

CD Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



Dispex Tutorials- See pages 5-8

DispexCD

SET YOUR CD
REGISTERS FREE

THE ONLINE CD REGISTER

SEE PAGES 9-10

**NOTHING TO INSTALL,
EASY & SECURE TO SET UP**

Dispex Members: Free 6 months' trial, followed
by a discounted annual subscription!

Life continues to challenge and move in the 'fast lane' however, as we are all aware Primary Care and GP Practices have delivered and continue to contribute, in ways we are all extremely proud and in awe of. Thank you - each staff member should now take a bow!!

The other factor that has accelerated in this process is AI, and the technology now being used or is available to assist with providing patient care, from e-consulting to automated dispensing. We are no longer able to ignore or avoid the digital technology transformation, but it can be daunting knowing where to start or what is required....if you have the choice?

Implementing Apex may help, particularly as they are offering a 50% discount on deployment for Dispex members also, attending our FOC webinar with Hub & Spoke to learn more on "Profiting through Technology" Do you have a digital CD Register yet? Then Dispex can help you with that too!!

Time to also concentrate on what we do have and what we can do! Keep investing in your Team, their health and training. Inspire your staff and develop their skills and utilise their current capabilities, positive action for the future and now. Spring is on the horizon everyone!

Jane Norrey

Dispex Training and Sales Manager

The Dispensary Gazette

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Meet the dispensing practices profiting through technology

Quick quiz - which of the following are a concern for your practice: Waiting times? Staff workload? Dispensing workflow? Competition from internet pharmacy? Patient satisfaction and retention?

Even prior to the pandemic, a large proportion of surgeries were challenged by several, if not all, of these issues. COVID-19 has only amplified the situation, while also adding in the need for measures to mitigate the risk of infection and maintain social distancing.

This difficult backdrop is the starting point for many of our conversations with dispensing GPs and practice managers who are all looking for answers in technology. They want to understand how it can be used to enhance patient convenience, benefit operational efficiency and, ultimately sustain profit levels for their surgery.

On February 4 we will be exploring this subject in a webinar hosted jointly with Dispex. Held on Zoom and free to attend, the session will take a conversational approach to exploring how technology such as the Pharmaself24 can safeguard profitability for dispensing practices in these shifting times.

We will hear from two of our customers – Dr Mark Morgan, partner at Sixpenny Handley & Chalke Valley Practice and Carol Stevens, senior dispenser at The Deepings Practice – who will share their reasons for implementing a remote collection point and the realities of how it has impacted on their patients and their practice.

A large part of the session will also be given over to Q&A as we are keen to hear from webinar attendees – those who are experiencing the kind of challenges listed earlier, wondering what answers can be found in technology, and interested to know what difference taking an automated approach to medicine collection can make.

To register for your free place, click [here](#) and we look forward to seeing you – albeit virtually – at 1pm on February 4.



The Pharmaself24 is an automated prescription collection point that lets your patients pick up their medicines at a safe distance at any time of the day or night. No queues, no waiting, no fuss. For more information please visit pharmaself24.co.uk

DISPEX WEBINAR

Profiting through technology in a changing world

Thursday 4th February 1pm
FREE Webinar

From coping with social distancing to managing the threat from internet pharmacy, dispensing practices are having to rise to a range of challenges relating to patient service and profitability.

This webinar, presented by Hub & Spoke Innovations, provides an opportunity to explore how automated medicine collection is enabling practices across the UK to move with these changing times.

Key areas for discussion include:

● **Patient experience**

- Providing convenience and choice through 'self-service' prescription collection
- Retaining patients and building loyalty in the face of growing internet pharmacy threat
- Supporting social distancing for vulnerable or anxious patients

● **Dispensing efficiency**

- Avoiding queues and creating a calmer prescription collection environment
- Reducing average time/cost to distribute each item
- Freeing up staff capacity for more valuable tasks

To find out more about how technology can help your dispensary preserve patients and profitability, register to attend this free webinar to be held on 4th February at 1pm.

Register at dispex.net/hs-tech-webinar

BUY-TO-LET: IS YOUR INVESTMENT STILL COST-EFFECTIVE?

Over the last few years, changes in the way that loan interest relief is given against rental income have increased effective tax rates for investors on their rental income: for example, raising rates from 45% to 57.5% for additional rate taxpayers. Many buy-to-let landlords have therefore considered operating their lettings through a company – 'incorporating' their property business.

For landlords who reinvest their rental profits within a company, the effective rate of tax is just 19%, however, even for those additional rate taxpayers who extract their profits through dividends, the effective rate should be 48.6% for 2020/21.

Of course, there are hurdles to moving your properties into a company structure: both stamp duty land tax (SDLT) and capital gains tax (CGT) can be triggered, so it is important to consider the issue carefully. However, the current reduced rates for SDLT (due to end on 31 March 2021), and the possibility of higher rates of CGT after the Budget, give a small window of opportunity for owners to act now.

Incorporation will normally trigger a CGT charge based on the market value of the properties, less their base cost (usually historic cost), unless incorporation relief is available to hold over the gain. Incorporation relief could potentially be available when transferring the activities to the company in exchange for shares; however, this is only where HMRC accepts that the letting is already being run 'as a business'.

Alternatively, the properties could be sold to the company. While this may trigger an immediate CGT charge (payable within 30 days), it would create a loan account within the company, which could subsequently be drawn down tax-free. The current rates of CGT on UK residential property are 18% (basic rate taxpayers) and 28% (higher and additional rate taxpayers), but there is speculation that these rates may be equalised with income tax rates from Budget day or 6 April 2021.

The usual SDLT rates on residential property should apply on the transfer of the property, including the additional 3% charge where a company acquires a property. Given that current transfers of residential property in England valued at up to £500,000 are free of SDLT, many properties could be transferred to companies before 31 March, with just the 3% charge.

Striking the right balance

Of course, while a window of opportunity can be attractive, it is always important to consider your long term plans. If your properties are to be retained as a long term investment, then reducing the year-to-year tax on profits by incorporating the letting business is likely to be beneficial – even taking account of the up-front tax charges. If the capital tied up in the properties will be needed in the foreseeable future, or the properties put to other uses, incorporating and then extracting the properties after just a few years may not be cost-effective.

Don't forget that any mortgage on the properties will need to either transfer or be refinanced, and the interest rates available to a company borrower may be higher - so a mortgage adviser should be consulted.

For help and advice on all tax issues related to investment and commercial properties, please get in touch with our team.



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2021 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor



Each session is limited to 12 delegates!

We understand that your protected learning time may have been reduced or has completely disappeared during the pandemic. For this reason we have designed our online courses to be "**bitesize**" sessions delivered over the lunchtime period- 1pm start. Our range of online professional training courses are hosted by **Dispex tutors**, therefore, we can help your staff stay on track with their continued training requirements for DSQS!

ANNOUNCEMENT- We are pleased to introduce another new online course for 2021- **Dispensary Customer Service**, with part 1 taking place on the 3rd March!!!

NEW-DISPENSARY CUSTOMER SERVICE

DCS PART 1

This Tutorial will give ideas and processes to implement more effective team working, as well as improving communication skills, including non-verbal communication skills.

To help manage conflict and the difficult patient scenarios.

3RD MARCH

DCS PART 2

Part 2 of this Tutorial will give you some important guidance on confidentiality, some effective telephone techniques, the law on data Protection and what the Caldicott principles are.

Also covered are some helpful suggestions on managing complaints appropriately.

5TH MAY

[Book Online- www.dispex.net](http://www.dispex.net)

NEW-PRACTICAL DISPENSARY MANAGEMENT

PDM PART 1

This tutorial will cover Management Techniques and how these can be applied in your dispensary, ensuring that you have an understanding of what is expected of your role.

By the end you will have a clear understanding of what duties can be delegated to other team members and guidance on tasks and how frequently these should be addressed.

31ST MARCH

PDM PART 2

This tutorial will provide you with an understanding and underpinning knowledge of automation/managed repeats and how this could help with managing your workload.

Looking at the layout of the dispensary, could this be improved?

Do you keep similar medications in different areas to avoid wrong picking/dispensing?

Stock control and stocktake. Do you employ a specialist to do or is this completed in house?

Do you ensure stock that is not in the dispensary is included (Nurses/GP's)?

Covering additional practice income and how to take part in DSQS and the requirements needed. **DRUM's** and what are they? Does the dispensary get involved in completing these or do GP's/Nurses/Practitioners and Pharmacists do these?

12TH MAY

PDM PART 3

This tutorial will ensure you have knowledge of risk assessments and why these are carried out and how to perform these assessments (part of DSQS). You will have a clear understanding of controlled Drugs, legislation and record keeping.

How to document fridge recordings, what to audit and your dispensing process for fridge lines. A clear SOP should be in place to include all of this information.

Drug recalls, know your process, how we address these and record keeping (CQC requirement) of drug recalls, including how home deliveries can benefit your patients and your practice. Finally, a basic understanding of HR, your staff & issues that may arise, the process for recording and acting on significant events and near misses (CQC requirement)

TBC

CONTROLLED DRUGS

CD PART 1

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

13TH JAN & 21ST APRIL

CD PART 2

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.

17TH FEB

DRUG TARIFF

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.

17TH MARCH

DRUG TARIFF & ENDORSING

Book Online- www.dispex.net

NEW-DSQS GUIDANCE

DSQS GUIDANCE

New to Dispex - Dispex understands that time is precious.

We are now able to offer a lunchtime training session on DSQS, which will provide an understanding of the requirements to participate successfully in the Scheme.

You will then be confident in applying the knowledge learned, to complete the undertaking of DSQS.

DSQS the abbreviation you may have heard spoken within your practice- click [here](#) to find out more

10TH FEB

NEW-INTRO TO PRACTICE FINANCE

PF PART 1

Understanding Practice Income

This 1 hour session is aimed at those new to the management of a practice, who would benefit from a bitesize overview of the various income streams, including disease prevalence, enhanced services, drug payments and what affects them, including a brief outline of Open Exeter statements and how data affects income.

7TH APRIL

PF PART 2

Maximising Income

This 1 hour session is for the less experienced managers and partners, learning more about how to make the most of non-dispensing income in general practice. What to claim and how to check it is being claimed correctly, the typical pitfalls and often missed items, along with some regular expenditure items that can be reduced. How to improve income from Private work and the importance of your data to the income.

25TH FEB



NEW-BUSINESS MANAGEMENT OF A DISPENSARY

BM- PART 1

This course will give delegates a clear understanding and underpinning knowledge of how a successful dispensary should be managed. To provide delegates with the correct tools to manage a dispensary profitably, without compromising the level of care patients receive. To ensure you stay within budget set by your local CCG.

FURTHER DATES TBC

BM- PART 2

This course will give delegates a clear understanding and underpinning knowledge of remuneration, referred back and reimbursement of prescriptions. This course also covers how to maximise income from profitable prescribing, personally administered drugs, private prescriptions and monitoring of your drug spend.

10TH MARCH

BM- PART 3

The final part of this Tutorial series explains why a Prescribing Formula is essential, how to improve your Dressing and Appliance ordering and why the 7-day prescribing could be beneficial to both your patients and dispensary. Also, explains the DSQS and QoF and their potential revenue, how automation/managed repeats could be a solution, managing stock and then provides top tips on maximising dispensary income.

22ND APRIL

Book Online- www.dispex.net

HOW TO BOOK

Please book online at www.dispex.net/training or email training@dispex.net

Dispex members price: **£45+vat** | Non- members price: **£60+vat** - Per delegate-per session/part

COURSE TIMES ARE 1-2PM

UNDERSTANDING PROFITABILITY

PART 1

Formulary, PA s and VAT

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.

24TH MARCH

PART 2

Purchasing and Concessions

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.

28TH APRIL

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.

24TH FEB



" Explained well"

Dispenser

*"The slides were very good
and I enjoyed the course
being online"*

Dispensary Lead

*"Explained very clearly,
easy to follow online"*

Dispenser

*"Very helpful-
clearly explained"*

Dispensary Manager

*" Very good content
and informative"*

Dispensary Lead

*"Course was on
time & engaging"*

Senior Partner

*"Good knowledge
of subject"*

Dispenser

DispexCD

SET YOUR CD REGISTERS FREE

THE ONLINE CD REGISTER

NEW



NOTHING TO INSTALL, EASY TO SETUP

DispexCD runs on your computer's existing internet browser, allowing you to save space and eliminate the need for paper CD registers and CD returns registers.

Just register online and get started in minutes, using the computers already in your dispensary, or a tablet or smartphone.

PRICE

DISPEX MEMBERS *

- *6 months free trial
- followed by an annual £120+vat subscription
- no setup costs
- no extra support costs
- Includes **Returns** registers

NON - MEMBERS

- 3 months free trial
- followed by an annual £216+vat subscription
- no setup costs
- no extra support costs
- Includes **Returns** registers

WHY SWITCH FROM PAPER TO ELECTRONIC CD REGISTERS?

SAVE TIME - bring more efficiency to your dispensing process. It means you can potentially save hours per month on the simple to use & time optimised system.

SAVE MONEY-Dispensaries can save an average of £50 per month by using DispexCD instead of paper CD registers.

REDUCE ERRORS- By eliminating calculation errors and misread handwriting, dispensaries using DispexCD have fewer CD discrepancies and errors.

SAFE & SECURE- Multiple layers of security and encryption plus daily back ups to protect your patient data.

FULLY COMPLIANT-Unlike some online CD registers, DispexCD is fully legally compliant and supports NICE best practice for the management of controlled drugs. Ace your next inspection with DispexCD in your Dispensary.

BEST PRICE - No cheaper price for a CD register

EXTRAS - includes Returns registers " It's best practice to record returns"

For further details and to sign up to the free trial please click [here](https://www.dispex.net)

[WWW.DISPEX.NET](https://www.dispex.net)

DispexCD

Secure and easy
to set up!

STEP 1



Visit the Dispex website for full details and the trial link

Please read the DispexCD terms & conditions before signing up for the trial -click [here](#)

STEP 2



The CD Manager must set up the account using the **dispensary's** email (i.e liberty.dispensary@nhs.net) do not use individual @nhs email addresses at this stage

You will also need your sites CQC number and Dispex ID

STEP 3



Once you have completed the on-line registration, you shall receive an email with your password. You can now securely access your online CD register

STEP 4



Once logged into your account, you can add authorised colleagues and their individual email addresses, by clicking on the top righthand drop down arrow> settings >add user

A full list of "How to" SOPS can be found within your account

WWW.DISPEX.NET



COVID-19

UPDATES & NEWS ARTICLES

Novavax COVID-19 Vaccine Demonstrates 89.3% Efficacy in UK Phase 3 Trial Jan 28, 2021 at 4:05 PM

First to Demonstrate Clinical Efficacy Against COVID-19 and Both UK and South Africa Variants

- Strong efficacy in Phase 3 UK trial with over 50% of cases attributable to the now-predominant UK variant and the remainder attributable to COVID-19 virus
- Clinical efficacy demonstrated in Phase 2b South Africa trial with over 90% of sequenced cases attributable to prevalent South Africa escape variant

Please click [here](#) to view the Novavax source press release

REACT-1 study of coronavirus transmission: 28th January 2021 final results. By Department of Health and Social Care

REACT-1 is the largest population surveillance study being undertaken in England that examines the prevalence of the virus causing COVID-19 in the general population. It uses test results and feedback from over 150,000 participants each month. The study focuses on national, regional and local areas, as well as age, sex, ethnicity, socio-economic factors, employment type, contact with known cases, symptoms and other factors.

The findings will provide the government with a better understanding of the virus's transmission and the risks associated with different population subgroups throughout England. This will inform government policies to protect health and save lives. Click [here](#) for the report.

Vitamin D and COVID-19: why the controversy?

By The Lancet

The fascination with vitamin D supplementation began with the discovery in the early 1920s that vitamin D prevented rickets and was further driven by the recognition of other potential roles of vitamin D in non-skeletal outcomes, including immune function, cardiovascular health, and cancer.

However, whereas data on the function of vitamin D in bone growth and maintenance is clear-cut and has informed practical clinical guidelines and public health policies over the years, evidence supporting the role of vitamin D in other health and disease processes, in particular in acute respiratory tract infection, remains patchy. Click [here](#) to read The Lancets' full source article.

#LogYourJob: Log your COVID vaccine and help us spread the word-By Zoe Covid App January 15, 2021

As COVID-19 vaccines roll out, we're monitoring their real-world impact and health effects right from the start.

We've updated the ZOE COVID Symptom Study app so that anyone can record when they've received a COVID-19 vaccine and log any after effects. This will be the largest independent community-led COVID vaccine study in the world, providing vital information to ensure public safety and help end the pandemic.

To make sure that we're gathering accurate representative data from the whole population we need as many people as possible to download the app and log their vaccination. Importantly, you can also add a profile and log on behalf of elderly relatives who are being invited for vaccination but aren't able to use the app.

Why we need everyone to log their COVID-19 vaccine

Building on 10 months of data from millions of users, the ZOE COVID Symptom Study is uniquely placed to monitor the impact of COVID-19 vaccination on the pandemic.

Through combining data about the rates of disease and vaccination, we hope to build an accurate prediction of immunity across the nation. And we also want to find out whether anyone who has been vaccinated can still be re-infected with COVID-19.

The app also captures any common short-term after effects of vaccination that aren't serious enough to be picked up through the existing reporting system (VAERS), as well as monitoring any impacts on health in the longer term. All our latest analysis on COVID-19 rates and vaccination is available to users through the app, including information about COVID-19 in your local area, so it's also a great way to stay up to date and ahead of the curve.

The ZOE COVID Symptom Study is funded by the UK Government through the DHSC, and is independent of any vaccine manufacturer or drug company. We want to get fast, independent information about the impact of the vaccine rollout, so we can help bring the pandemic to an end as soon as possible. Thanks for being part of something amazing. Stay safe and keep logging. Click [here](#) for further information

apex YOUR COVID-19 TOOLKIT & PRIMARY CARE ANALYTICS SUITE



COVID-19 Tracking

Trace confirmed and suspected COVID-19 cases, evaluations and deaths across your practice, PCN or CCG, with full patient demographic and geographical breakdowns.



COVID-19 Vaccination Reporting

Assess how many patients have received their first, second dose, with full patient cohort breakdowns by JCVI Priority, with a full forecasting tool to coordinate vaccine supply.



Pulse Oximetry Monitoring

Report across all patients who are on a remote pulse oximetry programme with a full patient breakdown, with a RAG status trend analysis for each individual.



Full Practice Analytics Suite

APEX also offers a breadth of practice-based analytics, streaming from the clinical system daily, to offer appointment and clinical reporting. A full Clinician Appraisal tool is included, as well as detailed DNA and reattendance reports.



PCN Baselining & Automated Submissions

APEX Enterprise allows you to aggregate datasets across clinical systems to create a baseline of appointment and clinical activity. In addition, the Submissions Module allows you to automate data feeds for DES/LES reporting.



A View From Primary Care

"It is like a window into complexity, giving us a language to describe our workload. When changes are made at system level, it is easy to see how this affects appointment activity and demand." *GP & PCN Clinical Director*

DISPEX Members are entitled to an **exclusive discount** of **50% off deployment fees** when purchasing APEX before the end of March, 2021. To discuss purchasing APEX, call 01924 900 177 or email enquiries@edenbridgehealthcare.com.
*Licence fees apply at 9p-per-patient.



Find Edenbridge Healthcare on LinkedIn, Twitter & Facebook

Can employers require staff to be vaccinated?

As the roll-out of Covid-19 vaccination ramps up across the UK, employers will be considering the implications for their staff and workplace and whether they can require staff to be vaccinated. Despite employers' measures to ensure that their workplace is COVID secure, many will view the vaccine as the key development to offer the utmost protection against coronavirus to employees. Therefore, employers will be keen to see their employees taking up the vaccine to enable a return to a more 'normal' way of working.

The Government's current strategy is to offer the vaccine on a voluntary basis and has stopped short of making it a mandatory exercise. This means that the UK population will have a choice over whether to take this step which means that some may, for various reasons, decline.

In the main, it is not likely that employers will be able to require their employees to have the vaccine. This will be particularly true of workplaces which lend themselves to home-working because there are clearly other tried and tested methods to safeguard employees' welfare during, and after, the pandemic. Employers would be in a better position to require employees to have the vaccine if a clause exists within the contract of employment which covers medical intervention in place to safeguard colleagues as well as the public with whom the employee may come into contact with.

However, these will be rare and even where they do exist; employers would need to proceed with caution.

Instructions to employees to have the vaccine would need to be reasonable. Employers in some sectors may be in a stronger position to give a reasonable management instruction to employees due to the nature of the work, for example, those in the care sector where it is difficult, or impossible, to adhere to social distancing and other health and safety rules that other employers would find manageable.

However, employees in these sectors may have valid reasons for not getting the vaccine on medical advice, for example, pregnant employees or those with certain health conditions so employers who wish to take action for 'refusal' should be aware of the risks.



Employees may also choose not to have the vaccine for religious reasons. Some may argue that the anti-vax movement would qualify as a philosophical belief, both of which are covered under the 'religion or belief' aspect of the Equality Act 2010. Employers would have to be careful that no employee was subject to less favourable treatment- dismissal, for example – for refusing the vaccine because of one of the protected characteristics named in the Act.

For expert advice and guidance on the legal and practical considerations for COVID-19 vaccine mandates in the workplace call Owen Clark, Associate Director at employment law consultancy, Peninsula, today on **07966 112 073**



Peninsula is one of the UK's premier companies, started in 1983. The company offers HR, employment law and health & safety support services to small and fast-growing businesses across the country, as well as tax and payroll advice, employee assistance programmes, and HR and health & safety training. Since its beginnings in Salford, Peninsula has now expanded into the furthest corners of the globe, operating in Ireland, Australia, New Zealand and Canada.

www.peninsulagrouplimited.com

NHSBSA WEBINARS



4th March -Endorsing including Referred Backs

FREE- 1PM START

Help and guidance on the most common endorsing problems. To ensure you receive correct reimbursement for the products you dispense and the correct remuneration for the services you provide. To share information on how the NHS Prescriptive Services process your prescriptions How you can help to reduce or eliminate the need to refer prescriptions back to you.

Click [here](#) to book



29th April -Batch Submission & Switching

FREE - 1PM START

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



Hidden Heroes!

It is safe to say that 2020 (as I naively joked a year ago – “the year of perfect vision”) turned out to be a year no-one could have anticipated. As I reflect back over that last 12 months, I can clearly remember the many difficulties that everyone has had to deal with, both individually and within our industry. However, my abiding memory is one of immense pride. I am so proud of everyone in general practice for everything they have achieved, and continue to achieve, under extreme pressure, and for the most part completely unnoticed.

I am relieved to say that I am not a Practice Manager and that I do not work in general practice, but as my job involves working with practices I am constantly reminded of just how great you and your teams are. I admire so many of your traits, but none more so than your endurance, adaptability, and strength in the face of adversity. I (possibly quite deludedly) consider myself to be a good manager; in terms of both people and problem solving, but I know for certain I would not have what it takes (even in normal times) to be a good Practice Manager!

How you cope with the incessant updates and quite often contradictory guidance from the multitude of ‘acronyms’ that (sometimes blindly) dictate your direction I will never know. I am in the very fortunate position of being able to put a day aside every week to read up on the latest said ‘acronyms’ as well as catching up on other industry news, and even then I often struggle to keep up with the reading, never mind then having to arrange/attend meetings with your teams, PCNs, Partners, CCGs or Federations to revise or develop policies and procedures which you are then responsible for implementing. It’s mind blowing!

2020 was an extraordinary year for practices and sadly 2021 is not showing any early signs of relenting. Quite the opposite! I recently read that an estimated 50%-60% of managers are considering moving out of their roles and leaving general practice. This saddens and concerns me because you are a rare, extraordinary breed and if anywhere near half that number were to leave, within a short period I can all but guarantee that Primary Care would come to a crashing halt.

I might be naïve but I do not believe the figures, and whilst I am not disputing their reliability I believe that even the best Practice Managers underestimate their levels of endurance, adaptability, and strength in the face of adversity and that most will see this through!

For far too long, you have worked in the shadows, unappreciated, and at the frontline of every challenge. It is



time that you, your colleagues, your practice team, and your peers were recognised for the vital, irreplaceable, incredibly difficult, and ultimately life-saving work that you do! That is why, with the help and inspiration of more than a few amazing Practice Managers, and the support of some excellent companies that aim to serve general practice, we have put together the Hidden Heroes initiative. We want to identify and celebrate your outstanding achievements during the pandemic and the many, many unsung heroes working in general practice.

Let us know who you believe deserves some long overdue recognition.

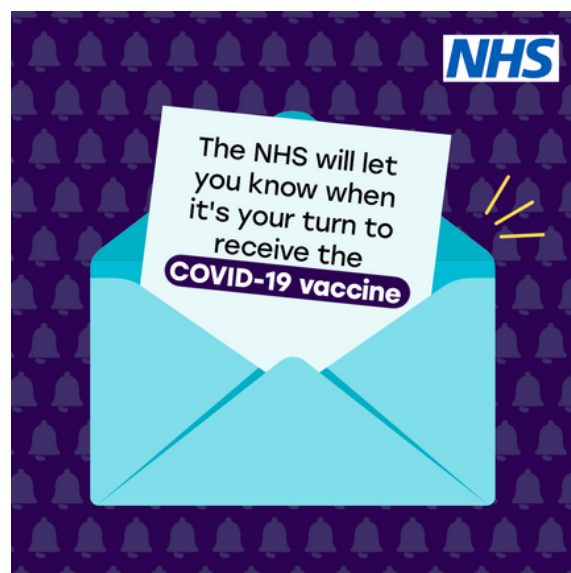
Nominations can be made for an individual, a practice team, or supporting body working in general practice and can be submitted here: <https://www.hidden-heroes.co.uk/>

We are looking forward to reading your entries!

I would like to end simply by saying thank you, to all of you. The work you do is appreciated by those who know what you do. We have always been proud to support that and never more so than now.

#PMpower

Author: Craig Arnott, Commercial Director of Dene Healthcare



Download useful web banner from [PHE](#)

Oberoi Consulting Appoints New NHS Strategic Lead

Oberoi Consulting, one of the UK's leading suppliers of IT clinical support services to the NHS and pharmaceutical industry, have expanded their team following a significant rise in demand for their services over the past 12 months.

Michele Richards has joined Oberoi Consulting as a Service Implementation Manager - drawing on her 12 years' experience as a GP surgery Practice Manager in Wales and previously a data control and IT manager.

She will lead Oberoi's NHS service engagement and development strategy with a particular focus on broadening the support network across the devolved nations.

Kavita Oberoi, who set up the company in 2001, explained: "We specialise in providing innovative clinical audit solutions that add value to both NHS and pharmaceutical clients and improve efficiencies that positively impact patient care.

"Michele's insight and experience in both IT and primary care will be invaluable in further developing our services for the NHS and particularly across the devolved nations where there are differences in service deployment and development.

"This will ensure our developing services and solutions continue to align with NHS needs.

"Our client portfolio has grown significantly over the past 12 months and Michele's appointment heralds the start of a number of new job roles that will be created in 2021.

Michele Richards continued: "Latterly, my role in GP practices has been to oversee data quality and profitability - particularly using EMIS and Vision clinical systems.

"I therefore know first-hand the current and future challenges, wants and needs of primary care providers which have all been further exacerbated by the pandemic.

"IT solutions are key to improving processes and ultimately patient care as well as enabling primary care providers to tender for and deliver enhanced services.

"I am excited to be able to continue my passion in primary care which is to work in partnership with various disciplines to find IT solutions that make a positive difference to providers, staff and patients across the UK."

Click [here](#) for the source article.

MICHELE RICHARDS



★ NEW DISPEX TUTOR ★

Displex have the pleasure of welcoming & introducing our NEW Tutor!!!

As described in the Oberoi article, with many years of experience and a passion for primary care Michele will be delivering our Introduction to Practice Finance sessions.

Click [here](#) for dates and details!

GP payment statements explained

Specialist medical accountant David Lockett* offers some tips on checking the practice's monthly statements for payments and deductions.

With the increasing reliance on the calculation of practice payments based on data automatically extracted from the practice's records, and also changes in when income is paid, it is essential that practices review their GMS/PMS statements on Open Exeter each month and reconcile them to the money received into their bank accounts.

Another reason for checking these statements carefully is to flush out any incorrect adjustments for superannuation. This has recently become an issue for both partners and salaried GPs. With delays in updating records for new starters and for GPs opting in or out of the NHS Pension Scheme, and also for end of year certificate adjustments, a complete review of the summary statement of payments will help practices check that adjustments are correct and reflect their communications with Primary Care Services England (PCSE). Here is an extract showing the summary from an Open Exeter June 2020 statement of payments, with notes below to explain each heading:

Global Sum / PMS Contract Value	33,884.15
Prescribing drugs	650.22
Prescribing – Based prices less VAT	520.11
Prescribing Drugs on cost, prescribing fees	130.11
Childhood Immunisation Target	888.64
Childhood Immunisation Two Year Olds (70%)	644.14
Childhood Immunisation Five Year Olds (70%)	244.50
Contract Adjustments	23,969.96
Total Gross Payment	59,392.97
Employee(s)'s Superannuation	2,968.42
Employer's Superannuation	2,565.80
Net Payment	53,858.75

Global Sum / PMS contract value

This is recalculated every three months based on a "normalised weighted" practice list size. The calculation is based on the Carr-Hill factors, including the local area average population, age/gender and rurality. For 2020/21 the GMS payment is £93.46 per weighted patient. PMS payments may be different due to local circumstances.

Further adjustments are made for additional service opt-outs such as out of hours, temporary residents and London weighting allowance. Note that from April 2020 any Correction Factor (Minimum Practice Income Guarantee) income ceased.

Prescribing drugs and childhood immunisation

Childhood immunisation data are extracted directly each quarter from the practice's records. Payments are

currently based on a 90% target, with a large reduction in income every quarter if the target is not met. The system is due to change from the target-based approach to more fully reflect work carried out.

Drug reimbursements are based on claims made by the practice for cost and fees for drugs prescribed.

Contract adjustments: Income includes enhanced service income, aspiration payments, notional/cost rent, rates, QoF and minor surgery claims. Deductions include statutory and voluntary levy contributions, for example LMC subs. Any historic superannuation adjustments for partners who have left the practice and in year corrections for current partners will be included here, along with other adjustments such as rent arrear catch-up payments.

Superannuation: Superannuation contributions are summarised by individual GPs and non GP partners. Monthly deductions for both employee and employer contributions are shown, along with any additional voluntary contributions. Any end of year superannuation adjustments should also be shown here.

Additional statements: As well as the Statement of Payments on Open Exeter, practices receive separate statements each month for local enhanced services and other NHS reimbursements. Sometimes, money coming into the practice's bank account can be a combination of these statements, so it is important to reconcile what has been physically received against statements each month to ensure the practice is receiving everything it is expecting. Where there are differences practices should chase them up and submit queries.

Monthly action list- Here are my key tips for managing this work:

1. Reconcile money in against remittances and statements on a monthly basis.
2. Keep a summary of statements by month so you can see patterns and identify gaps in income
3. Ensure CQRS claims agree to the practice's system

- Use templates to help with coding
- Use searches to check claims
- Claim on time

1. Check that the raw list size each quarter is correct
2. Check FP34D date for submissions made to make sure scripts and forms numbers agree
3. Review superannuation deductions taken

- Have new GPs/partners had deductions taken?
- Have payments ceased for retired or opted out GPs/partners?
- Do annual adjustments agree to superannuation certificates submitted?
- Have certificate adjustments been made?

**David Lockett's firm is a member of the Association of Independent Specialist Medical Accountants. Click [here](#) for the source

VAT Training Webinars

LAST CHANCE TO BOOK!!!

Maximising HMRC VAT claims- 11th February 2021

This webinar will cover the topics:

- 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

From practice manager to vaccination centre manager

The numbers of people already vaccinated in this country is a huge success story. Over six million doses already given and at a rate now of half a million doses per day, the majority of which have been delivered by primary care.

Not many countries have a primary care system like ours, and we should be rightly proud of the way it has responded in the last few weeks. Without primary care, the system would not have been able to mobilise the vaccination programme as quickly as it has (compare this to how long it is taking to get the mass vaccination centres set up!). As ever, it is general practice that has responded the quickest.

But these things don't just happen by themselves. This ability to respond is predicated on individuals who have the skills to make things happen, to coordinate, to be flexible, and to do whatever is required. Things like this don't happen without people who are prepared to set aside things like normal working hours and reasonable levels of stress to ensure the end goal is achieved.

In most places, these people are the practice managers.

This time the challenge has been even greater than normal. Not only did this set up take place over the Christmas and New Year period (meaning Christmas holidays were not an experience enjoyed by many practice managers last year!), but there has also been the additional challenge of requiring multiple practices to work together in 'PCN groupings'. This has meant more people involved, more challenges to overcome and more individuals to keep happy – in short, more complexity.

Whilst even getting the vaccination centres off the ground in the first place (agreeing the location, getting approval, working out the operational processes, sorting out the staffing, agreeing the financial flows etc etc) was a feat in itself, it has by no means been the end of the story. The challenges continue on a day to day basis. Deliveries arrive or are cancelled at extremely short notice, there are constant changes to the vaccines and how they can be used, and new rules on what is, and is not allowed, on an almost daily basis.

Even for the most seasoned practice manager, these are testing times. In our latest Practice Index podcast one of the practice managers on the panel described it as, "the

biggest challenge I have faced in my whole career". No longer only practice managers, now also vaccination centre managers.

Practice managers should be proud of the way they have responded, proud of the numbers already vaccinated across the country, and proud of the impact they are ultimately going to have in enabling us all to get through this crisis.

But one note of caution. We are still only six weeks in to this vaccination programme. There is still a long way to go, as the programme is expected to continue for many months to come. For many, the current pace is simply not sustainable. We need to find a way of moving from this start up phase to one that is more manageable long term, where the responsibilities are shared and the pressure is not focussed on one or two key individuals.

We need to look after ourselves, and we need to look after each other, so that this great work that general practice has started can be completed.

Click [here](https://practiceindex.co.uk) for the source: practiceindex.co.uk

SOME SIMPLE TIPS FOR IMPROVING YOUR SLEEP



TIP 01
Keep regular sleep hours

TIP 02
Attempt not to check your phone for an hour before bed

TIP 03
Consider turning your clock away so you can't see it

WHEN THINGS AREN'T SO GOOD OUT THERE...
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Visit **Every Mind Matters** for more tips and advice

Better Health every mind matters



11-12 February 2021

LEARN | DEBATE | NETWORK

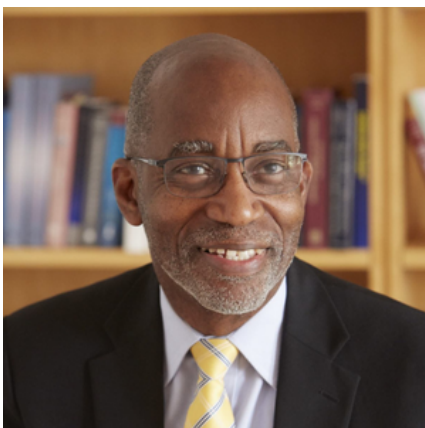
This online conference provides RCGP members and other primary healthcare professionals an opportunity to join together to understand how the future of general practice will impact on everyday practice and how to adapt. The conference will provide attendees with:

- a progress update on the building blocks discussed at our October 2020 event
- two days of over 30 concurrent sessions, with focuses on clinical updates, GP health and wellbeing, GP careers, medical education and hot topics
- a platform to network with peers and colleagues in a variety of breakout and social spaces
- essential CPD sessions on adult and child safeguarding
- practical solutions to adapt to the new-look general practice and care delivery models
- an opportunity to debate key issues for the profession
- hear from and quiz healthcare leaders and experts
- an electronic poster gallery to inspire your peers with ideas, initiatives and research
- access to conference content for six months after the event.

For further details please click [here](#)

DAVID WILLIAMS CONFIRMED

We're delighted to announce David Williams will be delivering a keynote speech.



An internationally recognised social scientist focused on social influences on health, David's research has enhanced our understanding of the complex ways in which socioeconomic status, race, stress, racism, health behavior and religious involvement can affect health

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ASK A DISPEX TUTOR



Dispex Member Query:

I am looking for more information on the items we can claim VAT back on within pa's. I don't quite understand the difference between the PA's that are administered on site and the ones that are taken off site. I was under the impression we could not claim VAT on PA's that were dispensed and taken by the patient to self administer. Is it possible you could clear this up for me?

Mel says:

PA Items & VAT is a notoriously tricky and confusing subject and takes a while to 'get your head around'

Put simply, PA items are medicines or appliances supplied by the practice and administered by a doctor or employee of the practice. These differ from dispensed medicines, which are dispensed by the dispensary and administered to patients.

However, the official definition differs between HMRC and the NHS - according to the HMRC, anything administered by a healthcare professional employed by a VAT registered practice, is a PA item & exempt. The NHS gives a VAT allowance on these when they are dispensed/administered in your practice. All dispensing practices are entitled to claim the NHS PA allowance for items listed by the NHS as 'personally administered'.

To claim VAT on items NOT considered PA by the HMRC, you must be VAT registered. As items considered PA by the HMRC are exempt from VAT, this procedure is not required. With regard to claiming for PA allowance from the NHS, all practices (dispensing and non-dispensing) are entitled to claim for PA allowance independent of VAT registration status.

Some items considered PA by the NHS, ie 'on the NHS PA list', are also items that HMRC considers to be dispensed items, ie items that can be routinely dispensed and taken home by the patient for self-administration. There is no definitive list of such items, but examples include: · Insulin · Metoject · sumatriptan injection · Genotropin · Clexane · Innohep · Instillagel · throat sprays containing local anaesthetic. These items can attract both the NHS PA allowance, and the input tax repayment (reclaimed VAT) from HMRC.

Practices are advised to take a close look at their payment statement, to assess the accuracy of PA payment. Practices should ensure that they reclaim input tax on all items that can be dispensed, as well as claim the PA allowance for eligible products.

Also, there is not a definitive list of PA Items available, if you want to see if a product is PA then you need to check the dm+d browser for the PADM indicator. Again, remember PA items are not just drugs. Real time information on the items that currently attract the NHS PA allowance, can be found in The Dictionary of Medicines and Devices (dm+d), annotated as 'Personally Administered Indicator – Attracts an administration fee'.

Like so much learning – once you scratch the surface it opens more questions! Dispex have a variety of Tutorials and Webinars to help you find the right answer and information on topics that affect your Practice-click [here](#) for details- email your queries to enquiries@dispex.net

No Lockdown In Activity Regarding Making or Fighting Community Pharmacy Applications

Despite the current difficult and turbulent times in this second wave of the COVID-19 pandemic the opportunists are busy.

Pharmacists are submitting Pharmaceutical Applications, which they can now do online. NHS England is still processing them. NHS Resolution the delegated appeal body is still processing appeals against the determinations of NHS England by interested parties.

The only aspect of the Pharmaceutical Services Regulations 2013 (as amended) that is on hold for obvious reasons are the Oral Hearings which because of the mandatory site visit cannot be conducted virtually by Microsoft Teams. NHS England is still holding virtual Oral Hearings as a site visit would already have taken place.

There appears to be very early indications that NHS Resolution may have become more relaxed in granting consent to join the Pharmaceutical List aka grant of a Community Pharmacy Licence. However, NHS England have become less inclined to take the views of dispensing doctors regarding Regulation 18 in the Regulations concerning the substantive grant of Pharmaceutical Consent.

Categorically if the predatory applicants proposed site is not in a Reserved Location, or if the quantum of all registered NHS patients in a 1.6 km radius of the best estimate of the applicant site is under by close to 2,750 there are extreme difficulties. Then the only effective defence in these circumstances is to submit a competing Pharmaceutical Application through a Limited Company controlled by the practice or a reliable third party. The author's experience as in the vast majority of cases usually both applications have been refused thus invoking the five - year rule.

The five-year rule means that the practice should be safe from a predatory pharmacy application for a period of five years after the final determination. Following a successful Judicial Review, by the author, NHS Resolution is precluded from granting both applications. Where one pharmacy application has been granted and invariably and happily it has been the one controlled by the practice. After grant of consent the practice has 15 months to decide whether it wishes to proceed with the pharmacy application.

It is not only the pharmacists that have been busy. Much to my surprise in the middle of the worse pandemic for 100 years, surgeries coping with its affects and the vaccination programme, practices are still looking ahead to relocation to a new site. If a dispensing practice relocates to a new site then recourse to the Regulations must be made to seek approval from NHS England for relocation of dispensing doctor dispensing services. Timing is not critical on this as the consent once granted has no expiry date. There is no penalty if the practice doesn't move. However, a very big danger here that such an application for relocation of Dispensing Services will be notified by the Local Pharmaceutical Committee (LPC) to the Community Pharmacists, thus alerting them of the move.

When Community Pharmacies are aware of a new surgery build invariably, they will put in predatory pharmacy applications. Where a GP medical practice is moving to a new site, they should seriously consider making their own pharmaceutical application. This can be undertaken by a Limited Company controlled by the doctors or a trusted third party.

The guest author of this article Nigel Morley MR-PharmS is considered rightly to be the leading Authority on the Pharmaceutical Services Regulations in their interactions with dispensing doctor practices.



If you are considering making a pharmacy application of your own or facing the daunting prospect of a predatory pharmacy application, why not contact at no cost or obligation Nigel Morley at: office@nvmholdings.com

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Looking after you too- By NHS England

#LookingAfterYouToo: Coaching support for primary care staff

We recognise that our frontline primary care colleagues involved in the delivery of primary care services, both clinical and non-clinical, are facing unprecedented challenges through Covid-19. We are keen to ensure all staff delivering frontline primary care services feel supported to maintain their psychological wellbeing during this time, enabling them to maintain the delivery of frontline primary care.

Individual coaching support is available with a highly skilled and experienced coach. This will be a space for you to offload the demands of whatever you are experiencing and be supported in developing practical strategies for dealing with this.

It might be that through a one-off conversation you have all the strategies you need to cope with your situation and stay well. Or you might find a few sessions helpful. It is all led by you.

Click [here](#) for the source article.

COVID-19: your wellbeing-By BMA

This guidance aims to help doctors and medical students working under extraordinary and challenging circumstances to look after their own health and wellbeing

As you strive to deliver the best possible care for your patients, it is crucial that you look after your own mental and physical wellbeing. You may find strategies that worked for you previously provide the best approach for you. Whatever your circumstances, we have identified some information and ideas that can support you to cope and be your best personal and professional self. Use the links (left on desktop, above on mobile) to navigate to a topic.

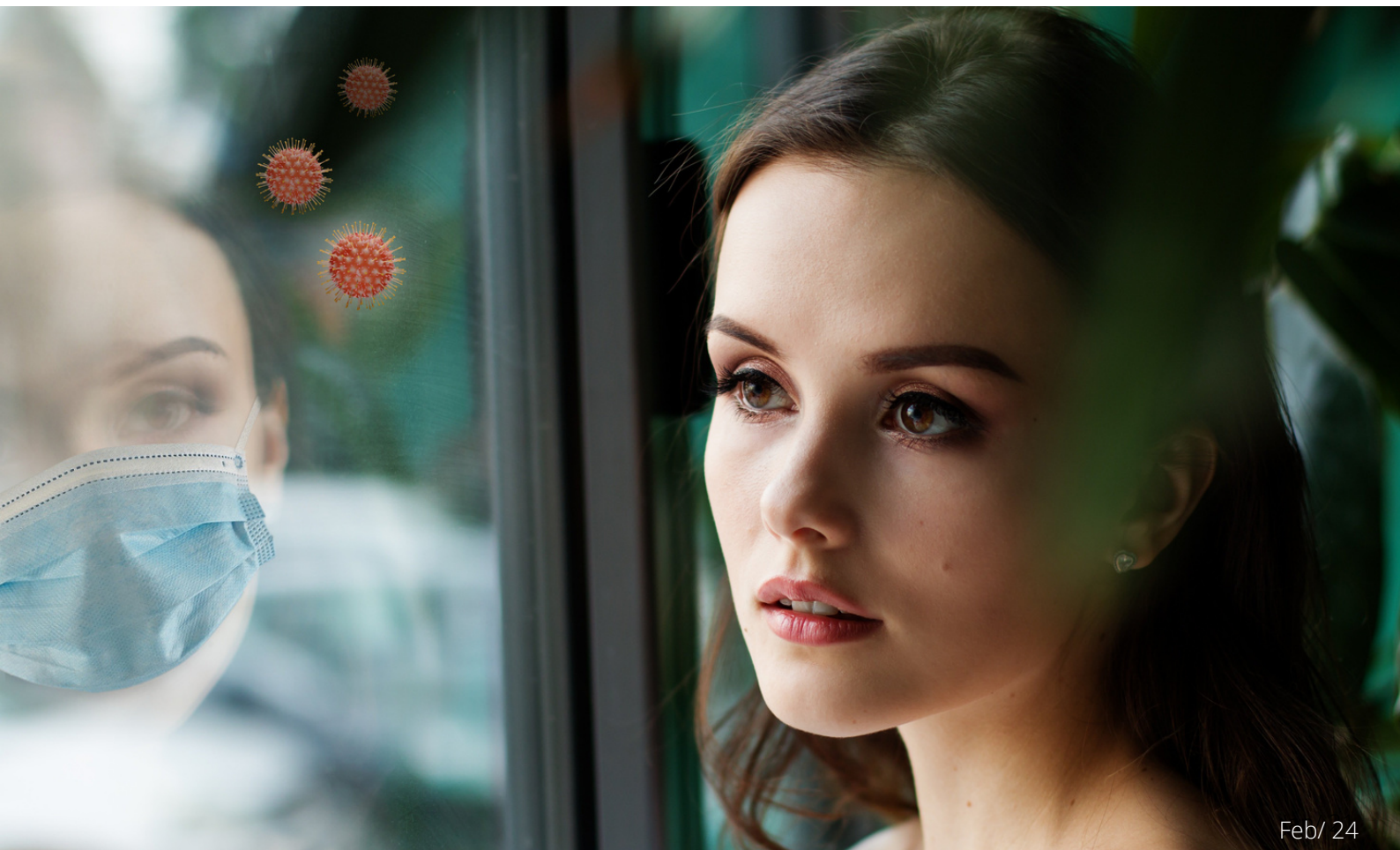
Your wellbeing

We have a range of services to support you.

- Counselling
- Peer support
- UK wellbeing support directory

Click [here](#) for the full support source article

Call our free and confidential helpline on 0330 123 1245



Dispensary

Audit

Shaun Newman Dispensing Doctors & Pharmacy Consulting

As a freelance Business Consultant, who thoroughly enjoyed a progressive 29-year career within the pharmaceutical/healthcare industry, I gained significant knowledge and experience in business and national/key account management, people management, coaching, training, setting vision/strategy, managing budgets and developing/implementing commercial arrangements.

Initially working within the NHS for 9 years, qualifying as a registered general nurse (RGN) and registered psychiatric nurse (RMN), before moving into the Pharmaceutical/Healthcare industry in 1991, and securing my ABPI in 1992.

Key experience, knowledge and customer interface for the last 20 years has been within the dispensing Doctor and pharmacy sectors, where nationally I managed the business through dispensing doctor's and led successful sales teams.

I have worked with many dispensing practices all over the Country. Looking to support them with any aspect of their dispensing business that I can, which regularly involves reviewing their prescribing, purchasing and dispensing with a view to maximising profitability.

A typical "Prescribing, Purchasing and Dispensing Profitability Analysis and Review" would include the following:

- Introductions and meeting with my key contact within the Dispensing practice
- Ascertain the Dispensing practice objectives relating to practice prescribing, purchasing and profitability through the dispensary
- Access to 3 – 6 months prescribing and purchasing data, which would need to be within a usable format
- Prescribing and purchasing review of the agreed number of most prescribed/high-cost products through the dispensary, for example: The top 5 products prescribed, purchased and dispensed
- Bespoke "Current v Potential" prescribing NHS spend and profitability report on the above number of products, produced and presented, via a PowerPoint presentation, to the key personnel within the practice
- The above report will include a conclusion of current prescribing, purchasing and dispensing of those identified products, with a recommendation of prescribing and purchasing moving forward, to either sustain or increase practice profitability

If you feel I could help you to improve your Dispensary profitability through the above review, and you would like to discuss or enquire further, please contact the Dispex office **01604 859000** for details. Review costs: £895 (would take approx. 2 days). **Dispex members are entitled to a 20% discount = cost of £716**

Flash to bang! How short is your fuse?

Do you find yourself becoming increasingly short-tempered or have you seen members of your team go from being happy and chatty to the person who comes to work, does their job and says nothing? Today's working environment is significantly different to what it was 12 months ago; little did we know then the significant impact that the COVID-19 pandemic would have on us all.

I find it hard to use the word 'normal' nowadays, because what is 'normal'? Towards the end of last year, we talked about the 'new normal' but, alas, we may not even be at that stage yet. I think we all know where we want to be – the desired end state, the 'norm for 2021'. How we will get there is anyone's guess, but what is important is that we all look out for one another.

A practice manager's office is often described as having a 'revolving door' and during this pandemic I'm surprised that revolving door hasn't come off its vertical axis! I think the lyrics from Queen and David Bowie's song 'Under Pressure' will resonate with everyone involved in healthcare:

***"It's the terror of knowing
What this world is about
Watching some good friends
Screaming let me out..."***

I look back at my earlier career and think of some of the things I had to do (e.g. deployments for six months) and a phrase that comes to mind is "that's life in a blue suit", a resigned acceptance of the vicissitudes of life in the Royal Navy. Fast forward to today and I – like most of us – never for one minute envisaged being locked down, having our movements restricted, wearing face masks, nor did I envisage such a real and devastating pandemic hitting the world with such force. I can't imagine saying to colleagues, or to my wife who works in critical care, "that's life in healthcare" or "that's life in the NHS". Simply put, this isn't normal; it's not life in healthcare because what's happening in healthcare right now isn't the norm.

The impact has been catastrophic and practices across the land, including our colleagues in secondary care, are striving to do their utmost to ensure that patients receive the expected level of care, when they need it, where they need it. In primary care much negativity has been witnessed, practices graffitied, staff abused. Why? All because we were trying to do the right thing – protect the patients, ourselves and others from COVID. Is it any wonder that people – our colleagues, our teams – are feeling pressurised; emotions are indeed running high; people are feeling like they're at complete and utter breaking point. One of the hardest things to talk about is mental health. As a manager, you want to be there for your team to support them, listen to them and advise them, nurture and guide

them through what could possibly be the toughest time of their careers to date. No doubt you'll be asking the team, "How are you feeling?" and signposting them to resources on mindfulness, mental health and well-being. You want to make sure they don't burn out or develop mental health issues; you want to support your team who are on-site, those who are working remotely and those who are clinically extremely vulnerable. You're supporting a team with anxieties and concerns about being exposed, about the effectiveness of PPE, and ultimately a team worried about themselves, their colleagues and their families. You're helping people overcome isolation from their loved ones. Did you ever think you'd find yourself in this position? I haven't yet mentioned managing absences and facilitating COVID-19 vaccination clinics, as well as the other multiple hats you wear in your 'normal' day job.

Has anyone asked you, "How are you feeling?" and if they do ask, do they really listen to you? I hear the lyrics of another song in my head now; this time by Lewis Capaldi, 'Someone You Loved': "I'm going under and this time I fear there's no one to save me..."

Managers are the lynchpin of their team and when the manager breaks, the impact on their teams, their practice, their patients can be so disruptive. So, what can we do about it? It may be easier said than done, and whilst some may see it as a dent in their personal pride, it really is OK not to be OK, and to ask for help.

For almost a year, you've been supporting your team through COVID and it will have had an impact on you at some point. Being able to talk freely will help, as will being listened to. Maybe you don't want to be a burden, but you can't bottle up things that are bothering you indefinitely, because at some point your fuse will blow and none of us want to witness a flash-to-bang moment!

There are so many feelings or emotions that we're experiencing, or have experienced, as a result of coronavirus; there's anger, frustration, loneliness, anxiety, low mood, stress or even feeling judged by others. The latter may seem odd, but a colleague of my wife left her house with a suitcase to go and spend four days at work in critical care, and the look she got from her neighbour was apparently a look of disgust. If only they'd known where she was going!

I'm going to arrange two really good Virtual Learning sessions (webinars); one will cover [active listening](#) and the other will look at developing sustainable behaviours. Both will be interesting, helpful and will be delivered by subject-matter experts. You might also find our eLearning course '[Mental Health in the Workplace](#)' [FREE in the [HUB](#)] helpful for you and your practice staff. Click [here](#) to read the source article in full.



LEADERSHIP IN PRACTICE

building capability in general practice

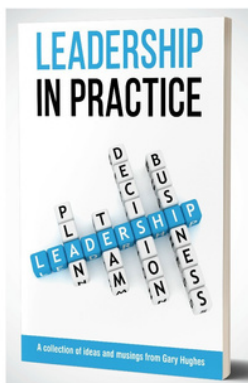
At Leadership in Practice Gary and Chris share a passion for simplicity and excellence in leadership and management and helping others reach their potential.



Chris has over 25 years of learning and development experience as well as leading large, global teams. Gary has enjoyed the last 12 years in primary care and has experienced all aspects of business as an owner, director and manager.

Together we bring skills in developing people and organisations at the very highest level, along with success in leading, managing and merging organisations within primary care and the commercial sector.

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The Leadership in Practice podcast is for all Managers and Leaders in general practice, providing ideas and tools on all things business, management and leadership. Each episode is an easy listen and the perfect length of around 10 minutes to squeeze into a busy day or catch on a commute.

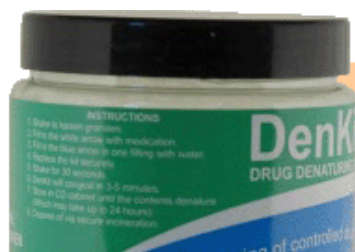


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Feb/ 28

But... I'm not a Doctor!

Now that I am fully recovered from Covid, I have had the pleasure of supporting the COVID-19 vaccination programme on the front line.



Being part of something which will be linked in history fills me with so much pride. However, when patients thanked me for my support, the first thing I thought was...

“But, I'm not a doctor! I'm not a nurse or a pharmacist. I'm not even a vaccinator. I'm just a manager.”

Yes. My imposter syndrome reared its ugly head again.

I have spoken about this before on my podcast and no doubt, I will talk about it again.

However, this time, I managed to catch my thoughts and reframe them, and when people said thank you, I told myself to simply accept it. People don't care what your title is. They appreciate that you helped them and were kind to them at that moment.

If you can relate to this, I hope that sharing my experience helps you to better accept the next compliment you receive.

And when I say THANK YOU to everyone involved in the vaccination programme, I'm saying this from our shared knowledge of how much work this mammoth operation takes... Logistics, workforce, training, finances, IT, national messages, local communications, standard operating procedures, premises, personal protective equipment, CQC, demand, targets...the list goes on.

Everybody's contribution is needed and valued. Sometimes you need a little support to help reframe your mindset, accept those compliments and believe you can achieve your goals. If this is you - [I would love to help.](#)

I can provide practical, honest guidance and advice to help you progress your priorities whilst keeping your imposter syndrome at bay. [Find out exactly how I can help you.](#)

Take care! From Tara- thcprimarycare.co.uk

Drug shortages - live tracker-By MIMS online

Updated constantly, the table lists products currently reported to be out of stock in the UK. It is intended to save healthcare professionals time by indicating how long shortages are expected to last and helping them find alternative treatments. Click [here](#) for the tracker site.

Primary Care Network: Pulse oximetry supporting general practice-By NHS England

Pulse oximeters are being distributed across the country to help support the COVID-19 pandemic response. But how do they work and why is pulse oximetry becoming such a crucial part of how general practice is delivered during a pandemic? Click [here](#) to read the source article.

Medicines and Medical Devices Bill: overarching documents Further documents relating to the Medicines and Medical Devices Bill 2020. Last updated 25 January 2021- From: Department of Health and Social Care

The impact assessment evaluates the measures in the Medicines and Medical Devices Bill and gives an overarching assessment of the impact they will have.

The illustrative statutory instruments accompany the Delegated Powers Memorandum. These are illustrative examples of how the powers in the bill may be used, and are not final drafts for consultation. The factsheets provide additional information on key areas of the Medicines and Medical Devices Bill.

The document 'how a medical device information system may work in practice' relates to an amendment of the Medicines and Medical Devices Bill. Click [here](#) for the source site.

Inhalers, a Guide to Breath-Actuated Devices

The content is from the MIMS Respiratory clinic Key features of dry powder and aerosol inhalers. Last updated 22nd January 2021: added Atecura and Enerzair Breez-halers- click [here](#) to view the table

Serious shortage protocols (SSPs) SSP009

From Department of Health and Social Care SSP-NHSBS

Fluoxetine 40mg capsules

In response to significant ongoing disruption to the supply of Fluoxetine 40mg capsules, a Serious Shortage Protocol has been issued by the Department of Health and Social Care. The time period covers 29th January 2021 to 31st March 2021! Scope for which this Serious Shortage Protocol (SSP) applies: England, Wales and Northern Ireland.

Please click [here](#) and [here](#) for the supporting guidance.

Changes to the NHS Pension Scheme regulations

By Department of Health and Social Care

Summary: The Department of Health and Social Care is consulting on proposals to change NHS Pension Scheme regulations.

Consultation description

Proposed changes include:

- equalising the entitlement to survivor pensions for male survivors of female scheme members, following the Employment Tribunal decision in Goodwin v Secretary of State for Education
- removing certain amendments to the 1995 Section Regulations made by the Civil Partnership (Opposite Sex Couples) Regulations 2019 following Goodwin
- ensuring that payments and allowances under the New to Partnership Payments Scheme are treated as non-pensionable earnings
- reforming the final pay control provisions of the 1995 Section Regulations.

The consultation document outlines all the proposed changes and gives details on how to submit a response. Click [here](#) to read the full source articles.

Tobacco legislation coming into force between 2010 and 2015: post implementation review

By Department of Health and Social Care

This report presents the evidence and findings of post implementation reviews (PIRs) for the following 5 pieces of legislation:

- Tobacco Advertising and Promotion (Display) (England) Regulations 2010
- Tobacco Advertising and Promotion (Specialist Tobacconists) (England) Regulations 2010
- Tobacco Advertising and Promotion (Display of Prices) (England) Regulations 2010
- Smoke-free (Private Vehicles) Regulations 2015
- Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015

Click [here](#) to read the source reports

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Nigel Morley has provided specialist expert advice to dispensing practices for many years. He is available to answer specialised queries from Dispex members, on issues relating to dispensing, community pharmacy, wholesaling, controlled drugs and any other relevant associated topics.

Over the last 20 years Nigel has won 62 rurality battles, fought over 100 predatory pharmacy applications and obtained 22 pharmacy licences for Dispex members. He is an acknowledged expert on the Pharmaceutical Service Regulations as applicable to pharmacy and dispensary doctor contractors. If you have a problem he should be your first port of call.

If you have a Dispensary query or issue that you feel requires expertise guidance, then please, contact Nigel directly or through the Dispex office on **01604 859000**.

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PRACTICE MANAGERS

Social Media and the NHS

By Marc Schmid-Redmoor Health Limited & Redmoor Communications CIC

It's no understatement to say that front line health teams are often fearful of using social media.

A fear of opening flood gates and making themselves vulnerable to a barrage of negative contacts from patients.

Prior to Covid, the situation had begun to change with health teams using the power of social media for good, for example, on promoting cancer screening.

Covid threatened to knock back this progress as social media became a source of damaging misinformation about the pandemic.

Thankfully, more health teams are responding by embracing the power of social media for good. Just last week a GP in Buckinghamshire decided to create a TikTok video to counter vaccine and Pandemic urban myths.

In Staffordshire, networks of GP practices have begun co-ordinating vaccination related Facebook posts.

So why does this matter to the creative industries? Pre-Covid, the focus would have been on answering the question from health teams 'why should we use social media?'



Now, we are finding the question is 'which types of social media are best for us?'

A subtle difference, but one which will lead to some exciting improvements in the quality of information that is cascaded to the public from health teams and opportunities for the creative industry to be a key part of that.



Marc Schmid
1st CEO at Redmoor Health Limited & Redmoor Communications CIC
redmoorhealth.co.uk

TOP 25 LOSS MAKING GENERICS

FEBRUARY 2021

Example

Product	Pack	Tariff	Best Price	Loss
Zonisamide 100mg Caps	56	£ 7.25	£ 49.99	-£ 42.74
Olmesartan 40mg Tabs	28	£ 3.33	£ 12.99	-£ 9.66
Olmesartan 20mg Tabs	28	£ 2.54	£ 11.29	-£ 8.75

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WWW.DISPEX.NET

Major step forward in creating a truly digital NHS through world's largest email migration to the cloud-By NHS Digital 1st February 2021

NHS Digital has successfully completed the world's largest ever enterprise email migration after moving 2.1m NHSmail mailboxes over to Microsoft's Exchange Online platform.

The large-scale migration marks an important step towards creating a joined-up NHS and equipping frontline services with the latest digital tools and services available.

Moving to Microsoft's Exchange Online platform will enable frontline staff to communicate more effectively and support them as they continue to respond to the pandemic - reducing the burden of administration and ultimately improving patient safety.

The work, which began in August 2020, was undertaken in collaboration with Accenture¹ and Microsoft² and completed today with the vast majority of users experiencing no interruption in service.

Around 22,000 NHSmail accounts were moved over to the cloud every evening and 83,000 accounts across each weekend.

The migration aligns the NHSmail system with the Secretary of State Matt Hancock's vision for a cloud-first NHS. NHS Digital's Chief Executive Sarah Wilkinson said: "The migration of NHSmail to Exchange Online has enabled us to provide staff across the NHS with a mail system which is functionally richer, more secure and lower cost.

"We have also deployed a Microsoft Hybrid implementation of Office 365 to the NHSmail platform, which is allowing NHS organisations to provision O365 services much faster, integrate with the existing NHSmail identity, and collaborate more easily. These additional Office365 services build on the deployment of Microsoft Teams, which we rolled-out at the start of the COVID-19 pandemic and is currently used to send almost 1m messages across the NHS every day.

"I'm very proud of the Collaboration Services Team at NHS Digital for delivering the world's largest ever Microsoft email migration, in the middle of the pandemic, when the organisation, and many of our staff, have been under so many other pressures."

One of the benefits of NHSmail now being cloud based is it will automatically update to the latest version of Microsoft's Office 365 collaboration suite, so users will always have access to the latest tools and capabilities.

It also enables NHSmail to now provide Office 365 services, building on the deployment of Microsoft Teams, which was first deployed at the start of the COVID-19 pandemic and is currently used to send almost 1m messages across the NHS every day.

Accenture's Chief Executive Julie Sweet said: "We are incredibly proud to help the NHS and its essential frontline workers use the very best digital tools available to respond to the COVID-19 crisis.

"Completing this migration at unparalleled speed and scale to equip NHS staff with a new cloud-based platform that enhances their productivity and the delivery of critical services to patients is a testament to how today's urgent challenges can be met with the powerful combination of technology and human ingenuity.

"Microsoft UK's Chief Executive Clare Barclay said: "Whilst the NHS has had to function under incredibly challenging circumstances this past year, Microsoft has been proud to support its vital work in any way we can.

"The rapid rollout of Microsoft 365 has ensured that clinicians and support staff across England have access to the very latest productivity tools, enabling a truly joined up approach in the fight against COVID-19 and the effective delivery of essential care services."

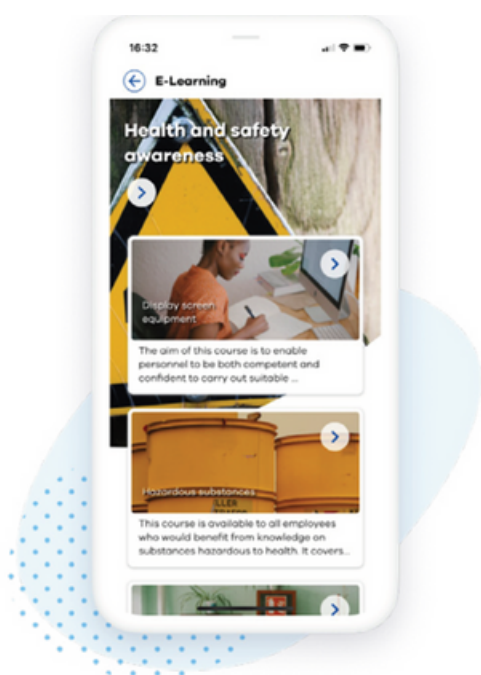
Click [here](#) for the source article.



Manage your health & safety tasks on the move.

The new BrightSafe On The Go app makes it quick and easy for you to manage health & safety tasks—even when you're away from the workplace. Simply fire up your mobile to:

- **Access your risk assessment library:** Browse risk assessments, update existing ones, and set review date reminders—all in a few quick taps.
- **Identify workplace hazards:** Update risk assessments with new workplace hazards and upload images in a click.
- **Track your safety tasks:** Check out your task list to see exactly which jobs need completing soon and which are outstanding.
- **Download health & safety documents:** Access hundreds of expertly written health & safety documents and save them to your mobile.
- **Enjoy instant advice:** At the tap of a button, you can speak to qualified health & safety experts 24 hours a day, 7 days a week.



Complete e-learning courses wherever you are

BrightSafe On the Go comes with a range of e-learning courses to help you and your employees stay up to date with the latest health & safety laws. The courses cover essential topics like:

- Display screen equipment
- Hazardous substances
- Fire safety awareness
- Lone working
- Manual handling awareness

Plus, as all the courses are available through the app, you and your staff can dip in and out of them whenever you have a spare moment. You'll even get a CPD-accredited certificate at the end of each course.

Keep on top of health & safety tasks

Whether it's replacing an old ladder or testing a fire alarm, there's always a health & safety job that needs completing in your workplace. And that's why we've created BrightSafe's new task list for the app.

It's an exclusive new feature that shows you which health & safety tasks need carrying out over the next seven days, based on your risk assessments. It even tells you which ones are overdue, so you don't forget to complete them.

Then, once you've finished the job and updated your risk assessment, BrightSafe automatically removes the task from your list—helping you to prioritise what's left.

For more information about BrightSafe On The Go, please call Nick Babington on **07896036993** or email **Nick.Babington@Croner.co.uk**

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