

NHSBSA PPD Capacity Improvement Programme: Guidance for Contractors

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THIS GUIDE SHOULD NOT BE REMOVED FROM THE DISPENSARY



Introduction

To improve the efficiency of prescription pricing, the NHSBSA Prescription Pricing Division (NHSBSA PPD) has introduced a new automated pricing system, known as the Capacity Improvement Programme (CIP).

Implementation of the new system began in March 2007, applied to prescriptions from a limited number of pharmacies. Both the NHSBSA PPD and the PSNC have been scrutinising the system closely. Although overall pricing accuracy is not affected, some processing issues have been identified that cause an error in payment for some prescription items. Work is well advanced in correcting errors and the NHSBSA PPD has had discussions with PSNC to review the problems and measures in hand. CIP pricing is now being extended further to all pharmacy contractors. The root cause of the errors has been identified and plans are in place to implement a range of solutions from April 2008 onwards. The NHSBSA PPD is currently examining ways to identify any contractors whose prescriptions have been processed using CIP in this introductory period on whom there may have been a significant impact. These will be considered individually.

This guidance document includes an overview of CIP, guidance for contractors whose prescriptions are now being priced via CIP and a summary of the support available on known implementation issues.

The Capacity Improvement Programme

The CIP system uses high-speed scanning equipment and intelligent character recognition software to automate the capture of printed information from prescription forms. The information captured by scanning is then processed by an automated 'rules engine' to determine the payment due to contractors. The 'rules engine' will also be used in Release 2 of the Electronic Prescription Service to calculate the payment due for prescriptions submitted electronically to the NHSBSA PPD.

The intelligent character recognition software does not review information contained within the pharmacy endorsement column on prescription forms. Where a contractor's endorsement is required to price a prescription, for example where there are multiple pack sizes listed in the Drug Tariff or where a pharmacist may be able to claim a particular fee or concession linked to an individual product, an image of the prescription is sent to an NHSBSA PPD operator, referred to as an 'exception handler' so that this information can be keyed in manually. Prescriptions are also sent to exception handlers for information to be manually input where the intelligent character recognition software cannot automatically 'read' prescribing information on the prescription, for example where the prescription has been handwritten, product information is missing or the product description cannot be read with a high level of confidence, for example products with similar names and non-standard product descriptions.

Prescriptions endorsed with a broken bulk claim and calendar pack prescriptions where the quantity prescribed differs from the pack (or subpack size) and the quantity prescribed has been dispensed, cannot be priced automatically via the system. This information must be keyed in manually by an NHSBSA PPD operator. Therefore to ensure accurate payment, the NHSBSA has requested contractors involved in the CIP implementation to separate out these prescriptions when bundling their prescriptions for submission. Particular care should be taken when dispensing weekly prescriptions, where there is an increased likelihood that the prescribed quantity differs from the pack or sub-pack size and the prescribed quantity has been dispensed.

The NHSBSA is writing individually to contractors to alert them that their accounts will be priced

using the CIP system and to request changes to the way that prescriptions are bundled for submission. Approximately 84% of pharmacy contractors have now received letters. Once all contractors are required to sort their prescriptions differently, the FP34C Submission document will be updated to also state the new sorting requirements.

Worked Example:

Zestril 10mg tablets are supplied in a calendar pack of 28 tablets which contains 2 sub-packs of 14 tablets:

Prescribed Quantity	Dispensed Quantity	Separate out Prescription?	Reason
14	14	X	Payment will be based on 14 tablets.
10	14	X	The NHSBSA PPD will automatically apply the calendar pack rules and payment will be based on 14 tablets.
10	10	✓	If the prescription is not sorted there is a risk of over-payment as the NHSBSA PPD would automatically apply the calendar pack rules and reimburse the contractor for 14 tablets. If the prescription is sorted, the endorsement indicating that 10 tablets have been dispensed will be identified and payment will be based on 10 tablets.
20	20	✓	If the prescription is not sorted there is a risk of under-payment as the NHSBSA PPD will automatically apply calendar pack rules and reimburse the contractor for 14 tablets. If the prescription is sorted, the endorsement indicating that 20 tablets have been dispensed will be identified and payment will be based on 20 tablets.

In the Department of Health consultation on the 'Simplification of the Reimbursement and Remuneration rules', the Department proposed removing the calendar pack rules and replacing them with a more general rounding rule. A proposal was also made to remove individual claims for broken bulk on readily available items and replace this with a monthly allowance to compensate contractors for residual stock. PSNC is still in discussion with the Department of Health on both of these proposals. The issues involved are complex and PSNC is working to ensure that any changes made do not disadvantage contractors.



Annual adjustments are made to the national contract funding arrangements using an agreed formula which takes into consideration increased regulatory burdens. Regulatory burdens are assessed on a retrospective basis. PSNC is working to ensure that the additional workload associated with changes in the sorting requirements is fully quantified so that additional costs are recognised in the funding arrangements. More detailed information on the formula for negotiating annual uplifts to the value of the contract can be found on the PSNC Website (www.psn.org.uk/funding).

The NHSBSA PPD are currently assessing the

impact on processing of removing the need for pharmacies to submit prescriptions in alphabetical order by prescriber. PSNC is pushing the NHSBSA PPD to remove this mandatory requirement to give pharmacy contractors flexibility in how prescriptions are filed in the pharmacy before submission.

Sorting Tips

Whilst contractors can easily identify that a prescription has a broken bulk claim (there will be a 'BB' endorsement), it is more difficult to assess whether the product being dispensed is a calendar pack and therefore to know whether the quantity dispensed is different from the nearest pack/subpack quantity.

To improve the efficiency of sorting, one option would be for staff labelling prescriptions to include a marker on the prescription to indicate that the prescription must be sorted separately. For example, staff could make a cross or use a highlighter in the endorsement column. Most pharmacy systems indicate on the screen whether a product being dispensed is a calendar pack.

Feedback from pharmacy contractors suggests that it is far more efficient to mark prescriptions for segregation during the labelling process or at the point of dispensing rather than reviewing all prescriptions at the end of the month to consider whether individual prescriptions need to be segregated.

PSNC wrote to pharmacy system suppliers to inform them of this issue in May 2007. Some suppliers have indicated that they would like to print an endorsement on prescription forms, for internal pharmacy use, to support the efficient sorting of prescriptions. The recommended endorsement for system suppliers to use is 'CPack' to indicate that the quantity dispensed differs from the nearest pack or subpack for items packaged in calendar packs.

Commonly Dispensed Calendar Packs

The following commonly prescribed products are recognised as being packed in calendar packs. This list is not exhaustive. A searchable online database of products with calendar pack status is available on the PSNC Website (www.psn.org.uk/specialcontainer) or alternatively a number of pharmacy IT systems provide this information on screen at the point of dispensing.

A ccolate Tabs 20mg 56 (4x14)	Aprovel Tabs 150mg 28 (2x14)	Cardura Tabs 1mg 28 (2x14)
Accupro Tabs 10mg 28 (4x7)	Aprovel Tabs 300mg 28 (2x14)	Cardura Tabs 2mg 28 (2x14)
Accupro Tabs 20mg 28 (4x7)	Aprovel Tabs 75mg 28 (2x14)	Cardura XL Tabs 4mg 28 (4x7)
Accupro Tabs 40mg 28 (4x7)	Aricept Tabs 10mg 28 (2x14)	Cardura XL Tabs 8mg 28 (4x7)
Accupro Tabs 5mg 28 (4x7)	Aricept Tabs 5mg 28 (2x14)	Carvedilol Tabs 12.5mg 28 (4x7)
Accuretic Tabs 28 (4x7)	Arimidex Tabs 1mg 28 (2x14)	Carvedilol Tabs 25mg 28 (4x7)
Acepril Tabs 12.5mg 56 (4x14)	Atenix 100 Tabs 100mg 28 (2x14)	Carvedilol Tabs 3.125mg 28 (4x7)
Acepril Tabs 25mg 56 (4x14)	Atenix 25 Tabs 25mg 28 (2x14)	Carvedilol Tabs 6.25mg 28 (4x7)
Acepril Tabs 50mg 56 (4x14)	Atenix 50 Tabs 50mg 28 (2x14)	Casodex Tabs 150mg 28 (2x14)
Acezeide Tabs 50mg/25mg 28 (2x14)	Atenolol Tabs 100mg 28 (2x14)	Casodex Tabs 50mg 28 (2x14)
Aciclovir Disper Tabs 400mg 56 (4x14)	Atenolol Tabs 25mg 28 (2x14)	Celectol Tabs 200mg 28 (2x14)
Actonel Tabs 30mg 28 (2x14)	Atenolol Tabs 50mg 28 (2x14)	Celectol Tabs 400mg 28 (2x14)
Actonel Tabs 5mg 28 (2x14)	Atonvastatin Tabs 10mg 28 (4x7)	Celiprolol Tabs 200mg 28 (2x14)
Actos Tabs 15mg 28 (2x14)	Atonvastatin Tabs 20mg 28 (4x7)	Celiprolol Tabs 400mg 28 (2x14)
Actos Tabs 30mg 28 (2x14)	Atonvastatin Tabs 40mg 28 (4x7)	Cerazette Contraceptive Tablets
Actos Tabs 45mg 28 (2x14)	Atonvastatin Tabs 80mg 28 (4x7)	75mcg 84 (3x28)
Adalat LA Tabs 20mg 28 (2x14)	Axid Capsules 150mg 30	Chemydur 60XL tabs 60mg 28 (2x14)
Adalat LA Tabs 30mg 28 (2x14)	Axid Capsules 300mg 30	Cilazapril 1mg Tabs 28 (4x7)
Adalat LA Tabs 60mg 28 (2x14)	B eta-Adalat Caps 28 (2x14)	Cilazapril 2.5mg Tabs 28 (4x7)
Adalat Retard 10mg 56 (4x14)	Betahistine Hydrochloride Tabs	Cilazapril 500mcg Tabs 28 (4x7)
Adalat Retard 20mg 56 (4x14)	16mg 84 (4x21)	Cilazapril 5mg Tabs 28 (4x7)
Adipine XL Tabs 30mg 28 (2x14)	Betaloc SA Tabs 200mg 28 (4x7)	Cilest Tabs 126 (6x21)
Adipine XL Tabs 60mg 28 (2x14)	Bicalutamide Tabs 50mg 28 (2x14)	Cilest Tabs 63 (3x21)
Adizem-SR Caps 120mg 56 (4x14)	Bicalutamide Tabs 150mg 28 (2x14)	Cimetidine Tabs 800mg 30 (2x15)
Adizem-SR Caps 180mg 56 (4x14)	BiNovum Tabs 63 (3x21)	Cipramil Tabs 10mg 28 (2x14)
Adizem-SR Caps 90mg 56 (4x14)	Bisoprolol Tabs 1.25mg 28 (2x14)	Cipramil Tabs 20mg 28 (2x14)
Adizem-XL Caps 120mg 28 (2x14)	Bisoprolol Tabs 2.5mg 28 (2x14)	Cipramil Tabs 40mg 28 (2x14)
Adizem-XL Caps 180mg 28 (2x14)	Bisoprolol Tabs 3.75mg 28 (2x14)	Citalopram Tablets 10mg 28 (2x14)
Adizem-XL Caps 200mg 28 (2x14)	Bisoprolol Tabs 7.5mg 28 (2x14)	Citalopram Tablets 20mg 28 (2x14)
Adizem-XL Caps 240mg 28 (2x14)	Brevinor 63 (3x21)	Citalopram Tablets 40mg 28 (2x14)
Adizem-XL Caps 300mg 28 (2x14)	Brufen Retard 800mg 56 (4x14)	Clarithromycin m/r Tabs 500mg 7
Aknemin Caps 100mg 28	Bumetanide Tabs 1mg 28 (2x14)	Clarithromycin m/r Tabs 500mg 14
Aknemin Caps 50mg 56	Bumetanide Tabs 5mg 28 (2x14)	Clarithromycin Tabs 250mg 14 (2x7)
Aldactide 50 Tabs 28 (2x14)	Burinex Tabs 1mg 28 (2x14)	Clarithromycin Tabs 500mg 14 (2x7)
Alendronic Acid Tabs 10mg 28 (2x14)	Burinex Tabs 5mg 28 (2x14)	Clarithromycin Tabs 500mg 20 (2x10)
Alendronic Acid Tabs 5mg 28 (2x14)	B urinex-A Tabs 28 (2x14)	Climaval Tabs 1mg 28
Amias Tabs 16mg 28 (4x7)	C andestartan Tablets 16mg 28 (4x7)	Climaval Tabs 1mg 84 (3x28)
Amias Tabs 2mg 7	Candestartan Tablets 2mg 7	Climaval Tabs 2mg 28
Amias Tabs 32mg 28 (4x7)	Candestartan Tablets 32mg 28 (4x7)	Climaval Tabs 2mg 84 (3x28)
Amias Tabs 4mg 7	Candestartan Tablets 4mg 7	Climesse Tabs 28
Amias Tabs 4mg 28 (4x7)	Candestartan Tablets 4mg 28 (4x7)	Climesse Tabs 84 (3x28)
Amias Tabs 8mg 28 (4x7)	Candestartan Tablets 8mg 28 (4x7)	Clomipramine Caps 10mg 28 (2x14)
Amiloride 2.5mg / Cyclopenthiiazide	Capozide LS Tabs 12.5mg/25mg	Clomipramine Caps 25mg 28 (2x14)
250mcg Tabs 28 (2x14)	28 (2x14)	Clomipramine Caps 50mg 28 (2x14)
Amiloride 2.5mg / Hydrochlorothiazide	Capozide Tabs 50mg/25mg 28 (2x14)	Co-Amilofruse Tabs 10/80 28 (2x14)
25mg Tabs 28 (2x14)	Caprin Tabs g/r 75mg 28	Co-Amilofruse Tabs 2.5/20 28 (2x14)
Amiloride 5mg / Bumetanide	Caprin Tabs g/r 75mg 56 (2x28)	Co-Amilofruse Tabs 2.5/20 56 (4x14)
1mg Tabs 28 (2x14)	Captopril Tabs 25mg 56 (4x14)	Co-Amilofruse Tabs 5/40 28 (2x14)
Amiodarone Tabs 100mg 28 (2x14)	Captopril Tabs 50mg 56 (4x14)	Co-Amilofruse Tabs 5/40 56 (4x14)
Amiodarone Tabs 200mg 28 (2x14)	Carace 10 Plus Tabs 28 (2x14)	Co-Amilofruse Tabs 2.5/25 28 (2x14)
Amlodipine Tabs 10mg 28 (2x14)	Carace 20 Plus Tabs 28 (2x14)	Coaprovel Tabs 150mg/12.5mg 28 (2x14)
Amlodipine Tabs 5mg 28 (2x14)	Carace Tabs 10mg 28 (2x14)	Coaprovel Tabs 300mg/12.5mg 28 (2x14)
Anastrozole Tabs 1mg 28 (2x14)	Carace Tabs 20mg 28 (2x14)	Co-Cyprindiol Tabs 2mg/35mcg 63 (3x21)
Angiopine MR 10 Tabs 10mg 56 (4x14)	Carace Tabs 5mg 28 (2x14)	Conj Oestro Tabs 1.25mg 84 (3x28)
Angiopine MR 20 Tabs 20mg 56 (4x14)	Cardicor Tabs 1.25mg 28 (2x14)	Conj Oestro Tabs 625mcg 84 (3x28)
Angitil SR 120 Caps 120mg 56 (4x14)	Cardicor Tabs 10mg 28 (2x14)	Co-Prenozide m/r Tabs 160/0.25
Angitil SR 180 Caps 180mg 56 (4x14)	Cardicor Tabs 2.5mg 28 (2x14)	28 (2x14)
Angitil SR 90 Caps 90mg 56 (4x14)	Cardicor Tabs 3.75mg 28 (2x14)	Coracten XL Caps 60mg 28 (2x14)
Angitil XL Caps 240mg 28 (2x14)	Cardicor Tabs 5mg 28 (2x14)	Coracten XL Caps 30mg 28 (2x14)
Angitil XL Caps 300mg 28 (2x14)	Cardicor Tabs 7.5mg 28 (2x14)	Co-Tenidone Tabs 100/25 28 (2x14)

Co-Tenidone Tabs 50/12.5 28 (2x14)
 Co-Triamterzide Tabs 50/25 30 (2x15)
 Cozaar Tabs 100mg 28 (2x14)
 Cozaar Tabs 25mg 28 (2x14)
 Cozaar Tabs 50mg 28 (2x14)
 Cozaar-Comp 100/25 Tabs 28 (2x14)
 Crestor Tabs 10mg 28 (2x14)
 Crestor Tabs 20mg 28 (2x14)
 Crestor Tabs 40mg 28 (4x7)
 Crestor Tabs 5mg 28 (2x14)
 Cyclo-Progynova Tabs 1mg 21
 Cyclo-Progynova Tabs 2mg 21
Danazol Caps 100mg 28 (2x14)
 Desogestrel Tabs 75mcg 84 (3x28)
 Dianette Caps 2.5mg 8
 Diclofenac Sodium Caps 100mg m/r 28 (2x14)
 Diclofenac Sodium Caps 75mg m/r 56 (4x14)
 Diclomax Retard Caps 100mg 28 (2x14)
 Diclomax SR Caps 75mg 56 (4x14)
 Diflucan Caps 200mg 7
 Diflucan Caps 50mg 7
 Diltiazem 200mg Caps (m/r) 28 (2x14)
 Diltiazem XL Caps 360mg 28 (4x7)
 Dimetrisone Caps 2.5mg 8
 Diovan Caps 160mg 28 (2x14)
 Diovan Caps 40mg 7
 Diovan Caps 80mg 28 (2x14)
 Diurexan Tabs 20mg 140 (10x14)
 Donepezil 10mg tabs 28 (2x14)
 Donepezil 5mg tabs 28 (2x14)
 Dosulepin Tabs 75mg 28 (2x14)
 Doxazosin Tabs 1mg 28 (2x14)
 Doxazosin Tabs 2mg 28 (2x14)
 Doxazosin Tabs 4mg 28 (2x14)
 Doxazosin Tabs 4mg M/R 28 (4x7)
 Doxazosin Tabs 8mg M/R 28 (4x7)
 Doxycycline Caps 50mg 28 (2x14)
 Doxylar Caps 50mg 28 (2x14)
 Dyazide Tabs 30 (2x15)
Ecopace Tabs 12.5mg 56 (4x14)
 Ecopace Tabs 25mg 56 (4x14)
 Ecopace Tabs 50mg 56 (4x14)
 Efexor Tabs 37.5mg 56 (4x14)
 Efexor Tabs 75mg 56 (4x14)
 Efexor XL Caps 150mg 28 (2x14)
 Efexor XL Caps 75mg 28 (2x14)
 Elantan LA 25 Caps 25mg 28 (2x14)
 Elantan LA 50 Caps 50mg 28 (2x14)
 Elleste Duet Conti Tabs 84 (3x28)
 Elleste Solo 1mg 84 (3x28)
 Elleste Solo 2mg 84 (3x28)
 Emcor LS Tabs 5mg 28 (2x14)
 Emcor Tabs 10mg 28 (2x14)
 Enalapril Maleate Tabs 10mg 28 (4x7)
 Enalapril Maleate Tabs 2.5mg 28 (4x7)
 Enalapril Maleate Tabs 20mg 28 (4x7)
 Enalapril Maleate Tabs 5mg 28 (4x7)
 Eprosartan 300mg tablets 28 (4x7)
 Eprosartan 400mg tablets 28 (4x7)
 Eprosartan 600mg tablets 28 (4x7)
 Erythromycin Ethylsuccinate Tablets 500mg 28 (2x14)
 Erythroped A Tabs 500mg 28 (2x14)
 Esomeprazole Tablets 40mg 28 (2x14)
 Eucardic 12.5 Tabs 28 (2x14)
 Eucardic 25 Tabs 28 (2x14)
 Eucardic 3.125 Tabs 28 (2x14)
 Eucardic 6.25 Tabs 28 (2x14)

Evista Tabs 60mg 28 (2x14)
 Evista Tabs 60mg 84 (6x14)
 Exelon Caps 1.5mg 28 (2x14)
 Exelon Caps 1.5mg 56 (4x14)
 Exelon Caps 3mg 28 (2x14)
 Exelon Caps 3mg 56 (4x14)
 Exelon Caps 4.5mg 28 (2x14)
 Exelon Caps 4.5mg 56 (4x14)
 Exelon Caps 6 mg 28 (2x14)
 Exelon Caps 6 mg 56 (4x14)
Famciclovir Tabs 750mg 7
 Famvir Tabs 750mg 7
 Felodipine Tabs 10mg m/r 28 (4x7)
 Felodipine Tabs 2.5mg m/r 28 (4x7)
 Felodipine Tabs 5mg m/r 28 (4x7)
 Felogen XL Tabs 10mg F/C 28 (2x14)
 Felogen XL Tabs 5mg F/C 28 (2x14)
 Femara Tabs 2.5mg 14
 Femara Tabs 2.5mg 28 (2x14)
 Femodene Tabs 63 (3x21)
 Femodene-ED Tabs 84 (3x28)
 Femodette Tabs 63 (3x21)
 Femoston Conti Tabs 1mg/5mg 84 (3x28)
 Femtab Tabs 1mg 84 (3x28)
 Femtab Tabs 2mg 84 (3x28)
 Femulen Tabs 84 (3x28)
 Fenbufen Caps 300mg 84 (4x21)
 Fenbufen Tabs 300mg 84 (4x21)
 Fenbufen Tabs 450mg 56 (4x14)
 Fenofibrate Caps 200mg 28 (2x14)
 Fenofibrate Caps 267mg 28 (2x14)
 Fenofibrate Tabs 160mg 28 (4x7)
 Ferrous Fumarate tabs 322mg 28 (2x14)
 Ferrous Sulphate Tabs 200mg 28 (2x14)
 Fersaday Tabs 28 (2x14)
 Finasteride Tablets 5mg 28 (2x14)
 Fluconazole Caps 200mg 7
 Fluconazole Caps 50mg 7
 Flutamide Tabs 250mg 84 (4x21)
 Fluvastatin Caps 20mg 28 (4x7)
 Fluvastatin Caps 40mg 28 (4x7)
 Fosamax Tabs 10mg 28 (2x14)
 Fosamax Tabs 5mg 28 (2x14)
 Fosinopril Sodium Tabs 10mg 28 (2x14)
 Fosinopril Sodium Tabs 20mg 28 (2x14)
 Frumil LS Tabs 2.5mg/20mg 28 (2x14)
 Frumil LS Tabs 2.5mg/20mg 56 (4x14)
 Frumil Tabs 5mg/40mg 56 (4x14)
 Frumil Tabs 5mg/40mg 28 (2x14)
 Frusene Tabs 40mg/50mg 56 (4x14)
 Furosemide Tabs 40mg 28 (2x14)
Galantamine Caps 16mg (m/r) 28 (4x7)
 Galantamine Caps 24mg (m/r) 28 (4x7)
 Galantamine Caps 8mg (m/r) 28 (4x7)
 Galantamine Tabs 12mg 56 (4x14)
 Galantamine Tabs 8mg 56 (4x14)
 Gemfibrozil Tabs 600mg 56 (4x14)
 Gilbenclamide Tabs 2.5mg 28
 Gilbenclamide Tabs 5mg 28 (2x14)
 Gopten Caps 0.5mg 14 (2x7)
 Gopten Caps 1mg 28 (4x7)
 Gopten Caps 2mg 28 (2x14)
Half Inderal LA Caps 80mg 28 (2 x 14)
 Half Securon SR Tabs 28 (2 x 14)
 Hexopal Forte Tabs 750mg 112 (4x28)
 Hormonin Tabs 84 (3x28)
 Hydrochlorothiazide & Quinapril tabs (12.5mg/10mg) 28 (4x7)
 Hydrochlorothiazide 12.5mg/Quinapril

10mg tabs 28 (4x7)
 Hypolar Retard 20 Tabs 20mg 56 (4x14)
 Hypolar XL 30 Tabs 30mg 28 (2x14)
 Hytrin Tabs 10mg 28 (2x14)
 Hytrin Tabs 2mg 28 (2x14)
 Hytrin Tabs 5mg 28 (2x14)
Ibuprofen Tabs 800mg (m/r) 56 (4x14)
 Imdur Tabs 60mg 28 (4x7)
 Inderal LA Caps 160mg 28 (2x14)
 Indivina Tabs 1mg/2.5mg 84 (3x28)
 Indivina Tabs 1mg/5mg 84 (3x28)
 Indivina Tabs 2mg/5mg 84 (3x28)
 Innovace Tabs 10mg 28 (4x7)
 Innovace Tabs 2.5mg 28 (4x7)
 Innovace Tabs 20mg 28 (4x7)
 Innovace Tabs 5mg 28 (4x7)
 Innozide Tabs 28 (4x7)
 Inositol nicotinate 750mg tabs 112 (4x28)
 Irbesartan 150mg tabs 28 (2x14)
 Irbesartan 150mg/Hydrochlorothiazide 12.5mg tabs 28 (2x14)
 Irbesartan 300mg tabs 28 (2x14)
 Irbesartan 300mg/Hydrochlorothiazide 12.5mg tabs 28 (2x14)
 Irbesartan 75mg tabs 28 (2x14)
 Isib 60 XL Tabs 60mg 28 (2x14)
 Isodur 25 XL Caps 25mg 28 (2x14)
 Isodur 50 XL Caps 50mg 28 (2x14)
 Isosorbide Mononitrate Caps 25mg (m/r) 28 (2x14)
 Isosorbide Mononitrate Caps 50mg (m/r) 28 (2x14)
 Isosorbide Mononitrate Caps 60mg (m/r) 28 (2x14)
 Isosorbide Mononitrate Tabs 50mg (m/r) 28 (2x14)
 Isosorbide Mononitrate Tabs 60mg (m/r) 28 (2x14)
 Isosorbide Mononitrate Tabs XL 25mg 28 (2x14)
 Isosorbide Mononitrate Tabs XL 50mg 28 (2x14)
 Isotard 25 XL Tabs 25mg 28 (2x14)
 Isotard 40 XL Tabs 40mg 28 (2x14)
 Isotard 50 XL Tabs 50mg 28 (2x14)
 Isotard 60 XL Tabs 60mg 28 (2x14)
 Istin Tabs 10mg 28 (2x14)
 Istin Tabs 5mg 28 (2x14)
 Ivabradine Tabs 5mg 56 (4x14)
 Ivabradine Tabs 7.5mg 56 (4x14)
Kalten Caps 28 (2x14)
 Katya 30/75 tablets 63 (3x21)
 Ketocid 200 caps 200mg 28 (2x14)
 Ketovail Caps 200mg 28 (2x14)
 Klaricid Tabs 250mg 14
 Klaricid Tabs 500mg 14
 Klaricid Tabs 500mg 20 (2x10)
 Klaricid XL Tabs 500mg 7
 Klaricid XL Tabs 500mg 14
Labetalol Tabs 50mg 56 (4x14)
 Lacidipine Tabs 2mg 28 (4x7)
 Lacidipine Tabs 4mg 28 (4x7)
 Lamictal Tabs 200mg 56 (4x14)
 Lamisil Tabs 250mg 14
 Lamisil Tabs 250mg 28 (2x14)
 Lamotrigine Tabs 200mg 56 (4x14)
 Lansoprazole Caps 15mg g/r 28 (4x7)
 Lansoprazole Caps 30mg g/r 28 (4x7)
 Lansoprazole Orodispersible Tabs

15mg 28 (4x7)
 Lansoprazole Orodispersible Tabs 30mg 14 (2x7)
 Lansoprazole Orodispersible Tabs 30mg 28 (4x7)
 Lasilactone Caps 28 (2x14)
 Lederfen 450 Tabs 450mg 56 (4x14)
 Lederfen Caps 300mg 84 (4x21)
 Lederfen Tabs 300mg 84 (4x21)
 Lercanidipine 10mg tabs 28 (2x14)
 Lercanidipine 20mg tabs 28 (2x14)
 Lescol Caps 20mg 28 (4x7)
 Lescol Caps 40mg 28 (4x7)
 Lescol Caps 40mg 56 (8x7)
 Letrozole 2.5mg tabs 14
 Letrozole 2.5mg tabs 28 (2x14)
 Lipantil Micro 200 Caps (200mg) 28 (2x14)
 Lipantil Micro 267 Caps (267mg) 28 (2x14)
 Lipitor Tabs 10mg 28 (4x7)
 Lipitor Tabs 20mg 28 (4x7)
 Lipitor Tabs 40mg 28 (4x7)
 Lipitor Tabs 80mg 28 (4x7)
 Lipostat Tabs 10mg 28 (2x14)
 Lipostat Tabs 20mg 28 (2x14)
 Lipostat Tabs 40mg 28 (2x14)
 Lisinopril & Hydrochlorothiazide Tabs 10mg/12.5mg 28 (2x14)
 Lisinopril & Hydrochlorothiazide Tabs 20mg/12.5mg 28 (2x14)
 Lisinopril Tabs 10mg 28 (2x14)
 Lisinopril Tabs 2.5mg 28 (2x14)
 Lisinopril Tabs 20mg 28 (2x14)
 Lisinopril Tabs 5mg 28 (2x14)
 Livial Tabs 2.5mg 28
 Livial Tabs 2.5mg 84 (3x28)
 Loestrin 20 Tabs 63 (3x21)
 Loestrin 30 Tabs 63 (3x21)
 Lofepamine Hydrochloride Tabs 70mg 56 (4x14)
 Logynon Tabs 63 (3x21)
 Logynon-ED Tabs 84 (3x28)
 Lopid 600mg Tabs 56 (4x14)
 Lopresor SR Tabs 200mg 28 (2x14)
 Losartan Potassium Tabs 100mg 28 (2x14)
 Losartan Potassium Tabs 25mg 28 (2x14)
 Losartan Potassium Tabs 50mg 28 (4x7)
 Losec MUPS Tabs Dispersible 10mg 28 (2x14)
 Losec MUPS Tabs Dispersible 20mg 28 (2x14)
 Losec MUPS Tabs Dispersible 40mg 7
 Lustral Tabs 100mg 28 (2x14)
 Lustral Tabs 50mg 28 (2x14)
 Lymeccycline 408mg caps 28 (2x14)
 Lymeccycline 408mg caps 56 (4x14)
Marvelon Tabs 63 (3x21)
 Medroxyprogesterone 2.5mg / Estradiol valerate 1mg tablets 84 (3x28)
 Medroxyprogesterone 5mg / Estradiol valerate 1mg tablets 84 (3x28)
 Medroxyprogesterone 5mg / Estradiol valerate 2mg tablets 84 (3x28)
 Mercilon Tabs 63 (3x21)
 Metoprolol Tabs 100mg 56 (4x14)
 Metoprolol Tabs 50mg 56 (4x14)
 Micardis Plus Tabs 40/12.5mg 28 (4x7)
 Micardis Plus Tabs 80/12.5mg 28 (4x7)
 Micardis Tabs 20mg 28 (4x7)
 Micardis Tabs 40mg 28 (4x7)
 Micardis Tabs 80mg 28 (4x7)
 Microgynon 30 ED 84 (3x28)

Microgynon 30 Tabs 63 (3x21)	28 (2x14)	Sibutramine Hydrochloride Caps 10mg	50mg/25mg 30 (2x15)
Micronor Tabs 84 (3x28)	Pioglitazone (Hydrochloride) tabs 45mg	28 (2x14)	Triamterene 50mg/Furosemide 40mg
Minocin MR Caps 100mg 56 (4x14)	28 (2x14)	Sibutramine Hydrochloride Caps 15mg	56 (4x14)
Minocycline Caps 100mg 28	Pizotifen Tabs 1.5mg 28 (2x14)	28 (2x14)	Tri-Minulet Tabs 63 (3x21)
Minocycline Caps 100mg M/R 56 (4x14)	Plendil Tabs 10mg SR 28 (4x7)	Simvastin Tabs 10mg 28 (2x14)	Trinordiol Tabs 63 (3x21)
Minocycline Caps 50mg 56	Plendil Tabs 2.5mg SR 28 (4x7)	Simvastin Tabs 20mg 28 (2x14)	Trinovum Tabs 63 (3x21)
Minulet Tabs 63 (3x21)	Plendil Tabs 5mg SR 28 (4x7)	Simvastin Tabs 40mg 28 (2x14)	Tritace Tabs 1.25mg 28
Mirtazapine Tabs 30mg 28 (2x14)	Pregaday Tabs 28 (2x14)	Simvastin Tabs 80mg 28 (2x14)	Tritace Tabs 10mg 28
Modisal LA 25 Caps 25mg 28 (2x14)	Premarin Tabs 0.625mg 84 (3x28)	Singular Tabs 10mg 28 (4x7)	Tritace Tabs 2.5mg 28
Modisal LA 50 Caps 50mg 28 (2x14)	Premarin Tabs 1.25mg 84 (3x28)	Singular Tabs Paed Chewable 4mg 28 (4x7)	Tritace Tabs 5mg 28
Modisal XL Tabs 60mg 28 (2x14)	Premique Low Dose Tabs 0.3mg/1.5mg	Singular Tabs Paed Chewable 5mg 28 (4x7)	<u>Univer Caps 120mg (m/r) 28 (2x14)</u>
Moduret 25 Tabs 28	84 (3x28)	Slofedipine XL 30 Tabs 30mg 28 (2x14)	Univer Caps 180mg (m/r) 56 (4x14)
Moduretic Tabs 28 (2x14)	Premique Tabs 84 (3x28)	Slofedipine XL 60 Tabs 60mg 28 (2x14)	Univer Caps 240mg (m/r) 28 (2x14)
Mono-Cedocard 50 Caps 28 (2x14)	Procoralan Tabs 5mg 56 (4x14)	Slow Trasicor Tabs 160mg 28 (2x14)	<u>Valsartan Capsules 160mg 28 (2x14)</u>
Monomax Caps SR 40mg 28 (2x14)	Proguanil Tabs 100mg 98 (7x14)	Sotacor Tabs 80mg 28 (2x14)	Valsartan Capsules 40mg 7
Monomax Caps SR 60mg 28 (2x14)	Progynova Tabs 1mg 84 (3x28)	Sotacor Tabs 160mg 28 (2x14)	Valsartan Capsules 80mg 28 (2x14)
Monomax XL Tabs 60mg 28 (2x14)	Progynova Tabs 2mg 84 (3x28)	Sotalol Hydrochloride Tabs 160mg 28 (2x14)	Vascece Tabs 0.5mg 28 (4x7)
Montelukast Chewable Tabs 4mg 28 (4x7)	Proscar Tabs 5mg 28 (2x14)	Staril Tabs 10mg 28 (2x14)	Vascece Tabs 1mg 28 (4x7)
Montelukast Chewable Tabs 5mg 28 (4x7)	Prothiaden Tabs 75mg 28 (2x14)	Sunya 20/75 tablets 63 (3x21)	Vascece Tabs 2.5mg 28 (4x7)
Montelukast Chewable Tabs 10mg 28 (4x7)	Prozac Caps 20mg 30 (2x15)	Tagamet Tabs 800mg 30 (2x15)	Vascece Tabs 5mg 28 (4x7)
Motens Tabs 2mg 14 (2x7)	<u>Quinapril Tabs 10mg 28 (4x7)</u>	Supralip Tabs 160mg 28 (4x7)	Vasalpha Tabs 10mg F/C 28 (2x14)
Motens Tabs 2mg 28 (4x7)	Quinapril Tabs 20mg 28 (4x7)	Synphase Tabs 21	Vasalpha Tabs 5mg F/C 28 (2x14)
Motens Tabs 4mg 14 (2x7)	Quinapril Tabs 40mg 28 (4x7)	Syscor MR 10 Tabs 10mg 28 (2x14)	Venlafaxine Caps 150mg m/r 28 (2x14)
Motens Tabs 4mg 28 (4x7)	Quinapril Tabs 5mg 28 (4x7)	<u>Tagamet Tabs 400mg 60 (4x15)</u>	Venlafaxine Caps 75mg m/r 28 (2x14)
<u>Nafidrofuryl Caps 100mg 84 (6x14)</u>	Quinine Sulphate Tabs 300mg 28 (2x14)	Tagamet Tabs 800mg 30 (2x15)	Venlafaxine Tabs 37.5mg 56 (4x14)
Nalorex Tabs 50mg 28 (4x7)	<u>Rabeprazole Sodium Tabs 10mg E/C</u>	Telmisartan 20mg tabs 28 (4x7)	Venlafaxine Tabs 75mg 56 (4x14)
Navispare Tabs 28 (2x14)	28 (2x14)	Telmisartan 40mg tabs 28 (4x7)	Verapamil Caps 120mg (m/r) 28 (2x14)
Nebilet Tabs 5mg 28 (4x7)	Rabeprazole Sodium Tabs 20mg E/C	Telmisartan 40mg tabs/Hydrochlorothiazide	Verapamil Caps 180mg (m/r) 56 (4x14)
Nebivolol Tabs 5mg 28 (4x7)	28 (2x14)	12.5mg tabs 28 (4x7)	Verapamil Caps 240mg (m/r) 28 (2x14)
Neltrexone Tabs 50mg 28 (4x7)	Raloxifene 60mg tabs 28 (2x14)	Telmisartan 80mg tabs 28 (4x7)	Verapamil Tabs 120mg (m/r) 28 (2x14)
Nexium Tabs 40mg 7	Raloxifene 60mg tabs 84 (6x14)	Telmisartan 80mg tabs/Hydrochlorothiazide	Verapamil Tabs 240mg (m/r) 28 (2x14)
Nexium Tabs 40mg 28 (2x14)	Ranitidine 150mg tablets 60	12.5mg tabs 28 (4x7)	Viazem XL Caps 120mg 28 (4x7)
Niaspan Tabs 1g M/R 56 (4x14)	Ranitidine 300mg tablets 30	Tenif Caps 28 (2x14)	Viazem XL Caps 180mg 28 (4x7)
Niaspan Tabs 500mg M/R 56 (4x14)	Ramipril Tabs 1.25mg 28 (2x14)	Tenoret 50 Tabs 28 (2x14)	Viazem XL Caps 240mg 28 (4x7)
Niaspan Tabs 750mg M/R 56 (4x14)	Ramipril Tabs 10mg 28 (2x14)	Tenoretic Tabs (100mg/25mg) 28 (2x14)	Viazem XL Caps 300mg 28 (4x7)
Nifedipine Tabs 60mg (m/r) 28 (2x14)	Ramipril Tabs 2.5mg 28 (2x14)	Tenormin 25 Tabs 28 (2x14)	Viazem XL Caps 360mg 28 (4x7)
Nifedipine XL Caps 30mg 28 (2x14)	Ramipril Tabs 5mg 28 (2x14)	Tenormin LS Tabs 50mg 28 (2x14)	Vibramycin 50 Caps 28 (2x14)
Nifedipine XL Caps 60mg 28 (2x14)	Reductil Caps 10mg 28 (2x14)	Tenormin 100mg 28 (2x14)	Viskaldix Tabs 28 (2x14)
Norgeston Tabs 35	Reductil Caps 15mg 28 (2x14)	Tensipine MR 10 Tabs 56 (4x14)	Volmax Tabs 4mg 56 (4x14)
Noriday Tabs 84 (3x28)	Reminyl Tabs 12mg 56 (4x14)	Tensipine MR 20 Tabs 56 (4x14)	Volmax Tabs 8mg 56 (4x14)
Norimin Tabs 63 (3x21)	Reminyl Tabs 8mg 56 (4x14)	Terbinafine Tabs 250mg 28 (4x7)	Volsaid Retard 100 Tabs 28 (2x14)
Norinyl-1 Tabs 63 (3x21)	Reminyl XL Caps 16mg 28 (4x7)	Tetralysal 300 Caps 56 (4x14)	Volsaid Retard 75 Tabs 56 (4x14)
Nu-Seals Tabs 75mg 56 (4x14)	Reminyl XL Caps 24mg 28 (4x7)	Tetralysal 300 Caps 28 (2x14)	Voltral Retard Tabs 100mg 28 (2x14)
Nouvelle Continuous 84 (3x28)	Reminyl XL Caps 8mg 28 (4x7)	Teveten Tabs 300mg 28 (2x14)	<u>Xipamide Tabs 20mg 140 (10x14)</u>
<u>Oestrogens Conjugated Tabs 1.25mg</u>	Rheumatac Retard 75 Tab 28 (2x14)	Teveten Tabs 400mg 56 (4x14)	<u>Yasmin Contraceptive Tabs 63 (3x21)</u>
84 (3x28)	Rheumatac Retard 75 Tab 56 (4x14)	Teveten Tabs 600mg 28 (4x7)	<u>Zafirlukast Tabs 20mg 56 (4x14)</u>
Oestrogens Conjugated Tabs 625mcg	Rhumalgan XL 100 Caps 100mg 28 (2x14)	Tiaprofenic Acid Caps 300mg m/r 56 (4x14)	Zanidip Tabs 10mg 28 (2x14)
84 (3x28)	Rifinah 150 Tabs 84 (4x21)	Tibolone Tabs 2.5mg 28	Zemon 40 XL Tabs 28 (2x14)
Omeprazole Tabs Dispersible 10mg 28 (2x14)	Rifinah 300 Tabs 56 (4x14)	Tildiem LA Caps 200mg 28 (2x14)	Zemon 60 XL Tabs 28 (2x14)
Omeprazole Tabs Dispersible 20mg 28 (2x14)	Risedronate Sodium Tabs 30mg 28 (2x14)	Tildiem LA Caps 300mg 28 (2x14)	Zemtard 120 XL Caps 28 (2x14)
Omeprazole Tabs Dispersible 40mg 7	Risedronate Sodium Tabs 5mg 28 (2x14)	Tildiem Retard 120 Tabs 56 (4x14)	Zemtard 180 XL Caps 28 (2x14)
Oruvail Capsules 150mg 28 (2x14)	Rivastigmine 1.5mg Capsules 28 (2x14)	Tildiem Retard 90 Tabs 56 (4x14)	Zemtard 240 XL Caps 28 (2x14)
Oruvail Capsules 200mg 28 (2x14)	Rivastigmine 3mg Capsules 28 (2x14)	Torasemide 2.5mg tablets 28 (2x14)	Zemtard 300 XL Caps 28 (2x14)
Ovranette Tabs 63 (3x21)	Rivastigmine 4.5mg Capsules 28 (2x14)	Torem 10 Tabs 10mg 28 (2x14)	Zestoretic 10 Tabs 10mg 28 (2x14)
<u>Ovysmen Tabs 63 (3x21)</u>	Rivastigmine 6mg Capsules 28 (2x14)	Torem 2.5 Tabs 2.5mg 28 (2x14)	Zestoretic 20 Tabs 20mg 28 (2x14)
<u>Paludrine Tabs 100mg 98 (7x14)</u>	Rosuvastatin Tabs 10mg 28 (2x14)	Torem 5 Tabs 5mg 28 (2x14)	Zestril Tabs 10mg 28 (2x14)
Pariet Tabs 10mg 28 (2x14)	Rosuvastatin Tabs 20mg 28 (2x14)	Trandate Tabs 100mg 56 (4x14)	Zestril Tabs 2.5mg 28 (2x14)
Pariet Tabs 20mg 28 (2x14)	Rosuvastatin Tabs 40mg 28 (4x7)	Trandate Tabs 200mg 56 (4x14)	Zestril Tabs 20mg 28 (2x14)
Pepcid Tabs 20mg 28 (2x14)	Rosuvastatin Tabs 5mg 28 (2x14)	Trandate Tabs 50mg 56 (4x14)	Zestril Tabs 5mg 28 (2x14)
Pepcid Tabs 40mg 28 (2x14)	<u>Salbutamol Sulphate Tabs 4mg m/r 56 (4x14)</u>	Trandolapril Capsule 1mg 28 (4x7)	Zocor Tabs 10mg 28 (2x14)
Perdix Tabs 15mg 28 (2x14)	Salbutamol Sulphate Tabs 8mg m/r 56 (4x14)	Trandolapril Capsule 2mg 28 (2x14)	Zocor Tabs 20mg 28 (2x14)
Perdix Tabs 7.5mg 28 (2x14)	Sanomigran Tabs 1.5mg 28 (2x14)	Trandolapril Capsule 4mg 28 (2x14)	Zocor Tabs 40mg 28 (2x14)
Physiotens Tabs 200mcg 28 (2x14)	Sebomim Caps 100mg (m/r) 56 (4x14)	Trandolapril Capsule 500mcg 14 (2x7)	Zocor Tabs 80mg 28 (2x14)
Physiotens Tabs 300mcg 28 (2x14)	Sectral Tabs 400mg 28 (2x14)	Trangina XL 28 (2x14)	Zoton Fastab Tabs 15mg 28 (4x7)
Physiotens Tabs 400mcg 28 (2x14)	Securon SR Tabs 240mg 28 (2x14)	Trasidrex Tabs 28 (2x14)	Zoton Fastab Tabs 30mg 14 (2x7)
Pindolol 10mg/Cloпамide 5mg Tablets 28	Semi-Daonil tabs 2.5mg 28 (2x14)	Trazodone Hydrochloride Tabs 150mg 28	Zoton Fastab Tabs 30mg 28 (4x7)
Pioglitazone (Hydrochloride) Tabs 15mg	Serc-16 Tabs 16mg 84 (4x21)	(2x14)	Zovirax Tabs Dispersable 400mg 56 (4x14)
28 (2x14)	Sertraline 100mg Tablets 28 (2x14)	Triadene Tabs 63 (3x21)	Zumenon Tabs 1mg 84 (3x28)
Pioglitazone (Hydrochloride) Tabs 30mg	Sertraline 50mg Tablets 28 (2x14)	Triamterene & Hydrochlorothiazide Tabs	Zumenon Tabs 2mg 84 (3x28)

Ensuring Patient Exemption Declarations are Complete

Pharmacy staff are reminded of the importance of ensuring that the back of each prescription form is completed correctly, where necessary.

In England, the only patients not required to complete the exemption declaration on the reverse of the prescription form are patients exempt on age grounds (aged under 16, or aged 60 and over) whose date of birth is automatically printed out on a hard copy paper prescription or inserted into an electronic prescription by an appropriate computer system that stores the patient's NHS electronic record. This easement also applies to repeat prescriptions and electronic repeat prescriptions where the patient's date of birth is automatically printed out in the same way.

Those patients claiming exemption from prescription charges on age grounds but whose date of birth is handwritten onto the paper prescription form or not contained within the electronic prescription **are required** to make an exemption declaration.

It is acceptable to use a pharmacy stamp to provide the address information required on a prescription, where a member of the pharmacy staff is signing as a representative of the patient, however a pharmacy stamp is **not accepted** as a signature in a declaration of exemption.

Under the previous manual NHSBSA PPD processes, only a sample of prescriptions from every bundle were checked to confirm that prescriptions were correctly submitted as 'exempt' or 'charge paid'. As part of the CIP process, high speed scanners support the collection of information on the prescription charge status of **every** prescription.

All prescriptions where the NHSBSA PPD intelligent character recognition software identifies that a prescription has been submitted in an incorrect bundle are referred to an exception handler to assess whether a prescription should be switched or not.

If the exemption declaration on the reverse of a prescription is not completed and the patient is not age exempt with the age or date of birth printed on the prescription, the prescription will be treated as a 'paid' prescription and prescription charges may be deducted for that prescription during the payment process. Therefore, to ensure correct payment, it is essential that care is taken to ensure that the reverse of each prescription

form is completed correctly and in full - where required.

'Switched' Prescriptions

Detailed information on the number of prescriptions that have been transferred by the PPD from 'exempt' to 'charge paid' status (and vice versa) in a given month can be found on page 2 of a contractor's Schedule of Payments. Contractors are advised to monitor this closely, for example to ensure that staff are following SOPs and ensuring that exemption declarations are completed as required.

In early 2008, PSNC received a number of reports from contractors who believed that large numbers of their prescriptions had been switched incorrectly by the NHSBSA PPD. The NHSBSA PPD have investigated this problem. In some cases, prescriptions processed via CIP have been incorrectly switched. A number of measures have been taken to minimise the risk that this problem reoccurs including changes to the pricing system and staff training.

If, after reviewing your schedule of payments, you

believe that you have had prescriptions **switched incorrectly** (in the 2007/8 financial year), this should be reported to the NHSBSA Prescription Pricing Division using reporting form 'Switching1', which can be downloaded from the PSNC (www.psn.org.uk/CIP) or NHSBSA PPD Websites. This form should be emailed, faxed or posted back to the NHSBSA PPD. Information provided to the NHSBSA PPD will be used to support an assessment of the number of errors that may have been made in transferring items between the exempt and chargeable groups during the prescription pricing process and will be used to support negotiations on the arrangements for compensating contractors for errors that have been made.

It is important to note that the NHSBSA PPD's investigation also showed that in many cases, prescriptions had been **correctly switched** from the exempt to paid bundle because patients had not completed the exemption declaration, where required, on the reverse of prescription forms. This has been confirmed in the independent external audit of the CIP system being undertaken by the PSNC National Prescription Research Centre.



Prescriptions Returned for Clarification

Where the NHSBSA PPD requires more information on a dispensed product to enable it to price a prescription correctly, the prescription is returned to the contractor for clarification on what item has been dispensed. For example, prescriptions are returned where a contractor has not endorsed all of the information required for the NHSBSA PPD to make payment or where the NHSBSA PPD is unable to determine from the endorsement which product was dispensed.

Under the NHSBSA PPD's legacy processing procedures, once the required information has been added, the prescription should be re-submitted to the NHSBSA at the end of the month along with the monthly submission of prescriptions. Payment is delayed for all items on a prescription returned to a pharmacy contractor until the form is re-submitted.

Where prescriptions are being priced via the CIP system, PSNC has agreed a change to the way that these prescriptions are returned to contractors for amendment. Rather than the prescription form itself being sent back to contractors, a copy of the form is now being sent back. Payment will be delayed whilst clarification is being sought on a particular dispensed item however other items on the affected prescription form will now be passed for payment. Contractors should add the required additional information to the copy of the form and submit this to the

NHSBSA PPD along with the normal monthly submission of prescriptions.

At present, GP systems use different drug databases in their systems. In practice, this means that different systems can use slightly different descriptions for the same product. The NHS Dictionary of Medicines and Devices (dm+d) has been developed as the future standard for medicines and device identification and in EPS Release 2, all GP system suppliers will issue electronic prescriptions using the same standard dm+d descriptions. The NHSBSA PPD pricing system and staff use the product descriptions held in dm+d and the NHSBSA PPD staff refer to the dictionary for product information. Detailed information on the dictionary is available in the 'PSNC Guidance for pharmacy contractors on Release 2 of the Electronic Prescription Service' or online on the PSNC Website.

In some cases, copies of prescriptions are being returned to contractors for clarification which would have previously been processed in the NHSBSA PPD legacy systems. A key reason for this is the use of non-standard or synonymous formulation descriptions on prescriptions, for example there have been recent cases of prescriptions for 'enteric coated' tablets being returned because dm+d uses the description 'gastro-resistant' tablets.

The NHSBSA PPD is addressing this problem through staff training and a review of GP system supplier's legacy drug dictionaries. Also, before copies of forms are returned to contractors, these are now reviewed by experienced NHSBSA PPD staff to try and filter out forms that do not need to be returned.

Despite these initial problems, statistics are showing a 36% reduction in the number of items where payment has been delayed whilst forms are returned for clarification through the CIP processes, compared to legacy processes. This is because payment is now only delayed on the items where further information is required to support the reimbursement process.

PSNC is continuing to closely monitor problems with copies of prescriptions being returned for clarification unnecessarily. Please use the online form on our website (www.psn.org.uk/cip) or the feedback form below to report suspected unnecessary returns to the PSNC Information Team. PSNC will ensure that this information is fed into the NHSBSA PPD so that solutions, for example further training of PPD operatives can be adopted where possible. Alternatively, contractors can also contact the NHSBSA PPD Help Desk directly to report and discuss returns (0845 610 1171).

Copies of Prescriptions Returned Marked 'Disallowed'

Copies of prescriptions will continue to be returned to pharmacies clearly marked as 'disallowed' in the following scenarios:

- If the prescribed product appears in the Blacklist (Part XVIII A of the Drug Tariff)
- If the prescribed product appears in the Selected List (Part XVIII B of the Drug Tariff) and the prescriber has not endorsed 'SLS'
- If the prescription requests a medical device (appliance) not listed in Part IX of the Drug Tariff
- If a product is prescribed on Form FP10 (D) by a Dentist or form FP10 (P) by a Community Practitioner Nurse Prescriber and the product is not listed in the relevant formulary.

Reporting Suspected Errors in the Return of Prescription Copies for Clarification

Contact Name Telephone Number

Contractor Code (F Code) Email Address

Name of Pharmacy IT System

Prescription item exactly as written on the prescription (including dose and quantity)	Endorsement exactly as written on the prescription	NHSBSA PPD reason Code for Return*

*Provided on the copy of the prescription returned e.g. RB1 – RB3 or DA1 – DA8

Post to: **PSNC Information Team, 59 Buckingham Street, Aylesbury, Bucks. HP20 2PJ.**
or Fax: **01296 438427**

Where a prescription has been 'disallowed', the copy of the prescription cannot be re-submitted to the Prescription Pricing Division. The contractor will not receive payment for the item which has been 'disallowed' but will be reimbursed for all other items on the affected prescription form.

The NHSBSA PPD has alerted PSNC that copies of prescriptions for a small number of items have been returned to contractors incorrectly marked as 'disallowed'. The NHSBSA PPD is working to resolve the problem. Items known to be affected include 'Balneum 84.75 Bath Oil' and 'Glucosamine 750mg Tablets'.

Where a copy of a prescription has been returned incorrectly marked as 'disallowed', it should be returned to the Prescription Pricing Division with the normal monthly prescription submission. The resubmitted item should be placed on the top of the bundle and clearly marked 'PPD Error – resubmitted for reimbursement' (or equivalent).

A guide to endorsing is available on both the NHSBSA PPD and PSNC Websites. Guidance on whether a particular product can be dispensed on an NHS prescription is available from the NHSBSA PPD helpdesk (0845 610 1171) or from the PSNC Information Team (01296 432823).

Resubmitting Returned Prescriptions

Photocopied prescriptions returned to contractors for further information contain an NHSBSA PPD reference code. From this code, it is possible to determine the form type and whether the form was considered exempt from the prescription charge or charge paid. Where the patient is exempt there is also an indication of the reason why the patient was considered exempt.

For example, from the NHSBSA PPD reference code '**FP10D E B**' on a returned photocopy, it is possible to tell:

- the prescription form type, in this case an FP10D dental prescription
- the exemption status, in this case, the 'E' indicates the prescription was considered exempt from the prescription charge. Prescriptions that are considered 'Charge

Paid' will show the letter 'C'

- the patient's exemption group, in this case, the 'B' indicates that the patient was exempt from the prescription charge because they were 16, 17 or 18 years of age and in full time education.

Exemption Group Reference Codes:

- A:** is under 16 years of age
- B:** is 16, 17 or 18 and in full-time education
- C:** is 60 years of age
- D:** has a valid maternity exemption certificate
- E:** has a valid medical exemption certificate
- F:** has a valid prescription pre-payment certificate
- G:** has a valid War Pension exemption certificate
- L:** is named on a current HC2 charges certificate
- X:** was prescribed free-of-charge contraceptives
- H:** gets income support
- K:** gets income based Jobseeker's Allowance
- M:** is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- D:** has a partner who gets a Pension Credit guarantee credit
- Z:** exemption status not captured

Resubmitted copies of forms should be sorted at the top of the 'exempt' or 'charge paid' group as appropriate and as directed on the FP34C Submission document. The number of returned forms and items being resubmitted should also be declared, in the relevant boxes on Part I of the FP34C Submission Document, for example the number of re-submitted copies that were exempt from the prescription charge should be added to the total number of forms in the 'Exempt from patient charge' field on the schedule. For 'items', only the number of items returned for clarification where payment has been delayed should be declared on the submission document as payment will already have been received for other items on the returned copies of the prescription forms. This will ensure correct advance payment, however if contractors do not enter these items in the relevant group, it is a self correcting process and the contractor will be paid correctly via the final payment.

Not Dispensed (ND) Endorsement

Where a pharmacist does not dispense an item on a prescription, it is recommended that pharmacy staff either score through the prescribed item on the prescription or alternatively endorse the initials 'ND' beside the prescribed item in the prescriber's area on the prescription form. 'ND' endorsements in the endorsement column may not be picked up, resulting in an incorrect payment to the pharmacy contractor.

There is no requirement to sort 'not dispensed' prescriptions differently for submission to the NHSBSA PPD.

Out of Pocket Expenses

Out of Pocket Expenses (OOP) can be claimed in exceptional circumstances on all medicines except products in Category A or M of Part VIII of the Drug Tariff. Out of Pocket Expenses can also be claimed on appliances in Part IXB and IXC of the Drug Tariff but cannot be claimed on items listed in Part IXA or IXR.

For contractors having their prescriptions processed via the CIP system, payment for out of pocket expenses will be based on the declaration on the FP34C Submission Document. Therefore to ensure correct payment, it is essential that this declaration is completed accurately and clearly. Contractors should also continue to endorse individual prescriptions when making an OOP expense claim so that investigations can be carried out at the NHSBSA PPD should the need arise. Such prescriptions should be clearly marked with an indication that out of pocket expenses are being claimed (the recommended endorsement is 'XP') along with information on the amount being claimed and the reason for the claim (e.g. "postage & packing").

Documentary evidence of the claim should not be sent to the NHSBSA PPD, however PSNC recommends that evidence to support the claim, for example the receipt or invoice, is stored in the pharmacy in case of query or investigation.

Repeat Dispensing Batch Issues: EMIS Printing Problem

The PPD has alerted us to a problem with the way that certain repeat dispensing prescriptions are being generated. Information obtained to date suggests this problem is limited to certain versions of the EMIS prescribing system.

In some cases where there are 4 items listed on the repeat authorising (RA) form, the 4 items are being printed over 2 batch issue (RD) forms, for example, details of the prescribed product may appear on the first batch issue but the quantity to be prescribed and the directions for use on the second batch issue.

Although this is legally acceptable, prescription forms are priced by the PPD individually so if all of the information required for payment is not on an individual form, there is a risk of incorrect payment or the form being returned to the pharmacy for clarification. The intelligent character recognition software used by CIP would not be able to collect information about a certain prescribed item from 2 different forms in calculating payment. Therefore it is essential that any contractors affected by this problem, ensure that all of the necessary information for payment is contained on the one form. For example, in this scenario, the pharmacist could use the 'PC' endorsement to endorse the quantity on the form containing details of the prescribed product, scoring a line through the directions and quantity printed on the second form.

Both the NHSBSA PPD and PSNC have contacted EMIS to ask them to amend their system to resolve this problem.

Changes to NHSBSA PPD Processing Sites

As part of the process of introducing CIP, the NHSBSA PPD is consolidating the existing nine processing sites into three regional sites based in the North East (Newcastle), North West (Horwich) and Yorkshire (Wakefield). All three regional sites are now up and running. Over the next year the processing sites in Bolton, Durham, Liverpool,

Manchester, Preston, Sheffield and West Bromwich will close. The first to close will be Sheffield, which will close on 31 March 2008. The NHSBSA PPD will write to contractors in advance to tell them when and to which processing centre they need to send their batches to.

NHSBSA PPD Address Labels

Each month, the NHSBSA PPD post pharmacies a bar-coded label to use when submitting prescriptions for payment. The bar-code contains the details of the pharmacy and the submission month. To ensure correct payment, it is essential that pharmacies use the most recent label that they have received when submitting prescriptions. When a prescription bundle reaches the NHSBSA PPD, the bar-code on the label is scanned to log the bundle into the NHSBSA PPD's system. Prescriptions are priced based on the reimbursement prices and rules in effect for the month held on the bar-code.

Any stocks of old NHSBSA PPD address labels and old FP34C forms should be destroyed. Submission of the incorrect FP34C form or use of an old address label could delay payment or lead to incorrect payment.

Reviewing the Schedule of Payments

It is important for contractors to review the Schedule of Payments received from the NHSBSA PPD each month, for example to ensure that payment is as expected, for example the number of items that have been priced by the NHSBSA PPD and that information on the Schedule of Payments matches declarations made on the submission document, for example the number of MURs conducted.

External Audit of the CIP System

The PSNC National Prescription Research Centre have been externally auditing the accuracy of prescriptions priced via the Capacity Improvement Programme. Where errors are discovered during the checking process, the individual accounts are corrected by the NHSBSA PPD and the contractor concerned is notified by PSNC. The errors are reviewed carefully both by PSNC and a team within the NHSBSA PPD to look for trends. Where trends are identified, solutions are then sought, for example staff training or changes to the NHSBSA PPD systems. Statistics will be published once confirmed by the NHSBSA PPD.



Frequently Asked Questions

1. Where I have sorted broken bulk and certain calendar pack prescriptions separately for submission to the NHSBSA PPD, do I need to file these in prescriber order?

No, there is no need to also sort these prescriptions in prescriber order. The segregated broken bulk and calendar pack prescriptions must be sorted at the top of the charge paid or exempt bundle as appropriate. There is no need to separate out the segregated broken bulk prescriptions from the calendar pack prescriptions.

2. If I do not sort my calendar pack prescriptions, where requested, could I be accused of committing fraud?

No. The only prescriptions that have to be sorted differently are prescriptions endorsed with a broken bulk claim and calendar pack prescriptions where the quantity prescribed differs from the complete pack or sub-pack quantity and the quantity prescribed has been dispensed.

If the contractor when sorting prescriptions uses the fact that failing to segregate certain calendar pack prescriptions will result in over-payment, and submits these in the normal bundles, then he could face allegations of fraud. Contractors are aware that the NHS Counter Fraud and Security Management Service carry out spot checks, and also have statistical and investigational tools which helps them target submitted prescriptions that deviate from normal patterns. Deliberate submission of prescriptions in a way that leads to over-payment is likely to be picked up and could result in allegations of fraud or professional misconduct.

However, genuine mistakes do occur and the NHS CFSMS would not allege fraud unless there were grounds for believing that the conduct was deliberate. As any investigation into alleged fraud would be distressing and possibly damaging to the pharmacy business, PSNC recommends that pharmacy contractors adopt rigorous procedures to ensure accurate sorting of prescriptions.

3. I've received a prescription for a product but the patient has requested less than the prescribed quantity. Do I need to sort this prescription differently for submission to the NHSBSA PPD?

No. Only the only prescriptions that have to be sorted differently are prescriptions endorsed with a broken bulk claim and calendar pack prescriptions where the quantity prescribed differs from the complete pack or sub-pack quantity and the quantity ordered has been dispensed.

In this scenario, to guard against any suggestion of fraud, the prescription should be clearly endorsed in the endorsement column to indicate the dispensed quantity. Although information in the endorsement column may not be picked up in the pricing process, the Prescription Pricing Division has not asked contractors to separate out prescriptions where the dispensed quantity is less than the prescribed quantity, other than for certain calendar packs prescriptions as explained above.

4. Do I have to sort my prescriptions as requested by the NHSBSA PPD?

Yes, Part I Clause 5 of the Drug Tariff requires that 'Contractors shall sort and despatch forms in such a manner as the PCT for England and LHB for Wales may direct'. In this instance, the NHSBSA PPD is acting as an agent of the PCT so contractors are required to sort prescriptions as requested by the NHSBSA PPD.

Annual adjustments are made to the national contract funding arrangements using an agreed formula which takes into consideration increased regulatory burdens. Regulatory burdens are assessed on a retrospective basis. PSNC is working to ensure that the additional workload associated with changes in the sorting requirements is quantified so that additional costs are recognised in the funding arrangements. More detailed information on the formula for negotiating annual uplifts to the value of the contract can be found on the PSNC Website (www.psn.org.uk/funding).

5. How can I check whether the NHSBSA PPD require my pharmacy to sort my prescriptions differently?

The NHSBSA PPD are writing individually to pharmacy contractors to alert them when their account will be transferred to processing under CIP. Contractors can also check if they are required to sort their prescriptions differently by contacting the NHSBSA PPD Prescription Pricing Help Desk (0845 610 1171).

6. The NHSBSA PPD has written to inform me that my prescriptions will now be priced via CIP. Can I request that my prescriptions continue to be priced using the manual legacy processes?

No. All pharmacy contractors' prescriptions will be processed using CIP by summer 2008.

The NHSBSA PPD has advised PSNC that to ensure the NHSBSA PPD can continue to meet payment deadlines, it is not possible to stop the further roll out of CIP because this coincides with the planned closure of some of the NHSBSA PPD's processing sites. The Sheffield processing centre will be the first to close in March 2008. Redundancy notices have already been served to staff at this site.

Although some processing issues have been identified that cause an error in payment for some prescription items, work is well advanced in correcting errors and the NHSBSA PPD has had discussions with PSNC to review the problems and measures in hand. The root cause of the errors has been identified and plans are in place to implement a range of solutions from April 2008 onwards.

7. Is there a risk that if a patient uses a pen with a font colour other than black to complete the exemption declaration that the scanner will not be able to pick this up and 'switch' the prescription to the prescription charge paid bundle?

No, there is no requirement for the exemption declaration to be completed using a pen with a particular ink colour. All forms are reviewed by an exception handler before a prescription is considered for switching.

Prescription Handling Tips

Avoid sticking a label on the prescription during the dispensing process. The residual glue can jam the high speed scanners.

Avoid using any pins, clips or staples on your prescriptions as these have to be removed and can delay processing.

Avoid enclosing invoices or photocopies of invoices with your prescriptions. These will not be used in the pricing process. Where the NHSBSA PPD require information on the price of products dispensed, this should be endorsed on the left hand side of the prescription form.

Take care when stamping and endorsing prescriptions, ensuring that pharmacy stamps do not obliterate the age / date of birth box on the front of the prescription form. This makes it difficult for both the intelligent character recognition software and PPD prescription processing staff to determine whether a prescription is exempt from the prescription charge on the grounds of age and could lead to inappropriate switching of prescriptions for patients exempt on age related grounds.

Endorse your prescriptions clearly and only with the minimum amount of information required for your prescriptions to be priced. Printed endorsements that are faint or out of line with the prescribed product information increase the risk of prescriptions being referred back for clarification. A guide to endorsing is available on both the NHSBSA PPD and PSNC websites.

Follow instructions from the NHSBSA PPD on the way prescriptions should be bundled for submission. Note that the FP34C Submission Document has not yet been updated with information on the additional sorting requirements for broken bulk and certain calendar pack prescriptions – this information is being communicated separately by the NHSBSA PPD to individual contractors. The FP34C Form will be updated later in the year when all contractors' prescriptions are priced under the CIP system.

Use the most recently received bar-coded label when submitting prescriptions to the NHSBSA PPD.

Despatch your prescriptions by the 5th of the month.

Partners in the PSNC Community Pharmacy Development Programme



For any pharmacist involved in Community Pharmacy, understanding aspects of the Pharmacy Contract will be relevant CPD.

Why not make a record in your RPSGB CPD Plan & Record file or online at www.uptodate.org.uk

The latest news, guidance and resources on this issue can be found on the PSNC Website: www.psn.org.uk/CIP

This resource has been produced by the PSNC Information Team. Comments and suggestions are welcomed and should be directed to info@psnc.org.uk. Alternatively, contact the PSNC Information Team on 01296 432823.

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