



# Pharmacy Regional Newsletter

July 2025

## Ensuring Accurate Owings Payment

Community pharmacists are encouraged to consult [MPS 3187](#) to review their processes for managing "owings", in order to ensure that appropriate payment is made for dispensing. Key points are summarised below:

### Prescriptions to place in the appropriate amended batch

- The code 88888/1 should be applied for non-dispensed items.
- Items that were dispensed but not collected and can be reused must be coded over the quantity '0'.
- When an item is dispensed and some of it is collected, it must be coded over the quantity supplied.



### Prescriptions to place in the appropriate fully coded batch

- When a non-reusable or non-returnable item has been dispensed but not collected the full quantity can be claimed so the item should be coded for the full quantity prescribed.
- When a non-reusable or non-returnable item has been partially dispensed but the owing has not been collected although stock has been obtained to complete the balance, the item should be coded for the full quantity prescribed.

### Timescale for submission of prescriptions

- All prescription balances must be dispensed and supplied within 6 months of the date of issue (28 days for Controlled Drugs schedules 2, 3, 4).
- The original prescription must be retained by the contractor until the supply has been completed or the prescription has expired.

Community pharmacists are asked to bring this information to the attention of all relevant staff.

Queries in relation to this information should be referred to [mark.nelson@hscni.net](mailto:mark.nelson@hscni.net) and/or [Edward.Ashby@hscni.net](mailto:Edward.Ashby@hscni.net).

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## Engagement with HSC Social Media Posts: How You Can Help

HSCNI and PHA continue to promote health and social care services, with the aim of maximising the visibility and reach of social media posts to communicate important healthcare messages effectively. Posts actively promote Community Pharmacy services as well as the advice and support community pharmacy teams can provide.

### Community pharmacy can help promote these messages by:

- Following HSC social media and sharing relevant posts on your Pharmacy's social media channels
- Liking and replying to posts

You can follow us!

@HSC\_NI

@HealthandSocialcareNI

@health\_and\_social\_care

@publichealthni

@publicheathagency

@publichealthni



# Communication Between Acute Services and Community Pharmacy for Opioid Substitution Therapy (OST) Patients

A [Reminder of Best Practice Letter](#) was issued on 7th March 2024 due to an error that occurred where a patient received two doses of OST on the same day, one dose in hospital and the other in community pharmacy. Unfortunately since then, there have been further similar incidents.



## Summary of recent event

A community pharmacy OST patient attended ED for an unrelated issue. ED contacted the community pharmacy and informed the pharmacist that the patient was in hospital and would receive their next OST dose there. The locum pharmacist that took the call became involved in another query immediately after the call. A note was not added to the PMR or prescription. The patient left ED and attended the community pharmacy where the prepared OST dose was retrieved from the CD safe by a staff member and given to the patient. The patient subsequently returned to the hospital and informed staff they had already received their methadone from the community pharmacy. No patient harm was caused, however it provided a learning opportunity to the community pharmacy team.

## Resultant learning:

As a reminder the key recommendations for community pharmacy from the 2024 learning letter are:

<b>SOPs and training</b>	SOPs should be reviewed and updated including those relating to management and supervision of CDs, OST and delegation to trained staff. All relevant staff should be up to date with available SOPs including any amendments, and work to them. Arrangements should be put in place to ensure these SOPs and any amendments are highlighted to locum pharmacists.
<b>Information sharing</b>	Information should be shared in multiple ways following such contacts. The PMRs and prescription can be used to highlight communication including that from other healthcare providers. In cases such as these, relevant staff should also be updated verbally immediately in case physical communication is unexpectedly delayed.
<b>Point of dispensing and hand out</b>	Staff must actively check OST patient's PMRs and prescriptions before dispensing and handing out of OST. Pharmacists should consider how to reduce distractions when dealing with OST prescriptions or communications.
<b>Delegation of supervision</b>	Supervision may be delegated, however CDs subject to safe custody requirements must remain under the supervision of a pharmacist. Staff should inform the pharmacist when a prepared OST supply has been removed from the safe and confirmation received before supervision is delegated.

When a community pharmacist receives notification from any healthcare professional involved in an individual's care that they have presented to a HSC setting and OST has been administered, the community pharmacist should:

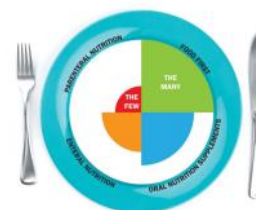
- Not dispense/supervise any doses until further communication regarding the individual's status has been received from an appropriate healthcare professional.
- Ensure there are effective and robust procedures in place, such as annotations to the PMR and/or prescriptions, to communicate to relevant staff (including staff not working that day) that the individual will not be attending for upcoming doses until further notice.
- Record the contact details of the healthcare professional informing of the patient's presentation elsewhere, as this may be required at a later time.



## Food First Fortification

In NI in 24/25 prescribing cost in primary care on Adult Oral Nutritional Supplements (ONS) was over £11.8 million.

The [Suggested 7 Steps to Appropriate Prescribing of Adult ONS](#) states that food first dietary advice should be maximised for 4 weeks before considering ONS.



### What is Food First?

The aim of a food-based approach is to provide approximately an additional 500 calories per day using food fortifiers and snacks which are naturally nutrient dense (so they provide more than just calories). It also means adding additional nutrients to food without significantly increasing portion size or affecting taste or texture. Fortified milk is an easy way to do this, providing 600kcal and 40g of protein in a pint.

### Remember THINK FOOD FIRST!



### Fortified Milk

Fortified milk is whole (full fat) milk that has been fortified with skimmed milk powder in the ratio 1 pint (568ml) whole milk: 4 heaped tablespoons skimmed milk powder. The fortified milk can then be used to make other products or as a drink on its own.



### How to increase daily intake by 500kcal (plus all other nutrients) using nutrient dense foods<sup>1</sup>

For the person who likes milk	536kcal + 28g protein
Hot chocolate (3 teaspoons or 18g) made with 200ml fortified milk	283kcal
1 tub of full fat Greek yoghurt	198kcal
1 tablespoon of skimmed milk powder (e.g. added to custard)	55kcal

For the person who likes savoury flavours	500kcal + 19g protein
1 small handful (30g) of mixed nuts	194kcal
3 tablespoons of grated cheddar (e.g. added to soup)	120kcal
1 tablespoon nut butter (e.g. on toast or crackers)	94kcal
2 tablespoons of hummus (e.g. on crackers)	92kcal

For the person who likes sweet flavours	545kcal + 21g protein
1 bread and butter pudding finger (see recipe, <a href="#">page 24</a> )	118kcal
Hot chocolate (3 teaspoons or 18g) made with 200ml fortified milk	283kcal
150g tub of custard	144kcal

1. <https://www.prescipp.info/media/5933/creating-a-fortified-diet-recipe-book-20.pdf>

More recipe ideas, including nourishing drinks can be found [here](#).

**A standard readymade ONS 1.5kcal/ml Milkshake style (e.g. Fortisip, Ensure Plus or Aymes Actagain 1.5 Complete) provides approximately 300kcal and 12-14g of protein.**

## Controlled Drugs Dispensed Under Private Prescriptions (PCD1s) Or Private Stock Requisitions (CDRF1s)

The Misuse of Drugs (Northern Ireland) Regulations 2002 mandate that, when a pharmacist supplies a Schedule 2 or 3 Controlled Drug (CD) from either a private prescription form or a private requisition form, the original prescription form or requisition **must** be submitted to the Business Services Organisation (BSO) in Bundle 'O', see [CDAO-MRG Letter to Community Pharmacy Regarding Private Prescribing CDs February 2025.pdf](#).

### Forms originating In Northern Ireland:

- PCD1 prescription forms must be used to prescribe Schedule 2 or 3 CDs for specific named patients under private or non-Health Service arrangements. PCD1s are not transferable, they cannot be used or signed by another prescriber and cannot be used in any other practice or clinic address. All dispensed PCD1 forms **must** be submitted to the BSO in bundle 'O'.
- CDRF1 stock requisition forms **must** be used to obtain Schedule 2 or 3 CD stock for private or non-Health Service use. CDRF1 must be fully completed. All dispensed CDRF1 forms **must** be submitted to the BSO with the exception of CDRF1 forms used by Veterinary Surgeons to obtain CD stock and those relating to inter-pharmacy CD stock transfers; these are **not** required to be submitted to BSO.

HS30 Rev 12/19

**Submission**

I hereby claim payment in accordance with my terms of service for drugs and listed appliances ordered on the prescription forms submitted with this declaration and supplied, to the best of my knowledge and belief, by me during the month of \_\_\_\_\_ 2024

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

	Contractor Use	BSO Internal Use Only	Contractor Use	BSO Internal Use Only
A. Fully Coded	_____	_____	I. Pharmacy Vouchers	_____
B. Part Coded/Uncoded	_____	_____	J. SP1/2 Forms	_____
C. Amended	_____	_____	K. Substitute Prescribing	_____
D. Specially Manufactured	_____	_____	L. Repeat Dispensing	_____
E. Claimed As Urgent	_____	_____	Complete	_____
F. Stock	_____	_____	Amended	_____
G. Oxygen	_____	_____	M. Total Forms	_____
H. Instalment Dispensing	_____	_____	N. Previous Month Returns	_____
Complete	_____	_____	O. PCD1 & Private Requisitions (CDRF1)	_____
Amended	_____	_____		_____

\* THESE BATCHES WILL BE SUBJECT TO BSO AUTOCODING PROCESSES

Contractor No. **0000**

### Forms from elsewhere in the UK:

- All private prescription forms or requisitions for Schedule 2 or 3 CDs (e.g. FP10PCDNC, FP10PCDSS, etc) issued from outside Northern Ireland **must** be submitted to the BSO.

Further information on private controlled drugs is available at:

[Letter from Canice Ward to registered pharmacies regarding private prescribing.](#)

This newsletter has been produced for community pharmacies by the DoH Strategic Planning and Performance Group Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#).

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