

# Hints & Tips

## Dispensing Contractors

Issue 22



Pharmacy

Dispensing  
Doctors

Prescribing-only  
GPs (Personal  
Administration)

Appliance  
Contractors

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- Trading name

## Welcome to the January 2016 issue of Hints & Tips, your regular newsletter full of ideas and advice!

This month we're discussing how to endorse FP10MDA forms correctly, how and when to submit dispensing tokens to the NHSBSA and when you don't need to submit Private Prescriptions. We'll explain why you must not use correction fluid on the back of prescription forms and how doing so can actually cause problems, and there's an update on how pharmacy and appliance contractors can now access their payment information online. There's also details of the purpose of the General Medical Services Statement of Financial Entitlements Directions (GMS SFE) and where you can find it.

We've included information on the changes to the Misuse of Drugs Regulations 2001, how reimbursement is made for tablets/capsules packed in special containers and the Community Pharmacy Seasonal Influenza Vaccination Advanced Service. We've also included details of products which now have licensed equivalents available, an update on the revised Community Pharmacy Assurance Framework (CPAF) questionnaire and free EPS masterclass training which is available to all users.

There's also EPS Release 2 advice on when you need to send claims, how to endorse a brand or pack size and why 'changes' to prescribed products won't be taken into account for reimbursement purposes. Finally, there's an update on an enhancement which will be made to EPS Release 2 in February 2016 to improve the prescription cancellation process.

If you have any suggestions for topics you'd like see included in a future edition, please contact us at:  
[nhsbsa.communicationsteam@nhs.net](mailto:nhsbsa.communicationsteam@nhs.net)

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Pharmacy

Dispensing Doctors

Prescribing-only GPs (Personal Administration)

Appliance Contractors

## Have you had your free EPS masterclass yet?



To help dispensers to get the most out of EPS, training is now available for all staff working in community pharmacy and dispensing appliance contractors. This includes counter staff, dispensing technicians, pharmacists and locums. The masterclasses are designed to help you make EPS work better for you, whether you're new to using it or an experienced user.

The free training is being organised by the EPS Team at the Health and Social Care Information Centre (HSCIC), in conjunction with Local Pharmaceutical Committees (LPCs), dispensing system suppliers and the NHS Business Services Authority (NHSBSA).



Over 800 events will be held throughout England. They're already underway and will continue until June 2016.

### What's included in the training?

1. Dispensing system training tailored specifically to your PMR system and covering how to use EPS Release 2.
2. Business process change and how to get the best out of EPS, including business continuity.
3. A Claiming and Endorsing Masterclass presented by the NHS Business Services Authority.

At least one event for every PMR system will be held in each local LPC area. There will be at least seven events in each LPC area.

The masterclass training has been endorsed by the Centre for Pharmacy Postgraduate Education and attendance counts towards your continued professional development.

For further information including dates and locations, please visit the HSCIC website:

<http://systems.hscic.gov.uk/eps/dispensing/pharmatraining>

## Submitting your dispensing tokens



At the end of each month, you must submit to NHS Prescription Services any dispensing tokens relating to EPS Release 2 prescriptions where a reimbursement claim has been made in that month. All EPS tokens that have been signed by the patient (or their representative) to capture payment or exemption declarations must be sent to the NHS Business Services Authority, except tokens for patients who are age exempt (i.e. aged under 16 years or 60 years and above).

Do NOT submit EPS tokens relating to age exempt patients.

You must secure these EPS tokens separately from your FP10 prescriptions at the top of your batch, currently there's no need to sort them as you would your prescriptions. Remember to tick the box on your FP34 submission document to indicate that you've included EPS tokens with your submission. Any EPS dispensing tokens that have not been used to capture exemptions or payment declarations should be confidentially destroyed.

When you submit EPS dispensing tokens to NHS Prescription Services, they may be used to verify claims for free prescriptions. However, because the patient's date of birth is included within the EPS message, we don't need you to submit the tokens if the patient is under 16 or 60 or over and is therefore age exempt.

During a recent audit, we identified that 60% of the exempt dispensing tokens submitted to us in a particular month were for age exempt patients. This increases the time it takes us to sort through the tokens and takes up the limited space available in our warehouse, so please remember not to include them in your submission.

## Using correction fluids causes problems!



We have noticed an increase in FP10 prescriptions being submitted with correction fluids like Tippex on the back of the form, especially where writing has encroached into the 'paid' box in Part 2. This is unnecessary and can prevent our scanning equipment from reading the form successfully, which may lead to delays in payment.

If a prescription is submitted in the exempt group and a signature or any writing has encroached into the 'paid' box on the patient declaration, there's no need to erase it:

The image shows a close-up of an FP10 form. The 'Part 2' section contains the text 'I have paid' followed by a box containing the pound symbol (£). A handwritten signature is written over this box. To the right, the text 'Now sign and fill in Part 3' is visible. Below this, the 'Part 3' section has two radio button options: 'Gross ONE box I am the patient' and 'patient's representative'. Further down, there are fields for 'Sign here', 'Print name and address\*', 'Date', and 'Postcode'.

Our system will detect the mark and send the prescription to an operator to determine the correct course of action. In this situation, prescriptions are always sent to an operator to decide in which group - paid or exempt - the prescription will be processed. In the above example, an operator would confirm that this is an 'exempt' prescription.

The system **never** makes this decision automatically. Because this is such an important process, if an operator switches a form from exempt to chargeable a second check is then carried out by a different operator to confirm that it has been switched correctly.

## Endorsing your FP10MDA forms correctly

When items are prescribed on FP10MDA forms to be dispensed in instalments, it's important that dispensers accurately record the details of each dispensing event on the right-hand side of the form. This is to comply with regulations and also ensures that we can make accurate payment for the item(s) dispensed.

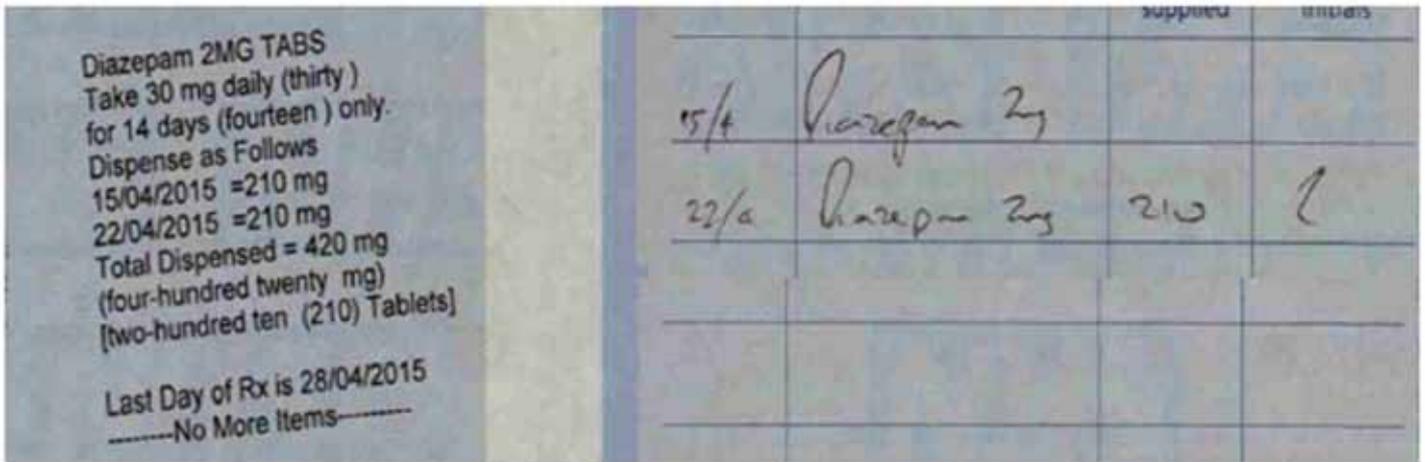
Date	Item	Quantity supplied	Pharmacist's initials
7/10/14	Physeptone 1mg/ml Mixture SF	25ml	DM
8/10/14	"	25ml	DM
9/10/14	NOT COLLECTED		
10/10/14	Physeptone 1mg/ml Mixture SF	25ml	AM
11/10/14	"	25ml	DM
12/10/14	"	25ml	DM
13.10.14	NOT COLLECTED		
14.10.14	Physeptone SF Mixture 1mg/ml	25ml	KW

The example above has been clearly endorsed with the total quantity dispensed (150ml) on the left, which matches the 6 x 25ml dispensed quantities on the right. Additionally, the two instalments that were not collected by the patient have been clearly marked as such.

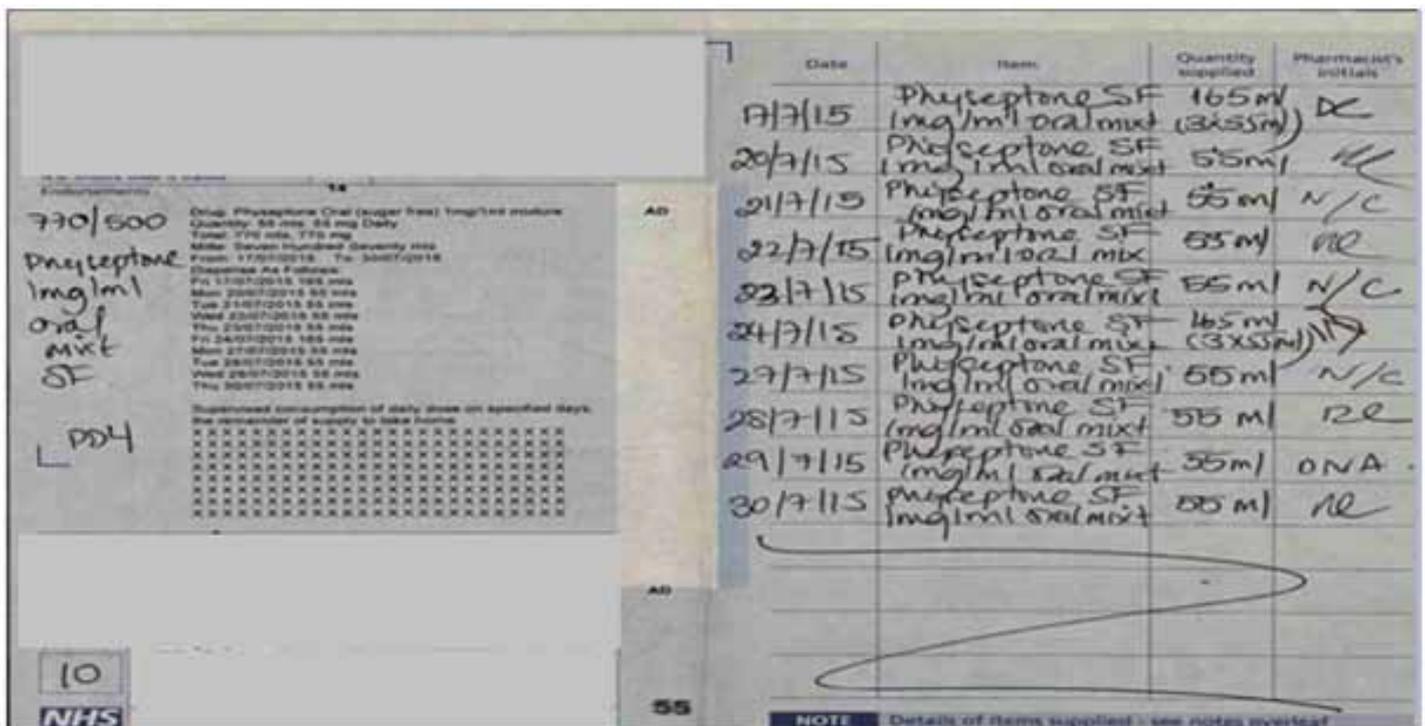
Unfortunately, many FP10MDA prescription forms are currently returned to contractors for more information because our processing staff are unable to determine exactly what has been dispensed. This will delay payment.

The endorsement information input on the right-hand side of the form must reflect what has been supplied to the patient. This information mustn't conflict with what has been prescribed. Some examples of missing or misleading information are:

- It's not clear whether the instalment for the 15th has been dispensed or not, because there's no quantity stated and no initials but neither is it endorsed 'ND':



- There is conflicting information as the total quantity prescribed (770mls) has been endorsed on the left and 10 is stated in the 'No. of prescriptions' box, but it looks like some of the instalments may not have been dispensed. Please do not use abbreviations in the 'Pharmacist's initials' box to represent not dispensed (ND), did not attend (DNA) or not collected (N/C) as it is not clear whether these are abbreviations or the pharmacist's initials. Instead, where instalments have not been dispensed, please make this clear in the 'Item' box and 'Quantity supplied' box:



- We're unable to determine the total quantity dispensed. There are no endorsements of item, quantity or initials from 18th to 25th and only 5 fees have been claimed in the 'No. of prescriptions box', but the form has not been endorsed ND (not dispensed) against the 'missing' instalments:

Date	Item	Quantity supplied	Pharmacist initials
12/18/15	Diazepam 2mg	4x2mg	BU
13/18/15	"	" 4x2mg	BU
14/18/15	"	" 4x2	BU
15/18/15		8x2	PP
17/18/15		4x2	BP
18/18/15			
19/18/15			
20/18/15			
21/18/15			
22/18/15			
24/18/15			
25/18/15			

Endorsements  
Diazepam 2mg Tablets  
Daily Dose as Follows: 4x2mg Tablets  
Total: 56x2mg Tablets (94 six Tablets)  
Treatment Period: 12/08/2015 to 25/08/2015 (dates inclusive)

Please Dispense:  
Wed 12/08 4x2mg    Thu 13/08 4x2mg    Fri 14/08 4x2mg  
Sat 15/08 8x2mg    Sun 16/08 8x2mg    Mon 17/08 4x2mg  
Tue 18/08 4x2mg    Wed 19/08 4x2mg    Thu 20/08 4x2mg  
Fri 21/08 4x2mg    Sat 22/08 8x2mg    Sun 23/08 8x2mg  
Mon 24/08 4x2mg    Tue 25/08 4x2mg

Daily dispensing as indicated above. (Apart from Bank Holidays and weekends, when doses to be given on day preceding closure.)

dispenser No. of Prescrip. on form  
5

Please help us to correctly reimburse your FP10MDA prescriptions first time:

- complete all the required columns
- clearly indicate when instalments have not been dispensed by marking 'ND/not dispensed' in the 'Item' box and 'Quantity supplied' box or alternatively crossing out the whole line entry for that instalment
- make sure that the quantities endorsed on each side of the form reflect the actual quantity that was dispensed to the patient.

Did  
you  
know...?

## Changes to the Misuse of Drugs Regulations 2001



The Misuse of Drugs Regulations 2001 were amended on 30 November 2015 to make the use of a specific form for the requisitioning of Schedule 2 and 3 controlled drugs in the community mandatory.

Further information is available on our website at <http://www.nhsbsa.nhs.uk/PrescriptionServices/1120.aspx>. The new mandatory FP10CDF form can also be downloaded from this web page.

## Tablets and capsules in special containers



A medicinal product is granted special container status in cases where it's not practical to split an original pack, for example where the product is sterile or hygroscopic.

Where the quantity ordered by the prescriber is less than the actual pack size and the product is considered a special container, the requirement is to supply the special container or a combination of containers nearest to the quantity ordered and endorse the prescription with the number and size of these containers.

Where the quantity ordered falls exactly between two containers, the nearest complete container should be dispensed – rounding down unless the quantity ordered is more than halfway into the second pack size.

*For example:*

- If 28 tablets are prescribed and there are 50 in the special container, a pack of 50 should be dispensed and will be reimbursed.
- If 84 tablets are prescribed and there are 60 in the special container, a pack of 60 should be dispensed and will be reimbursed.
- If 84 tablets are prescribed and there are 50 in the special container, two packs of 50 should be dispensed and will be reimbursed.

Examples of products classed as special containers include Advagraf capsules and Prograf capsules packaged in pack sizes of 50.

**Prescribers** should be aware that if they prescribe such products in small amounts, whole packets will be dispensed and processed. For example, if weekly supplies of 7, 14 or 21 tablets were prescribed then a pack of 50 would be reimbursed on each occasion meaning that in the course of a month 200 tablets (four packs) would be charged for, rather than one or two packs.

**Dispensers** should be aware that if a quantity of 60 were prescribed then only one pack of 50 would be reimbursed, and if 112 or 120 were prescribed then only 100 would be reimbursed.



# Community Pharmacy Assurance Framework (CPAF) Questionnaire



NHS England's local teams are responsible for monitoring the provision of Essential and Advanced services and currently use the Community Pharmacy Assurance Framework (CPAF) questionnaire to monitor compliance with the terms of the Community Pharmacy Contractual Framework (CPCF).

For 2015, NHS England worked in partnership with PSNC to revise the CPAF process and the NHS Business Services Authority (NHSBSA) ran a new, shorter version containing 10 questions throughout October.

The screening questionnaire achieved a response rate of 98.3%, which was a significant achievement. Much of the feedback received suggested that pharmacy contractors preferred this shorter online version which was easier to complete.

The information collected from this questionnaire along with other information held by the NHSBSA will be used to identify whether a pharmacy needs to be considered for a visit from NHS England. Only if the pharmacy is to be considered for a visit will the second part of the process be initiated, which is the full comprehensive CPAF pre-visit questionnaire.

Reports containing the 2015 CPAF screening questionnaire responses are now available through the NHSBSA Information Services Portal. These reports will provide a summary of the responses submitted by your pharmacy. If you have previously registered for the Information Services Portal, you can access your individual summary report [here](#).

If you have not registered for the Information Services Portal and would like to view the report containing your responses to the CPAF screening questionnaire, please contact Information Support on 0191 203 5050 or email [nhsbsa.help@nhs.net](mailto:nhsbsa.help@nhs.net).



## Transparency of payment information



Every month, you will receive payment from the NHSBSA as detailed in Drug Tariff Part I Clause 5C. Payments are detailed in the FP34 Schedule of Payments, which you will receive in paper format approximately five working days before payment is made. In addition to the paper copy, there is also an online version available through the NHSBSA Information Services Portal.

To help you understand how your payment has been calculated, a detailed prescription item report is included to allow you to reconcile values on your Schedule of Payments with the payment information contained within the report. This report was trialled with a small group of contractors who provided feedback to help us understand whether the report is fit for purpose. Following receipt of this feedback we are now phasing the roll out of this report to all dispensing contractors.

If you have not already been contacted about receiving this information the report will be made available to you during January 2016. We are aiming for all dispensing contractors to have access to this information by the end of January 2016.

Access to payment information is restricted to authorised users so for further information on who can register for access [click here](#).

If you are authorised to see payment information and have not yet registered for the Information Services Portal, you can find the Payment Information Registration Form [here](#).

## Community Pharmacy Seasonal Influenza Vaccination Advanced Service



Although we're more than half way through the flu season, NHS England continues to receive late notifications via the NHSBSA from pharmacy contractors who intend to provide the seasonal flu service for this year. At the same time, we continue to receive payment claim forms from contractors who have **not** notified us that they are intending to provide the service. Condition 1 of the directions in Section 7A, part 3 states that contractors must notify NHS England **in advance** that they intend to provide the service by submitting an online form **through the NHSBSA website** at: <http://www.nhsbsa.nhs.uk/PrescriptionServices/5244.aspx>

If you cease to provide this advanced service, you must again notify NHS England via the NHSBSA **within one week of ceasing service provision**, using the link above.



Did you know...?

## These drugs now have licensed equivalents available



Generic description	Licensed equivalent
Morphine sulfate 5mg/5ml solution for injection ampoules	Torbay Pharmaceuticals
Morphine sulfate 10mg/10ml solution for injection ampoules	Torbay Pharmaceuticals
Lisinopril 5mg/5ml oral solution sugar free	Essential Pharmaceuticals x150ml

Morphine sulfate 5mg/5ml solution for injection ampoules and Morphine sulfate 10mg/10ml solution for injection ampoules have recently been licensed by Torbay Pharmaceuticals. These products should ideally be used in preference to Morphine sulfate 5mg/5ml solution for injection ampoules (Special Order) and Morphine sulfate 10mg/10ml solution for injection ampoules (Special Order)

Lisinopril 5mg/5ml oral solution sugar free x 150ml has now been licensed by Essential Pharmaceuticals Ltd.

There should no longer be any need to order the sugar free solution as a Special and where appropriate, the licensed product above should be preferred to either of the following Special Order options:

- Lisinopril 5mg/5ml oral solution
- Lisinopril 5mg/ml oral suspension

Did you know...?

## Private Prescriptions for non-controlled drugs



Pharmacy contractors are reminded that they should **ONLY** submit Private Prescriptions for Schedule 2 and 3 controlled drugs to NHS Prescription Services. Please do not submit any Private Prescriptions for other drugs.

## 'Changes' to prescribed products in EPS Release 2



EPS has been designed to prevent ambiguity over what has been prescribed. This is achieved through the prescribing of 'a codified entity', i.e. a name/description and an associated SNOMED code present in the 'Prescribed medication field'.

Reimbursement is based on the prescribed product and its associated SNOMED code, and no other fields are taken into account. This means that if a prescriber adds supplementary information such as 'sugar-free', 'preservative-free' or a brand name into another field (for example, the dosage instructions) that 'changes the prescribed product', this will not be taken into account for reimbursement purposes.

The prescribing of 'extemporaneously dispensed' products that are not listed in the NHS dictionary of medicines and devices (dm+d) are out of scope for EPS Release 2. Where the 'extemp' is not listed in dm+d then a paper FP10 must be used. A prescriber should never prescribe a product in EPS Release 2 and then amend what is to be dispensed by adding 'other ingredients' or a request for dilution in the dosage instructions. If you receive an EPS Release 2 prescription where this has happened, you should contact the surgery and explain that you will only be reimbursed for the prescribed product and not the 'extemp' and ask for a replacement FP10 prescription.

## Endorsement of brand or pack size in EPS Release 2



When a prescription for a drug not listed in Part VIII of the Drug Tariff is received, dispensers must endorse the pack size used and, if the order is in the 'generic' or pharmacopoeial form, the brand name or the name of the manufacturer or the wholesaler from whom the supply was purchased (NHS England and Wales Drug Tariff Part II Clause 9B).

In EPS Release 2, this is achieved by the contractor returning in the electronic message what they have dispensed – the actual medicinal product pack (AMPP) – this tells us both the brand name/supplier and the pack size.

For example:

*Metronidazole 0.75% gel x 30 gram is prescribed.*

If you select the AMPP: Metronidazole 0.75% gel (AAH Pharmaceuticals Ltd) x 30 gram, you will be reimbursed for dispensing the AAH product from the 30 gram pack size.

If you select the AMPP: Anabact 0.75% gel (Cambridge Healthcare Supplies Ltd) x 15 gram, you will be reimbursed for dispensing the Anabact brand from the 15 gram pack size.

If you select the AMPP: Metronidazole 0.75% gel (Sigma Pharmaceuticals Plc) x 30 gram, you will need to add an electronic invoice price endorsement (IP) as this pack does not have a price listed in dm+d. The IP endorsement should contain the price for the pack size supplied + the pack size supplied + the supplier.

If the product you want to dispense is not listed in dm+d, you should return the 'prescribed product' and an invoice price endorsement containing price, pack size and supplier details.

- Make sure you select the correct product and pack size – we have received several enquiries where an incorrect product or pack size has been 'picked' and the contractor has been reimbursed for the AMPP they have endorsed and not what they have supplied
- If you are adding an invoice price (IP) endorsement to an AMPP, please make sure that both pack sizes reflect the pack size you have supplied. We have had lots of issues where the AMPP pack size is different to the pack size endorsed in the IP – this can lead to a delay in your payment if the prescription has to be referred back for confirmation of which one is the correct endorsement.
- An IP endorsement is required when the price or the product/pack you're supplying is not listed in dm+d. If you return an AMPP that has a price listed, this can be processed without the IP endorsement being seen.

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## When must an EPS Release 2 claim be sent?

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- When a prescription has been dispensed, you must submit your claim by the 5th working day of the following month. This is the same for both paper FP10 prescriptions and EPS Release 2 prescriptions.
- Where you have an owing, you can't submit your claim until it's complete. Remember to regularly monitor your owings, because after 180 days the Spine will remove the prescription and you will be unable to claim.
- Your system supplier has developed a report that allows you to check those prescriptions that are nearing the 180 day expiry. If you don't know how to access this functionality, please contact your system supplier.

## EPS cancellation enhancement



From February 2016, an enhancement will be made to EPS to improve the prescription cancellation processes.

Currently, when a prescriber wants to cancel a prescription or prescribed item, if the prescription has already been downloaded by a dispenser the cancellation will be unsuccessful and flagged as 'cancellation pending'. The prescription or prescribed item will only be cancelled if the dispenser returns the item to the EPS. The patient's medication record can then be updated.

The enhancement means that the subsequent cancellation response message will now also be sent if a prescription or prescribed item flagged as 'cancellation pending' is recorded as 'not dispensed' by the dispenser.

This change will improve the accuracy of the patient's medical record within the prescriber's system. More prescribed items which are flagged as 'cancellation pending' will be confirmed as cancelled. This will reduce the ambiguity over whether the patient did or did not receive prescribed medication that the prescriber requested to be cancelled.

This change will allow the dispenser to dispense and claim for other medication on a prescription where one or more items on the prescription needed to be cancelled. It removes the need for a dispenser to request a replacement prescription, saving time for both the prescriber and dispenser.



## Where can I find the General Medical Services Statement of Financial Entitlements Directions (GMS SFE)?



The GMS SFE Directions governs payments made by NHS England to a contractor under a general medical services contract. Section 23 relates to dispensing, with Paragraph 23.3 specifying amounts payable in relation to the provision of drugs and appliances. Paragraph 23.4 details the products for which a contractor who is providing services under a GMS contract may be entitled to the payments listed in Paragraph 23.3.

Annex G of the Directions relates to Dispensing Payments, with Part 1 containing the Discount Scale. Part 2 specifies the dispensing feescal for contractors that are authorised or required to provide dispensing services (Dispensing Doctors), while Part 3 details the dispensing feescal for contractors that are not authorised or required to provide dispensing services (prescribing-only GPs, i.e. Personally Administered accounts).

You can find the consolidated Directions at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/233366/gen\\_med\\_servs\\_statement\\_financial\\_entitlements\\_directions\\_2013\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/233366/gen_med_servs_statement_financial_entitlements_directions_2013_acc.pdf)

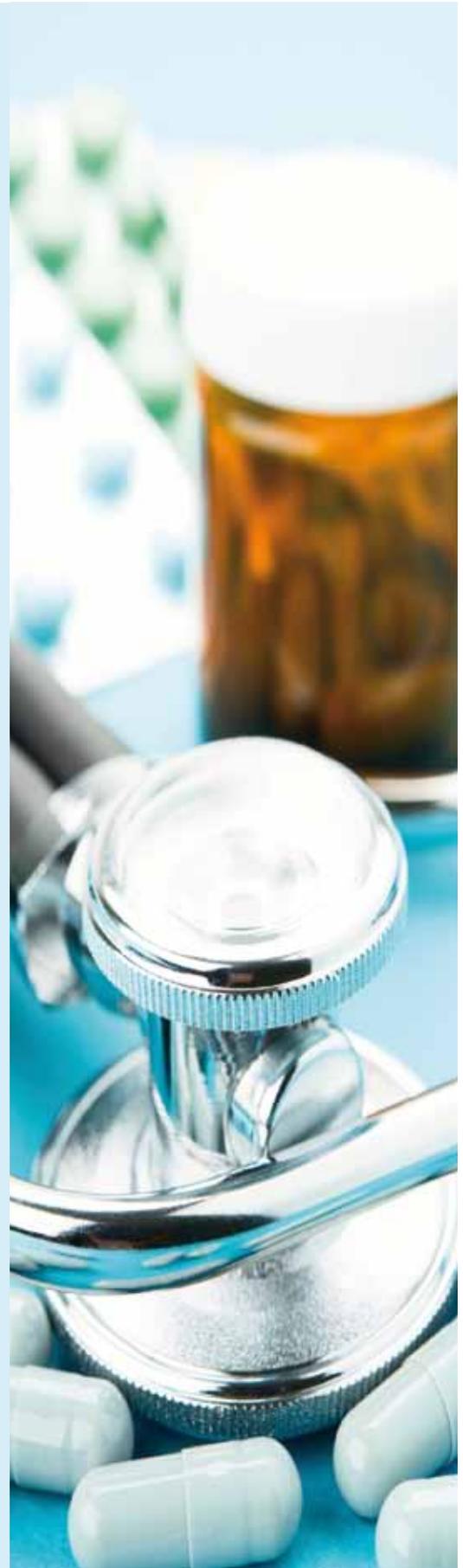
Later amendments detailing updates to specific sections of the Directions (including the feescal at Annex G) are available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/299591/SFE\\_amend\\_directions\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299591/SFE_amend_directions_2014.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/363905/Directions\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/363905/Directions_2014.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418989/The\\_General\\_Medical\\_Services\\_Statement\\_of\\_Financial\\_Entitlements\\_Amendment\\_Directions\\_2015\\_FINAL\\_V2\\_2015\\_03\\_27.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418989/The_General_Medical_Services_Statement_of_Financial_Entitlements_Amendment_Directions_2015_FINAL_V2_2015_03_27.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/466284/SFE\\_Amendment\\_No.3\\_Directions\\_October\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466284/SFE_Amendment_No.3_Directions_October_2015.pdf)



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## Useful links on our website

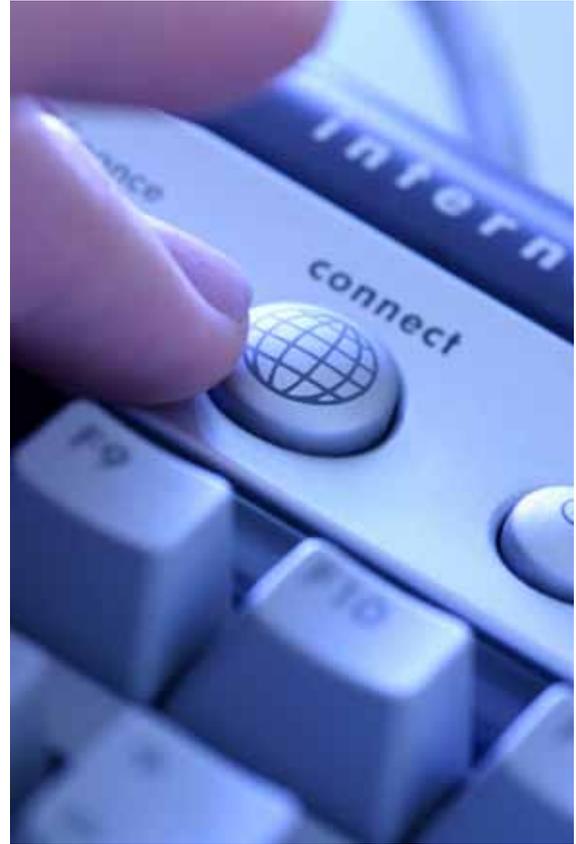
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NHS England and Wales Drug Tariff  
[www.nhsbsa.nhs.uk/prescriptions/drugtariff](http://www.nhsbsa.nhs.uk/prescriptions/drugtariff)

NCSO products  
<http://www.nhsbsa.nhs.uk/Prescription-Services/935.aspx>

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/opensdays](http://www.nhsbsa.nhs.uk/prescriptions/opensdays)



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## Your dedicated helpline

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For further information  
please contact the  
NHS Prescription Services  
helpdesk:

**0300 330 1349**

or email:

[nhsbsa.prescriptionservices@nhs.net](mailto:nhsbsa.prescriptionservices@nhs.net)