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Statistics at NHSBSA

General Pharmaceutical Services – England

Background information and methodology

November 2020

Document release note

Document name: General Pharmaceutical Services - England Background Information and Methodology

Document details name	Version number	Description
General Pharmaceutical Services – England Background Information and Methodology	v001	Document providing background information and details on methodologies used for the annual General Pharmaceutical Services Official Statistic publication.

Revision details revision number	Revision date	Revision description	Page number	Previous page number	Action taken	Addenda / new page

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About this document

This document is intended to provide detailed information about prescription data, as well information on the essential and advanced services provided by community pharmacies and appliance contractors to the general public on behalf of the NHS. These details include the processes carried out to transform a prescription issued by a prescriber and submitted for reimbursement by a dispensing contractor, into these statistics. This document also provides information on the methodologies used in these statistics and used in an operational context to ensure the accuracy and trustworthiness of these data.

This document will be updated as the statistical methodologies and underlying business processes change over time; it will remain relevant to the most up to date releases of the series.

About these statistics

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

The General Pharmaceutical Services – England publication shows details on community pharmacy and appliance contractor activity across the whole financial year. This includes the details on the number of prescription items they have dispensed, the number of single activity fees they have received, and further details on essential and advanced services that they have provided.

The General Pharmaceutical Services publication (GPhS) is a National Statistic release. National Statistics Status means that GPhS meets the highest standards of trustworthiness, quality, public value, and complies with all aspects of the [Code of Practice for Statistics](#).

The [designation of this publication as a National Statistic](#) was confirmed in January 2012 following [an assessment by the Office for Statistics Regulation \(OSR\)](#). This release is currently subject to a further assessment by OSR which will begin in Spring 2021.

This publication is the first in a series by the NHS Business Services Authority (NHSBSA) following a [public consultation by NHS Digital](#).

This publication can have a wide range of uses including informing government or local NHS policy, and allowing public scrutiny of national and regional dispensing activities.

These statistics can be used to understand the activity of community pharmacies and appliance contractors in England, including essential and advanced services provided to NHS patients. They cannot be used to provide the total number or cost of prescription items dispensed in England in the community as they do not contain dispensing from all sources. This can be obtained from another NHSBSA National Statistic publication, [Prescription Cost Analysis](#).

1. Background information

Community pharmacies and appliance contractors

From 1 April 2013, NHS England became responsible for the commissioning of NHS pharmaceutical services in England and for negotiating changes to arrangements for the provision of services. [The Community Pharmacy Contractual Framework](#) (CPCF) for pharmacy contractors is set out in the [2013 regulations](#), plus The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, are contained within the [Drug Tariff for England and Wales](#). Changes to the CPCF are negotiated between NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC), who are the representative body of community pharmacists. The role of DHSC from April 2013 is to make necessary changes to the legislative framework.

In order to be able to provide pharmaceutical services for the NHS, the 2013 regulations state that a person (other than doctors or dentists) must be included in a pharmaceutical list. NHS England are required to prepare and maintain lists of those who have been granted applications. The list specifies both the premises and the named contractor. Community pharmacies can dispense both drugs and appliances, but appliance contractors are limited to the supply of appliances as listed in Part IXA, IXB and IXC of the Drug Tariff. The Drug Tariff is published by NHSBSA on behalf of the DHSC and Wales.

In order to receive payment for the costs and fees incurred while providing services to the general public on behalf of the NHS, community pharmacies and appliance contractors must submit their prescriptions to NHSBSA along with a submission document, known as the FP34C. This has recently been digitised by the Manage Your Submission (MYS) application but was historically done via a paper form that accompanied paper prescription batches. The processing applied to individual prescriptions is discussed as part of 'The prescription journey' later in this document.

Data regarding advanced services such as the provision of medicines use reviews (MURs) and new medicines service (NMS) is taken from the FP34C submission document, or from the MYS application. This is then passed to NHSBSA payment systems to calculate account level payments that are to be made to community pharmacies and appliance contractors.

The prescription journey

A prescription goes through several stages before the data extracted from it ends up in our administrative data warehouse and subsequently in this publication.

The prescription starts its journey when it is issued by a GP, nurse or other authorised prescriber. The prescription can be issued in paper form or as an electronic prescription using the Electronic Prescription Service (EPS). At the time of publishing, EPS prescription items account for approximately 89% of all prescription items¹. This prescription is then taken, or in the case of EPS sent, to a dispensing contractor to be dispensed. The contractor submits their prescriptions at the end of the month to NHSBSA to calculate how much money they should be reimbursed for the dispensed prescriptions. EPS prescriptions are transmitted as electronic

¹ EPS utilisation figures are published within the EPS Dashboard available on the [NHS BSA website](#). August 2020 utilisation figure, published in October 2020, is 88.68% for England.

messages using the NHS Spine maintained by NHS Digital, and from there are sent to the NHSBSA for processing.

Once received by the NHSBSA paper prescriptions are scanned and transformed into digital images, which are then passed through Intelligent Character Recognition (ICR) to extract data from the paper form. Most paper forms go through ICR without any manual intervention. However, there are cases where a prescription form is reviewed by a human operator to accurately capture the relevant information from the prescription form. This manual intervention can be required for many reasons, such as if a form is handwritten or information is obscured by a pharmacy stamp.

All data from both paper and electronic prescriptions, is processed by the NHSBSA's Capacity Improvement Program (CIP) database. This is the main transactional database that is used for calculating the reimbursement of dispensing contractors. Data is then passed to the Dedicated Payment of Contractors (DPC) database to calculate the final payments that are to be made to dispensing contractors.

Prescription data is extracted from CIP and loaded into the NHSBSA Data & Insight Data Warehouse from where it can be analysed and processed into management information, administrative data feeds, and be used to produce Official Statistics.

2. Changes made to this publication

Counts of community pharmacies and appliance contractors

The total counts of community pharmacies and appliance contractors shown in this release will not match those shown in previous releases of this publication by NHS Digital. This is because we have updated the methodology used to obtain these counts. The figures shown in previous releases by NHS Digital were based upon contractors that were part of the pharmaceutical list at 31 March of the given year. The figures shown in this release by NHSBSA are based around contractors that have been active at any point in the given year. This has been done to provide consistency with other figures given in the publication that do not exclude contractors that had closed during the year, and to more accurately reflect the level of activities carried out by contractors during a year. This change will result in the figures in the NHSBSA release being greater than those shown in historical NHS Digital releases.

Average monthly items per contractor

We have updated the methodology used to provide the average monthly items per contractor in table one of the statistical summary tables in this release. Previously this measure was calculated by dividing the total number of items dispensed by community pharmacies by the total number of community pharmacies, and then dividing this number by the number of months in the year (total items dispensed / number of community pharmacies / 12). This measure is now calculated by, for each pharmacy, dividing the total items dispensed by the number of months the pharmacy was active in the year. The median of these figures is then calculated to give the final measure. A median is calculated by arranging all the available values into an ordered list and selecting the value that is in the middle. If there are 2 middle values, the median is halfway between them.

We use the median because the distribution of number of items dispensed is skewed, with a small number of contractors responsible for large volumes of dispensing on a monthly basis. When using the mean to calculate the average of a skewed distribution, it is highly influenced by those values at the upper end of the distribution and thus may not be truly representative. By taking the middle value of the data after sorting in ascending order the median avoids this issue.

Contractor attributes

Attributes belonging to community pharmacies and appliance contractors such as:

- Opened date
- Closed date
- Multiple or independent contractor
- Distance selling contractor
- Local Pharmaceutical Services (LPS) contractor
- Parent NHS England Region and Local Office

Are all taken from the 31 March of the year. Therefore, if a community pharmacy was classed as an independent between April and February, and subsequently became a multiple contractor in March, they would be counted as multiple contractor only. This differs from historical releases by NHS Digital where a single contractor could be counted multiple times for an attribute if that attribute changed during the year.

Data previously obtained from Pharmacy Collection (PHS1)

The Pharmacy Collection (PHS1) mandatory data collection activity by NHS Digital is no longer carried out. This provided data on:

- Pharmacy openings and closures
- Pharmacy types that were formerly exempt from Pharmaceutical Needs Assessments (PNA)
- Pharmacy consolidations (mergers)
- Pharmacies commissioned to provide enhanced services
- Decisions on applications for new and existing premises

NHSBSA is currently working with NHS England & Improvement to obtain this data from an alternative source. In line with the [NHSBSA Revisions and Corrections policy](#) data can be updated when new information becomes available that relates to a period already published. If this data becomes available, we will update this release to include it.

NHSBSA holds administrative records that provide some, but not all, of the data that was previously collected as part of PHS1. This includes:

- Pharmacy openings and closures
- Distance selling pharmacies (formerly exempt from PNA)
- Local Pharmaceutical Services pharmacies (previously called essential small pharmacies)

This data has been included in this release. However, users should note that these are from a different administrative data source and historical figures may differ when compared to previous releases by NHS Digital.

Seasonal influenza vaccination advanced service

Previously known as the National Influenza Adult Vaccination Services (NIAVS). The methodology used to count the number of community pharmacies providing this service has been updated. In previous releases of this publication by NHS Digital, a distinct count of the pharmacy trading address was used to obtain a count of pharmacies that were providing the service. This resulted in the counting of duplicate pharmacies where a contractor had changed their premises or trading address. In this release by NHSBSA, a distinct count has been done on the pharmacy's dispenser code, which remains the same if a contractor changes trading address, to remove duplication and obtain a more accurate count.

3. Methodology

Data included

The data used in this publication includes prescriptions presented for payment to the NHSBSA in the month the prescription was presented for payment. This excludes items that have been disallowed, not dispensed or items returned-back to the dispenser before payment can be made. Items that were prescribed but not presented for dispensing, private prescriptions or not submitted to NHS Prescription Services by the dispenser are not included. Data is limited in this publication to only prescription items that have been dispensed by a community pharmacy or appliance contractor in England. Items dispensed by dispensing doctors or submitted for reimbursement via a personal administration account have been excluded.

This data includes all prescriptions dispensed in the community by a pharmacy of appliance contractor including those prescribed from hospitals but does not include items dispensed in hospitals or in prisons.

Data on advanced services provided by community pharmacies and appliance contractors is limited to where a claim has been submitted to NHSBSA in relation to performing one of those services. Counts around the number of services provided are based upon the number of times a fee has been paid to a contractor. The figures around number of contractors that provide a service are based upon the number of contractors that have received payment of at least on fee for that service.

NHS Resolution – Primary care appeals data

Primary care appeals data is provided by NHS Resolution (previously known as the NHS Litigation Authority) on an annual basis. If an application for market entry for a pharmacy is refused, it can be appealed to NHS Resolution under the [NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013](#). The data relating to these appeals is included in the supporting statistical summary tables eight and nine.

NHSBSA receive this data by email in an excel file. However, an aggregated version of this data is already available in the public domain, [published by NHS Resolution](#) as part of their annual report. This published data is not as granular as the data included in this publication and does not contain breakdowns by appeal types or the locality of the appeals.

The data is generated from NHS Resolution's claims management system. This system is subject to internal audit and external audit by the National Audit Office (NAO). Internal checks consist of a panel of independent auditors that conduct an annual audit of the quality of data entered against claims across a large sample. NHS Resolution analysts also conduct their own quality checks, including checks for:

- Uniqueness – to make sure data is only counted once
- Data validity – excluding any invalid data
- Data completeness – to make sure that all valid is included
- Correct categorisation – to make sure data is categorised correctly
- Consistency – to make sure data is treated consistently over each year

The annual report that NHS Resolution publishes is not designated as an Official Statistic but is [produced in line with a voluntary application](#) of the Code of Practice for Statistics, as is the data that is subsequently used in this publication.

NHSBSA will work with NHS Resolution to establish a memorandum of understanding for the transfer of this data on an annual basis.

Geographies included in this publication

The geographies used in this publication are based upon NHSBSA administrative records, not geographical health boundaries as defined by the Office for National Statistics (ONS). These administrative records more closely reflect the operational organisation of dispensing contractors than other geographical data sources such as the National Statistics Postcode Lookup (NSPL).

The NHS England Regions and Local Offices shown in the statistical summary tables of this release are based on the NHS organisational structure at 31 March 2020. Organisational changes implemented on 1 April 2020 have resulted in 4 NHS England Regions becoming 7, and the abolishment of Local Offices which have been replaced with Sustainability and Transformation Partnerships (STPs). These organisational changes will be captured in the next release of these statistics.

4. Planned changes to this publication

NHSBSA plans to expand the scope of this publication in future releases to report on all fees that a contractor can claim for providing NHS services in order to provide a more complete picture of the total cost of community pharmacy to the public purse. The views of users and stakeholders will be sought through a public consultation that will launch some time in 2021.

Details of this consultation will be [announced on the statistics section](#) of the NHSBSA website and communicated through social media channels.

5. Strengths and Limitations

Strengths

The main strength of these statistics is the completeness of prescription data relating to dispensing activity and accuracy of information captured during processing activities carried out by the NHSBSA. This dataset covers all prescriptions that have been dispensed in the community in England by a community pharmacy or appliance contractor. The data has been

captured and processed in a consistent way across the whole data set. The data NHSBSA captures regarding advanced services provided to NHS patients, is also captured in this same manner and has the same coverage. Contractors are required to complete an accompanying submission document via the Manage Your Submission application or the paper FP34C form in order to receive payment for any advanced services provided.

This administrative data is required to be as accurate as possible as it is used to pay dispensing contractors for services provided to NHS patients.

Limitations

Only reimbursement of prescriptions and Single Activity Fees are included in cost calculations for these statistics. Pharmacies can claim payment for a range of fees including controlled drug fees and out of pocket expenses when dispensing a prescription item. These other fees are excluded to give a fair, comparable measure of how pharmacies are used by NHS patients, and so pharmacies will be receiving further payment than what is included here. NHSBSA intend to include data on the full range of fees payable to community pharmacies and appliance contractors in future releases. These statistics exclude prescriptions issued and dispensed in prisons, hospitals, by dispensing doctors, items personally administered by medical professionals and private prescriptions and so do not give a full picture of all prescribing in England.

Data relating to advanced services provided by contractors is reliant on the accurate submission of these figures by contractors. The NHSBSA carry out post payment verification checks relating to fees paid in relation to these services. However, this is carried out after payment and any adjustments that result from these checks are not included in these statistics.

Data that has previously been obtained from the NHS Digital PHS1 Pharmacy Data collection is no longer available, as the collection exercise no longer takes place. This has resulted in a break in the time series for some data reported in these statistics. NHSBSA are currently working with NHS England & Improvement to source this data from elsewhere.

6. Revisions

Any revisions that we make to these statistics will be made in line with our [Revisions and Corrections Policy](#). Any significant errors that are identified within these statistics after their publication that would result in the contradiction of conclusions previously drawn from the data will be; displayed prominently on our website and any other platforms that we use to host these statistics; corrected as soon as possible; and communicated clearly to users and stakeholders.

For this publication where new data becomes available to NHSBSA that relates to a period already published, NHSBSA will update the release to include the new data.

7. Quality of the statistics

We aim to provide users of this publication with an evidence-based assessment of its quality and of the quality of the data from which it is produced. We do so to demonstrate our commitment to comply with the UK Statistics Authority's Code of Practice for Statistics, particularly the pillar of Quality, and its principles that:

Q1 Suitable data sources – Statistics should be based on the most appropriate data to meet intended uses. The impact of any data limitations for use should be assessed, minimised and explained

Q2 Sound methods – Producers of statistics and data should use the best available methods and recognised standards and be open about their decisions.

Q3 Assured quality – Producers of statistics and data should explain clearly how they assure themselves that statistics and data are accurate, reliable coherent and timely.

Details of how we define statistical quality can be found in our [Statement on Statistical Quality: Guidelines for Official and National Statistics](#). This is an assessment of the quality of these statistics against the European standard for quality reporting and its dimensions specific to statistical outputs, particularly:

- Relevance
- Accuracy and reliability
- Timeliness and punctuality
- Accessibility
- Coherence and comparability

These principles guide us and are complimented by the UK Statistics Authority's Regulatory Standard for the quality assurance of administrative data.

Relevance

This dimension covers the degree to which the product meets user need in both coverage and content

The General Pharmaceutical Services – England annual publication includes details on the activities of community pharmacies and appliance contractors. Allowing scrutiny of essential services that are provided to the general public by dispensing contractors on behalf of the NHS. These statistics cover from financial year 2015/16 onwards, allowing the analysis of long-term trends in dispensing. We believe that they can be used to inform policy decisions at a national and local level, by the public to scrutinise dispensing habits, and by academia and applied health researchers for matters relating to public health. The NHSBSA also routinely receives Freedom of Information requests and parliamentary questions about this subject matter which we periodically review and use to inform the content of future releases of all of our statistical publications.

We will be gathering feedback from users of these statistics on an on-going basis to help shape them and ensure that they remain relevant and of use.

Accuracy and reliability

This dimension covers the statistics proximity between an estimate and the unknown true value

Accuracy

These statistics are derived from data collected during processing activities carried out by the NHSBSA to reimburse dispensing contractors for providing services to NHS patients. Prescriptions are scanned and subject to rigorous automatic and manual validation processes

to ensure accurate payments are made to dispensing contractors. Where electronic prescriptions are used the scope for manual intervention and input into data is reduced.

The figures used are collected as an essential part of the process of reimbursing dispensing contractors for medicines supplied. All prescriptions which are dispensed in England need to be submitted to NHS Prescription Services within the NHSBSA if the dispenser is to be reimbursed, and so coverage should be complete. NHS Prescriptions Services internally quality assures the data that is captured from prescriptions to a 99.60% level via a statistically valid random sample of 50,000 items that are reprocessed on a monthly basis. The latest reported [Prescription Processing Information Accuracy](#) from NHS Prescriptions services, which covers the 12 month period August 2019 to July 2020 is 99.81%. Due to the manual processes involved in the processing of prescriptions there may be inaccuracies in capturing prescription information which are then reflected in the data.

Data supplied by NHS Resolution is collated with a voluntary application of the Code of Practice for Statistics. They are used within the NHS Resolution public annual report and are quality assured by NHS Resolution analysts, as well as being subject to internal and external (by NAO) audits.

As an exercise during the transfer of this publication from NHS Digital to NHSBSA checks were carried out by NHSBSA statisticians to make sure that historical data supplied by NHS Resolution matched figures previously published by NHS Digital. For future releases a series of checks will be established to ensure data are accurate. This includes:

- Comparing historical values
- Testing if data supplied for a year is statistically significantly different from previous years (Statistical Process Control)
- Outlier detection and flagging this with NHS Resolution

Reliability

As there is a manual data entry element to this system then inevitably some small errors may occur in the data. The NHSBSA and NHS Prescription Services take measures to minimise these errors. This includes the presence of a permanent dedicated accuracy team within NHS Prescription services which provides feedback to operators around any errors identified to help prevent regular occurrence.

Data transfer between NHS Resolution and NHSBSA is currently done by secure email via NHS Mail. During this process it is possible that the excel spreadsheet that holds the data could become corrupted, or the manual process of extracting the data could lead to errors. NHSBSA will explore different approaches to obtain this data from NHS Resolution that requires fewer manual steps. This could include secure FTP transfer of files in machine readable format to remove as many manual steps as possible.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period.
Punctuality refers to the gap between planned and actual publication dates

The General Pharmaceutical Services publication is published annually. The publication date by NHS Digital has historically been in November. Data is usually available around six weeks after the end of the month that the data relates to, and so there is scope for this publication to

be moved to earlier in the calendar if there is a user need identified. NHSBSA understands that the long period of time between availability of data and publication needs to be addressed and plans to do so. The date of release for the annual publication will be announced in advance in line with our statistical release calendar.

Accessibility and clarity

Accessibility is the ease with which users can access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice

Accessibility

This publication is presented in an HTML file, with supporting documentation released in PDF format. HTML documents are assessed for accessibility using Wave, Axe and Lighthouse to ensure these meet accessibility requirements. It is planned that documents currently produced as PDFs will in future be published as HTML to further enhance accessibility.

Summary data and additional analysis is presented in tables in Excel. We're also working with our Digital team to release this in a non-property format such as OpenDocument Spreadsheet (ODS) in the future.

We plan to make the R code used to produce this publication publicly available in the [NHSBSA GitLab](#) repository.

Clarity

A glossary of terms is included [in this document](#) along with accompanying metadata in the supporting summary tables. The statistical summary narrative uses rounding of figures, typically to three significant figures, to ensure that the statistics are clear and accessible to range of audiences.

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic or similar. Comparability is the degree to which data can be compared over time and domain

Comparability and coherence

The General Pharmaceutical Services publication are the only Official Statistics available regarding pharmacy and appliance contractors in England. Comparable publications are not available for Scotland and Wales, but an Official Statistics publication is released by Northern Ireland. However, each devolved nation does publish administrative data around dispensing activities. Links to these datasets can be found in the [resources section](#) of this document.

The statistics contained in this release are all derived from the same data source, the NHSBSA Data Warehouse, with a consistent methodology used in the processing of data prior to it being made available in the warehouse.

The data used in this publication are not directly comparable to other Official Statistics publications by NHSBSA. These statistics are based upon a subset of dispensing of prescription items in England carried out by community pharmacy and appliance contractors. Prescription Cost Analysis (PCA) along with our prescribing publications, Medicines Used in

Mental Health (MUMH) and Prescribing for Diabetes (PfD), include data on prescription items dispensed by dispensing doctors and personal administration accounts also. Therefore, the totals between these publications will not reconcile.

Comparisons over time

In order to allow for comparisons to be made over time these statistics cover from financial year 2015/16 onwards. Prior releases included previous time periods which are no longer available to NHSBSA. For consistency with other NHSBSA statistical publications, this version only contains data from April 2015 onwards, though [historic publications](#) are available from NHS Digital.

Changes to the figures over time should be interpreted in the wider context of the prescribing and dispensing system, including changes in pharmaceutical regulations, changes in administrative structures, and more recently national health emergencies such as the COVID-19 global pandemic.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other

The main trade-off in this publication is the balance between timeliness and data quality. Enough time is allowed from the data being made available to allow for the information to be produced and quality assured.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about users and uses and their views on the statistical products

Alongside the release of these statistics the NHSBSA will also be releasing a continuous feedback survey, allowing users to quickly tell us their thoughts on the content and utility of these statistics. [This survey is available online](#). This feedback, along with feedback gathered from other routes such as direct contact, will be used to shape the content and style of future General Pharmaceutical Services publications and other statistical products from the NHSBSA. This publication also has a detailed [user engagement plan](#) specific to General Pharmaceutical Services.

Performance, cost and respondent burden

This dimension describes the effectiveness, efficiency and economy of the statistical output

There is no respondent burden for prescription data, dispenser activity data, or NHS Resolution data as all data are extracted from existing NHSBSA information and transactional systems as well as being supplied from NHS Resolution claims management system.

This initial release has been developed with a reproducible analytical pipeline (RAP) in mind and RAP principles applied where possible. This development has been done in R and the code used will be made publicly available at the [NHSBSA GitLab](#) in due course. Further development is planned to the RAP used for this publication to further automate as many tasks as possible and remove scope for errors to occur.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices

Trustworthy statistics and the data behind them are an important part of well-informed decision making and are vital to support improvement across the wider health and social care system. It is accepted, however, that where statistics provide information on small numbers of individuals, NHSBSA have a duty, under data protection law, to avoid directly or indirectly revealing any personal details. In addition, NHSBSA staff members are required to adhere to relevant NHS data confidentiality guidelines.

The NHSBSA has robust confidentiality and security policies that were adhered to during the production of these statistics. More information on these policies and how we follow them can be found in our [Confidentiality and Access Statement](#).

A risk assessment around potential disclosure of personal identifiable information through these statistics was carried out during their production. In line with the [NHSBSA's Statistical Disclosure Control Policy](#), patient counts less than five, or item and cost information where a patient count of less than five can be inferred, has been redacted with “**”.

Quality assurance of administrative data – Prescription data

In addition to the assessment we have followed the Quality Assurance of Administrative Data (QAAD) toolkit, as described by the Office for Statistics Regulation (OSR), for prescription data. Using the toolkit, we established the level of assurance we are seeking (or “benchmark”) for each source. The assurance levels are set as basic, enhanced, or comprehensive depending on the risk of quality concerns for that source, based on various factors.

We have made a judgement about the suitability of the administrative data for use in producing this publication, this is designed to be pragmatic and proportionate, and so in the light of an evaluation of the likelihood of quality issues that may arise in the data that may affect the quality of the statistics, and of the nature of the public interest served by the statistics.

[This QAAD assessment for prescription data can be found on the NHSBSA website.](#)

8. Related statistics, comparability and useful resources

Code of Practice for Statistics

These statistics have been produced in compliance of the [Code of Practice for Statistics](#). You can find more on the code of practice and its pillars, principles and practices from the [UK Statistics Authority website](#).

NHSBSA Open Data Portal

The [NHSBSA Open Data Portal](#) is the platform where we host many of our open data products, this is still in BETA and continuing to be developed. [English Prescribing Data](#) is also available on the NHSBSA website.

Dispensing contractor activity data – devolved administrations

The devolved administrations of the UK all publish management information administrative data on dispensing contractor activity:

Scotland

[Public Health Scotland – Community Pharmacy – Contractor Activity](#)

Wales

[NHS Wales Shared Services Partnership – Dispensing Contractor Activity](#)

Northern Ireland

[Health and Social Care Business Services Organisation – General Pharmaceutical Services and Prescribing Statistics](#)

Drug Tariff for England and Wales

The Drug Tariff holds details on all the fees payable to community pharmacies and appliance contractors, as well as details on the costs to be reimbursed for the supply of drugs and appliances listed in parts VIII and IX. The Drug Tariff can be accessed from the [NHSBSA website](#).

Pharmaceutical Services Negotiating Committee (PSNC)

PSNC promotes and supports the interests of all NHS community pharmacies in England. They are recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors. The [PSNC website](#) contains many useful resources for understanding the role of community pharmacy in the wider health and social care landscape.

NHS Resolution

[NHS Resolution](#) handle primary care appeals and provide an impartial tribunal service for the fair handling of appeals and disputes between NHS England and primary care contractors such as GPs, dentists, opticians and pharmacists.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

The regulations came into effect on 1 April 2013 and replaced the 2012 regulations. They reflect the new NHS architecture, in which NHS England is responsible for maintaining pharmaceutical lists, and the [Health and Wellbeing Boards](#) (HWB) are responsible for developing and publishing the Pharmaceutical Needs Assessments, which are used in the determination of routine applications for new pharmacies.

9. Glossary of terms used in these statistics

Appliance Use Review (AUR)

Appliance Use Review (AUR) is the second Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by:

- Establishing the correct way for the patient to use the appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Cost

The amount that would be paid using the basic price of the prescribed drug or appliance and the quantity prescribed, sometimes called 'Net Ingredient Cost' (NIC). The basic price is given either in the Drug Tariff or is determined from prices published by manufacturers, wholesalers or suppliers. The basic price is set out in Parts VIII and IX of the Drug Tariff. For any drugs or appliances not in Part VIII, the price is usually taken from the manufacturer, wholesaler, supplier of the product or the price endorsed by the dispenser.

Dispensed in the community

When a prescription item is dispensed in the community this means that it has been dispensed by a community pharmacy or other dispensing contractor. This does not include medicines dispensed within hospitals and prisons. This publication is limited to dispensing by community pharmacies and appliance contractors. Prescription items dispensed by a dispensing doctor or submitted for reimbursed via a personally administered account have been excluded.

Dispensing contractor / dispenser

A dispensing contractor or dispenser can be a community pharmacy or appliance contractor (a dispenser that specialises in dispensing dressing, appliances and medical devices). Prescriptions can also be dispensed by the dispensary of a dispensing practice or personally administered at a practice. Dispensing practices usually exist in more rural areas where the need for a dispenser is deemed necessary, but it is not deemed financially viable to establish a community pharmacy. This publication does not include data on dispensing doctors and personally administered accounts.

Electronic Prescription Service (EPS)

Electronic Prescription Service - EPS allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

Fees

There are many fees that can be claimed by pharmacy and appliance contractors for providing essential and advanced services to NHS patients. The primary of these is the dispensing fee, which is also known as a professional fee or single activity fee. This fee is paid to a pharmacy or appliance contractor when they dispense a prescription item. Some items can attract more than one dispensing fee. Details of what fees are payable to pharmacy and appliance contractors can be found in the Drug Tariff for England and Wales.

Items

The term items refers to the number of times a product appears on a prescription form. Prescription forms include both paper prescriptions and electronic messages.

Medicines User Review (MUR)

The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long-term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered.

New Medicine Service (NMS)

The New Medicine Service (NMS) was the fourth Advanced Service to be added to the Community Pharmacy Contractual Framework; it commenced on 1st October 2011. The service provides support for people with long-term conditions who are newly prescribed a medicine to help improve medicines adherence; it is focused on particular patient groups and conditions.

Prescription form

A prescription form has two incarnations, a paper form, and an electronic prescription available via EPS. A paper prescription can hold up to a maximum of ten items. A single electronic prescription can hold a maximum of four items.

Seasonal influenza vaccination advanced service

In 2015 community pharmacies began providing seasonal influenza vaccinations under a nationally commissioned service by NHS England & Improvement. Each year from September through to March pharmacy contractors can administer flu vaccines to patients and submit a claim to NHSBSA for payment. This includes reimbursement of the cost of the vaccine, plus a fee for providing the service to NHS patients.

Single activity fee (SAF)

The single activity fee (SAF) is a fixed fee that applies to every prescription item that is dispensed. The SAF was introduced in December 2016 by the Department of Health and Social Care (DHSC) to consolidate a range of payments into one single fee. These payments were:

- The professional fee (also known as dispensing fee)
- Practice payment
- Repeat dispensing payment
- EPS monthly allowance

The value of the SAF is set by DHSC and can fluctuate throughout the year. It is based upon the forecast of the total number of items dispensed to ensure that the fee delivery remains within the agreed funding envelope for the year.

Stoma Appliance Customisation

Stoma Appliance Customisation (SAC) is the third Advanced service in the NHS community pharmacy contract. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

Feedback

Feedback is important to us.

We welcome all comments about this document and its contents. Please quote 'General Pharmaceutical Services – Background and Methodology Note' in the subject title of any correspondence.

A continuous [feedback survey](#) is available on the General Pharmaceutical Services web page that can be completed by users.

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END