

NHS Prescription Services

Information for pharmacy contractors on the sorting, submission and endorsement of prescription forms

NHS Prescription Services receives over 10,000 prescription batches every month from pharmacy contractors (and additionally from doctors and other types of dispensers). To facilitate the accurate processing of these batches, pharmacy contractors should follow the basic principles outlined below when sorting, submitting and endorsing prescription forms.

Sorting the monthly prescription batch

The main sorting requirements are shown on the FP34C submission document that is sent to you each month. These instructions include:

- Sort the FP10 submission into five groups:
 - exempt (including no charge contraceptives)
 - exempt – red separator
 - chargeable
 - chargeable – red separator
 - old charge rate (where applicable).
- Sort the forms within these groups as described on the FP34C (i.e. by form type, prescriber type, etc.). It is particularly important to sort any other forms separately (e.g. Repeat Authorising forms, ETP tokens for non-payment, EPS prescriptions and FP57s) but submit as part of same account.

We also ask all pharmacy contractors to separate the following exempt and chargeable prescriptions from the main body of your batch in the red separators provided:

- Any prescription forms containing items where broken bulk is claimed.

- Any prescription forms containing expensive items which are individual items with a net ingredient cost of £100 or more.
- Any prescription forms containing items where 'out of pocket expenses' have been claimed.
- Any prescription forms containing 'specials', which are unlicensed medicines manufactures in response of a prescription for an individual patient where a licensed product is not available. They may be procured from a third party e.g. specials manufacturer or extemporaneously prepared by the contractor (see Drug Tariff Part VIII B).
- Any prescription forms containing items where the prescriber has provided additional information e.g. preservative-free or sugar-free within the dosage instructions.
- Any prescription forms containing items where the prescriber has made a handwritten alteration or addition.
- Any prescription forms where the prescriber's signature touches or goes over the details of the last item on the prescription form.

These exempt and chargeable red separator prescriptions should be secured separately and placed on top of your batch before you dispatch it. They do not need to be sorted alphabetically by prescribing doctor name.

Filling in the FP34C submission document

The FP34C has three separate sections to fill in. These are:

- Part 1 – Submissions
- Part 2 – Declarations
- Part 3 – Authorisation.

Part 1 is used to record details of the type of forms submitted. Please complete the following areas:

- **The number of forms / items within each group:**
 - The exempt from patient charge group (including no charge contraceptive items)
 - Patient charge paid group
 - The old rate group.
- **The total figure for all FP10 prescriptions submitted.**

Please ensure EPS totals are included when making your declaration. Any unused boxes in the above section **only** should be left blank i.e. they should not be crossed through in any way. The "No Charge Prescriptions in Group 2 or 3" box has also been removed. Any items in these two groups which do not attract charges should be added to the figures for the exempt group items in order for the advance payment to be correctly calculated. Alternatively, the correct number of fees/charges will be paid following the actual processing of the account as these items will be identified accordingly.

- **Indication of any ETP tokens for non-payment or repeat authorising forms submitted.** These are to be indicated by a tick only – there is no requirement to indicate the number of these forms submitted. NHS Prescription Services began scanning RA forms for information purposes and EPS tokens from 1 September 2016 to support the Prescription Exemption Checking Service. Although EPS tokens will be scanned they will not be used for reimbursement purposes, so you will still need to include all endorsement information on the electronic message. Any endorsements entered onto the paper tokens will not be taken into account for reimbursement purposes.
- **Indication of any EPS release 2 claim messages.** These are to be indicated by a tick and the number of EPS prescriptions included in the totals provided for exempt and chargeable prescriptions.
- **Any FP57 refunds that the pharmacy has given.** This is recorded as:
 - the number of refunded FP57 forms submitted
 - the total amount refunded on FP57s.

If the number of FP57s to be submitted is zero, then “0” should be written in the relevant box. The number of pounds reclaimed as part of the FP57 procedure should be right-justified next to the decimal point.

Part 2 is used to record five further declarations:

- The number of hours per week dispensing staff are involved in supporting the dispensing process in an average week.
- The number of Medicine Use Reviews (MURs) undertaken.
- The number of Appliance Use Reviews (AURs) carried out at premises or subsequent reviews for users living at the same location within a 24 hour period.
- The number of AURs conducted at the user’s home.
- The number of completed New Medicine Services (NMS) undertaken.

Declaration of dispensing staff hours

In this section, pharmacists should declare the total number of hours that staff members supported the dispensing process in an average week. NHS Prescription Services takes into account staffing levels declared on the FP34C in the calculation of the practice payment. If pharmacies have less than the minimum staffing levels, they will receive the level of the practice payment for the number of items indicated by their actual level of staffing.

The declaration should include all staff members involved in the dispensing process, including the pharmacist. All staff involved in the dispensing process can be counted in the declaration of dispensing staff levels; this includes pharmacists, pre-registration trainees (only half of the pre-registration trainees hours should be counted for this purpose), pharmacy technicians, dispensing / pharmacy assistants and medicines counter assistants or assistants trained to undertake the functions being performed. The 'dispensing process' includes:

- the taking in and issuing of prescriptions
- dispensing prescriptions
- clinical assessment of prescriptions and accuracy check of dispensed items
- stock ordering and putting stock away
- preparation and assembly of medicinal products
- resolving queries related to prescriptions
- counselling patients on their prescriptions
- carrying out the administration necessary for the payment of prescriptions (e.g. endorsing and filing prescriptions).

Where a staff member has multiple roles for example, a medicines counter assistant who spends 50% of their time taking in prescriptions and helping patients complete the exemption declaration, and 50% of their time undertaking general tasks on the retail side of the pharmacy business; only the number of hours spent supporting the dispensing process may be counted in the staffing declaration.

The declaration should record the normal staffing levels for the pharmacy. Therefore if a member of staff has been absent due to annual leave or sickness they may still be included in the declaration, as the declaration is a record of the normal staffing levels for the pharmacy. Similarly if a member of staff leaves and the pharmacy is actively engaged in seeking a replacement for the post, that post may also be included in the declaration. However if a member of staff is not replaced for a prolonged period of time the Area Team, who will be monitoring staffing levels, may decline to accept that post as counting towards the pharmacy's staffing level. The Area Team may wish to look at payroll and other evidence of employment if it has concerns about the validity of the declaration.

The total number of hours declared on the FP34C should be rounded to the nearest whole number. If the number is 0.5 hours or less, it should be round down and if the number is more than 0.5 hours it should be rounded up. If the number of dispensing staff hours per week, based on establishment, alters in the course of the month for which the declaration is being made, for example because a brand new post is established, the lowest number should be declared.

The number of hours written in this space should be right-justified. If no declaration is made, the contractor will be paid at the minimum level (i.e. £500 per annum). For example, for a pharmacy employing a pharmacist and two full time members of staff that support the dispensing process, each working forty hours in an average week, the declaration will be:

Total number of hours that pharmacists and staff members supporting the dispensing process work in an average week, rounded to the nearest whole number.

1	2	0
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Medicines use reviews

The number of medicines use reviews (MURs) undertaken for that month should be written in this space ensuring that the numbers are right-justified. The contractor should declare zero values in the box if no claims are being made for MURs in that monthly submission.

No. of Medicine Use Reviews Undertaken

0	0	0
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Appliance use reviews

The number of appliance use reviews (AUR's) undertaken for that month are split into two categories and should be written in the spaces provided ensuring that the numbers are right-justified. The contractor should declare zero values in the box if no claims are being made for AUR's in that monthly submission.

No. of Appliance Use Reviews carried out at premises or subsequent reviews for users living at same location within a 24 hour period

0	0	0
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No. of Appliance Use Reviews conducted at users home

0	0	0
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New Medicine Services

The number of completed full New Medicine Services interventions should be written in this space ensuring that the numbers are right-justified. The contractor should declare zero values in the box if no claims are being made for New Medicine Services in that monthly submission.

No. of completed New Medicine Services undertaken

0	0	0
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Part 3 is completed by the contractor as authorisation of the overall submission/declaration. The contractor should:

- include the pharmacy stamp in the area provided
- sign and date the FP34C
- check that the account details and address pre-printed on the FP34C are correct. Our scanners read the barcode on the FP34C, therefore it is essential that contractors use the FP34C form specific to their account for the correct prescription month. Using an incorrect form would result in incorrect payment.

Once completed, please fold the FP34C into quarters along the fold lines marked on the document itself, so that the bar code and prescriber name/address are visible at the top. This should then be placed at the top of the forms being submitted to NHS Prescription Services.

A new copy of the FP34C should be sent to you by NHS Prescription Services each month. If you have not received this by the time you are due to submit your account, or if you have misplaced your copy, please contact our helpdesk on 0300 330 1349.

Packing and submitting the monthly prescription batch

The simple advice is:

- Submit with appropriate claim form.
- Sort as appropriate.
- Submit in a secure manner that enables tracking and tracing of the delivery.
- Submit no later than the fifth day of the month following that in which the supply was made.
- Place the prescriptions which have been sorted into five groups into a plastic bag(s), which should be sealed.
- Place the sealed prescriptions into a strong box of the right size with the invoice, and wrap/seal this carefully.

Pharmacy contractors in England that are enrolled in the Pharmacy Earlier Payment Scheme will need to secure delivery to NHS Prescription Services by the 3rd or 8th day of the month to be able to access funds early.

Occasionally prescription batches are received by NHS Prescription Services in a damaged condition. The main cause relates to prescriptions being placed in a box that is too big for the size of the batch and as a result they have been subject to damage within the postal delivery system. By following the basic principles above your batch will arrive safely and securely.

Common problems encountered during processing include:

- The use of staples, paper clips, too many elastic bands, string or sticky labels and folded forms.

- Prescriptions aren't bundled at all and are put loose into their outer packaging so we have to sort them.

Endorsement of prescription forms

The purpose of endorsements added by the dispenser is to ensure that NHS Prescription Services has clear, accurate and unambiguous information against which we can make the appropriate reimbursement and remuneration. Adding unnecessary endorsements on the prescription form is a common problem, particularly those generated by computer endorsing systems. Although there are many reimbursement and remuneration rules that require endorsements, there are three very basic rules:

- For generic medicines listed in Part VIII of the Drug Tariff, we will reimburse at the Drug Tariff rate automatically. You do not need to add endorsements unless there is more than one pack size listed in Part VIII, in which case pack size endorsements are required. In those exceptional cases where an 'agreed shortage' has been accepted by the Department of Health, we will accept endorsements for brand items where the prescription is fully endorsed, signed and dated.
- For generic medicines that are not included in the Drug Tariff, the supplier should be endorsed, along with the pack size, if more than one pack size exists.
- Most proprietary medicine orders do not need any endorsement, other than the appropriate pack size.

Further help and advice

For more information, you can contact our helpdesk by telephone on 0300 330 1349 or by email at nhsbsa.prescriptionservices@nhsbsa.nhs.uk. You can also subscribe to our quarterly electronic newsletter by emailing nhsbsa.communicationsteam@nhs.net. Please include 'Hints & Tips for Dispensing Contractors' in the subject line. Previous editions can be accessed here: <http://www.nhsbsa.nhs.uk/3191.aspx>