Prescription Submission Factsheet

PSNC's Dispensing and Supply Team highlights the key things to remember when endorsing and submitting prescriptions for payment, as well as sharing some of their top tips.

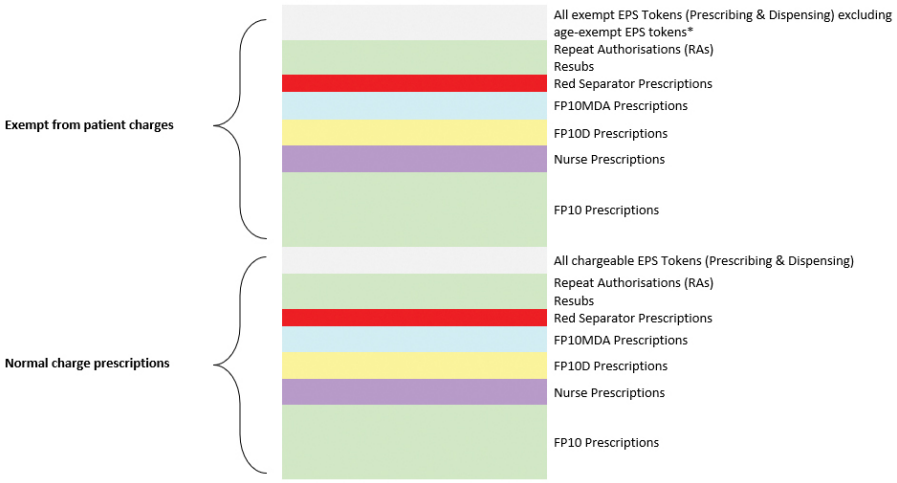
End of day checks – tips from PSNC

- ☐ **Double-check prescription endorsements,** checking for:
  - ➢ expensive items;
  - ➢ unlicensed specials/imports;
  - ➢ broken bulk (BB) claims; and
  - ➢ out of pocket (OOP) expenses.

  You may find it useful to keep a record or copy of these for reconciliation later, especially for expensive items and unlicensed specials/imports.
- ☐ **Endorse only as needed** – don't over endorse as this can cause confusion and lead to incorrect reimbursement.
- ☐ **Endorse clearly keeping all endorsements within the left-hand side margin of the prescription form** – can someone else clearly read the endorsement? If your PMR system endorses, is the printer ink clearly visible? Avoid any marks in the prescribing area of the form, e.g. ticks or endorsements, this may affect how the prescription is priced. Quantities owing should not be annotated on the prescription, this could be interpreted as the amount dispensed.
- ☐ **Pharmacy stamp must not obscure** any patient details, prescribed items, or endorsements.
- ☐ **Items not dispensed must be endorsed 'ND' and a horizontal line drawn through the item not dispensed.**
- ☐ **Exemption declarations must be completed in full where necessary** to avoid prescriptions being switched between chargeable and non-chargeable. Signed declarations are required unless the patient is age exempt and their date of birth is computer-generated on the prescription.
- ☐ **Ensure that on EPS prescriptions any supplementary product information (e.g. a particular brand or manufacturer) is part of the prescribed product and NOT the dosage instructions,** to ensure this is considered when calculating payment.
- ☐ **Separate any prescriptions to be filed in the red separator,** such as:
  - ➢ expensive items (individual items with a net ingredient cost of £100 or more);
  - ➢ hand written amendments/ alterations by the prescriber;
  - ➢ unlicensed medicines/imports;
  - ➢ BB or OOP claims;
  - ➢ prescription forms containing items where the prescriber has provided additional information, e.g. preservative-free or sugar-free within the dosage instructions; and
  - ➢ where the prescriber's signature touches or goes over the details of the last item on the prescription form.
- ☐ **Make sure all prescriptions are filed in the correct patient charge group** – i.e. exempt, paid, old rate paid. Incorrectly filed prescriptions are a major cause of over payments.
- ☐ **Do not use labels or sticky notes on the form** as residual glue can affect the scanning process. Pins, staples, paper clips, labels and invoices should also be removed prior to submission or these will have to be manually removed before pricing which can delay processing of your bundle.

Preparing your submission bundle

This is how you need to arrange the prescriptions in the submission bundle:



* Pharmacy teams must not submit EPS tokens where the patient is age exempt.

A larger version of this diagram is available at: **ow.ly/dDaV30k2ICa**

Here are some examples of both good and bad practice:

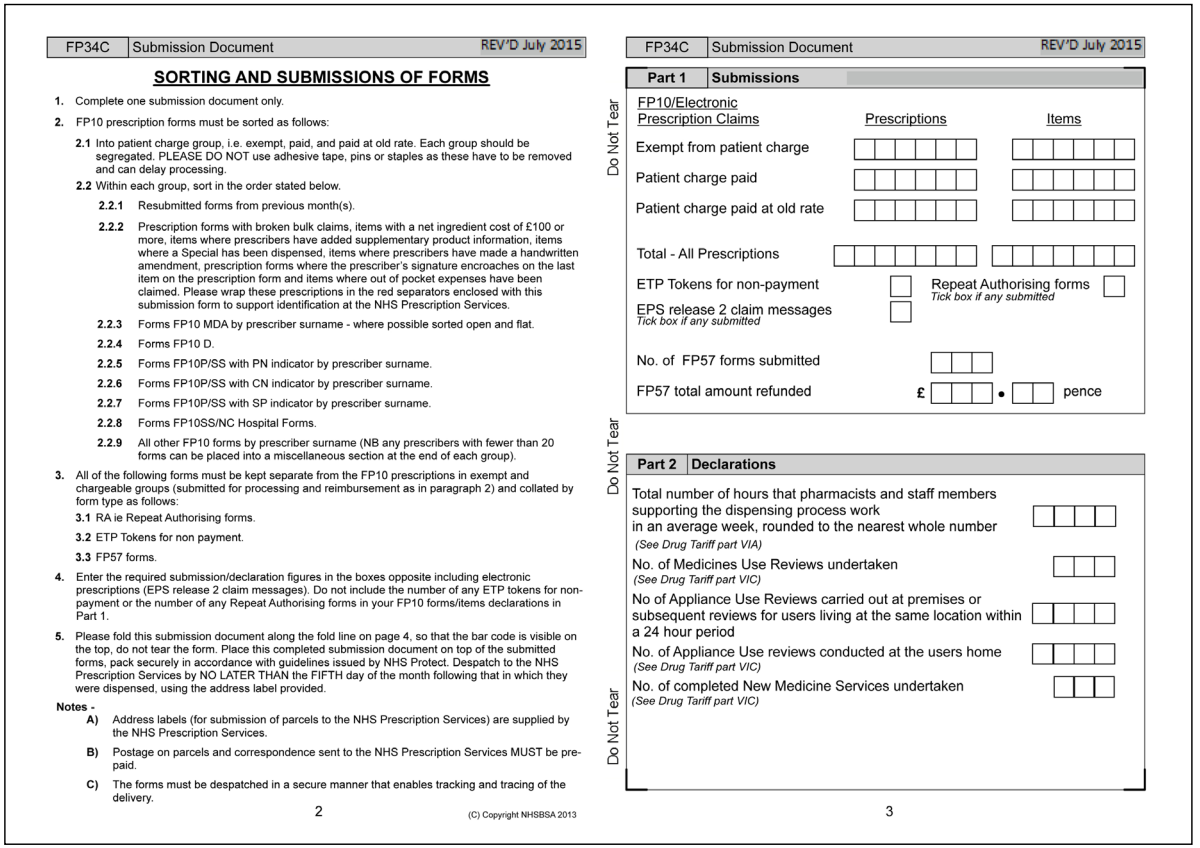
Checklist for completing your FP34C

✓ **Only use the barcoded FP34C document sent to you by the Pricing Authority for that specific month** to declare the combined total of paper and electronic prescriptions (items/forms) being submitted for reimbursement – each FP34C has a unique barcode, so you cannot use another contractor's form if you do not have one. Contact the Pricing Authority as soon as possible if your FP34C was lost or not received.

✓ **Stamp the form, complete the month where indicated, sign, print name and date the form.** Send to the Pricing Authority in a secure package and in a manner that ensures prescriptions don't get mixed up in transit, via a track and trace method before the 5th day of the month following that in which supply was made. Keeping a copy of the form is recommended as a point of reference in case of a suspected error.

✓ **For paper prescriptions,** declare the total number of forms and items physically included in the bundle (including returns).

✓ **For electronic prescriptions,** the figures should relate to the total number of electronic forms (not tokens) and items that have been dispensed in the month being claimed and submitted to the Pricing Authority via an electronic claim message by midnight on the 5th of the following month.



FP34C | Submission Document | REV'D July 2015

SORTING AND SUBMISSIONS OF FORMS

1. Complete one submission document only.
2. FP10 prescription forms must be sorted as follows:
   - 2.1 Into patient charge group, i.e. exempt, paid, and paid at old rate. Each group should be segregated. PLEASE DO NOT use adhesive tape, pins or staples as these have to be removed and can delay processing.
   - 2.2 Within each group, sort in the order stated below.
     - 2.2.1 Resubmitted forms from previous month(s).
     - 2.2.2 Prescription forms with broken bulk claims, items with a net ingredient cost of £100 or more, items where prescribers have added supplementary product information, items where a Special has been dispensed, items where prescribers have made a handwritten amendment, prescription forms where the prescriber's signature encroaches on the last item on the prescription form and items where out of pocket expenses have been claimed. Please wrap these prescriptions in the red separators enclosed with this submission form to support identification at the NHS Prescription Services.
     - 2.2.3 Forms FP10 MDA by prescriber surname - where possible sorted open and flat.
     - 2.2.4 Forms FP10 D.
     - 2.2.5 Forms FP10P/SS with PN indicator by prescriber surname.
     - 2.2.6 Forms FP10P/SS with CN indicator by prescriber surname.
     - 2.2.7 Forms FP10P/SS with SP indicator by prescriber surname.
     - 2.2.8 Forms FP10SS/NC Hospital Forms.
     - 2.2.9 All other FP10 forms by prescriber surname (NB any prescribers with fewer than 20 forms can be placed into a miscellaneous section at the end of each group).
3. All of the following forms must be kept separate from the FP10 prescriptions in exempt and chargeable groups (submitted for processing and reimbursement as in paragraph 2) and collated by form type as follows:
   - 3.1 RA ie Repeat Authorising forms.
   - 3.2 ETP Tokens for non payment.
   - 3.3 FP57 forms.
4. Enter the required submission/declaration figures in the boxes opposite including electronic prescriptions (EPS release 2 claim messages). Do not include the number of any ETP tokens for non-payment or the number of any Repeat Authorising forms in your FP10 forms/items declarations in Part 1.
5. Please fold this submission document along the fold line on page 4, so that the bar code is visible on the top, do not tear the form. Place this completed submission document on top of the submitted forms, pack securely in accordance with guidelines issued by NHS Protect. Despatch to the NHS Prescription Services by NO LATER THAN the FIFTH day of the month following that in which they were dispensed, using the address label provided.

Notes -

A) Address labels (for submission of parcels to the NHS Prescription Services) are supplied by the NHS Prescription Services.

B) Postage on parcels and correspondence sent to the NHS Prescription Services MUST be pre-paid.

C) The forms must be despatched in a secure manner that enables tracking and tracing of the delivery.

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Do Not Tear

Part 1 Submissions

FP10/Electronic Prescription Claims	Prescriptions	Items
Exempt from patient charge		
Patient charge paid		
Patient charge paid at old rate		
Total - All Prescriptions		

ETP Tokens for non-payment ☐ Repeat Authorising forms ☐ *Tick box if any submitted*

EPS release 2 claim messages ☐ *Tick box if any submitted*

No. of FP57 forms submitted ☐☐☐

FP57 total amount refunded £ ☐☐☐ • ☐☐ pence

Do Not Tear

Part 2 Declarations

Total number of hours that pharmacists and staff members supporting the dispensing process work in an average week, rounded to the nearest whole number ☐☐☐☐ *(See Drug Tariff part VIA)*

No. of Medicines Use Reviews undertaken ☐☐☐ *(See Drug Tariff part VIC)*

No of Appliance Use Reviews carried out at premises or subsequent reviews for users living at the same location within a 24 hour period ☐☐☐☐

No. of Appliance Use reviews conducted at the users home ☐☐☐☐ *(See Drug Tariff part VIC)*

No. of completed New Medicine Services undertaken ☐☐☐ *(See Drug Tariff part VIC)*

Do Not Tear

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✓ When calculating total forms/items to be declared, **double-check your calculations** – recording totals regularly this may simplify this stage, e.g daily/weekly records.

✓ **Ensure you complete your FP34C accurately and clearly** – check numbers of forms/items (including EPS figures), MURs, AURs, NMS.

✓ **Include the number of FP57 refund forms submitted** and the value of the total amount refunded.

✓ For both paper and electronic prescriptions, **the number of items declared should be adjusted to include products that attract multiple fees,** e.g. a HRT preparation with 3 fees would be counted as 3 items. Check the number of fees claimed on MDA instalment forms.
See **psnc.org.uk/mda** for more info.

✓ **If you are submitting EPS release 2 reimbursement claims** in the above figures, ensure you tick the 'EPS release 2 claim messages' box and include the forms/items in the total numbers declared. **Do not** include the number of EPS tokens in the declaration as these are not used for calculating payment.

Correct as of November 2019