Surrey Heartlands
Clinical Commissioning Group

Process for the Management of Requests for "Spurious" (non-GP Practice) Prescribing Cost Centres – CCG

Contents

1. Background

Prescribing cost centres are required where a service prescribes medicines or appliances that are subsequently dispensed by NHS pharmacy services. The prescription data is processed and captured by NHS Prescription Services and assigned to the cost centre. It is essential that NHS Prescription Services are notified of any additions / deletions / changes to prescribing cost centres so that they can attribute prescribing costs to the correct prescriber / service and to provide us with accurate and detailed prescribing information.

Organisations that commission health services (e.g. CCGs, Local Authorities) will have an authorised signatory who is responsible for managing cost centre requests / alterations.

For further information on prescribing cost centres see NHS_Reforms_factsheet_2_v1.0.pdf (nhsbsa.nhs.uk)

2. Authorised signatories

Requests for the addition, deletion or change to prescribing cost centres will only be accepted by NHS Prescription Services on receipt of a correctly completed form from an authorised signatory within the CCG.

A Senior Authorised Signatory (usually Head of Medicines Management or similar) can authorise additional signatories.

Forms and further information can be found here: CCGs | NHSBSA

3. Attributing prescribing costs

Prescribing costs are comprised of two components:

- Reimbursement – this is the cost (with a few adjustments) of the medicine that has been dispensed as part of pharmaceutical services. This is attributed to the parent organisation (typically the CCG) for Primary Medical Services (GP practice prescribing)
- Remuneration – this includes dispensing fees and allowances for pharmaceutical service provision. For Primary medical Services, these costs are attributed to NHS England (budget-holders for the Community Pharmacy Contractual Framework). For hospital-hosted cost centres, both the reimbursement and remuneration costs are attributed to the hospital.

In recent years, the move to bringing more specialist clinics into the community to improve access for patients has led to some uncertainty regarding where costs should be attributed. The following situations describes how costs should be attributed.

1. **Reimbursement Costs Only** - Where a cost centre is being used for Primary Medical Services, it is appropriate for the CCG to be the "parent" organisation and will be attributed with the prescribing reimbursement costs (NHSE automatically pick up the remuneration costs). The internal (CCG) management of these prescribing costs may then align/attribute the costs to the appropriate Integrated Care Partnership (ICP) / "Place" or Primary Care Network (PCN).

2. **Both reimbursement and remuneration costs -** For services that would not be considered a Primary Medical Service (i.e. services that would not usually be provided in general practice/primary care. For example, a community cardiology service or dermatology service that will prescribe isotretinoin), it is required that the parent organisation is attributed with both the reimbursement and remuneration costs. NHS Prescription Services will seek clarification of the service type when an application is made for a new cost centre. Services of this nature, that were commissioned prior to April 2013, may be recharged for the cost of their prescribing that has been attributed to the CCG.

3. **Both reimbursement and remuneration costs (ISHP) -** As a commissioner of health services, it is possible that the CCG will award a service contract to independent / third sector service providers known as Independent Sector Healthcare Providers (ISHPs). In these instances, the ISHP can be delegated to manage the addition / removal of prescribers associated with their cost centre and to directly receive monthly invoices for the **reimbursement and remuneration costs** associated with their prescribing.

For further information relating to the use of prescribing cost centres and the charging and apportioning arrangements of prescribing costs see:

NHS_Reforms_factsheet_4_v2.0.pdf (nhsbsa.nhs.uk)

Local_Authority_and_Provider_Welcome_Pack_v1.5.pdf (nhsbsa.nhs.uk)

In circumstances where the CCG has commissioned a service that will prescribe medicines, and the cost of the prescribed medicines are included within the service fee[1] (for example, an out-patient style clinic for which the commissioner is paying a "tariff" for each patient appointment), the reimbursement and remuneration costs should be attributed to the service provider. Any specialist / out-patient service

[1] Refer to locally agreed contract and/or service specification for details of prescribing and funding arrangements

commissioned in primary care is not typically identified as a Primary Medical Service. Refer to NHS_Reforms_factsheet_4_v2.0.pdf (nhsbsa.nhs.uk) for further information.

GP Practices should not use their practice cost centre for prescribing associated with separately commissioned services unless this approach has been agreed with the commissioner (CCG). For example, in the provision of medicines as part of a locally commissioned service such as intrauterine devices or depot antipsychotics.

4. Requests for a new cost centre

When a request is made for a new prescribing cost centre there are a number of key considerations:

- Establish whether the service is a Primary Care service (i.e. the prescribing would typically be undertaken by a primary care practitioner and would fall under Primary Medical Service provision). It is NOT a primary care service if patients would usually be referred to a specialist, secondary, tertiary care (this information determines how prescribing costs should be attributed – see section 3)
- Which organisation will be responsible for the cost of the prescribed medicines? This organisation should be the parent ("host") for the new cost centre
- Has a budget been identified and who is the budget holder? This should be discussed with the commissioning / contracting team(s)
- What is the service for i.e. what clinical specialty or patient group? This information will assist in defining a suitable name for the cost centre and enable us to monitor adherence to local guidance.
- Who will be prescribing – GP, non-medical prescribers, other specialist / consultant? This information will determine what prescriber codes will need to be applied for in addition to the cost centre code.
- Will the service have access to OptimiseRx messaging? This is already activated in GP surgeries but may also be possible for other locations – contact a colleague from the OptimiseRx team to discuss
- What name will be given to the new cost centre? Ideally the name should identify the service provider (where applicable), service type/specialty and the geographical area e.g. Child Health Service – GPHP Epsom (there is a character limit of 40 so abbreviations may be necessary)
- Other details are required as part of the application – see the forms for details CCGs | NHSBSA

A new cost centre can only be set up on NHS Prescription Services systems if either a named Doctor, a generically named spurious code or one or more non-medical prescribers are also added at the same time.

The CCG authorised signatory will be notified of the new cost centre code who will then provide the necessary details (cost centre code and any associated prescriber codes) to the service provider so that the clinical system (or similar) can be correctly configured.

The service provider will be responsible for ordering any prescription forms. Clinics and any other spurious services will need to complete the "Non-standard Customers Order Form" Search page - Primary Care Support England

Staff with responsibility for the ordering, storage and utilisation of NHS prescription forms should be made aware of the NHS Counter Fraud Authority guidance for the safe and secure management of prescription forms: Management and control of prescription forms (cfa.nhs.uk)

In addition, the CCG produced some local guidance which is available on PAD Guidelines : Security of Prescription Forms (res-systems.net)

5. Monitoring Prescribing

It is expected that prescribers will adhere to relevant local / national prescribing guidance and medication will be provided in line with the Surrey Interface Prescribing Policy

Any prescribing initiated by the service, including any treatment recommendations for the GP to prescribe, must be in line with the recommendations made by the Surrey Heartlands Integrated Care System Area Prescribing Committee. The recommendations, Treatment Algorithms, Guidelines and Local Drug Classification of RED/AMBER/GREEN/Non-Formulary drugs are accessible on the Prescribing Advisory Database: http://pad.res360.net/PAD/Search. Prescribers should also be alerted to the significance of OptimiseRx messages.

Prescribing data will be analysed by the Medicines Management Team using data from ePACT.net which is provided by NHS Prescription Services. Unusual / unexpected prescribing will be discussed with the prescriber / service provider.

It is essential that cost centre and prescriber codes are used as intended to ensure the correct allocation of prescribing costs and activity.

6. Frequently asked questions

Q. I have been asked about setting up a cost centre and prescriber code. Who should I contact?

A. There are several authorised signatories within the Medicines Management Team for Surrey Heartlands CCG. Contact syheartlandsccg.gpandnmpchanges@nhs.net

Q. What would be considered as a primary medical service?

A. A primary medical service describes activity that would typically be undertaken in primary care, most often in general practice. Examples of a primary medical service might include:

- Extended access services – improved access to general practice
- GP in A&E – patients seen in an A&E setting because their needs could have been met in primary care
- A cost centre for a specific care home / residential setting – usually created to facilitate the separation and identification of costs relating to patients with specialist and often costly prescribing needs
- Walk-in centres

Q. What would NOT be considered as a primary medical service?

A. If the activity would usually be undertaken by a prescriber following a referral. For example:

- Specialist dermatology service
- Cardiology services

Q. How does the service access FP10 prescription forms?

A. Where possible, services should use electronic prescribing systems and print prescriptions onto blank FP10ss forms that can be ordered from PCSE Supplies. In instances where hand-held

prescription pads are required, spurious cost centres should contact http://www.pcse.england.nhs.uk/contact-us and make an enquiry in relation to “supplies” (selected from the drop-down menu). You may be required to complete a “non-standard location order form” to specify the service name and address to which the prescriptions will be delivered