PHARMACEUTICAL DIRECTORATE

BUSINESS PLAN

2006-2007

Version 2 (August 2006)

NHS
Business Services Authority

Prescription Pricing Division

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Introduction

The Pharmaceutical Directorate Business Plan covers the financial year 2006-2007 it complements the NHSBSA Prescription Pricing Division Business Plan and details programmes of work, with actions and target dates, which the directorate will address this year. This plan will be used as a basis for the directorate to manage performance.

The Pharmaceutical Directorate's objectives cover two of the streams of activity defined in the NHSBSA Prescription Pricing Division Business Plan:

1. Maintaining Core Services

1.1 Payment Services
This covers the activities that support the prescription processing function through to payment.

1.2 Information Services
This covers the activities that support the Prescription Pricing Division's information services.

1.3 Regulatory Services
This covers regulatory support services for the DH to enable it to manage reimbursement policy.

2. Developing Core Services

Objectives which support the Prescription Pricing Division's Capacity Improvement Programme (CIP), the NHS Electronic Prescription Process and Policy Development

In delivering this plan the directorate will adhere to the NHSBSA PPD operational parameters:

- Ensure that our directed functions are appropriately set-up and funded as services to meet the relevant policy objectives of the Department of Health;
- Specify those services to deliver the most effective return on investment for the UK taxpayer;
- Develop contractual arrangements that provide continuing value-for-money in the delivery of those services.

1. Maintaining Core Services

1.1 Payment Services

This covers the activities that support the prescription processing function through to payment.

Objective 1 Maintenance of Reimbursement and Remuneration Rules (Lead – M Hamilton)				
Maintain Reimbursement and Remuneration Rules in line with Department of Health Policy and provide timely and accurate amendments to processing reference material for Operations Directorate				
Target		***Reported***	***To***	***By***
1.1	Maintain Reimbursement and Remuneration Rules in line with Department of Health Policy and by effective dates.	Quarterly	Pharmaceutical Management Team	GM
1.2	Reference material amendments delivered to Schedule, agreed with Operations Directorate (see Key Delivery Dates).	Quarterly	Pharmaceutical Management Team	GM
1.3	Accuracy of amendments to reference material to be at least 99.90%	Quarterly	Pharmaceutical Management Team	GM
1.4	Manage the reduction in processing reference material in line with CiP roll-out	Quarterly	Pharmaceutical Management Team	GM
Other PPD Resource Requirements				
Administration and Services for internal printing				

Objective 2 Drug master file (Lead – Paul Fieldhouse)				
Maintain the Drug Master file, MDR, to support prescription processing and the timely production of information reports.				
Target		***Reported***	***To***	***By***
2.1	Achieve 99.99% accuracy in population of all attributes required for prescription processing on MDR.	Quarterly	Pharmaceutical Management Team	KF
2.2	Velocity codes delivered by Noon on the penultimate working day of the month (see Key Delivery Dates)	Quarterly	Pharmaceutical Management Team	KF
2.3	Drugs master file signed off by Noon on the penultimate working day of the month (see Key Delivery Dates)	Quarterly	Pharmaceutical Management Team	KF
Other PPD Resource Requirements				
Information Technology for systems support				

Objective 3 Common Drug Reference model (Lead – P Fieldhouse)

Maintain and develop the common drug reference, CDR, to support prescription pricing through the Capacity Improvement Programme and to aid the generation of information reports.

Target		*Reported*	*To*	*By*
3.1	Achieve 99.99% accuracy for all valid attributes on CDR	Quarterly	Pharmaceutical Management Team	KF
3.2	All CDR attributes required for prescription processing and for generating prescriber information completed on CDR for processing by the last day of the month preceding the processing month.	Quarterly	Pharmaceutical Management Team	KF
3.3	Investigate and assess any initiatives that would require additional population of attributes on CDR within one week following a change control request or as a result of DH policy initiatives.	Quarterly	Pharmaceutical Management Team	KF
3.4	Populate to agreed schedule any additional or amended attributes on CDR raised through change control or as a result of DH policy initiatives.	Quarterly	Pharmaceutical Management Team	KF
3.5	Update any changes in the CDR technical specification document resulting from change control or as a result of DH policy initiatives to agreed schedules.	Quarterly	Pharmaceutical Management Team	PF
3.6	Define and populate all CDR fields to meet the requirements of the PPD Capacity Improvement programme phase 2; processing of prescriptions from Jersey and Guernsey pharmacy contractors, Appliance Contractors and Dispensing Doctors in accordance with CIP timescales.	Quarterly	Pharmaceutical Management Team	PF
3.7	Deliver updated price information to support prescription pricing through CIP by the last day of he month.	Quarterly	Pharmaceutical Management Team	PF

Other PPD Resource Requirements

Information Technology for systems support

Objective 4	**NHS Dictionary of Medicines and Devices (Lead – P Fieldhouse)**			
Maintain the timely production of the NHS dm+d extract. Develop the dm+d in line with Department of Health policy initiatives and other requirements approved via the NHSBSA Prescription Pricing Division change control procedure.				
	Target	***Reported***	***To***	***By***
	4.1 Maintain and update the NHS dm+d Editorial Policy. Release updated versions on the PPD website in July 2006 and January 2007 or following any significant changes to policy.	Bi-annual	Pharmaceutical Management Team	KF
	4.2 CDR updated with new products and product changes, checked and ready for dm+d extraction by 5.00pm on Thursday each week.	Quarterly	Pharmaceutical Management Team	KF
	4.3 Acknowledge dm+d queries on receipt and action within 10 working days.	Quarterly	Pharmaceutical Management Team	KF
	4.4 Achieve 99.99% accuracy for all valid attributes on the extracted dm+d	Quarterly	Pharmaceutical Management Team	KF
	4.5 Introduce a strategy by October 2006 to assess the quality of the NHS dm+d data to ensure that customer needs are continually met.	Quarterly	Pharmaceutical Management Team	KF
Other PPD Resource Requirements				
None				

Objective 5 Payment Errors Procedure (Lead – H Kendall)				
Maintain a corporate procedure for managing potential incorrect payments to contractors				
Target		***Reported***	***To***	***By***
5.1	Ensure that each potential error has an owner allocated who will be responsible for data collection and analysis within 1 week of notification of error.	Quarterly	Pharmaceutical Management Team	HK
5.2	Inform PPD Management Board of errors in accordance with agreed procedure	Quarterly	Pharmaceutical Management Team	HK
5.3	Ensure that preventative actions have been identified for each error within 1 month of completing data analysis	Quarterly	Pharmaceutical Management Team	HK
5.4	Include a review of the effectiveness of the payment errors procedure in the quarterly accuracy report by June 2006.	Annual	PPD Management Board	HK
Other PPD Resource Requirements				
Operations and Information Technology to provide people to participate in cross-directorate group				

Objective 6 Quality Plan (Lead – H Kendall)				
Analyse and measure accuracy of prescription processing for individual Operations staff through the Quality Plan				
Target		***Reported***	***To***	***By***
6.1	Accuracy of reprocessing prescriptions to be at least 99.9%	Quarterly	Pharmaceutical Management Team	SJ
6.2	Deliver Quality Plan accuracy reports to Operations within 4 weeks of cut off based on the agreed number of items reprocessed for that month.	Quarterly Monthly	Pharmaceutical Management Team Operations Management Team	SJ SJ
6.3	Discontinue Quality Plan reporting in line with roll out of CIP	Quarterly	Pharmaceutical Management Team	SJ
Other PPD Resource Requirements				
Operations for identification of Quality Plan sample and provide prescriptions as required.				

Objective 7 Volume and Complexity of Prescriptions (Lead – H Kendall)

Monitor effects of developments in dispensing and prescribing and the impact of NHS policies on the volume, cost and complexity of prescriptions to support the Capacity Improvement Programme. Provide analysis relating to the impact on volume and cost of the new pharmacy contract, including repeat dispensing.

Target		***Reported***	***To***	***By***
7.1	Achieve 99.0% accuracy in charts produced for PPD Management Board reports and PPD website (% charts with error to total charts updated each quarter)	Quarterly	Pharmaceutical Management Team	LH
7.2	Prepare a quarterly report for the PPD Management Board in accordance with their timetable	Quarterly Quarterly	Pharmaceutical Management Team PPD Management Board	LH
7.3	Achieve accuracy of projected growth statistics within +/- 0.5% of actual growth (rolling 12 months)	Quarterly	Pharmaceutical Management Team PPD Management Board	LH
7.4	Update forecasting spreadsheet for PCT prescribing expenditure and information on PPD website by May 2006	Quarterly	Pharmaceutical Management Team	LH

Other PPD Resource Requirements

Information Technology for systems support

Objective 8 New product information and product changes (Lead – P Fieldhouse)

Maintain the proactive collection and distribution of drug data across pharmaceutical ensuring all retained information is up-to-date and accurate.

Target		*Reported*	*To*	*By*
8.1	Review all sources of drug information defined for the data capture process and any product related correspondence (received before 12.00pm on the last working day) by close of business each week.	Quarterly	Pharmaceutical Management Team	KF
8.2	Distribute information related to new products and product changes to all relevant Pharmaceutical staff within 5 working days of receipt.	Quarterly	Pharmaceutical Management Team	KF
8.3	Achieve 99.50% accuracy in all information the data capture team releases to the directorate.	Quarterly	Pharmaceutical Management Team	KF
8.4	Produce a business case for centralising the capture of product information for the whole of the directorate incorporating messages received through electronic data update by September 2006.	Quarterly	Pharmaceutical Management Team	PF

Other PPD Resource Requirements

Information Technology for systems support

Objective 9 Prescription Pricing Division Accuracy Measures (Lead – H Kendall)

Analyse and measure accuracy of NHSBSA Prescription Pricing Division's payments to contractors and information systems

Target		*Reported*	*To*	*By*
9.1	Accuracy of reprocessing prescriptions to be at least 99.9%	Quarterly	Pharmaceutical Management Team	HK
9.2	Accuracy measures reports delivered within 5 weeks of completion of monthly prescription processing by Operations	Quarterly Monthly	Pharmaceutical Management Team Operations Management Team	HK HK
9.3	Prepare a quarterly report for the PPD Management Board on the accuracy of payments to contractors and information systems in accordance with their timetables	Quarterly Quarterly	Pharmaceutical Management Team PPD Management Board	HK HK

Other PPD Resource Requirements

Operations and Information Technology to provide details of identified errors. Information Technology to deliver requirements for CIP & Accuracy Measures processing.

1.2 Information Services

This covers the activities that support the PPD information services.

Objective 10 Prescribing Toolkit (Lead – P Fieldhouse)				
Support the current NHSBSA Prescription Pricing Division Information Systems and ensure the Prescribing Toolkit meets the requirements of the NHS Health and Social Care Information Centre by maintaining the drug list manager system.				
Target		***Reported***	***To***	***By***
10.1	Maintain the drug list manager system. Update information on all identified drugs by extracting from MDR, plus update the statistical volumes of measures by the 31 July 2006.	Quarterly	Pharmaceutical Management Team	PF
10.2	Produce a specification of requirements by September 2006 for updating CDR to meet the requirements of the prescribing toolkit. (Attributes or value derivation for Average daily quantity, Total Volume per Measure and Average monthly quantity)	Quarterly	Pharmaceutical Management Team	PF
Other PPD Resource Requirements				
Information Technology for system support				

Objective 11 Department of Health Programme Budget Reporting (Lead – P Fieldhouse)

Support the Department of Health Programme Budget initiative. The PB report provided by the NHSBSA Prescription Pricing Division is a primary source of information that allows Primary Care Trusts to map their expenditure to 23 programmes of patient care. This objective is to ensure that all products prescribed in primary care are mapped to a programme budget category and that BNF classifications allocated to programme budget category are reviewed annually.

Target		*Reported*	*To*	*By*
11.1	Collate data on the indications of all new chemical substances before the 26th of each month.	Quarterly	Pharmaceutical Management Team PPD Management Board	MW
11.2	Assess the clinical indications of each new chemical substance and deduce the split in Programme Budget Categories for each substance by the 26 of each month.	Quarterly	Pharmaceutical Management Team PPD Management Board	DMc
11.3	Provide IT directorate with the Programme Budget Categories (PBC) for all new chemical substances added to the drug master files by the 26th of each month.	Quarterly	Pharmaceutical Management Team PPD Management Board	DMc
11.4	Review BNF classifications allocated to programme budget categories and make recommendations for changes to DH by 31 October 2006.	Quarterly	Pharmaceutical Management Team PPD Management Board	DMc
11.5	Agree the schedule, with the DH, for the assessment of PBCs against each issued National Service Framework by September 2006.	Quarterly	Pharmaceutical Management Team PPD Management Board	PF

Other PPD Resource Requirements

None

Objective 12 Prescribing Analysis Report and PCT Prescribing Report (Lead –H Kendall)				
Provide accurate and informative 'Prescribing Review' for the Prescribing Analysis Report and 'Prescribing Guidance and Discussion Points' for the PCT Prescribing Report				
	Target	***Reported***	***To***	***By***
	12.1 Achieve 100% accuracy in published electronic reports (text and charts)	Quarterly	Pharmaceutical Management Team	SJ
	12.2 Action suggestions from the Editorial Board for content of reports where feasible	Quarterly	Pharmaceutical Management Team	SJ
	12.3 Reports delivered to agreed schedule with IT (See Key Delivery Dates).	Quarterly	Pharmaceutical Management Team	SJ
Other PPD Resource Requirements				
Information Technology for website maintenance				

Objective 13 Support for National Prescribing Centre (NPC) Workshops (Lead – H Kendall)				
Provide accurate, informative and up to date charts and maps for NPC workshops and for the NHSBSA Prescription Pricing Division website for use by prescribing advisers and other appropriate healthcare professionals				
	Target	***Reported***	***To***	***By***
	13.1 Achieve 99.7% accuracy (% charts and maps with error to total charts produced each month)	Quarterly	Pharmaceutical Management Team	SJ
	13.2 Update charts and maps on website so that data are no more than 9 months old	Quarterly	Pharmaceutical Management Team	SJ
	13.3 Revise PCT charts and maps in line with the decrease in the number of PCTs by December 2006 and implement efficiency savings in the process by March 2007.	Quarterly	Pharmaceutical Management Team	SJ
Other PPD Resource Requirements				
Information Technology for website maintenance				

Objective 14 Business Performance (Lead – S French)

Ensure that the directorate operates in accordance with corporate governance principles, NHSBSA Prescription Pricing Division policies and procedures and that all services are delivered within budget

Target		*Reported*	*To*	*By*
14.1	Review, update and test directorate risk register and business continuity plans annually	Annually	Pharmaceutical Management Team PPD risk management lead PPD business continuity lead	SF
14.2	Monitor staff appointments against the directorate establishment and ensure no changes to establishment without a full analysis of requirements against changes in work volume or complexity.	Quarterly	Pharmaceutical Management Team	SF
14.3	Agree the directorate budget by 1 April 2006 and monitor monthly expenditure thereafter, maintaining a variance not greater than +/- 1% of projected annual out-turn.	Quarterly	Pharmaceutical Management Team	SF
14.4	Develop the directorate training plan ensuring it reflects competence development in relation to specific business plan objectives by 30 April 2006.	Annual	Pharmaceutical Management Team	SF
14.5	Monitor achievement against the directorate training plan; if necessary instigate corrective action to bring the plan to target.	Quarterly	Pharmaceutical Management Team	SF
14.6	Produce a quarterly document summarising directorate performance and evidencing actions taken in relation to continual improvement within one month of the end of the period to which it applies	Quarterly	Pharmaceutical Management Team	SF

Other PPD Resource Requirements

None

Objective 15	**Quality and Project Management (Lead – S French)**			
Maintain directorate quality and project management capabilities ensuring process control and enabling the identification of process improvements.				
Target		***Reported***	***To***	***By***
15.1	Maintain PRINCE 2 Project Office support function and through this function ensure that project management techniques are applied to directorate activities.	Quarterly	Pharmaceutical Management Team	SF
15.2	Ensure retention of ISO 9001:2000 certification at triennial certificate renewal visit during September 2006.	Quarterly	Pharmaceutical Management Team	SF
15.3	Facilitate at least two process improvement projects during the year creating efficiencies in relation to cost and/or volume.	Quarterly	Pharmaceutical Management Team	SF
Other PPD Resource Requirements				
None				

1.3 Regulatory Services

This covers regulatory support services for the DH to enable it to manage reimbursement

Objective 16 Drug Tariff (Lead – M Hamilton)				
Accurate compilation and timely delivery of the Drug Tariff to designated NHS bodies.				
Target		***Reported***	***To***	***By***
16.1	Publish electronic Drug Tariff on PPD website by close of business of last working day of the month prior to the effective month. (see Key Delivery Dates)	Monthly Quarterly	PPD Management Board Pharmaceutical Management Team	GM GM
16.2	Publish reference paper copies of the Drug Tariff to Schedule, agreed with Department of Health (see Key Delivery Dates)	Monthly Quarterly	PPD Management Board Pharmaceutical Management Team	GM GM
16.3	Accuracy of amendments to be at least 99.90%	Quarterly	Pharmaceutical Management Team	GM
Other PPD Resource Requirements				
Information Technology for systems support.				

Objective 17 Drug Tariff Part IX prices and category headings (Lead – M Hamilton)
Following outcome of Department of Health consultation to review Drug Tariff Part IX prices (2005 Consultation: Arrangements for the Provision of Dressings, Incontinence Appliances, Stoma Appliances, Chemical Reagents and Other Appliances to Primary and Secondary Care), the NHSBSA Prescription Pricing Division will adjust the item reimbursement prices, to an agreed DH timetable. DH to confirm Part IX price changes at least 4 weeks prior to the implementation date. Undertake a review of Part IX category headings and agree outcome with Department of Health.

Target		***Reported***	***To***	***By***
17.1	Update and check prices in the Drug Tariff by 12th of the month prior to the implementation month.	Quarterly	Pharmaceutical Management Team	MH
17.2	Update and check prices on CDR by 1st of the implementation month.	Quarterly	Pharmaceutical Management Team	MH
17.3	Update and check prices on MDR by end of the implementation month.	Quarterly	Pharmaceutical Management Team	MH
17.4	Undertake a review of Part IX headings by 31 October 2006.	Quarterly	Pharmaceutical Management Team	MH
17.5	Agree and implement with DH the outcome of review into Part IX category headings, in line with timescales to implement new mechanism to control Part IX prices.	Quarterly	Pharmaceutical Management Team	MH

Other PPD Resource Requirements
None

Objective 18 Drug Tariff Part VIII and IX Approval (Lead – M Hamilton)

Approve additions, deletions, category changes and reimbursement price changes to Drug Tariff Part VIII and IX in line with Department of Health policy and in an accurate and timely manner.

Target		*Reported*	*To*	*By*
18.1	Evaluate applications for additional products to Part IX (Drug Tariff Part IX application statistics) to permit prescribing in primary care, to schedule.	Quarterly report prepared for DH/Drug Tariff Part IX Forum.	Pharmaceutical Management Team	SL
18.2	Assess and Implement medical device price changes to schedule (Drug Tariff Part IX database)	Quarterly report prepared for DH/Drug Tariff Part IX Forum.	Pharmaceutical Management Team	GM
18.3	Remove medical devices not prescribed in previous 12 months from Drug Tariff Part IX, in line with agreed timescales.	Quarterly report prepared for DH/Drug Tariff Part IX Forum.	Pharmaceutical Management Team	GM
18.4	100% accuracy on Part IX price changes (% error to number of price changes).	Quarterly report prepared for DH/Drug Tariff Part IX Forum.	Pharmaceutical Management Team	GM
18.5	Provide proposals for additional products and amendments to Drug Tariff Part VIII to DH, implementing changes to schedule.	Quarterly	Pharmaceutical Management Team	GM
18.6	Accuracy for Part VIII amendments to be at least 99.90% (% error to total amendments)	Quarterly	Pharmaceutical Management Team	GM
18.7	Prepare annual report for Part IX activity by 14 April 2007.	Annually	Pharmaceutical Management Team	SL

Other PPD Resource Requirements

Information Technology to provide support for Part VIII database

2. Developing Core Services

Objectives which support the PPD's Capacity Improvement Programme (CIP), the NHS Electronic Prescription Process and Policy Development

Objective 19	**Provision of Prescribing and Dispensing Policy Expertise (Lead – M Hamilton)**			
Maintain a competence relating to the interpretation of Pharmaceutical Services, General Medical Services and other prescribing and dispensing policy areas.				
Target		***Reported***	***To***	***By***
19.1	In line with agreed schedule, monitor NHS regulatory authorities to identify changes to legislation.	Quarterly	Pharmaceutical Management Team	GM/ SL
19.2	Undertake impact analysis of policy changes taking into account the requirements of other PPD directorates to ensure accurate implementation by the effective date for the policy change.	Quarterly	Pharmaceutical Management Team	GM/ SL
19.3	Communicate policy changes within the relevant PPD directorates to agreed timescales prior to effective date.	Quarterly	Pharmaceutical Management Team	GM/ SL
19.4	Maintain a library of regulations ensuring changes are reflected by the effective date.	Quarterly	Pharmaceutical Management Team	GM/ SL
19.5	Ensure the PPD website is updated, or new section created to reflect the policy changes in line with the implementation timetable agreed with DH.	Quarterly	Pharmaceutical Management Team	GM/ SL
Other PPD Resource Requirements				
Information Technology for updating website				

Objective 20	**Assist Department of Health in policy development & implementation (Lead – M Hamilton)**			
Assist Department of Health in policy development related to the supply and reimbursement of medicines.				
Target		***Reported***	***To***	***By***
20.1	Provide market intelligence to DH on the supply and reimbursement of generic medicines each month.	Quarterly	Pharmaceutical Management Team	GM
20.2	Provide market intelligence to DH on reimbursement of proprietary medicines included in the Pharmaceutical Price Regulation Scheme (PPRS) each month.	Quarterly	Pharmaceutical Management Team	GM
20.3	Provide market intelligence to DH on reimbursement of Standard Branded Generic Medicines each month.	Quarterly	Pharmaceutical Management Team	GM
20.4	Provide market intelligence to DH on 'No Cheaper Stock Obtainable' requests for Drug Tariff Part VIII generic medicines each month.	Quarterly	Pharmaceutical Management Team	GM
20.5	Provide market intelligence to DH on Zero Discount requests each month whilst this list is published.	Quarterly	Pharmaceutical Management Team	GM
20.6	Provide market intelligence to DH on the List of Drugs for which Discount is not Deducted when this policy is implemented, see Objective 26.7	Quarterly	Pharmaceutical Management Team	GM
Other PPD Resource Requirements				
None				

Objective 21	**Standard Branded Generics (Lead – M Hamilton)**			
Following outcome of Department of Health consultation related to Standard Branded Generics (SBG), the NHSBSA Prescription Pricing Division will implement a new mechanism to control the supply and reimbursement of standard branded generic medicines to an agreed DH timetable.				
Target		***Reported***	***To***	***By***
21.1	Populate data in SBG list to be used to populate Part VIII (a) by 8th of the month preceding the implementation month.	Quarterly	Pharmaceutical Management Team	MH
21.2	Populate data on MDR by end of the implementation month.	Quarterly	Pharmaceutical Management Team	GM/ KF
21.3	Populate data on CDR by the 1st of the implementation month.	Quarterly	Pharmaceutical Management Team	KF
21.4	Communicate new arrangements for prescription processing (legacy and CIP), in line with implementation dates.	Quarterly	Pharmaceutical Management Team	MH
21.5	Implement to agreed timescales a new mechanism to control the supply and reimbursement of standard branded generic medicines.	Quarterly	Pharmaceutical Management Team	GM
21.6	Implement new recording and reporting system, in line with agreed timescales.	Quarterly	Pharmaceutical Management Team	GM
Other PPD Resource Requirements				
Operations and Information Technology to participate in cross-directorate group.				

Objective 22	**Developments in Prescribing and Pharmaceutical Policy Report (Lead – M Hamilton)**			
Prepare a report on developments in prescribing and pharmaceutical policy to NHSBSA Prescription Pricing Division Management Team in their planning activities.				
Target		***Reported***	***To***	***By***
22.1	Prepare a report for the July 2006 and January 2007 PPD Management Board meetings.	Quarterly Bi-annually	Pharmaceutical Management Team PPD Management Board	MH
Other PPD Resource Requirements				
None				

Objective 23 Appliance Contractor R+R arrangements (Lead – M Hamilton)
Following outcome of Department of Health consultation to review the reimbursement and remuneration arrangements for Appliance Contractors the NHSBSA Prescription Pricing Division will implement the new policy to an agreed DH timetable.

Target		***Reported***	***To***	***By***
23.1	Following release of formal specification from Department of Health by 31st October 2006, undertake impact analysis of this new policy by 30th November 2006 to ensure accurate implementation by the effective date.	Quarterly	Pharmaceutical Management Team	MH
23.2	Communicate these policy changes within the PPD to agreed timescales prior to effective date.	Quarterly	Pharmaceutical Management Team	MH
23.3	Implement stage 1 of the consultation document, to remunerate appliance contractors on a similar basis as pharmacy contractors, to agreed timescales , following receipt of the specification of requirements from DH by 31 October 2006.	Quarterly	Pharmaceutical Management Team	MH
23.4	Implement stage 2 of the consultation document, Implementation of Long Term Options for Primary and Secondary Care, to agreed timescales, following receipt of the specification of requirements from DH by 31 October 2006.	Quarterly	Pharmaceutical Management Team	MH

Other PPD Resource Requirements
Operations and Information Technology to participate in cross-directorate group

Objective 24 Integrated Home Oxygen Service (Lead – M Hamilton)
Ensure the NHSBSA Prescription Pricing Division manages the transition period from the introduction of the integrated home oxygen service on 1 February 2006 to 31 July 2006.

Target		***Reported***	***To***	***By***
24.1	Communicate within appropriate PPD directorates to ensure processes are in place to transfer patients to the new integrated home oxygen service.	Quarterly	Pharmaceutical Management Team	MH
24.2	Ensure existing legacy processes used to reimburse claims from oxygen contractors are decommissioned on 1st April 2007.	Quarterly	Pharmaceutical Management Team	MH

Other PPD Resource Requirements
Operations and Information Technology to participate in cross-directorate group

Objective 25 Transfer from paper to electronic receipt of drug information within the directorate **(Lead – P Fieldhouse)**				
Support the roll out of the electronic data update (EDU) of price changes direct from pharmaceutical companies and EDU of new medicinal product launches replacing the current manual method of data update.				
	Target		***Reported***	***To***	***By***
	25.1	10% of all Datapharm registered pharmaceutical companies supplying information exclusively through EDU by March 2007	Quarterly	Pharmaceutical Management Team	KF
	25.2	50% of all Datapharm registered pharmaceutical companies providing at least one successful EDU message by March 2007	Quarterly	Pharmaceutical Management Team	KF
Other PPD Resource Requirements				
None				

Objective 26 Reimbursement and Remuneration Simplification (Lead – M Hamilton)				
Ensure the NHSBSA Prescription Pricing Division manages simplification of reimbursement and remuneration rules applying to Pharmacy Contractors in the period to 31March 2007.				
Target		***Reported***	***To***	***By***
26.1	Communicate these policy changes within the PPD to agreed timescales prior to effective date.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
26.2	Implement the new policy related to Broken Bulk for December 2006 prescriptions, following receipt of the specification of requirements from DH by 31October 2006.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
26.3	Implement to agreed timescales the new policy related to Calendar Packs. DH will provide the specification of requirements five weeks prior to the implementation date.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
26.4	Implement to agreed timescales the new policy related to Specials Products. DH will provide the specification of requirements five weeks prior to the implementation date.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
26.5	Implement the new policy related to Out of Pocket Expenses for December 2006 prescriptions, following receipt of the specification of requirements from DH by 31 October 2006.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
26.6	Implement the new policy related to Common Pack/Reimbursement Pack Assessment for December 2006 prescriptions, following receipt of the specification of requirements from DH by 31 October 2006.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
26.7	Implement to agreed timescales the new policy related to List of Drugs for which Discount is not Deducted. DH will provide the specification of requirements five weeks prior to the implementation date.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
26.8	Implement to agreed timescales the new policy related to Unit pricing of Category M products. DH will provide the specification of requirements five weeks prior to the implementation date.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
26.9	Implement to agreed timescales the new policy related to Patient Pack Dispensing.	Quarterly	Pharmaceutical Management Team PPD Management Board	MH
Other PPD Resource Requirements				
Operations and Information Technology to participate in cross-directorate group				

Objective 27 Safer management of controlled drugs (Lead – H Kendall)
Lead the cross-directorate project to develop the NHSBSA Prescription Pricing Division's services in order to implement the recommendations from the government's response to the Shipman Inquiry – Fourth report

Target		***Reported***	***To***	***By***
27.1	Implement system and business process changes required to process private prescriptions for controlled drugs by May 2006	Quarterly	Pharmaceutical Management Team	HK
27.2	Populate CDR and MDR with additional controlled drugs to meet the requirements of the "Safer management of controlled drugs" project by September 2006.	Quarterly	Pharmaceutical Management Team	PF
27.3	Define the deliverables and indicative timescale for unique prescriber ID for inclusion in CiP	Quarterly	Pharmaceutical Management Team	HK
27.4	Define the deliverables and indicative timescale for patient identifiers for inclusion in CiP	Quarterly	Pharmaceutical Management Team	HK

Other PPD Resource Requirements
Information Technology and Operations to draw up joint plans for how to progress developments and put plans into action

Objective 28 Plan to decommission the Drug master file (Lead – Paul Fieldhouse)
Ensure CDR is maintained and developed to meet all requirements of the NHSBSA Prescription Pricing Division allowing the MDR database to be decommissioned.

Target		***Reported***	***To***	***By***
28.1	Assess all reports and activities generated from MDR for relevance to the activities of PPD by October 2006.	Quarterly	Pharmaceutical Management Team	PF
28.2	Write Specification of Requirements to enable CDR to be used as the source for any necessary activities and reports currently produced from MDR data by December 2006	Quarterly	Pharmaceutical Management Team	PF
28.3	Maintain links between MDR and CDR as the PPD switches from MDR to CDR as its core drug database for generating reports and other activities.	Quarterly	Pharmaceutical Management Team	PF
28.4	Produce a business case by April 2007 for reducing and ending maintenance of MDR including the maintenance of reimbursement price on CDR only.	Quarterly	Pharmaceutical Management Team	PF

Other PPD Resource Requirements
None

Objective 29 Review processes that maintain reference data to ascertain if further efficiencies can be made. (Lead - P Fieldhouse)
Review the process for updating the NHSBSA Prescription Pricing Division's common drug reference (CDR) with appliance product information (currently Part IX database functionality) and price information (Part VIII database activity).

Target		***Reported***	***To***	***By***
29.1	Produce a plan to decommission the part IX database and increase functionality of CDR to achieve all appropriate activities by March 2007.	Quarterly	Pharmaceutical Management Team	PF
29.2	Produce a plan to develop CDR to incorporate any relevant functionality of the part VIII database by March 2007.	Quarterly	Pharmaceutical Management Team	PF

Other PPD Resource Requirements
None

Objective 30 Definition of Reimbursement and Remuneration Rules (Lead – M Hamilton)
Define and maintain the reimbursement and remuneration rules such that the rules can be incorporated into the CIP rules engine.

Target		***Reported***	***To***	***By***
30.1	Ensure rules are defined and documented to agreed specification for CIP Release Two in line with CIP plan.	Quarterly	Pharmaceutical Management Team	MH
30.2	Ensure rules are defined and documented to agreed specification for future CIP Releases in line with CIP plan. (The scope will cover rules simplification and outstanding RfC not included in release Two, Doctors and Personal Admin, Appliance Contractors, Jersey, Guernsey, LPS, Private CDs and Out of Hours).	Quarterly	Pharmaceutical Management Team	MH
30.3	Maintain processing and technical information to agreed specification to support the Exception Handler for CIP Release One and beyond, in line with overall CIP plan.	Quarterly	Pharmaceutical Management Team	MH

Other PPD Resource Requirements
Operations and Information Technology to provide input into discussions.

Objective 31 Independent Prescribing (Lead – P Fieldhouse)
Ensure the NHSBSA Prescription Pricing Division implements Department of Health (DH) policy related to the introduction of optometrist and podiatrist national formularies to DH timescales.

Target		***Reported***	***To***	***By***
31.1	Assess impact to the PPD systems and business processes arising from the addition of optometrist and podiatrist national formularies by September 2006.	Quarterly	Pharmaceutical Management Team	PF
31.2	Implement system and business process changes required to process prescriptions written by optometrists and podiatrists and provide information on such prescribing by April 2007	Quarterly	Pharmaceutical Management Team	PF

Other PPD Resource Requirements
Operations and Information Technology to provide input into discussions

Objective 32 Test and Implement CIP Accuracy Measures Module (Lead – H Kendall)
Test and implement the new system of processing a sample of CIP accounts through the Accuracy Measures (AM) processing to produce the NHSBSA Prescription Pricing Division accuracy measures

Target		***Reported***	***To***	***By***
32.1	Carry out a user acceptance test in accordance with CIP work stream 6 plan to ensure the AM system meets the specified requirements	Quarterly	Pharmaceutical Management Team	HK
32.2	Ensure the list of accounts used to select the annual sample includes both CIP and non-CIP pharmacy accounts during the roll out of CIP	Quarterly	Pharmaceutical Management Team	HK
32.3	Implement sampling and AM processing of CIP accounts to include all account types (e.g. Jersey, Guernsey, dispensing doctors, etc.) in line with the roll out of CIP and carry out test to ensure system meets specified requirements	Quarterly	Pharmaceutical Management Team	HK
32.4	Implement sampling and AM processing of CIP accounts to include ETP messages when payment is made on ETP messages and carry out test to ensure system meets specified requirements	Quarterly	Pharmaceutical Management Team	HK

Other PPD Resource Requirements
Information Technology to deliver system changes for CIP Accuracy Measures processing.

Objective 33 Primary Care Trust/Strategic Health Authority Reorganisation (Lead – H Kendall)

Manage a project within the Directorate to identify and deliver changes to services affected by the reorganisation of Primary Care Trusts and Strategic Health Authorities

Target		*Reported*	*To*	*By*
33.1	Identify how services will be affected by the PCT and SHA reorganisation (to include Drug Tariff distribution, support for National Prescribing Centre workshops, PCT clusters and population data sets on Prescribing Toolkit) by July 2006	Quarterly	Pharmaceutical Management Team	LH
33.2	Identify when changes need to be implemented for each service by July 2006	Quarterly	Pharmaceutical Management Team	LH
33.3	Make changes to services working with other Directorates where appropriate by July 2007	Quarterly	Pharmaceutical Management Team	LH
33.4	Ensure stakeholders are informed of changes in accordance with the project plan (liaising with other Directorates) by July 2007	Quarterly	Pharmaceutical Management Team	LH

Other NHSBSA Resource Requirements

Information Technology to deliver system changes for Prescribing Toolkit and ePACT.net when external data sets e.g. deprivation scores and CHD mortality are available for the revised PCTs in summer 2007.

Key Performance Indicators for 2006-07

KPI	Target	Pharm BP ref.	Measure		
			Green	Amber	Red
Drug Tariff	1. Delivery Date	16.1, 16.2	= Target	N/A	>Target
	2. Percentage Accuracy	16.3	= or > 99.90%	99.89-99.50%	< 99.49%
Reference Material	1. Delivery Date	1.2	= Target	N/A	>Target
	2. Percentage Accuracy	1.3	= or > 99.90%	99.89-99.50%	< 99.49%
PPD Drug Master File	1. Percentage Accuracy	2.1	= or > 99.99%	99.75%-99.98%	= or < 99.74%
	2. Drug master file delivery date	2.3	= Target	N/A	Target missed
Budget	1. Variance from projected out-turn at 31 Mar 07	14.3	+ or -<1%	+ or – 1% to 1.45%	+ or - >1.5%
Prescribing Analysis	1. Prescribing Review delivery date target	12.3	= Target	+ 1-5 days	> 5 days
	2. PCT Report delivery date target	7.3	= Target	+ 1-5 days	> 5 days
	3. V&C Report delivery date target	7.2	= Target	+ 1-2 days	> 2 days
	4. V&C Report percentage accuracy	7.1	= or > 99%	98.0-98.99%	< 98.0%
	5. NPC Charts percentage accuracy	13.1	= or > 99.70%	99.0-99.69%	< 99.0%
Pharmaceutical Analysis	1. Percentage Accuracy	6.1	= or > 99.9%	99.5-99.89%	< 99.5%
	2. PPD accuracy measures delivery date	20.2	= Target	+ 1 day	+ 2 days
	3. Quality Plan results to Operations	6.2	= Target	+ 1-4 days	> 4 days
Common Drug Reference	1. Percentage Accuracy	3.1	= or > 99.99%	99.75% - 99.98%	= or < 99.74%
	2. CDR attributes for PPA business processes	3.2	= Target	+ 1 day	>1 day
NHS dictionary of medicines and devices	1. Percentage Accuracy	4.4	= or > 99.99%	99.75% - 99.98%	= or < 99.74%
	2. dm+d completed for extract	4.2	= Target	+ 1 day	>1 day
	3. dm+d queries actioned within 10 days	4.3	= Target	+1 day	>1 day

Key Delivery Dates for 2006-2007

Objective	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sep 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07
Drug Tariff (paper)	26	26	28	27	29	27	27	28	21	29	26	28
Drug Tariff (eDT)	28	31	30	31	31	29	31	30	29	31	28	30
Technical Manuals & Processing Equipment	28	31	30	31	31	29	31	30	29	31	28	30
Drug Master File (MDR & CDR)	27	30	29	28	30	28	30	29	28	30	27	29
PPD Accuracy Measures	12	17	16	17	15	19	19	17	18	19	15	15
Prescribing Review Report		15			13			13			12	
PCT Prescribing Report		19			19			17			16	
Volume and Cost Report			17			31			22			TBA

Budget

	2004/05 (£)	2005/06 (£)	2006/07* (£)
Staff	1,787,870	1,702,700	1,782,630
Non-staff	659,300	503,800	517,775
Transition	989,650		
TOTAL	**3,436,820**	**2,206,500**	**2,300,405**

*2006/07 Staff increase due to AfC implementation and appointment to vacant posts
Non-staff increase as a result of increased printing costs.

Staff Establishment

Staff Grouping*	2004/05 wte	2005/06 wte	2006/07 wte
Director	1	1	1
AfC Band 8	4	5	5
AfC Band 7	3	6	6
AfC Band 6	4	1	-
AfC Band 5	14	13	13
AfC Band 4	36.78	30.78	33.73
AfC Band 3	3.45	2.45	-
AfC Band 2	2	2	1.8
TOTAL	**68.23**	**61.23**	**60.53**

* Agenda for Change Pay bands have been used throughout to provide comparative data.

Summary of Training and Development 2006-2007

Activity	**Objective Number(s)**
Business model awareness	All
Team leader development	All
Accuracy measures: CIP data capture and analysis	32
Project management	All
Organisations and external polices affecting prescription volume	7, 27
Lead Assessor of Quality Systems	15
FrameMaker	16
Questioning/Auditing techniques	18
Critical Appraisal Training	18

Directorate Risk Register

Risk No	Description of Risk	Principal Directorate Impact Areas	Action to Control risk or Minimise Impacts	Risk Owner
1	Permanent loss of building	All objectives	Managed by Estates. Pharmaceutical IT back up systems off-site, Drug Tariff back ups stored in heavy duty fire safe.	Head of Estates
2	Temporary loss of building	All objectives	Managed by Estates. Pharmaceutical IT back up systems off-site.	Head of Estates
3	Loss of critical IT systems	All objectives	IT action plan for loss of systems.	IT Dir
4	Loss of key staff/multiple loss of staff resource or inability to recruit permanently	All objectives	Appraisals, HR policies, good relationships with unions, central location provides wide range of alternative transport options	SF
5	Insufficient funding	All objectives	Internal budget management	SF
6	Significant loss of data	1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 18, 19, 20, 22, 24, 25, 26, 27, 28, 29, 30, 31, 33	Audit trail checks, spot checks on data. saves and back ups for data corruption	KF
7	Incorrect information/advice given out or received	1, 3, 6, 7,12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 26, 27, 32	Checking systems, up to date information, training, data validation, maintain communication links with stakeholders	HK
8	Disclosure of confidential information	1, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 19, 20, 25, 32	Restricted access to confidential information, DPA, FOI controls, standards of business conduct, staff awareness	SF
9	Failure to identify a trend in prescribing/impact of NHS policy	7, 10, 18, 21, 26, 27	Regular review, assessment of policy documents, appropriately trained staff.	HK
10	Impact of government legislation or policy changes	1, 3, 4, 5, 6, 9, 10, 11, 12, 13, 15, 16, 17, 19, 22, 25, 28, 33	Cross-directorate project planning communications, corporate strategy, longer term planning	MH
11	Failure of internal printing equipment	3, 4, 5, 7	Managed by Estates	Head of Estates

Directorate Business Plan Performance Summary 2005-2006

1 SERVICE DELIVERY:

1.1 PAYMENT SERVICES

Objective, Owner and Target	Progress
Objective 1 **Drug Tariff (Lead – M Hamilton)** Accurate compilation and timely delivery of the Drug Tariff to designated NHS bodies	All targets achieved. The average accuracy for the year was 99.93%
Objective 2 **Drug Tariff (Lead – M Hamilton)** Manage the discontinuation of the paper Drug Tariff and the transfer to an electronic publication to release cash savings 2005/06.	Target on hold. This objective was superceded by DH decision to seek further consultation with stakeholders.
Objective 3 **Technical Manuals and Processing Equipment (Lead Hamilton)** Provide timely and accurate amendments for Operations Directorate	All targets achieved. The average accuracy for the year was 99.94%
Objective 4 **Drug Masterfile (Lead – P Fieldhouse)** Maintain the PPA Drug Master file, MDR, to meet current business needs	All targets achieved. The average accuracy for the year was 99.99%
Objective 5 **Common Drug Reference Model (Lead – P Fieldhouse)** Maintain and develop the common drug reference, CDR, to meet PPA business needs.	All targets achieved. The average accuracy for the year was 99.99%
Objective 6 **NHS Dictionary of Medicines and Devices (Lead – P Fieldhouse)** Develop and provide solutions to support the Capacity Improvement Programme	All targets achieved. The average accuracy for the year was 99.99%

Objective 7 **New product information and product changes (Lead – P Fieldhouse)** This objective is based on the data capture project carried out in 2004–2005. The objective is to roll out a new process for collection and distribution of drug data across the pharmaceutical directorate.	All targets achieved. The average accuracy for the year was 99.79%
Objective 8 **Transfer from paper to electronic receipt of drug information within the directorate (Lead – P Fieldhouse)** This objective will support the roll out of the electronic data update (EDU) of price changes direct from pharmaceutical companies and EDU. of new medicinal product launches replacing the current manual method of data update. The EDU process is promoted to pharmaceutical companies through Datapharm Communications Ltd. As the In-Demand systems.	Progress in relation to the provision of information exclusively through EDU has been made and a similar objective will be continued into 2006/07.
Objective 9 **Pharmaceutical Analysis Service – Net cash variance (Lead – H Kendall)** Analyse and measure accuracy of PPA prescription processing through reporting net cash variance	All targets achieved. The accuracy rate for the year is 100%
Objective 10 **Pharmaceutical Analysis Service – Quality Plan (Lead – H Kendall)** Analyse and measure accuracy of prescription processing for individual Operations staff through the Quality Plan	All targets achieved other than one relating to delivery of the Quality Plan report to Operations which was not achieved in Quarter 1. This delay was fully communicated to Operations Directorate in advance of the non-achievement and was confirmed by them as being an acceptable solution to short term resource issues.
Target 11 **Drug Tariff Part VIII and IX Approval (Lead – M Hamilton)** Approve additions, deletions, category changes and reimbursement price changes to Drug Tariff Part VIII and IX in line with DH policy and in an accurate and timely manner.	All targets achieved other than the accuracy target for Part IX price changes which was not achieved during February 2006 when two reported errors resulted in an accuracy level of 99.02%. Accuracy for all other months during the year was 100%
Objective 12 **Assist Department of Health in policy development & implementation (Lead – M Hamilton)** Assist DH in policy development related to the supply and reimbursement of medicines	All targets achieved

Objective 13 **Pharmacy Contract (Lead – M Hamilton)** Ensure the PPA implementation of the second phase of the Pharmacy Contract is completed by 1 October 2005	All targets achieved
Objective 14 **Developments in Prescribing and Pharmaceutical Policy Report (Lead – M Hamilton)** Prepare a report on developments in prescribing and pharmaceutical policy to Management Board and Authority to assist Board and Authority members in their planning activities.	All targets achieved
Objective 15 **Independent Prescribing (Lead – P Fieldhouse)** Ensure the PPA implements DH policy related to the introduction of additional independent prescribers (nurse, pharmacist and optometrist) to DH timescales.	All targets achieved
Objective 16 **Supplementary Prescribing (Lead – P Fieldhouse)** Ensure the PPA implements DH policy related to the introduction of additional supplementary prescribers (podiatrists, physiotherapists, radiographers and optometrists) to DH timescales.	All targets achieved
Objective 17 **Integrated Home Oxygen Service (Lead – M Hamilton)** Ensure the PPA implements the integrated home oxygen service by 30 September 2005.	All targets achieved
Objective 18 **Volume and Complexity of Prescriptions (Lead – H Kendall)** Monitor effects of developments in dispensing and prescribing and the impact of NHS policies on the volume, cost and complexity of prescriptions to support the Capacity Improvement Programme. Provide analysis relating to the impact on volume and cost of the new pharmacy contract, including repeat dispensing.	All targets achieved other than accuracy in Quarter 1 when one error resulted in an accuracy level of 98.8%. However, reported accuracy for quarters 2, 3 and 4 was 100% resulting in an annual average accuracy of 99.70% against a target of 99%
Objective 19 **Reimbursement and Remuneration Simplification (Lead – M Hamilton)** Influence the DH in the simplification of reimbursement and remuneration rules	All targets achieved, however, one target relating to the provision of a document detailing requirements to simplify reimbursement and remuneration rules to support CIP was rescheduled in accordance with CIP plans
Objective 20 **Review of Hospice Accounts (Lead – H Kendall)** Transfer processing of hospice prescriptions to Operations Directorate	All targets achieved

Objective 21 **Provision of Pharmaceutical Advice (Lead – M Hamilton)** Maintain a directorate competence on interpretation of Pharmaceutical Services, General Medical Services and other prescribing and dispensing policy areas.	All targets achieved
Objective 22 **Directorate Performance (Lead – S French)** Ensure that the directorate operates in accordance with corporate governance principles, PPA policies and procedures and that all services are delivered within budget	All targets achieved other than target relating to the production of an annual document to summarise directorate performance which was presented slightly behind schedule due to short term resource issues. The delay was fully communicated and agreed as being acceptable
Objective 23 **Project Management (Lead – S French)** Maintain a directorate project management capability and implement project management techniques in directorate activities.	All targets achieved
Objective 23A **Payment Errors Procedure (Lead – H Kendall)** Implement a corporate procedure for managing potential incorrect payments to contractors	All targets achieved.

1 SERVICE DELIVERY:

1.2 INFORMATION SERVICES

Objective, Owner and Target	Progress
Objective 24 **Maintain PPA Drugs Master file and common drug reference to support Information systems (Lead - P Fieldhouse)** This objective will maintain MDR to support the current PPA Information Systems and ensure accurate mapping between CDR and MDR.	All targets achieved
Objective 25 **Safer management of controlled drugs (Lead – H Kendall)** Lead the cross-directorate project to develop the PPA's services in order to implement the recommendations from the government's response to the Shipman Inquiry – Fourth report	All targets achieved

Objective 26 **PACT Standard Report Centre Pages and PCT Prescribing Report (Lead – H Kendall)** Provide accurate and informative Centre Pages for PACT Standard Report and for Section 2 of the PCT Prescribing Report	All targets achieved
Objective 27 **Support for National Prescribing Centre (NPC) Workshops (Lead – H Kendall)** Provide accurate, informative and up to date charts and maps for NPC workshops and for the PPA website for use by prescribing advisers and other appropriate healthcare professionals	All targets achieved
Objective 28 **PCT Prescribing Expenditure (Lead – H Kendall)** Provide support to PCTs for predicting annual out-turn on prescribing expenditure	All targets achieved
Objective 29 **Prescribing toolkit (Lead – P Fieldhouse)** This objective will support the current PPA Information Systems and ensure the prescribing Toolkit meets the requirements of the NHS Health and Social Care Information Centre by maintaining the drug list manager system	All targets achieved
Objective 30 **Department of Health Program Budget Reporting (Lead - P Fieldhouse)** This objective supports the DH PB initiative. The PB report provided by the PPA is a primary source of information that allows Primary Care Trusts to map their expenditure to 23 programmes of patient care. This objective is to ensure that all products prescribed in primary care are mapped to a programme budget category and that BNF classifications allocated to programme budget category are reviewed annually.	All targets achieved
Objective 30A **British National Formulary Pricing (Lead – M Hamilton)** Provide timely Product prices information to the British National Formulary (BNF) timetable	All targets achieved

2 CAPACITY IMPROVEMENT:

Objective, Owner and Target	Progress
Objective 31 **Measures of PPA accuracy (Lead – H Kendall)** Lead a cross-directorate working group to develop new measures for assessing the accuracy of the PPA's key services	All targets achieved other than target relating to the provision of a report of post-project actions to Management Board which was presented behind schedule. This was due to an extended verification stage which was fully communicated and accepted.
Objective 32 **Definition of Reimbursement and Remuneration Rules (Lead – M Hamilton)** Define the reimbursement and remuneration rules such that the rules can be incorporated into the CIP rules engine.	All targets achieved
Objective 33 **Information account (Lead – H Kendall)** Lead the CIP project to identify how best to take forward the design of the Information Account and construct future logical data relationships as part of the design	All targets achieved
Objective 34 **Review processes that maintain reference data to ascertain if further efficiencies can be made. (Lead - P Fieldhouse)** Develop a business case for replacement of the part VIII database and part IX database**.**	All targets achieved