

## EPS - Endorsing and Submission

Release 2 will support the electronic submission of prescriptions to NHS Prescription Services for reimbursement. Only electronic prescriptions can be sent to NHS Prescription Services for reimbursement therefore until the regulations change, initially it will only be those prescriptions that have been sent to a patient's nominated pharmacy that should be forwarded to the NHS Prescription Services electronically for reimbursement.

### 1) Information Required by NHS Prescription Services to Price Prescriptions

The information required to be sent to the NHS Prescription Services electronically is, as now, only the essential information required to price prescriptions. Information on the dispensed product, where required, will be provided to NHS Prescription Services using the dm+d code for the product.

Other endorsements will also be required, in the same way as now, for example endorsements to claim broken bulk or out of pocket expenses or the NCSO concession. Pharmacy systems will support pharmacy staff in making these endorsements electronically.

Some pharmacy contractors currently make endorsements manually by hand without any support from their pharmacy systems. In these cases, pharmacy staff will in future be required to use their pharmacy system to make endorsements electronically.

Product Type Prescribed	Information Required by NHS Prescription Services
Generic Product listed in Part VIII of the Drug Tariff	VMPP or 'nothing'*
Generic Product which is not listed in Part VIII of the Drug Tariff	AMPP or AMP
Branded product	AMPP or 'nothing'*
Appliance prescribed generically and only listed generically in the Tariff (e.g. Absorbent Lint BPC)	VMPP or 'nothing'*
Appliance prescribed generically but listed by Brand name in the Tariff	AMPP, AMP or 'nothing'*
Appliance prescribed by Brand Name (but listed generically in Tariff)	AMPP or VMPP of the dispensed item, or AMP or 'nothing'*

\*When the dispenser submits 'nothing' in the reimbursement claim message, the pharmacy system will default to the dm+d code for the prescribed item.

## 2) Prescription Charge Status

In addition to the current endorsing information, pharmacy staff will also have to mark whether a prescription charge was levied for a prescription, and where relevant the prescription charge exemption category and whether evidence of exemption was seen. The exception to this is where the patient is age exempt and the patient's date of birth is included in the electronic prescription message.

Pharmacy system suppliers have flexibility in the way they support pharmacists in entering this information, for example if pharmacy staff have already recorded the details of a valid exemption certificate, for example a pre-payment certificate, the system could be set to pre-populate this information on the system – the pharmacy would still be required to collect the patients exemption declaration on the prescription or dispensing token where required.

## 3) Common Problem: Supplementary Product Information included in Dosage Instructions

Occasionally, prescribers include supplementary product information, for example a brand or manufacturers name or an indication that a sugar free or preservative free prescription is required as part of the dosage instructions rather than as part of the name of the prescribed product, for example:

10ml Hypromellose 0.3% Eye Drops Insert one drop into both eyes four Times a day Preservative-Free

Reimbursement of electronic prescriptions will be based on the product code of the prescribed product, therefore, supplementary product information included in the prescriber's dosage instructions will not be considered when calculating payment. If electronic prescriptions are received with supplementary product information in the dosage instructions, the prescriber should be contacted so that the item can be cancelled and a new electronic prescription generated using the correct product code.

## 4) Payment Window

For paper prescriptions, NHS Prescription Services consider for payment all items included in the physical bundle submitted in a given month.

For electronic prescriptions, for a given month, NHS Prescription services consider for payment, all electronic prescriptions where items have a dispensing notification date up to and including the month concerned and where the claim message was received by NHS Prescription Services up to midnight on the 5th of the following month. For example:

A form and item sent to NHS Prescription Services on the 5th September but dispensed in August (e.g. dispensing notification date = 29th August) would be included with August prescriptions.

A form and item sent to NHS Prescription Services on the 5th September and dispensed in September (e.g. dispensing notification date = 2nd September) would be included with September prescriptions.

Note, a claim message cannot be sent to NHS Prescription Services until a dispense notification message has been sent for every item on the form. If the product is not going to be dispensed or is only going to be part dispensed, the dispense notification message can be sent carrying this information.

## 5) When to Send e-Prescriptions for Reimbursement

The definition of 'dispense' used in discussions on the EPS is 'both the preparation and issue of medication items on a prescription'.

When a prescription is dispensed and the prescription is being submitted for pricing electronically, there are two messages that should be sent to the Spine, 'a dispensed notification' message and a 'reimbursement claim' message which includes endorsement information and information on the prescription charge status of the prescription. At present, pharmacy staff have the option of putting a prescription to one side on the dispensing bench, for example if pharmacy staff are waiting for an invoice to endorse the price paid for a

product on the prescription or if a product is in short supply but the NCSO Concession has not yet been granted. In the same way, pharmacy staff will be able to choose to delay submission of the 'claim' message until the required additional information is available.

Some pharmacy contractors may prefer that staff, for example locums, do not submit the 'claim' message at the same time as the 'dispensed notification' message to allow the contractor time to check that a prescription has been endorsed fully and appropriately before submission. Pharmacy systems will provide pharmacy staff with a list of electronic prescriptions which have not been submitted for reimbursement so that these can be completed and submitted when appropriate. Once a claim message has been submitted, it cannot be amended, if a problem is identified, contractors should, as now, contact NHS Prescription Services as soon as possible to report the problem.

Pharmacies will have to continue submitting paper prescriptions (and tokens where required) to NHS Prescription Services on a monthly basis.

## **6) Submission Process**

The FP34 Submission Document will continue to be the official means of claiming payment and contractors should complete the document as follows:

At the end of the month, pharmacy contractors must use this form to declare the combined total of paper and electronic prescriptions, for both messages and items, being submitted to the NHSRxS for reimbursement.

For paper prescriptions, the numbers declared should relate to the prescription forms and items that are physically included in the bundle (including returns). The number of items declared should be adjusted to take into consideration any additional fees due (for example if an HRT product normally attracts 3 fees, it should be counted as 3 items).

For electronic prescriptions, the numbers declared should relate to the submission of electronic forms and items with a dispensing notification date up to and including the month concerned and where the claim message was received by NHS Prescription Services up to midnight on the 5th of the following month. The number of items declared should be adjusted to take into consideration any additional fees due (for example if an HRT product normally attracts 3 fees, it should be counted as 3 items).

Using this basis to calculate the number of items will ensure correct advance payment, however if contractors do not calculate the number of items correctly, it is a self-correcting process and the contractor will be paid correctly via the final payment.

Although different members of the pharmacy team may submit the 'reimbursement claim' messages for electronic prescriptions, in the same way that different members of staff may support the endorsement of paper prescription forms, the paper FP34C submission document will continue to be the form on which the official claim for payment is made. By signing and dating section 3 of the submission document and including the pharmacy stamp, a contractor or the person authorised to sign on his behalf is declaring that all of the endorsement information provided in the 'reimbursement claim' messages and on the paper prescription forms submitted is correct and accurate and that the contractor is entitled to claim payment in accordance with the relevant provisions of the Terms of Service contained in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Paper prescriptions and prescribing/dispensing tokens, should continue to be submitted to NHS Prescription Services on a monthly basis where necessary. Tokens must be submitted to NHS Prescription Services in the same month that the corresponding electronic prescription has been submitted electronically. When tokens are submitted, the 'ETP Token for non-payment' box on the FP34C Submission document should be ticked. Guidance on sorting prescriptions and tokens for submissions can be found on the FP34C Submission document. Key points : EPS R2 Tokens should be secured into separate bundles and these bundles included at the top of the relevant groups (i.e. exempt or chargeable) along with the monthly submission of FP10 prescription forms. Although EPS R2 Tokens need to be kept together separate from the main submission, there is no requirement to sort these into prescriber order. EPS

Release 1 prescriptions do not need to be secured separately from other FP10 prescriptions as these are scanned for reimbursement purposes.

## **7) Resolving Issues**

In some scenarios, NHS Prescription Services return prescriptions or copies of prescriptions to pharmacy contractors where there is insufficient information on the prescription form to process the prescription. Initially, it will not be possible for NHS Prescription Services to electronically return prescriptions submitted electronically. As an interim measure, NHS Prescription Services staff will contact pharmacies by telephone to try and resolve issues that arise. If required, NHS Prescription Services will send a paper representation of the claim to the pharmacy so that amendments can be made and the paperwork sent back to NHS Prescription Services. The return of electronically submitted prescriptions for clarification where required is an anticipated future enhancement of the service.

## **8) Schedule of payments**

Changes have been made to the Schedule of Payments to support the implementation of EPS Release 2. In future, the Schedule will provide information on the number of prescription forms and items received electronically. This information will appear in the 'Prescription Data' section which is normally on page 2 of the Schedule. These fields are only visible on the Schedule where some electronic prescriptions have been received by NHS Prescription Services electronically.

The numbers provided will relate to the physical receipt of electronic forms and items identified with a dispensing notification date up to and including the month concerned and where the claim message was received by NHS Prescription Services up to midnight on the 5th of the following month. These figures have not been adjusted to take into consideration any additional fees due, for example if an HRT product normally attracts 3 fees, it will be counted as 1 item on the Schedule of Payments for this purpose. Also, this figure will exclude any paper tokens for non-payment received by NHS Prescription Services for audit purposes.

To support pharmacy's in reconciling the schedule of payments with their submission form, NHS Prescription Services are giving consideration to whether information can be added to the Schedule on the number of items received electronically for which a fee has been received (i.e. the number adjusted to include additional fees that have been paid).

## **9) Payment Timescales**

At present, one month after the FP34C Form is submitted; pharmacy contractors receive an advance payment for prescriptions sent to NHS Prescription Services with a deduction for prescription charges collected. One month later, once the prescriptions have been priced, pharmacy contractors receive the actual reimbursement for the prescriptions in question and the advance is recovered.

There is no change to this payment timescale with EPS Release 2. PSNC continues to hold the view that the Government should pay community pharmacies more quickly and hopes that in the long term, the efficiencies offered by the EPS to NHS Prescription Services will translate into quicker payments for pharmacy contractors.

## **10) Accuracy of Prescription Pricing**

When prescriptions are received electronically by NHS Prescription Services they will be routed to a 'rules engine' which will support the automatic processing of prescriptions for pricing. It is hoped that this will improve the accuracy levels of prescription pricing as there will be less scope for human error which is a particular problem with current paper based processes.

PSNC has a key role in conducting external audits of the accuracy of NHS Prescription Services' prescription pricing. PSNC is in discussion with NHS Prescription Services on the audits that will be conducted in future on the automated pricing of prescriptions submitted electronically.

## 11) Spine Housekeeping Rules

To ensure that the size of the prescription database on the Spine remains manageable, it will undergo regular data cleansing. Key points for pharmacy contractors to note are:

- Dispensing sites will have 180 days to submit an electronic reimbursement claim message after the final dispense notification for an item. After this time, an electronic claim will be rejected and a manual claim must be sent to NHS Prescription Services.
- A prescription which has been left marked as partially-dispensed or owing will have its status changed to 'expired' 6 months after the last dispensing event. After this time an electronic reimbursement claim will be rejected and a manual claim must be sent to NHS Prescription Services. If further dispensing events are required, the patient should be referred to the prescriber so that a new prescription can be issued. (NB: The RPSGB has issued guidance on the legal validity period for owing slips which depends on whether the prescription is for a Controlled Drug or not. Guidance on the legal validity period for owings differs from the Spine's housekeeping rules.)
- A prescription which is held on the Spine with no items dispensed will be changed to 'expired' after the expiry date of the prescription and the prescription will not be available to be dispensed. If dispensing is required, the patient should be referred back to the prescriber for a new prescription. Expired prescriptions will be held on the Spine for three months after expiry with no processing allowed on these items. If an attempt is made to 'pull down' the item for dispensing, the pharmacy will be sent a rejection message informing the pharmacy staff that the prescription has expired.

In the first two scenarios, system suppliers have flexibility in whether and how pharmacy staff are alerted in advance of dispensed, part-dispensed or owing prescriptions being removed from the spine as part of routine data cleansing so that pharmacy staff can take appropriate action. This is a key area for contractors to discuss with their pharmacy system suppliers to ensure that systems meet the needs of pharmacy staff. PSNC is in discussion with the Department of Health and NHS Prescription Services on arrangements for the manual submission of reimbursement claim requests in these circumstances.

Taken from the PSNC website 24/02/2014

### **PSNC website link**

<http://psnc.org.uk/dispensing-supply/eps/endorsing-and-submission/#Endorsement>