

Funding and Contract Subcommittee Agenda

Date: Wednesday 5th February 2025

Start time: 13:00

Location: Hosier Lane, London

Items are confidential where marked

Members: Peter Cattee (Chairman), David Broome, Jas Heer, Tricia Kennerley, Prakash Patel, Adrian Price, Anil Sharma, Jay Patel

In attendance: Mike Dent, Jack Cresswell, Rob Thomas, Suraj Shah, Michael Digby, Daniel Fladvad and Gemma Hackett.

1. Welcome from Chair
2. Apologies for absence
3. Declarations or conflicts of interest
4. Minutes of last meeting (**Confidential Appendix FCS 01/02/25**) and matters arising

Matters for discussion

5. Price change timetable (**Confidential Appendix FCS 02/02/25**)

Matters of report

6. Pharmacy First (**Confidential Appendix FCS 03/02/25**)
7. Remuneration and reimbursement updates
 - a. CPCF outturn (**Confidential Appendix FCS 04/02/25**)
 - b. Jan 2025 Cat M (**Confidential Appendix FCS 05/02/25**)
 - c. Cat A transition update (**Confidential Appendix FCS 06/02/25**)
 - d. Cat A price concessions update (**Confidential Appendix FCS 07/02/25**)
 - e. Reimbursement reforms update (**Confidential Appendix FCS 08/02/25**)
 - f. Special containers (**Confidential Appendix FCS 09/02/25**)
 - g. Margin update (**Confidential Appendix FCS 10/02/25**)
 - h. Price concessions update (**Appendix FCS 11/02/25**)

- 8. General funding update (**Appendix FCS 12/02/25**)
- 9. Statistics (**Appendix FCS 13/02/25**)
- 10. Any other business

Subject	Price concessions update
Date of meeting	February 2025
Committee/Subcommittee	FunCon
Status	Not confidential
Overview	Overview of monthly price concessions granted
Proposed action(s)	No action required
Author(s) of the paper	CPE Dispensing & Supply Team



Price concessions update

January 2025

- As of 27th January 2025, CPE has applied for **132** price concessions. Further applications may be submitted throughout the month based on reports received by CPE.
 - As of 21st January 2025, **62** price concessions have been agreed between DHSC and CPE. We are still in discussion with DHSC on prices for other products requested.
 - There were no price concessions from December 2024 that rolled over into January 2025.

December 2024

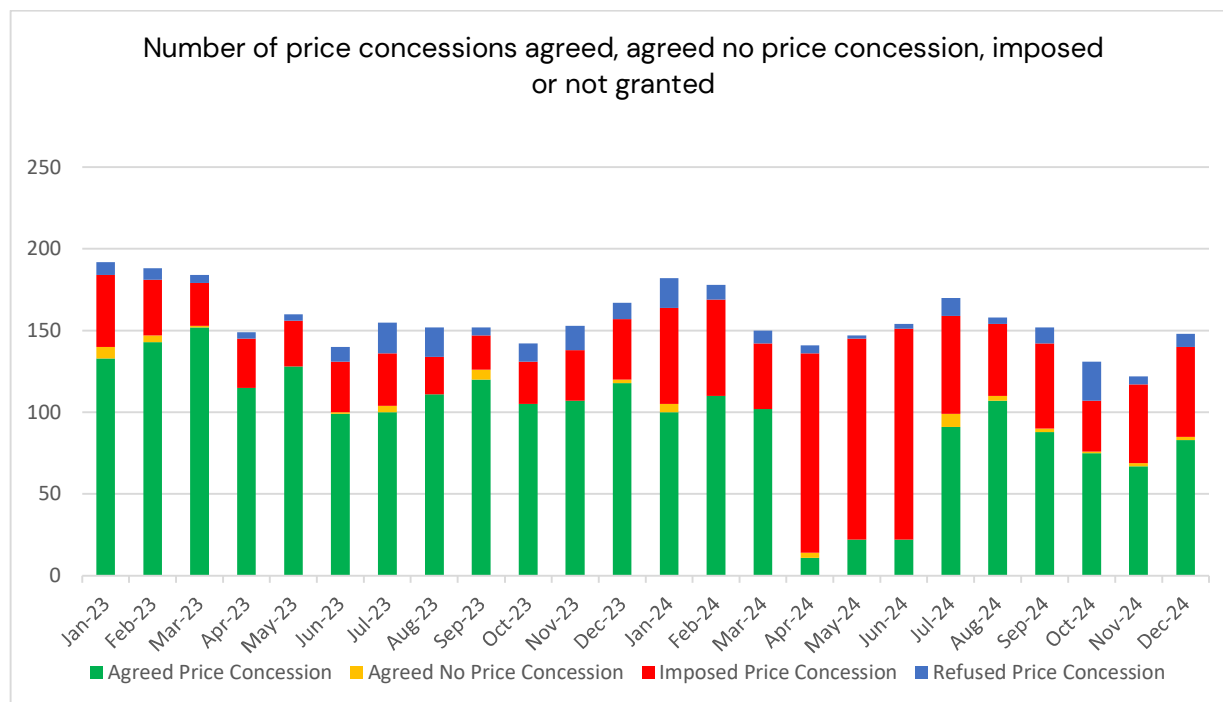
- DHSC wrote to CPE on **23rd December** with their final prices for December 2024.
 - CPE applied for a total of **148** price concessions in December 2024.
 - **138** price concessions were granted by DHSC.
 - Of these, **83** prices were agreed between DHSC and CPE.
 - **55** products had prices imposed as CPE was unable to agree to the final prices proposed by DHSC.
 - **8** products were refused a price concession by DHSC i.e. no concessionary price imposed.
 - Agreement was reached that a price concession was not required for **2** products.
 - There were **3** price concessions from November that rolled over into December 2024.
 - For **1** of the products that had a rolled over price, an upward adjustment was granted following price increases reported in December. Prices for the other 2 roll over products remained unchanged.
 - Changes to reimbursement arrangements for medicines in Category A were introduced in April 2024. **14 products** (out of **20** applied for) in Category A were granted a price concession in December. CPE will continue to monitor Category A lines affected by price reductions and apply for price concessions, where appropriate.

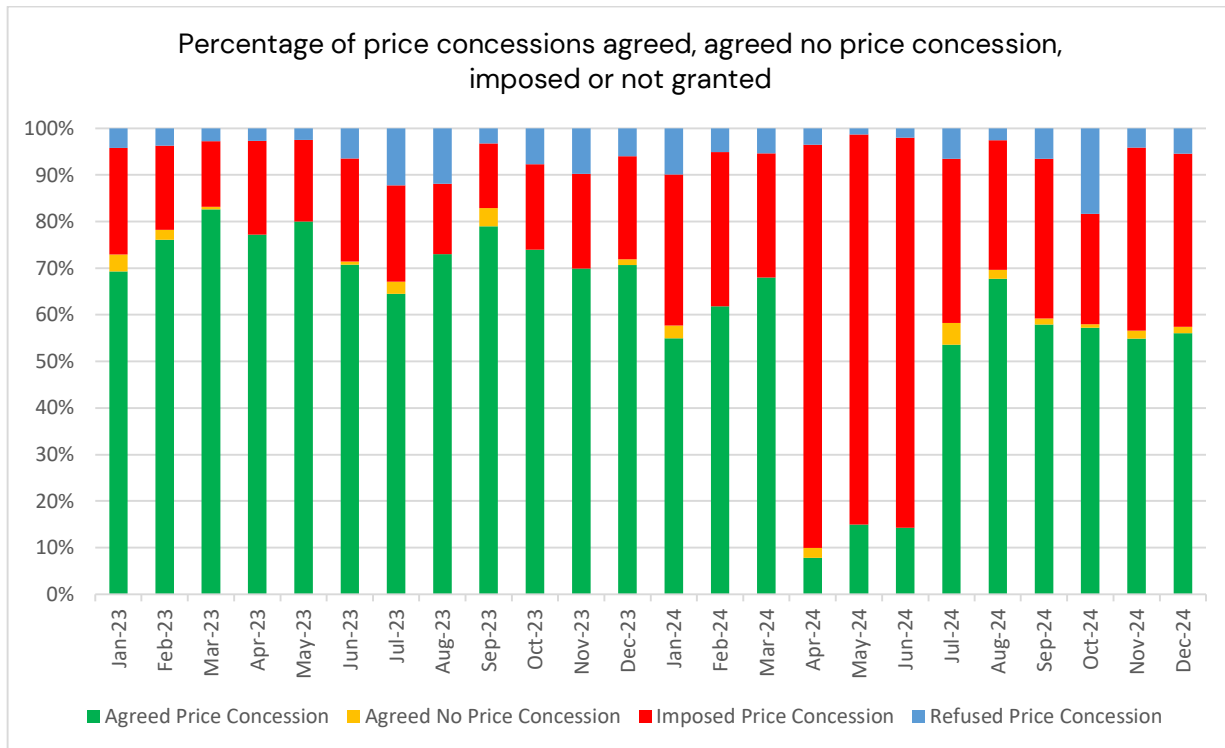
November 2024

- DHSC wrote to CPE on **28th November and 3rd December** with their final prices for November 2024.
 - CPE applied for a total of **122** price concessions in November 2024.
 - **115** price concessions were granted by DHSC.

- Of these, **67** prices were agreed between DHSC and CPE.
- **48** products had prices imposed as CPE was unable to agree to the final prices proposed by DHSC.
- **5** products were refused a price concession by DHSC i.e. no concessionary price imposed.
- Agreement was reached that a price concession was not required for **2** products.
- Changes to reimbursement arrangements for medicines in Category A were introduced in April 2024. **8** products (out of **10** applied for) in Category A were granted a price concession in November. CPE will continue to monitor Category A lines affected by price reductions and apply for price concessions, where appropriate.

Price concessions summary graphs





Subject	General funding update
Date of meeting	February 2025
Committee/Subcommittee	FunCon
Status	Not confidential
Overview	General update on various funding issues
Proposed action(s)	No action required
Author(s) of the paper	CPE Dispensing & Supply Team



General funding update

The following items are included as matters of report:

1. Drug Tariff & Reimbursement updates

- January 2025 Category M prices announced
- Early advance payment timetable for 2025
- Retrospective reimbursement price adjustments for Gaviscon Infant oral powder sachets
- Inclisiran (Leqvio®) orders for NHS prescriptions – check your invoices
- 9 products added to the Discount Not Deducted (DND) list in January 2025
- Planned MYS downtime due to essential maintenance

2. Regulatory updates

- The introduction of Original Pack Dispensing
- Legislation restricting the sale and supply of gonadotrophin-releasing hormone analogues will be made indefinite
- Folic acid supplementation – advice to health professionals
- DHSC permits use of antiviral medicines against influenza

3. Supply updates (including SSPs)

- Call for Government action to tackle medicines shortages
- Serious Shortage Protocols (SSPs)
- Market movements with implications for supply

4. Dispensing and Supply team communications

- Original Pack Dispensing (OPD) webinar
- Funding & Reimbursement Shorts: Dispensing and Claiming SSPs
- Guidance on handling 'FS' endorsed prescriptions for free supply of sexual health treatments
- Dispensing and Supply webpage views

1. Drug Tariff & Reimbursement updates

January 2025 Category M prices announced

The Drug Tariff Category M pricelist for January 2025 has been published on the [NHS Business Services Authority \(NHSBSA\) website](#).

Based on our analysis of the Category M price list for January 2025, Community Pharmacy England estimates there will be an overall reduction in reimbursement of approximately –£34m per quarter, resulting from the combination of:

- A margin adjustment of –£17.9m informed by the latest results from the margin survey of independent pharmacies
- An adjustment to reflect movements in the underlying market (i.e. movements in buying prices of medicines). These are systematic and not subject to negotiation.
- Entry of new generic medicines into Category M

Results from the Margin Survey of Independent Community Pharmacies up to Q1 2024/25 indicated that there remained an over delivery of margin, and therefore in the normal course of business a reduction in the Drug Tariff would be expected. However, in discussions with the Department of Health and Social Care (DHSC), Community Pharmacy England had argued for no reduction in the January Drug Tariff.

As well as stressing the unsustainable financial pressures already being experienced by English pharmacy businesses, making further reductions impossible to absorb, we argued that it was inappropriate to enact material changes to pharmacy contractor funding while contract negotiations for 2024/25 remain unresolved.

We also remain concerned about the significant number of products being reimbursed at economically unviable prices; the NHS focus on low prices over stability of supply continues to drive disruptions in availability, leading to hundreds of products requiring emergency concession status, and putting patients' access to medicines at risk. Further reductions in reimbursement prices will only exacerbate these issues.

The matter was ultimately referred to Ministers, who determined that a margin adjustment would be applied to the January Drug Tariff.

Early advance payment timetable for 2025

Pharmacy owners who submit their FP34C declaration through the [Manage Your Service \(MYS\)](#) portal by the 5th of the month (or by the 6th if one or more bank holiday occurs during the first five days of the month) will receive 100% of their advance payments four working days after the submission deadline.

The table below shows the early advance payment dates for 2025:

Dispensing Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25
Submission deadline via MYS to receive early advance payment	5th Feb	5th Mar	5th Apr	6th May*	5th Jun	5th Jul	5th Aug	5th Sept	5th Oct	5th Nov	5th Dec	6th Jan 26*
Earlier advance payment date (4 working days after submission deadline)	11th Feb	11th Mar	10th Apr	12th May	11th Jun	10th Jul	11th Aug	11th Sep	9th Oct	11th Nov	11th Dec	12th Jan 26
Pay date for reconciled prescriptions	1st Apr	1st May	30th May	1st Jul	1st Aug	1st Sep	1st Oct	31st Oct	1st Dec	31st Dec	31st Jan 26	27th Feb 26

**Note – In months where one or more bank holiday occurs during the first five days of the month, contractors will be given an extra day to submit their FP34C and dispatch their prescription bundle to the NHSBSA. For these months, the early advance payment date will remain as four working days from the extended FP34C submission deadline of the 6th.*

The 100% advance payments will continue to be based on the items declared on the FP34C and the latest available Average Item Value (AIV) for that pharmacy, less the value of prescription charges declared on the FP34C submission.

If the FP34C submission form 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 also published on the [NHSBSA's website](#).

No advance payment will be received for very late FP34C submissions and an [administrative deduction of £25](#) may apply if a paper prescription bundle is submitted late to the NHSBSA. 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.

Retrospective reimbursement price adjustments for Gaviscon Infant oral powder dual dose sachets

Following representations made by Community Pharmacy England on behalf of community pharmacy owners, the Department of Health and Social Care (DHSC) agreed to **retrospectively adjust the reimbursement price of Gaviscon Infant oral powder 15 dual dose sachets for EPS prescriptions** dispensed between **May 2023 to November 2024**.

The term 'dual dose sachets' was updated to single sachets in July 2019. Despite the name change, pharmacies continued to receive prescriptions bearing the old product name. However, any prescriptions for dual dose sachets were recognised and reimbursed as one sachet by the NHS Business Services Authority (NHSBSA). For example, if a prescription for Gaviscon Infant oral powder ordered 15 dual sachets and a pharmacy dispensed 15 pairs of sachets (or 30 single sachets), NHSBSA would have only reimbursed the pharmacy for 15 single sachets.

Community Pharmacy England's Prescription Audit Team identified this pricing issue during their routine process of auditing prescriptions dispensed by a sample of pharmacies each month. It was brought to DHSC's attention who accepted that one dual dose sachet is considered a pair of sachets rather than a single sachet. This is also in line with the product [SmPC](#) which states that a pack contains '30 unit dose sachets joined in pairs'.

NHSBSA is in the process of re-checking all EPS prescriptions (**dispensed between May 2023 – November 2024**) for Gaviscon Infant oral powder dual dose sachets priced incorrectly and will apply any adjustments accordingly. If any payment adjustments are made, pharmacies will be notified by the NHSBSA with a letter alongside their Schedule of Payments.

From December 2024, prescriptions for dual dose sachets will be recognised and reimbursed a pair of sachets i.e. pharmacies will be paid for 30 single sachets against a prescription ordering 15 dual dose sachets.

Any submitted FP10 paper prescriptions for Gaviscon Infant oral powder dual dose sachets will not be automatically re-checked by the NHSBSA. Pharmacy owners will need to submit a prescription re-check request to NHSBSA if they dispensed any paper prescriptions (in the last 18 months) bearing the old product name. See the process below for requesting a prescription re-check.

To request a prescription recheck, please see the steps below:

- Complete a [prescription pricing enquiry form](#) indicating the nature of the enquiry which has affected payment for example number of items, expensive items, switching etc and providing any additional information which may help NHSBSA to process the recheck request.
- Once completed, the enquiry form must be signed and date, and submitted via email to repricingrequest@nhsbsa.nhs.uk or, alternatively, the form can be posted to the Customer Payments Team, NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.
- All requests must be submitted no later than eighteen months from the end of the month of dispensing month (e.g. for prescriptions dispensed in August 2023, the request must be

submitted before end of 28 February 2025). After the eighteen-month deadline has passed, no further requests can be made for that dispensing month.

- A separate form must be completed for each month being requested for a recheck.
- Pharmacy owners with more than one pharmacy need to complete separate request forms for each pharmacy and month they wish to have rechecked.

Please see our [Prescription Rechecks](#) page for more information.

Inclisiran (Leqvio®) orders for NHS prescriptions – check your invoices

Community pharmacies were reminded that Inclisiran (Leqvio®) 284mg/1.5ml solution for injection pre-filled syringe is available to order from the nominated wholesaler AAH UK at a nominal charge of £45 per pack for supply against **NHS prescriptions**, as agreed within the commercial agreement between Novartis Pharmaceuticals UK Ltd and NHS England. A summary of the current NHS funding and supply arrangements for Inclisiran (Leqvio®) can be found [here](#).

For NHS orders of Inclisiran (Leqvio®), the nominal price should be reflected in your wholesaler invoice and pharmacies should not expect to incur any additional charges or fees from AAH UK. However, Community Pharmacy England received a few reports of some pharmacies being incorrectly charged the full NHS list price of £1987.36 per pack instead of the nominal price of £45. Pharmacy teams were advised to check their wholesaler invoices to ensure they have been charged the correct price by AAH UK for Inclisiran (Leqvio®).

Pharmacies that were charged incorrectly for NHS orders of Inclisiran (Leqvio®) can request a repayment of any additional costs. In this first instance, pharmacies are advised to contact AAH UK directly. If the issue remains unresolved, the query can be escalated to Novartis Pharmaceuticals UK directly on 08457 419 442 or via e-mail commercial.team@novartis.com. To support investigation of any pricing issues, pharmacies should submit copies of invoices to AAH UK and Novartis Pharmaceuticals UK. Should no resolution be identified by the suppliers within 5 working days of receipt, then contractors should escalate to Community Pharmacy England.

Please note for dispensing against **private prescriptions**, stock must be obtained directly from Novartis Pharmaceuticals UK Ltd by contacting Novartis Customer Care on 08457 419 442 or via e-mail commercial.team@novartis.com. This will be charged at the current full NHS list price of £1,987.36. For more information, read the full news article [here](#).

9 products added to the Discount Not Deducted (DND) list in January 2025

Following applications made by CPE to the DHSC and the NHSBSA, a further **9 products** were added to the 'Drugs for which Discount is Not Deducted' (DND) list in October 2024. In the past four years, over **660 products** have been granted DND status following checks made by CPE.

The following **9 products** were added to DND list in the January 2025 Drug Tariff:

- Evrenzo 100mg tablets
- Evrenzo 150mg tablets
- Evrenzo 20mg tablets
- Evrenzo 50mg tablets
- Evrenzo 70mg tablets
- Fluorouracil 4% cream (Group Item)
- Nalmefene 18mg tablets
- Roxadustat 20mg tablets
- Roxadustat 70mg tablets

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](#).

Planned MYS downtime due to essential maintenance

The NHS Business Services Authority (NHSBSA) has notified Community Pharmacy England that the [Manage Your Service \(MYS\) Pharmacy portal](#) will be unavailable due to essential maintenance between 7:00am and 6:00pm on the following days:

- Saturday 18 January 2025
- Saturday 8 February 2025
- Saturday 15 February 2025

Pharmacy owners will not be able to access the service, enter data, or view/manage submissions during those days. NHSBSA has emailed all pharmacy owners informing them of the scheduled maintenance.

2. Regulatory updates

Introduction of Original Pack Dispensing

From 1st January 2025, [amendments made to the pharmacy regulations](#) state that the supervising pharmacist **must consider** dispensing up to 10% more or less than the prescribed quantity, as appropriate, if that would mean the medicine could be dispensed in the manufacturer's original pack.

To support pharmacy owners in preparing for OPD, our Dispensing, Regulatory IT teams have been working to develop a series of guidance materials. These resources were released ahead of the changes coming into effect to help support pharmacy owners and their teams to put plans in place to implement this new dispensing protocol. Further information is available on our new [OPD webpage](#) and [OPD Briefing: FAQs](#).

Note: OPD was the first of several important regulatory changes currently underway to help make dispensing more efficient and support capacity for the provision of clinical services. To learn more about these, read our new guide: [New Pharmacy Regs: What you need to know](#)

Legislation restricting the sale and supply of gonadotrophin-releasing hormone analogues will be made indefinite

The Government announced that regulations restricting the prescribing and supply of puberty-suppressing hormones – which were due to expire at the end of December – will be made indefinite. The [Medicines \(Gonadotrophin-Releasing Hormone Analogues\) \(Restrictions on Private Sales and Supplies\) Order 2024](#) came into force on 1 January 2025 as the previous emergency order expired and will be reviewed in 2027.

More information on the ban can be found on the gov.uk website: [Ban on puberty blockers to be made indefinite on experts' advice – GOV.UK](#)

The Government has also published the response to the consultation: [Government's response to the targeted consultation on proposed changes to the availability of puberty blockers – GOV.UK](#)

More information for pharmacy owners on how to process prescriptions can be found on our webpage: [Gonadotrophin-releasing hormone \(GnRH\) Prescription Regulations](#).

Folic acid supplementation – advice to health professionals

UK Chief Medical Officers: Folic Acid Supplementation – continued advice for those who are planning a pregnancy or newly pregnant

Advice to health professionals from UK Chief Medical Officers, UK Chief Nursing Officers and UK Chief Midwifery Officers.

1. Please see the [letter](#) from the UK Chief Medical Officers, UK Chief Nursing Officers and UK Chief Midwifery Officers regarding continued folic acid supplementation: In September 2021, the four UK Governments announced the intention to mandate the fortification of non-wholemeal wheat flour with folic acid on a UK-wide basis to reduce the number of Neural Tube Defects (NTDs) in foetuses.

2. This policy change is being implemented as part of the review of the Bread and Flour Regulations (BFR), led by The UK Government Department for Environment Food & Rural Affairs (DEFRA- England), The Food Standards Agency (FSA – Wales and N. Ireland) and Food Standards Scotland (FSS). Legislation was laid in England on 14th November 2024, with equivalent legislation to be laid shortly in Scotland, Northern Ireland and Wales. Industry has a 24-month transition period to fully implement the changes by December 2026.
3. Currently, UK guidelines recommend that women who could become pregnant take a daily supplement of 400 micrograms of folic acid before conception and up until the 12th week of pregnancy to reduce the risk of NTD-affected pregnancies. This advice will continue following the fortification of flour with folic acid. Fortification of flour with folic acid is intended as a population measure to support, not replace, current supplementation advice for individuals.
4. There is a risk that some women will stop taking folic acid supplementation following fortification of flour, incorrectly assuming that it is no longer required. To mitigate this we, the Chief Medical Officers, Chief Nursing Officers and Chief Midwifery Officers for the United Kingdom, are writing to you as health professionals to ask that you **continue to promote the importance of folic acid supplementation directly to women of child-bearing age through existing communication channels, including face to face interactions.**

DHSC permits use of antiviral medicines against influenza

The Department of Health and Social Care (DHSC) has via its Central Alerting System (CAS) published a letter on 3 December 2024 advising that due to increasing flu levels in the community, Prescribers working in primary care may now prescribe, and community pharmacists may now supply antiviral medicines (oseltamivir and zanamivir) for the prophylaxis and treatment of influenza at NHS expense. This is in accordance with NICE guidance, and Schedule 2 to the National Health Service (General Medical Services Contracts (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS).

Prescribers may prescribe for patients in clinical at-risk groups as well as those who are at risk of severe illness and/or complications from flu if not treated, in accordance with National Institute for Health and Care Excellence guidance and the Selected List Scheme (SLS) in Part XVIII B of the England and Wales Drug Tariff.

Community pharmacy contractors who receive FP10 NHS prescriptions, written generically or by brand, for oseltamivir (Tamiflu®) or zanamivir (Relenza®), the antivirals included in the SLS list, are therefore reminded that prescriptions for these products must be endorsed SLS by the prescriber. If the SLS endorsement is missing, the prescription should not be dispensed and will not be passed for payment by NHS Prescription Services. Pharmacy staff cannot make the SLS endorsement themselves.

Click here to view the [CAS alert](#).

3. Supply updates

Call for Government action to tackle medicines shortages

The Royal Pharmaceutical Society (RPS) – supported by Community Pharmacy England, charities and patient groups – is calling on the Government to better manage medicine shortages and allow community pharmacists to supply appropriate alternatives when medicines are in short supply.

A new report compiled by the RPS, [Medicines Shortages: solutions for empty shelves](#), describes the multitude of issues that have created ‘a perfect storm of unstable supply’ and are making it harder for patients to access treatment.

The report calls on the Government to create a national strategy to both prevent and manage medicine shortages that would streamline efforts across the NHS, reduce inefficiencies caused by duplication of effort and ensure information and guidance for professionals and patients is available as soon as shortages occur.

It also urges the Government to legislate to allow community pharmacists to make minor amends to prescriptions (enabling supply of a different quantity, strength or form) when medicines are subject to shortages. This move already has support from medical organisations, patient groups and other pharmacy bodies.

Other recommendations in the report include:

- **Improving reporting by manufacturers:** prompt alerting of the risk of shortages could help to better manage the impact on patients.
- **Building supply chain resilience:** strengthening NHS procurement contracts to ensure manufacturers can meet supply demands and respond to shortages quickly.
- **Educating the public:** informing patients of what to do if they are unable to obtain medicines – and what not to do to ensure continued supply for others.

[Read the ‘Medicines Shortages: solutions for empty shelves’ report](#)

Our work on medicines shortages

Community Pharmacy England contributed to the findings of the RPS report and supports many of its recommendations. Medicines supply issues continue to be a daily battle for community pharmacy, as described in our [2024 Medicines Supply Report](#), and it has therefore never been more important for pharmacies to continue to report any problems they experience in obtaining medicines to us.

We share information on medicines supply issues with DHSC to support its monitoring of the supply chain. Community pharmacy teams are encouraged to sign up to the [Specialist Pharmacy Service](#) (SPS) website which has a Medicines Supply tool that provides the latest information on supply issues, actions to take, alternatives for prescribers to consider, and expected resolution dates.

If pharmacy teams experience any difficulties obtaining medicines affected by supply issues or shortages, please report these to Community Pharmacy England using our [online shortages reporting form](#). All reported shortages are shared with DHSC's Medicines Supply Team who then investigate the extent of the issue and work with the wider supply chain to try and mitigate the problem or identify suitable alternatives. Note that if a product is available but cannot be purchased at or below the published Drug Tariff price, a price concession can be requested by [reporting the pricing issue](#) to us. Please use the correct form to report any pricing issues as these are used to inform the price concessions whereas the information gathered from the shortages reporting form is used to inform DHSC about the unavailability of a product in a community pharmacy.

The continual high number of products experiencing availability and pricing issues can make reporting problems just as time-consuming as managing them, but all of the information you provide helps our work to investigate the extent of each problem and is used as evidence in our discussions with DHSC. We are exploring ways to make the process of reporting issues quicker and easier, and will continue to push for more support for pharmacy teams who come face-to-face with the frustration felt by patients every day.

You can learn more about our work in this area, as well as find materials to explain supply issues to patients, in our [Medicine shortages hub](#).

Serious Shortage Protocols (SSPs)

Active SSPs

SSP	Date expired	Supporting Information
SSP081: Estradot® 100 microgram patches	14 March 2025	SSP081 guide
SSP080: Estradot® 75 microgram patches	14 March 2025	SSP080 guide
SSP079: Estradot® 50 microgram patches	28 February 2025	SSP079 guide
SSP078: Cefalexin 250mg/5ml oral suspension sugar free	31 January 2025	SSP078 guide

SSP	Date expired	Supporting Information
SSP077: Cefalexin 125mg/5ml oral suspension sugar free	31 January 2025	SSP077 guide
SSP061: Creon® 25000 gastro-resistant capsules	23 May 2025	SSP061 guide
SSP060: Creon® 10000 gastro-resistant capsules	23 May 2025	SSP060 guide

Expired SSPs

SSP	Date expired	Supporting Information
SSP074: Monomax® XL 60mg tablets	15 November 2024	SSP074 guide
SSP071: Ramipril 2.5mg tablets	29 November 2024	SSP071 guide
SSP075: Monomil® XL 60mg tablets	17 January 2025	SSP075 guide

Further information on SSPs can be found on our [Live SSPs](#) webpage

Market movements with implications for supply

To assist pharmacy teams, the following **14** supply disruption alerts and medicine supply notifications issued by DHSC between 11 November 2024 and 27 January 2025 were published on the CPE's website:

Date	Drug name
29 January 2025	Memantine (Valios®) 5mg orodispersible tablets sugar free
20 January 2025	Hydrocortisone sodium phosphate 100mg/1ml solution for injection ampoules
14 January 2025	Xylocaine® (lidocaine) 10mg spray
9 January 2025	Apomorphine hydrochloride (APO-go® PFS) 50mg/10ml solution for infusion pre-filled syringes
7 January 2025	NovoRapid® (insulin aspart) FlexTouch® 100units/ml solution for injection 3ml pre-filled pens-Updated
19 December 2024	Estradiol (Estradot®) 50micrograms/24 hours, 75micrograms/24 hours, and 100micrograms/24 hours transdermal patches
19 December 2024	Prednisolone 20mg/100ml rectal solution

Date	Drug name
19 December 2024	Isosorbide mononitrate 10mg, 20mg and 40mg tablets (immediate-release)
13 December 2024	Cefalexin 125mg/5ml and 250mg/5ml oral suspensions, sugar free
12 December 2024	Insulatard® (isophane insulin, human) Penfill® 100units/ml suspension for injection 3ml cartridges
3 December 2024	Coal tar extract (Neutrogena® T/Gel® Therapeutic) 2% shampoo
27 November 2024	Diclofenac (Voltarol® Ophtha Multidose) 0.1% eye drops
26 November 2024	Imiquimod (Aldara® 5% and Bascellex® 50mg/g) cream 250mg sachets
20 November 2024	Levobunolol (Betagan®) 0.5% eye drops 0.4ml unit dose preservative free
12 November 2024	Sodium fusidate (Fucidin®) 250mg tablets and fusidic acid (Fucidin®) 250mg/5ml oral suspension

4. Dispensing and Supply team communications

Original Pack Dispensing (OPD) webinar

CPE hosted an online webinar on Monday 27 November 2024 to inform pharmacy teams about the introduction of Original Pack Dispensing (OPD).

The online webinar provided an overview of:

- What the OPD+/- 10% rules are and why they were introduced
- When and how to use OPD +/-10%, including which products are in and out of scope
- Reimbursement arrangements for OPD
- An update on the surrounding IT/PMR functionality to enable use of OPD

Over 400 people attended the webinar and 78% of attendees told us they found it useful or very useful. The webinar outlined what the changes will mean in practice and how pharmacy teams may need to amend their dispensing processes. 77% of attendees also told us they would recommend the webinar to others. Building on this, CPE published FAQs alongside the on-demand recording and slide pack from the event.

- [OPD FAQs](#)
- [OPD webinar: on-demand recording](#)
- [OPD webinar: slide pack](#)

Together these aim to offer a comprehensive guide to the introduction of OPD for pharmacy owners and their teams.

Funding & Reimbursement Shorts: Dispensing and Claiming SSPs

Community Pharmacy England's in-house Drug Tariff and funding experts have created a new video providing guidance on how to correctly endorse and claim for any supplies made against a Serious Shortage Protocol (SSP). This is part of Community Pharmacy England's 'Funding & Reimbursement Shorts' series, which has been created to provide pharmacy owners and their teams with more information on common funding and reimbursement topics

In our latest video which is available now for community pharmacy teams to watch, Mitesh Bhudia and Suraj Shah from our Dispensing and Supply Team, discuss the topic of SSPs, including:

- How to correctly endorse an SSP to ensure correct payment;
- Common reasons why SSP claims are deemed incorrect/invalid and are not paid; and
- How to reconcile SSP prescriptions

Watch the SSP video [here](#). Other reimbursement short videos can be found by visiting our [Funding & Reimbursement Shorts](#) hub page.

Guidance on handling 'FS' endorsed prescriptions for free supply of sexual health treatments

As 'FS' endorsed prescription items become more common, Community Pharmacy England released [updated guidance](#) on how pharmacies should handle these prescriptions. Community pharmacies are seeing an increase in electronic prescriptions with items endorsed 'FS' for free supply of sexual health treatment. This increase has been partially driven by the [adoption](#) of EPS by sexual health clinics.

Pharmacy teams are reminded that 'FS' endorsed items must be supplied free-of-charge to patients. This is in line with requirements under the National Health Service Act 2006 (section 173), which exempts patients from paying NHS prescription charges for any items issued for the treatment of sexually transmitted diseases.

To support pharmacy teams with guidance on the correct handling of prescriptions for 'FS' endorsed items, we updated our 'FS' endorsement factsheet to help increase understanding of:

- Which treatments are covered by the 'FS' endorsement;
- How prescribers should apply the 'FS' endorsement to prescriptions;
- Dispensing and claiming for prescriptions with 'FS' endorsed items; and
- Correct submission of prescriptions with 'FS' endorsed items.

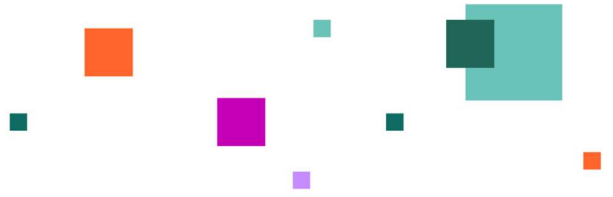
Click [here](#) to read our updated factsheet.

Dispensing and supply webpage views



For information on topics relating to dispensing and supply, below is a table of the top 10 webpage visits by users between 1 November 2024 – 31 December 2024, inclusive:

Page	Page views
Price Concessions	112,002
Serious Shortage Protocols (SSPs)	38,534
Special Container Database	15,935
Dispensing Controlled Drugs	10,093
Price concession archive	7,017
Prescription form validity	4,870
Who can prescribe what?	4,223
October 2024 Price Concessions Final Update	3,707
Explained: the introduction of Original Pack Dispensing	3,510
Medicine Supply Notification: Zopiclone 3.75mg tablets	3,243

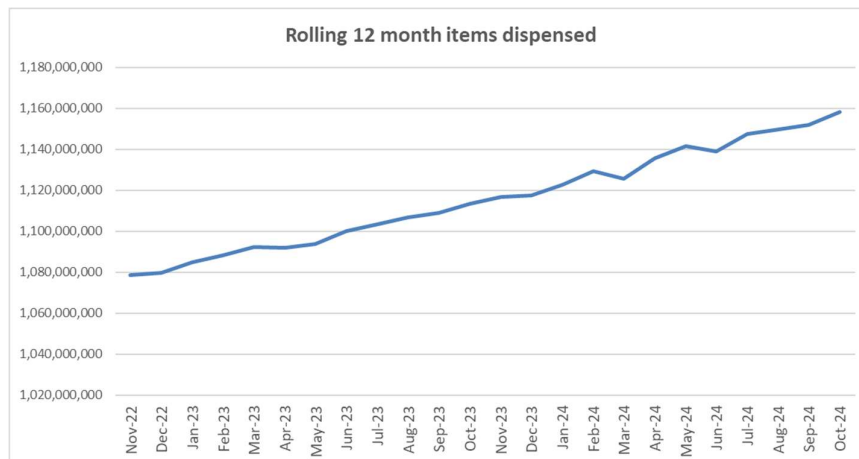
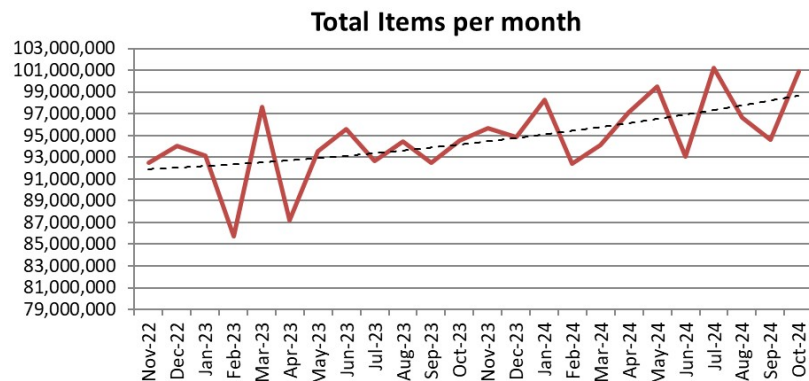


Subject	Statistics
Date of meeting	February 2025
Committee/Subcommittee	FunCon
Status	Not confidential
Overview	Latest statistics for information
Proposed action(s)	No action required
Author(s) of the paper	CPE Pharmacy Funding Team

Statistics

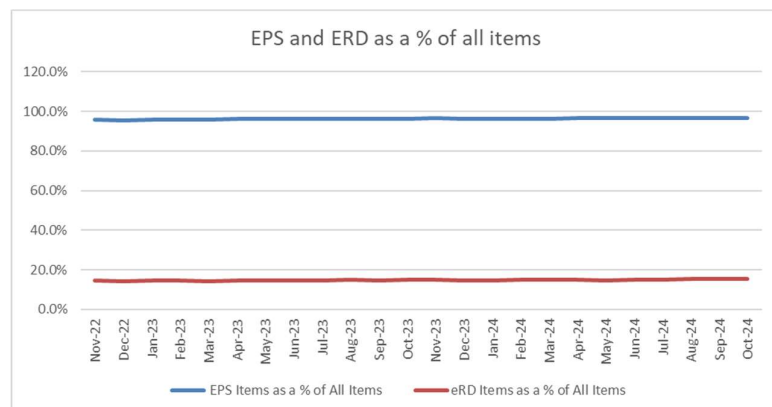
Dispensing items

Oct-24 total items was **100.9m** over 27 dispensing days (**3.7m** items per day). This is **2.8% more** items per day



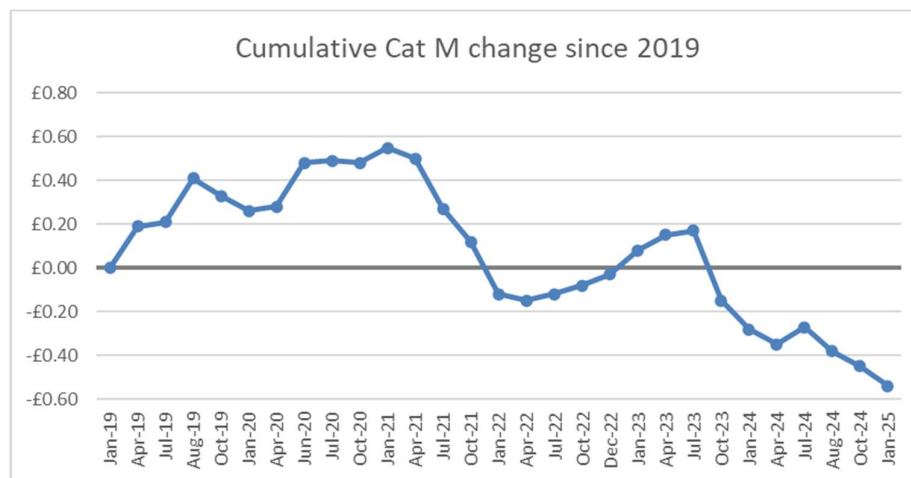
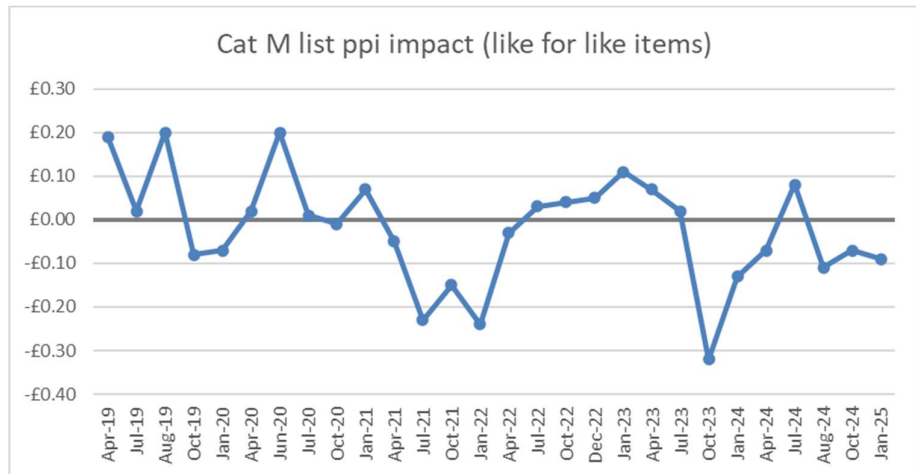
The latest rolling 12 month item volume as of **Oct-24** is **1,158m** items. This is **4.0% more** items than the rolling 12 month total in the

As of **Oct-24**, the proportion of all items that are EPS is **96.7%**. The proportion of items that are ERD is



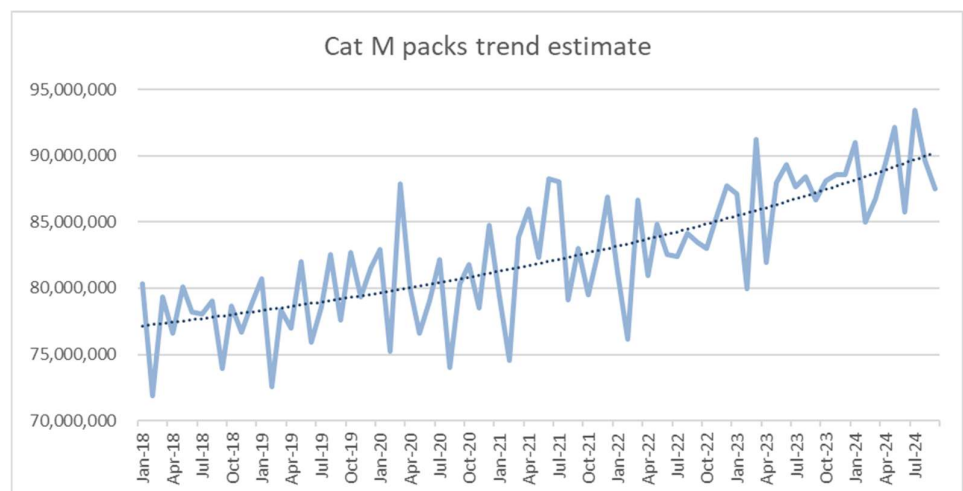
Category M

The **Jan-24** Cat-M list will have an estimated impact of **-9 pence per item** on like-for-like reimbursement.



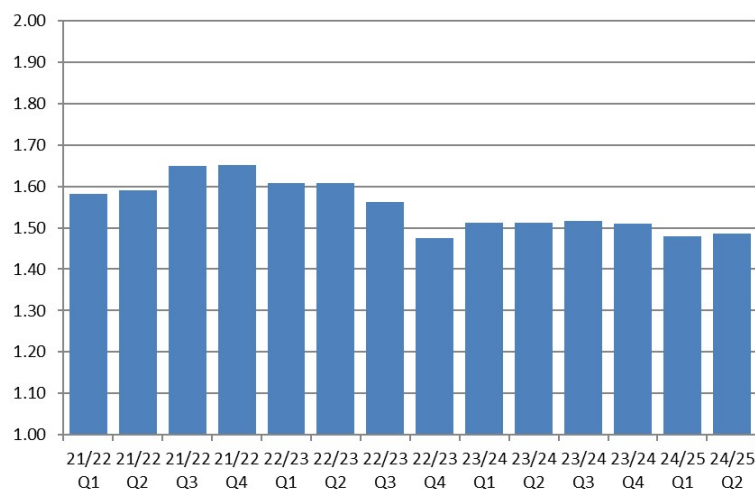
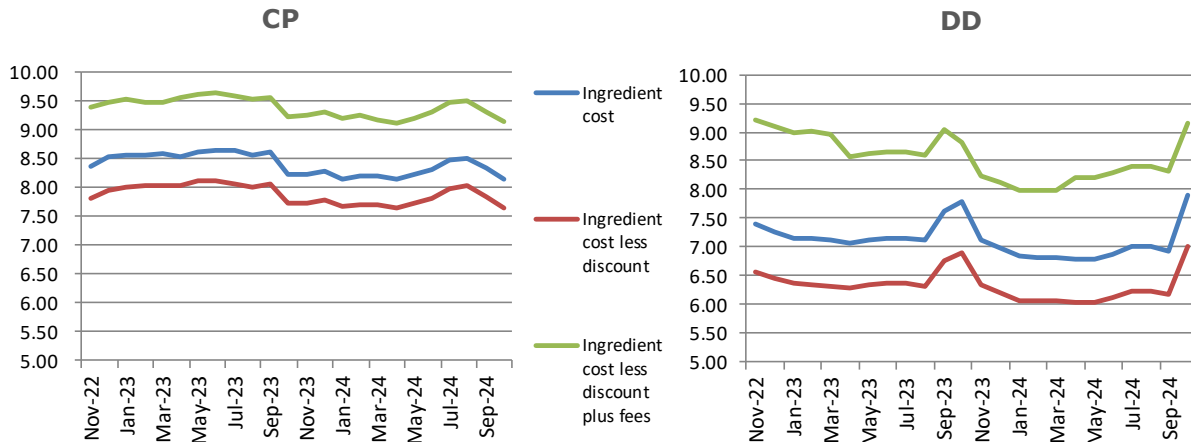
The cumulative total of like-for-like changes since 2019 is currently **-54 pence per**

The estimated packs per month in **Sep-24** was **87.5m**



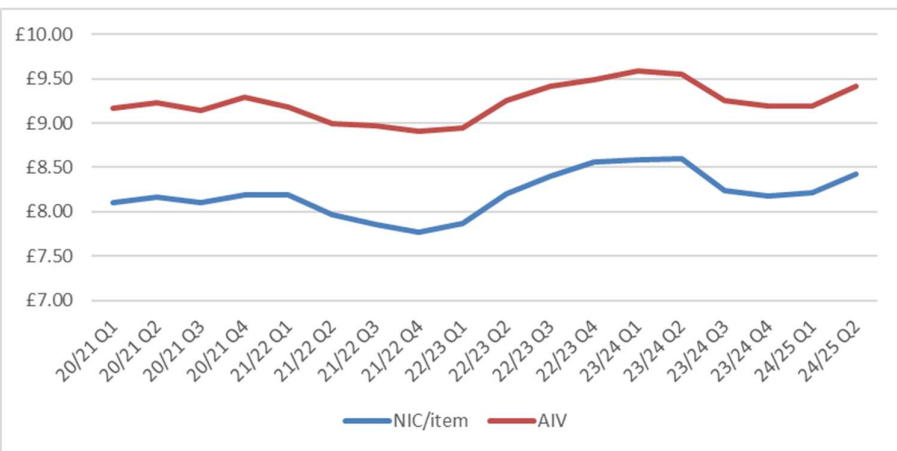
Reimbursement

Community Pharmacy vs Dispensing Doctors reimbursement over 24 months

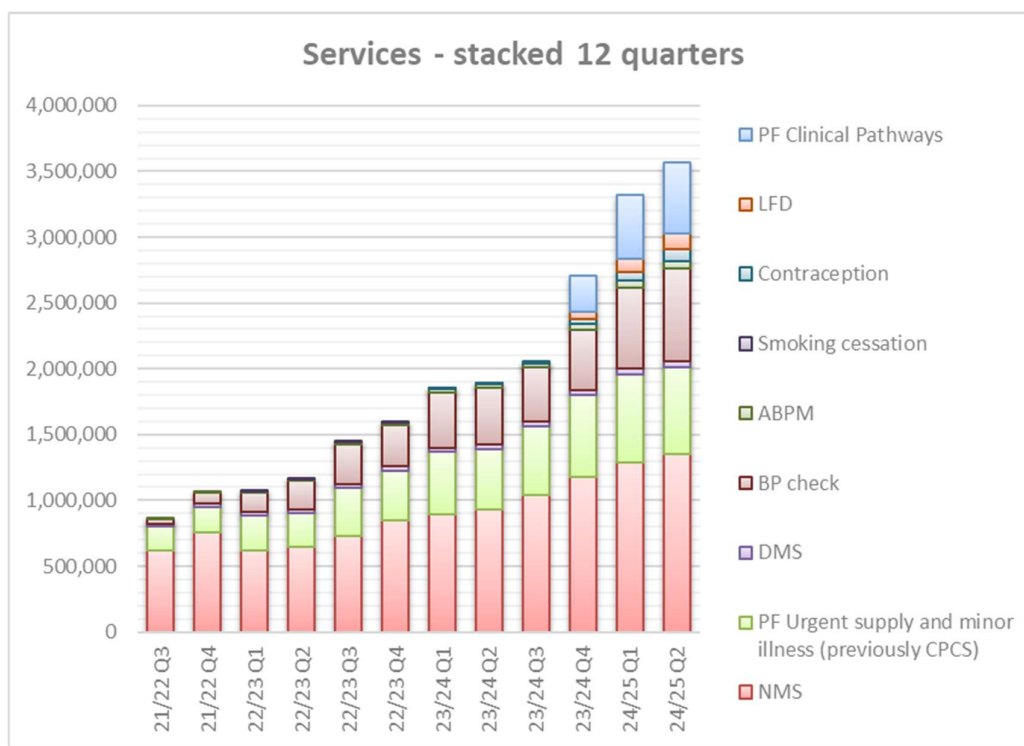
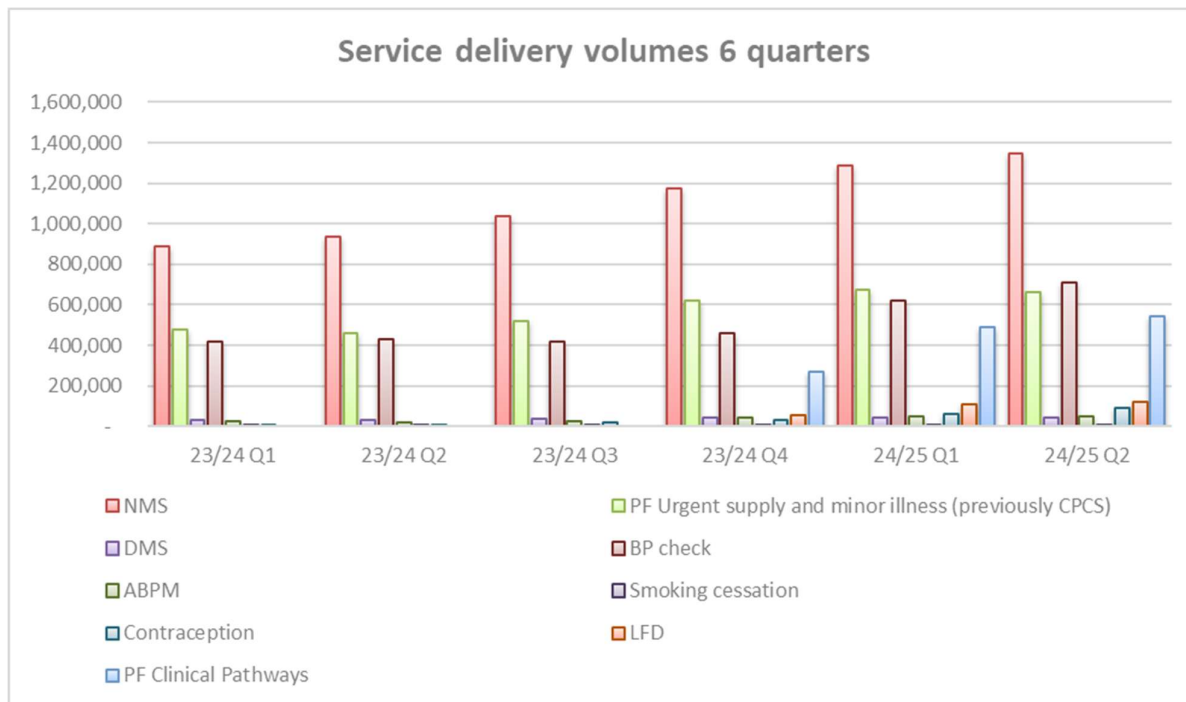


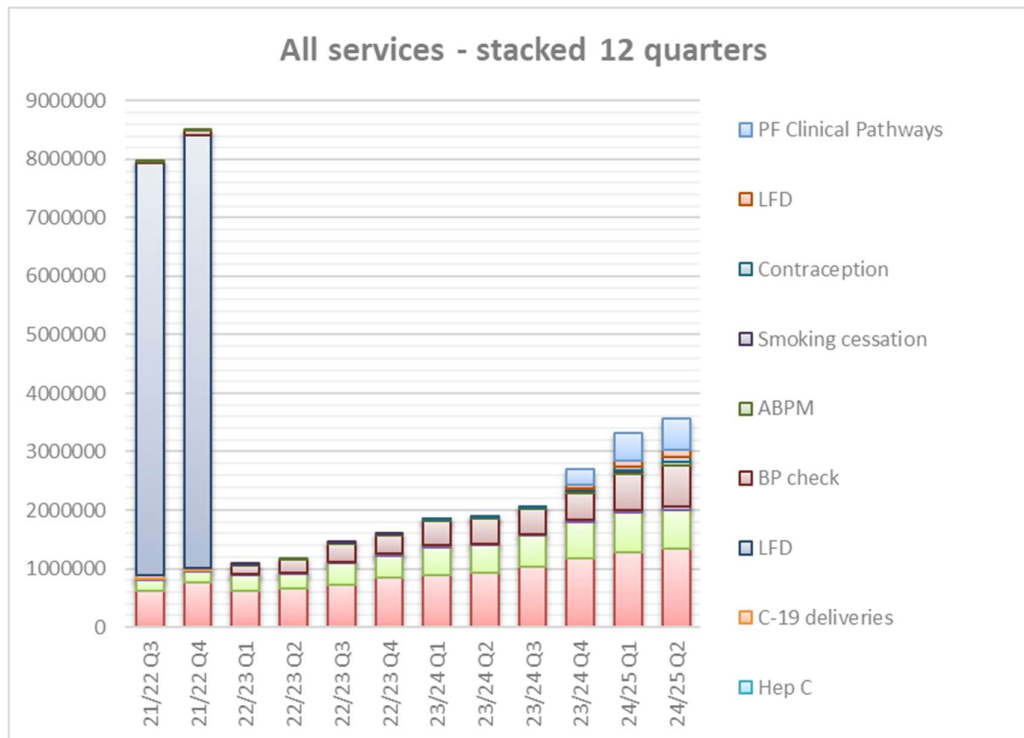
In **24/25 Q2** the average fees per item was **£1.49** (based on data to Sep-24).

In **24/25 Q2** the average NIC/item (before clawback) was **£8.14**, and National AIV was **£9.12** (based on data to



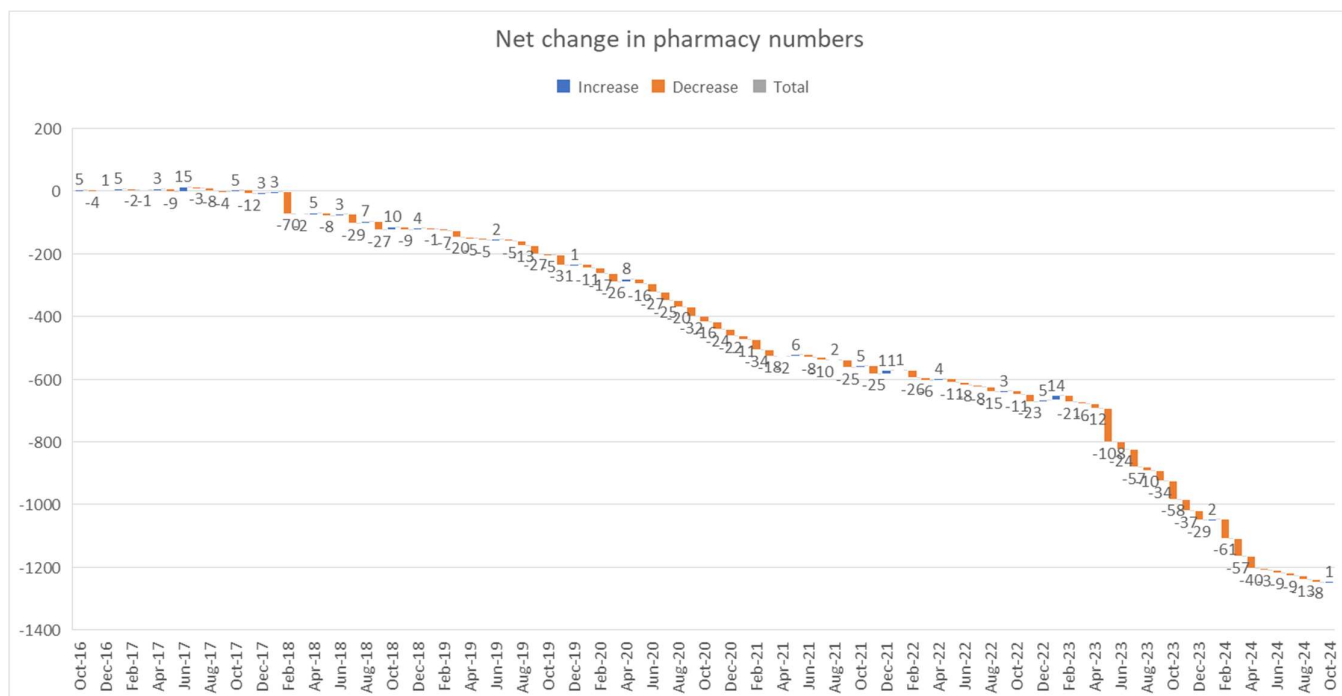
Services





Pharmacy contract numbers

A waterfall chart of net change in pharmacy numbers per month indicates a cumulative drop of c-1,246 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.

