**Pharmaceutical Services Negotiating Committee**

**Funding and Contract Subcommittee Agenda**

**Wednesday 24th November 2021** **commencing at 11:30 am**

**Dorset Suite, De Vere Grand Connaught Rooms, 61 - 65 Great Queen Street**

**Items are confidential where marked**

**Members:**David Broome (Deputy Chairman), Peter Cattee (Chairman), Jas Heer, Tricia Kennerley, Margaret MacRury, Has Modi, Bharat Patel, Prakash Patel, Adrian Price, Anil Sharma

**In attendance:**Mike Dent, Jack Cresswell, Suraj Shah, Rob Thomas

1. Welcome from Chair
2. Apologies for absence
3. Declarations or conflicts of interest
4. Minutes of last meeting **(Confidential Appendix FCS 01/11/21)**and matters arising

**REPORTS**

1. CPCF negotiations
	1. Clinical services fee setting **(Confidential Appendix FCS 02/11/21)**

1. Remuneration and reimbursement
2. Contractor costs (confidential verbal report)
3. C-19 cost claims update (confidential verbal report)
4. CPCF outturn **(Confidential Appendix FCS 03/11/21)**
5. Category M Oct 2021 **(Confidential Appendix FCS 04/11/21)**
6. Margin update **(Confidential Appendix FCS 05/11/21)**
7. Use of all suppliers’ data to calculate specials reimbursement prices **(Confidential Appendix 06/11/21)**
8. Reimbursement reforms update **(Confidential Appendix FCS 07/11/21)**
9. Inclusion of ‘Specials in Packets’ to Part VIII of Drug Tariff **(Confidential Appendix 08/11/21)**
10. Scottish reimbursement model for OPD **(Confidential Appendix 09/11/21)**
11. Proposed changes to HRT levy payments **(Confidential Appendix 10/11/21)**
12. Price concessions update **(Appendix FCS 11/11/21)**
13. General funding update **(Appendix FCS 12/11/21)**

1. Services dashboard **(Appendix FCS 13/11/21)**
2. Statistics **(Appendix FCS 14/11/21)**
3. Any other business

Appendix FCS 11/11/21

|  |  |
| --- | --- |
| Subject | Price concessions update |
| Date of meeting |  November 2021 |
| Committee/Subcommittee | FunCon |
| Status | Not confidential |
| Overview | Overview of monthly price concessions granted |
| Proposed action(s) | For information only |
| Author(s) of the paper | PSNC Dispensing & Supply Team  |

Price concessions update

November 2021

* At the time of writing (17 November 2021), PSNC have applied for **61** price concessions and are awaiting a first response from DHSC.

October 2021

* PSNC applied for a total of **49**price concessions in October 2021; DHSC wrote to PSNC on 1 November 2021 with the list of final prices.
	+ **40** price concessions agreed between DHSC and PSNC.
	+ **8** products had prices imposed as PSNC was unable to agree to the final prices proposed by DHSC.
	+ **1** product where PSNC and DHSC agreed to no concessionary price required.
	+ **0** products had a no concessionary price imposed by DHSC.

September 2021

* PSNC applied for a total of **46**price concessions in September 2021; DHSC wrote to PSNC on 30 September 2021 with the list of final prices.

	+ **42** price concessions agreed between DHSC and PSNC.
	+ **2** products had prices imposed as PSNC was unable to agree to the final prices proposed by DHSC.
	+ **1** product where PSNC and DHSC agreed to no concessionary price required.
	+ **1** product had a no concessionary price imposed by DHSC.

Price concessions summary

*From November 2020, a new bar (in yellow) has been added to the charts above showing the percentage and number of products for which PSNC initially applied for a price concession but later agreed to withdraw the application(s) or agree to no concessionary price(s) for these products because the data available later in the month supported the availability of stock at or below the listed Drug Tariff price.*

Appendix FCS 12/11/21

|  |  |
| --- | --- |
| Subject | General funding update |
| Date of meeting |  November 2021 |
| Committee/Subcommittee | FunCon |
| Status | Not confidential |
| Overview | General update on various funding issues |
| Proposed action(s) | No action required |
| Author(s) of the paper | PSNC Dispensing & Supply Team  |

General funding update

The following items are matters of report:

* [Over half of all pharmacies benefit from new earlier advance payment timetable](#_Over_half_of)
* [Extended submission deadlines for bank holidays](#_Extended_submission_deadlines)
* [End to Pharmacy Earlier Payment Scheme](#_End_to_Pharmacy)
* [Updated prescription sorting and red separator requirements](#_Updated_prescription_sorting)
* [Updated paper FP34C form](#_Updated_paper_FP34C)
* [Post Payment Verification (PPV) activity for Out of Pocket (OOP) expense claims](#_Post_Payment_Verification)
* [Venlafaxine 37.5mg/5ml and 75mg/5ml oral solution sugar free to be deleted from Part VIIIB of November Drug Tariff](#_Venlafaxine_37.5mg/5ml_and)
* [Adjusted price for Indoramin 20mg tablets following price changes in October 2021](#_Adjusted_price_for)
* [Adjusted price for Cetirizine 1mg/ml oral solution sugar free following price changes in August 2021](#_Adjusted_price_for_1)
* [Updated SSP endorsement information](#_Updated_SSP_endorsement)
* [New SSP issued for Lipitor® 20mg chewable tablets](#_New_SSP_issued)
* [Further extension to SSP05 for Fluoxetine 10mg tablets](#_Further_extension_to)
* [Summary of payments including claiming deadlines](#_Summary_of_payments)
* [Over 400 products added to DND list in past 18 months](#_Over_400_products)
* [Update summary of applications submitted to DHSC for re-determination of special container status](#_Update_summary_of)
* [Market movements with implications for supply](#_Market_movements_with)
* [Webinar on changes to advance payments and submission requirements](#_Webinar_on_changes)
* [Pharmacy factsheets for community pharmacy over last 12 months](#_Pharmacy_factsheets_for)

#### Over half of all pharmacies benefit from new earlier advance payment timetable

Over **6,000** pharmacy contractors who declared their October 2021 FP34C submission figures through the [**Manage Your Service (MYS) portal**](https://psnc.us7.list-manage.com/track/click?u=86d41ab7fa4c7c2c5d7210782&id=21eec16ba1&e=b3c36abde4) **by 5th November** received **earlier advance payments on 11th November** (circa 20 days earlier than the normal advance payment timetable). All contractors who received earlier advance payments on 11th November should have received a letter from the NHS Business Services Authority (NHSBSA) regarding these payments.

Contractors who submitted their October FP34C through MYS late (after 5th November) or used the revised paper FP34C submission document to declare their October figures will receive their advance payments in accordance with the normal payment timetable i.e. on 1st December 2021. Note: In total, NHSBSA received 8309 FP34C submissions through MYS by 5th November and of these c.2000 were from PEPS contractors who received their final PEPS payment on the 1 October 2021. This leaves approximately 3,000 contractors who may be using paper FP34C’s or submitting through MYS after the 5th.

**To benefit from earlier advance payments, contractors still relying on the paper FP34C submission document are strongly encouraged to submit their monthly declaration through the MYS portal by the 5th of the month following that in which supply was made. The paper FP34C submission document will only be available until March 2022 (i.e. for prescriptions dispensed in February 2022). From April 2022 (i.e. for prescriptions dispensed in March 2022) MYS will be the only route for all monthly submissions. To benefit from the earlier advance payments, contractors are strongly encouraged to start using the MYS portal to make their declarations.**

If the FP34C submission document and prescription bundle is received very late by the NHSBSA (usually after the 20th of each month), contractors will not receive any advance payment but instead will only receive the final reconciliation payment. The FP34C submission cut-off dates for normal advance payments are published on the [**NHSBSA’s website**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/payments-and-pricing/pharmacy-payment-timetable).

Contractors should note that the final reconciliation payment date remains unchanged i.e. this will continue to be paid on the 1st working day of the month approximately two months after contractors have submitted the appropriate FP34C form and prescriptions for pricing.

Further details on the new payment arrangements for contractors are outlined in this [**PSNC Briefing**](https://psnc.org.uk/dispensing-supply/psnc-briefings-dispensing-and-supply/psnc-briefing-031-21-new-payment-arrangements-for-all-contractors-following-end-to-pharmacy-earlier-payment-scheme-peps/).

### Extended submission deadlines for bank holidaysIn months where a bank holiday occurs during the first five days of the month, contractors will be given an extra day to submit their FP34C and dispatch their prescription bundle. Advance payment date will remain as four working days after the extended submission deadline of the 6th.

Note: The requirement to submit electronic Claim Notification (CN) messages or Electronic Reimbursement.

#### End to Pharmacy Earlier Payment Scheme

The Department of Health and Social Care (DHSC) gave notice of its intention to end the Pharmacy Earlier Payment Scheme (PEPS) earlier this year. In August 2021, [**transition arrangements for existing PEPS pharmacy contractors were announced**](https://psnc.org.uk/our-news/early-advance-payments-for-all-contractors-following-an-end-to-peps/), alongside news that advance payments would be brought forward for all contractors from November 2021.

PEPS pharmacy contractors should note that their final PEPS payments were paid on 1 October 2021. From 1 November, a 12-month transition arrangement was agreed for existing PEPS pharmacy contractors to transfer over to the new earlier advance payment timetable available to **ALL** contractors from November 2021. Contractors signed up to PEPS received a **one-off payment on 1 November 2021** which is set at 92% of the PEPS pharmacy contractor’s payment received on 1 October 2021. The one-off payment will be recovered in equal parts over 11 months – last recovery payment on 30 September 2022.

PSNC has produced a cashflow model which, sets out the implications of these changes for PEPS contractors. The documents provide timelines of the transition away from the PEPS payment timetable to help affected contractors to understand changes in the timing of their payments so they can prepare accordingly.

[**PSNC Briefing: 037/21: PEPS cashflow**](https://psnc.org.uk/dispensing-supply/psnc-briefings-dispensing-and-supply/psnc-briefing-037-21-peps-cashflow-briefing/)

[**Cashflow model: transition from PEPS to Drug Tariff timeline**](https://psnc.org.uk/wp-content/uploads/2021/09/PEPS-cashflow-model-Sep-2021.xlsx)

#### Updated prescription sorting and red separator requirements

For end of month submission processes, effective from October 2021, pharmacy contractors are reminded of the changes to the prescriptions sorting requirements which **removes the need for pharmacy staff to sort paper FP10 forms by form type (FP10SS PN/SP/HP and FP10D) or by prescriber surname**. Before the prescription bundle is dispatched to the NHSBSA, all paper prescriptions must continue to be sorted into their relevant patient charge/exempt groups and any FP10MDA instalment dispensing forms must continue to be sorted separately.

In addition, the criteria for inclusion of certain forms to red separators has been expanded to include **Bulk prescriptions and forms issued by Her Majesty’s Prison Service, annotated ‘HMP’** **in the practice address box**. These prescriptions should be placed in the red separator for **exempt** prescriptions. Placing Bulk and HMP Service-issued prescriptions in the exempt red separator will ensure that these forms are subjected to additional checks by operators at the NHS Business Services Authority (NHSBSA).

Note: there is no specific exemption category to mark on the reverse of paper prescriptions for Bulk and HMP forms.

Read more on the changes to sorting and submission requirements [here](https://psnc.org.uk/dispensing-supply/payment-accuracy/prescription-submission/prescription-submission-requirements/).

#### Updated paper FP34C form

From October 2021, the NHSBSA posted out a **new version of the paper FP34C form to all contractors**.

The updated paper FP34C has the following new fields to bring it in line with MYS:

* addition of No. of supplies made in accordance with Serious Shortage Protocols (SSP) declaration (this will also appear on the MYS submission portal)
* removal of ETP Token for non-payment, Repeat Authorising forms and EPS release 2 Claim messages tick boxes.
* removal of MUR and staff hour declaration

The form also separates EPS and paper prescription figures to assist contractors with [**totals reconciliations**](https://psnc.org.uk/dispensing-supply/payment-accuracy/monthly-payments/reconciling-payments/) and [**checking EPS totals**](https://psnc.org.uk/contract-it/psnc-briefings-pharmacy-contract-and-it/psnc-briefing-00816-psnc-briefing-00816-eps-factsheet-reconcile-eps-prescription-figures-february-2016/) are as expected.

Wording in the ‘sorting and submissions of forms’ section updated to include information on the ETP token submission requirements. **Each month, contractors must submit tokens for non-payment excluding those for age exempt patients, prescriptions where only free-of-charge (FOC) items are prescribed and where Real Time Exemption Checking (RTEC) confirms an exemption.**

Note: Pharmacy contractors who continue to use the paper FP34C submission route will not be eligible for the early advance payments.

Please see PSNC’s updated [**Changes to the paper FP34C submission document (from October 2021) factsheet**](https://psnc.org.uk/wp-content/uploads/2021/10/FP34C-Submission-factsheet.pdf) for more information

#### Post Payment Verification (PPV) activity for Out of Pocket (OOP) expense claims

The Provider Assurance team, part of the NHS Business Services Authority (NHSBSA), has started undertaking a review of Out of Pocket (OOP) expense claims.

The review, commissioned by NHS England and NHS Improvement (NHSE&I), covers OOP expense claims submitted by contractors over two periods, between February 2019 – January 2020, and February 2020 – January 2021. For the two review periods, the Post Payment Verification (PPV) activity has identified a few outlier pharmacies with significantly higher OOP expense claims compared to other pharmacies.

PSNC has been consulted on the proposed verification process and has sought to ensure the process is appropriately targeted, proportionate and fair to those contractors asked to provide records (as well as fair to the commissioner and public purse). The PPV approach for OOP expenses will target a relatively small cohort of pharmacies nationwide having very high values of claims during one, or both of the review periods. The NHSBSA will shortly be writing to a small number of contractors identified with very high values of OOP expense claims, setting out the process for reviewing their claims submitted over the review periods.

Contractors will be required to respond to the NHSBSA by 30th November 2021, confirming their availability to undertake the review by 31st January 2022. NHSBSA will provide a spreadsheet detailing all the OOP expense claims paid to the contractor and ask for confirmation against each that the correct OOP expense claiming process as outlined in the Drug Tariff was followed. To substantiate OOP expense claims, the NHSBSA may require contractors to provide evidence in support of these claims.

#### Venlafaxine 37.5mg/5ml and 75mg/5ml oral solution sugar free to be deleted from Part VIIIB of November Drug

Venlafaxine 37.5mg/5ml and 75mg/5ml oral solution sugar free has been removed from Part VIIIB of the November 2021 Drug Tariff. This is because licenced alternatives, [**Venlafaxine 37.5mg/5ml oral solution sugar free 150 ml**](https://services.nhsbsa.nhs.uk/dmd-browser/ampp/view/186178?ref=YW1wTmFtZT12ZW5sYWZheGluZSZzdXBwbGllcj1Sb3NlbW9udCtQaGFybWFjZXV0aWNhbHMrTHRkJnNlYXJjaFR5cGU9QU1QJnNob3dJbnZhbGlkSXRlbXM9ZmFsc2U%3D) and [**Venlafaxine 75mg/5ml oral solution sugar free 150 ml**](https://services.nhsbsa.nhs.uk/dmd-browser/ampp/view/186179?ref=YW1wTmFtZT12ZW5sYWZheGluZSZzdXBwbGllcj1Sb3NlbW9udCtQaGFybWFjZXV0aWNhbHMrTHRkJnNlYXJjaFR5cGU9QU1QJnNob3dJbnZhbGlkSXRlbXM9ZmFsc2U%3D) (Rosemont Pharmaceuticals Ltd) are now available and will be added to Part VIIIA (category C) of the November 2021 Drug Tariff.

#### Adjusted price for Indoramin 20mg tablets following price changes in October 2021

During the month of October 2021, PSNC received several reports from contractors unable to obtain Indoramin 20mg tablets (60) at the published [**Drug Tariff**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) price of £50.59. PSNC submitted a request for a price concession but this was later withdrawn after confirmation from the Department of Health and Social Care (DHSC) that, due to the [**price change mechanism**](https://psnc.org.uk/dispensing-supply/endorsement/how-the-price-change-mechanism-works/), the reimbursement price for Indoramin 20mg tablets increased from £50.59 to **£73.46**for the month of October 2021.

Indoramin 20mg tablets are listed in Category A of the Drug Tariff. Prices of drugs listed in Category A are based on a weighted average of the list prices from 2 mainline wholesalers and 2 generic manufacturers. An increase in mainline wholesaler prices early in October led to an adjustment to the reimbursement price for Indoramin 20mg tablets for October 2021. Any prescriptions for Indoramin 20mg tablets submitted for payment to the NHSBSA for the month of October 2021 will be reimbursed at the new price of £73.46 for 60. Contractors should note that the published [**Drug Tariff**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) for November 2021 reflects the updated price of Indoramin 20mg tablets.

#### Adjusted price for Cetirizine 1mg/ml oral solution sugar free following price changes in August 2021

During the month of August 2021, PSNC received several reports from contractors unable to obtain Cetirizine 1mg/ml oral solution sugar free (200ml) at the published [**Drug Tariff**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) price of £6.49. PSNC submitted a request for a price concession but this was later withdrawn after confirmation from the Department of Health and Social Care (DHSC) that, due to the [**price change mechanism**](https://psnc.org.uk/dispensing-supply/endorsement/how-the-price-change-mechanism-works/), the reimbursement price for Cetirizine 1mg/1ml oral solution sugar free increased from £6.49 to **£11.24**for the month of August 2021.

Cetirizine 1mg/1ml oral solution sugar free is listed in Category A of the Drug Tariff. Prices of drugs listed in Category A are based on a weighted average of the list prices from 2 mainline wholesalers and 2 generic manufacturers. An increase in mainline wholesaler prices early in August led to an adjustment to the reimbursement price for Cetirizine 1mg/1ml oral solution sugar free for August 2021. Any prescription for Cetirizine 1mg/1ml oral solution sugar free submitted for payment to the NHSBSA for the month of August 2021 will be reimbursed at the new price of £11.24 for 200ml. Contractors should note that the published [**Drug Tariff**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) for September 2021 reflects the updated price of Cetirizine 1mg/1ml oral solution sugar free.

For August 2021, examples of other drugs affected by the price change mechanism include:

* **Disulfiram 200mg tablets (50)** with a published price of £98.02 but subsequently adjusted to **£102.95** following the price change mechanism
* **Gentamicin 0.3% ear/eye drops (10ml)** with a published price of £20.94 but subsequently adjusted to **£24.34** following the price change mechanism

#### Updated SSP endorsement information

From June 2021, the Department of Health and Social Care (DHSC) approved the use of a new 'SSP' endorsement to claim for any supplies made in accordance with a Serious Shortage Protocol (SSP). To allow for implementation of the new SSP endorsement functionality, a transition period (1 June – 5 October 2022) was agreed to allow use of the ‘NCSO’ endorsement and claims using EPS tokens for any supplies made in accordance with SSPs.

PSNC requested and secured an **extension to the transition period by three months** for the NHSBSA to continue to accept the 'NCSO' endorsement and allow SSP claims on tokens until the **end of January 2022.**

PSNC made a request for an extension to the transition period as we understand that some suppliers are in the process of making improvements to systems to reduce the risk of errors in applying the correct SSP endorsements.

**After the transition period only the new SSP endorsement will be accepted by the NHSBSA on electronic and paper prescriptions. Any SSP claims made using EPS tokens from 1 February 2022 will NO longer be accepted for payment.**

#### New SSP issued for Lipitor® 20mg chewable tablets

In response to a significant ongoing disruption to the supply of Lipitor® 20mg chewable tablets , a Serious Shortage Protocol (SSP) has been issued by the Department of Health and Social Care (DHSC).

Effective **18 November 2021**, [**SSP013**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) provides that for every Lipitor® 20mg chewable tablet originally prescribed, **one Atorvastatin 20mg tablet** must be supplied. SSP013, authorised by the Secretary of State, has been developed by clinicians and provides pharmacists with procedures to follow in providing either of these suitable alternative products to help reduce the number of patients having to return to their prescriber for a replacement prescription.

|  |  |
| --- | --- |
| **For prescriptions (NHS or private) requesting:** | **Supply permitted under SSP013:** |
| Lipitor® 20mg chewable tablets | Atorvastatin 20mg tablets |

**The SSP may be amended or revoked at any time but currently expires on 12 January 2022 – PSNC will update contractors on any changes.**

### Key points relating to SSP013

* Ensure that patients considered unsuitable for inclusion are promptly referred to their prescriber for further advice.
* The supervising pharmacist should ensure that the patient’s prescriber is notified when supplying a patient in accordance with this SSP
* The supervising pharmacist refer back to the prescriber if, in their professional judgement, a non-chewable atorvastatin tablet would not be appropriate for the patient.
* For endorsing requirements please refer to [NHSBSA's supporting guidance](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) or [PSNC Briefing 048/21: Serious Shortage Protocol (SSP): SSP013 – Lipitor® 20mg chewable tablets](https://psnc.org.uk/wp-content/uploads/2021/11/PSNC-Briefing-048.21-Serious-Shortage-Protocols-SSPs-SSP013-Atorvastatin-20mg-chewable-tablets.pdf)

**Pharmacists must exercise their professional judgement to ensure the alternative products are suitable for the patient.**

Contractors will receive an email to their shared NHSmail account informing them of this SSP and pharmacy teams are advised to **read the documentation for SSP013 in full and to implement the protocol with immediate effect.**

Pharmacists are required to read and comply with the requirements outlined within the individual SSP as published on the NHSBSA website for [**SSP013: Lipitor® 20mg chewable tablets**.](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps)

For further information please read [PSNC Briefing 048/21: Serious Shortage Protocol (SSP): SSP013 – Lipitor® 20mg chewable tablets](https://psnc.org.uk/wp-content/uploads/2021/11/PSNC-Briefing-048.21-Serious-Shortage-Protocols-SSPs-SSP013-Atorvastatin-20mg-chewable-tablets.pdf).

#### Further extension to SSP05 for Fluoxetine 10mg tablets

SSP05 for Fluoxetine 10mg tablets was previously expected to expire on 12 November 2021 but the end date has been further extended to Friday 11 February 2022.

**List of active SSPs**

|  |  |
| --- | --- |
| **SSP** | **Current expiry date** |
| [SSP013: Lipitor® 20mg chewable tablets](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 12 January 2022 |
| [SSP05: Fluoxetine 10mg tablets](https://www.nhsbsa.nhs.uk/sites/default/files/2020-03/SSP%20Fluoxetine%2010mg%20tablets%20final%20-%20signed.pdf) | 11 February 2022 |

Further information on SSPs can be found on PSNC’s [Live SSPs](https://psnc.org.uk/dispensing-supply/supply-chain/live-ssps/) webpage

#### Summary of payments including claiming deadlines

PSNC has updated its [payment timetable and deadline tracker](https://psnc.org.uk/dispensing-supply/payment-accuracy/monthly-payments/payment-timetable-and-deadline-tracker/) to assist community pharmacy contractors with checking and/or claiming payments for the following services:

* [Pharmacy Quality Scheme (PQS) 2021/22](https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/)
* [C-19 Lateral Flow Device Distribution Service](https://psnc.org.uk/services-commissioning/advanced-services/c-19-lateral-flow-device-distribution-service/)
* [Hypertension Case-Finding Service](https://psnc.org.uk/services-commissioning/advanced-services/hypertension-case-finding-service/)
* [Flu Vaccination Service](https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/)
* [Pandemic Delivery Service](https://psnc.org.uk/the-healthcare-landscape/covid19/pandemic-delivery-service/)
* [Community Pharmacist Consultation Service (CPCS)](https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/)
* [Appliance Use Review Service (AUR)](https://psnc.org.uk/services-commissioning/advanced-services/aurs/)
* [New Medicine Service (NMS)](https://psnc.org.uk/services-commissioning/advanced-services/nms/)
* [Discharge Medicines Service](https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/)
* [Covid-19 Vaccinations (Please note, this is a locally commissioned service)](https://psnc.org.uk/the-healthcare-landscape/covid19/covid-19-vaccinations/)
* [Hepatitis C Testing Service](https://psnc.org.uk/services-commissioning/advanced-services/hep-c/)
* [Stoma Appliance Customisation](https://psnc.org.uk/services-commissioning/advanced-services/sac/)

The payment timetable and deadline tracker for each service outlines the following:

* how to claim including any deadline for claiming (where applicable);
* timing of payments;
* payment amount; and
* how payments will appear on the Schedule of Payments.

Note: the payment timetable also includes details of other payments for e.g. transitional arrangements for the [Pharmacy Earlier Payment Scheme (PEPS)](https://psnc.org.uk/dispensing-supply/payment-accuracy/monthly-payments/the-pharmacy-earlier-payment-scheme-peps/).

**Payment timetable and deadline tracker**

| **Payment type** | **Claim method****(deadline to claim for payment)** | **Payment due** | **Payment amount** | **How payment will appear on the Schedule of Payments under section of ‘Details of other amounts authorised’** |
| --- | --- | --- | --- | --- |
| **Pharmacy Quality Scheme 2021/22** | MYS (between 31st January 2022 (opens at 9am) and 25th February 2022 (closes at 11:59pm)) | 1st April 2022 | Maximum value of £135.50 per pointMinimum value of £67.75 per point Points based system dependent on:* their total prescription volume in 2020/21;
* which Domains are claimed for; and
* whether they are a PCN lead or non-PCN lead.
 | ‘Pharmacy Quality Scheme’ |
| **COVID-19 Lateral Flow Device Distribution Service Set-Up Fee** | MYS | One-off payment | £250 + VAT | ‘COVID Test Kit Set up Fee’ |
| **COVID-19 Lateral Flow Device Distribution Service** | MYS(by the 5th day of the following month) Appropriate payments, will correspond to the weekly reporting cycle, on the same payment date as other payments for NHS Pharmaceutical Services | Monthly | From 4th October 2021 onwards£1.70 + an allowance for VAT per transaction – where a **collect code has been provided**OR£1.20 + an allowance for VAT per transaction **using the anonymous collection route**Up until and including 3rd October£1.50 + an allowance for VAT per transaction | ‘COVID Testing Kit’ |
| **Hypertension case-finding service** | MYS | Monthly | £440 set-up fee (one-off payment)£15 for each clinic check£45 for each ambulatory monitoringAn incentive fee of £1,000 will be available if 5 ABPM interventions are provided in 2021/22. This will change in 2022/23 | ‘CVD Hypertension set up fee’‘CVD Hypertension Incentive’‘CVD Hypertension check and ABPM fee’ |
| **Flu Vaccination Service** | MYS (claims for the 2021/22 flu season will be accepted by the NHSBSA within six months of administration of the vaccination or by 31st August 2022, whichever date is earlier) | Monthly | £9.58 for each vaccine administeredandThe basic price (list price) of the individual vaccine administered and an allowance at the applicable VAT rate | ‘Flu Remuneration Payment’ for fees‘Flu Reimbursement Payment’ for the cost of the vaccines |
| **Pandemic Delivery Service (Essential service)\*** | Automatic | MonthlySelf-isolating patients only **(from 1st April 2021 onwards)**as confirmed by NHS Test and Trace (for the 10-day self-isolation period). This service will continue until **31st March 2022** | Table  Description automatically generated | Paid on the same line as ‘Transitional Payment’. It will show as a total figure |
| **Pandemic Delivery Service (Advanced service)\*** | MYS(by the 5th day of the following month) | Monthly – service currently extended until **31st March 2022** for all people notified of the need to self-isolate by NHS Test and Trace (for the 10-day self-isolation period) living in England | £6 (including VAT) per delivery | Payment will be listed as ‘Additional advance payment’ under section titled ‘Summary of Payment Amounts’ |
| **Community Pharmacist Consultation Service (CPCS)** | MYS(by the 5th day of the following month) | Monthly | £14 (no VAT applicable) for each completed referral | ‘CPCS Remuneration Payment’ |
| **Pharmacy Earlier Payment Scheme (PEPS) – transition payment and clawback** | Automatic for all PEPS contractors who did not opt out of the PEPS transition arrangements | **1st November 2021** – Bridging payment**1st December 2021 - 30th September 2022** recovery of bridging payment starts (this is spread over 11 months) | **1st November 2021** – One-off bridging payment based on 92% of the final PEPS payment received on 1st October 2021**1st December 2021 - 30th September 2022** – one-off bridging payment recovered in equal parts over 11 months | Bridging payment will be paid directly to PEPS contractors and will not appear on the Schedule of payments.Bridging payment recovery – ‘PEPS Transition Recovery’  |
| **Appliance Use Review Service (AUR)** | End of month submission form (MYS or paper) | Monthly | £25 – AUR conducted on pharmacy premises£54 – AUR carried out in a patient’s home | ‘Appliance use reviews carried out at patients home’‘Appliance use reviews carried out at premises’under section titled ‘Prescription Fees’ |
| **New Medicines Service (NMS)** | End of month submission form (MYS or paper) | Monthly | Between £20 and £28 for each completed NMS provided depending on the total number of patients who receive the service in the month | ‘New medicine service’ under section titled ‘Prescription Fees’ |
| **Discharge Medicines Service (DMS)** | MYS | Monthly | Table  Description automatically generated | ‘Discharge Medicine Review Fee’ |
| **COVID-19 vaccinations** | MYS | Monthly | £12.58 is paid for each vaccination givenAdditional £10.00 payment per vaccine for housebound and care home patients | ‘Covid Vaccine Claim’ |
| **Hepatitis C testing service** | MYS(by the 5th day of the following month after completion of a test) | Monthly in the same payment month as other payments for NHS Pharmaceutical Services. This service will continue until **31st March 2022** | £36 per test performed | ‘Hep C Provision of Testing Service’ |
| **Hepatitis C Point of Care Test (POCT) kit** | MYS(by the 5th day of the following month after completion of a test) | Monthly in the same payment month as other payments for NHS Pharmaceutical Services. This service will continue until **31st March 2022** | Cost of the POCT kit at manufacturer’s list price + VAT | ‘Hep C Test Kit Reimbursement’ |
| **Stoma Appliance Customisation (SAC)** | Automatically based on qualifying Part IXC Drug Tariff products | Monthly | £4.32 is paid per qualifying\* Part IXC item dispensed, regardless of whether customisation was required | Payment will be listed as ‘Stoma customisation’ under section titled ‘Prescription Fees’ |

**Services where the claim deadline has expired**

| **Payment type** | **Payment due** | **Payment amount** | **How payment will appear on the Schedule of Payments under section of ‘Details of other amounts authorised’** |
| --- | --- | --- | --- |
| **Pharmacy Quality Scheme 2021/22 – Aspiration payment** | 1st December 2021 | 70% of the number of points within the band in which contractors are placed (the Aspiration Payment does not include the extra points that can be earned for being the Pharmacy PCN Lead). The value of each point for the aspiration payment is set at £67.75 (i.e. the minimum value of a point for PQS 2021/22).NHSBSA has [**published a spreadsheet**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/pharmaceutical/dispensing-contractors-information-0) detailing the banding that pharmacies have been put into for PQS 2021/22. | ‘Pharmacy Quality Scheme’ |
| **COVID-19 Costs(incurred between 1 March 2020 – 31 March 2021 for the delivery of NHS pharmaceutical services)** | 1st October 2021 | Contractors could claim for the following:1. Additional staff costs due to COVID-192. Costs incurred to make premises COVID-19 secure3. IT and communication costs to support home working and virtual patient contact; and4. Notified closures for infection control purposes (maximum 14 days) | Reimbursement will appear as: ‘Reimbursement of Covid-19 costs’Adjustment will appear as:‘Reimbursement of Covid-19 costs adj’Recovery will appear as:‘Recovery of 20/21 Covid-19 Cash Advance’ |
| **CPCS –GP referral pathway engagement and set up** | Payments depended on when the claim was submitted by a contractor and processed and verified by the NHSBSA. | £300 engagement and setup payment if contractors undertook a range of actions to get ready for rolling out the referral pathway in their area by 30th June 2021 | ‘GP Referral Pathway Engagement Fee’ |
| **COVID-19 Lateral Flow Device Distribution Service Early Sign-Up Fee** | Registrations made from 29th March – 31st March 2021 were paid on 1st June 2021. Registrations made from 1st – 18th April 2021 were paid on 1st July 2021. | £200 + VAT **Early sign-up fee** (providing contractor signed up before 11:59pm on 18th April 2021) | COVID Test Kit Registration Fee |
| **Pandemic Delivery Service (Essential service)\*** | Monthly – the service was extended until 31st March 2021 for all clinically extremely vulnerable (CEV) patients living in England | A screenshot of a computer  Description automatically generated with low confidence | Paid on the same line as ‘Transitional Payment’. It will show as a total figure |
| **Pandemic Delivery Service (Essential service)\*** | Monthly – service extended until 31st March for all clinically extremely vulnerable (CEV) patients living in England | Table  Description automatically generatedPayment bands up to end of February 2021 | Paid on the same line as ‘Transitional Payment’. It will show as a total figure |
| **Pharmacy Quality Scheme (PQS) 2020/21 Part 2** | 1st April 2021 | The funding was divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £96 per point. Each point had a minimum value of £48, based on all pharmacy contractors achieving maximum points. | ‘Total of other amounts authorised’ |
| **Discharge Medicines Service (DMS) set up fee** | 1st April 2021 | Set-up fee of £400 covered the costs of preparing to provide the service, principally training staff and putting in place a standard operating procedure for the service. Any pharmacy on the pharmaceutical list on 1st February 2021 automatically received this payment. | ‘Discharge Medicine Review Fee’ |
| **PPE claims (standard)** | PPE claims (standard) Payments depended on when the claim was submitted by a contractor and processed and verified by the NHSBSA. November 2020 Schedule of Payments which was paid on 1st February 2021 was the first available Schedule to include payments for PPE. | Table  Description automatically generated | ‘PPE Claims’ |
| **PPE claims (exceptional)** | As above | Depends on amounts claimed | ‘PPE Claims’ |

#### Over 400 products added to DND list in past 18 months

Over the past 18 months, following contractor feedback and through internal Dispensing & Supply team checks, product applications for DND status have been submitted to the NHSBSA and DHSC for **over 550** products. Of these, **400** products have been agreed to by DHSC and added to the DND list in the Drug Tariff. 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*](https://psnc.org.uk/dispensing-supply/endorsement/discount-deduction/notice-of-changes-to-discount-not-deducted-dnd-status-of-products/)*'.*

The Dispensing & Supply team have also started their yearly analysis of annual PCA data to investigate other products suitable for DND and will make periodic applications to NHSBSA and DHSC.

#### Update summary of applications submitted to DHSC for re-determination of special container status

Since August 2019, PSNC’s Dispensing & Supply team has reviewed over **4,000** products against Drug Tariff special container criteria. The three main criteria under which PSNC has focused its attention are drugs that are considered hygroscopic, viscous external preparations and those packaged into containers from which it is not practical to dispense the exact quantity. Of those checked, PSNC has identified and submitted applications for **856** products that appear to meet one or more of the special container criteria but are not annotated as such in the Drug Tariff and/or the dm+d. See our page on ‘[*Notice of changes to special container status of products*’](https://psnc.org.uk/dispensing-supply/dispensing-a-prescription/special-containers/special-containers-notice-of-change-to-product-special-container-status/).

**Special Container applications update:** PSNC have approached DHSC for responses to over **700** outstanding special container applications and requested the Department to outline their position for each individual product. To help expedite the process PSNC have offered to provide written confirmation, where available, of special container status obtained from manufacturers.

DHSC has responded to PSNCs paper on special containers setting out PSNC’s concerns relating to the current processes for determining the special container status of products and included proposals to facilitate more accurate assessment of products against the relevant Drug Tariff criteria. PSNC is considering DHSC’s latest response and will follow-up accordingly.

The table below provides latest information on the number of products that have been submitted to DHSC and NHSBSA for further investigation and the status of these applications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Special container criteria** | **Number of products checked** | **Number of products applied for** | **Number of products currently in discussion with DHSC or under review with NHSBSA** | **Number of products agreed by DHSC as meeting criteria** |
| **Effervescent or hygroscopic\*** | **263** | **221** | **188** | **33** |
| **Viscous external preparations\*** | **891** | **136** | **124** | **12** |
| **Packaged in a container from which it is not practicable to dispense exact quantity\*** | **2,994** | **506** | **436** | **70** |
| **Total** | **4,148** | **863** | **734** | **115** |

*\*Please note some products may have been applied for under more than one criteria*

#### Market movements with implications for supply

The following **16** supply disruption alerts and medicine supply notifications (issued by DHSC between 2 September 2021 and 1 November 2021) were published on the PSNC website by the Dispensing & Supply team to assist pharmacy teams:

| **Date** | **Drug name** |
| --- | --- |
| 02/09/21 | [Chloral Hydrate 143.3mg in 5ml oral solution – Update](https://psnc.org.uk/our-news/medicine-supply-notification-chloral-hydrate-143-3mg-in-5ml-oral-solution/) |
| 02/09/21 | [Nalcrom® (sodium cromoglicate) 100mg capsules](https://psnc.org.uk/our-news/medicine-supply-notification-nalcrom-sodium-cromoglicate-100mg-capsules-2/) |
| 06/09/21 | [Xylocaine® 1% (lidocaine) with adrenaline 100micrograms/20ml (1:200,000) solution for injection vials](Xylocaine%C2%AE%201%25%20%28lidocaine%29%20with%20adrenaline%20100micrograms/20ml%20%281%3A200%2C000%29%20solution%20for%20injection%20vials) |
| 13/09/21 | [Dalacin® (clindamycin) 2% vaginal cream – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-dalacin-clindamycin-2-vaginal-cream/) |
| 13/09/21 | [Glipizide (Minodiab® ) 5mg tablets – Updated](https://psnc.org.uk/our-news/supply-disruption-alert-glipizide-minodiab-5mg-tablets/) |
| 13/09/21 | [Metformin 500mg/5ml oral solution](https://psnc.org.uk/our-news/medicine-supply-notification-metformin-500mg-5ml-oral-solution/) |
| 07/10/21 | [Metronidazole (Acea) 0.75% gel – Update](https://psnc.org.uk/our-news/medicine-supply-notification-metronidazole-acea-0-75-gel/) |
| 07/10/21 | [Catapres® (clonidine) 100microgram tablets – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-catapres-clonidine-100microgram-tablets/) |
| 07/10/21 | [Mesalazine (Asacol) 800mg MR gastro-resistant tablets](https://psnc.org.uk/our-news/medicine-supply-notification-mesalazine-asacol-800mg-mr-gastro-resistant-tablets/) |
| 08/10/21 | [Nalcrom (sodium cromoglicate) 100mg capsules – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-nalcrom-sodium-cromoglicate-100mg-capsules-updated/) |
| 28/10/21 | [Desmopressin (Octim) 150mcg per actuation nasal spray (Ferring Pharmaceuticals) – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-desmopressin-octim-150mcg-per-actuation-nasal-spray-ferring-pharmaceuticals/) |
| 28/10/21 | [Gentisone HC® (Gentamicin 0.3% w/v and Hydrocortisone acetate 1% w/v) Ear Drops – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-gentisone-hc-gentamicin-0-3-w-v-and-hydrocortisone-acetate-1-w-v-ear-drops/) |
| 28/10/21 | [Latanoprost 50microgram/ml / timolol 5mg/ml (Fixapost) 0.2ml unit dose preservative free eye drops](https://psnc.org.uk/our-news/medicine-supply-notification-latanoprost-50microgram-ml-timolol-5mg-ml-fixapost-0-2ml-unit-dose-preservative-free-eye-drops/) |
| 28/10/21 | [DDAVP (Desmopressin) 0.01% w/v (100 micrograms/ml) intranasal solution – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-ddavp-desmopressin-0-01-w-v-100-micrograms-ml-intranasal-solution/) |
| 29/10/21 | [Champix (Varenicline) 0.5mg and 1mg tablets – Pfizer – Updated](https://psnc.org.uk/our-news/supply-disruption-affecting-champix-varenicline-tablets-pfizer/) |
| 01/11/21 | [Acebutolol (Sectral) 100mg capsules](https://psnc.org.uk/our-news/medicine-supply-notification-acebutolol-sectral-100mg-capsules/) |
| 08/11/21 | [DDAVP (Desmopressin) 0.01% w/v (100 micrograms/ml) intranasal solution – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-ddavp-desmopressin-0-01-w-v-100-micrograms-ml-intranasal-solution/) |
| 08/11/21 | [Desmopressin (Octim) 150mcg per actuation nasal spray (Ferring Pharmaceuticals) – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-desmopressin-octim-150mcg-per-actuation-nasal-spray-ferring-pharmaceuticals/) |
| 08/11/21 | [Clexane® (enoxaparin) pre-filled syringes – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-clexane-enoxaparin-pre-filled-syringes/) |
| 08/11/21 | [Xylocaine® 1% and 2% (lidocaine) with adrenaline 100micrograms/20ml (1:200,000) solution for injection vials](https://psnc.org.uk/our-news/medicine-supply-notification-xylocaine-1-and-2-lidocaine-with-adrenaline-100micrograms-20ml-1200000-solution-for-injection-vials/) |

#### Webinar on changes to advance payments and submission requirements

The Dispensing & Supply team hosted a webinar on 5 October 2021 about the upcoming changes to advance payments and FP34C submission requirements is now available on-demand.

Over 90% of attendees said they would recommend the webinar to others, with almost two-thirds (63%) saying that they found it very useful.

[Click here to view an on-demand version of the webinar](https://view6.workcast.net/ControlUsher.aspx?cpak=2134336673423985&pak=2691972174246794)

[Click here for a link to the slide-pack](https://psnc.org.uk/wp-content/uploads/2021/10/PSNC-webinar-DT-changes-website.pdf)

#### Recent dispensing and supply factsheets

Below are the factsheets the team has produced in the last 12 months to give value added guidance to pharmacy contractors and teams.

| **CPN Month** | **Factsheet title** |
| --- | --- |
| Oct-21 | [Guidance on the use of red separators for end of month submission](https://psnc.org.uk/wp-content/uploads/2021/05/Red-Sep-factsheet-2021.pdf) |
| Oct-21 | [Changes to the paper FP34C submission document (from October 2021)](https://psnc.org.uk/wp-content/uploads/2021/10/FP34C-Submission-factsheet.pdf) |
| Oct-21 | [Guidance on changes to prescription sorting and submission requirements](https://psnc.org.uk/wp-content/uploads/2021/10/Prescription-submission-factsheet-2021.pdf) |
| July-21 | [FOC items factsheet](https://psnc.us7.list-manage.com/track/click?u=86d41ab7fa4c7c2c5d7210782&id=0df9047a7e&e=a14d94e535)  |
| May-21 | [Understanding Prescription Returns](https://psnc.org.uk/wp-content/uploads/2021/06/Factsheet-Understanding-Prescription-Returns.pdf) |
| Apr-21 | [Multi-Charge Items](https://psnc.org.uk/wp-content/uploads/2021/05/Dispensing-Factsheet-Multi-charge-Items.pdf) and [How to access your Prescription Item Reports](https://psnc.org.uk/wp-content/uploads/2021/03/Dispensing-Factsheet-How-to-access-your-Prescription-Item-Reports.pdf) |
| Mar-21 | [Expensive Items](https://psnc.org.uk/wp-content/uploads/2021/05/Expensive-items-factsheet.pdf) |
| Feb-21 | [Dispensing prescriptions for Controlled Drugs](https://psnc.org.uk/wp-content/uploads/2021/03/CPN_0221_Dispensing-Factsheet-Dispensing-prescriptions-for-Controlled-Drugs.pdf) |
| Jan-21 | [Disallowed items](https://psnc.org.uk/wp-content/uploads/2021/02/Dispensing-Factsheet-Disallowed-items.pdf) |
| Dec-20 | [Is this item allowed](https://psnc.org.uk/wp-content/uploads/2021/01/Dispensing-Factsheet-Is-this-item-allowed.pdf) |
| Nov-20 | [Dispensing and submission guidance following the suspension of patient signatures on prescriptions](https://psnc.org.uk/wp-content/uploads/2020/11/Appendix1-for-PSNC-Briefing-040.20.pdf) |

Appendix FCS 13/11/21

|  |  |
| --- | --- |
| Subject | Services dashboards |
| Date of meeting | November 2021 |
| Committee/Subcommittee | FunCon |
| Status | Confidential |
| Overview | Details of services dashboards published by PSNC |
| Proposed action(s) | No action required |
| Author(s) of the paper | PSNC Pharmacy Funding Team |

# Executive summary

1. PSNC has begun publishing quarterly dashboards showing clinical service activity undertaken by English pharmacy contractors.
2. The first dashboards published cover 21/22 Q1 April – July. Further quarterly dashboards will be published every 3 months or so once a full quarter’s data is available.
3. The dashboards will replace the LPC level NMS and MUR summary statistics that were previously published by PSNC
4. Statistics are published at 3 levels: national, LPC and individual pharmacy
5. All information included in the dashboards is publicly available and published by the NHS on the NHS BSA website
6. The aim of the dashboards is to present the NHS information in a helpful way

# What is included

1. The dashboards include activity data on the following services
* NMS
* AURs
* Stoma customisation
* Covid deliveries
* CPCS
* Hep C tests
* LFD distribution
* DMS
1. All data comes from statistics published by the NHS BSA. However, the NHS BSA generally publish data in plain tables with thousands of rows of data, which do not allow for quick or easy assessment or comparisons.
2. We wanted to use the NHS datasets to build dashboards which would visualise the data in a helpful way and allow users to identify quickly points of interest from the data.
3. Some screen shots from the 3 levels (national, LPC, pharmacy) are shown below to give an idea of the kind of data presented.

## National dashboard





## LPC dashboard







## Pharmacy dashboard









# Limitations of the services dashboards

1. The dashboards are built using datasets published by NHS BSA, and any inaccuracies or inconsistencies present in the original data will be included in the dashboards.
2. The NHS often publishes similar data in multiple places and formats, and these sources do not always align completely. As such, the figures presented in the dashboards may not always agree with other sources of data for the same statistics.
3. There is a specific complication with DMS data published by NHS BSA. NHS BSA are reporting the number of complete stages for each pharmacy per month, and the number of ‘complete’ and ‘incomplete’ DMS per month. For example, an ‘incomplete’ DMS could be one where a pharmacy claimed payment for stage 1 and stage 2, but not stage 3. Because there isn’t a simple count of DMS provided like there is for other services, we have to choose what is the best way to report the service. For reporting in the dashboards, we decided to sum up the number of ‘complete’ and ‘incomplete’ DMS according to the NHS data for each month, however we know this could actually end up overstating how many DMS are done in the long run since a single DMS could show up across multiple months as ‘incomplete’ e.g. if a pharmacy claims stage 1 and 2 in October, and stage 3 in November.
4. We have included caveats within the dashboards to state that there may be inaccuracies within the figures presented, and that the data is presented for illustrative and informational purposes only. We do not assume liability for any external party's use of the data presented in the dashboards, or in the original data published by NHS Digital and NHS Business Service Authority.

# Feedback on dashboards

1. Because the dashboards are replacing data that was specifically published at LPC level (NMS and MUR summary statistics), we have written to the LPC Gaggle group to inform them about the publication of the new dashboards and to indicate that we will be looking for feedback from LPCs at an upcoming PLOT meeting (date TBD).
2. Any individuals or companies are also welcome to feedback to us on the dashboards once they have had a chance to consider them. We have already received several points of feedback which we will be looking to incorporate into the next publication.

Appendix FCS 14/11/21

|  |  |
| --- | --- |
| Subject | Statistics |
| Date of meeting | November 2021 |
| Committee/Subcommittee | FunCon |
| Status | Not confidential |
| Overview | Latest statistics for information |
| Proposed action(s) | No action required |
| Author(s) of the paper | PSNC Pharmacy Funding Team |

**Statistics**

## Dispensing

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The latest rolling 12 month item volume as of **Aug-21** is **1,038.5m** items.

In the last 24 months the peak was **1,055.7m** items in **Apr-20**.

As of **Aug-21**, the proportion of all items that are EPS is **95.4%**. The proportion of items that are ERD is **14.6%**.

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## Category M

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The **Oct-21** Cat-M list will have an estimated impact of **-38 pence per item** on like-for-like reimbursement

The cumulative total of like-for-like changes since 2019 is currently **-11 pence per item**

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## Reimbursement



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In **21/22 Q2** the average fees per item is **£1.59**.

## Services

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**Pharmacy contract numbers**

**NB. NHS Digital has not published an updated eDispensary list in time to provide an update for November 2021 Funcon. The update from September 2021 Funcon is reproduced below for information.**

A waterfall chart of net change in pharmacy numbers per month indicates a cumulative drop of c-533 in the total number of pharmacy contracts since the announcement of the funding cuts.



A long view of pharmacy contract numbers demonstrates steady growth since the introduction of the new contract in 2005, followed by a reversal from early 2018 onwards.

