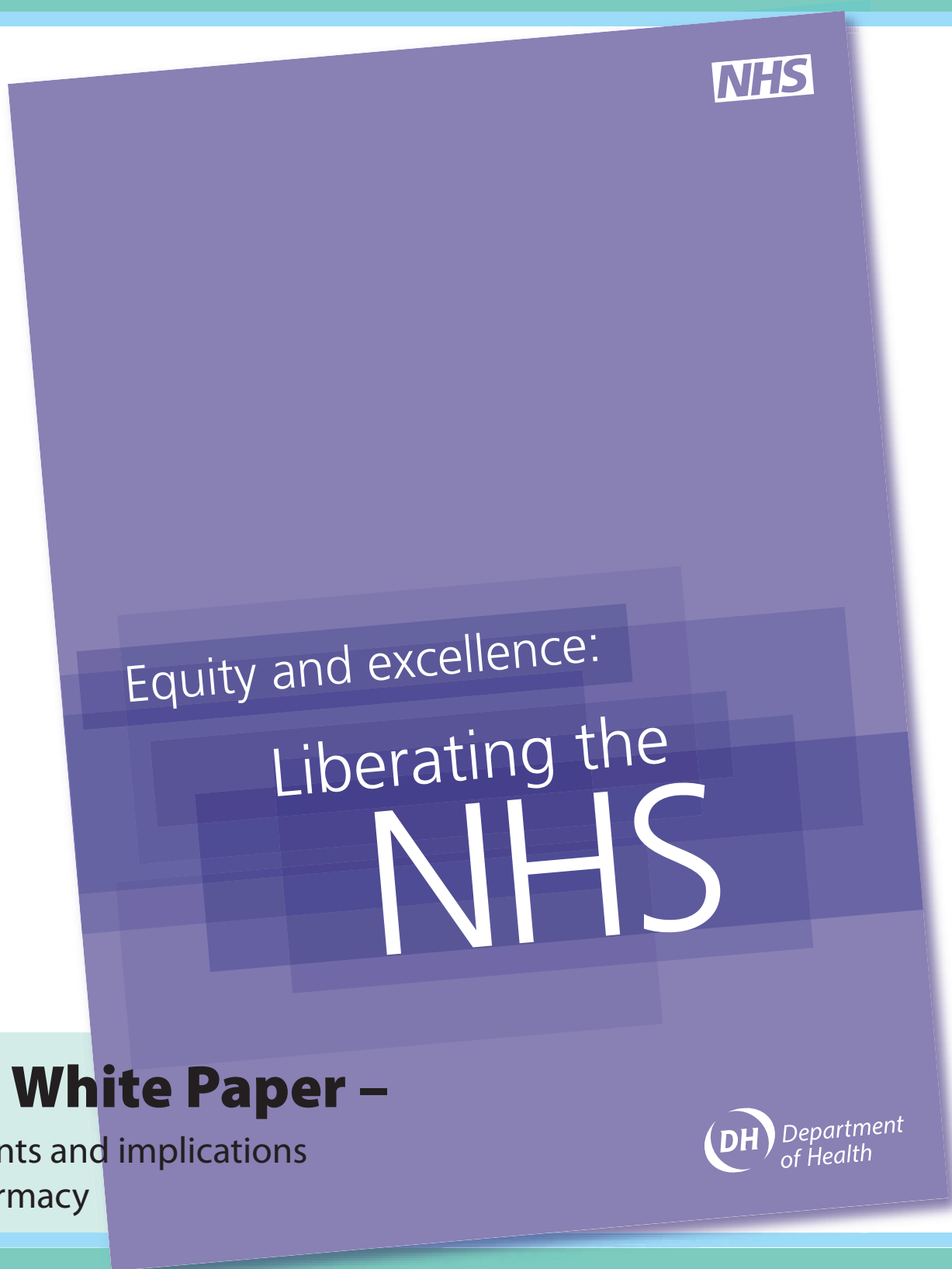


# Community Pharmacy NEWS

AUGUST 2010



## NHS White Paper –

key points and implications  
for pharmacy

### Inside this issue

- NHS Dictionary of Medicines and Devices
- Changing hours over Christmas and the New Year
- Review of the ESP LPS underway



# PSNC welcomes new White Paper

Secretary of State for Health Andrew Lansley (pictured) has set out the Government's ambitious plans to reform the NHS during this Parliament and for the long-term. The White Paper '**Equity and excellence: Liberating the NHS**' details how power will be devolved from Whitehall to patients and professionals. The key points for pharmacy are:

- Groups of GPs will be given freedom and responsibility for commissioning care for their local communities;
- The national pharmacy contractual framework will continue but will not be a matter for the new GP consortia;
- A new NHS Commissioning Board will commission community pharmacy services;
- The NHS Commissioning Board will also design model contracts for local commissioners, ensure the development of GP consortia, commission services (such as community pharmacy services) that cannot be commissioned by consortia, and allocate and account for NHS resources;
- The White Paper states that the Community Pharmacy Contract, through payment for performance, will incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients;
- The White Paper also states that 'pharmacists, working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health. Pharmacy services will benefit from greater transparency in NHS pricing and payment for services';

- There will be a new role for Local Authorities to support integration across health and social care;
- Local Authorities will have a combined health and social care remit under Health and Wellbeing Boards which will oversee the commissioning of local NHS services, social care and health improvement. A public health White Paper will be published later in the year, setting out the Government's programme for public health, including the creation of a new Public Health Service. PCT responsibilities for health improvement will transfer to local authorities, who will employ the Director of Public Health, jointly appointed with the national Public Health Service. DH will have a ring-fenced public health budget that will be distributed to local authorities using a new allocation formula that will include a health premium designed to promote action to improve population-wide health and reduce health inequalities.
- The NHS will be streamlined with fewer layers of bureaucracy. Strategic Health Authorities and Primary Care Trusts will be phased out.

## PSNC's response to the White Paper

PSNC is confident that the White Paper makes provision for the continued development of high quality community pharmacy services. We especially welcome its recognition of an "important and expanding role" for pharmacy; both in helping patients make better use of medicines and in supporting better health.

PSNC is also pleased that pharmacy will retain a national framework, and that



commissioning of pharmacy services will be the responsibility of the new NHS Commissioning Board. The development of community pharmacy services has for too long been held back by the vagaries of patchy PCT commissioning, and this process of reform represents an opportunity to find a better, more cohesive way of ensuring all communities can benefit from high quality pharmacy services.

The decision to give Local Authorities control over the commissioning of public health services is also good news for pharmacy; pharmacies are well-placed to build links with local councils, and are ideally positioned to help them cost effectively improve the health and well-being of the communities they serve.

There can be no doubt that this White Paper represents a seismic change in the structure and culture of the NHS. We recognise that the process of restructuring our health service will not happen overnight, and look forward to working with the Government to ensure that pharmacy's full potential is harnessed in realising the White Paper's vision.

## Pharmaceutical Needs Assessments – Impact of the White Paper: Equity and excellence: Liberating the NHS

Since 24 May 2010, Primary Care Trusts have been working with their Local Pharmaceutical Committees and pharmacy contractors, to develop their Pharmaceutical Needs Assessments, prior to publishing them not later than 1 February 2011. Several questions have been asked about the impact of the White Paper on these PNAs.

Although the White Paper proposes

significant reorganisation of the NHS, and the likely abolition of PCTs in two to three years, the PNA development is still a regulatory requirement, and these must be completed by February 2011. The information set out in a PNA will be needed for commissioning purposes in the short to medium term, and the proposal to introduce a PNA based market entry test by 1 April 2011 is still live, with the

Department of Health's Advisory Group continuing to meet and discuss these regulatory changes.

Pharmacy contractors should therefore complete any PCT pharmacy questionnaires and return them promptly – the time-scales are now very short with formal consultation needing to start within the next month or two, in order to meet the statutory deadline.

## Further White Paper Consultations

The Government is also asking for views from the public, health professionals and anyone else with an interest in local health issues, on two of the public consultations flowing from the White Paper:

- Commissioning for Patients; and
- Local Democratic Legitimacy in Health.

Elements of a personalised and local health system have been proposed, that will make it easier for everyone to shape local health services and hold providers to account in the future.

The Health Secretary and Communities Secretary Eric Pickles have set out proposals on how patients, locally elected councillors, local authorities, public health experts and others will work side by side with GP consortia to make health services meet the needs of people in local areas and improve health outcomes.

This partnership, led by local authorities, will mean services become more responsive and are developed in ways that fit around the people who use them.

Patients and the public will also have a stronger voice through a new patient group, local HealthWatch – a ‘citizen’s advice bureau’ for health and social care. Local people from HealthWatch would also

influence local plans ensuring they fit community needs.

The consultation, Commissioning for Patients, sets out detailed proposals to put GP consortia in charge of commissioning services that best meet the needs of local people, supported by an independent NHS Commissioning Board.

It asks for views on a number of areas, including:

- how GP consortia and the NHS Commissioning Board can best involve patients in improving the quality of health services;
- how GP consortia can work closely with secondary care, community partners and other health and care professionals to design joined-up services that are responsive to patients and the public;
- how the NHS Commissioning Board and GP consortia can best work together to ensure a national framework that supports consortia in making effective and efficient commissioning decisions; and
- how the NHS Commissioning Board can best support consortia and hold them to account for the outcomes they achieve and their stewardship of NHS resources.

**The consultations will run until 11 October 2010.**

## Timetable

The final shape of these proposals will depend upon the findings of the consultations and the development of clear arrangements for managing financial risk. The indicative timetable is for:

- a comprehensive system of GP consortia to be in place in shadow form during 2011/12, taking on increased delegated responsibility from PCTs;
- following passage of the Health Bill, consortia to take on responsibility for commissioning in 2012/13;
- the NHS Commissioning Board to make allocations for 2013/14 directly to GP consortia in late 2012; and
- GP consortia to take full financial responsibility from April 2013.

**For the latest information and news on the new NHS White Paper visit the PSNC website [www.psn.org.uk/liberatingthenhs](http://www.psn.org.uk/liberatingthenhs). The site provides a PSNC briefing on the White Paper and all the links you need to access the White Paper itself and related consultations.**

## Update on Pseudoephedrine and ephedrine

**Cold and flu remedies containing pseudoephedrine and ephedrine will remain as pharmacy (P) medicines, following an assessment of the controls introduced to minimise the misuse of these ingredients in the illegal manufacture of methylamphetamine (crystal meth). A recent MHRA report presented an update on the impact of the tighter controls and revealed no new reports of the misuse of these drugs in the previous year.**

**Legal sales restrictions put in place on April 1st 2008 to control the potential misuse of medicines containing pseudoephedrine (PSE), and ephedrine (EPH), in the manufacture of the Class A controlled drug methylamphetamine were:**

- It became illegal to sell or supply any product that contains more than 720 mg PSE or 180 mg EPH without a prescription
- It became illegal to sell or supply a

**combination of products that between them add up to more than 720 mg PSE or 180 mg EPH without a prescription**

- It became illegal to sell or supply a product that contains PSE and a product that contains EPH in one transaction

**The impact of these measures was first reviewed in 2009 and since then, various stakeholders have continued to take measures to minimise the misuse of these medicines. Awareness continues to be raised in the pharmacy profession of the indirect abuse potential of these medicines, and there has been a small decline in sales. The number of registered methylamphetamine addicts remains small and findings to date indicate low availability of methylamphetamine across the UK.**

**Based on the feedback received, the Commission on Human Medicines (CHM) has concluded that the regulatory measures**

**implemented in 2009 were continuing to be successful, and recommended that:**

- the existing levels of monitoring, education and awareness measures by pharmacists should be maintained
- liaison with stakeholders including the Home Office, the Association of Chief Police Officers (ACPO) and the Serious Organised Crime Agency (SOCA) should continue
- the Working Group should be reconstituted as necessary to review the situation if any new concerns arise.

**The CHM also commended the pharmacy profession for their significant contribution towards helping to keep the situation under control. They noted that implementation of the measures introduced to regulate sales, together with the additional voluntary actions overseen by the profession, had so far been effective and were much appreciated.**

**Well done community pharmacy!**

# NHS Dictionary of Medicines and Devices

The NHS Dictionary of Medicines and Devices (dm+d) will be used as the coding standard for medicines and device identification in Electronic Prescription Service messages. dm+d provides a unique code for each medicine and device along with a textual description of the item and as both pharmacy and prescribing systems use dm+d, it supports interoperability by allowing these diverse clinical systems to 'talk the same language'.

## Data Structure

The dictionary is structured around four key components: Virtual Medicinal Product (VMP), Actual Medicinal Product (AMP), Virtual Medicinal Product Pack (VMPP) and Actual Medicinal Product Pack (AMPP).

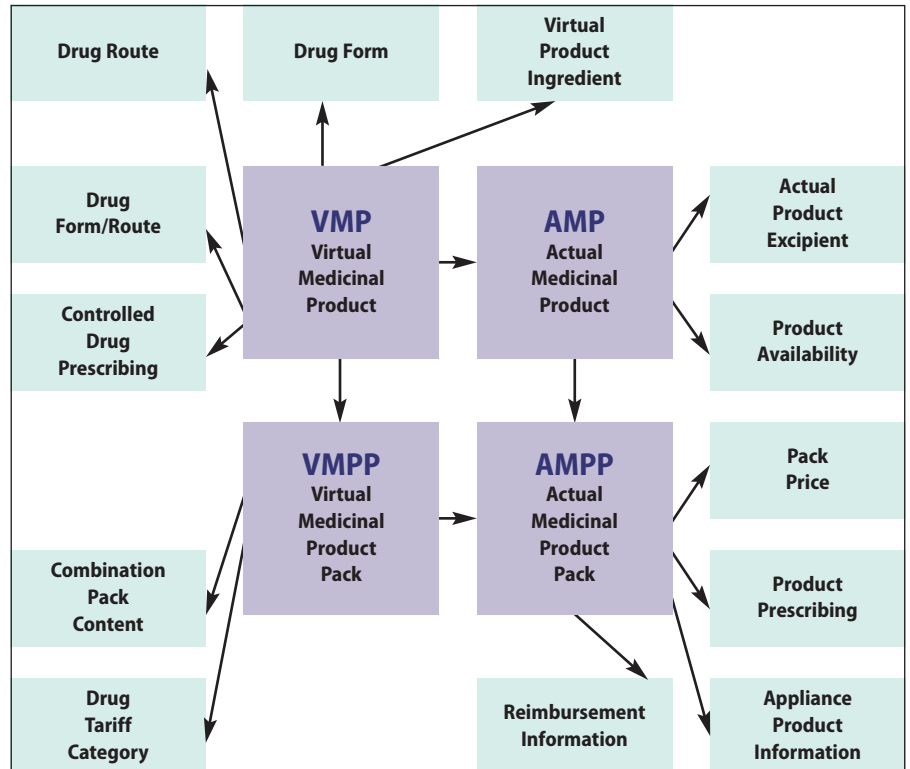
The **Virtual Medicinal Product (VMP)** describes the generic title for a product including the form and strength, for example 'Atenolol 100mg tablets'.

The **Virtual Medicinal Product Pack (VMPP)** describes the generic title for a generic or proprietary product pack which is known to have been available. The description includes the pack size, for example 'Atenolol 100mg tablets 28 tablet'.

The **Actual Medicinal Product (AMP)** describes an actual product which is known to have been available linked to the name of a particular supplier, for example 'Tenormin 100mg tablets (AstraZeneca UK Ltd)'.

The **Actual Medicinal Product Pack (AMPP)** describes an actual product which is known to have been available linked to both the name of a particular supplier and information on the pack size of the product, for example 'Tenormin 100mg tablets (AstraZeneca UK Ltd) 28 tablet 2 x 14 tablets'.

Linked to each component, the dictionary also includes information to support the prescribing and dispensing process, for example linked to the 'Actual



Medicinal Product Pack' component there are a range of attributes detailed such as the product's legal category and confirmation of whether a product is considered a special container or calendar pack. This information is populated by NHS Prescription Services (NHSRxS).

## dm+d coverage

It is estimated that dm+d contains over 99.9% of medicines and appliances prescribed in primary care. Items not included in dm+d include certain extemporaneously dispensed and special formulation products. If a GP wishes to prescribe a medication item which is not listed in the dm+d, an electronic prescription cannot be issued by EPS and current paper prescription processes should be followed.

NHSRxS work to ensure licensed products are on dm+d by product launch date, however it may still take time for an individual system supplier to update their systems with the latest

release of dm+d; typically, suppliers update their systems monthly.

## Mapping of system supplier drug databases to dm+d

A prescriber will issue a prescription for a product via the EPS service using either the VMP or AMP code.

System suppliers currently use a variety of drug databases in their systems, in some cases these are maintained in-house, in other cases a supplier may purchase their database from an external company. Where a supplier has not adopted the NHS dm+d as their core database, they must 'map' the codes of the individual products on their database with the dm+d to send messages via the Electronic Prescription Service. Electronic messages will contain the dm+d codes and descriptions even where a supplier has adopted a mapped solution.

An issue that may arise is that if an individual GP system supplier has not mapped a particular item held on their

drug database with the dm+d code, that GP may not be able to prescribe that item electronically. The current requirement on GP system suppliers to undertake at least 95% mapping of their drug databases to dm+d based on the most frequently prescribed drugs in primary care. This equates to just over 2100 products. The dm+d and EPS Programmes will continue to work with system and drug database suppliers to ensure the level of mapping increases and is maintained when new products become available in England.

It is essential that mapping is accurate. If whilst dispensing a prescription via the Service, a pharmacist identifies an incorrect map, for example if the information printed on the token is different from prescribing information shown on the screen, the pharmacist should report it to their system supplier immediately. The incident should also be reported to the National Patient Safety Agency (NPSA) using their online reporting form ([www.npsa.nhs.uk/eform](http://www.npsa.nhs.uk/eform)).

### Changes that pharmacy staff may notice

Depending on what functionality has been available historically in a particular system, where dm+d has been adopted, as the information in dm+d is sourced from the NRSRxS database, pharmacy staff may notice improvements in the accuracy of dispensing and endorsing guidance provided by the systems. For example information on whether a product can be prescribed on an NHS prescription. Different suppliers are likely to make use of this information in different ways.

Staff may also notice a change in the description of products in their systems with products listed in dm+d described according to the dm+d editorial policy. For example, dm+d describes products in the order: product, strength, formulation whereas some pharmacy systems have traditionally described products in the order: product, form, strength. As well as noticing subtle changes in the description of products, pharmacy staff may also notice that the location of

products on 'picking lists' in systems changes depending on how a supplier has implemented dm+d within their system. Also in some systems, the description of a product on-screen may be subtly different from the description used in the picking list, for example where a supplier has chosen to abbreviate information in picking lists.

In some cases, the descriptions defined by dm+d are much longer than the titles used in existing supplier drug databases, this could mean space pressure on paper outputs. In some cases, it will not be possible to print a product's full name on a dispensing label because of space restrictions; in this case, the system may automatically abbreviate the name of the product to fit on the label. For many products, dm+d includes both the full name and an abbreviated name for this purpose.

### dm+d viewer

Key information held in the dm+d can be accessed online through a special viewer on the NRSRxS website (accessible via [www.dmd.nhs.uk](http://www.dmd.nhs.uk) – select browse the dm+d), Datapharm (in collaboration with the NRSRxS) have also launched a dm+d browser which provides easy access to the dm+d information, this can be accessed online at [www.dmd.medicines.org.uk](http://www.dmd.medicines.org.uk).

The dm+d can be a useful source of information to pharmacists providing information on a product's attributes, for example whether a particular product is reimbursable, whether broken bulk can be claimed or whether the product is recognised as a special container or calendar pack. However, it is important to note though that as different systems suppliers have implemented dm+d in different ways, the online viewers may contain more information that is available through pharmacy systems.

### Viewing a product using the new NHS dm+d browser

[www.dmd.nhs.uk](http://www.dmd.nhs.uk)

**Example: Viewing the attributes for an AMPP using the <http://www.dmd.medicines.org.uk> browser**

Actual Medicinal Product Pack Attributes	
Actual Medicinal Product Pack Identifier	2402111200061163
Name	Oracel 0.2% w/w (w/v) ointment (Benzocaine and Chlorbutol) 50g e
Short Name	
Marketing Authorisation	
Device	No
Commercial Pack Identifier	N/A
Legal Category	GSL
Refrigerated	None from the container
Uncontrolled - Big Storage Date	
Actual Medicinal Product Name	Oracel 0.2% w/w (w/v) ointment
Virtual Medicinal Product Name	Chlorbutol Benzocaine Linc 2005/013/0001

Packaging Information	
Schedule 1	No
Schedule 2	No
Hospital Only Pack	No
Oral Product	No
Generally administered formative	N/A
EU 219/01	No
Nurse Prescriber	Yes
Extended Nurse Prescriber	No
Dental Formulary	Yes

The above section contains general information about the product such as the actual product name, the virtual (or generic) name, pack size and whether it is a GSL, P or POM medicine or a medical device. It also shows whether an item is in the schedule 1 list (also known as "the blacklist"), (i.e. the Schedule 1 field description is an abbreviation of "Schedule 1 to the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 which are reproduced in Part XVIII A of the Drug Tariff) or the schedule 2 indicator (SLS list), whether it is an ACBS or recognised hospital only item, and whether it can be prescribed by nurse or dental prescribers.

Reimbursement and Pricing	
Prescription Charge	1
Professional Fee	1
Broken Bulk Charge	Y48
Uncontrolled Preparation	No
Calendar Pack	No
Special Container Indicator	
EU 219/01	
EU 219/01	

Price Information	
PRICE	1.00
Actual price	1.00/1.00/1.00/1.00
Indicative Price	1.00
Price Mark	NHS Indication Price

The reimbursement and pricing sections provide information on the number of prescription charges and professional fees an item has, whether broken bulk can be claimed against the item, whether it is a calendar pack or special container and the indicative reimbursement price for the item.

As the reimbursement rules can be impacted by the way a particular dispensed product has been prescribed or other items on the prescription form, care has to be taken in interpreting the information on dm+d. Common queries relate to:

- **Reimbursement price of the product:** dm+d provides indicative prices for actual products. If a product is in Part VIII and prescribed generically, reimbursement is based on the Part VIII price and not the list price of the actual product dispensed.

- **Indicative nature of the prices:**

Prices on dm+d are extracted from the NHSRxS database, however as prices in the market change the indicative price may differ from the actual price used to calculate reimbursement. For example where the price of a generic medicine (other than Part VIII Category M) changes before the 8th of the month, the reimbursement price will be changed with effect the 1st of that month. It is also important to keep in

mind that there may be a time lag between a price changing, dm+d being updated and the latest release of dm+d then being added to pharmacy systems.

- **Schedule 1 products (aka blacklisted products):** Subject to the prescriber having the appropriate prescribing rights, any food, drug, toiletry or cosmetic may be prescribed on an NHS prescription unless the product is listed in the Schedule 1 to the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 which is reproduced in Part XVIII A of the Drug Tariff). As an exception to this rule, schedule 1 products can be dispensed where a product is prescribed generically *and* the generic product is not listed in Schedule 1 and the name of the product has a recognised 'official title'. Therefore it may still be possible to dispense certain actual products where the schedule 1 field in dm+d is marked 'yes'.

### dm+d and automated calculation of reimbursement at NHS Prescription Services

When a prescription is priced by NHSRxS, payment is based on the prescribed product and the prescription is checked for any pharmacy endorsements where further information is needed such as pack size information or information on the product supplied if the product is not in Part VIII of the Drug Tariff.

As EPS Release 2 is introduced, payment of electronic prescriptions will be based on the product, sent as a dm+d code, listed in the product field of the message. Where additional information is required to price the prescription, this will need to continue being provided by the pharmacy but through endorsements in the electronic message sent to NHSRxS rather than hand endorsements on a paper form.

A problem at present is prescribers including supplementary product information, for example a brand or manufacturers name or an indication that a sugar free or preservative free prescription is required as part of the

dosage instructions rather than beside details of the prescribed product, for example:

10ml Hypromellose 0.3% Eye Drops  
Insert one drop into both eyes  
four Times a day **Preservative-Free**

As reimbursement of electronic messages will be based on prescribed

product field, where supplementary product information is included in the dosage instruction field, this could lead to incorrect payment. If this occurs with electronic prescriptions, the prescriber will need to be informed so that the prescribed item can be cancelled and a new prescription for the correct item issued, as appropriate. There is also a risk

at present of this information being overlooked on paper prescriptions priced via NHSRxS prescription processing systems. For paper-forms, contractors are advised to include any affected items in the red separators when submitting the forms to NHSRxS to ensure that all information is captured and the prescriptions are priced correctly.

## ENHANCED SERVICES

The most popular services searched for during the month of July were:

- COPD / inhaler support
- Diabetes service
- Care home advice
- MUR plus
- Alcohol intervention

Enhanced services are negotiated locally and commissioned mainly by PCTs. PSNC has collated details of over 400 Enhanced Services on the Community Pharmacy Services database which is available on the PSNC website at:

[www.psn.org.uk/database](http://www.psn.org.uk/database)

### Want to find information on a particular service?

On the services database page of the PSNC website click on the search button to find details of local services across the country.

### Want to share details of a service?

If you have developed or implemented a service in your area and would like to share the details including any documentation with PSNC and LPCs then you can upload the information to the online services database by clicking 'submit information on a Local Service'.

Further details of pharmacy services can be found on PSNC's Services Database at [www.psn.org.uk/database](http://www.psn.org.uk/database).

## Raising Awareness of Skin and Bowel Cancer – Essex LPC

Simon Burns, Minister of State for Health and MP for Chelmsford recently launched the official report of this cancer awareness project and met pharmacy staff and patients involved with the campaign.

Throughout April and May of 2010, pharmacists and pharmacy staff across Essex raised the awareness of skin and bowel cancer with customers coming into pharmacies. The project was run in collaboration with the Essex Cancer Network and engaged 78 pharmacies across NE, SE, SW and Mid Essex. Pharmacists and pharmacy counter staff were trained to discuss the red flag symptoms of skin and bowel cancer, (particularly for those patients that may be hiding symptoms through purchase of over the counter medicines), to initiate discussions and so raise cancer awareness.

The Project was very successful with

over 8,500 leaflets distributed initiating over 4,500 conversations in relation to skin and bowel cancer, and raising the awareness of both conditions. A number of these patients were subsequently referred to their GP for further advice. The Project was also very well received by patients of whom 92% said they were comfortable in discussing issues relating to cancer with pharmacy staff.

Following the success of this community pharmacy initiative, the Essex Cancer Network and the LPC are planning to create e-learning packages for skin, bowel and lung cancer to further assist pharmacists and counter staff in raising awareness and early detection of these cancers.

**Further details of this service can be found on PSNC's Services Database at [www.psn.org.uk/database](http://www.psn.org.uk/database).**



### Address change?

Please let us know if your mailing address used for CPN is incorrect – either return the envelope with any amendments made to the address to:

**Database Changes, PSNC,  
59 Buckingham Street,  
Aylesbury HP20 2PJ**

or email changes to [cpn@psn.org.uk](mailto:cpn@psn.org.uk)  
or fax changes to **01296 438427**.

# Changing hours over Christmas and the New Year

Pharmacy contractors may be looking ahead to apply/notify their PCTs to amend core/supplementary hours respectively during the Christmas period 2010 and the New Year period 2011.

The deadline to submit such applications or notifications to the PCT regarding Saturday 26 December 2010 is Saturday 25 September 2010. In addition, the deadline to do so in relation to January 1st 2011 is Sunday 3rd October 2010, so applications or notifications would need to arrive before those weekends. In addition, as applications to amend the core hours might be refused, pharmacy contractors should allow sufficient time to be able to appeal.

One necessary aspect of the application to amend core hours is the need to demonstrate whether there is a 'change to the pharmaceutical need in the neighbourhood' at the days on which and times at which the pharmacy contractor would normally provide pharmaceutical services. The Terms of Service state the following:-

## Part 3 (Hours Of Opening) 25 (2.) Determination of pharmacy opening hours instigated by the pharmacist

*Where a pharmacist makes [an application], as part of that application he shall provide the Primary Care Trust with such information as the Primary Care Trust may reasonably request in respect of any changes to the needs of the people in the neighbourhood, or other likely users of the pharmacy, for pharmaceutical services that are material to the application.*

The key point here is the 'changes to the needs of the people in the neighbourhood or other likely users of the pharmacy'. In previous years, where applications have been refused by the PCT and then an appeal has been lodged, the appeal has been dismissed where pharmacy contractors have provided evidence of alternate provision of pharmaceutical services rather than setting out 'changes to need'.

In previous years, pharmacy contractors have attempted to demonstrate that facts such as:-

- Alternate pharmacies are open within a short drive (NHSLA/Dec 2009/15364<sup>1</sup>)
- Local Health Centres or GP surgeries are closed on that day (NHSLA/Dec 2009/15364)
- The GP surgery is closing early on that day (NHSLA/Dec 2009/15407)
- The pharmacy will be open later the day before the proposed closure (NHSLA/Dec 2009/15364)
- The pharmacy will be open longer the day after the proposed closure (NHSLA/Dec 2009/15464)

These show that the provision of pharmaceutical services to the neighbourhood would be adequate but still these facts do not demonstrate a 'change to need' and so appeals using evidence such as this have been dismissed.

The closure of local surgeries is unlikely in itself to demonstrate a change in need – because although there may be no

prescriptions from that surgery, patients who have run out of their medication and who cannot visit a GP for a prescription before the holiday are likely to turn to their pharmacy for an emergency supply. Patients and other users of the pharmacy may also want to access advice and support for self care – which is one of the Essential services. It is information about changes to these 'needs' that a pharmacy contractor may be asked to provide.

It is difficult to identify the kind of information that might be required by PCTs to allow them to be satisfied that the population that uses your pharmacy will not be disadvantaged if it allows you to close early before the holiday, or on Boxing Day or New Years Day, which are not themselves bank holidays. Pharmacies may have historical data showing the numbers (or absence) of patients visiting the pharmacy on that particular day in previous years and at the times at which the pharmacy proposes to close. This may provide reassurance to the PCT that closure will not impair access to pharmaceutical services. The terms of service require the pharmacy to provide the information 'which the PCT may reasonably request', and it may be that in an area where there will be ample provision of pharmaceutical services, and expected to be little or no demand, the PCT does not need to request any information before it is able to grant applications.

<sup>1</sup> The appeal transcripts are available from the litigation authority website – using the reference numbers listed.

## Disposal of unwanted medicines service

Pharmacy Contractors will have seen in the latest edition of Medicines Ethics and Practice, that there have been changes to the requirements for registration of the exemption from the waste management licensing regulations.

There are three major changes:

- There is no longer a need to register the exemption to store waste;
- There is no longer a prohibition on accepting waste from a nursing home or a GP surgery;
- There is a new requirement to register an exemption to allow the pharmacy to denature controlled drugs.

The Department of Health is updating its guide HTM 07-01: Safe management of healthcare waste, and this will incorporate a revised community

pharmacy guide. The timescales are not yet known, but it is expected that the guide will be published this year.

In the meantime, PSNC's website has been updated, particularly with respect to the frequently asked questions which deal with the above points and the conditions that now apply to the exempt temporary storage. See [www.psn.org.uk/waste](http://www.psn.org.uk/waste)

Although pharmacies are permitted to accept unwanted medicines from nursing homes, there is no obligation to do so, because it is not a part of the Essential service 3 – Disposal of unwanted drugs service. This means that PCTs may decide that they will not fund the removal of this waste from pharmacies, so if a pharmacy is

contemplating accepting nursing home or GP unwanted medicines, check with the PCT first, to see what arrangements may need to be made for collection from the pharmacy. In addition, the exemption for pharmacies applies only where the service is not provided as a commercial waste management service. There are additional obligations on pharmacies if they act as a consignee for waste received from nursing homes – see the PSNC website for a summary, and consult the Environment Agency if questions arise.

The new requirement to register the exemption to denature controlled drugs means that most pharmacies will need to register. See <http://www.environment-agency.gov.uk/business/topics/permitting/116338.aspx>.

# Pharmacy Contractors as Public Authorities – Enforcing the Freedom of Information Act 2000

The Information Commissioner's Office (ICO) regulates compliance of public authorities with the Freedom of Information Act (FOIA) 2000. In this respect, providers of pharmaceutical services under contract to the NHS in England and Wales are treated as public authorities in respect of information relating to those services provided.

All public authorities must have and operate a publication scheme approved by the Information Commissioner. The information to be published can be divided into five classes. They are:-

1. Who we are and what we do
2. What we spend and how we spend it
3. What our priorities are and how we are doing
4. How we make decisions
5. Our policies and procedures

The ICO can take the following measures against public authorities who routinely fail to meet the requirements of the FOIA 2000. The requirements which may not be met include regularly failing to issue a response on time, refusing to disclose information without specifying an exemption, or failing to respond to a FOIA

2000 request altogether. The Information Commissioner's Office has announced that it is toughening its approach and the forms of regulatory actions which the ICO could take are listed below:-

## 1. Assessment

Designed to determine whether an authority is following good practice

## 2. Enforcement Notice

A formal notice requiring an authority to take specific action set out by the ICO

## 3. Information Notice

A notice requiring an authority to supply the ICO with information stated in the notice

## 4. Decision Notice

Details the outcome of the ICO's investigation into an individual case. The Commissioner may use these to publically highlight specific examples of an organisation's failure to comply with the FOI Act

## 5. Practice Recommendation

This will specify the steps which the ICO

feels are necessary in order to promote conformity with the Codes of Practice

## 6. Undertakings

This document will commit an authority to a particular course of action to improve its compliance with FOI or EIR

## 7. Report to Parliament

Failure to take account of a practice recommendation or an Enforcement Notice may be included in the Commissioner's Annual Report to Parliament

This toughening of approach by the ICO continues a trend of increasing enforcement (from February serious breaches of the Data Protection Act could result in increased fines of up to £500,000).

We would advise pharmacy contractors to ensure that they check that they have and operate a publication scheme to meet the FOIA 2000 requirements as it is clear that the ICO is concerned about compliance with Data Protection and Freedom of Information legislation. Further information on this topic is available on the ICO website.



For the latest PSNC news and information visit

[www.psn.org.uk](http://www.psn.org.uk)

# Drug Tariff News

## at a glance

### This month includes:

#### News on:

- Roche announce further distribution change
- Prescription charges for Northern Ireland prescriptions
- New products added to the "List of Contraceptive Drugs to be Dispensed Free of Charge"

#### Do you know:

- Owings?

#### FAQs on:

- Nurse Independent Prescriber/ Supplementary Prescribers
- Compression hosiery charges

## Roche announce distribution changes

Roche have announced that the products Pulmozyme (dornase alpha) ampoules 2.5mg and Valcyte (valganciclovir) tablets 450mg x 60 are now distributed directly through Roche Products Ltd only.

Direct orders received before 4pm Monday-Friday will be delivered the next working day via either Roche's dedicated cold chain carrier Movianto, or via DHL for ambient shipments. There are no delivery charges for standard next day delivery. Both products are on the list of 'drugs for which discount is not deducted'.

Any queries on these changes can be directed to the Roche Customer Care Team on 0800 731 5711, who will also be able to assist with setting up accounts for the placing of direct orders.

## Prescription charges for Northern Ireland prescriptions

The Department of Health have announced changes to the prescription charge arrangements for NHS prescription forms originating from Northern Ireland. From 1st August 2010, any patient who

presents an NHS Northern Irish prescription form (coded HS21CS) will not pay a prescription charge for any items on that form that are dispensed in England.

Following the abolition of prescription charges in Northern Ireland on 1 April 2010, a new prescription form (coded HS21CS) has been produced in Northern Ireland and this is now in circulation. The form does not include a tick box and declaration section on the reverse of the form, but does include a signature box for those collecting controlled drugs.

The previous version of the Northern Ireland prescription form may be in circulation for the time being. From 1st August 2010 both versions of the forms must be dispensed without collecting prescription charges. A patient or patient representative signature is not required on either version of the form (except in the case of Schedule 2 & 3 controlled drugs where a collector's signature is still required).

## Astra Tech LoFric catheter changes

Astra Tech have recently made changes to the base material and pack sizes of several LoFric catheter lines. These modified products are still marketed with the same name but the product codes have been changed.

Recently, several LoFric products were deleted from the Drug Tariff and the replacement codes were added.

Prescriptions received requesting the old code will no longer be passed for payment. If a prescription is received with an old code, the form should be returned to the prescriber for amendment to the new code.

Full details of the new codes can be found on the PSNC website.

PSNC has written to GP and Pharmacy system suppliers to alert them to this change.

## New products added to the "List of Contraceptive Drugs to be Dispensed Free of Charge"

The Department of Health has advised of the following additions to the 'List of Contraceptive Drugs to be Dispensed Free of Charge' with effect from the August 2010 edition of the Drug Tariff.

Gedarel 20microgram/150microgram tablets

Gedarel 30microgram/150microgram tablets

Millinette 20microgram/75microgram tablets

Millinette 30microgram/75microgram tablets

Rigevidon tablets

TriRegol tablets

Prescriptions for contraceptive devices listed in Part IXA of the Drug Tariff, spermicidal gels, creams, films and aerosols are automatically exempt from

## Product Pack Status Changes

NHS Prescription Services have confirmed the following item has changed pack status:

Item	Pack Size	Old Pack Status	New Pack Status
Losartan Potassium 12.5mg tablets	28 (2 x 14 sub-packs)	Standard Pack	Calendar Pack
Olmesartan medoxomil 20mg/ Hydrochlorothiazide 12.5mg tablets	28	Standard Pack	Calendar Pack

General information on special containers and calendar packs along with an online searchable database of products granted this status can be found in the online Drug Tariff Resource Centre ([www.psnc.org.uk/specialcontainer](http://www.psnc.org.uk/specialcontainer)).

the prescription charge. As are systemic drugs which are promoted as contraceptives and which are listed in Part XVI of the Drug Tariff.

In addition to this, no prescription charge should be levied if the prescriber has marked the prescription to make it clear that the prescription is for contraceptive use.

### Prescription Submission Document (FP34C)

Contractors are reminded that it is essential that they use the correct declaration form/submission document (FP34 C) when submitting prescriptions to NHS Prescription Services for payment.

NHS Prescription Services send the FP34C to contractors in advance and it is important that this document is stored in a safe place until it is required.

Each FP34C is personalised and has a barcode on it specific to each contractor and to each dispensing month. This is used at the start of the pricing process to identify the contractor and the month in which the prescriptions were supplied. Never use a photocopy, a copy from another contractor or a form from a previous month.

If you lose your form or do not receive it before you have to send in your claim, please telephone the NHS Prescription Services' helpdesk on 0845 610 1171 or email [prescriptionpricinghelpdesk@ppa.nhs.uk](mailto:prescriptionpricinghelpdesk@ppa.nhs.uk) and they will offer the following options:

Either:

- a) to send a duplicate copy of the FP34C by first class post.
- or
- b) to send a pdf file of the FP34C (which the contractor will need to print out).

Please note that for operational reasons, NHS Prescriptions Services can no longer provide duplicates of the FP34C by fax because the faxed copies cannot be scanned when the account is received.

Please ensure that you dispatch your prescriptions by the 5th of the month using a 'track and trace' method.

## Guidance for interpreting the itemised list of prices/products on the schedule of payments

Contractors are now receiving a revised Schedule of Payment which contains a greater level of detail by including an itemised list of items with a Basic Price equal to or over £100. This is useful for identifying high value items which should be sorted and submitted for payment within the red separators.

When checking the itemised list for expected payments the following aspects need to be considered:

- The itemised list is in value order with the largest value at the top of the list. At present it is not possible to list the products in alphabetical order;
- The prices quoted are the Basic Price of the quantity prescribed/dispensed and do not include any additional fees or adjustments due to broken bulk;
- A product on the list may be described as an 'Exception Handler Unspecified Item' or 'Exception Handler Discount Not Deducted Item' (where the contractor has been required to endorse 'DNG' for discount not given). These will include: special order products not listed in dm+d and multiple ingredient products which include a branded product as an ingredient e.g. Eumovate in WSP;
- When a product is extemporaneously dispensed from multiple ingredients (with a total Basic Price equal to or over

£100) this will only be listed if one of the ingredients (elements) is £100 or over.

- If the quantity of the product dispensed is made up by the issue of several different pack sizes then only Basic Prices of each pack size equating to £100 or over will be shown.

For example:

- Maxalt Melt 28 prescribed; 4 x 6 and 1 x 3 dispensed; only 4 x 6 will show on the itemised list although the pharmacy will also be paid for 1x3.
- Multiple flavours of an enteral feed are prescribed and dispensed with a total Basic Price equal to or over £100. If the value of the quantity of an individual flavour dispensed does not exceed £100 then that flavour will not appear in the list.

If a product does not appear on the itemised list as expected, this does not necessarily mean that there has been incorrect payment. In these cases further enquiries can be made via the NHS Prescription Services' Help desk on 0845 610 1171 or by email at [prescriptionpricinghelpdesk@ppa.nhs.uk](mailto:prescriptionpricinghelpdesk@ppa.nhs.uk).

Work is ongoing to improve the level and format of pricing information that is provided to contractors.

### Essential Small Pharmacies

**The Essential Small Pharmacy LPS contracts (ESP LPS) were set up under a pilot scheme in 2006 (meaning all applications had to be approved by the Secretary of State). The Secretary of State approved all applications from qualifying pharmacies, and issued directions to PCTs on the requirements for the LPS, meaning that the former ESPS pharmacies in England were guaranteed transfer to the ESP LPS providing they continued to meet the criteria (distance to the next nearest pharmacy and prescription volume).**

**Those contracts had a five year life, and as the contract end date approaches, PSNC has been in discussions with the Department of Health to discuss future support mechanisms for such essential pharmacies.**

**As a pilot scheme, the Secretary of State is required to carry out a review, and PSNC has been informed by the Department of Health that the review is underway. Decisions on the future arrangements for essential small pharmacies will be taken after the completion of the review. PSNC will be feeding into that review during August, and any news about the future arrangements will be communicated through the website ([www.psn.org.uk](http://www.psn.org.uk) – see ESP LPS page which is found within the funding and drug tariff section).**

The table below summarises the contingency arrangements for the manufacturers and products that PSNC is currently most frequently receiving calls about:

Manufacturer	Affected Products include	Summary of Contingency Ordering Procedure
ALK-Abello	EpiPen EpiPen Jr Graza	If a pharmacy has difficulties in obtaining stocks of these medicines from the wholesaler they should contact the ALK Customer Services Team on 01488 686 016, emergency supplies can then be located and dispatched. The Customer Services Team are available 8.30am to 5.00pm, Monday-Thursday and 8.30am to 4.30pm, Friday.
Astrazeneca	Any	If any pharmacy has problems with obtaining stock of any AZ medicine from AAH or Unichem – they should contact the Supply Chain Team on 0800 032 0501.
Boehringer Ingelheim	Micardis Micardis Plus Persantin Retard	If any pharmacy has problems with obtaining stock of Boehringer Ingelheim medicines – they should contact Boehringer Ingelheim customer services on 01344 741101. Alternatively complete the emergency supply form (available on the PSNC Website) and fax it to: 01344 741177.
Genzyme	Renagel	If any pharmacy has problems obtaining Renagel from their wholesaler they should complete the exceptional supply form (available from the PSNC website), and fax it to Genzyme customer service fax number: 01865 774254.
Janssen-Cilag	Cilest Concerta Evr Invega Risperdal Topamax	If any pharmacy has problems obtaining Janssen-Cilag products from their wholesaler they should complete the emergency supply form (copy available on the PSNC Website), and fax it to the emergency supply fax number: 01494 567401.

## List of Medicines Impacted by Branded Medicine Supply Problems

*Pharmacies have reported problems obtaining the following medicines through wholesalers. This list is not exhaustive. If a product cannot be obtained through the normal channels, emergency stock can be obtained direct from the manufacturer:*

**Actonel 35mg tablets (Procter & Gamble Pharmaceuticals UK Ltd)**  
**Aprovel tablets (sanofi-aventis)**  
**Arava 20mg tablets (sanofi-aventis)**  
**Arimidex 1mg tablets (AstraZeneca UK Ltd)**  
**Asasantin Retard capsules (Boehringer Ingelheim Ltd)**  
**Azilect 1mg tablets (Lundbeck Ltd)**  
**Azopt 10mg/ml eye drops (Alcon Laboratories (UK) Ltd)**  
**Bonviva 150mg tablets (Roche Products Ltd)**  
**CellCept capsules/tablets (Roche Products Ltd)**  
**Cipralext tablets (Lundbeck Ltd)**  
**CoAprovel tablets (sanofi-aventis)**  
**Crestor tablets (AstraZeneca UK Ltd)**  
**Cymbalta gastro-resistant capsules (Eli Lilly and Company Ltd)**  
**DesmoMelt oral lyophilisates (Ferring Pharmaceuticals Ltd)**  
**Elielid 1% cream (Novartis Pharmaceuticals UK Ltd)**  
**Emselex modified-release tablets (Novartis Pharmaceuticals UK Ltd)**  
**Estradot /24hours patches (Novartis Pharmaceuticals UK Ltd)**  
**Eucreas tablets (Novartis Pharmaceuticals UK Ltd)**  
**Exforge tablets (Novartis Pharmaceuticals UK Ltd)**

**Ezetrol 10mg tablets (MSD-SP Ltd)**  
**Femara 2.5mg tablets (Novartis Pharmaceuticals UK Ltd)**  
**Fosrenol chewable tablets (Shire Pharmaceuticals Ltd)**  
**Glivec tablets (Novartis Pharmaceuticals UK Ltd)**  
**Inegy tablets (MSD-SP Ltd)**  
**Inspira tablets (Pfizer Ltd)**  
**Januvia 100mg tablets (Merck Sharp & Dohme Ltd)**  
**Keppra tablets (UCB Pharma Ltd)**  
**Levemir FlexPen pre-filled pen (Novo Nordisk Ltd)**  
**Madopar capsules and dispersible tablets (Roche Products Ltd)**  
**Madopar CR capsules (Roche Products Ltd)**  
**Micardis/MicardisPlus tablets (Boehringer Ingelheim Ltd)**  
**Myfortic gastro-resistant tablets (Novartis Pharmaceuticals UK Ltd)**  
**Neoral capsules (Novartis Pharmaceuticals UK Ltd)**  
**Persantin Retard 200mg capsules (Boehringer Ingelheim Ltd)**  
**Pentasa 500mg modified-release tablets (Ferring Pharmaceuticals Ltd)**  
**Pulmozyme 2.5mg nebuliser liquid 2.5ml ampoules (Roche Products Ltd)**  
**Rilutek 50mg tablets (sanofi-aventis)**  
**Sandostatin LAR powder and solvent for suspension for injection vials (Novartis Pharmaceuticals UK Ltd)**  
**Singulair tablets (Merck Sharp & Dohme Ltd)**  
**Spiriva 18microgram inhalation powder**

**capsules (Combopack and Refill Pack) (Boehringer Ingelheim Ltd)**  
**Spiriva Respimat 2.5micrograms/dose solution for inhalation cartridge with device (Boehringer Ingelheim Ltd)**  
**Symbicort Turbohaler (AstraZeneca UK Ltd)**  
**Zyprexa tablets/Velotabs (Eli Lilly and Company Ltd)**

**Please note:** If a wholesaler chose to trade medicines for export and as a consequence the needs of patients in the UK were not met, the holder of the wholesale dealer's licence could be in breach of the Regulations, and could face regulatory action against his licence, and/or criminal prosecution. This also applies to products that have not been reported as having supply problems and are therefore not listed above. There is no obstacle to exporting medicines in a way that does not impact on availability of the product to UK patients.

**Feedback to PSNC:** Contractors who have experienced problems in obtaining medicines because of quota arrangements are encouraged to feed this into the PSNC Information Team to support PSNC's ongoing monitoring of the situation. PSNC will work to ensure this information is fed into the Department of Health as evidence of the problems that are arising. An online feedback form for this purpose can be found online at [www.psn.org.uk/branded-shortages](http://www.psn.org.uk/branded-shortages). For support on this issue, please contact the PSNC Information Team (01296 432823).

Lilly UK	Cialis Cymbalta Zyprexa	If wholesaler can't supply the product, contact Lilly's emergency 'Direct 2 Pharmacy' customer service desk which is open Monday-Friday, 8.30am-5pm 0800 0121178.
Lundbeck	Azilect Cipralax	If wholesaler can't supply the product, contact Lundbeck customer service department on 01908 638935 who will be able to assist you in obtaining emergency supplies, or fax a request to 01908 638959 with the following details: – Name and Address of Pharmacy – Alliance Healthcare account number – Order requirement – Product and quantity.
MSD	Januvia Singulair	If wholesaler can't supply this product, then please contact MSD customer services on 01992 452094 or FAX MSD customer services on 01992 467270 with the following details: – The name and address of the pharmacy – The wholesaler name, branch and account number. – Order requirement-product, strength, pack size, number of packs. Delivery will normally be made within 48 hours.
Novartis	Femara Myfortic Neoral	Products only available via Alliance and AAH. Novartis is also able to deliver directly to pharmacies with a direct account if there are any supply difficulties with the wholesalers. To order directly call Novartis Customer Care on 08457 419 442, or fax the Novartis emergency order form (downloadable from the PSNC website) to 0845 741 9443, or email it to novartis.customercare@novartis.com. Deliveries will normally be made within 48 hours of order, depending on location.
Novo Nordisk	Any	If sufficient supplies of product are not available from a pharmacy's wholesaler for any reason, Novo Nordisk can ship direct to a pharmacy if they have a patient prescription to fulfil. Urgent orders can be placed by phoning Novo Nordisk Customer Care on 0845 600 5055.
Roche	Bonviva Cellcept Xenical	If wholesaler can't supply the product, contact Roche Customer Care 0800 731 5711. Delivery will normally be made next working day for orders received up until 16.00, dependent upon location.
Sanofi-aventis	Aprovel Co-Aprovel Rilutek Lantus Optiset	These products are available via three national wholesalers; AAH, Phoenix and Alliance. However if problems are experienced in obtaining these products then the pharmacy should contact Sanofi-aventis customer services directly on 0800 854 430 who will in turn facilitate an emergency direct to pharmacy order.
Schering - Plough Ltd	Cerazette	If wholesaler can't supply the product contact Schering Plough's customer service team on 01707 363785.
Shire	Fosrenol	If any pharmacy has problems obtaining Fosrenol – they should contact Movianto on 01234 248653. Movianto can arrange a next day direct delivery.
UCB	Keppra	If wholesaler can't supply the product, then fax UCB's national distributor UDG, on 01773 810 644 with the following details: – The name and address of the pharmacy – Their wholesaler name, address (town) and account number – Their order requirements i.e. what formulation and strength of Keppra, how many packs – The urgency of the situation (deliveries are usually made within 3 working days but can in exceptional circumstances be made in 2 or 1 working days) A template fax back form and a link to UDG's electronic ordering system can be found on the PSNC website. UDG Customer Services can be contacted on 01773 510123 or 01773 515170.
Warner Chilcott Ltd (previously Procter & Gamble Pharmaceuticals)	Actonel Once Weekly	"Warner Chilcott (formerly Procter & Gamble Pharmaceuticals) does not have a direct ordering system. We make Actonel available through three wholesalers in the UK – AAH, Alliance & Phoenix and in N. Ireland - AAH, Sangers & Alliance. If you experience problems sourcing Actonel from any of these wholesalers you can contact us at 0800 0328701 (UK) and 1800 882937 (ROI). You will be asked to try with the wholesalers for three (3) working days from the first call. If you are still unable to get the product from either of the wholesalers we will be able to source an emergency supply."



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 on-line at [www.uptodate.org.uk](http://www.uptodate.org.uk)

## Is it allowed?

Subject to the prescriber having the appropriate prescribing rights, any food, drug, toiletry or cosmetic may be prescribed on an NHS prescription unless the product is listed in Part XVIII A of the Drug Tariff (the 'blacklist') or the criteria set out in the Tariff for prescribing products listed in Part XVIII B of the Drug Tariff (the 'selected list') is not met. As an exception to this rule, 'blacklisted' products can be dispensed where a product is prescribed generically and the generic product is not blacklisted and the name of the product has a recognised 'official title'.

If a product has been registered as a medical device, it can only be prescribed on an NHS prescription if it is listed in Part IX of the Drug Tariff. Registered medical devices can be identified by a 'CE' mark on the product's packaging.

Product	Allowed on an FP10 Prescription	Product Type	Comment
Blephasol lotion	Yes	Cosmetic	This product is not listed in the blacklist therefore can be prescribed on an NHS prescription.
Nebusal 7% (60x4ml)	Yes	Device	Nebusal 7% inhalation solution is registered as a medical device and is listed in Part IXA of the Drug Tariff under "inhalation solutions" and therefore would be allowed on an NHS prescription.
Opsite film dressing spray	No	Device	Opsite film dressing spray is registered as a medical device and is not listed in Part IX of the Drug Tariff and therefore would not be allowed on an NHS prescription.
Systane eye drops	Yes	Device	Systane eye drops are registered as a medical device and are listed in Part IXA of the Drug Tariff under "Eye products". Both the 10ml bottle and 28 x 0.8ml single dose units are allowed on an NHS prescription.
Tena incontinence pads	No	Device	Tena incontinence pads are registered as a medical device and are not listed in Part IX of the Drug Tariff and therefore would not be allowed on an NHS prescription.
Wrist splint	No	Device	Wrist splints are registered as medical devices and are not listed in Part IX of the Drug Tariff and therefore would not be allowed on an NHS prescription.

## Do you know...



### Owings?



#### Requirement

DO NOT write any information relating to an amount of medication owing on the prescription itself – this may be interpreted as an endorsement of the quantity provided and could affect the accuracy of reimbursement for the prescription.

In accordance with NHS Regulations, you must provide the patient with a written note of any drug or appliance which is owed and inform the patient when it is expected to be available.

- You could keep an internal owings book with details of what has been provided and what is still owed to the patient.
- You could record the details of the owing on a separate piece of paper and attach it with paperclips (staples and adhesives can affect the scanning process) to the prescription. When it comes to submitting the prescription however, ensure that this attachment is removed.

For further information or advice, please contact the PSNC Information Team on 01296 432823 (option 1), email: [info@psnc.org.uk](mailto:info@psnc.org.uk) or visit the PSNC website at [www.psnc.org.uk](http://www.psnc.org.uk).



**1-** In order for the NCSO endorsement to be valid, the pharmacist must initial the endorsement.

**True**  **False**

**2-** I must wait for an NCSO concession to be granted before endorsing NCSO on prescriptions.

**True**  **False**

ACBS

**3-** If I receive a prescription for an ACBS item but the prescriber has not endorsed the prescription 'ACBS' then I can dispense this item.

**True**  **False**

Appliances

**4-** I need to endorse prescriptions for qualifying appliances in order to receive the new home delivery fee for appliances.

**True**  **False**

Measured and fitted

**5-** When I have measured and fitted an elastic hosiery item for a patient, I should endorse this on the prescription to claim the 'measured and fitted' fee.

**True**  **False**

Not Dispensed

**6-** When I have not dispensed a product, I should...

**Endorse the item 'ND'**  **Score out the item**  **Both**

Discount Not Given

**7-** When I have not been given discount on an unlicensed special item, I should endorse this item...

**ZD**  **DNG**  **ND**  **DND**

SLS

**8-** Only the prescriber can endorse a prescription item as 'SLS'.

**True**  **False**

Out of pocket expenses

**9-** When claiming out of pocket expenses, I should...

**Endorse the claim on the prescription**  **Include it in my monthly FP34C claim**   
**Both**

Original Pack

**10-** The 'OP' endorsement is not a valid endorsement.

**True**  **False**

**So how did you do?**

**0-5** Oh dear! Your endorsing skills need a lot of work and you are probably losing out financially. Have a look at the PSNC Dispensing Resources booklet (p36-40) for some guidance on endorsing. If you do not have a copy, contact the PSNC Information Team on 01296 432823 and select option 2 to purchase a copy or check on the PSNC website for the online version.

**6-9** Not too bad, although your endorsing skills could do with a brush-up. Have a quick look at the PSNC endorsing guidance on pages 36-40 of the Dispensing Resources booklet.

**10-** Well done! No endorsement gets past you. See if the rest of the team can match you.



1. True. The pharmacist needs to initial and date the endorsement as well as endorsing 'NCSO' and the details of the product supplied.
2. False. Prescriptions may be endorsed in this way before a concession is granted in order to save a build up of paperwork. However, it is important to note that if the NCSO concession is not granted for that product, then these endorsements will be ignored by NHS Prescription Services for payment purposes.
3. True. NHS Prescription Services will reimburse a prescription for an ACBS item even if it has not been endorsed. Pharmacy staff should not add this endorsement themselves.
4. False. The fee of £3.40 (or £9.30 for intermittent self-catheters) is paid automatically on a prescription for a qualifying appliance. This fee is paid regardless of whether or not a patient accepts home delivery and also covers the supplementary items supplied.
5. True. The fee of £2.60 is only paid where 'measured and fitted' has been endorsed on the prescription.
6. Both. As well as endorsing the item 'ND', the pharmacist should score out the product on the prescription.
7. DNG. The 'ZD' endorsement is no longer accepted by NHS Prescription Services. To claim exemption from discount deduction, you must use the endorsement 'DNG' to indicate that no discount was received on unlicensed special medicines.
8. True. If a prescription is received for an item on the SLS list which is not endorsed 'SLS', it would have to be sent back to the prescriber for the endorsement to be added.
9. Both. As well as declaring the monthly total out of pocket claim on the FP34C, each claim must also be recorded against each item on a prescription for which it is made. Endorse the item 'XP' and list the full details of the claim as well as the amount claimed.
10. True. The OP endorsement should not be used as it is highly ambiguous.

# Frequently asked questions

The PSNC Information Team receives many phone calls each day from community pharmacies across England and Wales. Queries range from whether an item is allowed on an NHS prescription to how much contractors will be paid for supplying certain items.

**1. I have received an FP10 Prescription for two pairs of 'Compression hosiery class I below knee stockings circular knit standard stock size'. How many prescription charges would apply?**

Prescription charges for elastic hosiery are calculated per garment (2 pairs of stockings = 4 garments), therefore two pairs of stockings would incur four patient charges. The pharmacy contractor would receive one professional fee.

Where more than one appliance of the same type is supplied, other than standard elastic hosiery, only one prescription charge should be levied, for example a prescription for a pair of Jobst Elvarex Custom

Fit Class 1 Thigh High Stockings' would incur one prescription charge as this item is considered a Lymphoedema Garment.

Part XVI of the Drug Tariff, Section 11, Notes on Charges Payable, lists the rules which govern single prescription charges and multiple prescription charges.

**2. I have received a Lilac FP10 prescription annotated with Nurse Independent**

**Prescriber/Supplementary Prescriber for 'Flucloxacillin 500mg capsules'. Will I be paid for dispensing this prescription?**

Yes. Nurse independent prescribers are able to prescribe any licensed medicine including Prescription Only Medicines for

any medical condition within their level of experience and competence with some exceptions. In particular they only have authority to prescribe a limited number of controlled drugs as identified in Part XVIIIB (ii) of the Drug Tariff.

Like NHS doctors, nurse independent prescribers cannot prescribe 'blacklisted' medicines (Part XVIII A of the Drug Tariff) and can only prescribe Selected List Products (Part XVIII B of the Drug Tariff) in accordance with the Drug Tariff. This restriction does not apply to private prescribing.

Nurse independent prescribers are also able to prescribe any borderline substances and appliances and reagents listed in Part IX of the Drug Tariff and can prescribe off-licence/off-label where it is accepted clinical practice.

Health professionals acting as

supplementary prescribers can prescribe any medicine which could be prescribed by an NHS doctor including controlled drugs and unlicensed medicines as agreed by the patient and the doctor as part of a patient's clinical management plan.

Primary Care Trusts have been given the role of monitoring to ensure that nurse independent and supplementary prescribers working in the community prescribe appropriately. The NHSBSA provide PCTs with detailed information on prescribing via the ePACT.net service.

*Look out for more frequently asked questions next month...*

*If you would like more information on whether a particular product is allowed on an NHS prescription, the PSNC Information Team will be happy to help (01296 432823 or e-mail [info@psnc.org.uk](mailto:info@psnc.org.uk)).*

## Partners in the PSNC Community Pharmacy Development Programme

