

Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



24.06.21

1-2pm

DM+D, PAs and VAT Webinar

FREE for Dispex Members-See page 1 for details

Hosted by Dr Philip Koopowitz & Dispex

Dispex Tutorials - pages 2-5

Whatever happens with the pandemic over the coming months-years dispensing doctors will still have an essential role to play in the supply of healthcare and medicines to patients.

Your dispensary is a vital source of income to help fund essential healthcare services. You must continue to run your dispensary as a small business and keep up-to-date on the latest changes to reimbursement and understand your income and outgoings.

What better way to do this, than to attend our upcoming **DM+D, PAs & VAT** webinar-FREE to Dispex members! As well as attending our Business Management and Profitability online [tutorials](#) -Discount for Dispex members! Details on all can be found within this months' Gazette- **NOW including our Autumn-Winter tutorial dates!**

The Dispensary Gazette

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Also, take time to read through this months' profitability guide "Dispensing Hints and Tips" from the Spotdispensing Team on page 28.

Finally, Pharmaceutical Needs Assessments is also a hot topic this month and Dispex members can access a complimentary SWOT analysis from Nigel Morley. Please see page 15 for details.

Best Wishes,

Claudy Rodhouse

Editorial Contributor

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24.06.21

1-2pm

DM+D, PAs and VAT Webinar

FREE for Dispex Members

Hosted by Dr Philip Koopowitz & Dispex

Dr Philip Koopowitz will be presenting a webinar entitled “DM+D, PA, VAT and other acronyms”. He will discuss How to unravel PAs and VAT and how to simply utilise the DM+D.

There will be plenty of time for Q & As.

This webinar is free for Dispex members, non-members will need to pay a non-refundable fee of £30+vat pp, the commercial delegate fee is £50+vat pp*.

Places are limited to 100 delegates, so don't miss out-BOOK TODAY!!

HOW TO BOOK

Dispex members will need to obtain a discount code from inside the members area of the [website](#) or email training@dispex.net - To book please click [here](#).

The discount code will need to be applied at checkout.

*price is per person + booking fees+vat

Confirmed Supporters



The webinar is supported by Takeda UK Ltd and Lexon UK Ltd (further supporters may be added), none of whom will have any direct input into the content of the talk. This talk is only open to Healthcare professionals.

June/ 1

2021 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor



Each session is limited to 12 delegates!

AUTUMN-WINTER 2021 SCHEDULE

We are pleased to announce our popular “bitesize” online tutorial dates have been confirmed for the Autumn and Winter term*. Our dedicated tutors have enjoyed teaching our delegates via Zoom, which has allowed us to continue to support dispensing and practice training during the pandemic- they look forward to teaching you in the coming months.

HOW TO BOOK: Please book online at www.dispex.net/training

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

COURSE TIMES ARE 1-2PM

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.

(16TH JUNE FULLY BOOKED) & 8TH SEP

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.

28TH JULY & 6TH OCT

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

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.

1ST JULY & 18TH NOV

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 AUG & 2ND DEC

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)

23RD JUNE & 9TH NOV

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.

18TH AUG & 28TH OCT

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.

**(7TH JULY FULLY BOOKED),
22ND SEP & 24TH NOV**

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.

21ST JULY, 15TH SEP & 1ST DEC

DRUG TARIFF & ENDORSING

Book Online- www.dispex.net

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

17TH JUNE & 1ST SEP

INTRO TO PRACTICE FINANCE

Our Intro to Practice Finance Tutorials covers the "the practice's finances" and touches on dispensing finance! Also suitable for prescribing only sites!

PF PART 1

Understanding Practice Income

This 1 hour session is aimed at those new to the management of a **practice** and anyone looking to refresh their knowledge. Delegates will 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.

3RD JUNE, 2ND SEP & 4TH NOV

PF PART 2

Maximising Income

This 1 hour session is for managers and partners unfamiliar with practice income wishing to learn 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.

8TH JULY, 14TH OCT & 9TH DEC



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.

10TH JUNE & 9TH SEP

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.

14TH JULY & 13TH OCT

BM- PART 3

The final part of this Tutorial series explains why a Prescribing Formulary 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.

25TH AUG & 9TH NOV

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.

30TH JUNE & 20TH OCT

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.

22ND JULY & 17TH NOV

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.

11TH AUG, 29TH SEP & 8TH DEC



feedback

**" Very
comprehensive
content"**

Dispensary Team Leader

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

Dispensary Lead

"Informative if using DSQS"

DSQS Guidance-Lead Dispenser

**"The DSQS course has given me
more confidence to do DRUMS"**

DSQS Guidance- Dispenser

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

Dispenser

**"Very helpful-
clearly explained"**

Dispensary Manager

**" There was a lot of information
offered and it was explained
very clearly. It was easy to
follow and had a good delivery"**

Intro to practice finance -Finance Team

**"Course was on
time & engaging"**

Senior Partner

**"Good knowledge
of subject"**

Dispenser

CUSTOMER SERVICE

NEW ADDRESS

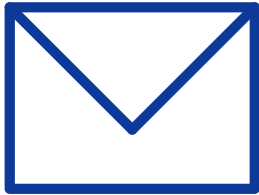


Please note we have a new postal address!



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10am-3pm



dispex.net

New look site coming soon



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DISPEX LIMITED**



Over a year on from the first UK national lockdown, and with the country hopefully continuing its journey towards a less COVID-disrupted way of life, now is a good time for reflection.

At Hub & Spoke Innovations, it has been an eventful period, with many dispensing practices and community pharmacies seeking out the Pharmaself24 for its ability to support patients and teams with medicine collection in an inherently socially distanced way.

Throughout it all, we have looked to learn all we can from customers both existing and new, with a view to developing a detailed understanding of what they hope to achieve through 24-hour prescription collection and how it actually works for them post-installation in the context of the real world. In our conversations there are some comments that repeatedly bubble to the surface, serving to highlight a number of key themes.

A calmer environment: Pre-COVID, queues inside the surgery added to the pressure on busy dispensary teams. Lockdowns opened a whole new set of challenges, with bags being handed out through windows to patients waiting in the rain. Providing a self-service collection option via the Pharmaself24 has provided a clear route to ease this pressure.

A seamless collection process: For patients, there is always an element of the unknown about when to collect their prescription, and for the dispensing team there are

also a number of factors, such as stock availability, that can complicate matters further. In a world where Amazon sets the standard for convenience, receiving a text to alert you that your prescription is ready for collection has the power to dial down frustration levels among patients and surgery staff.

A receptive audience: When considering their patient demographic, many surgeries look at the proportion of older people and perhaps question whether they will be dismissive of new technology in a setting that has remained unchanged for decades. While you can never eradicate resistant voices entirely, our customers have been very pleasantly surprised at how these groups in particular have embraced the convenience of the Pharmaself24.

The future still holds many unknowns – particularly with regard to the post-COVID landscape and the growing influence of internet pharmacies – but looking back at our customers' experiences has shown that 24-hour collection technology is likely to play an ever more important role in the evolution of the interface between patients and primary care providers.

No queues, no waiting, no fuss.

For more information please visit pharmaself24.co.uk

DISPEX

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

DispexCD accounts include
a complimentary CD
Returns Register!

NICE recommendations for dealing with
returns CDs:

**Witnessing and recording the destruction and
disposal of stock controlled drugs**

1.8.3 Health professionals and service providers who are required by the 2001 Regulations to maintain a controlled drugs register must have an authorised person present to witness the destruction of stock controlled drugs in Schedule 2 in line with Regulation 27 of the 2001 Regulations.

1.8.4 When destroying and disposing of stock controlled drugs in Schedule 2, health professionals:

- must record the following, in line with Regulation 27 of the 2001 Regulations:
 - the name, strength and form of the controlled drug
 - the quantity
 - the date of destruction
 - the signature of the authorised person witnessing the destruction
- should record the signature of the person destroying the controlled drugs.

Click [here](#) for the full source information.

Simple to set up, straightforward to use!

Date supply received or date supplied	Name and address from which received	Quantity received	Person or firm supplied	Details of authority to possess or supply	Details of destruction	Was proof of identity required of person collecting drug?	Was proof of identity provided?	Quantity supplied	Balance
17-03-2021	John Doe 1 Unknown Place Gregory House (123456789) Pocetion plamibono				Patient Collected	Yes	Yes	40ml	2140ml
16-12-2020	John Test smith 1 Wonders Road Gregory House (123456789) Pocetion plamibono				Patient Collected	Yes	No	113ml	2029ml
18-03-2021	Balance Checked Checked By: Test Pharmacist (7654321)								2029ml

Have a look around the DispexCD and see how
easy it is to use- Visit the above [Youtube video](#)

WWW.DISPEX.NET

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. **PLEASE NOTE: You must register with the dispensary@nhs.net address!!**

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](#)

YOU MUST REGISTER WITH THE [DISPENSARY@NHS.NET](mailto:dispensary@nhs.net) ADDRESS!!

WHAT'S NEW FOR GP PENSIONS ANNUAL ALLOWANCE AND LIFETIME ALLOWANCE?

Pensions Annual Allowance

While Rishi Sunak's recent Budget may not have made any further changes to pensions annual allowance, it is important to remember that there were significant changes from the 2020/21 tax year.

Prior to 2020/21

For the 2019/20 tax year the annual allowance was £40,000 with threshold income at £110,000 and adjusted income at £150,000. If a GP's threshold income was below £110,000 then the full £40,000 annual allowance was available. Threshold income is broadly an individual's taxable income for the tax year less the gross amount of any relief at source pension contributions.

If an individual's threshold income exceeded the £110,000 level then you are required to calculate their adjusted income by adding the pension growth in the year from the NHS plus any other private pension contributions to the threshold income. If the resulting adjusted income figure exceeded £150,000 then the £40,000 annual allowance was reduced. The reduction is £1 for every £2 that the adjusted income exceeded £150,000, but the annual allowance could not be reduced below £10,000.

Remember that for 2019/20 there was an exceptional arrangement whereby NHS pension scheme members were able to have any pensions annual allowance tax charge arising on their NHS pension (excluding a charge from added years contracts and University superannuation schemes) met by the NHS Pension Scheme through Scheme Pays. While a member can apply for Scheme Pays in any tax year, the difference for 2019/20 was that on retirement NHS England will ensure that the individual's pension is made good – a promise underwritten by the Government. Therefore, most GPs will have had a reprieve from pensions annual allowance tax charges on their NHS pension for 2019/20 – but only that year.

What changed from 2020/21?

Last March, Rishi Sunak announced that from 2020/21 onwards the threshold income level would increase from £110,000 to £200,000 and the adjusted income level from £150,000 to £240,000. Helpfully this is likely to have taken the majority of GPs out of pensions annual allowance tapering and they will have the full annual allowance of £40,000 available to them.

However, this doesn't mean that they will not suffer a pensions annual allowance tax charge: there would still be a tax charge if their pension growth and private pension contributions exceeded £40,000 (and they didn't have sufficient brought forward allowances to offset this excess). Therefore, careful checking is still required.

The sting in the tail is that very high earning GPs can now have their pensions annual allowance reduced down as far as £4,000 (rather than £10,000) so they are likely to see higher pensions annual allowance tax charges than before.

Pensions Lifetime Allowance

Within the March 2021 Budget, the Chancellor decided to freeze the pensions lifetime allowance at £1,073,100 for all tax years to 2025/26 rather than allowing inflation linked annual increases. Therefore, more taxpayers are likely to exceed this allowance and those that do will pay higher tax charges on retirement. Carefully planning the way you decide to take your NHS benefits at retirement can help mitigate lifetime allowance charges so seek advice from your financial planning adviser.

Make sure you obtain a Pensions Annual Allowance statement and Pensions Total Rewards statement each year and send these to your Accountants so they can help you keep on top of these charges. Next month we will look at the impact of the Mcleod judgement including what this means for those doing opt in and opt outs.

For help and advice please get in touch with your usual BDO contact.



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"Long covid" in primary care

Assessment and initial management of patients with continuing symptoms

Post-acute covid-19 appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Clinical management requires a whole-patient perspective. This graphic summarises the assessment and initial management of patients with delayed recovery from an episode of covid-19 that was managed in the community or in a standard hospital ward.

An uncertain picture



The long term course of covid-19 is unknown. This graphic presents an approach based on evidence available at the time of publication.

However, caution is advised, as patients may present atypically, and new treatments are likely to emerge

Managing comorbidities

Many patients have comorbidities including diabetes, hypertension, kidney disease or ischaemic heart disease. These need to be managed in conjunction with covid-19 treatment. Refer to condition specific guidance, available in the associated article by Greenhalgh and colleagues

Safety netting and referral

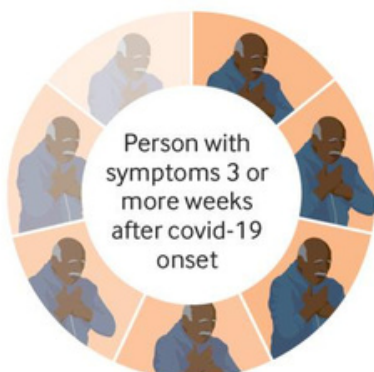
The patient should seek medical advice if concerned, for example:

- Worsening breathlessness
- $PaO_2 < 96\%$
- Unexplained chest pain
- New confusion
- Focal weakness

Specialist referral may be indicated, based on clinical findings, for example:

- Respiratory** if suspected pulmonary embolism, severe pneumonia
- Cardiology** if suspected myocardial infarction, pericarditis, myocarditis or new heart failure
- Neurology** if suspected neurovascular or acute neurological event

Pulmonary rehabilitation may be indicated if patient has persistent breathlessness following review



Person with symptoms 3 or more weeks after covid-19 onset

Clinical assessment

Full history
From date of first symptom

Current symptoms
Nature and severity

Examination, for example:

- Temperature
- Heart rate and rhythm
- Blood pressure
- Respiratory examination
- Functional status
- Pulse oximetry
- Clinical testing

If indicated

Assess comorbidities

Social and financial circumstances

Social, financial, and cultural support

Prolonged covid-19 may limit the ability to engage in work and family activities. Patients may have experienced family bereavements as well as job losses and consequent financial stress and food poverty. See the associated article by Greenhalgh and colleagues for a list of external resources to help with these problems

Medical management

Symptomatic, such as treating fever with paracetamol

Optimise control of long term conditions

Listening and empathy

Consider antibiotics for secondary infection

Treat specific complications as indicated

Self management

Daily pulse oximetry

Attention to general health

Rest and relaxation

Self pacing and gradual increase in exercise if tolerated

Set achievable targets

- Diet
- Sleep
- Quitting smoking
- Limiting alcohol
- Limiting caffeine

Mental health

In the consultation:

- Continuity of care
- Avoid inappropriate medicalisation
- Longer appointments for patients with complex needs (face to face if needed)

In the community:

- Community linkworker
- Patient peer support groups
- Attached mental health support service
- Cross-sector partnerships with social care, community services, faith groups





VAT Training Webinars

Maximising HMRC VAT claims- **8th July 1-2pm**

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

FREE to attend

Webinar Time: 1-2pm

CLICK HERE TO BOOK

 **mha**
MOORE & SMALLEY

 **DISPEX**

A new strategy for the changing world of health and social care- Our strategy from 2021

We're changing how we regulate to improve care for everyone.

What we've learned from the past five years puts us in a better position for the future. Our new strategy combines this learning and experience and we've developed it with valuable contributions from the public, service providers and all our partners. It means our regulation will be more relevant to the way care is now delivered, more flexible to manage risk and uncertainty, and will enable us to respond in a quicker and more proportionate way as the health and care environment continues to evolve.

This new strategy strengthens our commitment to deliver our purpose: to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve. Our strategy is purposefully ambitious, and to implement it we will need to work closely with others to make it a reality.

We'll review this strategy regularly so we can adapt to changes and be prepared for what the future holds.

Our purpose and our role as a regulator won't change – but how we work will be different. We set out our ambitions under four themes:

• People and communities

Regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services

• Smarter regulation

Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with us and a more proportionate response

• Safety through learning

Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives

• Accelerating improvement

Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most

Running through each theme are two core ambitions:

• Assessing local systems

Providing independent assurance to the public of the quality of care in their area

• Tackling inequalities in health and care

Pushing for equality of access, experiences and outcomes from health and social care services

We'll look at how the care provided in a local system is improving outcomes for people and reducing inequalities in their care. This means looking at how services are working together within an integrated system, as well as how systems are performing as a whole.

We're committed to our ambition of regulating to advance equality and protect people's Human Rights. Everyone in health and social care has a role to play in tackling the inequalities in health and care for some people. This strategy sets out our ambition for how we can help influence change.

Click [here](#) for the full guidance.



ASK A DISPEX TUTOR



Dispex Member Query:

We are interested in your training tutorials, however, our Senior and Lead Dispensers have been here for years and are very experienced- will attending a Dispex session add to their underpinning knowledge?

Mel says:

Every Dispensary Manager and Senior Dispenser would benefit from the tutorials, as all staff have a responsibility to stay up-to-date, prescribe using their budget effectively- whilst ensuring the Dispensary continues to be profitable.

Plus there are plenty of opportunities to ask questions and engage throughout the tutorials, which we encourage!!

Visit the Dispex [website](#) to book your training requirements.

FREE SWOT ANALYSIS

For Dispex members

Provided by Nigel Morley

**HOLDINGS LTD.**

Pharmaceutical Needs Assessments (PNA)

The Health and Social Care Act 2012 transferred responsibility to developing and updating of the PNA Health to the Well Being Boards (HWB) from PCT's. PNA's inform commissioning decisions in respect of new admissions to the Pharmaceutical List of NHS England i.e new community pharmacies. The Pharmaceutical List has four cohorts:

- 1) **Pharmaceutical Contractors**
- 2) **Dispensing Appliance Contractors**
- 3) **Dispensing doctors**
- 4) **Providers of local Pharmaceutical Services**

In assessing Pharmaceutical Needs the provision of services by all the above subsets needs to be assessed.

Having assessed local needs and their current provision of services. The PNA is to identify any gaps that need to be filled. Such needs might include a pharmacy providing services in a deprived area. The PNA may also identify a gap in the provision that will need to be provided in future circumstances e.g. a new housing development being planned in the HWB area. Other examples of gaps that HWB's may identify include opening hours that do not reflect the needs of the local population, areas with little or no access to Pharmaceutical Services and importantly for Dispex members adequate provision of dispensing services (by those G. P's who dispense) but patients unable to access the wider range of essential services. The PNA includes a statement outlining any gaps.

A Pharmaceutical Application known as a routine application may be based on, current need, future need, improvements or better access, future improvements or better access and most importantly unforeseen benefits, where the applicant provides evidence that of a need that was not foreseen when the PNA was published. The vast majority of Pharmaceutical Applications are based on Regulation 18 unforeseen benefits. Rarely does a PNA include a current need and only rarely a future need however this may change after April 2022.

If in the fact the HWB identifies a need or improvement and better access although it is not automatic that NHS England has to meet the need it is very rare that a grant of Pharmaceutical Consent will not be given either by NHS England or NHS Resolution on appeal.

The most recent PNA's were published on 1st April 2021 they were very much in the nature of a supplementary PNA and as a generality should not affect pharmaceutical applications this year. However, there will be new full PNA's published 1st April 2022. These will have a different format as Health and Well Being Boards are obligated to take into account future housing development. Your LMC will have advanced notice of the draft of this in September and have sight of the final version of the PNA in February 2022.

NHS Resolution in any appeals always have regard to the last PNA. Any appeal provided it takes place after April 2022 will have regard to that 2022 PNA unless parties to that appeal can show good and significant evidence that the appeal should be done on the 2021 appeal.

If Dispex members have any queries regarding their own specific PNA, Nigel Morley is prepared to provide a **complimentary SWOT analysis** to assist the practice if there is threat or opportunity for their practice. Please check your membership status with Dispex via enquiries@dispex.net, Nigel can be contacted on office@nvmholdings.

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Practice staff campaign against growing abuse

Practice managers have launched their own campaign against abuse of staff amid concerns about the impact of the public being told they should expect to see a GP in person.

The campaign follows growing tension between general practice and NHS England over instructions to allow patients direct access to face to face appointments. Last week the BMA's GP committee voted to suspend talks with NHS England over a series of instructions which, it says, have served to increase pressure on over-stretched services.

The Institute of General Practice Management says 80% of its members have suffered abuse in recent weeks. Its campaign uses the hashtag #TheAbuseMustStop. In a video it cites common forms of abuse and pressure applied to reception staff, including the use of the description "rottweiler" and the common use of the phrase "If I die, it will be your fault."

Speaking to the BBC, institute director Kay Keane said: "It feels like it is getting worse. Last year was so different and so pleasant. In the vaccination programme we have had volunteers working with us and we have felt so loved. Recently I had a gentleman return with six knives. That is an extreme – what we are talking about is the daily abuse of people who just doing their job."

She added: "We do completely understand that and when it is necessary, when the patient talks to a receptionist of course we will let them see the GP face to face but that needs a lot of consideration as we also have people coming in who are extremely clinically vulnerable. There is also a lot of cleaning and preparation between patients. We need to safeguard everybody."

Ms Keane went on: "We are in a situation where there is only a certain amount of resources, what they are doing is working with the patient, see that reception team as being your advocate. We would ask everyone to be honest with those people and we will do our best to ensure you see

the right person at the right time. There are more and more professionals working in general practice and the doctor is not always the right person to see for a particular condition."

NHS England director of primary care Dr Nikki Kanani responded to the criticism in a blog posted on Thursday. Dr Kanani said: "We need to bring patients with us, and although we know over 50% of appointments are now face to face, and as GP teams you have been working constantly throughout, some patients have still struggled to get access to their GP. Both Healthwatch and the Patients Association have reported challenges which we cannot ignore.

"The message that primary care continues to be open is an important one, because we know that many people over the course of the pandemic have put off seeking medical attention, including for symptoms which could be cancer or other serious conditions. But this message can only be effective if it is matched by people's experience when they do then try to come forward, or the experience of their family and friends. GPs and every part of the primary care team have responded amazingly to be there for patients during the greatest challenge the NHS has ever faced. Our challenge now is to build on all of that good work and together continue improving primary care for the future, with the mix of remote and face to face appointments we know our patients want and need."

Click [here](#) for the source.



Find such downloadable resources for your practice website and social pages at [PHE](#)

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For Dispensing Doctors



DISPEX
MEMBERSHIP

Please ensure you renew your membership on time, in order to retain access to the members' only area of the website! **Looking to join Dispex? Please click [here](#)**

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

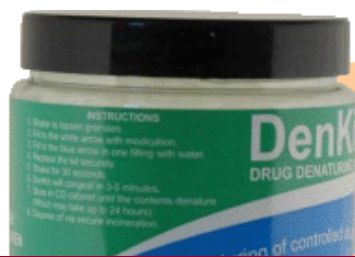
We have a range of services to support you.

- 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

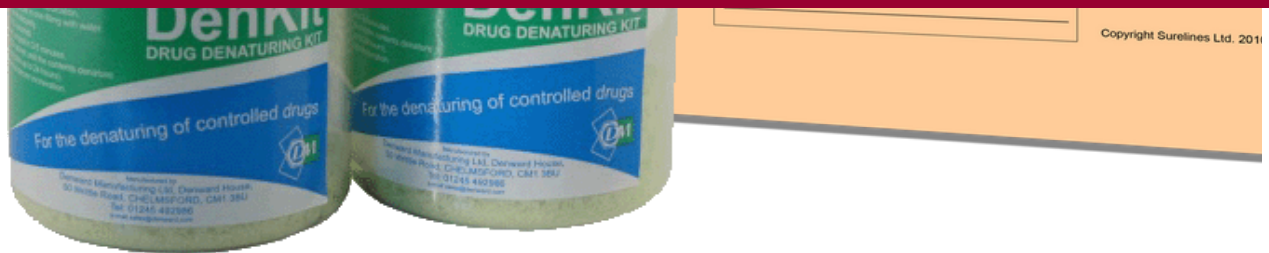




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June/ 20

Plea for delay on practice data sharing project

GP leaders have called for a national campaign to explain new proposals for sharing data from general practices – amid growing concern about public ignorance of the project.

One group of practices, in Tower Hamlets, London, is to refuse to cooperate with the NHS Digital project until the public is better informed, the Guardian reported today. NHS Digital had negotiated the data deal with medical organisations, allowing pseudonymised data to be collected from practices for research. Under the arrangement, individual patients can choose to prevent their data being collected. Data collection is due to begin on 1 July.

The Guardian quotes an email from Dr Osman Bhatti, chief information officer of NHS North East London, sent on Monday. The email states: “NHS Digital have not publicised this in the way that I would have expected. If you feel that you have not had enough time to inform your patients and that they have had a reasonable time to object, then this sharing agreement should not be enabled.”

One Tower Hamlets GP Dr Ameen Kamlana said: “There’s an immense amount of good that can come from responsible and secure use of public data, public health records. However, our issue here with this particular proposal is that it’s been rushed through. There has been no public information campaign to inform the public about the plans, and in order to allow them to decide for themselves whether they are happy about it.

“Essentially what’s being asked for here is people’s entire health record, so everything that we’ve coded in people’s records from the time of their birth to the time of their death, including their physical, mental and sexual health, including their health-related concerns with family and work and including their drug and alcohol history.

Essentially all your most intimate private details of your life is being asked to be handed over and we were concerned that the public aren’t aware of what’s being done.” According to NHS Digital’s project plan, patients should opt out by 23 June – but yesterday the Royal College of GPs backed concerns that the public does not know enough about the project.

College chair Professor Martin Marshall said: “The College supports the principle of improved sharing of data for important healthcare planning and research, but it is critical that this is transparent and that patients have confidence and trust in how the NHS and other bodies might use their information. The job of informing the public must not be left to busy GPs, especially at a time of extreme workload pressures and focus on the COVID-19 vaccination programme, so we have written to NHS Digital urging them to undertake greater communications with the public about this new collection and their options for opting out.” Click [here](#).

Overstretched practices opt out of pandemic vaccination

Practices are beginning to withdraw from the COVID-19 vaccination programme to concentrate on basic services, it has been reported.

The Independent quotes examples of practices and primary care networks that have opted out of further vaccination responsibilities. Many networks made a decision in March not to sign up for phase 2 of the programme, it reports. The trend is expected to accelerate in response Dr Michelle Drage, chief executive of Londonwide Local Medical Committees, said: “For many groups of GP practices the decision to opt out was driven by the release of pent-up demand from patients who had been holding off seeking GP care.”

She said there should be “an immediate end to overpromising to patients by national leaders, and an honest conversation about what the service can safely deliver with finite resources in the face of a still very live pandemic and the increased ill health that will follow it. General practice, with its capacity already overloaded before the pandemic, is on its knees.”

Writing to practices last week, Dr Drage stated: “We have far too many GPs, GPNs, PMs and pharmacists and administrative staff who are functioning at or beyond the limits of the human function curve. This is unacceptable and cannot carry on like this. It is not possible for practices to continue to deliver all that is expected of them. It was so before the pandemic, and it most certainly is not so now. With the rapidly rising case numbers of the B.1.617.2 variant now in our midst, it is important to know that under the above Contract Regulations you do have the flexibility to manage and deliver your essential services in a manner determined by your practice, taking into account your capacity and workload pressures, in order to provide a safe service to your patients that is consistent with your duty of care to your staff, yourselves and each other.”

Dr Ollie Hart, clinical director of Heeley Plus Primary Care Network, Sheffield, said: “We’re very proud of what we’ve done and moved very quickly to vaccinate 16,000 of our highest at-risk people, twice. It’s taken a lot of commitment and resources, and it’s a huge volume of work. We feel that volume of work needs to be redirected back to our main purpose in caring for our patients, especially amid the rising demand. It should be much simpler to organise and deliver vaccines to the younger, more mobile groups, and it now feels right to pass on that responsibility.”

Click [here](#) for the full source site.



Intro to Practice Finance Tutorials

Our Intro to Practice Finance Tutorials covers the “the practice’s finances” and touches on dispensing finance! Also suitable for prescribing only sites!

Part 1 -Understanding **Practice** Income

Learning Outcomes; In this Module we will go through the Open Exeter GP Statement to help you understand the various entries on your statement, how these are achieved and what affects these payments!

Other highlights include: • Drug Statements • Minimum Practice Income Guarantee • Enhanced Service Payments • QAIF/QOF Payments • Reimbursements • Statutory and Voluntary Levy • Private Work • And others

DATE: 2ND SEP & 4TH NOV

Part 2 -Maximising Income

This 1 hour session is for managers and partners unfamiliar with practice income wishing to learn more about how to make the most of non-dispensing income in general practice.

Subject highlights include: • Income Streams in General Practice • Enhanced Services • Childhood Immunisations • Rent and Reimbursements • Private Work • PPA Claims • and more

DATES: 29TH JULY, 14TH OCT & 9TH DEC

Please note: it's not essential to attend course parts in order, as they have been designed to be stand-alone sessions and the full learning benefit will still be achieved.

DISPENSARY/PHARMACY QUERIES

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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Drive to wipe out digital poverty

By Seren Boyd Source: BMA

Tackling health inequalities will require imaginative, joined-up and holistic approaches that focus on improving access for all, especially those most excluded, a recent BMA patient liaison group symposium heard.

Bridging the digital divide, greater service integration and addressing wider determinants of health were among the topics discussed at the webinar on 18 May.

Helen Milner, chief executive of social change charity Good Things Foundation, described digital access and skills as a 'social determinant of health' and said tackling digital poverty should be given the same priority as ending food poverty.

Some 2.6 million people in the UK are still offline – with 39 per cent of them under the age of 60. The digitally excluded 'are also likely to suffer other kinds of social challenges that existed before the pandemic', she said.

Good Things Foundation's 'pathfinder' projects have been testing different ways of using digital technology to improve the health and health literacy of marginalised and excluded groups.

Examples have included using tablets with homeless people to triage their health issues, and trialling a digital health app with disadvantaged youth in the Bangladeshi community.

Patient Visits

These projects have inspired a growing network of Digital Health Hubs, community spaces where people receive support, practical and emotional, from trained professionals and their peers.

Helen Milner underlined the importance of 'going to where people are' and supporting people in a holistic way to address their 'intersecting social challenges'. 'It is really important that you are embedding health and well-being and digital health literacy together,' she said. 'It reduces social isolation and improves community connectedness, and it builds bridges and bonds between the formal and informal care systems.'

Addressing wider determinants of health and partnering with other sectors is important to the approach advocated by the symposium's other key speaker, Professor Sir Sam Everington, a BMA vice president.

His own practice, the Bromley by Bow Partnership, uses social prescribing to improve access, equity and health outcomes. His team has worked closely with many partners, from the voluntary sector to business, to create a thriving, inclusive and accessible community hub in a socially deprived area of London.

Inclusive set up

More than 100 projects hosted on the three-acre site – from allotments to art groups, food banks to owl therapy for autism – create an environment where health is viewed in the wider context of well-being.

The centre also has a café and Connect Zone offering practical support, including employment advice. Even the desks are designed so patient and doctor sit side by side, eliminating any physical divide, while the strong focus on community blurs racial and social division.

'How do we shift the focus from what the matter is with somebody – so they are defined as a diabetic or an epileptic – to what matters to people? You will fundamentally improve the outcomes when you focus on what matters to the individual,' said Prof Everington.

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

DHSC Medicine Supply Notification- calcium gluconate- Source DHSC

Alliance Calcium Syrup® (calcium gluconate 544mg/5ml / calcium lactate 276mg/5ml oral solution)

Tier 2 – medium impact* Date of issue: 27/5/2021

Summary

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- Patients in primary care should be referred back to secondary care centres for review and management during the out of stock period.
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- All other patients should be switched to an alternative calcium formulation

Click [here](#) for the full guidance

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Audit

Shaun Newman Dispensing Doctors 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**




NHSBSA WEBINARS

We hope all attendees have found the NHSBSA webinars convenient and beneficial!

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Thursday 16th September
Thursday 21st September



Keep an eye on the Dispex website for full details!


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DIABETES



Dispensing Hints and Tips from the Spotdispensing Team

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Agonists (GLP1)

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To find out the implications of these class of drugs on your dispensing profitability, please check inside the [Dispex website](#).

Dr Philip Koopowitz will be discussing how to assess the profit or loss on these and other products during his **Dispex Webinar on 24th June at 1pm**. To book your place please click [HERE](#) places are limited. Dispex members will need to obtain the FREE code from inside the members' area before booking!

Dispex Webinar 24th June at 1pm.

TOP 40 LOSS MAKING GENERICS

JUNE 2021

Examples:

Product	Pack	Tariff	Loss
Amantadine 100mg Caps	14	£6.59	-£2.20
Amorolfine 5% Paint (P)	3ml	£4.97	-£3.97
Baclofen 10mg Tabs	84	£1.73	-£1.48

INFORMATION SUPPLIED BY



To view the full list, login to the members' area of the website: WWW.DISPEX.NET

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