



Dispensing Factsheet: Top Tips to maximise dispensing income

This factsheet, prepared by Community Pharmacy England's Dispensing and Supply Team, provides tips to help pharmacies minimise losses when dispensing and includes links to further information on specific topic areas which can be accessed as needed.

Dispensing

- Check if the **item is allowed** on an NHS prescription form – for example, appliances or chemical reagents not listed in Part IX of the Drug Tariff will be disallowed.
- Check **prescriber qualifications** – does the prescriber hold relevant registration(s) to issue NHS prescriptions for the requested items? A high percentage of disallowed items are those ordered by dentists or community nurse prescribers which are not listed in their respective drug formularies.
- Check the **validity of the prescription form** – is the item prescribed on a valid NHS prescription form annotated with the type of prescriber issuing it?
- Check that **prescriber endorsements** are present, where applicable – for example, 'SLS' for items on the Selected List Scheme, 'FS' for free supply or 'AF' for assorted flavours etc.
- Check that **prescriptions are written correctly** – for example, ensure that supplementary product information is not included in the dosage area.

Ordering

- **Shop around for the best prices** – check with multiple suppliers before ordering generic medicines and consider use of purchasing cascade systems to assist with your buying.
- **Report any products purchased over Drug Tariff prices** – to be considered for a price concession application, report any products purchased over Drug Tariff prices using our online reporting form.
- **Report any medicine shortages or supply disruptions** – use the online shortage reporting form to highlight any supply issues to Community Pharmacy England. All reports are shared with the Medicine Supply team at the Department of Health and Social Care (DHSC).

Endorsements

- **Endorse prescriptions correctly** to avoid missing out on payments or any delays to payments linked to endorsements:
 - Only use recognised dispenser endorsements, for example, endorse 'XP' (EPS) or 'OOP' (paper) to claim for any out-of-pocket expenses. Please note 'OOPE' is NOT a valid endorsement to claim for out-of-pocket expenses. For more information on dispenser endorsements, refer to the detailed **Endorsement guidance** published by the NHSBSA.
 - Ensure **FP10MDA prescriptions** are endorsed correctly with the details of each dispensing episode (instalment) on the right-hand side of the form.
 - Remember to **endorse 'PD'** to claim a fee for each separately packaged dose of methadone oral liquid dispensed against FP10 or FP10MDA prescriptions.
 - For **unlicensed specials**, remember to endorse 'SP' and if required, any additional endorsements such as invoice price, batch number etc.
 - Where an invoice price endorsement is required (for example for non-Part VIII unlicensed specials), endorse the invoice price of the complete pack size used. NHSBSA will use the pack size price to calculate reimbursement based on the quantity ordered.

- To claim for supplies made in accordance with a [Serious Shortage Protocol \(SSP\)](#) endorse 'SSP' followed by the three-digit reference number, (for example, SSP 059) along with any additional endorsements as outlined in the corresponding SSP guidance published on [NHSBSAs website](#).
- No endorsements are required on prescriptions for drugs that are granted a price concession – the NHSBSA will automatically reimburse the new concessionary granted by DHSC. There is no need to endorse 'NCSO' and/or the invoice price.
- For products not listed in the Drug Tariff (non-Part VIII), endorse the quantity and pack size from which the order was supplied and if prescribed generically, include the brand, or supplier (manufacturer or wholesaler) name.
- Endorse the drug presentation or formulation dispensed if this has not been specified by the prescriber (typically on handwritten paper prescription forms) to avoid the prescription being referred back to the pharmacy.

Submission

- Ensure [EPS prescriptions are claimed on time](#) taking account of the EPS five-day window:
 - Submit dispense notification (DN) messages once items have been dispensed;
 - Submit claim notification (CN) messages frequently throughout the month and no later than the 5th day of the month following that in which supply was made.
- Ensure that all EPS messages are populated with the correct prescription charge or exemption status. [Real Time Exemption Checking \(RTEC\)](#) is an NHS electronic service which enables your PMR system to automatically check whether a patient has a known exemption that can be automatically applied to their EPS prescription removing the need for the patient/representative to make a written exemption status declaration on the EPS token.
- Before submission, [the reverse of all paper prescription forms must be completed in full](#) by the patient/representative with either the prescription charge or correct exemption status applied alongside their signature. If the patient declaration on the reverse of an exempt paper prescription form is incomplete, the form will be 'switched' to chargeable status by the NHSBSA, and the pharmacy owner will have a prescription charge deducted for each item on that form.
- [Make your FP34C submission](#) using the Manage Your Service (MYS) portal and submit your declaration no later than the 5th day of the following month in which the supply to secure early advance payment.
- Place the required paper prescription forms (for example, with expensive items, or which include SSP, OOP or BB claims etc) in the [Red Separators](#) provided by the NHSBSA. Using the Red separators allows NHSBSA to carry out additional checks on certain prescriptions for payment purposes.
- [Dispatch the paper prescription bundle](#) each month along with your Account Identifier Document to the relevant pricing division of the NHSBSA no later than the 5th day of the month following that in which supply was made.
 - The Account Identifier Document allows you to submit your paper prescription bundle to NHSBSA in advance of submitting your FP34C enabling you to submit EPS claims up to and including the 5th of the following month.
 - The NHSBSA may apply an administrative charge of £25 for late submission of prescription bundles.
- Ensure that any [referred-back prescriptions](#) on MYS are completed and returned to the NHSBSA as soon as possible to avoid any delays in payment. Incomplete referred back prescriptions expire 18 months after the first date of receipt.
- Check and challenge any [incorrectly disallowed](#) items using MYS no later than 18 months from the date of receipt.



Payment reconciliation

- Keep a record of the email confirmation of your FP34C submission via MYS to help with [payment reconciliation](#).
- [Monitor your Schedule of Payments](#) to identify any unusual trends/potential errors - Community Pharmacy England recommends keeping a record/log of all [expensive items](#) dispensed each month to assist with reconciliation.
- Analyse your monthly [Prescription Item Report](#) to identify any payment discrepancies.
- Consider submitting a [temporary safeguarding payments claim](#) if you have been adversely affected by prescribers systematically increasing prescription duration i.e. increased supplier bills followed by decreased prescription item volume.
- [Check that the total fees paid for SSPs aligns with number of claims declared](#) on your FP34C.
- If you believe there is an issue with your monthly payment report this to NHSBSA and [request a prescription re-check](#).