**Pharmaceutical Services Negotiating Committee**

**Funding and Contract Subcommittee Agenda**

**Wednesday 2nd February 2022**

**Zoom virtual meeting commencing at 09:30 am**

**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

Meeting commences 09.30am

1. Welcome from Chair
2. Apologies for absence
3. Declarations or conflicts of interest
4. Minutes of last meeting **(Confidential Appendix FCS 01/02/22)**and matters arising

**REPORTS**

1. CPCF negotiations
	1. Clinical services fee setting **(confidential verbal report)**

1. Remuneration and reimbursement
2. C-19 cost claims update **(confidential verbal report)**
3. CPCF outturn **(Confidential Appendix FCS 02/02/22)**
4. Covid related income **(Confidential Appendix 03/02/22)**
5. Category M Jan 2022 **(Confidential Appendix FCS 04/02/22)**
6. Category M furtheranalysis **(Confidential Appendix 05/02/22)**
7. Margin update **(Confidential Appendix FCS 06/02/22)**
8. Price concessions update **(Appendix FCS 07/02/22)**
9. Price Audit Centre update **(Confidential Appendix 08/02/22)**
10. General funding update **(Appendix FCS 09/02/22)**

1. Statistics **(Appendix FCS 10/02/22)**
2. Any other business
3. 15-minute break - 10.45am to 11.00am
4. Reimbursement reforms
	1. Category M reforms **(Confidential Appendix FCS 11/02/22)**
	2. Discount Deduction Scale reforms **(Confidential Appendix FCS 12/02/22)**
	3. Inclusion of non-medicines in the DT **(Confidential Appendix FCS 13/02/22)**
	4. Generically prescribed drugs or appliances vs specials **(Confidential Appendix FCS 14/02/22)**
	5. Reimbursement reforms timetable update **(Confidential Appendix FCS 15/02/22)**

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| --- | --- |
| Subject | Price concessions update |
| Date of meeting |  February 2022 |
| Committee/Subcommittee | FunCon |
| Status | Not confidential |
| Overview | Overview of monthly price concessions granted |
| Proposed action(s) | No action required |
| Author(s) of the paper | PSNC Dispensing & Supply Team  |

# Price concessions update

## January 2022

* As of 24th January 2022, PSNC has applied for **113** price concessions.
	+ So far, **71** price concessions have been agreed between DHSC and PSNC.
	+ Concessionary prices for **11** of the remaining lines are no longer required as their reimbursement prices will be adjusted through the monthly price change mechanism process.
	+ Due to pricing issues reported by contractors for these **11** lines, PSNC has requested publication of their adjusted reimbursement prices following the price change mechanism process.

## December 2021

* PSNC applied for a total of **77** price concessions in December 2021; DHSC wrote to PSNC on 21st December 2021 with the list of final prices.
	+ **65** price concessions have been agreed between DHSC and PSNC.
	+ **9** products had prices imposed as PSNC was unable to agree to the final prices proposed by DHSC.
	+ **2** products where PSNC and DHSC agreed to no concessionary price required.
	+ **1** product had a no concessionary price imposed by DHSC.
	+ **16** lines included in the published concessions are due to Category A price calculations not reflecting the list and selling prices of the products available.

## November 2021

* PSNC applied for a total of **64**price concessions in November 2021; DHSC wrote to PSNC on 29th November 2021 with the list of final prices.
	+ **54** price concessions have been agreed between DHSC and PSNC.
	+ **8** products had prices imposed as PSNC was unable to agree to the final prices proposed by DHSC.
	+ **2** products where PSNC and DHSC agreed to no concessionary price required.
	+ **0** products had a no concessionary price imposed by DHSC.
	+ **16** of the published concession lines were for drugs listed in Category A and **1** in Category C of the Drug Tariff because their reimbursement prices did not reflect changes to suppliers’ list prices used to calculate the Tariff price.
	+ In January 2022, DHSC redetermined the reimbursement prices for, Metformin 850mg/5ml oral solution sugar free (150ml) and Metformin 1g/5ml oral solution sugar free (150ml) for the month of November 2021. PSNC sought a price re-determination for both of these lines listed in Category A of the [**Drug Tariff**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) because their reimbursement prices were incorrectly calculated for November 2021.

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.*

|  |  |
| --- | --- |
| Subject | General funding update |
| Date of meeting | February 2022 |
| 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 included as matters of report:

* Nearly 9,000 pharmacy contractors benefit from earlier advance payment in January 2022
* Drug Tariff update January 2022 – Transitional Payment adjustments
* January 2022 Category M Prices Announced
* Redetermination of Drug Tariff price for Metformin 850mg/5ml and 1g/ml oral solutions sugar free for November 2021
* Retrospective price adjustment for Isocarboxazid 10mg tablets claimed in May and June 2021
* Introduction to Part VIIID to the Drug Tariff
* PSNC submits response to DHSC consultation on Original Pack Dispensing
* Extension for medical exemption certificates due to expire
* Electronic route for submission of Temporary Safeguarding Payment claims
* End to transition period for SSP endorsement requirements
* New SSP issued for Paracetamol 120mg & 240mg suppositories
* SSP information
* Update summary of applications submitted to DHSC for re-determination of special container status
* Over 450 products added to DND list in past 18 months
* Market movements with implications for supply
* DST webpage views

Nearly 9,000 pharmacy contractors benefit from earlier advance payment in January 2022

Nearly **9,000** pharmacy contractors who declared their December 2021 FP34C submission figures through the [Manage Your Service (MYS) portal](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your-service-mys) **by 6th January** (deadline extended due to Bank holiday) received **earlier advance payments on 12th January** (circa 20 days earlier than the normal advance payment timetable). All contractors who receive earlier advance payments on 12th January should receive a letter from the NHSBSA regarding these payments.

Contractors who submitted their December FP34C through MYS late (after 6th January) or used the revised paper FP34C submission document to declare their December figures will receive their advance payments in accordance with the normal payment timetable i.e. on 1st February 2022.

Note: In total, NHSBSA received **8,929** FP34C submissions through MYS by 6th January leaving just over **2,000** contractors who are either using paper FP34Cs or submitting through MYS late.

**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.

# Drug Tariff update January 2022 – Transitional Payment adjustments

Changes to the payment levels for the Transitional Payment came into effect from 1 January 2022. These changes aim to reduce the overall level of fees delivered to pharmacy contractors through Transitional Payments within the financial year 2021/22 by £5m, so that the agreed amount of CPCF funding is delivered over the course of the year. The changes to the Transitional Payments have been agreed by PSNC based on our analysis of funding delivery and the latest projections for the year. Fee levels are kept under constant review in order to ensure the full delivery of funding agreed under the Community Pharmacy Contractual Framework.

The Transitional Payment was introduced as part of the five-year funding agreement in 2019/20 and recognises pharmacy contractors’ work to invest in and improve dispensing efficiency, including the training of staff in anticipation of legislative change, as well as the transformation needed in community pharmacy to deliver the vision set out in the five-year agreement. It is expected that the Transitional Payment will reduce over the course of the agreement if new services come on stream and funding is allocated to the related service fees.

From 1 January 2022 pharmacy contractors who dispense 101 prescription items or more in any month will receive a monthly Transitional Payment which consists of two separate payments – a dispensing payment and a service payment as set out in the table below.

|  |  |  |
| --- | --- | --- |
| **Number of items per month from 1 January 2022** | **Monthly dispensing payment of the Transitional Payment from 1 January 2022** | **Monthly Service Payment of the Transitional Payment from 1 January 2022** |
| 0 – 100 | £0 | £0 |
| 101 – 2,500 | £60 | £60 |
| 2,501 – 5,000 | £699 | £699 |
| 5,001 – 12,500 | £882 | £882 |
| 12,501 – 19,167 | £956 | £956 |
| 19,168+ | £993 | £993  |

For the pharmacy contractors to receive the monthly service payment of the transitional payment they must have:

* claimed for at least one New Medicine Service (NMS) in the previous month; and
* been registered to provide the Community Pharmacy Consultation Service (CPCS) on the Manage Your Service (MYS) platform for greater than or equal to half of the number of full days in the previous month.

# January 2022 Category M Prices Announced

The January Category M prices reflect a net reduction in margin levels of approximately £49.3m per quarter. The underlying effect of market price movements in the reference period Jul – Sep 2021 will also be reflected in the Jan Drug Tariff.

PSNC has agreed the adjustments based on our analysis of margin delivery and on current projections for 2021/22. Our objectives are to ensure full delivery of agreed margin and smooth delivery as much as possible.

As always, the impact on individual pharmacies will vary depending on dispensing mix.

# The Drug Tariff Category M pricelist for January 2022 can be found on the [NHS Business Services Authority (NHSBSA) website.](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff/drug-tariff-part-viii)

# Redetermination of Drug Tariff price for Metformin 850mg/5ml and 1g/ml oral solutions sugar free for November 2021

The Department of Health and Social Care (DHSC) has redetermined the reimbursement prices for, **Metformin 850mg/5ml oral solution sugar free (150ml)** and **Metformin 1g/5ml oral solution sugar free (150ml)** for the month of **November 2021**.

The reimbursement prices will now be:

* Metformin 850mg/5ml oral solution sugar free (150ml) – **£43.98** (instead of £19.95)
* Metformin 1g/5ml oral solution sugar free (150ml) – **£52.00** (instead of £24.00)

PSNC sought a price re-determination for both of these drugs listed in Category A of the [Drug Tariff](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff/sites/default/files/2021-06/Drug%20Tariff%20July%202021.pdf) because their reimbursement prices were incorrectly calculated for November 2021.

# Retrospective price adjustment for Isocarboxazid 10mg tablets claimed in May and June 2021

In December 2021, the Department of Health and Social Care (DHSC) granted a [retrospective concessionary price](https://www.nhsbsa.nhs.uk/isocarboxazid-10mg-tablets) for Isocarboxazid 10mg tablets for the months of May and June 2021.

Contractors who claimed payment for Isocarboxazid 10mg tablets in May and June 2021 will have their reimbursement adjusted to £249.10 based on the Drug Tariff listed pack size of 56. This means contractors will have seen **an additional payment of £31.35**(for every pack of 56 claimed)in their Schedule of Payments received on the 21 December 2021, with payment made on the 31 December.

PSNC sought a pricing adjustment for Isocarboxazid 10mg tablets as the product did not fulfil Category A criteria in the May and June 2021 [Drug Tariffs](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff). For the month of July 2021, a price concession was granted for Isocarboxazid 10mg tablets (56) at £249.10 and in August 2021 the product was moved to Category C based on Alliance Pharmaceuticals Ltd list price £249.10.

# Introduction to Part VIIID to the Drug Tariff

**From March 2022, the**[**Drug Tariff**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff)**will include a new section, Part VIIID, which sets out payment arrangements for specials and imported unlicensed medicines ‘specials’ to be paid relative to an identified pack size.** This is the first of many changes expected to pharmacy drug reimbursement following the publication of [Department of Health and Social Care’s (DHSC’s) response to the 2019 consultation on community pharmacy drug reimbursement reforms](https://www.gov.uk/government/consultations/community-pharmacy-drug-reimbursement-reform).

Specials listed in Part VIIIB are currently restricted to manufactured non-solid dosage forms (for example liquids, creams, ointments and lotions etc) which, except for products classed as special containers, are reimbursed based on a price per unit above a minimum quantity. However, majority of the specials listed in Part VIIID will be imported unlicensed medicines (mainly unlicensed tablets and capsules) with reimbursement prices calculated relative to commonly identified pack sizes. These specials must fulfil the minimum spend and/or volume requirements for addition to Part VIIID of the Drug Tariff. The Preface section of the February 2022 Drug Tariff provides advance notice of the addition of **47 oral solid-dose specials to Part VIIID of the March 2022 Drug Tariff.**

PSNC’s Dispensing and Supply team will be issuing further guidance on the Part VIIID arrangements prior to changes coming in from March 2022.

PSNC submits response to DHSC consultation on Original Pack Dispensing

PSNC has submitted its response to the proposals set out in the Department of Health and Social Care’s (DHSC’s) consultation on Original Pack Dispensing (OPD) and supply of medicines containing sodium valproate.

The consultation proposes regulatory changes that would grant pharmacists the flexibility to dispense (up to 10%) more or less than the prescribed quantity of a given medicine if this means that they can dispense it in the manufacturer’s original packs, except when dispensing controlled drugs, or where this would negatively affect the patient’s clinical treatment regimen.

PSNC’s consultation response indicates that broadly PSNC supports appropriate changes to the Human Medicines Regulations to enable OPD, as anticipated in *the Community Pharmacy Contractual Framework for 2019/20 to 2023/24*(the 5-year deal) with the following comments and observations:

* Patient considerations are more nuanced than described and include reference to patient preference and payment of the NHS charge;
* The proposed 10% discretion may be insufficient to allow community pharmacy to make full use of OPD;
* OPD provides efficiencies for certain community pharmacies, particularly those with large-scale automated dispensing, or remote hub assembly units, but is unlikely to provide efficiencies for all community pharmacies;
* NHS considerations (regulatory and funding) around OPD should dovetail with the HMR changes to ensure that the HMR changes provide the basis for all options required for NHS OPD;
* Community pharmacies will be concerned about the reimbursement mechanism around OPD within NHS dispensing (this is not part of the current consultation);
* Changes around sodium valproate are agreed on an exceptional basis; however, it is considered that the general OPD proposals would achieve the desired patient safety aim for the product (with suitable professional advice).

You can read PSNC’s response to the DHSC consultation on OPD in full [here.](https://psnc.org.uk/wp-content/uploads/2021/12/PSNC-response-to-DHSC-OPD-consultation-Dec-2021.docx)

# Extension for medical exemption certificates due to expire

The Department of Health and Social Care (DHSC) has agreed that all medical exemption certificates due to expire between 14 December 2021 and 1 March 2022 will be extended for a further six months from the current date of expiry. The [**NHS Business Services Authority (NHSBSA)**](https://www.nhsbsa.nhs.uk/exemption-certificates/medical-exemption-certificates) will contact patients with existing medical exemptions that are due to expire and supply a new certificate with the extended expiry date. These patients will receive their new certificate in the post before end of January 2022.

Until the new certificate arrives, patients are advised to continue using their current certificate as normal. If their current certificate expires before the new certificate arrives, patients can present the letter issued by the NHSBSA as evidence of exemption. If this evidence of exemption is not provided, pharmacy teams should accept the patient’s exemption declaration and mark the ‘Evidence not seen’ box on the reverse of the FP10 prescription/EPS Token.

For electronic prescriptions, pharmacy contractors using Real Time Exemption Checking (RTEC) will be able to confirm the patient’s updated medical exemption status automatically. The NHSBSA expect to update their systems with new expiry dates by mid-January so there may be a period between mid-December and mid-January where RTEC display no valid exemption for those patients who’s certificates have expired.  If RTEC returns no exemption information, the patient should be asked to complete a declaration on an EPS token in the usual way and the ‘Evidence not seen’ box should be selected by the pharmacy.

Further information:

[Exemptions from prescription charges](https://psnc.org.uk/dispensing-supply/receiving-a-prescription/patient-charges/exemptions/)

[Real Time Exemption Checking (RTEC)](https://psnc.org.uk/dispensing-supply/eps/electronic-prescription-service-eps-sitemap/real-time-exemption-checking-rtec/)

# Electronic route for submission of Temporary Safeguarding Payment claims

From December 2021, any claims for Temporary Safeguarding Payments are required to be submitted electronically to the NHS Business Services Authority (NHSBSA) by emailing the completed [claim form](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff/drug-tariff-part-xiv) to nhsbsa.contractorpayments@nhs.net.  Previously, pharmacy contractors were required to print and complete a paper-based claim form to submit along with their FP34C submission document for that month.

With use of the MYS portal becoming compulsory for submission of FP34Cs from March 2022 (for prescriptions dispensed in February 2022), the Department of Health and Social Care (DHSC) agreed to a paperless route for submission of Temporary Safeguarding Payment claims. PSNC welcomes the interim electronic solution for such claims to be submitted via e-mail from December 2021. However, in future, PSNC would like to see Temporary Safeguarding Payment claims supported through the MYS portal to ensure there is a single channel for pharmacy contractors to submit and manage their claims.

From December 2021, for both types (Claim 1 and 2) of Temporary Safeguarding Payment claims, contractors will need to:

* complete the appropriate [claim form;](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff/drug-tariff-part-xiv)
* include the relevant declaration applicable to either Claim 1 or 2;
* sign the form with an advanced electronic signature (which can be a scanned image of a signature attached/included in the form or email); and
* submit via email to nhsbsa.contractorpayments@nhs.net at the same time as the FP34C is submitted for that month.

These changes are reflected in Part XIVC of the [December 2021 Drug Tariff](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff)

End to transition period for SSP endorsement requirements

The Department of Health and Social Care (DHSC) has confirmed that from February 2022, only the ‘SSP’ endorsement will be accepted on electronic prescriptions and paper FP10 prescription forms to claim for any supplies made in accordance with a valid Serious Shortage Protocol (SSP). The ‘SSP’ endorsement, introduced in [**June 2021**](https://psnc.org.uk/our-news/new-ssp-endorsement-introduced/), uses the code**‘SSP’ followed by the three-digit reference number applicable to the SSP for example, SSP for Fluoxetine 10mg tablets would be endorsed as ‘SSP 005.**

To allow for implementation of this new SSP endorsement functionality, a transition period (between 1 June 21 – 5 October 21) was initially agreed to allow continued use of the ‘NCSO’ endorsement and EPS tokens by contractors to claim for any supplies made in accordance with a valid SSP. The transition period was extended by a further three months to the end of January 2022 to allow system suppliers sufficient time to make changes to their systems but to also allow contractors an opportunity to familiarise themselves with the new SSP endorsement requirements. **After the end of the transition period on 31 January 2022, the NHS Business Services Authority (NHSBSA) will NO longer accept the ‘NCSO’ endorsement and use of the EPS tokens by contractors to claim for any supplies made in accordance with a valid SSP.**

To minimise the risk of any endorsing errors via EPS, pharmacy teams are advised to check with their system suppliers on the correct use of the SSP endorsement functionality. The NHSBSA receive a number of EPS SSP claim messages (Electronic Reimbursement Endorsement Messages (EREMs)) which do not meet the requirements for a valid SSP claim.  The main reasons for these incorrect/invalid SSP claims are due to:

1. **Incorrect item endorsed**– Incorrect item endorsed was almost always the same as original prescribed item rather than the alternative supplied in accordance with a valid SSP. Majority of the SSP errors were for incorrect item endorsed.
2. **Invalid or incorrect SSP reference number endorsed**– For example SSP 000, SSP (missing reference number), SSP 028 (incorrect number), SSP 05 (two instead of three digits).
3. **SSP claims for prescribed items without an active SSP**– SSP endorsed against items for which an SSP did not exist.
4. **Claims for supplies made in accordance with an expired SSP:**
* No active SSP in place at the time of supply – ie SSP claimed for items on prescriptions issued after SSP expired
* Alternative item correctly supplied during the period of SSP validity but Dispense Notification message submitted after the period of SSP validity
* Alternative item correctly supplied during the period of SSP validity and the Dispense Notification message submitted during the period of SSP validity but the EREM or Claim Notification message submitted after the 3-month claiming window.

NHSBSA is working with system suppliers to identify and support improvements to existing SSP endorsement functionality offered by suppliers to help reduce the number of invalid SSP claims received by the NHSBSA. Suppliers also have some flexibility as to the extent to which they will support pharmacy team members for example, by asking users to complete any missing or incomplete SSP endorsement information if the required endorsements are not present or not in the specified format.

New SSP issued for Paracetamol 120mg & 240mg suppositories

In response to a significant ongoing disruption to the supply of Paracetamol 120mg and 240mg suppositories, a Serious Shortage Protocol (SSP) has been issued by the Department of Health and Social Care (DHSC).

Effective **25 January 2022**, SSP015 provides that for every **Paracetamol 120mg or 240mg suppository originally prescribed, one Paracetamol 125mg or 250mg suppository must be supplied**. SSP015, 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 SSP015:** |
| **Paracetamol 120mg suppositoryorParacetamol 240mg suppository** | **Paracetamol 125mg suppositoryorParacetamol 250mg suppository** |

**The SSP may be amended or revoked at any time but currently expires on 18 February 2022 – PSNC will update contractors on any changes.**

**Key points relating to SSP015**

* 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 should refer back to the prescriber if their professional judgement determines that the patient is not suitable to receive the marginally stronger medicine in accordance with this SSP.
* For endorsing requirements please refer to [NHSBSA's supporting guidance](https://www.nhsbsa.nhs.uk/sites/default/files/2022-01/SSP015%20endorsement%20guidance%20250122_1.pdf).

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

For further information and guidance please see our news story [New SSP issued for Paracetamol 120mg & 240mg suppositories](https://psnc.org.uk/our-news/contractor-notice-ssp-issued-for-paracetamol-120mg-240mg-suppositories/)

SSP information

**Active SSPs**

|  |  |  |
| --- | --- | --- |
| **SSP** | **Current expiry date** | **Supporting Information** |
| [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 | [SSP05 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2021-11/Supporting%20endorsement%20guidance%20fluoxetine%2010mg%20tablets%20181121.pdf) |
| [SSP015: Paracetamol 120mg & 240mg suppositories](https://www.nhsbsa.nhs.uk/sites/default/files/2022-01/SSP%20form%20paracetamol%20suppositories%20FINAL%20250122_1.pdf) | 18 February 2022 | [SSP015 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-01/SSP015%20endorsement%20guidance%20250122_1.pdf) |

**Expired SSPs**

|  |  |  |
| --- | --- | --- |
| **SSP** | **Date expired** | **Supporting Information** |
| [SSP014: Salazopyrin® EN-Tabs 500mg](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 21 January 2022 | [SSP014 guide](https://psnc.org.uk/wp-content/uploads/2021/11/PSNC-Briefing-049.21-Serious-Shortage-Protocols-SSPs-SSP014-Salazopyrin%C2%AE-EN-Tabs-500mg.pdf) |
| [SSP013: Lipitor® 20mg chewable tablets](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 12 January 2022 | [SSP013 guide](https://psnc.org.uk/wp-content/uploads/2021/11/PSNC-Briefing-048.21-Serious-Shortage-Protocols-SSPs-SSP013-Atorvastatin-20mg-chewable-tablets.pdf) |

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

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

**Special Container applications update:** PSNC have reached out to DHSC to provide us with a response to the **757** outstanding special container applications. PSNC have requested that DHSC outline their position for each individual product.

To help expedite the process PSNC have offered to provide any written confirmation we have from manufacturers where we have permission to do so.

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 **891** 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/).

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\*** | **269** | **221** | **180** | **33** |
| **Viscous external preparations\*** | **891** | **136** | **124** | **12** |
| **Packaged in a container from which it is not practicable to dispense exact quantity\*** | **3019** | **506** | **453** | **70** |
| **Total** | **4,179** | **863** | **757** | **115** |

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

PSNC has submitted a paper to DHSC setting out its 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.

# Over 450 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 580** products. Of these, **462** 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 team has also started their yearly analysis into finding new DND products and will make periodic applications to NHSBSA and DHSC.

# Market movements with implications for supply

The following **13** supply disruption alerts and medicine supply notifications (issued by DHSC between 10 November 2021 and 19 January 2022) were published on the PSNC website by the Dispensing & Supply team to assist pharmacy teams:

| **Date** | **Drug name** |
| --- | --- |
| 18/11/21 | [Sodium cromoglicate (Intal® ) CFC-free 5mg inhaler](https://psnc.org.uk/our-news/medicine-supply-notification-sodium-cromoglicate-intal-cfc-free-5mg-inhaler/) |
| 18/11/21 | [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/) |
| 18/11/21 | [Lipitor® (Atorvastatin) 20mg chewable tablets](https://psnc.org.uk/our-news/medicine-supply-notification-lipitor-atorvastatin-20mg-chewable-tablets/) |
| 26/11/21 | [Hypovase® (prazosin) 500microgram tablets (Pfizer)](https://psnc.org.uk/our-news/supply-disruption-alert-hypovase-prazosin-500microgram-tablets-pfizer/) |
| 29/11/21 | [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/) |
| 29/11/21 | [Sulfasalazine (Salazopyrin En-Tabs® ) 500mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-sulfasalazine-salazopyrin-en-tabs-500mg-tablets/) |
| 09/12/21 | [Estradiol (Estring®)7.5microgram/24hours vaginal delivery system](https://psnc.org.uk/our-news/medicine-supply-notification-estradiol-estring7-5microgram-24hours-vaginal-delivery-system/) |
| 10/12/21 | [Xylocaine® 1% and 2% (lidocaine) with adrenaline 100micrograms/20ml (1:200,000) solution for injection vials – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-xylocaine-1-and-2-lidocaine-with-adrenaline-100micrograms-20ml-1200000-solution-for-injection-vials/) |
| 14/12/21 | [Methylprednisolone acetate (Depo-Medrone®) 40mg/ml vials and methylprednisolone acetate (Depo-Medrone®) with lidocaine 1% 40mg/ml and 80mg/2ml vials](https://psnc.org.uk/our-news/medicine-supply-notification-methylprednisolone-acetate-depo-medrone-40mg-ml-vials-and-methylprednisolone-acetate-depo-medrone-with-lidocaine-1-40mg-ml-and-80mg-2ml-vials/) |
| 22/12/21 | [Premique Low Dose® tabs](https://psnc.org.uk/our-news/medicine-supply-notification-conjugated-oestrogens-medroxyprogesterone-premique-low-dose-300microgram-1-5mg-modified-release-tablets/) |
| 10/01/22 | [Kolanticon gel® (2.5mg dicycloverine hydrochloride, 200mg aluminium hydroxide, 100mg light magnesium oxide, 20mg simethicone per 5ml) – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-kolanticon-gel-2-5mg-dicycloverine-hydrochloride-200mg-aluminium-hydroxide-100mg-light-magnesium-oxide-20mg-simethicone-per-5ml/) |
| 10/01/22 | [Diamorphine 5mg and 10mg powder for solution for injection ampoules – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-diamorphine-5mg-powder-for-solution-for-injection-ampoules/) |
| 19/01/22 | [Bambuterol (Bambec® ) 10mg Tablets](https://psnc.org.uk/our-news/medicine-supply-notification-bambuterol-bambec-10mg-tablets/) |

# DST webpage views

Below is a table of the top 10 DST webpage visits by users between January 2021 – December 2021, inclusive.

| **Page** | **Page views**  |
| --- | --- |
| [Price concessions](https://psnc.org.uk/dispensing-supply/supply-chain/generic-shortages/) | 212,246 |
| [Controlled drug prescription forms and validity](https://psnc.org.uk/dispensing-supply/dispensing-controlled-drugs/controlled-drug-prescription-forms-and-validity/) | 61,815 |
| [Is this prescription form valid?](https://psnc.org.uk/dispensing-supply/receiving-a-prescription/is-this-prescription-form-valid/) | 37,719 |
| [Who can prescribe what?](https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/)  | 37,332 |
| [Exemptions from the prescription charge](https://psnc.org.uk/dispensing-supply/receiving-a-prescription/patient-charges/exemptions/) | 34,348 |
| [What does the patient pay?](https://psnc.org.uk/dispensing-supply/receiving-a-prescription/patient-charges/exemptions/) | 34,348 |
| [EPS Prescription Tracker](https://psnc.org.uk/dispensing-supply/eps/dispensing-in-eps-release-2/retrieving-eps-scripts/eps-prescription-tracker/) | 27,104 |
| [Special container database](https://psnc.org.uk/dispensing-supply/dispensing-a-prescription/special-containers/special-container-database/) | 23,064 |
| [Prescription charge refund procedure](https://psnc.org.uk/dispensing-supply/receiving-a-prescription/patient-charges/refunds/) | 18,438 |
| [Methadone dispensing](https://psnc.org.uk/dispensing-supply/dispensing-controlled-drugs/methadone-dispensing/) | 18,094 |
| [Medicine shortages](https://psnc.org.uk/dispensing-supply/supply-chain/medicine-shortages/) | 16,489 |
| [Dispensing and supply landing page](https://psnc.org.uk/dispensing-supply/supply-chain/medicine-shortages/) | 16,489 |

|  |  |
| --- | --- |
| Subject | Statistics |
| Date of meeting | February 2022 |
| 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

**Oct-21** total items was **85.7m** over 26 dispensing days (**3.3m** items per day). This is **1.4% more** items per day than the same month in the previous year.



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As of **Nov-21**, the proportion of all items that are EPS is **95.4%**. The proportion of items that are ERD is **14.3%**.

The latest rolling 12 month item volume as of **Oct-21** is **1,039.2m** items.

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

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## Category M

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The **Jan-22** Cat-M list will have an estimated impact of **-24 pence per item** on like-for-like reimbursement

The cumulative total of like-for-like changes since 2019 is currently **-12 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**

A waterfall chart of net change in pharmacy numbers per month indicates a cumulative drop of c-556 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.

