

CPN

Community Pharmacy News – May 2021



A collage of three items related to CPN. On the left is a Twitter post with a white bird icon on a blue background, containing a 'Daily Update' for Thursday 27th May 2021. The update text discusses PSNC elections being postponed, a service case study for NHSmail, and the Review Steering Group (RSG). In the center is a screenshot of the PSNC website, showing a navigation menu with categories like 'PSNC's Work', 'Funding and Statistics', 'Contract and IT', 'Dispensing and Supply', 'Services and Commissioning', 'The Healthcare Landscape', and 'LPCs'. The main content area features a 'COVID-19 Hub', a 'Comparison with 2020 audit data shows growing patient reliance on advice and care from community pharmacies', and 'HEADLINE NEWS' including 'Pharmacies in England carry out 58 million consultations a year' and 'PSNC elections postponed pending outcomes of independent review'. On the right is a Facebook post with a large blue 'f' icon, featuring a photo of a pharmacy interior and the text 'COVID-19: One year since lockdown MPs come out in support of pharmacies as PSNC continues to fight for their COVID costs to be fully covered'.

Final issue of CPN

Magazine stopped as PSNC aims to make its communications more relevant and useful for contractors and their teams

Results of 2021 Advice Audit | CPAF returns for 2021/22 | Understanding prescription returns



Simon Dukes
PSNC Chief Executive

Chief Executive's blog

PSNC CEO Simon Dukes considers the sizeable task before the community pharmacy Review Steering Group and how contractors and LPCs can help to support their work.

you can vote on them? The answers to these questions will be the next job for the RSG. My understanding is that the Group has spent the last few months deciding on key principles to help guide the task ahead and mapping out a timeline of key activities. Having all this sorted is important, because change is difficult. Some of the issues that we and LPCs will need to tackle – around governance, tenure, performance, and equity for contractors across the country – are going to be uncomfortable for some people. But our contractors deserve the best representation possible, and we must try to give it to them.

As with any complex change programme there will be many individuals with a view. Some people will have good ideas and have a genuine desire to improve outcomes for contractors, but others will be affected by self-interest and a desire to protect the status quo. The RSG's

“The RSG will have to settle upon a solution that works best for the vast majority of contractors”

role will be to listen to everyone and to work closely with all those who want to engage constructively to build a better future. However, they will also have to sort through the noise and settle upon a workable solution to address the issues identified by Professor Wright that works best for the vast majority of contractors.

We must not allow our differences to hold us back. We must harness the creativity in this sector and our shared ambition to look forward: working constructively to

get the best for community pharmacies. In doing so, I believe that community pharmacy will become a more powerful voice, and that voice will support negotiation at all levels: it will be heard by Government, and it will lead to a better deal for all contractors.

“We must harness the creativity in this sector and our shared ambition to look forward”

But we will need to work together to achieve that. We will need to work through our differences, respectfully. Where resistance or reluctance to change is manifested in attempts to undermine or stall the process, then we will need to tackle it. If we don't, the Government and NHS will continue to divide and conquer us: they will use the time that we waste on our own disagreements to carry on undervaluing and underpaying the sector. In short, a failure to find a better way forward would amount to a serious failure for the contractors that we serve, and that is not an option.

So yes, we would all like to have a clearer picture of what will be happening and when. And we would all like to think that the eventual outcome will be exactly the one that suits us best. But from what I have seen to date the RSG's draft programme plan sets the right tone, and I will absolutely be getting behind the next critical phase of work. Please listen to what the RSG has to say on June 14th, and please get ready to engage with them in a constructive, respectful way. Community pharmacy contractors deserve no less.

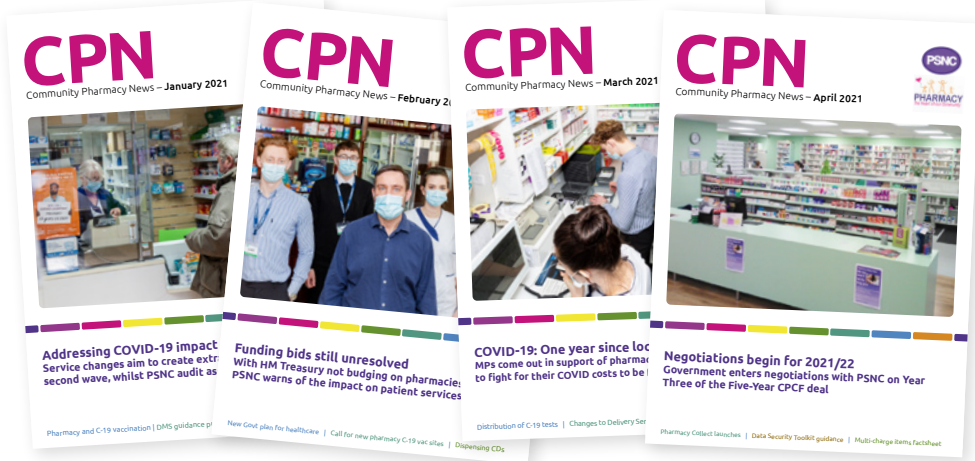
I hope that by now many of you will have read or heard about **PSNC's decision to postpone its Regional Representative elections by a year**. This means our current representatives will stay in post until March 2023. This will give the Review Steering Group (RSG) time to complete its work. At the heart of this is an ambition to improve contractor representation and support, which will mean better and more consistent services for contractors, as well as better outcomes from negotiations both local and national.

If you haven't read the new **At A Glance Guide to the RSG's work**, then it would be a good place to start. I would also strongly encourage you to **attend their next event on June 14th**. The Group's work might not feel like a priority right now, but it is going to be critical for pharmacy contractors, LPCs and PSNC over the coming months and years. If we get it right, it will have far-reaching and very positive consequences for all those who work in community pharmacies. PSNC's decision to postpone its elections is a clear signal of how seriously the Committee is taking this work programme. We, like the contractors surveyed during the independent review of LPCs and PSNC, want change.

Some of you have been frustrated by the slow pace of the RSG's work and are rightly wondering what the changes to PSNC and LPCs will actually be and when

Last edition of CPN magazine

Popularity of Daily Update emails leads to a review of other PSNC communications, bringing this monthly magazine to an end.



This edition of PSNC’s Community Pharmacy News (CPN) magazine will be the last issue produced.

As part of work to make PSNC communications more relevant and useful for community pharmacy teams during the pandemic, last year we introduced a daily email newsletter for contractors and their teams. The newsletters have proved popular and alongside that we have seen relatively low levels of engagement with the monthly magazine style round-up offered by CPN.

Our audience is increasingly engaging with our news content, and there is also growing interest in our social media and Chief Executive’s video messages.

This no surprise: digital channels have been PSNC’s principal means of communication with contractors for many years now, but the COVID-19 pandemic has made the speed of those communications more important.

PSNC will continue to produce its daily email updates so that community pharmacists and their teams receive important information and guidance from us in a timely manner. We will also continue to publish the content that appeared in CPN on our website: this will include the Chief Executive’s blog, and the monthly briefings from the Dispensing and Supply Team.

If you disagree with this decision and feel that CPN magazine is still a valuable tool for you, please complete our website user survey to let us know (see details below). We are currently reviewing our website and digital communications and if there is sufficient demand for it then we can reconsider the option of a monthly publication once that work is complete.

Website user survey

Ahead of a significant upgrade, we would like to know what you think of the PSNC website.

Please take five minutes to complete our short survey about how you use the website now, and what you would like from it in the future.

You can complete the survey directly using www.surveymonkey.co.uk/r/BWQT7XF or via a pop-up that will appear when you next visit the PSNC website.

We would really appreciate your views.

RSG webinar for the pharmacy sector

The Pharmacy Review Steering Group (RSG) has invited all those working in the community pharmacy sector to attend a webinar on **Monday 14th June from 7.30 - 8.45pm.**

During this webinar the RSG will set out its planned programme of work, including the principles it will work to, stakeholder engagement plans and a timeline of activities. Register to attend at: ow.ly/d5aa30rJus4

The event follows on from engagement events held in May, along with meetings with key stakeholder groups, to capture feedback on the RSG’s draft plans.

PSNC elections postponed

Elections for PSNC’s independent contractor Regional Representatives have been postponed by one year and will now take place in time for April 2023.

This is to give time for the RSG to complete its important work reviewing contractor representation and support, including the structure of both PSNC and the LPCs (see above story).

PSNC has also advised LPCs who are following the PSNC four-yearly election cycle to consider postponing their elections until 2023 and is offering support to LPCs to help them to do this. Find out more at: ow.ly/DWV930rJusc

PSNC Regional Representative Election

PSNC has begun formal processes to seek a new East Midlands and South Yorkshire Regional Representative following the resignation of Garry Myers from the Committee.

Eligible independent contractors from the relevant LPC areas will be invited to express their interest in the role and then, if an election is triggered, to vote to select their new Regional Representative. The new representative will be in place until March 2023 (as per the above story).

In the meantime, any contractors in this region needing assistance should contact **PSNC Director of Contractor and LPC Support, James Wood.**

PSNC CEO's May video message

In his latest video, PSNC Chief Executive Simon Dukes addresses the situation that community pharmacy still finds itself in – awaiting a decision from HM Treasury on the costs the sector incurred during the COVID-19 pandemic.

Whilst unable to talk about what is happening in the negotiations on the Community Pharmacy Contractual Framework (CPCF), Simon does say that they will cover things that both PSNC and the NHS want community pharmacy to do in the future. However, none of this will be possible without a satisfactory outcome on pharmacy's COVID costs. Watch the video: ow.ly/SzOZ30rJwkl

PSNC letter in the Telegraph

On 30th May, PSNC's CEO had a letter published in The Telegraph which states that the NHS should look to pharmacies for help in dealing with the backlog of patients who delayed seeking care during the pandemic.

Responding to an article about the significant workload GPs are facing, the letter references the findings of PSNC's 2021 Pharmacy Advice Audit (see CPN page 5). It highlights that pharmacies have saved the NHS 24 million GP appointments a year and that, with the right support, they could do even more. View the full letter at: ow.ly/ALIO30rJwcl

Briefing MPs on Pharmacy Collect

PSNC has been briefing MPs about the NHS community pharmacy COVID-19 Lateral Flow Device (LFD) distribution service (or Pharmacy Collect).

With most pharmacies now signed up to provide the test distribution service, LPCs and contractors may also want to talk to their MPs about how this service is supporting the pandemic recovery.

PSNC has developed some resources to help engage with MPs around the service, including a one-page briefing and a guidance document containing key messages for any discussions.

Download the resources from: ow.ly/Qu5V30rJwug

Struggle continues for fair funding

PSNC and MPs continue to press on a resolution to pharmacy's COVID-19 loans and more sustainable funding for the future.

“Highlighting the need for sustainable funding for pharmacies”



PSNC is continuing work to highlight the value that community pharmacies have delivered throughout the COVID-19 pandemic and the need for sustainable funding.

This month more than thirty politicians from across the political parties called on the Secretary of State for Health, the Chancellor of the Exchequer and the Chief Secretary to the Treasury to urgently write off the £370m in emergency COVID-19 loans granted to pharmacies last year, and ensure sustainable funding for the sector.

The MPs were led by Jackie-Doyle Price, who is Chair of the All-Party Pharmacy Group which PSNC and the other national pharmacy organisations support the Secretariat for. The MP letter, along with an update from PSNC CEO Simon Dukes, was covered in the Sunday Times on 23rd May. View the story in full at: ow.ly/vhVi30rJwza

Community pharmacies received a total of £370m in advance payments to help alleviate cashflow issues at the start of the COVID-19 pandemic. Negotiations on those loans are still ongoing, alongside negotiations on Year 3 of the five-year Community Pharmacy Contractual Framework (CPCF) deal.

The PSNC Committee remains determined that contractors' COVID costs must be covered.

Pharmacy mentions in NHS debate

PSNC is also continuing to brief MPs on pharmacy issues. In a **House of Commons debate on the future of NHS and social care** held in May, several MPs voiced their support for community pharmacy and the important role they have played during the pandemic.

James Cartlidge, Conservative MP for South Suffolk, said:

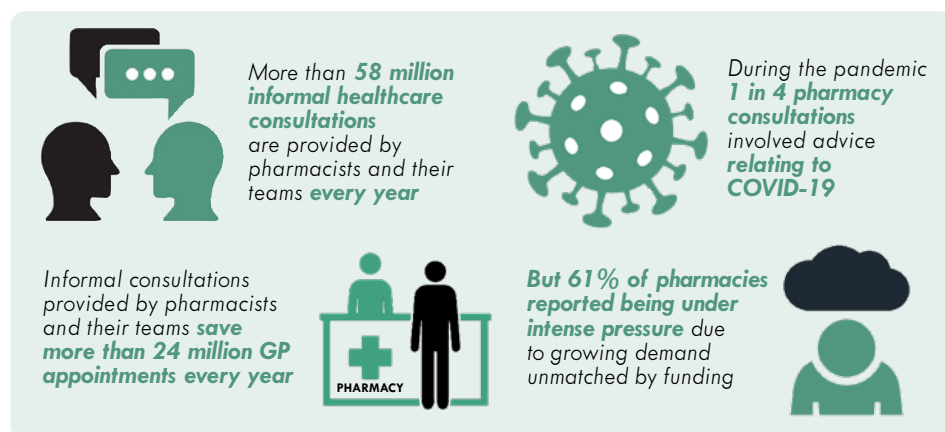
“I am a great fan of community pharmacy. It does a huge amount already, but it has earned its spurs during the pandemic, giving out over 3 million jabs to date... We must give them a deeper role in the delivery of healthcare in this country.”

Elliot Colburn, Conservative MP for Carshalton and Wallington, said:

“I want to raise in particular the incredible effort throughout this pandemic of our amazing community pharmacists... we must reward this effort by reviewing their funding model, expanding their roles and giving them a seat at a strategic Integrated Care System (ICS) level to help shape the future of healthcare delivery in their local areas.”

Pharmacies carry out 58 million consultations a year

PSNC audit reveals pharmacies save the NHS 24 million GP appointments per year and underlines the public's reliance on them during the pandemic.



More than 1.1 million informal consultations a week – or 58 million a year – are conducted by community pharmacy teams in England, according to PSNC's 2021 Pharmacy Advice Audit.

During the audit 114,898 informal patient consultations were recorded, with the average pharmacy carrying out around 17 consultations per day. This means that more than 1.1 million informal consultations are taking place in community pharmacies in England every week.

The audit enabled PSNC to measure the reliance that the public has had on pharmacies through the COVID-19 pandemic, and the additional pressure that this has put on pharmacy teams.

It also helped quantify the informal referrals to pharmacies being made by GPs and NHS111 so that PSNC can seek improvements to the NHS Community Pharmacist Consultation Service (CPCS). The scale and scope of advice being given by pharmacies will also help demonstrate the sector's value to the public and the NHS, as well as supporting PSNC's negotiations with HM Government.

The audit results indicate that every week pharmacies help over 730,000 people seeking advice for symptoms and, in almost a quarter of the consultations (24%), people were enquiring about COVID-19.

Pharmacy teams were able to provide expert advice to an incredible 97% of those who sought it, with the average staff time per consultation just over five minutes. However, during this audit, 61% of pharmacies reported being under intense pressure, with an average score of 7.66 out of 10 given for pharmacy pressure.

Almost half of people seeking advice said without pharmacy to turn to they would have attended a GP practice, and 8.6% said they had already been unable to access another part of the healthcare system. Overall, the audit showed that every week unpaid pharmacy advice is saving more than 74 appointments for each GP practice in England.

PSNC has produced a summary, infographic and social media assets to make it easier to share the audit findings – full details at: psnc.org.uk/adviceaudit

62% more pharmacy flu jobs

Community pharmacy teams have administered over a million more flu vaccinations under the national Flu Vaccination Service during 2020/21 than the previous year – a 62% increase.

The NHS Business Services Authority's **Advanced Service Flu report** shows that community pharmacists administered 2.76 million NHS flu vaccinations in 2020/21, whilst in 2019/20 the total number was 1.72 million.

The service has continued to go from strength to strength since it launched in 2015, seeing year-on-year growth in the number of vaccinations administered.

Pharmacy 'essential' for lung health

A survey of people living with lung disease found that 95% of respondents thought the support they accessed in community pharmacy was valuable, essential or something that they 'could not live without'.

Over 2,100 people with lung disease were surveyed on their use of community pharmacies by the **Taskforce for Lung Health**, of which PSNC is a member. 75% of those who use community pharmacies said that they value pharmacies services because they are close to home and just over a quarter of respondents found their local pharmacy easier to access than making a GP appointment. Read more at: ow.ly/JUAU30rJtLx

New supplier of C-19 tests

NHS Test and Trace has confirmed that **Sigma Pharmaceuticals has agreed to provide lateral flow device (LFD) test kits to community pharmacies** as part of the NHS community pharmacy COVID-19 lateral flow device distribution service (Pharmacy Collect).

As of 13th May, contractors can now order test kits from either Sigma or Alliance Healthcare (Phoenix Healthcare Distribution are also supplying kits, but only to branches of Rowlands Pharmacy). The order limit of one carton of test kits per pharmacy per day still applies, whichever wholesaler contractors choose to order stock from.

HEE workforce survey

In early May contractors were invited by NHSBSA to participate in the 2021 Health Education England (HEE) Community Pharmacy Workforce Survey.

PSNC encourages all 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.

HEE has provided answers to a number of FAQs for pharmacy contractors and their teams in relation to the survey: ow.ly/yPKf30rIPol

Post-Payment Verification

The NHSBSA has started undertaking a post-payment verification process for the Advanced Service component of the Pandemic Delivery Service.

While the vast majority of claims for this service were reasonable, a small number were higher than expected, and the NHSBSA, on behalf of NHSE&I, is in the process of writing to the 44 pharmacies identified to date, requesting evidence to support the payment claims that they submitted.

PSNC has been consulted on the process and has sought to ensure that it is appropriately targeted, proportionate, and fair. Learn more at: ow.ly/RjIQ30rIPoE

Updated PNA questionnaire template

PSNC has updated its template questionnaire to help support the local development of Pharmaceutical Needs Assessments (PNAs).

After being delayed due to the pandemic response, PNAs, which help plan the provision of pharmaceutical services in an area, are now up for renewal. Health and Wellbeing Boards (HWBs) will need to consider the current service provision and consult local stakeholders as part of the process.

PSNC's PNA template questionnaire is a tool for LPCs to support this process by gathering information on the services offered by local contractors. Find the template at: ow.ly/gO5330rIPoJ

CPAF returns for 2021/22

Screening for the annual 2021 contract monitoring process – known as the Community Pharmacy Assurance Framework – will begin next month after a year's absence.

Look out for further information coming via NHSmail



The 2021/22 Community Pharmacy Assurance Framework (CPAF) screening questionnaire will be available for completion from **Monday 28th June 2021 until Friday 24th July 2021**.

Whilst this part of NHS England and NHS Improvement's (NHSE&I) contract monitoring process did not run in 2020/21 due to the COVID-19 pandemic, it will run as normal for this financial year and has now become a mandatory requirement for all community pharmacy contractors.

Consistent with previous years, the 2021/22 questionnaire has 10 active questions on how contractors are meeting their contractual obligations. After the completion window closes and responses have been reviewed, NHSE&I will then select a small number of pharmacies to complete the full CPAF questionnaire and/or receive a monitoring visit.

The screening questionnaire will be run by the NHS Business Services Authority (NHSBSA) who will send further information to contractors about the process via NHSmail.

Reminder of changes to Pharmacy Regulations

Ahead of the 2021/22 contract monitoring process, community pharmacy contractors are reminded of recent changes to the pharmacy Terms of Service.

On 20th October 2020 **new NHS regulations were laid** to introduce changes to the Terms of Service for pharmacy contractors. PSNC issued a series of 14 **Regs explainer articles** in November 2020 to help contractors and their teams to understand the new requirements.

Whilst deadlines for compliance with the changes have now passed, the end of 2020 was a particularly busy time for pharmacies, so contractors are advised to review our reminders in preparation for completing the 2021/22 CPAF survey, which will include questions on some aspects of the new Terms of Service.

The recent changes include: access to and updating of NHS IT systems; information sharing for health campaigns and NHSE&I inspections; provision of consultation rooms and remote access; achieving Healthy Living Pharmacy (HLP) status; and introduction of pandemic treatment protocols and flexible provision of vaccinations.

Read the articles at: psnc.org.uk/ToS2020

Using cyber technology: top tips

NHSX and PSNC want to ensure that pharmacy teams know the communication tools they can use to help provide patient care, particularly during the ongoing COVID-19 pandemic. These are our top tips.

Video conferencing



Use video conferencing to communicate with colleagues and carry out consultations with patients/service users if needed.

Read more:

- [NHSX videocon guidance](#)
- psnc.org.uk/videocon

NHS Smartcards



Pharmacy staff who regularly work at multiple sites need to have the correct codes on their Smartcard, which can be arranged by the local Smartcard Registration Authority (RA).

Read more:

- psnc.org.uk/ra

Mobile phones



It is permissible to use mobile messaging to communicate with colleagues and patient/service users.

Further information about how to do this safely and securely can be found here:

- [NHSX mobile guidance](#)
- psnc.org.uk/mobilemessages

Emails



Be careful of suspicious links or suspicious attachments in emails – don't click on these.

Read more:

- psnc.org.uk/emailit

No faxes



Encourage local health and care colleagues to use NHSmail instead of faxes to contact you.

Read more:

- psnc.org.uk/fax

Pharmacy notice board

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



C-19 test distribution service data: weekly submission reminder

Pharmacies providing the NHS community pharmacy COVID-19 lateral flow device (LFD) distribution service **must**:

- record a range of information about the service; and
- submit it via the **Manage Your Service (MYS) portal** by close of business on the pharmacy's last trading day of each week.

This data is critical for monitoring of the service by NHS Test and Trace.

Learn more at: psnc.org.uk/LFD

Share your views on pharmacy IT infrastructure



PSNC, working with the Community Pharmacy IT Group, has launched a survey to gather feedback about the community pharmacy IT infrastructure arrangements.

We would like to hear from all community pharmacy contractors, including those working across multiple head offices. Responses will be anonymous, and the results will help shape the Group's priorities.

Complete the survey at:

www.surveymonkey.co.uk/r/76SNQYZ

Fundamentals of respiratory therapeutics e-learning

The Centre for Pharmacy Postgraduate Education (CPPE) has launched a 'Fundamentals of respiratory therapeutics' e-course, which covers information on inhaler technique and nebulator use, common respiratory conditions, and the management of specific conditions and respiratory diseases.

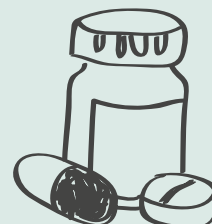
Find out more at: ow.ly/e9mt30rJzJ9

The Midlands Community Pharmacy Extended Care Service

A Community Pharmacy Extended Care Service in the Midlands has enabled pharmacists to treat patients presenting with certain conditions, such as simple Urinary Tract Infections (UTIs) in females, via patient group directions (PGDs).

924 pharmacies have provided more than 2,500 consultations in its first four months, freeing up GP appointments for more complex patients.

Learn more at: ow.ly/iMaU30rJzJk



New Levothyroxine advice

If a patient reports symptoms when switching between different Levothyroxine products, prescribers should consistently prescribe a specific product.

The **May 2021 Drug Safety Update** from the Medicines and Healthcare products Regulatory Agency (MHRA) contains new prescribing advice for patients who experience symptoms on switching between levothyroxine products.

The new advice for healthcare professionals states that, if a patient reports persistent symptoms when switching between different levothyroxine products, prescribers should consider consistently prescribing a specific levothyroxine product known to be well tolerated by the patient. If symptoms or poor control of thyroid function persist, prescribers should consider prescribing an oral solution formulation of levothyroxine.

Following this advice, community pharmacy teams may receive requests from patients and/or prescribers for a specific brand name or make of levothyroxine to be supplied against a prescription. If a specific levothyroxine product is required, prescribers must ensure the correct product description is



selected using their prescribing systems. In EPS, if a specific brand name or supplier of the product is selected, this will appear in the prescription drug name field.

PSNC is aware that some contractors have been left out of pocket because prescribers have free-typed product information (such as brand name or supplier) into the dosage instructions field or notes section of electronic prescriptions, and the pharmacy has not been reimbursed for supplying in accordance with the prescriber's instructions.

If an electronic prescription annotated with additional/supplementary product information is received by a pharmacy, it is strongly recommended to have such prescriptions appropriately rewritten/re-issued by the prescriber before dispensing to ensure that it can be accurately priced by the NHS Business Services Authority (NHSBSA). Further guidance is available at: psnc.org.uk/dosearea

Dispensing and Supply News

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

Updated SSP endorsing guidance

From 1st May 2021, the Department of Health and Social Care (DHSC) has approved the use of a new SSP endorsement functionality to claim the relevant remuneration and reimbursement for any supplies made in accordance with a Serious Shortage Protocol (SSP).

The new 'SSP' endorsement can be applied to the Electronic Reimbursement Endorsement Message (EREM), dispensing token or on a paper prescription form. This new SSP endorsement uses the code '**SSP**' followed by the **three-digit reference number applicable to the SSP for example, SSP 012**.

Although most dispensing system suppliers have already enabled the new SSP endorsement functionality, its availability will depend on the speed of its rollout to users. Therefore, a transition period has been agreed until October 2021 to allow use of the existing 'NCSO' endorsement for any supplies made in accordance with SSPs.

Serious Shortage Protocol (SSP) updates

DHSC has provided a number of SSP updates in the past month.

SSP012 Estradot® 75 microgram patches

On 29th April, SSP012 was issued for Estradot® 75 microgram patches. SSP012 provides that for every Estradot® 75 microgram patch originally prescribed, either one Evorel® 75 microgram patch OR one Estraderm MX® 75 microgram patch must be supplied.

SSP005 for Fluoxetine 10mg tablets and SSP007 for Fluoxetine 30mg capsules

With supply problems continuing for these products, both SSPs have been further extended to 13th August 2021.

SSP009 for Fluoxetine 40mg capsules and SSP011 for Competact® 15mg/850mg tablets

DHSC has confirmed that sufficient stock is now available to meet normal demand. As a result, these SSPs expired on 17th May 2021 and 14th May 2021, respectively. Any prescriptions for these products must

now be dispensed in accordance with the prescription.

Although an SSP cannot be used outside its period of validity, claims can be submitted up to three calendar months after expiry or withdrawal of the SSP. Full SSP guidance can be found at: psnc.org.uk/liveSSPs

Most pharmacy organisations registered for RTEC

More than three-quarters of pharmacy organisations have now registered to access Real Time Exemption Checking (RTEC), allowing them to digitally check if their patients are eligible for free NHS prescriptions because they hold specific exemptions.

Before RTEC can be activated for an individual pharmacy, the contractor must confirm they agree to the terms of the user agreement via an RTEC registration form in the Manage Your Service (MYS) application. Doing so will help avoid delays in their system supplier activating RTEC as part of their rollout programme. Learn more at: psnc.org.uk/RTEC

Factsheet: Understanding Prescription Returns

This factsheet, prepared by PSNC's Dispensing and Supply Team, describes the process by which prescriptions are returned or 'referred back' to pharmacies for further information to assist with pricing.



What is a referred back or prescription return?

Where the NHS Business Services Authority (NHSBSA) cannot process a prescription item for payment due to insufficient endorsed information, it is returned to the pharmacy for the missing information to be added so that it can be correctly reimbursed.

Part II Clause 9F of the Drug Tariff states *'where insufficient information is available to enable the Pricing Authority to process the prescription, including where it was submitted for a SSP payment, the form (or a copy of the original form) shall be returned to the contractor who shall endorse the prescription form (or copy) with the information requested. Returned prescriptions shall be priced using the Drug Tariff relevant to the month in which the prescription form (or copy) is returned to the Pricing Authority.'*

Why are prescription items referred back?

The NHSBSA apply a coding system to identify up to 19 possible reasons for items being referred back (RB) to the pharmacy for further information. Each returned item is assigned an RB code to indicate the RB reason. A table of RB reason codes and what each code means can be found on the [NHSBSA website](#) or on the [PSNC website](#).

The most common reason why an item is returned is due to an incomplete endorsement, where one or more of the following is missing:

- manufacturer / brand name (if not in Drug Tariff and listed by more than one supplier);
- pack size (if more than one pack size is available); and
- price (if NHSBSA does not hold a price for it).

An item could also be returned if too much information is included in the endorsement, for example more than one manufacturer endorsed.

The NHSBSA Prescription Services helpline can be contacted for further advice if pharmacy staff are unsure as to why an item has been returned or if it is unclear as to what needs to be endorsed. Telephone: 0300 330 1349 or 0191 279 0568; email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk

How many prescription items are referred back each month?

In 2020, over 800,000 items were RB to pharmacy contractors by the NHSBSA for further clarification. This works out to a monthly average of 68,302 items (0.08% of all prescriptions items processed) or ~6 items per pharmacy contractor per month.

Year	Items processed	Total items referred back
2020	1.040bn	820k

How do I know if an item submitted for payment has been referred back to the pharmacy?

At present, most contractors receive their monthly RB items for both EPS and paper prescriptions through the post. Currently, over a third of contractors receive their RB items via the Manage Your Service (MYS) portal.



Digital RBs via Manage Your Service (MYS)

Contractors signed up to MYS can request to view and action their prescription returns digitally from their MYS accounts. Currently, using MYS for receiving RBs is optional, and contractors need to sign up to receive their prescription returns digitally by registering their interest with NHSBSA to have this feature turned on.

Contractors wishing to access their digital RBs and disallowed items should contact the MYS team by emailing nhsbsa.mys@nhs.net to enable access to these features on their MYS portal. Once the MYS prescription returns feature is enabled, paper prescription returns will no longer be posted to the pharmacy.

NOTE: Missing or incorrect patient exempt or paid declarations are not referred back to contractors – if patient declarations are missing this can lead to switching and potentially inappropriate charge deductions.

The advantages of using MYS for RB items are:

- it allows contractors to add information easily;
- contractors receive their RB items sooner;
- provides the relevant information required to process the items faster;
- track the progress of RB items throughout until the point they are processed;
- contractors can manage resubmission claims easily;
- completed RB can be submitted to the NHSBSA at any time;
- minimise any risks of losing paper RB items during transit;
- monthly status reports of refer RB items can be requested from the NHSBSA; and
- reduction in phone calls from NHSBSA to pharmacies to clarify information provided.

When the required additional information has been added to the relevant sections within MYS, contractors can submit RB items electronically to the NHSBSA for re-processing. If the submitted information is still insufficient to allow NHSBSA to process the prescription for payment, the item will be re-sent to the contractor.

It is important to note that prescription returns via MYS are only held in the system for a period of 18 months from the date they are first sent to the pharmacy for action; if contractors have not completed and returned any outstanding RBs before this deadline has passed, the RB items will be deleted from the system.

Paper RBs received via post

Contractors that are not signed up to receive digital RB items via the MYS portal, receive a letter via the post from the NHSBSA with information on any RB items.

For any RB items on paper FP10 prescriptions, an image of the prescription is copied onto an A4 sheet identifying the RB item including any endorsed information and patient details such as name and address. EPS RB items received via the post are a text image of the prescribed and dispensed item and include the patient's NHS number only.

Each RB prescription item returned via post has a specific **RB code** listed underneath the image of the prescription to inform the contractor why the item was returned and to explain what information needs to be completed on the prescription returns form to allow the NHSBSA to process the item for payment.

There is an additional information box at the bottom of the prescription returns form for pharmacy teams to populate the required information for each RB item.

Once the required information has been added for each RB item, the prescription returns form is ready to be submitted to the NHSBSA after the end of the dispensing month.

End of month submission process for completed RB items

During the end of month submission process, the total number of completed RB prescription forms and items being resubmitted should be declared in the relevant boxes in Part 1 of the paper FP34C submission document or by using the digital MYS submission form.

Please note, only the number of items returned for clarification where payment has been delayed should be declared on the FP34C submission document. This is because payment will already have been received for any other items on the returned forms.

Any completed paper RBs should be sorted and placed securely at the top of the appropriate, 'exempt' or 'charge paid' groups.

Q. How are completed RB items processed by the NHSBSA?

Prescription items that are re-submitted for payment are priced using the Drug Tariff relevant to the dispensing month in which the prescription return is received by the NHSBSA. This can lead to a delay in payment and potential cash-flow risks if very expensive items, or many items are RB in a month. The volume of RBs can be greatly reduced by adopting good endorsing practices and thorough end-of-month submission checks.

Q. Where on a paper referred back prescription does it indicate if it has been processed as exempt or chargeable?

Photocopied prescriptions returned to contractors for further information contain a reference code underneath the image of the prescription. This reference code indicates the form type, exemption status (exempt or chargeable) and, where relevant, the patient's exemption group. For example, from the reference code 'FP10D E B' on a returned photocopy, it is possible to tell:

- the prescription form type (FP10 is a dental prescription);
- the exemption status – the 'E' indicates the prescription was considered exempt from the prescription charge (prescriptions that are considered 'Charge Paid' will show the letter 'C'); and
- the patient's exemption group – the 'B' indicates that the patient was exempt because they were 16, 17 or 18 years of age and in full time education (if the NHSBSA has been unable to determine the category, the second letter will be a 'Z').

PSNC Top Tips

- When preparing your prescriptions for end of month submission double-check that all prescriptions have the appropriate endorsements, and that the endorsement is clear. See our [Endorsement guidance](#) page for more information and links to our endorsing factsheet.
- Only include figures for the items requiring additional information on your FP34C all other products on the form have already been processed and reimbursed.

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 June 2021**.

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 A:

- Alclometasone 0.05% cream ■ (50g)
- Levomepromazine 6mg tablets (28) – **BB & DND**
- Spironolactone 12.5mg tablets (28) – **BB**

Category C:

- Bilastine 10mg orodispersible tablets sugar free (30) – *Ilaxten* - **BB & OOP**
- Carbocisteine 750mg/5ml oral solution sugar free (200ml) – *Lucis Pharma Ltd* - **BB & OOP**
- Cyanocobalamin 1mg tablets (30) – *Orobalin* - **BB & OOP**
- Melatonin 2mg capsules (30) – *Colonis Pharma Ltd* – **BB, DND & OOP**
- Melatonin 3mg capsules (30) – *Colonis Pharma Ltd* – **BB, DND & OOP**
- Melatonin 5mg capsules (30) – *Colonis Pharma Ltd* – **BB, DND & OOP**
- Mercaptamine 75mg gastro-resistant capsules ■ (250) – *Procsybi* – **DND & OOP**
- Nortriptyline 25mg/5ml oral solution sugar free (250ml) – *Colonis Pharma Ltd* – **BB & OOP**
- Pamidronate disodium 90mg/6ml solution for infusion ampoules ■ (1) – *Wockhardt UK Ltd* – **DND & OOP**

Part VIIIA Amendments

- Brimonidine 2mg/ml / Timolol 5mg/ml eye drops ■ (5ml) Category C *Combigan* will be moving to Category A
○ Price increase from £10.00 to £11.00
- Dorzolamide 20mg/ml / Timolol 5mg/ml eye drops 0.2ml unit (60 dose (4x ■ 15)) Category C *Cosopt* will be moving to Category A
○ Price increase from £28.59 to £31.55
- Methenamine hippurate 1g tablets (60) Category C *Hiprex* will be moving to Category A
○ Price increase from £19.74 to £23.16
- Nicardipine 20mg capsules (56) Category A will be moving to Category C – *Cardene* - **BB & OOP**
○ Price decrease from £7.65 to £6.00

- Nicardipine 30mg capsules (56) Category A will be moving to Category C – *Cardene* – **BB & OOP**
○ Price decrease from £9.57 to £6.96
- Risperidone 2mg orodispersible tablets sugar free (28) Category C *Mylan* will be moving to Category A
○ Price remains at £38.14

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:

- Perindopril erbumine 4mg / Amlodipine 10mg tablets (30)
- Perindopril erbumine 4mg / Amlodipine 5mg tablets (30)
- Perindopril erbumine 8mg / Amlodipine 5mg tablets (30)

Category C:

- Amoxicillin 1g powder for solution for injection vials (10) – *Amoxil*
- Dithranol 2% cream (50g) – *Dithrocream*
- Isotretinoin 40mg capsules (30) – *Mylan*

Part IX Deletions

Take careful note of removals from Part IX because if you dispense a deleted product, prescriptions will be returned as disallowed and payment will not be made for dispensing the item. 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**.

PSNC website

For up to date information and news on community pharmacy issues, visit the PSNC website at psnc.org.uk

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