



## nDCVP Key Differences Guide – UPDATED v3.0

### Introduction

nDCVP (new Data Capture Validation & Pricing), the replacement for DCVP, will Go Live with May 2023 as the first dispensing month to be processed via the new system. As a result, Contractors submitting claims from 1<sup>st</sup> May 2023 for that dispensing month will see their claims processed via the new system and paid end July 2023 as normal.

Whilst the process for submitting electronic and/or paper claims will not change, the move to nDCVP will also see a move to reference data supporting prescription processing based on dm+d (dictionary of medicines and devices); the same dictionary used in GP and Community Pharmacy IT systems. dm+d will bring with it a fuller set of pack sizes to reimburse against and a more up to date suite of prices. As currently, electronic claims will be the primary source of information for a claim where available.

nDCVP is a rules-based system so whether the submitted claims are automated or manually processed, the priority is to accurately select the item being dispensed, to ensure it is appropriately and correctly endorsed to indicate what exactly has been dispensed. This will ensure the correct reimbursement.

If there are any concerns regarding the prescription received, then contact should be made with the prescriber to resolve any queries or issues. **However, be assured that accurate selection of the dm+d item dispensed will ensure correct payment.** This document identifies key differences that contractors should take clear note of for the submission of claims from May 1<sup>st</sup> onwards.

For any additional support please contact the appropriate channels through:  
<https://www.nss.nhs.scot/pharmacy-services/pharmacy-services/contact-us/>

### No change is made to existing guidance for:

#### 1. Electronic claims

Ensure selection at the correct dm+d level, this may not be the first that appears on the pick list that is presented on screen.

As per DCVP, no brand, pack size and manufacturer endorsements are required for dm+d items as the brand, pack size and manufacturer are contained within the dm+d code.

#### 2. Paper claims

As per DCVP, endorsements are still required on paper prescriptions, as well as being electronically endorsed to match the endorsement on the paper and ensure they are consistent.

## Key Differences DCVP to nDCVP

### 1. Rounding

Calculations within nDCVP now round up to the nearest penny, whereas current DCVP rounds down. This ensures contractors are not underpaid, even by the smallest amount.

### 2. Accurate selection of dispensed items

Contractors must ensure that the dm+d item selected from the picklist accurately matches the item they have dispensed, including brand/manufacturer, pack size etc. to ensure accurate payment. dm+d contains a far fuller suite of pack sizes to select from, so accuracy is important.

If an incorrect item(s) is selected, that is still the item that will be paid. In the instance where an incorrect item(s) selected has no price (and is not on the Scottish Drug Tariff (SDT)), it may be returned by email via nDCVP to the contractors for the addition of the price/selection of the correct item.

*Note that emails from nDCVP will come from [NSS.SDPaymentClaimReturn@nhs.scot](mailto:NSS.SDPaymentClaimReturn@nhs.scot) to your nhs.scot email address therefore it is vitally important that this address is checked regularly*

### 3. Contractor Contact – email addresses

A separate communication regarding Contractor Contact will be issued to contractors. However, please note that all communication from nDCVP will be to the generic email address noted for each Pharmacy. To enable the transfer/communication of any patient identifiable information, this email address must be a secure nhs.scot address. As noted above, all emails from nDCVP will come from the address [NSS.SDPaymentClaimReturn@nhs.scot](mailto:NSS.SDPaymentClaimReturn@nhs.scot)

### 4. Pharmacy First Scotland

When Pharmacy First items are requested, the only items that will be reimbursed will be those prescribed in accordance with SDT Part 17 detailing the current list of products shown as allowed. If Hedrin, for example, is prescribed this will be rejected.

As examples;

#### Items permitted to be prescribed on Pharmacy First

*Paracetamol SF Susp 120mg & 250mg*

*Paracetamol 500mg Tabs & Paracetamol 500mg Soluble Tabs*

*Simple Linctus SF & Simple Linctus Paed SF*

#### Items not permitted to be prescribed on Pharmacy First

*Paracetamol 120mg SF oral solution, Paracetamol 120mg susp & Paracetamol 250mg susp*

*Paracetamol Effervescent 500mg tabs*

*Simple Linctus & Simple Linctus Paed*

## 5. Extra Quantity

nDCVP does not permit the claiming for extra quantity on current limited life products as this concept does not exist on dm+d. However, any product that fits the criteria (requires reconstitution) will appear as an alternative dm+d listing identified as a 'Special Pack'. Therefore, any claims for extra quantity will be driven by the dm+d pack type i.e., it will need to be listed as a special pack for current whole pack rules to apply.

Please note that the following excerpt from the endorsing guide still applies:

### 3.2 Limited Life Products / Instalment Dispensing

The Instalment Dispensing endorsement should be used to indicate a Limited Life product which requires to be reconstituted, for example an antibiotic suspension. When 2 x 100ml requires to be dispensed 1 week apart, starting on 20 May 2011, the following endorsement information would be required:-



Send <200> mls  
Label: 1X5ML SPOON 3 TIMES/DAY 200-2-0

#### Note

The CP must not submit the claim until all dispensings have been completed.

**Electronic Claim** – if the CP does not apply the electronic instalment endorsement and the item can be automated the CP will only be paid for one dispensing.

**Paper Claim**– If the CP does not put the instalment endorsement information on to the form and the item appears before a PSD operator then the CP will only be paid for one dispensing.

## 6. Out of Pocket Expenses

Out of Pocket Expenses require reason codes (regardless of whether its electronic message or paper) e.g., P&P (Postage & Packing), HC (Handling Charge) or XP to be endorsed along with amount being claimed. Any such claims are subject to existing business rules. *(See example on following pages).*

## 7. Incorrect Endorsements

Items incorrectly endorsed or not on dm+d may now be returned to the contractor by email via nDCVP to provide any missing data.

*Note that emails from nDCVP will come from [NSS.SDPaymentClaimReturn@nhs.scot](mailto:NSS.SDPaymentClaimReturn@nhs.scot) to your nhs.scot email address.*

## 8. Payment Reports

The current payment reports contractors receive have been rebranded to PAY00A, PAY00B and PAY00C from PAY001, PAY002 and PAY003.

## 9. Quantity Prescribing/Dispensing/Claiming

Due to the fact that dm+d holds pack sizes differently as to eVADIS (the current file used to reimburse prescription items), nDCVP system processing can no longer support 1OP or 1 BOX. Actual quantities dispensed as per their unit of measurement (UoM) must be supplied **in the claim** or incorrect payment may occur. *(See examples on following pages).*

The above change also applies to inhalers, foods and drink products such as Salbutamol, Ensure and Glutafin. Any pack that is currently held on eVADIS as a '1' will need to be claimed as the quantity held on dm+d (mls, doses etc) and not as '1' unit. *(See examples on following pages)*

**Note that PMR systems are dm+d compliant and many perform a multiplication action to convert a single inhaler/bottle etc into its UoM/dm+d equivalent, but not all do this. The key action when claiming is to select the correct item dispensed from the dropdown list on your system.**

Please also note that for some items, such as 'Novorapid 100units/ml solution for injection 10ml vials', this will be listed as 'vials' which is an accepted UoM.

Where there is a marked difference between the prescribed quantity and the dispensed quantity e.g. for an inhaler – prescribed quantity of 2, dispensed quantity of 280 (2x140 dose) the system will present this to a keyer for intervention and assessment. Using their knowledge and experience the keyer would confirm the quantity to be 280 to ensure accurate payment. This principle will be applied to all form and claim types.

## **EMIS vs VISION**

We are aware that some prescribers remain users of EMIS, which in some cases is not dm+d compliant and prescribing items such as bottles and inhalers in a mls/doses quantity may not be possible, and as a result the electronic message may only state '2 bottles', for example.

Whilst ideally all prescriptions should be dm+d compliant, please be assured that if **your claim accurately reflects what has been dispensed, nDCVP will ensure you are paid correctly.**

There is no expectation for contractors to contact prescribers and request changes to prescriptions to include specific quantities. Although this may be recommended for long term repeat prescriptions.

### 10. Pack sizes - Whole and Sub-packs

It is important to note that nDCVP processes against pack size and sub packs to arrive at a figure closest to what was actually dispensed versus what is currently done in eVADIS.

e.g. an item is prescribed for 84 tablets. The dispensed pack has 30 tablets with 3 sub-packs of 10.

eVADIS holds the pack of 30 while the sub-packs are considered in dm+d with the result that current DCVP would pay 3 packs (dispensed quantity 90) while nDCVP will pay 2 whole packs and 2 sub-packs ( $2 \times 30 + 2 \times 10 = 80$ ).

However, in the above example if the dispensed quantity was 90, an accurate claim of 90 dispensed would ensure correct payment.

Please note that it is the quantity dispensed and claimed for that is used to initiate payment. In electronic claims a specific quantity endorsement is not required.

For paper claims, if there is a difference between the quantity prescribed and dispensed, then appropriate endorsement is required. If an endorsement printer is used, then the PMR will print a 'Q' endorsement. If the prescribed and dispensed quantities match, then no endorsement is required.

### 11. Dispensing Doctors

There will be no requirement for the VAT Registration Number to be added to the GP34A declaration forms as this will be automatically populated by the monthly PHS data feed.

### Example to support item 6 above

GP10(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: [Redacted]  
 Address: [Redacted]  
 Age if under 12 yrs: [Redacted]  
 Yrs / Mths: [Redacted]

No. of Days Treatment: [Redacted] CHI No. [Redacted]

Livwell GP square rolls  
 [LIVWELL]  
 Send <160> gram(s)  
 Label: AS DIRECTED <ACBS>  
 <A> <016536611000001100>

Numbers only: XP 1500 hc

1300 005K N2LO

One prescription on form

Electronic format	Paper format
<p><b>Required</b> – Out of Pocket endorsement should be applied with additional information relating to Postage &amp; Packing and/or Handling Charge.  <b>NB</b> ~ Guidance relating to application of endorsements can be found in your supplier User Guide / Manuals</p>	<p><b>Required</b> - The paper form should be endorsed with the relevant details, as in the example format above.   <b>Please ensure that the price endorsements are written as 'pppp'</b></p>

### Examples to support item 9 above

#### Example 1

Treatment  No. [Redacted]

ACBS Portijuce Liquid (Mixed Flavours) Bottle 200 ml  
 Send <24> bottle  
 Label 1 DAILY  
 <A>

Pack size Numbers only

A252 1000 G8LP G0MH

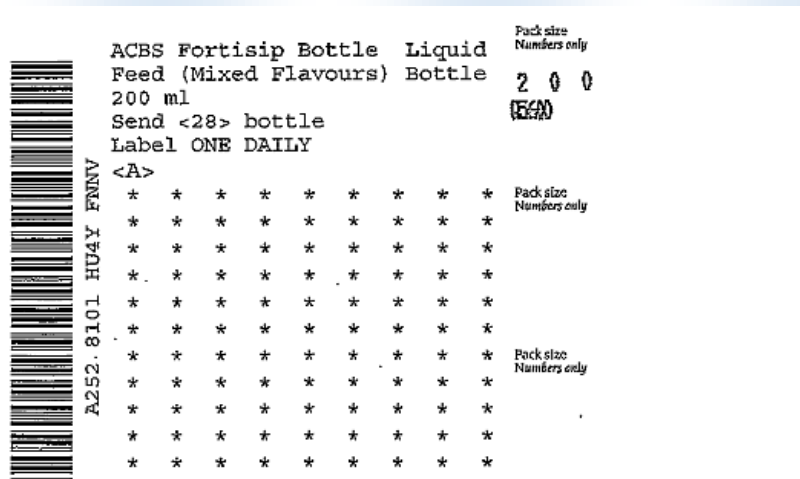
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Pack size Numbers only

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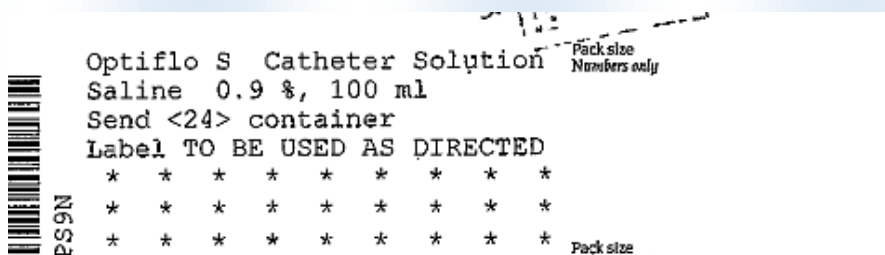
Food quantity example – claim should be for a **dispensed** quantity of 4800ml not 24.

Example 2



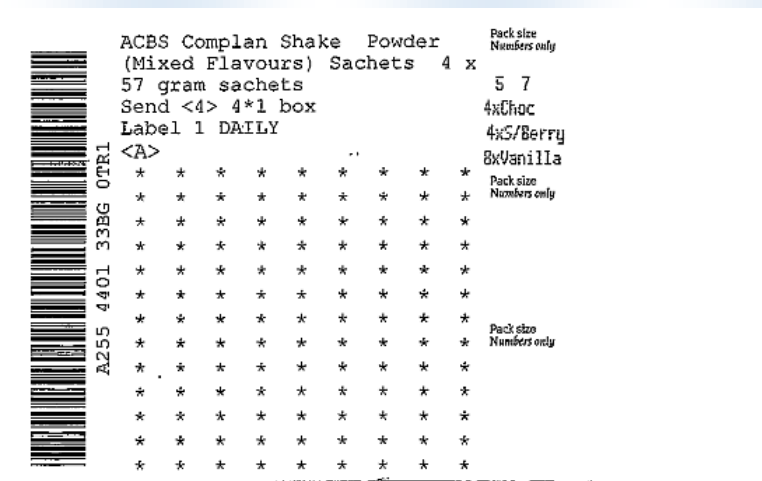
Food quantity example – claim should be for a **dispensed** quantity of 5600ml not 28. However, with the difference in prescribed quantity of 28 and dispensed quantity of 5600 the system would present this to a member of keying staff for review and action to reimburse correctly for a quantity of 5600.

Example 3



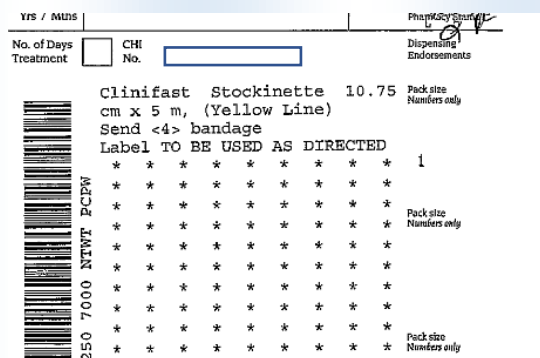
Catheter rinsing solution – claim should be for a **dispensed** quantity of 2400ml not 24. However, with the difference in prescribed quantity of 24 and dispensed quantity of 2400 the system would present this to a member of keying staff for review and action to reimburse correctly for a quantity of 2400.

### Example 4



Food quantity – this example includes now incorrect use of mixed flavours as this is not listed on dm+d, and use of box when prescribing. Claim should be for **dispensed** of 16 whether the 1 or 4 pack variant is selected or 4 for quantity for each separate entry to reflect the endorsement. However, with the difference in prescribed quantity of 4 and dispensed quantity of 16 the system would present this to a member of keying staff for review and action to reimburse correctly for a quantity of 16. As an example, in dm+d, the item ‘Complan Shake oral powder 57g sachets (Flavour Not Specified)’ could be selected with multiple dispensed items for the relevant flavours dispensed.

### Example 5

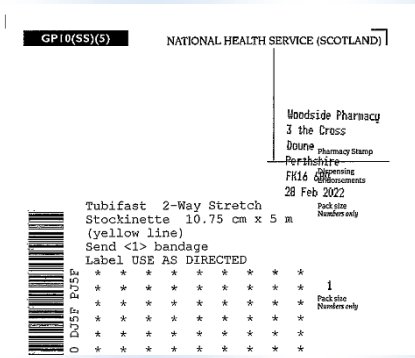


Edit	DJ#	Code	Name	EPI	Qty	Formulation	Pack	Manufacturer	Price
	1	11464511000001108	CliniFast stockinette 10.75cm (CliniSupplies Ltd) 5 m		20		5	CliniSupplies Ltd	
<b>Total</b>									

Dispensing Endorsements

Dressing example – claim should be for a **dispensed** quantity of 20 to reflect **dispensed** quantity of 20m. However, with the difference in prescribed quantity of 4 and dispensed quantity of 20 the system would present this to a member of keying staff for review and action to reimburse correctly for a quantity of 20.

**Example 6**



Edit	Code	Name	Quantity	CON	IRX	SLS	ACBS
	1667511000001104	Tubifast 2-way stretch stockinette 10.75cm (Molnlycke Health Care Ltd) 5 m	5				

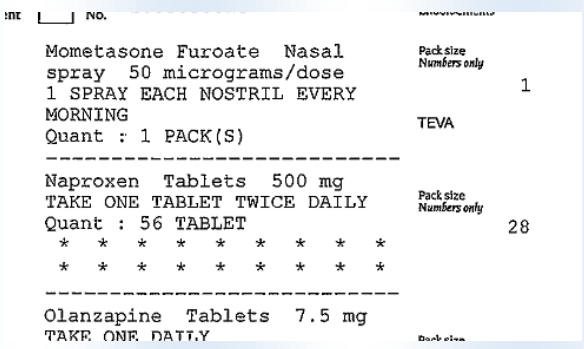
**Priced**

Edit	DJ#	Code	Name	EPI	Qty	Formulation	Pack	Manufacturer	Price
	1	1667511000001104	Tubifast 2-way stretch stockinette 10.75cm (Molnlycke Health Care Ltd) 5 m		5		5	Molnlycke Health Care Ltd	
<b>Total</b>									

Dispensing Endorsements

Dressing example – claim should be for a **dispensed** quantity of 5 to reflect **dispensed** quantity of 5m. However, with the difference in prescribed quantity of 1 and dispensed quantity of 5 the system would present this to a member of keying staff for review and action to reimburse correctly for a quantity of 5.

**Example 7**



	1	39109911000001109	Mometasone 50micrograms/dose nasal spray	140					
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**Dispensed**

Edit	Prescribed Item Num	Dispensed Item Num	DMD Id	DMD Name	Quantity	Ingredient
	1	1	23680111000001100	Mometasone 50micrograms/dose nasal spray (Teva UK Ltd) 140 dose	140	



Inhaler example – should be **dispensed** as doses i.e., quantity should be 140. However, with the difference in prescribed quantity of 1 and dispensed quantity of 140 the system would present this to a member of keying staff for review and action to reimburse correctly for a quantity of 140

*Please note the examples provided do not cover every potential instance that could occur but cover the most common/typical.*