

Hints & Tips

Dispensing Contractors

Issue 25



Pharmacy

Dispensing
Doctors

Prescribing-only
GPs (Personal
Administration)

Appliance
Contractors

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Welcome to the October 2016 issue of Hints & Tips, your regular newsletter full of helpful ideas and advice.

This month we're discussing changes to EPS, Electronic Repeat Dispensing, viewing summary care records in community pharmacy and the National Influenza Adult Vaccination Service Advanced Service. There's information for primary care staff providing healthcare to overseas visitors, and an update on items which are now available as licensed products.

We've included advice on how to claim additional fees and other payments and there's information on polyvinyl alcohol 1.4% eye drops and specials (unlicensed) items containing coal tar, plus plenty more besides which we hope you'll find useful.

If you have any suggestions for topics you'd like us to cover in future issues please let us know at nhsbsa.communicationsteam@nhs.net

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Pharmacy

Dispensing Doctors

Prescribing-only GPs (Personal Administration)

Appliance Contractors

Drug Tariff Part VIC National Influenza Adult Vaccination Service Advanced Service - Community Pharmacy

The national Flu Vaccination Service started on 1 September 2016 and this year runs until 31 March 2017.

The Department of Health and NHS England have published Directions providing the legal basis for the Pharmacy Seasonal Influenza Vaccination Advanced Service:

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(Amended\) Directions 2016](#)

If you intend to provide the service this year, you must register your pharmacy's details with NHS England first. Even if you registered to provide the service in 2015/16, you must still register again for 2016/17.

If you choose to stop offering the service at any point before 31 March 2017, you must inform NHS England.

Once you have registered your pharmacy to provide the service, you can claim reimbursement for the vaccinations you administer and the associated fees by completing the payment claim form. You will need to complete a form for every month in which you have administered vaccinations, and include the completed form in your monthly submission to NHS Prescription Services.

Information on how to sign up to the service and make claims for payment is available at [Flu Vaccination Service](#)

The Drug Tariff was amended for October 2016 to reflect the recommissioning of this Advanced Service.



Do you use Electronic Repeat Dispensing?



Electronic Repeat Dispensing (eRD) is an integral part of EPS, which offers many extra benefits over paper repeat dispensing. eRD allows regular medicines to be prescribed for suitable patients in batches of up to a year and stores the prescriptions securely on the Spine.

The Spine delivers the prescriptions to the patient's nominated community pharmacy at regular intervals, which have been set by the prescriber. This removes the need for the patient to contact their prescriber to request another repeat and consequently saves the patient and prescriber time. The prescriber retains the ability to cancel a single item or whole prescription at any time. The nominated dispenser receives the first issue on the day it is signed by the prescriber and subsequent issues seven days in advance of the due date, allowing for better management of stock control and avoiding out of stock items.

The facts about eRD:

- Prescribers are advised to consider creating an eRD prescription when they are already creating a repeat template. With eRD, patients won't have to contact their prescriber but they will continue to benefit from regular contact with their pharmacist or appliance contractor, who should check that their circumstances haven't changed since they collected the previous issue of the prescription.
- Consequently, before dispensing each issue, the pharmacist/appliance contractor should ask the following questions:
 - Have you seen any health professional (GP, nurse or hospital doctor) since you had your last repeat prescription?
 - Have you recently started taking any new medicines, either on prescription or that you have bought yourself?
 - Have you been having any problems with your medication/appliances or have you been experiencing any side effects?
 - Do you require all of the items on this prescription issue?

Based on the patients answers and using their clinical judgement, the pharmacist/appliance contractor can decide to dispense the prescribed item(s) or refer the patient back to their prescriber.

- When the patient collects the final issue of their eRD prescription, the pharmacist should inform the patient to contact their prescriber. Surgeries will often schedule a patient review to coincide with the end of an eRD batch.
- Some practices have an individual policy on the use of eRD. In some cases it has been highly effective for practices and pharmacies to work together to identify suitable patients.
- 'When required' items can be prescribed via eRD. The prescriber can set the repeat intervals based on the predicted number of uses/doses. If the patient runs out, the next issue can be requested early.

- Patients can only use eRD if they have an EPS nomination, but they can change their nomination at any time during the duration of the eRD prescription. If the original pharmacy/appliance contractor has downloaded the next issue of the prescription before the nomination has changed, they must return the script to the Spine to allow the newly nominated pharmacy/appliance contractor to retrieve it.
- If it is clinically appropriate, the next issue of a prescription can be manually downloaded from the Spine and dispensed early. The next issue is available once the dispense notification has been sent for the previous issue. For example, this could be useful when patients are going on holiday.
- Use the [EPS Prescription Tracker](#) to obtain details of every prescription in England. The tracker can be searched by NHS number or prescription ID. Searching by prescription ID will list all issues of an eRD prescription, as they share the same prescription ID.

NHS Digital is currently planning to run a series of eRD webinars, to provide prescribers and dispensers with more guidance. Look out for details in future editions of Hints and Tips or visit www.digital.nhs.uk/eps

Follow EPS on Twitter @EPSnhs #eRD

Information for primary care staff providing healthcare to overseas visitors



No-one can be charged directly for NHS primary medical care, but if you're referring a patient to secondary care and you're aware that they are chargeable or hold a non-UK European Health Insurance Card, S1 or S2, it's helpful if you let the hospital know. The hospital's overseas visitor manager will use this information to recover the costs of care provided in hospital. More information is available at <https://www.gov.uk/government/publications/help-for-nhs-to-recover-costs-of-care-from-visitors-and-migrants/information-for-nhs-staff-providing-healthcare-for-overseas-visitors-from-the-european-economic-area>.



Viewing Summary Care Records in community pharmacy

The Summary Care Record (SCR) is a copy of key information from a patient's GP record and as a minimum, contains medication, allergies and adverse reactions. It provides authorised care professionals with faster, more secure access to essential patient information.

Using SCR in community pharmacy saves time and makes decision making easier, enabling you to speak to patients and healthcare professionals with greater confidence. You can view a patient's SCR to help with:

- prescription information
- over the counter advice
- pharmacy services

Accessing SCRs can provide quick answers to day to day scenarios that can occur within a pharmacy. Some examples include:

A patient would like to know if their prescription is available:

With the patient's consent, you can access SCR to see if a prescription has been issued by the GP. The SCR shows the item name, strength and dosage. This applies to paper, electronic prescriptions and controlled drugs scripts too, including post-dated ones. This saves time and is particularly useful when a surgery is closed.

A patient cannot remember the name of a medication they are allergic to:

With the patient's consent, you can access their SCR to see which medications they are allergic to and if their allergies would mean their prescription is contraindicated.

A patient requires an emergency supply:

With the patient's consent you can access their SCR to verify that their medication is current and make a safe supply.

You notice an item is missing from a patient's prescription for their Dosette box:

With the patient's consent you can check their SCR to see if the item has been discontinued. The SCR provides visibility of mid-cycle changes.

The patient does not bring all of their medications along to their medicines use review appointment:

The SCR will show you acute prescription items as well as repeats, so if patients have their painkillers or antibiotics dispensed at a different pharmacy you will always have the most up to date information.

To gain access to SCR in your pharmacy or for further information on SCR in community pharmacy visit <http://systems.digital.nhs.uk/scr/pharmacy>

NHSBSA services are going digital



The NHS Business Services Authority began its programme of Digitisation and Sourcing in 2015 with the aim of helping us to ensure that our services are delivered effectively and meet the needs of our customers and stakeholders.

Our approach to digitising our services is in line with the digital transformation of government being led by the [*Government Digital Service \(GDS\)*](#), which is working to make public services 'digital by default'. Services will be online wherever possible, making them simpler, clearer and faster to use and providing a better experience for users.

Over the coming months we will be developing new digital services for trials initially in small pilot areas. The first of our services to go digital is likely to be the Maternity Exemption service and will involve a small group of midwives and their patients in selected areas in the north of England. They will complete the patient's application with them online, and the proof of exemption will then be sent to the expectant mum by email rather than the usual credit card sized plastic cards. Mums will then be able to present a digital maternity exemption certificate (or a print-out of it) as proof of their exemption from prescription charges.

More of our services will be digitised in the near future and we'll be in touch with you directly to let you know when these services will be available to patients in your area. We'll also keep you updated on the rollout of our digitised services in future issues of Hints & Tips.



Licensed products now available



Diazepam 2mg/5ml oral suspension (Special Order) has been discontinued. A licensed option is available from Sandoz Ltd which should be considered and is also available through AAH Pharmaceuticals Ltd and Alliance Healthcare (Distribution) Ltd.

Instead of using Naproxen 125mg/5ml (Special Order) which is unlicensed, use of Naproxen 125mg/5ml oral suspension sugar free (Orion Pharma (UK) Ltd) which is licensed and also available through AAH Pharmaceuticals Ltd should be considered.

Specials (unlicensed) items containing coal tar



There is evidence that prescribing and dispensing errors for specials products (unlicensed products) containing coal tar can result in some patients receiving an inappropriate product. This leads to a risk of significant harm. The British Association of Dermatologists' List of Preferred Specials lists products containing coal in terms of the % of one of the official coal tar preparations. There are three of these:

- Coal Tar BP
- Coal Tar Solution BP
- Coal Tar Solution Strong, BP.

An important factor contributing to the errors appears to be confusion as to which of these preparations is needed. Prescribers and dispensers should therefore ensure that prescribed orders for specials items containing coal tar clearly specify the coal tar preparation. The Royal Pharmaceutical Society has published updated guidance for the procurement and supply of specials and guidance for the prescribers of specials: <http://www.rpharms.com/unsecure-support-resources/specials-resources.asp>.



Did
you
know...?

Polyvinyl alcohol 1.4% eye drops



Polyvinyl alcohol 1.4% eye drops and Polyvinyl alcohol 1.4% eye drops 0.4ml unit dose preservative free are classified as medical devices and these products are no longer being manufactured as licensed medicines. The medical devices containing polyvinyl alcohol that have been approved as appliances are listed in Part IXA of the Drug Tariff in the eye products category. Polyvinyl alcohol 1.4% eye drops preservative free may also be prescribed and sourced from a manufacturer holding a MHRA specials licence.

Prescribers may wish to consider whether a patient would be able to use one of the unit dose preservative free products as an alternative to prescribing a 'special'.

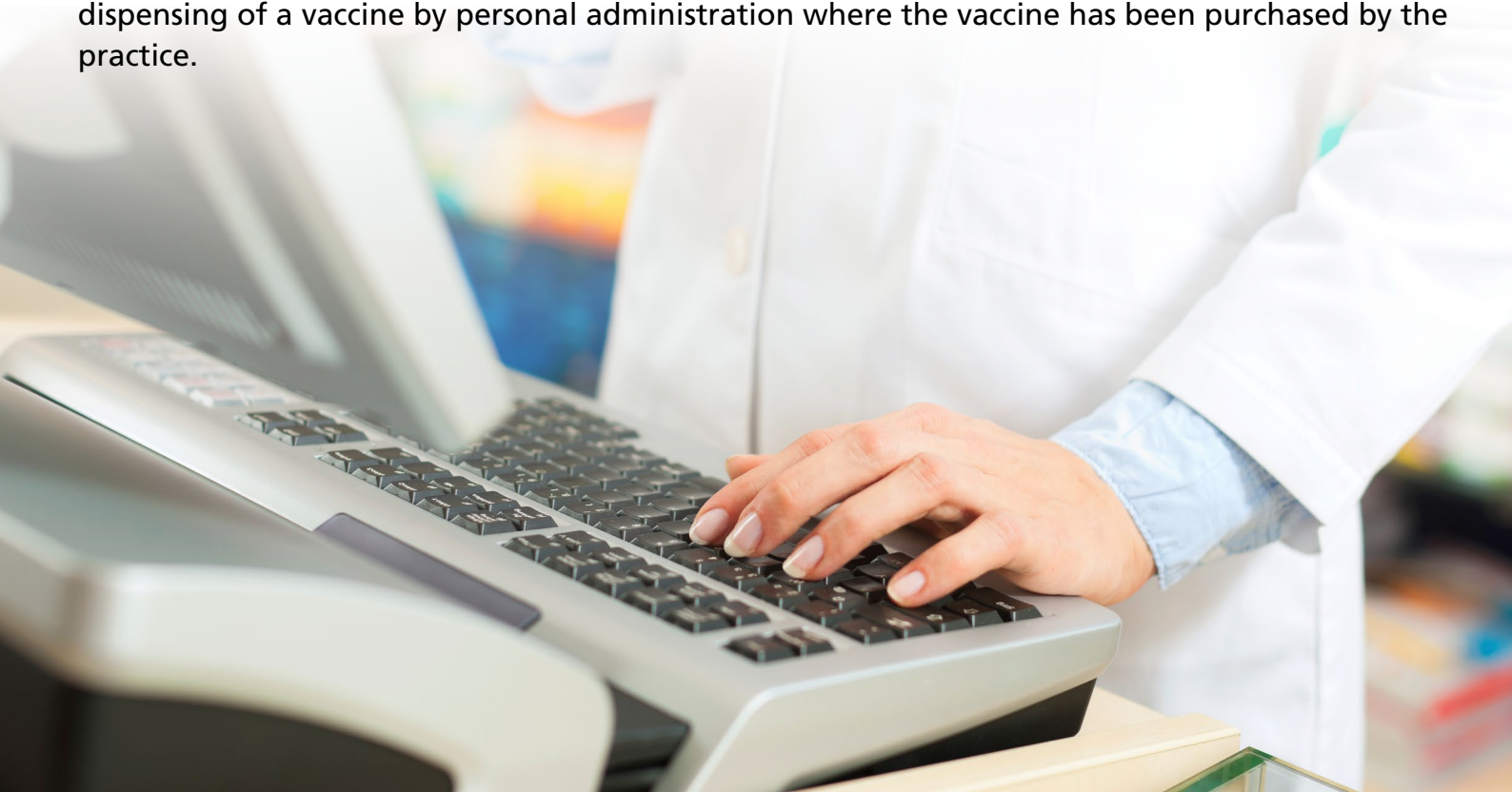
The products in Part IX are listed by proprietary name or generic name + supplier.

Centrally procured vaccines



Please remember that where vaccines have been centrally procured for your practice through Public Health England, you should not make a claim to NHS Prescription Services under personal administration arrangements using form FP34D/PD Appendix or FP10.

An FP34D/PD Appendix or FP10 form should only be submitted for payment to cover the dispensing of a vaccine by personal administration where the vaccine has been purchased by the practice.





Patient declarations for personally administered items



All GP practices can claim for items such as vaccines, injections and sutures (i.e. only those personally administered items included in the [*GMS Statement of Financial Entitlements*](#), paragraph 23.4) as long as they have been purchased by the practice and administered to patients. Where a drug or an appliance listed in this paragraph has been administered or applied to the patient by the doctor personally the payment of a charge under the NHS (Charges for Drugs and Appliances) Regulations 2015 is not authorised. This means that patients do not have to pay a patient charge for these items and NHS Prescription Services automatically processes them without deducting a charge.

If you're a GP practice submitting prescriptions for items which have been personally administered, your patients don't need to make a patient declaration for these items. The reverse of the prescription form should be left blank to avoid causing potential issues if an incorrect declaration is made.

How do I claim additional fees and other payments?



We regularly receive queries from contractors asking how to endorse prescription items when they need to claim for additional fees or other payments.

The table below summarises the endorsements you need to use and the circumstances in which to use them:

Circumstances	Endorsement to be used	Applicable contractor type(s)	Reference
To claim Broken Bulk	BB + pack size supplied	Pharmacy Dispensing Doctors Appliance Personal Administration	Drug Tariff Part II
To claim an extemporaneously dispensed fee	ED (+ details of ingredients if the item is not included in Drug Tariff Part VIII B)	Pharmacy	Drug Tariff Part III A
To claim a fee for elastic hosiery/ trusses requiring measurement and para stomal garments (belts and girdles) where size is not indicated in the Drug Tariff requiring measurement	MF	Pharmacy Appliance	Drug Tariff Part III A Drug Tariff Part III B
To claim a fee for oral liquid methadone packaged as separate doses, where the number of separately packaged doses exceeds the number of times the medicine was dispensed to the patient	PD n (where n = number of doses packaged separately, minus the number of times the medicine was dispensed to the patient)	Pharmacy	Drug Tariff Part III A
To claim a fee for a preparation sourced under an MHRA specials/importers licence	SP	Pharmacy	Drug Tariff Part III A
To claim Out of Pocket Expenses	XP or OOP + details and value of claim	Pharmacy Dispensing Doctors Appliance Personal Administration	Drug Tariff Part II

To claim Out of Pocket Expenses for specials/ imported unlicensed medicines	XP + amount claimed up to £20.00	Dispensing Doctors Personal Administration	GMS Statement of Financial Entitlements Paragraph 23.3
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No other endorsements can be accepted in these circumstances, so make sure you use these exact endorsements and include all of the required detail or we can't make payment for your claim. Remember to include any additional endorsements that are needed too, e.g. price, pack size or manufacturer, or we will be unable to make payment for the item and it will be returned to you for clarification.

Common reasons for referring back prescription items



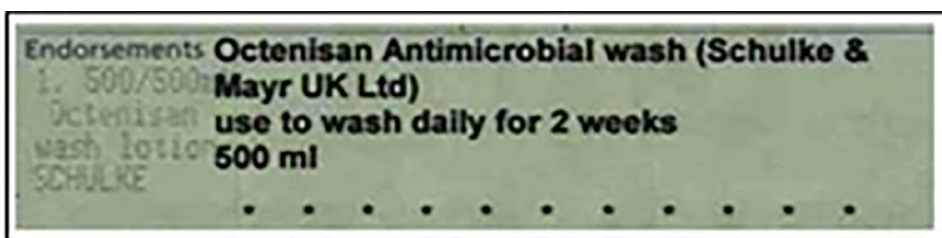
Three of the most common reasons that prescription items are returned to you for further information are:

- Non-Part VIII generic items with no additional information endorsed or only partial information endorsed. These items are referred back using code **RB1A** and you need to endorse supplier/manufacturer, price **and** pack size:



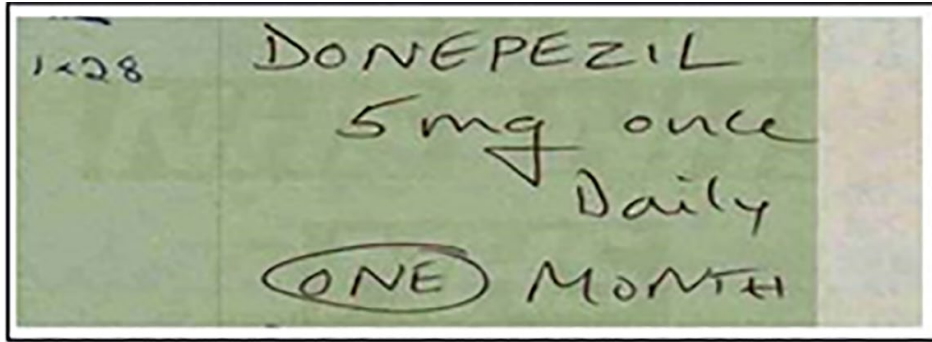
In the above example, the pack size has been endorsed but the supplier/manufacturer and the price of that pack size have not been stated. This item would be referred back for this information.

- Proprietary items with no price listed on dm+d and no price endorsed and/or no pack size endorsed. These items are referred back using code **RB1C** and you need to endorse the pack size used **and** the price for that pack size:



In this example the pack size used has been endorsed, but the price for this pack size has not been stated. This item would be referred back for this information.

- Handwritten prescribed orders with no pharmaceutical form stated. These items are referred back using code **RB2B** and you need to endorse the pharmaceutical form dispensed:



This handwritten prescribed order includes the name and strength of the drug but doesn't state the pharmaceutical form. As this detail isn't included in the endorsement, the item will be referred back for this information.

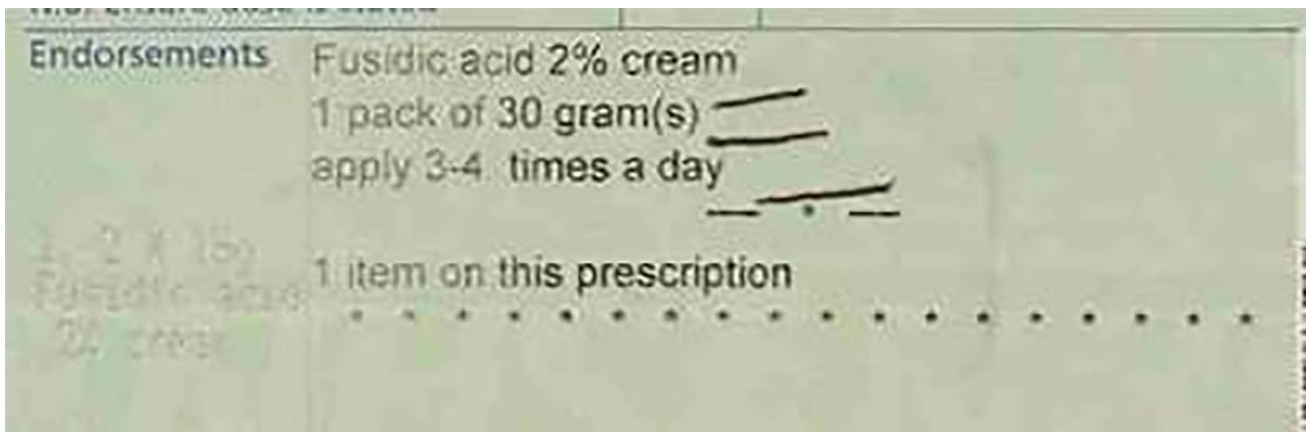
Remember to include all the relevant endorsements on prescribed items before submitting them to us. This prevents us from having to return them for further information and avoids any delay in making payment to you.

Is it time to refill your printer cartridges?



More and more dispensing contractors now use computer generated printed endorsements instead of hand written endorsements. Computer generated printed endorsements contain all the information that is needed to process your prescriptions efficiently and they're usually clear, easy to read and printed in the correct place. However, occasionally we find that some printed endorsements are too faint and we struggle to read the information supplied.

If the endorsement is not clear or is too faint, it makes it more difficult for us to process your prescriptions. We all want to get the most amount of use we can out of the equipment we use, so whether you choose to refill or replace your printer cartridges please remember to occasionally check the quality of your printed endorsements.



Useful links on our website

NHS England and Wales Drug Tariff

www.nhsbsa.nhs.uk/prescriptions/drugtariff

Information about sending in your reimbursement and remuneration claims

<http://www.nhsbsa.nhs.uk/2473.aspx>

NHS Prescription Services open days

www.nhsbsa.nhs.uk/prescriptions/opendays



More information

For more information you can access our online knowledge base [‘Ask Us’](#) at



www.nhsbsa.nhs.uk/AskUs

or contact us at

nhsbsa.prescriptionservices@nhsbsa.nhs.uk

You can also call us on 0300 330 1349.
Our opening hours are 8am to 6pm, Monday to Friday