

CPN

Community Pharmacy News – April 2021



Negotiations begin for 2021/22 Government enters negotiations with PSNC on Year Three of the Five-Year CPCF deal



Simon Dukes
PSNC Chief Executive

We have finally started negotiating Year Three of the Community Pharmacy Contractual Framework (CPCF) (2019-24) with the Department of Health and Social Care (DHSC) supported by NHS England and NHS Improvement (NHSE&I). Year Three is of course the year we are now in (2021/22) after a delayed start to discussions due to COVID-19. We know that Government is keen to proceed with the discussions at pace and we are conscious of past criticisms of PSNC as being a block to progress, but there is now a huge amount of work for us to do to analyse their proposals for Year Three – we would not be representing contractors well were we simply to agree to their proposals without assessment or challenge.

The bottom line is of course that we are very open to change and want to move the sector forward. But we represent the sector as a whole – every single one of you kindly reading this blog – and that means that we need to make sure that we get the best deal for the greatest number of contractors. I can make no apologies therefore if that means it takes longer than some would like. And while it may be a tall order, I hope that we can get the timing of our negotiations in 2022/23 back on track.

In addition, the negotiations this year are complicated by the COVID-19 pandemic and some critical unanswered questions. Key amongst them is the still-outstanding matter of the £370m loan and the sector's COVID costs bill for 2020/21 now calculated at £450m. This is

Chief Executive's blog

PSNC CEO Simon Dukes sets out his expectations on CPCF negotiations, highlighting the key issues that the Committee will face in the coming weeks.

by far the biggest concern for most of the contractors and contractor representatives on the PSNC Committee. The Committee is deeply concerned about the lack of resolution on these COVID costs and they are worried about workload and finances in the year ahead: we will do all that we can to make this as manageable as possible. The Committee has also made clear to Government that while we are content to commence discussions on Year Three, we need clarity on COVID costs before we can move forwards. Resolving these costs has been urgent for many months, and it will be impossible to

“A huge amount of work goes on outside of formal negotiations to analyse data and consider the impact of proposals”

agree to further service developments or other arrangements for the next year without knowing the full picture of the financial situation that pharmacies will find themselves in. The Committee remains determined that contractors' COVID costs must be covered.

Those of you who have been following our negotiations updates will know what we are up against in these and all negotiations: PSNC has already rejected one Government offer on COVID costs and there appears a refusal to recognise the health benefits we deliver. We have had no indication that the blocks we repeatedly face have gone away, despite the phenomenal efforts of pharmacies in the past year. These will be difficult discussions with the NHS challenging us on costs at every step (quite rightly), but ultimately reluctant to reward us for the value we deliver to patients.

So what can you expect from this round of negotiations? Much of it has already been trailed in the **original CPCF Five Year Deal document** back in 2019. That includes all funding, service and other regulatory matters relating to this financial year, and alongside the core negotiations we expect discussions on hub and spoke dispensing between different legal entities and on reimbursement reforms to continue.

And when will you know the outcome? Our negotiations take the form of plenary meetings between members of PSNC's Negotiating Team (which includes independent contractors and representatives of CCA and AIM companies) and officials, with much of the detail negotiated through working groups which have representatives from all sides. Any conclusions from these negotiations have to be agreed by the PSNC Committee. A huge amount of work goes on outside of these formal meetings to analyse data, consider the impact of proposals, structure PSNC's arguments and decide on tactics. Over the past year we have considerably increased the amount of data we are collecting from pharmacies for use in our negotiations, and we will continue to use that data to support our arguments. All of this work is complex and time-consuming and as I highlighted above, we can expect the negotiations to take some months to conclude: progress will depend on the levels of agreement with the other side and on the progress of our COVID costs bid.

I know that you will all be keen to know more about our discussions – unfortunately, as ever, we will remain bound by Government confidentiality rules until their completion. What I can say is that we have an amazing story to tell about how community pharmacy has supported both patients and the NHS throughout the COVID-19 pandemic: the Government and NHS must listen to this, they must recognise it, and they must pay contractors fairly for it.

Negotiations on CPCF arrangements for 2021/22 commence

PSNC pledges to do all it can to make any outcomes as manageable as possible for contractors, sharing its concerns about the sector’s workload and finances in the year ahead.

All parties are bound by confidentiality rules during these negotiations



Formal tripartite negotiations on the arrangements for the Community Pharmacy Contractual Framework (CPCF) in 2021/22 have now begun.

The negotiations are taking place between PSNC and the Department of Health and Social Care (DHSC) supported by NHS England and NHS Improvement (NHSE&I). The negotiations are beginning later than planned due to the volume of urgent COVID-19 work which has been prioritised by HM Government.

The discussions will cover all service, funding and other arrangements for pharmacies in 2021/22, in line with the five-year CPCF deal, taking into account the progress to date, which has been impacted by the COVID-19 pandemic.

All negotiating partners are keen to continue the rollout of a wider range of clinical services from community pharmacies, who we recognise have made a huge contribution to healthcare in the first two years of the **five-year CPCF deal**, including throughout the COVID-19 pandemic.

Alongside this process, separate negotiations on funding to recognise the impact of the COVID-19 pandemic on contractors are also ongoing between PSNC and the Government.

We will update contractors on the outcomes of both negotiations as soon as we can.

April video update from PSNC’s CEO

The PSNC CEO video update for April looks at the launch of the COVID-19 test distribution service (see page 4).

In his latest video message to the sector, PSNC Chief Executive Simon Dukes praises how community pharmacy teams have stepped up to provide the service and reiterates PSNC’s call for the Government and NHS to cover the costs that community pharmacies have incurred during the COVID-19 pandemic. This is part of a monthly video update series from the PSNC CEO.

Watch the video: [ow.ly/FGkq30rG1TP](https://www.ow.ly/FGkq30rG1TP)

First mandated health campaign of 2021/22

NHSE&I and PSNC have agreed that contractors will be asked to participate in a COVID-19 vaccination campaign as the first mandated health campaign for 2021/22, which contractors **must** undertake as part of their NHS contractual requirements.

This will form part of the recently launched ‘Join the Millions’ national advertising campaign, informing the public about the vaccine and encouraging people to take it up when it is offered to them. The campaign materials are due to arrive in pharmacies in mid-May. Learn more at: [ow.ly/nqz130rGalj](https://www.ow.ly/nqz130rGalj)

HEE workforce survey

Contractors will shortly receive an email from the NHS Business Services Authority (NHSBSA) inviting them to participate in the 2021 Health Education England (HEE) Community Pharmacy Workforce Survey.

PSNC encourages all pharmacy contractors to participate in this voluntary survey, as the results will help inform the future planning and funding in relation to the development of the community pharmacy workforce across the NHS in England.

Data from the previous survey has also been used by PSNC and LPCs in local and national negotiations on the development of community pharmacy services. Find out more at: [ow.ly/VKol30rFtRj](https://www.ow.ly/VKol30rFtRj)

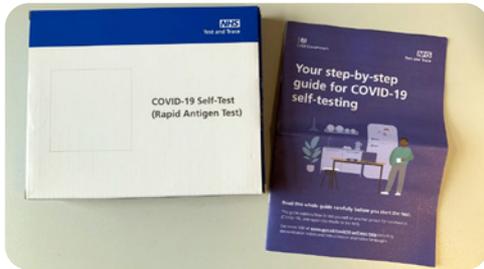
MURs decommissioned

The Medicines Use Review (MUR) service has now been decommissioned. Community pharmacy contractors are therefore reminded not to provide any more MURs.

On 13th April 2021, PSNC was advised that MURs have been removed centrally from the NHS website, so contractors do not have to do this individually. However, contractors may need to consider updating their practice leaflets and removing any MUR promotional material from the pharmacy premises or website. Learn more at: [ow.ly/CGcl30rF06E](https://www.ow.ly/CGcl30rF06E)

Distribution of rapid COVID-19 tests

Over 90% of community pharmacies are now stocking lateral flow devices as part of a new COVID-19 test distribution service known publicly as 'Pharmacy Collect'.



The vast majority of pharmacies in England are now signed up to participate in the NHS community pharmacy COVID-19 lateral flow device distribution service, clearly demonstrating the sector's commitment to supporting the nation during the pandemic.

The test distribution service from pharmacies, along with other locations, sits under NHS Test and Trace and forms part of the Government's COVID-19 roadmap plan. Prime Minister Boris Johnson highlighted that everyone in England would be given access to two free coronavirus tests a week from 9th April 2021.

Celebrating the rollout of the pharmacy service, **Matt Hancock, Secretary of State for Health and Social Care**, said:

"Pharmacies make an invaluable contribution to our health service – they have gone above and beyond in response to COVID-19 to serve their communities. Now, they will play a key role in our rapid testing programme, which is a vital tool in reopening society in the months ahead.

"I have been delighted at the level of interest and how fast the response has been from pharmacies to take part, with 9 in 10 registering to offer rapid test kits within 10 days.

"This new service will make it even easier for people to access rapid testing twice a week. The testing only takes 30 minutes and will help people stop the spread of the virus – protecting families and communities and saving lives."

I have been delighted at how fast the response has been from pharmacies

Matt Hancock, Health Secretary

Patient information

Note, contractors providing the service must ensure that people collecting test kits understand some key points about them. PSNC has developed a **PDF document** to help pharmacy teams provide this information. This can be printed out and referred to when providing test kits.

The key points **MUST** be provided when a person indicates this is the first time they are collecting test kits. On subsequent collections, pharmacy teams can use their discretion to determine whether all points need to be covered. **It is particularly important to remind people of the importance of reporting their results, whether positive or negative.**

C -19 test distribution service: Recording and reporting

The PSNC Services Team explains the datasets that pharmacy teams need to record for the service.

Pharmacies participating in the COVID-19 lateral flow device (LFD) distribution service are required to make records relating to the receipt of stock and the supply of test kits. These records also have to be entered into the NHS Business Services Authority's (NHSBSA's) **Manage Your Service (MYS) portal** by the close of business on the pharmacy's **last trading day of each week**.

Following some initial misunderstandings surrounding the data needing to be entered into MYS, contractors have been advised to **ensure they enter the number of cartons (outers) received and report only one reason for tests being requested**.

Further information on the service requirements, along with resources and FAQs, can be found at: psnc.org.uk/LFD

	Data on stock received	Transaction data
Record required	Pharmacies must record the following when they receive test kits from their wholesaler: <ul style="list-style-type: none"> • Lot Number; • Quantity of cartons (outers); • Supply wholesaler; and • Date of receipt. 	Pharmacies must ask the person collecting the test kits: <ol style="list-style-type: none"> 1. Have you collected LFD test kits before? 2. Why do you need tests? 3. What age is the person using the kit?
Issue identified	When reporting on MYS, some contractors have received one carton, containing 54 boxes of test kits, but they have entered '54' in response to the MYS question on the quantity of cartons in the lot, rather than '1'.	Multiple reasons have been reported on MYS in answer to question 2, leading to a mismatch when MYS populates payment claims for the service.
How to report	Ensure that the number of cartons (outers) received is entered in future data submissions to MYS, not the number of individual boxes of test kits within those cartons.	It is essential that only one reason for tests being requested is recorded for each transaction and then reported on MYS to make an accurate payment claim.

Data Security and Protection Toolkit guidance

PSNC issues new guidance as the deadline for completion of the 2020/21 information governance submission draws closer.

Contractors encouraged to start their Toolkit submission



PSNC has published a suite of new guidance to assist community pharmacy contractors with completing the Data Security and Protection Toolkit for 2020/21. The Toolkit, used to make a pharmacy's information governance (IG) declaration, must be completed by **30th June 2021** but it is recommended to do so as soon as possible.

The deadline for the 2020/21 Toolkit submission has been extended from the usual 31st March cut-off as part of measures designed to address contractor workload pressures during the COVID-19 pandemic. PSNC has collaborated with NHS Digital and PMR suppliers to keep the workload manageable but the data security protections appropriate.

Whilst there are some new mandatory questions, many of the changes for this year have been to improve the wording or otherwise simplify questions. The Headquarters batch submission feature, which enables contractors that own three or more pharmacies to complete a single submission for all their premises, has also been improved.

Most helpfully, the Toolkit will display the answers submitted by the pharmacy in the previous submission for many questions, allowing the contractor to check that the information is still accurate and adjust as necessary.

Additionally, many contractors will have access to information to help them answer around 19 technical questions and, any contractor that has reviewed their templates in PSNC's **General Data Protection Regulation (GDPR) Workbook**, can simply confirm on the Toolkit's Organisation Profile webpage that the GDPR Workbook has been reviewed to auto-complete around half the questions.

PSNC strongly recommends that contractors log in to the Toolkit now, look through our guidance documents and, time allowing, begin to fill in the Toolkit.

Please note that all questions marked as **mandatory** must be completed to meet the minimum IG requirements as part of a pharmacy's NHS Terms of Service.

PSNC guidance

- **Overview:** A step-by-step guide to completing the Toolkit.
 - **Question-by-question guidance:** Detailed information about answering each of the mandatory questions.
 - **Using the Headquarters batch submission:** A guide on using the feature for contractors with three or more pharmacies.
 - PSNC's **data security hub** and **collection of templates and policies** have also been updated to align with the new toolkit and the ongoing COVID-19 pandemic.
 - **FAQs:** A collection of answers to common queries about the Toolkit.
- Find all of PSNC's guidance at: psnc.org.uk/toolkit

Extension of prescription signature suspension

Government Ministers in England have extended the suspension of the requirement for patients (or their representatives) to sign the back of NHS prescription forms or EPS tokens until **30th June 2021**.

PSNC has published updated guidance on the changes to the dispensing and end of month submission processes along with a 'Top Tips' chart for pharmacy staff showing how to complete the exempt or paid declarations on paper FP10 prescription forms. Find the guidance at: ow.ly/pRkC30rFszg

Emergency declaration period

The period of emergency declaration for the COVID-19 pandemic has been extended to **30th June 2021**. This allows pharmacy contractors to request, and NHS England and NHS Improvement (NHSE&I) to grant, temporary flexible opening hours by setting out the reasons for the request and giving 24 hours' notice.

In the absence of a response from NHSE&I, contractors may start the flexible provision of opening hours, but must return to normal opening hours if the request is subsequently refused.

Find more information at: psnc.org.uk/resilience

Mental health and wellbeing support

NHSE&I has strengthened its mental health support offer for all healthcare staff, including community pharmacy teams.

Pharmacy staff now have rapid access to mental health services and support, courtesy of a series of new **mental health and wellbeing hubs**. These hubs offer free and confidential clinical assessments by trained mental health professionals plus access to talking therapies and other secondary care mental health services to those who need it.

PSNC has a webpage summarising the wellbeing support offered by the NHS and others, including Pharmacist Support. Visit the page: psnc.org.uk/wellbeing

Free PPE scheme extended

The provision of supplies of free COVID-19 personal protective equipment (PPE) to health and care providers, including community pharmacies, has been extended to the end of March 2022.

The Government's PPE portal can continue to be used by community pharmacies to obtain all the COVID-19 PPE they need, free of charge, until the end of March 2022.

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

Hepatitis C testing supporting local case finding

The Community Pharmacy Hepatitis C Antibody Testing Service became an Advanced service in September 2020 and is part of efforts to eliminate Hep C virus as a major public health threat by 2025.

Though contractors who provide a needle and syringe programme (NSP) are best placed to provide this service, a pharmacy in South Shields (Carters Chemist) that did not provide an NSP has worked locally with their LPC, the Operational Delivery Network based at a Hospital in Newcastle upon Tyne and other stakeholders to successfully test a high number of patients.

Find out more at: ow.ly/73UW30rFmQ0

Pharmacist and GP collaboration study

Pharmacy teams are being invited to participate in a research study that aims to help community pharmacists and GPs work in a more collaborative way. The study is being led by Simon Harris, a community pharmacist from Green Light Pharmacy in London.

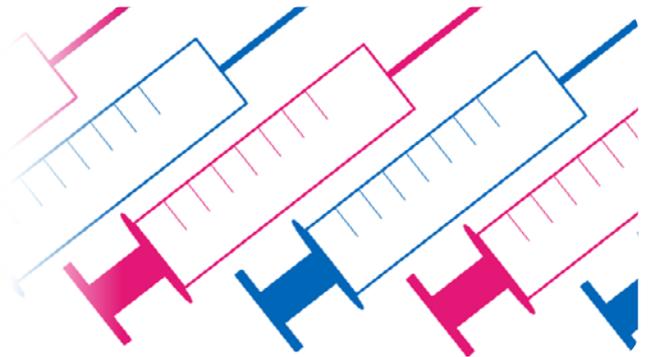
Participants will be asked to complete three online questionnaires between now and November 2021 to share their views. The questionnaires will either be emailed or posted to participants' home or place of work, to complete in their own time.

Further information can be found at: ow.ly/a31u30rF03m

Pharmacies provide 2.6 million flu jabs

Early figures for the 2020/21 Flu Vaccination Service show a significant increase on the vaccines administered by community pharmacists last year.

1.5 times more flu vaccinations by pharmacies than last year



Community pharmacy teams have proved they can deliver yet again by administering over 2.6 million flu vaccinations under the national Flu Vaccination Service in 2020/21.

In 2019/20 the total number of vaccines administered in community pharmacies under the national Flu Vaccination Service was 1.7 million, but data received from PharmOutcomes and Sonar Informatics in early April confirmed that pharmacy teams had administered over 2.6 million vaccinations. However, the total number of vaccinations administered will be even higher as some pharmacy teams have not used the electronic systems to record administration of vaccines. The statistics can be viewed at: psnc.org.uk/flustats

The Flu Vaccination Service 2020/21 finished on 31st March 2021 and the total number of vaccinations administered (which will include the figures from pharmacy teams who did not use electronic systems to record administration of vaccines) is expected to be published later in the year by the NHS Business Services Authority.

Commenting on the end-of-season figures, **PSNC CEO Simon Dukes** said:

"To achieve this sort of year-on-year growth in any circumstances would be impressive, but to do so during a pandemic, alongside the severe financial pressures contractors are under, while continuing to dispense a billion prescriptions and offer healthcare advice to more than a million people every week, is nothing short of phenomenal. It shows just how committed pharmacies are to their patients, finding innovative ways of working, and delivering on NHS priorities in very challenging circumstances.

Thanks go to all community pharmacy contractors and their teams, and LPCs for working so hard to make this service a success."

2021/22 flu vaccine ordering

NHS England and NHS Improvement (NHSE&I) have published an updated flu reimbursement letter containing information on the flu vaccines which will be reimbursable under the 2021/22 Flu Vaccination Service for the three cohorts (65 years and over, 50-64s and at-risk adults aged 18-64). This includes the addition of another vaccine to those which will be reimbursable – QIVr (Supemtek, Sanofi Pasteur).

Learn more at: ow.ly/FCxf30rFnmz

Providing C-19 jabs from a gym

After taking up an offer to use gyms as COVID-19 vaccination sites, Crest Pharmacy has administered more than 4,000 vaccinations

A community pharmacy group in the West Midlands is running a COVID-19 vaccination site from a gym to support local vaccination efforts.

National gym chain PureGym offered their venues to the NHS for use as vaccination sites in December when the company saw that their gyms were lying empty during the multiple lockdowns and realised that the sites could be harnessed for the national COVID-19 vaccination effort.

The chosen gym is situated in Nuneaton town centre and has proved popular among patients because it is accessible and spacious, having air filtration and adequate parking. Crest Pharmacy Group uses staff from across their workforce to run the vaccination site; consequently, it has been business as usual at the group's pharmacies. Teams of volunteers from the Royal Voluntary Service are also helping the smooth running of the site by performing key marshalling duties.

The site has already administered more than 4,000 jabs and will remain a local vaccination centre until June, meaning PureGym won't be able to open the location as a gym before then, which they otherwise could have done with the easing of restrictions. This is testament to PureGym's commitment to the vital vaccine rollout.

Patients have, reportedly, been 'almost skipping to take their jabs' at the gym, which has filled a gap in local COVID-19 vaccine provision. Reflecting on the success of the site, **Carl Rose, Commercial Manager at Crest Pharmacy Group**, said: "We are proud to be part of the national vaccination project – it has been professionally satisfying to help patients directly. The management and staff of Pure Gym have been energetic and enthusiastic throughout the process and have shown their dedication to supporting us and the NHS in the fight against Covid. The project highlights the potential benefits of collaborative working between pharmacy, the NHS and other private organisations."



Inside the PureGym C-19 vac site in Nuneaton town centre (Credit: Shiraz & Sons Ltd)



Crest Pharmacy Group superintendent Mr Ali Shiraz administering a vaccine (Credit: Shiraz & Sons Ltd)

COVID-19 updates

Here we round up this month's news relating to COVID-19 vaccination and treatment.

New advice for Oxford/AZ vaccine

Following a thorough review into reports of a very rare type of blood clot in the brain, the Medicines and Healthcare products Regulatory Agency (MHRA) is advising that everybody who has already had a first dose of the Oxford/AstraZeneca vaccine should receive a second dose of the same brand, irrespective of age, except for the very small number of people who experienced blood clots with low platelet counts from their first vaccination. Learn more at: [ow.ly/MUUE30rFn44](https://www.ow.ly/MUUE30rFn44)

Oxford/AZ vaccine study

Pharmacy teams are also asked to encourage patients who have had the Oxford/AstraZeneca vaccine to participate in a safety study.

If possible, a poster about the study should be displayed in their pharmacy and then highlighted to any patients they know have received the AstraZeneca vaccine. Find out more at: [ow.ly/p0SR30rFn49](https://www.ow.ly/p0SR30rFn49)

Inhaled Budesonide for C-19 treatment

A Central Alert System (CAS) alert has been issued containing guidance for prescribers in primary care and community pharmacies in relation to the therapeutic use of inhaled budesonide in adults (50 years and over) with COVID-19. This is the first COVID-19 treatment for use in the UK within a community setting.

This product is not currently recommended as a standard of care, but it can be considered for off-label use for

symptomatic COVID-19 positive patients aged 65 and over, or aged 50 or over with co-morbidities.

Read more at: [ow.ly/qIAC30rFn3Z](https://www.ow.ly/qIAC30rFn3Z)

C-19 vaccination and pregnancy

The Joint Committee on Vaccination and Immunisation (JCVI) has issued new advice which says that pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group. The JCVI advises that it is preferable for them to be offered the Pfizer-BioNTech or Moderna vaccines where available.

Read more at: [ow.ly/zFnu30rFn48](https://www.ow.ly/zFnu30rFn48)

Pharmacy in Sheffield goes paperless

A Sheffield based pharmacy team has implemented a paperless operating model for EPS, dispensing around 16,000 prescriptions this way every month.

Ironically, the widespread use of the Electronic Prescription Service (EPS) has led to an increase in the consumption of paper in many community pharmacies. However, Foxhill Pharmacy in Sheffield has succeeded in adopting a paperless process, so they don't print EPS tokens for all scripts. They now dispense around 16,000 prescriptions each month using this model, but it didn't happen overnight.

Starting with a shared ambition to process EPS prescriptions without using paper, the team began capturing feedback about the process challenges and shared this with their PMR supplier to make the system better support paperless operations. The contractor also made more computers and mobile devices available for prescription processing.

The pharmacy team then worked to refine their operating procedures, including using their PMR system (Titan (Invatech Health)*) to display on mobile devices the medicines needing to be picked for individual prescriptions. They pick the required medicines in baskets and attach barcode labels.

The team actively manages the on-screen prescription queues to see what needs to be processed first following EPS downloads. They also use Real Time Exemption Checking (RTEC) to reduce

the need for patients to sign exemption declarations on EPS tokens and use NHSmail instead of faxes for communicating with general practices.

The pharmacy team have reported their new model brings a range of benefits, including improved dispensing accuracy and better workload management. Commenting on the benefits, **Khizer Qureshi, Superintendent Pharmacist**, said:



Enhancing the IT and clinical skills of the wider pharmacy team (Credit: Foxhill Pharmacy)

"We are now free of clutter and I am using the time saved to develop my services to patients. The change in our operating model has enabled us to feel better organised with everything flowing through the process more freely and the team now feel more engaged in the business."

Learn how your team can go paperless with PSNC's new webpage: psnc.org.uk/goingpaperless

**PSNC does not endorse the products of individual PMR suppliers.*

Dispensing and Supply News

Our Dispensing and Supply Team highlights the latest dispensing information and guidance.

April 2021 Category M Prices

The April 2021 Drug Tariff Category M pricelist can be found on the NHS Business Services Authority (NHSBSA) [website](https://www.nhs.uk). PSNC pressed the Department of Health and Social Care (DHSC) to retain the previous £15m per quarter uplift included in January's Drug Tariff.

Note, DHSC **redetermined** the Category M price for Amantadine 100mg capsules in the April 2021 Drug Tariff. The Part VIII A Basic Price published is now **£26.34** instead of £11.25.

Items paid at old charge rate

Following the increase in NHS prescription charges to £9.35 from 1st April 2021, pharmacy contractors are reminded to complete the paid prescriptions section on the FP34C submission form correctly. This is to ensure that the NHSBSA can deduct the correct number of prescription charges

at the old (£9.15) and new (£9.35) rates for any paid prescriptions submitted by your pharmacy. **Failure to accurately submit information for paid prescriptions could result in incorrect charge deductions being made to your pharmacy's account.**

Guidance can be viewed on our website: [ow.ly/amH530rGaPh](https://www.psnc.org.uk/ow.ly/amH530rGaPh)

35 additions to DND list

Following applications made by PSNC, a further **35 new products** entered the list of 'Drugs for which Discount is Not Deducted' (DND) in Part II of the Drug Tariff from April 2021.

Domperidone 1mg/ml oral suspension sugar free, Ongentys 50mg capsules and Plenadren 5mg modified-release tablets are among the products added. View the full list along with DND changes for other months at: psnc.org.uk/DNDchanges

Smartcard access to MYS portal extended

Smartcard access to the Manage Your Service (MYS) portal was due to end on 18th April, however, the NHSBSA has now extended the deadline to **11.59pm on Sunday 16th May 2021**.

Smartcard users must register using their NHSmail login credentials by completing the form at: www.nhsbsa.nhs.uk/mys

Ranitidine supply update

Following **recent advice from the European Medicines Agency**, the Medicines and Healthcare products Regulatory Agency (MHRA) has suspended all licenses for ranitidine products in the UK.

All preparations of ranitidine (tablets, effervescent tablets, oral solution and injection) are out of stock until further notice.

Factsheet: How to access your Prescription Item Reports

This factsheet explains how pharmacy contractors can access their monthly detailed payment information from the NHS Business Services Authority (NHSBSA). The NHSBSA's **Information Services Portal (ISP)** enables contractors to access and/or download their detailed Prescription Item Reports ('Px Reports') and more.

What is the Px Report and what can it be used for?

The Px Report is a monthly data report containing item-level payment information showing the reimbursement and remuneration calculated by the NHSBSA for each item submitted for payment by the pharmacy. The monthly Px Report includes the following information:

- Prescription form and item number/identifier
- Product description as defined by the Dictionary of Medicines and Devices (dm+d)
- Quantity reimbursed
- Pack sizes and pack prices used to reimburse the quantity of the product prescribed or endorsed
- Endorsements (e.g. BB, OOP)
- Fees paid (item-related)
- Charge status
- Prescriber code and redacted NHS Patient number.

Understanding and utilisation of Px reports can help contractors identify any payment discrepancies and request

prescription rechecks, where required. Analysis of the Px Report can also help contractors review and adjust their existing dispensing processes to minimise any risk of errors or inaccurate payment due to missing or incorrect endorsements.

PSNC has fed back to the NHSBSA that the Px Report should continue to be developed so that the data is presented in a more usable format. PSNC recommends that all contractors sign up to use the ISP to regularly download these Px reports to assist with payment reconciliation. If more contractors decide to make use of their Px Reports, this may lead to greater innovation amongst **IT**



or **PMR suppliers** through additional support in the analysis of these reports.

A. Register to access Px Reports

1. To register, download and complete the "Payment information registration form (for authorised users)" available from NHSBSA's '**Payment Information**' webpage and return the completed form by email to nhsbsa.cpspricinginformation@nhs.net
2. Although not required, we recommend sending the form using an NHSmail account (for security purposes)

B. Using the ISP for Px Reports etc

After registration contractors will be able to login via the **Information Services Portal (ISP)**. Further steps:

1. Request access to Px Reports
2. Download Px Reports and save these on your computer.
3. After setting up, NHSBSA's ISP and Px Report guidance can further assist you: **System requirements, user guides & FAQs**; ISP system requirements; **ISP overview & getting started**; and **FAQs**.

Reconciliation top tips

- ✓ Contractors are encouraged to use the Manage Your Service (MYS) portal for making their monthly submissions as it offers additional features including built-in validation to minimise risk of data entry errors for example, by preventing the value entered of the total number of prescription forms from being greater than the value of items claimed.
- ✓ If using paper FP34C for submissions, contractors should keep a copy of their completed forms for their records and for use when reconciling payments. See our page **Using your Schedule of Payment to monitor performance**
- ✓ Some specialist **IT suppliers** may also be able to use the Px Reports to assist with more advanced prescription and payment reconciliation.
- ✓ Download a copy of the electronic Schedules of Payment each month to help with analysing monthly payments. See our page **Understanding your FP34 Schedule of Payments**
- ✓ Check that the number of EPS items priced is similar to the number you claimed. Refer to psnc.org.uk/epstotals for a short step-by-step process on how to do this.
- ✓ **System suppliers** can choose to set up the 'EPS claim acknowledgement' feature. This feature confirms within your PMR those claims which were submitted and received by the NHS Spine. This can provide reassurance that faults have not prevented messages from being sent to the central NHS Spine so that NHSBSA can retrieve and process these for payment.

For more information on the Information Services Portal, visit the PSNC website: psnc.org.uk/ISP

Factsheet: Multi-charge Items

In this factsheet PSNC's Dispensing and Supply team identifies which type of items incur more than one prescription charge and lists some of the commonly encountered multiple charge items. This factsheet also provides information on charges for compression hosiery and lymphoedema garments.

Multiple Prescription Charges

Multiple prescription charges are payable where on the same prescription:

- Different drugs, types of dressings or appliances; including those ordered with extra parts are supplied;
- Different formulations or presentations of the same drug or preparation are prescribed and supplied;
- Additional parts are supplied together with a complete set of apparatus or additional dressing(s) together with a dressing pack;
- More than one piece of elastic hosiery is prescribed and supplied (there is one charge for each ankle, knee-cap, below-knee, above knee or thigh stocking supplied).

The table below contains examples of commonly dispensed products that attract multiple prescription charges (N.B. all forms are tablets unless stated otherwise).

Products that attract TWO prescription charges	Products that attract THREE prescription charges
<ul style="list-style-type: none"> • Actonel Combi • Ametop 4% gel dispensing pack • Canesten Combi 500mg pessary & 2% cream • Canesten Oral & Cream Duo • Clinorette • Coban 2 Lite multi-layer compression bandage kit • Day & Night Nurse caps • Elleste Duet 1mg or 2mg • Evorel Sequi patches • Femoston 1/10mg or 2/10mg • FemSeven Sequi patches • Migralve (combination pack) • Novofem • Pabrinex I/M High Potency inj 5ml + 2ml amps • Pabrinex I/V High Potency inj 5ml + 5ml amps • Paludrine/Avloclor travel pack • Pregnacare Plus tabs and caps • Sudafed Congestion & Headache Relief Day & Night caps • Sudafed Mucus Relief Day and Night caps • Tridestra • Trisequens 	<ul style="list-style-type: none"> • Fortisip Range Starter Pack liquid • Jobst Comprifore Lite multi-layer compression bandage kit • Jointace Max Triple Pack capsules and tablets • K-Four Reduced Compression multi-layer compression bandage kit • K-Four multi-layer compression bandage kit 25cm-30cm ankle circumference
	Products that attract FOUR prescription charges
	<ul style="list-style-type: none"> • Jobst Comprifore multi-layer compression bandage kit • K-Four multi-layer compression bandage kit less than 18cm • Profore Lite multi-layer compression bandage kit • Promin low protein Snax • Ugo 4weeks kits
	Products that attract FIVE prescription charges
	<ul style="list-style-type: none"> • K-Four multi layer compression bandage kit 18cm-25cm ankle circumference • Profore multi layer compression bandage kit up to 18cm ankle circumference

Please note this is **not** an exhaustive list of all products that attract multiple prescription charges from patients that pay for their prescriptions.

Charges for compression hosiery

Multiple charges apply where more than one piece of elastic compression hosiery (anklet, legging, kneecap, below knee, above knee or thigh length stockings) are ordered. Prescription charges for elastic compression hosiery are calculated **per piece** of elastic hosiery. Two pairs of compression hosiery = four pieces and this would attract four prescription charges from patients who usually pay for their prescriptions. Note: Different rules for charges apply to lymphoedema garments (see below).

Charges for lymphoedema garments

Only one prescription charge is payable where one or more of the same lymphoedema base garment is supplied. For example, if a prescription orders multiple sizes (i.e. S, M, L, XL or I, II, III, IV, V), lengths (i.e. standard, petite, short or long – not below knee

or thigh length) or colours of the same base garment, it would only attract one prescription charge and one single activity fee regardless of the quantity ordered.

Multiple prescription charges and fees would only apply where completely different base garments (i.e. open toe and closed toe or thigh length and below knee) or the same lymphoedema garment of differing compression sizes (i.e. Class II and Class III) are ordered on the same prescription.

Some lymphoedema base garments can be ordered with 'additional options' or optional extras. Additional options are classed as no-charge items and therefore do not incur additional prescription charges, nor do they attract additional prescription fees; however, pharmacies are reimbursed for the cost of the additional options.

For information on the number of prescription charges that should be levied for a particular product or combination of products, please contact the PSNC Dispensing and Supply Team on **0203 1220 810** or email info@psnc.org.uk

Ask PSNC

PSNC's Dispensing and Supply Team answer your questions relating to items which attract multiple prescription charges:

Q. If a lymphoedema garment is prescribed with an additional option will extra fees or charges apply?

Prescription description	Number of days treatment	N.B. Ensure date is stated
Jobskin MTM Premium Class 1 Armslove FP0501-1		
+ Lining Inside Elbow FP1167		
1 device		

Base Garment

Additional option

A. If a patient pays for their prescriptions, charges only apply to the base garment and no charges would apply to any additional options ordered on the same form. No additional fees or charges are payable other than those applicable to the base garment as all that is being dispensed is the base garment with optional modifications. Contractors are reimbursed for both the base garment and the additional option(s) based on the Drug Tariff listed price.

Q. I have received an FP10 prescription for two pairs of Tubifast 2-way stretch stockinette socks, how many prescription charges apply?

A. Tubifast products are classed as a 'stockinette' rather than 'elastic hosiery' and are listed as such in Part IXA the Appliances section of the Drug Tariff. The general rule is that only one prescription charge is payable when more than one appliance of the same type (other than elastic hosiery) is supplied. Therefore, a prescription asking for 2 pairs (or 4 devices) of Tubifast socks would attract only one prescription charge.

Q. How many prescription charges does a patient pay for a single item issued on an FP10MDA with multiple instalments?

A. This prescription would attract only one charge regardless of the number of instalments dispensed. Part XVI, Clause 11.1.1 of the Drug Tariff states that a single prescription charge is payable where "the same drug or preparation is supplied in more than one container"; patients do not pay a separate prescription charge for each instalment dispensed. For more information see our [Instalment dispensing](#) page.

Q. Where can I find information on how many charges apply to a combination pack?

A. Typically, if a combination pack contains a combination of different drugs or different presentations of the same drug more than one patient charge would apply. Where a combination pack contains the same drug in same presentation with different strengths, only one patient charge would apply.

Pharmacy teams can find information (such as number of patient charges and number of single activity fees applicable) on a specific item through the [Dictionary of medicines and devices \(dm+d\)](#) browser. Examples of combination packs and the charges they attract can also be found in Examples of application of prescription charge arrangements (Part XVI Clause 12) section of the Drug Tariff.

Q. I have received a prescription for Warfarin 6mg tablets which is not available in that strength. To make up the required strength, a pharmacist has chosen to dispense Warfarin 1mg and 5mg tablets; how many prescription charges would apply if a patient paid for their prescription?



A. This prescription would attract only one prescription charge. This is because only one charge is payable if multiple strengths of the same drug formulation are dispensed. Contractors would receive two single activity fees (SAF) for this prescription. For more information see our factsheet [Understanding the single activity fee](#).

Q. How many prescription charges should be levied for multiple flavours of the same preparation ordered on a prescription form?

A. Patients who pay for their prescriptions would only pay one prescription charge if multiple flavours of the same preparation are ordered on a single prescription form. For more information see our [Items With Multiple Flavours](#) page.

For more information on patient charges, see our page [What does the patient pay?](#)

If you have any questions relating to multi-charge items or any other reimbursement related questions you can contact the PSNC Dispensing and Supply Team **0203 1220 810** or info@psnc.org.uk.

Drug Tariff Watch

The Preface lists additions, deletions and alterations to the Drug Tariff. Below is a quick summary of the changes coming into effect from **1st May 2021**.

Drug Tariff watch update

PSNC's monthly Drug Tariff watch has now been updated to include additional information on products eligible for Broken Bulk (BB) claims, Out Of Pocket (OOP) expense claims and highlights any changes to drug prices or movements of drugs from one Drug Tariff category to another (for example Category C to Category M)

Key:

■ Special container - This product is a special container and should be dispensed in its complete original pack size.

§ Selected List Scheme (SLS)

* This pack only (others already/still available)

BB - Product is eligible for Broken Bulk claims where payment is made for a complete pack if a part-pack has been dispensed to match the prescribed quantity and it is unlikely that you will be able to dispense the balance within the following six months.

OOP - Product eligible for Out Of Pocket expense claims (over £0.50) where in exceptional circumstances, contractors incur expenses in obtaining this product (which is not required to be frequently supplied by the contractor).

DND - Product is not subject to discount deduction or 'clawback' as it meets either group or individual item criteria for **DND** (Discount Not Deducted) as set out in Part II of the Drug Tariff.

Part VIIIA Additions

Category C Additions:

- Aprepitant 125mg capsules and Aprepitant 80mg capsules ■ (3) – *Accord Healthcare Ltd* – **OOP**
- Bempedoic acid 180mg tablets (28) – *Nilemdo* – **BB & OOP**
- Bilastine 2.5mg/ml oral solution sugar free (120ml) – *Ilaxten* – **BB & OOP**
- Dienogest 2mg tablets (28) – *Zalkya* – **BB & OOP**
- Gliclazide 160mg tablets (28) – *Glydex* – **BB & OOP**
- Levofloxacin 5mg/ml eye drops preservative free ■ (5ml) – *EyfloX* – **OOP**
- Methylnaltrexone bromide 12mg/0.6ml solution for injection vials (7) – *Relistor* – **BB, OOP & DND**
- Morphine sulfate 10mg/10ml solution for injection ampoules (10) – *hameln pharma Ltd* – **BB, OOP & DND**
- Pseudoephedrine hydrochloride 60mg / Triprolidine 2.5mg tablets (12) – *Multi-Action Actifed* – **BB & OOP**

Part VIIIA Amendments

- Fluvoxamine 50mg tablets (60) Category A will be moving to Category C *Faverin* – **BB & OOP**
○ Price decrease from £17.53 to £17.10.

Part IX Deletions

For advance notice of all the monthly deletions from Part IX, visit our page [Drug Tariff Appliance Watch: Notice of Deletion](#).

To view the latest changes to special container status, visit our [Notice of changes to special container status of products page](#).

For a list of all the monthly changes to the DND status of products please see the following page [Notice of changes to discount not deducted \(DND\) status of products](#).

Part VIIIA Deletions

If all pack sizes of a drug have been removed from Part VIII of the Drug Tariff a the drug can continue to be dispensed as long as it does NOT appear in Part XVIII (Drugs, Medicines and other substances not to be ordered under a General Medical Services Contract).

Category A Deletions:

- Ranitidine 150mg effervescent tablets (60 (4x■15)
- Ranitidine 300mg effervescent tablets (30 (2x■15)

Category C Deletions:

- *Benzoyl peroxide 5% gel (50g) - *Acnecide Wash*
○ Pack sizes 30g and 60g remain available and listed in the Drug Tariff.
- Dexibuprofen 300mg tablets (60) – *Seractil*
- Hepatitis A vaccine (inactivated, adsorbed) suspension for injection 1ml vials (1) - *VAQTA Adult*
- Hydrocortisone 0.1% cream (30g) – *Dioderm*
- Ondansetron 16mg suppositories (1) – *Zofran*
- Urea [13-C] 100mg soluble tablets breath test kit (1) – *Pylobactell*