DGazette
YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues

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BREAKING NEWS

Temporary approval to suspend the need for signatures on prescriptions, dental and ophthalmic forms -

Temporary approval to suspend the need for patients to sign prescrip-tion, dental and ophthalmic forms for a period of 5 months to 31 March 2021.

Published 1 November 2020 From: Department of Health and Social Care and The Rt Hon Matt Hancock MP

The Secretary of State for Health and Social Care has approved a temporary measure in England to help limit he transmission of coronavirus (COVID-19) by suspending the need for patients to sign prescription, dental and ophthalmic forms for a period of 5 months to 31 March 2021.

This is to avoid cross contamination and help minimise the handling of paperwork when collecting medicines or receiving dental and eye care. This must be carried out inline with the criteria set out in the attached document.

Patients will still be required to either pay the relevant charge or prove their eligibility for an exemption from charges. Where patients are exempt from charges, the dispensing contractor, dental or ophthalmic contractor will mark the form on the patient's behalf to confirm the patient's entitlement to exemption and, where applicable, to confirm that the patient's evidence of eligibility has not been seen.

Additionally, where patients would otherwise be required to sign the dental and ophthalmic forms, contractors will annotate the form with 'COVID-19' instead.

This is a temporary approval in light of coronavirus (COVI D-19). Published 1 November 2020.

To read the full source article please visit: https://www.gov.uk/government/publications/temporary-approval-to-suspend-the-need-for-signatures-on-prescriptions-dental-and-ophthalmic-forms

No change to CQC fees scheme-By The CQC

The CQC fees scheme, which covers all our costs of regulation, including registration, monitoring and insp-ection, will not change next year – in 2021/22.

This means that, for most providers, their fees will remain the same as in 2019/20 and 2020/21, providing their registration or size does not change. NHS trusts, NHS GPs and community social care providers may see a small change to their fees from April 2021 (up or down), because each provider's fee is calculated by looking at their size against the total size of the sector, both of which change year-on-year. However, the total fees collected for each sector will not change.

Since we are only required to consult when there is a change to our fees scheme, we will not be consulting on fees this year.

By keeping our fees scheme unchanged, providers can benefit from a known fee when setting budgets. We know this is a particularly challenging and uncertain period for providers across health and social care and we will continue to do all we can to support those delivering care at this time.

Since our fees scheme will remain the same in 2021/22 as in the last two years, you can find the fees scheme, guidance and calculator at www.cqc.org.uk/fees

Click here to read the full source article.

Editorial

Wow! How have we stepped into November already, the clocks may have turned back, but Dispex is certainly looking forward, to continuing to support all staff within Dispensing Practices. We have a full schedule of Tutor led Tutorials and webinars to further your development and provide information and guidance.

The demands on Primary Care are increasing, with no sign of the pandemic diminishing, which increases the need for finding new ways to make changes, adapt and support each other. Practice Managers are having a particularly tough time, as who supports the supporter? Finding the correct methods and routes for all members of staff is crucial, the reports indicate more and more key workers are leaving GP Practices for fear of 'burn out' and mental health issues. Running on maximum adrenalin and full speed cannot be sustained for 10 months, is it time to reassess your processes and working practices? Returning to what was familiar may no longer be an option, is there now a hybrid evolution, accepting and using digital technology to assist and develop in dealing with patient care, from first contact and integrating through the whole 'system' at every level.

Kay Keane has taken on a new role within the NAPC and, being on the frontline, aims to be the 'voice' for non-clinical staff. Submit a question or query through her Dispex Q&A board and discover what, where and how the information and provision can be found. Find the way forward, but do not do it alone!

Jane Norrey

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COVID-19

UPDATES & NEWS ARTICLES

BREAKING NEWS

Prime Minister's statement on coronavirus (COVID-19): 31 October 2020- By Gov.uk- Boris Johnson

"From Thursday until the start of December, you must stay at home.

You may only leave home for specific reasons, including: For education; For work, say if you cannot work from home; For exercise and recreation outdoors, with your household or on your own with one person from another household; For medical reasons, appointments and to escape injury or harm; To shop for food and essentials; And to provide care for vulnerable people, or as a volunteer.

I'm afraid non-essential shops, leisure and entertainment venues will all be closed – though click and collect services can continue and essential shops will remain open, so there is no need to stock up.

Pubs, bars, restaurants must close except for takeaway and delivery services. Workplaces should stay open where people can't work from home – for example in the construction or manufacturing sectors. Single adult households can still form exclusive support bubbles with one other household, and children will still be able to move between homes if their parents are separated.

If you are clinically vulnerable, or over the age of 60, you should be especially careful to follow the rules and minimise your contacts with others. I know how tough shielding was, and we will not ask people to shield again in the same way again. However we are asking those who are clinically extremely vulnerable to minimise their contact with others, and not to go to work if they are unable to work from home.

I am under no illusions about how difficult this will be for businesses which have already had to endure hardship this year. I am truly, truly sorry for that. This is why we are also going to extend the furlough system through November.

The furlough scheme was a success in the spring. It supported people and businesses in a critical time. We will not end it. We will extend it until December. There will be some differences compared to March. These measures above all will be time-limited, starting next Thursday 5 November. They will end on Wednesday 2 December, when we will seek to ease restrictions, going back into the tiered system on a local and regional basis according to the latest data and trends.

My priority, our priority, remains keeping people in education - so childcare, early years settings, schools, colleges and universities will all remain open. Our senior clinicians still advise that school is the best place for children to be.

We cannot let this virus damage our children's futures even more than it has already. I urge parents to continue taking their children to school and I am extremely grateful to teachers across the country for their dedication in enabling schools to remain open.

And it is vital that we will keep provision for non-Covid healthcare groups going. So please - this is really important - unless your clinicians tell you otherwise, you should continue to use the NHS, get your scans, turn up for your appointments and pick up your treatments. If at all possible, we want you to continue to access these services, now and through the winter. Indeed it's only by taking this action that we can protect the NHS for you.

On Monday I will set out our plans to parliament. On Wednesday, parliament will debate and vote on these measures which, if passed, will as I say come into force on Thursday."

Source article https://www.gov.uk/government/speeches/prime-ministers-statement-on-coronavirus-covid-19-31-october-2020

Furlough Scheme Extended and Further Economic Support announced- Published 31 October 2020From: HM Treasury and The Rt Hon Rishi Sunak MP.

The Coronavirus Job Retention Scheme has been extended for a month with employees receiving 80% of their current salary for hours not worked and further economic support announced. People and businesses ac ross the UK are being provided with additional financial support as part of the government's plan for the next phase of its response to the coronavirus outbreak, the Prime Minister announced today (31 October).

Throughout the crisis the government's priority has been to protect lives and livelihoods. Today the Prime Minister said the government's Coronavirus Job Retention Scheme (CJRS) - also known as the Furlough scheme - will remain open until December, with employees receiving 80% of their current salary for hours not worked, up to a maximum of £2,500. Under the extended scheme, the cost for employers of retaining workers will be reduced compared to the current scheme, which ends today. This means the extended furlough scheme is more generous for employers than it was in October.

In addition, business premises forced to close in England are to receive grants worth up to £3,000 per month under the Local Restrictions Support Grant. Also, £1.1bn is being given to Local Authorities, distributed on the basis of £20 per head, for one-off payments to enable them to support businesses more broadly.

Chancellor Rishi Sunak said. "Over the past eight months of this crisis we have helped millions of people to continue to provide for their families. But now - along with many other countries around the world - we face a tough winter ahead.

I have always said that we will do whatever it takes as the situation evolves. Now, as restrictions get tougher, we are taking steps to provide further financial support to protect jobs and businesses. These changes will provide a vital safety net for people across the UK".

Job Retention Scheme- Employers small or large, charitable or non-profit, are eligible for the extended Job Retention Scheme, which will continue for a further month.

Businesses will have flexibility to bring furloughed employees back to work on a part time basis or furlough them full-time, and will only be asked to cover National Insurance and employer pension contributions which, for the average claim, accounts for just 5% of total employment costs.

The Job Support Scheme, which was scheduled to come in on Sunday 1st November, has been postponed until the furlough scheme ends. **Additional guidance will be set out shortly.** To read the source article in full please visit https://www.gov.uk/government/news/furlough-scheme-extended-and-further-economic-support-announced

NHS Test & Trace QR Codes- By NHS Property Services
As of the 24 September, the NHS launched the NHS COVID - 19 app which has a check-in feature enabling a venue to register for an official NHS QR code and allows users to 'check-in' to participating venues on their app by scanning that code.

Hospitals, GP practices, dentists and community pharmacies are not required to have these QR posters. However, such venues are encouraged to display official NHS QR code posters if they have indoor areas where visitors are likely to congregate or sit-down in close contact for 15 minutes or more. It is felt by most NHS service providers that QR codes should be displayed in NHS buildings as there are many visitors who also attend NHS premises and reputationally it could be taken that we are not supporting the App. Click here to read more.

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 Updated 13 October 2020- By Gov.uk
Guidance has been updated to support the clinically extremely vulnerable in protecting themselves from exposure to coronavirus (COVID-19). It replaces previous guidance on shielding. Click here to read the full source article.

Life in phase III: How effective data management can support NHS Trusts to hit their targets -By pharmaphorum
Healthcare providers are still on a heightened state of alert. Data may be key to keeping things a float- click here or read the full source article.

Medical devices given exceptional use authorisations during the COVID-19 pandemic -By GOV.UK
List of manufacturers and their medical devices which have been granted an exemption by the MHRA. The list also includes manufacturers whose exemption expired or was cancelled. This information will be listed for 2 months after expiry or cancellation. Click here to read the source article.

The latest Employment Tribunal statistics have just been released-Here are the headline figures for 2020: During these difficult and everchanging times, some businesses have seen an increase in Employment Tribunal cases.

The number of ET claims made by individuals in April-June 2020 has increased by 18% since the same time last year. WHICH MEANS we're at the highest level of individual claims since 2012/2013. Number of unfair dismissal claims made in April 2019-March 2020 is 21,438. That's 59 unfair dismissal claims made every single day of the year!

Please click here to read the latest Employment Tribunal statistics. Should you require guidance, please contact Croner (Employment Law, HR and Health & Safety Services) on 0800 141 3926 or visit www.croner.co.uk

GP practices face losses 'in excess of £50,000' as COVID-19 hits income

By Nick Bostock on the 21 October 2020

GP practices across England are facing a significant loss of income as COVID-19 dries up key funding streams, accountants have warned, with some on track to lose more than £50,000 this financial year.

GP practices have lost income from a broad range of activities because of changes triggered by the pandemic - with some losing tens of thousands of pounds from a single area of work, and others facing a significant overall loss because several smaller income streams have disappeared.

Practices that rent out rooms in their premises to other services such as physios saw this income evaporate during lockdown. Practices that rely on income from medical student placements have lost out, as have GPs providing services such as minor surgery - and funding from contracts for work such as spirometry has stopped.

Meanwhile, practices are now facing increased costs for locum GP cover - and to cover wider staff absences - as COVID-19 cases force NHS staff to self-isolate at a time when GP workload has surged.

GP income lost

Specialist medical accountant Andy Pow, of Mazars UK, told GPonline: 'We're seeing a few practices with probably in excess of a £50,000 loss of income in the short term. Their costs are not changing - so if you lose £10,000 it does mean losing £10,000 from partners' income.'

Most practices were likely to be facing some financial loss due to the pandemic, Mr Pow warned - although across a broad spectrum with those at the top losing tens of thousands of pounds.

He added that even relatively small practices could be losing significant sums that could equate to the funding required to employ a practice nurse or part-time GP.

It's not a drop in the ocean - if it's a five-handed GP practice, £50,000 is a sizeable drop in income,' Mr Pow said.

Income protection

He said relatively small practices that deliver medical student teaching could face a loss of around £20,000 from the cancellation of placements, while a practice offering minor surgery might earn more than £20,000 - particularly if they are contracted to provide the service to patients across their area rather than only for their own registered list.

Practices also face losses from locally-commissioned enhanced services - sometimes bundled together into a 'basket' of services. CCGs in some areas are understood to have offered income protection, but not to the full value of the potential income lost.

Mr Pow warned that practices could still struggle with the administrative workload required to deliver stripped-back QOF requirements for 2020/21 amid ongoing pressure during the pandemic.

He backed calls from the RCGP and BMA for a reduction in bureaucracy - questioning whether processes such as appraisal or CQC inspections should have restarted during the pandemic. 'Is there any great benefit from appraisal at the moment, or CQC? Practices don't need another tier of admin - organisations need to be a bit more pragmatic this year.

He also warned that he didn't know a single practice capable of using its full share of funding for recruitment of staff through the additional roles reimbursement scheme (ARRS) this year - and urged officials to consider redirecting the cash to support practices facing a loss of income.

GPonline reported last month that four in five GPs say workload is now running at a level that is above normal for the time of year - with rising demand for consultations, the strain of remote patient contacts, staff absences and the backlog of NHS treatment adding to pressure as a COVID-19 second wave builds in the UK.

Find the source article at:
https://www.gponline.com/gp-practices-face-losses-in-excess-50000-covid-19-hits-income/article/1697901

Preparing for the second wave: Virtual is key

By Chris Whittle - Founder & CEO at Q doctor

Secure remote working for the NHS in the second wave - learnings and improvements for everybody's safety

The NHS is no stranger to the challenges of winter, with headlines reporting on the additional strain that the season brings in for our healthcare system. However this year is different. As well as the usual onset of flu and the vulnerable falling ill due to colder weather, we now have the coronavirus to contend with too. Commenting on the impending issue Chris Whitty, the UK's chief medical adviser, says we're heading into "a long winter." It sounds bleak and whilst much is still so unknown, we can use the experience we've had so far during the pandemic to best prepare ourselves.

The UK's health service has gone through an immense and speedy learning process over the last few months as it has battled COVID19. Doctors, healthcare providers, innovators and patients have all adapted according to the needs of the most unwell and systems have been modified to protect the most at-risk individuals, as well as minimising the likelihood of spreading the virus further.

We're now staring in the face of the so-called 'second wave.' According to the @Financial Times, from having a rate of infection of 11.4 per 100,000 people in mid-August, which at the time was well below the EU average of 20.5 and the US rate of 110.7, the UK rate has now exceeded both the EU and US totals of 96.9 and 77.2 respectively, standing at 133.7. (https://www.ft.com/content/5276b0b3-3cd5-47e5-ab0e-16e9f29b2951)

Putting learning into practice in preparation

The urgency to contain the virus in this second wave and reduce its spread as quickly as possible is understandable - and felt by many. The question is, what exactly did we learn from the first wave and how can we use that knowledge to equip the NHS and public?

The need to retain, continue improving and reinforcing remote care capabilities has never been more clear. Remote care and consultation services sit central to this and will continue to play a fundamental role in ensuring that both the public and healthcare professionals can stay safe and well, whilst still accessing and providing much needed health services.

Through the first wave, and now as we face the second, one solution that has received a lot of positive feedback from the healthcare workforce is Q doctor's virtual PCs (vPCs).

Our vPCs facilitate safe and reliable remote working for clinicians, removing the need for direct contact with sick patients. Run using a Virtual Private Network (VPN), the system provides each user with secure, encrypted storage volumes in NHS-compliant infrastructure. No data is stored locally and the vPCs can be pre-loaded with clinical systems, along with options to use the vPCs as stand-alones with GP practices' own VPN client and tokens, or to use a fully Health and Social Care Network (HSCN) connected vPC with no VPN complexity – just login and go.

Addressing the second wave now

With so much uncertainty surrounding the virus, or when the second wave will arrive, working together we can act quickly to prepare. Practices installing new vPCs can have the system set up in their homes or other remote working locations in less than 48 hours.

Partnering with Cloud Gateway, which is a hybrid cloud and multi-cloud connectivity provider, enabled us to support over 300 clinicians to provide remote patient care in the first few days of lockdown in March, and utilisation has continued expanding since.

Through the Q doctor platform we've been able to help grow the remote clinical workforce beyond GP surgeries too. Q doctor is now also supporting out-of-hours clinics, the NHS 111 service and even London's first COVID-19 isolation centre in partnership with Greenbrook Healthcare, the largest provider of NHS urgent treatment centre services in the UK.

Only by working together and building on our experiences from the first wave, can we collectively tackle this second wave of the virus and minimise the impact on the lives of everyone close to us and around the country. We can all play a role, and Q doctor is here to help ensure that people still have the access to the care they need, no matter how long and tough the winter will be.

For further details on Q doctor please visit
https://www.qdoctor.io/

NEW Fee Scale

The new fee scale became effective from the 1st October 2020

It rose by an average of 32.75p per item (16 per cent), compared to April 2020.

The basis for dispensing fee calculations is the dispensing envelope for 2020-21, which is valued at £184.85 million. This is calculated by taking the 2019/20 envelope (£180.96 million) and adjusting this figure for any over/underspend in 2019/20 and uplifting the cost element and profit element. Further details on the methodology are available here.

Please note that changes to the band levels preclude a direct comparison with the April, 2020 feescale. Sourced from The DDA/Digital NHS

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
Up to 461	256.2
462 - 577	252.5
578 - 694	249.2
695 - 808	246.0
809 - 925	243.1
926 - 1039	240.5
1040 - 1444	238.0
1445 - 2022	235.8
2023 - 2310	233.7
2311 - 2888	231.9
2889 - 3465	230.3
3466 - 4043	228.9
4044 - 4618	227.7
4619 and over	226.9

Read the full source article- https://digital.nhs.uk/data-and-information/publications/statistical/proposed-dispensing-feescales-for-gms/proposed-dispensing-feescales-for-gms-contractors-england-and-wales---20120-october-release/background

NEW-DISPEX TUTORIALS

Our range of informative and instructive **tutor** led tutorials are running up until the 16th December, therefore, there's still time to top up your professional learning for 2020. Please keep an eye on our website for our 2021 dates! Classes are **restricted to a maximum of 12 –** so book your place quickly! Please book online at **www.dispex.net/training** or email **training@dispex.net**

CD PART 1 -COURSE DATES

WEDNESDAY
18TH NOV 2020

CONTROLLED DRUGS-PART 1

By the end of this course you will have achieved an understanding of: Controlled Drugs legislation & classification, policies & SOP's, how to complete the CD Register, dealing with the receipt, supply & destruction. How to identify discrepancies, reporting or whistlebl-owing. CD storage and travelling with CD's plus prescription writing requirements.

CONTROLLED DRUGS-PART 2

CD PART 2- COURSE DATES

WEDNESDAY
11TH NOV 2020

By the end of this course you will have achieved an understanding of: Process of ordering, requisition & supplier requirements. The CD Register, patients returns recording & destruction, plus the correction of errors, ensuring safety & legal requirements.

NEW WEDNESDAY
9TH DEC 2020

Who should attend:

GP practices should have systems in place to ensure the safe management of controlled drugs. This course will help practices identify and demonstrate that they have systems in place to minimise risk when managing CDs. Staff should be trained to ensure they have the relevant knowledge and skills to undertake the CD related tasks required of them.

GP's, Practice & Dispensary Managers, Dispensary staff, particularly those new to dealing with CD's wanting to refresh policies & procedures and knowledge.

PROFITABILITY

Live online training with a Dispex Tutor!

PART 1 COURSE DATES

NEW WEDNESDAY
10TH DEC 2020

PROFITABILITY PART 1

Purchasing and Concessions

This course will give you insight in to why a strict Formulary is essential to profitability. Discussing Personally Administered items in more detail and basic VAT knowledge. This will help identify any avoidable losses, as well as increasing dispensary income.

PART 2 COURSE DATES

WEDNESDAY
4TH NOV 2020

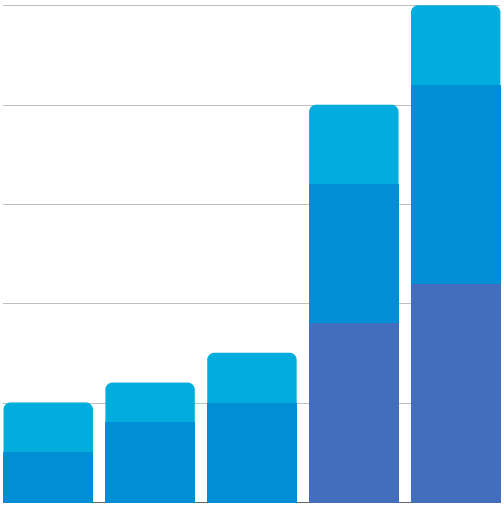
PROFITABILITY PART 2

Formulary, PA's and VAT

This course will provide you with some of the key skills and knowledge to successfully manage, and increase your dispensary income and improve profitability. Explaining where and how to make your buying decisions, smart purchasing and discount schemes. Also looking at concessions and how this affects profitability.

PART 3 COURSE DATES

NEW WEDNESDAY
2ND DEC 2020



PROFITABILITY PART 3

Stock Control

This training will give you insight as to why stock control is essential to profitability. We will discuss what to look for in controlling your stock and how to implement ideas to remain in charge of it. It will help you identify more clearly any avoidable losses, as well as improving cash flow.

Who should attend:

Dispensary Managers, GPs, Finance Managers and Practice Managers and those who want to know more about how to manage the dispensary as a successful and profitable business.

DRUG TARIFF & ENDORSING

Live online training with a Dispex Tutor!

WEDNESDAY
26TH NOV 2020

NEW- WEDNESDAY
16TH DEC 2020

MORE DATES TO FOLLOW

DRUG TARIFF & ENDORSING

By the end of this course you will have achieved an understanding of: What the Drug Tariff is, a full explanation of how it affects dispensing doctor remuneration and which parts are relevant to dispensing doctors. Using the online and paper version of the Drug Tariff and NHSBSA updates.

Who should attend:

GP's, Practice & Dispensary Managers, Dispensary staff, particularly those new to dealing with CD's, wanting to refresh policies & procedures and knowledge.

HOW TO BOOK:

Please visit www.dispex.net/training to book your place(s) online or email training@dispex.net

Dispex members price: **£45+vat per delegate**
Non- members price: **£60+vat per delegate**

All Course times are 1-2pm

CLICK HERE TO BOOK

Classes are restricted to a maximum of 12–so book your place quickly!

VAT Training Webinars

Dispex is delighted to be partnering with Moore & Smalley to bring you VAT training!

VAT Refresher - **1Oth NOV**

- General principles of VAT
- VAT liability of income – medical exemption and items that are VATable
- Partial exemption – basic principles and processes
- Practical tips – record keeping and common mistakes

Maximising HMRC VAT claims-**8th DEC**

- Importance of liability of income
- Attribution of expenses
- Partial exemption percentage maximisation
- Capital expenditure case study
- Recent news / case law

FREE to ALL

Webinar Time: 1-2pm

CLICK HERE TO BOOK

mha MOORE & SMALLEY

DISPEX
DISPENSING FOR PROFIT

EPACT2 TRAINING

17TH NOVEMBER

26TH JANUARY

NHS
Business Services Authority

WITH THE NHSBSA & DISPEX

NEW DISPEX PRESENTS NHSBSA EPACT2 TRAINING

17th November I 1-2PM I FREE
Prescribing Reports

- What is ePACT2 and why is it useful for Dispensing Doctors?
- How to register for ePACT2?
- Accessing practice and prescriber level reports and data
  - o Practice Detailed Prescribing Information
  - o Personally Administered Items
  - o Prescribing Analysis Reports
  - o Potential Generic Savings
  - o EPS and ERD Utilisation dashboard

26th January 2021 I 1-2PM I FREE
Clinical Dashboards

- What are our clinical dashboards and why use them?
- How to register for ePACT2?
- Accessing practice level reports in:
  - o Polypharmacy Prescribing Comparators
  - o Mental Health Prescribing dashboard
  - o Safer Management of Controlled Drugs dashboard
  - o Plus other useful reports and dashboards

CLICK HERE TO BOOK **CLICK HERE TO BOOK**

PRACTICE MANAGERS

The hidden Superhero's of primary care

By Kay Keane,Practice Manager -NAPC

This year has been hard for all Practice Managers. We don't get a lot of air play in the media or even in the "clap for the NHS" that happened over the summer. What we do get is often "Too many Managers", "XX of managers could pay for xx nurses", you get the idea? Then let's think about all our brilliant support teams. Only this week we have had some negative comments in a Facebook group about one of my colleagues. Apparently, she looked at him like something a cow released from under his tail. Funny isn't it until you read the venomous way that people treat our hard-working teams.

I say all this as a Practice Manager in a lovely practice, in an uneventful part of Stockport with amazing partners, committed clinical team and a workforce who do their best every day. So why doesn't anyone think of us? Why didn't NHS England include PM in the New to Partnership fund? I really do struggle to understand how such an important role is ignored and forgotten

Its not often that an opportunity comes along to do something that really frightens you and pushes you out of your comfort zone, well it doesn't in my life, I've never fancied jumping out of a plane or competing on the Bake Off, but as a member of the NAPC Council https://napc.co.uk/ when there was an opportunity to take a seat at the Board as a Non-Executive Director I thought; why not? You see I am passionate about Primary Care, and also passionate about communities and working differently to collaborate with the great things in our community. I also think that without Practice Managers your local General Practice would fold. We are multi-talented plate spinning superheros!

So if I think that PM's are multi-talented plate spinning superheroes then what does that make PM's who work in dispensing practices? Multi-talented plate spinning superheroes running on a treadmill? Is there any other business where your role would be so vast?

I say this after having to unblock our patient toilet of the nappies that were pushed down it on the same day that I interviewed for a new salaried GP, counselled a patient who was upset about the recent diagnosis that her partner received, dealt with a complaint and smiled at everyone that came to my door with a question. There would be many more bits that peppered the 12 hours a day that many of us find ourselves living and breathing our practice.

Why do we love it so much? Well I believe it is the best and worst job in the world in equal measure, but I also know that you have to find some joy in your day. That joy must be the thing that makes it all worthwhile.

I can't tell you what your joy might be, mine is the patients, and the volunteers that work with us to ensure that we can be as resilient as possible and offer an array of social prescribing options. Yours might be clearing your to-do list. Tidying your inbox. Dealing with that staff member that you have been meaning to do. Or learning something new.

As part of my role at the NAPC I get to support managers and future leaders who undertake the NAPC Diploma(https://napc. co.uk/primary-care-home/diploma-2/). I was one of the first Managers to undertake the Diploma, it was hard, but it was brilliant. It is a great way to extend your net-work and learn the skills that we will all need moving into PCN's but it will also con-firm what you already know, you can work at a post graduate level, that given the time and resources you can surprise your-self at what you can achieve.

I also get a seat at the table at an organisation that represents the interests of primary care professionals including general practitioners, nurses, practice staff, pharmacists, opticians and dentists. It is at the centre of shaping the future of healthcare, spreading innovation, influencing policy, supporting and connecting professionals across primary care – enabling them to provide world-class sustainable patient-centred healthcare. Wow! Me a Practice Manager from a little practice in Stockport! I am not going to mess this up, I am going to ensure that at every opportunity I am representing all those multi-talented plate spinning superheroes

The other part of the NAPC that brings me joy is their focus. They view effective primary care as "a citizen's first point of contact with the health and social care system; a person centred (holistic) approach, rather than disease focused, to con-tinuous lifetime care; a comprehensive set of services delivered by multi-professional teams with a focus on population health needs; the coordination and integration of care in partnership with patients and providers."

So the stretch is vast, its all encompassing formal organisations but also social prescribing, community activities and that person centred approach that we all know is necessary to really find wellness. What I want to do is help us all be heard. I don't expect that there will be a tsunami of change, but I do expect that I will be in a position to speak up for us. And I will do that, I will rattle as much as I can and I will ensure that at every opportunity I have people will know about the multi-talented plate spinning superheroes (running on a treadmill).

Kay, would love to hear your thoughts and opinions on this and similar subjects- or if you have any queries, Kay is here to help!

Please submit your comments/ queries to **claudy@dispex.net**

PCN Manager's Huddle Webinar -12th Nov 9-10am
Being a Primary Care Network Manager can be lonely so come and have a chat with other PCN Managers!

About this Event: We know that in your role as a PCN Manager you have so much to do, key milestones to meet whilst managing different relationships and this can often be overwhelming! Our PCN Manager's Huddle brings together other similar like minded manager's across the country to chat about all things primary care networks.

For further details please click here

GPs place first orders from government flu jab reserve as £12m support fund rolled out- By Nick Bostock on the 23 October 2020 GP practices can start ordering flu vaccine from an 8m-dose government stockpile and can apply for a share of £12m in funding to cover extra costs as part of the extended 2020 campaign, the government has confirmed.

GP practices that have used up their existing stocks of flu vaccine can now place orders or pre-orders for additional supplies available through a government stockpile of 8m doses, according to an update from NHS England.

Practices placing orders for additional stock will be asked to 'verify that stock is being ordered for NHS eligible patients or frontline social care workers, where there is a genuine shortage for this cohort'.

The NHS England update explains: 'Orders should only be placed where you have a shortfall in supply for existing eligible patients at this stage. Further instruction on timing of extension of eligibility to all 50- to 64-year-olds will follow and stock should not be ordered for this cohort at this stage. Practices should ensure they have read the guidance thoroughly before placing an order or pre-order.'

Flu campaign Vaccines available for order at this stage are Seqirus' Flucelvax Tetra and Adjuvanted Trivalent vaccines, and the Mylan quadrivalent Influvac sub-unit tetra vaccine.

According to a table in government guidance, practices can order between 150 and 1,000 doses of the Seqirus vaccine, and between 30 and 1,000 doses of the Mylan vaccine.

Practices with provisional orders with Sanofi for the QIVe vaccine should contact the supplier to confirm before placing a further order, NHS England says. Practices have also been told they can apply for a share of a £12.2m fund for 'reasonable additional costs associated with this year's extended flu programme'. Support fund The fund, which amounts to less than £1,800 per practice in England, is being rolled out 'in recognition of the fact that considering social distancing, some flu providers may need to adopt alternative delivery models - eg drive-in vaccination or mass vaccination clinics - as well as deliver vaccinations from vaccinations from alternative locations', NHS England has said.

Guidance published on claiming support from the fund says contributions will only be considered towards the cost of additional venue hires and associated costs such as signage and external temporary shelters, and additional fridges or mobile cold storage.

It makes clear that claims 'will not be authorised for costs that are already funded via other routes' such as additional staff costs, routine vaccination consumables, PPE or communications and advertising.

GPonline revealed earlier that 2.15m of the 8m-dose government flu vaccine supply set to be made available during November will come from supplies of a vaccine given temporary authorisation for use in the UK.

Click here for the source article- source https://www.gponline.com/gps-place-first-orders-government-flu-jab-reserve-12m-support-fund-rolled/article/1698213

On demand: Inhaler technique masterclass

By Dr Toby Capstick

There have been numerous research studies that have attempted to identify and quantify the issue of inhaler technique errors. Inhaler technique remains a pressing issue for all people who require an inhaled medication delivered through an inhaler.

Dr Toby is a Consultant Pharmacist with an interest in respiratory medicine and is widely published in this area. He has a passion for teaching professionals and patients about inhaler technique. He is affectionately known by many in the profession as the 'Inhaler Jedi'.

It is in this context that we were very pleased to welcome Toby to conduct a concise masterclass on inhaler technique followed by a live question and answer session.

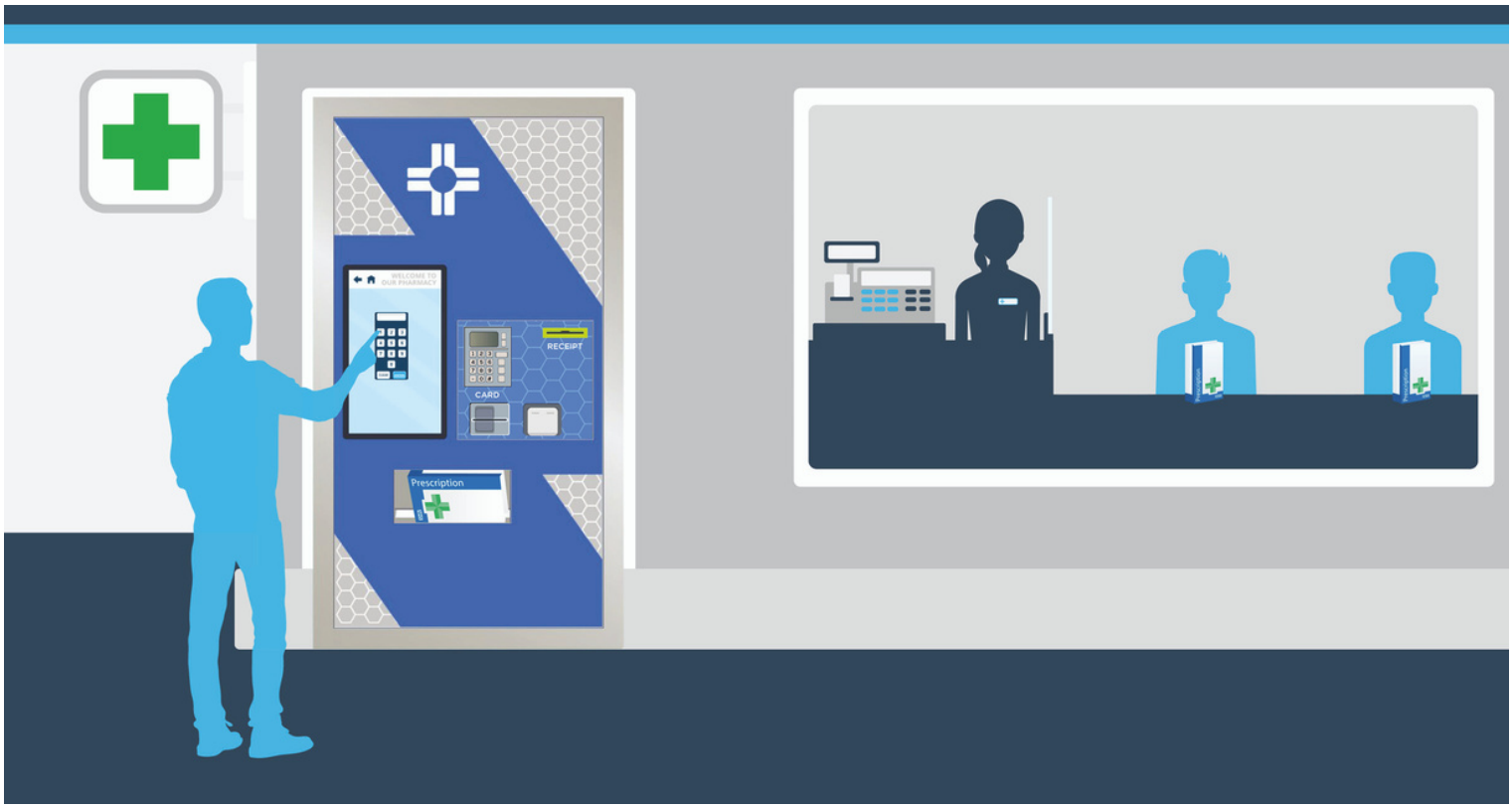
During this webinar he covered the following learning objectives:

- Learn how to navigate the inhaler market
- Appreciate the importance of good inhaler technique & adherence on maximising asthma and COPD control
- Understand how to effectively use inhalers to maximise drug delivery to the lungs
- Understand the evidence behind how healthcare professionals can instruct patients on inhaler technique
- Find out about the seven steps of inhaler technique
- Recognise how the whole pharmacy team can support people in using their inhalers more effectively

For further details please click here- source article https://pip.scot/course/dr-toby-capstick-inhaler-technique-masterclass/

Patient preference in the age of digital diagnosis

By Gary Paragpuri, *CEO, Hub & Spoke Innovations*



In the world of retail, the accepted mantra is that the customer is always right. When it comes to health, for obvious reasons, things are not necessarily the same.

Here, the balance is tipped in favour of trained and experienced healthcare professionals who are rightly trusted to make important – and often difficult-decisions in the best interests of their patients.

In recent years, however, there has been a shift in that balance thanks to the influence of the internet. Research from YouGov found that over half of healthcare professionals (58%) say they often encounter patients who have sought out their own diagnosis online before seeing them or another medical professional.

The key question is why patients are increasingly turning to the internet. For the vast majority, it's not about living out long-lost dreams of medical school, it is simply about frustration.

Despite living in the switched-on age of instant digital gratification, the average waiting time for non-urgent GP appointments is 15 days, according to Pulse magazine. But on the internet, not only is there no waiting, there is a seamless path from digital diagnosis to doorstep medicine delivery through online pharmacies – a key threat for dispensing practices.

PharmData, the online dispensing data company,provides evidence that this threat is turning into reality as internet pharmacies continue to grow their share of the dispensing market. It's true that their share may currently be low but, with the current social distancing requirements leading to queues of patients having to collect their medicines through surgery windows, it will only serve to push patients to consider the convenience of a mail order service. And once those patients have made the switch, how do you get them back?

For dispensing GP surgeries, the answer has to be giving those patients the choice, convenience and customer centric experience they want before they decide to look elsewhere. Automating the medicine collection process can help achieve this: it reduces queues and waiting times, provides patients with text notifications when their prescription is ready, and enables them to collect on a 24/7 basis from a practice they know and trust. It's a way of taking back control, to borrow a phrase.

So, in a clinical sense, patients might not always be right, but it's crucial to consider their rights as consumers. It's only by shaping services around their needs that healthcare providers will be able dissuade them from finding answers on the internet.

Aerosol vs Non-Aerosol Inhalers

Some time ago, there was a move from CFC containing inhalers to CFC-free inhalers and we all complied and now all Aerosol inhalers are CFC free. Unfortunately, these CFC free aerosol inhalers contain propellants, known as hydrofluorocarbons (HFCs). HFCs do not have an effect on the ozone layer. However, they are powerful green-house gases and can contribute to global warming. Aerosol inhalers' carbon footprint is higher than non-aerosol inhalers. NICE has recently published an excellent update on Inhalers for Asthma.

Pressurised Metered Dose Inhalers (pMDIs) and Breathe-Actuated Inhalers (BAI) contain HFCs, but Dry Powder Inhalers (DPI) do not. Soft Mist Inhalers (SMI) do not contain the HFC propellant. The only example of SMIs is the Respimat device. Below is a list of available inhaler grouped into Aerosol (HFC containing) and Non-aerosol inhalers.

AEROSOL INHALERS - Pressurised Inhalers (HFC)	**NON-AEROSOL INHALERS - Dry Powder Devices**
All pMDIs K-haler© Easi-breathe© Autohalers©	Accuhaler© Easyhaler©, Turbohaler© Nexthaler©, Forspiro©, Spiromax©, Respimat© Breezhaler©, Genuair©, Ellipta©, Zonda©, Turbohaler©, Twisthaler©, Novolozer©, Handihaler©

A breakdown of Aerosol and non-aerosol inhalers in each therapeutic category is provided below.

Antimuscarinic Bronchodilators

Short acting (SAMA) **Aerosol**	**Short Acting Beta 2 Agonists (SABA)** **Aerosol**
Atrovent pMDI	Airomir pMDI and Autohaler Salamol pMDI and Easi-breathe Ventolin Evohaler
Aerosol **Long acting (LAMA)** **Non-aerosol**	**Non-aerosol**
Eklira Genuair Seebri Breezhaler Braltus Zonda Spiriva Respimat and Handihaler	Easyhaler Salbutamol Salbulin Novolizer Ventolin Accuhaler Bricanyl Turbohaler

CONTINUED

Aerosol vs Non-Aerosol Inhalers

By Dr Philip Koopowitz- Spot Dispensing Consultancy

Long Acting Beta 2 Agonists (LABA)

Aerosol

Atimos modulate
Neovent
Serevent evohaler
Soltel

Non-Aerosol

Easyhaler Formoterol
Foradil caps
Oxis Turbohaler
Onbrez Beezhaler
Serevent accuhaler
Striverdi Respimat

Inhaled Corticosteroids (ICS)

Aerosol

Clenil modulate
Kelhale
Qvar pMDI, Autohaler and Easi-breathe
Soprobec
Alvesco
Flixotide Evohaler

Non-Aerosol

Easyhaler Beclometasone
Easyhaler Budesonide
Pulmocort turbohaler
Flixotide accuhaler
Asmanex Twisthaler

Combination inhalers LABA + LAMA

Non-aerosol

Duaklir Genuair
Ultibro Beezhaler
Anoro ellipta
Spiolto Respimat

LABA + ICS

Aerosol

Fostair pMDI
Flutiform pMDI and K-haler
Aloflute
Airflusal pMDI
Combisal
Sereflo
Seretide evohaler
Sirdupla

Non-aerosol

Fostair NEXThaler
DuoResp Spiromax
Fobumix Easyhaler
Symbicort Turbohaler
Ultibro Breezhaler
Airfulsal Forspiro
Fusacomb Easyhaler
Seretide Accuhaler
Stalpex
Relvar Ellipta

LABA + LAMA + ICS

Aerosol

Trimbow

Non-aerosol

Trelegy Ellipta

Spot Best Buys – Non-Aerosol Inhalers

SABA Easyhaler Salbutamol* and Ventolin Accuhaler* – break even
LABA Seretide Accuhaler* – break even
ICS Flixotide Accuhaler 250 and 500 – Must be PI
LABA + ICS Fostair NEXThaler and Fobumix and Fusacomb Easyhalers‡
LABA + LAMA + ICS Trelegy*

* - Less profitable than Aerosol alternatives
‡ - Must let PSUK know what you have ordered in order to get discount

Check Spot Brand Comparisons for the most cost efficient and profitable alternatives https://spotdispensing.com/spotinformatics/brand-comparisons/

All changes should be made face to face with the patient as inhaler technique for each non-aerosol inhaler might differ. Resource: https://www.nice.org.uk/guidance/ng80/resources/inhalers-for-asthma-patient-decision-aid-pdf-6727144573

FREE NHSBSA Webinars

NHS Business Services Authority

Dispex is delighted to be supporting the NHSBSA with FREE Webinars

Following on from the susses and interest of last month's webinars, with Mark Gibbon from the NHSBSA, we will be repeating the sessions on Endorsing (including Referred Backs) and Batch Submission & Switching therefore, if you were unable to attend the previous events or you wish to revisit them, please take advantage of this opportunity and register your place!

Endorsing including Referred backs- 5th NOV Starts at 1pm

This Webinar will offer guidance and advice to help you endorse correctly and help you work more efficiently. We will show you some top tips to help reduce the number of referred back items you receive. It will offer guidance on understanding why items were referred back to you for further information.

Batch submission & Switching- 3rd DEC Starts at 1pm

This Webinar will offer clear guidance through the end of month submission processes including how to correctly prepare, sort and submit the monthly prescription bundle. It will also cover why prescriptions are switched between exempt and chargeable and how this affects your payments, as well as top tips on how to make sure switching isn't a problem in your dispensary.

CLICK HERE TO BOOK

Register for all events at: www.dispex.net/nhsbsa-webinars

Compliance Aids

By Nigel Morley-NVM Holdings

Dosette boxes Or Compliance Aids in Community Pharmacy and Dispensing Practice

Dosette boxes are very commonly used in community pharmacies and dispensing practices. They are also known as monitored dosage system (MDS) is a plastic box designed to organise and aid administration of patient's medication. A dosette box is composed of small sealable compartments, which hold tablets removed from blister packaging (original pack) and can be divided into different times of the day. They are sometimes known as Compliance Aids which speaks for itself.

They can be used by the patient themselves or administered to the patient via a carer or family member. These boxes can be extremely useful if the patient forgets to take their medication at a particular time of day, if they are taking multiple drugs or is suffering from a condition such as dementia.

Dispex Limited has been a significant supplier of Compliance Aids to dispensing practices for many years. The most common model of a dosette box is composed of 4 rows, each row with 7 pill compartments/slots. Four rows represent daily dosing times, for example: Morning, Afternoon Evening and Night.

Seven columns of pill compartments represent days of the week, from Monday to Sunday, giving a total of 28 slots. When a community pharmacy team prepares a dosette box, it is almost always this type of dosette box which is supplied to patients.

Each box is single-use. Each dosette box provides supply drugs for seven days. If a patient wants to take a month at a time, then they will normally be given 4 boxes at one collection for the month. This is more common than single week collection at a time. Each box comes with a card/ chart which contains dispensing labels and description of supplied drugs. The information on the label should include:

- **Name of the drug**
- **Directions for use**
- **Precautions for use**
- **Each card additionally has space for additional information about dispensed drugs, to allow patients to identify medication taken:**

Form of the medicine (e.g. tablet or capsule)
The shape of the drug (e.g. round, prolonged)
Colour of the drug Any markings present on the drug.
This could be a number, a letter etc.

How Community Pharmacies Manage Dosette Boxes
The majority of dosette box supplies to patients are ordered by managed repeats by the pharmacy. This is normally because the patient is unable to order their own medication or gets confused. Also, the medication in these trays are commonly used for chronic conditions so are regular drugs.

This means that the pharmacy requests the prescriptions on a monthly cycle from the surgery on behalf of the patient. This can be electronically or delivered by paper. If there are any changes to the medication, normally this is questioned and confirmed to ensure no mistakes occur.

Most pharmacies, as do dispensing practices, have a regular dossette dispenser who knows the patients so is aware of changes. However, in some circumstances this may be done by multiple staff depending on staffing levels.

Medication changes to the dosette tend to be kept on the patients notes so there is a paper trail, and all staff preparing the dosettes are aware of these. Some pharmacies have an electronic record of the MDS sheet that goes in the dosette tray and it is reprinted each month, so if they are any changes from the previous month that can easily be noticed and queried.

Many pharmacies will request a new script from the surgery no more than 7 days before the patient is next due a new dosette. It is common that many surgeries do not issue scripts less than 21 days from the last issue of that medication. A medical practice is not obliged to supply weekly prescriptions for the benefit of a community pharmacy and generally NHS England discourage this practice. For their own dispensing patients, it is quite contractually acceptable for the practice to raise weekly prescriptions. **Provided the dosette boxes are not supplied in bulk.**

The pharmacies also request a week early so it allows time for the prescription to arrive back from the surgery, prepare and dispense the dosette and also order any necessary stock. The date that the item has been labelled and the dosette prepared can be a few days prior to when the patient collects. This is because either the dosette had been prepared earlier for efficiency and there is no delay when the patient picks up or the patient is late in collecting. In addition, some patients only pick up on certain days on the week so, this is another reason that the patient may start a tray days after the date on the label/dispensing system has been created.

The author Nigel Morley has been involved in several medical legal Expert Witness Reports regarding medication errors relating to dosette boxes and extra care must and should be taken in the assembly of them. Nigel is available for confidential advice on dispensing and prescribing errors to Dispex members. His email is: office@nvmholdings.com

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Medicines shortages

By Nick Bostock

Medicines shortages drive up GP workload as prescribing costs surge £158m- By Nick Bostock

Medicines shortages in England are continuing to drive up GP workload during the COVID-19 pandemic and have added more than £150m to prescribing costs in the past year alone.

A total of 132 products commonly used in primary care are currently out of stock, according to the drug shortage tracker produced by MIMS. Scores of other items have been out of stock within the past year, the tracker shows. Meanwhile, figures compiled by the openprescribing.net website reveal that price concessions triggered by drug shortages over the past year have added more than £158m to prescribing costs for CCGs across England.

A list of price concessions maintained by the Pharmaceutical Services Negotiating Committee (PSNC) shows that around 50 products a month currently attract these concessions, which are granted by the DHSC when shortages mean that pharmacies have to dispense more expensive alternatives.

Medicines shortages .GPs have repeatedly warned in recent months that? workload has spiked beyond pre-pandemic levels?- with practices handling an expanded flu campaign amid pressures created by the COVID-19 pandemic - and ongoing medicines shortages are adding to pressure.

Nottinghamshire LMC chair Dr Greg Place said that at his own practice, items prescribed by GPs turned out not to be available 'at least twice a week - either an acute prescription we have raised or a repeat that has become difficult to source'.

He warned that in some cases short-ages were not uniform across all pharmacies - a problem that can lead to patients being forced to go to multiple locations to try to locate a medicine prescribed to them.

Dr Place added: 'Pharmacists can't just substitute an alternative - we will need to check for previous reactions and interactions. It's extra work we could do without; extra hassle for patients.'

GP workload

He added that workload was only 'going one way' for GPs at the moment - and that problems with medicines shortages, which had been 'getting worse for the last 18months or so', simply 'adds to the stress'.

BMA GP committee chair Dr Richard Vautrey warned last year that drug shortages in primary care were causing 'no end of problems' for practices and patients.

He said patients were frequently being forced to come back to their practice to request an alternative prescription, or to 'go round lots of pharmacists looking for one that has a particular drug in stock'.

GPs were unable to keep track of the rapid changes in availability of different products and patients' care could be affected by having to change from one medication to another, he warned.

Polling by GPonline earlier this year found that more than nine out of 10 GPs had noticed an increase in medicines they prescribe being unavailable over the past 12 months - with 71% of the 400 GPs who took part reporting they had been forced to prescribe second choice drugs fairly or very often. Click here for the source article

Department of Health and Social Care- Drug Tariff Announcement

The Department has decided to end the printing of the Drug Tariff in April 2021, with the March 2021 Drug Tariff being the last to be printed and circulated.

Copies of the online Drug Tariff as PDFs will be sent to pharmacy contractors, dispensing doctors and appliance contractors. All of the online resources will remain accessible as they are now-www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff

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ALL STAFF

Things I never thought I'd be saying in work in 2020
By PM Polly October 29, 2020 -Practice Index

Things I never thought I'd be saying in work in 2020!!

As the clock struck midnight, taking us into 2020, never would I have thought, as a practice manager, I'd be saying any of these phrases this year!

"You can't come into the surgery unless you're wearing a mask."

"For the fourth time today, Teresa, the mask goes OVER your nose."

"Sally, stop baking cakes – no shared food."

"Terry, stop trying to sneak off and make a cup of tea for Will. Nobody is allowed to make drinks for anyone else."

"Please use the hypoallergenic wipes to wipe down the toilet seat and flush after you 'go'."

"No more than four people in the kitchen at once… I can see you behind the door, Barbara!"

"Don't come to work with some symptoms, even if you feel well enough to work."

"Please work from home whenever you can; don't come in."

"Jane, your mask is inside out – again!"

"No more than six patients in the waiting room; everyone else has to wait outside."

"Try to see your patients in the car park."

"We've run out of flu vaccines."

"We are not QUIET; we are working a different way!"

"You can't order your medication three months early 'just in case' there's another lockdown."

"Wow, your hair is long/curly/grey/interesting…" **"**

"I 'love' your mask; it matches your outfit."

"If your brother's girlfriend's grandmother who lives in Spain has COVID, you don't need to self-isolate."

"If you go on holiday, stay at home for another two weeks on your return!"

"We will not have any more face-to-face meetings; welcome to Teams/Zoom."

"Sorry, I was on mute." (several times a day) "Sorry about my dog/child in the background."

"Can I take your temperature?"

"Is that a new persistent cough you have there, Mark? Is it, Mark?" (glaring)

"Hot flush, Ang, or do you have a temperature?" (standing back)

"Stay two metres apart at all times." (this can be a real advantage with some people!)

"No more than one person on the stairs at any one time."

"You can't share a lift and do your best to avoid public transport."

"Sam, you'll be saved from sharing your embarrassing dance moves; there'll be no Christmas party this year."

"Despite what you think, no, you didn't have COVID from that skiing trip in January 2018."

"Stop biting your nails/touching your face/rubbing your eyes!"

"No, Karen, you do not have to shield; you had asthma when you were 10 and haven't had any medication for it since 2002."

"We don't write mask exemption letters."

"We do not write fit notes that specify you have to self-isolate."

"No, Linda, you don't have to go home because your neighbour, who you haven't seen in ages, spoke to someone with COVID over Skype last Tuesday."

And finally: "If you want to speak, press the 'hands up' button." PM Polly (dreading 2021)

Kay Keane, Practice Manager -NAPC

KAY, WOULD LOVE TO HEAR YOUR THOUGHTS AND OPINIONS ON ISSUES AFFECTING NON-CLINICAL STAFF. OR IF YOU HAVE ANY QUERIES, KAY IS HERE TO HELP!

Submit your queries or comments to claudy@dispex.net

By Shaun Newman RMN, RGN

Dispensing Doctors & Maximising Your Profitability - Oral Nutritional Supplements

Please can I introduce myself; my name is Shaun Newman and prior to setting up my consultancy business 6 months ago, I worked for Abbott Laboratories for nearly 17 years. The last 10 being within their nutrition division managing the business through dispensing doctors

I worked with many dispensing practices all over the Country, whereby we would discuss and review their prescribing of oral nutritional supplements. This was particularly important because as we know, dispensing practices are subject to claw back on all products that they prescribe and dispense through their own dispensary. The percentage claw back is calculated on a scale based on monthly spend/reimbursement, which is usually at the top end at 11.18%.

Hence, if a dispensing practice is not securing any discount on their purchases of oral nutritional supplements, they are likely to lose money on every prescription dispensed. This can amount to, when added up, a significant amount of money over time. When reviewing prescribing, our discussion would typically work through the following 3 key points;

1. First of all, and the most important point, is the oral nutritional supplement the practice is looking to prescribe clinically appropriate for the patient? Typically, the practice will look to be advised on this through the appropriate inclusion within their CCG formulary, guidelines or prescribing pathways.

2. Secondly, is the product good for the NHS? I.e. Clinically proven and competitively priced. Again, this is likely to be supported through their CCG formulary, guidelines or prescribing pathway.

3. The third point, is the product good for the dispensing practice? I.e. Supports the practice commercially as a business, helping to ensure longevity of offering a dispensing service to what is generally a rural community with no local pharmacies, hence why the practice is a dispensing practice. Hence prescribing does not mean the practice loses money!

Please find below a table showing how much money a dispensary could lose to claw back and the reimbursement process when receiving no discount.

There are many oral nutritional supplements in the market, ranging from a standard type milkshake style drink typically providing 300 calories per 200ml bottle, to drinks that offer more calories or are maybe more specialised, hence I have used an average NHS list price of £1.45 and assumed each patient is prescribed two bottles a day, which in my experience most GP's tend to prescribe when following "MUST" guidelines – MUST is a "Malnutrition Universal Screening Tool"

No Patients	Bottles (30 Days)	Cost (30 Days)	Claw Back (assume 11.18%)	Amount Reimbursed	Cost v Reimbursed (i.e. Claw Back)	Cost v Reimbursed (12 Months)
1	60	£87.00	£9.73	£77.27	-£9.73	-£116.76
5	300	£435.00	£48.63	£386.37	-£48.63	-£243.15
10	600	£870.00	£97.27	£772.73	-£97.27	-£972.70

In addition, oral nutritional supplements are available in a variety of flavours. This results in them often being enjoyed by patients, hence when prescribing mixed flavours, check and make sure your prescription is endorsed appropriately and that you claim and receive your dispensing fees(s), which according to the DDA website (Dispensing Doctors Association) have increased from October 2020, now ranging from £2.269 to £2.562 per item.

Remember there are companies offering discounts to dispensing practices through their MDS (dispensing schemes). These are well worth having because they will assist you with maximising your profitability through your dispensary.

Conclusion Remember oral nutritional supplements are only one of many products prescribed and dispensed, making up only a small piece of a dispensing practices profitability. The key is to review as follows:

1. Review those products prescribed and dispensed within your practices high prescribing clinical areas. For example, look to review your top 5-10 prescribed product clinical areas.
2. Typically apply the 3 key points above.
3. Then look to secure the best possible discounts through your purchasing and ensure you are benefitting from any discount available through MDS's (Manufacturers Discount Scheme's).

Coping with the pressures of COVID-19

However positive you try to be, however hard you try to motivate morale across the practice and however hard you work to try and keep patients happy, there's no escaping the fact that 2020 has been extremely challenging for practice managers. COVID-19 has turned the world on its head, making an already stressful, difficult sector to work in, much tougher again. As we pass World Mental Health Day (10th October 2020), it is the perfect time to think about work/life balance and coping with pressure.

"I feel like I'm stating the obvious here, but it has been really hard to keep everybody motivated across the practice," one practice manager told us. "We were already stretched to breaking point, we didn't have any capacity before the coronavirus turned everything upside down, so to have to take on board yet more effort has been tough for everybody. Nobody is immune from the stresses and strains."

Getting used to new ways of working, rapid technology deployment, distancing rules, PPE requirements…the list of pressures reported by practice managers is seemingly endless, and that's before we mention the expanded flu vaccination season! With this in mind – and ahead of a Practice Index Podcast on the topic – how are practice managers coping with the current situation and the additional pressures?

"With difficulty," one PM told us with a wry smile. "It has been a real rollercoaster of a year so far which has impacted everyone. We all have mental health, and whatever our circumstances, this outbreak is having an impact on how we think and feel about ourselves and the world we live in. I've had a partner crying on my shoulder one day, a receptionist the next, so if there is a positive to come from all of this it's that we have become closer as a team.

Everybody has pulled together and is mucking in where needed. It's the only way we have got through this."

Pulling together

Camaraderie and collaboration are two of the most common themes we've heard when researching for this blog – with practice teams working together to get through the pandemic.

"Throughout our response to the pandemic it has been interesting to see how people are prepared to put their hand up and help," another PM commented. "Different people have struggled at different times and to varying degrees, but everybody has been prepared to stand up and help at some stage.

"We had a nurse who lost her parents to the virus very early on, which obviously knocked her for six. The team rallied around to support her and, now she's back, the commitment to pay back that support has been clear.

We've had another young member of the reception team – normally one of the quieter people here – who really helped us get to grips with Microsoft Teams – setting up quizzes and weekly socials. That has been priceless in helping us cope, along with being empathetic and accepting that everybody has and/or will be impacted. You have to be sympathetic, within reason."

Irritable patients and rising numbers of complaints have also been an issue, especially it seems after lockdown restrictions were eased.

"Everybody seems to be so angry!" a PM laughed. People we know well have suddenly become monsters! They're grumbling about everything. We've had to deal with an awful lot, which we've managed by sharing the complaints and dealing with them as a team. By doing this it has further boosted our team spirit – we often have a good laugh about some of the petty complaints – and it allows us to brainstorm ways to improve or deal with any problems that need sorting. It's a policy we'll continue with going forward."

A GP partner that we spoke to also talked about how the team at their practice has gone above and beyond to help. "People have worked overtime without questioning it," he said. "At times we've definitely had issues with change fatigue, given the volume of technology and new procedures we've had to put in place, but we've got some team members who have gone the extra mile. They've written 'how-to' sheets to help patients get to grips with remote consultations and have even helped individuals get online through phone calls. It has been fabulous to see."

Repaying the favour

According to the GP we spoke to and his practice manager, the key to success in their practice – a suburban south west London practice – has been giving back to people, especially as the pandemic continues to roll on. "There was a sense of adrenaline, excitement almost at the beginning of the pandemic as change was happening at breakneck speed. However, I think it has become tougher for people as time has gone on.

By Practice Index

"We've seen a reduction in the number of appointments being booked, so we've been able to increase time off in lieu and holiday allowance, for example, to give something back, to make it clear we haven't forgotten the efforts put in place back in February, March and so on. We've also increased sick pay to reassure our team members – many were scared of losing income if they contracted COVID-19 so we've said we'll cover a couple of weeks. We've also added flexibility around working hours, provided access to a mental health helpline and set up a phone system that enables calls to be fielded at home. Above all else though, we've coped by communicating and ensuring we've done everything we can to provide PPE and introduce procedures that keep everybody safe."

Communication the key

As well as the PPE and safety of staff, as mentioned there, communication has been vital in coping with COVID-19. "As we continue to work through the pandemic communication has remained front and centre of our coping mechanism," a PM from a practice in Liverpool commented.

"We as leaders have – and will continue to – update staff on any and all changes that take place. Information is wealth at a time like this.

It's crucial that management is transparent about what decisions are being taken and expectations of all employees throughout this trying time. "It's also crucial you make sure people know where they go and who they talk to internally if they're struggling and we've reiterated continually how to access support services that we make available.

"We've also encouraged people to maintain informal conversations too, via Zoom or Teams etc. This has been particularly helpful for a member of our team who has been shielding as they are 73 and diabetic! We've tried video calls, sent flowers on birthdays, arranged food deliveries so we can have special lunches – I see all of this as effective communication."

Don't forget yourself

While the above only scratches the surface of the ways practice managers and practice staff have coped with the COVID-19 pressures there's one final person to talk about – you!

"The pressure has been difficult to deal with," according to a PM. "I found a really good resource on the Mind website that shared some insights specifically for key workers and how they can deal with the stress of going into work. I actually spoke to somebody at Mind who suggested I should deal with the pressures by blocking out time away from the practice. I play golf, so I'm now booking an afternoon out every week, turning my phone off and getting out on the course. It has been brilliantly cathartic.

"I've also been having weekly get-togethers with the team – anybody is free to join – where we just talk about anything but the pandemic and the practice – they're banned! I've learned more about football in the last six months than I ever thought I would! It has also been good talking to fellow PMs from other practices, to share ideas and resources.

"Finally, I've been lucky enough to lean on my family. My wife and children – all in their early 20s – have provided great support and helped me rest, which is probably the number one thing we all need right now!"

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Using spacers to optimise respiratory management

Obstructive respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD), require inhaler treatment which may be in the form of a pressurised metered dose inhaler (pMDI).1 However, pMDI inhalers are commonly associated with suboptimal or incorrect use and this can ultimately have an impact on efficacy, safety and patient compliance.2 One solution to get around this problem is through the use of spacers.2

The correct use of a pMDI requires synchronisation of actuating the device with a slow inhalation, but this can be difficult for patients, particularly young children and the elderly.1,3 Failure to hold the inhaler in an upright position, actuation before or after inhalation, inability to actuate the device or inhale, inhaling either too quickly or through the nose are all examples of critical inhaler handling errors whilst using pMDIs.3 Such errors can have a significant consequence on both the patient and society, as reduced efficacy stemming from inadequate drug deposition in the lungs can lead to uncontrolled disease and overuse of inhalers, thus increasing healthcare utilization and costs.3

Spacers were first introduced in the 1950s, developed specifically in response to the patient-related issues of incorrect technique using pMDIs.4 They are an accessory device, positioned between the mouthpiece of the pMDI and the patient's mouth, designed to convert the inhalation into a two-step process: actuation then inhalation. 1,2 By using a spacer, the particles released from the pMDI are slowed down by air resistance, thus allowing the patient more time to inhale the medicine.2,5 Spacer use is also thought to increase lung deposition and reduce local side-effects arising from oropharyngeal deposition. 1,4 Additionally, studies have shown that a spacer used in conjunction with a pMDI provides equal or better clinical outcomes and cost significantly less compared with nebulisers.1

Overall, the main advantages of using a spacer are it allows patients to use pMDIs without the need to coordinate inhalation with actuation, it improves pulmonary targeting thereby reducing unwanted systemic effects and provides an effective alternative to nebulisers for patients with severe acute asthma or COPD requiring large doses of bronchodilators.5

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4. *Nikander K, Nicholls C, Denyer J. The evolution of spacers and valved holding chambers. J Aerosol Med Pulm Drug Deliv 2014 Aug; 27 (Suppl 1):S4–S23. Newman SP. Spacer devices for metered dose inhalers. Clin Pharmacokinet 2004; 43(6):349–360 MIMS in partnership with Clement Clarke*

Additional Information & Links

https://www.nice.org.uk/guidance/TA38

https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/spacers/

Drug Tariff News - October Part VIIIA reimbursement prices (issued 15 October) B

The Department of Health and Social Care has agreed the October Drug Tariff Part VIIIA reimbursement prices for the following items: click here to view

http://www.dispex.net/content/dispex/Drug%20Tariff%20Amendments%20OCT%2020.pdf?mc_cid=5fa0df2c52&mc_eid=d8fc89fa57

Accessing government-secured flu vaccines:guidance for GPs- By DHSC

How GP practices in England can access the extra stock of flu vaccines this winter that the government has secured. In order to support the expanded vaccination programme, DHSC has secured an additional supply of influenza vaccines, which arrive later in the sea-son to top up local supplies once they run low. The proc-ess by which GPs will be able to access this additional sto-ck is explained in the guidance. Read the source article in full here.

https://www.gov.uk/government/publications/accessing-government-secured-flu-vaccines-guidance-for-gps?mc_cid=5fa0df2c52&mc_eid=d8fc89fa57

Roche working "around the clock" to tackle UK test supply problems. By Phil Taylor

Supplies of swabs for coronavirus and other critical NHS tests for diseases like cancer, diabetes and heart disease have been threatened by a failure at a facility operated by Roche.

The company said the problems – which also include other items like reagents and screening kits – have resulted from a switch to a new warehouse, which ironically is intended to make production quicker and more efficient through the use of automated processes.

The issues have led to a significant drop in processing capacity that could impact testing for two to three weeks-just as daily cases of coronavirus in the UK are continuing to escalate with more than 14,500 new infections reported yesterday.

Roche is one of the major suppliers of testing equipment for the NHS, with most of its materials for the UK market coming from a single distribution facility in Newhaven, East Sussex. A BBC report says that at least one NHS trust has advised doctors to ration non-urgent tests and prioritise supply of swabs for coronavirus testing, and there are concerns some essential items could be out of supply within a few days.

North Devon Healthcare NHS Trust says it is expecting a delivery of swabs next week, adding if that doesn't materialise it will have a big impact on its ability to carry out COVID-19 testing.

In an emailed statement, Roche told us that: "We deeply regret that there has been a delay in the dispatch of some products. We are prioritising the dispatch of [coronavirus diagnostics] and antibody tests and doing everything we can to ensure there is no impact on the supply of these to the NHS."

The company adds that since then it has "worked around the clock to prioritise and manage orders as well as increase this capacity."

It goes on: "As well as extending working hours, we have recruited extra staff and, where they can, our dedicated teams on the ground are working with customers to distribute products and minimise service disruption."

Antibody test order

Roche's issues affect the supply of swab tests used to detect if someone is currently infected with SARS-CoV-2, but there was better news on the supply of antibody tests that detect whether a person has been exposed to the virus in the past.

This week the UK government signed a contract with Abingdon Health for the supply of a million AbC-19 rapid antibody tests, which use a small drop of blood from a finger-prick and deliver results in 20 minutes without the need for a specialised lab.

The government said the testing kits will be used to "help build a picture of how the virus has spread across the country and further develop our understanding of how antibodies work."

Antibody testing was trumpeted in March as the UK's ticket to emerge from lockdown, but that view was soon undermined by the proliferation of tests that didn't meet regulatory guidelines.

There are three main approved blood tests for COVID-19 in the UK – from Roche, Abbott and Ortho Clinical Diagnostics – but these require a full venous blood sample rather than a fingerpick and have been in limited supply, reserved mainly for healthcare workers.

That hasn't stopped a myriad of companies from offering fingerprick tests – including claiming to be based on these technologies – directly to the public. against Public Health England (PHE) and Medicines and Healthcare products Regulatory Agency (MHRA) guidance.

Abingdon says its test has undergone an independent evaluation commissioned by the UK government that will be published in full in due course by PHE, after peer review.

Drug shortages - live tracker- By MIMMS On the 8 October 2020

Use our constantly updated shortages tracker to check on drugs in short supply. Latest additions: Augmentin Intravenous 1.2g vials, Ativan. Click here to see the current list.

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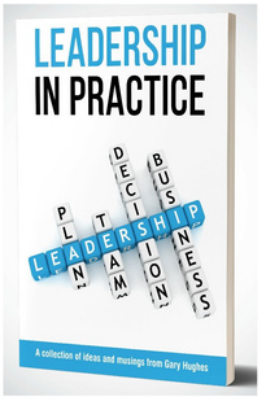

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LEADERSHIP IN PRACTICE PODCAST

FLU TEAM

Flu Season!

By Shoreline Medical

Every year, GP Surgeries prepare themselves for the annual flu jab or vaccinations, which must be stored safely according to the manufacturer's instructions usually between **+2 °c to +8°c**.

It's a carefully orchestrated, precision process. The issues are generally a large influx of medicines for temporary storage, in addition to usual stocks. Vaccines may require transportation which offers a host of separate issues surrounding vaccine storage at the required temperature.

Here are some tips for consideration to ensure your GP practice is prepared this year.

HELPFUL TIPS

- Is your fridge(s) working properly? It could be that you bring out the spare medical fridge(s) for the 'flu season' – now is the time to check all fridges are working correctly.
- Record fridge temperature before adding new stocks of vaccines. If other users notice a 'spike' in fridge temperature readings they won't know when it happened which could cause unnecessary concern about the cold chain integrity.
- Do you have adequate medical fridge storage to safely store ordered vaccines? Air cannot circulate properly around a fridge stuffed full of vaccines. This could impact on temperature read outs and vaccine safety. Tip: Consider purchase of a larger/additional fridge, or a portable fridge.
- Is your secondary thermometer monitoring device, calibrated? Tip: Read our guide on types and usage
- Ensure your fridge is calibrated annually. Tip: Look for the manufacturer's own calibration service, or add your fridge to the list of measuring equipment already calibrated at the Practice.
- Are your Certificates of Calibration valid? Tip: Check that the certificates clearly mention 'test equipment used is traceable to UKAS standards'.
- Ensure your medical fridge is covered by the manufacturer's warranty, or extended warranty, to safeguard against costly breakdowns. Tip: Read the small print sometimes not all parts are covered!
- Check the Certificate of Calibration for your medical fridge meets Care Quality Commission inspection requirement.

For discounted prices on medical fridges please contact the Dispex Team on **01604 859000** or email **sales@dispex.net**

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The CL08 system: are also disposable weekly packs, specifically designed for use by Community patients. The lower running costs of CL08's makes this newer system a very attractive proposition!

The Duo system: are specifically designed for patients taking medication twice a day.

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MAINTAINING PROFITS IN CHALLENGING TIMES

In our September article we talked about how the COVID-19 pandemic was shaping future service delivery for primary care. There are clearly lots of long term strategic decisions that will come off the back of this situation but this month we focus on some of the more short term actions practices should be looking at to try to maintain profitability in these challenging times.

MAXIMISE PROFITS FROM DISPENSING AND PERSONALLY ADMINISTERED DRUGS

Since the start of the pandemic, drug prices have increased. Practices need to carefully monitor the profit they are making on each drug line if they are to continue to achieve good profit margins. This is a massive task for already stretched dispensing staff to undertake and therefore it may be worth considering subscriptions to organisations who do these detailed reviews and provide that information to practices. By doing so you are optimising the dispensary staff time you have whilst also ensuring you are equipped to make the best buying decisions. Such organisations can also produce audits of your dispensary figures to identify the scale of the profit improvement you may be able to achieve.

DELIVERY OF ENHANCED SERVICES AND LOCALLY COMMISSIONED SERVICES

Whilst many enhanced and locally commissioned services were protected for the first two quarters of 2020/21 at prior year activity levels, a lot of this protection has now fallen away. Practices should be carefully considering which services they are able to perform with the current COVID-19 restrictions in place but also the cost impact of having to adjust the delivery of these services. A good example are the flu immunisation clinics that are currently underway – many practices are ensuring delivery of these immunisations by laying on many more clinics than usual. This is probably the only way to deliver this vitally important vaccination programme this year but be mindful about the impact of this on profitability and potentially how many more vaccinations you need to perform in order to generate a good level of profit still. Practices may find that there are some enhanced services that they cannot provide profitably and therefore should be making decisions accordingly – clearly taking into account clinical best practice as well. Make sure that for the services you are providing that all clinicians know how to code these appropriately on your clinical system so that claims are not missed.

LOCUM USAGE

Many practices have had a significant reduction in locum spend since the start of the pandemic. This has been driven by the forced way of working with electronic appointments as well to some extent of reduced travel and therefore less bunched up GP holiday periods. Make sure your practice puts together a budget for locum spend that takes into consideration these changing working practices. Also ensure that you make locum reimbursement claims where possible – these are available for sickness cover as well as maternity and paternity leave cover. If you have a locum insurance policy also check this to see what absences are covered and when you can make a claim.

MAKING THE MOST OUT OF YOUR PREMISES

Challenge rent reviews made by District Valuer Services – we see many significant uplifts following challenges raised by practices. If you are making any property alterations make sure you let your accountant know about these so they can maximise tax relief claims for you. If you own your own premises but have not undertaken a capital allowances review, this can be well worth doing. At BDO we have chartered surveyors working within our tax teams so we can maximise capital allowance claims for practices. If you have a high interest mortgage in place, undertake a break even exercise to see whether, even with redemption penalties, it is worthwhile switching to a lower rate product more in keeping with current offerings. The impact on rent reimbursement should always be considered carefully when changing finance so make sure that is factored in if the rent would be adjusted.

COVID-19 REIMBURSEMENTS

Make sure you are aware of the reimbursements you can claim for specific additional costs of COVID-19. This is not just restricted to PPE equipment but could include costs like additional staff cover and cleaning costs. Ensure that claims are submitted on a timely basis to support your cash flow.

ENGAGEMENT WITH YOUR PCN AND NETWORK PRACTICES

Ensure that you are engaging with your PCN and particularly how your network practices can collectively work together to support each other through the pandemic and beyond. This will include how PCN staff from additional roles reimbursement funding can be used to support practices but also think wider about the different premises that are available if you have to split services in order to meet the restrictions currently in place.

The most useful exercise a practice can undertake through the coming months is to ensure they have a budget in place and are regularly monitoring against this so that they can react to changes – a skill that most have excelled in over the last few months. For help and advice on setting and monitoring against budgets please get in touch with your usual BDO contact.

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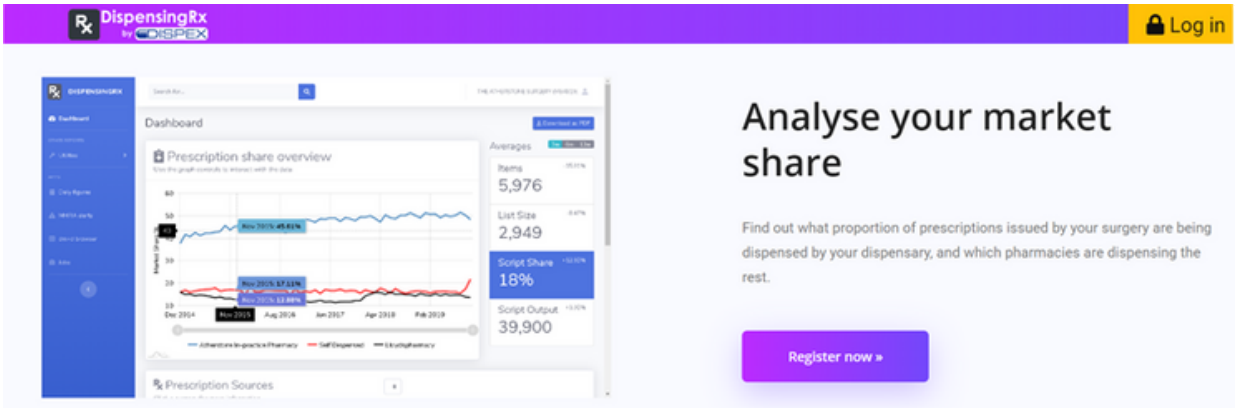

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The PCN practice manager lead: Communication is key

By Rachel Carter Source: Healthcare Leader

Communication is key – change is happening at a rapid pace

Denise Smith is practice manager at Merepark Medical Centre, in Alsager, Cheshire. She is also practice manager lead for the SMASH Primary Care Network (PCN), which covers the areas of Sandbach, Middlewich, Alsager, Scholar Green and Haslington. The network is made up of seven GP practices and around 50,000 patients.

Q. How did you become practice manager lead for a PCN?

A. I was approached and given the opportunity by the clinical director for the PCN, Dr Neil Paul. He's based at Ashfields Primary Care Centre, one of the surgeries in our network.

Q. What have you done in the role so far?

A. It's quite an exciting role. I believe communication is key to making PCNs work, because change is happening at a rapid pace and everybody needs to be on board. So, one of the first things I did was to set up what I call our SMASH PCN meeting for the network's practice managers to attend every six weeks. Our advanced nurse practitioners and nurses are invited to attend too, and we're having our third meeting this month. I chair the meetings and we invite lots of different people in to do presentations to give us ideas, which we can share across the practices to improve communication. For example, it might be on a particular tool we're looking to use within the network, like GP TeamNet. The network's clinical director came to the first meeting and did a presentation on PCNs, because we actually realised that lots of people didn't even know what one was. It's been a great success so far and we've had lots of positive feedback. We're also running a number of pilot schemes and working together with the Alliance, our GP Federation, and Howbeck Healthcare IT consultancy to get our ideas off the ground. One of these pilots is looking at whether we can use a web chat platform for our staff to communicate with each other. We've also just done our first newsletter, which details where we are and what our vision is as a PCN. This will be uploaded to a new website.

Q. What have you enjoyed most about the role so far?

A. Networking and seeing it all start to come together. I'm actually excited about it all and very enthusiastic. I spoke to the CQC a couple of days ago and they ended the call by saying 'keep up the enthusiasm'. For a long time, practice managers have known that even though we're all doing the same thing, with the same deadlines, we haven't been in a position to share staff or resources. But hopefully with PCN s we'll be able to do that – if someone is off sick then straight away you've got cover. The early stages have been networking and meeting lots of different people, attending meetings and interviewing [for new staff]. I feel I'm in a good position because I'm hands on and we know what we need as practice managers. Networks will give us the opportunity to share staff and work collaboratively, while maintaining the independence of individual practices – but we'll also need to make sure resources are distributed equitably.

Q. What do you think PCNs will mean for the future of practice management?

A. I think if we work together and support each other within the PCN then there's a role for all of us, but we do need to make sure everybody is on board. At the moment, practice managers deal with all HR issues, payroll, and accounts, but I think that could change in the future. If PCN hubs are going to support us with HR and share that across the practices, then it will relieve the pressure on practice managers. We can focus on setting up other hubs or initiatives that will benefit the patients instead. I also think as practice managers, we will share the workload. This will relieve pres-sure on the GPs and the practice and will improve recruit-ment and retention. Not just of doctors, but of practice managers and other staff. There will be more career opportunities too.

Q. What are some of the challenges that lie ahead?

A. I think for practice managers it's time really – those attending the meetings I've set up need their practices to release them so they can attend or be able to send someone else from within their team if they can't get there. I'm very fortunate that our GPs are very forward-thinking and support me in this role, but it's important that other practice managers have that same structure and support back at base, which enables them to be released. More widely, the challenge is funding – what we should spend the money on and what we can invest in now that will reap benefits later on – and geography. When we're looking at setting up joint clinics or services, it's not always easy to figure out how we should locate it or who will host it.

Similarly, with the physician associate or any of the clinical pharmacists who will be coming on board in the future, do we share that person around, have them based in-house, or set up a new hub at one of the practices? We also need to make sure our patients can travel to where we locate those hubs, because otherwise they won't go. But I think PCNs will be very positive for primary care and will relieve some of the pressures because we are going to share the workload. Also, lots of practices are running out of building space, so if we have a room set up in one particular practice as a hub, then patients can be seen there, don't have to wait for a referral and it'll be like a one stop shop.

The Quality Management and Analysis System (QMAS)

By Dr Trefor Roscoe

The Quality Management and Analysis System (QMAS)

The quality and outcomes framework (QoF) is designed to reward practices for the quality of care offered to their patients and will be an important part of General Practice income for the next few years. Practices used the guidelines in the new contract blue book to estimate how much of this work they would be able to do by the end of the year. This target was used for the aspiration payment, one third of the potential amount being paid during this year in monthly instalments.

The payment method in the future involves a programme called the Quality Management and Analysis System(QMAS). This is a national data collection and analysis tool which will provide practices with a way of assessing how they are doing compared to their PCO and national averages. At the end of the year, once agreement has been reached, it will also provide a basis for payment of the balancing sum owed for this year's work, and subsequent payments related to the QoF.

Clinical achievement is assessed within a number of disease areas and is based on the number of patients on that disease register who have had the relevant interventions. These, along with a series of non clinical quality indicators, determine how many of the 1050 points available have been achieved and thus how much the practice will be paid. Data entered during the year is collected by software writ-ten by the system suppliers and compared with the complicated requirements of the new contract. The numbers of patients with particular Read codes or combinations of Read codes over a specific period are used to produce a set of figures.

QMAS collects these figures sent to it from individual GP systems. The GP system suppliers have designed and integrated data communication which will send the information required overnight at the end of each month. Note that the GP system sends anonymised information, QMAS does not interrogate GP computers so cannot breach confidentiality. All of the data will be collected on a central server and amalgamated to provide a huge range of statistics on clinical activity within practices and PCOs. Each PCO will have a coordinator who will be responsible for issuing to practices passwords and logins to QMAS so they can see their own data. Individual PCOs will be able to see details of the practices in their area and averages of other PCOs throughout the country.

Data for Scotland Wales and Northern Ireland will be separately and amalgamated to take account of differential disease prevalences in these principalities. The Government, in the form of the NHS Bank, will be able to see how much money is likely to be needed as the year progresses and will release that money directly to practices when the year ends and the agreed level of activity is signed off by the PCOs and the practices. All each practice will have to do is identify an individual who will be responsible for entering information and checking it. They will receive a username and password to allow them to log into the national system. Whilst the majority of the information will be automatically sent from their system to the central server, some of the information particularly in the administrative areas of the contract like records has to be entered manually. This is done using an extremely simple Internet based interface which practices will get training on. Once data is entered it can be modified but it is stored so that it only requires entry once in most cases.

As the data builds up practices will be able to modify their activity recorded on the central server. Although most data is sent automatically there is the option to send all of the data when it is convenient for the practice. At the end of the financial year the practice will have the opportunity to look at what information is held before signing it off as being complete. If there are special circumstances the PCO will be able to alter the information held on the central server to take these into account. Only after the PCO and the practice are completely happy will payment be triggered from the information held. This will occur by the end of April next year.

This information will be used to calculate the prevalence of diseases so that correction factors for high and low prevalence areas can be made. It will also support the aspiration payments for the following year. At the moment we are getting one third of our aspiration money but from next year it will become 60%. Assuming that most practices manage to hit the target they had aspired to, this means that they will get double the monthly income they are getting now from QoF payments.

When the new contract was negotiated, the complexities of the system of data collection and analysis could not have been imagined by the negotiating team. By the end of August all practices will have access to this software and will be able to see how they are doing. On each page of the statistics there is the opportunity to display the amount of money that will be paid as a result of completed activity.

Having seen the software and the training package I am completely happy that the system will be secure enough and is robust enough to provide automatic trouble free payment for the vast majority of practices with the minim-um of extra work in data entry. The safeguards built in will allow reasonable challenge by practices that are unsure and even manual data entry if their computer systems are unable to communicate with a central server. Overall this system is likely to become one of the more successful and useful bits of software used in British General Practice. Let's hope that the money to pay for the work done is available from the NHS Bank! Click here for the source article.

DRUG TARIFF PRICE CHANGES

October 2020

Members' can login to the website to view the full October list

WWW.DISPEX.NET

EXAMPLE

Drug Tariff Price Changes Oct 2020- sample of A's only

Denotes PRICE INCREASE

Denotes PRICE REDUCTION

		OCTOBER Drug Tariff Part VIIIA	SEPTEMBER Drug Tariff Part VIIIA	
Medicine	**Packsize**	**Basic Price**	**Basic Price**	**DIFFERENCE**
Aceclofenac 100mg tablets	60 tablet	£7.51	£7.69	**-£0.18**
Acetazolamide 250mg tablets	112 tablet	£8.53	£9.91	**-£1.38**
Aciclovir 200mg dispersible tablets	25 tablet	£1.82	£1.80	**£0.02**
Aciclovir 200mg tablets	25 tablet	£1.67	£1.56	**£0.11**
Aciclovir 400mg tablets	56 tablet	£3.40	£3.42	**-£0.02**
Aciclovir 800mg tablets	35 tablet	£4.52	£4.49	**£0.03**
Acitretin 10mg capsules	60 capsule	£26.65	£26.63	**£0.02**
Adrenaline (base) 1mg/1ml (1 in 1,000) solution for injection ampoules	10 ampoule	£10.33	£10.34	**-£0.01**
Agomelatine 25mg tablets	28 tablet	£30.91	£30.04	**£0.87**
Alendronic acid 10mg tablets	28 tablet	£4.79	£3.10	**£1.69**
Alendronic acid 70mg tablets	4 tablet	£0.96	£1.01	**-£0.05**
Alfacalcidol 1microgram capsules	30 capsule	£4.10	£4.58	**-£0.48**
Alfuzosin 2.5mg tablets	60 tablet	£1.70	£1.80	**-£0.10**
Allopurinol 100mg tablets	28 tablet	£1.18	£1.19	**-£0.01**
Allopurinol 300mg tablets	28 tablet	£1.79	£1.74	**£0.05**

If you have misplaced your login details please email claudy@dispex.net or call us on 01604 859000

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Hylo-Forte	£9.50^
Hylo-Forte **32%** more expensive	

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Viscotears Single Dose PF **135%** more expensive	

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Celluvisc **76%** more expensive	

Xailin® Night

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Xailin® Night 5g Tube	£1.77*
Lacri-Lube	£3.98^
Lacri-Lube **125%** more expensive	

VISULoyalty is available via AAH, Alliance and PSUK. Talk to your wholesaler about signing up to this MDS scheme.

* Price based on 30% VISUloyalty discount.
^ www.mims.co.uk (MIMS: www.mims.co.uk last accessed April 2020). • Based on purchases of any 30 units of the VisuXL®, VisuXL® Gel and Xailin® ranges within a calendar month.

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1. VisuXL® instructions for use, May 2018. 2. VisuXL® UD instructions for use (IFU) Dec 2018. 3. VisuXL® Gel Instructions for Use (IFU). 4. Xailin® HA Instructions for Use, December 2016, VISUfarma. 5. Xailin® Hydrate Instructions for Use, November 2016, VISUfarma. 6. Xailin® Gel Instructions for Use, December 2016, VISUfarma. 7. Xailin® Fresh Instructions for Use, February 2017, VISUfarma. 8. Xailin® Night Instructions for Use, December 2016, VISUfarma.

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