GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Gwasanaethau Presgripsiwn | Shared Services Partnership Prescribing Services

Return Form for Chemist Contractors

To coincide with the development of the Electronic returns system Prescribing Services has been attempting to simplify the present return procedures – starting with the return forms currently used.

We have done this by combining and simplifying all the Chemist Contractor return forms you receive i.e. Referred back items (RB), Blacklisted (S1) and Not allowed Items (N/A).

You will now be receiving all your returns with **one A4 sized form** (**Lilac in colour**)with more specific and relevant reasons stated (**see copy overleaf**).

The original statements have been broken down and are now listed as separate return numbers. This was done to simplify the forms, remove information no longer applicable and make it easier for you to determine what further information we require.

You will see this new Form includes the previous details but has **eight** extra return numbers listed, although **only two of these cover new requirements – no. 7 and no. 8**.

To also reduce the number of forms currently used the S1 or N/A statements have been added to this new form, so any items to be blacklisted or not allowed will be marked as such, photocopied and will be received attached to this form with any other referred back prescriptions from your account.

Hopefully the changes we have made will be an improvement on the numerous present forms although we do appreciate that there will be old forms and prescriptions still to be resubmitted.

To help in this interim period we have produced this document with copies of the new and old RB return form showing a quick comparison guide for your reference.

With effect from June 2010 processing.

Original Return Form

The attached Prescriptions are returned for the reasons indicated below. After taking the action requested **PLEASE RETURN FOR PROCESSING WITH YOUR NEXT ACCOUNT LEAVING THIS FORM ATTACHED.**

Items highlighted on the attached copy of your WP34D/P appendix have not been passed for payment. (*See corresponding number below for reason)* These items must be added to your next submission. The photocopy is for your information only.

1. For orders that are not in part VIII of the Drug Tariff the following endorsements are required. Supplier, pack size and basic price (ex vat). If a formula has been dispensed and any of the ingredients are not listed in part VIII, please supply the above information
2. The order/endorsement is incomplete. The following details must be present. Product name, presentation, size, strength, quantity or diluent
3. We are unable to determine what was prescribed/supplied. Please supply any additional information that will assist us to process the annotated item(s)
   - Amps, PFs or Vials
   - Code number for sutures
   - Manufacturers catalogue number
   - Elastic Hosiery: Single or Pair/Article eg anklet, below knee/Compression class

Trusses: Single or Double/Position eg inguinal, scrotal/ Spring, Elastic band

4. Signature of Prescriber
   Please clarify endorsement as
   has been ordered and
   appears to have been dispensed
5. An invalid form has been submitted, please resubmit on an official WP34D/P appendix
6. Form PSU 055
7. Photocopy WP/FP10 PCD cannot be passed for payment or nonCD item submitted.

PSU030C 170507/SEE

Revised Return Form

The enclosed prescriptions are being returned as part of the order or endorsement is incomplete – (SEE REASONS BELOW). Please amend the relevant items, attach this form and resubmit the prescriptions to ensure full reimbursement of your account.

1. Supplier, trade price & pack size
2. Product Name
3. Presentation
4. Size
5. Strength
6. Quantity
7. The Proprietary is supplied by more than one manufacturer please clarify specific manufacturer used to dispense
8. Unclear Endorsement – Faint or Illegible
9. Manufacturer's catalogue number
10. **Elastic Hosiery** : Compression Class and Knit **e.g. Class 1 - Circular Knit**
11. **Elastic Hosiery**: Garment Type **e.g. Anklet, Kneecap etc.**
12. **Trusses** : Type and Position **e.g. Spring Truss - Inguinal**
13. **Trusses** : Specification **e.g. Single, Special Single, Double etc**
14. Signature of prescriber required: Please clarify endorsement as ....., has been ordered and ....., appears to have been dispensed
15. **Form WP/FP10 PCD – (Private Prescriptions)** – any photocopies or forms with non CD Items submitted cannot be processed or passed for payment

Any photocopies of forms enclosed have been returned for one of the following reasons and are for information purposes only, DO NOT RESUBMIT FOR PAYMENT

S1 – Blacklisted item

NA – The item is not allowed to be prescribed as it does not form part of the General Medical & Pharmaceutical Services or it is not covered by the list of drugs or formulary the individual Practitioner is allowed to prescribe

PSU030C

Description compressed, requirements the same

Expanded into 5 specific categories

Expanded into 5 specific categories

Requirements are the same

Points no longer valid

Requirements are the same

New requirement added

New requirement added

No longer returned using additional forms

Amendments **Deletions** **Additions**