive Simon Dukes considers the current situation on PSNC's bid to have pharmacy's costs covered.

As I write this first blog of 2021 my team and I are preparing for the early February meeting of PSNC, and it strikes me that this meeting will mark a full year since the Committee and executive team were able to meet in person. Like the organisations we represent, we have been innovative in working around the challenges that have faced us, allowing our core business to continue effectively and safely. But what a year we have seen. A year of sadness for many people in England and beyond; a year of challenges for everybody, no

“A growing sense of deep frustration and increasing irritation”

matter their home or work situation; and for community pharmacies a year of utter and relentless hard work, of heroic efforts, and above all of putting their patients first, no matter the personal and financial costs to them and their teams. And this community spirit goes on, as some of you are now opening up COVID vaccination sites as well – with many more to follow over the coming weeks.

So what awaits us at this first full PSNC Committee meeting of 2021?

It goes without saying that PSNC members will be attending our virtual two days

together with a growing sense of deep frustration and increasing irritation. Despite our constant efforts, and more importantly the phenomenal work pharmacies have been doing all year, we are not making progress in our funding negotiations. It really is a case that here are none so blind as those that will not see. The financial evidence of the costs that community pharmacy has borne in helping the NHS get through this pandemic is crystal clear from the data we have collected and continue to collect. Costs are costs are costs – if you had asked an employee to go out and purchase an item for your business and they returned with the item and the receipt, none of you would look at the cost and give them a ‘contribution’. You would reimburse them the full amount of the money they had spent – not to do so would not only severely undermine the relationship between you and your staff, but it would mean that they were in effect subsidising your business. After 12 months of supporting the NHS through the clinical and pharmaceutical services you provide your patients, and still no resolution on COVID-19 costs, the Government is in effect asking you to pay for the privilege.

A regular feature of our negotiations is the refusal of officials to treat pharmacies as the core part of the NHS that they are. Others resist conversations about fair margins and value, focusing only on what they consider to be the bare minimum costs for service delivery. And another regular occurrence is the long delay (sometimes many months, as we have seen with our most recent funding bids on COVID costs and a CPCF uplift)

“PSNC Committee Members are clear that the sector must not be bullied”

while officials do the work they need to do, followed by a rapid presentation of information to PSNC with a tight deadline for turnaround.

I have been involved in many negotiations over the years and I have always believed that the best discussions take place in private. It saddens me that PSNC is being forced to be increasingly public about the situation we find ourselves in. Of course we have a monopsony purchaser with all the challenges that brings, but

“PSNC is being forced to be increasingly public about the situation we find ourselves in”

PSNC Committee Members are clear that the sector must not be bullied, and that we will continue to hold the NHS and Government to account privately for their decisions and processes – but we will also now say more in public alongside the other pharmacy bodies if we don't get positive outcomes soon.

As we continue to make the case for the sector and to push officials towards more reasonable funding and service arrangements, we will also need your ongoing help. Thank you to all of you who have managed to squeeze in time to take part in the Pharmacy Advice Audit this month. We'll be analysing the data from that over the coming months and we are also thinking about ways to capture the views of your patients and the excellent experiences that we know they have had from pharmacies through the pandemic. We will again work together with the other pharmacy organisations on this mammoth task: it is going to be another busy year for us all.

PSNC COVID-19 Negotiations Update

Following requests from PSNC, service changes have been agreed to create extra capacity in community pharmacies during the ongoing pandemic.

New measures introduced to address workload pressures



NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care (DHSC) have agreed to PSNC's request for more flexible timings for completion of the work within the Pharmacy Quality Scheme (PQS) Part 2 2020/21 and the removal of some Community Pharmacy Contractual Framework (CPCF) requirements for 2020/21.

The following changes are intended to provide additional capacity for contractors to implement the Discharge Medicines Service on 15th February 2021 (see more on CPN page 5) and help support continuing efforts to provide core pharmacy services and meet the needs of their patients during the ongoing COVID-19 pandemic.

PQS Part 2 2020/21: The Part 2 declaration will still take place as planned between 09:00 on 1st February 2021 and 23:59 on 26th February 2021, however, contractors will have until **30th June 2021** to complete any elements of the scheme they have declared as having met. Following their declaration, contractors will still receive any PQS payment due as part of the overall payment made by the NHS Business Services Authority (NHSBSA) to contractors on 1st April 2021. (See our FAQs on preparing to declare: ow.ly/kC7x30rv6Sk)

Audits: Contractors are **not** required to complete an NHSE&I determined national clinical audit or a contractor chosen clinical audit during 2020/21.

Patient surveys: Contractors are **not** required to undertake the Community Pharmacy Patient Questionnaire (CPPQ) during 2020/21.

Community Pharmacy Assurance Framework (CPAF): The contract monitoring process will not run in 2020/21, but this will run as normal in 2021/22.

Data Security and Protection Toolkit: No action will be taken against contractors who have not completed the toolkit for 2019/20, provided they are working to complete the toolkit for 2020/21. The deadline for completing the 2020/21 toolkit has been extended to **30th June 2021**.

Summary of changes briefing

PSNC has developed a briefing which summarises all of the regulatory and contractual dispensations agreed with DHSC and NHSE&I to assist contractors with the ongoing COVID-19 pandemic as of 22nd December 2020.

View the briefing at: ow.ly/kALT30ru80t

2021 PSNC Pharmacy Advice Audit

Community pharmacy contractors have been asked to take part in audit to capture information about the reasons why people choose to visit community pharmacies.

PSNC is increasingly concerned about the pressures that pharmacy teams are under during the COVID-19 pandemic and also about reports that general practice teams are referring patients to pharmacies for consultations informally, rather than via the agreed Community Pharmacist Consultation Service (CPCS) route.

Your responses will help provide crucial evidence for our ongoing funding discussions with HM Government and the NHS. Please visit psnc.org.uk/adviceaudit for details.

PSNC CEO Video Message

PSNC Chief Executive Simon Dukes has recorded a new video message for community pharmacy contractors and their teams.

In the video Simon reflects on the extraordinary year just passed and looks to the challenges ahead, noting in particular the stoicism and commitment of community pharmacy teams and calling for an end to the slow responses from policy makers that we have seen throughout the pandemic.

Watch the video at: ow.ly/nlCp30ru8rj

Pharmacy Representation Review update

The community pharmacy Review Steering Group (RSG), which met for the first time last month, has launched a website as a first step in engagement and communication with contractors.

The RSG, made up of AIM, CCA and independent representatives, was set up following discussions between PSNC and the LPCs about how to take forward the findings of the independent review into contractor representation and support by Professor David Wright. The group held a meeting in December and the minutes of this are available on the website.

Visit the website: pharmacy-review.org

Vaccinations for pharmacy staff

The process of COVID-19 vaccination of frontline healthcare staff, including pharmacy staff, has started in many areas. Contractors are advised to look out for communications from their LPCs who are working with Clinical Commissioning Groups (CCGs) on this.

Earlier this month NHSE&I wrote to NHS Trusts and other NHS bodies to provide additional operational guidance on the vaccination of frontline health and social care workers. PSNC has summarised the key points for pharmacy contractors and their teams in a series of questions and answers.

Read the FAQs at: [ow.ly/iMIm30rttTa](https://www.ow.ly/iMIm30rttTa)

Indemnity arrangements

NHSE&I, DHSC, and NHS Resolution have issued a joint letter to reassure healthcare professionals and others about the indemnity arrangements that are in place to cover the COVID-19 vaccination programme.

The letter confirms that COVID-19 vaccination activity undertaken in community pharmacy will be covered by the state indemnity schemes run by NHS Resolution until the end of March 2021 (this was subsequently extended until the end of June 2021).

Find out more at: [ow.ly/gmSM30rtMUX](https://www.ow.ly/gmSM30rtMUX)

Pharmacists vaccinate housebound patients

A new service in South Tyneside will see a team of 22 community pharmacists – including PSNC Regional Representative Mark Burdon – administer COVID-19 vaccinations to around 1,500 housebound patients in their own homes. This will take place over four weekends in January and February 2021.

Working with local healthcare commissioners, Gateshead and South Tyneside LPC established a service to operate in conjunction with the Primary Care Network (PCN) designated vaccination site to help reach the most vulnerable in their community.

Learn more at: [ow.ly/EK9P50DI2LH](https://www.ow.ly/EK9P50DI2LH)

Pharmacy sites join COVID-19 vaccination efforts

As a handful of pharmacy-run COVID-19 vaccination sites open, PSNC argues for more community pharmacies to be involved in the vaccination programme.

“Pharmacy sites are helping target hard to reach groups”



The first waves of community pharmacies have this month begun to administer COVID-19 vaccinations as part of the NHS vaccination programme.

Playing to the strengths of community pharmacies as socially inclusive healthcare providers, the majority of the sites are in areas where they are best placed to reach groups at higher risk of mortality from COVID-19 or where, until now, there has been no local vaccination site.

Amongst the pharmacy sites to have already gone live are Lincoln Pharmacy in Tower Hamlets, London, a Mosque in Birmingham, and The Whalley Range Tennis and Cricket Club in Manchester.

These pharmacies, operating under the terms of a local Enhanced service (LES), have all had to show how they can ensure that significant volumes of patients can be vaccinated whilst maintaining social distancing procedures.

Approximately 200 pharmacy sites are expected to open under the same terms. However, PSNC believes that many thousands of community pharmacies could support the COVID-19 vaccination programme.

PSNC press coverage

On 6th January, the Telegraph ran a front-page article on pharmacy's ask for a greater role in the COVID-19 vaccination programme. The story drew heavily on an interview with PSNC Chief Executive Simon Dukes.

Since its publication PSNC has provided follow-up interviews on the subject with the BBC News Channel, BBC Radio 5 Live, Times Radio, Associated Press, LBC Radio and its sister channel LBC News. The other national pharmacy bodies and LPCs have also supported this messaging in other media outlets and with interested MPs.

PSNC's national media push provoked Ministerial support as well as a series of meetings with the Government to start work on a plan for the wider involvement of pharmacies. This will involve scoping what is feasible for the sector, as well as working through how pharmacies can best be used to complement the existing network of larger vaccination sites, and looking at timings and the numbers of pharmacies likely to be involved.

The latest information can be found at: [psnc.org.uk/COVIDvaccinations](https://www.psn.org.uk/COVIDvaccinations)

PSNC statement

PSNC Chief Executive Simon Dukes said:

“It is fantastic to see the first community pharmacy COVID-19 vaccination sites going live and we look forward to seeing more pharmacies involved in the programme in due course. It would be a mistake to miss the opportunity to make this vaccination programme more widely available from the most accessible healthcare settings we have.”

Discharge Medicines Service guidance published

Following notice of a six-week delay to the service launch, full details and resources have now been made available for pharmacy teams.

Mid-February launch recognises the time needed to prepare



In late December, NHS England and NHS Improvement (NHSE&I) confirmed that the Discharge Medicines Service (DMS) would not become an Essential service for community pharmacy contractors until **15th February 2021**.

Due to the ongoing pressures on contractors during the COVID-19 pandemic and delays in the publication of guidance, NHSE&I and the Department of Health and Social Care (DHSC) agreed to PSNC's proposal to delay implementation, so that contractors and their teams have time to prepare for the launch of the service.

From 15th February 2021, NHS Trusts will be able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy.

NHSE&I will initially adopt a light touch approach to contractual assurance with regards to the service and contractors should also note that not all Trusts will be fully ready to make referrals at the time the service commences.

Funding for the service

Contractors providing the full service will be paid **a fee of £35**. Where only part of the service can be provided, in certain circumstances defined in the Drug Tariff, contractors will be paid a partial payment.

Contractors will also be paid **a setup fee of £400** to cover the costs of preparing to provide the service, principally training staff and putting in place a standard operating procedure for the service.

Preparing for the service

Contractors should review their staff training and competence to ensure relevant staff, including pharmacists and pharmacy technicians, who will be involved in providing the service, have the necessary knowledge and competence to undertake it safely.

In addition, contractors are reminded that they must also have a Standard Operating Procedure (SOP) for the service, which all staff participating in provision of the service must be familiar with and follow.

GP CPCS animation

PSNC has developed an animation to help describe the GP referral pathway into the Community Pharmacist Consultation Service (CPCS), as well as a complementary one-page infographic. Find them at:

psnc.org.uk/GPCPCSanimation

We are working with NHSE&I and others to raise awareness of the benefits that GP CPCS can bring to Primary Care Networks (PCNs) and general practice teams. We hope that these resources will help LPCs and pharmacies to initiate local discussions on implementing the service in their areas.

NHSE&I have also **announced** that funding for the CPCS IT systems has been extended until 30th September 2021.

50-64 year olds encouraged to get flu jab

Following a request from PSNC, NHSE&I has written to those 50-64-year olds who have not yet received a flu vaccination, asking them to arrange one and highlighting that pharmacies, as well as GPs, provide this free service.

The letters have already started to be delivered and contractors are therefore advised to anticipate increased requests for NHS flu vaccinations over the next couple of weeks.

Contractors are also reminded that they can access a full range of flu vaccination promotional resources via Public Health England's **Campaign Resource Centre**.

DHSC flu vac stock for private patients

From **15th January 2021**, community pharmacies can offer a flu vaccination using DHSC centrally procured vaccine to private patients or those within occupational health schemes (Group C patients in the **DHSC guidance on use of centrally procured vaccines**). This decision follows PSNC's request to DHSC for such a change in the guidance.

Contractors are advised to continue to provide flu vaccinations for NHS eligible cohorts, as some patients may still present later in the season, such as the 50-64 year old cohort and newly pregnant women.

Guidance and resources

NHS DMS Toolkit for Pharmacy Staff in Community, Primary and Secondary Care: To assist and support cross sector implementation of the DMS.

DMS Contractor checklist: A PSNC checklist to assist contractors in working through the actions needed to get ready to provide the DMS.

DMS Declaration of Competence (DoC): To be completed by all pharmacists and pharmacy technicians who will be involved in providing the DMS. These and other resources are available from: psnc.org.uk/DMS

NHSE&I regulations guidance

Guidance from NHSE&I published in late December 2020 sets out a number of changes to the pharmacy Terms of Service, and the implications for pharmacy contractors and their staff.

These changes include: the introduction of the Discharge Medicines Service; 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 status; and introduction of pandemic treatment protocols and flexible provision of vaccinations.

Further details on these changes can be found at: psnc.org.uk/ToS2020

New pharmacist training standards

The General Pharmaceutical Council have published **new standards for the initial education and training of pharmacists**. The implementation of these standards will transform the education and training of pharmacists, so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register, including by prescribing medicines.

The new standards have been **welcomed by the Chief Pharmaceutical Officers for Great Britain in a joint letter**.

Find out more about the key changes at: ow.ly/ofzK30ru6Ww

Support for domestic abuse victims

The Home Office is implementing a new scheme to help victims of domestic abuse access support safely, and is encouraging community pharmacy teams to get involved.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, ability, socio-economic status, sexuality or background. This is why the Home Office considers pharmacies, used by people from all walks of life, as a suitable setting for the Ask for ANI scheme.

Learn more about 'Ask for ANI': ow.ly/9tNi30ru6Wh

UK exits European Union

PSNC summarises elements of the UK-EU Trade deal and the end of the Transition Period most relevant for community pharmacy.

Key points of post-EU primary healthcare



In late December 2020, Health Minister Edward Argar MP wrote to health and social care colleagues to provide an update on the UK-EU Trade and Cooperation Agreement, a free trade agreement based on zero tariffs and quotas and covering trade worth £668 billion in 2019.

The letter is available to read in full [here](#), but we have summarised the key points below.

Continuity of Supply: A reminder of the Department of Health and Social Care's (DHSC) multi-layered contingency planning, including buffer stocks, rerouting and air freight, as necessary. For more information see the [Government advice](#).

Patient concerns: There is encouragement to have the confidence to say that the Government has plans in place to ensure a continued supply of medical goods and patients may continue to order their prescriptions as normal. See the [joint statement by the BMA and PSNC](#).

Personal Protective Equipment (PPE): COVID-19 PPE should continue to be ordered from the PPE portal and allow more time for such non-clinical goods to arrive.

Reciprocal Healthcare: UK residents will continue to have access to emergency and necessary healthcare when they travel to the EU, operating like the European Health Insurance Card (EHIC) scheme, from 1st January 2021.

Data: The agreement provides for the continued free flow of personal data from the EU and EEA European Free Trade Association (EFTA) to the UK until adequacy decisions are adopted, and for no longer than 6 months; and the UK has deemed the EU and EEA EFTA Member States to be adequate to allow for data flows from the UK.

Professional recognition: There is a two year standstill agreement, after which regulators such as the General Pharmaceutical Council (GPhC) may reach Mutual Recognition Agreements or use their existing third country recognition registration procedures. ([More information is available here.](#)) The GPhC states that until December 2022, EEA qualified pharmacists have a simplified registration procedure, but not pharmacy technicians. For more information see the [GPhC website](#).

Further information

The latest information on the end of the Brexit Transition period and medicines supply can be found in PSNC's Brexit Hub: psnc.org.uk/Brexit

Claiming for 2020 PPE expenditure

Community pharmacy contractors can make claims for the PPE costs incurred during 2020 to comply with COVID-19 infection control guidance.

PSNC and the Department of Health and Social Care (DHSC) have agreed a mechanism by which pharmacy contractors can claim reimbursement for their expenditure on personal protective equipment (PPE) during the COVID-19 pandemic in 2020. This is part of a wider scheme covering reimbursement of PPE for primary healthcare as a whole.

PPE purchased by contractors for use in the delivery of NHS pharmaceutical services, as a result of the COVID-19 infection control guidance, **between 27th February 2020 and 31st December 2020** will be covered by the reimbursement mechanism, providing the PPE will be used by the end of March 2021.

However, contractors should be aware that any PPE purchased directly by them from 1st January 2021 will not be reimbursable via the agreed mechanism as pharmacies can now obtain all their COVID-19 PPE free of charge from **DHSC's PPE portal**.

How the reimbursement mechanism works

Claims need to be made via the NHS Business Service Authority's (NHSBSA) **Manage Your Service (MYS) platform before 12th February 2021**. A central claims process option is also available for multiple pharmacies (with six or more pharmacies).

Contractors will need to complete MYS as follows:

1) Standard claims – this claim is for a set payment to cover the estimated standard PPE use of pharmacies from 27th February 2020 to 31st October 2020.

The claim amount figure to enter should follow the item volume banding table below. For example, if a pharmacy is in Band 4 and was open for 60 hours or less per week during the first claim period, a contractor will input 1640 in the pounds section and 00 in the pence section on the MYS PPE claim form. Where the portal asks "Is this an exceptional claim?" the answer would be "No"

Band	Range of number of items dispensed per month	Standard claim, <=60 opening hours	Standard claim, >60 opening hours
1	0 – 100	£830	£1,650
2	101 – 2,500	£830	£1,650
3	2,501 – 5,000	£1,030	£1,850
4	5,001 – 12,500	£1,640	£2,460
5	12,501 – 19,167	£2,490	£3,310
6	19,168+	£3,240	£4,060

2) Exceptional claims – this type of claim can be used to cover any PPE purchased:

- between 27th February 2020 and 31st October 2020 **in excess** of the standard claim value; and/or
- between 1st November 2020 and 31st December 2020**.

If more has been spent on PPE during this period, and you're able to evidence this spend (on request), the claim for the higher amount can be submitted as an exceptional claim on this page instead. To make an exceptional claim for this period, input the value of the total amount being claimed excluding any VAT and delivery charges (and select "Yes" in response to the question "Is this an exceptional claim?").



Frequently Asked Questions (FAQs)

PSNC has received numerous queries on how the PPE claim process on the MYS portal works. Here are two of the most common questions:

Q. How do I know how much I'm eligible for under the standard claim?

The volume bandings used are the same as for the Transitional Payment. The band assigned to each pharmacy is the one they've most frequently been in over the eight months from March to October 2020. Where there is a joint most frequent band (e.g. 4 times in two different bands), the highest band is used. Although this can be individually worked out by pharmacies, most pharmacies received an email from NHSBSA on 11/01/21 to confirm which band they were in.

Q. How was the standard claim amount calculated?

This amount was modelled by NHSE&I, with the item volume in each band (taken at 75% between the lower and upper item thresholds) being translated into an expected sessional mask use. Hand sanitiser use, apron and glove use was also estimated for each band. This was reviewed by PSNC and contractors that are part of the Negotiating Team for reasonableness, with the exceptional claim mechanism for this period allowed where individual contractors have been able to rebuild their purchase cost over the standard claim period and are able to evidence they have incurred this greater PPE expense.

See more FAQs at:
psnc.org.uk/ppeclaimfaqs

Summary of new payments

PSNC's Dispensing and Supply Team have summarised the new service payments announced in recent months, including details of the claiming deadlines.

A number of new service payments for community pharmacy contractors have been announced in recent months for the Community Pharmacist Consultation Service (CPCS) – GP referral pathway; the Discharge Medicines Service; the Pandemic Delivery Service and the Hepatitis C testing service. In addition, PSNC and the Department of Health and Social Care (DHSC) have agreed a mechanism by which pharmacy contractors can claim reimbursement for their expenditure on Personal Protective Equipment (PPE) purchased between 27th February 2020 and 31st December 2020 (see CPN page 7 for full details).

PSNC has compiled details on these different payments covering how to claim and claim deadlines (if any); timing of payments; payment amounts and how these will appear on the Schedule of Payments. Opposite is a condensed version of the summarised information, but the full payments guide can be viewed at: ow.ly/nu3F30rux2R

Payment type	Claim method (deadline to claim payment)	Payment due	Payment amount	How it will appear on the Schedule of Payments*
PPE claims (standard)	Manage Your Service (MYS) (11.59pm 12th February)	Depends on when the claim is submitted and verified	Depends on items dispensed per month and opening hours	PPE Claims
PPE claims (exceptional)	As above	As above	Depends on amounts claimed	As above
CPCS-GP referral pathway engagement and set up	MYS (11.59pm 31st March)	As above	£300	GP Referral Pathway Engagement Fee
DMS set up fee	Automatic	1st April	£400	Discharge Medicine Review Fee
DMS	MYS (note: DMS commences 15th February)	Monthly from 30th April	£35 for full service, but partial payment available	As above

*Under section of 'Details of other amount authorised'.

Dispensing and Supply News

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

New SSP and extensions to existing SSPs

In response to significant ongoing disruption to the supply of **Fluoxetine 40mg capsules**, a Serious Shortage Protocol (SSP) was issued by DHSC and came into effect Friday 29th January 2021.

Community pharmacy contractors and their teams are asked to read the documents below in full and to implement the protocol with immediate effect.

SSP09: Fluoxetine 40mg capsules
PSNC Briefing 002/21: Serious Shortage Protocols (SSPs): SSP09 – Fluoxetine 40mg capsules

Two SSP have been further extended. SSP07 for Fluoxetine 30mg capsules is now due to expire on 12th March 2021, whilst SSP08 for Salazopyrin® EN-Tabs 500mg has been further extended to 26th February 2021. The latest versions of all active SSPs can be found on the NHSBSA website.

Additions to DND list

Following applications made by PSNC to the Department of Health and Social Care (DHSC) and the NHS Business Services Authority (NHSBSA), a further **36 new products** have entered the list of 'Drugs for which Discount is Not Deducted' (DND) in Part II of the Drug Tariff from 1st January 2021 and a further

62 new products from 1st February 2021. This takes the total number of products granted DND status over the past 12 months to over **250** following checks made by PSNC. A list of all the monthly DND changes can be found at: psnc.org.uk/DNDchanges

Products reclassified as special containers

Cabometyx (all strengths) tablets, Oprymeia (all strengths) modified-release tablets and Stivarga 40mg tablets are among 14 products that have been reclassified as special containers for January 2021. A further 6 products have been classified as special containers from February 2021. A list of all the monthly special container changes can be found at: psnc.org.uk/SCupdates

Share your views on new dm+d browsers

A new browser for accessing the Dictionary of medicines and devices (dm+d), is being tested and pharmacy teams are being asked to share feedback.

As the NHS standard dictionary for medicines licensed in the UK, the NHSBSA has a free viewer available for pharmacy teams and others to access dm+d information. This viewing browser has recently been updated and is currently undergoing a 'beta' (testing) phase prior to its full launch. Feedback from pharmacy teams and other users will help NHSBSA to improve its dm+d browser. Learn more at: ow.ly/fxv230ru6Ua

Dispensing Factsheet: Disallowed items

This factsheet prepared by PSNC’s Dispensing and Supply team explains what disallowed items are and the reasons why certain items may be disallowed by the NHS Business Services Authority (NHSBSA). It also highlights the checks that can be made during the dispensing process to try and minimise the risks of dispensing and/or endorsing items that are not permitted on the NHS.

What is a disallowed item?

A disallowed item is one that has **NOT** been passed for payment by the NHSBSA. Disallowed items should not be confused with items which are referred back to contractors for further clarification because insufficient information was available for the NHSBSA to process the prescription(s) for payment (for example, due to missing endorsements).

Why are prescription items disallowed?

The NHSBSA apply a coding system to identify up to 19 possible reasons for disallowing items that are ordered on the NHS of which 7 are applicable to community pharmacies (see table below). Each prescription item disallowed by the NHSBSA is assigned a DA code followed by a number to indicate the reason for the disallowed item.

A list of Disallowed Reason Codes (pharmacy only) in descending order by item volume and % frequency (using disallowed item figures between August 2019 – July 2020)

Disallowed reason code	Disallowed reason	Item volume and % frequency (in descending order)
DA20	As it is a nominated EPS token incorrectly submitted for processing and reimbursement (excluding tokens used to claims for supplies made against SSPs)	30,941 (62.5%)
DA2	As it is not an appliance or chemical reagent listed in Part IX of the Drug Tariff	11,637 (23.5%)
DA4	As it is not a drug listed in the Dental Practitioners’ Formulary (DPF) in Part XVIIIA of the Drug Tariff from which a dentist may order on a valid FP10D Form	3,528 (7.1%)
DA3	As it is not a drug, appliance or chemical reagent listed in the Nurse Prescribers’ Formulary (NPF) in Part XVIIIB(i) of the Drug Tariff from which a community nurse prescriber may order on a valid NHS prescription form	2,569 (5.2%)
DA1	As certain drugs and other substances listed in the Part XVIII of the Drug Tariff cannot be prescribed on the NHS	350 (0.7%)
DA19	As it is an item that is not prescribed on an authorised or valid form	323 (0.7%)
DA6	As it is not a drug or preparation which may be prescribed on a blue FP10MDA instalment dispensing form	149 (0.3%)
Total		49,497 items

How many items are disallowed by the NHSBSA?

According to information provided by the NHSBSA, nearly 50,000 items were disallowed in the 12 months between August 2019 and July 2020.

For the most recent month we have data for – July 2020 – a total of 3,256 items were disallowed of which 490 items (15%)

were issued via EPS and the rest (85%) were paper prescriptions/tokens. However, if we exclude the number of disallowed EPS tokens that were incorrectly submitted for reimbursement (reason code DA20), then the total number of disallowed EPS items represents 40% (490) of the remaining total of all disallowed items (1,210) in July 2020.

How do I know if an item submitted for payment has been disallowed by the NHSBSA?

Currently, there are three methods by which NHSBSA notify contractors if an item has been disallowed.

- 1. Manage Your Service (MYS)** – contractors can now receive details of any disallowed items including the item number and disallowed reason via the MYS portal (see image below). Disallowed items via MYS can arrive daily. Contractors wishing to access their digital referred back and disallowed items using MYS should contact the MYS team by emailing nhsbsa.mys@nhs.net to enable these features on the MYS portal.



- 2. Paper** – contractors that are not signed up to receive digital disallowed items via the MYS portal, receive a letter via the post from the NHSBSA with information of any disallowed items. An image of the prescription is copied on to an A4 sheet (see example below) identifying the disallowed item, with a DA reason code to inform the contractor why the item was disallowed.

3. **Prescription Item (Px) report** – contractors can check whether a product has been disallowed by also checking their Px report. To access item reports, contractors should register for the Information Services Portal on the NHSBSA's website.

What if I disagree with the reason(s) given by the NHSBSA for disallowing an item?

If it is believed that an item has been incorrectly disallowed by the NHSBSA, contractors may submit a challenge to the NHSBSA, who will investigate the issue and rectify any missing payments if a processing error is identified.

To challenge disallowed items returned via MYS, contractors can click on a link available under the disallowed item displayed on the portal. A free-text box is provided for a contractor to provide a reason as to why they believe the item has been disallowed in error, and to provide a contact email address. Once a challenge is successfully submitted, the information is sent directly to the NHSBSA Helpdesk to action.

Contractors wishing to challenge any disallowed items that are received through the post, can contact the NHSBSA Helpdesk



(0300 330 1349) or email nhsbsa.prescriptionservices@nhsbsa.nhs.uk for further advice.

If a disallowed item is successfully challenged, NHSBSA will reimburse the item and any payment adjustments will be reflected in the next Schedule of Payments.

If a pharmacy contractor remains unsatisfied with outcome of a disallowed item challenge, they can **email PSNC's Dispensing & Supply team** for further advice on the matter.

Top tips to avoid disallowed items

- **Ensure systems are kept up to date** – to reduce the risks of users inadvertently prescribing/dispensing products that have recently been amended/deleted from the Drug Tariff and or dm+d, users should ensure their systems are kept up to date. PSNC recommends that EPS suppliers synchronise to the dm+d and Drug Tariff changes frequently (note that the dm+d is updated weekly by the NHSBSA). Where in doubt, pharmacy staff should check the latest **online Drug Tariff** or search the **NHS Dictionary of medicines and devices (dm+d)** to confirm if an item will be passed for payment.
- **Establish nature of product** – check if the drug (medicinal or non-medicinal substance including food supplements or cosmetic items) is permitted on the NHS or is the appliance (medical device) listed in Part IX of the Drug Tariff.
 - **Drugs:** A drug is only allowed if it is NOT listed in Part XVIII (Drugs, Medicines and Other Substances that may not be ordered under the NHS) of the Drug Tariff.
 - **Appliances:** The presence of a CE mark, (normally found on the outer packaging, information leaflet, or on the device itself) indicates that a product is an appliance. Only devices listed under the Appliances section in Part IX (Parts IXA, IXB and IXC) of the Drug Tariff are allowed on NHS prescriptions.
- **Check prescriber type/qualification** – does the prescriber hold relevant registration(s) to issue prescriptions for the items ordered? Some prescribers are restricted by their qualifications to prescribe certain products only.
- **Are the prescribed items listed in the relevant prescriber's formulary?** – if the prescription is issued by a Community Nurse Prescriber or Dentist, check that the item is listed in the Nurse Prescribers' Formulary or Dental Practitioners' Formulary, respectively.
- **Is the product prescribed on a valid NHS form?** – pharmacy staff must check if the prescribed product has been prescribed on a valid NHS form. Form types can be identified by the code on the bottom right of a paper prescription form.
- **Prescriber endorsements** – check if the prescriber has annotated the prescription with the correct endorsements.
- **Follow correct end of month sorting and submission processes** – EPS tokens for non-payment should not be mixed in with paper prescriptions submitted for payment each month. Pharmacy teams are reminded that only tokens used to claim for supplies made against SSPs should be placed in the red separator.

If a pharmacy contractor identifies a prescription for a disallowed item, it should not be dispensed. Instead, the prescription cancellation process should be followed, and the prescriber should be alerted so that an alternative product permitted on the NHS can be considered.

Pharmacy notice board

In this section of Community Pharmacy News we have highlighted some key notices for you and your team to be aware of in the coming weeks and months.

Market Entry applications go digital

Primary Care Support England (PCSE) now has a digital service for pharmacies to make market entry applications online. Users can apply to open a new pharmacy, add or remove directors from their corporate structure and change ownership.

PCSE Online modernises the previous paper-based service, which used over 20 separate forms. Further information can be found on the [PCSE website](#).

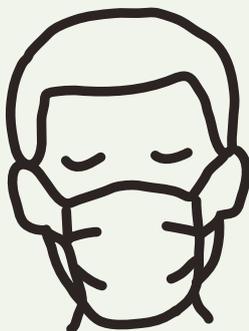


Free PPE ordering scheme extended

The Government has decided to extend the provision of supplies of free COVID-19 PPE until the end of June 2021.

DHSC's PPE portal can continue to be used by community pharmacies to obtain all the COVID-19 PPE they need and contractors should ensure they have registered for this.

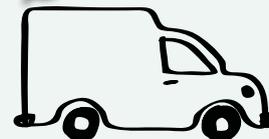
Further information is available at: psnc.org.uk/PPE



Pandemic Delivery Service

The start of another national lockdown this month led NHSE&I to resume the Pandemic Delivery Service for clinically extremely vulnerable (CEV) patients anywhere in England until 23:59 on 21st February 2021. This could be changed or extended after this date.

Contractors can check the live status of the Pandemic Delivery Service via: psnc.org.uk/deliveryservice

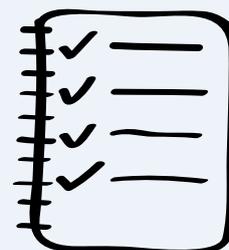


Are you taking part in UK-REACH?

UK-REACH is a United Kingdom Research study into Ethnicity and COVID-19 outcomes in Healthcare workers. Registered healthcare workers living and working in the UK are being invited to take part in the study.

The researchers hope to recruit 30,000 healthcare workers to provide a comprehensive picture of the impact of COVID-19. People from minority ethnic and migrant communities are particularly encouraged to consider taking part.

Learn more about the study at: ow.ly/4Fle3OrunRS



Drug Tariff Watch

The Preface lists additions, deletions and alterations to the Drug Tariff. Below is a quick summary of the changes due to take place from **1st March 2021**.

KEY:

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

Part VIIIA additions

- Baclofen 10mg/5ml oral solution sugar free (150ml) – *Thame Laboratories*
- Bimatoprost 300micrograms/ml / Timolol 5mg/ml eye drops preservative free ■ (3ml) – *Eyzeetan*
- Budesonide 100micrograms/dose / Formoterol 3micrograms/dose inhaler CFC free n (120 dose) – *Symbicort*
- *Buprenorphine 2mg oral lyophilisates sugar free (28) – *Espranor*
- *Buprenorphine 8mg oral lyophilisates sugar free (28) – *Espranor*
- Dichlorobenzyl alcohol 1.2mg / Amylmetacresol 600microgram lozenges (24) – *Strepsils Honey and Lemon*
- Hexylresorcinol 2.4mg lozenges (24) – *Strepsils Extra Triple Action*
- Indacaterol 125micrograms/dose / Mometasone 127.5micrograms/dose inhalation powder capsules with device ■ 30 – *Aectura Breezhaler*
- Indacaterol 125micrograms/dose / Mometasone 260micrograms/dose inhalation powder capsules with device ■ 30 – *Aectura Breezhaler*
- Indacaterol 125micrograms/dose / Mometasone 62.5micrograms/dose inhalation powder capsules with device ■ 30 – *Aectura Breezhaler*
- Lidocaine 50mg/10ml (0.5%) solution for injection ampoules 10 – *Advanz Pharma*
- Methotrexate 30mg/0.6ml solution for injection pre-filled syringes ■ 1 – *Methofill*
- Nandrolone 50mg/1ml solution for injection ampoules ■ 1 – *Deca-Durabolin*

- Nortriptyline 10mg capsules 100 – *Kent Pharmaceuticals Ltd*
- Nortriptyline 25mg capsules 100 – *Kent Pharmaceuticals Ltd*
- Senna fruit 12.4% / Ispaghula 54.2% granules ■ 250g – *Manevac*
- Sodium cromoglicate 2% eye drops preservative free ■ 10ml – *Librachrom*
- Zinc undecenoate 20% / Undecenoic acid 5% cream ■ 25g – *Mycota iv*

Part VIIIA amendments

- Hydrocortisone 10mg soluble tablets sugar free 30 (3x10) Category C Creo Pharma Ltd will be moving to Category A
- Ranitidine 50mg/2ml solution for injection ampoules (5) Category A will be moving to Category C *Alliance Pharmaceuticals Ltd*
- Tobramycin 80mg/2ml solution for injection vials n (1) Category C Nebcin will be moving to Category C *Flynn Pharma Ltd*

Part VIIIA deletions

- Ampicillin 250mg/5ml oral suspension (100ml) – Category A
- Bromocriptine 10mg capsules (100) – *Parlodel*
- Bromocriptine 5mg capsules (100) – *Parlodel*
- *Buprenorphine 2mg oral lyophilisates sugar free (7) – *Espranor*
- *Buprenorphine 8mg oral lyophilisates sugar free (7) – *Espranor*
- Methylcellulose 500mg tablets (112) – *Celevac*
- Testosterone 40mg capsules (60) – *Restandol Testocap*
- Ulipristal 5mg tablets (28) – *Esmya*
- *Zolmitriptan 5mg tablets (12) – *Glenmark Pharmaceuticals Europe Ltd*

Part IX deletions

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

Product	Additional information (e.g. size, product code, etc.)
DRESSINGS – WOUND MANAGEMENT DRESSINGS – Biopolymer Wound Dressing – LQD Spray	12ml
HYPODERMIC EQUIPMENT – Omnican Fine	10mm/30 gauge and 12mm/29 gauge
SURGICAL ADHESIVE TAPES – Impermeable Plastic Synthetic Adhesive Tape BP 1988 – Blenderm	2.5cm x 5m
STOMA APPLIANCES – TWO PIECE OSTOMY SYSTEMS – ConvaTec Ltd – Consecura Low Profile – Closed Pouch with Filter Standard Size – Opaque	70mm flange (S619LP)
STOMA APPLIANCES – TWO PIECE OSTOMY SYSTEMS – ConvaTec Ltd – Consecura Low Profile – Closed Pouch with Filter Standard Size – Clear	70mm flange (S633LP)
STOMA APPLIANCES – TWO PIECE OSTOMY SYSTEMS – ConvaTec Ltd – Consecura Low Profile – Drainable Pouch Standard Size – Opaque	70mm flange (S609LP)
STOMA APPLIANCES – TWO PIECE OSTOMY SYSTEMS – ConvaTec Ltd – Closed Pouch with Filter – Transparent – Paediatric	4.8-31mm barriers (S1272F)