WPC MEMBER SURVEY - Funding & Payment Structures

RESPONSE - PORTUGAL

INTRODUCTION

This survey is designed to provide WPC members with a better understanding of funding and formal payment structures for community pharmacy in each WPC country. This includes payments for dispensing, payments for pharmacy services, and other general or specific purpose payments that are specific to community pharmacy.

The survey does not seek to collect specific fee levels or payment amounts. The focus is on the structure and types of payments, and on what is paid for by each funding stream, and on the relative significance of each component. The focus is not on comparing funding levels or fee amounts.

In some countries the funding arrangements may vary significantly between states, regions or funders. This survey is not intended to capture every variation. As far as possible, please provide the most appropriate answer in a national context.

The results of this survey will not be made public. Findings will be distributed only to WPC members only, for your internal use.

Responses, and any questions relating to this survey, should be emailed to the WPC Chief Economist at <u>stephen.armstrong@worldpharmacycouncil.org</u>. If possible, responses would be appreciated by 31 March 2021. Thank you.

DEFINITIONS

To guide your completion of this questionnaire, please read the following definitions.

Fee-for service payments

Fee-for-service payments have traditionally been the most common types of payments in the community pharmacy context (and also in most other healthcare settings) and are an amount paid per occasion of service.

Capitation-style payments (including casemix or bundled payments)

Capitation-style payments are those calculated based on the number of patients (and/or the types of patients, as in a casemix model) rather than on the number of occasions of service. Capitation-style payments may be bundled payments that cover more than one service type (this may also be the case with outcomes-based payments or lump-sum payments).

Outcomes-based payments (including performance-based or value-based payments)

In an outcomes-based model, payments (or payment levels) depend on defined measures of performance, benchmarks or targets. These may include direct or indirect measurements of patient outcomes, or metrics related to quality.

Lump sum payments per pharmacy

Lump sum payments are amounts per pharmacy paid at regular intervals (eg. monthly, quarterly or annually) to either all pharmacies or particular groups of eligible pharmacies. Lump sum payments differ from Capitation-style or Outcome-based payments in that the amounts are not related to the number of patients serviced or to any specific performance measure. Examples of lump sum payments include payments made to all registered pharmacies, or to all pharmacies that are registered for a particular program. The amount of lump sum payments may vary from pharmacy to pharmacy based on certain criteria (but will not vary directly in proportion to service volume, as that would make it a fee-for-service).

Section 1 - Dispensing

Fees and other payments for dispensing are those amounts that are additional to the cost price of the medicine, and represent a gross profit margin on the dispensing service.

Please note that this question is <u>not</u> referring to the pharmacy's purchase price of the medicine. It is referring only to amounts additional to the purchase price, that are intended to ensure the viability of the dispensing service.

Question 1.1 - Through what process(es) are fees and/or other payments for dispensing determined? (please select all that apply):

Select those that apply	Method for determining fee or payment level for <u>dispensing</u>
\boxtimes	Regulation/legislation
	Formal negotiation at a national, state or regional level
	Analysis of the cost of dispensing
	Commercial negotiation between individual pharmacies (or groups of pharmacies) and the payer
\boxtimes	Consumer-focused competition
	Other (please specify): ⇔

Question 1.2 - What is/are the most common fee or payment structure(s) for <u>dispensing</u> in your country? (please select all that apply):

Select all that apply	Fee or payment structure for <u>dispensing</u>
	Flat fee(s) per item dispensed (this may include additional amounts for specific categories of drugs)
	Differential fees depending on whether the dispensing is an original (first-time or acute) or repeat (refill)
	Differential fees depending on the total number of items dispensed on one occasion
	Differential fees depending on the total number of items dispensed annually by the pharmacy
	Differential fee depending on the period of treatment dispensed (for example, higher fees for more than one month's quantity)
\boxtimes	Specific fee or differential fee for generic substitution or dispensing a generic medicine
	Mark-up or margin on the cost price of the medicine
	Capitation-style payments (including casemix or bundled payments)
	Outcomes-based payments (including performance-based or value-based payments)
	Lump sum payments per pharmacy (not linked to prescription numbers, patient numbers or to outcomes, performance or value)
\square	Unregulated or semi-regulated fees/charges/surcharges paid by patients
	Other (please specify): ⇔

Question 1.3

In relation to <u>dispensing</u>, are different payment structures or levels applicable for specific types of pharmacy (only include those pharmacies supplying to the community, not hospital pharmacies), such as those listed below?

Distance-selling or internet/mail-order pharmacies	\boxtimes	No	
		Yes (please briefly describe):	
		\Rightarrow	
Centralised or hub-and-spoke dispensing models	\boxtimes	No	
		Yes (please briefly describe): ➡	
Rural or remote location pharmacies	\boxtimes	No	
		Yes (please briefly describe): ➡	
Pharmacies servicing care facilities for aged people	\boxtimes	No	
		Yes (please briefly describe): ➡	
Specialised pharmacies	\boxtimes	No	
		Yes (please briefly describe):	
Other (please specify):	\boxtimes	No	
		Yes (please briefly describe):	

Question 1.4

Please briefly describe the market situation with regard to purchasing of <u>prescription-only medicines</u> by pharmacies. Specifically, please briefly cover the following points:

- What, if any, regulations exist with regard to the purchase price of prescription-only medicines?
- Is there a regulated cap or limit on the amount of purchasing margin made/retained by pharmacies?
- Are reimbursement prices regularly reviewed in response to changes in market prices?
- Does the government (or do other third party payers) conduct a competitive process amongst drug manufacturers to determine prices and/or which products are available to be funded?

The price of prescription-only medicines and reimbursed non-prescription medicines is regulated by law based on an international reference price system.

Non-prescription medicines have a free price and free margin system.

The law establishes a regime of maximum retail prices which allows discounts in the entire pharmaceutical chain in the part of the price not reimbursed by the NHS.

The retail price is composed by the following components:

Maximum Retail Price = ex-factory price + Trade tax (0.4%) + VAT (6%) + Wholesalers margin + Pharmacy margin

The ex-factory price is defined based on the average margin of ex-factory price in the reference countries (France, Spain, Italy and Slovenia).

There is in place an annual revision of the reference countries and reference prices.

Generics have a price linkage system – the price of the first generic must be 50% lower than the reference.

Pharmacies and wholesalers margins are different according to the price range. These margins are set by the government. The last revision was done in 2014.

EFP	Wholesale	ers (EFP)	Pharmacy (EFP)	
	%	fee	%	fee
≤€5	2.24 %	€ 0.25	5.58%	€ 0.63
€ 5.1 - € 7	2.17%	€ 0.52	5.51%	€ 1.31
€ 7.01 - € 10	2.12%	€ 0.71	5.36%	€ 1.79
€ 10.01 - € 20	2.00 %,	1.12	5.05%	€ 2.80
€ 20.01 - € 50	1.84 %	2.2	4.49%	€ 5.32
>€50	1.18%	3.68	2.66%	€ 8.28

Reimbursement is set as a percentage of the Price set before. The reimbursement level is divided by tiers. These tiers are determined by therapeutic indications, its usage and by the entities who prescribe them.

General regime:

- Tier A 90% of Retail Price
- Tier B 69% of Retail Price
- Tier C 37% of Retail Price
- Tier D 15% of Retail Price

Special regime: for pensionists and beneficiaries of social funds.

Tier A + 5%, Tiers B, C and D + 15%.

These reimbursement levels are not regularly reviewed in response to changes in market prices, as these levels are set since 2015.

As stated before, price determination is Infarmed's (national medicines agency) competence. This determination is based on a comparison with the prices of reference countries. This process is not a competitive one.

Question 1.5

Questions 1.1 to 1.4 provided a high level overview of funding arrangements for dispensing. If you think other details would be useful to WPC members to allow a better overall understanding of your country's funding model for dispensing, please provide further details below:

Generic incentives: As an incentive to promote the dispensing of generic medicines, the government established a financial incentive for pharmacies to dispense low price medicines. This incentive is fixed by government legislation to medicines included in homogeneous groups (same INN, dosage and pack size). Pharmacies receive 0,35€ per pack if they dispense one of the 5 medicines with the lowest price in each group.

⇒

Please continue to Section 2 below.

Section 2 - Payments for services <u>related</u> to dispensing/supply

This section relates to payments received for add-on or associated services that are related to individual occasions of dispensing/supply.

Service	What is/are the fee or payment sources for this service? (please select all that apply)	ayment sources for his service?fee/payment are applicable for this service?fees/payments determined? (please select all that apply)		Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
1: Compliance aids/packaging	□ Government □ Insurer ☑ Patient □ None/Not applicable ☑ Other (specify): Agreements with municipalities	Fee-for service Capitation-style Outcomes-based Lump sum	□ Regulation/legislation ⊠ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer ⊠ Consumer-focused competition □ Other (please specify): ➡	□ No □ Yes (please describe): □ →

Question 2.1 - please complete the table below

Service	payment sources for fee/payment are		How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
2: Home delivery of prescription medicines	□ Government □ Insurer ☑ Patient □ None/Not applicable □ Other (specify):	Image: Fee-for serviceImage: Capitation-styleImage: Outcomes-basedImage: Lump sum	 Regulation/legislation Formal negotiation at a national, state or regional level Negotiation between individual pharmacies (or groups of pharmacies) and the payer Consumer-focused competition 	No □ Yes (please describe): □ +
			☐ Other (please specify): ➡	

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
3: Staged supply (supply in instalments)	□ Government □ Insurer □ Patient ⊠ None/Not applicable □ Other (specify):	 Fee-for service Capitation-style Outcomes-based Lump sum 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify):	□ No □ Yes (please describe): → →

Service	What is/are the fee or payment sources for this service? (please select all that apply)	yment sources for fee/payment are applicable for this lease select all that service? fee/payment are applicable for this service?		Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
4: Prescription renewal or extension	□ Government □ Insurer □ Patient ⊠ None/Not applicable □ Other (specify):	 Fee-for service Capitation-style Outcomes-based Lump sum 	 Regulation/legislation Formal negotiation at a national, state or regional level Negotiation between individual pharmacies (or groups of pharmacies) and the payer Consumer-focused competition Other (please specify): 	□ No □ Yes (please describe): → →

Service	payment sources for fee/payment are		How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
5: Prescription adaption (eg. pharmacist- initiated change of dosage or formulation)	□ Government □ Insurer □ Patient ⊠ None/Not applicable □ Other (specify):	 Fee-for service Capitation-style Outcomes-based Lump sum 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify):	□ No □ Yes (please describe): → →

payment source this service?	payment sources for this service?fee/payment are applicable for this service?		How are the levels of fees/payments determined? (please select all that apply)		servie any w or a p so, pl	ayments for this ce capped (limited) in vay, eg. on a national per pharmacy basis? If lease briefly describe arrangement.
6: Refusal to dispense ("non- dispensing") □ Governme □ Insurer □ Patient □ None/Not applicable □ Other (spe		 Fee-for service Capitation-style Outcomes-based Lump sum 		Regulation/legislationFormal negotiation at a national, state or regional levelNegotiation between individual pharmacies (or groups of pharmacies) and the payerConsumer-focused competitionOther (please specify): m		No Yes (please describe): ⇒

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
7: Other dispensing- related services (please specify and add rows as needed) ⇒	□ Government □ Insurer □ Patient ☑ None/Not applicable □ Other (specify):	 Fee-for service Capitation-style Outcomes-based Lump sum 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify):	□ No □ Yes (please describe): → →

Section 3 - Payments for other services

This section covers payments for services that are <u>not</u> specifically related to individual episodes of dispensing.

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
1: Medication management or medication review services	□Government□Insurer⊠Patient□None/Not applicable□Other (specify): Municipality	Image: Second	Regulation/legislation Formal negotiation at a national, state or regional level Negotiation between individual pharmacies (or groups of pharmacies) and the payer Consumer-focused commedition	No □ Yes (please describe): →
			competition ☐ Other (please specify): ➡	

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
2: Chronic disease management services	 ☐ Government ☐ Insurer ☑ Patient ☐ None/Not applicable ☐ Other (specify): 	 Fee-for service Capitation-style Outcomes-based Lump sum 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer ⊠ Consumer-focused competition □ Other (please specify): ⇒ →	No □ Yes (please describe): □ ⇒

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
3: Services relating to public health, OTC medicine supply and/or common (minor) illness	□ Government □ Insurer □ Patient ☑ None/Not applicable □ Other (specify): municipality	 Fee-for service Capitation-style Outcomes-based Lump sum 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify): ⇒ →	□ No □ Yes (please describe): ⇒ ⇒

		·	-		1
4: Vaccination		Fee-for service		Regulation/legislation	□ No
services	□ Insurer □ Patient	Capitation-style	\boxtimes	Formal negotiation at a national, state or	☐ Yes (please describe): ➡
	None/Not applicable	Outcomes-based		regional level	
	Other	Lump sum		Negotiation between individual	
	(specify): applicable			pharmacies (or groups of	
	to flu vaccination			pharmacies) and the payer	
	only			Consumer-focused	
				competition	
			\square	Other (please specify):	
				a) Partnerships with companies to provide flu vaccination service to their employees.	
				 b) For patients not included in group risks the service is 	
				paid by the patient and the vaccine (with prescription) has a	
				reimbursement of 37%.	

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
			 c) In 2020, Pharmacies were included in the NHS flu vaccination service and patients included in risk groups could have access to flu vaccine service in pharmacies with full reimbursement (service and vaccine) without the need of the vaccine. Agreements to remunerate pharmacies for the service were reached at local level with municipalities. The vaccine was part of the NHS stock 	

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
5: Pharmacist prescribing (in a community pharmacy setting)	□ Government □ Insurer □ Patient ⊠ None/Not applicable Other □ Other (specify):	 Fee-for service Capitation-style Outcomes-based Lump sum 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify): ⇒	□ No □ Yes (please describe): → →

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
6: Consultations (not covered by one of the categories above)	 ☐ Government ☐ Insurer ☑ Patient ☐ None/Not applicable ☐ Other (specify): 	 Fee-for service Capitation-style Outcomes-based Lump sum 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer ⊠ Consumer-focused competition □ Other (please specify): ➡ ➡	No □ Yes (please describe): □ →

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
7: Other services (please specify and add rows as needed) ➡	□ Government □ Insurer □ Patient □ None/Not applicable ⊠ Other (specify):	 Fee-for service Capitation-style Outcomes-based Lump sum 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level □ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify): → →	□ No □ Yes (please describe): □ →

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
Covid-19 vaccination in Sintra municipality	□ Government □ Insurer □ Patient □ None/Not applicable ⊠ Other (specify): Payment by the Sintra municipality	 □ Fee-for service □ Capitation-style □ Outcomes-based □ Lump sum ☑ Other (specify): Pharmacists from Sintra's community pharmacies will administer covid- 19 vaccines in the municipality's mass vaccination centers. They'll be paid by the hour: 15€/hour. The municipality will be the paying entity. 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level ⊠ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify): ⇒	No □ Yes (please describe): ⇒

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
Postal-Office partnership for covid-19 rapid tests	□ Government □ Insurer □ Patient □ None/Not applicable ⊠ Other (specify): Payment by the the Postal- Office (CTT)	 ➢ Fee-for service ☐ Capitation-style ☐ Outcomes-based ☐ Lump sum ☑ Other (specify): Pharmacies can perform covid-19 rapid-tests to CTT workers. The CTT pays 35€ per tests performed. 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level ⊠ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify): ⇒	No □ Yes (please describe): →

f	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
Partnerships between Médis, Multicare and the ANF	□Government☑Insurer☑Patient□None/Not applicable□Other (specify):	 ➢ Fee-for service ☐ Capitation-style ☐ Outcomes-based ☐ Lump sum ☑ Other (specify): Pharmacies have a protocol with Médis and Multicare (private health insurers) that provides several health services in pharmacies with special prices for patients in the insurers network. Some of the services are totally paid for by the insurers. 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level ⊠ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify): ⇒	No □ Yes (please describe): ⇒

Service	What is/are the fee or payment sources for this service? (please select all that apply)	What type(s) of fee/payment are applicable for this service? (refer to definitions at the start of this document)	How are the levels of fees/payments determined? (please select all that apply)	Are payments for this service capped (limited) in any way, eg. on a national or a per pharmacy basis? If so, please briefly describe this arrangement.
Protocol between Abbott laboratories and the ANF	□ Government □ Insurer ⊠ Patient □ None/Not applicable □ Other (specify):	 ☐ Fee-for service ☐ Capitation-style ☐ Outcomes-based ☐ Lump sum ☑ Other (specify): Pharmacies have a protocol with the Abbott laboratories for the correct usage of the FreeStyle Libre device for diabetes. Patients pay 7.50€ (+VAT) and Abbott provides the pharmacy with the knowledge and updates for the correct use of the device. 	□ Regulation/legislation □ Formal negotiation at a national, state or regional level ⊠ Negotiation between individual pharmacies (or groups of pharmacies) and the payer □ Consumer-focused competition □ Other (please specify): ⇒	No □ Yes (please describe): ⇒

Section 4 - Payments not relating to specific services (including payments relating to quality, standards or pharmacy accreditation)

This section relates to any other fees or payments made to some or all community pharmacies as part of formal arrangements, which are not specifically related to dispensing or to other services. These may include, but are not limited to, payments relating to staff training, records, compliance with premises standards or other general quality measures. It may also include payments for specific groups of pharmacies, such as those in rural areas.

Under each of the following headings, please briefly describe any fees or payments that are not related to dispensing or to other services (and therefore have not been covered in earlier sections). If there are no payments in the category, simply write "None".

Type of payment	Description(s) and payment source(s) (only include significant payments that have not been included in previous sections)
Capitation-style payments (including casemix or bundled payments)	None
Outcomes-based, performance-based or value-based payments	None
Lump sum payments per pharmacy, including establishment or infrastructure payments or subsidies (such as for IT, automation, consultation infrastructure and staff training) (Note: Lump sum payments may include payments that vary from pharmacy to pharmacy based on certain criteria, but not in direct proportion to service volume)	None

Question 4.1 – Please complete the table below

Section 5 - Relative size of funding components

Question 5.1

Of all of the fees and other payments that you have listed in this document, please list the top five in order of value for a typical community pharmacy in your country. For example, a list may be (1) dispensing fees, (2) payments for medication reviews, (3) outcomes-based quality payments, etc.

In the right hand column, please provide your best estimate of the proportion of overall third-party funding (government and insurer) each of the listed fees or payments represents for a typical (average) community pharmacy. A rough estimate will be fine, as this is only to provide a guide as to the relative importance of each fee/payment.

Rank	Fee or payment name	Approximate or estimated percentage of overall Government and other Third Party funding represented by this fee or payment*
1	Prescription only medicines dispensing fees	57.3%
2	OTC medicines dispensing	0.6%
3	Flu vaccination service	n.a.
4	Generic dispensing incentive	n.a.
5		

Section 6 – Process for review, adjustment or indexation of payments

Question 6.1

As briefly as possible, please describe any process that exists to review, adjust or index the amounts paid for the top five services you listed in the previous question. Examples may include, but are not limited to:

- Renegotiation after a set period of time
- Annual adjustment based on an inflation measure
- Adjustment within a fixed or pre-determined pool of funding

Fee or payment number corresponding to your Question 5.1 response	Method of review or adjustment for amounts paid		
1		Renegotiation after a set period of time	
		Annual adjustment based on an inflation measure	
		Adjustment within a fixed or pre-determined pool of funding	
	serve as they cha margins,	Other, and/or further details: When it comes to prescription-only medicines, the reference countries that serve as a base for the retail price are revisited by the government each year. However, that does not mean they change. Portugal's reference countries have been the same since 2019. When it comes to pharmacies' margins, it is a process of political will, as there isn't a legal obligation to review it. Reimbursement percentages usually are not reviewed.	
2		Renegotiation after a set period of time	
		Annual adjustment based on an inflation measure	
		Adjustment within a fixed or pre-determined pool of funding	

Fee or payment number corresponding to your Question 5.1 response	Method of review or adjustment for amounts paid		
	Other, and/or further details: For OTC medicines, and specifically for those subject to reimbursement, the review process is under the same rules that Prescription only medicines.		
3	Renegotiation after a set period of time		
	Annual adjustment based on an inflation measure		
	Adjustment within a fixed or pre-determined pool of funding		
	Other, and/or further details: Negotiations over the NHS's reimbursement are done yearly, in order to decide that year's flu vaccination strategy.		
4	Renegotiation after a set period of time		
	Annual adjustment based on an inflation measure		
	Adjustment within a fixed or pre-determined pool of funding		
	Other, and/or further details: The review for the generic medicine dispensing incentive is not under any particular deadline. This revision is the result of a political process.		
5	Renegotiation after a set period of time		
	Annual adjustment based on an inflation measure		
	Adjustment within a fixed or pre-determined pool of funding		
	Other, and/or further details:		

Question 6.2

What (if any) changes to payment models and structures are currently being discussed or pushed in your country, or are likely to be discussed or pushed in the foreseeable future? Please include any changes that your organisation is seeking, as well as those that may be being pushed by other parties such as government or other payers.

Answer:

In 2020, due to the pandemic, community pharmacies were invited to participate in the NHS flu vaccination campaign in the same conditions: no prescription, free of charge to patients. The NHS supplied pharmacies with vaccines from the NHS stock. The reimbursement of the service was negotiated with municipalities. It was agreed a payment of 2.5€ for the service administration.

The scheme for the 2021 flu scheme will be discussed with the government, and these negotiations will tell if pharmacies will be again invited to participate in the NHS flu vaccination campaign, and if so, in what conditions.

The ANF is trying to promote a revision over the pharmacies' margin to the same average level as that of its reference countries.

Additionally, pharmacies are also promoting the need to implement pharmaceutical services paid by the NHS or municipalities, in order to be closer and more present in assisting populations. Services as the compliance packaging, specialty medicines dispensing in community pharmacies or vaccination services are being discussed to be implemented in local pharmacies, with the payment from the NHS or municipalities.

When it comes to the fight against covid-19, pharmacies are not yet able to vaccinate. However, the responsible taskforce for the covid-19 vaccination process already said that pharmacies will be called upon to help in the vaccination process. Negotiations about the format and the remuneration of this process are taking place at national and municipal level.

Overall, the ANF is determined to promote an outcomes-based model, using the concept of value-based healthcare, where payments depend on defined measures of performance.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. Please email your completed response to

stephen.armstrong@worldpharmacycouncil.org.