

**P&CFS**



**nDCVP  
dm+d**

# Introduction

## The aim of this event

### nDCVP / Pharmacy Payments

- Why nDCVP
- Why dm+d
- How it works
- What you need to know and do

### Housekeeping

- Please remain on mute
- Meeting will be recorded for others
- Questions in the chat, we'll answer at the end



# What is DCVP?

## Data Capture Validation and Pricing

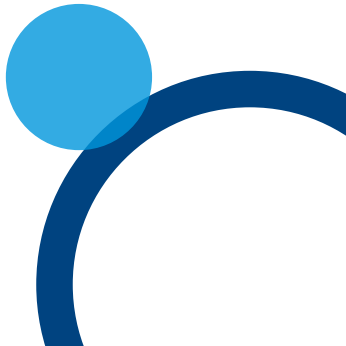
### What does it do?

- Captures data related to all prescribed items dispensed across Scotland
- Validates that data
- Prices the items
- Initiates payments to Pharmacies through payment schedules



# Why a new DCVP?

Replacement of current DCVP with a new, upgraded version

- **Current DCVP:**
    - Is ~20 years old featuring many unsupported components
    - Requires high level of manual and paper based input
    - High risk of system failure
  - **nDCVP**
    - A future proofed pharmacy payment system, meeting the NHS Scotland Digital Transformation goals and enabling adaptation to the future needs of prescription processing
    - Improved accuracy and quality of data
    - Readiness for a future paperless approach
    - Automation of non-drug prescriptions
    - Utilisation of dm+d drug library
    - More efficient process
- 

# Why dm+d?

Replacement of eVADIS pricing structure with dm+d

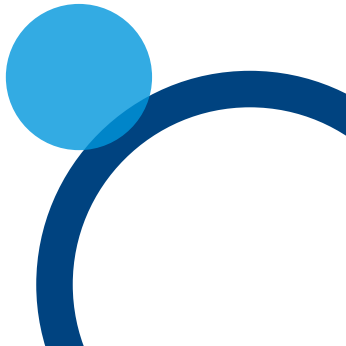
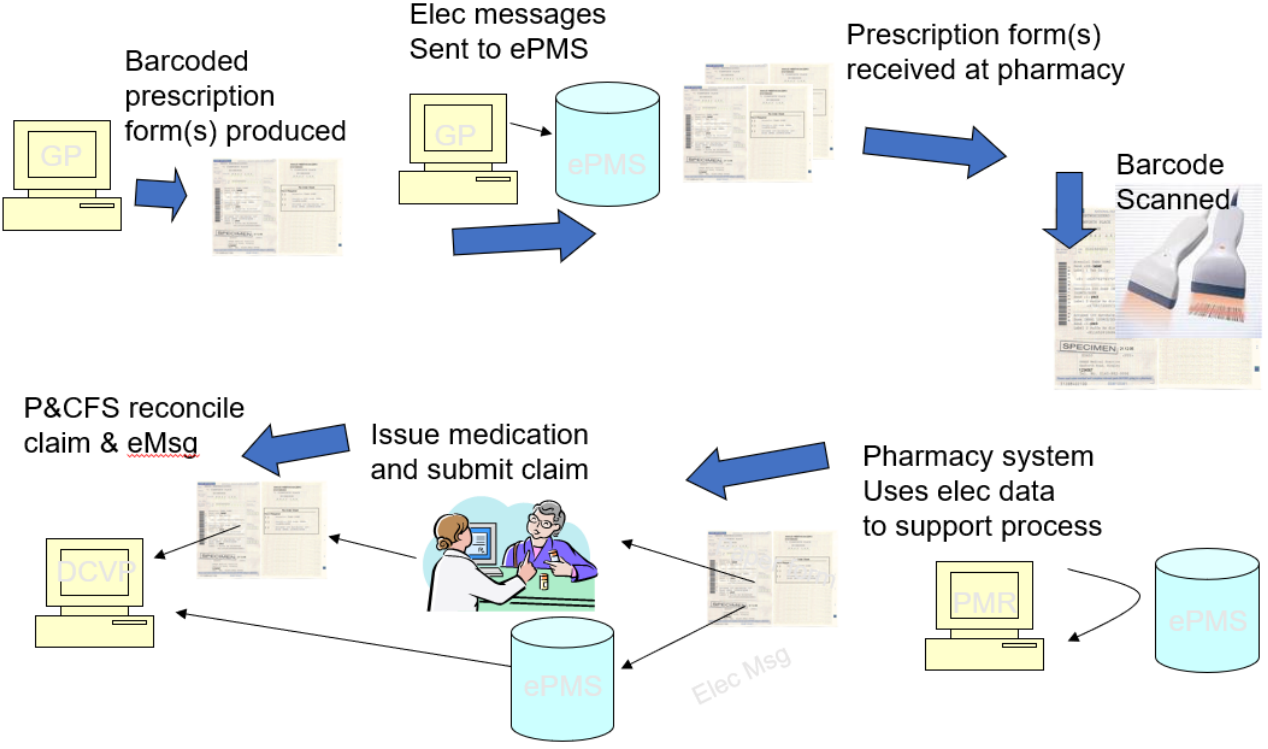
- Dm+d (Dictionary of drugs and medicines)
- Aligns to rest of UK
- More accurate and up to date pricing
- Greater suite of items – enabling more accurate claiming and payment
- EVADIS ~20 years old and no longer supportable



# How it works

## nDCVP

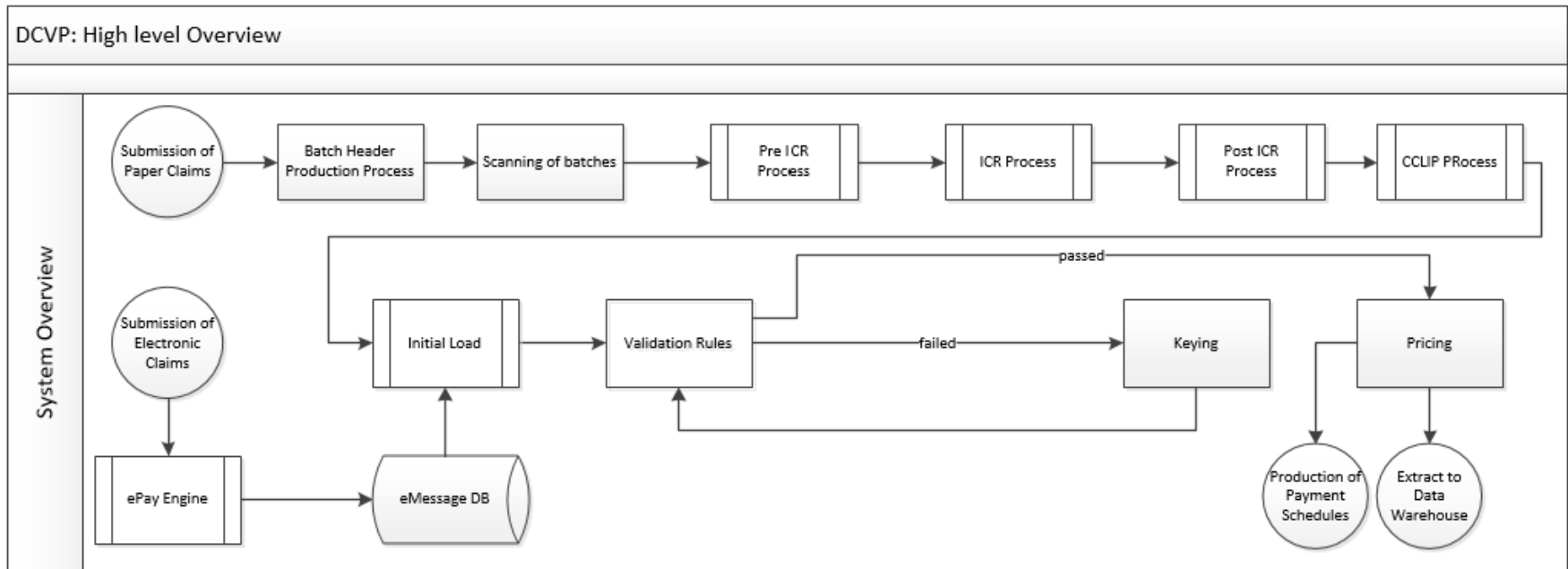
- For contractors, nDCVP will appear to be no different as current
- Submit paper and electronic claims as current



# How it works

## nDCVP

- nDCVP processes what it receives, payment schedules produced, data passed to warehouse
- Payments processed as current



# Where the differences lie

## nDCVP

- As per Key Differences Guide the differences in nDCVP are limited:
  - Rounding up to the nearest penny
  - Out of pocket expenses require reason codes (XP, P&P HC)
  - Incorrect endorsements or incorrect items will be returned via email
  - Payments Reports have been renamed
  - There will be no requirement for the VAT Registration Number to be added to the GP34A declaration





# Where the differences lie

dm+d

- The bigger differences are driven by dm+d:
  - **Pack Sizes** - Due to the fuller set of dm+d items available, nDCVP processes against pack size and sub packs to arrive at a figure closest to what was actually dispensed
    - The contractor must endorse the prescription accurately and fully, in doing so they are re-imbursed appropriately for the dispensing. Please ensure that both paper and accompanying electronic message are endorsed correctly.



# Where the differences lie

## dm+d

- The bigger differences are driven by dm+d:
  - **Quantities** - Due to the way dm+d holds pack sizes, specific quantities must be claimed for: i.e. inhalers as doses, bottles as mls, bandages as metres.
    - For example;
      - 2 x 100ml bottles should be claimed as 200mls.
      - 2 x 200 dose inhalers should be claimed in doses, e.g. Salbutamol inhalers, quantity as 400 doses, not 2
      - Accurate selection of the correct dm+d item from the picklist will ensure accurate payment



# Where the differences lie

## dm+d

- Quantities
  - Prescribing should ideally also be dm+d compliant to ensure that the claim quantity matches the prescribed electronic message.
  - Most prescribing systems are dm+d compliant and carry out a dm+d mapping process to provide the correct unit of measure / quantity
  - 98% of items presenting do this
    - However, in a small number of instances (EMIS only) this will not happen and in these cases the quantities will not match
      - E.g. a claim for 400mls vs prescription of 2
    - nDCVP validation rules will assess this and pass the claim to a keyer to resolve to ensure accurate payment.
  - Make sure *your claim* has the correct dm+d item with total quantity (mls, doses etc)



# Where the differences lie

## Scottish Drug Tariff

- Public Health Scotland deliver the Scottish Drug Tariff on behalf of Scottish Ministers.
- This briefing session will focus on Part 7 of the Scottish Drug Tariff



# Background

## Scottish Drug Tariff

- Part 7 consists of 4 main sections:
  - P7M – commonly prescribed medicines which, when written generically, have a set reimbursement price
  - P7B – Originally established to list commonly supplied medicines items under the Minor Ailments Scheme not already listed in Part 7M. The Minor Ailments Service was replaced by NHS Pharmacy First Scotland scheme.
  - Part 7S – A list of commonly prescribed “specials”, providing a standard price removing the need for pre-authorization
  - Part 7U – A list of commonly prescribed unlicensed products which were historically associated with excessive out of pocket charge claims

# Why do we need to change?

## Scottish Drug Tariff

- EVADIS infrastructure is no longer supported – continued reliance posed a significant risk to payments and reporting
- EVADIS was reliant on companies advising of new products and price changes proactively – the level of engagement has been steadily reducing
- At a UK level, the adoption of dm+d for medicine-related applications is standard and provides futureproofing
- As most companies provide product information to dm+d, the coverage of items for pricing and reporting purposes will improve



# What changes can you expect to see?

## Scottish Drug Tariff – Part 7M

- dm+d descriptions will replace EVADIS descriptions
  - Fentanyl Patch 100mcg/hr 5 becomes  
**Fentanyl 100micrograms/hour transdermal patches 5 patch**
- Any generic NHS Pharmacy First Approved List lines will move from Part 7M to 7B
  - The presence of a generic description in Part 7B will trigger reimbursement processes where the item is listed generically in the Approved List
- Prices will be set as per current processes
- Inclusion criteria and processes remain unchanged



# What changes can you expect to see?

## Scottish Drug Tariff – Part 7B

- As discussed, generic products listed as such on the Approved List will be listed in Part 7B to support payment processes.
- Currently, many of the Proprietary lines which do not appear elsewhere in the Tariff are listed in Part 7B.
- With nDCVP rules and processes, AMPPs will not be listed in Part 7.
- Any items listed as Proprietary names on the Approved List will be “flagged” in the system as eligible for reimbursement when prescribed as an AMP and claimed as an AMPP, in accordance with the Approved List.
- Approved List items which appear in other parts of the Tariff e.g. dressings, appliances will be similarly “flagged”.
- Please ensure you are referring to the most recent version of the Approved List and prescribing and claiming accordingly





# What changes can you expect to see?

## Scottish Drug Tarriff – Part 7S

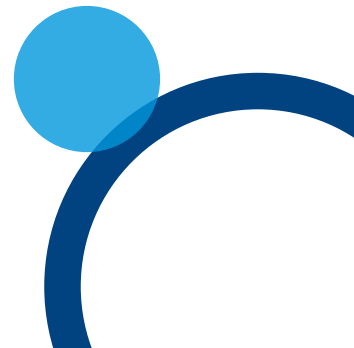
- Earlier PCAs enabled flexibility around setting a price for “special” liquids and white or yellow soft paraffin-based preparations.
- In a dm+d-based environment, it is necessary to specify each formulation of Part 7S liquid preparations and paraffin-based products individually.
- Additionally, to ensure whole pack rules are maintained, some pack sizes have changed, reflecting available dm+d options, as appropriate.
- PCA(P)(2023)17 is available which details the updated descriptions and pack sizes.
- Where an equivalent dm+d description, including pack size is not available or it has not been possible to identify a reliable price, some items have been removed. These lines should now be pre-authorized in line with local processes, as necessary.



# What changes can you expect to see?

## Scottish Drug Tariff – Part 7U

- This section has seen a significant reduction in lines.
- This reflects the constraints of dm+d and the assessment that many lines were historic in nature and the risk of excessive out of pocket claims is minimal.
- The impact of out of pocket expenses for removed lines will be monitored - should this become an issue, readdition to Part 7 (and associated payment rules) will be considered.



# What should contractors do, if not already?

- Endorse!
  - Ensure that you are claiming for what was supplied to patients – Scotland has the most flexible business rules but only if colleagues in PCFS can see what was claimed.
- For Pharmacy First, ensure you keep up to date with the current Approved List – if a product is listed generically, ensure you prescribe (and ideally claim) generically (and vice versa)
- Check Part 7S – you may need to seek authorisation.



# SDT - Summary

- EVADIS is no longer fit for purpose – dm+d is the UK standard and adoption will provide resilience and future-proofing for Scottish contractors
- Keep a look out for regular updates from NSS colleagues and CPS, as appropriate
- Be reassured that the Scottish Tariff remains just that – we will continue to decide the makeup and pricing of Part 7 as before
- Thank you for your time



# The Key Message

## Claim and endorse accurately

- **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 endorsement is required as the brand, packsize and manufacturer are contained within the dm+d code.
- **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.



# The Key Message

## What will we be doing?

- **Monitoring**
  - We will be closely monitoring nDCVP as it moves into production, with an Early Life Support team around that for the first few months to:
    - Assess performance
    - Assess trends
    - Identify any potential enhancements
- **Contacts**
  - [nss.psdhelp@nhs.scot](mailto:nss.psdhelp@nhs.scot)





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