



# community pharmacy NEWS

## APPG Report



All-Party  
Pharmacy  
Group

### The Future of Pharmacy Report of the APPG Inquiry

June 2007



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# Freedom of Information Act 2000

## Implications for pharmacy contractors.

PSNC regularly receives questions about the implications of the Freedom of Information Act 2000 when pharmacy contractors are asked to disclose information. The topic is likely to be even more relevant as pharmacy contractors undertake their Community Pharmacy Patient Questionnaire and analyse the responses. The following is a list of Frequently Asked Questions.

**Note: This document is not intended to be construed as legal advice, and if you believe that you require legal advice, please consult a solicitor or counsel.**

### 1. What is the point of the Freedom of Information Act 2000?

The Act is intended to make government more open and thereby more accountable. The Freedom of Information Act allows people to see how government is run and how their taxes are spent.

The Freedom of Information Act can be used to ensure transparency and accountability of the publicly funded parts of a pharmacy business (e.g. the work carried out for the NHS), so far as possible without disclosing commercially sensitive information.

### 2. Who oversees the Act?

The Information Commissioner's Office (see below) oversees the Act and the Data Protection Act. It is the UK's independent public body set up to promote access to official information and protect personal information by promoting good practice, ruling on eligible complaints, providing information to individuals and organisations, and taking appropriate action when the law is broken.

### 3. Are pharmacies subject to the Freedom of Information Act?

The Freedom of Information Act involves information held by a 'public authority', the definition of which includes pharmacies. Under the Act pharmacy owners are under a duty to provide advice and assistance, so far as can be reasonably expected, to all those who make or propose to make requests for information. You should ensure that you keep detailed records of any correspondence entered into with applicants requesting disclosure of information under the Act (or the Data Protection Act).

The nature of the information requested and what it represents may result in the application of an exemption from the requirements to disclose information under the Act.

### 4. What qualifies as information under the Act?

Information has been taken to include all recorded information held by a public authority. 'Holding' information includes holding a copy of a record produced or supplied by someone else.

If part or all of the information is held by another public authority and not the pharmacy then it may be necessary to transfer the request to that public authority.

If the information is held on behalf of someone else then it may not have to be provided in response to a Freedom of Information request.

However this is a complicated issue and it is important to get advice if



you are under the belief you are holding information on behalf of someone else.

The information covered by the Act can be held in any form, and this includes electronic sources, paper, CD recordings, notes such as 'post-it' notes or even emails.

### 5. What can people actually request under the Act?

The Act only entitles people to request access to information and not to the relevant documents themselves. In most cases you will be able to provide the information as requested rather than sending off a document which also contains other information.

### 6. How do people request information?

Under the terms of the Act people can write or email to request the information. The request should include:

- the person's name;
- an address where they can be contacted; and
- a description of the information required.
- The description of the information required should be fairly detailed and be specific in nature. If the request is not clear enough then it may be necessary to request further information in order to clarify what information is actually being requested.

The request does not have to be marked 'Freedom of Information Act', but all requests must be in writing. In the case of an email if the email address of the sender is included then this will be sufficient for the purposes of a return address.

If a request made to your pharmacy is not clear then you are under an

obligation to help the applicant with advice and assistance so far as is reasonable (as explained in Section 45 Code of Practice).

## 7. Can anyone request information?

Under the terms of the Act anyone can make a request for information, this includes non-English residents. All requests, no matter what their origin, should be treated in the same way.

## 8. Do I have to provide them with any information they request?

In some cases the information requested will be exempt from disclosure. Exemptions are either absolute or qualified. If an absolute exemption applies there will be no obligation under the Act to consider the request for information. If an exemption is qualified the public interest test will apply. Under this test a qualified exemption will only justify withholding information if, following a proper assessment, the balance of public interest comes down against disclosure.

If the pharmacy relies on an exemption then any response to the applicant must be in the correct manner and cover the requirements of the Act. The notice must:

- state that the pharmacy is relying on an exemption;
- specify which exemption or exemptions;
- state (if that is not otherwise apparent) why the exemption applies; and
- where the pharmacy is relying on a qualified exemption, state the reasons for claiming that the balance of the public interest comes down in favour of not complying with the request.

There is no need to disclose why the information is exempt under the Freedom of Information Act if to do so would involve a disclosure of exempt information. It must be fully justifiable as falling within the terms of an exemption, and any non-disclosure decision must be capable of being defended, should it be challenged by the Information Commissioner.

## 9. Examples of exemptions

There are a number of exemptions that could be relevant on a day-to-day basis in pharmacies, and also with regard to the Community Pharmacy Patient Questionnaire.

### **Section 40 – personal information**

This covers personal data as outlined in the Data Protection Act 1998. Requests for this kind of information must be divided into two kinds of requests:

- A request for a person's own data - this is exempt from the Act and will be covered by the Data Protection Act instead, under this Act, a person is not required to disclose his own personal data, such as private address, date of birth etc
- A request for someone else's data – this will be exempt if disclosure would contravene any of the data protection principles in the Data Protection Act 1998 (or certain other provisions of the Data Protection Act 1998).

### **Section 41- information provided in confidence**

This exemption applies when information has been obtained from another person and if this information was disclosed it would represent a breach of confidence. In other words the person who provided the information could take legal action against the pharmacy if the information was disclosed. This is an absolute exemption, and so there is no public interest test.

There is an argument that information obtained by a pharmacist from a service user has been given in confidence, and therefore the pharmacist should keep the information confidential. An example could be as simple as the fact that the person is a patient attending the pharmacy with prescriptions or to purchase OTC medicines.

### **Section 43 – commercial interests**

This section covers information which would prejudice the commercial interests of a person. The exemption is public interest tested. An interest is 'commercial' if it relates to an activity in the way of a business, trade or profession.

In order to decide whether any disclosure could prejudice your commercial interests it is necessary to:

- identify what the interests are; and
- identify how disclosure might prejudice them.

In particular it is necessary to question whether disclosing the information might weaken the pharmacy's position in a competitive environment by revealing information that could affect the market or may be of potential usefulness to competitors. This could be a very important reason for not disclosing some information obtained from the responses to the Community Pharmacy Patient Questionnaire.

Disclosing some information may damage a business' reputation in the eyes of its customers, suppliers or investors. There may also be a detrimental impact on commercial revenue, or a pharmacy's ability to obtain supplies or secure finance.

It is not sufficient to simply make an assertion that this would prejudice commercial interests. Any such assertion must be supported by reasoned argument, and where possible empirical evidence. Within the guidance on the Department for Constitutional Affairs legacy website there are a number of examples

<http://www.dca.gov.uk/foi/guidance/exguide/sec43/chap03.html>

These include a case where information was provided to a public authority as a result of an application for a licence. This in particular seems to cover the information provided by prospective pharmacy owners, who apply to a PCT for inclusion in a pharmaceutical list.

Refusal to disclose under an exemption under section 43 must only be made in the public interest. At a general level there is public interest in protecting commercial interests in the private sector, as well as in the public sector. Certain factors will be taken into account for instance if disclosure of the information would make pharmacies less likely to provide commercially sensitive information in the future, this may make it more difficult for government bodies like PCTs or the Department of Health to fulfil their role

# Freedom of Information Act 2000

## 10. Would it be possible for my competitors to misuse information requested from me, in particular data from the Community Pharmacy Patient Questionnaire?

There are a number of ways in which it is possible that the data could be misused. In particular information that relates to the levels of service provided (Question 9 and Question 6), could be used to make a new pharmacy application in an area as it could allow a competitor to detail information in the contract application about how well services were currently being provided in area of the proposed new contract. Also if there were services that were not currently being provided that service users wanted (Question 6), a competitor would be able to target their application in terms of these desired services. The commercial interest exemption could be relevant in this case (see above). It could be established that the information is commercially sensitive. If this exemption is used, the reply to the request for information must be phrased in the correct way and give reasons for the refusal.

## 11. What if the information would be expensive to retrieve?

The appropriate limit for the cost of retrieving information is fixed by the regulations at £450. If it is estimated that this limit will be exceeded then the request can be refused. It is also possible to ask the person who made the request to contribute towards the photocopying and postage costs of complying with the request.

If you are requesting that the person must pay in order to access the information, then a 'fees notice' must be issued which states how much the charge will be and asks whether they wish to pay.

## 12. Is there a specified time in which I have to respond?

The information must be provided within twenty working days. If more time is needed then you should write and tell the person when it is likely they will receive a response and why more time is needed.

There are a number of reasons that may mean that you are unable to respond to a request within the specified time. It may be necessary to contact the person who made the request and ask them to clarify what information they are looking for. It may be necessary to issue a fees notice, if so the clock will stop on the twenty day period until the pharmacy receives the payment. If you are considering using an exemption then the 20 working day time-limit can be extended while the question of public interest is considered. It is necessary to write to the person who made the request and explain that you are considering using an exemption.

## 13. Is there a specified way in which I have to respond?

When answering a request you must confirm whether or not you hold the information and either provide the information, or explain why the information is being withheld. If you are relying on an exemption then it must state which exemption is being relied on. If the exemption is not absolute then the response must also state that the balance of the public interest has been considered in making the decision to disclose or withhold the information. It is not sufficient in any situation to simply ignore a request under the Freedom of Information Act. There are however circumstances in which to confirm or deny holding the information would itself constitute an actionable breach of confidence; in

this circumstance the duty to confirm or deny holding the information does not arise. This would be the case with regard to requests about a particular patient's medical records.

The key decision is the form in which the information is released. The applicant can request the information in a particular form, and if the request is reasonable then you will be obliged to comply. In deciding how reasonable it is for the information to be requested in a certain form, you should consider how easy it would be to make a copy of the information and the cost of providing the information in the requested format. If the cost would be over the fee threshold you should write to the applicant informing them of this. If the information could be presented in a different way avoiding these costs then the applicant should be alerted to this, if possible in the same letter.

## 14. What happens if I refuse or ignore a request under the Freedom of Information Act?

If a request is not properly dealt with then the person that made the request has the right to ask the pharmacy to review the decision. Pharmacies and the individual officers who withheld the information can then be subject to penalties.

It may be necessary to hold an internal review. This kind of review will involve reconsidering the handling of the case in its entirety, as well as the final decision.

If after an internal review applicants are still not satisfied, or if an internal review is not carried out, they may complain to the Office of the Information Commissioner (OIC). If the OIC decides to investigate they may ask to see all the information relating to the request, including information on how the request was handled. The OIC can overturn a refusal to meet a request by issuing an enforcement notice or decision notice.

## 15. What is a Publication Scheme? Do pharmacies have to maintain one?

All 'public authorities' must have and maintain a publication scheme. A publication scheme is a document which describes all the types of information a public authority will actively publish and how they are accessible. It will also state how much will be charged for providing some types of information. Some information will be of more interest than other information, and it is worth considering which information could be made available proactively to meet demand.

It is important that the scheme is reviewed from time to time. The NHS has provided specific guidance for pharmacy publication schemes.

Further guidance can be found at:

[http://www.foi.nhs.uk/act\\_publication\\_scheme.html](http://www.foi.nhs.uk/act_publication_scheme.html)

[http://www.foi.gov.uk/FOI\\_standardparas.pdf](http://www.foi.gov.uk/FOI_standardparas.pdf) – This site contains standard paragraphs that can be used when responding to requests made under the Freedom of Information Act.

<http://www.dca.gov.uk/foi/index.htm> – This is the Department for Constitutional Affairs legacy website about the Freedom of Information Act.

# Window on the NHS

## A patient-led NHS?

Early last month the Department of Health (DH) launched a consultation on their proposed approach for performance management of health services at a local level. They suggest that the current regime of top-down management from the Department using its set of national targets should be replaced with a system where the main drivers of change are patients, users, carers, commissioners and staff. A new set of 'outcomes for local areas' are proposed that will replace the current set of central targets and will support a series of 'conversations' between:

- Local commissioners and their populations, on the care they receive and the independent, healthy lives they support;
- Local commissioners and national government, on the outcomes they achieve for their populations given the funding they get; and
- National government and Treasury, for the national outcomes achieved given the funding invested.

## Change PCT thinking

For this new vision to become a reality there will need to be a change in thinking at PCT level; local PCT Boards will need to take greater ownership for continuous service improvement and be accountable to the local community for the outcomes. PCTs will also need to work more effectively with local authorities if they are to make a shift towards prevention of ill health; this was one of the key features in the White Paper, *Our health, our care, our say*, published last year.

This vision of local accountability for health services will be enshrined in a new Outcomes Framework (the Health and Social Care Outcomes and Accountability Framework, to give it its full DH name) which is based on the Department's vision and strategic objectives:

- to deliver better health and well being;
- better care; and
- better value for all.

## Forty outcomes

From this vision flows a set of twelve Aims which then result in forty Outcomes with their associated indicators.

On first inspection you may ask how forty centrally

set outcomes can translate into an approach led at the local level, but this is explained by the ability that PCTs and their local authority partners will have to determine their local priorities from this central menu of outcomes. Once chosen, the local priorities will feed into the PCT's Local Delivery Plan (LDP) and the joint PCT/local authority Local Area Agreement (LAA). The local priority areas will have to be agreed with the local population (and Strategic Health Authorities and the Government Offices for the Regions) and accountability to the public will be achieved through the annual publication of a 'report card' through which the performance of the PCT and local authority, in each of the forty outcomes, will be benchmarked against their peers.

## Will it make a difference?

So will this make a difference and will it increase patient power within the NHS? The proposal to allow local prioritisation of targets should improve the responsiveness of the NHS to its local customers. Likewise the principle of the population agreeing these local outcomes with their PCT and local authority is laudable and if it can happen in a meaningful way it takes the NHS one step closer to the level of accountability that local authority councillors have via the ballot box.

The NHS has so far had a poor record of engagement with its local population; a recent survey by the Picker Institute found that in the last 12 months, only 47% of PCTs had engaged

people in deciding priorities for commissioning and only 20% expected patient forums and other community and voluntary groups to influence decision making.

There will clearly need to be a change in mindset at PCTs if they are to truly engage with their local populations on service development priorities. Even if this change can be achieved, there is also the question of how DH envisage PCTs actually engaging their population in a meaningful way; local health consultations are frequently hijacked by campaign groups focussing on a single issue, such as the future of a local hospital. It is not yet clear whether DH will issue further guidance on how this public engagement is to take place, but it is clear that this will be needed.

## Pharmacy to benefit?

If these proposals do genuinely result in a more patient-led NHS then it is possible that everybody will benefit, including the pharmacy profession. The public has a high regard for pharmacists and the services they provide, as demonstrated by the results of the recent Reader's Digest poll on the most trusted professions – we were only beaten to the top spot by the fire fighters. This trust in the services we provide could be translated into local calls for new pharmacy service developments, but only time will tell whether this is a real change of direction for the NHS management machine, or another government initiative that will be forgotten within 18 months.

## New Head of Public Relations Appointed

**Dipen Shah** has joined PSNC as its new Head of Public Relations. Dipen has responsibility for media relations and other relationship building activities, particularly working with patient groups to promote the role of community pharmacy.

Dipen is a pharmacist who brings with him a wealth of experience of working within community pharmacy and the NHS. Until recently he was the Pharmacy Contracts and Development Manager and Pharmaceutical Advisor at Hillingdon Primary Care Trust.



# EPS R2 Initial Implementer Sites Announced

The Department of Health has announced the initial implementer sites for Release 2 of the Electronic Prescriptions Service. Over one third of PCTs submitted expressions of interest in becoming initial implementers.

**The following PCTs have been selected to go live from 1st October 2007:**

- Berkshire East
- Leicestershire County and Rutland
- Liverpool
- Southwark
- Sunderland

In addition, the following PCTs have been selected as a second wave to go live **no earlier than 1st January 2008.**

- Berkshire West
- Birmingham East and North
- Blackburn with Darwin
- City and Hackney
- Haringey
- Isle of Wight
- Leeds
- North East Lincolnshire
- Nottingham City
- Nottingham County
- Suffolk
- Trafford

## Background

Connecting for Health (CFH) have five key principles for rolling out Release 2:

- Patient safety will not be compromised
- Patient choice will not be diminished
- A level playing field will be maintained in the pharmacy market
- As far as possible, EPS R2 must be compatible with EPS R1 and its introduction must provide continuity from R1
- The introduction of R2 of the EPS must be done in a managed way

PSNC will be monitoring the roll-out of Release 2 closely – a priority is working to ensure that the third principle, a level playing field for contractors, is maintained.

In preparation for the roll-out of the EPS, changes have already been made to the The Prescription Only Medicines (Human Use) Order 1997, the NHS (General Medical Service Contracts) Regulations 2004 and the NHS (Pharmaceutical Services) Regulations 2005 to

enable the prescribing and dispensing of legal electronic prescriptions and to put in place controls that support the planned managed roll out of the service.

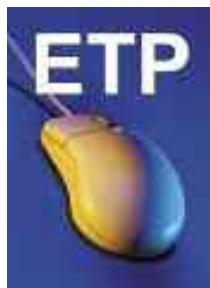
**Legal Electronic Prescriptions:** An electronic message becomes a legal electronic prescription where the prescription has been created in

electronic form, is signed with an advanced electronic signature and is transferred to the dispenser as an electronic communication. This applies, with exceptions, to both NHS and private prescriptions. It is not yet possible to issue an electronic prescription for a drug specified in Schedule 1, 2 or 3 of the Misuse of Drugs Regulations 2001 and neither veterinary surgeons nor veterinary practitioners can issue legal electronic prescriptions. Prescribers remain free to continue to issue paper prescriptions.

**Controls on NHS Prescribing:** NHS prescribers are further limited to when they can issue electronic prescriptions by the NHS (General Medical Service Contracts) Regulations 2004. A prescriber may only order drugs, medicines or appliances by means of an electronic prescription if he has been authorised to do so by their PCT. PCTs can only authorise prescribers if they are specified in Directions issued by the Secretary of State. At least 3 months notice will be given of a particular PCT being granted this authority.

Although the PCTs chosen to operate EPS R2 Initial Implementer sites were chosen on the strength of their submitted applications, once the PCT has authority to give permission to prescribers to sign electronic NHS prescriptions with an advanced electronic signature, they are free to give this permission to any prescriber in their locality. They are not limited to the prescribers outlined in expressions of interest to Connecting for Health. For this reason, it is going to be essential for PCTs to work closely with LPCs and LMCs to ensure that PCT decisions on granting authority to issue legal electronic prescriptions do not create local commercial imbalances.

**Control of the transmission of NHS prescriptions:** The NHS (Pharmaceutical Services) Regulations 2005 are clear that for



an electronic prescription to be dispensed as an NHS prescription (versus private), it must be sent via the NHS Electronic Prescriptions Service and no other messaging system.

**Controls on Pharmacy**

**Contractors:** There are no equivalent controls to limit the dispensing of a legal electronic prescription. As soon as a pharmacy contractor is in a position to operate an EPS Release 2 enabled system, regardless of the pharmacy location, they can start accepting legal electronic prescriptions and may make use of other functionality offered by Release 2 including the ability, at a patient's request, to 'nominate' the patient's preferred pharmacy. As the ongoing roll-out of Release 1 is putting the infrastructure in place for EPS, for example, connectivity and up to date hardware, it should theoretically take less time for a supplier to roll out Release 2. However, as with EPS Release 1, it may take different amounts of time for different suppliers to pass through the CFH compliance testing process and suppliers may make different decisions around when and how they will roll out Release 2 functionality.

**Limitations on which patients can receive**

**electronic prescriptions:** The NHS (General Medical Service Contracts) Regulations 2004 also put in place controls around the patients that prescribers can issue electronic NHS prescriptions for. Legal electronic NHS prescriptions can only be issued where the patient has nominated one or more dispenser in his NHS Care Record, has confirmed that he intends to use that dispenser (or one of them) for the purposes of obtaining the drugs, medicines or appliances ordered on the electronic prescription in question, and consents to the use of an electronic prescription on the particular occasion. Therefore, for the time being, the only time that pharmacists will be required to dispense against the electronic message is where the prescription has been sent using the nomination functionality. These restrictions were put in place to support the phased implementation of the Electronic Prescriptions Service. At a later stage in the implementation of the service, it is anticipated that the regulations will be amended to lift this

restriction and therefore allow legal electronic prescriptions to be issued to patients who have not nominated a pharmacy.

**Nomination Functionality:** It is the patient's choice which dispenser they choose to nominate. The NHS (General Medical Service Contracts) Regulations 2004 are clear that when operating the electronic prescription service, a prescriber must not seek to persuade a patient to nominate a dispenser recommended by the prescriber. If asked to recommend a dispenser, the prescriber is to provide a list of dispensers that operate ETP, as provided by the Primary Care Trust. The National Health Service (Pharmaceutical Services) Regulations 2005 prohibit pharmacies and appliance contractors from providing patients with inducements to encourage nomination of a pharmacy. It is anticipated that it will be possible, in certain circumstances, for a pharmacy contractor to collect patient consent for nominating a pharmacy before the pharmacy has the Release 2 functionality. Detailed information on nomination including full guidance on collecting patient consent for nomination will be published shortly.

**Other Legal Limitations:** It is not possible for an NHS prescriber to request supply in instalments on an electronic prescription and it is not possible for a prescriber to request a bulk order (Drug Tariff Part VIII note 9) for a school or institution using an electronic prescription.

Background information on the Electronic Prescription Service is available in the NHS IT Section of the PSNC Website.

## Are you an LPC member?

If so you should be receiving **LPC Upd@te** the monthly e-mail from PSNC for all LPC members. **LPC Upd@te** covers LPC business and news, together with information on the latest LPC training and resources.

If you don't currently receive **LPC Upd@te** contact [jane.reynard@psnc.org.uk](mailto:jane.reynard@psnc.org.uk) with your e-mail address and the name of the LPC of which you are a member

# NHS Choices

NHS Choices ([www.nhs.uk](http://www.nhs.uk)) is a resource that gives patients authoritative medical information and enables patients and carers to make better, more informed choices about their health and wellbeing. The site will provide important benefits for patients, providers and healthcare commissioners. For example, those patients for whom waiting time is a critical factor will be able to identify the most appropriate hospital, while others who may wish to base their decision on travelling times, or incidence of MRSA, will also have their preferences met.

### Key features of the new site include:

- NHS library: Authoritative information on common conditions and procedures previously only available to clinicians.
- Compare Hospitals: for the most common procedures that enable patients to benchmark services and make informed decisions about where they go for treatment.
- Provider profiles: a space for hospitals to provide authoritative information on their services to their local communities.
- Your Thoughts: an opportunity for the public to comment on and rate the quality of the treatment they receive and to allow providers to reply and identify areas in need of improvement.
- Up to date healthcare information in a range of online magazines targeted at specific groups such as teenagers and parents.

# APPG Report

## MPs and Peers call for more national funding for pharmacy services

In its report on the Future of Pharmacy published on 26th June the All Party Pharmacy Group (APPG) recommends an increase in nationally agreed funding for Advanced and Essential services and a move away from discretionary funding by PCTs for Enhanced services.

The APPG, a cross party Group of MPs and Peers also expresses concern that pharmacy- particularly community pharmacy- has not been integrated into the NHS and, consequently, its potential to deliver more and better patient services has not been realised.

The report calls for 'an accelerated progress in pharmacy service development' and expresses 'serious reservations about the Department of Health's approach to service development in community pharmacy'. The report continues 'We do not believe that services are being developed fast enough or consistently among PCTs. We do not believe the situation will improve without changes to policy.'

The Group also points to the lack of inter-professional team working and collaboration as holding back service development and to the failure of PCTs to engage adequately with community pharmacy.

Encouragingly the report recommends that 'Community pharmacy should be included in PBC Groups and clusters and on all PCT professional executive committees (PECs).'

On leadership the report says there needs to be greater clarity of voice at national level and strong

and dedicated representation and leadership at local level- something that is not always present it concludes. The report make a number of recommendations for LPCs including the need for a strategic plan with agreed one-year, two- year and three- year objectives and a current one year action plan.

## Service Development

When examining the need for more Advanced and Essential services the report recommends that to address public health priorities the following should be added to the Advanced services tier:

- Long-term conditions: managing patients with stable long-term conditions, building on the Medicines Use Review (MUR) service
- Sexual health: screening and advice specifically focused on the incidence of Chlamydia
- Managing minor ailments: advice, treatment and management, designed to reduce unnecessary visits to GPs and enhance patient access
- Diabetes screening: fingerprick testing with referral to GPs where Indicated
- Obesity and weight management: body mass index (BMI) measurement, blood pressure monitoring, information and advice, regular consultative reviews, and referrals as necessary
- A broader range of diagnostic and screening services, coupled with appropriate advice from the pharmacist and a referral protocol.

The report states that 'These Advanced services should be funded from within the nationally agreed sum for community pharmacy services, thus requiring an appropriate uplift in that sum. All

these services should be available in every PCT. PCTs would manage them locally, as is the case with MURs.

The Group adds 'The Department of Health must act to accelerate the uptake of repeat dispensing services and 'A community pharmacy out-of-hours action plan should be drawn up by the Department of Health in collaboration with the profession.'

## Move away from volume-based remuneration

In its recommendations on financial arrangements the Group states 'There must be a greater shift away from volume based remuneration towards reward for quality and range of services.' There is also a recommendation that the DH and PSNC develop a quality reward mechanism and that 'A quality and outcomes framework (QOF) system for community pharmacy be considered as part of this work stream.'

## Access and location

At the launch of the report in the Palace of Westminster APPG chair Howard Stoa MP referred to the Galbraith review and in the report the Group states that any further changes to access and location should be underpinned by a stable environment in which all pharmacies can plan and invest with confidence with 'Collaborative working between the PCT, patient interests and the LPC to plan any changes to location and access'

In particular the report recommends that 'The Department of Health should urgently review the 100hr exemption in the light of reported abuses.'

For next steps the APPG chairman said that the Group would hold a series of meetings to examine in more detail the major strands of the report; the PSNC website and PSNC Community Pharmacy News will keep contractors up to date with the outcome of the meetings as they take place.

A copy of the report can be downloaded from the APPG website [www.appg.org.uk](http://www.appg.org.uk).

## PSNC welcomes the report

The PSNC welcomes the wide-ranging report which makes a number of constructive proposals, particularly on how the development of new NHS community pharmacy services can be accelerated. PSNC shares the Group's concern that service development via the Enhanced tier is not happening quickly or consistently enough and welcomes the proposals for new Advanced services. PSNC wants to see the developments that the Group calls for and as the leadership body on NHS community pharmacy matters, is keen to play its part in bringing them about. PSNC will need the Department of Health to work in collaboration with us on this. We very much hope they will.

# Drug Tariff News

## NHSBSA PPD Capacity Improvement Programme Update (CIP)

To improve the efficiency of prescription pricing, the NHSBSA Prescription Pricing Division has introduced a Capacity Improvement Programme (CIP).

The NHSBSA is writing individually to contractors to alert them when their accounts will start being priced using the system and to ask for support in making some changes to the way that prescriptions are bundled for submission.

Approximately 900 contractors have now been sent letters by the PPD. This number will continue

to increase, month on month, as CIP is rolled out.

Prescriptions endorsed with a broken bulk claim and calendar pack prescriptions where the quantity prescribed differs from the pack size and the quantity ordered has been dispensed, cannot be priced automatically via the system. This information must be keyed in manually. Therefore to ensure accurate payment, the NHSBSA is asking contractors involved in the CIP Implementation to separate out these prescriptions when bundling their prescriptions for submission. **Only those contractors that have received a letter from the NHSBSA need to start sorting their prescriptions differently.**

The new system is able to automatically collect a

range of information from the prescription form so in the near future there will be substantial simplification of the way prescriptions are required to be bundled for submission to the NHSBSA PPD. More information on this will be available at a later date.

Contractors who have not received a letter from the NHSBSA should continue to sort their prescriptions as outlined on the FP34C Submission Document.

More information is available on the PSNC Website ([www.psn.org.uk/CIP](http://www.psn.org.uk/CIP)) or for support on this issue, please contact the PSNC Information Team (01296 432823/ [info@psnc.org.uk](mailto:info@psnc.org.uk)).

## 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](http://www.psn.org.uk/specialcontainer)) or alternatively a number of pharmacy IT systems provide this information on screen at the point of dispensing.

Accolate Tabs 20mg 56 (4x14)	Amias Tabs 4mg 28 (4x7)	Betaloc SA Tabs 200mg 28 (4x7)	Cardura XL Tabs 8mg 28 (4x7)
Accupro Tabs 10mg 28 (4x7)	Amias Tabs 8mg 28 (4x7)	Bicalutamide Tabs 50mg 28 (2x14)	Carvedilol Tabs 12.5mg 28 (4x7)
Accupro Tabs 20mg 28 (4x7)	Amiloride 2.5mg / Cyclopenthiiazide 250mcg Tabs 28 (2x14)	Bicalutamide Tabs 150mg 28 (2x14)	Carvedilol Tabs 25mg 28 (4x7)
Accupro Tabs 40mg 28 (4x7)	Amiloride 2.5mg / Hydrochlorothiazide 25mg Tabs 28 (2x14)	BiNovum Tabs 63 (3x21)	Carvedilol Tabs 3.125mg 28 (4x7)
Accupro Tabs 5mg 28 (4x7)	Amiloride 5mg / Bumetanide 1mg Tabs 28 (2x14)	Bisoprolol Tabs 1.25mg 28 (2x14)	Carvedilol Tabs 6.25mg 28 (4x7)
Accuretic Tabs 28 (4x7)	Amiodarone Tabs 100mg 28 (2x14)	Bisoprolol Tabs 2.5mg 28 (2x14)	Casodex Tabs 150mg 28 (2x14)
Acepril Tabs 12.5mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Bisoprolol Tabs 3.75mg 28 (2x14)	Casodex Tabs 50mg 28 (2x14)
Acepril Tabs 25mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Bisoprolol Tabs 7.5mg 28 (2x14)	Celecotol Tabs 200mg 28 (2x14)
Acepril Tabs 50mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Brevinor 63 (3x21)	Celecotol Tabs 400mg 28 (2x14)
Acetazolamide Caps 250mg (m/r) 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Brufen Retard 800mg 56 (4x14)	Celiprolol Tabs 200mg 28 (2x14)
Aceize Tabs 50mg/25mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Bumetanide Tabs 1mg 28 (2x14)	Celiprolol Tabs 400mg 28 (2x14)
Aciclovir Dispersible Tabs 400mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Bumetanide Tabs 5mg 28 (2x14)	Cerazette Contraceptive Tablets 75mcg 84 (3x28)
Actonel Tabs 30mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Burinex Tabs 1mg 28 (2x14)	Chemidur 60XL tabs 60mg 28 (2x14)
Actonel Tabs 5mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Burinex Tabs 5mg 28 (2x14)	Cilazapril 1mg Tabs 28 (4x7)
Actos Tabs 15mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Burinex-A Tabs 20 Tabs 20mg 56 (4x14)	Cilazapril 2.5mg Tabs 28 (4x7)
Actos Tabs 30mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Candestartan Tablets 16mg 28 (4x7)	Cilazapril 500mcg Tabs 28 (4x7)
Actos Tabs 45mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Candestartan Tablets 2mg 7	Cilazapril 5mg Tabs 28 (4x7)
Adalat LA Tabs 20mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Candestartan Tablets 32mg 28 (4x7)	Cilest Tabs 126 (6x21)
Adalat LA Tabs 30mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Candestartan Tablets 4mg 7	Cilest Tabs 63 (3x21)
Adalat LA Tabs 60mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Candestartan Tablets 4mg 28 (4x7)	Cimetidine Tabs 800mg 30 (2x15)
Adalat Retard 10mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Candestartan Tablets 8mg 28 (4x7)	Cipramil Tabs 10mg 28 (2x14)
Adalat Retard 20mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Capozide LS Tabs 12.5mg/25mg 28 (2x14)	Cipramil Tabs 20mg 28 (2x14)
Adipine XL Tabs 30mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Capozide Tabs 50mg/25mg 28 (2x14)	Cipramil Tabs 40mg 28 (2x14)
Adipine XL Tabs 60mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Caprin Tabs g/r 75mg 28	Citalopram Tablets 10mg 28 (2x14)
Adizem-SR Caps 120mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Caprin Tabs g/r 75mg 56 (2x28)	Citalopram Tablets 20mg 28 (2x14)
Adizem-SR Caps 180mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Captopril Tabs 25mg 56 (4x14)	Citalopram Tablets 40mg 28 (2x14)
Adizem-SR Caps 90mg 56 (4x14)	Amiodarone Tabs 200mg 28 (2x14)	Captopril Tabs 50mg 56 (4x14)	Clarithromycin m/r Tabs 500mg 7
Adizem-XL Caps 120mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Carace 10 Plus Tabs 28 (2x14)	Clarithromycin m/r Tabs 500mg 14
Adizem-XL Caps 180mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Carace 20 Plus Tabs 28 (2x14)	Clarithromycin Tabs 250mg 14 (2x7)
Adizem-XL Caps 200mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Carace Tabs 10mg 28 (2x14)	Clarithromycin Tabs 500mg 14 (2x7)
Adizem-XL Caps 240mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Carace Tabs 20mg 28 (2x14)	Clarithromycin Tabs 500mg 20 (2x10)
Adizem-XL Caps 300mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Carace Tabs 5mg 28 (2x14)	Climaval Tabs 1mg 28
Aknemin Caps 100mg 28	Amiodarone Tabs 200mg 28 (2x14)	Cardicor Tabs 1.25mg 28 (2x14)	Climaval Tabs 1mg 84 (3x28)
Aknemin Caps 50mg 56	Amiodarone Tabs 200mg 28 (2x14)	Cardicor Tabs 10mg 28 (2x14)	Climaval Tabs 2mg 28
Aldactide 50 Tabs 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Cardicor Tabs 2.5mg 28 (2x14)	Climaval Tabs 2mg 84 (3x28)
Alendronic Acid Tabs 10mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Cardicor Tabs 3.75mg 28 (2x14)	Climesse Tabs 28
Alendronic Acid Tabs 5mg 28 (2x14)	Amiodarone Tabs 200mg 28 (2x14)	Cardicor Tabs 5mg 28 (2x14)	Climesse Tabs 84 (3x28)
Amias Tabs 16mg 28 (4x7)	Amiodarone Tabs 200mg 28 (2x14)	Cardicor Tabs 7.5mg 28 (2x14)	Clomipramine Caps 10mg 28 (2x14)
Amias Tabs 2mg 7	Amiodarone Tabs 200mg 28 (2x14)	Cardura Tabs 1mg 28 (2x14)	Clomipramine Caps 25mg 28 (2x14)
Amias Tabs 32mg 28 (4x7)	Amiodarone Tabs 200mg 28 (2x14)	Cardura Tabs 2mg 28 (2x14)	Clopidogrel Tablets 75mg 28
Amias Tabs 4mg 7	Amiodarone Tabs 200mg 28 (2x14)	Cardura XL Tabs 4mg 28 (4x7)	

## Drug Tariff News

Co-Amilofruse Tabs 10/80 28 (2x14)	Enalapril Maleate Tabs 10mg 28 (4x7)	Glibenclamide Tabs 5mg 28 (2x14)	Lacidipine Tabs 4mg 28 (4x7)
Co-Amilofruse Tabs 2.5/20 28 (2x14)	Enalapril Maleate Tabs 2.5mg 28 (4x7)	Gopten Caps 0.5mg 14 (2x7)	Lamictal Tabs 200mg 56 (4x14)
Co-Amilofruse Tabs 2.5/20 56 (4x14)	Enalapril Maleate Tabs 20mg 28 (4x7)	Gopten Caps 1mg 28 (4x7)	Lamisil Tabs 250mg 14
Co-Amilofruse Tabs 5/40 28 (2x14)	Enalapril Maleate Tabs 28 (4x7)	Gopten Caps 2mg 28 (2x14)	Lamisil Tabs 250mg 28 (2x14)
Co-Amilofruse Tabs 5/40 56 (4x14)	Erythromycin Ethylsuccinate Tablets 500mg 28 (2x14)	Half Inderal LA Caps 80mg 28 (2 x 14)	Lamotrigine Tabs 200mg 56 (4x14)
Co-Amilozide Tabs 2.5/25 28 (2x14)	Erythroped A Tabs 500mg 28 (2x14)	Half Securon SR Tabs 28 (2 x 14)	Lansoprazole Caps 15mg g/r 28 (4x7)
Coaprovel Tabs 150mg/12.5mg 28 (2x14)	Esomeprazole Tablets 40mg 28 (2x14)	Hexopal Forte Tabs 750mg 112 (4x28)	Lansoprazole Caps 30mg g/r 28 (4x7)
Coaprovel Tabs 300mg/12.5mg 28 (2x14)	Eucardic 12.5 Tabs 28 (2x14)	Hormonin Tabs 84 (3x28)	Lansoprazole Orodispersible Tabs 15mg 28 (4x7)
Co-Cyprindiol Tabs 2mg/35mcg 63 (3x21)	Eucardic 25 Tabs 28 (2x14)	Hydrochlorothiazide & Quinapril tabs (12.5mg/10mg) 28 (4x7)	Lansoprazole Orodispersible Tabs 30mg 14 (2x7)
Conj Oestro Tabs 1.25mg 84 (3x28)	Eucardic 3.125 Tabs 28 (2x14)	Hydrochlorothiazide 12.5mg/Quinapril 10mg tabs 28 (4x7)	Lansoprazole Orodispersible Tabs 30mg 28 (4x7)
Conj Oestro Tabs 625mcg 84 (3x28)	Eucardic 6.25 Tabs 28 (2x14)	Hypolar Retard 20 Tabs 20mg 56 (4x14)	Lasilactone Caps 28 (2x14)
Co-Prenozide m/r Tabs 160/0.25 28 (2x14)	Evista Tabs 60mg 28 (2x14)	Hypolar XL 30 Tabs 30mg 28 (2x14)	Lederfen 450 Tabs 450mg 56 (4x14)
Coracten XL Caps 60mg 28 (2x14)	Evista Tabs 60mg 84 (6x14)	Hytrin Tabs 10mg 28 (2x14)	Lederfen Caps 300mg 84 (4x21)
Coracten XL Caps 30mg 28 (2x14)	Exelon Caps 1.5mg 28 (2x14)	Hytrin Tabs 2mg 28 (2x14)	Lederfen Tabs 300mg 84 (4x21)
Co-Tenidone Tabs 100/25 28 (2x14)	Exelon Caps 1.5mg 56 (4x14)	Hytrin Tabs 5mg 28 (2x14)	Lercanidipine 10mg tabs 28 (2x14)
Co-Tenidone Tabs 50/12.5 28 (2x14)	Exelon Caps 3mg 28 (2x14)	Ibuprofen Tabs 800mg (m/r) 56 (4x14)	Lercanidipine 20mg tabs 28 (2x14)
Co-Triamterezide Tabs 50/25 30 (2x15)	Exelon Caps 3mg 56 (4x14)	Imdur Tabs 60mg 28 (4x7)	Lescol Caps 20mg 28 (4x7)
Cozaar Tabs 100mg 28 (2x14)	Exelon Caps 4.5mg 28 (2x14)	Inderal LA Caps 160mg 28 (2x14)	Lescol Caps 40mg 28 (4x7)
Cozaar Tabs 25mg 28 (2x14)	Exelon Caps 4.5mg 56 (4x14)	Indivina Tabs 1mg/2.5mg 84 (3x28)	Lescol Caps 40mg 56 (8x7)
Cozaar Tabs 50mg 28 (2x14)	Exelon Caps 6 mg 28 (2x14)	Indivina Tabs 1mg/5mg 84 (3x28)	Letrozole 2.5mg tabs 14
Cozaar-Comp 100/25 Tabs 28 (2x14)	Exelon Caps 6 mg 56 (4x14)	Indivina Tabs 2mg/5mg 84 (3x28)	Letrozole 2.5mg tabs 28 (2x14)
Cozaar-Comp 50/12.5 Tabs 28 (2x14)	Famciclovir Tabs 750mg 7	Innovace Tabs 10mg 28 (4x7)	Lipantil Micro 200 Caps (200mg) 28 (2x14)
Crestor Tabs 10mg 28 (2x14)	Famvir Tabs 750mg 7	Innovace Tabs 2.5mg 28 (4x7)	Lipantil Micro 267 Caps (267mg) 28 (2x14)
Crestor Tabs 20mg 28 (2x14)	Felodipine Tabs 10mg m/r 28 (4x7)	Innovace Tabs 20mg 28 (4x7)	Lipitor Tabs 10mg 28 (4x7)
Crestor Tabs 40mg 28 (4x7)	Felodipine Tabs 2.5mg m/r 28 (4x7)	Innovace Tabs 5mg 28 (4x7)	Lipitor Tabs 20mg 28 (4x7)
Crestor Tabs 5mg 28 (2x14)	Felogen XL Tabs 10mg F/C 28 (2x14)	Innozide Tabs 28 (4x7)	Lipitor Tabs 40mg 28 (4x7)
Cyclo-Progynova Tabs 1mg 21	Felogen XL Tabs 5mg F/C 28 (2x14)	Irbesartan 150mg tabs 28 (2x14)	Lipitor Tabs 80mg 28 (4x7)
Cyclo-Progynova Tabs 2mg 21	Femara Tabs 14	Irbesartan 150mg/Hydrochlorothiazide 12.5mg tabs 28 (2x14)	Lipostat Tabs 28 (2x14)
Danazol Caps 100mg 28 (2x14)	Femara Tabs 2.5mg 28 (2x14)	Irbesartan 300mg tabs 28 (2x14)	Lipostat Tabs 20mg 28 (2x14)
Desogestrel Tabs 75mcg 84 (3x28)	Femodene Tabs 63 (3x21)	Irbesartan 300mg/Hydrochlorothiazide 12.5mg tabs 28 (2x14)	Lipostat Tabs 40mg 28 (2x14)
Diamox SR Caps 250mg 28 (2x14)	Femodene-ED Tabs 84 (3x28)	Irbesartan 75mg tabs 28 (2x14)	Lisinopril & Hydrochlorothiazide Tabs 10mg/12.5mg 28 (2x14)
Dianette Tabs 63 (3x21)	Femodette Tabs 63 (3x21)	Isib 60 XL Tabs 60mg 28 (2x14)	Lisinopril & Hydrochlorothiazide Tabs 20mg/12.5mg 28 (2x14)
Diclofenac Sodium Caps 100mg m/r 28 (2x14)	Femoston Conti Tabs 1mg/5mg 84 (3x28)	Isodur 25 XL Caps 25mg 28 (2x14)	Lisinopril Tabs 10mg 28 (2x14)
Diclofenac Sodium Caps 75mg m/r 56 (4x14)	Femtab Tabs 1mg 84 (3x28)	Isodur 50 XL Caps 50mg 28 (2x14)	Lisinopril Tabs 10mg 28 (2x14)
Diclomax Retard Caps 100mg 28 (2x14)	Femtab Tabs 2mg 84 (3x28)	Isosorbide Mononitrate Caps 25mg (m/r) 28 (2x14)	Lisinopril Tabs 20mg 28 (2x14)
Diclomax SR Caps 75mg 56 (4x14)	Femulen Tabs 84 (3x28)	Isosorbide Mononitrate Caps 50mg (m/r) 28 (2x14)	Lisinopril Tabs 5mg 28 (2x14)
Diflucan Caps 200mg 7	Fenbufen Caps 300mg 84 (4x21)	Isosorbide Mononitrate Caps 60mg (m/r) 28 (2x14)	Lival Tabs 2.5mg 28
Diflucan Caps 50mg 7	Fenbufen Tabs 300mg 84 (4x21)	Isosorbide Mononitrate Caps 60mg (m/r) 28 (2x14)	Lival Tabs 2.5mg 84(3x28)
Diltiazem 200mg Caps (m/r) 28 (2x14)	Fenbufen Tabs 450mg 56 (4x14)	Isosorbide Mononitrate Tabs 50mg (m/r) 28 (2x14)	Loestrin 20 Tabs 63 (3x21)
Diltiazem XL Caps 360mg 28 (4x7)	Fenofibrate Caps 200mg 28 (2x14)	Isosorbide Mononitrate Tabs 60mg (m/r) 28 (2x14)	Loestrin 30 Tabs 63 (3x21)
Dimetrisose Caps 2.5mg 8	Fenofibrate Caps 267mg 28 (2x14)	Isosorbide Mononitrate Tabs 60mg (m/r) 28 (2x14)	Lofepamine Hydrochloride Tabs 70mg 56 (4x14)
Diovan Caps 160mg 28 (2x14)	Fenofibrate Tabs 160mg 28 (4x7)	Isotard 25 XL Tabs 25mg 28 (2x14)	Logynon Tabs 63 (3x21)
Diovan Caps 40mg 7	Ferrous Fumarate tabs 322mg 28 (2x14)	Isotard 40 XL Tabs 40mg 28 (2x14)	Logynon-ED Tabs 84 (3x28)
Diovan Caps 80mg 28 (2x14)	Ferrous Sulphate Tabs 200mg 28 (2x14)	Isotard 50 XL Tabs 50mg 28 (2x14)	Lopid 600mg Tabs 56 (4x14)
Diurexan Tabs 20mg 140 (10x14)	Fersaday Tabs 28 (2x14)	Isotard 60 XL Tabs 60mg 28 (2x14)	Lopresor SR Tabs 200mg 28 (2x14)
Donepezil 10mg tabs 28 (2x14)	Finasteride Tablets 5mg 28 (2x14)	Istin Tabs 10mg 28 (2x14)	Losartan Potassium Tabs 100mg 28 (2x14)
Donepezil 5mg tabs 28 (2x14)	Fluconazole Caps 200mg 7	Istin Tabs 5mg 28 (2x14)	Losartan Potassium Tabs 25mg 28 (2x14)
Dosulepin Tabs 75mg 28 (2x14)	Fluconazole Caps 50mg 7	Ivabradine Tabs 5mg 56 (4x14)	Losartan Potassium Tabs 50mg 28 (4x7)
Doxazosin Tabs 1mg 28 (2x14)	Flutamide Tabs 250mg 84 (4x21)	Ivabradine Tabs 7.5mg 56 (4x14)	Losartan Potassium Tabs 50mg 28 (4x7)
Doxazosin Tabs 2mg 28 (2x14)	Fluvastatin Caps 20mg 28 (4x7)	Kalten Caps 28 (2x14)	Losartan Potassium Tabs 50mg 28 (4x7)
Doxazosin Tabs 4mg 28 (2x14)	Fluvastatin Caps 40mg 28 (4x7)	Ketocid 200 caps 200mg 28 (2x14)	Losartan Potassium Tabs 50mg 28 (4x7)
Doxazosin Tabs 8mg M/R 28 (4x7)	Fosamax Tabs 10mg 28 (2x14)	Ketovail Caps 200mg 28 (2x14)	Losartan Potassium Tabs 50mg 28 (4x7)
Doxazosin Tabs 8mg M/R 28 (4x7)	Fosamax Tabs 5mg 28 (2x14)	Klaricid Tabs 250mg 14	Losartan Potassium Tabs 50mg 28 (4x7)
Doxycycline Caps 50mg 28 (2x14)	Fosinopril Sodium Tabs 10mg 28 (2x14)	Klaricid Tabs 500mg 14	Losartan Potassium Tabs 50mg 28 (4x7)
Doxylar Caps 50mg 28 (2x14)	Fosinopril Sodium Tabs 20mg 28 (2x14)	Klaricid Tabs 500mg 20 (2x10)	Losartan Potassium Tabs 50mg 28 (4x7)
Dyazide Tabs 30 (2x15)	Frumil LS Tabs 2.5mg/20mg 28 (2x14)	Klaricid XL Tabs 500mg 7	Losartan Potassium Tabs 50mg 28 (4x7)
Ecopace Tabs 12.5mg 56 (4x14)	Frumil LS Tabs 2.5mg/20mg 56 (4x14)	Klaricid XL Tabs 500mg 14	Losartan Potassium Tabs 50mg 28 (4x7)
Ecopace Tabs 25mg 56 (4x14)	Frumil Tabs 5mg/40mg 56 (4x14)	Labetalol Tabs 50mg 56 (4x14)	Losartan Potassium Tabs 50mg 28 (4x7)
Ecopace Tabs 50mg 56 (4x14)	Frumil Tabs 5mg/40mg 28 (2x14)	Lacidipine Tabs 2mg 28 (4x7)	Losartan Potassium Tabs 50mg 28 (4x7)
Efexor Tabs 37.5mg 56 (4x14)	Frusene Tabs 40mg/50mg 56 (4x14)		Losartan Potassium Tabs 50mg 28 (4x7)
Efexor Tabs 75mg 56 (4x14)	Furosemide Tabs 40mg 28 (2x14)		Losartan Potassium Tabs 50mg 28 (4x7)
Efexor XL Caps 150mg 28 (2x14)	Galantamine Caps 16mg (m/r) 28 (4x7)		Losartan Potassium Tabs 50mg 28 (4x7)
Efexor XL Caps 75mg 28 (2x14)	Galantamine Caps 24mg (m/r) 28 (4x7)		Losartan Potassium Tabs 50mg 28 (4x7)
Elantane LA 25 Caps 25mg 28 (2x14)	Galantamine Caps 8mg (m/r) 28 (4x7)		Losartan Potassium Tabs 50mg 28 (4x7)
Elantane LA 50 Caps 50mg 28 (2x14)	Galantamine Tabs 12mg 56 (4x14)		Losartan Potassium Tabs 50mg 28 (4x7)
Elleste Duet Conti Tabs 84 (3x28)	Galantamine Tabs 8mg 56 (4x14)		Losartan Potassium Tabs 50mg 28 (4x7)
Elleste Solo 1mg 84 (3x28)	Gemfibrozil Tabs 600mg 56 (4x14)		Losartan Potassium Tabs 50mg 28 (4x7)
Elleste Solo 2mg 84 (3x28)	Glibenclamide Tabs 2.5mg 28		Losartan Potassium Tabs 50mg 28 (4x7)
Emcor LS Tabs 5mg 28 (2x14)			Losartan Potassium Tabs 50mg 28 (4x7)
Emcor Tabs 10mg 28 (2x14)			Losartan Potassium Tabs 50mg 28 (4x7)

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

## Prescription Handling Tips

To help the PPD maximise the number of prescription forms that can be priced automatically using the CIP system please:

**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 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 no dispensing information is included in the area for prescribed items.

**Endorse** your prescriptions clearly and only with the minimum amount of information required for your prescriptions to be priced. A guide to endorsing is available on both the PSNC and the NHSBSA PPD websites.

**Follow instructions** from the PPD on the way prescriptions should be bundled for submission.

**Despatch** your prescriptions by the 5th of the month.

## Update your Address Books: PSNC Information Team

Over the past year, work has been ongoing to centralise PSNC's telephone support service at PSNC's Aylesbury office. Each member of the Information Team is trained to give advice on a range of issues including prescription, Drug Tariff and pharmacy contract queries. The PSNC Information Team can be contacted on 01296 432823 (option 1) or [info@psnc.org.uk](mailto:info@psnc.org.uk). From mid July 2007, the automatic divert to the Information Team will be removed from the 020 8441 8427 (NPRC) number so please update your address books.

## Pfizer DTP Survey Results

In early April, the OFT launched a market study into the distribution of medicines in the UK. This decision followed recent and proposed changes to several manufacturers' distribution arrangements.

The OFT are considering the likely impact of these changes on competition, the NHS and patients and will report back by the end of the year. As outlined in last month's issue of CPN, pharmacy contractors have been sharing their experiences of the changes to Pfizer's distribution arrangements in an online survey on the PSNC website. Of the pharmacy contractor representatives who responded:

- 72% said order cut-off times have deteriorated.
- 73% said predictability of delivery times have reduced.
- 88% said staff time costs in reconciling invoices had increased.
- 84% said changes to the delivery arrangements for Pfizer products had adversely affected their ability to provide a service to patients.
- 5% indicated that they had switched to Unichem for the supply of non-Pfizer products.

Representatives of PSNC have recently met with OFT officials to brief them further on the concerns of contractors and shared the results from the online survey.

Reports have also been received of supply to patients being delayed because pharmacists have had problems identifying, at the time of order, whether a product is a Pfizer line. Some, but not all pharmacy systems provide this information on screen. There have been reports of pharmacists waiting for the delivery of products such as Exemastane and Brevinor tablets from their usual wholesaler, not realising these lines are Pfizer products and must be ordered through Unichem. A list of Pfizer products can be downloaded from the PSNC online Drug Tariff Resource Centre ([www.psn.org.uk/resourcecentre](http://www.psn.org.uk/resourcecentre)).

## Drugs for which discount is not deducted

The list of 'drugs for which discount is not deducted' is a dynamic list with additions and deletions each month. Twenty branded products

are being added to the list in July 2007. There are no deletions this month.

The PSNC Information Team are constantly monitoring whether the eligibility of products changes. If you are unable to obtain discount on a product that you believe should be considered for inclusion in the list of 'drugs for which discount is not deducted', please report this to PSNC via the Zero Discount Online Reporting Form ([www.psn.org.uk/zd](http://www.psn.org.uk/zd)) or by contacting the PSNC Information Team (01296 432823/[zd@psnc.org.uk](mailto:zd@psnc.org.uk)). The PSNC information Team will investigate whether the product meets the criteria for entry to the list and will make an application to the Department of Health for the product to be listed as appropriate.

## Prescription Pre-payment Certificates

3 monthly Prescription Prepayment Certificates (PPCs) are available from the 1st July at a cost of £26.85. These replace the 4 monthly PPCs.

Patients can obtain a Prescription Pre-payment Certificate by completing Form FP95 which is available from pharmacies and doctors surgeries. Alternatively patients can order a PPC over the telephone with a credit or debit card (0845 850 0030) or on the internet ([www.ppa.org.uk/ppc](http://www.ppa.org.uk/ppc)). Some pharmacies are registered to sell PPCs directly. Pharmacies can obtain copies of Form FP95 from their PCT.

The NHSBSA PPD are responsible for issuing Prescription Pre-payment Certificates. More information is available on their website ([www.ppa.nhs.uk](http://www.ppa.nhs.uk)).

## Category M & Amlodipine

The reimbursement prices of products in Part VIII Category M of the Drug Tariff change quarterly. The Category M reimbursement prices for prescriptions dispensed in July, August and September 2007 can be found in Part VIII of the Drug Tariff or on the National Contract Funding Section of the PSNC Website ([www.psn.org.uk/funding](http://www.psn.org.uk/funding)).

From the 1st July 2007, all prescriptions for **amlodipine**, including the various amlodipine salts, will be reimbursed based on the Drug Tariff Category M price for Amlodipine. The Category M reimbursement price has been set based on

pricing information submitted by manufacturers for all Amlodipine salts including Amlodipine Besilate. There is no longer a concession in place that allows contractors to be reimbursed for dispensing lstin against a generic amlodipine besilate prescription.

Pharmacists are reminded that the different Amlodipine salts are all pharmacologically equivalent and can be exchanged in clinical practice. However, the Code of Ethics requires that 'except in an emergency, pharmacists must not substitute any other product for a specifically named product without the approval of the patient or carer and the prescriber'. Therefore, if a prescription specifies a particular Amlodipine salt, a pharmacist would be expected either to dispense that salt or to consult both the prescriber and patient regarding any substitution. In such circumstances, pharmacists may wish to develop locally agreed protocols with prescribers for substitution with an alternative salt.

Generic Amlodipine Besilate is now available through all key wholesalers. More information on reimbursement for Amlodipine including a template letter to prescribers encouraging the issuing of non-salt specific prescriptions can be found in the Drug Tariff Resource Centre on the PSNC website ([www.psn.org.uk/resourcecentre](http://www.psn.org.uk/resourcecentre)).

## Change in Special Container Status: Clopixol Tablets

The NHSBSA Prescription Pricing Division has confirmed that with effect 1st July 2007, Clopixol 10mg tablets (100 tablet pack) and Clopixol 25mg tablets (100 tablet pack) will be considered special containers. An up to date searchable database of products with Special Container status can be found on the PSNC Website ([www.psn.org.uk/specialcontainer](http://www.psn.org.uk/specialcontainer)).

## Common Disallowed Appliances

PSNC has received high volumes of calls this month about whether the following products can be prescribed on an NHS prescription:

Emla cream with dressing pack (NB: The 5g and 30g EMLA packs without dressings are allowed)

- Flight socks
- Latex gloves
- Systane eye drops
- Tubegauze

All of these products have been registered as medical devices. Medical devices can only be prescribed on an NHS prescription if they are listed in Part IX of the Drug Tariff. As these products are not listed in Part IX, they are not prescribable on an FP10 prescription. If you receive a prescription for a new or an unusual product, you may wish to check the packaging to see whether the product bears a 'CE' mark (indicating that it is a device) or if you are in any doubt, contact the PSNC Information Team (01296 432823 or e-mail [info@psnc.org.uk](mailto:info@psnc.org.uk)).

An extensive list of 'disallowed' appliances can be found online in the Drug Tariff Resource Centre on the PSNC website.

## Dispensing Clozapine

*In response to queries from contractors, the following article summarises the arrangements for ordering Clozapine and provides the contact details for the three Clozapine Monitoring Services.*

Clozapine is indicated in Schizophrenia in patients unresponsive to or intolerant of conventional antipsychotic drugs. As neutropenia and potentially fatal agranulocytosis are side effects of treatment with Clozapine, regular blood tests are essential and patients are only allowed to continue with treatment if the results are satisfactory. Blood tests are usually taken two weeks prior to the next dispensing day:

- A **green result** allows the patient to continue with treatment.
- An **amber result** means that the patient continues with treatment but must have another blood test within a day or two and have at least twice weekly blood tests until the blood result improves.
- A **red result** means that the patient must stop taking Clozapine immediately. All UK patients who have a red alert are recorded on a database known as the Central Non-Rechallenge Database (CNRD). Patients who develop confirmed neutropenia on Clozapine are registered on the database and should never be rechallenged with Clozapine again unless there are good clinical grounds to do so.

There are currently three suppliers of Clozapine, Merz (Denzapine), Novartis (Clozaril) and TEVA (Zaponex). Each supplier closely monitors patients receiving their product, with the aim of ensuring

that only patients with satisfactory blood test results are given Clozapine. The patient, prescriber and supplying pharmacist must all be registered with the appropriate supplier's patient monitoring service.

Clozapine can only be prescribed and dispensed in primary care to patients who have been receiving Clozapine for at least a year. To arrange for the product to be collected by a patient at a community pharmacy, the patient's consultant should contact the patient's preferred pharmacy to confirm that they are prepared to offer this service and then nominate them on the shared care protocol form provided by the relevant supplier. Patients must always use the pharmacy registered with the service. In the unlikely event of a patient presenting a prescription for Clozapine without being registered at any community pharmacy or if the patient expresses an interest in collecting the product from another pharmacy, they must be advised to return to the prescriber or the community psychiatric team.

Occasionally pharmacies may receive prescriptions for this product from the patient's GP. GPs are not allowed to initiate the prescribing of Clozapine but consultants may request that a GP prescribes Clozapine as part of a shared care protocol.

### More Information

**Clozaril Patient Monitoring Service (CPMS)**  
**0845 769 8269**

To order Clozaril, ring the CPMS and supply is made as requested by the pharmacy, subject to recent satisfactory blood result.

**Denzapine Patient Monitoring Service (DMS)**  
**020 8236 0000**

To order Denzapine, pharmacists must first call the DMS. For subsequent orders, a copy of the prescription form should be faxed to the company and supply will be made subject to a recent satisfactory blood result.

**Zaponex Patient Monitoring Service (ZPMS)**  
tel **0207 365 58 42**  
fax 0207 365 58 43

To order Zaponex, contact the ZPMS. Pharmacies will be given a PIN number to enable access to the blood result on the website. Zaponex will be sent out to the pharmacy but the pharmacy must ensure that the patient has a satisfactory blood test prior to issuing the medication to the patient.

## PSNC FAQs

The PSNC Information Team receives over 100 phone calls each day from community pharmacists 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. The PSNC Information Team's most frequently asked questions in **June 2007** were:

**1. My June Schedule of Payments showed that I have received the Oxygen Headset De-commissioning Fee. Can I dispose of my redundant headsets now?**

Yes. PCTs in England and LHBs in Wales had until the 31st March 2007 to request evidence to support claims for the oxygen de-commissioning fee. As this deadline has now passed, pharmacy contractors are free to dispose of redundant headsets.

Disposal options include passing sets to a local scrap metal contractor or arranging recycling through a local waste management site (fees may apply). We have been advised that there are no countries using the same cylinder valve as the UK so the headsets would not be of use to charities to export to a developing country.

Oxygen contractors who submitted the Oxygen Claim Form should have received their de-commissioning fee on the 1st May or 1st June. Contractors can find information on fees received on their Schedule of Payments. Contractors who have not yet received the oxygen de-commissioning fee as expected should contact their PCT as the first port of call. Support is available from the PSNC Information Team if required. Late applications are not being accepted.

**2. I have received an FP10 prescription for a 'Champix Titration Pack'. How many prescription charges should the patient pay?**

Champix is classed as a medicinal product and is indicated for smoking cessation in adults. The titration pack contains Varenicline 1mg tablets and Varenicline 500microgram tablets and is available in a 25 tablet pack, recognised as a special container. Only one prescription charge should be levied where different strengths of the same drug are ordered on the same prescription form, therefore a prescription for the titration pack would only incur one charge. The pharmacy

would receive two dispensing fees for dispensing this product.

**3. I have received an FP10D dental prescription for 'Gengigel Gel and Mouthrinse'. Can I dispense these items?**

No. Both Gengigel Gel and Mouthrinse are registered as medical devices and are listed in Part IX of the Drug Tariff under the heading, Oral Film Forming Agents. Neither product appears in the Dental Formulary so therefore cannot be prescribed on an FP10D dental prescription. These products may however be prescribed by a doctor, nurse prescriber or pharmacist prescriber.

**4. The NHSBSA PPD have returned an FP10 prescription for 'Urgotul 10cm x12cm' marked disallowed. Why is this?**

Both the 10cm x 12cm and the 15cm x 20cm sizes of Urgotul were removed from Part IX of the Drug Tariff on the 1st April 2007. Only appliances, dressings and reagents listed in Part IX of the Drug Tariff can be prescribed on an FP10 Prescription therefore neither size can be prescribed on an NHS prescription.

A number of alternative sizes of Urgotul, Urgotul SSD and Urgotul Duo remain in the Drug Tariff and can still be prescribed.

It is always worth spending a few minutes each month reading the preface of the Drug Tariff which lists all changes to the current month's Tariff and provides advance warning of products which are to be added or deleted in the following month's edition.

**5. I have received an FP10 prescription for 'i-caps'. Can I dispense this prescription?**

Yes. I-caps, the ocular vitamin available from Alcon is not listed in Part XVIII A of the Drug Tariff (the 'blacklist') so can be prescribed on an FP10 Prescription.

**6. A patient has brought a Welsh WP10 Prescription into my English pharmacy. Should the patient pay a prescription charge?**

Prescription charges have been abolished in Wales for people living in Wales. Patients with WP10 prescriptions or FP10 prescriptions and a Welsh prescription charge entitlement card no longer have to pay for their prescriptions at Welsh pharmacies. However, in England, all prescriptions, including Welsh WP10

prescriptions are subject to the standard English prescription charge unless the patient is entitled to exemption.

**7. I have been invoiced for postage and packaging when ordering made to measure elastic hosiery. Can I claim this as an Out of Pocket Expense?**

No. Out of Pocket Expenses can be claimed for all drugs and appliances except drugs listed in Part VIII Category A and M of the Drug Tariff and appliances in Part IXA and IXR of the Drug Tariff. Elastic hosiery is listed in Part IXA of the Drug Tariff.

NHS pharmacy contractors are not contractually obliged to supply appliances that would not normally be supplied in the course of their business. Therefore if a contractor is faced with making a financial loss through dispensing an appliance, they may choose not to dispense it.

PSNC strongly believes that changes should be made to the reimbursement arrangements to allow contractors to claim out of pocket expenses for items in Part IXA and IXR of the Drug Tariff. Or as an alternative solution, the Drug Tariff reimbursement prices for these products should be set in such a way that reflects the distribution costs. To support contractors in making an informed choice on whether to supply a particular Part IXA appliance against an NHS prescription, the details of appliances that incur a charge which PSNC most frequently receives calls about can be found in the online Drug Tariff Resource Centre on the PSNC Website ([www.psn.org.uk/resourcecentre](http://www.psn.org.uk/resourcecentre)).

**8. I have received an FP10 prescription for 'Topper 8 Swabs'. Can I dispense this product?**

Yes. Although Topper 8 swabs are not listed in the Drug Tariff by brand name, there is a generic listing for 'Non-Woven Fabric gauze swabs 4ply (Drug Tariff specification 28)'. Any product which meets this technical specification may be dispensed against an NHS prescription. Ideally prescriptions should be issued using the Drug Tariff description. If an item listed in Part IXA of the Drug Tariff by generic name is prescribed using a brand name, it can be dispensed, however contractors should clearly endorse the generic description on the prescription to ensure that

# FUNDING UPDATE

We continue negotiations with the Department of Health on funding for the current year. The relevant factors include application of the formula agreed as part of the new contractual framework, and the results of the invoice inquiries. The work will be completed over the summer.

In the June edition of CPN we reported that the Transitional Payments would cease with effect from July. Following discussions with the Department of Health on revised forecasts of elements of the Global Sum, we are pleased to announce that transition payments will continue to be made for the rest of 2007/08 at a reduced rate of £7.40 for each 500 items dispensed per month.

the product can be identified by prescription pricing staff.

Although Johnson & Johnson are continuing to manufacture their 10cm x 10cm Topper swab, their list price is higher than the Drug Tariff reimbursement price. Pharmacists may therefore not be able to obtain this product at the Drug Tariff price. There are alternative 10cm x 10cm Specification 28 swabs available from a number of other suppliers at or below the Drug Tariff price. However in this scenario, if a product from an alternative supplier is to be dispensed, the prescription should be returned to the prescriber for amendment.

## 9. My pharmacy system supplier has recently upgraded my pharmacy system so that I can operate the Electronic Prescriptions Service (EPS). Do I need to submit my prescriptions to the PPD differently?

No. At this point there is no change to the prescription submission process in relation to EPS Release 1 – all prescriptions including barcoded prescriptions should be submitted as directed on the FP34C Submission document. During Release 2, pharmacy contractors will start sending certain prescriptions to the PPD electronically for pricing. Changes have already been made to the FP34C Submission document in readiness for this. Full guidance will be provided later in the year.

The PPD are currently making changes to the way that prescriptions are processed for pricing. Pharmacy contractors who have started to have their prescriptions priced via the PPD's Capacity Improvement Programme (CIP) need to make some changes to the way they submit prescriptions (see page 9 for more information). Contractors are being informed individually as they change over to pricing via CIP. This change in submitting prescriptions is unrelated to EPS.

## 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**)

## PBC Guide for LPCs

PSNC has published 'Practice Based Commissioning – A practical guide for LPCs'. The document aims to provide LPCs with the knowledge to enable them to effectively engage with Practice Based Commissioning (PBC). PBC is currently a priority for LPCs, but it is not easy to keep on top of the myriad of policy documents on the subject issued by the Department of Health. This document clarifies the current state of play and will help LPCs to formulate robust business cases that target local health needs. A second publication is currently under development that will focus on the opportunities practice based commissioning provides for individual community pharmacy contractors. As well as providing background information on the place of PBC in current health policy, it provides practical suggestions for action.

The document for LPCs also covers several major areas including:

1. A description of commissioning and practice based commissioning, including the commissioning cycle;
2. Key issues in the implementation of PBC and the impact of recent PCT re-organisation on commissioning;
3. Opportunities for community pharmacy considered within the three areas of preventing hospital admissions, effective prescribing and redesign of care pathways;
4. The role of the LPC in engaging with practice based commissioners; and
5. Advice on the development of robust business cases to PBC commissioners.

## Performers List Review

**A Review is being carried out by the Department of Health into the 'Performers List' system, which is part of the Fitness to Practise regime. The Fitness to Practise system in the NHS, assesses providers (i.e. contractors) and performers (i.e. the individuals actually performing the service) against tests of efficiency, suitability and fraud. One objective of the Review is to assess whether the performers list system provides adequate disciplinary processes.**

NHS Pharmacy contractors are currently subject to the fitness to practise system, but individual pharmacists, such as managers and locum pharmacists do not have to satisfy NHS fitness to practise requirements. In 2006 proposals to adopt a 'supplementary list' system for pharmacist employees and locums was deferred pending consideration of the Foster Report and the changes made by section 60 Orders to the role and powers of the Royal Pharmaceutical Society of Great Britain.

PSNC has responded to the current Review to support adoption of one national list, maintained by the Royal Pharmaceutical Society of Great Britain (in due course, by the General Pharmaceutical Council) rather than having each Primary Care Trust responsible for maintaining their own, individual lists. The Review document and the PSNC response can be seen in the consultation responses pages of the Resources section of the PSNC website **www.psnc.org.uk**

# Diary Date!

## Community Pharmacy Conference 2007 29th October Birmingham

The PSNC Community Pharmacy Conference 2007 is back in Birmingham with an impressive showcase of leading edge community pharmacy services. On the theme of Learning from the Leaders the Community Pharmacy Conference 2007 will inspire and inform; a chance to sharpen up some skills and think about new services

*"... I came away all enthusiastic and keen to get on with the job and that certainly was the feeling from around where I was sitting and the group on the train on the way home"*

Delegate feedback PSNC Community Pharmacy Conference 2006

### This years highlights:

- Presentations of new and innovative services
- Ideas for services to deliver in your pharmacy
- Keynote presentation from the pharmacy minister Lord Hunt
- Exhibition with PSNC Partners
- With delegates from PCTs, LPCs, SHAs , contractors and pharmacy bodies it's a great place to network

**Further details in Community Pharmacy News and PSNC website in the coming months.**



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)

## 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:

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59 Buckingham Street,  
Aylesbury, HP20 2PJ**

or e-mail changes to [cpn@psnc.org.uk](mailto:cpn@psnc.org.uk),  
or fax changes to **01296 438427**

### PSNC WEBSITE

For up-to-date information and news on community pharmacy issues, visit the PSNC website at [www.psnc.org.uk](http://www.psnc.org.uk)

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### Partners in the PSNC Community Pharmacy Development Programme

