



Endorsing Guidance for Paper Prescriptions

Practitioner Services Division
and
Community Pharmacy Scotland

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INTRODUCTION

These pages explain how to endorse paper prescriptions correctly.

Follow this guidance to ensure you are paid accurately

Most important facts about endorsing prescriptions:

- Use black ball point and **PRINT** neatly
- Use the designated column on the right hand side of the prescription form
- Do not write over or cover the prescribed information
- When entering numbers in the endorsing boxes, align them to the left
- Changes to quantity should be written underneath the pack size box

INFORMATION

To ensure that Practitioner Services Division (PSD) has the correct information for accurate reimbursement and remuneration, it is essential that, where applicable, dispensing contractors endorse NHS prescriptions.

This guidance describes each type of endorsement, and illustrates how the prescription form should be endorsed to ensure accurate payment.

A contractor who submits a claim for payment is responsible for the accuracy of the endorsement.

The fundamental requirements for accurate payment are that PSD must know:

- The item name
- The physical manifestation (commonly known as formulation type) where available
- The strength where applicable
- The correct product dimensions and order number for dressings and appliances where applicable (e.g. catheters)
- The quantity ordered

If the above elements are not present or dispensing options are available, a clarifying endorsement will be necessary to complete the data required.

Endorsements are not necessary for:

- Controlled drug fee (endorsement of 'CD' is not necessary) (See later for information on instalment dispensing of methadone)
- Zero Discount line
- ACBS product

TYPES OF ENDORSEMENT

The four boxes in the right hand column of the prescription form represent the pack size details. All other endorsements should be printed under the four boxes in the space for each item on the prescription.

The only data included in the box should be the pack size in numeric quantity only. Please do not enter units of measure such as 'g' or 'ml'.

Pack endorsement

The pack endorsement is used to indicate the size of pack used to dispense the quantity. Under the pricing rules:

- It is assumed that you are using the most economical pack sizes available.
- However, for many products different pack sizes are available. If the pack size you are using differs from the most economical pack size, you must endorse the pack size used. In the absence of an endorsement you will be paid from the default pack.
- If you are sure there is only one pack size you do not need to endorse. E.g. if there is only one pack size of a generic in the Drug Tariff.
- Any pack size endorsed which is not on PSD's file will be ignored. This applies particularly to parallel imports, none of which are included in PSD's pricing file. Pricing will default to the most cost effective option.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

2 8

CEPOREX 250mg CAPS
SEND 30

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Quantity supplied (if not as prescribed)

If in dispensing a product, you have to change the **quantity** so that it differs from the prescribed quantity, an endorsement should be added to show the quantity change.

A quantity change may be required where the prescriber prescribes an amount which cannot be dispensed exactly, due to the nature of the pack. The quantity change allowed is related to the size and number of packs available, subject to Pricing Rules. The Pricing Rules are included in the Scottish Drug Tariff www.isdscotland.org/isd/2245.html.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days
Treatment

CHI
No.

Dispensing
Endorsements

Pack size
Numbers only

6 0

Q60

DIAMICRON TABS 80mg
SEND 56

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Rules for the pricing of different types of pack

The pricing rules dictate how much of a change in quantity is allowed. The amount of leeway allowed differs depending on the type of pack dispensed. The different types of pack held on PSD's file are:

- Calendar Pack
- Patient Pack
- Whole Pack
- Ordinary Pack

Manufacturers' Calendar Packs.

A manufacturers' calendar pack is a blister or strip pack showing the days of the week or month against each of several units in the pack.

Payment is based on the prescribed quantity.

- If the pharmacist endorses the same quantity as prescribed or does not endorse at all, payment will be made for the quantity prescribed.
- Where the pharmacist has dispensed a quantity different to that prescribed the prescription should be endorsed accordingly. Payment will be made for quantities covering the prescribed quantity, up to the nearest pack or sub-pack.
- If the endorsement does not follow these rules you will be paid for the quantity prescribed
- If you choose to dispense and endorse a lesser quantity than prescribed, PSD will pay the quantity endorsed.

Item	Prescribed Quantity	Pack Sizes Available/sub-packs	Pack size Endorsement	Endorsed	PSD Will Pay
Actonel Tabs 5mg	30	28/2	–	–	30
Actonel Tabs 5mg	30	28/2	28	Q30	30
Actonel Tabs 5mg	30	28/2	28	Q42	42
Actonel Tabs 5mg	30	28/2	28	Q56	30
Actonel Tabs 5mg	30	28/2	28		30
Actonel Tabs 5mg	50	28/2		Q56	56

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Yrs / Mths

Postcode

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

2 8

Q56

ACTONEL TABS 5mg
SEND 50

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Patient packs

For payment purposes, generic products in the Drug Tariff are generally classed as patient packs. They do not have days of the week or month against units in the pack.

Patient Packs are processed in the same way as calendar packs, but for payment purposes, are treated as having no sub-packs.

Item	Prescribed Quantity	Pack Sizes Available	Pack size Endorsement	Endorsed	PSD Will Pay
Salbutamol Tabs 2mg	30	28	-	-	30
Salbutamol Tabs 2mg	30	28	28	Q28	28
Salbutamol Tabs 2mg	30	28	28	Q30	30
Salbutamol Tabs 2mg	30	28	28	Q56	56
Salbutamol Tabs 2mg	30	28	28	Q42	30
Salbutamol Tabs 2mg	30	28	28		30
Salbutamol Tabs 2mg	30	28		Q28	28

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Yrs / Mths

Postcode

Pharmacy Stamp

No. of Days
Treatment

CHI
No.

Dispensing
Endorsements

Pack size
Numbers only

2 8

Q28

SALBUTAMOL TABS 2mg
SEND 30

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Whole packs (Drugs & Reagents in Special Containers)

Where the quantity ordered by the prescriber does not coincide with that of an original pack and the medicine or reagent is:

- Sterile
- Effervescent or hygroscopic
- Liquid preparation for addition to bath water
- A Coal Tar preparation
- A viscous external preparation
- Packed in a castor, collapsible tube, drop-bottle, pressurised aerosol, puffer pack, roll-on bottle, sachet, shaker, spray, container with integral means of application, or any other container from which it is impractical to dispense the exact quantity
- A reconstituted preparation

You should provide the drug in the pack or packs nearest to the quantity ordered and endorse the prescription with that information. Where the contractor has endorsed the supply of one or more packs to provide a quantity in order to cover the quantity ordered, PSD will price that number of packs. In the absence of a valid endorsement, PSD will pay for the nearest number of complete packs.

Always endorse the pack size when the prescribed quantity does not match a pack size.

Examples

Item	Prescribed Quantity	Pack Sizes Available	Pack size Endorsement	Endorsed	PSD Will Pay
Amoxicillin Syr	140ml	100ml	100		100ml
Amoxicillin Syr	140ml	100ml	100	Q200ml	200ml
Betnovate Cream 0.1%	1XOP	30g & 100g	30	Q30	30g
Betnovate Cream 0.1%	50g	30g & 100g	30	Q60	60g
Betnovate Cream 0.1%	40g	30g & 100g	100	Q100 all available	100g
Tamus Cream	100g	30g, 60g, 120g & 250g	120	Q120g	120
Nicotinelle Patch	28	21 & 7		Q28	21
Nicotinelle Patch	28	21 & 7	7	Q28	4X7
Nicotinelle Patch	28	21 & 7		PS21Q21	1 X 21
				PS7 Q7	1 X 7

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days
Treatment

CHI
No.

Dispensing
Endorsements

Pack size
Numbers only

BETNOVATE CREAM 0.1%
SEND 50g

3 0
Q60

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Ordinary pack

For payment purposes a manufacturer's ordinary pack is generally a proprietary/brand pack which has no indication of days of the week or month.

- PSD will pay for the quantity prescribed unless endorsed otherwise.
- You are allowed to claim up to 10% more than is prescribed so long as the amount claimed coincides with an available pack size.
- You may endorse and be paid for less than the quantity prescribed

Items prescribed as OP quantities

If the term OP appears on a prescription form with no qualifying information, PSD may price a lesser quantity than was meant by the prescriber, or supplied by the pharmacist.

Prescribed items that are particularly prone to this problem are:

- Prescriptions for dressings. PSD interprets 1OP to mean a single dressing. If you dispense a pack please endorse the exact quantity of dressings supplied.
Watch for this problem on nurse prescription forms and stock orders in particular
- Topical creams and ointment where there is more than one pack size.

Where more than one pack is available, and there is no qualifying endorsement, PSD will pay the smallest pack.

Items prescribed in very small quantities

e.g. Xalatan – Where <2> is prescribed and the pack size is 2.5mls

If you want to be paid for two packs you must endorse PC or PMR.

Item	Prescribed Quantity	Pack Sizes Available	Pack size Endorsement	Endorsed	PSD Will Pay
Xalatan eye drops	<2>	2.5ml			1 X 2.5ml
Xalatan eye drops	<2>	2.5ml	2.5ml		1 X 2.5ml
Xalatan eye drops	<2>	2.5ml	2.5ml	Q5 PMR	2 X 2.5ml
Lancets BD Microfine 33 Gauge	<1>	100			1 Lancet
Lancets BD Microfine 33 Gauge	<1>	100	100	Q100	100 Lancets

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

2.5

Q5

PMR

XALATAN EYE DROPS 0.005%
SEND <2>

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Manufacturer

To ensure accurate payment for items prescribed generically which are not in the Drug Tariff, you should provide the name of the manufacturer. In the absence of an endorsement you will be paid from a pecking order from an agreed list.

UNICHEM / ALLIANCE / ALMUS

AAH

THORNTON AND ROSS (T&R)

IVAX

APS / TEVA

ALPHARMA

CP / WOCKHARDT

GENERICS

KENT

GENUS

.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Yrs / Mths

Postcode

Pharmacy Stamp

No. of Days
Treatment

CHI
No.

Dispensing
Endorsements

Pack size
Numbers only

3 0

UNICHEM

FLUOXETINE CAPS

60mg

SEND 60

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Homeopathic products

Prescriptions for homeopathic products tend to be written generically. In order to be paid correctly you must endorse with the manufacturer otherwise PSD will price from an agreed pecking order:

NELSONS
WELEDA
AINSWORTH
HELIOS

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days
Treatment

CHI
No.

Dispensing
Endorsements

Pack size
Numbers only

ACONITE 30c
SEND 14g

WELEDA

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Instalment dispensing

The Royal Pharmaceutical Society states that prescriptions for **controlled drugs** must be linked to the PC70 by the eleven-digit prescription serial number.

PSD does not process PC70s (purple forms). It processes the information you have endorsed on the prescription form.

When the final dispensing has occurred, the total quantity dispensed, the total number of dispensings and the total number of supervised instalments should be transferred to the prescription form as shown in the example opposite.

The prescriber must specify instalment dispensing or dispensing interval. You should state the number of times that the product has been dispensed.

The claim should be in the following notation:

Total Quantity - Total number of instalments dispensed - Number of supervised instalments

(Please note the hyphen separators)

Item	Prescribed Quantity	Directions	Dispensed Quantity	Number of Instalments	Number Supervised
Methadone Mix 5mg/5ml	140	Dispense 20ml Daily Under Supervision	140	6	6
Methadone Mix 5mg/5ml	560	80ml DDUS	560	6	6

Local agreements may exist for claiming instalment and supervision fees for Methadone. Contractors should contact their pharmacy adviser to determine the process for their Health Board.

Please note that you only need to complete Purple forms (PC70s) for schedule 2 and 3 controlled drugs.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

METHADONE HYDROCHLORIDE MIXT
1mg/ml
SEND <560mls>FIVE HUNDRED AND
SIXTY MLS
LABEL 80mls EIGHTY DDUS

560-6-6

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Prescriber contacted (PC) / Patient Medication Record (PMR)

In some cases it may be necessary to contact the prescriber before dispensing an item, usually when there is missing or ambiguous information relating to:

- Formulation
- Strength
- Quantity
- Missing/incorrect measurements

To denote this, please include the information (e.g. strength), the endorsement (PC), pharmacist's initials and date, as in the example below.

(date format should always be in the form 'ddmmyyy' without any dividers such as hyphens or slashes)

If you are unable to contact the GP but the relevant information is available on your PMR system then you can use the endorsement PMR instead of PC. Do not use the term PNC as PSD's system does not recognise this as a valid endorsement.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

IBUPROFEN TABS
SEND 90

400mg
PC LR
01042008

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Broken bulk

This refers to a claim made for a full pack when only part is prescribed, and no further prescription forms are expected in the next 6 months.

For example, the prescription is for 56 tablets, but a pack of 100 is claimed for. The main pack size must be given, with the endorsement below as 'BB Quantity claimed' followed by the date:

(Date format should always be in the form 'ddmmyyyy' without any dividers such as hyphens or slashes)

Subsequent prescriptions for the same drug submitted for payment within six months of the BB claim will be taken as dispensed from the same pack until it has been used up.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Yrs / Mths

Postcode

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

ESTRACYST CAPS 140mg
SEND 56

1 0 0
BB 100
01042008

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Out of pocket expenses

You can claim reasonable 'out of pocket' expenses, for certain items (but not including lines in Parts 2-7 and 9 of the Scottish Drug Tariff)

You should provide evidence of cost, including the nature of the expense, and the value claimed. You might also have to produce documentary evidence to the Payment Verification department at PSD, if this is required.

The endorsement is:

- XP, and the out of pocket cost **must** be stated in pence
- Additional endorsements are 'pp' [post & packing], or handling charge [hc]

The claim below is for a £90 handling charge. If there is no claim on the prescription form no out of pocket expense payment will be made.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Yrs / Mths

Postcode

Pharmacy Stamp

No. of Days
Treatment

CHI
No.

Dispensing
Endorsements

Pack size
Numbers only

OCTREOTIDE DEPOT INJ 20mg
SEND <1>

XP 9000
HC

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Invoice price endorsement

Unlicensed Products

PSD does not hold prices for unlicensed products.

The endorsement is SP, followed by the NHS **net** cost price in format '££.pp'. The claim below is for £72.43p. An invoice should be submitted as evidence of the claim, but the price claimed **must** be declared on the prescription form or no payment will be made.

If there is a handling charge or postage and packing charge please claim this separately as Out of Pocket expenses in pence – see opposite.

If a product is obtained on a 'named patient' basis then endorse 'ZD' to ensure that discount is not applied.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

MELATONIN 3mg CAPS
SEND 120

SP £72.43
XP 750

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Specials

If a prescribed item requires extemporaneous preparation, and you elect not to prepare it in the pharmacy but to have a laboratory or manufacturer prepare it for you, this usually incurs a much higher cost. **This type of product is classed as a “Special”.** The products falling into this category are generally topical products which have originally been prescribed by a hospital skin clinic. They may contain ingredients that you cannot source in reasonably small quantities. They are likely to contain at least one ingredient which is in the Drug Tariff. (e.g. soft white paraffin) Please see the entry for “Specials” in Part 1 of the Drug Tariff .

Considerable differences can exist between the prices charged by different manufacturers of unlicensed specials. Please note that, under the terms of the Scottish Drug Tariff, full payment for work undertaken by a third party is not automatically made, and that there is no obligation to make full reimbursement unless the NHS Board agrees to complete such payment. So before contracting with a laboratory for this type of ‘special’ to be prepared you must contact your NHS board for approval.

PSD has the discretion to accept the claim in full, without reference to the Health Board.

PSD will generally pass the following type of ‘special’ without question:

1. Where the preparation has Coal Tar or Cade Oil as one of the Ingredients.
2. Sterile Products.
3. Products sourced from Tayside Pharmaceuticals and Scottish NHS production units.
4. If the invoice price is within £10 of the price calculated for extemporaneous preparation i.e. Cost of all ingredients and dispensing fee.
5. Imported lines where a UK equivalent cannot be found.

In all other cases you should check with your NHS Board that it is willing to pay for the “Special” as PSD will pay for the ingredients and refer the script to the Board. The balance of the full cost will only be made if authorised by the Board. Once the Board has responded PSD writes to the contractor informing them of the Board’s decision.

The procedure adopted by PSD is as follows:

- **You must endorse the prescription form with the invoice price** of the item which has been supplied, claiming any postage and packaging incurred separately as 'out of pocket' expenses.
- Submit the invoice, or a legible copy to PSD with the prescription form.
- PSD will assess the prescription, and pay those where it is clear that the item had to be prepared by a third party and that there is no alternative route of supply. (see above)
- In all other cases PSD will pay for the ingredients and refer the script to the Board. The balance of the full cost will only be made if authorised by the Board. Once the Board has responded PSD writes to the contractor informing them of the Board's decision.

FORM GP10(SS)(4)		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name		Pharmacy Stamp	
Address		Depositing Institution	
Age if under 12 yrs.	Postcode	Pack size: Numbers only	
Yrs / Mths	CHI No.	SP E73 40	
No. of Days Treatment	<p>CHLORAL HYDRATE MIXTURE 500mg/5ml SEND 140ml</p>	Pack size: Numbers only	
		Pack size: Numbers only	
		Pack size: Numbers only	
Signature of Doctor		Date	
Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.			
00820082			

No patient charge

This endorsement rarely occurs, but may apply where the GP has marked as used for contraceptive purposes, e.g. Dydrogesterone Tab 10mg ♀. (Please note that the symbol for contraceptive is now <c>)

The prescriber must indicate this; the pharmacist cannot do this.

Pharmacists may use the 'No Patient Charge' endorsement on occasions where more than one strength of the same drug is prescribed at the same time on more than one prescription form.

There is no recognised abbreviation for this endorsement. This requires an operator intervention. It has been agreed that the term 'No patient charge' should be unequivocal.

Drug testing

An inspector appointed by the Royal Pharmaceutical Society is authorised to remove a quantity of the dispensed product for independent testing. The Inspector can take a quantity up to and including the total quantity dispensed of the original medicine.

The inspector will retain the original prescription form and issue the contractor with a pink DTS/B form. The inspector will stamp or initial the selected item. You should submit the pink DTS/B form to PSD for payment.

NATIONAL HEALTH SERVICE (SCOTLAND) DRUG TESTING SCHEME		<i>Sample Number</i> DTS/B 10386
<i>Pharmacy Name</i> <i>Address</i>		<i>Health Board</i>
<i>Patient's Name</i>	<i>Doctor's Name</i> <i>No.</i>	
<i>Prescription</i> Tyroxine 50mcg Send 28		
<i>Inspector's Signature</i> <i>Pharmacist's Signature</i>		<i>Date sample taken</i>
Dd. 8359953 10/81 M. & I. Ltd.		

28
056

Item not dispensed

There may be occasions where a patient decides not to take an item, which has been prescribed. In these instances, the item should be endorsed as **'Not Dispensed'**

To indicate that an item has not been dispensed, please print 'ND' under the pack size boxes for that item.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

AMOXYCILLIN 125mg/5ml SYRUP
SEND 100ml

Pack size
Numbers only

PARACETAMOL 500mg TABS
SEND 28

Pack size
Numbers only

ND

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

MAS

Since MAS prescriptions are generated by community pharmacists it follows that very little endorsement should be necessary.

Please remember that all MAS prescriptions are priced using the rules in place for the pricing of GP10 prescriptions. The main impact of that for you is on the pricing of prescribed products where a version of that product appears in Part 7 of the Drug Tariff.

If you are prescribing a generic product which is in the Drug Tariff:

- You should endorse the pack size when more than one pack size is listed in the DT.
- You will be paid at the DT rate. Please note that if the product is in the DT there is no way you can be paid for a counter pack if you prescribe generically. Please also remember that many counter packs are either Black Listed or not on PSD's file because they are not generally prescribed by GPs.
- Any other endorsement will be ignored.

Remember to use the MAS formulary as a guide.

You can find a more comprehensive guide to MAS pricing and pricing rules on the Community Pharmacy Scotland website:-

www.communitypharmacyscotland.org.uk

Miscellaneous fees for contractors not in transition

The following fees are only paid to contractors who are not in 'Transition'. For other contractors, these fees have been taken into account in the Transitional Payment.

Extemporaneous fee

This applies to any preparation of product prepared in the pharmacy, except reconstitution. The endorsement is 'EXT'. The pharmacist should also declare the formula used, if this is not obvious.

FORM GP10(SS)(4)		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name			
Address			
Age if under 12 yrs.			
Yrs / Mths	Postcode	Pharmacy Stamp	
No. of Days Treatment	<input type="checkbox"/> CHI No.	Dispensing Endorsements	Pack size Numbers only
ICHTHAMMOL 1% IN YSP SEND 500g		EXT	Pack size Numbers only
Signature of Doctor		Date	Pack size Numbers only
Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.			
00820082			

Measure and fit

A claim can be made for measuring and fitting stockings and trusses.
The endorsement is F.

FORM GPI0(SS)(4) NATIONAL HEALTH SERVICE (SCOTLAND)

Name _____
Address _____
Age if under 12 yrs. _____
Yrs / Mths _____ Postcode _____ Pharmacy Stamp _____

No. of Days Treatment CHI No. _____ Dispensing Endorsements _____
Pack size Numbers only _____

ELASTIC HOSIERY CIRCULAR KNIT
KNEE LENGTH STOCKINGS
SEND 1

F

Pack size Numbers only _____

Pack size Numbers only _____

Signature of Doctor _____ Date _____

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

If the item has to be made to measure, the endorsement is M.

FORM GP10(SS)(4)		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name		Pharmacy Stamp	
Address		Dispensing Endorsements	
Age if under 12 yrs.	Postcode	Pack size Numbers only	
Yrs / Mths		Pack size Numbers only	
No. of Days Treatment	<input type="checkbox"/> CHI No.	Pack size Numbers only	
ELASTIC HOSIERY CIRCULAR KNIT THIGH STOCKINGS MTM CLASS 2 SEND 2		M	
Signature of Doctor		Date	
Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.			
00820082			

Urgent fee

Where a prescription is endorsed '**urgent**' by the prescriber and the prescription is dispensed at a time when the **pharmacy is not normally open**, an urgent fee can be claimed.

The pharmacist should include the date and time that dispensing commenced. The endorsement is **URG**, followed by the date in format 'ddmmyyyy' and time in format 'hhmm'. The time must be in 24-hour clock. If it is a local public holiday other than Christmas and New Year, indicate this to PSD by the endorsement '**PH**'.

Where the prescription has not been endorsed as 'urgent' by the prescriber but where, in order to meet the needs of the patient, the prescription has been dispensed urgently between 11pm and 8.30am or on Sundays or Public holidays, the urgent fee may be claimed. The prescription form should be endorsed '**dispensed urgently**' at 'hhmm' on 'ddmmyyyy' and signed by the patient or their representative.

The urgent fee is paid per **callout**, not per item or per form. Urgent prescriptions dispensed within fifteen minutes of each other are assumed to have resulted in only one call-out and only one urgent fee will be paid.

(Date format should always be in the form 'ddmmyyyy' without any dividers such as hyphens or slashes)

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

URGENT

FLUCLOXACILLIN CAPS 250mg
SEND 28

URG
01042008

2315
Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Limited life

This endorsement would be for a product that has to be reconstituted and has a limited life, for example an oral antibiotic suspension. If the container has ten days life after reconstitution, but 14 days' supply is requested, then at least two repeat dispensings must occur. PSD's computer files will have an indicator on the products where this applies. For 2 x 100ml, dispensed seven days apart starting on 1st April, the following would apply:

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

AMOXYCILLIN 125mg/5ml SYRUP
SEND 200ml

100ml 01042008
100ml 08042008

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

Item not collected

This denotes that the item has been dispensed, but was never handed over to the patient.

To indicate that an item has not been collected, please print 'NC' under the pack size boxes for that item.

For PSD purposes:

- a not collected endorsement pays a dispensing fee only
- a not dispensed endorsement pays neither item nor fee
- a not collected item will attract a patient charge unless the declaration of exemption is completed.

A patient charge will be deducted if a category of exemption has not been marked.

FORM GP10(SS)(4)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under
12 yrs.

Postcode

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment CHI No.

Dispensing Endorsements

Pack size
Numbers only

TEMAZEPAM 20mg TABS
SEND 14

NC

Pack size
Numbers only

Pack size
Numbers only

Signature of Doctor

Date

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

00820082

SLS

This is a prescriber endorsement and stands for Selected List Scheme. The pharmacist must ensure that the endorsement 'SLS' is included as part of the prescription. The pharmacist cannot endorse this, as only the prescriber can determine the eligibility of the patient and condition. The products allowed if prescribed as 'SLS' are listed in the Scottish Drug Tariff. If prescriptions for these products are submitted without 'SLS' they will be disallowed.

OTHER THINGS TO CHECK BEFORE SUBMITTING YOUR PRESCRIPTIONS TO PSD

Always check that:

- The prescription form has been signed by the prescriber before sending to PSD for payment. Pay particular attention to prescriptions for controlled drugs.
- The patient declaration has been completed. If the patient is exempt make sure that there is a cross in ONE of the exemption category boxes. **Do not use red pen.**
- For instalment dispensing – ensure that the information needed for pricing has been clearly endorsed on the prescription form in the correct format.
- Any endorsement is clear and in the correct place. Check that computer endorsements are legible. If the endorsement is faint it may not be seen on the visual image produced by the scanners.
- Product reference code for medical devices is stated (e.g. catheters or incontinence products)
- Prescribers have used the correct form for their prescription. Check that the prescriber code matches the form type. (e.g. Nurse prescribers may not use doctors' GP10s and *vice versa*)
- You have completed your GP34 correctly.
- You have included any invoices and endorsed the prescription form with the net prices (excluding VAT)
- You have claimed any out-of-pocket expenses.
- Pharmacy stamp does not obliterate the CHI number or endorsements.
- For scripts for schedule 2 and 3 controlled drugs, ensure that the person who collects the prescription has signed the appropriate area on the back of the form.
- Oxygen claims(GP64A)
 - Prescription serial number is imperative
 - Service claimed must match that prescribed
 - Delivery claim must match that prescribed

More comprehensive guidance on oxygen claims can be found at:

www.communitypharmacyscotland.org.uk/contractor_services/local_services/oxygen.asp

www.psd.scot.nhs.uk/professionals/pharmacy/guidance.html

CONTACT DETAILS

Community Pharmacy Scotland, Contractor Services

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email:- ian.king@nhs.net

Practitioner Services, Elliott House, Edinburgh

Tel:- 0131 275 7433

email:- anne.moffat@nhs.net

Practitioner Services, ePharmacy, Gyle Square, Edinburgh

Tel:- 0131 275 6600

email:- nss.psdhelp@nhs.net

Practitioner Services, Pharmacy Payments, Gyle Square, Edinburgh

Tel 0131 275 6356

email:- psd-pharmacy-paymnts@nhs.net

Practitioner Services, Savoy Tower, Glasgow

Tel:- 0141 282 2322

email:- margaret.blake@nhs.net

Practitioner Services, Bain Square, Livingston

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