

PSNC Funding & Contract Subcommittee Agenda

For the meeting to be held on Tuesday 12th March 2013

at the University of Sunderland, Dale Building, Chester Road, Sunderland, SR1 3SD

at 3pm

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 David Gill and Tricia Kennerley.

2. Minutes

The minutes of the meeting held on 16th January 2013 were shared with the subcommittee and are available to download from the PSNC website.

3. Matters arising

4. Work plan

The 2013 work plan is set out in **Appendix FCS 02/03/13** for review by the subcommittee.

The item 'Seek early clarification of DH / NHS policy regarding the desired number of contracts and develop a policy to minimise the disruption of any change' has been removed as this is not a live issue at present.

The Work plan and the updates on progress will be published on the PSNC website. As much of the FunCon workplan relates to confidential funding negotiations a separate confidential update is provided at **Appendix FCS 02a/03/13**.

REPORT

5. 2012-13 funding

A forecast of the likely outcome for 2012/13 shows delivery of fees and allowances is close to target levels. Further confidential details are set out in **Appendix FCS 03/03/13**.

6. October 2012 Drug Tariff changes

DH sought to reduce the Practice Payment by 15ppi and reimbursement per item by circa 30ppi in the October 2012 Drug Tariff; data in **Appendix FCS 04/03/13** suggests this has been achieved. As reported in January we will be able to verify the precise breakdown of the movement in reimbursement when we have the prescription cost analysis data for October and subsequent months. Also DH will undertake its own verification work.

7. Multiples' margins

As reported in January, DH continues to pursue its investigation into the purchase margins retained by multiples. Detailed discussions are being held as non-disclosure agreements are put in place with each contractor. DH continues to stress that it is seeking to prove the concept and that progress is required in order for multiples' costs to be factored into any CoSI-based funding settlement.

8. Margin surveys

No conclusion has been reached on the final outcome of the 2011/12 survey since discussions on NIC allocations are still ongoing. DH is considering its response to PSNC's expert adviser's paper on making

adjustments for rare lines a part of the core methodology, rather than this being undertaken as a separate part of the negotiations as happens currently.

Progress with the 2012/13 survey remains good. Data for H1 has been submitted on time, despite DH bringing forward the deadlines for the Q2 data, and the usual rigorous database audit checks have been undertaken. Further confidential details can be found in **Appendix FCS 05/03/13**.

9. Off-patent products

The office has been looking into the predictability of margins following DH reductions in Category M prices and has undertaken an analysis of the impact of significant recent off patents. Further confidential details can be found in **Appendix FCS 06/03/13**.

10. Methadone

A proposal was finally agreed with DH based around contractor endorsement of the provision of daily dose containers. Sue Sharpe, Harpreet Chana and Mark Burdon met with a group of the most adversely affected contractors (from the July changes) to announce the new system and overall, it was well received with a recognition of the efforts of all involved. The new system will take effect on 1st April 2013 and guidance will be made available on the website and in CPN.

11. Supply Chain Issues

a. Recent Changes to Manufacturers Distribution Arrangements

Otsuka Pharmaceuticals announced that with effect from 1 February 2013, their products will be distributed to pharmacies solely through Alliance Healthcare.

b. Supply problems: Confidentiality of Patient Data

Following on from Pfizer's audit arrangement with Quintiles involving appointment of an 'Honorary Employee' and PSNC's discussion of this arrangement with the Information Commissioner we wrote to both Pfizer and Quintiles expressing our concerns.

Quintiles, in a letter sent to us on the 13th February, advised "We no longer request to see any patient identifiable information, and that we are advising the pharmacy staff that they should not be sharing this information with us." Additionally Quintiles indicated that they would still be continuing with their 'honorary employee' arrangement.

The office is continuing to discuss the arrangements in order to be satisfied that the arrangements made by Quintiles are compliant with both NHS Confidentiality – Code of Practice and the Best Practice for supply guidelines, so that pharmacy contractors can be confident about their own compliance with data protection law.

c. Alliance Healthcare surcharges

The rules which govern how Alliance Healthcare applies minimum spend and returns surcharges are not detailed in the Alliance Healthcare terms and conditions document, but instead are outlined on their website.

Alliance Healthcare has recently amended these in order to make them clearer. However PSNC expressed concern about a resultant lack of clarity, as some of the wording was causing confusion about which lines a surcharge could be applied to. Alliance Healthcare advised there had been no change in policy for several years. Following discussions and a meeting, Alliance Healthcare agreed to make some amendments to the wording on their website.

d. NCSO arrangements

The office has been observing an increasing number of shortages in the generics market over recent months. Most recently Isosorbide Mononitrate has been out of stock due to an issue with the Active Pharmaceutical Ingredient (API) manufacturer, this prompted the DH letter issued recently by Dr Keith Ridge.

The office is concerned about manipulation of the concession.

12. Divestments

The office has for some time been monitoring branded products which have been divested. A divested product is usually a niche branded product whose marketing rights are sold to another manufacturer who will market the item as a generic product. This allows the product to be removed from the control of PPRS and enables free pricing of the new product. Examples of this include Phenytoin, Metopirone and Carbimazole.

Whereas the trend seen with most products coming off patent is significant savings to the NHS, in this scenario the cost of the medicine can increase considerably resulting in significant increases in NHS expenditure. A cross section of 12 products that have been divested show an annual increased cost to the NHS of £57m. In the case of one product the price increased in the region of 2400%. The office has highlighted this behaviour to DH. A paper has also been shared with the Professional Relationships Working Group where it was agreed that the PSNC and BMA would collaborate on raising concerns with the relevant authorities.

13. Statistics

Monthly statistics are set out in **Appendix FCS 07/03/13**.

14. Any other business

Appendix FCS 02/03/13

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"> • Negotiations following the Cost of Service Inquiry will lead to levels of nationally assured funding for the pharmacy service agreed by PSNC. • As part of a funding settlement a formula for annual adjustment will be negotiated that protects the real value of funding for pharmacy contractors. • 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. • PSNC will seek to minimise opportunities for CCGs to distort contractor income, and minimise dispensing at a loss. 			
Seek to negotiate the best possible outcome for national funding levels based on the results of CoSI, calling on relevant external expertise when required.	As soon as possible, subject to DH and NHS CB	Ongoing funding negotiations are confidential.	Amber
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.	As soon as possible, subject to DH and NHS CB	Ongoing funding negotiations are confidential.	Amber

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"> 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. 			
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. H1 2012/13 data has been submitted to DH and database auditing undertaken.	Amber
<ul style="list-style-type: none"> 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. 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). Progress will also be made to increase pricing transparency and payment information available for contractors. PSNC will increase its capacity to undertake prescription pricing audit, improving the level of checking and verification and developing proactive 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	Amber

		work to be completed on multiple flavours. This has been de-prioritised by the DH recently but we hope to raise again shortly.	
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.	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 now preparing a business case for NHSBSA and were due to report back to the group in the New Year – we have had no update on this but this is another area being considered in the commercialisation of PRISM.	Amber
Commission report on EPS audit and determine what is needed for PRISM.	July 2013	Work has begun to audit the EPS bundles ordered. Scoping has begun on how best to audit data leaving the pharmacy before it arrives at the BSA (i.e. from the spine).	Amber
Maintain close working relationships with BSA. Utilise PRISM functionality to highlight areas of inaccuracy.	Ongoing	Audit results up until November 2012 have been published on PSNC's website. We are currently developing PRISM with the aid of a statistician to provide reports that will align with the publishing of the BSA's accuracy indicators as well as identifying areas of improvement.	Amber
Maximise PAC capacity through full exploitation of the opportunities offered by PRISM and developing a prediction tool to optimise staff resources.	Oct 2013	A working group is currently considering opportunities for developing DT training programmes at the PAC and other ways of being able to utilise the data for commercial purposes.	Amber
<ul style="list-style-type: none"> PSNC will work to ameliorate problems of supply shortages, limited distribution, burden associated with securing supplies and adverse procurement terms. 			
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	This forms part of negotiations on CoSI and Regulatory Burdens.	Amber

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

	Oct 2013		
Monitor NCSO supply shortages 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

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Appendix FCS 04/03/13

Q3 2012/13 movement analysis									
	Fees (Items)	Fees (£)	NIC	Disc		Fees/item	NIC/item	CB/item	Reimb/item
Jul	78,111,633	165,253,473	633,072,732	50,809,151		2.12	8.10	0.65	7.45
Aug	79,419,906	167,413,626	641,530,681	51,547,086		2.11	8.08	0.65	7.43
Sep	74,602,257	159,077,706	608,991,985	48,661,143		2.13	8.16	0.65	7.51
Total	232,133,796	491,744,805	1,883,595,397	151,017,380		2.12	8.11	0.65	7.46
Oct	80,194,115	158,189,851	621,627,625	49,491,028		1.97	7.75	0.62	7.13
Nov	79,585,840	157,162,982	620,510,942	49,440,931		1.97	7.80	0.62	7.18
Dec	78,497,580	153,336,283	613,386,410	48,021,825		1.95	7.81	0.61	7.20
Total	238,277,535	468,689,117	1,855,524,977	146,953,783		1.97	7.79	0.62	7.17
Q3 results									
	0.29 NIC difference v previous 3 month avg								
	0.15 fee difference v previous 3 month avg								

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
Total	629,337	535,721	£13,130,545			8,200	£6,150,000

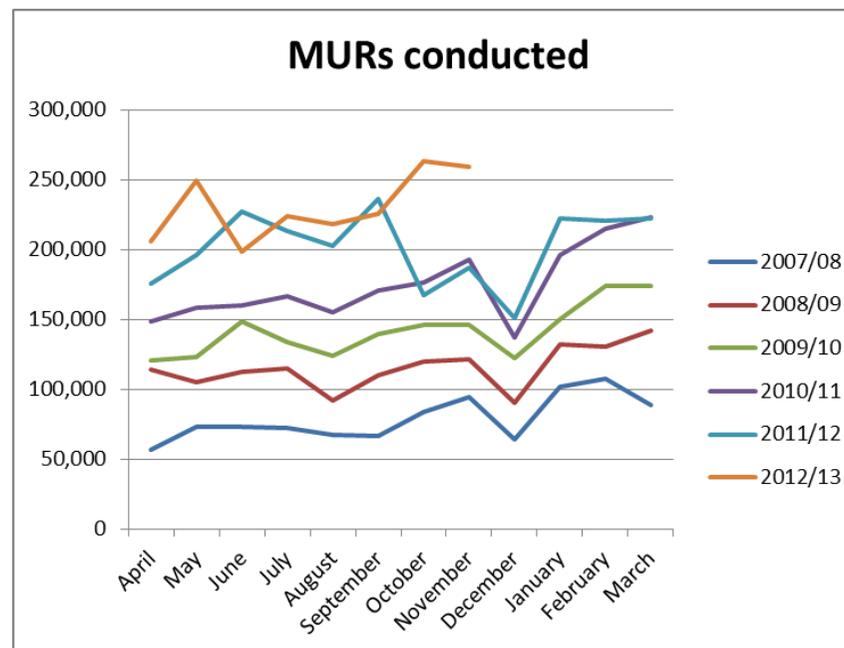
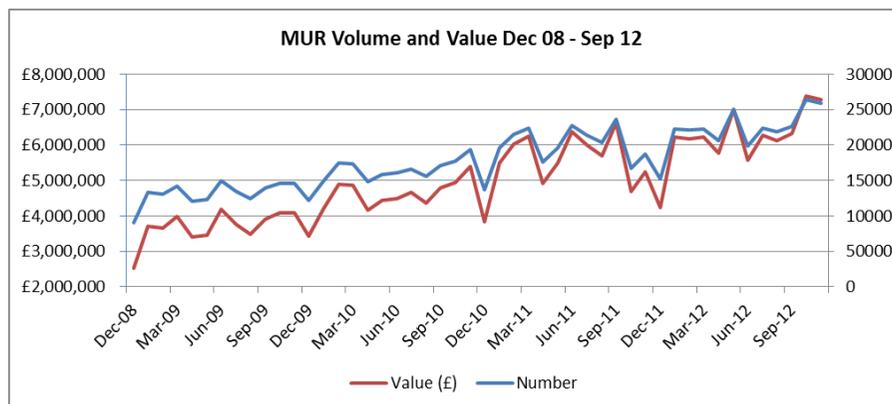
	2011/12	2012/13
total funding paid	£10,002,900	£9,277,645
Avg payment / NMS	£16.48	£23.45

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

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

Dec-10	137022	£ 3,836,616.00	12%	7265
Jan-11	196545	£ 5,503,260.00	31%	7809
Feb-11	215387	£ 6,030,836.00	23%	7819
Mar-11	223476	£ 6,257,329.70	29%	7691
Apr-11	175674	£ 4,918,872.00	18%	8057
May-11	196376	£ 5,498,527.00	24%	8294
Jun-11	227865	£ 6,380,220.00	42%	8484
Jul-11	213776	£ 5,985,718.66	28%	8500
Aug-11	203182	£ 5,689,086.66	31%	8393
Sep-11	236753	£ 6,629,074.66	39%	8567
Oct-11	167573	£ 4,692,044.00	-5%	8385
Nov-11	187395	£ 5,247,060.00	-3%	8502
Dec-11	151460	£ 4,240,880.00	11%	8119
Jan-12	222693	£ 6,235,404.00	13%	8505
Feb-12	220882	£ 6,184,696.00	3%	8433
Mar-12	222281	£ 6,223,866.00	-1%	8152
Apr-12	205906	£ 5,765,368.00	17%	8900
May-12	249986	£ 6,999,620.00	27%	9029
Jun-12	198820	£ 5,566,960.00	-13%	8943
Jul-12	224054	£ 6,273,524.00	5%	9021
Aug-12	218733	£ 6,124,536.00	8%	8980
Sep-12	226167	£ 6,332,689.00	-4%	9140
Oct-12	263740	£ 7,384,720.00	57%	9309
Nov-12	259591	£ 7,268,548.00	39%	9314



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.

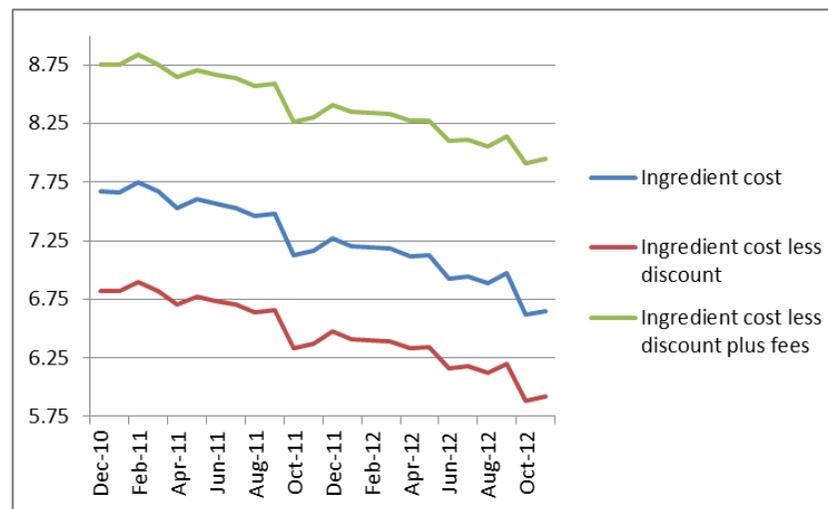
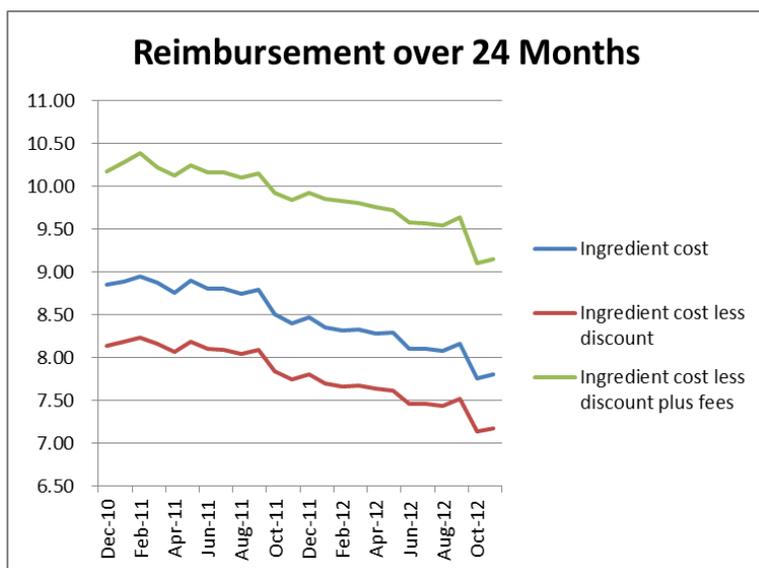
NIC, discount, cost of fees and average item value (England)

PhS Pharmacy Contractors						
	NIC	Discount	Cost of fees	AIV £pi	yoy growth	Cumulative ytd growth
Dec-11	£8.47	-£0.67	£2.11	£9.95	-2.53%	-2.01%
Jan-12	£8.35	-£0.65	£2.16	£9.88	-4.16%	-2.10%
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%

Dispensing Doctors

	NIC	Discount	Cost of fees	AIV £pi	yoy growth	Cumulative ytd growth
Dec-11	£7.27	-£0.80	£1.93	£8.40	-3.96%	-4.44%
Jan-12	£7.21	-£0.79	£1.94	£8.35	-4.63%	-4.46%
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%

*AIV includes container allowance



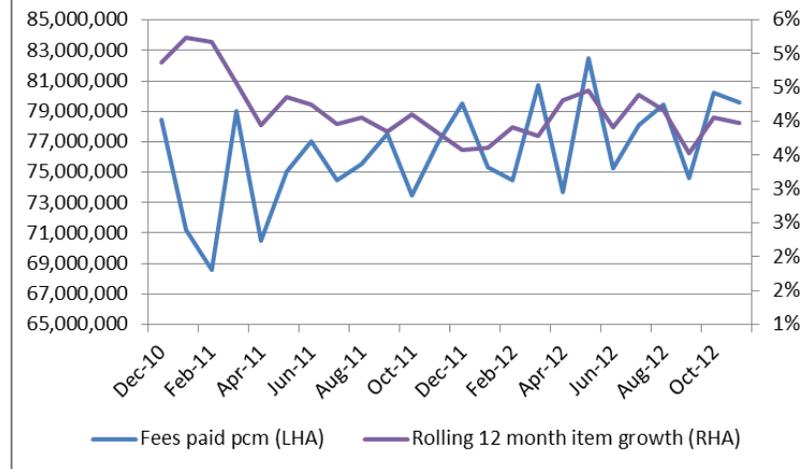
**Prescription volume (England)
PhS Pharmacy Contractors**

	Fees paid pcm (LHA)	yoy growth	Cumulative ytd growth	Rolling 12 month item growth (RHA)
Dec-11	79526647	1.40%	3.28%	3.58%
Jan-12	75322071	5.77%	3.52%	3.61%
Feb-12	74453381	8.58%	3.96%	3.92%
Mar-12	80694007	2.16%	3.79%	3.79%
Apr-12	73718226	4.54%	4.54%	4.32%
May-12	82497714	9.92%	7.31%	4.46%
Jun-12	75244930	-2.34%	3.97%	3.92%
Jul-12	78111633	4.91%	4.21%	4.39%
Aug-12	79419906	5.18%	4.40%	4.17%
Sep-12	74602257	-3.78%	2.99%	3.53%
Oct-12	80194115	9.16%	3.86%	4.05%
Nov-12	79585840	3.53%	3.82%	3.98%

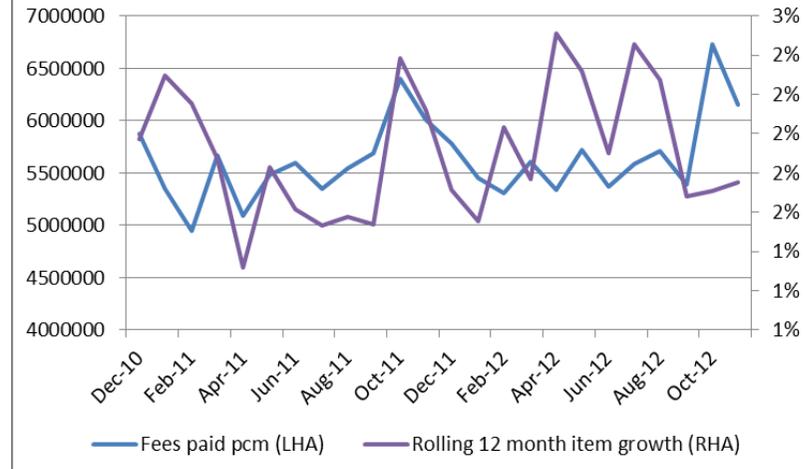
Dispensing Doctors

	Fees paid pcm (LHA)	yoy growth	Cumulative ytd growth	Rolling 12 month item growth (RHA)
Dec-11	5776181	-1.67%	1.51%	1.71%
Jan-12	5452859	1.93%	1.55%	1.55%
Feb-12	5308666	7.42%	2.03%	2.03%
Mar-12	5607448	-1.03%	1.77%	1.77%
Apr-12	5334037	4.77%	4.77%	2.51%
May-12	5723535	4.43%	4.59%	2.32%
Jun-12	5372407	-3.94%	1.64%	1.90%
Jul-12	5583388	4.49%	2.35%	2.46%
Aug-12	5706997	3.02%	2.49%	2.27%
Sep-12	5388059	-5.20%	1.15%	1.68%
Oct-12	6731945	5.24%	1.82%	1.71%
Nov-12	6155954	2.46%	1.91%	1.75%

Fees Paid PhS

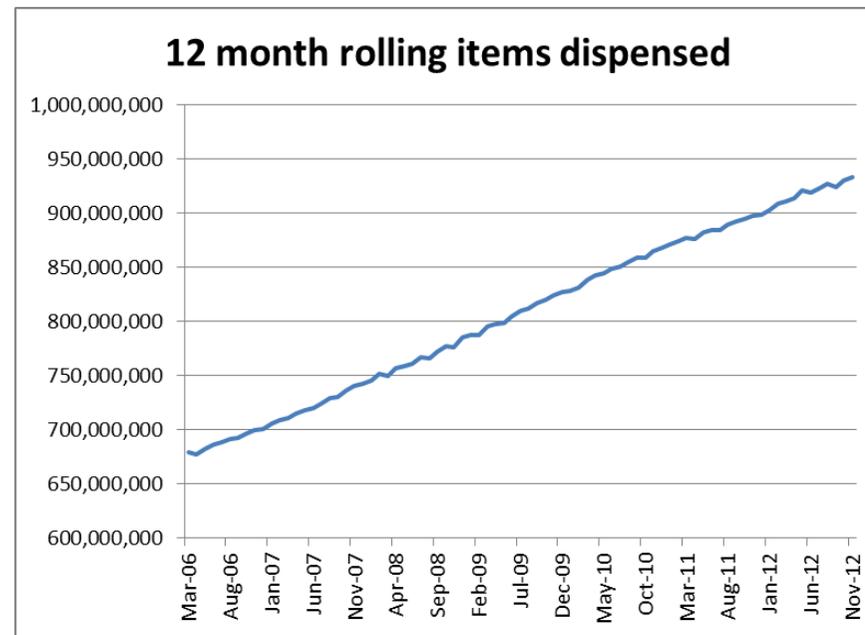
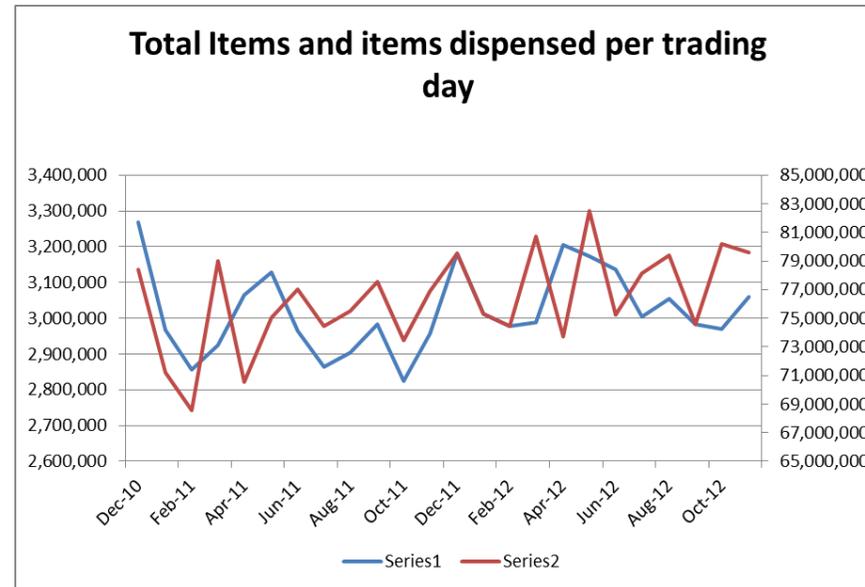


Fees Paid DD



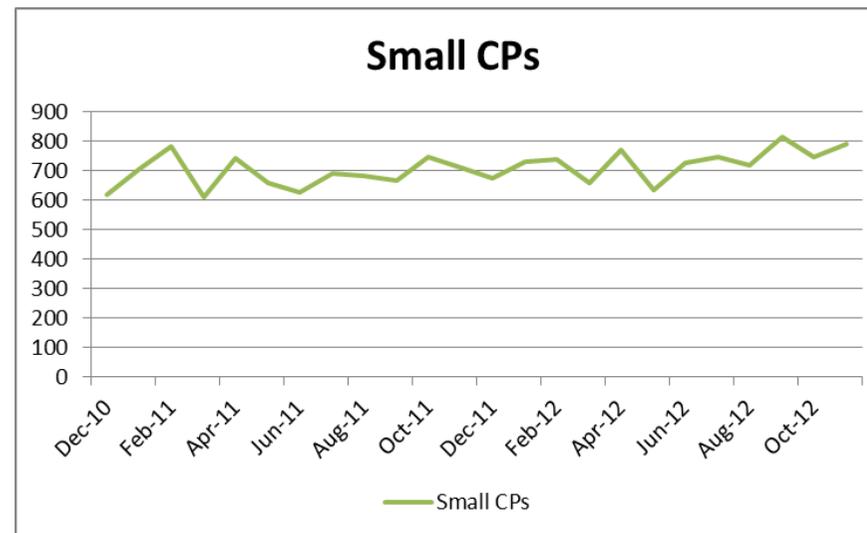
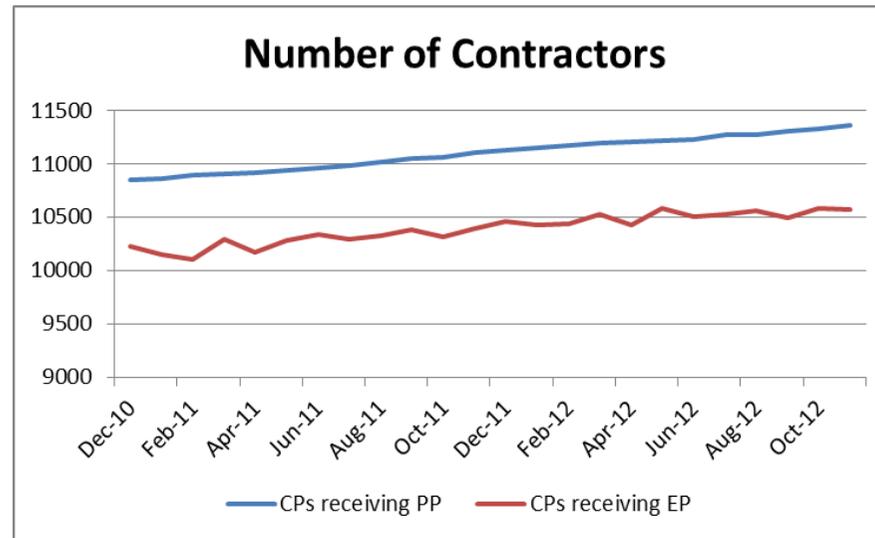
Growth in Prescription Items

Month	Items	Trading days	Items per day
Dec-10	78,425,091	24	3,267,712
Jan-11	71,213,669	24	2,967,236
Feb-11	68,572,689	24	2,857,195
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



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

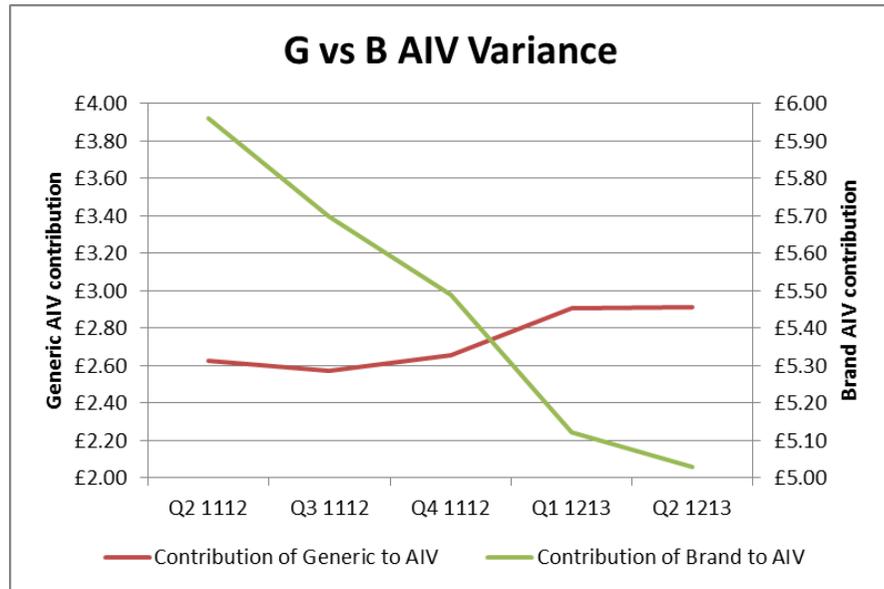
Month	PP	EP	Small
Dec-10	10851	10232	619
Jan-11	10858	10150	708
Feb-11	10891	10110	781
Mar-11	10907	10297	610
Apr-11	10920	10176	744
May-11	10943	10285	658
Jun-11	10963	10336	627
Jul-11	10981	10292	689
Aug-11	11014	10330	684
Sep-11	11047	10381	666
Oct-11	11068	10320	748
Nov-11	11102	10392	710
Dec-11	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



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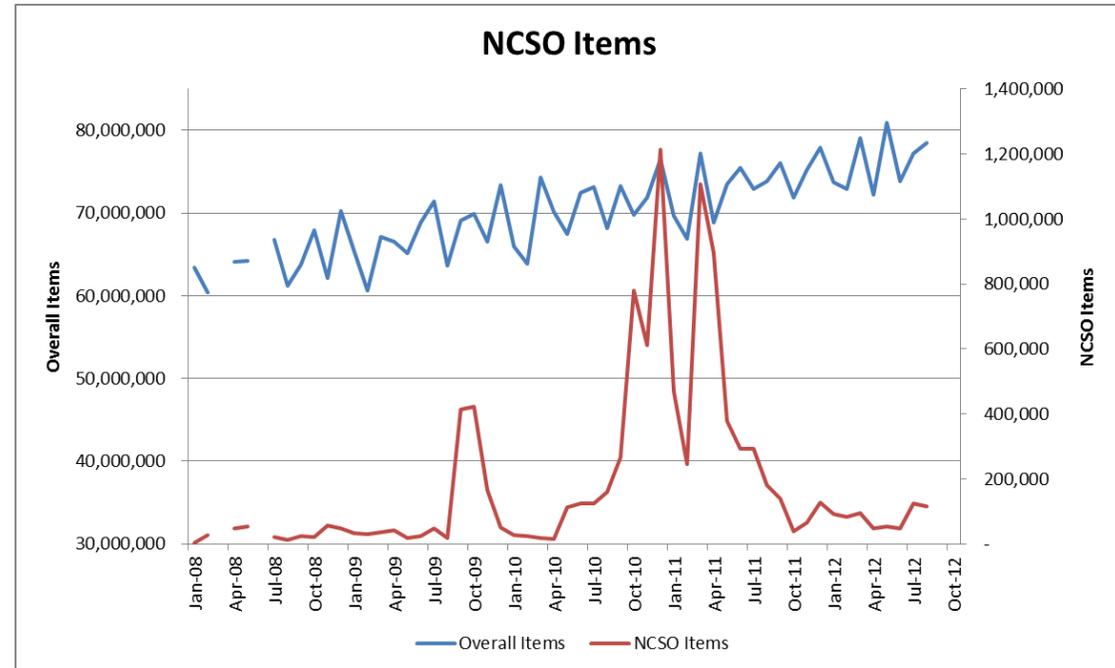
Average Item Value – Variance Analysis

	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	£2.91	£5.03	£0.75



Number of NCSO items: month – national items – NCSO items - % of items which are NCSO

Nov-10	71816554.0	611730.0	0.85%
Dec-10	76530439.0	1214315.0	1.59%
Jan-11	69641035.0	470546.0	0.68%
Feb-11	66929454.0	246270.0	0.37%
Mar-11	77145434.0	1108061.0	1.44%
Apr-11	68874960.0	893766.0	1.30%
May-11	73530984.0	378140.0	0.51%
Jun-11	75468525.0	293492.0	0.39%
Jul-11	72942271.0	293492.0	0.40%
Aug-11	73855590.0	181481.0	0.25%
Sep-11	75981066.0	139459.0	0.18%
Oct-11	71906194.0	38033.0	0.05%
Nov-11	75277264.0	66797.0	0.09%
Dec-11	77854614.0	126320.0	0.16%
Jan-12	73772423.0	90933.0	0.12%
Feb-12	72895257.0	82723.0	0.11%
Mar-12	79068949.0	94446.0	0.12%
Apr-12	72219650.0	46577.0	0.06%
May-12	80908242.0	52592.0	0.07%
Jun-12	73818270.0	48626.0	0.07%
Jul-12	77173997.0	124061.0	0.16%
Aug-12	78486866.0	115794.0	0.15%
Sep-12			
Oct-12	79198964	96691	0.12%



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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