**Pharmaceutical Services Negotiating Committee**

**Funding and Contract Subcommittee Agenda**

**Wednesday 14th September 2022 at 13.45**

**On 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 01/09/22)**and matters arising

**REPORTS**

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

1. Remuneration and reimbursement
2. CPCF outturn **(Confidential Appendix FCS 02/09/22)**
3. Retained margin update **(Confidential Appendix FCS 03/09/22)**
4. Price concessions update **(Appendix FCS 04/09/22)**
5. C-19 cost claims update **(Confidential Appendix FCS 05/09/22)**
6. Reimbursement reforms
	1. Category A reform update **(Confidential Appendix FCS 06/09/22)**
7. General funding update **(Appendix FCS 07/09/22)**

1. Statistics **(Appendix FCS 08/09/22)**
2. Any other business

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

## Executive summary

* PSNC has received significant contractor and Committee feedback on the price concessions granted by DHSC for the months of July and August.
* In July, DHSC imposed prices for 40% of lines applied for. This includes Alendronic acid tablets where the final price did not reflect the level of reports received by PSNC.
* In August, a record number of price concessions were announced – 138 in total. DHSC imposed very low prices for Aripiprazole and Temazepam tablets.
* In both months, PSNC challenged some of the final prices and urged the Department to review their data gathering processes and look at purchase prices across the month to provide a better reflection of prices contractors have paid.
* In support of a request for a price re-determination, PSNC presented evidence of contractor reports, invoices and selling prices to DHSC.
* In response to PSNC’s objections, DHSC stated that their data supported the original prices, and they were unable to offer any further adjustments.
* PSNC requested an urgent meeting with DHSC to discuss their position and we expressed our concerns stating that the impositions did not match the purchase prices reported by contractors or the evidence of market prices which were passed on to the Department.
* We highlighted that the concessions system is not working in the current environment from a community pharmacy perspective.
* In September, PSNC issued a [public statement](https://psnc.org.uk/our-news/psnc-to-seek-overhaul-of-pricing-concessions-system/) highlighting concerns about the large variation between purchase prices and reimbursement/concessionary prices for many drugs, demanding an overhaul of the current concession system so that prices:
	+ are more responsive to changes in the market;
	+ are agreed more quickly to provide contractors with certainty of reimbursement; and
	+ are set using high-quality data that reflects the reality presented by contractors on the ground; and
	+ balance contractors’ duty to supply with a reasonable purchase risk.
* PSNC has also submitted another formal request urging DHSC to reassess the August concessionary prices for Aripiprazole and Temazepam. PSNC is still awaiting a response from DHSC on this.
* PSNC presented a webinar on Wednesday 7 September 2022 to address questions raised by many pharmacy contractors, including how price concessions are negotiated, what the impact of price concessions is on overall funding, and how PSNC is working to improve the price concessions system.

## August 2022

* PSNC applied for a total of **140** price concessions in August 2022; DHSC wrote to PSNC 1September 2022 with the list of final prices.
	+ **99** price concessions were agreed between DHSC and PSNC.
	+ **39** products had prices imposed as PSNC was unable to agree to the final prices proposed by DHSC.
	+ **1** product where PSNC and DHSC agreed to no concessionary price.
	+ **1** product had a no concessionary price imposed by DHSC.
* PSNC received significant contractor feedback on the final prices of Aripiprazole and Temazepam in particular. PSNC understands that supply issues are affecting availability of these drugs.

## July 2022

* PSNC applied for a total of **99** price concessions in June 2022; DHSC wrote to PSNC on 30 August 2022 with the list of final prices.
	+ **54** price concessions were agreed between DHSC and PSNC.
	+ **41** products had prices imposed as PSNC was unable to agree to the final prices proposed by DHSC.
	+ **1** product 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.
* Following imposed prices, PSNC sought retrospective prices for the following products:
	+ Chlorpromazine 100mg tablets
	+ Chlorpromazine 25mg tablets
	+ Chlorpromazine 50mg tablets
	+ Clonidine 25microgram tablets
	+ Hydroxocobalamin 1mg/ml solution for injection ampoules
	+ Ibandronic acid 50mg tablets
	+ Naftidrofuryl 100mg capsules
	+ Risedronate sodium 35mg tablets
	+ Temazepam 10mg tablets
	+ Temazepam 20mg tablets
* In July, PSNC held a meeting with DHSC to discuss observations and concerns about the price concession process for May and June 2022. The following points were discussed:
	+ Length of time between PSNC requests and DHSC responses.
	+ Large number of no-concession prices in DHSC’s first response.
	+ Large percentage of imposed prices.
	+ Imposed prices significantly different to the reported/requested prices.
	+ Lines that had been in the concession process for a long period of time for example Trimethoprim 50mg/5ml oral suspension and Naftidrofuryl 100mg capsules.
	+ Calculation of uplift on concession lines to cover margin and discount deduction.
* At this meeting it was agreed that DHSC would respond earlier but this may mean some lines are flagged as awaiting further information. It was noted that in the July first response the number of no concession prices had significantly reduced. However, a large % of lines are still being imposed. PSNC stressed that the same margin uplift allocation process cannot be applied to concession lines as they behave differently to non-concession lines.

Price concessions summary

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| --- | --- |
| Subject | General funding update |
| Date of meeting | September 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:

* Changes to discount deduction arrangements
* Adjusted price for Promethazine hydrochloride 10mg tablets following price changes in July 2022
* SSP endorsement errors
* SSP issued for Combisal®125mcg/25mcg inhalers
* 12 SSPs for HRT medicines extended
* Expiry of SSP021 Premique® low dose 0.3mg/1.5mg modified-release tablets
* Extension to SSPs for Fluoxetine 10mg tablets (SSP005) and Atorvastatin 10mg chewable tablets (SSP032)
* SSP information
* Reminder: New Account Identifier Document for submission of paper prescriptions
* Reminder: Referred back and disallowed items are going fully digital via MYS from July 2022
* RTEC FAQs
* Three products reclassified as special containers from September 2022
* 43 products added to the Discount Not Deducted (DND) list in August & September 2022
* NHS Prescription Services ‘Hints & Tips’ – Issue 48
* Market movements with implications for supply
* DST webpage views

Changes to discount deduction arrangements

New arrangements for the application of discount deduction to community pharmacy payments have been agreed by PSNC and the Department of Health and Social Care (DHSC). The changes to discount deduction arrangements form part of a series drug reimbursement reforms proposed by DHSC following a [**public consultation**](https://www.gov.uk/government/consultations/community-pharmacy-drug-reimbursement-reform) in 2019.

The new discount deduction system will see the current single scale split into three groups: one each for generic medicines, branded medicines, and appliances. Separate fixed rates have been determined for each group as follows:

1. **Appliances:** Products listed in **Part IX** of the Drug Tariff will be deducted at **9.85%**.
2. **Generic medicines:** Products listed in Part VIIIA of the Drug Tariff and categorised in accordance with that Part as being in **Categories A and M** will be deducted at **17.52%**.
3. **Branded medicines: Any other product**, i.e. those which are neither listed appliances in Part IX, nor generic medicines that are in Categories A or M of the Drug Tariff, will be deducted at **5%**.

Note: In a month where a **concessionary price** is granted for a generic medicine listed in Category A or M of the Drug Tariff, the **Branded medicines** rate of **5%** will apply to that medicine.

From October 2022, discount deductions will begin transitioning to these new arrangements. The transition will take place over six financial quarters, concluding in January 2024 when contractors’ discount deduction will be calculated solely using the new fixed rates for each group. Every quarter the deduction will move more towards the new rates, with a variable weighting of the old rates and the new rates being applied as set out in the table below:

| **Time period** | **Old rate weighting** | **New rate weighting** |
| --- | --- | --- |
| October 2022 – December 2022 | 85% | 15% |
| January 2023 – March 2023 | 70% | 30% |
| April 2023 – June 2023 | 50% | 50% |
| July 2023 – September 2023 | 30% | 70% |
| October 2023 – December 2023 | 15% | 85% |
| January 2024 onwards | 0% | 100% |

Accordingly, two calculations will be made, one in reliance on the old rates and one in reliance on the new rates, and the total discount will be the weighted total of those two discount calculations added together.

Advance notice of these changes are outlined in the Preface section of the September 2022 Drug Tariff.

**Resources**

For a more detailed explanation on the background to these changes, how the new arrangements and transition period will work, worked examples, and FAQs, please refer to the following resources produced by PSNC.

[**PSNC Briefing 027/22: Discount Deduction Scale changes explained**](https://psnc.org.uk/briefings/psnc-briefing-027-22-discount-deduction-scale-changes-explained/)

[**PSNC Briefing 028/22: FAQs on the Changes to the Discount Deduction Scale**](https://psnc.org.uk/briefings/psnc-briefing-028-22-faqs-on-the-changes-to-the-discount-deduction-scale/)

Adjusted price for Promethazine hydrochloride 10mg tablets following price changes in July 2022

During the month of July 2022, PSNC received several reports from contractors unable to obtain Promethazine hydrochloride 10mg tablets (56) at the published [Drug Tariff](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) price of £4.24. PSNC submitted a request for a price concession, which was granted and subsequently published but this was later withdrawn after confirmation from the Department of Health and Social Care (DHSC) that due to the price change mechanism, the reimbursement price for Promethazine hydrochloride 10mg tablets has increased from £4.24 to £17.77 for the month of July 2022. **Any prescription for Promethazine hydrochloride 10mg tablets x 56 submitted for payment to the NHSBSA for the month of July 2022 will be reimbursed at the new price of £17.77 (not as per the price concession of £13.45 announced in the**[**4th concessions update**](https://psnc.org.uk/our-news/july-price-concessions-4th-update/)**published on 29 July 2022)**

Following the price change mechanism rules, for generic drugs (excluding drugs in Category M), a price change up to and including the 8th of the month takes effect for prescriptions dispensed in that same month. Any price change after the 8th takes place in the following month. For example, if a supplier’s list price changed on the 6th of July, the new reimbursement price would apply to prescriptions dispensed in July. If a supplier’s list price for a generic drug changed on the 15th July, the new reimbursement price would apply to prescriptions dispensed in August.

Promethazine hydrochloride 10mg tablets are listed in Category A of the Drug Tariff. Prices of drugs listed in Category A are based on a weighted average of the list prices from 2 mainline wholesalers and 2 generic manufacturers. An increase in mainline wholesaler prices early in July led to an adjustment to the reimbursement price for Promethazine hydrochloride 10mg tablets for July 2022. Contractors should note that the published [Drug Tariff](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) for August 2022 reflects the updated price of Promethazine hydrochloride 10mg tablets which is £17.77.

Click here for more information on the [price change mechanism](https://psnc.org.uk/wp-content/uploads/2019/05/Dispensing-and-Supply-Factsheet-What-is-the-Price-Change-Mechanism.pdf).

SSP endorsement errors

PSNC has been working with NHS Business Services Authority (NHSBSA) to understand whether claims for SSPs are being submitted correctly and in accordance with the specific [**supporting guidance**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) for each SSP. Between 1 April 2022 and 31 May 2022, NHSBSA received several electronic EPS SSP claims which did not meet the requirements for a valid SSP. The reasons for these incorrect/invalid SSP claims were due to:

* **Reduced quantity not endorsed** – for SSPs that require a reduced quantity to be endorsed, often the endorsed quantity matched the prescribed quantity. Majority of invalid SSP claims were due to this reason.
* **Incorrect item endorsed**– for SSPs that require substitution to an alternative product, the endorsed item was almost always the same as original prescribed item.
* **Claims made against items without an active SSP**– SSP endorsed against items for which a valid SSP did not exist.
* **Claims for supplies made in accordance with an expired SSP:**
* **No active SSP in place at the time of supply** – i.e. SSP claimed for items on prescriptions issued after SSP expired.
* **Invalid or incorrect SSP reference number endorsed**– For example SSP 000, SSP (missing reference number), SSP 028 (incorrect number), SSP 28 (two instead of three digits).
* Alternative item correctly supplied within the valid period but the Dispense Notification message submitted after expiry of the SSP.

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For any invalid SSP claims, contractors will continue to receive the usual dispensing fee but will not receive any SSP fee (£5.35). Reimbursement for invalid SSP claims will also be in accordance with the prescribed product rather than the alternative product or quantity supplied in accordance with an SSP.

To ensure correct payments for SSP claims are received, contractors should follow the endorsement requirements outlined in the specific [**supporting guidance**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps)for each SSP. Contractors are strongly advised to check that their PMR systems supports correct and complete SSP endorsements. If there is any doubt on the correct use of the PMR system SSP functionality, contractors should contact their system supplier for further guidance.  Any suggestions about how system usability and functionality could be improved should also be [**fed back to the system supplier**](https://psnc.org.uk/digital-and-technology/contingency-it/reporting-it/).

**Top tip: As part of reconciling, check the SSPs declared align with the SSP fees reimbursed as per your Schedule of Payment.**

SSP issued for Combisal®125mcg/25mcg inhalers

Serious Shortage Protocol (SSP) for Combisal®125mcg/25mcg inhalers (SSP034) has been further extended to **28 September 2022** due to ongoing supply disruptions affecting this drug (this SSP was previously set to expire on 19 August 2022).

SSP034 provides that for every **Combisal® (Fluticasone 125micrograms / Salmeterol 25micrograms) pressurised metered dose inhaler (pMDI)** originally prescribed, **one Fluticasone 125micrograms / Salmeterol 25micrograms pMDI** must be supplied (specified brands only). Additionally, for patients that use a spacer device with their Combisal® inhaler, SSP034 also provides an option for pharmacists to supply a compatible spacer device if the original spacer that the patient has is not compatible/licensed with the substituted inhaler.

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| --- | --- |
| **For prescriptions (NHS or private) requesting:** | **Supply permitted under SSP034:** |
| **Combisal®** (Fluticasone 125microgram / Salmeterol 25microgram) pressurised metered dose inhaler (pMDI) | An alternative brand of Fluticasone 125micrograms / Salmeterol 25micrograms pMDI: **Alofute®, Sereflo®, Seretide 125 Evohaler® or Sirdupla®**AND if required, a compatible spacer device:**AeroChamber Plus®or Volumatic® (all types listed in Part IXA)** |

The table below shows the alternative brands of Fluticasone 125micrograms / 25micrograms pMDI inhaler CFC free that can be supplied as an alternative to Combisal® in accordance with SSP034. The table also includes information on licensed age restrictions, ethanol content and spacer compatibility for inhalers.

| **Alternatives to Combisal® 125mcg/25mcg inhaler** | **Licensed age restriction** | **Compatible spacer device** | **Contains ethanol** |
| --- | --- | --- | --- |
| **Aloflute®** | 18 years and over | AeroChamber Plus®\* | Yes |
| **Sereflo®** | 18 years and over | Manufacturer advises spacer devices are not compatible with Sereflo 125mcg/25mcg inhaler – if spacer device required switch to alternative fixed-dose combination preparation which is authorised for use with a spacer device. | No |
| **Seretide 125 Evohaler®** | 12 years and over | Volumatic®\*(all types) | No |
| **Sirdupla®** | 18 years and over | AeroChamber Plus® \* (all types) | Yes |

**The SSP may be amended or revoked at any time but currently expires on 28 September 2022 – PSNC will update contractors on any changes.**

### Key points relating to SSP034

* This protocol does **not** allow for the quantity supplied to be less than the number of days prescribed on original prescription.
* The SSP can only be used to supply an alternative inhaler (along with a compatible spacer device, if required) to patients aged **12 years or over**.
* The patient/carer must consent to receiving the medicine supplied under this SSP. The patient/carer should only be supplied in accordance with this SSP if the pharmacist is satisfied they understand and are able to accommodate the switch.
* For children aged between 12-17, only Seretide 125 Evohaler® can be supplied as a licensed alternative.
* Ensure that patients who meet the SSP ‘[Criteria for exclusion](https://www.nhsbsa.nhs.uk/sites/default/files/2022-03/SSP018%20-%20Salazopyrin%20500mg%20tablets.pdf)‘ are promptly referred to their prescriber for further advice.
* Both Sereflo® and Seretide 125 Evohaler® are alcohol-free and suitable for patients who are intolerant to alcohol or prefer an alcohol-free alternative.
* Combisal® inhaler uses the AeroChamber Plus® spacer device. Aloflute® and Sirdupla® inhalers may be suitable alternatives for patients already using the AeroChamber Plus® spacer device.
* For patients substituted to Seretide 125 Evohaler®, a Volumatic® spacer should be given to patients who require a spacer device.
* For patients who pay for their prescriptions, they would continue to pay a single charge for the alternative inhaler supplied in accordance with SSP034. Where it is deemed suitable to supply an alternative spacer to the patient, no prescription charge should be taken for the spacer.
* Pharmacists must exercise their professional judgement to ensure the alternative products are suitable for the patient.

### **Endorsing requirements**

* To claim the correct reimbursement and remuneration for supply in accordance with SSP034, follow the endorsing requirements as outlined in [NHSBSA’s supporting guidance](https://www.nhsbsa.nhs.uk/sites/default/files/2022-03/Supporting%20endorsement%20guidance%20Salazopyrin%20500mg%20tablets%2010032022.pdf). See information on [common SSPs endorsing errors](https://www.nhsbsa.nhs.uk/endorsing-serious-shortage-protocols-ssps-0) identified by the NHSBSA.
* Contractors should check with their system supplier on the correct method of adding the required SSP endorsements including how to endorse a spacer device, if one is supplied.
* When a spacer device is supplied in accordance with SSP034, contractors should endorse the brand and type of spacer supplied for example, Volumatic® or Volumatic paediatric® with mask, if appropriate.
* **If your PMR system does not allow endorsement of multiple products (inhaler and spacer) against a single prescribed item, contractors should endorse the alternative inhaler supplied along with the correct SSP endorsement. For the spacer device, the contractor would select the ‘NCSO’ endorsement and enter the brand/type of spacer supplied in the text.**
* **If a spacer cannot be added to endorsement this will not be reimbursed. If your PMR system functionality does not support correct endorsement requirements, the patient should be referred back to their prescriber to obtain a new prescription for an alternative inhaler and a compatible spacer.**

Contractors should have been sent an email to their shared NHSmail account informing them of this SSP. Pharmacists are required to read and comply with the requirements outlined within the individual SSP 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 SSP034 Combisal® 125mcg/25mcg inhalers.

### Remuneration

Supply in accordance with this SSP034 will result in the following fees being paid to the contractor:

* One Single Activity Fee (£1.27) where only one dispensed item or two Single Activity Fees (2 x £1.27) where it is deemed suitable to supply an alternative spacer to the patient.
* One SSP fee (£5.35)

### Reimbursement

The supplied product in accordance with this SSP034 will be reimbursed as if it was dispensed against a prescription. In this instance, contractors will be reimbursed the NHS list price for the quantity supplied and endorsed for the specified products and strengths listed below:

* Aloflute ®
* Sereflo ®
* Seretide® 125 Evohaler
* Sirdupla ®

Where deemed appropriate if a spacer is supplied in accordance with this SSP, then pharmacy contractors will be reimbursed the Part IX reimbursement price for the product endorsed. All AeroChamber Plus® and Volumatic®spacer device types listed in the Tariff can be supplied, as appropriate.

**Where the correct endorsement (as per Clause 9 Part II of the Drug Tariff) is not provided, pharmacy contractors will be reimbursed the cheapest spacer/holding chamber device as recommended for the substituted inhaler.**

The reimbursement price will account for VAT payment.

12 SSPs for HRT medicines extended

Twelve of the thirteen Hormone Replacement Therapy (HRT) Serious Shortage Protocols (SSPs) have been extended to **28 October 2022**. This is to help manage the ongoing supply disruptions affecting the availability of certain HRT medicines. **The HRT SSPs which have been extended include SSP019, SSP020 and SSPs 022 – 031 (see table below)**.

The only HRT SSP expired 29 July 2022 was for**SSP021 Premique**® **low dose 0.3mg/1.5mg modified-release tablets.** After 29 July, there was no need to restrict quantities of Premique® tablets as its supply situation was stabilised.

In addition, the dose equivalence advice and endorsement guidance for SSP024 and SSP025 have been updated.  SSP024 and SSP025 have been updated by DHSC to provide greater clarity to pharmacists on the dose equivalences to determine the appropriate quantity to supply.  Please refer to the latest SSP versions and endorsement guidance published on [NHSBSA’s website](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps).

**The table below shows all HRT SSPs (except SSP021) with an extended expiry date to 28 October 2022.**

| **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) |
| **Ovestin® 1mg cream** | Icon  Description automatically generatedSSP 020 | Icon  Description automatically generatedSSP 024 (update to dose equivalence advice and endorsing guide – see latest versions) |  Icon  Description automatically generated SSP 025 (update to dose equivalence advice and endorsing guide – see latest versions) |
| **Oestrogel® Pump-Pack 0.06% gel** | Icon  Description automatically generatedSSP 019 | Icon  Description automatically generatedSSP 022 | Icon  Description automatically generatedSSP 023 |
| **Lenzetto® 1.53mg/dose transdermal spray** | Icon  Description automatically generatedSSP 026 | Icon  Description automatically generatedSSP 027 | Icon  Description automatically generatedSSP 028 |
| **Sandrena® 0.5mg and 1mg gel sachets** | Icon  Description automatically generatedSSP 029 | Icon  Description automatically generatedSSP 030 | Icon  Description automatically generatedSSP 031 |

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.

 **HRT SSPs**

For four HRT medicines affected by ongoing supply disruptions, a total of 12 individual SSPs remain valid for use 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.

Expiry of SSP021 Premique® low dose 0.3mg/1.5mg modified-release tablets

The Department of Health and Social Care (DHSC) confirmed that sufficient stock of Premique® low dose 0.3mg/1.5mg modified-release tablets was available to meet normal demand. As a result, the Serious Shortage Protocol **SSP021, for Premique® low dose 0.3mg/1.5mg modified-release tablets expired at 23.59pm on Friday 29 July 2022**. After this date, any prescriptions for Premique® low dose 0.3mg/1.5mg modified-release tablets must be dispensed in accordance with the prescription, and the SSP021 will no longer be valid for use.

### Top tips for SSP claims

* Where available, use the claim amend facility on the PMR system to rectify any incorrect EPS claims already submitted this month.
* For any supplies made in accordance with SSPs, check that the correct number of patient charges are collected and declared on the end of month FP34C submission document.
* NHSBSA advise that contractors must follow the specific [endorsement guidance](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) issued with each SSP and endorsements should be clear and unambiguous – NHSBSA processing staff must be able to determine what has been supplied. NHSBSA have published information on [common SSP endorsing errors](https://www.nhsbsa.nhs.uk/endorsing-serious-shortage-protocols-ssps-0) they see when processing claims.
* Any paper prescriptions with SSP claims need to be placed in the red separator provided by the NHSBSA.
* Although an SSP cannot be used outside its period of validity, claims can be submitted up to three calendar months after expiry or withdrawal of the SSP to help manage any owings for other items issued on the same prescription form. For example, for SSP021 Premique® low dose 0.3mg/1.5mg modified-release tablets, which expires at 23.59pm on Friday 29 July 2022, the NHSBSA would continue to look for the “SSP” endorsement on prescriptions for Premique® low dose 0.3mg/1.5mg modified-release tablets that are submitted with the July batch (submitted by 5 August), August batch (submitted by 5 September) and September batch (submitted by 5 October).
* Pharmacy contractors should declare the number of SSP claims submitted each month to reconcile against their monthly Schedule of Payments or Prescription Item (Px) reports.
* View our [**SSP submission guidance**](https://psnc.org.uk/dispensing-supply/supply-chain/live-ssps/) to ensure your SSP claims are appropriately submitted to NHSBSA for reimbursement.

Extension to SSPs for Fluoxetine 10mg tablets (SSP005) and Atorvastatin 10mg chewable tablets (SSP032)

The Department of Health and Social Care (DHSC) provided an update on the Serious Shortage Protocols (SSPs) for Fluoxetine 10mg tablets (SSP005) and Lipitor® 10mg chewable tablets (SSP032).

**SSP005** for Fluoxetine 10mg tablets was due to expire on 12 August 2022 but the end date was further extended to **Wednesday 7 December 2022.** SSP005 provides that for every **Fluoxetine 10mg tablet originally prescribed**, **one Fluoxetine 10mg capsule** must be supplied.

[**SSP032**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) for Lipitor® 10mg chewable tablets was due to expire on 2 September 2022 but the end date was further extended to **Friday 9 September 2022. SSP032** 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.

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| **SSP** | **For prescriptions (NHS or private) requesting:** | **Supply permitted under SSP:** | **SSP expiry date** |
| SSP005 | Fluoxetine 10mg tablets | Fluoxetine 10mg capsules | 7 December 2022 |
| SSP032 | Lipitor® 10mg chewable tablets | Atorvastatin 10mg tablets**OR**Atorvastatin 20mg/5ml oral suspension sugar free | 9 September 2022 |

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

SSP005 and SSP032 may be amended or revoked at any time – PSNC will update contractors on any changes.

Current versions of SSPs can be found at: [**www.nhsbsa.nhs.uk/pharmacies-gp-practices-andappliance-contractors/serious-shortage-protocols-ssps**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps)

SSP information

**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) | 7 December 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 | 28 October 2022 | [SSP019 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-04/Supporting%20endorsement%20guidance%20Oestrogel%20.pdf) |
| SSP020 Ovestin® 1mg cream – restriction | 28 October 2022 | [SSP020 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-04/Supporting%20endorsement%20guidance%20Ovestin.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) | 28 October 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) | 28 October 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) | 28 October 2022 | [SSP024 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-07/Endorsement%20guidance%20SSP024%20Ovestin%20substitution%2028072022.pdf) (update to dose equivalence advice and endorsing guide – see latest versions) |
| [SSP025 Ovestin® 1mg cream – substitution and restriction](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 28 October 2022 | [SSP025 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-07/Endorsement%20guidance%20SSP025%20Ovestin%20substitution%20and%20restriction%2028072022.pdf) (update to dose equivalence advice and endorsing guide – see latest versions) |
| [SSP026 Lenzetto® 1.53mg/dose transdermal spray –  restriction](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 28 October 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) | 28 October 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) | 28 October 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) | 28 October 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) | 28 October 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) | 28 October 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) | 9 September 2022 | [SSP032 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-05/Endorsement%20guidance%20SSP032%20Atorvastatin%20Chewable%2031052022.pdf) |
| [SSP034 Combisal®125mcg/25mcg inhalers](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) | 28 September 2022 | [SSP034 guide](https://www.nhsbsa.nhs.uk/sites/default/files/2022-07/Endorsement%20guidance%20SSP034%20Combisal%2028072022%20FINAL.pdf) |

**Expired SSPs (2022)**

| **SSP** | **Date expired** | **Supporting Information** |
| --- | --- | --- |
| [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) |
| 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) |
| [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

Reminder: New Account Identifier Document for submission of paper prescriptions

Pharmacy contractors are reminded that from August 2022 (for July 2022 prescriptions), pharmacy contractors 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 was 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 allows 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.

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

**Pharmacy contractors are reminded that, from July 2022 (for the dispensing month of June 2022), all new prescription returns/referred back items and disallowed items will 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 will be the only route available to view and submit required information for all these items.**

From July 2022, the NHS Business Services Authority (NHSBSA) will send out 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 sent in the post to those contractors still using the paper-based route related 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 contractor 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/) and [PSNC Briefing 020/22: Understanding prescription returns and disallowed items](https://psnc.org.uk/briefings/understanding-prescription-returns-and-disallowed-items/).

RTEC FAQs

Following the rollout of the Department for Work and Pensions (DWP) functionality for [Real Time Exemption Checking (RTEC)](https://psnc.org.uk/digital-and-technology/systems-apps/real-time-exemption-checking-rtec/), PSNC received many queries from contractors. A sample of these questions is included further below.

**Overview**

RTEC allows pharmacy teams to check digitally if patients are eligible for free NHS prescriptions because they hold a specific exemption. The rollout of the DWP inclusion in RTEC means patients found to be exempt via RTEC no longer need to complete an exemption declaration on an EPS token, saving pharmacy teams and patient’s time.

**FAQs**

**Q. The patient believes they need to pay the patient prescription charge, but our PMR system’s RTEC has stamped the prescription ‘exempt’. What should I do?**

Those prescriptions stamped ‘exempt’ by the RTEC will be treated as exempt by the NHS Business Services Authority (NHSBSA) regardless of the information written onto the paper EPS token. There is no need for the pharmacy team to collect a prescription charge from this patient.

**Q. Will a patient receive a penalty notice charge if their prescription was stamped ‘RTEC yes’ during the RTEC check and the EPS prescription is submitted to NHSBSA?**

No. Prescriptions stamped exempt by the RTEC check do not require investigation for potential charge notices.

**Q. Do I need to submit EPS tokens for prescriptions with an RTEC exemption?**

No. The PMR system can apply the RTEC information into the EPS prescription message and those tokens will not need to be posted to the NHSBSA for exemption related reasons.

**Q. Our PMR system performs the RTEC check earlier during the dispensing process and ‘RTEC yes’ was confirmed**

**on the prescription? Is there a need to check later if there is a gap between dispensing and supply?**

No. There is no requirement to check a prescription twice, i.e. a second time after RTEC was applied onto the prescription. If necessary, you may inform the patient that an RTEC check was performed earlier during the dispensing process which ‘stamped’ the prescription as exempt.

[Read additional FAQs within the RTEC FAQ factsheet](https://psnc.org.uk/briefings/psnc-briefing-005-21-real-time-exemption-checking-rtec-faqs-factsheet/)

Three products reclassified as special containers from September 2022

Following representations from PSNC, the Department of Health of Social Care (DHSC) has re-determined the special container status of the following products to be supplied as complete packs:

* Cycloserine 250mg capsules
* Efmody 5mg modified-release capsules
* Efmody 10mg modified-release capsules

From September 2022, these products have been re-classified as special containers as they meet the relevant criteria as set out in Part II Clause 10B of the 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 **885** 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 | 177 | 36 |
| **Viscous external preparations\*** | 895 | 136 | 124 | 12 |
| **Packaged in a container from which it is not practicable to dispense exact quantity\*** | 3028 | 506 | 443 | 80 |
| **Total** | **4,192** | **885** | **757** | **128** |

*\*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.

43 products added to the Discount Not Deducted (DND) list in August & September 2022

Following applications made by PSNC to the Department of Health and Social Care (DHSC) and the NHS Business Services Authority (NHSBSA), a further 43 new products entered the list of ‘Drugs for which Discount is Not Deducted’ (DND) in Part II of the Drug Tariff in August and September:

15 products added to DND list on 1 September 2022:

* Acetylcysteine 200mg oral powder sachets
* Alzest 13.3mg/24hours transdermal patches
* Brilique 60mg tablets
* Brilique 90mg orodispersible tablets
* Brilique 90mg tablets
* Creon 25000 gastro-resistant capsules
* Creon Micro Pancreatin 60.12mg gastro-resistant granules
* Hydrocortisone 2.5% cream
* Hydrocortisone 2.5% ointment
* Icosapent 998mg capsules
* Imiquimod 5% cream 250mg sachets
* Valsartan 40mg tablets
* Voriconazole 100mg tablets
* Voriconazole 50mg tablets
* Zyclara 3.75% cream 250mg sachets

28 products added to DND list on 1 August 2022:

* Adrenaline (base) 500micrograms/0.5ml (1 in 1,000) solution for injection ampoules
* Amantadine 50mg/5ml oral solution sugar free
* Amiloride 5mg / Bumetanide 1mg tablets
* Cabergoline 1mg tablets
* Cabergoline 2mg tablets
* Chloral hydrate 500mg/5ml oral solution
* Doxepin 10mg capsules
* Efmody 10mg modified-release capsules
* Efmody 5mg modified-release capsules
* Ephedrine hydrochloride 15mg tablets
* Ephedrine hydrochloride 30mg tablets
* Hydrocortisone 0.5% ointment
* Liothyronine 10microgram capsules
* Liothyronine 20microgram capsules
* Liothyronine 5microgram capsules
* Naproxen 125mg/5ml oral suspension sugar free
* Ontozry 100mg tablets
* Ontozry 12.5mg/25mg tablets treatment initiation pack
* Ontozry 150mg tablets
* Ontozry 200mg tablets
* Ontozry 50mg tablets
* Potassium dihydrogen phosphate 13.6% (potassium 10mmol/10ml) solution for infusion 10ml ampoules
* Prednsiolone sodium phosphate 5mg suppositories
* Procyclidine 10mg/2ml solution for injection ampoules
* Rupatadine 10mg tablets
* Tamoxifen 40mg tablets
* Vazkepa 998mg capsules

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. A total of **544** products have been granted DND status following checks made by PSNC within the past 26 months.

NHS Prescription Services ‘Hints & Tips’ – Issue 48

NHS Prescription Services produces a quarterly newsletter called “Hints & Tips for dispensing contractors”. The latest edition (Issue 48) contained some useful information and advice on:

* [Batch submissions – Account Identifier Document](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877637#Account%20Identifier%20Document)
* [Licensed medicines](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877637#Licensed%20meds)
* [RTEC DWP work complete](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877637#RTEC)
* [NMS returns not required Q1](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877637#NMS)
* [Endorsing SSPs](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877637#Endorsing%20SSPs)
* [dm+d browser](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877637#dm+d%20browser)
* [Electronic Repeat Dispensing](https://mailchi.mp/nhsbsa.nhs.uk/hints-and-tips-issue-1877637#eRD)

To view current and previous issues of Hints & Tips click [here](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/hints-and-tips-open-days-and-webinars#jumplink0).

Market movements with implications for supply

The following **16** supply disruption alerts and medicine supply notifications (issued by DHSC between 6 June 2022 and 5 September 2022) were published on the PSNC’s website by the Dispensing & Supply team to assist pharmacy teams:

| **Date** | **Drug name** |
| --- | --- |
| 05/09/2022 | [Medroxyprogesterone (Provera® ) 10mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-medroxyprogesterone-provera-10mg-tablets/) |
| 26/08/2022 | [Methylprednisolone (Medrone®) 4mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-methylprednisolone-medrone-4mg-tablets/) |
| 18/08/2022 | [Acebutolol (Sectral® )100mg and 200mg capsules and 400mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-acebutolol-sectral-100mg-and-200mg-capsules-and-400mg-tablets/) |
| 18/08/2022 | [Bowel evacuation preparations](https://psnc.org.uk/our-news/medicine-supply-notification-bowel-evacuation-preparations/) |
| 18/08/2022 | [Diltiazem (Tildiem Retard® ) 90mg and 120mg modified-release tablets](https://psnc.org.uk/our-news/medicine-supply-notification-diltiazem-tildiem-retard-90mg-and-120mg-modified-release-tablets/) |
| 12/08/2022 | [Varicella vaccine (live) powder and solvent for suspension/solution for injection 0.5ml vials (Varivax® and Varilrix® )](https://psnc.org.uk/our-news/vaccine-supply-notification-varicella-vaccine-live-powder-and-solvent-for-suspension-solution-for-injection-0-5ml-vials-varivax-and-varilrix/) |
| 11/08/2022 | [Hydrocortisone sodium phosphate 100mg/1ml solution for injection ampoules](https://psnc.org.uk/our-news/medicine-supply-notification-hydrocortisone-sodium-phosphate-100mg-1ml-solution-for-injection-ampoules/) |
| 11/08/2022 | [Disopyramide 150mg capsules](https://psnc.org.uk/our-news/medicine-supply-notification-disopyramide-150mg-capsules/) |
| 08/08/2022 | [Insulin isophane biphasic human 50/50 (Insuman® Comb 50) 100units/ml suspension for injection 3ml cartridge](https://psnc.org.uk/our-news/medicine-supply-notification-insulin-isophane-biphasic-human-50-50-insuman-comb-50-100units-ml-suspension-for-injection-3ml-cartridge/) |
| 03/08/2022 | [Aripiprazole 10mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-aripiprazole-10mg-tablets/) |
| 03/08/2022 | [Fluticasone 125microgram / Salmeterol 25microgram (Combisal®) pressurised metered dose inhaler (pMDI)](https://psnc.org.uk/our-news/medicine-supply-notification-fluticasone-125microgram-salmeterol-25microgram-combisal-pressurised-metered-dose-inhaler-pmdi/) |
| 14/07/2022 | [Paroxetine (Seroxat®) 20mg/10ml oral suspension](https://psnc.org.uk/our-news/medicine-supply-notification-paroxetine-seroxat-20mg-10ml-oral-suspension/) |
| 14/07/2022 | [Alendronic acid 70mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-alendronic-acid-70mg-tablets/) |
| 11/07/2022 | [Suprefact and Suprecur](https://psnc.org.uk/our-news/medicine-supply-notification-suprefact-and-suprecur/) |
| 07/07/2022 | [Promethazine hydrochloride 25mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-promethazine-hydrochloride-25mg-tablets/) |
| 30/06/2022 | [Eletriptan (Relpax® ) 20mg tablets](https://psnc.org.uk/our-news/medicine-supply-notification-eletriptan-relpax-20mg-tablets/) |

# DST webpage views

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

| **Page** | **Page views**  |
| --- | --- |
| [Price Concessions/Generic Shortages](https://psnc.org.uk/dispensing-supply/supply-chain/generic-shortages/) | 241,697 |
| [Serious Shortage Protocols (SSPs)](https://psnc.org.uk/dispensing-and-supply/supply-chain/ssps/) | 88,775 |
| [Special Container Database](https://psnc.org.uk/dispensing-and-supply/dispensing-process/dispensing-a-prescription/special-containers/special-container-database/) | 50,145 |
| [Controlled Drug Prescription Forms and Validity](https://psnc.org.uk/dispensing-supply/dispensing-controlled-drugs/controlled-drug-prescription-forms-and-validity/) | 44,731 |
| [Is this Prescription Form Valid?](https://psnc.org.uk/dispensing-supply/receiving-a-prescription/is-this-prescription-form-valid/)  | 28,582 |
| [Medicine Shortages](https://psnc.org.uk/dispensing-supply/supply-chain/medicine-shortages/) | 21,884 |
| [Exemptions from the prescription charge](https://psnc.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/patient-charges/exemptions/) | 18,814 |
| [Who Can Prescribe What?](https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/)  | 17,329 |
| [What does the patient pay?](https://psnc.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/patient-charges/) | 13,274 |
| [Instalment dispensing (FP10 and FP10MDA including liquid oral methadone)](https://psnc.org.uk/dispensing-and-supply/dispensing-process/dispensing-controlled-drugs/instalment-dispensing-fp10-and-fp10mda-including-liquid-oral-methadone/) | 9,170 |

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| --- | --- |
| Subject | Statistics |
| Date of meeting | September 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

**Jun-22** total items was **89.3m** over 24 dispensing days (**3.7m** items per day). This is **8.0% more** items per day than the same month in the previous year.



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As of **Jun-22**, the proportion of all items that are EPS is **95.7%**. The proportion of items that are ERD is **14.3%**.

The latest rolling 12 month item volume as of **Jun-22** is **1,064.4m** 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 **22/23 Q1** the average fees per item was **£1.61**.

## 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-628 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.

