Changes to the paper FP34C submission document (from October 2021)

In this factsheet PSNC's Dispensing and Supply team highlight the key changes made to the new version of the paper FP34C form which will be sent to pharmacy contractors from October 2021. The changes on the paper FP34C will also be reflected in the digital version of the form that can be submitted through the Manage Your Service (MYS) portal. The revised paper FP34C form will continue to be available for use until March 2022 (for prescriptions dispensed in February 2022), after which submission through MYS will become compulsory. All pharmacy contractors are strongly encouraged to submit their FP34C's through MYS by the 5th of the month to benefit from the earlier advance payment timetable coming in from November 2021.

F0000

Prescription forms

Month/Year

Items

Updated red separator sorting criteria to include Bulk prescriptions, 'FS' endorsed prescriptions, prescriptions with claims for SSPs, and prescriptions annotated 'HMP' in the practice address box, issued to prisoners on release by Her Majesty's **Prison Service.** These prescriptions should be placed in the red separator for **exempt** prescriptions.

The end of month prescription sorting requirements have been relaxed removing the need for contractors to sort FP10 forms by form type (FP10SS PN/ SP/HP and FP10D) or by prescriber surname.

Updated information on the ETP token submission requirements.

Each month, contractors must submit tokens for electronic prescriptions (except 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).

	FP34C	Submission Document	REV'D (May 2021)		FP34C	Submission Docume	nt
	SORTING AND SUBMISSIONS OF FORMS				Part 1	Submissions	
	1. Complete	one submission document only.		ਲੱ	Electron	ic Prescription Claims	Pre
	2. FP10 Pap	per prescription forms must be sorted as follows:		<u>H</u>	Exempt from patient charge		
	segre	atient charge group, i.e. exempt, paid, and paid at old rate. Each grou gated. PLEASE DO NOT use adhesive tape, pins or staples as these an delay processing.		Do Not Tear		narge paid	
	2.2 Within	2.2 Within each group, sort in the order stated below.			Patient cl	narge paid at old rate	
	2.2.1	Resubmitted forms from previous month(s).			Total – El	ectronic Prescription Clair	ns 🔃
>	2.2.2	Prescription forms with FS, SSP, Bulk, HMP, broken bulk claims, its ingredient cost of £100 or more, Items where prescribers have add product information, Items where a Special has been dispensed, it have made a handwritten amendment, prescription forms where the signature encroaches on the last item on the prescription form and pocket expenses have been claimed. Please wrap these prescriptic separators enclosed with this submission form to support identifical Prescription Services.	ed supplementary ems where prescribers e prescriber's items where out of ons in the red			per Claims rom patient charge	
						narge paid narge paid at old rate	
	2.2.3	Forms FP10 MDA - where possible sorted open and flat.			Total E	P10 Paper Claims	
	2.2.4	All other FP10 forms)	TOLAI – FI	Fito Faper Claims	
1	 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: 			_		Il Prescriptions	
	3.1	RA i.e., Repeat Authorising forms.		ear	No. of FP	57 forms submitted	
	3.2 3.3	ETP Tokens for non-payment (except for age exempt patients, pres- of-charge (FOC) items are prescribed and where Real Time Exempt confirms an exemption) FP57 forms.		Do Not	FP57 tota	al amount refunded	
1	Enter the required submission/declaration figures in the boxes opposite including those for electronic						
	prescriptions. Do not include the number of any ETP tokens for non-payment or the number of any				Part 2	Declarations	
	5 Please fol	Repeat Authorising forms in your FP10 forms/items declarations in Part 1. 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				mpleted New Medicine S Tariff part VIC)	Service
	forms, pag	aud Authority. by of the month		telephon	ppliance Use Reviews ca e or video link) or subsec me location within a 24 h	quent r	
	Notes -				N = = 6 A =		

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

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

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

Part 2	Declarations	
No. of co		
telephon	opliance Use Reviews carried out at premises (or by e or video link) or subsequent reviews for users living me location within a 24 hour period	
	opliance Use reviews conducted at the user's home Tariff part VIC)	
Protocol	upplies made in accordance with Serious Shortage s (SSP) Tariff part II)	

The following sections have been updated in Part 1 Submissions section:

• Figures for **Electronic Prescription Claims** and **FP10 Paper Claims** now have **separate entries** on the form

The following sections have been removed from Part 1 Submissions section:

- ETP Token for non**payment** - tick box
- Repeat Authorising **forms** - tick box
- EPS release 2 Claim messages - tick box

The following sections have been **added or** updated in Part 2 **Declarations** section:

- The wording for **Appliance Use Reviews** has been updated to reflect recent changes to how they are conducted in light of the pandemic
- No. of supplies made in accordance with Serious **Shortage Protocols (SSP)** – declaration. Endorse number of SSP claims made each month not the number of items supplied in accordance with the SSPs

The following sections have been **removed from Part 2 Declarations** section:

- Total number of hours that pharmacists and staff members supporting the dispensing process work in an average week, rounded to the nearest whole number – declaration
- · No. of Medicines Use Reviews undertaken

Note: these changes will also be reflected in the digital version of the form that can be submitted via the MYS Portal