

Avicenna urged its members to keep letting it know about any discrepancies so it can continue to pursue the matter.

They should be reported to salim@avicenna.org.



FIGHTING THE CAUSE OF ALLERGY

PAYMENT ERRORS

A major pharmacy buying group has expressed concern over the number of incorrect NHS prescription payments currently being issued to pharmacists.

Avicenna recently collected extensive data from some of its 1000 members, all of whom represent independent pharmacies, and found that payment errors are presenting a continuing problem for them.

At the end of each month, all pharmacists must submit their NHS prescriptions to the Prescription Services (PS), previously known as the Prescription Pricing Division, for the reimbursement of drug costs

and payment of professional fees.

In return they subsequently receive a Schedule of Payments, summarising the amount the NHS is reimbursing. Avicenna estimates this income accounts for some 80-85% of an independent pharmacy's business turnover.

When prescriptions are submitted, the pharmacy has no knowledge of their reimbursement value. The pharmacist therefore has to rely on the accuracy of the PS processes in calculating the amount, as well as and the occasional spot checks carried out by the Pharmaceutical Services Negotiating Committee (PSNC).

To avoid any errors, the PS needs to correctly identify the names and quantities of drugs dispensed, as well as noticing

when professional or additional fees are due to the pharmacist.

The stated target for PS accuracy is currently within $\pm 0.2\%$ and the organisation has even installed new software programs to capture data directly from the prescription forms. However, according to Avicenna, mistakes are still being made.

The findings of its recent survey showed that members often had items completely omitted from their reimbursement.

For example, one member found that in seven months items to the value of £5710 were missed from his payments, including a staggering 168 items in just one month. Incorrect pricing was also flagged up as being an issue. One member ordered Naproxen Syrup as a special but was reimbursed at the original brand price despite it not having been available since 2001. Another had Simvastation Oral Solution priced as Simecicone Suspension, leading to a loss of £376.

Other problems included endorsements being missed completely by the PS and the organisation using wrong quantities in their pricing. In a single instance a member was paid for only two TObi instead of two packs of 52.

Avicenna found all these individual errors combined together could lead to huge total discrepancies in payments. One member reported he had 14 months worth of scripts checked and all of them had mistakes leading to a net error of £7270.

In response to these findings, Avicenna made several comments including: "Pharmacists have to trust and rely on PS to reimburse them accurately. The above findings cast serious doubts on the current methods in use. The PS argue that the overall accuracy of pricing falls within the target of $\pm 0.2\%$ but judging from our feedback their accuracy falls significantly

outside these parameters."

The organisation also put forward several suggestions on how the problem could be tackled saying, for example, that it would be very beneficial if the PSNC could do more spot checks on the PS.

On top of this Avicenna, offered some advice to pharmacists on what they can personally do to help ensure they receive correct payment.

They suggested pharmacists:

1. Keep a record of all lines over £300.
2. Print out items worth between £100 and £300 from their PMR, which gives an indication of the number of items and their value.
3. Keep a record of specials as a confirmation of costs will only be given for items over £300 (drugs costing between £100 and £300 will be counted and valued together).
4. Cross off an item as well as giving it an ND endorsement if it is not dispensed.
5. Check the number of items submitted against items paid.
6. Track the average value per item.
7. Review the current sorting method. Sort as per PS recommendations and segregate expensive items.
8. Use purple highlighter to mark any items that need attention as the colour is rejected by a high speed scanner and the script will be passed on to a manual handler.
9. Reconcile as much as you can with your Schedule of Payments and, if in doubt, ask for a recheck.
10. Watch the pricing process on the PSNC website to gain an insight into how prescriptions are handled. Make sure forms are filled out completely and check that prescriptions are clear. Keep detailed records of expensive items and fees claimed.
11. Make sure the pharmacy stamp does not overlap with Date of Birth on the prescription.

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