



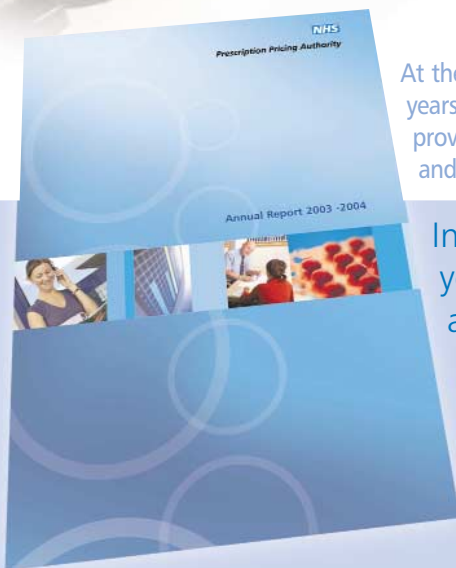
imPACT

Prescription Pricing Authority Newsletter

What's in this year's PPA Annual Report?

At the end of September, we published our Annual Report for 2003-04. As with those in previous years, it meets the requirement on us to report on our spending and performance. But it also provides a valuable opportunity to look back on what has been achieved over the course of the year and to present some startling statistics about the volume of work we deal with across the PPA.

In this summary, we set out just some of the highlights in this year's report, which is available in print (from the address shown) and to download from the PPA web site www.ppa.nhs.uk.



The year in question

This year we have expanded and improved the range of National Services that we provide. This has delivered a suite of value-added services, which flow from our core transactional business.

In order to generate the organisational capacity we need to deal with the growth in prescription numbers and the increasing complexity of those prescriptions, we have continued to drive forward our Capacity Improvement Programme (CIP). During 2003-04 we have carried out the preparatory work needed to move away from batch processing of multiple paper forms towards a more flexible process that will allow diversity of input and will enable a transaction oriented processing model to facilitate the build-up of information in real time.

Our ability to deliver core payment, prescribing information and supporting services effectively and efficiently is affected by the volume and the complexity of the data that we process. Commitments in the NHS Plan, which relate to prescribing and dispensing, have continued to affect the levels of growth and the complexity of the information we will deal with.

Everyone who works for the PPA contributes directly to the achievement of our objectives and to the development of our services to five million stakeholders. We have done much in the past year to commit the whole organisation to the future needs of the business. Alongside this, we have taken strides to understand and apply the principles of Agenda for Change. The contribution we have made there is significant across the NHS, but especially amongst other Special Health Authorities.

Last year, we worked closely with the NHS Information Authority to develop and release the NHS Dictionary of Medicines and Devices. This built upon the early work we had completed to build and populate the Primary Care Drug Dictionary. The dm+d now has a robust presence as one of the terminologies underpinning the National Programme for IT.

We have released significant efficiency gains in our core activities over the past three years. We have used these gains to reinvest in technologies and processes to further improve efficiency and quality of delivery through capacity improvement. The result will enable us to accommodate growth in inputs over the next five years at reducing unit costs for each transaction. ➤

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NHS

Prescription Pricing Authority

▶ The next twelve months will pose new challenges as the framework for delivery of pharmacy services is modernised, new prescribers come on stream and as electronic prescriptions start to be delivered. These initiatives allied to the work required to create the new NHS Business Services Authority, whilst we continue to re-engineer our core systems, means that we face exciting and challenging times.

Our Budget

The Authority reported a net operating cost of £64.7million, which was £1.5 million below the revenue resource limit of £66.2 million. The capital resource outturn was £3.8 million, which was £0.8 million below the capital resource limit of £4.6 million.

The Authority was also required to stay within the overall cash limit of £67.1 million. This was achieved and there was a balance of £76k in the Authority's bank accounts at 31 March 2003.

The Authority experienced major funding changes during 2003-04. These included financing for the issue of NHS Tax Credit Exemption Certificates (£3.6 million) and funding for repeat installment prescribing (£1 million). Apart from increases to cover inflation and prescription growth amounting to almost £2.2 million, the Authority also agreed to set aside funding for CIP.

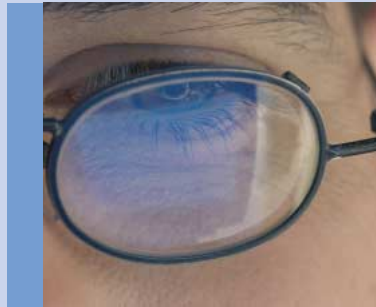
Major capital schemes undertaken during the year included new UNIX processors to give increased capacity handling for future years' growth (£1.4 million) and the refurbishment of the Bridge House Headquarters building, (£1 million).

The Authority's uplift from the Department of Health to cover inflation and pay awards was 2.5%. However, the cost to the Authority of A&C pay award, including underpinning for lower pay bands, amounted to 3.225%. The difference was funded by efficiencies generated through restructuring and cost improvement programmes. In total, over £1.7 million was released at the beginning of the year.

The Authority continues to provide financial and human resources services to an increasing range of external bodies. Cash limits in excess of £163 million were given to cover expenditure by organisations including:

- NHS Modernisation Agency
- NHSU
- Department of Health Expert Patient Programme
- NHS Graduate Training Scheme

This expenditure is not included in the Authority accounts as it is recharged back to the originating organisation. However, the Authority's costs incurred in providing these services have been included along with the total contribution from the organisations of £890,000 towards these costs. We will continue to provide these services into 2004-05 as well as similar services for NHS Direct.



Our Workload

Prescriptions

The number of prescriptions submitted to the Prescription Pricing Authority from all sources in the period 1 April 2003 to 31 March 2004 was:

	Prescription Items
Pharmacists and Appliance Contractors	598,718,222
Dispensing Doctors	47,568,772
Personal Administration	13,113,113
Other Authorities	3,371,652
Total	662,771,759

Patient Services handled over five million transactions with individuals during the year. Nearly half of these related to the issue of exemption certificates to people in receipt of certain tax credits, with 2.3 million cards issued during the year.

Information Services

During 2003-04 we continued our objective of reducing the amount of paper we issue to our customers by providing the information electronically in a more user friendly format enabling automatic analyses to take place. We launched two new electronic products, ePACT for hospitals and Electronic Prescribing and Financial Information for Practices (ePFIP).

Overall

In her foreword to the Annual Report, PPA Chairman, Anne Galbraith, has summarised our achievements in 2003-04, *"The PPA remains, fundamentally, an organisation that delivers on its promises to stakeholders. With the expansion in patient service in 2003-04, those stakeholders have now grown to more than five million. This is a dynamic organisation with a genuine flair for change and improvement. The notable successes of the last year have been built upon the invaluable knowledge of our frontline employees who have contributed tirelessly to a range of 'green-belt' performance improvement projects and many significant development opportunities."*

Copies of the Annual Report are available from:
http://www.ppa.org.uk/ppa/download_pdf.htm#anrep

Or by contacting: Prescription Pricing Authority, Planning & Corporate Affairs, Bridge House, 152 Pilgrim Street, Newcastle NE1 6SN. Tel: 0191 203 5879.

Get involved with the PPA

We would like to take this opportunity to invite you to join our forums and focus groups.



At the PPA we recognise the need to continually strive towards improvement in our existing products and services; as well as the need to plan, develop and implement new products, information systems and services.

Regardless of whether you use our services on a regular basis or not we would like to hear from you.

If you are a prescriber, pharmacist or member of the general public we value your input.

Please contact us to register your interest in participating in a forum looking at prescribing, dispensing or patient service.

For further information register on our website www.ppa.org.uk or contact:

kirsty.ocallaghan@ppa.nhs.uk

Or call 0191 203 5851



Mr Brown was unsure of the new ad agency's approach

Repeatedly Improving our Prescribing Data

The Repeat Dispensing initiative has now been running for some time, with an increase in participating contractors noticeable since April 2004. With the increasing take up of the scheme, a number of areas have come to light that are causing the PPA some difficulty in identifying these forms. If you are one of the Pathfinder Sites, we hope that you find the following information useful. If not, please bear it in mind when this initiative is available to all pharmacists.

If you are a PCT...

Please ensure that the PPA is made aware of when pharmacists start to use these forms. Anecdotal evidence would suggest that some PCTs are paying pharmacists by cheque, therefore, the PCT are unnecessarily bearing the cost of this initiative instead of it being charged to non-discretionary funds. Further information is available from epact.ppa.nhs.uk/systems/sys_main_lap.htm. You or your agency should have been contacted recently by Prescriber Information of the PPA to check that your repeat dispensing contractor details are up to date. If you have not been contacted, could you please contact us on 0191 203 5115 or e-mail help@ppa.nhs.uk.

If you are a Pharmacist...

- a) Please remember to retain the Legal Repeatable Prescription (i.e. the Authorising form) until all associated batch issues (annotated with RD) have been dispensed. The Authorising form should then be submitted separately with its own invoice. Some pharmacists are using the Authorising form as the first of the repeat series resulting in the patient incorrectly receiving an additional "repeat".
- b) Please ensure that your PCT is aware that you are dispensing repeat prescriptions to ensure correct remuneration.
- c) You will be receiving more detailed information about this initiative in the new year.

If you are a Prescriber...

- a) Under current Department of Health published guidance, the Authorising form is not meant to last for more than one year. Examples have been found where this guidance is not being adhered to.
- b) As part of the communication exercise for this initiative, directions were given and published (www.ppa.org.uk/ppa/prescform_overspec.htm) as to how the prescription form must be annotated to allow it to be identified correctly. Examples have been found where these directions have not been followed. Could you please check the guidance to ensure your forms are correctly annotated.

We would be grateful if you could ensure repeat prescriptions are sorted and marked appropriately as this will enable the PPA to continue to provide the service you require regarding the repeat dispensing initiative.





PPA and Princess Royal Trust for Carers

The PPA have been working with the Princess Royal Trust for Carers to raise awareness about what it actually means to be a carer and the help available to those who care.

How do I know if I'm a carer?

Carers are people who provide help and support to a partner, relative or friend who could not manage without this help because of frailty, illness or disability.

This is quite likely to be you - 3 in 5 of us will become carers at some time in our lives.

People usually take on the responsibility of caring well before they recognise that the word "carer" applies to them. Recognising that you are a carer is the first step in realising that there are resources to help and support you.

Working Carers

Many working people are carers and are used to the juggling act that's involved. Rigid work patterns and practices have led many carers to feel they have to hide their difficulties. It is not always easy to tell managers or colleagues about the situation you face at home. But remember there are nearly 6 million carers in the UK so you are not the only one dealing with these issues.

In 1999 new rights were introduced to take (unpaid) time off for dependents in cases of emergency. Building on this, the Employment Act 2002 gives working parents of children under 6 (or 18 if disabled) the right to request flexible working. Although this provision will not provide any direct benefit to most carers, it is an important step building on the existing framework and demonstrating the general acceptance of the role that caring has in many people's lives.

Being a carer is not something you should have to hide. Many managers and work colleagues will be sympathetic and understanding of the difficulties your role as a carer may present. Don't pre-judge the situation - after all, they may well also be carers - now or later.

Many people only recognise that the term 'carer' applies to them when something happens that makes it impossible to carry on as before. This is often a change in the condition of the person you care for - their condition may worsen, or they may be admitted to hospital. It is at this point that your carefully balanced world may fall apart and you may recognise that you are going to have to ask for some help.

You can do a number of things:

1. Talk to your manager about some time off if you need it, and about any adjustments to your working arrangements that might help deal with the current emergency (e.g. starting and finishing work early to allow time to visit the hospital).
2. Look at your new caring responsibilities and look at ways you can make the situation easier. This will usually mean asking for a Local Authority Assessment of the needs of the person you care for and of your needs as a carer.

An assessment is a first step in getting services and should take account of your needs as a working carer. The social worker doing the assessment should draw up a Care Plan with you covering the needs of the person you care for during the day.

3. Look for an individual or organisation that can help you. Some large employers have a confidential Welfare Service. Your local Carers' Centre or Carers Project should be able to give advice and signpost you to other appropriate local services. You may need someone to act as an advocate on your behalf.

If your caring responsibilities are going to increase permanently, at some point it may be worth talking to your manager about your job and the possibility of changing your working arrangements (for instance could you work at home on some days?). Changes like this can make all the difference to your ability to continue to work and care.

More information on carers and work can be found on The Princess Royal Trust for Carers website at:

www.carers.org.uk

Information on where to find your local Carers' Centre is also on the site.

PACT Centre Pages

The PACT Centre Pages report on Antibacterial drugs, issued to general practitioners in November 2004, is reproduced here for readers with an interest in patterns and trends of prescribing.

Each year infections account for 70,000 deaths in England and around 40% of people consult a health professional at least once because of infection.¹ Prescribing of antibacterial drugs began falling in 1995/96; over the last 3 years this decrease has stabilised, with a very slight increase seen for 2003/04 (Chart 1). Cost of antibacterial prescribing also fell, however, in the last 2 financial years it has started to rise again (Chart 2).

The reasons behind the reduction in prescribing of antibiotics have not been fully established. A study, investigating the reducing incidence of respiratory tract infection in all age groups and its relation to antibiotic prescribing, found that both had declined from 1995, with an almost identical seasonal variation each year.² It is not clear whether the decline in antibiotic prescribing is due to a lower incidence of respiratory tract infections, or, it may be the fact that consultation rates for respiratory tract infections have fallen, or both. In addition, it could be that GPs are following prescribing guidance for infections more closely. The paediatric subgroup of the Specialist Advisory Committee on Antimicrobial Resistance examined the trend in community prescribing of antibiotics by GPs over the last decade.³ Prescribing of paediatric preparations decreased by almost 50%, which is a much greater decrease for antibacterial prescribing in children than for the whole population.

Several policy documents about healthcare-associated infection and antimicrobial resistance have now been produced to support efforts to reduce unnecessary prescribing of antibiotics and to slow the advance of antimicrobial resistant microorganisms, for example:

- The Standing Medical Advisory Committee's report - UK Antimicrobial Resistance Strategy and Action Plan. June 2000.
- The Chief Medical Officer's strategy for combating infectious diseases - Getting Ahead of the Curve. January 2002.
- The Chief Medical Officer's report - Winning Ways. December 2003.

Antibiotic resistance is still making many infections difficult to treat. Winning Ways identifies the prudent use of antibiotics as a key area and includes the following action points:

- Antibiotics will normally be used only after a treatable infection has been recognised or there is a high degree of suspicion of infection.
- Antibiotics will only be taken by patients over the prescribed period at the correct dose.
- Prescribing of antibiotics for children will be carefully considered; they are often unnecessarily prescribed for common viral infections and the child is subsequently more likely to develop a resistant infection.

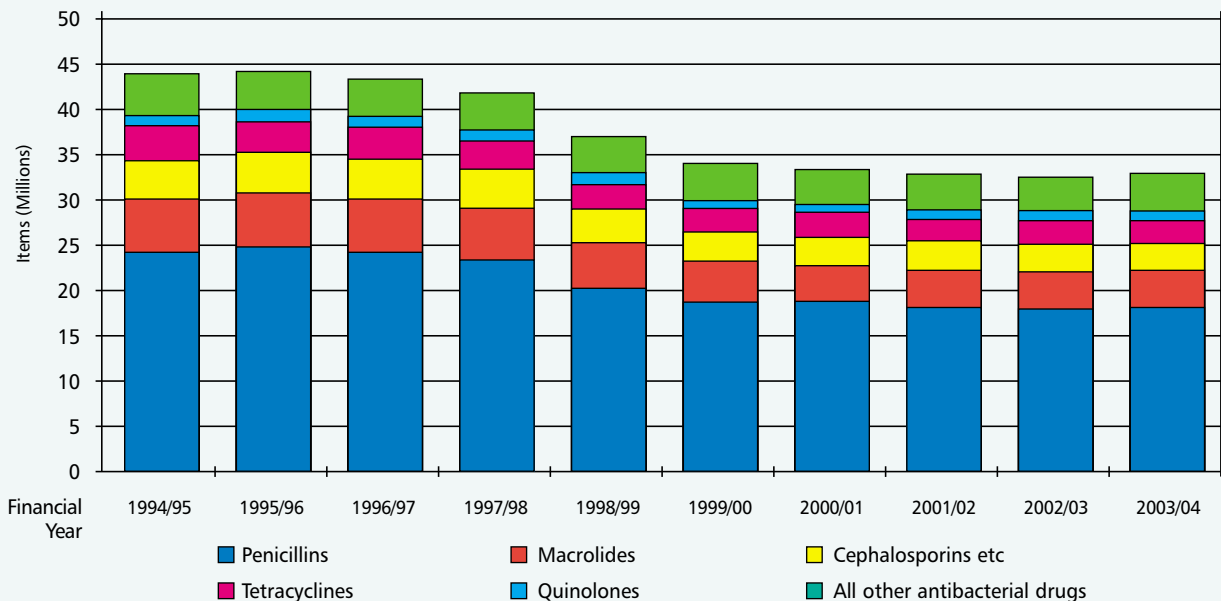
- Antibiotics will be used for prevention of infection only where benefit has been proven.⁴

Handwashing by healthcare staff is vitally important in the control of infection.⁴ NICE guidelines address prevention of healthcare-associated infection in primary and community care settings. Hand hygiene is an important principle, hands must be decontaminated immediately before every episode of direct patient contact and after activity that could potentially result in hands becoming contaminated. If hands are visibly soiled, or potentially contaminated with dirt or organic material, they must be washed with liquid soap and water.⁵

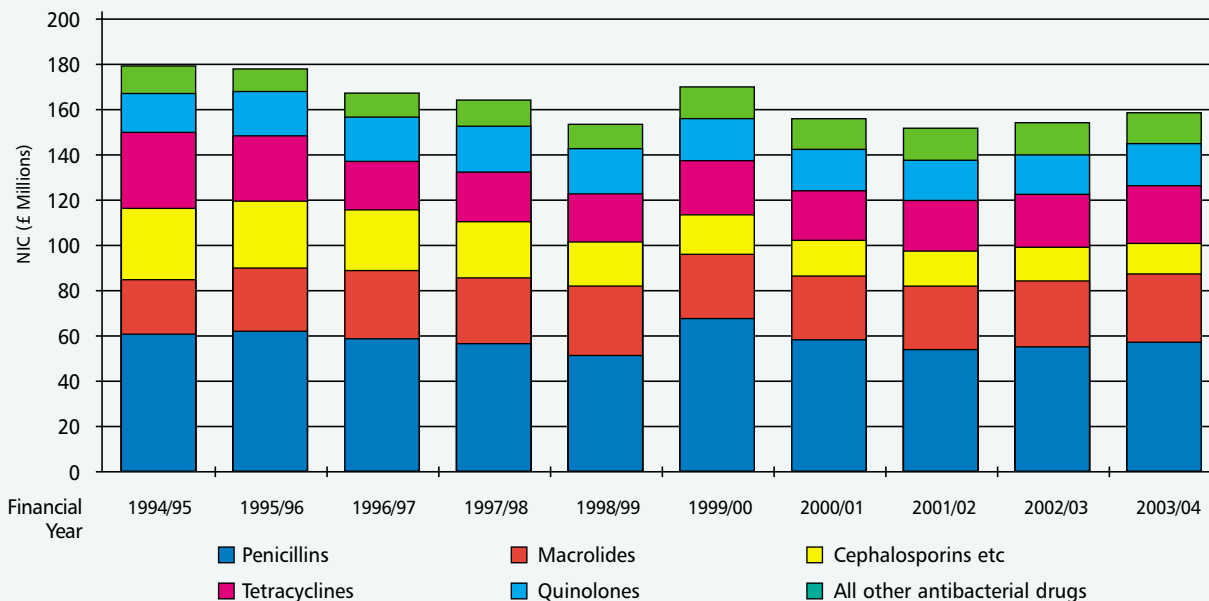
The Health Protection Agency (HPA) infection guidance for primary care can be used for consultation and local adaptation to take account of bacterial sensitivities. Principles of the guidance include not prescribing antibiotics for viral sore throats, simple coughs and colds; avoiding the use of new and more expensive antibiotics (e.g. quinolones) when standard and less expensive antibiotics remain effective; and avoiding widespread use of topical antibiotics.⁶

Watchful waiting is advocated in acute otitis media. In three meta-analyses with various sample sizes, spontaneous resolution occurred in 2-14 days in 80% of children.⁷ A poor outcome is unlikely if there is no vomiting, or temperature is

Trends in Prescribing of Antibacterial Drugs in England (Chart 1)



Trends in Spending on Antibacterial Drugs in General Practice in England (Chart 2)



below 37.5∞C.⁸ Simple painkillers reduce associated earache.

New evidence confirms that most patients do not benefit from antibiotics for sore throat. 156 children aged between 4-15 years with a sore throat for less than seven days and two of the four Centor criteria (history of fever, absence of cough, swollen tender anterior cervical lymph nodes and tonsillar exudate) received phenoxymethylpenicillin for three or seven days or placebo.⁹ Phenoxymethylpenicillin treatment had no beneficial effect on reducing symptom duration or the consumption of analgesics. The number of school days missed and recurrence of sore throat were similar in both treatment and control groups.

A recent trial investigated the effectiveness of interventions to reduce antibiotic prescribing for respiratory tract symptoms in primary care. The interventions employed were: group education meetings for GPs' and pharmacists' "assistants"; a consensus procedure on indication for and type of antibiotics for acute otitis media, sinusitis, tonsillitis and acute cough, with training in communication skills; monitoring and feedback on prescribing behaviour; and education material for patients. The control group did not receive these measures. After nine months the prescription rates in the intervention group fell to 23% (baseline 27%) whereas the control group rose to 37% (baseline 29%).¹⁰

New diagnoses of sexually transmitted infections (STIs) in genitourinary medicine

(GUM) clinics increased by 4% to 708,083 in 2003. HPA figures show chlamydia is the most commonly diagnosed STI, new cases rose by 9% between 2002/03 (82,558 to 89,818) for England, Wales and Northern Ireland. Untreated chlamydial infection can lead to pelvic inflammatory disease and subsequent infertility. Patients with symptoms that could be attributable to chlamydial infection should be tested. Patients who attend a GUM clinic, those with another STI and women undergoing termination of pregnancy should also be tested. Ten opportunistic screening programmes for chlamydia were implemented in 2002, with a further 16 programmes announced in January 2004. Screening now covers over 25% of PCTs in England. Treatment for chlamydia includes doxycycline, azithromycin, erythromycin or oxytetracycline.⁶ There is no strong evidence available to suggest that one of these drugs is anymore effective than the others. A systematic review found no significant difference between doxycycline and azithromycin in curing chlamydial infection.¹¹ Since 2001/02 the Healthcare Commission performance ratings for Primary Care Trusts have included an indicator for prescribing of antibacterial drugs measuring the number of antibacterial drug items/antibacterial STAR-PU. The number of items is expected to decrease as strategies to slow the advance of resistant antimicrobial agents are implemented. However, in over half of strategic health authorities prescriptions for antibacterial drugs increased between 2002/03 and 2003/04 (Chart 3).

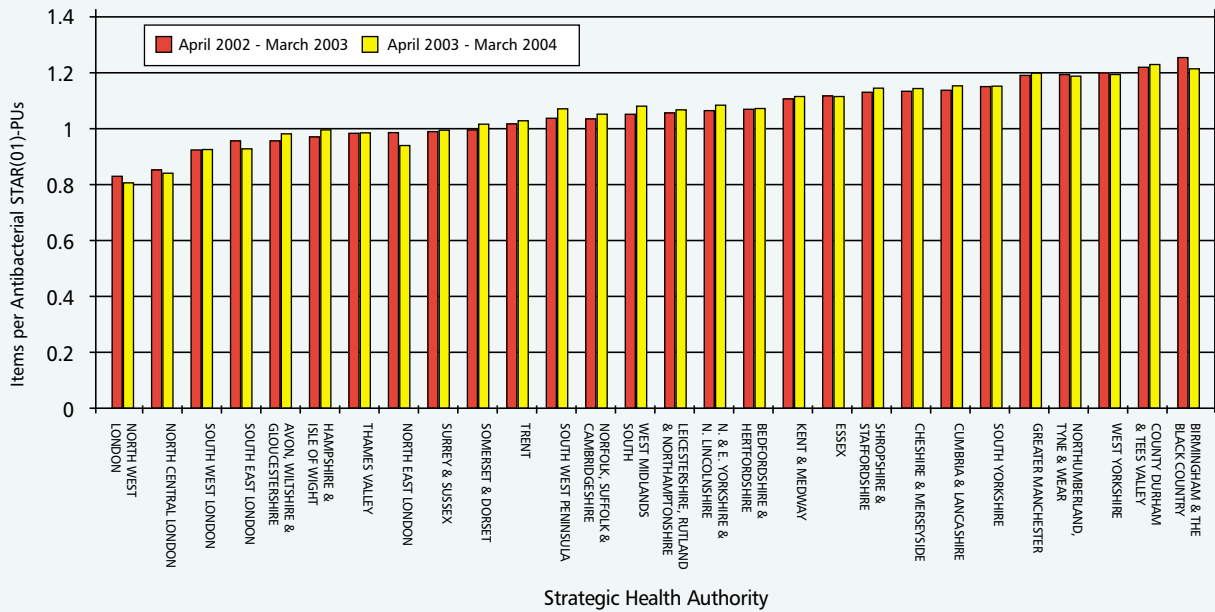
Penicillins are the most commonly prescribed antibiotics (18.0 million items, £56.6 million year to June 2004). Over the past 5 years prescribing of penicillins has decreased by 8% while spending has increased by 9%. 58% of all penicillin items are for amoxicillin, 18% for flucloxacillin, 13% for phenoxymethylpenicillin and 9% for co-amoxiclav. Of these drugs only prescribing of flucloxacillin has increased over the last 5 years (32%). Prescribing of phenoxymethylpenicillin has decreased by 6%. In the year to June 2004 co-amoxiclav accounted for 31% of spending followed by amoxicillin (28%), flucloxacillin (25%) and phenoxymethylpenicillin (12%).

Macrolides are the second most commonly prescribed group of antibiotics in the year to June 2004 (4.1 million items, £31.0 million). Erythromycin accounts for 78% of all macrolides (3.2 million items, £16.0 million) but its prescribing has decreased by 20% over the past 5 years. During the same period prescribing of clarithromycin decreased by 12%. Azithromycin accounts for only 2% and 7% of total macrolide prescribing and spending.

Cephalosporin prescribing has fallen by 11% over the last 5 years contributing to a decrease in spending of over 25% (3.1 million items, £13.6 million year to June 2004). Cefalexin is the most commonly prescribed, accounting for 66% of items (2.0 million) and 43% of cost (£5.8 million), followed by cefaclor with 0.5 million items prescribed in the year to June 2004. Prescribing of cefaclor has decreased by around 45% in the past 5 years.

The PACT Centre Pages continue overleaf

Prescribing of Antibacterial Drugs in Strategic Health Authorities (Chart 3)



Tetracycline prescribing has decreased by 7% in the last 5 years (2.5 million items, £25.6 million year to June 2004). There were 1.0 million items for oxytetracycline (41% of tetracyclines), 0.8 million for doxycycline (31%) and 0.5 million for minocycline (18%). Minocycline is more expensive than the others with a cost of £16.2 million in the year to June 2004 compared to £2.9 million for oxytetracycline and £4.0 million for doxycycline. Although minocycline has a broader spectrum than other tetracyclines, case reports suggest it has a greater risk of severe side effects such as hepatitis and drug-induced systemic lupus erythematosus.

Quinolones are prescribed less often than the other major groups of antibacterial drugs (1.1 million items per annum) suggesting that prescribers have taken note of guidance for use of

these drugs. £17.7 million was spent on quinolones in the year to June 2004. Ciprofloxacin accounts for 84% of both prescribing and cost.

Trimethoprim prescribing has remained steady over the last few years (2.8 million items, £2.3 million in the year to June 2004). 18% of all prescriptions for 200mg tablets were for a three-day course in the quarter to June 2004. Limiting prescribing to a three day course for uncomplicated cystitis in otherwise healthy women was recommended in the 1998 Standing Medical Advisory Committee report 'The Path of Least Resistance', there is room for improvement in this area.

The NSF can be found on the following website - www.dh.gov.uk

Our Centre Pages article can also be found on - www.ppa.nhs.uk

Summary

- Antimicrobial resistance continues to be a problem which can be addressed by reducing unnecessary antibiotic prescribing, particularly for children.⁴
- Watchful waiting is advised for otitis media in children, little benefit is gained from initial antibiotic treatment.⁷
- Suitable treatments for chlamydial infection include azithromycin, doxycycline, erythromycin or oxytetracycline.⁶
- The use of new and more expensive antibiotics should be avoided where less expensive, standard antibiotics are effective.⁶

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Electronic Prescribing & Financial Information for Practices (ePFIP)

To access ePFIP go to www.ppa.org.uk

A service that provides you with information on your Practice's prescribing habits and costs, which enables you to compare and manage your prescribing performance against National and PCT comparators.

The PPA introduced the initial release of the new electronic Prescribing & Financial Information for Practices (ePFIP) in April 2003 to a limited number of pilot Practices to compliment their paper reports. As a result of positive feedback from the pilot Practices this service is now being made available to all Practices throughout England.

The service consists of the following three reports:

Practice Detailed Prescribing Information (PDPI)

The Practice Detailed Prescribing Information report, similar to a PACT Catalogue, provides a full inventory of the prescription items issued in the last 12 months and provides a breakdown by GP, practice nurse, and other practice prescribers.

The information can be selected by:

- All prescribers, specific prescriber or practice totals.
- British National Formulary (BNF) chapter.
- Level of detail from BNF chapter to quantity prescribed for each presentation.
- Month from the latest 12 months.
- BNF or prescriber.

Practice Prescribing Report (PPR)

The Practice Prescribing Report, like PACT Standards, provides headline prescribing information for your Practice. It provides comparisons with a Practice's PCT and National positions, for the previous 13 months, describing the trends and current position of prescribing in terms of both cost and volume, based upon chapters and sections in the BNF.

Actual values and growth from the same month in the previous year are provided for your Practice, your PCT and at National level.

Prescribing Monitoring Document (PMD)

The Prescribing Monitoring Document provides financial information about prescribing costs against budgets. It shows the cost of prescribing, to enable you to manage the drugs element of your unified budgets. The report includes the same information as the paper version, with the addition of charts and comparative analysis.

The information contained in the above reports is updated on a monthly basis by the PPA and can be viewed, downloaded and printed using your PC.

If you would like any further information relating to this service, please contact our helpdesk on 0191 203 5070 or email: help@ppa.nhs.uk

 Register now for ePFIP at www.ppa.org.uk

Help with Health Costs



The Health Benefits Division of the PPA has expanded in the last 18 months and now provides a range of patient services, some of which were managed locally by Health Authorities and PCTs. For some 5 million users, our services now include:

- Administration of the NHS Low Income Scheme
- Selling Prescription Pre-payment Certificates
- Issuing Medical Exemption Certificates
- Issuing Maternity Exemption Cards
- Issuing NHS Tax Credit Exemption Certificates on behalf of the Inland Revenue

As a result of the changes, the Health Benefits Division was relaunched under the name of Patient Services in March this year. The new name better reflects the full range of services now provided.

The Low Income Scheme (LIS)

The Low Income Scheme helps people with limited income with a range of NHS Health costs. The Scheme compares an individual or family's income with their needs to calculate whether they should receive free or reduced cost NHS treatment. The assessment follows broadly the same rules as those used to assess Income Support and Housing Benefit but also considers weekly expenditure for rent/mortgage and Council Tax. Anyone who has capital of £8000 or less can apply (£12,000 for people aged 60 or over). People who qualify will be sent either form HC2 entitling them to free NHS treatment or form HC3 entitling them to reduced cost treatment. Claims are made on form HC1 obtainable from the Health Benefits Division.

Prescription Pre-payment Certificates (PPC)

These certificates are available to reduce the costs of prescription for anyone who needs more than 5 items on prescriptions in a four month period or 14 items in a year. They cost £32.90 for a four month certificate and £90.40 for a year. There are now a number of ways to purchase a certificate:

- By post using form FP95
- Online via the PPA website
- Over the phone using the telephone orderline 0845 850 00 30
- From a number of local pharmacies which sell certificates on behalf of the PPA (also listed on the website)

These certificates can be used for all prescription charges incurred during the period of the certificate, no matter how many charges are incurred, therefore, they can result in considerable savings for those people who obtain a large number of prescription items.



Medical Exemption Certificates

People who suffer from any of a specific list of medical conditions may apply for a certificate, which will provide exemption from prescription charges. The conditions listed include; Diabetes controlled by medication, Epilepsy which requires continuous anti-convulsive therapy, hypoparathyroidism and a number of other permanent conditions. To view the full list, you should pick up leaflet HC11 available from main Post Offices or click on the link on the PPA website. People who suffer from any of the listed conditions should fill in a form at their GP surgery, this will be forwarded to the HBD and a small credit card certificate will be issued, valid for 5 years.

Maternity Exemption Cards

These are issued to pregnant women and those who have given birth in the last 12 months. Applications should be filled in by the GP, Midwife or Health Visitor and signed by the patient. The form will be posted by the surgery to the PPA. A small plastic card will be issued, valid until 12 months after the expected or the actual date of confinement.

NHS Tax Credit Exemption Certificates

Certain people who receive working tax credits and child tax credits are also exempt from NHS charges. The HBD issues NHS Tax Credit Exemption Certificates on behalf of the Inland Revenue to those people who are entitled.

Forms and leaflets regarding these services can be obtained from the HBD Customer Contact Section on 0845 850 11 66.



Hints and Tips

"CE" Marked Devices

A reminder - There continues to be a number of products which appear at first glance to be medicinal products but which are subsequently found to be registered as devices. The majority of the queries we are currently getting tend to be in relation to certain eye drop products, in particular products marketed for dry eyes (e.g. Systane, Theratears, Lubristil, Eyestil etc) and we are finding, when contacting the manufacturers, that most of these are now registered as devices.

So the best advice we can give is, before you dispense against a prescription, check whether the product bears a "CE" mark - if it does, and the product isn't listed in Part IX of the Drug Tariff, it won't be reimbursable.

Incontinence Pads

Please note - Currently, Drug Tariff Part IXB carries a note (note 3) which states that "incontinence pads are not prescribable under the Drug Tariff provisions". Thus, products such as Tenalady Pads aren't allowed to be prescribed on Form FP10 etc.

"Drug Addict Forms"

Help us to help you - When you're dispensing in installments against a Form FP10MDA please remember to complete the right-hand side of the prescription in full each time you dispense an installment. Whilst we will accept "ditto" marks, it will greatly assist us when processing these prescriptions if each column on the right-hand side is completed in full.

Prescribing Restrictions on Vacuum Pumps etc

A reminder - Please note that the Selected List Scheme (SLS) applies equally to drugs and to devices for the treatment of erectile dysfunction. Thus, prescriptions ordering Part IXA vacuum pumps and/or constrictor rings must also be endorsed "SLS" by the prescriber before they can be reimbursed.

Helicobacter Tests

For information - We occasionally receive queries as to whether tests for Helicobacter pylori (e.g. Pylobactell, INFAl helicobacter, diabact UBT etc) are allowed to be prescribed on Form FP10. Such tests are licensed medicinal products, are therefore prescribable and will be reimbursed if ordered on Form FP10 and its variants.

Drug Tariff Part IX

A reminder - We continue to annotate Part IX appliances with the three-month notice of deletion following the agreement that was reached with the Drug Tariff Part IX Forum that devices not prescribed within the previous twelve-month period may be eligible for deletion from the Drug Tariff. Thus, we would advise you again that it's important that you read the Preface to the Drug Tariff each month because this tells you at a glance which items have been deleted in that particular month because, once an item is no longer included in Part IX, it is no longer reimbursable.

To summarise:

- Take care when dispensing products marketed for dry eyes - the majority of these are now classed as CE-marked devices.
- Incontinence pads are not allowed to be prescribed or dispensed on Forms FP10 etc.
- Remember to complete in full the right-hand side of your "Drug Addict Forms" each time you dispense an installment.
- The Selected List Scheme applies equally to devices for the treatment of erectile dysfunction; make sure that the doctor has endorsed "SLS" before you dispense a prescription.
- Tests for Helicobacter pylori are licensed medicines and, as such, are prescribable on Forms FP10 etc.
- Part IX devices which have not been prescribed in the previous twelve-months continue to be annotated with three-month notices of deletion.