**Pharmaceutical Services Negotiating Committee**

**Funding and Contract Subcommittee Agenda**

**Wednesday 14th July 2022 at 15.00**

**By Zoom**

**Items are confidential where marked**

**Members:**David Broome (Deputy Chairman), Peter Cattee (Chairman), Jas Heer, Tricia Kennerley, Ghada Beal, Has Modi, Bharat Patel, Prakash Patel, Adrian Price, Anil Sharma

**In attendance:**Mike Dent, Jack Cresswell, Rob Thomas

1. Welcome from Chair
2. Apologies for absence
3. Declarations or conflicts of interest
4. Minutes of last meeting **(Confidential Appendix FCS 01/07/22)**and matters arising

**REPORTS**

1. CPCF negotiations
	1. Clinical services fee setting **(Confidential verbal report)**
	2. Primary care contracts update (**Confidential Appendix FCS 02/07/22)**
	3. Domiciles contracts overview (**Confidential Appendix FCS 03/07/22)**

1. Remuneration and reimbursement
2. CPCF outturn **(Confidential Appendix FCS 04/07/22)**
3. Category M July 2022 **(Confidential Appendix FCS 05/07/22)**
4. Retained margin update **(Confidential Appendix FCS 06/07/22)**
5. Price concessions update **(Appendix FCS 07/07/22)**
6. Pre-payment certificate for Hormone Replacement Therapy (HRT) **(Confidential Appendix FCS 08/07/22)**
7. C-19 cost claims update **(Confidential Appendix FCS 09/07/22)**
8. NHS reorganisation update **(Confidential Appendix FCS 10/07/22)**
9. Reimbursement reforms
	1. Discount deduction scale reform update **(Confidential verbal report)**
	2. Category A reform update **(Confidential Appendix FCS 11/07/22)**
10. General funding update **(Appendix FCS 12/07/22)**

1. Statistics **(Appendix FCS 13/07/22)**
2. Any other business

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| --- | --- |
| Subject | Price concessions update |
| Date of meeting |  July 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

## June 2022

* PSNC applied for a total of **117** price concessions in June 2022; DHSC wrote to PSNC on 29th June 2022 with the list of final prices.
	+ **86** price concessions were agreed between DHSC and PSNC.
	+ **25** 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.
	+ **4** products had a no concessionary price imposed by DHSC.
	+ **2** price concessions were for Category A products as older list prices were used to determine reimbursement prices.

## May 2022

* PSNC applied for a total of **105** price concessions in May 2022; DHSC wrote to PSNC on 30th May 2022 with the list of final prices.
	+ **79** price concessions were agreed between DHSC and PSNC.
	+ **23** products had prices imposed as PSNC was unable to agree to the final prices proposed by DHSC.
	+ **0** products where PSNC and DHSC agreed to no concessionary price.
	+ **3** products had a no concessionary price imposed by DHSC.
	+ **2** price concessions were for Category A products as older list prices were used to determine reimbursement prices.
* PSNC sought a retrospective price adjustment for Solifenacin 5mg tablets due to the significant difference between the price imposed by DHSC and the average purchases prices reported by contractors during the month of May. PSNC’s request for a price adjustment was not accepted as this was not supported by the sales data DHSC had access to.

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.*

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| Subject | General funding update |
| Date of meeting | July 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:

* New Account Identifier Document for submission of paper prescriptions
* Charges for late submission of paper prescription bundle
* Over 10,700 pharmacies benefited from earlier advance payments on 13 June
* Referred back and disallowed items going fully digital via MYS from July 2022
* Thirteen SSPs issued for HRT medicines
* One pump daily dose conversion added to Oestrogel® SSPs
* Updated endorsement guidance and FAQs for HRT SSPs
* New SSPs issued for Lipitor® 10mg chewable tablets and Paracetamol 120mg suppositories
* Current and expired SSPs
* Use of ‘FS’ endorsement for free supply of COVID-19 trial treatments
* Magnesium glycerophosphate 97.2mg (4mmol) chewable tablets to be reclassified as a special container
* Over 500 products added to DND list in past 2 years
* NHS Prescription Services Hints & Tips for Dispensing Contractors
* Market movements with implications for supply
* DST webpage views

New Account Identifier Document for submission of paper prescriptions

From August 2022 (for July 2022 prescriptions), pharmacy contractors will no longer need to print and submit a paper copy of their completed FP34C declaration made through the [**Manage Your Service (MYS) portal**](https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login) when submitting their paper prescription bundle to the NHS Business Services Authority (NHSBSA).

Instead, NHSBSA will post out a paper Account Identifier Document, along with the red separators and pharmacy address labels each month. The Account Identifier Document should be placed alongside the paper prescription bundle before it is dispatched for payment to the relevant pricing division of NHSBSA. The Account Identifier Document will allow the NHSBSA to easily identify the pharmacy that has submitted the prescription bundle, which will help to speed up prescription processing. If the Account Identifier Document is lost or misplaced, contractors will still be able to download and print another copy from MYS. The July 2022 Drug Tariff will be updated to reflect this change.

Contractors must continue to submit their FP34C declaration via MYS by the 5th day of the following month in which the supply was made. NHSBSA uses the figures submitted electronically through MYS to calculate pharmacy payments including advance payments.

The Account Identifier Document will allow contractors to submit their paper prescription bundle to NHSBSA in advance of submitting their FP34C declaration through MYS. This will enable contractors who submit their EPS claims up to and including the 5th of the following month, to include the latest EPS figures in their MYS FP34C declaration to be submitted by the 5th. This will mean that declared EPS item totals better reflect the actual EPS item totals submitted for payment by the 5th of the following month. Any discrepancies between the declared item totals and the actual item totals can impact on the calculation of advance payments.

Charges for late submission of paper prescription bundle

**An administrative deduction of £25 may apply if a paper prescription bundle is submitted late to the NHSBSA.**A charge for processing of a late bundle would only apply if a contractor cannot provide evidence, where requested by the NHSBSA, that their bundle was submitted using secure track and trace delivery no later than the 5th day of the following month in which supply was made. Where evidence is submitted, no administrative deduction will be made. If no evidence is provided within the required time, then an administrative deduction will be made from the next Schedule of Payments. The deduction which will appear on schedules as ‘Late Fee’ under the section “Details of other amounts authorised”. **Since the introduction of administrative charge for late bundle submissions, 16 contractors received a fine for submitting their March prescription bundles late. For the dispensing month of April, 24 contractors received a fine for submitting their bundles late.**

In instances where the contractor does not provide the evidence, but the claiming process was followed as outlined in the Drug Tariff, the contractor can challenge the NHSBSA’s decision to deduct the administrative charge, by providing evidence and submitting it alongside an appropriate [**claim form**](https://www.nhsbsa.nhs.uk/sites/default/files/2022-01/late%20batch%20submission%20challenge%20claim%20form%20%28v2%29%20%284%29.docx) available on NHSBSA’s website. The contractor will need to submit the evidence and the appropriate form **no later than one month**after the month in which the administrative deduction was made. The claim form along with required evidence must be submitted via email to **nhsbsa.PrescriptionAppeal@nhs.net** or alternatively the form can be posted to the NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN. If the challenge is successful, the NHSBSA will apply a full refund to the next payment.

**Prescription bundle submission process**

The [Drug Tariff](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) requires contractors to dispatch their paper prescription bundle to the relevant pricing division of the NHSBSA, using a secure manner that enables tracking and tracing of their delivery, by no later than the 5th day of the month following that in which the supply was made. For example, paper prescriptions dispensed in June 2022 must be sorted and dispatched to the NHSBSA by the 5th of July. From August 2022 (for July 2022 prescriptions), contractors will receive in the post, an Account Identifier Document to be placed alongside their paper prescription bundle before it is dispatched for payment to the relevant pricing division of NHSBSA. Click here for more information on the new Account Identifier Document.

After dispatching the prescription bundle, contractors should track its status to confirm it has been delivered to/received by the relevant pricing division at the NHSBSA. If the prescription bundle has not arrived at the relevant pricing division as expected, contractors should make enquiries with the courier to establish the whereabouts of the bundle and notify the NHSBSA as soon as possible. **Proof of postage by the 5th and/or delivery confirmation should be retained as evidence** in case there are any issues for e.g. if a prescription bundle goes missing or is delayed in transit to the pricing division etc.

PSNC’s briefing titled [**‘Administrative charges for late submission of prescription forms’**](https://psnc.org.uk/wp-content/uploads/2022/03/PSNC-Briefing-009.22-Administrative-charges-for-late-submission-of-prescription-forms1.pdf) provides guidance for pharmacy teams on correct end of month submission processes and information regarding how the £25 deduction for late submissions is administered by the NHSBSA.

Click [**here**](https://psnc.org.uk/dispensing-and-supply/prescription-processing/prescription-submission/) for information on the correct prescription sorting requirements for end-of-month submission.

Over 10,700 pharmacies benefited from earlier advance payments on 13 June

**10,752**pharmacy contractors who declared their May 2022 FP34C submission figures through the [**Manage Your Service (MYS) portal**](https://psnc.us7.list-manage.com/track/click?u=86d41ab7fa4c7c2c5d7210782&id=21eec16ba1&e=b3c36abde4) **by 7 June 2022**received**earlier advance payments on Monday 13 June 2022** (circa.20 days earlier than the normal advance payment timetable).

Approximately**500** contractors did not receive any earlier advance payments on 13 June for any late FP34C submissions made through MYS (after 7 June). These contractors received their advance payments in accordance with the normal payment timetable i.e. on 1 July 2022.

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. Please note that from April 2022, the NHSBSA may apply an **administrative deduction of £25** if a prescription bundle is submitted late.

Referred back and disallowed items going fully digital via MYS from July 2022

**Pharmacy contractors were reminded that, from July 2022 (for the dispensing month of June 2022), all new prescription returns/referred back items and disallowed items would be received through the** [**Manage Your Services (MYS)**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your-service-mys) **portal and MYS is the only route available to view and submit required information for all these items.**

From July 2022, the NHSBSA will send a notification email to the pharmacy NHSmail account if any new referred back or disallowed items have been generated for the contractor to complete on their MYS account. Contractors can view any referred back items for completion by checking the 'Unpaid items' tab on MYS landing page.

**It is important to note that prescription returns/referred back items 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 referred backs before this deadline has passed, the referred back items will be deleted from system.

The last paper referred back and disallowed items that were sent in the post to those contractors still using the paper-based route relate to prescriptions dispensed in May 2022. The NHSBSA will continue to process any paper referred back items that were sent out before the switchover. Contractors with paper referred back items from previous months should aim to complete the required information and return these to the NHSBSA together with their monthly prescription bundle as soon as possible to avoid any delays to payment. Prescription returns will be processed in line with the guidance for their original submission method and will be priced using the Drug Tariff relevant to the dispensing month in which the prescription return is received by the NHSBSA.

Using MYS for receiving digital referred back and disallowed items allows contractors to:

* receive these items sooner and removes the risk of paper returns getting lost in transit;
* provide information required to processes referred back items faster;
* submit a challenge for any disallowed items electronically;
* track the progress of any referred back items throughout until the point they are processed; and
* generate monthly reports showing the status of any referred back items.

For more information on referred back items please refer to PSNC’s webpage on [Prescription returns](https://psnc.org.uk/dispensing-supply/payment-accuracy/prescription-submission/prescription-returns/).

Thirteen SSPs issued for HRT medicines

To mitigate the ongoing supply disruptions affecting certain HRT medicines, a total of thirteen HRT Serious Shortage Protocols (SSPs) were issued by DHSC to allow community pharmacists to consider different options to enable continued supply of HRT medicines. [Three of the SSPs](https://psnc.org.uk/our-news/three-new-ssps-introduced-for-hrt-medicines/) restricting quantity to three months’ supply were issued on 29 April 2022 and a further ten SSPs were issued on 20 May 2022.

Depending on the prescribed quantity of the affected HRT medicines, the protocols allow pharmacists to either supply a reduced quantity of the same HRT medicine, or substitute with a specific alternative product, or provide a reduced quantity of a specific alternative product. Pharmacists will need to call on their clinical expertise to determine which SSP is the most appropriate to use in each scenario and to counsel patients on any changes made to their treatment and what it means for their medicine regimen.

Pharmacy teams are advised to **read the documentation in full for all SSPs published on the** [**NHSBSA’s website**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) **and implement the protocols with immediate effect**.

## **HRT SSPs**

For five HRT medicines affected by ongoing supply disruptions, a total of 13 individual SSPs have been issued by DHSC which allow either:

* **Restriction of the quantity supplied** – where a prescription has a duration of more than three months and supplies are available, an equivalent of three months’ supply will be permitted in accordance with the SSP for the prescribed medicine; or
* **Substitution** **with a specific alternative product** – where the prescribed duration of treatment is three months or less and supplies are unavailable, a pharmacist can supply a specific alternative product sufficient to provide a reasonable estimate of the prescribed duration of treatment, if deemed clinically appropriate; or
* **Substitution with a specific alternative product AND restriction of the quantity supplied** – where a prescription has a duration of more than three months and supplies are unavailable, the SSPs will allow pharmacists to provide three months’ supply of specific alternative product.

A summary of the different types of SSPs available for each HRT medicine is listed in table below:

| **Drug name** | **SSP** |
| --- | --- |
| **Restriction of the quantity supplied**(for prescriptions ordering > 3 months) | **Substitution with a specific alternative product**(for prescriptions ordering < 3 months) | **Substitution with a specific alternative product AND restriction of the quantity supplied**(for prescriptions ordering > 3 months) |
| **Premique® Low Dose 0.3mg/1.5mg modified-release tablet** | Icon  Description automatically generatedSSP021 | Icon  Description automatically generated | Icon  Description automatically generated |
| **Ovestin® 1mg cream** | Icon  Description automatically generatedSSP020 | Icon  Description automatically generatedSSP024 | Icon  Description automatically generatedSSP025 |
| **Oestrogel® Pump-Pack 0.06% gel** | Icon  Description automatically generatedSSP019 | Icon  Description automatically generatedSSP022 | Icon  Description automatically generatedSSP023 |
| **Lenzetto® 1.53mg/dose transdermal spray** | Icon  Description automatically generatedSSP026 | Icon  Description automatically generatedSSP027 | Icon  Description automatically generatedSSP028 |
| **Sandrena® 0.5mg and 1mg gel sachets** | Icon  Description automatically generatedSSP029 | Icon  Description automatically generatedSSP030 | Icon  Description automatically generatedSSP031 |

**Pharmacists are required to read and comply with the requirements outlined within the individual SSPs and supporting guidance as published on the** [NHSBSA website](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) for the HRT products listed above.

**Support on implementation**

**Only one SSP can be used against an individual prescription.** Therefore, in each scenario, the pharmacist will need to consider both the pharmacy’s stock levels of different HRT medicines and the patient’s circumstances and before determining which of the SSPs is most appropriate to use. Depending on the SSP used, the change in supply may require additional counselling to ensure that the patient is confident to take their medication.

PSNC is also liaising with system suppliers to ensure that they will be able to implement these SSPs and provide support to pharmacy teams on how best to utilise the SSP functionality available on their systems.

For more detailed information on the SSPs [click here](https://psnc.org.uk/our-news/ten-more-ssps-issued-for-hrt-medicines/).

One pump daily dose conversion added to Oestrogel® SSPs

The Department of Health and Social Care (DHSC) updated Annex A of [**SSP022**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) and [**SSP023**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) for Oestrogel® Pump-Pack 0.06% gel to include a dose conversion to a specific alternative Estradiol patch for patients who use **1 pump of Oestrogel® daily**. Previously, only dose conversions for patients using 2 to 4 pumps daily were included in Annex A of SSP022 and SSP023.

Separately, the supporting guidance for three SSPs which allow quantity restriction has been updated to reflect the requirement to endorse the reduced quantity supplied in accordance with these SSPs.

* [**SSP019**](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP019%20Oestrogel%20restriction%2030052022.pdf) – Oestrogel® pump-pack 0.06% gel
* [**SSP020**](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP020%20Ovestin%20restriction%2030052022.pdf) – Ovestin® 1mg cream
* [**SSP021**](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP021%20Premique%20Low%20Dose%20restriction%2030052022.pdf) – Premique® low dose 0.3mg/1.5mg modified release tablets

When endorsing an SSP for a **reduced quantity**, contractors must ensure that the correct SSP number is endorsed along with the product name and the reduced quantity supplied in accordance with the SSP.

Pharmacists must check that they are using the current version of the SSP, particularly when referring to a hard copy version. Amendments may become necessary prior to the published expiry date. Current versions of SSP templates and supporting guidance for each SSP can be found on the dedicated page of the [**NHSBSA’s website**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps).

Updated endorsement guidance and FAQs for HRT SSPs

PSNC’s Dispensing & Supply team created easy to use [**flow charts**](https://psnc.org.uk/wp-content/uploads/2021/11/HRT-SSP-flowchart-010622.pdf) to assist pharmacists in selecting the correct SSP for HRT medicines. These charts also remind contractors of the correct SSP endorsement requirements (with examples) and charge status to apply to the Electronic Reimbursement Endorsement Messages (EREMs) before SSP claims are submitted for payment to the NHSBSA. See below for top tips and helpful reminders on correct endorsement and submission requirements.

**For supplies made in accordance with HRT SSPs, PSNC is aware that NHSBSA has received several claims endorsed with an incorrect/invalid SSP number. Incorrect endorsements will affect pharmacy payments.** The prescription must be endorsed with SSP followed by the correct three-digit reference number for e.g. SSP022. Due to the number of different HRT SSPs available for affected HRT medicine, pharmacists must ensure that they follow the correct endorsements requirements as per the [**supporting guidance**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) published for each SSP on the dedicated page of the [**NHSBSA’s website**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps). **Contractors should check with their PMR system supplier on the correct use of the SSP endorsement functionality available on their system.**

Following the [**announcement**](https://psnc.org.uk/our-news/ten-more-ssps-issued-for-hrt-medicines/) that a further ten new Serious Shortage Protocols (SSPs) were issued on 20 May 2022, the NHS Business Services Authority (NHSBSA) have now published the endorsement guidance for the new SSPs on the [**NHSBSA’s website**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps).

Due to the number of different HRT SSPs available for affected HRT medicine, pharmacists must ensure that they follow the correct endorsements requirements as per the [**supporting guidance**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) published for each SSP on the dedicated page of the [**NHSBSA’s website**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps). Incorrect endorsements will affect pharmacy payments.

In addition, to support pharmacy teams, PSNC has also put together some helpful reminders and top tips on the correct SSP endorsement and submission requirements.

### **Declaration of monthly SSP claims using the FP34C form on MYS:**

* There is a separate declaration of monthly SSP claims on the digital FP34C submission form via the Manage Your Service (MYS) portal.
* Here, contractors should endorse the number of SSP claims made each month and not the number of items supplied in accordance with the SSPs.
* The number of items supplied in accordance with SSPs are to be declared along with the usual item totals.
* Please note that the NHSBSA will not be using the SSP declaration made on the FP34Cs for reimbursement purposes. Instead, the SSP declaration is to provide the NHSBSA with an indication that SSP claim(s) are expected in that month.
* The SSP declaration is to support contractors when reconciling the number of SSP fees on their payment schedules against the number of SSP claims declared on the FP34C.

For top tips and further information, [click here](https://psnc.org.uk/our-news/endorsement-guidance-and-faqs-for-hrt-ssps-now-live/).

New SSPs issued for Lipitor® 10mg chewable tablets and Paracetamol 120mg suppositories

In response to a significant ongoing disruption to the supply affecting Lipitor® 10mg chewable tablets and Paracetamol 120mg suppositories, two new Serious Shortage Protocols (SSPs) were issued by the Department of Health and Social Care (DHSC) on **31 May 2022.**

[**SSP032**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) provides that for every **Lipitor® 10mg chewable tablet originally prescribed**, either **one Atorvastatin 10mg film-coated tablet or the equivalent dose of Atorvastatin 20mg/5ml oral suspension sugar free** must be supplied.
If the film-coated tablet is unsuitable for the patient (i.e. the patient is unable to swallow tablets), the pharmacist can assess if supplying the oral suspension is appropriate.

[**SSP033**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) provides that for every **Paracetamol 120mg suppository originally prescribed**, **one Paracetamol 125mg suppository** must be supplied.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SSP** | **For prescriptions (NHS or private) requesting:** | **Supply permitted under SSP:** | **SSP expiry date** |
| SSP032 | Lipitor® 10mg chewable tablets | Atorvastatin 10mg tablets**OR**Atorvastatin 20mg/5ml oral suspension sugar free | 12 August 2022 |
| SSP033 | Paracetamol 120mg suppository | Paracetamol 125mg suppository | 26 August 2022 |

SSP032 and SSP033 may be amended or revoked at any time – PSNC will update contractors on any changes.

### Key points relating to SSP032 and SSP033

* Both SSPs, authorised by the Secretary of State, have been developed by clinicians and provides pharmacists with procedures to follow in providing specific suitable alternative products to help reduce the number of patients having to return to their prescriber for a replacement prescription.
* Pharmacists are required to read and comply with the requirements outlined within each SSP.
* Pharmacists must ensure that patients who do not meet the SSP inclusion criteria are referred back to their prescriber promptly.
* For endorsing requirements for each SSP, please refer to the supporting guidance for **SSP032  and**[**SSP033**](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP033%20Paracetamol%20120mg%20suppositories%2031052022.pdf), available on NHSBSA’s website.
* Patients who are not exempt from prescription charges should continue to pay for their prescriptions as usual.

Current and expired SSPs

**Active SSPs**

| **SSP** | **Expiry Date** | **Supporting Information** |
| --- | --- | --- |
| [SSP005: Fluoxetine 10mg tablets](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 12 August 2022 | [SSP005 guide](https://psnc.org.uk/dispensing-supply/psnc-briefings-dispensing-and-supply/psnc-briefing-015-20-serious-shortage-protocols-ssps-ssp05-fluoxetine-10mg-tablets/) |
| SSP019 Oestrogel® Pump-Pack 0.06% gel – restriction | 29 July 2022 | [SSP019 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-04/Supporting%20endorsement%20guidance%20Oestrogel%20.pdf) |
| SSP020 Ovestin® 1mg cream – restriction | 29 July 2022 | [SSP020 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-04/Supporting%20endorsement%20guidance%20Ovestin.pdf) |
| SSP021 Premique® low dose 0.3mg/1.5mg modified-release tablets – restriction | 29 July 2022 | [SSP021 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-04/Supporting%20endorsement%20guidance%20Premique%20low%20dose%20tablets.pdf) |
| [SSP022 Oestrogel® Pump-Pack 0.06% gel (750microgram per actuation) – substitution](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP022 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP022%20Oestrogel%20substitution%2023052022.pdf) |
| [SSP023 Oestrogel® Pump-Pack 0.06% gel (750microgram per actuation) – substitution and restriction](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP023 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP023%20Oestrogel%20substitution%20and%20restriction%2023052022.pdf) |
| [SSP024 Ovestin® 1mg cream – substitution](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP024 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP024%20Ovestin%20substitution%2023052022.pdf) |
| [SSP025 Ovestin® 1mg cream – substitution and restriction](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP025 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP025%20Ovestin%20substitution%20and%20restriction%2023052022.pdf) |
| [SSP026 Lenzetto® 1.53mg/dose transdermal spray –  restriction](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP026 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP026%20Lenzetto%20restriction%2023052022.pdf) |
| [SSP027 Lenzetto® 1.53mg/dose transdermal spray –  substitution](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP027 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP027%20Lenzetto%20substitution%2023052022.pdf) |
| [SSP028 Lenzetto® 1.53mg/dose transdermal spray – substitution and restriction](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP028 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP028%20Lenzetto%20substitution%20and%20restriction%2023052022.pdf) |
| [SSP029 Sandrena®  0.5mg and 1mg gel sachets – restriction](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP029 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP029%20Sandrena%20restriction%2023052022.pdf) |
| [SSP030 Sandrena®  0.5mg and 1mg gel sachets –  substitution](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP030 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP030%20Sandrena%20substitution%2023052022.pdf) |
| [SSP031 Sandrena® 0.5mg and 1mg gel sachets –  substitution and restriction](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 19 August 2022 | [SSP031 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP031%20Sandrena%20substitution%20and%20restriction%2023052022.pdf) |
| [SSP032 Lipitor® 10mg chewable tablets](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 12 August 2022 | [SSP032 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP032%20Atorvastatin%20Chewable%2031052022.pdf) |
| [SSP033 Paracetamol 120mg suppositories](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 26 August 2022 | [SSP033 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP033%20Paracetamol%20120mg%20suppositories%2031052022.pdf) |

**Expired SSPs**

|  |  |  |
| --- | --- | --- |
| **SSP** | **Date expired** | **Supporting Information** |
| [SSP017: Lipitor® 20mg chewable tablets](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 05 April 2022 | [SSP017 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-02/Supporting%20endorsement%20guidance%20SSP017%20atorvastatin%2020mg%20chewable%20tablets%2014022022.pdf) |
| [SSP014: Salazopyrin® EN-Tabs 500mg](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 01 April 2022 | [SSP014 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-02/SSP014%20Reactivated%20Supporting%20endorsement%20guidance%20Salazopyrin%20EN-Tabs%20500mg.pdf) |
| [SSP018: Salazopyrin® 500mg tablets](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 25 March 2022 | [SSP018 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-03/Supporting%20endorsement%20guidance%20Salazopyrin%20500mg%20tablets%2010032022.pdf) |
| [SSP016: Lipitor® 10mg chewable tablets](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 18 March 2022 | [SSP016 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-02/Supporting%20endorsement%20guidance%20SSP016%20atorvastatin%2010mg%20chewable%20tablets%2014022022.pdf) |
| [SSP015: Paracetamol 120mg & 240mg suppositories](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 04 March 2022 | [SSP015 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-01/SSP015%20endorsement%20guidance%20250122_1.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

Use of ‘FS’ endorsement for free supply of COVID-19 trial treatments

**The Department of Health and Social Care (DHSC) published**[**guidance**](https://www.gov.uk/government/publications/prescription-charges-waiver-heal-covid-and-stimulate-icp/waiver-of-prescription-charges-for-heal-covid-and-stimulate-icp-clinical-trial-platforms)**for prescribers and community pharmacy teams on the correct use of ‘FS’ endorsement on NHS prescriptions (FP10 or EPS) to enable free supply of certain COVID-19 trial medicines to patients participating in either the**[**HEAL-COVID**](https://heal-covid.net/)**or the**[**STIMULATE-ICP**](https://www.stimulate-icp.org/)**clinical trial platforms.**

Arrangements have been in place since December 2021 for eligible patients to receive free-of-charge (FOC) antiviral medicines after testing positive for COVID-19. The prescription charge waiver has been extended to other therapeutic trial treatments available through the HEAL-COVID and STIMULATE-ICP clinical trial platforms through use of the ‘FS’ endorsement. These arrangements will remain in place until [31 March 2023](https://www.gov.uk/government/news/prescription-charge-waiver-for-covid-19-antivirals-and-therapeutic-clinical-trials--2).

The trial medicines are usually supplied directly to eligible participants by the clinical trial team. However, because some participants in these trials will be required to take the drugs for up to 12 months and the treatments are being used outside their normal licensed indications, the Medicines and Healthcare products Regulatory Agency (MHRA) have advised that GPs should prescribe the trial medicines to patients using a FP10 prescription form or the EPS service. The trial medicines used in [HEAL-COVID](https://heal-covid.net/about/) are Apixaban and Atorvastatin. [STIMULATE-ICP](https://www.stimulate-icp.org/faq) currently uses a combination of Famotidine and Loratadine (in combination), Rivaroxaban and Colchicine.

The key points within the guidance are outlined below:

* Prescribers must write the COVID-19 trial treatments on a separate prescription from any other prescribed medicines the patient is taking.
* Prescribers must apply the ‘FS’ endorsement correctly to ensure that it is apparent to pharmacy teams that the trial medicines are to be dispensed free-of-charge (FOC).
* Patients should not pay a prescription charge for any items endorsed ‘FS’.
* In EPS, prescribers should confirm ‘FS’ by selecting the appropriate flag, so that the prescription carries the ‘FS’ endorsement correctly. The ‘FS’ endorsement must not be manually added by a prescriber to the free text field EPS dosage area or other free text sections of the prescription as this will not be recognised by the NHS Business Services Authority (NHSBSA) during processing.
* On FP10’s, prescribers must endorse the front of the paper prescription form by writing ‘FS’ and signing next to each item prescribed for participants in the HEAL-COVID or STIMULATE-ICP clinical trials.
* The ‘FS’ endorsement cannot be applied or endorsed on prescriptions by pharmacy staff or patients.
* To ensure that ‘FS’-endorsed medicines are treated as FOC items by the NHSBSA, pharmacy teams must ensure the correct exemption reason is selected before the prescription is submitted for payment (see guidance below for dealing with ‘FS’-endorsed EPS and paper prescriptions)
* Paper prescriptions with items endorsed ‘FS’ should be placed in the red separator for exempt prescriptions when submitted to the NHSBSA for processing.

The ‘FS’ prescriber endorsement was introduced in January 2020, to enable prescribers to indicate that a product is being prescribed for the treatment of a sexually transmitted infection (STI) and therefore can be provided to the patient FOC on a FP10 form. To enable free supply of COVID-19 trial treatments, DHSC took the decision to exceptionally use the ‘FS’ endorsement for this purpose as it is already available to prescribing systems and meets the requirements for this particular service.

For further details and FAQs [click here](https://psnc.org.uk/our-news/use-of-fs-endorsement-for-free-supply-of-covid-19-trial-treatments/).

Magnesium glycerophosphate 97.2mg (4mmol) chewable tablets to be reclassified as a special container

Following representations from PSNC, the Department of Health of Social Care (DHSC) has re-determined the special container status of a Magnesium glycerophosphate (magnesium 97.2mg (4mmol)) chewable tablets. From August 2022, this product will be added to Part VIII of the Drug Tariff with special container status as it meets the relevant criteria as set out in Part II Clause 10B of the Drug Tariff.

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 **872** 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 | 230 | 179 | 34 |
| **Viscous external preparations\*** | 891 | 136 | 124 | 12 |
| **Packaged in a container from which it is not practicable to dispense exact quantity\*** | 3019 | 506 | 444 | 79 |
| **Total** | **4,179** | **872** | **747** | **125** |

*\*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 500 products added to DND list in past two years

Following applications made by PSNC to the Department of Health and Social Care (DHSC) and the NHS Business Services Authority (NHSBSA), **9 new products** will be classed as ‘Drugs for which Discount is Not Deducted’ (DND) from 1 July 2022. This takes the total number of products granted DND status over the past 2 years to over **500** following checks made by PSNC.

The 9 products added to the DND list to which the discount deduction scale will no longer apply from July 2022 are as follows:

* Fludrocortisone 50micrograms/5ml oral suspension (Group)
* Lorazepam 1mg/5ml oral suspension (Group)
* Lorazepam 500micrograms/5ml oral suspension (Group)
* Zopiclone 3.75mg/5ml oral solution (Group)
* Zopiclone 7.5mg/5ml oral solution (Group)
* GA explore5 oral powder 12.5g sachets
* HCU explore5 oral powder 12.5g sachets
* MSUD explore5 oral powder 12.5g sachets
* TYR explore5 oral powder 12.5g sachets

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/).

NHS Prescription Services Hints & Tips for Dispensing Contractors

NHS Prescription Services produces a quarterly bulletin called ‘Hints & Tips for Dispensing Contractors’. The latest edition (Issue 47, April 2022) includes information on the following topics:

* [The new NHS Profile Manager](https://www.nhsbsa.nhs.uk/nhs-profile-manager-launch)
* [Request for feedback on the Drug Tariff](https://www.nhsbsa.nhs.uk/nhs-england-and-wales-drug-tariff-online)
* [MYS system downtime](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877193)
* [How to avoid refer backs](https://www.nhsbsa.nhs.uk/pharmaceutical-form-refer-backs)
* [A reminder to submit FP34C claims on time](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877193)

Market movements with implications for supply

The following **14** supply disruption alerts and medicine supply notifications (issued by DHSC between 3 May 2022 and 6 June 2022) were published on the PSNC’s website by the Dispensing & Supply team to assist pharmacy teams:

| **Date** | **Drug name** |
| --- | --- |
| 30/06/2022 | [Eletriptan (Relpax® ) 20mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-eletriptan-relpax-20mg-tablets/) |
| 06/06/2022 | [Hydrocortisone 2.5mg Muco-Adhesive Buccal Tablets](https://psnc.org.uk/our-news/medicine-supply-notification-hydrocortisone-2-5mg-muco-adhesive-buccal-tablets/) |
| 01/06/2022 | [Atorvastatin (Lipitor®) 10mg chewable tablets](https://psnc.org.uk/our-news/medicine-supply-notification-atorvastatin-lipitor-10mg-chewable-tablets/) |
| 01/06/2022 | [Paracetamol 120mg suppositories](https://psnc.org.uk/our-news/medicine-supply-notification-paracetamol-120mg-suppositories/) |
| 26/05/2022 | [Methylphenidate (Xaggitin® XL) 18mg, 27mg, 36mg and 54mg prolonged-release tablets](https://psnc.org.uk/our-news/medicine-supply-notification-methylphenidate-xaggitin-xl-18mg-27mg-36mg-and-54mg-prolonged-release-tablets/) |
| 26/05/2022 | [Colestipol (Colestid® ) orange and plain 5g granules sachets](https://psnc.org.uk/our-news/medicine-supply-notification-colestipol-colestid-orange-and-plain-5g-granules-sachets/) |
| 24/05/2022 | [Estradiol (Lenzetto® ) 1.53mg/dose transdermal spray](https://psnc.org.uk/our-news/medicine-supply-notification-estradiol-lenzetto-1-53mg-dose-transdermal-spray/) |
| 24/05/2022 | [Estradiol (Sandrena® ) 500microgram and 1mg gel sachets](https://psnc.org.uk/our-news/medicine-supply-notification-estradiol-sandrena-500microgram-and-1mg-gel-sachets/) |
| 24/05/2022 | [Estriol (Ovestin® ) 1mg cream – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-estriol-ovestin-1mg-cream-2/) |
| 24/05/2022 | [Estradiol (Oestrogel® ) pump pack 0.06% gel – Updated](https://psnc.org.uk/our-news/medicine-supply-notification-estradiol-oestrogel-pump-pack-0-06-gel-2/) |
| 18/05/2022 | [Insulin isophane human (Insuman Basal SoloStar® ) 100 IU/ml suspension for injection in a pre-filled pen](https://psnc.org.uk/our-news/medicine-supply-notification-insulin-isophane-human-insuman-basal-solostar-100-iu-ml-suspension-for-injection-in-a-pre-filled-pen/) |
| 10/05/2022 | [Glycerol 1g and 4g suppositories](https://psnc.org.uk/our-news/medicine-supply-notification-glycerol-1g-and-4g-suppositories/) |
| 05/05/2022 | [Quinapril (Accupro® ) 5mg, 10mg, 20mg and 40mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-quinapril-accupro-5mg-10mg-20mg-and-40mg-tablets/) |
| 03/05/2022 | [Estradiol (Oestrogel® ) pump pack 0.06% gel](https://psnc.org.uk/our-news/medicine-supply-notification-estradiol-oestrogel-pump-pack-0-06-gel/) |

# DST webpage views

Below is a table of the top 10 DST webpage visits by users between January 2022 – June 2022, inclusive.

| **Page** | **Page views**  |
| --- | --- |
| [Price Concessions](https://psnc.org.uk/funding-and-reimbursement/reimbursement/price-concessions/) | 128,527 |
| [Controlled Drug prescription forms and validity](https://psnc.org.uk/dispensing-and-supply/dispensing-process/dispensing-controlled-drugs/controlled-drug-prescription-forms-and-validity/) | 32,993 |
| [Is this prescription form valid?](https://psnc.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/is-this-prescription-form-valid/) | 17,316 |
| [Exemptions from the prescription charge](https://psnc.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/patient-charges/exemptions/) | 14,850 |
| [Special Container Database](https://psnc.org.uk/dispensing-and-supply/dispensing-process/dispensing-a-prescription/special-containers/special-container-database/) | 14,379 |
| [Medicine Shortages](https://psnc.org.uk/dispensing-and-supply/supply-chain/medicine-shortages/) | 12,985 |
| [Who can prescribe what?](https://psnc.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/who-can-prescribe-what/) | 13,675 |
| [Serious Shortage Protocols (SSPs)](https://psnc.org.uk/dispensing-and-supply/supply-chain/ssps/) | 12,468 |
| [What does the patient pay?](https://psnc.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/patient-charges/) | 9,128 |
| [Prescription Charge Card and Free-of-charge (FOC) Items and Multi-Charge Factsheets](https://psnc.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/patient-charges/prescription-charge-card/) | 6,881 |

|  |  |
| --- | --- |
| Subject | Statistics |
| Date of meeting | July 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

**Apr-22** total items was **87.5m** over 24 dispensing days (**3.6m** items per day). This is **0.6% more** items per day than the same month in the previous year.



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As of **Apr-22**, the proportion of all items that are EPS is **95.7%**. The proportion of items that are ERD is **14.5%**.

The latest rolling 12 month item volume as of **Apr-22** is **1,056.3m** items.

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## Category M

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The **Jul-22** Cat-M list will have an estimated impact of +**3 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 Q4** the average fees per item was **£1.65**.

## 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-607 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.

