

## PSNC Funding & Contract Subcommittee Agenda

For the meeting to be held on Tuesday 14th May 2013

at the Old England Hotel, Bowness on Windermere, Cumbria, LA23 3DF

at 11.15pm

**Members:** Dhiren Bhatt, Peter Cattee (Chairman), Liz Colling, Ian Cowan, David Gill, Tricia Kennerley, Andy Murdock, Garry Myers, Bharat Patel, Raj Patel

### 1. Apologies for absence

Apologies for absence have been received from Andy Murdock.

### 2. Minutes

The minutes of the meeting held on 12<sup>th</sup> March 2013 were shared with the subcommittee and are available to download from PSNC's website.

### 3. Matters arising

### 4. Work plan

The 2013 work plan is set out in **Appendix FCS 02/05/13** for review by the subcommittee. As much of the FunCon workplan relates to confidential funding negotiations a separate confidential update is provided at **Appendix FCS 02a/05/13**.

## ACTION / RATIFICATION

### 5. 2012-13 and future funding

Negotiations are ongoing with DH on the settlement and CoSI uprating arrangements. Work has been focussing on reconciling the factual areas of disagreement. A number of important aspects remain as areas of negotiation. DH and NHS England are thinking their way through how negotiations are to progress in future. As part of this process PSNC and DH are in the process of clarifying their objectives for NHS England. PSNC's will form the basis of the following group discussion.

### 6. AIV

The latest AIV analysis is shown in **Appendix FCS 03/05/13**. The analysis using PCA data supports the conclusion that the DH's reductions in Category M in October achieved the intended effect on average reimbursement.

### 7. Margin surveys

DH has produced draft figures for H1 2012/13 but these will be subject to revision following PSNC's analysis. These are shown in confidential **Appendix FCS 04/05/13**. We have suggested corrections on reimbursement prices, wholesaler discounts and the NIC figures used to calculate the market level result. DH has also spotted errors in their workings. Our statistician is working through the corrections and will analyse the final dataset for overly influential lines. A meeting has been held with DH on systematic treatment of overly influential lines and further modelling has been agreed.

Data has been submitted by PSNC to DH for Q3 2012/13.

### 8. Current activity on shortages

The high current level of shortages and associated reimbursement issues are causing considerable difficulties for contractors. Prices have fluctuated significantly with some substantial increases and regional variations apparent. The major lines affected in recent months have been Isosorbide Mononitrate, Temazepam and Sertraline, the causes of which are complex but do include some manufacturing difficulties. PSNC's Information Team has received a large number of calls from contractors; many contractors are reporting dispensing at a substantial loss. Overall excess retained margin remains present in the system and the DH position is that this represents compensation for the risks around procurement, but it is likely that the burden of losses through shortages will fall hardest on those contractors forced to pay the highest prices and who work hard to meet patient needs. The office is working hard to collect data from contractors and using this to put significant pressure on the DH to set realistic and timely price concessions.

The subcommittee is requested to discuss what further action it wishes to take, noting the work reported below on developing an alternative system. In particular it is requested to consider whether the existing margins survey is sufficient to capture and compensate for the impact. Alternative approaches include a specific ongoing margin survey for shortage lines and / or some kind of retrospective supplement for contractors.

## 9. Future systems to deal with shortages

DH has prepared a confidential draft paper reflecting initial discussions on setting reimbursement prices for products in shortage. Discussions are at an early stage but a summary will be circulated as confidential **Appendix FCS 05/05/13** for discussion by the subcommittee.

## REPORT

### 10. PAC study on NCSO payment and endorsing

A study has been conducted by PSNC's PAC using data from the new PRISM system to inform the review into systems for dealing with shortages. This was based on a previous study conducted by PSNC and was aimed at clarifying the proportion of NCSO items dispensed paid as NCSO, and of those the proportion paid using the endorsement rather than by a list price held on BSA's system. The results are shown in **Appendix FCS 06/05/13**.

### 11. Supply Chain Issues

#### a. Recent Changes to Manufacturers Distribution Arrangements

Amdipharm and Mercury Pharma (jointly known as Amdipharm Mercury Company [AMCo]) has announced that with effect from 1 April 2013, all AMCo products will be distributed to pharmacies solely through Alliance Healthcare and AAH.

#### b. Supply problems: Intrusive auditing practices

**Quintiles audits:** Following correspondence with Quintiles regarding the use of their 'honorary contracts' whilst undertaking medicines audits on behalf of manufacturers in order to verify allocation; PSNC published our position article on the website:

[http://www.psn.org.uk/news.php/1575/quintiles\\_audits\\_for\\_adjustment\\_to\\_quota\\_allocations](http://www.psn.org.uk/news.php/1575/quintiles_audits_for_adjustment_to_quota_allocations)

### 12. Statistics

Monthly statistics are set out in **Appendix FCS 07/05/13 (pages 18-26)**.

### 13. Any other business

**2013 Work Plan for the Funding and Contract Subcommittee**

The 2013 work plan for the Funding and Contract Subcommittee covers all items agreed at the PSNC November 2012 planning meeting. It is based on the PSNC Plan for 2013, the committee's four year plan and the subcommittee's remit.

Key for RAG coding      Red    – needs attention / not started / high risk  
                                  Amber – underway / in progress  
                                  Green – completed / no further attention

Target Plans	Target date	Comment / Update on progress	R/A/G
<p>In 2013 PSNC will finalise negotiation of funding for the national contract and will develop recognition of the value and potential of community pharmacy service provision in meeting the health needs of our population. We will support development of strong and productive relationships with the NHS Commissioning Board at local and national level and will continue to work effectively with the Department of Health on medicines pricing and reimbursement issues.</p> <p>We will negotiate revisions to funding distribution to minimise risk and income volatility, and continue to secure improvements to pricing accuracy through effective audit and negotiation.</p>			
<ul style="list-style-type: none"> <li>• Negotiations following the Cost of Service Inquiry will lead to levels of nationally assured funding for the pharmacy service agreed by PSNC.</li> <li>• As part of a funding settlement a formula for annual adjustment will be negotiated that protects the real value of funding for pharmacy contractors.</li> <li>• Distribution mechanisms for pharmacy funding will incentivise not only quality and service provision but also dispensing. PSNC will seek to agree reward for procurement activity and ensure protection against income volatility.</li> <li>• PSNC will seek to minimise opportunities for CCGs to distort contractor income, and minimise dispensing at a loss.</li> </ul>			
<p>Seek to negotiate the best possible outcome for national funding levels based on the results of CoSI, calling on relevant external expertise when required.</p>	<p>As soon as possible, subject to DH and NHS CB</p>	<p>Ongoing funding negotiations are confidential.</p>	<p>Amber</p>
<p>Seek to negotiate an annual adjustment mechanism for total funding to protect the contract sum and ensure stability of funding delivery to enable contractors to plan.</p>	<p>As soon as possible, subject to DH and NHS CB</p>	<p>Ongoing funding negotiations are confidential.</p>	<p>Amber</p>

Seek to reconcile the conflict between regulatory lag and a CoSI based contract sum. Develop arguments in support of an explicit benefit sharing mechanism.	As soon as possible, subject to DH and NCB	Ongoing funding negotiations are confidential.	Amber
Develop options for funding distribution (quality, services etc.) and discuss with DH and NHSCB.	As soon as possible, subject to DH and NHS CB	Ongoing funding negotiations are confidential.	Amber
Continue dialogue with DH about options to remove dispensing at a loss and counter contractor's lack of power in brand market, recognising the timing of latest round of PPRS negotiations.	As soon as possible, subject to DH and NHS CB	Ongoing funding negotiations are confidential.	Amber
<ul style="list-style-type: none"> <li>PSNC will continue to audit margins surveys to ensure results are reliable and will seek to improve the understanding of external stakeholders of the margins survey process.</li> </ul>			
Maintain current focus on analysing half yearly margins survey to ensure results are reliable. For example, screening the sample, auditing the database, assessing the wholesale discount calculations, checking the calculations for reasonableness and assessing influential lines.	March 2013  Oct 2013	Analysis is underway to verify final outcome figures for 2011/12. A paper has been submitted to DH on methodological treatment of influential lines and a meeting held to determine most appropriate way forward. Further analysis has been agreed. H1 2012/13 data has been submitted to DH and database auditing undertaken. Q3 data has been submitted.	Amber
<ul style="list-style-type: none"> <li>Acceptable pricing transparency systems will be agreed and implemented. The 'pricing engine' alternative to the current method for pricing and reimbursement will continue to be promoted as an alternative if the NHS BSA cannot offer acceptable levels of information.</li> <li>PSNC will continue to work with the NHS BSA to improve overall accuracy figures as well as holding it to account on addressing pricing problems at individual contractor level resulting in at least 99% accuracy in every audited account (based on errors affecting payment).</li> <li>Progress will also be made to increase pricing transparency and payment information available for contractors.</li> <li>PSNC will increase its capacity to undertake prescription pricing audit, improving the level of checking and verification and developing proactive</li> </ul>			

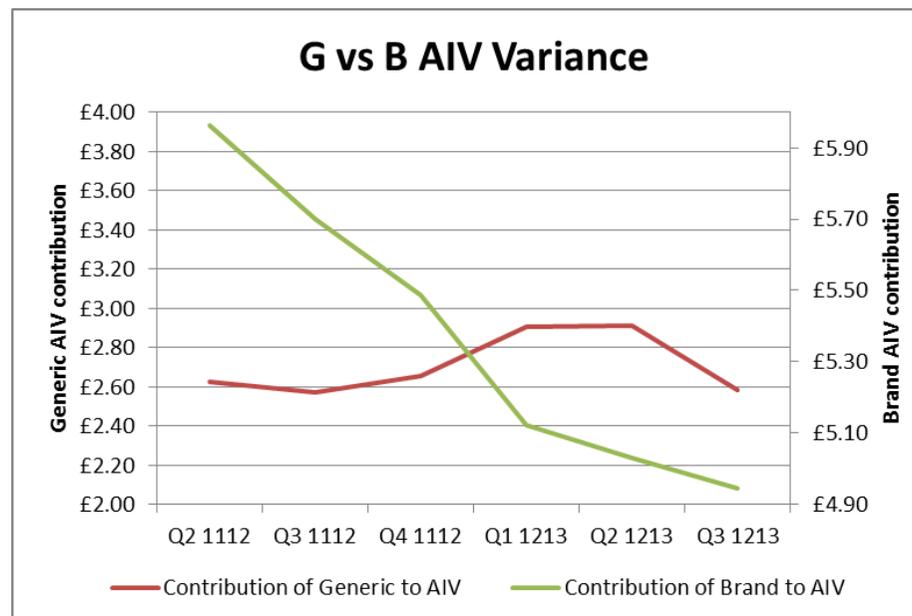
monitoring. • PSNC will develop the capability to audit transmission and payment of electronic prescriptions.			
Respond effectively to DH's impending proposals on DT simplification.	July 2013	Majority of simplification achieved in 2012. Some outstanding work to be completed on multiple flavours and "when to submit prescriptions" guidance. This has been de-prioritised by the DH in light of the recent NHS structural changes but will be raised again shortly.	Amber
Continue to press the proposal for the pricing engine with DH.	Ongoing	Proposal shared. Awaiting next action from DH. In the meantime, commercial opportunities for use of PRISM are being considered by a group led by Kirit Patel.	Amber
Determine a usable level of transparency for contractors and seek to ensure BSA provides it.	July 2013	The second meeting of the Transparency Group took place in December 2012 where minimum contractor expectations were defined. DH have now had chance to discuss a business case with NHSBSA and have asked to schedule another update meeting of the group. There may also be potential here for the commercialisation of PRISM.	Amber
Commission report on EPS audit and determine what is needed for PRISM.	July 2013	We are now able to audit EPS bundles in PRISM.  Scoping has begun on how best to audit data leaving the pharmacy before it arrives at the BSA (i.e. from the spine) but this work has been halted in part owing to the NHS structural changes. Once CfH returns to a BAU situation, we should hopefully be able to progress this.	Amber
Maintain close working relationships with BSA. Utilise PRISM functionality to highlight areas of inaccuracy.	Ongoing	We are still developing PRISM with the aid of a statistician to provide reports that will align with the publishing of the BSA's accuracy indicators (so allow for better comparison) as well as identifying areas of improvement. These should hopefully be in place by June 2013.	Amber
Maximise PAC capacity through full exploitation of the opportunities offered by PRISM and developing a prediction tool to optimise staff	Oct 2013	A working group is currently considering opportunities for developing DT training programmes at the PAC and other ways	Amber

resources.		of being able to utilise the data for commercial purposes. Some initial ideas have been explored but definitive workstreams and next steps need to be defined.	
<ul style="list-style-type: none"> <li>PSNC will work to ameliorate problems of supply shortages, limited distribution, burden associated with securing supplies and adverse procurement terms.</li> </ul>			
Continue to ensure robust data capture methods in margins survey covers changes in procurement terms and conditions.	March 2013 Oct 2013	This is part of the continuous assessment and improvement of the margin survey methodology and a major focus of work on wholesaler discount analysis.	Amber
Ensure additional costs associated with limited distribution models are reflected in funding arrangements, along with implications of these arrangements of reduced competition in the wholesale market.	March 2013 Oct 2013	This forms part of negotiations on Margins Surveys and Regulatory Burdens.	Amber
Seek to ensure funding reflects full costs of securing supplies e.g. basing calculations on updated survey data.	March 2013 Oct 2013	This forms part of negotiations on CoSI and Regulatory Burdens.	Amber
Monitor NCSO and price concession lines and ensure DH applies most appropriate reimbursement mechanism to shortage lines in a timely fashion.	On-going	Observed trends are continuing to be reported to DH, along with earlier applications for long-term shortages. Discussions on timelines are continuing.	Amber



### Average Item Value – Variance Analysis

	AIV	Contribution of Generic to AIV	Contribution of Brand to AIV	Contribution of Appliances to AIV
Q2 1112	£9.31	£2.63	£5.96	£0.73
Q3 1112	£8.99	£2.57	£5.70	£0.72
Q4 1112	£8.86	£2.65	£5.49	£0.72
Q1 1213	£8.74	£2.90	£5.12	£0.72
Q2 1213	£8.59	£2.88	£4.97	£0.74
Q3 1213	£8.25	£2.58	£4.95	£0.73



### 12/13 Q2 / Q3 comparison

	G NIC/ITEM	G Items			B NIC/ITEM	B Items			A NIC/ITEM	A Items			Mvmt
Q2Q2	4.02	72%	2.88		19.67	25%	4.97		23.47	3%	0.74		
Q2Q3	4.02	72%	2.91	0.03	19.67	25%	4.83	-0.14	23.47	3%	0.73	-0.01	
Q3Q3	3.57	72%	2.58	-0.32	20.12	25%	4.95	0.11	23.29	3%	0.73	-0.01	
			<b>-0.29</b>	<b>-0.29</b>			<b>-0.03</b>	<b>-0.03</b>			<b>-0.02</b>	<b>-0.02</b>	<b>-0.34</b>

PAC NCSO Study  
FunCon Meeting May 2013

### Background

The number of generic products which are experiencing supply issues has been steadily increasing. This means that the number of times pharmacies may be claiming for NCSO concessions has increased significantly, which can have implications for pharmacy funding, costs to the NHS and prescription endorsing and processing. PSNC conducted a study in April 2013, using PRISM to look at NCSO prescriptions over 12 full months.

### Methodology

NCSO claims were checked by examining all prescriptions for 14 different products that had been granted the NCSO concession from November 2011 to November 2012 (there were no NCSO concessions granted in October 2012).

A total of **3233 items** were examined from **333** different pharmacies compared to a previous study conducted in 2011 where 1150 items were checked across 62 bundles.

Each prescription was checked for NCSO endorsements, whether NHS Prescription Services (NHS RxS) had paid the pharmacy for the concession and if so, what they had paid versus what had been endorsed.

In instances where a claim had been made but was unsuccessful, the reason as to why was determined and also captured.

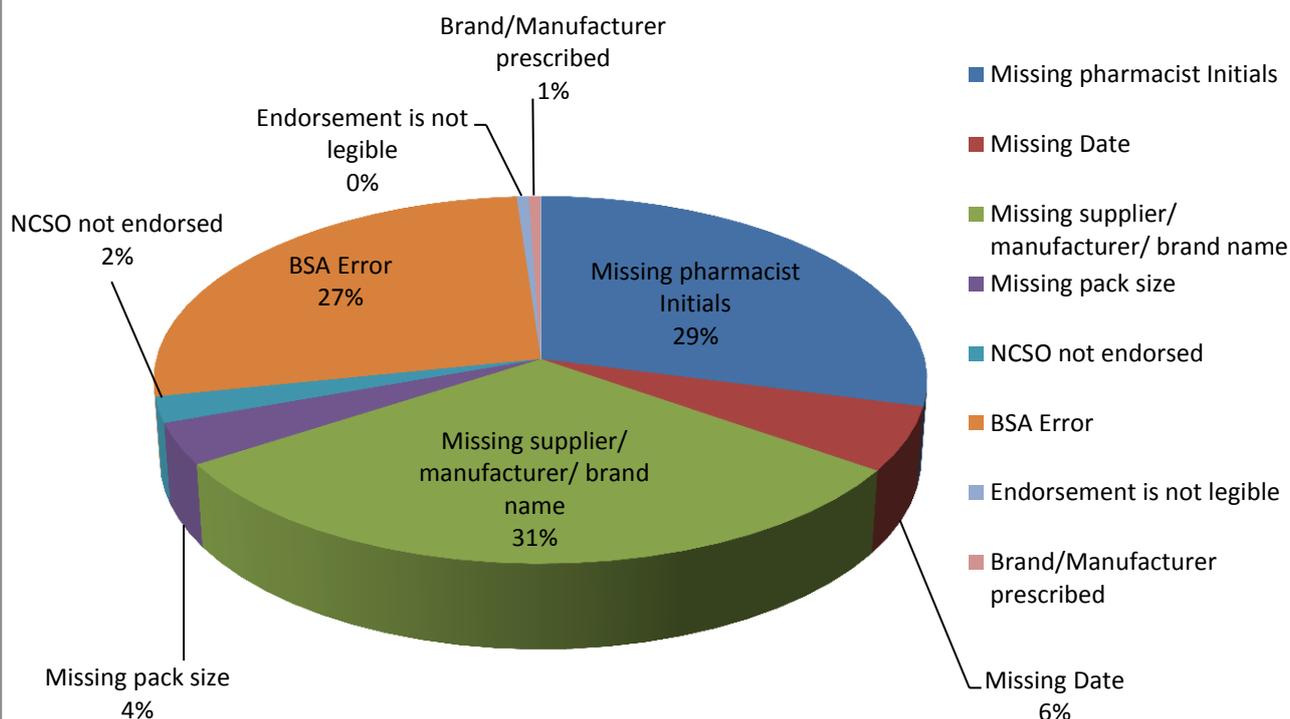
### Analysis

Out of an eligible 3233 items, only **1284** claims were made for NCSO. This means that claims were made only **39.7%** of the time (compared to 28.9% claimed in the 2011 study). This could be due to either contractors purchasing the product in shortage at or below the DT price or because the opportunity to claim had been missed e.g. the prescription was filed away before the concession was granted for the month.

No. of Eligible Items	3233
No. of NCSO Claims	1284
No. of Successful Claims	975
No. of Unsuccessful Claims	309

Of the 1284 claims made, only **75.9%** were successful compared to 16.27% in the 2011 study. Of the 309 claims that were unsuccessful, **68.9%** were unsuccessful owing to an error made by the contractor and **31.1%** of all claims were unsuccessful due to NHS RxS not pricing these correctly! A breakdown of the reasons for failure of the claim can be seen below (NB Some items had more than one reason for failure).

## Breakdown of Reasons for Unsuccessful NCSO Claims



As the pie chart shows, the main reasons for unsuccessful NCSO claims are minor administration errors. These errors mean that contractors end up being paid the Drug Tariff price for a shortage line rather than being based on endorsement and this difference can be quite significant.

### Endorsed vs. Paid Prices

NCSO claims have always been paid based on the list price of the endorsed brand/manufacturer/supplier. There has been concern recently that contractors have not been paid accurately owing to discrepancies between endorsed prices and “outdated” NHS RxS reimbursement prices held on dm+d. Reviewing the successful NCSO claims gave the following results:

975	Total no. of successful claims
648	Paid as endorsed
165	Underpaid
161	Overpaid

Of the 975 successful claims, **16.9%** were paid at a price less than the purchase price i.e. the reimbursement price paid by the BSA was LESS than the actual price paid for the product and **16.5%** were paid at a price higher than the purchase price i.e. the reimbursement price paid by the BSA was MORE than the actual price paid for the product.

NB The “Paid as Endorsed” total included those prescriptions where contractors had only endorsed a brand but had not endorse a price so it was not possible to establish whether the BSA’s reimbursement price was reflective of the actual price paid for the product.

## Conclusion

There are still a considerable amount of prescriptions for NCSO items that have not been claimed as NCSO. This problem is further compounded by EPS where the electronic claim message for a prescription cannot be recalled once submitted. Unfortunately, there is no way of capturing how many of these items were actually purchased above the drug tariff price and therefore actually eligible for NCSO.

There has been an increase in the number of successful NCSO claims since 2011, indicating that contractors are now processing these correctly. However, the complex endorsing requirements are resulting in the failure of many NCSO claims where the penalty is rather disproportionate to the error. The BSA also seem to have problems with processing NCSO claims with a considerable number of claims not being paid due to internal BSA errors (96 in total).

The difference between the BSA reimbursement prices and actual buying prices is not as significant as expected, however the overall net effect on our sample was a considerable underpayment. We have seen a substantial increase in shortage lines since November 2012 (the end point of this study); due to the variance in purchase prices seen with some of these lines since the end of 2012, we may not have a true picture of this problem. Therefore, it may be worthwhile to re-examine the impact of dm+d data vs. endorsed prices for these lines when the data is available.

## Statistics

### NMS

NHS Prescription Services' figures of NMS conducted to date are detailed below:

Month	Number Claimed	Number Paid	Value (£)	No. of pharmacies claiming payment	Cumulative no. of different pharmacies claiming payment since Oct 11	Number of Implementation Payment Claims	Value of Implementation Payment Claims
Oct-11	10,121	4,378	£109,450	2,557	2,557	1,702	£1,276,500
Nov-11	43,759	27,945	£698,625	5,840	6,257	1,847	£1,385,250
Dec-11	43,480	28,502	£712,550	5,741	7,417	1,176	£882,000
Jan-12	40,570	27,724	£693,100	5,671	8,005	1,741	£1,305,750
Feb-12	45,923	32,354	£808,850	6,905	8,957	1,573	£1,179,750
Mar-12	49,903	33,213	£830,325	6,398	9,206	161	£120,750
Apr-12	41,771	27,795	£694,875	5,564	9,291	0	£0
May-12	49,129	49,129	£1,195,348	6,129	9,392	0	£0
Jun-12	45,147	45,147	£1,096,961	5,922	9,467	0	£0
Jul-12	48,941	48,941	£1,191,090	6,140	9,542	0	£0
Aug-12	48,375	48,375	£1,173,628	6,061	9,611	0	£0
Sep-12	44,196	44,196	£1,070,242	6,081	9,676	0	£0
Oct-12	56,346	56,346	£1,337,901	6,567	9,756	0	£0
Nov-12	61,676	61,676	£1,517,600	6,774	9,823	0	£0
Dec-12	57,575	57,575	£1,398,599	6,433	9,897	0	£0
Jan-13	57,181	57,181	£1,398,284	6,631	9,970	0	£0
<b>Total</b>	<b>744,093</b>	<b>650,477</b>	<b>£15,927,428</b>			<b>8,200</b>	<b>£6,150,000</b>

	2011/12	2012/13
total funding paid	£10,002,900	£12,074,528
Avg payment / NMS	£16.48	£23.66

A detailed breakdown of NMS and MUR data by PCT and LPC is available in the LPC Resources Centre (LPC Members' area of the PSNC website).

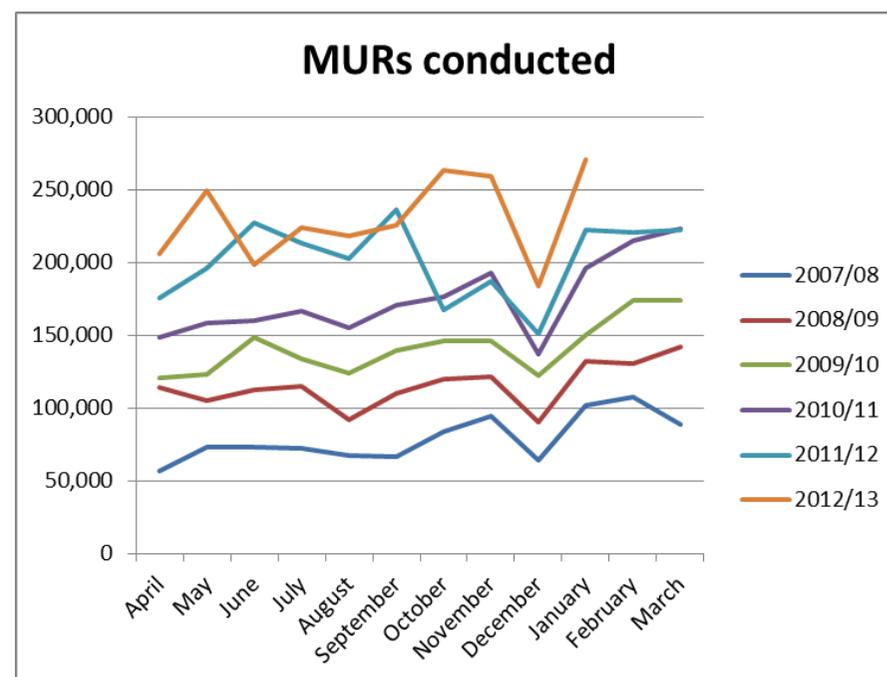
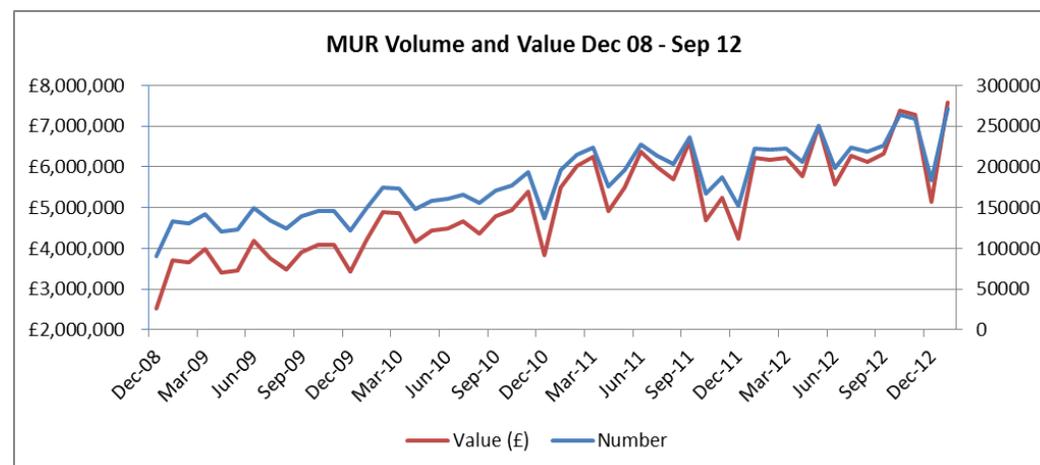
### MUR

All PSNC members can attend this meeting, but only members of FunCon, the Chairman and Vice Chairman of PSNC and the Chairmen of the other subcommittees may speak

Recent NHS Prescription Services' figures of MURs conducted to date are detailed below:

Month – No. MURS – Value (£) – Growth % YoY – No. CPs

Feb-11	215,387	£ 6,030,836.00	23%	7819
Mar-11	223,476	£ 6,257,329.70	29%	7691
Apr-11	175,674	£ 4,918,872.00	18%	8057
May-11	196,376	£ 5,498,527.00	24%	8294
Jun-11	227,865	£ 6,380,220.00	42%	8484
Jul-11	213,776	£ 5,985,718.66	28%	8500
Aug-11	203,182	£ 5,689,086.66	31%	8393
Sep-11	236,753	£ 6,629,074.66	39%	8567
Oct-11	167,573	£ 4,692,044.00	-5%	8385
Nov-11	187,395	£ 5,247,060.00	-3%	8502
Dec-11	151,460	£ 4,240,880.00	11%	8119
Jan-12	222,693	£ 6,235,404.00	13%	8505
Feb-12	220,882	£ 6,184,696.00	3%	8433
Mar-12	222,281	£ 6,223,866.00	-1%	8152
Apr-12	205,906	£ 5,765,368.00	17%	8900
May-12	249,986	£ 6,999,620.00	27%	9029
Jun-12	198,820	£ 5,566,960.00	-13%	8943
Jul-12	224,054	£ 6,273,524.00	5%	9021
Aug-12	218,733	£ 6,124,536.00	8%	8980
Sep-12	226,167	£ 6,332,689.00	-4%	9140
Oct-12	263,740	£ 7,384,720.00	57%	9309
Nov-12	259,591	£ 7,268,548.00	39%	9314
Dec-12	183,729	£ 5,144,422.00	21%	8852
Jan-13	271,147	£ 7,592,116.00	22%	9175



Note - these figures are based on actual paid MURs.

A breakdown of MURs conducted by LPC and PCT area is available at [www.psn.org.uk/statistics](http://www.psn.org.uk/statistics).

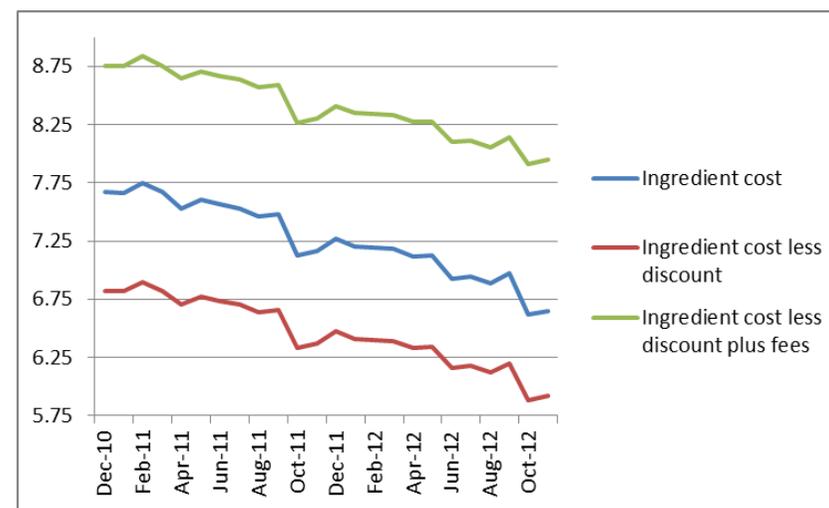
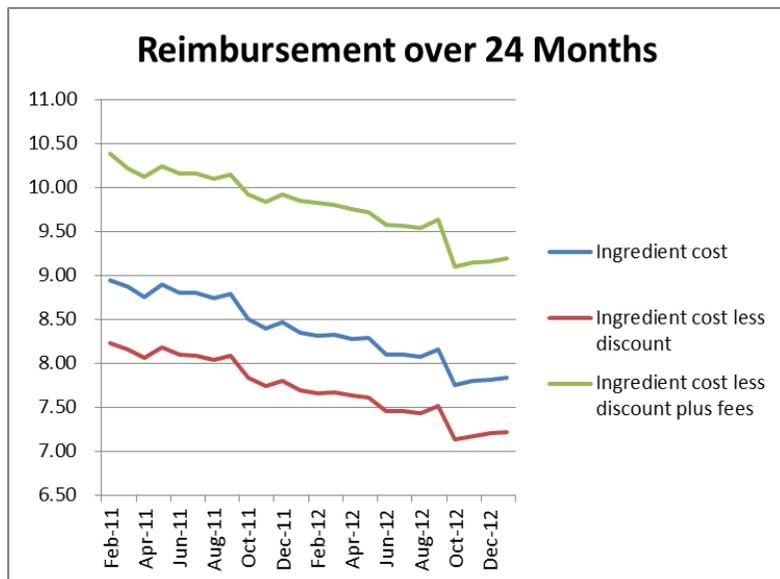
### NIC, discount, cost of fees and average item value (England)

PhS Pharmacy Contractors						
	NIC	Discount	Cost of fees	AIV £pi	yoy growth	Cumulative ytd growth
Feb-12	£8.31	-£0.65	£2.16	£9.86	-5.38%	-2.24%
Mar-12	£8.33	-£0.66	£2.13	£9.83	-4.13%	-2.32%
Apr-12	£8.28	-£0.65	£2.12	£9.79	-3.70%	-2.37%
May-12	£8.29	-£0.67	£2.10	£9.75	-5.09%	-2.48%
Jun-12	£8.10	-£0.64	£2.12	£9.61	-5.73%	-2.59%
Jul-12	£8.10	-£0.65	£2.12	£9.60	-5.79%	-2.71%
Aug-12	£8.08	-£0.65	£2.11	£9.57	-5.58%	-2.80%
Sep-12	£8.16	-£0.65	£2.13	£9.68	-4.98%	-2.87%
Oct-12	£7.75	-£0.62	£1.97	£9.14	-8.21%	-3.04%
Nov-12	£7.80	-£0.62	£1.97	£9.18	-6.96%	-3.15%
Dec-12	£7.81	-£0.61	£1.95	£9.19	-7.66%	-3.28%
Jan-13	£7.84	-£0.61	£1.98	£9.23	-6.60%	-3.38%

### Dispensing Doctors

	NIC	Discount	Cost of fees	AIV £pi	yoy growth	Cumulative ytd growth
Feb-12	£7.19	-£0.79	£1.94	£8.34	-5.64%	-4.57%
Mar-12	£7.19	-£0.79	£1.93	£8.33	-4.87%	-4.59%
Apr-12	£7.12	-£0.78	£1.94	£8.27	-4.31%	-4.31%
May-12	£7.13	-£0.79	£1.93	£8.27	-4.96%	-4.64%
Jun-12	£6.93	-£0.76	£1.94	£8.10	-6.55%	-5.27%
Jul-12	£6.95	-£0.77	£1.93	£8.12	-6.07%	-5.47%
Aug-12	£6.88	-£0.76	£1.93	£8.06	-6.05%	-5.59%
Sep-12	£6.97	-£0.77	£1.94	£8.14	-5.21%	-5.52%
Oct-12	£6.62	-£0.73	£2.03	£7.91	-4.26%	-5.35%
Nov-12	£6.65	-£0.73	£2.03	£7.95	-4.27%	-5.22%
Dec-12	£6.67	-£0.73	£2.03	£7.97	-5.19%	-5.21%
Jan-13	£6.69	-£0.74	£2.04	£7.98	-4.37%	-5.13%

\*AIV includes container allowance



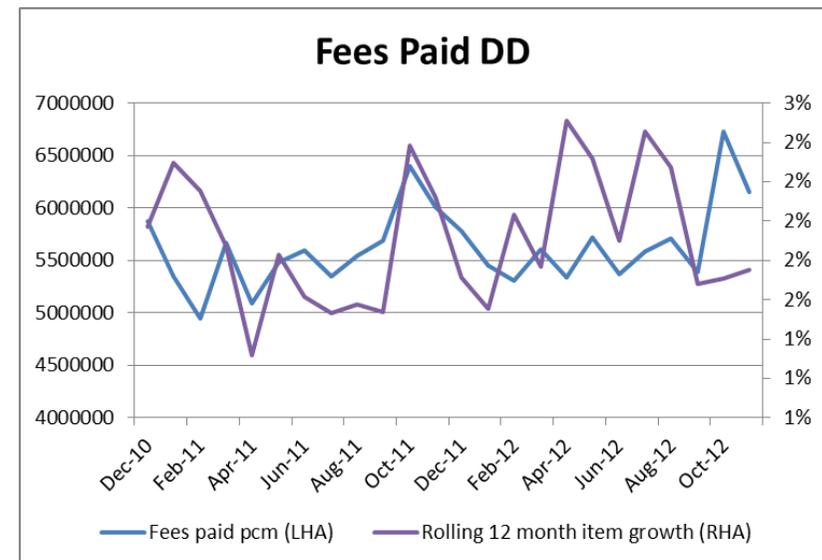
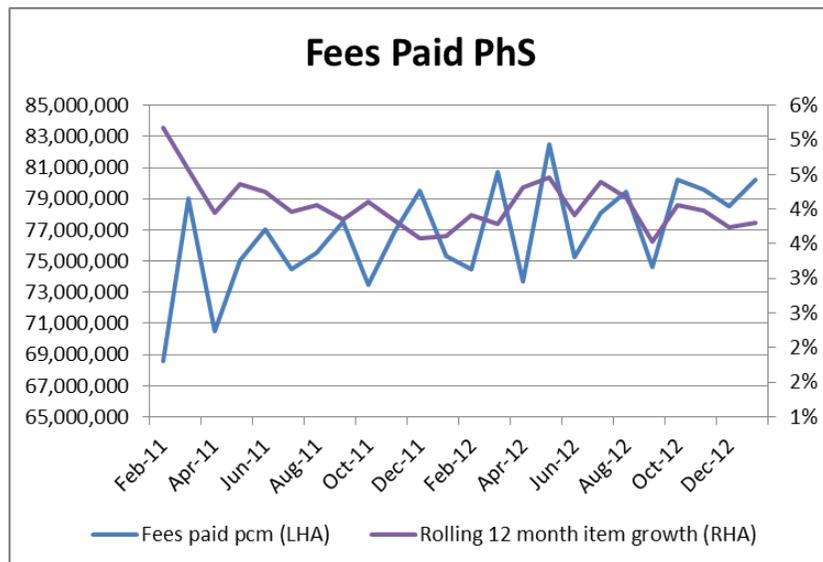
### Prescription volume (England)

#### PhS Pharmacy Contractors

	Fees paid pcm (LHA)	yoy growth	Cumulative ytd growth	Rolling 12 month item growth (RHA)
Feb-12	74,453,381	8.58%	3.96%	3.92%
Mar-12	80,694,007	2.16%	3.79%	3.79%
Apr-12	73,718,226	4.54%	4.54%	4.32%
May-12	82,497,714	9.92%	7.31%	4.46%
Jun-12	75,244,930	-2.34%	3.97%	3.92%
Jul-12	78,111,633	4.91%	4.21%	4.39%
Aug-12	79,419,906	5.18%	4.40%	4.17%
Sep-12	74,602,257	-3.78%	2.99%	3.53%
Oct-12	80,194,115	9.16%	3.86%	4.05%
Nov-12	79,585,840	3.53%	3.82%	3.98%
Dec-12	78,497,580	-1.29%	3.22%	3.74%
Jan-13	80,238,908	6.53%	3.55%	3.81%

#### Dispensing Doctors

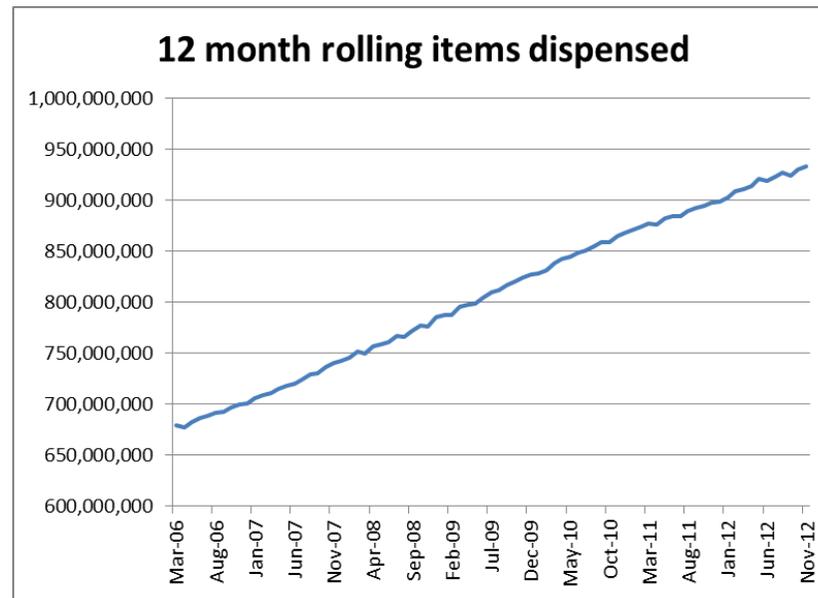
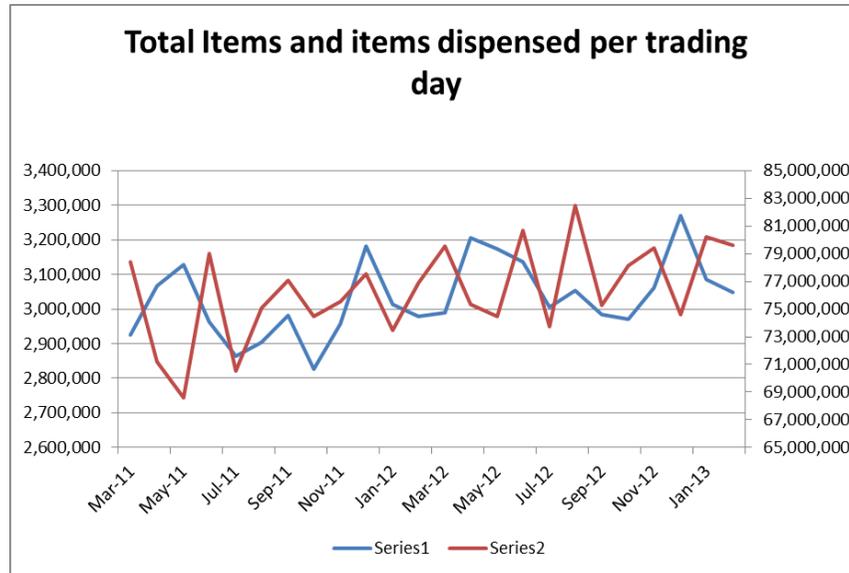
	Fees paid pcm (LHA)	yoy growth	Cumulative ytd growth	Rolling 12 month item growth (RHA)
Feb-12	5,308,666	7.42%	2.03%	2.03%
Mar-12	5,607,448	-1.03%	1.77%	1.77%
Apr-12	5,334,037	4.77%	4.77%	2.51%
May-12	5,723,535	4.43%	4.59%	2.32%
Jun-12	5,372,407	-3.94%	1.64%	1.90%
Jul-12	5,583,388	4.49%	2.35%	2.46%
Aug-12	5,706,997	3.02%	2.49%	2.27%
Sep-12	5,388,059	-5.20%	1.15%	1.68%
Oct-12	6,731,945	5.24%	1.82%	1.71%
Nov-12	6,155,954	2.46%	1.91%	1.75%
Dec-12	5,703,666	-1.26%	1.55%	1.79%
Jan-13	5,642,543	3.48%	1.73%	1.92%



### Growth in Prescription Items

Month – Itens – Trading Days – Items / Day

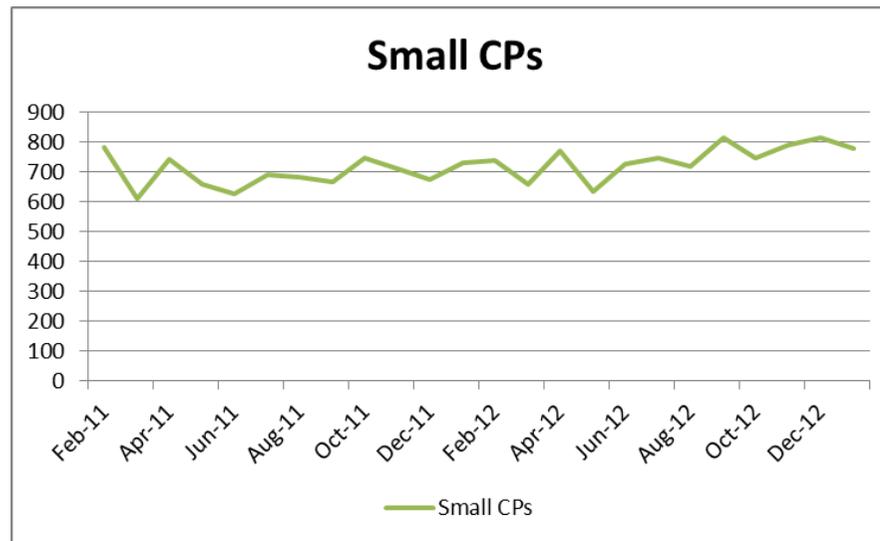
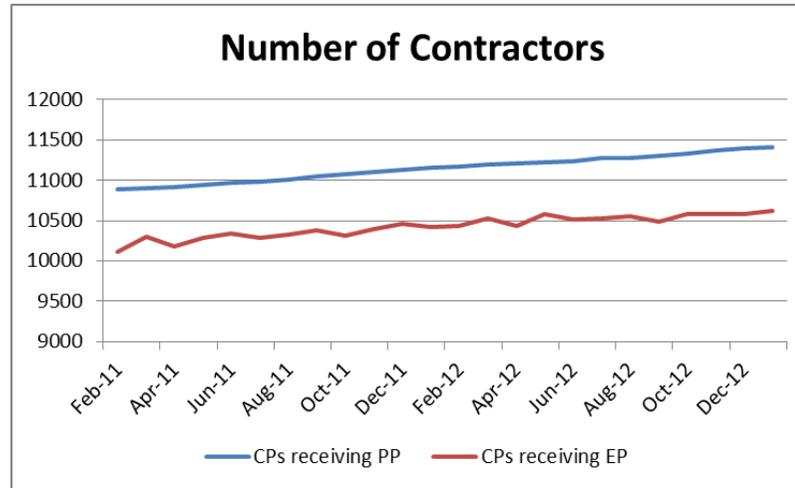
Mar-11	78,984,722	27	2,925,360
Apr-11	70,517,968	23	3,065,999
May-11	75,051,111	24	3,127,130
Jun-11	77,049,510	26	2,963,443
Jul-11	74,458,617	26	2,863,793
Aug-11	75,509,826	26	2,904,224
Sep-11	77,536,263	26	2,982,164
Oct-11	73,462,091	26	2,825,465
Nov-11	76,868,689	26	2,956,488
Dec-11	79,526,647	25	3,181,066
Jan-12	75,322,071	25	3,012,883
Feb-12	74,453,381	25	2,978,135
Mar-12	80,694,007	27	2,988,667
Apr-12	73,718,226	23	3,205,140
May-12	82,497,714	26	3,172,989
Jun-12	75,244,930	24	3,135,205
Jul-12	78,111,633	26	3,004,294
Aug-12	79,419,906	26	3,054,612
Sep-12	74,602,257	25	2,984,090
Oct-12	80,194,115	27	2,970,152
Nov-12	79,585,840	26	3,060,994
Dec-12	78,497,580	24	3,270,733
Jan-13	80,238,908	26	3,086,112
Feb-13	73,161,789	24	3,048,408



**Number of English contractors receiving Practice & Establishment Payments, number of small pharmacies.**

Month – CPs receiving PP – CPs receiving EP – Small CPs

Feb-11	10891	10110	781
Mar-11	10907	10297	610
Apr-11	10920	10176	744
May-11	10943	10285	658
Jun-11	10963	10336	627
Jul-11	10981	10292	689
Aug-11	11014	10330	684
Sep-11	11047	10381	666
Oct-11	11068	10320	748
Nov-11	11102	10392	710
Dec-11	11133	10457	676
Jan-12	11155	10425	730
Feb-12	11173	10435	738
Mar-12	11191	10533	658
Apr-12	11203	10434	769
May-12	11215	10581	634
Jun-12	11233	10508	725
Jul-12	11270	10525	745
Aug-12	11275	10557	718
Sep-12	11307	10493	814
Oct-12	11333	10587	746
Nov-12	11366	10576	790
Dec-12	11390	10575	815
Jan-13	11406	10626	780



### Latest Cat M list analysis

Category M value		
Jan 13 Cat M value*	£308,156,773.96	per qtr
Apr 13 Cat M value*	£319,292,535.87	per qtr
Movement*	£11,135,761.91	per qtr

Total no. of increases	<b>247</b>
Total no. of decreases	<b>253</b>
Total no. of no change	<b>10</b>
Total no. of products	<b>510</b>

\*indicative figures based on fixed 2011 product vols. Movement likely to be greater, due to vol increases.

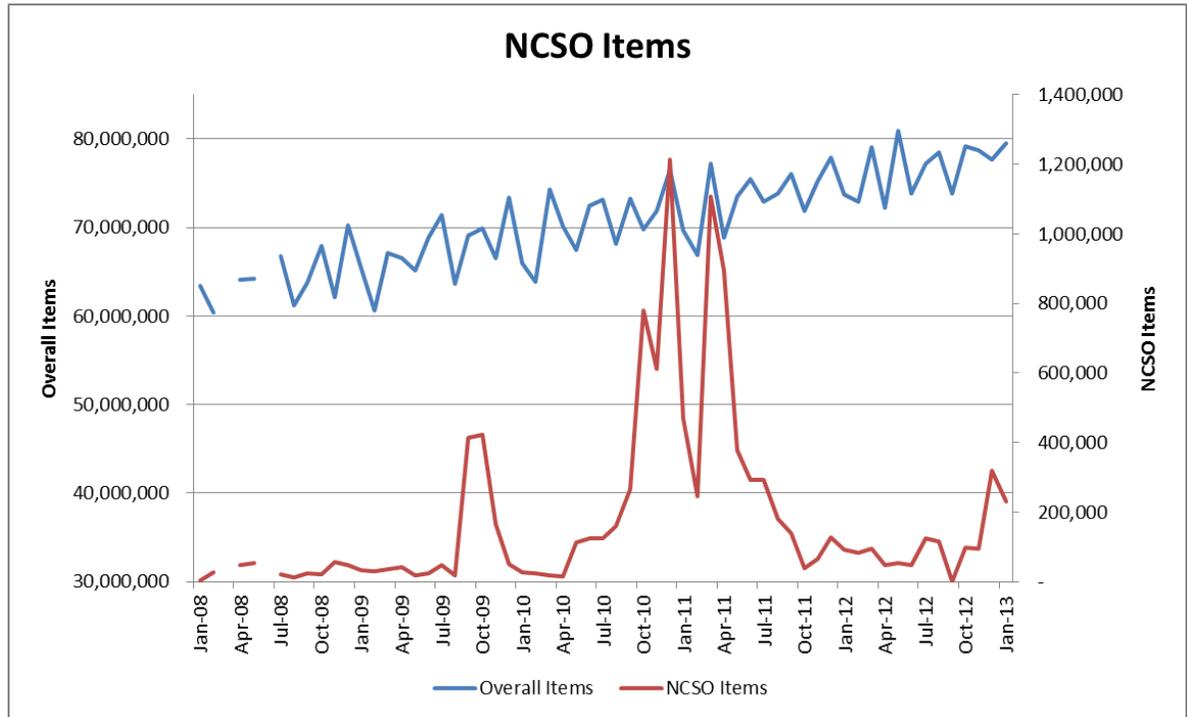
Biggest Movers					
Drug Name	Pack Size	Apr-13 DT	Jan-13 DT	change	% change
Temazepam 20mg tablets	28	11.91	2.71	9.2	<b>339%</b>
Temazepam 10mg tablets	28	9.43	4.23	5.2	<b>123%</b>
Fosinopril 10mg tablets	28	22.45	10.43	12.02	<b>115%</b>
Trazodone 50mg capsules	84	6.53	4.22	2.31	<b>55%</b>
Senna 7.5mg tablets	60	4.18	2.83	1.35	<b>48%</b>
Glycerol 4g suppositories	12	3.16	2.15	1.01	<b>47%</b>
Trazodone 100mg capsules	56	7.47	5.18	2.29	<b>44%</b>
Trazodone 150mg tablets	28	6.25	4.37	1.88	<b>43%</b>
Nifedipine 10mg capsules	84	7.38	5.28	2.1	<b>40%</b>
Nifedipine 5mg capsules	84	6.03	4.43	1.6	<b>36%</b>
Drug Name	Pack Size	Apr-13 DT	Jan-13 DT	change	% change
Rabeprazole 10mg gastro-resistant tablets	28	3.54	5.78	-2.24	<b>-39%</b>
Betahistine 8mg tablets	84	3.84	6.66	-2.82	<b>-42%</b>
Levetiracetam 750mg tablets	60	6.61	11.47	-4.86	<b>-42%</b>
Zolmitriptan 2.5mg tablets	6	1.99	3.47	-1.48	<b>-43%</b>
Entacapone 200mg tablets	30	9.83	17.24	-7.41	<b>-43%</b>
Betahistine 16mg tablets	84	6.29	11.74	-5.45	<b>-46%</b>
Rabeprazole 20mg gastro-resistant tablets	28	5.22	11.34	-6.12	<b>-54%</b>
Ibandronic acid 150mg tablets	1	7.92	18.4	-10.48	<b>-57%</b>
Riluzole 50mg tablets	56	71.72	271.58	-199.86	<b>-74%</b>
Ibandronic acid 50mg tablets	28	38.21	153.19	-114.98	<b>-75%</b>

All PSNC members can attend this meeting, but only members of FunCon, the Chairman and Vice Chairman of PSNC and the Chairmen of the other subcommittees may speak

**Number of NCSO items:**

Month – national items – NCSO items - % of items which are NCSO

Feb-11	66,929,454	246,270	0.37%
Mar-11	77,145,434	1,108,061	1.44%
Apr-11	68,874,960	893,766	1.30%
May-11	73,530,984	378,140	0.51%
Jun-11	75,468,525	293,492	0.39%
Jul-11	72,942,271	293,492	0.40%
Aug-11	73,855,590	181,481	0.25%
Sep-11	75,98,1066	139,459	0.18%
Oct-11	71,906,194	38,033	0.05%
Nov-11	75,277,264	66,797	0.09%
Dec-11	77,854,614	126,320	0.16%
Jan-12	73,772,423	90,933	0.12%
Feb-12	72,895,257	82,723	0.11%
Mar-12	79,068,949	94,446	0.12%
Apr-12	722,19,650	46,577	0.06%
May-12	80,908,242	52,592	0.07%
Jun-12	73,818,270	48,626	0.07%
Jul-12	77,173,997	124,061	0.16%
Aug-12	78,486,866	115,794	0.15%
Sep-12	73,796,255	1,398	0.00%
Oct-12	79,198,964	96,691	0.12%
Nov-12	78,650,528	95,535	0.12%
Dec-12	77,647,597	320,267	0.41%
Jan-13	79,476,818	230,296	0.29%



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### Number of Claims (Devolving the Global Sum – Temporary Safeguarding Payments)

Month	Number of Claims
April 2010	0
May 2010	2
June 2010	1
July 2010	1
August 2010	0
September 2010	1
October 2010	1
November 2010	1
December 2010	1
January 2011	1
February 2011	0
March 2011	0
April 2011	3
May 2011	1
June 2011	1
July 2011	13
August 2011	12
September 2011	16
October 2011	11
November 2011	9
Dec-11	15
Jan-12	9
Feb-12	10
Mar-12	36
Apr-12	16
May-12	17
Jun-12	22
Jul-12	17
Aug-12	18
Sep-12	20
Oct-12	16