



# *Serious Shortage Protocols (SSPs)*

Gordon Hockey – Director of Operations & Support  
Suraj Shah – Drug Tariff & Reimbursement Manager



# What we'll be covering

- What an SSP is
- When they could be used
- What they may involve
- Supplying against an SSP
- The endorsement and claiming process



# What is an SSP?

- Management of serious shortages without needing to refer patients back to the prescriber
- Can be applied to POMs, P, GSL and appliances
- Related to but not dependent on Brexit
- Entered pharmacy Terms of Service on 1<sup>st</sup> July 2019



# When could an SSP be introduced?

Must meet certain conditions:

- A serious shortage (DHSC will use info it has to determine)
- Ministerial approval
- Involvement of clinicians (doctors and pharmacists)
- Consultation with relevant patient groups, NHSE&I, manufacturers and pharmacy bodies (inc. PSNC)





# Should we expect one soon?

- We can't say when the first SSP may be issued
- But pharmacy teams should get to grips with the legislation before it is used
- SSPs will be published by the NHSBSA, PSNC and NHSE&I
  - Emails sent to shared pharmacy premises NHSmail accounts
  - See PSNC's webpage: [psnc.org.uk/SSPs](https://psnc.org.uk/SSPs)



# What will I be supplying?

An SSP will state whether to supply:

- An alternative quantity
- An alternative formulation
- An alternative strength
- A generic equivalent
- A therapeutic equivalent



# What's included in an SSP?

- Drug name/quantity/legal category (*serious shortage medicine*)
- Location applicable to
- Inclusion and exclusion criteria
- Cautions and special considerations
- Action to take if patient excluded or declines supply
- Valid from/review date/expiry date
- Details of medicine to supply under SSP



# Supplying under an SSP?

- Contractor must consider the SSP
- Supervising pharmacist exercising skill and judgement must consider supply appropriate and reasonable
- Follow instructions and conditions in the SSP
- Get patient consent
- Prescription charge – still relevant, if applies to prescription - unless dispense less under the SSP





# Supplying under an SSP?

- Supply with reasonable promptness
- Label the medicine or appliance as an SSP supply, e.g. 'Supplied under SSP number 002'
- For some SSPs, notify the prescriber of the alternative supply – for therapeutic alternatives - and those which SoS and PSNC acting jointly publish a recommendation that this is necessary for clinical reasons



# Supplying under an SSP?

- Other terms of service apply – provision of advice and records – and some specific changes
- Following an SSP supply, the related prescription is no longer valid (used for claiming purposes)
- May refuse supply – if supervising pharmacist considers inappropriate or unreasonable
- If refuse supply, provide appropriate advice, *as necessary*, about returning to the prescriber



# Dispense prescription or SSP supply?

- If unreasonable or inappropriate = no SSP supply
- If dispensed against prescription (because available locally) = no SSP supply
- If can dispense against the prescription within a reasonable timescale = no SSP supply



# Key Points



## Prescription – SSP supply

- SSP must be valid
- SSP must be considered
- Prescription must be valid (not a CD or emergency supply)
- Prescription is for the product named in the SSP
- Supervising pharmacist consider supply of the alternative product is reasonable and appropriate

## Patient – SSP supply

- Gives consent to supply against SSP (may be from guardian or carer instead)
- Cautions: e.g. Has no known hypersensitivity or history of allergic reaction to the alternative product
- Special considerations: Whether any special considerations due to extreme age, neurological disability or mental health?

# How will I be paid for SSP supplies?

## Reimbursement

- For the product supplied in accordance with an SSP (rather than the item originally prescribed)
- Endorsement is important

## Remuneration

- Same fees and allowances as per usual prescription items
- An additional fee for dispensing SSPs is still under consideration between PSNC and DHSC



# *SSPs: Endorsing and claiming payment*

Suraj Shah

PSNC Drug Tariff and Reimbursement Manager

18 July 2019





# What payment will I receive for supplies made under an SSP?

- **Reimbursement** for alternative product or quantity supplied – this will be as per prevailing Drug Tariff rules (depending on endorsement).
- **Remuneration** – items supplied under an SSP will continue to attract the usual number of Single Activity Fees and any other professional fees and allowances, where applicable
  - An additional fee for supplying under an SSP is currently under discussion between PSNC and DHSC
  - Relevant Drug Tariff provisions expected to be published once funding negotiations are finalised





## Supply under an SSP

- The prescription (or token) as endorsed is considered to be the vehicle for claiming reimbursement and relevant fees even though supply was made against an SSP
- Use of prescription (or token) is partly for claiming purposes – for NHSBSA to process payment in accordance with what was supplied – partly to ensure that zero VAT\* applies





# What do I endorse to claim payment for supplies made under an SSP?



- **NCSO**
- **Details of product supplied in accordance with the SSP** (drug name, quantity, strength, formulation, supplier name or brand)\*
- **Quantity supplied\***
- **Pack size used** – where multiple pack sizes are available
- **Invoice price** – only if list-price on dm+d is not available

\* The drug details and quantity to supply and endorse will depend on the specific SSP





## Why endorse 'NCSO'?

- NCSO refers to “No cheaper stock obtainable” – DT Part II Clause 9C
- Last NCSO was granted in April 2013, and not been in use since – superseded by price concessions system
- Existing functionality for NCSO still present in dispensing systems
- NCSO indicates to the NHSBSA that supply was made against an SSP



# Electronic prescriptions (EPS)

# Paper prescriptions

Electronic claim message

Dispensing token

FP10 prescriptions



OR

MR A DISPENSER	Age 33	Title, Forename, Surname & Address MR ANDREW CHARLTON
PHARMACY ADDR1	D.o.B 20/03/1973	ADDRESS LINE 1
PHARMACY ADDR2		ADDRESS LINE 2
PHARMACY ADDR3		ADDRESS LINE 3
POSTCODE		ADDRESS LINE 4
		ADDRESS LINE 5
PHARMACY CODE	NHS Number:	POSTCODE
		NHS NUMBER
<b>DISPENSING TOKEN</b>		
Prescribed Medication		
MEDICATION ITEM DESCRIPTION 1		
QUANTITY 1		
DOSAGE/FREQUENCY 1		
-----		
MEDICATION ITEM DESCRIPTION 2		
QUANTITY 2		
DOSAGE/FREQUENCY 2		
-----		
MEDICATION ITEM DESCRIPTION 3		
QUANTITY 3		
DOSAGE/FREQUENCY 3		
-----		
MEDICATION ITEM DESCRIPTION 4		
QUANTITY 4		
DOSAGE/FREQUENCY 4		
X X		
DISPENSING TOKEN - Not to be used as a prescription, even if signed by an authorised prescriber.		Date 04/05/2005
DR A JONES	GP Code	
GP ADDRESS LINE 1	POSTCODE	
GP ADDRESS LINE 2		
GP ADDRESS LINE 3	PCT CODE	
TELEPHONE NUMBER		
PCT NAME		
		FP10DT0407



Pharmacy Stamp	Age	Title, Forename, Surname & Address
	D.o.B	
Please don't stamp over age box		
Number of days' treatment		NHS Number:
N.B. Ensure dose is stated		
Endorsements		
Signature of Prescriber		Date
For dispenser No. of Prescriptions on form		
		FP10SS0406



## Endorsement examples: Test SSP

- Serious shortage of *Atenolol 50mg tabs*
- *SSP states: Atenolol 25mg tabs to be given instead*
- Prescription received for *Atenolol 50mg tablets x 28*
- Protocol requires pharmacist to supply double quantity of the alternative strength – *Atenolol 25mg tabs x 56*



## 1 a. Electronic prescription - Endorsing using a dispensing token

- Print the dispensing token and endorse 'NCSO'
- Endorse details of alternative strength and quantity dispensed (*Atenolol 25mg tablets x 56*)
- **IMPORTANT:** Electronically mark 'Not dispensed' against the item in serious shortage (*Atenolol 50mg tabs*)
- Complete reverse of dispensing token
- Submit electronic claim message to the NHSBSA
- Submit token at the top of your red separators – do not mix with other tokens



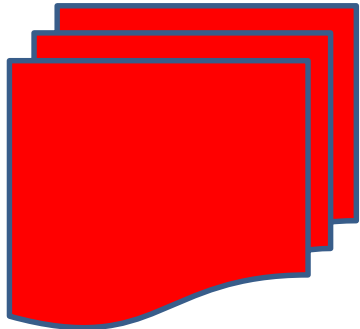
# 1 a. Electronic prescription - Endorsing using a dispensing token

**'NCSO' Endorsement**

**Details of product supplied in accordance with an SSP**

**Quantity supplied and pack size**

Endorsements	Prescribed Medication	DISPENSING TOKEN
NCSO Atenolol 25mg tablets 56/28	Atenolol 50mg tablets As directed 28 tablets	



**Submit all token/paper SSP claims by placing together at the top of the red separator**





## 1 b. Electronic prescription - Endorsing electronically using EPS

Following any SSP endorsement guidance from your system supplier:

- Mark NCSO against the item in serious shortage covered by the SSP
- **DO NOT** mark the originally prescribed product as 'Not dispensed'
- Endorse details of alternative strength and quantity dispensed in accordance with the SSP (*Atenolol 25mg tablets x 56*)
- **DO NOT** endorse 'NCSO' on both the electronic claim message and its associated dispensing token – only use one method per claim





## 1 b. Electronic prescription - Endorsing electronically using EPS

- Complete reverse of dispensing token as per usual processes
- Apply relevant exempt or charge declaration to EPS claim message
- Submit with other dispensing tokens for non-payment in usual manner
- As 'NCSO' claim is submitted electronically, **DO NOT** place associated dispensing tokens in red separators
- Submit electronic claim message to NHSBSA



## 2. Endorsing 'NCSO' on paper prescriptions

**'NCSO' Endorsement**

**Details of product  
supplied in  
accordance with  
the SSP**

**Quantity supplied  
and pack size**

### Endorsements

NCSO

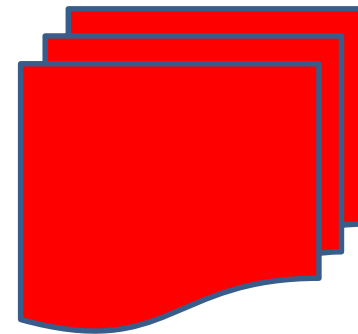
Atenolol 25mg  
tablets

56/28

Atenolol 50mg tablets

As directed

28 tablets



**Submit all  
token/paper SSP  
claims by placing  
together at the top  
of the red separator**



## Prescription charges for alternative quantity

- For patients who normally pay for their prescriptions:
  - No prescription charge is payable if a patient is supplied with smaller quantity of a product under an SSP for an alternative quantity
  - All other items dispensed on the same prescription not covered by the SSP for an alternative quantity will continue to attract prescription charges
  - Prescription charges are payable for supplies made under other types of SSP (eg alternative strength, formulation, generic/therapeutic equivalent)





## Patient declaration for supplies under an SSP

- The prescription/token must be completed as usual by making with the correct patient exempt or charge declaration
- For patients who normally pay for their prescriptions, if a supply is for alternative quantity under an SSP, a patient charge declaration should continue to be made in the usual manner
- Even though a charge declaration is made, no charges will be deducted by the NHSBSA for any supplies made under an SSP for an alternative quantity



## How are 'NCSO' claims processed by NHSBSA?

- All paper 'NCSO' claims (prescriptions and tokens) should be submitted using the red separators
- The NHSBSA has a dedicated stream of exception handlers to manually process all (paper and electronic) claims made for supplies made against SSPs
- Where claims are made using dispensing tokens, the NHSBSA may check for 'Not Dispensed' status against the corresponding electronic claim message to ensure there is no double-claiming
- Schedule of Payment will reflect monthly total payments for supplies under SSPs





# Top tips– endorsing and claiming payment

- **DO NOT** submit NCSO claims if there is no SSP in place
- Speak to system supplier for guidance on making ‘NCSO’ claims electronically
- Mark ‘NCSO’ alongside the prescribed item covered by the SSP
- Place dispensing tokens and paper prescriptions with NCSO claims together in red separators (at the top, preferably tied with an elastic band)
- Remember to keep any dispensing tokens with ‘NSCO’ claims separate from other tokens
- Ensure the correct exempt or paid declaration status is marked on the prescription / token





# Summary

- Issued only if in the opinion of Ministers - a serious shortage
- Developed with the involvement of clinicians
- More likely - alternative quantity, strength or form
- Less likely to be for generic or therapeutic substitution
- SSPs – different types – all are specific and have conditions
- Patients must consent
- Procedures for claiming and endorsement important



# Questions

## Useful resources

- Our webpage on SSPs:  
[psnc.org.uk/ssps](https://psnc.org.uk/ssps)
- Our guide on SSPs for  
community pharmacy teams:  
[psnc.org.uk/sspsbriefing](https://psnc.org.uk/sspsbriefing)

