



LPC NEWS

Practice Audit - Hayfever

Help us to gather data.



A local LPC member (Lisa Simpson) has developed a Hayfever audit on behalf of both LPCs. This audit can count as your practice audit for the coming year and will give the LPC evidence to support a future enhanced service proposal to take to the PCT. The audit itself will be very simple to complete, but we hope that it will provide sufficient information to allow for a more informed discussion with the PCT. The LPC will collate the audit results and feedback to the individual pharmacist who will then be able to use the findings of this audit to complete your contractual obligations. You will shortly be receiving a letter about the audit along with some instructions and paperwork should you wish to use this for your practice based audit. It will also be available on both LPC websites.

Pharmabase

PharmaBase is a web based pharmacy services platform that has been developed to help pharmacy contractors like you; it has now gone live and the two LPCs are working to get the PCTs and the North East Primary Care Services Agency signed up to using Pharmabase – as it will reduce admin time for contractors and the PCTs / NEPCSA as well as improve data management. This means that PharmaBase will support pharmacy contractors and their staff to deliver services more efficiently. All independent pharmacy contractors and branches of small chains will receive a letter that contains their logon details. CCA and AIMp member company pharmacies will receive their logon details from head office (unless the individual company has asked for individual letters to pharmacies).

With your logon details you will be able to access the first release of PharmaBase which will support you to demonstrate compliance with your terms of service and reduce the bureaucracy of contract monitoring by PCTs, via an electronic version of PSNC's Contract Workbook. This integrates with NHS Primary Care Commissioning's Community Pharmacy Assurance Framework (CPAF), which is used by many PCTs to undertake the contract monitoring of pharmacy services. LPCs across the region are working to ensure that by next year all monitoring of the main contract can be done via Pharmabase.

Other elements of Pharmabase can be used to:

Make records of EHC supplied via locally commissioned Enhanced services and claim payment for the service.

Make records of supervised consumption of medicines in line with locally commissioned Enhanced services and claim payment for the service, check payments received from commissioners for EHC and supervised consumption services.

Gateshead & South Tyneside LPC and Sunderland LPC have started to talk to NHS South of Tyne & Wear to see if we can encourage them to use Pharmabase for these two services as well.



Specials

You may be aware of the increasing concern in the NHS over the cost of SPECIALS. Janette Stephenson, Medicines Management Lead, recently said that the average spend on Specials has gone up in the last two years in the North East.

A big concern is not just the cost of the specials, but also the huge variance in costs of obtaining the same product from different suppliers. Guidance can be found on the website of the Royal Pharmaceutical Society.

The Code of Ethics under section 3 states:-

"A product with Marketing Authorisation is supplied where such a product exists in suitable formulation and is available, in preference to an unlicensed product or food supplement. Reimbursement claims for NHS or other professional services are honest and accurate"

Many GPs are not aware of the costs involved so we believe the simplest way to work within the guidance and conserve NHS resources is to first check if a suitable licensed alternative is available. Next check the cost of the special before placing the order, then contact the surgery to check if the GP would still like the special ordering in light of this information.

If you can't reach the prescriber, we suggest you could dispense the first prescription as a special then bring it to the attention of the Practice Pharmacist.

HEALTHY LIVING PHARMACIES

LPC News is delighted to learn that officers of the LPC are in discussion with public health representatives in our area to bring the concept of healthy living pharmacies (HLP) here.

The initiative behind pharmacies as healthy living centres is not new; indeed, pharmacies in Portsmouth have been piloting the idea for a couple of years now with good results. It's really an enabling frame-work to deliver quality services and community pharmacies which are HLP are better placed to compete for services.

In essence, once a pharmacy is a HLP, the pharmacy will be kite-marked. The Kite Mark is important as it is featured in a lot of advertising, resulting in a huge increase in service provision for HLP (e.g. HLP in Portsmouth offering smoking cessation services produced an increased number of quitters at 4 weeks of 36%).

Healthy living champions are trained up in HLP to reach out and "pull patients" into the services provided by the pharmacies. It's all about the team! Not just the pharmacist...Sadly no extra money is offered for being a HLP, but the reward comes as extra service provision.

In Portsmouth, pharmacies which have embraced the HLP concept have:-

- Increased morale of the "team"
- Increased staff engagement
- Increased public engagement
- Increased collaboration with GPs
- Increased footfall in the pharmacy
- Increased standing in the community

Non HLP feel left behind! All pharmacies want to be HLP.

LPC News will bring you more on this as details emerge...



Minor Ailments

The Minor Ailment scheme is still running and the service level agreement has been rolled over into 2011-12. Most pharmacies will have no change in the SLA but one or two may see a change in their activity levels, depending

Smoking Cessation

LPC News has been informed that the recent campaign, which allowed free nicotine products to all patients (now ended); coupled

on the amount of patients treated in the previous year. The North East Primary Care Services Agency (NEPCSA) will monitor the contract and all relevant pharmacies should have received a letter about this from the NEPCSA.

with bespoke mentoring has increased the overall conversion rates in pharmacies - leading to more quitters.



Lung Cancer Detection

19 pharmacies across South of Tyne & Wear are taking part in a pilot scheme to raise awareness of the signs and symptoms of Lung Cancer and increase early presentation of Lung Cancer into general practice.

This is to encourage earlier presentation of disease at the point of diagnosis and is primarily for patients who regularly buy cough mixture. The pharmacies will also be raising awareness of Lung Cancer symptoms with patients who might have co-morbidities

associated with Lung Cancer e.g. COPD and smokers/ex-smokers who are age 45+. Patients will have a short consultation with the pharmacist and may be referred to the GP for an urgent chest x-ray

The pilot runs until the end of June 2011 and will feed into a number of national pilots around early detection of cancer. What happens after the end of June depends on the findings of the pilot.

MUR's

Ok, it's a new financial year. The counter has been reset and you have the option of delivering up to 400 MURs by 31st March 2012.

Daunted?

Don't be - the LPC has some suggestions of areas to look at to make it easier to identify suitable patients and find the way to discuss the need for a MUR, and develop your relationship with your local surgeries at the same time.

purposes so that you can show patients how they should be using their inhalers if they don't know.

When required medicines

Again, look for overuse of these items - examples include: GTN sprays, creams/ ointments, analgesics, antacids
Review how the patient uses these items, ensure they use them properly and order them properly. Sell your own collection service, if you have one.

Patients getting inhalers

Look for overuse of inhalers, especially Salbutamol

If they've used 8+ Salbutamol in a year then this is a sign that their control of their respiratory disease is not as good as it could be. If you find that they do actually need that many inhalers, then signpost the patient to their surgery. It may be useful for you to find out beforehand what the procedures are at your local surgeries, who looks after respiratory patients etc.

Drug companies can provide you with placebo inhalers etc to use from demonstration

Diabetics

How many patients do you have who get multiple boxes of insulin per prescription? Do they have enough space in their fridge to store them properly? How often is their diabetes reviewed and changes made? Why not check that they don't overstock their insulin requirements? Suggest that they only need to keep a 1 month supply at home so if there are any changes then less is wasted. Type II diabetic patients can often be testing their blood glucose levels too often. Why not discuss this with your local surgeries to see what they are happy to see and ensure that you are both supplying the same advice?

New Services

The New Medicine Service (NMS) and targeted MURs are set to launch from October 1 this year, PSNC and NHS Employers have

announced. These are exciting developments for pharmacy and we will report further as the details are released.

Paracetamol Dosing



MHRA has updated the dosing for children's liquid medicines containing paracetamol. It has been developed to ensure children get the most effective amount, and to support giving it to them in the best way.

The updated dosing will have a larger number of narrower age bands and will define a single dose per age band.

Paracetamol continues to be an acceptably safe and effective method of short-term pain and fever relief in children, when used according to the patient information supplied with the medicine.

MHRA Director of Vigilance and Risk Management of Medicines, Dr June Raine said: "The change is to ensure children get the

most optimal dose of paracetamol suitable for their age."

This updated dosing advice will clarify the doses, making it easier for parents and carers to know exactly how much paracetamol they should give their children.

"The change is not because of safety concerns and parents/carers should not be worried that they have done anything wrong."

The current dosage system has a single age band 6-12 years. In the updated system, this will be divided into three separate age bands of 6-8 years, 8-10 years, and 10-12 years. Paracetamol products for children currently on the market should have the updated dosage instructions by the end of 2011. In the meantime parents and carers can still follow

PARACETAMOL 120MG/5ML		
AGE	DOSE	HOW OFTEN
3-6 months	2.5mls	qds
6-24 months	5 mls	qds
2-4 years	7.5mls	qds
4- 6 years	10 mls	qds

PARACETAMOL 250MG/5ML		
AGE	DOSE	HOW OFTEN
6- 8 years	5 mls	qds
8-10 years	7.5 mls	qds
10--12 years	10 mls	qds

Mixing Medicines

In May of 2010, the Department of Health issued a document detailing changes in legislation regarding the mixing of medicines prior to administration. The document is available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_116360.pdf

"Mixing" of medicines involves the combination of two or more medicines together for the purposes of administering them to meet the needs of a particular patient. Mixing of medicines together results in the production of an unlicensed product for which the prescriber has direct personal prescribing responsibility. Common examples of this are:- mixing of medicines in a syringe driver for patients on the palliative care pathway mixing of nebulised medicines.

To fulfil the legislative principles, prescribers must ensure that:-

- Mixing should be avoided where possible. It should be clinically appropriate to meet the needs of the patient and should not be undertaken for the convenience of the health professional.

- The instructions/direction to mix must be in writing.
- The prescriber must be assured that clinical governance arrangements are in place to ensure the mixer is competent to undertake the task safely.
- The person mixing the medicines must be competent (e.g. the patient or carer if nebulised are to be mixed).
- No-one should be obliged to mix and administer if they do not feel competent to do so.

Palliative care drugs that may be mixed in a syringe driver will have this written on the administration charts in the patient's home so the wording isn't needed on the prescription. St. Benedict's Hospice provide a 24/7 advice line for any palliative care queries (including drug compatibility queries) on 0191 5699195 Pharmacies usually have "specials" products prepared by licensed manufacturing units who will prepare the products according to good manufacturing practice. This is covered by other legislation and therefore the additional wording does not need to be added to prescriptions for specials.

However, if nebulised are to be mixed, this needs to be specified on the prescription form.

PHARMACY TECHNICIANS REGISTRATIONS

Registration as a pharmacy technician with the General Pharmaceutical Council becomes mandatory on 1 July 2011. From this date pharmacy staff need to be registered as a pharmacy technician to call themselves a "pharmacy technician" and to work as a pharmacy technician. Until this date transitional arrangements for entry on the GPhC's register apply. Since 1 January 2005 there have been minimum training requirements for dispensing assistants.

The Royal Pharmaceutical Society has published frequently asked questions on technician registration. These can be found on the RPharmS Website.

IG TOOLKIT - VERSION 9

All providers, including pharmacies, need to provide IG assurances to the NHS on an annual basis. The 2011-12 version of the Information Governance Toolkit ('version 9') is now online. All pharmacies will be expected to make their annual return before the 31st March 2012.

There are no significant changes to the arrangements this year, other than the requirement to undertake business continuity planning, which was exempted as a requirement in 2010/11. PSNC is still in discussion with the Department of Health on business continuity planning. Full guidance will be published in due course.

Changes have been made to improve the usability of the Toolkit. Any scores, evidence and comments entered into a pharmacy's version 8 assessment will automatically be rolled over to the version 9 assessment. Whilst there is still a need to tick to confirm that scores, evidence and comments have been reviewed and to update the information entered where necessary, this change should significantly reduce the time it takes to complete the annual assessment. More information on information governance can be found in the IG Section of the PSNC Website

MBE

Umesh Patel, Chairman of Sunderland LPC attended the Palace in March 2011 to be presented with his MBE by Her Majesty, Queen Elizabeth II.



New Models of Working with the NHS

You will all be aware of the seismic changes that are happening to the NHS at the moment. Of course this all has an effect locally and the LPCs have been working hard on contractors behalf to try and keep community pharmacy in the picture. We have been talking to public health teams and will be meeting with the Directors of Public Health to see how we engage with the upcoming Health and Wellbeing Boards. We have written to the new GP Commissioning Consortia and continue to meet with staff from the PCTs and the North East Primary Care Services Agency.

We are also reviewing what we do as LPCs both locally and regionally and seeing whether it is possible to rationalise what we do to maximise the amount of work we can do and minimise the cost to contractors. Some of this is being driven by the NEPCSA, which is working on a regional basis and some is being driven by the need to engage with three times as many organisations (PCTs, Local Authorities and GP Commissioning Consortia) as before. Gateshead & South Tyneside LPC and Sunderland LPC have been working jointly in some areas for a number of years now but any major changes locally or regionally will be shared with contractors.

Coroner's hearing

Recently, a pharmacist was called to attend a coroner's hearing, where a prescribing error led to the death of a child and the GP, receptionist and pharmacist were all to be questioned.

Most of us don't have any experience of courtrooms except on the television but a coroner's court is not like that. The coroner is seeking the truth behind the death and whilst the coroner is not adversarial their questions will be very probing.

Bear the following in mind, should you ever be called to attend: Make sure you contact your insurers well beforehand.

Take someone with you for support, possibly someone through your insurers or the LPC. Don't lie – you can get a custodial sentence and be struck off.

Stock Shortages

Stock shortages continue to be a time consuming and irritating problem for all of us. If everybody could please try and spend a few minutes to fill in the PSNC website we can highlight the problems. The more evidence we can gather the stronger our position will be with the companies. Also it has come to our attention that ALCON are insisting that pharmacies take packs of 10 when pharmacies order direct due to "quota problems". This has been brought to PSNC's attention but ALCON will not alter this policy at the moment. So, if you require any ALCON products we urge you to contact other pharmacies to obtain stock.

If you come across any situation like ALCON please contact Lisa Simpson via our website to report your problem.

GP Signatures

LPC News has become aware of the fact that certain GP signatures have been seen "spreading" into the main part of the prescription form - and may in fact appear to cross out an item (see attached); with the result that the new CIP software at the PPD may deny payment of that item!

A spokesperson from the PPD has advised contractors to include any such prescriptions within the red separators to ensure payment.

Appliances Prescriptions

Over prescribing and over ordering of stoma and incontinence appliances are frequently identified in general practice as important causes of wasteful prescribing and external companies often make third party requests for appliance prescriptions after supply has already been made to the patient which is NOT acceptable.

These concerns have been discussed at prescribing committees in all three PCTs and the Medicines Management team at NHS SoTW has written to all prescribers with an SoTW 'Appliance statement', which highlights:

GP practices are not obliged to issue retrospective appliance prescriptions to appliance contractors (including community pharmacies).

GP practices should expect to receive a prospective request for an appliance prescription from a patient or appliance contractor / community pharmacy.

Third party requests are not encouraged and

should only take place with the express consent of the patient. The PCT is advising appliance contractors and community pharmacies to have written authorisation to order on behalf of the patient. They should check whether the patient requires an order and what quantity is needed before ordering the prescription.

Practices should review their patients receiving appliances through appliance contractors and the prescription ordering process used by these patients.

As with any requests for NHS prescriptions, appliances must be requested and a prescription issued before delivery. Practices should therefore not supply prescriptions for appliances which have already been delivered to the patient.

Contractors must ensure there is a system in place to contact the patient prior to each request to ascertain their requirements.

The full letter is available on each LPC website www.sunderlandlpc.net and www.gandstlpc.net

Consultations

There is a huge amount of change going on within the NHS at the moment and the government are asking everyone for their views on the changes that are being proposed.

The two LPCs have responded jointly, on behalf of contractors, to four national consultations on Liberating The NHS and individually to the local consultation on the Pharmaceutical Needs Assessments.

Sunderland LPC has also responded to the consultations on Greater Choice & Control and An Information Revolution. We are currently looking at responding to three consultations on the Public Health White Paper – Healthy lives, healthy people.

If contractors would like to see what the LPCs said on your behalf, they are available on each LPC website.

NCSO

With shortages appearing in so many high volume drugs, it is essential to keep on top of the NCSO endorsements, as pharmacies are losing large amounts of money with incorrect endorsements.

If a pharmacy does not endorse where required to claim the Concession or does not endorse completely - they will lose out. We have reprinted our endorsing guide to help

Jointly Published by Gateshead & South Tyneside LPC and Sunderland LPC

If you would like to receive this newsletter by email or you would like to comment or contribute Information please contact our Editor :- Sami Hanna lpc@sami.eu.com

To get in touch with Sunderland LPC - contact the Secretary Kathryn Featherstone Kathryn@lumleypharmacy.demon.co.uk

To get in touch with Gateshead & South Tyneside LPC contact the Secretary Louise Lydon - ed.rd.louise@gmail.com

How to get the most from endorsements

The recent news that £120m is to be taken out of Category M between October 2010 and March 2011 means that times are going to be tight for community pharmacy. It is therefore imperative that contractors get their prescription endorsements right, to try to minimise any losses that might arise from incorrect pricing. To help contractors do this, we have put together a short guide to cover some of the areas where losses might occur. (Whilst these are correct at the time of going to press – please always check the current Drug Tariff ensure accuracy).

NCSO

When there are shortages of products in part VIII of the DT, contractors may have to dispense an equivalent product that is only available at above the set DT price. When this happens, PSNC can apply to the DH for the 'No Cheaper Stock Obtainable' (NCSO) Concession. If granted, contractors will be paid based on their endorsement rather than the DT price but it is essential that contractors endorse the prescription fully with:

- the letters 'NCSO' and
- **full details of the product dispensed** (e.g. manufacturer, brand name or price if it is an uncommon item and pack size) and
- **sign and date**

If any of this information is missing, payment will be based on the Drug Tariff price rather than the endorsed product.

If an item is in Category A or M of Part VIII of the Drug Tariff, out of pocket expenses can't normally be claimed. However if the NCSO Concession has been granted and the prescription is properly endorsed, **out of pocket expenses can also be claimed.**

The NCSO concession only lasts for the month it is granted and if problems remain, PSNC has to reapply at the beginning of the next month. In this situation PSNC have a FAQ response as shown below:

Q. Can I endorse a prescription 'NCSO' in advance of the NCSO Concession being agreed by the DH?

A. Yes, where a Part VIII product cannot be obtained at the Drug Tariff price because of a supply problem and a more expensive product has had to be dispensed, the prescription could be endorsed in anticipation of the NCSO Concession being granted. The full endorsement required is the initials, 'NCSO', full details of the product dispensed and the endorsement must be initialled and dated. NHS Prescription Services will reimburse based on the standard Part VIII price where the product was not been granted the NCSO Concession in the month concerned.

The image shows a green NHS prescription form with the following handwritten entries:

- Age: 35
- Name (including forename) and address: A Patient, Address St, Address Town, Postcode
- Dispenser's endorsement: NCSO
- Product 1: Gabapentin 100mg Caps, 1 tds, 1 x 100, dated 5/12/10
- Product 2: Broken Bulk Tacrolimus 1mg, 10d, 28, dated 12/12/10
- Product 3: Paracetamol 500mg Tablets, 2 QDS, 2 x 100
- Signature of Doctor: Dr Who, Street Surgery, Anytown, Postcode

Slipped date of birth / age printing

It is essential to check that the age / DoB is shown clearly in the box, as if it is obscured or printing has slipped, then these prescriptions could be switched if they have been included in the exempt bundle on age grounds, as the pricing computer won't recognise the age exemption. **If the age / DoB has any slippage or overprinting, make sure the back of the prescription has been signed and ticked for the relevant exemption.**

Slipped prescription item printing

Occasionally a prescription item is partially printed over the prescriber's signature box. Prescription Services has advised that if less than 50% of the item is printed within the signature box, then the prescription should be included in **the red separators to sort separately when sending for pricing at the end of the month**, to ensure it gets priced manually and not missed by the pricing computers.

However, if more than 50% of the item is in the signature box then a new prescription must be sought from the prescriber.

Broken Bulk

Claims for 'Broken Bulk' should be made if the quantity that you have to order from the supplier ordered is unlikely to be used up during the following six months. Claims can apply to drugs, incontinence and stoma appliances in Part IXB and IXC and chemical reagents other than items supplied in special containers. Broken Bulk is not allowed on Part VIII Category E products but may be paid on the ingredients.

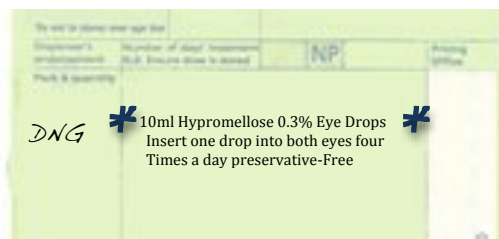
The endorsement should include '**BB**', the **pack size** supplied and the **date** of the claim.

Use the red separators to sort separately when sending for pricing at the end of the month; this ensures that they are manually priced as the **pricing computer does not recognise BB claims.**

Specials

Keep prescriptions for 'Specials' separate and use **the red separators to sort separately when sending for pricing at the end of the month**. This is so that they get priced manually and don't get put into the computerised system, which may miss that it is a special and just price on the first ingredient. Include Extemporaneously Prepared items in this category. PSNC has also suggested that the main section of the prescription is marked with an asterisk, to force the pricing computer to send it to a manual pricer (as if it were a hand written prescription), however the Prescription Services advice is that defacing a prescription is still technically illegal.

If you do not get any discount from your Specials supplier, remember to endorse 'DNG'.



FP34C Submission Document REV'D April 2010	FP34C Submission Document REV'D April 2010																																							
SORTING AND SUBMISSIONS OF FORMS																																								
<p>1. Complete one submission document only.</p> <p>2. FP10 prescription forms must be sorted as follows:</p> <p>2.1 Into patient charge group, i.e. exempt, paid, and paid at old rate. Each group should be segregated. PLEASE DO NOT use adhesive tape, pins or staples as these have to be removed and can delay processing.</p> <p>2.2 Within each group, sort in the order stated below:</p> <p>2.2.1 Resubmitted forms from previous month(s).</p> <p>2.2.2 Prescription forms with broken bulk claims, items with a net ingredient cost of £100 or more, items where prescribers have included supplementary product information (i.e. Specials). Please wrap these prescriptions in the red separators endorsed with this submission form to support identification at the NHD Prescription Services.</p> <p>2.2.3 Forms FP10 MDA by prescriber surname - where possible sorted open and fat.</p> <p>2.2.4 Forms FP10 D.</p> <p>2.2.5 Forms FP10RIG with RN indicator by prescriber surname.</p> <p>2.2.6 Forms FP10RIG with CN indicator by prescriber surname.</p> <p>2.2.7 Forms FP10RIG with SP indicator by prescriber surname.</p> <p>2.2.8 Forms FP10G/NC Hospital Forms.</p> <p>2.2.9 All other FP10 forms by prescriber surname (NB any prescribers with fewer than 20 forms can be placed into a miscellaneous section at the end of each group).</p> <p>3. All of the following forms must be kept separate from the FP10 prescriptions in exempt and chargeable groups (submitted for processing and reimbursement as in paragraph 2) and collated by form type as follows:</p> <p>3.1 RA ie Repeat Authorising forms.</p> <p>3.2 ETP Tokens for non payment.</p> <p>3.3 FP57 forms.</p> <p>4. Enter the required submission/declaration figures in the boxes opposite including electronic prescriptions. Do not include the number of any ETP tokens for non-payment or the number of any Repeat Authorising forms in your FP10 forms/items declarations in Part 1.</p> <p>5. Please fold this submission document along the fold line on page 4, so that the bar code is visible on the top, do not tear the form. Place this completed submission document on top of the submitted forms, pack securely in accordance with guidelines issued by NHS Security Management Services. Despatch to the NHD Prescription Service by NO LATER THAN THE FIFTH day of the month following that in which they were dispensed, using the address label provided.</p> <p>Notes -</p> <p>A) Address labels (for submission of parcels to the NHD Prescription Services) are supplied by the NHD Prescription Services.</p> <p>B) Postage on parcels and correspondence sent to the NHD Prescription Services MUST be pre-paid.</p> <p>C) The forms must be despatched in a secure manner that enables tracking and tracing of the delivery.</p>	<p>Part 1 Submissions</p> <table border="1"> <thead> <tr> <th>FP10/Electronic Prescription Claims</th> <th>Prescriptions</th> <th>Items</th> </tr> </thead> <tbody> <tr> <td>Exempt from patient charge</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Patient charge paid</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Patient charge paid at old rate</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Total - All Prescriptions</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>ETP Tokens for non-payment</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Electronic Prescriptions (do not if any submitted)</td> <td><input type="checkbox"/></td> <td>Repeat Authorising forms (do not if any submitted) <input type="checkbox"/></td> </tr> <tr> <td>No. of FP57 forms submitted</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>FP57 total amount refunded</td> <td>£ <input type="text"/></td> <td>pence <input type="text"/></td> </tr> </tbody> </table> <p>Part 2 Declarations</p> <table border="1"> <tbody> <tr> <td>Total number of hours that pharmacists and staff members supporting the dispensing process work in an average week, rounded to the nearest whole number (See Drug Tariff part VIIA)</td> <td><input type="text"/></td> </tr> <tr> <td>No. of Medicines Use Reviews undertaken (See Drug Tariff part VIC)</td> <td><input type="text"/></td> </tr> <tr> <td>No. of Appliance Use Reviews carried out at premises or subsequent reviews for users living at the same location within a 24 hour period (See Drug Tariff part VIE)</td> <td><input type="text"/></td> </tr> <tr> <td>No. of Appliance Use reviews conducted at the users home (See Drug Tariff part VIE)</td> <td><input type="text"/></td> </tr> <tr> <td>No. of items with Out of Pocket Expenses claimed (See Drug Tariff part I clause 10)</td> <td><input type="text"/></td> </tr> <tr> <td>Total claim for Out of Pocket Expenses (only enter claim for out of pocket expenses)</td> <td>£ <input type="text"/></td> </tr> </tbody> </table>	FP10/Electronic Prescription Claims	Prescriptions	Items	Exempt from patient charge	<input type="text"/>	<input type="text"/>	Patient charge paid	<input type="text"/>	<input type="text"/>	Patient charge paid at old rate	<input type="text"/>	<input type="text"/>	Total - All Prescriptions	<input type="text"/>	<input type="text"/>	ETP Tokens for non-payment	<input type="text"/>	<input type="text"/>	Electronic Prescriptions (do not if any submitted)	<input type="checkbox"/>	Repeat Authorising forms (do not if any submitted) <input type="checkbox"/>	No. of FP57 forms submitted	<input type="text"/>		FP57 total amount refunded	£ <input type="text"/>	pence <input type="text"/>	Total number of hours that pharmacists and staff members supporting the dispensing process work in an average week, rounded to the nearest whole number (See Drug Tariff part VIIA)	<input type="text"/>	No. of Medicines Use Reviews undertaken (See Drug Tariff part VIC)	<input type="text"/>	No. of Appliance Use Reviews carried out at premises or subsequent reviews for users living at the same location within a 24 hour period (See Drug Tariff part VIE)	<input type="text"/>	No. of Appliance Use reviews conducted at the users home (See Drug Tariff part VIE)	<input type="text"/>	No. of items with Out of Pocket Expenses claimed (See Drug Tariff part I clause 10)	<input type="text"/>	Total claim for Out of Pocket Expenses (only enter claim for out of pocket expenses)	£ <input type="text"/>
FP10/Electronic Prescription Claims	Prescriptions	Items																																						
Exempt from patient charge	<input type="text"/>	<input type="text"/>																																						
Patient charge paid	<input type="text"/>	<input type="text"/>																																						
Patient charge paid at old rate	<input type="text"/>	<input type="text"/>																																						
Total - All Prescriptions	<input type="text"/>	<input type="text"/>																																						
ETP Tokens for non-payment	<input type="text"/>	<input type="text"/>																																						
Electronic Prescriptions (do not if any submitted)	<input type="checkbox"/>	Repeat Authorising forms (do not if any submitted) <input type="checkbox"/>																																						
No. of FP57 forms submitted	<input type="text"/>																																							
FP57 total amount refunded	£ <input type="text"/>	pence <input type="text"/>																																						
Total number of hours that pharmacists and staff members supporting the dispensing process work in an average week, rounded to the nearest whole number (See Drug Tariff part VIIA)	<input type="text"/>																																							
No. of Medicines Use Reviews undertaken (See Drug Tariff part VIC)	<input type="text"/>																																							
No. of Appliance Use Reviews carried out at premises or subsequent reviews for users living at the same location within a 24 hour period (See Drug Tariff part VIE)	<input type="text"/>																																							
No. of Appliance Use reviews conducted at the users home (See Drug Tariff part VIE)	<input type="text"/>																																							
No. of items with Out of Pocket Expenses claimed (See Drug Tariff part I clause 10)	<input type="text"/>																																							
Total claim for Out of Pocket Expenses (only enter claim for out of pocket expenses)	£ <input type="text"/>																																							

Out of Pocket claims

Out of Pocket Expenses (OOP) can be claimed in exceptional circumstances on all medicines you don't supply frequently (except Category A or M of Part VIII of the DT, unless they have NCSO status). Out of Pocket Expenses can also be claimed on appliances in Part IXB and IXC of the Drug Tariff but cannot be claimed on items in Part IXA or IXR.

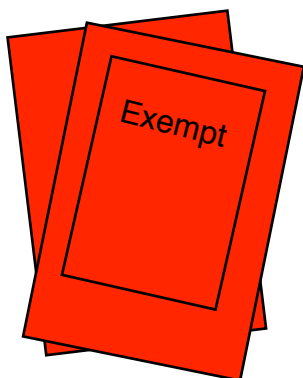
All Out of Pocket expenses must be claimed on the FP34C submission form (for payment) AND endorsed on each individual prescription (audit trail). The individual endorsement must include 'XP', amount of claim and reason for claim; invoices should not be sent but copies need to be kept in case of query or investigation.

Q. What can be claimed?

Actual costs incurred in during the process of obtaining specific items to fulfill patient prescriptions can be claimed this includes costs such postage, handling and the cost of phone calls to manufacturers or suppliers to order products.

Q. What can't be claimed?

Claims cannot be made for expenses which do not pertain to a specific product; this includes costs such as minimum order surcharges and fuel surcharges. Staff time costs can also not be claimed. The first 10p of any out of pocket expenses claim is retained by NHS Prescription Services.



Red Separator Warning

The red separators are to be used for Specials, broken bulk claims, slipped printing items and items where the NIC is over £100, to ensure manual pricing and help minimise errors due to the pricing computer misreading items. You may be tempted to put everything into the red separators, to ensure everything gets manually priced – **DON'T**. If it looks as though everything has been included in the red separators, NHS Prescription Services will put everything through the computerised system and you could lose out on broken Bulk claims and specials claims.

More information

There is a lot of information available on making sure endorsements are as accurate as possible.

PSNC have a number of helpful web pages (some of their information has been used in this article). They also have a free downloadable guide to dispensing, which is essential reading:

http://www.psn.org.uk/data/files/publications/87/Dispensing_Resource_Supplement_20089.pdf

The NPA have an online training programme (free for members) on the Drug Tariff, which includes a section on endorsing; this could be essential CPD for you and your staff.