General Pharmaceutical Services England 2015/16 to 2021/22

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## Key findings

## 1. Introduction

This publication is a National Statistic release. National Statistics status means that General Pharmaceutical Services (GPhS) - England meets the highest standards of trustworthiness, quality, and public value, and complies with all aspects of the [Code of Practice for Statistics.](https://code.statisticsauthority.gov.uk/)

The designation of this publication as a National Statistic was confirmed in December 2021 following an assessment by the Office for Statistics Regulation (OSR). You can read more about this confirmation and the assessment of these statistics on the [OSR website.](https://osr.statisticsauthority.gov.uk/correspondence/ed-humpherson-to-matthew-wilson-confirmation-of-national-statistics-designation-for-statistics-on-general-pharmaceutical-services-in-england/)

### 1.1 Scope

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](https://psnc.org.uk/contract-it/the-pharmacy-contract/) (CPCF) for pharmacy contractors is set out in the [The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013](https://www.legislation.gov.uk/uksi/2013/349/contents/made), and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 are contained within the [Drug Tariff for England and Wales](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff).

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.

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.

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.

Data is collected from the submission of prescriptions by dispensing contractors to the NHSBSA. These prescriptions can be issued by GPs and other authorised prescribers such as nurses, dentists, and allied health professionals. Prescriptions that are issued by hospitals can also be dispensed in the community and submitted for reimbursement. Prescriptions that are issued in hospitals and fulfilled by the hospital pharmacy or dispensary are not included in this data.

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, hospitals or prisons or submitted for reimbursement via a personal administration account have been excluded.

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 the number of contractors that provide a service are based upon the number of contractors that have received payment of at least one fee for that service.

This publication aims to describe the details of community pharmacy and appliance contractor activity in England across the whole financial year.

These statistics detail:

* the number of prescription items dispensed.
* the reimbursement costs of prescription items dispensed.
* the number of single activity fees they have received.
* the remuneration costs of single activity fees received.
* the number of essential and advanced services that they have provided.
* the associated costs for essential and advanced services.

These statistics cover the financial years between April 2015 and March 2022.

### 1.2 Definitions

A dispensing contractor or dispenser can be a community pharmacy or appliance 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.

Throughout this publication the term ‘item’, short for ‘prescription item’, refers to a single instance of a drug that is listed as a separate entry on a prescription form. For example, Paracetamol 500mg tablets x28 would be listed as one item, as would Ibuprofen 200mg tablets x56.

Prescription forms include both paper prescriptions and electronic messages sent via the Electronic Prescription Service (EPS). 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.

There are many costs incurred when a dispensing contractor fulfils a prescription. The term cost refers to the basic price of the item and quantity prescribed that is reimbursed back to the contractor. This is sometimes called the ‘Net Ingredient Cost’ (NIC). Costs paid to contractors to cover the cost of dispensed items are referred to as reimbursement.

Fees are also payable to dispensing contractors for dispensing and for providing essential and advanced services to NHS patients. Many, but not all, fees are described in these summary statistics alongside their accompanying [summary tables](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx). Details of what fees are payable to community pharmacies and appliance contractors can be found in the [Drug Tariff for England and Wales](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff). Fee payments to dispensing contractors for prescribing and other services are known as remuneration.

Further definitions of terms used in this publication can be found in the Glossary of the [Background Information and Methodology](https://www.nhsbsa.nhs.uk/sites/default/files/2021-10/gps_2021_background_information_methodology_v001.pdf) supporting document that accompanies this release.

## 2. Results and commentary

The charts in these statistics are interactive and allow you to isolate the topics that you are interested in by selecting or deselecting a series from the legend of the chart. For example, if you only want to view data for community pharmacies, you can click the other categories in the legend of the chart to deselect them. If you wish to include them again just click on their legend entry once more.

#### **Figure 1: Number of community pharmacies and appliance contractors between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 1](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The number of community pharmacies and appliance contractors in England has remained fairly consistent for the past six years. However, the number of active community pharmacies in 2021/22 is the lowest it has been in the previous six years. This follows three consecutive years of decreases, with the number of community pharmacies decreasing by 3.76% between 2017/18 and 2021/22.

The number of appliance contractors in England changed in 2021/22 for the first time since 2018/19, decreasing by one.

#### **Figure 2: Total items dispensed by community pharmacies and appliance contractors between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The number of items dispensed by community pharmacies in England in between 2021/22 and 2021/22 increased by 2.59% from 1.02 billion to 1.04 billion. Overall the number of items dispensed is still 4.80% higher than the 995 million items dispensed in 2015/16.

The number of items dispensed by appliance contractors in 2021/22 increased by 8.86% from 2020/21. This has increased from each year since 2015/16, from 7.91 million to 10.9 million items. This is an increase of 37.9%.

#### **Figure 3: Average number of items dispensed per contractor between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The yearly average number of items dispensed per contractor has been calculated by dividing the total number of items dispensed by the total number of contractors. This average is a mean.

The average number of items dispensed per contractor has increased by 3.60% from 87,400 in 2020/21 to 90,500 in 2021/22. This is due to a greater decrease in the total number of dispensed items compared to the decrease in dispensing contractors. There is still an overall increase of 8.68% from the average of 83,300 in 2015/16.

The average yearly items dispensed for appliance contractors has increased each year since 2015/16 and has now surpassed the average items dispensed for community pharmacies, at 98,300 in 2021/22. This is a 44.1% increase from 2015/16.

#### **Figure 4:Proportion of items dispensed via the Electronic Prescription Service (EPS) between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

An NHS prescription can be fulfilled by either a paper form presented to a contractor by a patient, or by the Electronic Prescription Service (EPS). Since 2015/16 the proportion of prescription items that have been dispensed via EPS by community pharmacies and appliance contractors has increased significantly, and EPS is now the primary mechanism that prescriptions are issued and dispensed by.

In 2015/16, 355 million prescription items were dispensed via EPS, which was just 35.4% of all items in the year. In 2021/22, 1.00 billion prescription items were dispensed via EPS by community pharmacies and appliance contractors, which was 95.3% of all items in the year. This is an increase of 1.35 percentage points from 2021/22 and an increase of 59.9 percentage points between 2015/16 and 2021/22.

Additionally in 2021/22, 99.9% of all contractors dispensed at least one prescription item via EPS, an increase from 97.5% in 2015/16.

#### **Figure 5:Total costs and value of fees received for contractors between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

Contractors can receive many payments for fulfilling a prescription. These include being reimbursed for the basic price of the drug or appliance they have dispensed and receiving fees that relate to the dispensing of that item. There are many fees that can be claimed by a contractor depending on the item that is dispensed, details of what fees are payable to community pharmacies and appliance contractors can be found in the [Drug Tariff for England and Wales](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff).

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. Table 1 displays the value of the SAF and the dates that it has changed.

#### **Table 1: Dispensing fees, their value, and when they came into effect**

Source: [The Drug Tariff for England and Wales](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff)

Figure 5 shows the total value of costs for drugs and appliances reimbursed to contractors, along with the value of all SAFs that have been claimed. This is not the total amount paid to contractors for dispensing an item as many fees are not included in these figures, such as additional fees that apply to controlled drugs. NHSBSA plans to include figures on all fees and payments that a contractor receives in future releases of this publication.

Costs reimbursed to contractors increased in 2021/22, for the third consecutive year. Costs increased by 0.89% between 2020/21 and 2021/22 from £8.97 billion to £9.05 billion. This is a seven year high.

The value of SAFs received by contractors increased in 2021/22 by 3.90% to £1.37 billion from £1.31 billion in 2020/21 which was a return to trend following a decrease in 2020/21 but following five years of increases 2015/16 to 2019/20. The value has increased from £920 million in 2015/16 to £1.31 billion in 2021/22, an increase of 48.4%. This has been driven by increases in the amount received for each SAF, from 90p in April 2015 to 129p in August 2021. Please note, prior to December 2016 the figures reported are for professional fees only, and do not include the three additional payments that the SAF consists of.

### Advanced Services for Contractors

There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

#### 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.

The figures in these statistics for flu vaccinations only relate to those administered by community pharmacies, and do not include vaccines issued to GP patients, healthcare workers, or children of primary school age. [Official Statistics for these are produced by Public Health England](https://www.gov.uk/health-and-social-care/health-protection-immunisation).

#### **Figure 6:Number of flu vaccinations provided by contractors between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The number of vaccines administered by pharmacies as part of the Flu Vaccination Advanced Service has increased by 8.15 times since the service’s inception in 2015/16. In 2021/22 there were 4.85 million vaccines administered by 9,860 community pharmacies, an increase of 75.1% on 2020/20, at an average of 492 vaccines per pharmacy.

#### **Table 2: Average number of flu vaccines provided per community pharmacy that provides the advanced service between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The average number of flu vaccines administered per community pharmacy has been calculated by dividing the total number of flu vaccines administered for each year by the total number of community pharmacies that have provided the service. This average is a mean.

The average number of flu vaccines administered per community pharmacy that provides the seasonal influenza advanced service follows a similar trend to the total number of flu vaccines administered. In 2021/22 the average number of flu vaccines administered per community pharmacy was 492. This is 5.92 times the average in 2015/16, which was 83.

#### **Figure 7:Cost and fees for flu vaccinations provided by contractors between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

In line with the increase in the number of flu vaccines administered each year, the costs reimbursed and fees paid to community pharmacies as part of the advanced service have increased dramatically. The costs of vaccines administered have increased by 13.3 times between 2015/16 and 2021/22, from £3.75 million to £49.8 million.

The value of fees paid to pharmacies for delivering the flu vaccination service has increased by 8.54 times between 2015/16 and 2021/22, from £5.44 million to £46.5 million.

#### New Medicine Service

The New Medicine Service (NMS) is an Advanced Service within the NHS Community Pharmacy Contractual Framework. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions. Details of the currently covered patient groups can be found in the [NHS England Service Specification](https://www.england.nhs.uk/publication/advanced-service-specification-nhs-new-medicine-service-nms/).

The fee for NMS varies between £20 and £28 depending on the volume of prescriptions dispensed by a contractor and the number of NMSs undertaken.

#### **Figure 8:Total New Medicine Services undertaken by community pharmacies between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The number of NMSs claimed in 2021/22 decreased by 124% from 933,000 in 2020/21 to 2,100,000 in 2021/22 a return to trend after a decrease in 2020/21 following five years of increases. The number of NMSs is 155% higher than the 822,000 claimed in 2015/16. The change in trend for 2020/21 may have been due to the impact of the COVID-19 restrictions on face-to-face services between patients and pharmacies and the increase in 2021/22 may be due to a catch-up NMS service that has been introduced for those patients who were prescribed a new medicine but did not receive an NMS or any additional support during the COVID-19 pandemic. This catch-up service was be offered to eligible patients between 1st September 2021 and 31st March 2022.

#### **Figure 9:Total Cost of New Medicine Services undertaken by community pharmacies between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

In line with the increase in the number of NMSs provided in 2021/22, the fees paid to community pharmacies as part of the advanced service have increased by 130% from £23.4 million to £53.9 million and are 166% higher than the £20.3 million paid in 2015/16.

#### Community Pharmacy Home Delivery Services

The Community Pharmacy Home Delivery Service was introduced during the COVID-19 pandemic. Initially used to deliver prescriptions to patients who were extremely clinically vulnerable the service was active from April 2020 to 31 July 2020, then from 5 November 2020 to 3 December 2020. The service continued in Tier 4 areas until it was recommenced from 5 January 2021 to 31 March 2021. After this date the service was ended for clinically extremely vulnerable (CEV) patients but is still available to patients who have been advised to self-isolate by NHS Test and Trace. Home Delivery Services became available to self-isolating patients on 16 March 2021. The data held does not differentiate between delivery services for CEV and those in self-isolation.

The fee for providing the Home Delivery Service is £6 (including VAT) per delivery.

#### **Figure 10: Total Community Pharmacy Home Delivery Services 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

No data prior to 2020/21 is available for Community Pharmacy Home Delivery Services which were introduced during the COVID-19 pandemic; therefore, we have presented this data monthly. Variation in the monthly amount of this service lines up with the time periods it was active. A total of 456,000 Home Delivery Services were claimed with the greatest number being in March 2022 with 135,000. This service was ended on 31 March 2022;

#### **Figure 11: Total Cost of Community Pharmacy Home Delivery Services 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The cost of fees paid for the Home Delivery Services had the same variation as number of home deliveries with a total of £2.74 million paid for Home Delivery Services. April 2021 was the highest value month with £808,000 million in fees paid.

#### Appliance Use Review (AUR)

Appliance Use Review (AUR) is an Advanced Service in the NHS 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.

A fee of £28 is payable for an Appliance Use Review conducted on contractor’s premises or by telephone or video link where clinically appropriate 1 managed by the pharmacy or appliance contractor. A fee of £54 is payable for a review conducted at the patient’s home. When carrying out AURs for multiple patients living at the same property in the same 24 hours, only the first AUR is paid at the home rate with subsequent AURs paid at the lower premises rate.

The total number of Appliance Use Reviews that an appliance or pharmacy contractor may claim fees for will be limited to one for every 35 Part IXA (qualifying items), Part IXB and Part IXC prescription items dispensed in the financial year of the claim.

1. This was introduced as of 1 September 2020.

#### **Figure 12: Total Appliance Use Reviews (AUR) provided between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

In 2021/22 the number of AURs decreased by 61.9% from 2020/21 which had seen a descrease after 5 years of steady increases. The change in trend for 2020/21 may have been due to the impact of the COVID-19 restrictions on face-to-face services between patients and pharmacies, though telephone and video options were introduced for AURs these were not available for the full year.The number of AURs is 92.2% higher than 2015/16.

This advanced service can be offered by both community pharmacies and appliance contractors and a breakdown by contractor type and AUR type can be found in Table 2 in the accompanying summary tables.

#### **Figure 13: Total Cost of Appliance Use Reviews (AUR) provided between2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The total cost of fees for Appliance Use Reviews increased 30.9% in 2021/22 to £2.73 million from the £2.09 million paid in 2021/22 in line with the increase in the number of reviews undertaken, the total paid was 47.9% higher than the £1.85 million paid in 2015/16.

#### Stoma Appliance Customisation

Stoma Appliance Customisation (SAC) is an Advanced Service in the NHS Community Pharmacy Contractual Framework (CPCF). The service involves the customisation of stoma appliances, 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.

A fee of £4.32 is payable for every Part IXC prescription item that can be customised as denoted in the Drug Tariff. The fee does not have to be claimed and will be paid automatically to those pharmacy and appliance contractors in England who have registered their intent to provide stoma appliance customisation services to the NHSBSA.

#### **Figure 14: Total Stoma Appliance Customisation (SAC) provided between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The number of SACs provided by community pharmacies decreased by 28.0% from 11,600 to 8,330 between 2020/21 and 2021/22. This followed 5 consecutive years of decreases between 2015/16 and 2020/21. The number of SACs provided by appliance contractors between 2021/22 and 2021/22 went up by 5.23% from 1.52 million to 1.60 million. This followed 5 consecutive years of increases between 2015/16 and 2021/22.

The majority of SACs are provided by appliance contractors, which means the reduction in those provided by community pharmacies has not prevented an overall increase. The total number of SACs has increased by 4.98% from 1.54 million to 1.61 million between 2021/22 and 2021/22. This is an increase of 30.2% from the 1.24 million provided in 2015/16.

#### **Figure 15: Total Stoma Appliance Customisation (SAC) provided between 2015/16 and 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The fee for Stoma Appliance Customisation is a set payment that has not changed since its introduction so the increase in the cost of the fees mirrors the trends for number carried out. £6.96 million was spent in total in 2021/22 compared to £6.63 million in 2015/16. In line with the increase in the number of SACs provided each year, the fees paid to community pharmacies as part of the advanced service have increased. As the SAC is a set payment that has not changed since its introduction this percentage increase for 2021/22 is also 4.98%.

#### Community Pharmacist Consultation Services

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service.

Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed.

The fee for providing the Community Pharmacist Consultation Service is £14 (including VAT) per delivery.

No data prior to 2019/20 is available for Community Pharmacy Consultation Services. A total of 896,000 Community Pharmacist Consultation Service and 136% increase on the 380,000 claimed in 2020/21.

#### **Figure 17: Total Cost of Community Pharmacy Consultation Services 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The cost of fees paid for Community Pharmacy Consultation Services in 2021/22 was £12.6 million, a 136% increase on the £5.31 million claimed in 2020/21.

#### **Figure 18: Total Cost of Drugs provided during Community Pharmacy Consultation Services 2021/22**

Source: [Summary Tables - General Pharmaceutical Services - Table 2](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-summary-tables-v001.xlsx)

The cost of drugs paid for Community Pharmacy Consultation Services in 2021/22 was £2.84 million, a 136% increase on the £1.56 million claimed in 2020/21.

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## 3. About these statistics

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](https://code.statisticsauthority.gov.uk/).

The designation of this publication as a National Statistic was confirmed in January 2021 following an assessment by the Office for Statistics Regulation (OSR). Following a public consultation by NHS Digital and subsequent first release of this publication by the NHSBSA, this publication has undergone another assessment by OSR, in which they identified 4 requirements for the NHSBSA to address in order to ensure the high standards associated with National Statistics designation are met. The NHSBSA have produced an action plan to outline how we propose to achieve these requirements.

Changes made to this publication to meet these requirements are addressed below.

### Changes to the Summary Tables

Table 1 in previous releases has been split into Table 1 and Table 2 to make the tables more user-friendly following feedback gathered during OSR’s assessment. Data around the number of contractors is now in Table 1 and data around activity by contractors is in Table 2.

### Changes to Methodology

The first release of this publication by the NHS Business Services Authority published in November 2020 had a number of methodology changes from previous General Pharmaceutical Services publications by NHS Digital.

These methodologies have subsequently been used for this publication and include:

* **Counts of community pharmacies and appliance contractors.** These counts 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 have closed during the year. Previous releases of these statistics by NHS Digital counted active contractors as those open on 31 March of the given year. This change avoids the exclusion of contractors that have opened and closed in the same financial year.
* **Average monthly items per contractor.** This measure is 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. 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 change means the average is no longer skewed by contractors who are not open for all months of the year or by outliers in the volume of dispensed items.
* **Contractor attributes are all taken from the 31 March of the year.** Therefore, if a community pharmacy has a change in status in March, this is the attribute that would be used. This differs from historical releases by NHS Digital where a single contractor could be counted multiple times if an attribute was changed during the financial year. For example a contractor type could move from independent to multiple if another branch or branches are opened.
* **Seasonal influenza vaccination advanced service.** The count of community pharmacies providing this service 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. This differs from historical releases by NHS Digital where the count was done on trading address meaning a contractor could be counted multiple times if its trading address changed during the financial year.
* **Monthly dispensing volume bands**. Monthly volume bands are calculated using the months that a contractor has been active throughout the year. This has been done to avoid the data being skewed for contractors that opened or closed during the year. Previously this measure was calculated by the number of months in the year. This change means data won’t be skewed by contractors who are not open for all months of the year.

Further information on the methodology used in this publication and more background information is available in the [Background Information and Methodology](https://www.nhsbsa.nhs.uk/sites/default/files/2021-10/gps_2021_background_information_methodology_v001.pdf) supporting document that accompanies this release.

### Accuracy of these statistics

Further information on the accuracy of the data used in this publication and the impact of post payment verification (PPV) and other checks carried out by NHS Prescription Services (a division of NHSBSA) on the statistics is available in the [Impacts of errors identified on the accuracy of the General Pharmaceutical Services](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gps-2021-accuracy-v001.html) supporting document that accompanies this release.

### PHS1 Pharmacy Data Collection

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. An alternative data source for this data has not been identified which means this information has not been included in this report. However, some information previously included on the PHS1, such as pharmacy openings and closures and some exempt categories has been sourced from the NHSBSA administrative records.

Versions of this publication released by NHS Digital are [available on the NHS Digital website](https://digital.nhs.uk/data-and-information/publications/statistical/general-pharmaceutical-services). Users should always use the statistics in the latest publication to make sure they are the most up to date figures available.

### Uses of these statistics

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](https://www.nhsbsa.nhs.uk/statistical-collections/prescription-cost-analysis-england).

### Timeliness of this publication

The publication date by NHS Digital has historically been in November, as continued by the first in series of this publication by the NHSBSA. The publication date has been brought forward to October for this publication and the NHSBSA will be looking to bring this forward again for the 2021/22 release.

### 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).

Changes to the NHS Organisational Structure mean that Integrated care boards (ICBs) will succeed sustainability and transformation plans (STPs) from July 2022.

The NHS England Regions and Integrated care boards (ICBs) shown in the statistical summary tables of this release are based on this new NHS organisational structure as of July 2022

### Planned changes to this publication

Data regarding other COVID-19 related services that were undertaken by pharmacies are not included in this release, as due to the rapid stand up of services during the pandemic this data is under review to assess its appropriateness for this publication but is intended for inclusion in future releases.

This includes data and payments on:

* COVID-19 personal protective equipment (PPE).
* COVID-19 premises and refrigeration set up.
* COVID-19 testing.
* COVID-19 vaccines.

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.

The NHSBSA is currently developing an open data set public feed based on the monthly [Management Information Spreadsheet](https://www.nhsbsa.nhs.uk/access-our-data-products/information-services-portal-isp/isp-report-information) (MIS) report. This is intended for release by March 2022 and will compliment this National Statistic publication. This new data set will not be an Official Statistic release.

## 4. Statistical Disclosure Control

The high-level figures in this statistical summary have been rounded where appropriate for clarity, in most cases to three significant figures. This is to make this narrative as accessible as possible to all readers. The summary tables released with this publication allow users to investigate this data at lower levels of granularity. Some figures in the supplementary tables regarding fees and fee counts have been rounded to the nearest 10 to better reflect that these figures are estimated based on claims by contractors and that work will be done to confirm these payments.

## 5. Accessibility

### How to request content in an accessible format

If you need information on this website in a different format like accessible PDF, large print, easy read, audio recording or braille, you can contact us by:

**Email**: [nhsbsa.accessibility@nhs.net](mailto:nhsbsa.accessibility@nhs.net)

**Phone**: 0191 203 5318

[Find out about call charges](https://www.nhsbsa.nhs.uk/contact-us/call-charges-and-phone-numbers)

We’ll consider your request and get back to you in 5 working days.

These contact details are only for accessibility queries. This inbox is not for technical queries or IT problems. If you have a query that is not about accessibility, go to the ‘Contact us’ section of this page.

View our [Accessibility statement for Official Statistics Narratives](https://www.nhsbsa.nhs.uk/accessibility-statement-official-statistics-narratives).

## 6. Feedback and contact us

Feedback is important to us; we welcome any questions and comments relating to these statistics.

You can complete a [short survey about this publication](https://wh1.snapsurveys.com/s.asp?k=160317264147) to help us improve the Official Statistics that we produce. All responses will remain anonymous, and individuals will not be identifiable in any report that we produce.

You can view our [privacy policy](https://www.nhsbsa.nhs.uk/our-policies/privacy) on our website to see how your data is used and stored.

You can contact us by:

**Email:** [nhsbsa.statistics@nhs.net](mailto:nhsbsa.statistics@nhs.net)

**You can also write to us at:**

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